PSYCHOACTIVE
SUBSTANCE USE IN KOSOVO
RAPID ASSESSMENT AND RESPONSE WITH YOUTH, INJECTING DRUG USERS AND PRISONERS
Worldwide psychoactive substance use poses a significant threat to the health, social and economic development of nations, communities, families, and young people. The extent of global psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users.

The results from the RAR report clearly shows that psychoactive substance use is one of the areas that Kosovo needs urgently to address more systematically. The importance of this assessment report is two fold; one that it documents the situation on psychoactive substance use in Kosovo and the other that it provides systematic findings which should be taken into consideration when designing evidence-based interventions and programs at various levels.

The report presents data on psychoactive substance use among youth, prisoners (prior to imprisonment) and injecting drug users. We hope that it will contribute to a further systematic response that can address this public health challenge. Only then will we see a visible improvement in the quality of lives of those directly or indirectly affected by the consequences of psychoactive substance use and addiction.

UN agencies in Kosovo more specifically WHO, UNICEF and UNFPA are pleased to present the report that provides some initial recommendations for future steps and calls for a coordinated and sustainable response with regard to psychoactive substance use in Kosovo.

WHO
Skender Syla

UNICEF
Tania Goldner

UNFPA
Doina Bologa
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ACKNOWLEDGEMENTS

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We also acknowledge the support of the Survey Peer Review Group consisting of:

- Naser Ramadani, Director of the National Institute of Public Health
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- Gani Shabani, Mental Health officer in the Ministry of Health
- Edona Deva, AIDS officer in the Ministry of Health
- Mirushe Emini, Health Promotion officer in the Ministry of Culture, Youth and Sports
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- Milazim Gjocaj, Kosovo Correctional Service
- Afrim Cana, Community Mental Health Center in Gjilan
- Dukagjin Zabërxa, Kosovo Medicines Agency
- Ilir Begolli, National Institute of Public Health
- Safet Blakaj, NGO Labyrinth
- Eroll Shporta, NGO ABC 123
- Besnik Stuja, WHO
### LIST OF ABBREVIATIONS:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>EAR</td>
<td>EUROPEAN AGENCY FOR RECONSTRUCTION</td>
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<td>HIV/AIDS</td>
<td>HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY SYNDROME</td>
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<td>IDU</td>
<td>INJECTING DRUG USER</td>
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<tr>
<td>NGO</td>
<td>NON GOVERNMENTAL ORGANIZATION</td>
</tr>
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<td>RAR</td>
<td>RAPID ASSESSMENT AND RESPONSE</td>
</tr>
<tr>
<td>UNFPA</td>
<td>UNITED NATION POPULATION FUND</td>
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<td>UNGASS</td>
<td>UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION</td>
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<td>UNICEF</td>
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<td>UNMIK</td>
<td>UNITED NATIONS MISSION IN KOSOVO</td>
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<td>WHO</td>
<td>WORLD HEALTH ORGANIZATION</td>
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</tbody>
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The goals of the RAR 2008\(^1\) on psychoactive substance use with young people, injection drug users, and prisoners in Kosovo have been realized to a large extent. By using an inductive and multi-level method approach and looking at various dimensions of psychoactive substance use the RAR has contributed a better understanding of both the extent and nature of psychoactive substance use in Kosovo.

The data presented in RAR 2008 can be used to track youth psychoactive drug use over time and also, to compare rates of use among youth worldwide. The data reported in this survey indicate that drugs are available in Kosovo and all types of drugs are being used by Kosovo youth. The use is occurring in an environment with very limited prevention and treatment options.

All types of psychoactive substances are found to be used by all ethnicities in Kosovo. Report ends with a set of recommendations based on the findings from the survey on psychoactive substance use among young people, injection drug users, and prisoners in Kosovo.

**Following section presents some of the key results from each study component:**

1. The youth survey was conducted by PRISM Research, Inc. PRISM conducted the training of fieldworkers and developed the sampling method. Guidance and objectives of the study were provided by the RAR implementation team. The survey is a household survey conducted by face-to-face interviews. Eligibility included agreement to participate in the study and be within the age of 15-24. A total of 1302 completed surveys were collected. To create the sample, a three-phase stratified random sample was designed for the purposes of this study. Each Kosovo region was allocated a proportional number of questionnaires based on the estimates of the population living in each region. In each of the regions interviews were conducted in all of the municipalities. The number of interviews conducted was proportional to the size of municipality (in terms of population figures) within the region. Some of the findings were:

- A large percentage of young people in Kosovo have smoked cigarettes (43.5%).
- Young people who have smoked cigarettes have on average started smoking at the age of 16 (M = 15.8; SD = 2.5; range = 8-23).
- A total of 37.8% of youth reported ever consuming alcohol (47.8% of the 20-24 age group had lifetime use compared with 30.6% of those 15-19).
- On average, respondents have first used alcohol at 16 years of age (M = 16.01; SD = 2.5; range = 8–24).
- 3.8% of respondents reported having tried cannabis (marijuana, hashish, weed).
- Young men (5.5%) were more likely than young women (2.2%) and young people aged from 20 to 24 years (6.7%) were more likely than teenagers (1.7%) to have tried cannabis.
- Most young people who have used cannabis said that at the time of the first use they were 17 years old (M = 16.8; SD = 2.2; range = 13 -22), with no significant differences between male and female respondents or between respondents of different ethnicities.
- Less than half a percent (0.4%) of young people from Kosovo reported having tried heroin.
- Less than one percent of the respondents (0.6%) reported having tried MDMA (Ecstasy).
- Number of young people who reported having tried amphetamine or stimulants (doping) was 0.4%.
- Less than half a percent of respondents (0.2%) reported ever trying cocaine (crack).

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\(^1\) Rapid Assessment and Response on Psychoactive Substance Use in Kosovo with Youth, Injecting Drug Users and Prisoners
• Of the youth, 2.6% reported having tried non-prescribed medication/drugs (Trodon/Tramal, Bensedin/Apaurin, Fortral, Valeron, Methadon/Heptanon).
• The age of first use of non-prescribed medication/drug ranged from 13 to 20, while the average age of first use was 17.

2. The RAR 2008 conducted interviews with 165 randomly selected inmates, which was 21% of the total prison population.

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Lifetime Use</th>
</tr>
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<tbody>
<tr>
<td>Tobacco</td>
<td>75%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>72%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>9.1%</td>
</tr>
<tr>
<td>Heroin</td>
<td>4.1%</td>
</tr>
<tr>
<td>MDMA (ecstasy)</td>
<td>1.2%</td>
</tr>
<tr>
<td>Stimulant</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>5.5%</td>
</tr>
<tr>
<td>Non-prescribed Medications</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

3. A total of 100 injection drug users aged 19-49 were interviewed in this study, 85 male and 15 female. The median age of the respondents was 24. Interviews were conducted in four regions: Prishtina/Pristina, Prizren, Gjilan/Gnjilane, Mitrovicë/Mitrovica. Some of the findings were:
• The survey asked about tobacco and alcohol use, with 99% of the respondents reported regularly smoking cigarettes and 70% reported using alcohol in the past three months.
• In this sample, 98% of the respondents reported using drugs in the past three months, and 85% reported injecting some type of drug in the past three months. Of those reported injecting, the reported age of first injected was 14, and 21 years was the average age when the IDU started injecting at least once a week (age range was 15-38).
• Less than half (47%) of the IDU have ever been in a drug treatment or a detoxification program.
• Of this group, 94% received treatment in Prishtina/Pristina.
• Of the treatment received, the most frequent treatments received included detox with methadone (18%), detoxification with other drugs (21%), and residential rehabilitation (34%).

4. Other health and social related findings:
• One third of young people from Kosovo (32.9%) have had sexual intercourse.
• Nearly sixty percent of sexually active respondents from Kosovo (59.4%) used protection the last time they had sex.
• Nearly a quarter of young respondents from Kosovo had sometimes had sexual intercourse when they were drunk (22.8%), while a significantly lower percentage of them had had sexual intercourse when they were high on drugs (4.1%).
• More precisely, young people from less coherent families (with level of coherence being measured by the level of agreement on statements: “Things go well as a family,” “We can express our feelings in our family” and “Family members feel very close to each other”) are more likely to try psychoactive substances.
• There is also a significant correlation between young people who have had thoughts of committing suicide and their level of agreement with these statements.
• Results of the Hospital Anxiety and Depression (HAD) scale indicate that 21% of young people in Kosovo show the signs of anxiety, while another 11.2% can be classified as depressed.
• Results also show that young women are more likely than young men and that people aged from 20 to 24 years are more likely than those aged from 15 to 19 years to be anxious.
• Further analysis has shown that young people suffering from anxiety were more likely than those who show little or no symptoms of anxiety to have used heroin, non-prescribed medicaments/drugs and other drugs which make a person feel different.
• Anxious young people were more likely to have had sexual intercourse when they were high on drugs.
• Depressed young people were more likely than those who show no or little symptoms of depression to have consumed alcohol or tried cannabis.
• Depressed young people were also more likely to have had sexual intercourse when they were high on drugs.
I. INTRODUCTION

The Rapid Assessment and Response on Psychoactive Substance Use in Kosovo is a project jointly funded by the WHO, UNICEF and UNFPA. Before the project was implemented, it was presented and received the support of Kosovo Ministry of Health, Ministry of Education, National Institute of Public Health, NGO Labyrinth, Psychiatric Clinic at the Prishtina/Priština Medical University, and the Department of Psychology at the Prishtina/Priština University. This is the second RAR on Psychoactive Substance Use among Youth in Kosovo, the first being implemented in 2001 by WHO and UNICEF.

