

Chapter 1

1. The Republic of Serbia

1.1 Social and Economic Background of Drug Related Problems

With its central position in the Balkan region, Serbia has been traditionally an important drug trafficking route between the Middle East and the countries of West and East Europe. In the past decade Serbia has been confronted not only with a difficult political but also economic and social situation. An almost ten year long conflict in the region, international sanctions imposed on the former Federal Republic of Yugoslavia, the overall political instability and other factors had produced detrimental effects on the Serbian society and its economy. The transition period in Serbia, as well as in Montenegro, and their preparation for EU membership are marked by huge challenges.

According to numerous parameters, Serbia is currently facing numerous **economic problems**. It is reflected in a sharp decline in real income rates, very low level of production (3 per cent in the industrial and 10 percent decrease in the agricultural sector), exhausted exports and high foreign trade deficit. Throughout the last decade there was a continuous decline of the GDP. Despite the recent economic revival, the real GDP in Serbia, in the year 2002 was less than half of what it was in 1990. From the level of 3,000 US dollar per capita, at the beginning of the 1990s, it was halved by the end of the century. With the inauguration of the new democratic government, after the events of October 2000, the economic situation has been gradually improved; the inflation has been kept at a relatively low level (around 5 to 6 per cent in 2003). However, major problems still persist, both in the economic and social sectors. Most of them are of direct relevance to the drug trafficking and the drug abuse. Where drug trafficking takes place, drug consumption inevitably occurs. The risk behaviour, particularly among the young population in Serbia, includes drug and alcohol abuse. This is further aggravated by factors such as: high crime prevalence, minority or refugee status, a general apathy and low expectation of the community in respect of success in life, high degree of family stress, including economic problems and family instability, absence of clear policy and rules at school, etc.

In the **social sphere**, one of the most serious problems in Serbia is **unemployment**. Data about unemployment rates are not precise. However, according to the latest figures the rate is 34.6 per cent. A vast number of people, especially young, work in the alternative market. Most often they have low wages and work without standard protection and security. At the same time, the alternative economy has enabled some groups to generate large extra profits, through tax evasion and other illegal transactions. High unemployment rates, among the young people in particular and general social insecurity have no doubt a significant impact on risk behaviours such as drug abuse.

According to a recent UN study (see ref. 1), **poverty** is one of the root causes and obstacles to development in Serbia. Underlying factors are lack of investment in the social sectors, inadequate resources and poor social structures. Data for the year 2002 show that 800,000 people or 250,000 families could be ranged in the category of "poor". They spent less than 2.4 US dollars per day. Around 10 per cent of the population is considered as being poor. Families with six or more members are most affected (13 per cent), followed by persons older than 65 and children from 7 to 14 years of age. In order to improve the difficult social situation, the Government of Serbia has completed, in 2003, a **Poverty Reduction Strategy Paper**. The main objective of the Strategy is to eliminate the causes and not just to alleviate the consequences of poverty. It was assessed that poverty is a multi-dimensional phenomenon, which results in inadequate access to public services, including social, and health protection, education, etc. Poverty induces people to drug related activities, both in the area of supply - drug trafficking and the demand - drug abuse.

The **health care** system of Serbia is currently undergoing a deep crisis. During the last ten years the per capita spending in health has fallen from 240 US \$ to about 60 US \$. The fiscal crisis in the health sector has prompted a decline in the overall quality of health services in Serbia. The deficit of the Health Insurance Fund in the year 2000 was about 2 per cent of the GDP. Limited investment and maintenance in the past decade resulted in a poor condition of the medical equipment.

At the beginning of 2003, the Government of Serbia has initiated a major reform of the health system. The Ministry of Health of Serbia prepared a strategy document entitled "**Better Health for All in the Third Millennium**", as the first document of this kind adopted in Serbia. The strategy paper and the action plan adopted long term priorities until the year 2015. The new laws on health care, health insurance and the Chambers have been drafted, but have not been adopted by the Serbian Parliament.

Due to the uncertain political situation and the forthcoming elections, the adoption of most of these laws will be probably postponed and their contents further modified.

As regards the prevention of drug abuse, in the strategy document it is mentioned only in one paragraph, within the chapter "Life Styles and Health". It is stated in that paragraph "**the Government does not have a consistent strategy or national programme for the prevention of drug abuse**". The magnitude of the drug problem and the need for urgent responses were not recognized in the strategy document.

In the **economic sphere**, the current **reforms** and **liberalisation**, although welcome and necessary processes, have additionally made the economy of Serbia vulnerable to an increase of drug related activities - both drug trafficking and drug production. The simple explanation is that drugs produce great financial gains. The liberalization of financial markets, dismantling trade barriers, and the **privatisation** of state and publicly owned industries and firms have removed the government intervention and oversight, which was in place in the past. No appropriate institutional mechanisms for the control of private sector operations have been created as yet. When drug trafficking or drug addiction are in question, leaving too much regulatory freedom to private markets can produce detrimental consequences to society. This is one of the reasons for the need for strong government role in the drug control sector. Without such regulatory controls, economies in countries in transition easily become a favoured place for the production of precursors and basic chemicals for the illicit drug production. The need for regulatory control in this area can be compared with the need for similar official involvement in the field of environmental protection.

Changes in the area of **finances** such as currency convertibility, possibilities for direct private investments, the purchase of private businesses etc. have opened new possibilities for financial manipulation by criminal organisations involved in illicit drug production. These practices are often generalised under the term of **money laundering**. They involve not only the risk of simple recycling of illicit revenues into legitimate enterprises, but the true danger comes from the ability of drug traffickers to acquire, through privatisation and second-hand sale, significant portion of economic and financial assets and infiltrate the official financial system. Once established in the legitimate domestic economy, drug traffickers have freedom of action and broad possibilities to launder illicit revenues even more.

To prevent such practices, the Yugoslav Federal Assembly adopted an **Anti-laundering Law**, in September 2001. In Serbia, the law came into effect in July 2002. It defines

money laundering as depositing, or introducing into the financial system money that has been acquired through illegal activity. This includes money originating from the grey economy, arms and drugs trafficking. According to that law, commercial and savings banks, financial credit institutions, the post office and commercial enterprises are required to take measures for uncovering and preventing money laundering. They are obliged to report on every transaction exceeding 600.000 dinars. The law provides also for the establishment of a Federal Commission for the Prevention of Money Laundering, which became operational in July 2002.

The widespread existence of **corruption**, throughout the past decade, **has** been one of the major problems of the Serbian society. In recent OSCE documents corruption is described as **lubricant of trafficking**. It hinders the regular functioning of the market system and produces economic and political insecurity. Corruption is one of the causes for low investment rates, especially by foreign partners. Low growth rates can be also related to the existence of the high corruption levels. The corruption in the public sector brings about lack of transparency, prevents the rule of law and fosters **organized crime**. Thus, it directly halts the development of civil society. In order to tackle the problem of corruption, the Government of Serbia has taken several concrete steps. It has formulated an **Anti-corruption Strategy** and has set up a framework for its implementation. A non-governmental Anti-corruption Council has been established with the task of monitoring the performance of the official institutions. Considerable progress has been achieved in tackling corruption in the past three years, although the fight against corruption is far from being completed.

On the other hand, the **role of the private sector** in the prevention of drug trafficking is negligible. In the business sector the need for their active participation in anti-trafficking activities is not recognized. Business associations, banks, transport organisations and especially chemical and pharmaceutical industry in Serbia are not aware that it would be in their own interest to assume a more active role in fighting drug trafficking and establishing good governance. The development of general knowledge on trafficking in the business sector would be therefore necessary as well as assistance to the business community to resist traffickers.

To combat the root causes of drug trafficking a **public-private partnership** would be necessary in Serbia, including the participation of the business community in standard setting and legislative processes, **involvement of the media** in anti-trafficking campaigns in encouraging the free media to investigate more aggressively drug trafficking criminal cases.

The negative impact of drug trafficking and drug abuse on the development of the society is evident, although in Serbia it is not possible to translate it into precise figures. In the words of the Chairman in Office of the 11th OSCE Economic Forum **“the forces involved use networks that are flexible, invisible and extremely hard to target”**. The interdependence and interconnection between economic, social and political factors and the drug phenomenon has yet to be perceived in Serbia.

1.2 The Drug Market and Drug Related Criminality

The problem of illegal drug trafficking on the territory of Serbia first emerged at the end of the sixties. It was mainly due to Serbia's geographic position on the so-called “Balkan route”, connecting the countries of Western Europe with Turkey and other drug producing countries in Asia. The “Balkan route”, predominantly used for trafficking in **heroin**, was fully active until the beginning of the nineties. As a consequence of sanctions imposed on the former Federal Republic of Yugoslavia, the international transport was diverted to other parts of South East Europe. Thus, the “Balkan route” was split into the “Northern route”, leading from Turkey, Bulgaria, Romania and Hungary and further to Western Europe and the “Southern Route”, through Greek ports to Italy and Great Britain, or alternatively through Albania and Montenegro to other Western countries.

After the lifting of sanctions and the re-establishment of normal transportation routes through Serbia, drug trafficking has been once again intensified along the traditional “Balkan route”. Starting from Turkey via Bulgaria it enters Serbia at the border crossing of Kalotina-Gradina, continuing to Hungary, Croatia or Bosnia and Herzegovina to destinations in Western European countries. Illegal trafficking in heroin takes also the route through Bulgaria or Greece to Former Yugoslav Republic of Macedonia and Albania, with one of the branches leading to Kosovo/Serbia and Montenegro. According to the data of the Ministry of Interior of Serbia, this branch is very active, great quantities of heroin are stored in the province of Kosovo. From there, heroin is being smuggled to countries of Western Europe where together with the Turkish and Kurdish criminal groups, Kosovo Albanian groups control the illegal heroin markets. Criminal groups are also active in the territory of Sandzak. Members of these groups are usually persons who have good business or family connections in Turkey.



In recent years, organized crime groups have intensified their activities in **cocaine** trafficking. Cocaine is most often shipped directly from Central and South America to Serbia and Montenegro. The ports of entry are most often Bar and Kotor. The “goods” are usually transported through the traditional “Balkan route” to destinations in the Western countries. Smaller quantities of cocaine are also smuggled by air, or in some cases through DHL service.

As regards the trafficking in and production of **synthetic drugs**, it was not considered a major problem in the past decade. The police had reported only smaller seizures of ecstasy and amphetamines. However, in recent years the organized crime groups have engaged in the production of synthetic drugs, as a high profit activity. The conditions for setting up of such production in Serbia have been favorable - loose regulations and a well-developed pharmaceutical industry that, due to the crisis and other internal and external factors, has lost its traditional markets. For several years the production and illegal trafficking took place unabated. It was only during the wide police campaign in February 2003, entitled “Beograd”, against a major organized crime group that the discovery of several laboratories producing amphetamines was publicly announced. A dozen of persons were arrested, accused for the criminal act of illegal production and trafficking in narcotic drugs. During the search of their premises, great quantities of amphetamine sulphate in tablets and powder was discovered, other substances used

for the production of synthetic drugs and great amounts of foreign currency. The group involved owners of several officially registered pharmaceutical firms, with headquarters in Serbia and Montenegro but also in Cyprus and USA. Through these firms the production was financed and the illegal profits laundered. At the time of the arrest of the members of one of these groups, the police seized around hundred kilos of amphetamine sulphate and 170.000 amphetamine tablets. The drugs were mainly produced for markets in the Middle East.

The problem of illegal trafficking in **precursors**, substances used for the illicit manufacture of narcotic drugs and psychotropic substances, especially in acetic anhydrides, have also been recorded in Serbia. During the period of sanctions the control of import of chemical substances was rather weak. There was no obligation for the Government to report to the International Narcotics Control Board (INCB) on the import of chemicals, on the UN list of precursor. The former state of Yugoslavia was party to the Single Convention on Narcotic Drugs of 1961 and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Serbia and Montenegro has taken over the obligations of the former state. However, so far it has not been clearly regulated which republican institutions will take over the former federal commitments. This is in particular true with regard to the reporting to the International Narcotics Control Board (INCB), participation of state representatives in international meetings concerning drug control etc.

The INCB, within its operation TOPAZ, initiated in 2001, has analyzed the situation in Serbia and Montenegro with regard to the abuse of acetic anhydrides. It was established at that occasion that 60 per cent of analyzed seizure cases were linked to enterprises based in territory of Serbia and Montenegro. Possibilities for great profits are immense. For 1 invested US dollar, 1.000 US dollars is gained. It was established also that criminal groups swap acetic anhydrides for heroin. The latest great quantities of seized heroin in Serbia and Montenegro prove the existence of such practices.

