European Monitoring Centre
for Drugs and Drug Addiction

MONTENEGRO

COUNTRY OVERVIEW 2009

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Introduction

Objective 32 of the EU drugs action plan 2005–08 foresees that particular efforts must be made to improve assistance given to applicant countries, potential applicants or those affected by the neighbourhood policy in order to implement the acquis in this area. Such efforts include technical assistance and the signing of appropriate agreements with the countries concerned.

On 1 December 2007, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) initiated a technical cooperation and assistance project with the Western Balkans countries — comprising Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro, Serbia — financed by the European Commission's regional Community Assistance for Reconstruction, Development and Stabilisation (CARDS) fund.

The aim of the project is to assess the capacity of the Western Balkans countries to establish a drug information system that is compatible with the EMCDDA. The project's specific objectives are to:

- inform the Western Balkans countries about the role and activities of the EMCDDA and the Reitox network within the framework of the EU drugs strategy and action plan;
- identify the sources of information and expertise in each country that could be useful for the establishment of a national and regional data collection system on drugs;
- help the Western Balkans countries to produce a first Information map (a drugs-related database inventory) and a first Country overview (a review of the drugs situation in the country), following, as far as possible, EMCDDA guidelines and standards;
- formulate clear recommendations for the establishment or strengthening of national and regional drugs information systems, including the establishment of national focal points;
- work with the Commission's services and with the EU delegations to ensure the national authorities' full support of the project.

At the start of the CARDS project, the EMCDDA undertook a comprehensive needs assessment in each beneficiary country. It also presented information on its role and activities within the framework of the EU drugs strategy and action plan, focusing on the Reitox network, the key epidemiological indicators and other relevant data sets. During each of these on-site visits, the specific needs of the respective country were assessed, through identifying and mapping existing information sources and expertise on illegal drugs. The needs assessment also mapped out several project-related national activities that are to be implemented, at country level, during the lifetime of the CARDS project.

The CARDS project also supported the implementation of school surveys that are fully compatible with the methodology developed, at European level, by the European School Survey Project on Alcohol and Other Drugs (ESPAD). The overall purpose of the ESPAD surveys is to study adolescent substance use in Europe from a comparative and longitudinal perspective. Its primary goal is to collect comparable data on the use of alcohol, tobacco and other drugs among students in European countries, candidate countries and potential candidate countries. It is intended that the surveys will be repeated every four years.

To assist the partner countries in drafting a Country overview, a Reitox academy training session was organised in Belgrade in October 2008 and working groups were set up. These groups have drawn on the information currently available at national level to produce Country overviews that provide a structured synopsis of the trends and characteristics of the drug problems in each country.

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Key figures

	Year	Montenegro	EU (27 countries)	Source
Surface area	2008	13 812 sq km	4 200 000 sq km	CIA — The World Factbook
Population	2008	627 000 (1)	499 794 855 (4)	Montenegro in figures. Statistical Office of Montenegro – MONSTAT. Podgorica, 2009. / Eurostat
GDP per capita in PPS (Purchasing Power Standards) (2)	2007	N/A	100	Eurostat
Inequality of income distribution (3)	2008	N/A	100	Eurostat
Unemployment rate (5)	2008	10.74 %	7.0 % (4)	Employment Agency of Montenegro. Work Report in 2008. Podgorica, April, 2009. / Eurostat
Prison population rate (6)	2007	44.8		Mandic T. Mugoša B. Situation Analysis in the Field of Drugs and Drug Use in Montenegro in 2007/2008. Montenegro. Public Health Institute. Podgorica, 2008.

(1) Population in total, estimate on 1 January 2008.
(2) Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in Purchasing Power Standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, this country's level of GDP per head is higher than the EU average and vice versa.
(3) Inequality of income distribution is measured as the ratio of total income received by the 20 % of the population with the highest incomes (the top quintile) to that received by the 20 % of the population with the lowest incomes (the bottom quintile).
(4) 2009 figures.
(5) Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise persons aged 15 to 74 who were: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work.
(6) Situation of penal institutions on 1 September 2006. Prison population rate per 100 000 inhabitants.

Drug use among the general population and young people

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

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

Empirical studies on the use of psychoactive substances have been mostly directed at children and young people. These surveys, conducted since 1999, reveal a continuous increase in the use of psychoactive substances among young people.

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

In 2004, the Public Health Institute of Montenegro conducted a national survey with a sample of 3 964 pupils from the fifth grade of primary school to the fourth grade of secondary school. This corroborated an increase in drug use — 5.8 % of respondents had tried a drug in their lifetime, more specifically 2.3 % of primary schools pupils and 10.1 % of secondary school students. Some 77.6 % of students who had experimented with drugs were from secondary school, with the highest percentage in the second grade (30.6 %).

Table 1: Frequency of lifetime use of different drugs and first drug tried

Substance	Frequency of use (%)	First drug tried (%)
Marijuana	3.3	54.7
Tranquillizers/sedatives	2.9	12.2
Amphetamines	1.5	–
LSD or other hallucinogens	0.9	2.8
Crack	0.7	0.6
Cocaine	1.3	2.2
Heroin (by sniffing)	1.1	2.8
Heroin (other way)	0.8	2.8
Ecstasy	1.1	7.7
Magic mushrooms	0.6	1.1
Inhalants	6.1	16.0
Drugs by injection	0.7	–
Alcohol combined with tablets	2.2	–
Alcohol combined with marijuana/hashish	2.5	–
Anabolic steroids	0.8	–

Most children first tried drugs in the upper classes of secondary school (third grade of secondary school 28.7 %, and fourth grade of secondary school 24.6 %), but 1.6 % of children first took drugs in the fifth grade of primary school.

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

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

Results of the survey showed that, excluding alcohol and tobacco, the most frequently used (illegal) psychoactive substances were marijuana and inhalants, followed by tranquillizers/sedatives (Mugoša et al., 2008).

Local surveys on drug use among schoolchildren were carried out by drug prevention offices in Nikšić and Kotor.

The drug prevention office in Nikšić implemented two surveys on drug use in primary and secondary schools in the municipality of Nikšić. The first survey was carried out in the academic year 1999/2000, and the second in 2006/2007. Both surveys were conducted on representative, randomly selected samples of students and based on the same methodology. The first surveyed 1 835 pupils, made up of 1 429 secondary school students from four schools

Table 2: Frequency of drug use among first grade secondary school pupils in Montenegro in 2008

Substance	Frequency of use (%)			
	Lifetime	Last 12 months	Last 30 days	Average age at first use
Tranquillizers/sedatives	3.0			15
Alcohol with tablets	2.0			15
Inhalants	4.0	2.0	2.0	14 and 15
Marijuana (cannabis)	4.0	2.4	1.6	15
Ecstasy	–	1.0	1.0	14 and 15
Amphetamines	1.0	–	–	14 and 15

Table 3: Frequency of lifetime use of other drugs

Other drugs	% of students	Total number of those who used	% of those who used
Cocaine	1.3	71	20
LSD (or other hallucinogens)	0.9	51	14
Heroin	1.0	55	16
Crack	0.7	45	13
Anabolic steroids	0.6	36	10
Injection	0.7	41	12
'Magic mushrooms'	0.5	31	9
GHB	0.4	23	6

Table 4: Findings of local surveys in Nikšić in academic years 1999/2000 and 2006/2007

Drug	1999/2000		2006/2007	
	Lifetime prevalence (%)	% of those who have ever used	Lifetime prevalence (%)	% of those who have ever used
Marijuana/hashish	4.7	58.6	2.2	33
Polydrug use	1.3	15.9	0.3	4.5
Heroin	0.3	3.5	0.1	1.8
Cocaine	0.1	1.4	1.4	0.9
Tablets	0.1	1.4	0.2	2.7
No answer on which drug was used	–	18.6	–	51.8
Other drugs (LSD, ecstasy, crack, tablets)	–	–	0.5	7.1

and 406 primary school pupils from the seventh and eighth grades of five schools. The second surveyed 1 707 pupils, made up of 1 365 secondary school pupils from four schools and 342 primary school pupils from the eighth grade of three primary schools (Table 4).

The surveys found that:

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

The 'Habits and motivation of elementary and secondary school students' was carried out in Kotor in the academic year 2007/2008 by the Office for Prevention of Drug Use, Dependency Diseases and Risky Behaviour, Kotor. This survey explored the use of psychoactive substances (alcohol, tobacco and drugs) in seven schools (five primary and two secondary), and in the Institute for Rehabilitation of Persons with Speech and Hearing Disorders, Kotor (where students aged 15–18 were surveyed). The primary school pupils were from the seventh and eighth grades, while the

secondary school pupils were from the first to fourth grades. A total of 300 students were included. It was found that 5 % of primary school respondents, and 8.5 % of first to fourth grade secondary school respondents, had tried psychoactive substances. Some 8 % of the pupils surveyed at the Institute for Rehabilitation of Persons with Speech and Hearing Disorders, Kotor had tried psychoactive substances.

Prevention

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

In 2000, the Ministry of Education and Science of Montenegro, Bureau for Education, Health Protection Bureau, UNICEF and Municipal Secretariat for Labour, Health and Social Policy developed a drug prevention programme for primary schools, targeting students from the fifth to the eighth grades. More than 150 teachers and expert associates were trained to implement the programme, which was rolled out in 60 of the 160 elementary schools in Montenegro, as follows:

- 2001–04: in 95 schools;
- 2005: in 48 schools;
- 2006: in 52 schools;
- 2007: in 46 schools;
- 2008: data will be available at the end of 2009.

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

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

An educational programme for the optional school subject 'healthy lifestyles' was adopted in 2007, designed for eighth and ninth grade primary school pupils, with the aim of providing age-adjusted information to children and young people on how to preserve their health, and to support the development of positive, pro-social attitudes and responsible behaviour. The Bureau for Education, UNDP Office Montenegro and State Textbook Publishing House cooperated to produce a handbook for teachers, which was piloted by 12 teachers in 220 classes, totalling 2 650 pupils. In the academic year 2008/2009 the subject was included in the regular schooling system, and is now taught to 1 000 pupils in 22 schools. Evaluation of the programme continued, as did the education of new teachers in how to teach this optional subject.

Preventive education activities in the secondary education system do not have a systematic character — although some programmes are available for secondary school students that aim to increase their knowledge about drugs and develop their skills in recognising drug-related risks and resisting social pressure to use drugs. These activities are in most cases offered by NGOs rather than the school itself, and therefore are only implemented occasionally, depending on the availability of resources and on the NGOs' programme of activities. Activities have included:

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

There are nine municipal drug prevention offices — in Podgorica, Nikšić, Cetinje, Žabljak, Kotor, Bijelo Polje, Berane, Bar and Pljevlja. They differ in staff composition and in specific area of activities, but all have a similar basic goal — to prevent drug use among youngsters through raising

the level of information and awareness about drugs and the consequences of drug use via:

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

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

Problem drug use

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

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

According to the available results, the crude estimate of the capture–recapture study was 950 injecting drug users (95 % CI 675–1455) in Podgorica. The under-reporting and the misclassification of identifiers produced unrealistic sparse overlaps among the three sources, so crude estimates were inflated. According to the estimates based on validated and adjusted counts, the number of injecting drug users was 660 (95 % CI 520–909) in Podgorica, 0.7 % of the 15- to 49-year-old population. It should be noted that the police data contained a larger percentage of women than the other two sources based on voluntary participation (20 % in the police versus 7 % in the survey and 4 % in the drug treatment data).

The EMCDDA defines problem drug use as intravenous drug use (IDU) or long duration or regular use of opiates, cocaine and/or amphetamines. Ecstasy and cannabis are not included in this category.

Treatment demand

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

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

Although individual forms for the inpatient treatment of drug users contain all the abovementioned categories, the final reporting sheet that is used in the Public Health Institute only contains two categories for completion — gender and diagnosis, filled in on a cumulative form for all patients. So the data on age and length of hospital treatment is not taken from the individual reporting forms as part of the usual statistic elaboration.

At present, it is impossible to distinguish between patients who entered treatment in the given year for the first time in their lives (first treatment demand) from those who were in the treatment at least once in the given year (all treatment demand).

The Public Health Institute receives a quarterly cumulative report on the number of people treated in outpatient units, as well as an overall annual report. Table 6 shows the numbers of diagnosed and treated drug users (patients with diagnoses F11–F19) per year.

Data on the number of patients treated for their drug use in 2008 will only be available after the Health Statistical Yearbook 2008 is issued.