The RAR method is a useful tool to inform and develop responses in time and resource restricted settings. The flexible methodology allows for multi-level assessment including evaluating individual, community and structural factors. Multiple data sources are used to inform this report including the primary data collected for RAR 2008 and existing reports and data related to psychoactive substance use in Kosovo. Primary data collected as part of this RAR 2008 include quantitative surveys with youth, prisoners, and injection drug users. Qualitative data was collected through a focus group with injection drug users, and field observations in targeted pharmacies. Key informants and stakeholders contributed additional information.

The information generated in RAR 2008 follows the example of the original RAR, which was the first attempt in post-conflict Kosovo to raise awareness and concern related to psychoactive substance use. Although the RAR 2001 presented recommendations and an action plan, most of them were not implemented. It is the hope that the data presented in RAR 2008 will further inform policies and interventions targeted at psychoactive substance use, prevention, and treatment in Kosovo. The original concerns and risk factors still exist in Kosovo, including that after the conflict and years of infrastructure neglect, any existing psychoactive substance use prevention and access to treatment services were destroyed. In addition, increased drug trafficking and rapid social changes created an environment where substance abuse problems can flourish.

This report is organized as follows. Section II presents the application of the RAR methodology, Section III is the general contextual assessment of issues and topics relevant to psychoactive substance use in Kosovo, and Section IV is a policy and intervention assessment. Data collected in RAR 2008 is presented in Section V, the psychoactive substance use assessment, and in the Section VI which focuses on risk behavior, health and social assessment. The final two sections are the conclusions, and the recommendations and action plan.
The Rapid Assessment and Response methodology is a useful tool to inform policy and programs when conventional research is not available due to time or resource constraints. Primary data is collected and additional secondary resources are used to develop the most comprehensive situational analysis available. The focus of this RAR is psychoactive substance use among youth in Kosovo (psychoactive substances include alcohol, tobacco and other substances). Additional data is collected on injection drug users and prisoners. Each group has been identified at risk and in need of targeted interventions. Each group has specific risk and protective factors and the data for each is presented separately.

The objectives for RAR 2008 include collecting new data for the following topics: substance use/abuse for all three of the targeted populations; sexual behavior data for the youth population; additional information about family relations, coping mechanisms, and mental health issues for the youth and prison population; and HIV/AIDS data for the injection drug user population. In addition, information was gathered about the availability of psychoactive drugs from pharmacies throughout Kosovo without a prescription; and a focus group with injection drug users was collected to learn more about the history of drug use and the transition to injecting among injection drug users.

To achieve these objective, the following data sources were used: quantitative survey with youth (15-24); quantitative survey with injection drug users; quantitative survey with male prisoners; focus group with injection drug users; qualitative data collection at pharmacies; interviews with key informants; and review of existing psychoactive substance use related resources. The various data sources allows for a multi-level analysis including at the individual level, community level, and the structural level. Individual level factors include examining the knowledge, attitudes, behaviors, relationships and social mixing patterns. These factors are important to understand to inform the development of interventions to help individuals change their behaviors. Community level factors include an assessment examining community norms, attitudes and contexts in order to identify key supportive local environments created. Structural level factors include the social, political, religious, economic and legal contexts and available resources. The structural level factors and interventions targeted at this level help to change the macro-environment within which individuals live and experience health problems.

Youth Sample and Data Collection

The youth survey was conducted by PRISM Research Inc. PRISM conducted the training of fieldworkers and developed the sampling method. Guidance and objectives of the study were provided by the RAR implementation team. The survey is a household survey conducted by face-to-face interviews. Eligibility included agreement to participate in the study and be within the age of 15-24.

A total of 1302 completed surveys were collected. To create the sample, a three-phase stratified random sample was designed for the purposes of this study. Each Kosovo region was allocated a proportional number of questionnaires based on the estimates of the population living in each region. In each of the regions interviews were conducted in all of the municipalities. The number of interviews conducted was proportional to the size of municipality (in terms of population figures) within the region.

In order to facilitate comparison of results between the young respondents of different ethnic backgrounds, a disproportional sample with under representation of the Albanian population and over representation of Serb...
A total of 1047 surveys were conducted with youth living in predominantly Albanian areas and a total of 255 surveys were conducted with youth living in predominantly Serb areas. The field team for this research included six regional coordinators, 38 interviewers, six field controllers and one telephone controller. They had been selected based on their skills, previous experience, age, gender and regional origin. Coordinator and interviewers participated in a few-hours-long training session that covered the detailed sampling procedures, interviewing, question-by-question analyses and a role play exercise. Quality control was conducted throughout the survey process. The interviewers did not encounter any major problems with the implementation and the response rate was 80.24%.

### Table 1: Demographics of Youth Survey Respondents (from PRISM Inc)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td><strong>AREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albanian majority area</td>
<td>1047</td>
<td>80.4%</td>
</tr>
<tr>
<td>Serb majority area</td>
<td>255</td>
<td>19.6%</td>
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<tr>
<td>Urban</td>
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<tr>
<td>Rural</td>
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<td><strong>GENDER</strong></td>
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<tr>
<td>Female</td>
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<tr>
<td><strong>AGE</strong></td>
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<tr>
<td>15-19</td>
<td>746</td>
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<td>20-24</td>
<td>556</td>
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<td>Upper Secondary</td>
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<td>University</td>
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<td>Serb</td>
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<td>Ashkali</td>
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<td>Bosnian/Muslim</td>
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<td>Others</td>
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<td>DK/DWA</td>
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<td><strong>RELIGION</strong></td>
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<td>0.1%</td>
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<tr>
<td>DK/DWA</td>
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<td>0.1%</td>
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EMPLOYMENT STATUS

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<td>Unemployed</td>
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MATRIMONIAL STATUS

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<td>Living in consensual union</td>
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<td>Married</td>
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<td>Divorced/Separated</td>
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<td>Widow/Widower</td>
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<td>2.0%</td>
</tr>
<tr>
<td>DK/DWA</td>
<td>1</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Prisoner Sample and Data Collection

The Kosovo Ministry of Justice gave permission for the RAR 2008 to implement an anonymous and volunteer survey at the Dubrava prison. This is the largest prison in Kosovo and has the capacity for 1500 adult male sentenced prisoners. The census at the time of the survey was 780 inmates. The RAR 2008 conducted interviews with 165 randomly selected inmates, which was 21% of the total prison population. The data collection team included a psychologist, social worker and two medical nurses. The training of the four interviewers was conducted by a psychologist with an expertise in narcology and included explanation of the questionnaire and the selection of the sample. The prison had eight sections and inmates were randomly selected to be approached and asked if they would like to participate. Participation was voluntary and confidential. Following the selection, the prisoners were contacted and given an explanation on the purpose of the research and ensuring the confidentiality of their responses.

Injection Drug User Sample and Data Collection

A total of 100 injection drug users aged 19-49 were interviewed in this study, 85 male and 15 female. The median age of the respondents was 24. Interviews were conducted in four regions: Prishtina/Pristina, Prizren, Gjilan/Gnjilane, Mitrovica. This was not a randomly selected sample but a convenience sample identified by the interview team. The interview team, including two community workers from NGO Labyrinth, a former IDU community outreach worker, and two psychiatrists, all had previous contacts with the IDU community from previous projects and two interviewers from the Labyrinth treatment center informed clients coming in for regular visits about the survey. Additional contacts and clients were called on the phone and informed of the study and asked if they would like to participate. To protect the identity of the drug using populations, the RAR team took precautions not to identify precise locations or individuals involved in drug use and/or drug dealing in the report. This sample is majority male, which is representative of the gender breakdown of injection drug users in Kosovo. The small number of female IDU, however, makes it more difficult to conduct more in-depth statistical analysis.

Pharmacy and Psychoactive Drug Survey

A total of 49 pharmacies from five regions throughout Kosovo were randomly selected for inclusion in this investigation. The regions included Prishtina/Pristina, Prizren, Peja/Pec, Mitrovica, and Gjilan/Gnjilane. A list of psychoactive drugs of inquiry was created by the RAR 2008 research team and included (generic names): Methadone, Trodon, Bensedin, Artan, Aniketon, Xanax, Fluoxetine. All of these drugs are controlled substances and are required by law on psychotropic and narcotic drugs of Kosovo to only be distributed with a medical prescription. The method of data collection included having two fieldworkers enter the pharmacy and inquiry about the availability of two pre-selected drugs from the list. If the pharmacy had the drug in stock, the fieldworkers asked if they could purchase it without a prescription and then have purchased them if possible. The fieldworkers also asked about purchasing syringes. By law, syringes can to be sold in pharmacies and distributed without a prescription.
III. CONTEXT ASSESSMENT

The context assessment aims to describe the direct and indirect influence of structural, social, and cultural factors on psychoactive substance use, prevention, and treatment.

Geography and Demographics
Kosovo is located in Southeastern Europe with a total area of 10,887 sq. km. The land-locked country is bordered by Albania, Macedonia, Montenegro, and Serbia. Kosovo has a very young population. The majority of the population lives in rural towns outside of the capital city, Prishtina/Priština. Of the 2,126,708 inhabitants, an estimated 50% are under 20 and 60% are under 25. The majority of the population is ethnic Albanian (88%) who are predominantly Muslim and speak Albanian language. The next largest ethnic group is Kosovo Serb (7%) who are predominantly Orthodox Christian and speak Serbian language. The remaining 5% population included Roma, Ashkali, Egyptians, Turk, Bosniaks, and others. The ethnic Albanian and Serbian communities live largely separate, with the Serbian community mostly living in the northern Mitrovicë/Mitrovica area. The ethnic divisions are reflected in the sampling of the youth survey.