Noting the seriousness of the problem, the Ministry of Interior of the Republic of Serbia submitted to the Government, in March 2003, a proposal of emergency measures for the prevention of criminal groups in using the territory of Serbia for illicit trafficking in precursors. The proposals, contain, inter alia, the initiative for amending legal regulations referring to the import, export and trade in precursors, which should correspond to the regime governing the import, export and trade in drugs.

The most widely used psychotropic substance in Serbia is **marihuana**, in particular among the adolescents and young people. Marihuana is illicitly cultivated practically in the whole territory of Serbia, usually at the riverbanks and near lakes. Marihuana is also being smuggled into Serbia from Albania, via Montenegro. The quality of this marihuana, having the street name "Albanka" is "better" and therefore it is more popular among the users. For the last several years the territory of Serbia has become also a transit route for the trafficking of marihuana to Republic of Srpska, Hungary, Austria and on.

In 2003, the existence in Serbia of **organized crime groups** was publicly revealed. Their main activity was trafficking in drugs, humans and weapons. After the assassination of Prime Minister Zoran Djindjic, during the police action under the name of "Sablja" (Saber), the existence of two main organized crime groups was revealed. The so called "Zemun klan" and the "Batajnica klan" Members of these two most powerful organized crime groups in Serbia were arrested and criminal charges against them filed. In the Province of Vojvodina the so-called "Veternik Group" was active. According to the charges it had connections with other organized crime groups. Many of the devastating effects of their criminal activities have yet to be examined - the economic losses, due to the illegal money flows and transactions (according to unofficial estimates, one million Euro is daily circulating in the drug markets in Serbia); the social costs to society, etc. However, it would never be possible to measure the amount of human suffering and misery inflicted upon many young individuals and their families, as a consequence of their illegal acts. For the purpose of fighting these criminal practices and the implementation of new laws, a special Department for Fighting Organized Crime has been established in the Ministry of Interior of Serbia.

Year	Number of Seizures	Total Amount of Seized Drugs (g)	Heroin (g)	Cocaine (g)	Marihuana (g)	Hashish (g)	Ecstasy (pcs)
1	2	3	4	5	6	7	8
1997.	1,388	1,004,727	60,711	355	788,655	95	4,412
1998.	1,664	1,426,840	46,980	118,611	1,260,112	1,135	1,248
1999.	1,809	1,670,018	17,384	11,041	1,639,561	1,017	106
2000.	2,306	1,521,323	23,954	2,413	1,484,725	9,471	616
2001.	3,060	2,400,695	60,866	2,555	2,336,480	589	10,435
2002.	3,927	1,523,905	32,989	1,226	1,391,066	6,658	9,556
I-VI 2003.	-	378,025	163,049	3,282	71,577	121	6,448

Table 1.

As regards the **law enforcement** activities, the police authorities consider that according to the number of seizures and the quantity of drugs seized, their performance in 2002 was very effective. (Table 1.)

In the period from January to October 2003, according to the Ministry of the Interior, criminal charges were filed against 1.810 persons suspected to have committed 1.605 criminal acts under the Law on the Production and Trafficking in Narcotic Drugs. A total number of 317 narco-dealers have been arrested. In the course of the nine months of 2003, 226 kg of heroin has been seized, which exceeds the figure of 182 kg for the last five years.

1.3 Legal Provisions for Drug Control

The State Union of Serbia and Montenegro recognizes all international treaties related to narcotic drugs. On the basis of the Single Convention on Narcotic Drugs of 1961 and the Protocol Amending the Single Convention of 1972 as well as the Convention on Psychotropic Substances of 1971 and the Constitution, in the Basic Criminal Law (BCL) the state established legal instruments for criminal acts connected to drugs. It envisages two types of criminal acts:

1. Illicit production, possession and trade in narcotic drugs - as stipulated in Article 245 of the BCL. For criminal offences under this article, imprisonment of 6 months up to 10 years is envisaged
2. Facilitating the consumption of narcotic drug - as stipulated in Article 246 of the BCL. For criminal offences under this article imprisonment of 3 months up to 5 years is envisaged

In addition to the BCL which regulates the above mentioned criminal matters, there are other laws regulating the problems of narcotic drugs, such as the Law on the Production and Trade in Narcotic Drugs. This Law regulates the conditions for the production and trade in narcotic drugs, establishes the list of narcotic drugs, the procedure for the issue of export and import permits, the procedure for the prescription of medicaments containing narcotic substances, etc.

The Customs Law regulates the procedure for the transport of narcotic drugs across the borders of Serbia and Montenegro.

In order to improve the legal instruments in fighting organized crime, changes have been introduced in the criminal legislation. Under the new laws, the possession of narcotic drugs is considered a criminal act, which was not the case according to the previous law. New laws on Criminal Procedure and Organized Crime have been adopted. These laws have introduced new institutes into the Serbian criminal legislation such as protected witnesses, undercover detectives, secret filming and taking photos, etc. The office of the Special Prosecutor for Organized Crime has been established for the first time.

1.4 Drug Abuse and Demand Reduction Activities

a. Scope of the problem

In the period after the Second World War, drug consumers in Serbia were usually older people, individuals, taking opium in secrecy. In most cases, they had a medical history or background. The main problem of addiction at that time was alcoholism. Its social and health consequences were recognized and the first Outpatients Clinic for the treatment of alcohol abuse was opened in 1955.

The phenomenon of drug abuse first emerged, on a wider scale, at the beginning of the seventies, with the surge of the hippie movement in the world. The Outpatients Clinic for the treatment of alcohol abuse received the first patients having drug problems in 1971. The Center for Drug Addiction was founded in 1987. It was transformed into the Institute for Addictive Diseases in 1993. Initial attempts were made to measure the size of the problem. In the period between 1980 and 1986 registers were introduced to record the chronic mass non-infectious diseases, including the drug abuse register. However, despite efforts to put it in function, the register was never operative and after some time it was closed. As regards the methodology of treatment there were attempts at introducing methadone substitution therapy at the Institute. The programme met with strong resistance by some professionals. Some of the medical professionals who introduced it were almost treated as criminals.

The 1990s recorded a steady growth in drug misuse. The age structure of the drug consumers was changed. Incidents of drug abuse were increasingly marked among the young people in their teens, high school and even primary school students. The true proportion of the problem has neither been defined, nor have its characteristics,

immediate and secondary effects analyzed. At the professional level no adequate responses were found.

The present day drug misuse among the adolescent population, according to its spread and frequency has assumed epidemic proportions. According to the study "Health Behavior of School Children", prepared according to the WHO methodology, with the sample of 5.500 children in Belgrade aged 11, 13 and 15, pointed out that 6 per cent had some experience with drugs. Most of the analyses show that marihuana is the most commonly used drug among the young. The proportion of young people in the entire sample of those who have ever had experience with this drug is 2.9 per cent, with notable differences according to age.

The same study was enlarged to cover Serbia and the student population. The results for ages 11-15 in Serbia are very similar to those found in Belgrade - about 5 per cent of the young have tried marihuana. Research among the student population in five university cities in Serbia (total of 5.385 students) shows that 29 per cent of students have tried marihuana by the age of 17. According to another study 7.4 per cent of students of the same age tried hashish, 2.7 per cent ecstasy and 2 per cent tried heroin (by the age of 18 on the average).

Glue is second per rate of usage in Serbia, followed by the combination of alcohol with pills and cocaine comes last.

However, no precise data exist in respect of the number of mis-users. According to some figures their number is 30,000 (1995) while the Institute for Addictive Diseases recently quotes 60,000 to 80,000. Even according to the first estimation of 30,000, Serbia ranks among territories with a very high number of drug mis-users per 100,000 inhabitants. When the same method was used for the Belgrade population, it showed an alarming number of 1,230 drug misusers per 100,000 of population. In general, precise research results, even if they exist, cannot be compared easily, due to the different methodology approaches. The daily "Danas" in a special weekly issue "Drugs - Imprint of Close Death" (31 January 2002) suggests that at present the number of drug users can only be guessed.

The situation is complicated even more by the fact that the distinction is not made in Serbia between the so-called "experimental and recreational drug users" and the "problem drug users".

The definition of the European Monitoring Center for Drugs and Drug Addiction (E.M.C.D.D.A) describes the experimental drug use as the use of an illicit drug, usually only once or very few times, for experimental purposes. In surveys, this behavior is usually covered by the category "lifetime prevalence", which means "any use during a person's life".

The so-called recreational drug use is described as more frequent use of substances, which become attributes of "modern" lifestyles (e.g. cannabis, ecstasy, LSD). An important characteristic of this category is absence of serious excesses. However, to become a "recreational drug user" means an increased likelihood of becoming a "problem drug user" in the future. Experimental and recreational drugs are relatively new social phenomena in all countries currently in the process of transition. (This is true of all the ten CEECs, in particular Bulgaria, the Czech Republic, Romania, Slovakia and Slovenia). In Serbia too, an increase in the experimental and "recreational" drug use in the general population is noticed. Studies and reliable data on these categories of drug users in Serbia are scarce.

Problem drug users represent a very small minority of the whole population in any country. In striking contrast to this is the fact that the problem drug use is responsible for the vast majority of harms (health problems, social and economic cost to the society and the individuals concerned). They suffer from all the negative consequences of their behavior - from death by overdose and other types of mortality; drug related infectious diseases to social and economic distress and addiction.

Problem drug use thus largely corresponds to the economic definition of drug abuse "Drug abuse exists when drug use involves a net social cost additional to the resource costs of the provision of that drug" (Single et al, 2001). As such, the problem of drug use and its economic consequences should increasingly attract the attention of relevant decision-makers. Heroin, which is generally perceived as the most dangerous and most harmful illicit drug, is the prevailing drug for the problem drug users in Serbia. The quality of data as to the problem use prevalence is poor. There are no data based on statistical procedures. Estimates of prevalence are mostly based on expert opinion or relevant law-enforcement data. It is not clear whether the number of 30,000 mis-users in the Republic of Serbia refer mainly to heroin problem users. In Belgrade the estimates vary from 5,000 to 20,000. In Novi Sad, according to the police data and the existing medical records the number of 300 heroin mis-users is mentioned, the actual number being most probably around one thousand. The number of problem users in

the Province of Vojvodina is estimated between 10,000 to 15,000. The Novi Sad police authorities marked an increase of 300 per cent of problem drug users.

b. Preventive Activities

According to a UN definition the approach to drug prevention activities should be continuous, multidisciplinary and integrative. These preventive activities should include: influencing, through education and information, the public attitudes regarding the production, trafficking and misuse of narcotic drugs, adequate treatment of drug mis-users and their re-socialization, prevention of illicit drug cultivation and production, control of sea, road and air transport, appropriate financial strategies. Therefore, medical prevention constitutes only one of the aspects of drug prevention. All other professions and institutions that are in direct or indirect contact with potential drug users and psychotropic substances should participate in drug preventive activities.

There are several models of **primary prevention** - the total prohibition model (which has in most cases proved to be unsuccessful). The model of partial prohibition (legal measures against production, trafficking and possession of drugs). The alternative model, which should channel the interest of the young people to sports, culture and other creative activities and the model of education and information.

According to information obtained from the appropriate ministries (Interior affairs, Health, Education) no consistent preventive scheme exists in Serbia. The Ministry of Education has not envisaged compulsory programmes of preventive education against drug misuse at the elementary or high school level. In the UK the teaching of young people starts from the age of five upwards both in and out of formal education settings, although a new primary education programme was introduced in 2003. It is left to the discretion of each school director to decide if such lectures will be organized at school, outside the regular teaching curricula. It is only in the students' dormitories, about 70 in the territory of the Republic, which function under the auspices of the Ministry of Education, that regular preventive activities are organized, such as lectures, theater shows, etc. The contents and the standard of these activities are not under any expert or official scrutiny. In some cases the programmes are organized by private, marketing agencies.

The Ministry of Education in co-operation with the Ministry of Health has promoted several useful campaigns with a view to encouraging healthy life styles. One of them

was a broad campaign under the title “Sports against Drugs “. In view of the popularity of sports in Serbia, “ Sports Against Drugs” campaign was a commendable initiative which is currently further developed. However, as an activity not forming part of a broader preventive programme, it could not be fully exploited and there have been no mechanisms for evaluating its effects.

At the local level, there has been some positive experience. The local authorities of several towns in Serbia and the Province of Vojvodina (Nis, Kragujevac, Valjevo, Novi Sad, Subotica etc.) have established local Drugs Prevention Boards, usually in collaboration with local Red Cross societies. They have set up their own educative prevention programmes, prepared educative publications, video films etc. In Novi Sad educative seminars were held for elementary and high school teachers, school psychologists, educators in pre-school institutions and appropriate medical services. There were also special courses for the military and the priests of all religious congregations in Novi Sad. The evaluation of the preventive programmes is organized twice a year, at spring and autumn seminars, with an appropriate coverage in the media.

