



Kosovo* country overview

A summary of the national drug situation

Our partner in Kosovo

Ministry of Health [<http://www.mzdravlja.gov.me>]

The EMCDDA has been implementing technical cooperation projects in Kosovo since 2009. According to the Regulation of the Ministry of Internal Affairs (MIA), the EMCDDA contact point should be located in the Secretariat of Strategies. MIA oversees and coordinates the implementation of the National Strategy against Drugs, and also other strategies (against trafficking in human beings, against organised crime, terrorism, integrated border management, migration, and so on). The Secretariat's role is to gather, analyse, evaluate and report information and data for the assessment of the implementation of these strategies. The MIA has temporarily assigned an officer within the Department for European Integration and Policy Coordination to act as a Drugs Observatory, as well as focal point for the EMCDDA.

The main objectives of this focal point are to monitor drug-related phenomena such as trends, prevention, treatment and rehabilitation, draft annual reports (as required by the EMCDDA) and act as the national coordinator for drugs in Kosovo.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo declaration of independence. It applies to all mentions of Kosovo in this website.

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Drug use among the general population and young people

Although many organisations in Kosovo collect information on drugs, there are no relevant comprehensive representative studies that indicate the size of the drug problem at the population level.

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

In 2008 the Rapid Assessment and Response (RAR) study among young people, injecting drug users and prisoners was implemented in cooperation with the Kosovo offices of the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) (Brisson et al., 2009). The sample size was 1 302 respondents aged 15–24. Lifetime cannabis use was found to be 3.8 %, and was more prevalent among males (5.5 %) than females (2.2 %), and among those aged 20–24 (6.7 %) than those under the age of 18 (1.7 %). Most of the young people had started using cannabis at the age of 17, with no significant differences between genders. Ecstasy use was reported by 0.6 % of respondents, and heroin and amphetamine use (or other forms of doping) by 0.4 %. Approximately 0.2 % had tried cocaine. Approximately 2.6 % of the respondents reported use of illegally obtained prescription drugs such as Trodon, Tramal, Bensedin, Fortral, Valeron and methadone/Heptanon. Respondents reported that they started taking these prescription drugs between the age of 13 and 20; the mean age was 17.

In 2011 the first European School Survey Project on Alcohol and Other Drugs (ESPAD [<http://www.espad.org/>]) study was carried out in Kosovo among a representative sample of 15- to 16-year-old students. Around 7 % of respondents reported use of any illicit drug in the past (lifetime prevalence). Cannabis was the most frequently reported illicit substance, with a lifetime prevalence rate of 2.4 %, followed by cocaine at 1 % and amphetamines at 0.7 %. Around 2 % of students reported cannabis use in the past 12 months, and 0.4 % in the past 30 days. Males (4 %) were more likely than females (1 %) to use any illicit substances (Haskuka, 2011).

Prevention

The new National Anti-Drug Strategy and Action Plan for 2012–17, adopted in 2012, prioritises drug prevention within drug-demand reduction activities. Specifically, the strategy calls for: an increase in prevention activities targeting parents; the provision of debates and lectures on drugs in schools; the introduction of drug prevention as part of school curricula to support drug treatment and rehabilitation programmes. The strategy also makes provision for the development of a special website dedicated to drug issues by the non-governmental organisation (NGO) Labyrinth.

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

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

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

Prisons offer preventive activities to inmates in the form of health education and the promotion of information on drugs and infectious diseases, including sexually transmitted diseases and HIV/AIDS. These activities are implemented by Labyrinth within the framework of a project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Problem drug use

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

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

With regard to the characteristic of the injecting drug user (IDU) population, some information is available from the 2011 Behavioural and Biological Surveillance Study on HIV among IDUs (The Global Fund to Fight AIDS, Tuberculosis and Malaria Program in Kosovo, 2011). The majority of the surveyed 19- to 54-year-old IDUs were men (88.7 %). One-quarter of respondents (51 out of 200) injected drugs daily, while 10 reported four or more daily injections. The average age of respondents first injecting was 22.3. Heroin was the most frequently injected drug in the sample that had injected in the past month (estimated population proportion (EPP) 71.1 %), and the substance was injected at least once by almost all IDUs (EPP 97.3 %), followed by methadone (EPP 28.7 %). About half of respondents (EPP 51.8 %) had a history of drug treatment, mainly in a rehabilitation programme in a medical setting (EPP 72.5 %).

