



Montenegro
Ministry of Health

STRATEGY OF MONTENEGRO FOR THE PREVENTION OF DRUG ABUSE

2013-2020

and the Action Plan 2013-2016

Podgorica, February 2013

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The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 and the Action Plan 2013-2016 for the strategy implementation were developed with the technical and expert support of United Nations Office on Drugs and Crime (UNODC).

Sociology PhD Mr Jože Hren, expert for drugs and EU policies in this field, participated in the development of the documents.

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 contains expert recommendations from the European Commission, Council of Europe's Pompidou Group, and UNODC.

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 and the Action Plan 2013-2016, contain concrete annexes, as well as incorporated propositions and suggestions expressed by the competent national authorities, reference institutions, local government, experts of different profiles, as well as non-governmental organizations.

Logistic support to the development of the documents was provided by the Ministry of Health of Montenegro.



UNODC introduction to the National Drug Strategy of Montenegro

The United Nations Office on Drugs and Crime (UNODC) has built and consolidated, over several years, a successful cooperation with the Government of Montenegro and is pleased to acknowledge the progress made by the Government in the area of countering the threat posed by illicit drugs.

In particular, UNODC congratulates the Government of Montenegro for successfully completing the drafting process of the National Drug Strategy (2013-2020) as well as of the related Action Plan (2013-2016). The Government's proactive approach towards fostering efficient cooperation and developing a strategic direction for combating drugs-related challenges, which is well reflected in both documents, deserves to be acknowledged and praised.

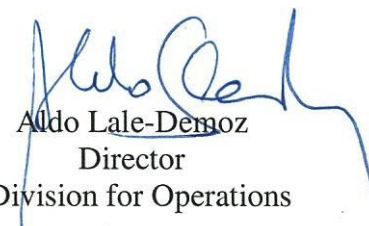
The National Drug Strategy and the Action Plan demonstrate the readiness of Montenegro to seriously tackle the challenge of fighting illicit drug trafficking, drug abuse and drug production in a coherent manner, balancing efforts reducing supply of and demand for drugs. Moreover, the documents reflect the involvement of all relevant national authorities, benefitting from the external experience and taking into consideration best practices and lessons learnt from around the world. UNODC positively acknowledges the inclusion of the principle of human rights protection and integrating through into the National Drug Strategy and the Action Plan.

UNODC welcomes this strategy as a venue to further strengthen and expand the ongoing prevention and treatment synergies with Montenegro. At the level of prevention, UNODC is currently running a global family based project aid families develop the necessary skills to prevent Drug use, HIV/AIDS and crime among young people through improved parenting skills. As for treatment, the UNODC - WHO global joint initiative on drug dependence treatment and care initiatives, that aim at training health professionals on evidence based treatment modalities, as well supported the strengthening of the national Drug dependence treatment services. UNODC is hopeful to be able to continue working with the Government of Montenegro in these areas, as well as in the field of promotion of adequate availability of internationally controlled licit drugs for medical and scientific purposes while preventing their diversion and abuse, countering diversion and trafficking in Drugs, supporting inter-agency and inter-regional approaches and jointly reaching results and sustainable impact for the future.

UNODC encourages a health-centered perspective on Drug use and dependence, focusing on the human dimension: men, women and children affected in many ways by drug use and dependence including all its negative health and social consequences. Additionally,

UNODC supports a "nothing less" approach to drug dependence treatment, where the treatment is acknowledged as identical to treatment of any other chronic, non-infectious disease, planned and administrated according to each individual's needs.

UNODC remains a proactive partner of the Government of Montenegro in the implementation of the National Drug Strategy and the Action Plan and congratulates the Government on concluding of these documents. Our Office looks forward to continuing its partnership with the Government of Montenegro in these areas as well as in the promotion of an adequate availability of internationally controlled licit drugs for medical and scientific purposes. With regard to the latter, efforts should be redoubled towards preventing their diversion and abuse, countering diversion and trafficking in drugs and supporting inter-agency and inter-regional approaches, so as to jointly achieve sustainable results.



Aldo Lale-Demoz
Director
Division for Operations

**Co-operation Group to Combat Drug abuse
and Illicit trafficking in Drugs**



RPG 25012013/PP

Strasbourg, 25 January 2013

Re: Pompidou Group introduction to Montenegro draft Drug Strategy

The Pompidou Group of the Council of Europe welcomes Montenegro's National Drug Strategy for 2013-2020 together with the Action Plan for 2013-2016. These excellent documents represent a big step forward for Montenegro's drug policy; taking it further towards a rights-based and balanced approach to drugs issues. The documents draw on the Policy Guidelines for coherent policies for licit and illicit drugs of the Pompidou Group and the EU Drug Strategy; they draw on international evidence and expert opinion and the papers will assist Montenegro to tackle a wide range of drugs issues and work towards improving the health and lives of its citizens.

The Pompidou Group particularly commends the emphasis on the requirement of the whole of Montenegrin society to work to address drugs issues, and the involvement of a wide range of government departments and agencies – as well as civil society – in addressing this multi-dimensional phenomenon.

The Strategy is compassionate, recognising the compulsion of addictions, and treating drug users as human beings with rights and responsibilities. It builds on the work of others, including the Pompidou Group. It takes seriously the evidence base regarding the effectiveness of actions, and identifies data collection, monitoring, evaluation and research as key components.

Although working within limited resources and with much capacity-building to undertake, the Action Plan is ambitious and aims to produce significant results by 2016 – we look forward to seeing the results.

We congratulate Montenegro in putting together these documents and we stand ready to co-operate further with you in tackling this difficult and complex issue.

Patrick Penninckx

Executive Secretary of the Pompidou Group

INTRODUCTION

In Montenegro, European Union, and globally, the abuse and illicit drug trafficking and psychotropic substances are perceived as a serious problem representing a threat to health, security, social security, and prosperity of the overall population, especially young persons. Addiction to drugs is identified as a relevant social and health problem presenting a risk to public health, especially with regards to communicable diseases (HIV, hepatitis C, hepatitis B, TB, and sexually transmitted diseases). The abuse of drugs and psychoactive substances may harm the security of all societies and the rule of law, inflict suffering both to individuals and to families, and may result in the loss of lives.

In Montenegro, we are aware of these risks and of the responsibility of the Government to actively perform and support coordinated policy against drug abuse in order to ensure health, dignity and security of society in the national territory, in the region, and in the international community.

This strategy for the drugs is defined as long term and comprehensive document covering the period of seven years. Also, this new strategic document is designed as a practical and a modern guide fully compliant with current trends and policies of the European Union, which are wished to be applied on the national level. Taking into account the specificities and needs of Montenegro, the vision was to provide a clear, applicable, and concise document that would be beneficial to both the professional and the general public. Therefore, the Strategy provides guidelines for a more efficient response of the society to the patterns and trends in drug use. The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020, its objectives and tasks will serve as the basis for a three-year and two consecutive two-year action plans for the prevention of drug abuse.

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 is passed in the period of full pre-accession activities and the integration process of Montenegro to the European Union. It is relevant that the Strategy refers to the area considered in the negotiation chapter 24 - Justice, freedom and security. Relevant is the fact that the new strategic document in the field of drugs is also passed in the period of the active participation and full presence of Montenegro in all the international bodies and programs in the field of prevention of drug abuse.

This strategy aims to serve all relevant parties in the process of creating of anti-drug taking as the lead operational framework for the next seven years. The document defines the principles and objectives that the Government will identify as appropriate in order to address the problems of drug use in our society. The Strategy aims to protect and improve the well-being of our community and the individual, protects the public health, offer high level of security for citizens, and undertake a balanced, integrated, and evidence-based approach to the drugs problem. The equivalent application of all the traditional cornerstones of the policies related to drugs, beginning with prevention, treatment, harm reduction of drug abuse, social rehabilitation and reintegration through law enforcement are a precondition for any successful strategy to prevent drug abuse.

The Code of Criminal Procedure and the Penal Code stipulate compulsory treatment of drug users. In the past few years, in Montenegro, all relevant laws were passed in line with the EU *acquis* in the field of drugs. The Constitution of Montenegro defines the basic anti-discrimination rights, legal representation immediately after the arrest, the presumption of innocence, and the need for a court order for detention. Criminal offenses, related to illicit drug production and traffic, are defined by the Criminal Code of Montenegro, where there are two offenses related to drug abuse: the unauthorized production, possession and distribution of narcotic drugs, as well as enabling the use of narcotic drugs. Personal use of drugs is regulated by the Law on the Prevention of Drug Abuse.

The Law on the Control of Production and Traffic of Substances That Can Be Used in the Production of Narcotic Drugs and Psychotropic Substances (Official Gazette No. 83/09) governs the monitoring and control of production and distribution of substances (so-called precursors for drugs) which can be misused in the production of narcotic drugs and psychotropic substances to prevent their abuse or use for unauthorized purposes, as well as for the protection of life and health of people, and protection of the environment from the harmful effects of precursors.

The national legal framework, in compliance with the EU regulations, is fully established by passing the Law on the Prevention of Drug Abuse, which provides measures for the prevention of drug abuse. These measures include informative, preventive, medical, educational, and counselling activities, treatment, measures for rehabilitation, social services and programs to address the social problems related to drug use and monitoring of drug consumption.

Montenegro, with its strategic approach and legal framework in relation to the prevention of drug abuse, provided conditions and environment in which there is no place for discrimination. Proceeding from the fact that the addictions are diseases that require both prevention and treatment and provision of necessary care and support, this strategic document, too, contains in itself such an approach.

The strategy is also based on international law, the UN Single Convention on Narcotic Drugs of 1961 with the 1972 Amending Protocol, the Convention on Psychotropic Substances (1971) and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). United Nations conventions provide an international legal framework for addressing problems related to illicit drugs. Montenegrin Strategy for Drugs takes into account all other relevant UN policy documents, including the UN Political Declaration and Action Plan for International Cooperation towards an Integrated and Balanced Strategy of Combating the Drug Problem in the World adopted in 2009, indicating that the drug demand reduction and drug supply reduction are powerful elements of anti-drugs policy. It takes into consideration all relevant EU documents and recommendations, as well as the declarations of the Council of Europe's Poincaré Group.