The **secondary prevention** programmes, functioning within the demand reduction strategy, develop at several levels. The registration of drug users, in police and health institutions, with a view to, inter alia, adequate planning of services and facilities; establishment of health centers for the treatment of drug mis-users, with accurate information on the treatment methods; harm reduction activities, relapse prevention activities, etc.

There is only one medical institution in Serbia specialized for the treatment of drug abuse. The Institute for Addictive Diseases in Belgrade runs an outpatients and inpatients department with a staff of medical specialist, one psychologist and appropriate auxiliary staff. It has a rapid detoxification unit, several drug-free treatment programmes, including individual and group therapy as well as a minor methadone drug-substitution programme. The Institute has been admitting patients for treatment since 1987, with 382 patients per year, on the average. Since 1996 the number exceeded 450 patients. In 2001 it reached the figure of 846 patients. Since its establishment, this Institute has admitted over 6.000 patients. Men dominate in sex structure.

Other health institutions in Serbia are connected, in one way or another, to the drug problems. The Institute for Mental Health, the City Service for Urgent Medical Aid, the Military Medical Academy, the Institute for Psychiatry, the Institute for Infectious Diseases and the Institute for Health Protection of Students in Belgrade. The city

Institute for Public Health and the Institute for Health Protection of Serbia follow the problem of drug addiction and organize occasional training courses for drug prevention. The Institute for Mental Health maintains a small unit for drug addiction treatment, within the Department for Alcoholism. The City Institute for Public Health keeps a register of drug addiction for Belgrade since 1980, the registration is often sporadic, there are no data on intravenous addicts, etc. The City Service for Urgent Medical Aid intervenes mostly in heroin overdose cases (32 cases in 2001, with 16 fatal outcomes).

Its worthwhile mentioning, that there is a special Department for the Treatment of Drug Addiction at the Institute of Mental Health in Novi Sad. It is the only medical institution in Serbia that is applying drugs substitution therapy according to international protocols and standards.

In addition to the enumerated state financed medical institutions, **private clinics** for the treatment of drug addiction have been opened of late. Some of them engage experienced medical specialist, with long experience in state institutions. Others are established on purely commercial basis, with luxury premises but no certified medical experience. In some cases, they apply dangerous treatment (detoxification) methods in technically inadequate conditions. Since no mechanisms for professional inspection (physician's chambers, etc.) are in place, the results of the procedures they are applying remain unknown.

The so-called **tertiary prevention** should address the problem of rehabilitation and social re-integration of drug addicts. No official institution in Serbia is specifically charged with this task. **The Ministry of Social Welfare has no special programmes for the support of former drug addicts.** The prevention of relapses is equally important. If heroin and other addictions are defined as chronic diseases, special attention should be paid to help in preventing relapses.

In general, professionals in drug treatment are faced with numerous problems. There is little professional gratification in drug treatment, since the results are still rather modest. Without a unified drug treatment methodology, appropriate criteria for evaluation and necessary financial support, results can be achieved only in isolated cases. There are no channels for experience sharing and regular communication at the international level. On the other hand, **society in Serbia still does not, or is not prepared, to recognize the magnitude of the problem and its broader social consequences.** The

2001 campaign of the WHO in favor of mental health patients, under the slogan "Dare to Care", could be also applied to patients with drug problems in this country.

c. The Non-Governmental Sector

There were no sufficient possibilities to investigate in more detail the NGO sector. As in most of the other areas of social activity, the NGO sector in drug prevention is not sufficiently developed. Most of the existing NGOs, in their Programmes of Action address all types of addiction: drugs, tobacco and alcohol. The financing of the NGOs has not been appropriately regulated.

The NGO "Korak po korak " (Step by Step) with the office in Novi Beograd, was founded in 2000. Its main aim is to encourage healthy life styles among children and the young people and help them in resisting the use of addictive substances. So far it has organized several campaigns ("No, thanks" against smoking), the training of peer-educators, professional seminars, winter and summer schools on the prevention of addiction, etc.

One of the NGOs focusing its attention on the drug prevention is the Novi Sad based Center for the Prevention of Drug Addiction "EMPRONA", (Enthusiasm of the Young in Fight against Drug Addiction). It was initiated by a group of medical students and medical professionals and supported by the City Board for the prevention of Drug Addiction and other Addictive Diseases. Its basic goals are aimed "influencing and changing the behavior of drug users or young people susceptible to the use of psycho-active substances ". The members of EMPRONA, mostly young people, organize work-shops in elementary and high schools, maintain a "Hot Line", engage in marketing activities and cooperate with the media, maintain an internet sight addressing the young with similar problems.

The well-established Yugoslav Association Against AIDS (JAZAS), and its JAZAS YOUTH, within their activities for preventing AIDS, maintain also programmes on prevention of drugs misuse. JAZAS is educating medical professionals, teachers and parents, while its youth organization is educating young people.

One of the NGOs with longest tradition is the former "Yugoslav association against alcoholism drug and nicotine addiction" (JUSPANN), established fifty years ago. It has been recently renamed as the Union of organizations for the primary prevention of

addictive diseases. The NGO is mostly engaged in training, organization of seminars, courses, etc

A new NGO the "Security Union" was established in November 2003. Its basic aim is fighting the trafficking in drugs. Special education programmes are also envisaged as a form of activity.

1.5 Policy Landscape

The government commitment to drug control and the appropriate policy landscape in which drug policy is formulated are essential in achieving results in the fight against drug trafficking and drug abuse. The government commitment should be well established and time tested. The public opinion and the civil society should increasingly take part in the shaping of policy.

Although illegal drugs are now more widely available than ever before in Serbia and drug-related criminality poses a threat to whole communities; the **drug issue is not high on the policy agenda**. The lack of a comprehensive anti-drug government strategy was cited as one of the main drawbacks in fighting the drug problem in a consistent and effective manner. There is an institutional vacuum in this area, similarly as in many other areas in a transition country. The "old" institutions ceased to function and the new ones have not been established as yet. In the past period, a **Federal Commission on Drug Control** existed at the federal level. Its tasks were to discuss and give an official opinion on current issues, to propose new standards and to take care of the state obligations according to the appropriate international instruments. Members of the Federal Commission were representatives of the Federal Ministry of the Interior, the Federal Ministry of Foreign Affairs, Federal Ministry of Health, as well as the representatives of the medical profession. With the change of the state structure in Serbia and Montenegro, that is, the adoption of the Constitutional Charter in March 2003, the Federal Commission ceased to function.

At the beginning of 2003, the Government of Serbia established a special Government Commission to deal with the drug problems. The Commission started its work with the controversial issue of drug testing of school children and students. This initiative, inappropriately prepared, met with professional and public resistance.

The reliability of tests to detect the use of drugs is an important issue that has been taken up even by the EU Commission. The Council and the Ministers for Health of the Member States have adopted specific conclusion concerning the reliability of test. They concluded, inter alia, that the specificity of the screening tests on the market is not always appropriate to the problems at hand and that there is an increase in the number of laboratories performing screening and confirmation tests, sometime for commercial interests not always compatible with quality. Having in mind the consequences for individuals in case of positive tests, the EU Commission, in coordination with the WHO and the UNODC, has adopted specific conclusions on the criteria for the application of screening tests. In Serbia, these high international standards should be followed, in case of such testing.

The Ministry of Health of Serbia has in July 2003, established a National Expert group for the Development and Health of the Young. The tasks of the Expert Group are to promote the health of the young, to prepare in cooperation with the Advisory Commission for the Health Care of Children and the Young, a strategy and national programme of action for the health protection of children. These tasks will be implemented in cooperation with other relevant government and non-government sectors. The Expert Group has several "sub-groups ", established according to priorities in the health care of the young: a Sub-group on HIV/AIDS, Mental Development and Health, Healthy Life Styles, etc.

There is also a **Sub-group for the Protection of the Young from Addictive Diseases**. The members of the group are mostly health professional from Belgrade and Novi Sad, physicians from private clinics for the treatment of drug addiction. There is also a representative of the Institute for Social Work and Faculty of Philosophy. According to the Decision of the Ministry of Health (of July 2003). "The tasks of the Sub-group are to prepare, in cooperation with other key actors, programmes aimed at reducing the number of psychoactive substance mis-users among the young as well as the risks from the spread of the infectious diseases in the population of mis-users and the general population". The composition of the Sub-group indicates that the its interest will be mainly focused on the health aspects of drugs abuse and that it has not been mandated to deal with broader issues of demand and supply reduction.

The City of Belgrade has established its own Commission on Drugs Prevention. In this case too, members of the Commission have only a medical background.

At the municipal and local levels, in some cases very useful programmes exist. The success of these programmes is mainly due to the initiatives of individuals and their enthusiasm. They are aware of the great social potentials for mobilization of the public on the drugs issue and that there is growing public opposition to any attempt at underestimating the severity of the drug problem.

1.6 International and Regional Contacts

International cooperation and common international standards in the field of drug control are essential for a successful anti-drugs policy.

The break up of the former state and the almost ten years isolation of the FR of Yugoslavia have had a negative impact in this area, too. With a suspended membership in the UN, OSCE, WHO, Interpol, etc. the necessary communication was interrupted. There was no obligation on the part of the state to report to the appropriate UN bodies, neither was it accountable to them for its performance. The professional medical ties to the WHO and other world and European medical associations were discontinued. Opportunities for the medical professionals to follow the developments in the field of drug treatment were scarce. The same applies to the law enforcement. Former police authorities were not obliged to cooperate with Interpol, UN Office on Drugs and Crime in Vienna, etc. Furthermore, the regional cooperation in all these areas was completely blocked, due to many factors, the main of them being the war on the territory of some of the former Yugoslav republics.

In the period after the change of Government in Serbia, in October 2000, the institution building started and reforms were initiated in many sectors. In drug control, the first to “recover” was the **law enforcement**. Ties with the Interpol were quickly re-established and the police authorities mark daily successes in drug seizures. International training efforts for the members of the police corps are showing good results. Regional police cooperation seems to be satisfactory, in view of the general lack of equipment and trained staff.

At the **professional medical level**, the situation is less promising. Resources are scarce, drug issues are not on the list of priorities, and specialists are not able to attend international meetings and to present their problems and results. They do not maintain contacts with professionals at the UN Office for Drugs and Crime, WHO or European

Monitoring Centers for Drugs and Drugs Abuse (EMCDDA). Regional contact is maintained individually, or owing to the useful work of local NGOs. There is no systematic exchange of experience with neighboring countries facing similar problems. Different projects to encourage regional cooperation in Southeast Europe mainly involved the law enforcement and did not address to the important and complementary areas of demand and harm reduction.

As regards government level, its **international cooperation** and activities in the drugs control field are modest for the moment. The State Union of Serbia and Montenegro is not member of the UN Commission on Narcotic Drugs (from the region FYROM is a member), it has not established contact with the EMCDDA in Lisbon. According to the Statute of the Center, non- EU member states are also entitled to some forms of co-operation (for example, Albania has established a system of reporting to EMCDDA). With its central position on the so-called "Balkan Route", Serbia could be an important partner and focal point of international cooperation when combating drugs is in question. There were some pronouncements to that effect by the Minister of Foreign Affairs, during the time of Serbia and Montenegro's presidency of Southeast Europe Cooperation Initiative. However, for such a role Serbia need appropriate policy agenda and institutions that would ensure success in the field of drug control.

Finally, attention of the Government authorities should be drawn to the fact that international repercussions of domestic policies are also under scrutiny, especially at present time, when connection existing between drugs, crime and terrorism has been confirmed in many occasions. **It is to be hoped that the Government of Serbia will decide in favor of greater action to reduce the drug threat and take further action to curtail drug trafficking.**

Chapter 2

2. The Republic of Montenegro

2.1 Social and Economic Background of Drug Related Problems

With its geographic position in the southern part of the Balkan Peninsula, high mountains and difficult access by road and rail, Montenegro was not seen as an ideal drug trafficking route until recently. The drug problem emerged in a more serious form only one decade ago when due to already mentioned factors the traditional heroin trafficking "Balkan route" through Serbia was closed. Montenegro too, was affected with the war in the neighboring countries. The situation resulted in a relatively great number of refugees and displaced person in Montenegro, throughout the crisis in the territory of former Yugoslavia. Their number in Montenegro was constantly around 38.000, too much for a country with a population of around 700.000 inhabitants. At the end of the last decade, the conflict in Kosovo and the subsequent massive international military presence in the region have also had an impact on the drug situation in Montenegro. New trafficking routes were opened, leading from Albania and Kosovo/Serbia and Montenegro, through Montenegro to Western countries. Its seaports at the Adriatic coast were increasingly used for trafficking in cocaine from South America. However, Montenegro is still considered only as a drug trafficking transit area. The recent spread of drug misuse, especially among young people, is mainly due to the so-called "spill over", as a result of transport of large quantities of drugs through its territory.