Treatment demand

Drug treatment in Kosovo is primarily provided by two organisations: the Psychiatric Clinic of the University Clinical Centre of Kosovo, and the NGO Labyrinth. Drug treatment options provided by these two agencies include detoxification services, psychosocial treatment and pharmacotherapy with methadone. Since 2012 two regional hospitals in Gjilan and Gjakova have provided methadone treatment.

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

The Psychiatric Clinic of the University Clinical Centre of Kosovo is a public service for the whole country. It offers detoxification programmes but does not provide treatment in cases of overdoses, which are managed at the emergency centres of other health institutions. The Psychiatric Clinic provides outpatient and inpatient treatment and represents the main source of information on treatment demand.

The data provided by the Psychiatric Clinic since 2005 indicate a gradual increase in demand for treatment up to 2009: 147 treatment requests in 2005; 151 in 2006; 165 in 2007; 172 in 2008; and 198 in 2009. Since 2009 there has been a reduction in treatment requests: in 2010 there were 186, of which 36 were new treatment clients, and in 2011 there were 159 (118 outpatient and 51 inpatient cases), of which 42 were new treatment clients (see Table 1).

Table 1: Number of visits and clients, 2009–11

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

Source: Psychiatric Clinic of the University Clinical Centre of Kosovo, 2012.

The majority of clients at the Clinic were male (see Table 2).

Table 2: Gender distribution of all treatment clients, 2009–11

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

Source: Psychiatric Clinic of the University Clinical Centre of Kosovo, 2012.

The mean age of clients in 2011 was 28.5 (29.5 in 2010). Similar to 2010, the majority of clients (37.5 %) treated in 2011 were aged 31–40, followed by those aged 21–30. A slight increase in the proportion of treatment clients under the age of 18 was observed in 2011 (15.9 %), compared to 2010 (12 %).

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

In 2011 only a minority (10.5 %) of treatment clients had a permanent job; about one-third (31.7 %) were employed in casual jobs; and the majority (41.9 %) had not been employed in the year prior to entering treatment. In comparison with 2010, there was a decline in the proportion of clients who had not been employed in the previous year (44.6 % in 2010).

About half of the clients (51.5 %) resided in the Pristina region, followed by 16 % from the Prizren region, 21.5 % from the Gjilan region, 7.1 % from the Mitrovica region, and 3.9 % from the Peja region, while a few patients lived outside Kosovo.

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

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

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

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

Similar to the figures reported by the Psychiatric Clinic of the University Clinical Centre of Kosovo, the vast majority (more than 90 %) of Labyrinth's new treatment clients were males (see Table 3).

Table 3: Gender distribution of first time outpatient treatment clients in 2009–11

Year	2009	2010	2011
Male	91.1	93.0	92.6
Female	8.9	7.0	7.4

Source: Labyrinth, 2012.

The mean age of new treatment clients in 2011 was 31.

In 2011 some 47 % of new treatment clients were unemployed (69.1 % in 2010; 74.1 % in 2009). Some 61.1 % of new treatment clients lived outside Kosovo (58.4 % in 2010); 54.7 % of new treatment clients reported that they started using drugs while in Kosovo (58.3 % in 2010), with a mean age of first drug use of 18.5 years (18.2 years in 2010).

About half (52.6 %) of new treatment clients in 2011 had been imprisoned at least once in their lifetime (44.4 % in 2010).

Most treatment clients (87.4 % in 2011; 87.3 % in 2010; 84.8 % in 2009) lived with their family.

In 2011 the most commonly reported primary illicit substance of use among new treatment clients was heroin (89.5 %), which is similar to the data from 2010 (89.4 %). The mean age of initiating heroin use among those who entered the treatment for the first time in 2011 was 23.6 years, while in 2010 it was 21.5 years.