This strategy takes into account the achievements of the policy contained in the National Strategic Response to Drugs 2008-2012. Another novelty is the fact that this strategic document was developed after conducting an external evaluation. The evaluation shows that the principles and most of the objectives defined by the previous strategy are implemented. The previous Strategy for Drugs is generally assessed as positive. It is perceived as a good, efficient, and comprehensive strategic document. It helped in putting the problem of drugs on

the political agenda, set clear objectives, and helped in clarifying the responsibilities of the participants in the implementation of policies related to drugs. The Strategy on Drugs (and its Action Plan) had the encouraging effect to the development of interventions to reduce drug demand and drug supply. It brought new initiatives and new projects in all areas. It also had a positive effect on public awareness and general understanding of the problem of drug abuse.

Long-term orientation of Montenegro's policy on prevention of drug abuse does not require modification.

Research of drug use in the general population in Montenegro has not been implemented yet, although the Public Health Institute has prepared and repeatedly applied research project in open calls for the allocation of resources for this purpose. Researches of the use of psychoactive substances among young people in Montenegro are continually conducted since 1999, and the most relevant and most recent ones among them are two rounds of international ESPAD survey conducted by the Public Health Institute (in 2008 and 2011). The studies have shown a slight but continuous increase in the use of psychoactive substances among high school students. In the 2008 ESPAD survey¹, the total of 5% of students (6% of boys, 3% of girls) used illicit drugs, and in 2011² ESPAD survey, 7% (11% boys, 4% of girls). The most commonly used substances among high school students are inhalants, sedatives/tranquillizers and cannabis. Cannabis use has increased from 3% in the study of 2008 to 5% in the study of 2011; the use of tranquillizers and sedatives from 3% in the 2008 to 5% in the 2011; the use of inhalants from 3% in 2008 to 6% in 2011. Although, according to the latest ESPAD survey, the difference between the frequency of cannabis use in Montenegrin students in relation to the ESPAD average is significant (5% vs. 17%), when it comes to the use of other drugs, this difference is much smaller. Five percent of students in Montenegro and 6% in the rest of Europe have used other drugs other than cannabis in their lifetimes.

PHI with the support of UNDP conducted, in 2011/2012, the Research on Risk Behaviour Related to HIV/AIDS, Seroprevalence of HIV, HBV and HCV, focused on populations most-at-risk: intravenous drug users (IDUs), sex workers, and prisoners. Research among IDUs (2011)³ included 350 patients. The results showed that the majority of members of this population began with injecting drug use between the ages of 19 to 25 years (25.5%), or after 25 years (26.3%), while the percentage of those who began using drugs intravenously at the age below 15 years is low (1.9%). Almost three quarters of respondents (72.2%) reported using drugs 2-5 years, and almost every eleventh respondent has a very long "intravenous experience", more than 10 years. If we look at the entire period of injecting drugs, injecting equipment is shared with other users, at least once, about two-thirds of respondents (63.4%). The most commonly used drug is heroin, 99.2%, and the rest is a mixture of heroin and cocaine.

The application of laboratory tests showed that the current HIV prevalence among the studied population of the adult IDUs is very low, 0.3%, which is lower in relation to the

¹ Mugoša B., Đurišić T., Golubović Lj. European Survey on the Use of Tobacco, Alcohol, and Drugs among Pupils. Montenegro National Report. Montenegro, Public Health Institute. Podgorica, 2008.

² Mugoša B., Đurišić T., Golubović Lj. European School Survey on the Use of Tobacco, Alcohol, and Drugs ESPAD 2011. Montenegro National Report. Montenegro, Public Health Institute. Podgorica, 2012. [in print]

³ Laušević D., Mugoša B., Vratnica Z. et al. Survey on the Risk Behaviour Related to HIV/AIDS, Seroprevalence of HIV, HBV, and HCV among IDUs in Montenegro in 2011. Public Health Institute. Podgorica, 2011.

research conducted in 2008 when the prevalence was 0.4%. The prevalence of HBsAg among the studied population in both studies was 0.0%, whereas the prevalence of HCV was very high 55% and was slightly higher than in 2008 when it was 53.6%. Drug treatment programs never included 51.6% of adult IDUs. Research of HIV and risk behaviours among female sex workers in Montenegro, in 2012⁴, which included 200 respondents, showed that any type of drug was being used or had been used by a third of respondents (32.5%). During the 12 months preceding the survey, drugs were used intravenously by 15% of them, and nearly one in eleven (9.1%) respondents who used drugs intravenously in the month prior to the survey shared the injecting equipment with other intravenous drug users. Testing for HIV antibodies, which was performed by using rapid tests in the study, did not provide any positive finding (seroprevalence 0.0%), antibodies to HBsAg were positive in 14% of subjects, while the presence of HCV was found in 15% of the studied population.

Research conducted among prisoners in Montenegro⁵ included 309 prisoners (293 men and 19 women), or 41.0% of the total prison population from the Institute for Execution of Criminal Sanctions. One third (33.7%) of male prisoners cited drug abuse as the reason why undergoing their sentence, and 5 women cited the criminal activities related to drug use. When asked about drug use, 276 male subjects responded. More than half of respondents (50.4%) reported that they had ever tried drugs in their lives, mostly between the ages of 20-29 (48.7%) and between the ages of 30-39 44.5%. Among the respondents who had used drugs, the average age when they first took drugs was 18 years old. Of those who took drugs, one-third cited they used drugs intravenously. The earliest age when the drugs were first used intravenously was at the age of 12, and the latest at the age of 33. Prison, as the site of the first intravenous drug taking, was cited by one respondent only. Thirty six point four percent of respondents cited that they had shared equipment for injecting drugs, and 2 respondents stated that they did so at the last drug use. Almost one fifth of respondents (19.2%), of the 270 who responded to this question, stated that the drug can be purchased in jail.

For HIV, HBV and HCV, 291 blood samples of male respondents were analysed. All samples were negative for the presence of HIV. Positivity for HBsAg was found in 3 samples or in 1% of those tested. The presence of hepatitis C virus antibodies was found in one fifth, 59 of them or 20.1% of the samples. For those found to have HCV positivity, there were significantly more of those who have been convicted of crimes related to drug abuse than of other crimes. In more than one third (34.3%) of respondents who reported that they had experienced drugs in their lives, analysis of blood samples, during the study, found positivity for HCV infection, as well as in 72.7% of respondents who said they had used drugs intravenously.

To have ever tried drugs in their lives, it was reported by four female respondents (all between the ages of 30-39), and each was sentenced for the drug-related crime. The age when drugs were used first ranged between the ages of 16, as the earliest age, to 26. Each respondent was also using drugs intravenously, and only one said she had previously shared injection equipment for drug use. Five respondents thought that the drug could be

⁴ Laušević D., Mugoša B., Vratnica Z. et al. HIV and Risk Behaviours among Sexual Workers in Montenegro in 2012. Public Health Institute. Podgorica, 2012.

⁵ Laušević D., Mugoša B., Vratnica Z. et al. Research of Knowledge, Positions, and Behaviour in Relation to HIV/AIDS in the Population of Prisoners in Montenegro. Public Health Institute. Podgorica, 2012.

obtained in the prison; four stated that it was difficult to do, and one thought that one can easily obtain drugs in the prison. Out of 11 female respondents, 9 stated that one could not obtain drug in the prison, and the two did not know.

The total of 16 blood samples from female prisoners were tested for HIV and HBV and all were negative. Also, 16 samples were tested for HCV and positivity was found in 5 of them or 31.3% of samples. In all female respondents (4) who reported that they had ever had experience with drugs in their lives, during the analysis of samples taken in the course of the research they were found positive for hepatitis C infection, as well as with all, or 3 respondents, who said they were taking drugs intravenously.

The Research of the Imperial College in London in 2005/2006 among injecting drug users estimated the number of intravenous drug users in Podgorica at 660. Through the multiplication method with three data sources, the estimated number of IDUs in Podgorica with the wider environment, for the year 2011, is 1,283.

With the Decision of the Montenegro Government, Ministry of Health established the Department of Drugs. It is necessary to maintain the functionality and continually improve cooperation in the framework of the national contact network comprised of all the institutions and agencies on the national and local level, as well as representatives of civil society and all entities who implement activities on preventing drug abuse directly or indirectly. The aim is to achieve a good horizontal and vertical coordination that will serve to improve the situation in this field.

In line with an affirmative approach in prevention of drug abuse, the Government of Montenegro, in 2010, formed the State Council for the Prevention of Drug Abuse headed by the President of Montenegro. The Council monitors and supports activities aimed at combating drug abuse in all aspects of this complex issue. Also, it monitors international cooperation in this field and considers legislative solutions and strategic documents. Council members are representatives of the competent ministries and institutions. The Council invited all NGOs working in the field of drug abuse prevention to get involved in the Council on the principle of self-election and regional rotation, and to make a choice of representatives among themselves for the central region of the state to participate in the work of the Council in the next six-month term. The objective is to provide equal opportunity to all NGOs to, constructively, with the assumption of full responsibility, contribute to the efforts of the state in the prevention of drug abuse and addiction, by choosing their own representative. The selected representative will inform the Council at its first next session on activities implemented by civil society in the central region, for which he was selected. The same principle will also be implemented for the representatives of the northern and southern regions, after the term of the central region representative, and they will likewise participate in the work of the Council through a six-month term and report, at the next sessions, on activities implemented by civil society in the region they represent.

In recent years, a network of municipal offices for prevention was established. The offices are an important tool for the implementation of preventive and educational activities with collaboration of schools in the municipality. Teachers, students, parents, psychologists, social workers, doctors from the health centres, the employees in the police station, the media, and NGOs work together and complement with their activities operation of municipal offices for prevention.

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 wants to introduce the issue of other types of addiction, too.

The existing and available data from different EU countries point to a connection between drug use and gambling. Excessive gambling can bring serious health, social, and economic problems for the individual, the family, and the wider environment.

Closer attention should be paid to this issue and develop appropriate measures and activities accordingly.

Most adolescents know about the harmful effects of drugs, alcohol, tobacco, and fewer numbers of them are familiar with the fact that Internet and gambling can equally lead to addiction, and the danger arises when it comes to their abuse.

Although some indicators show the significant presence of gambling among young people in Montenegro, in order to have empirical insight into this area, relevant nationally representative researches by the scientific institutions are necessary.

This document aims to give an overview and broach the subject of abuse of doping substances and methods.