The economic and social background of the drug problem in the Republic of Montenegro is similar to that in the Republic of Serbia. Of the two republics, of the former FR of Yugoslavia, Montenegro was the one that was less affected by political instability, international sanctions and isolation.

However, data show that the performance of its economy is still at a low level, **unemployment** rate high as well as its foreign trade deficit. The overall economic crisis has had a direct impact on the young people, on one side, and the **health and welfare systems** on the other. There is agreement among the authorities concerned that there is a continuous increase in the number of young drugs misusers, especially in the town of

Podgorica. Although no official records exist as to the number of drug misusers, it is assessed that 1.5 percent of young people, in the age from 11 to 25, are occasional or permanent misusers of some kind of drugs. The use of drugs has become, regrettably, a trendy life-style among some of the young students at the intermediary and university level.

According to officials in law enforcement agencies **organized crime** groups are active in drug trafficking, **money laundering** and other criminal practices. **Corruption** cases are not uncommon.

As in Serbia, the **private and business sectors** are not aware of the need for their greater involvement in anti-drug trafficking activities. As far as the **media and the NGOs** are concerned the significance of their role in drug control matters starts to be recognised, partly also due to the recent developments and the media attention surrounding the human trafficking case in Montenegro.

2.2 The Drug Market and Drug Related Criminality

Due to a massive transit of narcotics through Montenegro, in the period 1997 to 2001, the Ministry of Interior has recorded an overall increase of activities on the drug market. They quote Albania as a major provider of drugs, mainly heroin, shipped through the territory of Montenegro to destinations in Western Europe. In addition, the border with Albania is very difficult to control due to high mountains and the lake of Skadar. There is also a shortage of sophisticated interception equipment, which makes the situation even worse. The police authorities expressed the hope that the Agreement on joint operations with Albania in the prevention of drugs trafficking, due to be signed soon, would improve the situation. Another active drug market is the area of Rozaje, on the border with the province of Kosovo/ Serbia and Montenegro and Serbia. Which along with the already mentioned cocaine trafficking route from Latin America, via seaports of Kotor and Bar, completes the chart of drug routes leading through Montenegro to Western European countries. The trend of permanent rise in the number of drug related criminal offences has continued. In the period from 1997 to 2001, there were a total number of 609 of drug related criminal acts. In 2002, this number was 305.

As regards **drug seizures** the situation is similar. In the period from 1992 to 1997, only 13 kg of marihuana was seized, while in the course of next four years as much as 2 tons of marihuana was captured. The comparison between 2001 and 2002 is also rather interesting. In 2001, 373 kg of marihuana was seized, while in 2002, as much as 1.729 kg of that kind of drug. The figures for 2003 show that in the first six months 139 seizures of narcotic drugs were registered, with 151 persons charged with drug related criminal offences.

These figures are causing concern but they also indicate that the police is rather efficient in performing its tasks. However, the estimates are that the seized quantities of drugs are only 2 to 5 percent of the total amounts of drugs smuggled over the territory of Montenegro. The police authorities estimate that several **organized crime** gangs operate on the territory of Montenegro.

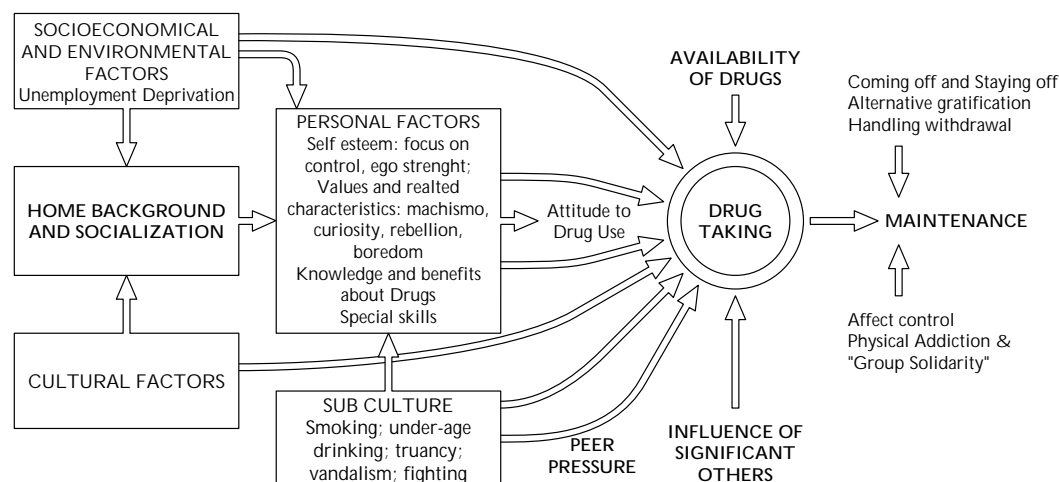
In order to be able to cope with the new challenges, the police needs better technical equipment (cars, communication means, personal equipment, etc.) There is also a shortage of specialized police forces for operations against illicit drug trafficking. Some specialized courses were held in Belgrade and Hungary, but the police authorities consider that more up-dating of their knowledge and experience would be necessary. The best place for holding such education courses would be the Police Academy (Internal Affairs School) in Danilovgrad. The same specialized education would be necessary for the customs officials.

After the adoption of the Constitutional Charter of Serbia and Montenegro, the Republic of Montenegro acquired a independent status in the field of criminal legislature. Work is currently in progress on the new Criminal Code, the Law on Criminal Procedure, and the Law on the Implementation of Criminal Sanctions etc. Special attention will be devoted to the subject of organized crime which could in some cases include the illegal production, possession and trafficking in illicit drugs. Furthermore, according to the new law, more severe sanctions are envisaged for drug related offences, considered as a means of drug prevention and control. As a special measure the compulsory treatment of drug mis-users will be introduced. A new law on the police operations is also needed in order to improve the present organizational structure.

2.3 Drug Abuse and Demand Reduction Activities

a. Scope of the problem

The drug abuse as a social and health problem emerged in Montenegro only during the 90ties. In comparison with nicotine and alcohol abuse, the drug abuse incidence was not considered at that time as a serious threat to individuals and the society. However, a research on the drug abuse patterns in Montenegro, carried out during the 90ties, indicated the following trends: a permanent increase in the number of drug misusers; the age limit of the first contact with drugs shifted to the age of 13 or 14. Drug misusers originate from all social structures, with an increase of misuse among the members of the middle class; there are an increasing number of children and young people committing offences directly or indirectly related to drugs.



As to the incidence of drug misuse, an investigation of the Public Health Institute in Podgorica (1999) showed that among the elementary and intermediate school children the following number of pupils had some experience with drugs: 0.4 per cent of elementary school children (11 to 14 years old), 6.7 students at the intermediary school level, or 3.1 per cent of elementary and intermediate level school children. A study of the Red Cross of Montenegro, carried out in the capital Podgorica and in some municipalities at the coast has shown that 81.7 per cent have never tried drugs, 6.7 some times, 1.2 daily and 10.4 stopped using. However, it is difficult to establish the num-

ber of drug users in Montenegro, among other reasons due to the fact that their registration is not obligatory. The number of drug addicts treated in hospitals was 14 in 2001 and 9 in 2002. This figure is not indicative of the number of patients who sought medical help, since there are no mechanisms to register how many patients have been treated in hospitals in Serbia. According to unofficial data, of the appropriate authorities, the number of people mis-using drugs of drugs in Podgorica is 300 to 400 persons. It is believed that this figure could be even ten times greater. It should be noted, that in Montenegro, as in Serbia, no distinction is made between the experimental and recreational drug users and the problem drug users.

b. Preventive activities

Due to the obvious increase of drug mis-users in Montenegro, especially among the young people, the Government of Montenegro had taken several steps in 2001. An Inter-Ministerial Expert Team was established and a Long-term Programme and Plan of Action for the Control of Drug Addiction in Montenegro was adopted. However, only several smaller projects were implemented. In the meantime, the scope of the problem has changed and new developments took place. The Government decided to revise the 2001 Programme and prepare a new action plan entitled “**The Action Plan for the Prevention of Drug Addiction in Children and Young People in Montenegro**”. The new action plan was adopted in June 2003.

The first major **primary prevention** programmes were launched already in 1995. The Ministry of Health and the Ministry of Education and Science, in cooperation with the UNICEF Office in Podgorica, started a drug addiction preventive programme in elementary schools in the territory of Montenegro. By the end of 2002, the project had included all primary schools in Montenegro (that have a total number of more than 50 pupils). About 35.000 students (80 to 90 per cent), from the fifth to the eight grade, participated in the project. More than 200 teachers, psychologist and pedagogues were trained and the manual “The Programme of Drug Addiction Prevention” was published. As a result of this project, nowadays there is a trained local coordinator in each municipality and outpatients Clinic and counseling service, at the Podgorica Outpatients Health Center (Dom zdravlja).

The Ministry of Interior has its own programme of preventive activities, which includes cooperation with appropriate international organizations, education of police corps, and education of the public, in cooperation with school and health authorities. According to the 2003 Action Plan, participants in the primary preventive activities are

all the appropriate Ministries (of interior, education and science, health, judiciary and the customs) the local communities and NGOs.

The plan envisages a significant role of the **local community** in drug prevention. In order to fulfill that role, the local community should have the capacity for such preventive activities and appropriate authority in the area of health, education, social welfare, prevention of drug distribution, etc. With a view to ensuring a new quality in fighting the drug problem, the Municipality of Podgorica formed in June 2003 a Working Group for the Prevention of Drug Abuse. The Working Group is composed of representatives of the Municipality of Podgorica, ministries of health, interior affairs, education, NGO sector and the media. The Working Group has prepared its own programme of activities, elected a coordinator and opened an "Office for the Prevention of Drug Abuse" at the Podgorica Culture Center. The Podgorica Municipal Programme of Action is rather ambitious. The Programme envisages the elaboration of an analysis of the current situation of drug abuse. The establishment of a local register of drug addicts; education in drug prevention of children and parents in the pre-school and school age; counseling of and assistance to drug addicts who seek medical treatment; cooperation with neighboring towns, countries and international institutions. The Municipal Working Group for Drugs Prevention has started enthusiastically, through its Office for the prevention of Drugs Abuse, implementing of some of these goals.

In the field of **secondary prevention** the situation is less promising. The possibilities for the treatment of drug mis-users are limited and the existing health facilities not sufficient. At the level of primary health care, in many of the Health Centers (Dom zdravlja), mental health outpatients clinics may offer initial medical assistance to drug mis-users. The conditions for longer hospital treatment do not exist. There is a lack of adequate hospital space. However, much more important is the inadequate number of specialized medical experts. At present, some forms of hospital treatment are possible in the Clinical Hospital Centre of Montenegro in Podgorica and the Special (psychiatric) Hospital, in Dobrota. However, these institutions are not specialized for the treatment of drug addiction, so that the patients are hospitalized together with psychiatric and other patients with mental health problems. Efforts are made to compensate these shortfalls through cooperation with appropriate institutions in the neighborhood, primarily with medical centers in Serbia. The Ministry of Health is making efforts to find an appropriate solution for the hospital treatment of drug mis-users in their home country. However, due to the limited financial and personnel resources, the process is still at its very beginning.

The **tertiary prevention** level in Montenegro is still at the very initial stages. There are no institutional measures for re-socialization of former drug mis-users after medical treatment, such as day-hospitals, counseling services, welfare centers. There are no provisions for the support of families of drug mis-users, or to the children born in such high-risk families. The role of the centers for social welfare in cases of drug problems should be to identify the problem, to support and motivate drug users to undertake medical treatment, to render assistance to their families and active support in the process of re-socialization. According to the Government's 2003 Action Plan, these tasks should be shared among the Ministry of Health, Ministry of Labor and Social Welfare, Ministry of Education and Science, the NGOs and the local community.

c. The Non-Governmental Sector

The non-governmental sector in Montenegro is insufficiently developed, as yet. However, there are great social potentials and high public motivation for fighting the drug problem. A useful manifestation was organized in June 2003, on the occasion of the World Day against Drugs. The purpose of the campaign, under the slogan "Basketball Against Drugs" was to promote healthy life-styles. The awareness is growing in Montenegro in respect of the importance of the work performed by the NGOs, as a partner to the governmental sector. For the first time the Municipality of Podgorica has allocated 134.000 Euro, as support to the activities of local NGOs.