Economy and Labor
A key issue in Kosovo and for the youth of Kosovo is unemployment. Unemployment rates country-wide are estimated to be 40%. While the economy is showing progress the average annual per capita income per family (€1,611) is the lowest in all of Europe. The World Bank Poverty Assessment reported that in 2007 approximately half of the population lived under the poverty level, whereas now, estimates are that 45% of the population is living under the poverty level (€1.42 per day) and 15% live under extreme poverty (€0.93 per day). Outward migration continues although at a slower rate than the past decade and remittances from the diaspora largely contribute to the GDP. Financial support from the international community is decreasing and it is unclear how much the international community will continue to provide technical and financial support. Programs are already being affected, for example a Kosovo AIDS Committee 2008 update to UNGASS reported that due to reduced funding programs including the harm reduction components could not be implemented.

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2 Data on this section is taken from the official web site of Kosovo Statistical Office
Government, Institutions and Migration

When the first RAR was conducted in 2001, the conflict had recently ended and the United Nations Mission in Kosovo (UNMIK) was administering Kosovo. Economic, social, education, and the health and public health care system infrastructure was largely dismantled and in the process of being rebuilt. High rates of migration continued and the political and economic future was uncertain. On February 17, 2008 the Kosovo Assembly declared independence from Serbia.

Health, Well-being, and Programs for Youth

Several surveys and programs focused on youth have been conducted and implemented in Kosovo. A UNICEF 2004 report interviewed 600 youth throughout Kosovo aged 9-25. The sample included Kosovar Albanian and Kosovo Serb youth. Overall the youth described themselves in good to very good health and 25% reported regularly seeing a physician. An additional 25% reported not having regular access to a physician. Family members are the primary source of health advice, followed by friends and doctors. Additional sources of health information included school and TV. Youth interviewed in this survey were supportive of the educational reforms but expressed disappointed with the slow pace of upgrading buildings and implementing new curriculum.

School-based well-being programs are also being developed, including a new Life Skills curriculum developed by the Ministry of Education with financial and technical support by UNICEF. During the 2006/2007 school year this program was implemented with 8th grade students in 36% of the schools. Concern has been raised that programs and surveys may not be reaching the at-risk youth who may not be in school or not involved in the reporting, and youth-friendly services and programs are recommended.
Numerous reports have focused on substance abuse problems in Kosovo and have provided recommendations for future programs and planning. This section presents information from those reports and additional key informant information.

**Strategy and Policy**

There is no comprehensive substance abuse strategy for Kosovo and lacking a strategy is halting progress. A recent Drug Situation Summary in Kosovo written by HMO Solutions (2008) reports that there is no political will to give this issue a priority and two attempts to design a strategy have failed. Furthermore, the report states that “it remains a challenge for Kosovo’s society to acknowledge the reality of drug use and respond to it in a balanced way that neither denies nor exaggerates the risks and sets realistic goals about what can be achieved.” Substance abuse in general is condemned by society and the Kosovar Attitudes of Drugs and HIV/AIDS (2004) report indicates that families often try to hide family member problems. The strategy that is created will have more success if it also addresses the cultural norms and stigma associated with substance abuse and addiction.

Recently, the Government of Kosovo initiated drafting of the Kosovo Strategy on Drugs lead by the Ministry of Internal Affairs and with participation of other line ministries and civil society organizations.

Kosovo does have strategies for HIV/AIDS and mental health, and within these plans, aspects of psychoactive substance use are presented. The strategy for Kosovar Mental Health Services 2008-2013, for example, specifies that the mental health services will develop treatment facilities for the drug dependence by 2013. Implementation of this strategy, however, relies on investments to be made by the government in next coming years and given restrictions on hiring staff this will limit the implementation. Barriers to implementation also are due to reductions in funding and changing funding sources. The Kosovo AIDS Committee, for example, reported to the UNGASS in January 2008 about the implementation of the 2004-2008 HIV/AIDS Prevention Strategy. The report stated that due to a decrease in funding, the planned harm reduction programs for IDU were not implemented. Since that report was written, new funding has been awarded from the Global Fund for HIV/AIDS and within this proposal are plans for IDU harm reduction and methadone programs. Over the past ten years, funding related to HIV prevention has been made available to injection drug using and other at-risk communities but limited funding solely directed at psychoactive substance use prevention and treatment has not occurred.

**Surveillance, Monitoring and Evaluation**

There is no ongoing surveillance, monitoring, or evaluation of psychoactive substance use, abuse or treatment in Kosovo. Data is needed to inform policies and programs and to identify trends. Data also can be
used to monitor if the most at-risk populations are being reached. Infections such as HIV, for example, can be more effectively addressed if targeted early, as once the infection rates increase within a population, the human and financial costs increase rapidly. The result of insufficient data are ad hoc programs that may or may not be reaching those most at risk for substance abuse problems and not being able to identify new trends or monitor effective programs. Quality data can also be used to direct scarce resources and this can be done by implementing evidence-based interventions. With limited financial and human resources, money and time cannot be wasted.

**Laws relating to Substance Abuse**

The RAR 2001 recommendations and action plan included finalizing a criminal code that recognized the public health aim of drug policy that facilitated societal inclusion and rehabilitation of illicit drug users.

The RAR 2001 includes the recommendation to develop a new drug criminal code. The new penal code remained more or less similar to the old one where the users are not penalized if caught with possession of drugs for personal use.

The past decade has witnessed changing and new laws related to illegal substances. The old Yugoslav laws were discarded and under the United Nations Mission in Kosovo (UNMIK) and Provisional Institutions of Self-government (PISG), and new laws were developed and implemented. Ongoing development of laws and reform are underway. Throughout the process of developing new laws have been philosophical debates of whether the new drug laws in Kosovo would be more criminal focused versus treatment based. The debate continues and the HMO Solutions report stated, “the drugs problem can be viewed from various perspectives, ranging from the political, to health, to research, to everyday practice in the field and to operational cooperation against drug trafficking. Legislation and policies through which the approach will ultimately take shape have to take account of all these aspects and bring them together in coherent and consistent propositions.” Other topics under debate are the legality and use of substitution therapy drugs such as Methadone. Methadone is legally prescribed for detoxification by private physicians but Methadone is not approved for use in public hospital settings or for maintenance (substitution therapy).

Existing laws related to illegal substances include the Kosovo Health Law; Provisional Criminal Code; UNMIK Regulation No. 2000/52 (on pharmaceutical products, including narcotic drugs); Law No. 2003/26 on Medical Products and Medical Devices; Law No. 02/L – 17 on Social and Family Services. The HMO Solutions (2008) report reviewed existing laws and highlighted the following: Article 23 of the Kosovo Health Law (Law No.2004/ 4): Health care and treatment should be provided through prevention and treatment of drug addictions and HIV infection among other means. Children and adolescents (up to 15 years of age), school and university students, as well as some other persons should be provided treatment at no cost. The Law on Social and Family Services further states that people who have addiction to alcohol and/or drugs are defined as people in need, who regardless of their status and place of origin, should receive adequate social services (counseling by specialist at the Centers for Social Work).

**Primary Prevention**

Substance abuse prevention programs remain uncoordinated and with varying rates of coverage among at-risk populations. Local and international NGOs have implemented short term prevention programs and government and United Nations agencies continue to support short-term programs. With international funding decreasing, unless government or other sources of funding is identified the number of funded prevention programs and outreach work will continue to decrease. Currently there are no systematic school-based curriculum programs on substance abuse prevention in the school system. There is also no prevention programs aimed at warning about the dangers of using prescription drugs not under the care of a physician.

Prevention for youth in Prishtina/Priština is primarily offered through the NGO Vita Kosova. This NGO is supported by Medecins du Monde and the Department of Youth of the Ministry of Culture, Youth and Sports. In addition to programs for psychological support and STI/HIV prevention, the NGO provided drug prevention information. Youth identified as having substance abuse problems are referred to NGO Labyrinth for treatment.
There is also a youth program in NGO Ojazas that provides substance abuse and HIV prevention, peer education, and VCT counseling and testing for K-Serbian youth.

Treatment System

Before the late 1990’s conflict, people living in Kosovo with substance abuse problems could travel to Belgrade, Serbia and other places for treatment. There were no treatment services based in Kosovo. After the conflict, the K-Serb population still had the option of traveling to Serbia (if the financial means were available), although traveling to Serbia to seek treatment became harder or impossible for the K-Albanian population. A 2006 Mapping of Drug Services in Kosovo prepared by the European Agency for Reconstruction reports that Kosovo Serb’s with drug problems living in North Mitrovica are still going to Serbia for treatment, but once they return home they have no access to follow-up treatment or aftercare. Treatment for the ethnic Albanian population is now most often sought in Prishtina/Priština.

In Kosovo, treatment services for drug dependence are very limited both in terms of coverage and range of services. Drug treatment and providers in Kosovo are part of the psychiatric field and treatment services in the public and private sector are mostly limited to detoxification. Treatment in the public health service sector for the drug related problems is offered only in the psychiatric wards of the general hospitals and there is no substitution treatment or rehabilitation. Some private counseling is provided by psychologists and psychiatrists for behavior change related therapy. Methadone is sometimes prescribed by private clinic physicians for the use of detoxification only (the public clinics are not legally allowed to prescribe Methadone for addiction detoxification or treatment).

The largest treatment programs in Kosovo are located in the capital city of Prishtina/Priština and include two private clinics and the public University Clinical Center. NGO Labyrinth is the largest substance treatment program in Kosovo and was started in 2002. NGO Labyrinth offers a nine-month treatment program that includes outpatient detoxification and maintenance. No follow-up services or aftercare treatment is provided after the completion of the program. From 2002-2006, over 600 clients had presented to NGO Labyrinth for treatment. The treatment program is initiated based on the individual drug user motivation and implemented with high involvement of the drug user family, e.g., written consent of the family member regarding treatment, family counseling, dispensing medications through family member. The program costs an estimated 1,000 – 1,200 Euro. The NGO Labyrinth staff includes psychiatrists, psychologists, and nurses. The second private treatment clinic is smaller and offers services by psychiatrists.