Table 5: Number of individuals treated for drug use in inpatient units, 2003–08

Inpatient		F11	F12	F13	F14	F15	F16	F17	F18	F19	Total	Total M+F
2003	M	52	1	2	–	1	1	–	–	20	77	86
	F	5	–	3	–	–	–	–	–	1	9	
2004	M	91	1	1	–	–	1	–	–	7	101	109
	F	5	–	2	–	–	–	–	–	1	8	
2005	M	127	1	3	–	–	1	–	–	5	137	145
	F	8	–	–	–	–	–	–	–	–	8	
2006	M	211	1	3	1	–	–	–	–	16	232	252
	F	16	–	–	1	–	–	–	1	2	20	
2007	M	173	2	3	1	–	–	–	–	9	188	204
	F	12	–	–	–	–	–	–	–	4	16	
2008	M	161	–	–	1	–	–	–	–	14	176	198
	F	15	1	3	–	1	–	–	–	2	22	

Table 6: Patients treated in outpatient healthcare during the period, 2003–07

Year	2003	2004	2005	2006	2007
Outpatient	219	453	371	274	399

Source: Public Health Institute (2009).

Table 7: Inmates treated in the Special Prison Hospital, 2006–09

Year	2006	2007	2008	2009 (to 30 June)
Number of inmates treated	44	60	27	10

A new law on data collection in the field of healthcare (Ministry of Health, Labour and Social Welfare, 2008) was adopted in December 2008, enabling a new data collection and reporting system to be introduced in medical and non-medical drug treatment services in Montenegro, based on the TDI 2.0 guidelines whose creation is in progress.

In the Special Prison Hospital, from 1 January 2006 to 30 June 2009, in total 141 drug users were treated (Table 7).

Drug-related infectious diseases

The Public Health Institute of Montenegro has a registration protocol on infective and sexually transmitted diseases but in practice, insufficient reporting of these diseases is a problem, even though the Law on Protection of Citizens from Infectious Diseases (Ministry of Health, Labour and Social Welfare, 2005b) stipulates mandatory reporting. A further problem is that only the reporting form on HIV/AIDS contains an item about the risk of contracting the infection, while the reporting forms for hepatitis B and C and for STIs do not.

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

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

The Clinic for Infectious Diseases is currently treating 30 patients for chronic hepatitis C. Among them, 70 % are intravenous drug

users. Some 90 % are males, aged between 20 and 35. The precondition for initiation of the interferon therapy is abstinence from drug intake in the last six to nine months.

Since the first registered case of HIV/AIDS in Montenegro in 1989, up to the end of 2008, a total of 89 HIV-infected individuals were registered, giving an overall prevalence of 0.14/100 000 inhabitants. The predominant route of HIV transmission is through sexual intercourse (81 %), while 4 % of cases were infected through intravenous drug use.

There were no IDUs among new cases of HIV infection in 2008. Seroprevalence data show that over the period 1997–2008, some 907 drug users were tested in the health system. Five of them were found to be infected with HIV (four intravenous users, one intranasal user), which gives a rate of 0.55 % among those tested, confirming low prevalence in this population.

Currently, 45 people infected with HIV are under the care of the Clinic for Infectious Diseases. There are no intravenous drug users among these patients.

Between April–July 2008, the Public Health Institute of Montenegro, in cooperation with the NGO Juventas, conducted a survey, 'Research on risk behaviour related to seroprevalence of HIV/AIDS, HIV, HCV and HBV among intravenous drug users in Montenegro' (Laušević et al., 2008). Results of the survey were based on the 'respondent driven sampling' methodology, and they represent the first representative results on risky behaviour of intravenous drug users in Montenegro in relation to the possibility of contracting HIV, as well as the first data on HIV, HBV, and HCV prevalence. The target population of the survey were 322 individuals aged from 18 to 59, who had used drugs intravenously during the month prior to the survey, and who had lived in Montenegro for more than three months during the 12 months preceding the survey (socio-demographical characteristics of the sample: 44.3 % were 26–30 years old, 26.6 % 31–40 years old, 22.5 % 21–25 years old, 2.1 % older than 41; 89 % were males, 10.9 % females; 68.3 % completed secondary school, 24.4 % completed elementary school and 5.5 % had a college or a university diploma). Participants were pre-tested and they gave a blood sample for HIV, HBV and HCV testing. A questionnaire — based on standardised, internationally accepted questionnaires — was also used to assess risk behaviour. Very low HIV prevalence (0.4 %) was found, as well as low prevalence of HbsAg (0 %), as opposed to very high HCV prevalence (53.6 %).

Two cross-sectional, anonymous surveys among community-recruited IDUs were simultaneously conducted in Belgrade and Podgorica in 2005 (Judd et al., 2009). The sample size was 433 IDUs in Belgrade and 328 IDUs in Podgorica. Prevalence of antibodies to HIV (anti-HIV) and hepatitis C virus (anti-HCV), as well as risk factors for anti-HCV, were measured and performance of a parallel rapid HIV testing algorithm was determined. The surveys used 'respondent driven sampling' and audio-computer assisted survey interviewing (ACASI). The overall population prevalence of anti-HIV and anti-HCV in IDUs were 3 % and 63 % respectively in Belgrade, and 0 % and 22 % in Podgorica. In both cities, anti-HCV positivity was associated with an increasing number of years of injecting, daily injecting, and having ever shared used needles/syringes. Predictors of anti-HIV positivity were not surveyed, given the very low anti-HIV prevalence.

Drug-related deaths

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

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

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

Toxicological analysis is performed in all cases of sudden, suspicious and sudden deaths of younger people, and also if they were known to be drug users, if the classic autopsy and pathological–histological analysis cannot reveal the cause of death, or if the police do not have enough information on the circumstances that led to the death. Toxicological analysis is carried out by the Eco-toxicological Research Centre of Montenegro, with the Shimadzu equipment: 'GCMS-QP-2010 plus' and 'LCMS 2010 EV'; software: CLASS-5000; library: NIST 107, PMW TOX-2 and WILLY 229. The analysis is always done for heroin metabolites (morphine and 6-monoacetyl morphine), cocaine, THC, LSD, methamphetamine, medicines with psychotropic effects, caffeine, etc.

Over the period 2005–08, among a total number of 1 083 autopsies, there were 20 drug-related deaths: 18 men and 2 women, average age 28 years (ranging from 17 to 44 years old). Of these 20 drug-related deaths, in 19 cases overdose was caused by heroin, and in the other case the death was caused by cocaine combined with heroin. In only five cases, blood alcohol concentration was below 0.5 ‰.

The average number of deaths per year is five, or 7.6 deaths per million citizens per year. The trend in drug-related deaths is as follows: four deaths in 2005, four in 2006, seven in 2007; five in 2008. Because the number of drug-related deaths per year is low, it is difficult to work on a prospective cohort study to track the cause of death among users of narcotic drugs.

Treatment responses

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

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

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

The medical drug treatment network in Montenegro consists of primary level services (outpatient) and secondary level services (inpatient). There is also a Special Prison Hospital in Podgorica Prison to treat inmates. At the primary healthcare level, outpatient psychosocial and medical treatment is provided in 17 health centres across the country (17 municipalities), in mental health centres or in psychiatric surgeries within health centres. At the secondary healthcare level, there are detoxification units within all seven general hospitals in the country. Inpatient psychosocial treatment is provided in the Psychiatric Clinic Podgorica, which has five beds for drug addiction treatment, and in the Psychiatric Hospital Nikšić, which has two beds for this purpose, as well as in the Special Psychiatric Hospital 'Dobrota' in Kotor, which has nine beds for drug addicts (it admits patients from the whole of the country). There are also private psychiatric surgeries involved in drug addiction treatment (Mandić and Mugoša, 2008).

Methadone maintenance and detoxification treatment is available in the Health Centre Podgorica within the Mental Health Centre. Buprenorphine has not yet been introduced. A methadone maintenance treatment (MMT) programme was established in 2006, as a high-threshold programme with strict rules and frequent testing for drug use. It is designed for intravenous drug users (IDUs) with a long history of drug use, as well as for those who are already dependent on methadone. Methadone is given to clients daily, as an oral solution, dispersed with juice, in individually prepared and packed glasses. Each client has a supporting family member accompanying him/her from the admission to the programme. Educative work is also carried out with clients on HIV/AIDS, STIs, etc. There is neither an official legal framework nor guidelines for substitution treatment, but it is envisaged that a protocol on substitution therapy will be created. Only a specialist psychiatrist who manages the MMT programme is allowed to admit clients to the programme, or to change an individual's maintenance dosage. Relevant data on patients (personal data, dosages, health status, etc) are kept on patients in substitution treatment in their medical files, in paper form. From 2006 to 2009, in total 164 patients participated in methadone treatment, of whom 145 (88.5 %) were males and 19 (11.5 %) females. There were 45 clients in the centre in June 2009, of whom eight were females (17.8 %), 37 males (82.2 %). Average maintenance dose was 40 mg. Fourteen clients were employed (31 %); of these, eight had permanent employment, and nine had temporary employment. Thirteen patients (29 %) were married; four were divorced (9 %), 12 patients (26.6 %) had children; two patients were pregnant.

Both the National HIV/AIDS Strategy (Ministry of Health, Labour and Social Welfare, 2005a) and the National Strategic Response to Drugs 2008–12 (Government of Montenegro, 2008) envisage the formation of an additional two MMT centres in the country, in the coastal and northern regions.

Rehabilitation/re-socialisation is provided in the state-owned Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users — Kakaricka Gora, as well as in the RETO therapeutic community (registered as an NGO). Treatment in the Public Institution is voluntary, with a residential stay of at least 12 months. Treatment consists of three phases: adaptation, rehabilitation and re-socialisation, followed by 12 months of non-residential treatment, when the client engages as a volunteer and supports new clients. The treatment is financed thus: one third of the cost of a client's stay is covered by the Ministry of Health, one third by the Municipality of Podgorica, and one third by the user, while for clients receiving social security benefits, treatment is completely covered by the Ministry of Labour and Social Welfare. The institution itself is financed from several sources: the capital budget, state budget, fees paid by the users, resources obtained through self-financing and donations.

The first clients entered the institution in September 2008, and by June 2009 there were 39 clients in treatment, aged between 23 and 43 years. Socio-demographic data is available from clients' files. In terms of marital status, 80.6 % were single, 9.6 % divorced, 9.7 % married, 12.9 % had children. In terms of education, 35.5 % finished primary school, 64.5 % secondary school. In terms of employment, 6.5 % of clients were employed, while 93.5 % of them were unemployed. In terms of health status, 45.2 % of patients were infected with hepatitis C virus. Legal proceedings for law offences were in progress against 38.7 % of clients.

No system for reporting these data to a national drug data collection authority has yet been established.

In the RETO therapeutic community, an NGO, the required length of stay is 8–18 months. The therapeutic programme comprises three phases: adaptation (15 days), rehabilitation with work therapy (up to 18 months) and return to normal life. Rehabilitation is free of charge for a client.

Low-threshold programmes currently include outreach needle and syringe exchange and distribution of condoms and information, education and communication (IEC) materials, implemented by the NGO sector. The National Drug Strategy anticipates the creation of a drop-in centre, to be run by the NGO sector.

There is no formal mechanism for coordinating drug addiction treatment.

There are no drug treatment services for specific target groups.

Harm reduction responses

Harm reduction responses in Montenegro include the methadone programme, needle and syringe exchange programmes, condom distribution and distribution of IEC materials. From February 2005, needle and syringe exchange programmes have been implemented both in the institutional setting (Health Centre Podgorica) and by the NGOs (outreach field harm reductioninterventions in Podgorica, Bar, Nikšić and Kotor: CAZAS works with IDUs, Juventas works with commercial sex workers who are IDUs).