In 2011 some 33.7 % of new treatment clients reported drug use by injection (35.9 % in 2010). In 2010 and 2011 slightly less than a quarter of new treatment clients reported having overdosed in the past.

Drug-related infectious diseases

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

In 2006 Family Health International implemented a bio-behavioural surveillance (BioBSS) study. The aim of the study was to build national capacity for the surveillance of HIV and collection of behavioural data among high-risk groups, as well as to estimate the prevalence of sexually transmitted infections (STI) and HIV (Family Health International, 2007).

In this study, respondent-driven sampling (RDS) was used to recruit 200 injecting drug users (IDUs) and 69 men who have sex with men (MSM), while convenience sampling was used to recruit 157 commercial sex workers (CSW). RDS software was used to generate population estimates and confidence intervals to describe the larger network of IDUs and MSM. Each participant completed a questionnaire, which was followed by blood testing (Family Health International, 2007 [http://pdf.usaid.gov/pdf_docs/PNADK311.pdf]).

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

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

In 2012 the NGO Labyrinth carried out 152 voluntary testing and counselling (pre-test and post-test counselling) sessions with IDUs in Pristina. About 36.5 % were found to be infected with HCV and 1 % with HBV. None had HIV infection. During 2005–08 some 610 drug users participated in the voluntary testing and counselling programme. None were HIV positive, 10 % tested positive for HBV (60 cases) and 23 % for HCV (154 cases). During 2009–12 some 819 injecting drug users were tested for HIV (0 % positive), 834 for HCV (22.06 % positive) and 696 for HBV (0.1 % positive).

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

Drug-induced deaths and mortality among drug users

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

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

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

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

Treatment responses

Treatment options in Kosovo are limited, although they are slowly expanding. Two agencies, the Psychiatric Clinic of the University Clinical Centre of Kosovo and the NGO Labyrinth, provide most of the drug treatment in the form of detoxification services, psychosocial treatment and pharmacotherapy by using methadone. Since 2012 regional hospitals in Gjilan and Gjakova have also provided opioid substitution treatment. Although healthcare is free for all Kosovars and minimum drug treatment options (e.g. detoxification) are provided free of charge, patients have to pay a co-payment towards a detoxification service. Methadone maintenance treatment is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and is being expanded in terms of both the number of clients and its geographical coverage.

Future plans for the development of treatment responses and strengthening treatment capacities are outlined in the National Anti-Drug Strategy and Action Plan for 2012–17. The strategy includes plans for the establishment of an institute for drug dependency under the Ministry of Health. It is expected that the institute will have close links to the University Clinical Centre of Kosovo, with units for outpatient and inpatient clients. The main treatments offered by the institute will be detoxification programmes and maintenance treatment.

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

Outpatient psychosocial drug treatment is provided by Labyrinth, which has units in Prizren, Gjilan and Pristina.

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

The Memorandum of Understanding between the Ministry of Health and the Community Development Fund (CDF, the principal recipient of the GFTAM grants in Kosovo), signed in 2011, was amended on 23 March 2012 to include Annex 1, 'Pilot project for administration of methadone as a substitution treatment for opioid narcotics', to enable the launch of a pilot methadone maintenance treatment programme. Annex 1 defines the role and responsibilities of the parties in the pilot project. On 7 December 2012 the Ministry of Health and the CDF signed Annex 2, 'Memorandum of understanding on programme for administration of methadone maintenance therapy (MMT)'. Annex 2 marks the transition of MMT from the pilot stage to a sustainable and regular programme, with the aim of including methadone in the Essential Drug List. This programme is currently implemented based on the Work Protocol for Methadone Substitution Treatment in health institutions licensed for operation with narcotics by the Ministry of Health. Methadone is purchased by the CDF through the GFATM grant funds, and its distribution to the licensed centres within Kosovo is organised jointly by the Ministry of Health and the CDF.

The implementation of MMT was initiated on 26 April 2012 as part of a GFATM funded project in the NGO Labyrinth, and it was subsequently introduced in the Psychiatric Clinic of the University Clinical Centre of Kosovo and in regional hospitals in Gjilan and Gjakova. By the end of 2012 some 55 heroin users had been given MMT. The clients receive their daily dosage in the centre, while a take-away dosage is only allowed for weekends and, rarely, for special occasions, after a detailed assessment of a client by a special medical commission. The recommended initial dosage is 30–50 mg, while the maintenance dosage is 100–120 mg.