The 2006 EAR Mapping Study of Drug Treatment Services in Prishtina/Priština reported the Psychiatric Hospital at the University Clinical Center in Prishtina/Priština as the only government body offering medical treatment to drug users. The treatment is limited to inpatient and outpatient detoxification and is usually two weeks in duration. The 2006 study reported the cost to patients to be 40 Euro plus 4 Euro per night and the cost of additional medication. The number of people voluntarily seeking services is reportedly low and most patients are referred by the emergency services after having overdosed or having acute withdrawal symptoms. One complaint by those seeking services had been that inpatient detoxification patients were housed in the same wards as psychiatric patients; this has changed and since 2006 separate rooms have been designated. In 2006 an auricular acupuncture pilot program was implemented as part of the detoxification program, but this program ended when funding ended. Other programs initiated at the hospital clinic include a Narcotics Anonymous program (the 2006 study reported the program being open for three hours one night a week. Information about treatment services in other regions of Kosovo is not well documented.

No psycho-active drug prevention or treatment programs are provided in the prison system however at the time of entry to a detention center or prison, a medical examination is performed. Health services within the prison system are under the Ministry of Justice. Health care services are available for prisoners, although no routine counseling and VCT for STI, TB, HIV, HBV, and HCV are done.
This section presents the new data gathered in this RAR 2008, in addition to the other available data sources on rates of use and behavior among the targeted populations.

**Youth 4**

**CIGARETTES**

A large percentage of youth in Kosovo have smoked cigarettes (43.5%). Young men were more likely than young women and respondents aged from 20 to 24 years were more likely than teenagers to have smoked cigarettes. Related differences between respondents of different ethnic backgrounds had not been statistically significant.5

(Graph 1)

**Graph 1. Have you ever smoked cigarettes?**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Yes</th>
<th>No</th>
<th>DN/DWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Respondents</td>
<td>56.4%</td>
<td>40.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>MALE</td>
<td>49.1%</td>
<td>50.9%</td>
<td>0.4%</td>
</tr>
<tr>
<td>FEMALE</td>
<td>38.0%</td>
<td>61.8%</td>
<td>0.1%</td>
</tr>
<tr>
<td>15 - 19</td>
<td>34.9%</td>
<td>65.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>20 - 24</td>
<td>45.5%</td>
<td>54.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Albanian</td>
<td>41.5%</td>
<td>58.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Serb</td>
<td>42.6%</td>
<td>57.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Turk</td>
<td>64.1%</td>
<td>35.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Roma</td>
<td>65.8%</td>
<td>34.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ashkali</td>
<td>30.0%</td>
<td>70.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Bosnian/Muslim</td>
<td>34.4%</td>
<td>65.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

4 Tables and graphs in this section are provided by PRISM, Inc.

5 Only the information on statistically significant differences between comparable variables has been included in the report. Variables with 5% or less likelihood of having been obtained by chance, that is, p values of 0.05 or less, were considered statistically significant. Special notes are incorporated in the report for variables with higher likelihood of having been obtained by chance.
Young people who have smoked cigarettes have on average started smoking at the age of 16 (M = 15.8; SD = 2.5; range = 8-23). Young men reported having started smoking at an earlier age than young women – average initiation age of cigarette smoking among young men was 15 (M = 15.2; SD = 2.6; range = 8–22) and among young women 16.5 years (M = 16.5; SD = 2.1; range = 10-23). Also, the respondents who are now in the age from 15 to 19 years have started smoking earlier than did the respondents who are now aged from 20 to 24 years (15 – 19 years: M = 14.9; SD = 1.9; range = 8-19, 20–24 years: M = 16.5; SD = 2.66; range = 8-23). There were no significant differences in the initiation age of cigarette use between young people of different ethnicities.

One third of young people from Kosovo who have at some point smoked/tried smoking cigarettes reported having stopped using tobacco. Others said that they on average smoke 13 cigarettes per day (M = 13.28; SD = 9.3; range = 1-50). Young men smoke more cigarettes per day than do young women. Also, young people in the age from 20 to 24 years smoke more cigarettes per day than do the teenagers. As for the average daily cigarette consumption, Serbs and Bosniaks/Muslims smoke more cigarettes than do Albanians, but no differences in the average number of cigarettes smoked per day had been found between respondents of other ethnicities (see Graph 2).

**Graph 2. On average, how many cigarettes do you smoke within one day?**

One third of young people in Kosovo (31.4%) live in non-smoking families. Most of them (60.8%) however, reported having some smokers among their close family members, while further 7.2% said that most or all members of their family were smoking. Young people from families with most members smoking were more likely than young people from non-smoking families to have sometimes smoked cigarettes (78.7% compared to 34.2%). On average, two out of five close friends of young people from Kosovo are smokers (M = 1.85; SD = 1.58; range = 0 – 5). Young men and respondents aged from 20 to 24 years have more smoker friends than do other respondents and young people of Roma and Serb ethnicity have more smoker friends than do the young people of Albanian and Ashkali ethnicity. Young people with more friends who are smoking were themselves more likely to have sometimes smoked cigarettes.

**ALCOHOL**

A total of 37.8% of youth reported ever consuming alcohol (47.8% of the 20 -24 age group had lifetime use compared with 30.6% of those 15-19). Young men were more likely than young women to have sometimes consumed alcohol (45.2% compared to 30.5%). Differences were also found between respondents of different ethnicities – more Serb (73.7%) and Bosnian (71.9%) than Albanian (29.1%) and Ashkali (29.5%) respondents reported having consumed alcohol (see Graph 3).
On average, respondents have first used alcohol at 16 years of age (M = 16.01; SD = 2.5; range = 8–24). Young men were more likely than young women to have used alcohol at an earlier age. Besides, respondents aged from 15 to 19 years have first used alcohol at an earlier age than did the respondents in the age from 20 to 24 years.

Further analysis have shown that young respondents of Roma, Serb and Bosnian/Muslim ethnicity have begun consuming alcohol at an earlier age than did the respondents of Albanian ethnicity (see Graph 4).

**Graph 4.** How old were you when you first used alcoholic drink?
Most young people from Kosovo usually buy/consume alcohol at bars, coffee pubs or disco (58.2%). One fifth of respondents usually consume alcohol at parties (19.5) while minimarkets/supermarkets and home were each reported by one tenth of respondents as places where they usually buy/consume alcohol (10.8% each).

Young men were more likely than young women to consume alcohol at bars/coffee pubs/disco (62.7%) and at minimarkets/supermarkets (13.2%), while most young women consume alcohol at parties (24.2%) and at home (16.7%).

Respondents of all ethnicities more often consume alcohol at bars, coffee pubs or discos, except those of Roma ethnicity who usually buy/consume it at minimarkets/supermarkets (66.6%). Beside this, Albanians (24.8%) and Turks (25%) more often then others consume alcohol at parties (see Graph 5).

Graph 5. Where do you usually buy/consume alcohol?

Over the past 30 days, young people consumed alcohol between 3 and 4 times (M = 3.46; SD = 5.7; range = 0 – 30). Male respondents consumed alcohol significantly more often than did the female respondents. Also, respondents in the age from 20 to 24 years consumed alcohol more times during the past 30 days than did the younger respondents and Serb respondents consumed alcohol more times than did Albanian respondents (see Graph 6).

Most young people who had consumed alcohol have not been drunk during the past 30 days (70.4%). Others reported having been drunk three times in the same period (M = 2.95; SD = 3.3; range = 1 – 22). Young men were more likely than young women, respondents aged from 20 to 24 years were more likely than younger respondents, and Bosnian/Muslim respondents were more likely than Albanian respondents to have been drunk over the past month. In relation to this, there was no significant difference between respondents of other different ethnicities.
Graph 6. How many days during the last month (last 30 days) have you consumed alcoholic drink?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Male</th>
<th>Female</th>
<th>15-19</th>
<th>20-24</th>
<th>Albanian</th>
<th>Serb</th>
<th>Turk</th>
<th>Roma</th>
<th>Ashkali</th>
<th>Bosnian/Muslim</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>All respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td>3.5</td>
<td>4.3</td>
<td>2.3</td>
<td>1.9</td>
<td>4.8</td>
<td>2.2</td>
<td>5.7</td>
<td>3.1</td>
<td>2.0</td>
<td>2.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CANNABIS
3.8% of respondents reported having tried cannabis (marijuana, hashish, weed), while remaining 95.9% said that they have never done it (see Graph 7). Young men (5.5%) were more likely than young women (2.2%) and young people aged from 20 to 24 years (6.7%) were more likely than teenagers (1.7%) to have tried cannabis. Serb (15.1%) and Bosnian/Muslim (18.8%) respondents were most likely to have used cannabis while not a single respondent of Turkish or Ashkali ethnicity reported having done so.

Most young people who have used cannabis said that at the time of the first use they were 17 years old (M = 16.8; SD = 2.2; range = 13-22), with no significant differences between male and female respondents or between respondents of different ethnicities. There was, however, a difference between respondents of different age: respondents in the age from 15 to 19 years have first started using cannabis at the age of 15 while respondents in the age from 20 to 24 years have first used it at the age of 17.

Of those reporting sometime use of cannabis, over half (56%) had not done so over the past 30 days. Others have consumed it an average six times (M = 5.72; SD = 7.8, range = 1 – 25). Over the past 30 days, young men and respondents in the age from 20 and 24 years have consumed cannabis more often than did the girls and teenagers.

HEROIN
Less than half a percent (0.4%) of young people from Kosovo reported having tried heroin. Because of the small number of young people who have used heroin, no further statistical analyses between different groups of respondents had been justified. The descriptive data, however, is presented to document potential trends. Of the group reported ever using heroin, half were female, age of first use was between 14 and 20, the most common way of use was swallowing, followed by smoking, intravenous injection and using aluminum foil.

Graph 7. Have you ever tried cannabis (marihuana, hashish, weed)?