NGOs gather data on clients on specially designed forms, using codes to protect their clients' identity. They have data

Table 8: Coverage of commercial sex worker IDUs and distribution of HR materials by Juventas, 2007–09

	2007	2008	2009	Total
Field visits	186	274	70	530
Clients	125	538	109	772
New clients	24	47	14	85
Contacts (with same clients)	166	927	294	1 387
Needles distributed	307	11 564	3 853	15 724
Syringes distributed	294	7 049	2 747	10 090
Condoms distributed	221	3 267	3 749	7 237
Pieces of IEC materials distributed	2 049	5 025	1 917	8 991
Returned used injecting equipment	0	6 000	3 000	9 000

Table 9: Coverage of IDUs and distribution of HR materials by Cazas, 2008–July 2009

	2008	2009	Total
Clients	262	200	462
New clients	131	125	256
Needles distributed	5 455	1 805	7 260
Syringes distributed	3 820	1 645	5 465
Condoms distributed	5 445	1 840	7 285
Pieces of IEC materials distributed	5 020	565	5 585

Table 10: Exchanged injecting equipment in the Health Centre Podgorica, 2008–July 2009

	2008	To July 2009
Clients	644	346
Needles given out	2 621	946
Syringes given out	1 608	592

on the type of service provided to a client, new contacts and on repeated interventions with the same individual.

From 2005, Health Centre Podgorica has also been included in a needle and syringes exchange programme, which is conducted through 13 injection points in the capital. However, it proved too complicated to have needle and syringes exchange taking place at the injection points where regular patients are receiving injection and infusion therapy, so this activity is gradually being passed on to the civil sector.

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

Clients exchanging needles and syringes at the Health Centre Podgorica are not asked for personal data. The only data recorded by medical technicians at the injection points, in pen, in common notebooks (double counting of clients does occur) are the number of needles and syringes that are given out and taken in, and the number of users is also recorded.

It is impossible to estimate the overall number of users accessing harm reduction services in the country, because of the aforementioned flaws in the methods of registering users, and because people who take needles from exchanges may then pass these needles on to other users.

Drug markets and drug-related offences

Montenegro is part of a transitory area on a smuggling route of some types of drugs moving from the Middle East and Far East towards western Europe. This so-called 'Balkans route' of drug smuggling is used to smuggle heroin that is mostly produced in Afghanistan, via Turkey and the Balkan countries (mostly Albania and Kosovo) to Montenegro and beyond. A substantial proportion of thus smuggled heroin finds its way to the western European market via Bulgaria, the former Yugoslav Republic of Macedonia, Serbia and Kosovo, while a lesser, but still significant, part is smuggled over Montenegrin territory to western Balkan countries and EU countries beyond. Operational findings suggest that this heroin frequently ends up in Scandinavian countries, Germany, Belgium, Italy,

and the Netherlands. For quite some time now, marijuana produced in neighbouring Albania has been smuggled through Montenegro, in order to be smuggled to countries in the region and to western Europe. In recent years, skunk has increasingly supplanted 'ordinary' marijuana in the illegal drug market and transitory smuggling. Montenegro is also a transitory destination for cocaine, which is produced in Latin America and smuggled overseas to Montenegrin territory, then on to countries in the region and EU countries. Apart from a black market sale of this cocaine in Serbia and other countries in the region, the larger part of this cocaine is further smuggled to Scandinavian countries, Belgium, the Netherlands, Italy and other countries. This smuggling is characterised by a high level of organisation and a branched smuggling network in many countries.

There is also a market for illegal drugs among Montenegrin citizens, especially young people. Marijuana and heroin are the most popular, while synthetic drugs are less frequently used (and mostly by tourists) and consumption of cocaine is less prevalent due to its high price.

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

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

There are no precise surveys about the purity of drugs available in the domestic drug market, because this kind of analysis is only conducted upon request from the courts, in certain cases. General information indicates that marijuana ('albanka' — meaning marijuana originated from Albania) has a high level of THC, while heroin, mostly from Albania, comes to Montenegro mixed with other substances (the content of diacetil-morphine ranging from 3–5 %). Extensive research is due to be conducted soon that will hopefully provide firm data on drug purity.

In 2007, there were 491 illicit drug seizures, totalling 289.2 kilograms. In 2008, there were 390 seizures, totalling 353.3 kilograms (an increase of 24 % in the quantity of drug seized). An increase can be observed in the seized amounts of marijuana (19.8 %), heroin (90 %) and cocaine (19.9 %) (Table 11).

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

Of the total number of suspects reported to the Prosecutor's Office and those against whom criminal charges were brought for criminal acts under the jurisdiction of the Higher State Prosecutor, the ratio of people against whom criminal proceedings were started for criminal acts related to drugs is over 60 %.

As regards individuals imprisoned for drug law offences, data from the Institute for the Execution of Criminal Sanctions Podgorica indicate that the trend is for a constant increase in the number of convictions between 1995 and 2008. With the exception of 2002, this figure rose constantly and it stabilised at approximately one quarter of the total number of people sentenced, while in 2007 it reached almost one third, and in 2008 the proportion was even higher.

Table 11: Quantities of seized drugs in 2008 (grams)

Drug	Seized quantities (grams)	
	2007	2008
Marijuana	278 775.54	327 365.14
Heroin	9 143.01	18 028.25
Cocaine	409.47	7 745.88
Hashish	8.99	13.12
Synthetic drugs	1 057.5	860
Mixtures used for mixing with narcotics (procaine, lidocaine, caffeine, paracetamol)	1 907.77	554
Total	289 239.93	353 265.69

Table 12: Overview of criminal acts related to drugs

Year	Number of people with filed charges against them	Article 300	Article 301	Total	%
2007	637	403	5	408	64.05
2008	622	383	3	386	62.05
2009 (to 1 July)	276	138	1	139	50.36
Year	**Number of accused people**	**Article 300**	**Article 301**	**Total**	**%**
2007	502	352	4	356	70.91
2008	547	68	370	372	68
2009 (to 1 July)	162	100	1	101	62.34

Note: Article 300 covers the unauthorised production, keeping and trafficking of narcotic drugs, and Article 301 covers the facilitation of consumption of narcotic drugs.

Table 13: Overview of trends in sentences for criminal acts related to drugs, 1995–2008

Year	Number of convicts	Number of people sentenced for drug-related criminal acts	%
1995	303	2	0.66
1996	322	4	1.24
1997	281	6	2.13
1998	255	17	6.66
1999	253	22	8.96
2000	315	21	6.66
2001	333	45	13.51
2002	387	95	24.55
2003	410	94	22.93
2004	331	77	23.26
2005	292	79	27.05
2006	353	86	24.36
2007	280	88	31.42
2008	394	139	35.27

National drug laws

Criminal offences related to the production and trafficking of narcotic drugs are stipulated by the Penal Code of Montenegro, Chapter XXIV — Criminal Acts against Human Health (which indicates that the protective object of all forms of criminal deeds in this chapter is human health). There are two statutory criminal acts related to drug abuse in the Penal Code of Montenegro: unauthorised production, keeping and trafficking of narcotic drugs (Article 300), and facilitation of consumption of narcotic drugs (Article 301).

The legal character of the criminal act stated in Article 300 of the Penal Code of Montenegro incriminates various deeds. This article has six paragraphs.

The basic form of the criminal act is defined in paragraph 1. Deeds defined in this paragraph can be prescribed alternatively consisting of unauthorised production, processing, selling, offering for sale, purchasing with the intention to sell, possession or transport intended for selling, mediation in selling or purchasing, and other unauthorised modes of making them available on the market. For these actions, the law stipulates that the penalty should be two to three years' imprisonment.

Paragraphs 2 and 3 refer to qualified forms. In paragraph 2, the unauthorised import of substances or mixtures of substances that are listed as narcotic drugs is stipulated; for this act the sentence stipulated by the Law is two to 12 years' imprisonment. If the deeds described in the first two paragraphs are performed by more than one individual, or if the perpetrator organised a network of resellers or mediators, the law stipulates that the sentence should be imprisonment of between three and 15 years.

Paragraph 4 covers provisions for a reduction in, or release from, a sentence if the perpetrator reveals the source from which he acquires drugs.

In paragraph 5 it is stipulated that whoever produces, acquires, possesses or provides for further use equipment, material or substances that are known to be destined for the production of narcotic drugs, must be punished with imprisonment of between six months and five years. This paragraph identifies preparatory acts, such as providing assistance, as an independent felony.

Paragraph 6 stipulates the obligatory confiscation of narcotic drugs.

The legal character of the criminal act from Article 301 of the Penal Code of Montenegro also incriminates more acts. This article consists of three paragraphs.

Paragraph 1 stipulates sanctions for encouraging others to use narcotic drugs; for giving narcotic drugs to another person for use by that person or by another person; for allowing premises to be used for taking drugs; or for helping other people to take narcotic drugs in another way. For these acts, sentence is stipulated as imprisonment for between six months and five years.

Paragraph 2 refers to the qualified form of the criminal act, which is the case when the actions specified in Paragraph 1 involve a minor or several people, or when the deeds have caused particularly severe consequences; for this form, imprisonment of between two and 10 years is stipulated.

Paragraph 3 stipulates compulsory confiscation of the narcotic drug.

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

In the frames of description of criminal acts related to drug misuse, the Penal Code of Montenegro does not classify individual drugs. However, a difference is recognised in practice with regard to the length of sentence handed down, which depends on the type of narcotic drug involved. Thus, for instance, sentences of different lengths are being given for crimes involving the same quantity of marijuana, skunk, heroin or cocaine.

This section has described the provisions of legislation that will soon be superseded by the new Law on Drugs and Precursors that is currently under construction, and will be finalised by the end of 2009.

National drug strategy

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

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

The objectives of the national strategy are both general and specific. General objectives include a reduction of drug demand and a reduction of drug supply. Drug demand reduction includes a measurable reduction in drug use, drug dependence and associated health and social risks through the development and advancement of the effective, comprehensive and scientifically based system of drug demand reduction,

by means of targeted interventions that should be conducted in the areas of prevention, treatment and rehabilitation and harm reduction. Drug supply reduction includes establishing a foundation for the implementation of efficient police and customs interventions aimed at reducing the availability and supply of drugs in Montenegro, and the implementation itself.

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

Evaluation of the national strategic response to drugs 2008–12 is also planned.

Coordination mechanism in the field of drugs

The national strategic response to drugs 2008–12 and the action plan specify that the implementation of national policy in this area requires a balanced, multidisciplinary and integrated approach, which includes coordination of all factors involved in combatting drugs and the consequences of their use. It is envisaged that a system of information collection, management and exchange will be established as a continuous process between the different organisations given responsibility for carrying out policies in the area of drugs.

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

An Expert Council within the Government of Montenegro is to be formed, to act as an advisory body. This body will also have a role in supporting the implementation of the strategy, as well as its evaluation.

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Sadržaj

Uvod

Cilj 32.-og Akcionog plana EU za droge 2005-2008. predviđa preduzimanje posebnih napora u cilju pružanja što veće podrške državama koje su podnijele zahtjev za članstvo, državama potencijalnim podnosiocima zahtjeva za članstvo ili državama koje su pod uticajem politike okruženja, u svrhu sprovođenja pravnih tekovina na navedenom području. Ovi napori uključuju tehničku podršku i potpisivanje odgovarajućih sporazuma sa dotičnim državama.

1. decembra 2007. godine Evropski centar za praćenje droga i zavisnosti na droge (EMCDDA) pokrenuo je projekat tehničke saradnje i podrške sa državama Zapadnog Balkana – uključujući Albaniju, Bosnu i Hercegovinu, Bivšu Jugoslovensku Republiku Makedoniju, Crnu Goru, Srbiju – koji finansira Regionalni CARDS fond Evropske komisije (CARDS = Pomoć Zajednice za obnovu, razvoj i stabilizaciju).

Cilj projekta je procjena kapaciteta država Zapadnog Balkana za uspostavljanje informacionog sistema za droge koji bi bio kompatibilan sa EMCDDA-om. Specifični ciljevi projekta su sljedeći:

- Informisati države Zapadnog Balkana o ulozi i aktivnostima EMCDDA-a i Reitox mreže u okviru Strategije EU za droge i Akcionog plana;
- Identifikovati izvore informacija i stručnog znanja i iskustva u svakoj državi koji bi mogli biti korisni za uspostavljanje nacionalnog i regionalnog sistema za prikupljanje podataka o drogama;
- Pomoći državama Zapadnog Balkana u izradi prve Informacione mape (inventara baza podataka povezanih sa drogama) te prvog Pregleda države (pregleda situacije u oblasti droga u državi) slijedeći, u granicama mogućeg, EMCDDA-ove smjernice i standarde;
- Formulisati jasne preporuke za uspostavljanje ili jačanje nacionalnih i regionalnih informacionih sistemana u oblasti droga uključujući i uspostavljanje nacionalnih informacionih tačaka;
- Sarađivati sa službama Komisije i delegacijama EU kako bi se osigurala puna podrška nacionalnih vlasti projektu.