In view of the presence of doping issues on the global level, it is necessary, in the future period, to consider and find an adequate way of putting under control the use of these substances and methods on the national level.

Unauthorized use of doping is present in recreational and amateur athletes, and especially among young people.

According to the results of the ESPAD 2008 survey, anabolic steroids were used by a total of 0.6% of the interviewed high school students, and in 2011 survey 1.2% of the interviewed students.

In our next steps as a country in the process of negotiations for membership in the European Union, all new trends in the EU in drug related policy should be timely and adequately reflected to Montenegro, too.

Implementation of national policy in this field requires continually balanced, multidisciplinary, and integrated approach that implies the coordinated participation of all stakeholders involved in the fight against drugs and their effects.

In relation to the transposition of the *acquis* in the national system in the field of combating drug abuse and in relation to participation in the work of international bodies in this field, the Department of drugs is recognized as the national contact point under the Ministry of health. In the future period, it is necessary to continually develop a system of gathering standardised data and information in this field in order to create a national database. To this end, a response and full involvement in the process is required by all the stakeholder who, directly or indirectly, take part and follow the prevention of drug abuse, and in accordance with the regulations governing this area.

Successful implementation of the Strategy for the Prevention of Drug Abuse 2013-2020 and its Action Plan 2013-2016 requires the necessary political and professional support of all stakeholders in Montenegro.

Principles

In the period 2013-2020, the Strategy of Montenegro concerning drugs and its first Action Plan for the period 2013-2016 will be based on the following principles:

- **The principle of constitutionality and legality**

In accordance with the Constitution of Montenegro and applicable regulations, the Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 should follow the applicable Montenegrin legal framework and the ratified international conventions and agreements that Montenegro integrated into its legal framework and those that will integrate in the future.

- **The principle of the protection of human rights**

One of the fundamental rights deriving from international conventions is the individual's right to a healthy life. This requires a comprehensive social engagement in activities aimed at the protection from the circumstances favouring the drug abuse. Therefore, it is necessary to develop and promote programs for the prevention of addiction, reducing the availability of drugs on all levels, from the fight against organized crime to reduced supply in the streets, as well as the fight against all forms of drug-related crimes. This principle necessarily involves the right of every individual to a dignified and professional treatment and assistance in case of illness or other socially threatening situations.

Therefore, the State must provide the constitutionally guaranteed rights to preservation of health and social security of its citizens, and, at the same time, prevent the social exclusion of individuals or groups. In accordance with this principle, the penal system and the legal protection of drug addict convicts, who, even in prison, have the right to appropriate treatment and support, should promote the idea that such a treatment in the prison system must be equivalent to the treatment options available within the public health system in the country. With such an approach to state wants to prevent the occurrence of stigma and discrimination against people in problem of addiction, bearing in mind the fact that these phenomena are universal and that they occur in all countries in the world to a greater or lesser extent. Stigma and discrimination are the largest obstacles to prevention and providing the necessary measures for the rehabilitation of affected persons.

All the parties responsible for implementation of various programs are obliged to protect the confidentiality of personal data in accordance with professional codes of ethics, the Constitution, and other relevant pieces of legislation of Montenegro.

- **The principle of comprehensive and continuing commitment to the problems related to drugs**

Control of problems related to drugs requires a comprehensive approach that recognizes the problem as a result of simultaneous actions on several levels, both on the individual level and the broader social level. Here should also be included a variety of active participants.

Solving problems and the effects of drug and psychoactive substances abuse is a task for various sectors in the field of social security and health care, education, the judicial system, Interior and Police of Finance and Customs, the economy, as well as different parts of civil society, and the public at large.

- **The principle of global aspects of drug use and global cooperation**

The emergence of drug abuse in modern society has a global character, and almost every country in the world faces this problem. At the same time, the issue touches on the local community, or family and daily life of every person.

Finding the solution to the problem of drugs and a significant presence of drugs in the global illicit market is also the issue on the international level. Inclusion of Montenegro in regional, European, and world context should apply to all levels, from national to the local community level. It is necessary to maintain all types of international cooperation at multilateral and bilateral level, it is also necessary to ensure the implementation and harmonization of various conventions, declarations, resolutions, recommendations, guidelines, and strategies of international organizations. (United Nations, Council of Europe, World Health Organization).

- **The principle of decentralization**

This principle ensures an even distribution of various programs and contents throughout the country in accordance with the needs of local communities in line with available capacities.

- **The principle of guaranteeing the safety of citizens of Montenegro**

This principle derives from the constitutional rights of individuals and community to personal safety and the protection of private property of the citizens of Montenegro. The aforementioned principle should lead to a reduction of all types of crime associated with drug abuse, including chemicals/precursors.

- **The principle of adaptation to different groups of population**

The content of documents should be tailored to different target groups of population and their needs, from prevention programs, harm reduction programs, to appropriate models of treatment and treatment of addiction, social care and rehabilitation.

- **The principle of adopting healthy habits**

Programs of preventive psychosocial and health education should motivate children and young people to adopt healthy habits (e.g. at school, in the family, in the wider environment). This is achieved by providing an objective, age customized information on substances that create dependency, and by fostering children and young people to acquire the social skills necessary to make responsible life decisions.

Children and young people should be informed about the negative effects of drug use, on the individual and social level, and should have access to information and appropriate conditions for the development of skills that will help them make responsible decisions (e.g. not to use drugs, or, if they use them, to know how to avoid the new, additional risks and harm to health).

- **The principle of partnership - a balanced and multidisciplinary approach, consistency and complementarity**

Policies to combat drug abuse in Montenegro needs to integrate a variety of approaches in the field of drug use prevention and harm reduction related to drug use in order to create a unique national system for combating drug abuse. This principle includes measures of prevention, reduction of harm to health and society as a whole in relation to the drug abuse, psycho-social treatment and cure, rehabilitation and social reintegration of drug addicts, as well as enhanced control of drug supply to reduce the availability of drugs.

To achieve this principle, the state has to support a balanced development of all professional and scientifically based approaches and programs, as well as to search for new solutions and models that can be used to control drug abuse.

Generally, there should not be given priority to any of the approaches in the prevention of drug abuse in relation to the other, they need to be connected and balanced through integrated activities on different levels.

- **The principle of centralized coordination, funding, monitoring, and evaluation**

Implementation of the activities from this Strategy requires, in addition to coordination and transparency, balanced use of budgetary resources to address these issues, in line with all the pillars on which the strategic approach is based, as well as sustainable monitoring and evaluation of implemented activities.

Objectives

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 is a key strategic document of the state in addressing the problem of drug abuse. It is in line with the current national situation regarding the drug, and in accordance with the scientific knowledge about the drug problem as well as with current policies that the EU leads in this area. This strategy defines a list of objectives which it seeks to achieve in the implementation of the measures to be taken in the future period.

Overall objectives

In terms of objectives of any policy to combat drug abuse - to ensure the protection of the individual and society from health, social, and economic risk of harm that drug use can cause, as well as to protect individuals, society, and property from the effects of crime related to drugs and drug use - in terms of a balanced approach to the problem, the general objectives of the strategy for drugs are structured in two main pillars - drug demand reduction and drug supply reduction.

Interventions in drug demand reduction are oriented towards following objectives:

- Ensure that the state addresses the issue of drug use both on the local and national levels on an equal footing with other social, health, security, and economic issues in the country and, on that basis, to adopt the necessary systemic measures;
- Raising community awareness on the problem of drug abuse and on the need for its prevention, as well as the need for promotion of healthy living habits;
- Ensure coordination of different activities on the local level and harmonise coordination on the local level with those on the national level;
- Provide a variety of and high-quality capacities and programs oriented towards treating addiction by introducing different approaches in the treatment of addiction;
- Encourage development of programs that will contribute to maintaining or reducing the number of people infected with HIV, viral hepatitis, sexually transmitted diseases and tuberculosis, fatal consequences of a drug overdose;
- Create conditions that allow the extension of institutional treatment programs in correctional and penal institutions;
- Development of special programs for women;
- Foster the development of social security programs for drug addicts, Public Institution for the Rehabilitation and Re-Socialization of Users PAS, therapeutic communities and communes, civil society organizations, including programs for harm reduction, which will prevent the social exclusion of drug addicts and discrimination. This applies equally to programs and activities within the social security in prisons and correctional institutions;
- Raise awareness and improving the skills of all the stakeholders involved in the prevention of drug abuse, treatment and rehabilitation of drug addicts, as well as the measures and programs oriented towards harm reduction;
- Foster the development and implementation of prevention activities in this field and a variety of programs oriented towards drug demand reduction, especially activities concerning the occurrence and spread of new psychoactive substances.

Interventions in the area of reduction of supply of drugs and psychotropic substances are oriented towards the following objectives:

- Strengthening activities directed against organized crime, illicit drug trafficking, money laundering, and other forms of drug-related crime;
- Improve the cooperation between police, customs, and the legal system in the country, in the region, and international cooperation;
- Improve information gathering and analytical work in the detection of criminal activities;
- Improve the level of knowledge among the judiciary bodies;
- Adopt all available measures and create new ones to detect the flow of drugs along the "Balkan route";
- Fully establish a system of early detection and a warning system for new synthetic drugs;
- Strengthen the control of precursors and cooperation in this field among customs, police, producers, and distributors of precursors in order to monitor the traffic and use of precursors;

- Intensify and maintain cooperation with other countries in the region, in Europe, and globally, as well as cooperation with international organizations.

Specific objectives

In addition to the general objectives listed above, the strategy aims to achieve the following specific objectives:

- Ensure, with expert support, gradual functionality of NFP, as a central part of the information system for the gathering, integration, and publication of data and information in drug monitoring, as well as establishing connection to the EMCDDA;
- Provide political and financial support for the implementation of the activities defined in the Action Plan 2013-2016, as well as the activities that will be defined as a priority in further action plans on the local and national levels;
- Foster cooperation between different stakeholders, develop partnerships with civil society in all aspects in terms of drugs, including strengthening the role of NGOs;
- Foster training for all professionals working in this field and encourage all activities directed towards creating conditions for the development of various training programs on the national level;
- Provide evaluation and stable funding of the acknowledged programs, including the mid-term evaluation of the Strategy for Drugs.