It is expected that by end of 2013 more than 100 opioid users will be enrolled in the MMT programme at Labyrinth.

Harm reduction responses

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

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

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

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

Drug markets and drug-law offences

The Directorate for Investigating Trafficking of Narcotics is a department that operates within the Kosovo Police structure under the Ministry of Internal Affairs [<http://www.mpb-ks.org/?page=2,1>]. It represents the national body that is in charge of collecting and analysing data and information and producing national statistics related to sentences imposed for drugs and drug trafficking. In this context, the Kosovo Police, border police and customs are charged with the implementation of the law on drugs and are obliged to pass all information in cases of arrest and seizures to the Directorate for Investigating Trafficking of Narcotics. Each year, an annual report is published in English and Albanian by the Central Narcotics Investigation Section (CNIS), a sub-department of the Directorate of Organised Crime (DOC) of the Kosovo Police. The main objective of CNIS is to investigate and detect offences related to drug trafficking, as well as combating any organised crime involving drugs that is identified in Kosovo. The data regarding the arrests and drug seizures are sent by the Regional Narcotic Investigation Section (RNIS), which is located in the six biggest cities of Kosovo (Pristina, Gjilan, Mitrovica, Peja, Prizren and Ferizaj).

The Central Narcotics Investigation Section (CNIS) annual report is divided into two main chapters: arrests, and seizures. In 2008 a total of 203 arrests were made related to drugs in Kosovo; in 2009 there were 272 arrests; in 2010 there were 313; in 2011 there were 407; and in 2012 there were 527. These cases concern the possession of narcotic substances, trafficking in narcotic substances and cultivation of narcotic substances. From 2011 to 2012 there was an almost 50 % increase in the number of cases related to possession of narcotic drugs.

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

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

Cannabis

Cannabis is the only narcotic plant that is cultivated in Kosovo primarily for domestic use. According to the Kosovo Police, cannabis was cultivated in most parts of the country between 2007–12.

Table 4: Seizures of cannabis in 2007–12

Description of activities	2007	2008	2009	2010	2011	2012
<i>Cannabis plants</i>						
Cannabis plant seizures	35	23	35	42	57	61
Number of cannabis plants seized	21 712	9 249	33 497	9 724	3 604	10 850
Persons arrested	41	27	42	44	52	26
<i>Herbal cannabis</i>						
Number of herbal cannabis seizures	186	107	150	185	278	375
Herbal cannabis seized, in kg	32	177	44	199	216	1 238
Persons arrested	375	199	291	297	392	419

Source: Kosovo Police, 2013.

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

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

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

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

The street price of cannabis products increased in 2011 and continued to escalate in 2012. Thus the price for 5 grams of marijuana varied anywhere from EUR 4 to EUR 8 in 2011, and between EUR 4 and EUR 5 per gram in 2012. The percentage of tetrahydrocannabinol (THC) in the cannabis sold in the streets is about 3 %.

Heroin

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

Table 5: Seizures of heroin in 2007–12

Description of activities	2007	2008	2009	2010	2011	2012
Number of seizures	72	66	77	84	41	44
Seized quantities, in kg	47	44	36	55	60	94
Persons arrested	110	98	71	112	79	92

Source: Kosovo Police, 2012.

Increasing amounts of smuggled heroin are retained in Kosovo for use by local clients. In 2007 there was a slight increase in the street price of heroin (from EUR 21 to EUR 25 per 1 gram), but the price remained the same, with no increase, in 2008, while it continued to rise in 2012 (from EUR 20 to EUR 25 per 0.6 grams). The typical purity level of street heroin is about 1 %. Data about patterns of drug use from the NGO Labyrinth indicate that the purity of heroin may be relatively low, as the average dose of heroin was 2.7 grams in 2011.