Prilikom pokretanja projekta CARDS, EMCDDA je sproveo sveobuhvatnu procjenu potreba u svakoj od država korisnika. Takođe je predstavio svoju ulogu i aktivnosti u okviru Strategije EU-a za droge i Akcionog plana sa posebnim naglaskom na Reitox mrežu, ključne epidemiološke indikatore i druge relevantne grupe podataka. Tokom posjete svakoj državi procijenjene su njene specifične potrebe utvrđivanjem i lociranjem postojećih informacionih izvora i stručnog znanja i iskustva na području ilegalnih droga. U okviru procjene potreba skicirano je nekoliko nacionalnih aktivnosti u vezi sa projektom koje treba sprovesti na državnom nivou za vrijeme trajanja CARDS projekta.

CARDS projekat podržao je takođe sprovođenje istraživanja u školama u potpunosti kompatibilnih sa metodologijom koju je na evropskom nivou razvio Evropski školski istraživački projekat o alkoholu i drogama (ESPAD). Krajnja svrha ESPAD istraživanja je da se prouči upotreba supstanci kod adolescenata u Evropi i to iz komparativne i longitudinalne perspektive. Glavni cilj ESPAD-a je da se sakupe komparabilni podaci o upotrebi alkohola, duvana i droga među učenicima u evropskim državama, državama kandidatima i potencijalnim kandidatima. Namjera je da se istraživanja sprovode svake četiri godine.

Kako bi se pomoglo partnerskim državama u izradi nacrta pregleda država, u oktobru 2008. godine je u okviru Reitox akademije organizovana obuka u Beogradu, i osnovane su radne grupe. U cilju izrade pregleda država koji pružaju strukturisan rezime trendova i karakteristika problema na području droga u svakoj državi, navedene radne grupe su se oslonile na trenutno dostupne informacije na nacionalnom nivou.

Radna grupa koja je učestvovala u izradi Izvještaja o pregledu zemlje

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Ključne cifre

	Godina	Crna Gora	EU (27 država)	Izvor
Površina	2008	13 812 km²	4 200 000 km²	CIA – The World Factbook
Stanovništvo	2008	627 000 (1)	499 794 855 (4)	Crna Gora u brojkama. Statistički zavod Crne Gore – MONSTAT. Podgorica, 2009./ Eurostat
BDP po glavi stanovnika iskazan u PPS-u (standardu kupovne moći - eng. Purchasing Power Standard) (2)	2007	N/A	100	Eurostat
Nejednakost distribucije dohotka (3)	2008	N/A	100	Eurostat
Stopa nezaposlenosti (5)	2008	10,74%	7,0% (4)	Zavod za zapošljavanje Crne Gore. Izvještaj o radu iz 2008. Podgorica, april 2009. / Eurostat
Stopa stanovništva u zatvoru (6)	2007	44,8		Mandic T. Mugoša B. Analiza situacije na području droga i upotrebe droga u Crnoj Gori u 2007./2008. Crna Gora. Institut za javno zdravlje. Podgorica, 2008.

(1) Ukupno stanovništvo, procjena od 1. januara 2008.
(2) Bruto domaći proizvod (BDP) je mjera ekonomske aktivnosti. Definiše se kao vrijednost svih proizvedenih dobara i usluga umanjena za vrijednost dobara i usluga utrošenih u njihovo stvaranje. Indeks opsega BDP-a po glavi stanovnika u standardu kupovne moći (PPS) izražen je u odnosu na prosjek Evropske unije (EU-27) za koji se uzima da je 100. Ako je indeks zemlje viši od 100, nivo BDP-a po glavi stanovnika te zemlje viša je od prosjeka EU i obrnuto.
(3) Nejednakost distribucije dohotka mjeri se kao koeficijent ukupnog dohotka koji prima 20% stanovništva s najvišim dohotkom (gornji kvintil) i dohotka koji prima 20% stanovništva s najnižim dohotkom (donji kvintil).
(4) Brojke iz 2009.
(5) Stope nezaposlenosti predstavljaju nezaposlene osobe kao postotak radne snage. Nezaposlene osobe uključuju osobe starosti od 15 do 74 godine koje su: (a) bile bez posla tokom referentne sedmice; (b) trenutno bile na raspolaganju za rad; (c) aktivno tražile posao.
(6) Stanje kaznenih institucija na dan 1. septembar 2006. Stopa stanovništva u zatvoru na 100 000 stanovnika.

Upotreba droga u opštoj populaciji i među mladima

Upotreba droga među mladima u Crnoj Gori bila je prilično ograničena približno do kraja 20. vijeka, baš kao i njen socijalni i zdravstveni uticaj. No, sredinom '90-ih, upotreba droga počela se ubrzano širiti (kasnije nego u susjednim državamama) tako da je početkom 21. vijeka upotreba psihoaktivnih supstanci postala značajan problem javnog zdravlja.

U Crnoj Gori još uvijek nijesu sprovedena istraživanja o upotrebi droga u opštoj populaciji.

Empirijske studije o upotrebi psihoaktivnih supstanci većinom su bile usmjerene na djecu i mlade. Ta istraživanja, koja se sprovode od 1999., otkrivaju stalni porast upotrebe psihoaktivnih supstanci među mladima.

Istraživanje koje je 1999. Zavod za zdravstvenu zaštitu sproveo na uzorku od 4054 osnovnoškolaca i srednjoškolaca iz čitave Crne Gore otkrilo je da je 3,1% svih učesnika probalo drogu u životu – 0,4% osnovnoškolaca (od 11 do 14 godina) i 6,7% srednjoškolaca (od 14 do 18 godina) (Laušević, 1999.).

2004. Institut za javno zdravlje Crne Gore sproveo je nacionalno istraživanje na uzorku od 3964 učenika od petog razreda osnovne škole do četvrtog razreda srednje škole. Ono je potvrdilo rast upotrebe droga – 5,8% ispitanika probalo je drogu u životu i to 2,3% osnovnoškolaca te 10,1%

Tabela 1: Učestalost upotrebe različitih droga tokom života i prva probana droga

Supstanca	Učestalost upotrebe (%)	Prva probana droga (%)
Marihuana	3,3	54,7
Trankvilizeri/sedativi	2,9	12,2
Amfetamini	1,5	–
LSD ili drugi halucinogeni	0,9	2,8
Crack	0,7	0,6
Kokain	1,3	2,2
Heroin (ušmrkivanjem)	1,1	2,8
Heroin (drugim putem)	0,8	2,8
Ekstazi	1,1	7,7
„Magične gljive"	0,6	1,1
Inhalanti	6,1	16,0
Droge intravenski	0,7	–
Alkohol u kombinaciji s tabletama	2,2	–
Alkohol u kombinaciji s marihuanom/hašišom	2,5	–
Anabolički steroidi	0,8	–

srednjoškolaca. Oko 77,6% učenika koji su eksperimentisali sa drogama bili su srednjoškolci, sa najvišim procentom u drugom razredu (30,6%). Većina djece prvi put je probala drogu u višim razredima srednje škole (u trećem razredu srednje škole 28,7%, a u četvrtom razredu srednje škole 24,6%), no 1,6% djece prvi put je probalo drogu u petom razredu osnovne škole.

Droge su najčešće uzimali u južnoj regiji zemlje (4,7%), nešto manje u sjevernoj (4,1%), te najmanje u centralnoj regiji zemlje (3,8%) (Mugoša, 2009.).

Institut za javno zdravlje, u saradnji sa Švedskim savjetom za informisanje o alkoholu i drugim drogama (CAN) te sa Evropskim centrom za praćenje droga i zavisnosti o drogama (EMCDDA) prvi put je sproveo Evropsko istraživanje o alkoholu i drogama (istraživanje ESPAD) kod školske djece u Crnoj Gori 2008. godine. Ciljna populacija bili su učenici rođeni 1992. godine. Čitava populacija učenika prvih razreda srednjih škola činila je uzorak istraživanja u Crnoj Gori. Ukupno je uzorak obuhvatao 7557 učenika.

Rezultati istraživanja pokazali su da su, isključujući alkohol i cigarete, najčešće korištene (ilegalne) psihoaktivne supstance bile marihuana i inhalanti, a slijedili su ih trankvilizeri/sedativi (Mugoša et al., 2008.).

Lokalna istraživanja o upotrebi droga među školskom djecom sprovele su Kancelarije za prevenciju narkomanije u Nikšiću i Kotoru.

Kancelarija za prevenciju narkomanije u Nikšiću sprovela je dva istraživanja o upotrebi droga u osnovnim i srednjim školama opštine Nikšić. Prvo je istraživanje je sprovedeno u akademskoj godini 1999/2000., a drugo

Tabela 2. Učestalost upotrebe droga među učenicima prvog razreda srednje škole u Crnoj Gori u 2008.

Supstanca	Učestalost upotrebe (%)			
	Tokom života	U posljednjih 12 mjeseci	U posljednjih 30 dana	Prosječna starost kod prvog uzimanja
Trankvilizeri/sedativi	3,0			15
Alkohol sa tabletama	2,0			15
Inhalanti	4,0	2,0	2,0	14 i 15
Marihuana (kanabis)	4,0	2,4	1,6	15
Ekstazi	–	1,0	1,0	14 i 15
Amfetamini	1,0	–	–	14 i 15

Tabela 3. Učestalost upotrebe drugih droga tokom života

Druge droge	% učenika	Ukupan broj korisnika	% korisnika
Kokain	1,3	71	20
LSD (ili drugi halucinogeni)	0,9	51	14
Heroin	1,0	55	16
Crack	0,7	45	13
Anabolički steroidi	0,6	36	10
Droge ubrizgavanjem	0,7	41	12
„Magične gljive"	0,5	31	9
GHB	0,4	23	6

Tabela 4. Rezultati lokalnih istraživanja u Nikšiću u akademskim godinama 1999/2000. i 2006/2007.

Droga	1999/2000		2006/2007	
	Životna prevalenca (%)	% učenika koji su ikada probali drogu	Životna prevalenca (%)	% učenika koji su ikada probali drogu
Marihuana/kanabis	4,7	58,6	2,2	33
Upotreba više droga	1,3	15,9	0,3	4,5
Heroin	0,3	3,5	0,1	1,8
Kokain	0,1	1,4	1,4	0,9
Tablete	0,1	1,4	0,2	2,7
Odgovor ne sadrži podatak koja je droga korištena	–	18,6	–	51,8
Ostale droge (LSD, ekstazi, crack, tablete)	–	–	0,5	7,1

u a.g. 2006/2007. Oba istraživanja sprovedena su na reprezentativnom, slučajno izabranom uzorku učenika i zasnovana na istoj metodologiji. U prvom istraživanju učestvovalo je 1835 učenika, od kojih 1429 srednjoškolaca iz četiri škole i 406 osnovnoškolaca sedmog i osmog razreda iz pet škola. U drugom je istraživanju učestvovalo 1707 učenika, od kojih 1365 srednjoškolaca iz četiri škole i 342 osnovnoškolca osmog razreda iz tri osnovne škole (tabela 4).

U istraživanjima je otkriveno sljedeće:

- upotreba bilo koje droge tokom života u osnovnim školama bila je 0,1% u 1999/2000. i 0,7% u 2006/2007.;
- upotreba bilo koje droge tokom života u srednjim školama bila je 7,8% u 1999/2000. i 5,9% u 2006/2007.;
- uzrast prve upotrebe se spuštio sa 16 godina u 1999/2000. na 14 godina u 2006/2007.

U Kotoru je u akademskoj godini 2007/2008. Kancelarija za prevenciju narkomanije, bolesti zavisnosti i rizičnih ponašanja iz Kotora sprovela istraživanje pod nazivom „Navike i motivacija osnovnoškolaca i srednjoškolaca". Istraživana je upotreba psihoaktivnih supstanci (alkohol, duvan i droge) u sedam škola (pet osnovnih i dvije srednje škole) i u Zavodu za rehabilitaciju osoba s poremećajima govora i sluha iz Kotora (gdje su u istraživanju učestvovali

učenici uzrasta od 15 do 18 godina). Osnovnoškolci su bili učenici sedmog i osmog razreda, dok su srednjoškolci bili učenici od prvog do četvrtog razreda. Istraživanjem je obuhvaćeno 300 učenika. Otkriveno je da je 5% ispitanih osnovnoškolaca i 8,5% ispitanih srednjoškolaca od prvog do četvrtog razreda probalo psihoaktivne supstance. Oko 8% učenika Zavoda za rehabilitaciju osoba s poremećajima govora i sluha iz Kotora probalo je psihoaktivne supstance.