STRATEGY OF MONTENEGRO FOR THE PREVENTION OF DRUG ABUSE 2013-2020

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 is a balanced, multidisciplinary, and comprehensive strategic document with the following specific areas of interest:

1. Drug demand reduction in the areas of:
 - Prevention,
 - treatment, social rehabilitation and reintegration of drug users,
 - harm reduction.
2. Drug supply reduction through
 - Interventions and cooperation among police, customs, and judicial system in the field of drug-related crime.
3. Information and Data System
 - Research in the field of drugs and drug use
 - Monitoring and evaluation
4. International cooperation
5. Financing of activities
6. Action Plan for the Implementation of the Strategy for 2013-2020.

1 DRUG DEMAND REDUCTION

Drug demand reduction is comprised of a number of equally important and mutually strengthening measures, including prevention ("ecologic"/environmental/, universal, selective, and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation and social reintegration, and recovery. It is especially important to pay attention to promotion of healthy habits and caring for children and young people, as well as prevention of HIV and other communicable diseases.

Drug addiction is a disease that can be prevented, controlled and treated if managed.

Timely, early detection, preventive measures, better treatment of addiction, integration of drug addiction treatment programs in public health and social services programs, can lead to an improvement of the situation. This involves treating the problem at its source – on the level of drug users. Treating addiction is an investment in health. As drug addiction is not just a health issue, but also psycho-social one, only comprehensive, organized, planned, integrated, and sustained actions can be effective.

Harm reduction programs aim to minimize the health and social risks and harmful consequences of drug abuse. Since the implementation of drug demand reduction programs has to be organized on the local level, it is important to include local authorities and establish good communication and cooperation among experts in addiction and politicians. This will help provide support and funding for the program implementation throughout the community.

1.1 Prevention of drug use

The main objective of prevention activities is the creation of social conditions which allow the individual to develop a lifestyle that will prevent him/her to use drug. In order to facilitate a systematic work on the prevention of drug use, it is necessary to provide planning, implementation, and sustainability of high quality prevention programs, as well as early detection and intervention programs. In particular, prevention also includes implementing specific preventive activities (whose efficiency is determined on the basis of evidence).

Prevention programs should be implemented on several levels, which influence the behaviour and values of children and young people, such as: family, health system, education system, local community, and the media. Furthermore, it is important to develop different models of cooperation among these entities in prevention.

In this context, three types of preventive interventions in the broadest sense are developed:

Universal prevention intended for the general population to ensure that all community members have benefited from universal prevention.

Selective prevention intended for individuals and groups with a risk and problems higher than average. Targeted individuals are identified based on the nature and number of risk factors. The aim is to prevent the development of serious problems.

Indicated prevention is aimed at identifying individuals with indicators highly associated with individual risk of drug abuse development in their later life (such as: psychiatric disorders, psychological or behavioural problems which may be a risk for developing addiction, etc.), or, moreover, early signs of drug abuse, as well as targeting specific interventions towards them.

1.2 Prevention in education system

In the education system, prevention programs are applied, which imply elements of risk reduction in drug use. The assumption is to empower children and young people not to use drugs, to delay the first contact with drugs, to minimize experimentation with drugs or their occasional use.

The school is an optimal place to develop attitudes and skills for responsible behavior. Teachers and professional services of schools have a key role in the implementation of various preventive activities, and it is important that they are continually provided with support for the application and implementation of programs for prevention of addiction.

Educational institutions on all levels should provide children and young people with safe and secure conditions for development, and, therefore, access to objective information about the effects of drugs through the cooperation and support of parents and local communities. In order to achieve full implementation of the knowledge and skills necessary in everyday life, the participation of children and young people in the planning and implementation of prevention programs is necessary, where peer education can be an effective model. In this way, the constant and direct communication is realized, early detection of risky behaviors and adverse effects, that can alter the physical and psycho-social development of the person, is ensured.

The design and implementation of prevention activities should be appropriate to the developmental characteristics with the aim of a future confident functioning and leading a healthy lifestyle. Consequently, a number of prevention programs for the promotion of healthy lifestyles is organized and implemented in the education system. Therefore, the curriculum was developed for the elective course "Healthy Lifestyles" for pupils of eighth and ninth graders in elementary schools, as well as an elective course "Healthy Lifestyles" introduced for high school students. For full implementation, the textbook was prepared and training conducted for teachers who implement it.

To achieve full protection factor of the drug use prevention program and improve the overall development of children and young people, to adopt constructive attitudes and develop the necessary skills, it is necessary that they be based on the rights of young people to active participation, information, to availability of health, social, and other services, to privacy, confidentiality, dignified behavior, and respect for personality, the right to treatment by educated and professional persons, as well as the right to a healthy and safe environment.

Special attention should be paid to the early detection of risky groups, development of specialized programs for early detection of drug users, which prevents the experimental use from becoming addiction.

It is necessary to provide support to parents and families to improve their parenting competencies which foster healthy living habits in children, and recognise risks coming from social, family, school factors, and those in the person itself or in their peer group. For that purpose, it is important to develop cooperation with in local community institutions.

The system of education applied to prevention programs, which include elements of risk reduction in drug use. The assumption is that children and young people empowered not to use drugs, to delay the first contact with drugs, to minimize experimentation with drugs or occasional use.

1.3 Prevention in Local Community

Prevention programs in the local community should be oriented towards the general population and families, including the intensification of activities for children and young people who are a risk category with regards to drug abuse and addiction. Prevention programs in the community should include a variety of systems such as the educational system, youth clubs, sports clubs, health and social institutions, NGOs and the media. It is necessary to foster cooperation among various actors in the prevention within local community.

in the local communities, there should be created living conditions so as to be the guiding principle to the population and enable them to live their lives without drugs, as well as the conditions for those already using drugs to choose the way of drug use with minimal risk for them and their environment. Local politicians, educational institutions, and other relevant institutions and NGOs should support prevention programs in the local community. On the local community level, it is necessary, in the next seven years, to strengthen the existing network of institutions that deal with the prevention, or municipal offices for the prevention of drug abuse.

1.4 Prevention at Work

In Montenegro, there should be considered the need to introduce measures and activities in the field of addiction prevention in the workplace over the next seven years. Attention must be paid to the development of prevention programs related to abuse of licit and illicit drugs in the workplace. In the case of the use of drugs that affect the operation of the individual in the workplace, there are mandatory activities such as information, counselling, and medical examinations, as well as treatment and rehabilitation of those individuals in whom it is necessary.

Some future strategic actions aimed at prevention in the workplace are related to possible modification or development of regulations in this field, including the development of professional guidelines for a healthy working environment.

1.5 Prevention - Role of the Media

In the media, efforts should be aimed at comprehensible presentation of the problem to the general population, in addition to promoting the achievements in this field. It is, therefore, essential that the media operate with an educational effect by providing educational information about all adverse and tragic consequences due to the use of drugs and psychotropic substances. It is necessary that the information provided by the media serve to contribute to prevention of addiction, de-stigmatisation of recovering drug addicts, and be educational as such.

Important strategic goal in this field is to strengthen partnerships with the media. Reports on the achievements during the implementation of this strategic document need to be regularly presented in public.

The media should monitor activities aimed at promoting healthy lifestyles, which are carried out together with civil society and sports associations.

1.6 Treatment and Rehabilitation of Drug Users

Addiction treatment is conducted within the health care system in the country, and rehabilitation measures aimed at social reintegration and maintaining achieved abstinence are carried out in the social security system. Treatment of addiction is a long-term process that is carried out in stages and with the participation of several specialized sectors, both in the health care system and in the system of social security. Approach to treating addiction should be identical to the treatment of other chronic, non-communicable diseases. Treatment is planned and implemented in accordance with the needs of each individual and changed if necessary in relation to the condition. During the treatment only professionally justified and validated procedures will be used. That means it is necessary to develop guidelines for the treatment of addiction as well as introduce quality standards in relation to treatment and addiction treatment in the institutions that provide such services.

It is necessary in the future to improve all the conditions and capacities for treatment and the treatment of addicts on all levels of health care, as well as those within the social security system within the prison system.

The system of addiction treatment in Montenegro is based on a network of outpatient and inpatient treatment which are not closely related and need to be improved in the future. Capacities for rehabilitation of the Public Institution for Accommodation, Rehabilitation and Re-Socialization of Users of Psychoactive Substances, which is located on the territory of the capital, should be improved in order to be able to respond to the treatment needs of females. The role of the Public Institution for Accommodation, Rehabilitation and Re-Socialization of Users of Psychoactive Substances, since 2008, builds on the health care system, because this institution provides stationary treatment of addicts in Montenegro under the system of social security, as well as a rehabilitation and social reintegration services by modern professional standards implying group therapy, individual therapy, working with the client family, work and occupational therapy etc.

There should also be created conditions for the expansion of the network and the availability of rehabilitation programs across the country within the public service framework and in the civil sector in accordance with the applicable regulations. Drug addict treatment must be integral, continuous, and available. In this regard, there must be ensured cooperation among different providers of treatment and support programs, as well as psychosocial care and rehabilitation. All programs, except those designed for specific groups of population need to be adapted for both sexes and different age groups. Users of all types of drugs must be included in these interventions. Opportunities for the development of effective treatment measures that respond to challenges such as: the use of several types of drugs, abuse of prescribed controlled medications, the use of new synthetic substances, new forms of addiction and the like, should be regularly investigated and reacted against, when necessary.

It is necessary, in the future, to further develop and support self-help programs and similar rehabilitation and support programs to the addicts and their families, provided by the civil society organizations, associations, or commune.

Organizations or communities that provide self-help programs or similar support and rehabilitation programs build on and complement the work of the public services and must act in accordance with the prescribed standards. It is necessary, in the future, to propose a model of supervision and evaluation of these programs in line with European practice.

In Montenegro, in the next seven years, there should be expanded the availability, accessibility, and coverage of effective and various treatment services of problematic and dependent drug users, including those for non-opiate users, so that all who wish to enter the process of drug addiction treatment can do this immediately, in accordance with the needs. Treatment programs oriented toward drug addicts should be assessed on the basis of efficiency, effectiveness, and their general technical and scientific grounds, and must be approved by the competent bodies and commissions. Funding of these programs is covered by the state, which plans funding from various sources, in accordance with applicable regulations.