Graph 8. Have you ever tried or used heroin?
MDMA (ECSTASY)

Less than one percent of the respondents (0.6%) reported having tried MDMA (Ecstasy) (Graph 9). The small numbers did not allow for further statistical analyses, however, the descriptive data reports that the youth included men and women, mostly in the age between 20 and 24 years and of either Albanian or Serb ethnicity.

Most young people who reported having tried Ecstasy did so in the age between 16 and 20 years and by swallowing it. Most of them reported not having used Ecstasy over the past 30 days, while those who did use it in this period said that they swallowed it.

AMPHETAMINE OR STIMULANTS (DOPING)

Number of young people who reported having tried amphetamine or stimulants (doping) was 0.4% (Graph 10). This group included male’s only from both age groups and of either Albanian or Serb ethnicity.

Young people who consumed amphetamine and/or stimulants did it the first time when they were between 14 and 21 years of age and by swallowing. Some of them report not having consumed amphetamine and/or stimulants over the past 30 days while others report doing it once or twice in that period and that by swallowing.

COCAINE/Crack

Less than half a percent of respondents (0.2%) reported ever trying cocaine (crack). The group reporting lifetime use included male and females, were from both age groups and of either Albanian or Serb ethnicity. Most of them have tried cocaine (crack) for the first at the age of 18 years and that by swallowing/sniffing. Only one respondent reported having consumed cocaine over the past 30 days and that once was by swallowing.

MEDICATIONS/DRUGS

Of the youth, 2.6% reported having tried non-prescribed medication/drugs (Trodon/Tramal, Bensedin/Apaurin, Fortral, Valeron, Methadon/Heptanon) (see Graph 12). This group included an equal number of men and women, as well as young people from both age groups. Most of the youth reporting lifetime use were of Albanian or Serb ethnicity, but a small number of Bosnians/Muslims.

The age of first use ranged from 13 to 20, while the average age of first use was 17. Most of these young people took such medication/drugs by swallowing (88.2%), while a smaller percentage of them were sniffing (5.9%) or injecting (11.8%). Nearly a half of these respondents (47.1%) reported not having used such medication/drugs over the past 30 days while others report having used them one to two times (M = 1.38; SD = 2.2; range = 0 – 10), mostly by swallowing (77.6%) and least often by intravenous injection (5.6%).
OTHER TYPE OF DRUGS
Only 0.2% of youth reported having used some other type of drugs which made them feel different, such as glue, aerosol, or gas. The respondents included male and females and were all between the ages of 20 to 24 years. Age of first use, however was between 15 and 18. Mode of using included swallowing, sniffing or inhaling, and the users were of Serb and Bosnian/Muslim ethnicity.

Injection Drug Users
The RAR 2008 interviewed 100 IDU (85 male and 15 female) to learn more about their drug and sexual risk behavior. Additional questions were asked related to HIV/AIDS, as IDU are one of the groups at highest risk of HIV in Kosovo. The exact number of IDU in Kosovo is not known, but key informants estimate 1,500 IDU in the capital city of Pristina/Priština. The estimate of 3,000-5,000 IDU throughout Kosovo has circulated through reports but it is not clear when or what methods were used to make this estimate. Studies such as this RAR 2008 and other studies have been able to learn more about risk and protective behavior within a convenience sample.

TOBACCO AND ALCOHOL
The survey asked about tobacco and alcohol use, with 99% of the respondents reported regularly smoking cigarettes and 70% reported using alcohol in the past three months. Of the respondents, 30% reported not having any alcohol, 34% less than once a week, 15% 1-2 days a week, 9% 3-4 times a week, and 5% reported drinking alcohol every day. Of those who reported consuming alcohol in the past three months, 17% report their relative or friends worrying or complaining about their drinking and 16% reported they could not stop after one or two drinks without a struggle. Twenty-two percent of those using alcohol have tried to stop or cut down and could not, 18% have lost friends because of their drinking, and 14% have been arrested or taken into custody because of drunk behavior.

DRUG USE
In this sample, 98% of the respondents reported using drugs in the past three months, and 85% reported injecting some type of drug in the past three months. Of those reported injecting, the reported age of first injected was 14, and 21 years was the average age when the IDU started injecting at least once a week (age range was 15-38). The frequency of use for different types of drug use and method of use are presented in Table 2.

<table>
<thead>
<tr>
<th>Drug/Method</th>
<th>None</th>
<th>Less than 1x/week</th>
<th>1-6 days/week</th>
<th>Every day</th>
<th>More than 1x/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>33%</td>
<td>20%</td>
<td>40%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Inject Heroin</td>
<td>16%</td>
<td>8%</td>
<td>54%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>Sniff Heroin</td>
<td>12%</td>
<td>18%</td>
<td>51%</td>
<td>15%</td>
<td>4%</td>
</tr>
<tr>
<td>Inject Methadone</td>
<td>80%</td>
<td>12%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Inject Stimulant</td>
<td>89%</td>
<td>10%</td>
<td>1%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sniff/ Snort Stimulant</td>
<td>65%</td>
<td>29%</td>
<td>6%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inject Mixed Opiate/ Stimulant (speedball)</td>
<td>81%</td>
<td>15%</td>
<td>4%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sniff/ snort Mixed Opiate/Stimulant</td>
<td>85%</td>
<td>10%</td>
<td>5%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
TREATMENT
Less than half (47%) of the IDU have ever been in a drug treatment or a detoxification program. Of this group, 94% received treatment in Prishtina/Priština. The maximum number of times entering a detox program was 30 and the maximum number of times a respondent entered drug treatment was eight. An additional 24% reported attending a self-help group in the past 12 months. The information learned in the RAR 2008 aligns with data from the BBS 2006 survey which reported the majority of IDU never having received treatment and only 13% currently in a treatment program. Of the treatment received, the most frequent treatments received included detox with methadone (18%), detoxification with other drugs (21%), and residential rehabilitation (34%).

USE AND SPENDING
Respondents were asked to estimate the street value of the drugs they consumed the day before (whether they purchased it or was given it). Of the IDU, 16% reported spending 10 Euro the day before; 20% said 20 Euro; 10% said 30 Euro.

Prisoners
This RAR 2008 survey was conducted with 165 randomly selected Dubrava prison male inmates aged 18 to 79. The survey asked prisoners about drug use prior to entering prison.

The following table reports lifetime use of psycho-active substances (Table 3):

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Lifetime Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>75%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>72%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>9.1%</td>
</tr>
<tr>
<td>Heroin</td>
<td>4.1%</td>
</tr>
<tr>
<td>MDMA (ecstasy)</td>
<td>1.2%</td>
</tr>
<tr>
<td>Stimulant</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>5.5%</td>
</tr>
<tr>
<td>Non-prescribed Medications</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

In this survey, 4.1% of the interviewed inmates reported lifetime use of heroin, and of this group almost half (42.8%) reported injecting. Of those reporting lifetime the age of first use for MDMA (ecstasy) was 14 to 18, the age of first use of cocaine/crack was 14 to 27, and the age of first use of non-prescribed medications was 14 to 31. One third of the respondents reporting lifetime use of cocaine/crack used in the month prior to entering prison (66.7% smoked it and 33.3% injected) and one third of the sample who reported lifetime use of non-prescribed medications did so the month before entering prison.

Previous studies have reported that the estimated number of inmates within the prison system with a drug problem is 5% (information from the Correctional Service review of medical records). According to prison authorities and anecdotal information, there is no injecting drug use in the prisons and in general drug dependent people do not use drugs in prisons.
Price and Availability

Kosovo is located along a major drug-trafficking route and drugs are available and depending on what type of drug, relatively inexpensive. Mountainous and porous borders continue to make stopping drugs from coming in or through Kosovo difficult. Price of drugs is lower and drugs are more available than before the 1999 conflict and prices continue to remain low. The price for a gram of Heroin before 1999 was up to 50 Euro, whereas 2004 documents report a gram between 10-30 Euro and key informants report that 2008 prices are between 20-25 Euro per gram. Current prices of Cannabis are high due to more demand and are reported to be 10 Euro for 2-3 grams, and one gram of cocaine (in Prishtina/Priština) is between 60 and 70 Euros.

Availabilty and Abuse of Pharmaceutical Drugs

The RAR 2001 reported high rates of respondents with lifetime and past 30-day use of non-medically supervised pharmaceutical drug use (Table 4). In the RAR 2008, lifetime use of non-medically supervised pharmaceutical drugs were asked for the youth and prison population.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Lifetime Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>2.6%</td>
</tr>
<tr>
<td>IDU</td>
<td>Not asked</td>
</tr>
<tr>
<td>Prisoners</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

Overall laws are in place regulating the distribution of drugs through pharmacies, individuals are often able to obtain illegal drugs through this venue. The overwhelming finding from this evaluation is that if pharmacies will sell psychotropic drugs without a prescription. This outcome was not true for Methadone, as the two pharmacies that did have Methadone in stock would not sell it without a prescription. This suggests the monitoring and distribution of Methadone is more controlled than that of other drugs. In this study, the drugs most often sold without a prescription were Bensedin, Aniketon, and Xanax.
VI. RISK BEHAVIOR, HEALTH AND SOCIAL CONSEQUENCES ASSESSMENT

The health and social consequences assessment aims to gather information on the extent and nature of adverse health, social, and other consequences of the psychoactive substance use behaviors being examined. The assessment gives an indication of the impact of psychoactive substance use on the local community.

Youth

HEALTH PROBLEMS

Most young people who have sometimes used substances such as cigarettes, alcohol, cannabis, heroin, Ecstasy, dope, cocaine, medications or some other drugs which made them feel different, believe that they have not experienced any serious health problems over the past three months as a consequence of that (93.2%) (see Graph 14). Young people who reported experiencing serious health problems as a consequence of psychoactive substance use (6.8%) included men and women, respondents from both age groups and of different ethnicities.