2.4 Policy Landscape

The problems related to drugs trafficking and drug misuse, is relatively new in Montenegro. They appeared at the beginning of nineties, at times when the Government of Montenegro already started the process of building closer links with western European and other developed countries. The Government has also shown that it is aware of the needs and problems of the society. In a country of about 700.000 inhabitants it was probably easier (than in Serbia) to apprise that the domestic public opinion has become aware of the risks and the consequences of drug trafficking and drug abuse. By adopting in 2001 a Five-Year Plan and Programme of Action for Fighting the Drug Problem the Government of Montenegro had recognized that control of drugs, in all its aspect, was an issue of national importance. However, the implementation of the 2001 Five-Year Plan was rather inefficient.

Therefore, the government of Montenegro decided to revise that Plan and to adopt a **new Plan and Programme of Action until 2006**. The basic goal of the Plan is to combat the drug addiction in Montenegro. The plan contains the basic strategic aims related to the need for developing healthy life styles among the young. It singles out priorities of action and tasks of different ministries (interior, health, education, social welfare, customs authorities, local communities, NGOs, etc.). A chapter of the Plan is dedicated to the elements of sustainability and the possible difficulties and shortfalls in its realization. The financial resources for each activity are estimated. A total sum of 5.000.000 Euro would be necessary for the implementation of the Action Plan. The Plan is a good starting point for a comprehensive action. Its implementation is still in its initial phases.

As already mentioned, the Municipality of Podgorica has already prepared its own detailed Programme of Activities for the period 2003 to 2006, based on the Government Action Plan. The plan was submitted to all the political parties for approval. There seems to be a consensus among the parties in respect of the importance of and priorities in combating the drug problem. Among concrete tasks and priorities the following are mentioned: an analysis of the current situation, collection and analysis of the data, the establishment of local database and cooperation among towns in Montenegro. The development of appropriate education programmes and adequate information of the local population is also envisaged. Increasing their interest for the prevention and control of drug abuse, the strengthening of the role of the family, promotion of school programmes related to drug prevention, strengthening of the "support network"; launching of a proposal for the reform of the existing legislation are to be found among the set aims.

As regards the media, they have shown more interest for the drug problems, as of recently. In the general public these issues are discussed more openly.

In the drug policy agenda of Montenegro no mention is made of closer cooperation with the appropriate authorities in the Republic of Serbia, joint projects or coordination of activities. There are areas in which a closer cooperation would be indispensable, especially as far as the international obligations of Serbia and Montenegro are concerned. One of the problems that has emerged after the adoption of the Constitutional Charter, according to which the Federal Ministry of Health ceased to exist, concerns which institution in Montenegro has the authority to report to the International Narcotics Control Board in Vienna. It is also not regulated in which way the quotas for import of psychotropic substances will be distributed between Serbia and

Montenegro, etc. Advantage was taken, in some instances, of these unregulated circumstances for the illegal import of unauthorized quantities of precursors.

2.5 International and Regional Contacts

The Ministry of Health of Montenegro has shown authentic interest in maintaining international contacts. They are keen to apply the latest experience. However, its organizational structure is too small to comprise of a special unit dealing with the drug problem and following the developments in international bodies concerning drug issues. The Minister of Health has participated in most of the recently held international meetings devoted to drug problems (e.g. the EU Meeting in Dublin, October 2003).

The Ministry of the Interior attaches great importance to cooperation with the neighboring countries, especially Albania and Italy. It feels the need for sharing the international experience in drug seizures and interception.

The Municipality of Podgorica is actively participating in the European wide initiative under the title "Healthy Cities". The representatives of the local authorities attended in 2003 the "Second Balkan Conference of Healthy Cities", in Burgas, Bulgaria. They were elected as hosts of the next "Balkan Conference of Healthy Cities".

The authorities in Montenegro, in general, have shown that they are aware of the global character of the drug problem and that they would be prepared to participate in joint efforts for their overcoming.



Chapter 3

Drug Control - the International Context

The international system for drug control has become very elaborate. With the globalisation of the drug problem it is constantly adjusted to new circumstances. The co-operation of member states in implementing the adopted decisions is vital for the success in fighting the drug problem. Active participation of Serbia and Montenegro is therefore necessary in joint actions of all the relevant bodies and fulfilment of its international commitments.

3.1 United Nations - Mechanisms for Drug and Crime Control

The United Nations is a global leader in the fight against illicit drugs and international crime. It has established, throughout the years, an integrated system of mechanisms for drug and crime control.

The **Commission on Narcotic Drugs (CND)**, the central policy -making body for dealing with all drug related matters, was established in 1946 by the Economic and Social Council . The world drug abuse situation is analysed by the CND and proposals developed to strengthen international drug control.

The **International Narcotics Control Board (INCB)**, the independent control body for the implementation of the UN drug conventions, was established in 1968, by the single Convention on Narcotic Drugs of 1961.

The **UN International Drug Control Programme (UNDCP)**, established in 1991, aims to strengthen international action against drug production, trafficking and drug-related crime and educate the world about the dangers of drug abuse.

The **UN Commission on Crime prevention and Criminal Justice**, established by the Economic and Social Council is a global forum for exchanging information on ways to fight crime.

The **UN Crime Programme**, established in 1991, works with Member States to strengthen the rule of law and promote the criminal justice systems and combat transnational organized crime.

With a view to ensuring a comprehensive and integrated operational approach in drugs, crime and terrorism, the **UN Office on Drugs and Crime, (UNODC)** was established in 1997. It consists of the Drug Programme and the Crime Programme. The UN Secretary General has appointed **Antonio Maria Costa (Italy)** as the **Executive Director of UNODC** and the **Director General of the UN Office in Vienna**.

One of the Goodwill Ambassadors and Sports against Drugs Campaign representatives is **Vlade Divac**, the world famous basketball player from Serbia.

In the **World Drug Report 2000**, prepared by the UNODC, an overview of the recent trends in production, trafficking and consumption was presented.

As regards **production**, it was assessed in the report, that during the 1990s the global illicit production of opium remained stable, while the production of coca leaf declined. In 1999, almost 95 per cent of opium was produced in Afghanistan and Myanmar and one-thirds of global coca leaf in Columbia.

Trafficking has become a global phenomenon, involving 170 countries and territories. The strongest growth in trafficking in the 1990 was for amphetamine-type stimulants. The largest seizures involved cannabis. Cocaine and heroin seizures declined, compared to the 1980s. Reducing the supply and availability of illicit drugs is an essential component of the fight against drug abuse. UNDCP projects are aimed at limiting the cultivation, production, trafficking and distribution of drugs.

Throughout the 1990s, **drug abuse** has remained a global phenomenon - with 134 countries and territories reported drug abuse problems. Heroin and cocaine continue to be the most problematic abused drugs, while cannabis is the most widely abused one. According to the latest estimates, covering the period 2000-2001, the total number of drug users is at some 200 million people, equivalent to 3.4 per cent of the global population, or 4.7 per cent of the population age 15 and above. This includes 160 million people for cannabis, 34 million people for amphetamine-type stimulants and 8 million abusing ecstasy. The number of opiate and cocaine abusers rates approximately the same: cocaine- more than 14 million and opiates less than 15 million. Close to 10 million are taking heroin. Abuse trends show stabilisation or decline of opiates

in the consumer markets of Western Europe and a decline of cocaine consumption in the United States. However, abuse levels are increasing in many drug-transiting countries.

As regards the **demand reduction**, the report argues that there must be an end to the psychology of despair. In countries that have invested in the three pillars of demand reduction - epidemiology, prevention and treatment - experience shows promising results. In the United States, expenditures for demand reduction quadrupled between 1985 and 1999 and contributed to a 40 per cent decline in using drugs. More intensive demand reduction programmes in Western Europe contributed to halting the upward trend in heroin abuse. **The report provides evidence that treatment works.** A study in the United Kingdom showed that two years after completing a treatment programme, regular heroin use and related crime were both reduced by half. In the United States weekly heroin and cocaine use were down to two-thirds, one year after the end of treatment.

The availability of drug treatment is, however, limited in most of the developing countries. The global average of people receiving drug treatment was 584 per million inhabitants - in Western Europe nearly three times as large (1. 514) while in Africa it was 25.

The UNDCP has launched the **Global Assessment Programme on Drug Abuse (GAP)** in 1998. Governments and UNDCP need up-to-date statistics on who is taking drugs, as an important tool to reduce or eliminate drug abuse. GAP has established one global and several regional systems to collect reliable and internationally comparable drug abuse data and to assess the magnitude and patterns of drug abuse at the country, regional and global levels.

The replies of Governments to **UNODC Annual Report Questionnaire (ARQ)** are more comprehensive on reporting trends in drug abuse than on estimating the number of drug abusers. Questionnaires were sent to 191 countries and territories, 92 countries provided information up from 52 in 1992. However, the proportion of countries providing answers to the questionnaires is still less than 50 percent.

There was no evidence in the UNODC documents that the former **FR of Yugoslavia or Serbia and Montenegro** have established regular channels of communication with the UN and its drug-control organs. The commitments of the Member States are numerous and call for taking numerous action-oriented decisions. The formulations of

national strategies and programmes are no doubt one of the initial steps. Reporting biennially to the Commission on Narcotic Drugs on their efforts to meet the set goals and targets of their strategies is only one of these tasks.

In the first paragraph of the **Political Declaration adopted at the 20th Special Session of the UN General Assembly**, in 1998, devoted to combating drugs. The member States reaffirmed their “unwavering determination and commitment to overcoming the world drug problem through **domestic and international strategies** to reduce both the illicit supply of and demand for drugs”.

Among the new priorities of the **Mid-term (2003) Review of UN GA** special session on drugs are: to place drug and crime issues in the context of sustainable development. To balance prevention and enforcement activities, to select operations on the basis of knowledge and strategic vision, and to help establish institutions that promote international best practices.

As regards the **OSCE - UNODC co-operation** and joint actions, the UNODC Executive Director Antonio Maria Costa stated on March 26, 2003, that UNODC and OSCE are logical partners in dealing with the “new threats” to security - terrorism, trafficking in drugs and human beings, organised crime and corruption. He asserted that the arguments for OSCE and UNODC to act in partnership are strong since they are both aiming to counter the growth of “uncivil societies”.

Already in 2000, and OSCE/UNODC Conference on drugs, organized crime and terrorism took place in Central Asia.

As the forthcoming joint event, the UN Office on Drugs and Crime and the OSCE will co-host the next Special Meeting of the Counter Terrorism Council (CTC) of the UN Security Council, to be held in Vienna on 11 and 12 March 2004.

3.2 The OSCE - Activities Related to Drug Trafficking

The Netherlands OSCE Chairmanship in 2003 declared the fight against all forms of trafficking, including drug trafficking as a main priority. In view of the multidimensional implications of drug trafficking in some of the OSCE regions and the OSCE con-

cept of comprehensive security, the Organization has taken action in order to provide assistance in delivering effective responses in the field of countering drug trafficking. A seminar, addressing the specific subject of **“National and International Economic Impact of Trafficking in Drugs”** was held in Tachkent, Uzbekistan, in March 2003. Its recommendations and suggestion for further consideration by national governments and the OSCE, inter alia, include:

- more research should be undertaken on the drugs-crime-terrorism link;
- the national social and political institutions should be strengthened, the rule of law promoted and corruption tackled;
- the economic situation of the people should be improved and education supported;
- strategic partnership approach is needed between the law enforcement agencies, health services, local government, education and other agencies;
- within the context of demand reduction programmes, effective harm reduction policies should be promoted, directed at recreational users as well as chronic drug mis-users;
- raising awareness of the general public through articles in newspapers on the problems related to trafficking; including drug awareness modules in OSCE training missions;
- more attention should be paid to the illegal diversion of precursor chemicals and the promotion by the OSCE of the development of national strategies.

During discussions at the Conference in Tashkent, it was generally considered that **“the OSCE was well placed to take a lead in an advocacy role at higher political levels”**, and also in matters concerning drug trafficking and drug control.

In summarizing the results of the Conference, the Personal Representative of the OSCE Chairman-in Office stated that “drugs are clear threat to security and stability and that the OSCE is not a specialized drug agency, but that its niche is working closely together with the UNODC”. He pledged to dovetail activities and avoid duplications, invest in training and capacity building and “stop the current trend that the forces of good always seem to lag behind the forces of evil”.