Within the health and social care, drug addicts are provided with the support and services that include procedures and measures such as detection, diagnosis, urgent interventions, detoxification, psychopharmacological treatment of the underlying disease and co-morbidities, extended treatment, social rehabilitation and social reintegration, ensuring ongoing technical assistance, counselling, prevention, reduction drug abuse related harm, monitoring, as well as family therapy.

The period for which this document is made, efforts should be directed towards the development, availability, and coverage of programs and services in prisons, based on proper assessment of the health condition and needs of prisoners, in order to achieve quality of care equivalent to that provided in the community and in accordance with the rights to health care and the protection of human dignity enshrined in the European Convention on Human Rights and the EU Charter of Fundamental Rights. Continuity of care and help to addicts must be provided among all stages of arrest, detention, and after release.

The need to build prison hospitals is expressed a few times through evaluation. The prison hospital will provide adequate treatment to all addicts serving time, as well as those to whom compulsory treatment was imposed as a court order. It is necessary to provide adequate conditions for the treatment of female addicts in prison.

Addiction treatment takes place in health facilities in accordance with the laws governing this field - in public and private clinics, general hospitals and special hospitals for psychiatry. Health care workers and staff carry out activities in health care in accordance with the laws governing this field.

Coordination and cooperation of all professionals involved in the addiction treatment in the health care system and social security system must be provided through appropriate professional bodies.

It is necessary to introduction new programs and interventions in accordance with good professional practice and conduct continuous monitoring and evaluation of all programs.

Within the health care system on the national level, capacity building should be carried out to establish a registry and reporting system of drug users and drugs in accordance with accepted epidemiological indicators and recommendations of the EMCDDA. This will contribute to a better understanding and perception of trends in drugs, and the data obtained will serve as a basis for planning interventions.

One of the basic postulates of qualifying health facilities and social security institutions to address this problem in a competent manner is an adequate and affordable training of staff that is providing treatment and rehabilitation of addicts, as well as harm reduction related to drug use. Montenegro has a small number of human resources specialized in working with addictions (psychiatrists and psychologists specialised in the treatment and rehabilitation of psychoactive substances (PAS) addicts, social workers, special educators ..). Therefore, it is

advisable to provide conditions for post-graduate studies, sub-specialisation in the field of addiction and rehabilitation, under the specialisation (formal education) or through study visits, participation in conferences, trainings, and seminars in this field, regional exchange, etc. It is necessary to carry out capacity building of professionals working in the field of addiction treatment in both levels of health care, primary and secondary, and in social security. A significant contribution in this direction was achieved in 2012, when, in collaboration with the Ministry of Health, United Nations Office on Drugs and Crime (UNODC) educated thirty national trainers in the field of addiction, who implemented the acquired knowledge in the local level institutions through a cascade model, in the form of training for health workers.

On the primary level of health care, in health centres, addictions are treated, depending on the stage and the degree of dependence, in mental health centres and psychiatric ambulances.

There should be thoroughly defined the tasks of the "chosen doctor" in treating addicts and develop professional protocols for the treatment of drug addicts in primary level of health care in order to convey part of the addiction treatment in the infirmaries of the chosen doctors. These protocols must be developed in cooperation with relevant professional bodies (psychiatry).

Strengthening laboratory diagnostic for drugs and psychoactive substances on the primary level of health care is a necessary condition for the creation of conditions for adequate treatment of addicts. In that sense, it is necessary to ensure continuity and stability in financing and provision of all health facilities with appropriate tests.

Under the primary health care, counselling centres for young people have been established to treat and prevent addiction. Counselling services play a preventive role in three levels: primary, secondary and tertiary.

On the secondary level of health care, medical treatment is provided in hospitals, or special wards, and in a psychiatric hospital (detoxification, treatment of emergencies, treatment of addiction in patients with co-morbidities, therapeutic groups of treated addicts, etc.). Capacities to treat addicts Montenegro are located within the addiction treatment ward of the Special Psychiatric Hospital "Dobrota" in Kotor, and within the addiction treatment ward of the Psychiatric Clinic in Podgorica, and Niksic Psychiatric Hospital. Institutions of the secondary level of health care, for the proper reception and treatment of drug addicts, must have continuously need to have good conditions for laboratory diagnosis, as well as continuous supply of the urine drug tests. In both levels of health care, primary and secondary, special programs should be provided support in order to promote health and prevention of addiction, and one of them is to design programs and therapeutic guidelines for pregnant women addicted to drugs and treatment for children.

In order to strengthen capacities for the management of patients in the event of an overdose, it is necessary to strengthen the units for acute detoxification.

Opioid agonists and antagonists (methadone, buprenorphine, etc.) play a key role in the modern approach to heroin addiction, but addiction treatment doctrine considers that methadone only or any other substituent is not itself sufficient to change the distorted behaviour. That is why these products are used to attract heroin addicts to participate in the program, after which replacement therapy is used only if necessary, as an element of a complex treatment of addicts, which includes psychotherapy, education, and other forms of assistance.

Due to the complexity of addiction treatment (different effects of opiate agonists can cause their potential abuse), treatment of opiate agonists should be classified as a separate program, regulated by the competent ministry in accordance with the specific protocol. Protocol and guidelines shall include indications and criteria for entry in or exit from the program, type of program, the rate of prescriptions for therapeutic doses, profiles of professionals responsible for different parts of the therapeutic process, the method of taking medicines, record keeping, and supervision over the program implementation, as well as program evaluation.

It is necessary to effectively connect healthcare institutions that treat addictions and social work institutions, which will strengthen capacities for the integrated insight in and treatment of addiction problems.

Montenegro participates in a regional and long-term program of UNODC "Quality standards in the treatment of addiction" with the ultimate objective of the establishment and introduction of these standards in every agency or department where addiction is treated. This is an example of active participation of the state in the international activities that are used for the adoption and application of new knowledge aimed at improving the situation in this field.

1.7 Social Rehabilitation and Reintegration of Drug Users

In the future, there should be increased availability, accessibility, and coverage of effective and varied interventions of social rehabilitation and reintegration, including recovery. Support shall be given to programs such as field work (outreach), which incorporates the principles of harm reduction and low-threshold approach, drop in centers; emergency social services programs implemented by public institutions (centers for social work); various high-threshold programs in order to achieve complete abstinence, such as therapeutic communes and communities which can be organized within the framework of the social security system and can function as an autonomous institution for the rehabilitation of drug addicts under the framework of NGOs, or the private sector, in accordance with the applicable regulations.

Special attention should be paid to the creation of activities oriented towards the prevention of social exclusion in groups or individual drug users who are involved in activities in other areas (for example, users of methadone substitution therapy, drug users in prisons, etc.) These types of activities require a high degree of cooperation among experts from different fields and frameworks.

Social reintegration refers to those drug users who are unable or unwilling to stop using drugs. Appropriate services must be offered to these drug users, too, who are, in addition to social exclusion, also at risk of disease.

In this field, it is necessary to accelerate development of various programs after capacity building. The future role of social work centres can be viewed through four levels: problem identification of drug use in the family, support and motivation for treatment, family support, and social reintegration process. In this regard, it is necessary to organize training for the employees and raise the level of knowledge and professional skills in dealing with this problem. A good model concerning prevention, the establishment of local offices network, should be replicated to the centres for social work, as well. In addition, it is necessary to improve the management of the professional documentation and records, as well as continual exchange of information with other bodies.

The social security system must build on the health system so that patients, after addiction treatment in health care institutions, could obtain adequate treatment in terms of rehabilitation and maintain the abstinence.

Special efforts will be devoted to the development of effective and differentiated measures that aim to reduce and/or delay the emergence of drug abuse and that will suit the needs of specific groups, patterns of drug use and the environment, with special attention focused on the disadvantaged and marginalized groups and individuals.

To help the addicts become full members of society after the treatment, it is necessary to address issues of their education, training and employment, as a part of a successful recovery. A special attention and sensitivity is required for addicted pregnant women and women with children.

1.8 Civil Society

The involvement of NGOs should be sought in the implementation of a new Strategy for Drugs. An opportunity should be given to NGOs to participate in passing the law and policy-making. Fields of work within NGOs must be defined more clearly, but taking into account all the expertise and practical experience in the sector. Also, it is necessary that therapeutic communities and organizations or associations of treated addicts and abstainers, which are providing supportive programs, make constant efforts and improve the quality of assistance to addicts and their families. It is necessary to define the professional and ethical principles of work and assistance provision so that activities of these organizations build on and complemented operation of public services.

Bearing in mind that states often lack adequate specific and practical solutions to various problems through the institutions of the system, the work of civil society institutions is important. Civil society, in this document, is seen as a partner of state institutions, and consists of independent individuals and different forms of their association and groups. The main feature of civil society is its independence from the government and its structures, which are, at the same time, a precondition for autonomy and the presence of civil society. This strategic document supports the development of specific programs in the field of drugs and drug use, and emphasizes the role of NGOs in this field.

This strategy also aims to strengthen the partnership among civil society, government authorities, and local communities.

1.9 Harm Reduction in Relation to Drug Use

More emphasis should be placed on the further development of effective measures to reduce the risks and harm for the purpose of significant decrease in number of direct and indirect deaths due to drug abuse and infectious diseases transmitted by blood, those related to drug use, HIV and viral hepatitis, as well as sexually transmitted diseases and tuberculosis and other diseases caused as a result of drug abuse.

Drug related harm reduction programs will be gradually introduced and expanded in a practice of all facilities for the treatment of psychoactive substances users, and with all professionals who deal with these issues. Priority intervention in this field should be the adoption of protocols for addictions treatment, which also includes measures of harm reduction, and, in particular, the use of opiate agonists in the treatment of addiction.

On the level of pharmaceutical practice, in order to increase the availability of sterile injecting equipment to the general population of drug users, it is essential that all public pharmacies

are licensed to sell sterile injecting equipment. Support will be provided for programs ensuring access to and exchange of sterile injecting equipment (sharing syringes and needles). The activities of NGOs will be supported in programs of sterile injecting equipment exchange, and activities aimed at strengthening the capacities for this type of program.

Support will be provided to NGO activities oriented towards the establishment and operating of the drop-ins and day care centres for psychoactive substance users, and capacity building necessary for the establishment of such centres.

Support will also be provided for the implementation of all relevant campaigns which can be efficient for the health care of our citizens.