Prevencija

Državne ustanove i nevladine organizacije uključene su u sprovođenje preventivnih aktivnosti u Crnoj Gori. Opštinske kancelarije za prevenciju narkomanije igraju važnu ulogu u prevenciji na lokalnom opštinskom nivou.

U 2000. Ministarstvo prosvjete i nauke Crne Gore, Zavod za školstvo, Zavod za zdravstvenu zaštitu, UNICEF i Opštinski sekretarijat za rad, zdravstvo i socijalnu politiku razvili su program suzbijanja zloupotrebe droga za osnovne škole namijenjen učenicima od petog do osmog razreda. Preko 150 nastavnika i stručnih saradnika obučeno je za sprovođenje programa koji se odvijao u 60 od 160 osnovnih škola u Crnoj Gori kako slijedi:

- 2001-2004.: u 95 škola;
- 2005.: u 48 škola;
- 2006.: u 52 škole;
- 2007.: u 46 škola;
- 2008.: podaci će biti dostupni krajem 2009.

Od 2004/2005. navedeni program je proširen obuhvatajući školske projekte koje učenici razvijaju sa drugim školama i posebnim ustanovama u opštini, kao i s drugim partnerima u lokalnoj zajednici. Nepovratna sredstva za projekte dodijeljuju se jednoj školi, no ona je obavezna u projekat uključiti još jednu ili dvije škole. Do sada su školski projekti sprovođeni na sljedeći način:

- 2004.: nepovratna sredstva dodijeljena su za četiri projeka, u kojima je učestvovalo 10 škola;
- 2005.: sprovedena su 24 projekta u kojima su učestvovale 52 škole;
- 2006.: sprovedena su 23 projekta u kojima je učestvovalo 46 škola;
- 2007.: sprovedeno je 13 projekata.

U 2007. usvojen je nastavni program za izborni školski predmet pod nazivom „Zdravi stilovi života“, namijenjen učenicima osmog i devetog razreda osnovne škole u cilju pružanja informacija djeci i mladima prilagođenih njihovom uzrastu o načinima čuvanja zdravlja i podsticanja razvoja pozitivnih, prosocijalnih stavova i odgovornog ponašanja. U saradnji Zavoda za školstvo, kancelarije UNDP-a u Crnoj Gori i Zavoda za izdavanje udžbenika i nastavnih sredstava nastao je Priručnik za nastavnike koji je u pilot projektu primjenjivalo 12 nastavnika u 220 odjeljenja sa ukupno 2650 učenika. U akademskoj godini 2008/2009. predmet je uključen u redovni školski sistem i sada se predaje u 22 škole, a sluša ga 1000 učenika. Razvoj programa se nastavio, kao i edukacija novih nastavnika o načinu predavanja ovog izbornog predmeta.

Premda su srednjoškolskim učenicima dostupni pojedini programi čiji je cilj produbljivanje znanja o drogama i razvijanje vještina prepoznavanja rizika povezanih s drogama i odolijevanja socijalnim pritiscima za upotrebu droga, preventivne obrazovne aktivnosti u srednjoškolskom obrazovnom sistemu nijesu sistematične. Te aktivnosti u većini slučajeva nude nevladine organizacije, a ne same škole, pa se stoga sprovode samo povremeno, zavisno od dostupnosti sredstava i o programu aktivnosti nevladinih organizacija. Aktivnosti su uključivale:

- Crnogorska asocijacija za borbu protiv AIDS-a (CAZAS) sprovela je nekoliko preventivnih projekata među srednjoškolcima.
- Projekat Škola zdravog stila života za mlade (2001.) u okviru kojeg je održan edukativni seminar o bolestima zavisnosti za vršnjačke edukatore.
- Kroz projekat Razmjenjujmo znanje, a ne igle (2004.) edukovano je 120 vršnjačkih edukatora u srednjim školama u Podgorici.
- Projekat Zdravi stilovi života protiv upotrebe droga (2005/2006.) sproveden je u saradnji s Ministarstvom zdravlja i Ministarstvom prosvjete i nauke kao nastavak programa prevencije u osnovnim školama. Dvadeset mladih osoba obučeno je za trenere u oblasti prevencije zloupotrebe droga; održano je 13 seminara za vršnjačke edukatore na kojima je edukovano 270 učenika iz 40 srednjih škola u Crnoj Gori; održana su četiri seminara za psihologe i pedagoge na kojima je njih 80 obučeno za rad sa roditeljima; štampane su četiri vrste priručnika i brošura – priručnici za trenere, za vršnjačke edukatore, za pedagoge i psihologe, i izrađeno je 30 000 vodiča za roditelje.
- CAZAS je organizovao četiri ljetne škole o drogama za mlade uzrasta od 15 do 24 godina.

Postoji devet opštinskih kancelarija za prevenciju narkomanije – u Podgorici, Nikšiću, Cetinju, Žabljaku, Kotoru, Bijelom Polju, Beranama, Baru i Pljevljima. Razlikuju se po sastavu osoblja i po specifičnim područjima aktivnosti, ali svi imaju isti osnovni cilj – prevenirati upotrebu droga među mladima

podizanjem nivoa informisanosti i svijesti o drogama i posljedicama upotrebe droga kroz:

- javna predavanja, pojavljivanja u medijima, javne događaje i različite oblike edukativnih događaja;
- istraživanja nivoa upotrebe droga među školskom djecom i omladinom;
- edukativni i savjetodavni rad sa roditeljima mladih, uključujući roditelje djece koja su već koristila drogu;
- podjelu testova na droge roditeljima;
- omogućavanje lakšeg djelovanja grupa za samopomoć;
- izradu i podjelu informativnog i edukativnog materijala;
- motivaciju mladih na učešće u sportskim aktivnostima u slobodno vrijeme, itd.

Do sada nijesu preduzete specifične intervencije u oblasti selektivne i indikativne prevencije.

Problematična upotreba droga

Procjene problematične upotrebe droga, koja se definiše kao „intravenska upotreba droga ili dugotrajna/redovna upotreba opijata, kokaina i/ili amfetamina", relevantne za čitavu zemlju nijesu dostupne. U Crnoj Gori dostupno je vrlo malo informacija o istraživačkoj studiji na intravenskim zavisnicima sprovedenoj 2005/2006., kojom se pokušao procijeniti broj intravenskih zavisnika u Podgorici (Simic et al., n.d.). Istraživanje je finansiralo Odjeljenje za međunarodni razvoj UK-a, a sproveo ga je Imperial College u saradnji sa Programom UN-a za razvoj (UNDP) Srbija i Crna Gora, Institutom za javno zdravlje Crne Gore i nevladinom organizacijom Juventas.

U studiji je korištena capture-recapture metoda sa tri izvora. Sakupljeni su anonimni podaci o 348 aktuelnih IVKD (intravenskih korisnika droga). Oni su kasnije provjereni pomoću upitnika o ponašanju na reprezentativnom uzorku intravenskih korisnika droga. Budući da je u policijskim podacima utvrđeno kako mnogi slučajevi nijesu prijavljeni i da su pronađene pogrešne klasifikacije ličnih identifikatora u podacima iz istraživanja, izvorne cifre dobijene capture–recapture metodom popravljene su pomoću upitnika o ponašanju pa su napravljene nove procjene.

U skladu sa dostupnim rezultatima, gruba procjena capture-recapture studije bila je cifra od 950 intravenskih zavisnika (95% CI 675-1455) u Podgorici. Nedovoljno prijavljivanje i pogrešna klasifikacija identifikatora doveli su do nerealno rijetkih preklapanja između tri izvora tako da su grube procjene bile nerealno visoke. Prema procjenama zasnovanima na provjerenim i popravljenim ciframa, broj intravenskih korisnika droga je bio 660 (95% CI 520-909) u Podgorici, odnosno 0,7% populacije uzrasta od 15 do 49 godina. Valja napomenuti da je iz policijskih podataka proizilazio veći postotak žena u odnosu na ostala dva izvora zasnovana na dobrovoljnom učešću (20% žena u policijskim podacima naspram 7% žena u podacima iz istraživanja i 4% u podacima o liječenju zavisnosti).

Potražnja za tretmanom

Rutinsko sakupljanje podataka o klijentima koji započinju tretman zavisnosti na droge u Crnoj Gori do danas još nije sprovedeno. Pojedini podaci o pacijentima psihijatrijskih službi, bolničkih i vanbolničkih, dostupni su u Institutu za javno zdravlje Crne Gore gdje ih dostavljaju zdravstvene ustanove koje nude ovakav tip liječenja, no takva evidencija u praksi nije uvijek rutinska. Navedeni podaci se objavljuju jednom godišnje u Statističkom godišnjaku o zdravlju stanovništva i zdravstvenoj zaštiti u Crnoj Gori koji izdaje Institut za javno zdravlje Crne Gore, a koji obuhvata komplentnu zdravstvenu statistiku u zemlji.

U Centru za razvoj zdravstvenog sistema Instituta za javno zdravlje Crne Gore dostupni su podaci o pojedinačnim pacijentima liječenim u bolnici (bolnički podaci), uključujući datum rođenja, pol i dijagnozu bolesti od koje je pacijent liječen kao i datume prijema u bolnicu i otpusta iz nje (trajanje hospitalizacije). Ti se podaci prikupljaju putem „bolesničko-statističkog lista".

Premda pojedinačni obrasci vezani za bolničko liječenje zavisnika sadrže sve gore navedene kategorije, obrazac konačog izvještaja koji se koristi u Institutu za javno zdravlje sadrži samo dvije kategorije za unos – pol i dijagnozu, koji se unose na kumulativnom obrascu za sve pacijente. Tako se podaci o dobi i trajanju bolničkog liječenja ne uzimaju iz pojedinačnih obrazaca za evidenciju kao dio uobičajene statističke obrade.

Trenutno je nemoguće razlikovati pacijente koji su započeli liječenje u određenoj godini prvi put u životu (prvi zahtjev za liječenjem) od onih koji su bar jednom već bili na liječenju u određenoj godini (svi zahtjevi za liječenjem).

Institut za javno zdravlje prima tromjesečno kumulativni izvještaj o broju osoba liječenih u vanbolničkim jedinicama, kao i ukupni godišnji izvještaj. Tabela 6. prikazuje godišnji broj dijagnostikovanih i liječenih zavisnika (pacijenata sa dijagnozama F11-F19).

Podaci o broju pacijenata liječenih od zavisnosti u 2008. godini će biti dostupni tek nakon izdavanja Statističkog godišnjaka o zdravlju stanovništva i zdravstvenoj zaštiti u Crnoj Gori za 2008.

U decembru 2008. godine usvojen je novi Zakon o zbirkama podataka u oblasti zdravstva (Ministarstvo zdravlja, rada i socijalnog staranja, 2008.) koji je omogućio uvođenje

Tabela 5. Broj liječenih zavisnika u bolničkim jedinicama, 2003-2008. god.

Bolnički		F11	F12	F13	F14	F15	F16	F17	F18	F19	Ukupno	Ukupno M+Ž
2003	M	52	1	2	–	1	1	–	–	20	77	86
	Ž	5	–	3	–	–	–	–	–	1	9	
2004	M	91	1	1	–	–	1	–	–	7	101	109
	Ž	5	–	2	–	–	–	–	–	1	8	
2005	M	127	1	3	–	–	1	–	–	5	137	145
	Ž	8	–	–	–	–	–	–	–	–	8	
2006	M	211	1	3	1	–	–	–	–	16	232	252
	Ž	16	–	–	1	–	–	–	1	2	20	
2007	M	173	2	3	1	–	–	–	–	9	188	204
	Ž	12	–	–	–	–	–	–	–	4	16	
2008	M	161	–	–	1	–	–	–	–	14	176	198
	Ž	15	1	3	–	1	–	–	–	2	22	

Tabela 6. Pacijenti liječeni u vanbolničkim zdravstvenim ustanovama u razdoblju od 2003. do 2007.

Godina	2003	2004	2005	2006	2007	Bitola
Vanbolnički	219	453	371	274	399	98

Izvor: Institut za javno zdravlje (2009.).

Tabela 7. Zatvorenici liječeni u Specijalnoj zatvorskoj bolnici, 2006-2009. god.