Important decisions in respect of issues related to the overall theme of **“Trafficking in Human Beings, Drugs, Small Arms and Light Weapons: National and International Economic Impact”**, were reached at the 11th Meeting of the Economic Forum, in Prague, 20 to 23 May 2003.

The general feeling was that the OSCE-wide problem of trafficking called for a practical, organizational response. In terms of more detailed anti-trafficking legislation and policies it was concluded, “country-specific gaps and needs should be identified and addressed”. The present Report on the situation of Drug Trafficking in Serbia and Montenegro attempts to fulfil precisely this commitment.

The issues were discussed in three working groups. The Working Group on “**Anti-trafficking and the role of the business community**” reviewed, inter alia, the problem of information on trafficking, which was considered to be “unreliable and does not provide a true picture of the situation”. Proposals were made to the effect that more emphasis should be placed on the confiscation of assets (cars and houses) of criminals as well as the role of the private sector in anti-trafficking activities.

Recommendations for possible follow up, relative to trafficking in drugs, were as follows:

- it was generally agreed that a programme to promote partnership between the private sector, NGOs and Governments in fighting trafficking would be necessary;
- promotion of small and medium-sized enterprises was viewed as a way to improve socio-economic environment and create job opportunities for victims of trafficking;
- workshops on how to involve the private sector in anti-trafficking activities should be organized;
- trafficking should be tackled in countries of origin, **transit** and destination, etc.

The issue of “**Anti-trafficking and the role of Governments - What policy measures are needed to reduce the harmful effect of trafficking on economies and human security?**” discussed in-group B. This was of special relevance to the problem of drugs trafficking and the current situation of drug control in Serbia and Montenegro.

The broad subjects discussed in the Working Group were: efforts of the government at the national level, including the adoption of effective policy measures - combining approaches that attack both the supply and demand sides, relations with the business community and the need for international co-operation and co-ordination.

Recommendations, to quote only those more relevant to the drug trafficking and drug related problems, were as follows:

- at the **national level**, the establishment of a legislative framework that would include elements such as protection and rehabilitation of the victims, establishment of anti-corruption and anti-money laundering mechanisms;
- particular attention should be devoted to the **establishment of national co-ordinating bodies in each of the three areas and the development of National Action Plans**;
- practical measures on the side of government to enhance **public-private partnership**.

Recommendations also focused on the ways to reduce **demand-side factor**, which included:

- awareness rising and education programmes;
- measures to address the root causes of trafficking, through poverty reduction programmes, stimulation of jobs and opportunities, etc.
- strengthening of economic and democratic institutions, etc.

The discussions in the Group on “**Anti-trafficking and the OSCE**” opened new areas for the OSCE commitment and role. Wide agreement was reached that the OSCE could play an important role in the fight against trafficking. As trafficking affected the security of all the participating States the need for urgent action was felt. A comprehensive approach to the problem, taking into account both **supply and demand-related factors** was strongly supported. It was stressed in particular that the OSCE efforts **to resolve conflicts** in the OSCE area might also contribute to the prevention of trafficking. The OSCE role of functioning as a **catalyst** and in **building political commitment**, in particular thought awareness rising, was reinforced.

Among concrete suggestions of particular relevance to drug trafficking are the following:

- efforts should be made to understand **the dimensions of the trafficking phenomenon**;
- **best practice guides** should be developed;
- a system of **trafficking telephone hotlines**;
- **strengthening border management** and law enforcement activities;
- assistance of participating States in drafting **new legislation** in trafficking-related fields.

At a special sub-session of the Group “**The role of the OSCE institutions, field offices and the co-ordination mechanisms required for a comprehensive approach to combat trafficking**” was discussed.

In addition to these two mayor events, the OSCE has organised anti-money laundering workshops in Albania. At the national level, in co-operation with UNDOC similar workshops were held in Central Asia and the South Caucasus.

The OSCE Anti-Trafficking guidelines (SEC.GAL/87/01) addressing the issue of trafficking in human beings could also provide in some instances direction in the area of drugs trafficking.

3.3 The European Union's Drugs Strategy

The European Union is working to combat drugs in its Member States but it is also active in combating drugs on the external relation's front. This dimension has been also incorporated in its development co-operation agreements with third countries. The EU has been supporting the work of the United Nations and its International Drug Control Programme since 1987.

The EU Action Plan to Combat Drugs (2000-2004), implementing the European Union's Drugs Strategy, requires the Member States and the Commission to work together with the **applicant countries** on a plan of action for establishing rules for the incorporation of the body of EU laws on drugs. As part of the pre-accession strategy, one area of negotiations with the applicant countries concerns the involvement of applicant countries in the information system on drugs and drug addiction in Europe (ENCDDA and RETOX). Furthermore, EU support is provided to the countries of Central and Easter Europe via the PHARE programmes of assistance and the TACIS programme for Russia and the other countries of CIS and the Euro-Mediterranean partnership. The European Union's Drug Strategy for the period 2000-2004 was adopted by the Council on 6 December 1999. Its main objective is to reduce supply and demand. Provision is made for the exchange of reliable data and increased international co-operation.

In financial terms, over 65 million was spent on drug prevention in 1998, of which 35 million on measures to support work in non-Member States.

The Action Plan to Combat Drugs sets forth measures to tackle drug trafficking, to curb production and drug dependence.

For the purpose of tackling drug trafficking, **action programmes** have been developed for the exchange and training of staff in national administration to fight **organised crime** (OISIN, GROTIUS, FALCONE) and a number of legal instruments have been adopted to limit drug trafficking. Approximation of Member States legislation was encouraged as well as the securing of agreements between the police forces and customs authorities with a view to improving the exchange of information between them.

The Treaty on European Union provides for the harmonisation of criminal law on drug trafficking. Common definitions and sanctions must be adopted so that drug traffickers cannot exploit the differences between legal systems in the EU countries. The fight against drug trafficking is also linked to measures to combat money laundering of the profits.

The European Police Office (Europol) is responsible for combating drug trafficking and works to improve police and customs co-operation between the Member States.

The EU measures to **curb drug production** mainly refer to growing practice of using a number of chemical substances applied lawfully in the manufacture of pharmaceutical products to manufacture illegal drugs. A joint action in 1997 to tackle the problem of synthetic drugs resulted in the establishment of an early-warning system.

European co-operation to combat drug addiction, according to the Action Plan, is intended "to complement the Member State action in reducing drugs-related health damage, including information and prevention". The aim is to reduce drug use by the under-18s and the number of drug-related deaths over a five-year period. This requires measures in the field of public health and education. Research is also needed to improve understanding of consumption factor and associated health and social consequences and to develop more effective treatment.

For the purposes of **data collection** the EU has set up the **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** in Lisbon, in 1995. It publishes Annual Reports on the state of the drug problem in the European Union and Norway. In the 2002 Annual Report, three selected issues were studied in more depth: poly-drug use, successful treatment, and drug use in prison. The main tasks of the EMCDDA are to collect and analyse existing data, to improve data-comparison methods, to disseminate data and to co-operate with the European and international organizations and third countries. The amended Council Regulation on the establishment of the EMCDDA (No 2220/ 2000), allows EMCDDA to implement structural technical assistance proj-

ects in the field of information systems on drugs in EU applicant countries wishing to take part in its activities, including Albania, Bosnia and Herzegovina and Former Yugoslav Republic of Macedonia.

So far, Serbia and Montenegro have not been participating in the sharing of data or any other assistance projects with EMCDDA.

3.4 Regional Co-operation in South-East Europe

Most of the countries in the region of Southeast Europe have obtained the status of EU candidate countries. They have been integrated already in the EU cooperation system for CEECs. The PHARE project "Co-operation EMCDDA-CEECs" started on 1 March 2001. It covers the 10 CEEC candidate countries, while Albania, Bosnia-Herzegovina and the Former Yugoslav Republic of Macedonia have an associated status. Emphasis is placed on involving the countries as much as possible in the EMCDDA through development of National Focal Points (NFPs) and drug-information systems. All candidate countries have established NFPs.

A list of NFPs in the acceding and candidate countries is attached to the present report (Annex 1.)

In order to establish co-operation at the regional level, the first urgent step for Serbia and Montenegro would be to establish a NFP for cooperation on all issues related to drugs.

Chapter 4

4.1 The National Drug Control Strategy - Recommendations

To make progress in combating drugs, goals must be long term. The perspective should be to create a healthy and safe society. In order to achieve these goals the approach must combine firm enforcement with effective prevention at all levels.

Drug problems are often tied with social and economic problems. The Government needs therefore to introduce a series of reforms in the welfare state, health, education, criminal justice and the economy.

The review of the drug situation in Serbia and Montenegro has indicated that priorities should be established and action concentrated in areas of greatest need and risk. While the Republic of Montenegro has adopted a Plan and Programme of Action until 2006, no programme or strategy exists in the Republic of Serbia. Therefore, **the basic recommendation for Serbia and Montenegro and for the Republic of Serbia specifically, would be to prepare and adopt a viable National Drug Control Strategy**, formulating the most important aims and objectives, programmes of action and establishing the implementation mechanisms.

The strategy should ensure that the fight against drugs becomes a priority issue for highest Government authorities, in their internal and external actions.

The **general objective** of the strategy would be to ensure an integrated and balanced approach in drug supply and demand reduction through:

Supply Reduction - reducing the supply and the availability of illegal drugs by disrupting the markets.

Primary prevention - stopping drug use before it starts and helping young people achieve their full potential in society.

Secondary and tertiary prevention - to ensure treatment of people with drug problems and help them live healthy and crime-free lives.

The **specific objectives** of the strategy would be identified as follows:

- to establish a reliable **information system**;
- to promote **partnership** at all levels;
- to promote **international co-operation**.

The performance of the Government and its agencies should be consistently measured against these targets. For that purpose an **annual report** could be published to check progress.

The National Strategy needs to be a challenging work programme to which all relevant agencies would respond. The Government would therefore make clear what it expects from its key agencies: police forces and authorities, health, education and social authorities, local authorities, Customs and Excise, the Special Prosecutor for Organized Crime, the financial intelligence unit (the Commission for the Prevention of Money Laundering).

The legal framework provided by the Law on the Production and Trade in Illicit Drugs (Official Gazette No. 49/96 and 37/2002) and other legislation in force provide tools needed to take action aimed at the reduction of supply and the availability of drugs. But enforcement alone is never enough. Therefore, a new law would be necessary, regulating the prevention activities, including the medical treatment of users of illicit drugs, as set out in the strategy.

Recommendations are therefore made as to the **general** and **specific** objectives.

1. General objectives

Aim (I): Supply Reduction - to Stifle and Reduce the Availability of Illegal Drugs

Constant vigilance is needed to tackle availability and reduce supply. It is crucial to gain a better understanding of which activities have the most impact on availability and to pursue them, improving partnership between the agencies along the way.

Key objective: reduce the supply of illicit drugs and access to drugs among the young people.

The drugs trade: the fact

The drugs trade and trafficking is an international multi-billion worth industry. A latest UNDCP report estimates that the industry's turnover amounts to about 8 per cent of total international trade, approximately the same as textiles, oil, gas or world tourism. However effective the enforcement activity, there have been no signs of street level availability reducing.

The facts are:

- Serbia and Montenegro is located on one of the main heroin trafficking routes- the Balkan Route;
- there is an increasing flow of manufactured drugs from Eastern Europe, including to and from Serbia and Montenegro;
- Serbia and Montenegro is primarily a transit country, however, domestic production, although limited as yet, is increasing;
- proven cases of internal corruption within enforcement agencies are few, but the threat is real and requires permanent vigilance;
- The impact on street level availability of enforcement activities against suppliers is difficult to assess and the price of drugs within the Serbia and Montenegro has generally shown a stable or downward trend. Effective enforcement is a factor that should push up the prices.

Objectives:

- reduce the supply and access to illegal drugs - **Key Objective**
- increase the effectiveness of operational effort;
- increase the value of illegal drugs seized, prevented from entering or distributed within the Serbia and Montenegro;
- increase the number of disrupted or dismantled trafficking groups;
- increase the number of offenders dealt with for supply offences;
- increase the amount of assets identified, and the proportion confiscated and recovered from drug trafficking and money laundering;
- reduce prisoner access to drugs.

Supply Reduction - implementation activities:

- reduce the amount of drugs coming and crossing Serbia and Montenegro borders through seizures and by dismantling or disrupting trafficking organizations;

- reduce the distribution, manufacture and growth of drugs within Serbia and Montenegro, preventing them to reaching local dealers through seizures and by dismantling or disrupting internal networks;
- target money launders and increase the amount of assets confiscated and recovered from drug activities;
- reduce levels of street dealing and the availability of drugs in communities;
- reduce the availability of drugs within prisons;
- ensure full co-operation and collaboration, at every level, amongst the enforcement and intelligence agencies, with the focus clearly on tackling the drug trafficking;
- ensure that the respective roles and responsibilities of the police, Customs and Excise are well defined.