2 DRUG SUPPLY REDUCTION

Drug supply reduction includes prevention, deterrence, and combating drug related crime, especially organized crime, through cooperation with courts and judicial cooperation, confiscation of property, criminal investigation, and border management.

Illicit drug supply reduction is an important part of addressing the problem of drug abuse and drug addiction. This directly affects the resolution of problems related to the safety of citizens, traffic, public order and safety in many other areas. Identification of the criminal activity in this area is associated with a number of difficulties and requires a specific approach to the central co-ordination on all levels.

In this field, the main objective is to achieve a measurable reduction in the availability of drugs, though combating illicit drug trafficking, prosecution of organized crime groups involved in the drug trafficking, the efficient use of the criminal justice system, efficient implementation of evidence presentation process and increase of the exchange of operational police information among the countries. A significant number of activities in this area will be carried out by the police and customs services.

Drug supply is not an isolated issue in Montenegro, and depends on both the European and the world markets of illicit narcotic drugs. Drug related criminal activities cannot be observed within the national framework of a particular country. Therefore, combating the drug related crime should not be dealt with in an isolated manner, without considering other criminal activities such as smuggling of weapons and people, terrorism and money laundering. The drug trade is certainly one of the most productive forms of organized criminal activity. It is a global industry that is able to compete with large industries. When it comes to drug smuggling routes, Montenegro remains mainly a transit point, and in a much smaller scale, the ultimate destination for certain types of drugs, primarily for marijuana, heroin and cocaine.

Smuggling cannabis preparations from Albania, in recent years, has become an important regional security problem. Large quantities of all types of cannabis, and mainly types such as skunk, are smuggled from Albania to Greece, Italy, and the countries of former Yugoslavia.

Heroin is smuggled into Montenegro with one side of "Balkan route", where the input pathways of drugs from R. Albania and Kosovo, which goes further via Montenegro, but their scope and relevance in the international context are not recognized as major smuggling routes that go through Bulgaria, Macedonia, Kosovo, and Serbia.

When it comes to the illicit market of cocaine in Montenegro, it can be concluded that the distribution network of the drug is not specifically developed, and, therefore, its price is usually higher than in the markets of the Region and the EU.

There should be encouraged cooperation among police, customs and judicial authorities, as well as participation in joint projects, such as investigations, investigative teams, networks of information exchange in all fields, trainings, seminars, etc.

It is very important, in this field, to maintain international cooperation, and Montenegro cooperates with relevant European and international bodies and agencies in the area, such as Europol, Eurojust, and EMCDDA. There is still room for further use of existing instruments stipulated in judicial and law enforcement cooperation: joint investigation teams, joint customs and police operations, and relevant initiatives and projects, liaison officer platforms, as well as the use of regional platforms.

Participation in the existing EU framework for early warning detection of new synthetic drugs is necessary for public health and safety. This requires the inclusion of operational capabilities of the competent bodies for regulating, detecting, and combating illicit synthetic drug production and trafficking.

Legal frameworks for addressing problems related to the new synthetic drugs are in compliance with applicable European regulations. Continual research on the risks and ways to use synthetic drugs can significantly contribute to the prevention activities among the target population.

2.1 Police Interventions

In order to implement interventions focused on drug reduction supply, support will be given to the necessary activities in police and customs systems. In accordance with the scope and relevance of the problem of drug related illicit activities, it is necessary, within the Police Administration, to continue the development of effective service organization for the fight against drugs, as well as improve the administrative and operational capacities to implement drug supply reduction activities. These activities should be directed to:

- Identification and prosecution of organized groups and individuals who are the organizers of criminal activities of drug smuggling and trafficking at the international, regional, and local levels;
- Efficient identification of holders of criminal activities who are directly or indirectly associated to the drug related crime.

It is necessary to ensure the continued development and improvement of methodology of work in judicial authorities, in line with global trends in the fight against drug-related crime. This is particularly important in order to create conditions for efficient and full implementation of the special investigation techniques (SSM), and techniques for drug related financial investigations.

Continual theoretical and practical training of personnel in special units to combat drug abuse in the Police Administration will be continued, in cooperation with law enforcement officials of other countries and international organizations. It is necessary to improve the methodology of data collection, processing, and analysing all data relevant to monitoring of drugs and drug-related problems, as well as to provide conditions for the exchange of information, experience, and knowledge on the national and international levels.

Continuous cooperation will be kept with the entire state apparatus and all institutions dealing with the problems of drugs and drug addiction (the judiciary, the Customs Administration, Administration for Prevention of Money Laundering, Ministry of Justice, etc.), and will establish joint investigation teams in specific issues on a need basis.

In addition, activities, long-term and short-term plans for preventive measures by special anti-drug units, and units to combat juvenile delinquency will be strengthened, and, accordingly, the concept of community policing will continue to develop.

2.2 Precursor Control

In Montenegro, illicit production of precursors has not been registered yet. With the exception of a few minor cases of cultivation of marijuana, there is no significant and organized production of drugs. Also, so far, we have no information that lead to the suspicion of abuse of precursors. However, in the neighbouring countries, there were many cases of detection of illicit laboratories where there were produced synthetic drugs of MDMA and amphetamine type, so that the production of these and other drugs and the emergence of such laboratories were also possible in our country.

For this reason, the relevance of the applicable regulations, which provide traffic control of these substances, and which will continually be complied with European practice and the INCB recommendations. In this respect, an appropriate control of chemicals used in manufacturing is important because these substances are regularly trafficked and used in chemical, pharmaceutical, and cosmetic industries, and, as such, can be misused as "precursors" for the preparation/production of drugs.

The applicable regulations complied with the EU acquis, which Montenegro implements, guarantee appropriate control over precursors.

2.3 Customs Interventions

Continuous measures will be implemented in the customs system to improve the efficiency of road and traffic control on the borders in all forms of transport.

Continuous training of personnel in the Customs Administration will be conducted in all areas, which is essential for human capacities building for the implementation of measures aimed at improving the capacity of border control and cutting across drug trafficking routes over the borders, and outside the continental parts of the boundary and the water ones.

At the same time, continual improvement of the technical equipment of the Customs Administration for efficiently detection and combating drug smuggling is necessary.

Measures will be implemented to promote international cooperation in preventing and combating drug with customs of other countries, too, as well as with international organizations and institutions engaged in drug trafficking. In addition, collaboration will be improved among all state bodies focusing on the implementation of effective investigations of drug related crimes.

2.4 Drug Abuse as a Subject Matter of Criminal Justice

In modern criminal justice regulations, in many modern societies, is almost generally accepted that the use of drugs is not considered a criminal offense. This view is based on the belief that addiction is a disease that should not be treated through the use of criminal law measures to persons who use drugs, but through their treatment and prevention measures. For this reason, criminal law repression is directed against those who produce drugs, who lace them on market, or against those that allow, encourage, or contribute to drug abuse.

During the implementation of the previous Strategy for Drugs, a key development was reached in normative system, institutions' system, services for the control and prevention of psychoactive substance abuse. Montenegro passed the Law on the Prevention of Drug Abuse in order to protect public health and harmonise the national legislation with international standards in this field.

For people who allow access to drugs to minors, near schools and other places where young people gather, or in the case of attempting to influence minors or individuals who are not able to build a realistic picture of the harm caused by the drug use, serious sanctions should be taken into account as stipulated under the amendments to the Criminal Code, Article 300, where it is considered a qualified form of the offense.

Both in criminal and misdemeanour proceedings for abuse of drugs, it is necessary to implement automatic processing of cases criminal or misdemeanour offenses related to drugs.

The future development of penal policy and legislation should be based on the assessment of their impact and on the recommendations and decisions of the EU bodies.

3 INFORMATION AND DATA SYSTEM

Relevant institutions and national authorities need to build capacities for the standardized collection of data and information in accordance with the type and nature of data collected in the health care system, police, customs, judiciary, social security system, prison system, academic institutions, educational system, and the results of their analysis should be used for the development of legislation, and strategic and action plans.

In order to increase the capacity of competent institutions for the collection of data on drugs and drug addiction, on-going cooperation will be established and maintained with the European Monitoring Centre for Drugs and Drug Addiction, as a European agency responsible for data collection in this area. To develop a comprehensive and reliable statistics on the extent of drug use, Montenegro should develop a system for collecting information and data concerning drug abuse as a comprehensive tool for monitoring drug related situations in the country.

National System for Information on Drugs aims to collect, analyse, synthesise, and interpret data, as well as their dissemination. In terms of methods and concepts, standards for data collection should be implemented, especially the five key epidemiological indicators of drug

use (5 CIs) developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Five key indicators of the EMCDDA are: (1) prevalence and patterns of drug use in the general population (surveys of the adult and school population), (2) prevalence and patterns of problem drugs use (statistical estimates of prevalence/incidence and research among drug users) and (3) drug related infectious diseases (prevalence and incidence rates of HIV, hepatitis B and C in intravenous drug users), (4) Drug-related deaths and mortality among drug users (general population mortality special registers statistics, and mortality cohort studies among drug users), (5) treatment demand (statistics from the treatment facilities for drug users entering treatment).

In addition to these epidemiological indicators, necessary indicators requiring continuous data collect in accordance with the defined European standards for the assessment of the status, trends, and extent of drug abuse include:

Crime related to drug abuse; availability of drugs; availability of treatment in prison conditions; social exclusion related to drug abuse; various studies; measures to address drug related issues; government policy in the field of drug abuse; national legislation; financial resources allocated; emergence of new synthetic substances through an early warning system.

Other indicators that will be further developed in Europe in the future are necessary, as well, and should be timely retrieved from the national data collection system in order to reach a more complete review and assessment in the field of drug abuse in the country.

The objective and function of the system of information and data on drugs in line with European standards is to ensure quality and objective information for creation of policy related to drugs and activities in accordance with the evidence, which flow and compile in a central point and the database, National Unit for Information about Drugs, as a national database. Collected and standardized drug related data and information received provide insight into the status and trends of these issues in the state. They are submitted to the relevant national and international bodies and institutions in order to be comparable on the international level, and are used for the planning of measures and interventions in the state in order to improve and address issues related to the combating of drug abuse. By establishing a national system of information and data about drugs, Montenegro becomes a part of a complex European information network on drugs and drug addiction (REITOX).