Godina	2006	2007	2008	2009 (do 30. juna)
Broj liječenih zatvorenika	44	60	27	10

novog sistema prikupljanja podataka i izvještavanja u medicinskim i nemedicinskim ustanovama za tretman zavisnosti u Crnoj Gori, čija je izrada u toku, a baziran je na smjernicama TDI 2.0 protokola.

U Specijalnoj zatvorskoj bolnici od 1. januara 2006. do 30. juna 2009. liječeno je ukupno 141 zavisnika (tabela 7).

Infektivne bolesti povezane sa upotrebom droga

Institut za javno zdravlje Crne Gore ima protokol za registraciju zaraznih i polno prenosivih bolesti, ali u praksi problem predstavlja nedovoljno prijavljivanje ovih bolesti, premda Zakon o zaštiti građana od zaraznih bolesti (Ministarstvo zdravlja, rada i socijalnog staranja, 2005.b) propisuje obavezno prijavljivanje. Sljedeći je problem da samo obrazac za prijavu HIV/AIDS-a sadrži stavku o riziku od zaraze za razliku od obrazaca za prijavu hepatitisa B i C i polno prenosivih bolesti.

Nema dostupnih podataka o broju polno prenosivih bolesti među intravenskim korisnicima droga.

Nema intravenskih korisnika droga među pacijentima liječenim od hroničnog hepatitisa B na Klinici za infektivne bolesti.

Klinika za infektivne bolesti trenutno liječi 30 pacijenata od hroničnog hepatitisa C. Među njima je 70% intravenskih korisnika droga. Oko 90% je muškog pola, starosti od 20do 35 godina. Preduslov za početak interferonske terapije je apstinencija od uzimanja droge zadnjih šest do devet mjeseci.

Od prvog registrovanog slučaja HIV/AIDS-a u Crnoj Gori 1989. godine pa sve do kraja 2008. godine registrovano je ukupno 89 osoba zaraženih HIV-om, što znači da ukupna prevalenca iznosi 0,14/100 000 stanovnika. Osnovni način prijenosa HIV-a je polni odnos (81%), dok je u 4% slučajeva zaraza nastupila intravenskom upotrebom droga.

U 2008. među novim slučajevima zaraze HIV-om nije bilo IVKD. Podaci o seroprevalenci pokazuju da je u periodu od 1997. do 2008. god. u okviru zdravstvenog sistema testirano oko 907 zavisnika. Kod petoro je otkrivena zaraza HIV-om (četiri intravenska korisnika, jedan intranazalni korisnik), ukupno 0,55% testiranih, što potvrđuje nisku prevalencu u ovoj populaciji.

Trenutno se na Klinici za infektivne bolesti liječi 45 osoba zaraženih HIV-om. Među tim pacijentima nema intravenskih korisnika droga.

U razdoblju od aprila do jula 2008. Institut za javno zdravlje Crne Gore u saradnji sa nevladinom organizacijom Juventas sproveo je istraživanje pod nazivom „Istraživanje o rizičnom ponašanju povezanim sa seroprevalencom HIV/AIDS-a, HCV-a i HBV-a među intravenskim korisnicima droga u Crnoj Gori" (Laušević et al., 2008.). Rezultati istraživanja zasnovani su na metodologiji pod nazivom „uzorkovanje upravljano ispitanicima", a riječ je o prvim reprezentativnim rezultatima o rizičnom ponašanju intravenskih korisnika droga u Crnoj Gori vezano za mogućnost zaraze HIV-om, kao i o prvim podacima o prevalenci HIV-a, HBV i HCV. Ciljna populacija istraživanja bile su 322 osobe uzrasta od 18 do 59 godina koje su intravenski uzimale drogu u mjesecu koji je prethodio istraživanju i koje su živjele u Crnoj Gori duže od tri mjeseca tokom 12 mjeseci prije istraživanja (sociodemografske karakteristike uzorka: 44,3% osoba bilo je uzrasta od 26 do 30 godina; 26,6% od 31 do 40 godina; 22,5% od 21 do 25 godina; 2,1% starijih od 41; 89% muškaraca, 10,9% žena; 68,3% je završilo srednju školu, 24,4% je završilo osnovnu školu, a 5,5% je imalo visokoškolsku ili fakultetsku diplomu). Učesnici su prethodno testirani i dali su uzorak krvi za testiranje na HIV, HBV i HCV. Za procjenu rizičnog ponašanja korišćen je i upitnik zasnovan na standardizovanim, međunarodno prihvaćenim upitnicima. Pronađena je vrlo niska prevalenca HIV-a (0,4%), i niska prevalenca HBsAg (0%), za razliku od vrlo visoke prevalence HCV (53,6%).

2005. godine, u Beogradu i Podgorici su sprovedena istovremeno dva anonimna presječna istraživanja na intravenskim korisnicima droga iz obje zajednice (Judd et al., 2009.). Uzorak IVKD u Beogradu je iznosio 433, a u Podgorici 328. Mjerena je prevalenca antitijela HIV-a (anti-HIV) i virusa hepatitisa C (anti-HCV) kao i rizični faktori za anti-HCV i utvrđena je performansa paralelnog rapidnog algoritma testiranja na HIV. U istraživanjima su korišćene metode „uzorkovanja upravljanog ispitanicima" i istraživačko intervjuisanje potpomognuto audio-kompjuterom (ACASI). Ukupna prevalenca anti-HIV i anti-HCV u populaciji intravenskih korisnika droga iznosila je redom 3% i 63% u Beogradu i 0% i 22% u Podgorici. U oba grada anti-HCV pozitivnost povezana je sa rastućim brojem godina ubrizgavanja droga, dnevnog ubrizgavanja i upotrebe korišćenih igala/šprica ikad u životu. Prediktori anti-HIV pozitivnosti nijesu istraživani zbog vrlo niske anti-HIV prevalence.

Smrti povezane s upotrebom droga

Samo je jedna ustanova ovlašćena za sprovođenje specijalizovanih obdukcija u Crnoj Gori – Centar za patologiju i sudsku medicinu Kliničkog centra Crne Gore u Podgorici.

U periodu od 2005. do 2008. prosječno je vršeno 271 obdukcija godišnje od kojih je oko 78% identifikovano kao neprirodne smrti (nasilne smrti). Ne šalju se svi slučajevi nasilnih smrti na obdukciju (tzv. „čisti slučajevi", npr. putnici u pojedinim saobraćajnim nesrećama, određeni slučajevi samoubistva poput vješanja ili utapanja depresivnih pacijenata, itd.).

U posljednjih nekoliko godina, istražni organi su imali veći broj zahtjeva za obdukcijama, što je rezultat veće osviještenosti o potrebi za obdukcijom u slučajevima nejasne, sumnjive ili iznenadne smrti. No, premda zakon izričito nalaže da se obdukcija mora sprovesti u svim slučajevima nasilne, nejasne, sumnjive i iznenadne smrti, istražni organi u sjevernom dijelu Crne Gore rjeđe traže obdukciju. Oko 89% svih tijela na kojima je izvršena obdukcija su iz glavnog grada ili južnog dijela Crne Gore pa je stoga izgledno da se određeni broj smrti u sjevernom dijelu zemlje bilježi bez precizno utvrđenog uzroka. To predstavlja problem pri pokušaju analiziranja epidemiološke situacije u Crnoj Gori vezano za smrti zbog droge.

Toksikološke analize vrše se u svim slučajevima iznenadne i sumnjive smrti mlađih osoba, a takođe kod osoba koje su imale poznatu prošlost zavisnika, ako klasična obdukcija i patološko-histološke analize ne otkriju uzrok smrti i ako policija nema dovoljno informacija o okolnostima koje su dovele do smrti. Toksikološke analize sprovodi Centar za ekotoksikološka istraživanja Crne Gore uz pomoć opreme Shimadzu: „GCMS-QP-2010 plus" i „LCMS 2010 EV"; softver: CLASS-5000; biblioteka: NIST 107, PMW TOX-2 i WILLY 229. Uvijek se vrše analize metabolita heroina (morfin i 6-monoacetil morfin), kokaina, THC-a, LSD-a,

metamfetamina, lijekova sa psihotropnim dejstvom, kofeina, itd.

U razdoblju od 2005. do 2008.,god. od ukupnog broja od 1083 obdukcija 20 smrti je bilo povezano sa upotrebom droga: 18 muškaraca i 2 žene, prosječne starosti 28 godina (u rasponu od 17 do 44 godine). Od navedenih 20 smrti povezanih s upotrebom droga, u 19 slučajeva smrt je bila uzrokovana predoziranjem heroinom, a u preostalom slučaju kombinacijom kokaina i heroina. Samo je u pet slučajeva koncentracija alkohola u krvi bila ispod 0,5‰.

Prosječno se bilježi pet smrti godišnje ili 7,6 smrti na milion stanovnika godišnje. Trend smrti povezanih s upotrebom droga je sljedeći: četiri smrti u 2005., četiri u 2006., sedam u 2007., pet u 2008. Budući da je godišnji broj smrti uzrokovanih drogom mali, teško je sprovesti prospektivnu kohort studiju radi praćenja uzroka smrti među korisnicima opojnih droga.

Aktivnosti na području tretmana

Nacionalna politika/akcioni plan tretmana ne postoji kao zaseban dokument, ali je u jednom od poglavlja Nacionalne strategije za droge definisano liječenje zavisnosti. Ciljevi su sljedeći:

- osigurati integralno, konstantno i pristupačno liječenje zavisnika;
- osigurati kvalitetnu i kontinuiranu saradnju različitih pružalaca zdravstvene zaštite u zemlji;
- omogućiti jednaku dostupnost liječenja pacijentima oba pola i pacijentima različitih starosnih grupa, kao i korisnicima svih vrsta droga;
- osigurati raznolikost i visoki kvalitet kapaciteta i programa liječenja zavisnosti o drogama uvođenjem različitih pristupa liječenju zavisnosti o drogama;
- podržavati razvoj programa koji će doprinijeti stabilizaciji ili smanjivanju broja osoba zaraženih HIV-om, HCV-om i HBV-om, kao i broja predoziranja koja uzrokuju smrt;
- stvoriti uslove za intenziviranje institucionalnih programa liječenja u kaznenim ustanovama itd.

Liječenje u državnim ustanovama finansira se iz državnog budžeta kao i zdravstvena zaštita uopšte. Državna politika je da se liječenje zavisnosti učini jednako dostupnim kao i liječenje drugih bolesti, što znači da ono mora biti dostupno svakom i u svakom trenutku. Takvo liječenje u cijelosti pokriva osiguranje pacijenta (sve oblike liječenja osim rehabilitacije i resocijalizacije). Svi državljani Crne Gore imaju pravo na zdravstveno osiguranje (uključujući nezaposlene, izbjeglice, raseljena lica i djecu).

Mreža medicinskih ustanova za liječenje zavisnosti u Crnoj Gori sastoji se od usluga zdravstvene zaštite primarnog nivoa (vanbolničkih) i usluga zdravstvene zaštite sekundarnog nivoa (bolničkih). U Podgorici postoji i Specijalna zatvorska bolnica za liječenje zatvorenika. Na nivou primarne zdravstvene zaštite, vanbolničko psihosocijalno i medicinsko liječenje pruža 17 domova zdravlja u zemlji (17 opština) i to u Centrima za mentalno zdravlje ili psihijatrijskim ordinacijama u okviru Domova zdravlja. Na nivou sekundarne zdravstvene zaštite, postoje jedinice za detoksifikaciju u okviru svih sedam opštih bolnica u zemlji. Psihosocijalno bolničko liječenje pruža Psihijatrijska klinika Podgorica koja raspolaže sa pet kreveta za liječenje zavisnosti o drogama i Psihijatrijska bolnica Nikšić sa dva kreveta za istu svrhu, kao i Specijalna psihijatrijska bolnica „Dobrota" u Kotoru koja raspolaže sa devet kreveta za zavisnike (prima pacijente iz čitave države). U liječenje zavisnosti o drogama uključene su i privatne psihijatrijske ordinacije (Mandić i Mugoša, 2008.).