DISCRIMINATION

A smaller number of people (8.1%) who have sometimes used some of the above mentioned substances believe they it has caused them to be discriminated against by someone from their circle (see Graph 15). These people included young men and women from both age groups and of different ethnicities.

Most of them reported having experienced discrimination by friends (64.4%) or members of their family (33.8%). A small number of these respondents reported having been discriminated against by workers in government institutions (1.6%) or by health workers (0.5%) (see Graph 16). No significant differences had been established between respondents of different gender, age and ethnicity.

Graph 14. Have you had serious health problems during the last three months as consequence of usage of some substance?

Graph 15. As consequence of substance use, have you been discriminated (treated not equally) from someone from your circle?

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6 Youth data, tables, and graphs created by PRISM, Ins
Graph 16. By whom do you consider yourself being discriminated?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers in governmental institutions</td>
<td>1.6%</td>
</tr>
<tr>
<td>Health workers (pharmacist, doctor, etc.)</td>
<td>0.5%</td>
</tr>
<tr>
<td>Friends</td>
<td>64.4%</td>
</tr>
<tr>
<td>Family</td>
<td>33.8%</td>
</tr>
</tbody>
</table>

SUICIDAL BEHAVIOR

In this survey, 3.5% of young people have thought of committing suicide at some point of their life. This was more likely to be the case among young people in the age from 20 to 24 years. With regards to thoughts of suicide, no statistically significant differences had been established between men and women or between young people of different ethnicities (see Graph 17).

Graph 17. Have you ever thought of committing suicide? (Answer “Yes”)

Young people from Kosovo who have thought of committing suicide, usually had first such thoughts in the age between 15 and 19 years, with no significant differences having been identified between different groups of...
respondents. Little under a half of young people from Kosovo who had thoughts of committing suicide (43.3%) also had plans for how to do it. Most of these young people refused to talk about the ways in which they were planning to commit suicide, while others said they intended to “jump from somewhere high” or to “slash their wrists.” Little over a quarter of them (21.7% or 0.8% of general population of young people from Kosovo) have in fact attempted suicide. Because of the small number of such respondents in the sample (N=10) no further statistical analyses between different groups of respondents had been justified, but we can say that the age at which they attempted to commit suicide ranged from 12 to 23 years (see Graph 18).

Graph 18. When have you thought of committing suicide for the first time, in what age? /When have you tried to commit suicide for the first time?

Less than one percent of young people (0.9%) report that some of their close family members have had a failed suicide attempt – in most cases respondent’s mother or father, or grandmother or grandfather and in few cases suicides were attempted by respondent’s sibling. An almost equal percentage of young people (1.1%) reported that they had a family member who had committed suicide – usually grandmother/grandfather or uncle/aunt (from father’s side of family).

Young people who have thought of committing suicide, more often than those without this kind of thoughts, have a family member who had tried to committed suicide as well as a family member who had committed suicide. Relationship between attempt of the young people to commit suicide and attempt to commit suicide/actual committing of suicide by their family members is not significant.
SEXUAL INTERCOURSE

One third of young people from Kosovo (32.9%) have had sexual intercourse. Young men were more likely than young women, respondents aged from 20 and 24 years were more likely than teenagers, and Serbs and Muslims were more likely than respondents of other ethnicities to have had sexual intercourse (see Graph 19).

Graph 19. Have you ever had sexual intercourse?

Average age at first sexual intercourse among young people in Kosovo was 18 years (M = 17.7; SD = 2.2, range = 10–24) (see Graph 19).

Young men had their first sexual intercourse at an earlier age than young women— their average age at first sexual intercourse was 17 years (M = 17.3; SD = 2.2; range = 10–24) compared to 18 years for young women (M = 18.4; SD = 2.1; range = 12–23) (see Graph 20).

Respondents under 20 years of age have had their first sexual intercourse at an earlier age than respondents aged between 20 and 24 years – their average age at first sexual intercourse was 16 years (M = 16.3; SD = 1.4; range = 13 – 19), compared to 18 years for respondents in the age from 20 to 24 years (M = 18.2; SD = 2.2; range = 10 – 24) (see Graph 20).

Young respondents of Roma, Ashkali and Bosnian/muslim ethnicity have had their first sexual intercourse at an earlier age (average age of 16 years) than young respondents of Albanian and Serb ethnicity (average age of 18 years) (see Graph 20).
5.8% of young people from Kosovo had sexual intercourse before the age of 15 and they were more likely to include respondents who are younger than 20 than respondents between 20 and 24 years of age. While results indicate that young people of Roma and Ashkali and even of Bosnian/Muslim ethnicity are likely to have sexual intercourse at an earlier age than members of other ethnic groups, identified differences were not statistically significant (see Graph 21).

**Graph 21. How old were you when you had sexual intercourse for the first time (% by age category)?**
Sexually active respondents had had on average three sexual partners (M = 2.88; SD = 3.8; range = 1 – 30). Young men were likely to have had more sexual partners (M = 3.44; SD = 4.3; range = 1-30) than young women (M = 1.74; SD = 1.8; range = 1 – 13). Also, respondents in the age from 20 to 24 years had had more sexual partners (M = 3.22; SD = 4.3; range = 1 – 30) than respondents who are younger than 20 years (M = 2.14; SD = 2.1; range = 1 – 13). Results also show that young people of Ashkali and Serb ethnicity had had more sexual partners than other young people in Kosovo, but this difference was statistically significant only in comparison with young people of Albanian ethnicity (Ashkali: M = 4.50; SD = 5.5; range = 1 -21, Serb: M = 3.77; SD = 5.2; range = 1 -30, Albanian: M = 2.42; SD = 2.8; range = 1 – 21).

Most sexually active respondents from Kosovo (82.7%) had had sexual intercourse over the past 12 months, in that, respondents of Turkish ethnicity were less likely than other respondents in Kosovo to have had sex during the last year.

Nearly sixty percent of sexually active respondents from Kosovo (59.4%) used protection the last time they had sex. Young men were more likely than young women to report that they or their partner had used contraception during their last sexual intercourse. With regards to this, no significant differences were established between respondents from different age groups. Regarding significant differences, young Albanian respondents were more likely than young Roma respondents to report that they or their partner had used protection during their last sexual intercourse (see Graph 22).

Graph 22. Have you or your partner used protection last time when you had sexual intercourse?

Nearly a quarter of young respondents from Kosovo had sometimes had sexual intercourse when they were drunk (22.8%), while a significantly lower percentage of them had had sexual intercourse when they were high on drugs (4.1%). Respondents of Serb and Bosnian/Muslim ethnicity were more likely than others to have had sexual intercourse when they were drunk. Bosnian/Muslim respondents were also more likely than others to have had sexual intercourse when they were high on drugs.

FAMILY COHESION
Most young people from Kosovo agree with three statements about family cohesion, meaning they confirm that these statements can be used to describe their families. Most respondents or 92% said that they very much agree with the statement “Things go well as a family.” Level of agreement with the statement “Family members feel very close to each other” was also high, but somewhat lower than on the first statement, with 88.1% of young respondents who said that they very much agree with it. Also, 75.9% of respondents said that they very much agree with the statement “We can express our feelings in our family” (see Graph 23).
Graph 23. Do you agree or disagree with each of these statements?

Further analysis has shown that the young people who had smoked cigarettes were significantly less likely to fully agree with the statement that their family functions well, while the relationship between smoking cigarettes and level of agreement with the remaining two statements was not statistically significant at 5% (and even 10%) level. Also, young people who had tried amphetamines or stimulants were less likely to confirm that members of their family felt very close to each other, while there was no statistically significant relationship between the use of amphetamines/stimulants and the level of agreement with the remaining two statements. However, there is a significant correspondence between consumption of alcohol and trying of cannabis, heroine, MDMA, cocaine and medication/drugs and other drugs which make a person feel different by young people and their level of agreement with all three statements. More precisely, young people from less coherent families (with level of coherence being measured by the level of agreement on statements: “Things go well as a family,” “We can express our feelings in our family” and “Family members feel very close to each other”) are more likely to try psychoactive substances.

There is also a significant correlation between young people who have had thoughts of committing suicide and their level of agreement with these statements. Young people who expressed lower level of agreement with each individual statement (and all three statements together) were more likely to have thought of committing suicide. However, the correlation between suicide attempts and family coherence (measured in this way) was not statistically significant. It is thus that we cannot say with (95% or even 90%) certainty that the level of family coherence influences the young peoples’ tendency to commit suicide, but we can say that it does have an impact on whether they will be thinking about suicide.

There is also a strong correlation between respondents' level of agreement with statements “Things go well as a family” and “Family members feel very close to each other” and their sexual behavior. Young people who expressed less agreement with these two statements were more likely to have had sexual intercourse. However, the level of agreement with these two statements is not related to the age at which young people have their first sexual intercourse – young people who had had first sex at an early age and those who had had it after the age of 15 have shown the same level of agreement with the above two statements.

However, the level of agreement with all three statements correlates with young peoples' tendency to have sex under the influence of alcohol or narcotics – young people who expressed less agreement with all three statements were more likely to had had sex under the influence of alcohol and narcotics.
FAMILY COHESION PERSONAL EXPERIENCE (EXPERIENCE CONFIRMATION)

The above results are in line with the findings about young peoples’ experiences related to the following two statements: “Due to the lack of family union, you have felt lonely and isolated” and “Your personal objectives are in conflict with your family.” Most young people said that they had never or almost never been in a situation described by the two statements. Also, young people were more likely to feel that their personal objectives are in conflict with their family values than to feel lonely and isolated due to the lack of family union (see Graph 24).