4 RESEARCH

Estimates of the prevalence of the psychoactive substance use among youth are calculated based on a number of research projects conducted over the last ten years, out of which the most recent one, 2011 ESPAD survey, was conducted in 2011.

In order to understand the problem and the factors affecting it, regular and extraordinary surveys should be conducted. Research activities should be developed and funded from various sources, especially with the support of EU assistance to candidate countries. It is especially important to participate in international research projects, standardized research projects in the general population through interviews and surveys to those of risk, using rapid assessment methods and qualitative methods.

To establish appropriate databases on the national level, it is necessary to foster, harmonise, improve, and financially support ongoing research activity in some sectors, and, in line with the needs and demands, provide financial support for independent research projects and independent surveys conducted by institutes and universities.

In order to provide a rational and effective research and financial resources, an independent scientific body should assess every proposal for scientific research. As for current topics in the field of drugs, it is necessary to define research priorities, or research fields associated with drug-related issues.

Research in the field of addiction will be conducted in various fields (education, health, general population, etc.), in order to provide a better understanding of the size and nature of the drug problem. It is essential to rationally use the survey results to develop measures to reduce drug demand and supply.

5 INTERNATIONAL COOPERATION

Montenegro has established itself in all the major international bodies in the field of drugs, and, in the recent years, achieved a high level of active participation in them. The participation of Montenegro in all regional initiatives and programs is evident.

In addition to the continual capacity builds of the government departments, competent institutions, and NGOs oriented towards international cooperation, which is very intense in this matter, and will continue to reinforce the development of cooperation with international organizations and institutions, such as:

United Nations Office on Drugs and Crime (UNODC), Commission on Narcotic Drugs (CND); International Narcotics Control Board (INCB), World Health Organization (WHO); World Customs Organization; INTERPOL; SELEC Centre; European Commission (EC); EU Horizontal Drugs Group; EU agencies (Europol, Eurojust, EMCDDA, ECDC, EMA); Pompidou Group of the Council of Europe (CoE PG).

The participation and support of all regional cooperation mechanisms shall be maintained, including all the countries along the "Balkan route".

Under and in accordance with the dynamics of the process of the accession to the European Union, more and more intense direct cooperation with the EU institutions and individual member states shall be developed throughout the EU mechanisms and programs.

6 FINANCIAL RESOURCES

Financial resources for the implementation of the Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020, which will ensure the quality implementation, should be allocated within the state and local budgets, in line with the activities and responsibilities of entities involved in the implementation of the national strategy.

Funds for the implementation of the national strategy on the level of state administration should be provided from the state budget, or from the individual ministries.

For the implementation of the strategic actions, it is necessary to fully use the resources of the European pre-accession funds through participation in various types of projects and aspects of cooperation.

As additional financial resources, part of the profits from the lottery will be used, as well as grants of international organizations.

7 EVALUATION

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 introduces and strongly promotes the evaluation of progress and access of state policy in drugs.

Given the complexity of this field and its relationship to social, health, security, and other issues, the evaluation should indicate the range of several different aspects, including: law enforcement and the rule of law, human rights and freedoms, health and social equity, cultural and social aspects, education, international relations, and more.

Evaluation mechanism is necessary mechanism not only welcome on the level of policy-making in combating drugs, but at the level of programs and services that are offered.

Projects that have achieved measurable results in accordance with the objectives set in the Strategy should be supported and continued.

Conducting the evaluation helps to build and set up clear criteria for measurable results and to foster transparency and accountability.

Evaluation methods are still being developed and upgraded on the EU level, and there is no clearly defined and unique approach. There still is no universal definition of evaluation, whether in terms of external, internal, qualitative, or quantitative approach.

Montenegro will, in the coming period, find a model in line with the best European practices and expert support for the evaluation of this document, too, and activities to be implemented in the next seven years. Also, efforts will be made on the acquisition of knowledge and practices needed for a variety of approaches and models of evaluation.

Montenegro wants, with this kind of strategic approach to the issues of drug abuse, with a participation of the whole community, to confirm and persist in its commitment that only a systematic, patient, and long-term planned and managed policies with the use of professional guidelines, the best and acknowledged international practices and experiences, while respecting human rights and freedoms, provides quality, measurable, and sustainable results over time.

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ACTION PLAN FOR IMPLEMENTATION OF NATIONAL STRATEGY OF MONTENEGRO FOR DRUG ABUSE PREVENTION FOR PERIOD 2013-2016

Illegal drugs are one of contemporary problems of modern societies and countries.

Drug abuse represents a great threat to safety and health of modern societies as well as a global threat for living conditions.

Montenegro shares and confirms the fundamental principles of *acquis communautaire* and supports in every way the values on which the EU is founded: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and respect for human rights and freedoms.

Adoption of the Strategy for the period 2013-2020 clearly indicates that the Montenegrin Government is fully aware of this complex issue and would like to contribute as much as possible to its solving. In accordance with its mandate, available know how and resources, the Government shall use this comprehensive strategic framework to strengthen all the efforts in the country in order to reduce the negative impacts of drug abuse. National Strategy of Montenegro for Drug Abuse Prevention deals with complex question which requests long-term and thorough approach which would lead to expected positive results. Strategy is based on two key dimensions of the policy for prevention of drug abuse, on drug demand reduction and drug offer reduction, complemented with four relevant topics: coordination, international cooperation, information system and research.

Furthermore, the Strategy for Drug Abuse Prevention provides basis for three continuous action plans. First Action Plan (2013-2016) defines various activities with the objective to provide support to responsible parties in coordination of main spheres of intervention concerning the fight against illegal drugs. Those activities cover the area of law enforcement, customs, police, public health care system, social security system, education, judiciary, international cooperation and others

ACTION PLAN FOR IMPLEMENTATION OF NATIONAL STRATEGY OF MONTENEGRO FOR DRUG ABUSE PREVENTION FOR PERIOD 2013-2016

DRUG DEMAND REDUCTION						
Priority area: Drug abuse prevention						
Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Strengthening the role of municipal offices for drug use prevention in the local community.	Defining guidelines and joint work programmes for offices. Education/trainings of staff of municipal offices for drug use prevention.	2014 Continuously	Municipal offices for drug use prevention-local self-government in cooperation with: Ministry of Health; Ministry of Education; Ministry of Labour and Social Welfare; Other competent institutions. Non-governmental organisations, associations, communes.	Regular activity – current Budget	International projects Donations EU funds Local self-government	Prepared guidelines and joint work programmes Number of trainings conducted and number of staff trained. Reports on application of acquired knowledge.
Improvement of the level of knowledge and skills as a protective factor among young people	1. Preparation and distribution of relevant informative age-appropriate material. 2. Development and implementation of various prevention programmes for young people.	Continuously	Ministry of Education; Bureau for Education Services; Ministry of Health; Ministry of Labour and Social Welfare; Institute for Public Health; Ministry of Interior – Police Directorate; Non-governmental organisations.	Regular activity – current Budget	International projects Donations EU funds Local self-government	Material prepared Quantity of distributed material Developed programmes are being applied.

Prevention of usage, reduction, prevention or delay of risk for first usage of drugs	Promotion of innovations and availability of ascertained universal programmes and prevention and interventions in various surroundings (youth centres, schools and adults in their working places and in prison), Prevention should also cover polytoxicomania (including non-chemical addiction) as well as drugs and driving.	Continuously	Ministry of Education Bureau for Education Services; Ministry of Health; Institute for Public Health; Ministry of Labour and Social Welfare; Ministry of Interior, Police Directorate; Non-governmental organisations	Regular activity – current Budget		Material prepared Developed programmes are being applied.
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DRUG DEMAND REDUCTION

Priority area: Treatment

Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Maintaining low frequency of infections in general population and among IDUs.	Vaccination against HBV in population of intravenous drug users.	Continuously	Institute for Public Health Health care institutions Health Insurance Fund Health institution Montefarm	Regular activity – current Budget		Epidemiological reports
Maintaining availability and accessibility of counselling services and testing on HIV and other sexually transmitted and blood-borne diseases	Development / Identification of network of services to be realised	2013 – 2016	Institute for Public Health	Regular activity – current Budget		List of available services

Higher availability and accessibility to possibilities for drug treatment in prison.	Provide necessary conditions in terms of premises and staff for drug treatment to be available for persons who are serving imprisonment sentences.	2016	Ministry of Justice		International projects, Budget	All treatment options for persons who are serving their sentences available.
Promotion of vocational knowledge and acquisition of new doctrines and approach to addiction diseases treatment in the health care system.	To provide professional training/ education of employees in the health care system so they can acquire new doctrines of addiction diseases treatment.	Continuously	Ministry of Health Health care institutions University		International programmes and projects Donations Budget EU funds	All treatment options available. Number of educated experts.
Raising level of public awareness on nature of drug addiction.	Preparation of informative and educational material on nature of drug addiction.		Ministry of Health Psychiatric Association Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users, Non-governmental organisations, associations, communes.			Material prepared and distributed.