Metadonsko održavanje i detoksifikacija dostupni su u Domu zdravlja Podgorica u okviru Centra za mentalno zdravlje. Buprenorfin još nije uveden. Metadonski program liječenja zavisnosti (MMT) uspostavljen je 2006. kao program visokog praga, sa strogim pravilima i čestim testiranjem na upotrebu droga. Namijenjen je intravenskim korisnicima droga (IVKD) sa dugom istorijom upotrebe droga kao i zavisnicima o metadonu. Metadon se pacijentima daje jednom dnevno u vidu oralnog rastvora pomiješanog sa sokom u zasebno pripremljenim i pakovanim čašama. Svaki pacijent ima člana porodice koji ga podržava i prati od prijema u program. S pacijentima se radi i na edukaciji o HIV/AIDS-u, polno prenosivim infekcijama itd. Ne postoji ni oficijelni zakonski okvir ni smjernice za supstitucionu terapiju, ali je predviđena izrada protokola o supstitucionoj terapiji. Samo specijalista - psihijatar koji vodi metadonski program liječenja može primati pacijente u program ili im mijenjati dozu metadona. Relevantni podaci o pacijentima (lični podaci, doze, zdravstveni status, itd.) vode se o pacijentima koji primaju substitucionu terapiju u vidu medicinskih dosijea u papirnoj formi. Od 2006. do 2009. u metadonskom programu su učestvovala ukupno 164 pacijenta, i to 145 (88,5%) muškaraca i 19 (11,5%) žena. U junu 2009. u Centru je bilo 45 pacijenata od kojih 8 žena (17,8%) i 37 muškaraca (82,2%). Prosječna doza održavanja bila je 40 mg. Četrnaest pacijenata bilo je zaposleno (31%); od kojih osam stalno, a devet privremeno. Trinaest pacijenata (29%) bilo je u braku; četiri razvedeno (9%), 12 pacijenata (26,6%) imalo je djecu; dvije pacijentkinije bile su trudne.

Nacionalna strategija za HIV/AIDS (Ministarstvo zdravlja, rada i socijalnog staranja, 2005.a) i Nacionalni strateški odgovor na droge 2008-2012 (Vlada Crne Gore, 2008.)

predviđaju otvaranje još dva centra za metadonsko liječenje u državi, i to po jedan na primorju i na sjeveru zemlje.

Rehabilitacija/resocijalizacija pruža se u državnoj Javnoj ustanovi za smještaj, rehabilitaciju i resocijalizaciju zavisnika – Kakaricka Gora, kao i u terapijskoj zajednici RETO (koja je registrovana kao nevladina organizacija). Liječenje u Javnoj ustanovi je dobrovoljno uz stalni boravak od najmanje 12 mjeseci. Liječenje se sastoji od tri faze: adaptacija, rehabilitacija i resocijalizacija, koje prati 12-mjesečna nerezidencijalna terapija u kojoj pacijent učestvuje dobrovoljno pružajući podršku novim pacijentima. Liječenje se finansira kako slijedi: trećinu troškova boravka pacijenta pokriva Ministarstvo zdravlja, trećinu Opština Podgorica, a trećinu pacijent, dok za pacijente koji primaju socijalnu pomoć liječenje u potpunosti pokriva Ministarstvo rada i socijalnog staranja. Sama ustanova finansira se iz nekoliko izvora: osnovni budžet, državni budžet, participacija koje uplaćuju korisnici, sredstva dobijena putem samofinansiranja i donacija.

Prvi pacijenti su ušli u ustanovu u septembru 2008., a do juna 2009. u ustanovi se liječilo 39 pacijenata uzrasta od 23 do 43 godine. Sociodemografski podaci dostupni su u dosijeima pacijenata. Po pitanju bračnog statusa, 80,6% pacijenata bilo je neoženjeno/neudato; 9,6% razvedeno; 9,7% oženjeno/udato, a 12,9% je imalo djecu. Po pitanju obrazovanja, 35,5% pacijenata završilo je osnovnu školu, a 64,5% srednju školu. Po pitanju zaposlenosti, 6,5% pacijenata bilo je zaposleno, dok je 93,5% bilo nezaposleno. Po pitanju zdravstvenog statusa, 45,2% pacijenata bilo je inficirano virusom hepatitisa C. Sudski postupci za zakonske prekršaje bili su u toku za 38,7% pacijenata.

Još nije utvrđen sistem za izvještavanje ovih podataka nadležnom državnom organu za prikupljanje podataka o drogama.

U NVO terapijskoj zajednici RETO obavezna dužina boravka je od 8 do 18 mjeseci. Terapijski program sastoji se od tri faze: adaptacija (15 dana), rehabilitacija s radnom terapijom (do 18 mjeseci) i povratak normalnom životu. Rehabilitacija je za pacijente besplatna.

Programi niskog praga trenutno uključuju terenski rad na zamjeni igala i špriceva i podjelu kondoma i informativnih, edukativnih i komunikacionih (IEC) materijala, a sprovodi ih nevladin sektor. Nacionalna strategija za droge predviđa osnivanje drop-in centra (centar u kojem zavisnici imaju slobodan pristup savjetovanjima, edukativnim materijalima, priboru i programima koji se sprovode u centru) kojim bi upravljao nevladin sektor.

Ne postoji formalni mehanizam za koordinaciju liječenja zavisnosti o drogama.

Ne postoje usluge liječenja zavisnosti o drogama za posebne ciljne grupe.

Aktivnosti na području smanjenja štete

Aktivnosti na području smanjenja štete u Crnoj Gori uključuju metadonski program, programe zamjene igala

Tabela 8. Pokrivenost komercijalnih seksualnih radnica/ka IVKD i podjela materijala za smanjenje štete, NVO Juventas, 2007-2009.

	2007	2008	2009	Ukupno
Terenske posjete	186	274	70	530
Klijenti	125	538	109	772
Novi klijenti	24	47	14	85
Kontakti (s istim klijentima)	166	927	294	1 387
Broj podijeljenih igala	307	11 564	3 853	15 724
Broj podijeljenih špriceva	294	7 049	2 747	10 090
Broj podijeljenih kondoma	221	3 267	3 749	7 237
Broj komada podijeljenog informativnog, edukativnog i komunikacionog materijala	2 049	5 025	1 917	8 991
Vraćeni iskorišteni pribor za injektiranje	0	6 000	3 000	9 000

Tabela 9. Pokrivenost intravenskih korisnika droga i podjela materijala za smanjenje štete, NVO Cazas, 2008 - jul 2009.

	2008	2009	Ukupno
Klijenti	262	200	462
Novi klijenti	131	125	256
Broj podijeljenih igala	5 455	1 805	7 260
Broj podijeljenih špriceva	3 820	1 645	5 465
Broj podijeljenih kondoma	5 445	1 840	7 285
Broj komada podijeljenog informativnog, edukativnog i komunikacionog materijala	5 020	565	5 585

Tabela 10. Razmijenjeni pribor za injektiranje u Domu zdravlja Podgorica, 2008 - jul 2009.

	2008	do jula 2009
Klijenti	644	346
Izdate igle	2 621	946
Izdati špricevi	1 608	592

i špriceva, podjelu kondoma i informativnog, edukativnog i komunikacionog materijala. Od februara 2005. programi zamjene igala i špriceva sprovode se i u institucionalnom okruženju (Dom zdravlja Podgorica) i kroz rad nevladinih organizacija (rad na terenu koji uključuje mjere za smanjenje štete u Podgorici, Baru, Nikšiću i Kotoru: rad CAZAS-a sa IVKD, rad nevladine organizacije Juventas sa komercijalnim seksualnim radnicama koje su IVKD).

Nevladine organizacije prikupljaju podatke o pacijentima na posebnim obrascima uz primjenu šifri radi zaštite identiteta pacijenata. Imaju podatke o vrsti usluge pružene pacijentu, novim kontaktima i o ponavljanim intervencijama na istim pojedincima.

Od 2005. godine Dom zdravlja Podgorica takođe je uključen u program razmjene igala i špriceva koji se sprovodi kroz 13 injekcionih punktova u glavnom gradu. No, zamjena igala i šprica na injekcionim punktovima na kojima redovni pacijenti primaju injekcijonu i infuzionu terapiju pokazala se suviše komplikovanom, pa se ova aktivnost postupno prenosi na civilni sektor.

Od 2006. god. nevladina organizacija Juventas takođe sprovodi projekat Otvoreno sa zatvorenicima unutar zatvora u Podgorici u okviru kog se zatvorenicima i zatvorskom osoblju dijele informativni i edukativni materijali o smanjenju štete. Unutar zatvora osnovano je Savjetovalište, kao i u Specijalnoj zatvorskoj bolnici, a jedna od tema o kojima se razgovara tokom savjetovanja sa zatvorenicima je smanjenje štete. Ukupno 70 grupnih savjetovanja sprovedeno je sa 190 zatvorenika, 197 individualnih savjetovanja sa 111 zatvorenika, podijeljeno je 4049 primjeraka štampanog materijala, a 38 članova osoblja zatvora obučeno je u oblasti smanjenja štete.

Od zavisnika koji zamjenjuju igle i špriceve u Domu zdravlja Podgorica ne traže se lični podaci. Jedini podaci koje medicinski tehničari bilježe na injekcionim punktovima i to olovkom u običnim bilježnicama (ima slučajeva dvostrukog brojanja zavisnika) odnose se na broj podijeljenih i preuzetih igala i špriceva kao i na broj korisnika.

Nemoguće je procijeniti ukupan broj korisnika koji imaju pristup programima smanjenja štete u zemlji zbog prethodno navedenih nedostataka metoda registriranja zavisnika, i zato što osobe koje dođu po nove igle mogu te igle proslijediti dalje drugim korisnicima.

Tržišta droga i prekršaji povezani sa upotrebom droga

Crna Gora je dio tranzitnog područja na krijumčarskoj ruti određenih droga koje se sa Srednjeg i Dalekog Istoka kreću prema zapadnoj Evropi. Ta tzv. „Balkanska ruta" krijumčarenja droge koristi se za krijumčarenje heroina, koji se uglavnom proizvodi u Avganistanu, preko Turske i balkanskih zemalja (uglavnom Albanije i Kosova) do Crne Gore i dalje. Značajan udio takvog prokrijumčarenog heroina pronalazi put do zapadnoevropskog tržišta preko Bugarske, Bivše Jugoslovenske Republike Makedonije, Srbije i Kosova, dok se manji, iako ne i beznačajan, udio krijumčari preko crnogorske teritorije do zemalja zapadnog Balkana i dalje do zemalja EU. Operativni nalazi nagovještavaju da taj heroin često završi u skandinavskim državamama, u Njemačkoj, Belgiji, Italiji i Holandiji. Već duže vrijeme marihuana proizvedena u susjednoj Albaniji se krijumčari preko Crne Gore do zemalja u regionu i zapadne Evrope. Posljednjih godina skunk sve više istiskuje „običnu" marihuanu na ilegalnom tržištu droge i u tranzitnom krijumčarenju. Crna Gora je takođe i tranzitno odredište kokaina koji se proizvodi u Latinskoj Americi i krijumčari morem do crnogorske teritorije, a zatim dalje do zemalja u regionu i zemalja EU. Osim prodaje navedenog kokaina na crnom tržištu u Srbiji i ostalim državamama u regionu, veći njegov dio krijumčari se dalje do skandinavskih zemalja, Belgije, Holandije, Italije i ostalih zemalja. Ovo krijumčarenje karakteriše visok stepen organizacije i razgranata krijumčarska mreža u mnogim državamama.

I građani Crne Gore čine potrošače na tržištu nezakonitih droga, posebno mladi. Marihuana i heroin su najpopularnije droge, dok se sintetske droge rjeđe koriste (to čine pretežno turisti), a konzumacija kokaina je manje prisutna zbog njegove visoke cijene.

Ulična cijena opojnih droga u Crnoj Gori varira zavisno od ponude i potražnje, količine i kvaliteta. U globalu, cijene se kreću kako slijedi:

- heroin: 10 -15 EUR po gramu;
- kokain: 60 - 80 EUR po gramu;
- ekstazi: 3 - 5 EUR po tableti;
- marihuana: 5 - 10 EUR po paketu (5 - 10 grama).

Ne postoje precizna istraživanja o čistoći droga dostupnih na domaćem tržištu drogama jer se takva vrsta analize sprovodi isključivo na zahtjev sudova i u određenim slučajevima. Opšte informacije ukazuju na to da marihuana („albanka" – tj. marihuana koja potiče iz Albanije) ima visok nivo THC-a, dok heroin, uglavnom iz Albanije, u Crnu Goru dolazi pomiješan s drugim supstancama (udio diacetil-morfina u rasponu od 3 do 5%). Uskoro bi se trebalo sprovesti iscrpno istraživanje u koje se polažu nade da će pružiti jasne podatke o čistoći droga.