Graph 24. I would like to read some statements and you tell me whether these situations ever happened to you

However, the experience of feelings described by the above two statements was related to young peoples’ tendency to try cannabis, heroine, MDMA and cocaine and the level of their agreement with the first statement – “Due to lack of family union, you have felt lonely and isolated” – was related to experience of trying amphetamines, medication/drugs and other drugs that make a person feel different.

Agreement with both statements was also related to young peoples’ thinking about committing suicide, but it was in no significant correlation with suicide attempts.

The agreement with both statements also was related to having sex under the influence of alcohol, while the agreement with the first statement was related to having sex under the influence of narcotics. The agreement, however, with either one of these statements was not related to young peoples’ sexual behavior or the age at which they had their first sexual intercourse.

DEPRESSION AND ANXIETY

Results of the Hospital Anxiety and Depression (HAD) scale indicate that 21% of young people in Kosovo show the signs of anxiety, while another 11.2% can be classified as depressed. Results also show that young women are more likely than young men and that people aged from 20 to 24 years are more likely than those aged from 15 to 19 years to be anxious. Difference in levels of depression between young women and men were not statistically significant (not even at 10% level), but older respondents (from 20 to 24 years) were more likely to be depressed than teenagers (at 10% level of significance) (see Graph 25).
Further analysis have shown that young people suffering from anxiety were more likely than those who show little or no symptoms of anxiety to have used heroin, non-prescribed medicaments/drugs and other drugs which make a person feel different.

Anxious young people were also more likely to have considered committing suicide, but no statistically significant correlation had been discovered between anxiety and suicide attempts. Also, anxious young people were more likely to have had sexual intercourse when they were high on drugs.

Depressed young people were more likely than those who show no or little symptoms of depression to have consumed alcohol or tried cannabis. Depressed young people were also more likely to have thoughts of committing suicide, but no statistically significant correlation had been discovered between depression and suicide attempts. Depressed young people were also more likely to have had sexual intercourse when they were high on drugs.

**Injection Drug Users**

One hundred current or former injection drug users were included in this survey, 85 men and 15 female. Of this group 19% reported being officially married, 6% married unofficially, 69% single, and 6% other. A total of 22% of the sample had children. Of those who reported to be single, 76.3% of them reported having a regular partner. The majority of respondents (77%) lived with their parents.

The majority (70%) reported having completed secondary level education (of this group 7% completed university education), while 29% completed up to 8th or 9th grade, and 1% completed up to the 4th grade (primary school). While 58% reported having a profession 68% reported currently being unemployed; 17% reported full-
time employment and 12% part-time employed. Sources of income include salary or wages (26%), criminal activity (31%), and friends/family/sexual partner (87%). Nineteen percent reported receiving welfare or public assistance. In the past three months, 72% were unemployed at some point, 5% homeless and 19% in prison. Over half (55%) reported having ever been arrested with an average of 3.5 arrests per person; the majority of arrests were for drug-related charges.

Questions about perceived health were asked and 1% reported being in excellent health, 20% very good health, 48% good health, 25% fair, and 5% poor. A third (35%) of the sample reported currently having a health problem that troubled them, and 37% were taking medication with the majority for anxiety or depression related conditions. Of the respondents, 13% saw a doctor (non-addiction specialist) within the last week; 23% within the last month; 30% more than a month ago; 27% more than 6 months ago; and 7% never.

HIV STATUS AND RISK PERCEPTION

Among the IDU surveyed, 16% have never been tested for HIV. An additional 72% reported knowing their status to be negative, 6% were uncertain, and the rest did not know. The majority (60%) said there was no chance of them being infected with HIV, 22% very unlikely, 7% likely, 1% very likely, and 1% did not know. In the past 30 days, 56% reported doing something to protect themselves from HIV. The protective measures included: used a condom (57%), cut back needle sharing (52%), cut back on the number of sexual partners (30%), more selective about needle partners (60%), cleaned needles (36%), stopped sharing needles (35%), and cut-down on drug use (21%). Regarding feeling personally informed about HIV risk behavior, 3% reported not feeling informed, 7% a little informed, 45% somewhat informed, and 45% very informed. Regarding whether the IDU community was informed about HIV, 7% reported the IDU community to not be informed, 33% a little informed, 55% somewhat informed, and 5% very informed.

SEXUAL BEHAVIOR

The RAR 2008 asked IDU about sexual behavior as HIV and other infections can be transmitted through sexual networks as well as drug networks. Once HIV enters the personal risk networks, the infection can spread to other IDU and to non-IDU sexual partners. Of the respondents, 99% reported ever having sex and 1% refused to answer the question. The age range of first sex was 12 to 22. The most frequently reported number of lifetime sexual partners included: 9% with 7 partners, 6% with 16 partners, 5% with five partners, 4% reported 30 partners, 4% reported 20 partners, 4% with 10 partners, and 4% with five partners.

The survey also asked about transactional sex. Ten percent of the respondents (all men) reported having given someone money or drugs in the past 90 days to perform sex or have sex with them. An additional 8% reported having sex with someone in the past 90 days in order to get money or drugs (5% refused to respond to this question). Of those who reported yes to this question, all were men. The number of women IDU surveyed is small and for each of these questions, 14-20% of the women refused to answer.

KNOWLEDGE ABOUT HIV/AIDS

The survey asked respondents knowledge-related questions about HIV/AIDS.

Table 5: IDU Knowledge about HIV/AIDS
Responses: 1=Strongly Agree; 2=Kind of Agree; 3=Kind of Disagree; 4=Strongly Disagree

<table>
<thead>
<tr>
<th>Knowledge about HIV</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing rinse water can result in HIV contamination</td>
<td>13%</td>
<td>52%</td>
<td>26%</td>
<td>6%</td>
</tr>
<tr>
<td>AIDS was created to kill drug users</td>
<td>7%</td>
<td>6%</td>
<td>23%</td>
<td>61%</td>
</tr>
<tr>
<td>Most research projects do not help the IDU community</td>
<td>14%</td>
<td>51%</td>
<td>24%</td>
<td>8%</td>
</tr>
</tbody>
</table>
question was small. When asked if they would have sex with a partner without a condom if that was what the partner wanted, 27% strongly agreed, 40% kind of agreed, 16% kind of disagreed, 14% strongly disagreed. 11% responded they never know what to say when needing to talk with partner about using a condom; 31% kind of agree; 32% kind of disagree; 25% strongly disagree. 24% strongly agreed that their sex partner would think there is something wrong with them if they said they had to use a condom; 30% kind of agreed; 25% kind of disagreed; 19% strongly disagreed. When asked if they could persuade their regular sex partner to use a condom, 48% strongly agreed; 32% kind of agreed; 13% kind of disagreed; 4% strongly disagreed. Of the respondents, 58% strongly agreed that when they trust their sex partner they never use a condom; 29% kind of agreed; 8% kind of disagreed; 2% strongly disagreed.

**DRUG RISK BEHAVIOR**

The RAR 2008 reports 8% of those interviewed reported sharing a needle without cleaning it first with bleach within the last week, 3% within the last month, 17% more than a month ago, 28% more than three months ago. This information aligns with the findings in the 2006 BBS survey that reported 12% of IDU injected with a needle or syringe that has previously been used by someone else, and more than double that (26%) had shared a needle with someone in the past month, of which 71% shared with two or more people.

**DRUG NETWORK**

IDU often inject with a group of people, often a repeated network of friends or acquaintances where group norms can encourage safe practices or support risk behavior. The RAR 2008 asked several questions about network behavior and norms including peer influence. In responding to the question whether their drug partners encourage them to clean their needles with bleach, 29% reported that most of them did so, whereas 17% reported none. Among their drug partners, 34% reported being encouraged to share a needle by their peers, 24% said some of their drug partners encouraged them, and 24% said none. Asked whether the IDU talk about HIV with their drug partners, 33% said they talk about this topic with a few of their peers, 28% reported talking about it with some of their peers, and 18% said none.

**INJECTION EQUIPMENT**

Of the IDU surveyed, 79% reported they most often acquired needles from a pharmacy and 10% reported from a friend or neighbor. Once done with the needle, 23% reported once or twice giving the needle to someone else, whereas 57% reported never giving the needle to someone else and in most cases (83%) throwing it away after use. When asked about fear of police harassment due to carrying a needle, 53% strongly agreed with the statement and 19% kind of agreed.

Responding to the question about using needles and drug injection equipment immediately after another person without cleaning it first with bleach, 68% reported doing this never, 18% less than once a week, 3% a few times a week, and 4% did this every day (7% did not respond). Fifty-five percent of the IDU reported never injecting from a syringe that had been prepared by others (not in front of them), 22% less than once a week, 9% once or twice a week, 4% three to four times a week, 3% every day (7% did not respond). Fifty-seventy percent of the population reported at least once a week to clean their tools with water before using (69% reported never before cleaning their needle or works with bleach).

**OVERDOSE**

In this sample, 73% reported having witnessed someone else overdosing. Most often (72%) the overdose occurred when using heroin. Of those who witnessed an overdose, 43% were overdoses of friends, 26% of an acquaintance, and 2% a sexual partner. Of the respondents, 29% reported never overdosing themselves, 22% did not answer the questions, and 49% reported at least one personal overdose. Of those reporting a personal overdose, the majority (88%) were using heroin.
Prisoners
The prison sample was asked questions about their families and health. A total of 89.1% agreed very much to the statement that things in their family were in order (4.2% agreed a little, 2.4% did not agree and .6% did not answer the question). Eighty point six percent reported their families could express their feelings and 89.1% reported family members feeling very close to one another. Because of lack of family connection, 32.7% reported almost never or never feeling alone or isolated, 26.7% reported feeling alone or isolated sometimes, and 29.7% reported feeling this way often (10.8% did not answer the question). When asked if their personal objectives were in contradiction with their families objectives, 68.5% reported almost never or never, 18.2% sometimes, and .6% often (12.6% did not answer the question).