DRUG DEMAND REDUCTION

Priority area: Rehabilitation and reintegration of drug addicts into the society, including the persons who are serving sentences of imprisonment

Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Increase of availability, accessibility and coverage of efficient and various interventions related to social rehabilitation and social reintegration	Development / identification of network of services to be implemented, consisting of public (Centres for Social Welfare) and civil organisations and communes and associations.	2013-2016 Continuously	Ministry of Labour and Social Welfare Non-governmental organisations, associations, communes.	Regular activities	EU funds International projects Donations Budget	List of available services

	Education of employees in Centres for Social Welfare and professional support to persons during the treatment, after the treatment as well as to members of their families.					<p>Number of conducted trainings and number of staff members trained.</p> <p>Reports on application of acquired knowledge</p>
Increase of efficiency and coverage of evidence-based treatment options, which include various psycho-social approaches	Maintaining of existing and development of innovative rehabilitation programmes and programmes of social reintegration, which have measurable results	2013-2016	<p>Ministry of Labour and Social Welfare</p> <p>Local self-government</p> <p>Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users Non-governmental organisations, associations, communes.</p>		<p>International projects</p> <p>EU funds</p> <p>Budget</p>	Number of programmes which are being applied
Higher inclusion and social participation of marginalised groups and individuals.	Activities aimed towards prevention of social exclusion.	<p>2013-2016</p> <p>Continuously</p>	Ministry of Labour and Social Welfare	Regular activity	<p>International projects</p> <p>EU funds</p> <p>Budget</p>	List of available programmes and services

Availability of rehabilitation treatment for female addicts.	<p>Providing conditions for rehabilitation of female addicts.</p> <p>Construction of facilities for rehabilitation of female addicts.</p>	Continuously	<p>Ministry of Labour and Social Welfare Local self-government</p> <p>Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users. Non-governmental organisations, associations, communes Therapeutic communities.</p>		International projects EU funds Budget	Provided facilities and human resources
	Providing better accessibility of labour market to persons after the treatment and after the imprisonment	<p>2013-2016</p> <p>Continuously</p>	<p>Employment Agency; Local self-government;</p> <p>Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users</p>	Regular activity –current Budget	Current Budget	Number of conducted courses and trainings for vocational training of persons after the drug addiction treatment; Number of persons involved in trainings and courses
Application of professionally acceptable and stipulated standards for high quality rehabilitation	<p>Drafting of protocols and handbooks with guidelines for rehabilitation and psychosocial support treatment</p> <p>200 protocols x 2,5 €</p> <p>Drafting of professional programme/protocol for rehabilitation and re-socialization for specific problems of female addicts.</p>	2014-2015	<p>Ministry of Labour and Social Welfare Local self-government Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users Ministry of Health Ministry of Justice Non-governmental organisations; Associations; Communes.</p>	500.00 €	Current Budget Donations International projects EU funds	<p>Prepared handbooks and protocols are being applied</p> <p>Prepared protocols are being applied.</p>

Support to rehabilitation of male and female addicts during and after the serving of sentence of imprisonment.	Preparation of informative and educational material on nature of addiction diseases and need for rehabilitation and re-socialization of male and female addicts after they leave prison in order to raise the general public awareness concerning the nature of addiction diseases.	2014-2015				Prepared and distributed informative and educational material
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DRUG DEMAND REDUCTION

Priority area: Harm reduction of harmful effects caused by drug use

Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Higher availability and accessibility of programme for distribution of sterile injecting equipment	Development of network of public and non-governmental services	2013 - 2016	Health care institutions Health Insurance Fund Health Institution Montefarm Non-governmental organisations; Associations; Communes.	Regular activities	EU funds International projects Budget funds	List of available services
Higher availability and accessibility of prevention material	Regular distribution of needles and syringes, condoms and educational material, free of charge	Continuously	Health care institutions Institute for Public Health Health Insurance Fund Health Institution Montefarm Non-governmental organisations; Associations; Communes.	Regular activities	EU funds International projects Budget funds	List of contact points for exchange and taking over of material

Higher availability and accessibility to substitution treatment programmes	Development of network of services	2013 - 2016	Ministry of Health; Health care institutions; Health Insurance Fund	Regular activity - current Budget,	International projects Donations Budget	List of available services
DRUG DEMAND REDUCTION						
Priority area: Police						
Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Noticeable/measurable reduction of availability of illegal drugs	1. Combating illegal drugs trafficking. 2. Processing of organised crime groups who are dealing with drug trade.	Continuously	Ministry of Interior Police Directorate Ministry of Finance – Customs Administration Supreme State Prosecution Misdemeanour Council	Regular activities	EU funds International projects Budget funds	Quantitative reports on work results. Report on number of criminal acts and number of offences. Quantity of confiscated drugs.
Continuous theoretical and practical training of staff in special units for fight against drugs in the Police Directorate	Organisation and conducting of trainings, seminars, study visits, workshops.	Continuously	Ministry of Interior Police Directorate	Regular activities	EU funds International projects Budget funds	Number of trainings and trained staff
Identification of illegal trade in precursors which are used for production of drugs	1.Prevention of illegal trade in precursors 2. Increase the level of exchange of criminal and informative data in the country and between countries.	Continuously	Ministry of Interior Police Directorate Ministry of Finance – Customs Administration	Regular activities	EU funds International projects Budget funds	Reports Number of criminal offenses. Quantity of confiscated precursors.
Adoption of internal guidelines for conduct of employees in cases related to drug trafficking	Drafting of internal procedures for conduct of employees in cases related to drug trafficking (rulebook or guidelines for acting in all situations regarding the operational work and collection of evidence for drug related criminal offences)	2014	Ministry of Interior- Police Directorate	Regular activities	Budget, Donations, Part of IPA 2012 (expert support)	Prepared documents

Strengthening of technical capacities of Section for Fight Against Drugs	Material-technical equipping of the Section by provision of protective and specialised equipment for officers of the Section for Fight Against Drugs	2015	Ministry of Interior-Police Directorate	Regular activities	Budget funds, Donations, Part of IPA 2012 procurement budget	Equipment procured
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DRUG DEMAND REDUCTION						
Priority area: Customs						
Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Evident/measurable reduction of availability of forbidden drugs	1. Higher level of exchange of information in the country and between countries. 2. Amounts of confiscated drugs .	Continuously	Ministry of Finance – Customs Administration Ministry of Interior-Police Directorate	Regular activities	EU funds International projects Budget funds	Quantitative reports on accomplishments
Continuous theoretical and practical training of customs officers for detecting drug trafficking	Organisation and conducting of trainings, seminars, study visits and workshops	Continuously	Ministry of Finance – Customs Administration	Regular activities	EU funds International projects Budget funds	Number of trainings and trained staff
DRUG DEMAND REDUCTION						
Priority area: Legal system in the field of the crime related to drug abuse						
Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Development of standards for transfer of offenders from the penal system to the system of treatment, rehabilitation and re-socialization.	1. Establishment of multi-disciplinary working group 2. Problem analysis 3. Study visits 4. Trainings 5. Elaboration of standards to be adopted by the Commission for Drugs and competent ministries	2015-2016	Ministry of Justice Ministry of Health Ministry of Labour and Social Welfare Ministry of Interior-Police Directorate Faculty of Law State Prosecution Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users Associations and non-governmental org.	Regular activities	EU funds International projects Budget funds	Standards available

Promotion of efficient cooperation with judiciary in the field of fight against drug trafficking and enforcement of laws concerning production, trafficking of drugs or precursors, as well as money laundering related to the trafficking.	Promote full application of current instruments concerning request for mutual assistance in criminal matters	Continuously	Ministry of Interior-Police Directorate Administration for Prevention of Money Laundering Ministry of Finance – Customs Administration	Regular activities	EU funds International projects Budget funds	Reports drafted
Responding quickly and efficiently in both operative and political level to occurring threats (egg. new drugs, new routes)	1. Measures which will actively respond to risks and minimise the threats. 2. Increase of number of obstructed criminal actions (confiscations, changes in the trade behaviour)	Continuously	Ministry of Interior-Police Directorate Ministry of Finance - Customs Administration	Regular activities	EU funds International projects Budget funds	Reports drafted

INFORMATION SYSTEM

Priority area: National coordinators of activities

Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Establishment of national base for data and information on drugs	Establishing of working groups for indicators needed for data base.	2015-2016 Continuously	Ministry of Health – Ministry of Interior-Police Directorate; Prosecution, judicial bodies; Ministry of Justice; Other governmental bodies; Institute for Public Health; Other competent institutions and organisations.	Regular activities	EU funds International projects Budget funds	National reports.

Functional early warning system for new psychoactive substances	Establishing of early warning system	2015-2016 Continuously	Ministry of Health; Ministry of Interior-Police Directorate- Forensic Centre; Competent bodies of public administration, Institute for Public Health; Public and civil society institutions and organisations.	Regular activities	EU funds International projects Budget funds	Memorandum of Association prepared, Regular reports, published information
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RESEARCH

Priority area: More efficient implementation of evidence-based policies and activities

Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Qualitative and quantitative research on use of drugs .	Conducting of survey	Continuously	Institute for Public Health International organisations University Statistical Office of Montenegro - Monstat	Regular activities	Donations	Survey reports
Gaining insight in representation, type and drug use patterns in general population in Montenegro, as one of standard indicators of drug use in the country	Conducting of survey on use of drugs in general population at the representative sample of adult population in Montenegro (18-65 years of age)	Survey preparation 2015, implementation and publishing of results end of 2016		EUR 50,000 (sample cca 10.000 persons questioned)		Survey conducted survey report published
Ensuring the continuity in assessment of representation, type and drug use patterns among young population in Montenegro by conducting ESPAD 2015 international survey, as one of standard indicators of drug use in the country	Conducting ESPAD 2015 international survey among youth in Montenegro	2013 and 2014 survey preparation, 2015 conducting of survey	Institute for Public Health International organisations Ministry of Education	EUR 20,000 (sample cca 8.000 students)		Survey conducted survey report published

INTERNATIONAL COOPERATION						
Priority area: Bilateral, regional and cooperation with EU and international organisations						
Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Participation / inclusion of experts into all relevant regional, European and international initiatives, projects and organisations	1. Maintaining the existing membership – active involvement in meetings / projects in partnerships 2. Establishing of new partnerships and memberships	Continuously	Public administration bodies; Competent institutions; Non-governmental organisations, communes.	Regular activities – current budget funds	Budget EU funds International organisations	Reports Joint projects
COORDINATION						
Priority area : Coordination and cooperation						
Objective	Activities	Time Framework	Implementation body	Necessary financial resources	Financial source	Indicator
Activities of the National Council for Drug Abuse Prevention	Monitoring of implementation of the National policy for drug abuse prevention	Continuously	National Council for Drug Abuse Prevention	Regular activities		Sessions of the National Council held and conclusions published
Establishment of professional body for monitoring of issues related to drug abuse	Establishment of the Commission for Drugs	2013	Ministry of Health	Regular activities		Decision on establishment and regular meetings.
Providing efficient coordination on national level	Identification and networking of liaison officers of competent institutions for faster and more efficient cooperation	Continuously	Ministry of Health; Competent public administration bodies; Competent institutions	Regular activities	Budget funds	Efficient network of all institutions competent in the field of drugs

Provide involvement of civil society in the policy of drug abuse prevention	Inclusion of civil society in all relevant levels of policy for drug prevention	Continuously	All public administration bodies, Centres for Social Welfare, Health care institutions Competent institutions Public Institution for Accommodation, Rehabilitation and Re-socialisation of Drug Users. Non-governmental organisations Institutions/associations/communes for rehabilitation	Regular activities		Overview of participation
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