The main transit routes for heroin through Kosovo are:

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

Cocaine

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

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

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

Table 6: Seizures of cocaine in 2007–12

Description of activities	2007	2008	2009	2010	2011	2012
Number of seizures	3	4	3	2	16	14
Seized quantities, in kg	2	2	1.5	0.5	2.7	7.4
Persons arrested	6	7	4	2	24	34

Source: Kosovo Police, 2012.

The street price for 1 gram of cocaine in 2007 varied from EUR 45 to EUR 65, and in 2012 from EUR 70 to EUR 90 per 0.6 g.

Synthetic drugs

There is very little evidence of the supply of, or demand for, synthetic drugs in Kosovo. The routes taken for synthetic drugs are:

- EU Member States–Serbia–Kosovo;
- Serbia–Kosovo–Albania.

National drug laws

As a new state, Kosovo has tried to incorporate international norms, based on all three United Nations conventions regarding drugs, into its national drug laws.

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

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

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

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

Unauthorised cultivation, production, possession, extracting or preparation of dangerous, narcotic or psychotropic substances for the purposes of sale or distribution is punished by a fine and imprisonment for one to 10 years. Unlawful administration of narcotics, psychotropic substances or similar substances, and facilitation of their supply and use through one's duties, in opposition to the law, is punished with imprisonment for six months to five years, according to Article 231.

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

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

The new Criminal Code and the new Code of Criminal Procedure came into force in January 2013. They introduced new provisions on how to deal with drug crimes. In the new Criminal Code, offences related to narcotic substances are covered in Chapter XXIII: Narcotics Criminal Offences (Article 272 to Article 281) and in Article 282 of Chapter XXIV: Organized Crime. The new Criminal Code created stricter punishment for drug crimes. Unauthorised purchase, possession for the purpose of sale or distribution, or offering drugs for sale are punishable by a fine and imprisonment for two to eight years, while possession only is punishable by a fine and imprisonment for one to three years. A first-time offender in possession of less than 3 grams of a substance may be punished by a fine or imprisonment of up to one year. In aggravated circumstances (such as crimes involving distribution and trafficking) the punishment may increase up to 12 years. Drug production may be penalised by a fine and imprisonment for six months to 10 years. If large amounts of substances are involved, the punishment may increase to 15 years. A person involved in organised crime activities involving drugs could be punished by a fine of up to EUR 250 000 and at least seven years' imprisonment, while for aggravating circumstances and for those who organised the crimes penalties may increase to EUR 500 000 and at least 10 years' imprisonment.

National drug strategy

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

The Ministry of Internal Affairs created a Working Group and sub-working groups for drafting an anti-drug strategy. The working group and sub-working groups were composed of representatives from a variety of sectors, including representatives from the European Union Rule of Law Mission in Kosovo (EULEX), the Organization of Security and Co-operation in Europe (OSCE) and other European bodies. Technical support was provided by the United Nations Development Programme (UNDP).

The National Anti-Drug Strategy and Action Plan for 2009–12 was adopted in June 2009 and covered both demand and supply reduction. It was drafted in close cooperation with all public institutions involved in the fight against drugs, including NGOs, and in consultation with experts working for international organisations in Kosovo.

In June 2012 the Government approved the new National Anti-Drug Strategy and Action Plan for 2012–17, which aims to build the mechanism needed to advance the fight against drugs and their negative impact through increased cooperation between responsible institutions. The strategy is based on five pillars: demand reduction and harm reduction; supply reduction; cooperation and coordination; support mechanisms; supervision and monitoring. General goals and specific objectives have been incorporated within these pillars. The main actors are the Ministry for Internal Affairs, the Ministry of Health, Customs, the Ministry of Education, Science and Technology, as well as other government bodies and civil society organisations.

Coordination mechanism in the field of drugs

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

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

Since 2009 the coordination mechanism has been led by the National Coordinator (a deputy Minister of Internal Affairs). The mandate of a National Coordinator is to coordinate, monitor and report on the implementation of policies, actions and activities related to drugs.

The mechanism also includes the Secretariat, which is a new body in charge of collecting data and information from other institutions for analysis and assessment, and the preparation of analytical reports for the National Coordinator. The secretariat is located in the Policy Unit of the Ministry of Internal Affairs and is responsible for the compilation of quarterly reports on the implementation of the Action Plan.