Information and research

To support these objectives use will be made of the best available sources of information and additional research commissioned as follows:

- employ all the information gathering agencies, both within the country and institutions with whom external co-operation is established, to produce a common data model which will have strategic as well as operational benefits;
- establish the quantity, quality and type of drugs transiting through or reaching Serbia and Montenegro, distribution network and means of transport; and the most effective methods of intervention at each stage of the process;
- establish the quantity and type of precursor chemicals manufactured, its place of origin, its destination and its route of passage;
- establish an objective base for the level of assets and money associated with the drug trafficking and drug industry mapping the agencies and individuals concerned;
- establish the relationship between street level prices, availability and demand.

Aim (II): Primary Prevention - Stopping drug use before it starts and helping young people to achieve their full potential in society

Young people, and those responsible for them, need to be prepared primarily to resist drugs but also, as necessary, to handle drug-related problems. Information and support need to be provided in ways which are sensitive to age and circumstances. Particular efforts need to be made to reach and help those groups at high risk of developing very serious problems. Prevention should start early, with broad life-skills approaches at primary school, and build on over time with appropriate programmes for young people

as they grow older- via youth work, peer approaches, training and wider community support. The aim is for approaches to be better integrated nationally and locally.

Key objective: Stopping drug use before it starts and helping young people achieve their full potential in society.

Drugs and young people: facts

Many young people never take drugs at all, many who experiment grow out of it quickly, but a small hardcore develop very serious problems. In particular:

- drug misuse is most common amongst people in their teens and early twenties, but the average age of first drug use is becoming younger;
- there is increasingly strong evidence that the earlier a young person starts taking drugs, the greater the chance that he or she will develop serious drugs problems;
- for early to mid.-teenagers, there are strong links between drug problems, exclusion from school, break-up of the family and initiation into criminal activity;
- for older teenagers and people in their twenties, there are strong links between drugs problems and unemployment, homelessness, prostitution and other features of social exclusion;
- there is a very strong correlation between the use of illegal drugs and
- the use of volatile substances, tobacco and alcohol amongst young people;
- whatever other influences affect young people; the role of parents throughout this process is crucial.

Objectives:

- stopping drug use before starts - **Key Objective**;
- increase levels of knowledge of 5 to 16 year olds about risks and consequences of drug misuse;
- reduce the number of people under 25 using heroin;
- increase access to information and service for vulnerable groups -including school exclude, looked after children, young offenders, and children of drug-misusing parents;
- build and disseminate good practice in identifying what works best in prevention and education activity.

Primary Prevention - implementation activities:

- inform young people, parents, and those who advise or work with them about the risks and consequences of drug misuse, linked to other substances -including alcohol, tobacco and solvents;
- teach young people from the age of five upwards - both in and out of formal education settings -the skills needed to resist pressure to misuse drugs, including a more integrated approach to personal social and health education in schools;
- promote healthy lifestyles and positive activities not involving drugs;
- help make drugs misuse less culturally acceptable to young people, including the use of targeted national and local publicity and information;
- ensure that the groups of young people most at risk of developing serious drugs problems receive appropriate and specific interventions;
- ensure that young people from all backgrounds, whatever their culture, gender or race, have access to appropriate programmes;
- build and disseminate good practice in identifying what works best in prevention and education activity.

Information and Research

To support these objectives use will be made of the best available sources of information and additional priority research commissioned, as follows:

- comprehensive surveys of young people (age 5 upwards) and drugs misuse;
- qualitative studies of patterns of misuse of regular young users;
- long-term evaluations of effectiveness of prevention and education programmes;
- qualitative and long-term assessment of impact on drug misuse of wider social factors;
- operational summary of effective prevention and education activity.

Aim (III): Secondary and Tertiary Prevention - To ensure treatment to people with drug problems and help them to live healthy and crime-free lives

Many of those with the most serious drugs problems in Serbia and Montenegro have a range of other problems, including lack of adequate treatment possibilities and social support. In the older age groups unemployment is most frequent. The aim of the Strategy is to ensure that specific, appropriate and timely help is provided to those

with drug problems and that their needs are recognized and addressed by wider Government programmes.

Key objective: to ensure treatment to people with drug problems and help them to live healthy and crime-free lives

Drug treatment: the facts

There is growing evidence that treatment works. The rate of demand for treatment services amongst seriously dependent drug mis-users is constantly increasing. The supply of treatment services in Serbia and Montenegro cannot meet that demand. At the same time, the international experience has evidenced that harm reduction work has had a major impact on the reduction of the rate of HIV and other drug-related infections. Social rehabilitation programmes in developed countries have shown real gains, both in the health condition of drug mis-users and in **crime reduction**. In particular:

- the number of addicts has been rising steadily during the 90ties;
- the total number of problematic drug mis-users in Serbia and Montenegro has not been established, but it is evident that their number is being increased, many of whom do not seek or cannot get access to effective services;
- the scope, accessibility and effectiveness of available treatments are inconsistent and generally insufficient;
- the most significant health risks for this group beyond drug dependency are HIV/AIDS, hepatitis B and C, and a wide range of psychiatric and psychological problems;
- drug related deaths - probably under-reported - are dramatically increasing.

Objectives:

- ensure treatment to people with drug problem, increase the participation of problem drug mis-users in drug treatment programmes, which has a positive impact on their health and the reduction of crime rate -Key Objective;
- ensure adequate treatment facilities - for primary and secondary health care, including substitution (methadone) therapy;
- reduce the proportion of drug mis-users who inject and the proportions of those sharing injecting equipment through harm reduction programmes;
- prevent and reduce the number of drug-related deaths;
- reduce the number of drug mis-users being denied immediate access to appropriate treatment;

- ensure adequate social welfare services with a view to alleviating the difficulties of social re-integration of former drug mis-users;
- ensure counselling and assistance to families of drug mis-users;
- ensure assistance in prevention of relapses.

Secondary and Tertiary Prevention - implementation activities:

- ensure that all problem drug mis-users - irrespective of age, gender and drug with which they have a problem - have proper access to support from appropriate service - including primary care;
- provide problem drug mis-users with accurate information, advice and practical help to avoid infections and other health problem related to their misuse;
- support problem drug mis-users in reviewing and changing their behaviour towards more positive lifestyles - linking up, where appropriate, with education and employment and social services;
- provide an integrated, effective and efficient response to people with drugs and mental health problems;
- adopt appropriate clinical guidelines on the administration and prescription of substitute medications (e.g. methadone) in dispensing of clinical services in general, in line with the appropriate international experience and standards;
- improve the range and quality of treatment services, in line with the appropriate international experience and standards;
- ensure the introduction of **harm reduction** services;
- introduce special services for the prevention of drug-related deaths;
- ensure those affective arrangements for drug mis-users are coherent and community linked.

Information and Research

To support these objectives use will be made of the best available sources of information and additional research will be commissioned as follows:

- the clinical experience and results of substitution therapy in developed countries;
- the cost effectiveness of the current treatment and care options;
- the effectiveness of treatment interventions for young people;
- practices in preventing drug-related deaths;
- the link between recreational drug misuse (including cannabis) and later health problems;
- the cost effectiveness of welfare services for drug mis-users.

II. Specific objectives

Information Activities

A national strategy has to be based on **reliable information** in order to assess the scale and nature of drug use on a regular basis. A network of reliable information and data should be established with the support of international bodies such as the UN Office on Drugs and Crime (UNODC), Interpol, European Monitoring Center for Drugs and Drug Addiction (EMCDDA,) and RETOX, Europol, etc. Knowledge obtained from research and assessment of successful programmes in other countries should be incorporated in daily practice.

Partnership

Due to the complexity of the problem partnership is essential at every level. **Genuine collaboration across the Government sector should be the driving force behind this strategy.** The role of the individual departments, agencies, and voluntary and private sector should contribute to overall vision and aims.

It should be ensured that all key partners in the field are brought together from the **statutory, voluntary and private sector** and all other with interest. They should work closely with the local partnership set up by the local Drug Action Teams. At the local level greater cohesion of effort and sharing of resources amongst local authorities should be established.

Cooperation schemes between the national and local authorities, **private and business sector** and NGOs should be developed.

To support this objective an annual evaluation of corporate and individual performance Targets and measures of all agencies and interested factors could be commissioned.

Action at the International Level

International cooperation should be based on national plans and guided by a number of principles, including shared responsibility, integrating drugs control into mainstream social development and ensuring control of human rights. Many of the social and economic rights, as regulated by the International Covenant on Economic, Social

and Cultural Rights, touch upon the area of drugs and drug control. Thus, the right to health is one of the basic human rights.

Therefore, provision need to be made in the National Strategy to establishing mechanisms for the **coordination of international issues** in the area of drugs, the coordination of the inter-departmental participation in the work of bodies and institutions within international organizations and associations. International duties and obligations of Serbia and Montenegro need to be specified.

Special attention should be devoted to the **monitoring of the implementation** of the provisions of international conventions in the field of drug control and the fulfillment of reporting duties.

To support this objective a strategic review of relevant international drugs control activities - with clear overall commitment of the law enforcement, health and **diplo-matic agencies** would be necessary.

4.2 National institutions - Recommendations

As for the **National Strategy** to be effective, clarity about the delivery mechanisms - the structures, resources, responsibilities, accountability and basis for audit and evaluation - is essential.

A **National Ministerial Commission on Drugs** could be established for that purpose. Its basic role would be to promote and coordinate the Government policy on drug issues. In addition, the Ministerial Commission could perform the following tasks:

- submit to the Government the proposal for the National Drug Control Strategy and measures for its implementation ;
- monitor the implementation of the provisions of international conventions to which Serbia and Montenegro is a party;
- ensure international cooperation.

The Government could also appoint an **Anti-Drugs Coordinator** to report to the National Commission. His role on behalf of the Ministers would be to provide a day-to-day leadership and focus on implementing and developing the Government's Strategy. The Coordinator would, in particular, scrutinise rigorously the performance

of departments and agencies - individually and collectively - against the actions, objectives and performance indicators set out in the strategy. The Coordinator would produce, on the basis of the adopted Strategy, a Plan of Action for implementation in each succeeding year. Departments would continue to be responsible for their own policies and resources and accountable to their Ministers accordingly. But the Coordinator's responsibility to the Government for the production of his Annual Report and Plan, would mean that progress across the board would be coordinated and open to scrutiny.

To aid his role, a new body could be established, possibly named **Anti-Drugs Strategic Steering Group**, which would meet regularly to help the Coordinator assess overall progress in implementing the Strategy, including its resources, consider relevant developments in SaM and internationally and plan to account for progress and the way forward through the Coordinator's Annual Report and Plan.

Representation on the Strategic Steering Group would include senior officials from within the government, and individuals from independent bodies, professional drug agencies, local government, business and Drug Action Teams and representatives of the Office for Drugs.

An **Office for Drugs** could be also established on the basis of new legislation (Act Regulating the Prevention of the Misuse of Illicit Drugs and the Treatment of Drug Mis-users). The most important tasks of the Office for Drugs could arise from measures for the implementation of tasks in the field of prevention activities, at all levels of prevention. The Office of Drugs would also serve as a logistic and expert support to the National Anti-Drugs Coordinator.

The suggested institutional build up might seem too elaborate, since too many institutions could undermine the effectiveness. However, the proposed model structure proved to function effectively in developed societies. The first practical step for Serbia and Montenegro could be, as already suggested in Chapter 3 of this Report, to establish a **National Focal Point** in accordance with the appropriate EU recommendations for acceding and candidate countries.

4.3 Financing and Resourcing - Recommendations

Funds for co-financing the implementation of the strategy programme should be provided from the **national budget**. Funds for financing the operation of local Drug Action Teams would be provided by **the municipality**.

Funds for the implementation of treatment programmes could be provided in accordance with the acts governing health protection and **health insurance**.

Health authorities would be expected to include anti-drugs measures in their health improvement programmes or strategies.

Funds for co-financing the social welfare services and programme for solving social problem related to drugs misuse would be co-financed from the national budget.

The activity of non-governmental organisations could be co-financed from the national budget and other funds.

The government could consider the means of channelling a proportion of **assets seized from drug traffickers back into anti-drugs programmes** to help those who have suffered from their deeds and on whose misfortune they have prospered. Such practice has been already introduced in several developed countries.

The value for money of the Government and other anti-drug expenditure against outcome should be monitored at national level through appropriate mechanisms and locally through Drug Action Teams.