U 2007. ukupno je izvršena 491 zaplijena ilegalnih droga u kojoj je oduzeto 289,2 kilograma. U 2008. ukupno je izvršeno 390 zaplijena, odnosno 353,3 kilograma (povećanje od 24% u količini zaplijenjene droge). Zabilježena je povećana zaplijena marihuane (19,8%), heroina (90%) i kokaina (19,9%) (tabela 11).

Dvije kancelarije državnog tužioca zadužene su za kazneno gonjenje počinilaca prekršaja vezanih za upotrebu droga – Viši državni tužilac u Podgorici i Viši državni tužilac u Bijelom Polju. U ove dvije ustanove vodi se evidencija o pojedincima koje je policija prijavila tužiocu (na primjer, evidencija o krivičnim prijavama, istražnim postupcima, presudama). Ti se podaci prikupljaju i elektronski i u papirnoj formi.

Tabela 11. Količina zaplijenjene droge u 2008. (u gramima)

Droga	Zaplijenjena količina (grami)	
	2007	2008
Marihuana	278 775,54	327 365,14
Heroin	9 143,01	18 028,25
Kokain	409,47	7 745,88
Hašiš	8,99	13,12
Sintetičke droge	1 057,5	860
Smješe za miješanje s opojnim drogama (prokain, lidokain, kofein, paracetamol)	1 907,77	554
Ukupno	289 239,93	353 265,69

Tabela 12: Pregled kaznenih djela povezanih s upotrebom droga

Godina	Broj osoba protiv kojih je podnešena krivična prijava	Član 300.	Član 301.	Ukupno	%
2007	637	403	5	408	64,05
2008	622	383	3	386	62,05
2009 (do 1. jula)	276	138	1	139	50,36
Godina	**Broj optuženih osoba**	**Član 300.**	**Član 301.**	**Ukupno**	**%**
2007	502	352	4	356	70,91
2008	547	68	370	372	68
2009 (do 1. jula)	162	100	1	101	62,34

Napomena: Član 300. pokriva neovlašćenu proizvodnju, posjedovanje i stavljanje u promet opojnih droga, a član 301. pokriva omogućavanje uživanja opojnih droga.

Tabela 13. Pregled trendova osuda za kaznena djela povezana s upotrebom droga, 1995-2008.

Godina	Broj osuđenih lica	Broj lica osuđenih za krivična djela povezana s upotrebom droga	%
1995	303	2	0,66
1996	322	4	1,24
1997	281	6	2,13
1998	255	17	6,66
1999	253	22	8,96
2000	315	21	6,66
2001	333	45	13,51
2002	387	95	24,55
2003	410	94	22,93
2004	331	77	23,26
2005	292	79	27,05
2006	353	86	24,36
2007	280	88	31,42
2008	394	139	35,27

Od ukupnog broja osumnjičenih lica protiv kojih je podnešena krivična prijava tužiocu i osoba protiv kojih su podignute optužnice za kaznena djela u nadležnosti Višeg državnog tužioca, procenat osoba protiv kojih je pokrenut kazneni postupak zbog počinjenih kaznenih djela povezanih sa upotrebom droga je viši od 60%.

Što se tiče lica osuđenih na zatvorsku kaznu zbog kaznenih djela povezanih s drogom, podaci Zavoda za izvršenje krivičnih sankcija u Podgorici ukazuju na trend stalnog povećanja broja osuda u razdoblju od 1995. do 2008. Izuzev 2002., navedena cifra je stalno rasla te se zaustavila na oko četvrtini od ukupnog broja osuđenih, dok je u 2007. dosegla gotovo trećinu, a u 2008. udio je bio još veći.

Nacionalno zakonodavstvo na području droga

Kazneni prekršaji vezani za proizvodnju i trgovinu opojnim drogama propisani su Krivičnim zakonikom Crne Gore, u poglavlju XXIV – Krivična djela protiv zdravlja ljudi (što ukazuje da je zaštitni objekat svih oblika predmetnih krivičnih djela ljudsko zdravlje). Dva su zakonom utvrđena krivična djela koja se odnose na zloupotrebu droga u Krivičnom zakoniku Crne Gore: neovlašćena proizvodnja, posjedovanje i stavljanje u promet opojnih droga (član 300.) i omogućavanje lakše konzumacije opojnih droga (članak 301.).

Pravni karakter kaznenog djela naveden u članu 300. Krivičnog zakonika Crne Gore inkriminiše više radnji. Navedeni član ima šest stavova.

Osnovni oblik kaznenog djela definisan je u stavu 1. Radnje izvršenja iz ovog stava su alternativno propisane i sastoje se od neovlašćene proizvodnje, prerade, prodaje, nuđenja na prodaju, kupovine u svrhu prodaje, posjedovanja ili prijevoza u svrhu prodaje, posredovanja u prodaji ili kupovini i drugih neovlašćenih načina stavljanja u promet. Za navedene radnje zakon propisuje kaznu od dvije do tri godine zatvora.

Stavovi 2. i 3. odnose se na kvalifikovane oblike. U stavu 2. propisano je neovlašćeno unošenje u zemlju supstanci ili preparata koji su na popisu opojnih droga; za ovo djelo zakon propisuje kaznu od dvije do dvanaest godina zatvora. Ako su djela iz 1. i 2. stavka izvršena od strane više osoba, ili je počinilac organizovao mrežu preprodavaca ili posrednika, zakon propisuje kaznu od tri do petnaest godina zatvora.

Stav 4. obuhvata odredbe za smanjenje ili oslobađanje od kazne ako počinilac otkrije izvor od koga nabavlja drogu.

U stavu 5. propisano je se da će se onaj ko neovlašćeno proizvodi, nabavlja, posjeduje ili daje na upotrebu opremu, materijal ili supstance za koje se zna da su namijenjene proizvodnji opojnih droga kazniti zatvorom od šest mjeseci do pet godina. U ovom se stavu identifikuju pripremne radnje, na primjer radnje pomaganja, kao samostalno krivično djelo.

U stavu 6. propisuje se obavezna zaplijena opojnih droga.

Zakonsko obilježje krivičnog djela navedenog u članu 301. Krivičnog zakonika Crne Gore takođe inkriminiše više radnji. Navedeni član ima tri stava.

U stavu 1. propisuju se kazne za navođenje drugih na uzimanje opojnih droga; za davanje opojnih droga drugoj osobi kako bi je koristila ona ili treća osoba; za stavljanje na raspolaganje prostorija radi uživanja droga; ili za pomaganje drugima u uživanju opojnih droga na drugi način. Za navedena djela propisana je kazna od šest mjeseci do pet godina zatvora.

Stav 2. odnosi se na kvalifikovani oblik krivičnog djela, a to je u slučaju kada radnje navedene u stavu 1. uključuju maloljetno lice ili više osoba, ili kada su djela izazvala naročito teške posljedice; za takav je oblik propisana zatvorska kazna od dvije do deset godina.

U stavu 3. utvrđuje se obavezna zaplijena opojnih droga.

Krivični zakon Crne Gore ne sankcioniše ličnu upotrebu droge, niti posjedovanje droge za ličnu upotrebu.

U okviru opisa krivičnih djela koja se odnose na zloupotrebu droga, Krivični zakonik Crne Gore ne klasifikuje pojedine droge. Međutim, u praksi se priznaje razlika u pogledu trajanja izrečene kazne zavisno o vrsti opojne droge. Tako se na primjer izriču kazne u različitom vremenskom trajanju za krivična djela koja uključuju istu količinu marihuane, skunka, heroina ili kokaina.

U ovom su poglavlju opisane zakonske odredbe koje će uskoro zamijeniti novi Zakon o drogama i prekursorima koji je trenutno u izradi, a biće završen do kraja 2009. godine.

Nacionalna strategija za droge

Crna Gora ima i nacionalnu strategiju za droge i akcioni plan za sprovođenje strategije. Na sjednici održanoj 29. maja 2008. godine Vlada Crne Gore usvojila je sljedeće dokumente: Nacionalni strateški odgovor na droge 2008-2012. i kao njen integralni dio Akcioni plan 2008/2009 za sprovođenje strategije (Vlada Crne Gore, 2008.). Strategija predstavlja nastavak prethodno završenog rada na području droga u Crnoj Gori.

Ovo je područje prethodno bilo definisano kroz nekoliko dokumenata. Krajem 2000. i početkom 2001. stručni tim Vlade Crne Gore izradio je petogodišnji plan i program za borbu protiv bolesti zavisnosti u Crnoj Gori. Nakon toga, Vlada je usvojila dugoročni plan i program za borbu protiv bolesti zavisnosti nakon kojega je uslijedio akcioni plan za suzbijanje zloupotrebe droga kod djece i omladine (Vlada Crne Gore, 2003.), u kojem su definisane aktivnosti za borbu protiv zavisnosti o drogama za razdoblje od 2003. do 2006. Tako se može zaključiti da od 2000. Crna Gora sprovodi politiku za droge s posebnim naglaskom na suzbijanju upotrebe droga kod mladih.

Ciljevi nacionalne strategije su opšti i specifični. Opšti ciljevi uključuju smanjenje potražnje i ponude droga. Smanjenje potražnje droga uključuje mjerljivo smanjenje upotrebe droga, zavisnosti o drogama i zdravstvenih i socijalnih rizika koji iz toga proističu kroz razvijanje i unaprjeđivanje efektivnog, sveobuhvatnog i naučno utemeljenog sistema smanjenja potražnje droga preduzimanjem ciljnih mjera koje treba sprovesti na području prevencije, liječenja i rehabilitacije i smanjenja štete. Smanjenje ponude droga

uključuje uspostavljanje osnove za sprovođenje efikasnih policijskih i carinskih intervencija u cilju smanjenja dostupnosti i ponude droga u Crnoj Gori, kao i samo sprovođenje ovih mjera.

Specifični ciljevi su sljedeći: stvaranje uslova za uspostavljanje informacionog sistema u cilju prikupljanja, vođenja, obrade i upravljanja informacijama na području droga; izgradnja kapaciteta za uspostavljanje nacionalne informacione tačke EMCDDA-a u Crnoj Gori; jačanje relevantnog zakonodavstva na ovom području u skladu s preporukama EU; održavanje kontinuiteta u istraživanjima na području droga; podsticanje odgovarajuće obuke svih profesionalaca uključenih na ovom području; sprovođenje intergisane nacionalne politike na ovom području uz koordinaciju i praćenje aktivnosti iz Nacionalne kancelarije za droge.

U planu je i evaluacija Nacionalnog strateškog odgovora na droge 2008-2012.

Mehanizam koordinacije na području droga

Nacionalni strateški odgovor na droge 2008-2012. i akcioni plan ukazuju da sprovođenje nacionalne politike na ovom području zahtijeva uravnoteženi, multidisciplinarni i integrisani pristup koji uključuje koordinaciju svih činilaca uključenih u borbu protiv droga i posljedica njene upotrebe. Predviđa se uspostavljanje sistema za prikupljanje, upravljanje i razmjenu informacija kao kontinuiranog procesa između različitih organizacija koje su odgovorne za sprovođenje politike na području droga.

Podjela aktivnosti je multisektorska, a uključuje razmjenu informacija između organizacija koje su odgovorne za sprovođenje politike na području droga. U tom cilju je Nacionalna kancelarija za droge pri Ministarstvu zdravlja uspostavila sistem kontakt osoba - kontakt mrežu za pitanja vezana za droge. U mrežu su uključeni državna uprava, lokalna uprava i zdravstveni radnici i menadžeri. Kontakt mreža sastoji se od predstavnika Ministarstva unutrašnjih poslova, Uprave policije, Ministarstva pravde, Ministarstva prosvjete i nauke, Zavoda za školstvo, Uprave carine, Ministarstva finansija, Ministarstva kulture, sporta i medija, lokalne uprave, ustanova zdravstvene zaštite. Na ovaj način je koordinacija između nekoliko državnih tijela i ustanova, lokalne uprave i civilnog sektora uspostavljena i horizontalno i vertikalno. Akcioni plan precizno utvrđuje raspored aktivnosti i dužnosti za svaku zainteresovanu stranu, kao i za strane odgovorne za sprovođenje posebnih zadataka.

Biće osnovan Stručni savjet u okviru Vlade Crne Gore, koje će djelovati kao savjetodavno tijelo. Savjet će imati i ulogu u podršci sprovođenja strategije, kao i u njenoj evaluaciji.

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