The new National Anti-Drug Strategy and Action Plan for 2012–17 also provides the grounds for the establishment of a Drugs Observatory and sets objectives for its operation: promotion and support of research into drugs issues; monitoring of drug issues; and reporting to the National Coordinator and to the EMCDDA.

Drug-related research

Scientific and applied research is an integral part of the National Anti-Drug Strategy and Action Plan for 2012-2017, together with the development of an information system and training on research into drug problems, albeit not expressed explicitly. It is thought that various institutional segments that are capable of running research projects on drugs will be involved. The National Public Health Institute of Kosovo, together with its departments, could play a key role in national scientific research programmes in the field of public health, such as: (a) epidemiological research into drugs in the general population and its specific groups; (b) the development of recommendations; (c) collecting and analysing information on drugs as a stand-alone institution, or in coordination with other institutions, as well as participation in the development of an information system on drugs and all drug-related data, based on the ongoing research of respective institutions/agencies/actors; (d) evaluation of the effectiveness of preventive programmes and measures at the national level; and (e) distribution of research, results and information concerning drugs.

In 2011 the first ESPAD study was conducted in Kosovo to determine substance abuse patterns among 15- to 16-year-old students. Further studies on the consequences and patterns of problem drug use have also been reported.

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Background information

Disclaimer

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Key national figures and statistics

	Year	Kosovo	EU (27 countries)	Source
Population	2012	1 815 606	503 663 601 ^{bp}	Kosovo Agency of Statistics [http://esk.rks-gov.net/ENG/home] (2012 estimation). For EU — Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
GDP per capita	2011	EUR 2 650	:	Kosovo Agency of Statistics [http://esk.rks-gov.net/ENG/home]
Unemployment rate ¹	2012	35.1 %	10.5 %	Kosovo Agency of Statistics [http://esk.rks-gov.net/ENG/home] . For EU — Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
Unemployment rate of population less than 25 years	2013	60.2 %	22.8 %	Kosovo Agency of Statistics [http://esk.rks-gov.net/ENG/home] . For EU — Eurostat [http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/]
Prison population rate (per 100 000 of national population) ²	2010	C. 66	:	World Prison Population List [http://www.idcr.org.uk/wp-content/uploads/2010/09/WPPL-9-22.pdf] (ninth edition)

^b Break in time series

^p Provisional

¹ Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise those aged 15–74 who were: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work.

² On 31 December 2010.

National publications

You can find below links to key national publications.

- National survey on substance use in the general population [http://www.emcdda.europa.eu/attachements.cfm/att_233496_EN_drug-use-and-attitudes-Kosovo-EN.pdf]
- Kosovo: Country overview 2010 [<http://www.emcdda.europa.eu/html.cfm/index146234EN.html>]

Additional sources of national information

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

European overviews

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

European Drug Report: Trends and developments

A top-level annual overview of the long-term drug-related trends and developments at European level, while homing in on emerging problems in specific countries [http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a237]

EU drug markets report

Published every three years, this provides a comprehensive overview of illicit drug markets in the European Union [<http://www.emcdda.europa.eu/publications/joint-publications/drug-markets>]

New psychoactive substances annual implementation report

Annual report on the information exchange, risk assessment and control of new psychoactive substances in Europe [http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a104]

Data sources

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

Statistical bulletin

The complete yearly data set of submitted by the focal point of each reporting country. The data presented here is mainly quantitative [<http://www.emcdda.europa.eu/data>]

National reports

Annual reports submitted by the focal point of each reporting country to the EMCDDA. This information is mainly text-based in its nature [<http://www.emcdda.europa.eu/publications/national-reports>]

Thematic resources by country

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

Health and social responses profiles

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

Legal topic overviews:

Legal approaches to particular areas of drug use (personal possession, driving, cannabis, precursors, harm reduction, etc.) by country [<http://www.emcdda.europa.eu/html.cfm/index5036EN.html>]

Prevalence maps

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

Prevention profiles

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

Treatment profiles

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

Harm reduction overviews

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

National drug-related research

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