Securing partnership funding should be given high priority at every level. The **private sector** should play a vital role at national, regional and local level in working to combat drug misuse. The **business community** should recognise the ethical imperatives (and commercial benefits) of involvement in this work.

4.4 New Legislations - Recommendations

As the basis for the adoption and implementation of the new National Drug Control Strategy, the adoption of new legislation would be necessary. The legal basis for acting on issues related to drugs, concerns mainly law enforcement (the Law on the Production and Trade in Narcotic Drugs-Official Gazette no.46/96 and 37/2002) the Criminal Code of FR of Yugoslavia, etc.

A new law regulating the prevention of the use of illicit drugs and the treatment of users of illicit drug would define most of the issues set out in the National Drug Control Strategy.

It could, inter alia, specify:

- the establishment of national bodies for the implementation of the Drug Strategy (e.g. Office for Drugs);
- taking preventive measures at all levels;
- establishment of institutions for treatment of mis-users of illicit drugs;
- the setting up of social services for the prevention and elimination of social problems of drug mis-users;
- the activities of non-governmental organizations;
- setting up of mechanisms for the monitoring of illicit drugs consumption rates and data collection;
- the financing of national prevention and treatment programmes;
- the establishment of supervision mechanisms at all levels.

The adoption of similar laws in many countries, including some in the region of South East Europe, has already resulted in positive experience.



Chapter 5

The Role of the OSCE

In the present report the OSCE was guided by concerns at several levels. The practical initiatives and suggestions are aimed at **facilitating the harmonization and stabilization processes** in Serbia and Montenegro, directing to some recognised methods for achieving results in combating drugs.

It is also the commitment of the OSCE to take practical measures to address the **new threats to security and stability in the OSCE region**, such as organized crime and trafficking of all kinds, including trafficking in drugs. There is an overall readiness in the OSCE to identify, analyze and take co-ordinated action in response to these threats.

After having identified the **country-specific gaps and needs** in drug control sectors in Serbia and Montenegro, the OSCE, after consultation with other actors, could provide, on the basis of documents adopted in 2003 at the 3rd Preparatory Seminar in Tashkent, Uzbekistan, and the 11th Economic Forum in Prague, assistance in the following:

- mobilizing and facilitating the deployment of expertise and resources for the needed **national institution development, capacity building and standard setting** activities in the area of drug control in Serbia and Montenegro;
- supporting appropriate **implementation activities** in respect of the aims and objectives of the recommended **National Drug Control Strategy**.
- supporting preventive activities implemented by public, civil and private sectors, including **economic empowerment** training and human resources development;
- initiating and adoption of practical measures such as the establishment of a system of **drugs trafficking telephone hot lines** at the national, but also at the regional level; providing guidance as to the best practices in fighting drug related problems, etc.
- assistance in the preparation of **best practice guides** on the basis of experience of some developed countries as well as in **drafting new legislation**,

- through its already existing professional structure and experience in the country, the OSCE could assist in **donor co-ordination activities**, if necessary and as requested.

However, its **role in the encouragement of building political commitment** to fighting the drug problems in a comprehensive way could be the OSCE's major contribution.

To establish a **sound economy and the rule of law**, Serbia and Montenegro would have to tackle resolutely the drug problem. It is also a vital segment of its fight for political and economic stability and, at the same time, against organized crime and terrorism in its territory.

Human rights, civil and political but also **economic, social** and cultural rights can be promoted only in an environment "free from hunger and fear". An **effective strategy** to fight drugs in any part of the world, or OSCE region, could be viewed as a concrete contribution to **countering crime and terrorism**.

Note on the Preparation of the Report and Acknowledgments

The preparatory work for writing the Report was carried out during October 2003. It included collecting relevant documents, articles and other material, meetings with the representatives of Ministries of the Interior, Health and Education of the Republic of Serbia and the Republic of Montenegro as well as the Ministry of Foreign Affairs of Serbia and Montenegro. Discussions were held with medical professionals, economic and legal experts, representatives of embassies in Belgrade, NGOs, etc. Visits were made to Podgorica and Novi Sad. The drawing up of the Report was completed on December 1, 2003.

In the subsequent stages the Report was first sent to the departments and units of the OSCE Mission to Serbia and Montenegro as well as to the OSCE Headquarters in Vienna for possible comments and advice. Their comments were incorporated into the Report.

As the next step, the Report was sent, in March 2004, to respective ministries, institutions and experts in Serbia and Montenegro with a request for their unofficial comments and suggestions, if any, before printing the final version of the Report. The responses were positive. The Ministry of the Interior of Serbia considered “considered, inter alia, that the Report was excellent and that there were no critical comments.” Furthermore, a special meeting to discuss the Report was held with the representatives and experts of that Ministry. A number of constructive suggestions made on that occasion were introduced into the final version of the Report.

Finally, as a former diplomat and representative of the Federal Ministry for Foreign Affairs in the Federal Commission on Narcotic Drugs, in charge of following the work of international drug control bodies, the author was fully aware of the complexity of the subject dealt with in the Report. Therefore, a special effort was made to carefully balance its contents.

The author would like to express her gratitude to the experts, the representatives of Ministries and other institutions mentioned in the enclosed List of Contacts for their contribution to the producing of this Report. Expressions of thanks are also due to the services of appropriate UN, EU and OSCE bodies for making available the documents and compiled data used in drawing of this Report. The author would also like to address her special gratitude to Governments of those countries whose strategies served as best practices models in proposing the Drug Control Strategy for Serbia and Montenegro.

Marija Djordjevic

Belgrade, April 2004

List of Contacts

1. Col. Mile Novakovic, Head of Department, Ministry of the Interior, Republic of Serbia, Belgrade
2. Col. Dusan Zlokas, Deputy Head of Department, Ministry of the Interior, Republic of Serbia, Belgrade
3. Col. Lt. Jovica Bosnic, Head of Anti-Narcotics Trafficking Section, Ministry of the Interior, Republic of Serbia, Belgrade
4. Mr. Zoran Stajic, Inspector, Anti-Narcotics Trafficking Section, Ministry of the Interior, Republic of Serbia, Belgrade
5. Mr. Mihajlo Pejovic, Head of the Criminal Police Department, Ministry of the Interior, Republic of Montenegro, Podgorica
6. Mr. Nebojsa Stijovic, Chief of Anti- Durgs Service, Ministry of the Interior, Republic of Montenegro, Podgorica

7. Prof. Dr. Nikola Vuckovic, Director of the Institute of Neurology, Psychiatry and Mental Health, Medical Faculty, University of Novi Sad, Novi Sad
8. Prof. Dr. Viktorija Cucic, Institute of Social Medicine, Medical Faculty, Univeersity of Belgrade, Belgrade
9. Dr. Natasa Lazarevic-Petrovic, Coordinator of Expert Groups, Ministry of Health, Republic of Serbia, Belgrade
10. Ms. Slobodanka Krivokapic, Assistant Minister of Health, Republic of Montenegro, Podgorica
11. Dr. Vesna Fridman, Psychiatrist, Institute for Addictive Diseases, Belgrade
12. Dr. Mira Kovacevic, Psychiatrist, Institute for Addictive Diseases, Belgrade
13. Ms. Spomenka Ciric, Psychologist, Institute for Addictive Diseases, Belgrade

14. Ms. Maja Jovic, Counsellor, Ministry of Education and Sports, Republic of Serbia, Belgrade
15. Ms. Ljiljana Pejin, Project Coordinator, Economic Institute, Belgrade
16. Prof. dr Zivojin Aleksic, Faculty of Law, Belgrade

17. Mr. Miomir Mugosa, Special Advisor on Drug Problems, Municipality of Podgorica, Montenegro
18. Dr. Joze Hren, Office for Drugs, Government of the Republic of Slovenia, Ljubljana

19. Ambassador Rudolf Bogner, Head of OSCE Office in Montenegro, Podgorica
20. Ms. Mira Nikolic, Minister Plenipotentiary, Head of Section for Human Rights, Social, Humanitarian and Economic Affairs, Ministry of Foreign Affairs of Serbia and Montenegro, Belgrade
21. Ms. Eli Jonsvik, Counsellor, Royal Norwegian Embassy, Belgrade
22. Mr. Jan Lundin, Counsellor, Embassy of Sweden, Belgrade
23. Mr. Peter Vallaste , Liaison Officer, Nordic Police and Customs Co-operation, Embassy of Sweden, Belgrade
24. Mr. Jeoren Kelderhuis, Second Secretary, Royal Dutch Embassy, Belgrade
25. Representatives of NGOs: EMPRONA, Step by Step, JAZAS, Security Union, JUSPANN.

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Appendix

List of National Focal Points in Acceding and Candidate Countries

Bulgaria

The National Center for Addictions

Mr. Momtchil Vassilev
National Focal Point Coordinator, Head of Department
National Center for Addictions
117, Pirotska Str. Tel: 00359 2 83 13 079
Sofia 1030 Fax: 00359 2 83 21 047
Bulgaria

Czech Republic

Secretariat of the National Drug Commission Office of the Government of the Czech Republic

Dr. Viktor Mravcik
National Focal Point Coordinator, Secretariat of the National Drug Commission
Office of the Government of the Czech Republic
Nabr. Edvarda Benesi 4 Tel: 00420 2 9615 3222
118 01 Praha 1 - Mala Strana Fax : 00420 2 9615 3264
Czech Republic

Estonia

National Institute for Health Development (NIHD)

Ms. Ave Talu
Head of EDMC/National Focal Point Coordinator
National Institute for Health Development (NIHD)
Department of Epidemiology and Biostatistics
Estonian Drug Monitoring Centre (EDMC)
Room 471 Tel: 00372 67 07 099
Hiiu 42 Tallinn Fax: 00372 67 06 814
Estonia

Hungary
Ministry of Health

Mr. Jozsef Liptak
National Focal Point Coordinator, Ministry of Health
Arany Janos u. 6-8
1245 Budapest
P.O. Box 487
Hungary

Tel: 0036 1 332 3100
Fax: 0036 1 269 4007

Latvia
The State Centre for Drug Abuse Prevention and Treatment Ministry of Health

Ms. Ieva Berzina
National Focal Point Coordinator,
The State Centre for Drug Abuse Prevention and Treatment Ministry of Health
Hospitalu iela 55
Riga LV 1013
Latvia

Tel: 00 371 7 37 4681
Fax: 00 371 7 372 337

Lithuania
State Public Health Service

Ms. Audrone Astrauskiene
National Focal Point Coordinator
State Public Health Service
Kalvariju 153
LT-2001 Vilnius
Lithuania

Tel: 00 370 2 77 80 36
Fax: 00 370 2 77 80 93

Poland
National Bureau for Drug Prevention Ministry of Health

Mr. Janusz Sieroslowski
National Focal Point Coordinator,
National Bureau for Drug Prevention Ministry of Health
Ul. Sobieskiego 1/9
02-957 Warsaw
Poland

Tel: 0048 22 842 27 00
Fax: 0048 22 642 75 01

Romania
National Anti-drug Agency

Ms. Angela Pantea
National Focal Point Coordinator
37th Unirii Boulevard, BL. A4 Sector 3
Bucharest
Romania

Tel: 004021 326 47 87
Fax: 004021 407 22 45 39 99

Slovakia
General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control

Mr. Aloiz Nociar
National Focal Point Coordinator,
General Secretariat of the Board of Ministers for Drug Dependencies and Drug Control
Central Node of the Drug Information System
Namestie slobody 1
81370 Bratislava
Slovakia

Tel: 00421 2 5729 5554
Fax: 00421 2 5729 5571

Slovenia
Institute of Public Health

Ms. Mercedes Lovrecic
National Focal Point Coordinator,
Institute of Public Health
Trubarjeva 2
SI - 1000 Ljubljana
Slovenia

Tel: 00386 1 244 1479
Fax: 00386 1 244 1447

Cyprus
National Council on Drugs

Ms. Tonia Bayada
National Focal Point Coordinator
Institute of Health
CY Cyprus

Tel: 00357 22 44 29 61
Fax: 00357 22 30 53 46

Malta
National Commission for Dependencies

Mr. Richard Muscat
National Focal Point Coordinator,
National Commission for Dependencies
Department of Biomedical Sciences
University of Malta
MT-Msida MSD 06
Malta

Tel: 00356 23 40 20 53
Fax: 00356 21 31 05 77

Turkey

Mr. Winer Ylhami
TADOC
National Focal Point Coordinator
Necatibey Cd. No: 108
TR-Anyttepe/Ankara
Turkey

Tel: 0090 312 412 75 00
Fax: 0090 312 412 75 05