The prison sample was also asked about their well-being. A total of 12.1% reported feeling stressed or nervous most of the time, with an additional 7.9% reported feeling this way often, 44.8% sometimes, 29.7% never, and 5.2% did not answer the question. A total of 34.5% reported feeling happy most of the time, 33.9% not very often, 20% rarely, and 7.3% never. Of the sample, 10.9% reported feeling afraid that something terrible was going to happen, 9.7% reported yes but it not being very important, 19.4% feeling that way a little bit but id did not disturb them, and 52.7% said they did not feel this way at all (7.3% of the sample did not answer the question). Prisoners were also asked if in their lifetime they ever had thought about committing suicide and a total of 6.7% said yes. Of the entire sample, 1.8% of the sample had a family member who tried to commit suicide but who lived; and .6% of the sample had a family member who tried to commit suicide and died.
The goals of the RAR 2008 on psychoactive substance use among young people, injection drug users, and prisoners in Kosovo have been realized to a large extent. By using an inductive and multi-level and method approach and looking at various dimensions of psychoactive substance use the RAR has contributed a better understanding of both the extent and nature of psychoactive substance use in Kosovo. This section presents overall conclusions about psychoactive drug issues in Kosovo and then presents specific discussion for each of the targeted groups.

Policy Development and Coordination
The overarching barrier to addressing psychoactive use and abuse in Kosovo is the absence of a strategy and implementation of the plan. The evidence from this report and other previous reports demonstrate that substance abuse is a problem for individuals and families and Kosovo and given the environment and risk factors, the problem could get much worse. One proposed reason that a coordinated response to substance abuse issues has not been development is because the issues cross multiple sectors. A multi-sector and inter-ministerial response is needed. A coordinating body or revolving leader would help to integrate different sectors to help build a comprehensive strategy and help to identify priorities. The multi-sector committee includes government ministries, the treatment providers (private and public sector), international organizations, and civil society.

Structural and Cultural Factors
Impacting Psychoactive Substance Use
To be successful, the strategy adopted must be culturally and contextually relevant and acceptable to the Kosovo government and targeted populations. The strategy can build upon existing protective factors, such as strong family units. The response must, according to the 2008 HMO Solutions Drug Situation Report, “need to take account of local circumstances such as demographic and cultural profile, socioeconomic situation or level of crime. While efforts at national level to develop and implement pedagogic approaches to prevention within the broader framework of school-based health education programmes are showing progress in some countries, a greater challenge is to assess needs, identify priorities and develop flexible responses that are appropriate to local circumstances.” Additionally, “…it is also important to adopt approaches based on an appreciation of the social and cultural dimensions that mould patterns of drug use and on an understanding of drug use as part of a broader lifestyle and consumer-oriented phenomenon in which some people and groups are more likely than others to experience problems. This contrasts with perspectives in which drug use is seen as external and pathological. This, in turn, implies a differentiated pedagogic and public health approach to the concepts of risk and vulnerability.”

The contextual assessments present several community and structural risk and protective factors existing in Kosovo that may impact psychoactive substance use. Possible risk factors include high unemployment, a large young population, availability of drugs and low prices, and limited prevention and treatment programs. Protective factors include strong family units and commitment to the new generation. The strategic plan will need to consider these factors when developing policy and programs.
Primary Prevention

Prevention for psychoactive substance use in Kosovo is limited. The programs are not targeting the most at risk populations, and programs for the general population are not coordinated or monitored. School-based prevention programs have been implemented in some but not all schools and funding is limited. The reports reviewed for this RAR 2008 recommend developing targeted prevention programs for hard-to-reach and vulnerable populations, including out-of-school youth, rural youth, and sex workers. Prevention should not be limited to illegal drugs, but also focus on the risks of tobacco and improper use of prescription medication.

Treatment System

Information in this report and others conclude that the psychoactive substance treatment system in Kosovo is not well developed. The system was not developed before the conflict (when addiction was treated in Belgrade) and after the conflict with all the competing needs, the substance abuse treatment system was not rebuilt. The existing system has been an ad hoc creation of public and private services that do not offer a range of services and does not cover those in need. While private treatment is offered and having some success, many users cannot afford the treatment and additional services and spectrum of services are needed. Services targeted to specific groups – youth, women, marginalized populations – would also be useful. For the past decade and more, families of drug users have also experienced a heavy burden including financial hardship and stigma. As the family unit is such an important part of Kosovar society, new and continued programs are encouraged to incorporate family support but also be developed so that individuals seeking anonymous treatment have access. Developing treatment programs for non-illegal drugs, including tobacco and alcohol, are encouraged to be developed.

Young People

The data presented in this RAR 2008 can be used to track youth psychoactive drug use over time and also, to compare rates of use among youth worldwide. The data reported in this survey indicate that drugs are available in Kosovo and all types of drugs are being used by Kosovo youth. The use is occurring in an environment with very limited prevention and treatment options. Data in the RAR 2008 compared to rates of use among youth in the United States and other European Union countries reveal equal or lower rates of use overall. One different area is rates of use of tobacco, which remains higher for Kosovo youth. Although tobacco is not an illegal drug, the negative health consequences are known and this is an area of significant risk to the health of youth in Kosovo. Rates of use of alcohol among Kosovo youth overall are less compared with youth in the US and EU. In the RAR 2008 a total of 37.8% or the respondents ever tried alcohol, whereas in the 2007 US SAMSHA report, 51% of the youth 12 and older had used alcohol in the past month (and 23% reported binge drinking in the past month).

Among illicit drug use, the US 2007 SAMSHA survey reported among youth 12 and older, 5.8% having used cannabis in the last month. This compares with a 3.8% lifetime rate of youth among youth in Kosovo (and 56% of this group had not used cannabis in the past month). As for cocaine use, in the RAR 2008, 0.2% reported lifetime use of cocaine and in comparison for the US youth, 0.8% of the 12 and older surveyed reported cocaine use in the past month. The US 2007 survey also reported 2.8% of youth 12 and over having used a non-prescribed medication in the past month. In Kosovo, 2.6% of the surveyed Kosovo youth reported lifetime use of a non-prescribed medication.

Issues and trends to pay attention to include reported identified trend of younger first time drug users, including anecdotal information that in the 1990’s age of first time heroin use was late 20’s and not it is the early 20’s or even late teens. Evaluations of drug use among non-city (rural and suburb areas) is also an area to be followed and interventions developed. High rates of tobacco use and the availability and use of non-prescribed medications are also of concern. Continued evaluating trends of illicit drug use is also important as available treatment for those with abuse and addiction problems is minimal.
A limitation of the present findings is that the data collected on psychoactive substance use among youth was conducted with face to face interviews. This type of interviewing hypothetically might have reduced the sincere responses on psychoactive substance use especially of those that are illicit.

Targeted Programs for IDU

The conclusions and recommendations for the IDU population fall into two categories: 1) harm reduction to reduce the risk of HIV and HCV infection, and 2) developing treatment and prevention services for IDU.

HARM REDUCTION AND RISK OF HIV/HCV

Kosovo has a low-prevalence HIV rate and since 1986, a total of 70 cases have been reported to the Ministry of Health. The number of HIV infected is believed to be a lot higher but surveillance is not systematic. The reporting of mode of transmission is also not well documented so identifying the most common transmission route cannot be done. What is known is that of the 199 IDU tested for HIV in the BBS 2006 survey, none reported positive for HIV. While this is good news, there is reason for concern. The BBS 2006 survey also reported that 13% had HCV. This indicates that risky drug behavior is occurring, as HCV is most often transmitted through injecting equipment. The drug risk behavior presented in the BBS, the RAR 2001 and this RAR 2008 do report risky drug behavior underway and a community that is not well informed about harm reduction.

TARGETED PREVENTION, HARM REDUCTION, AND TREATMENT PROGRAMS

The other issue to target efforts is developing prevention, harm reduction, and treatment programs for drug users. Effective harm reduction programs for IDU have been implemented worldwide and what will be sustainable and appropriate for Kosovo must be decided upon by the stakeholders and the IDU community. Regarding treatment, the data shows that less than half of the IDU have ever received treatment and the majority of treatment has been detoxification services. In addition to developing the treatment programs it is essential that they are developed to ensure that IDU will be able to access the services, which includes having low-cost, accessible, and IDU “friendly” services. Anecdotal information reports that drug users and their families feel a high level of stigma and concern about arrest, which might limit the numbers who seek treatment even if it is available. Issues such as these can be part of the planning process and piloted to ensure the programs are working effectively. The data also demonstrates the need for overdose prevention. Currently there are no overdose prevention programs for IDU or unique training about overdose prevention and treatment for medical personnel.

Prisoners

According to the data provided in this RAR 2008, while the majority of interviewed inmates have smoked tobacco and used alcohol, a small percentage reported illicit drug use. Prisoners were included as a target group as the 2001 RAR and worldwide reports indicate that the prison population often has a higher rate of drug use and addiction compared to the general population. This was true when comparing the average rates of use of drug use among prisoners compared to the surveyed youth population in this RAR 2008 (a comparison adult population is not available).

The overall lifetime use reported by Kosovo prisoners is less than reported elsewhere in the world, but it is still recommended that a coordinated approach be developed and treatment services be provided within the prison system. The RAR 2008 data is aligned with the medical records and report from the Department of Corrections, as reported in the Mapping of Drug Services (2006) report that an estimated 5% of the prison population has a non-defined drug problem. The majority of prisoners will return to their families and their communities and the time in prison is an opportunity for targeted treatment.
Policy Development and Coordination

Based on the findings of the RAR 2008 we urge stakeholders - Kosovo government, WHO, UN agencies and others - to collaborate and support a coordinated response to psychoactive substance use and abuse in Kosovo. A strategic plan is needed to guide future action and it is recognized that a barrier to implementation is identifying funding sources. As a start, a multi-sector and inter-Ministerial committee including civil society, consumers, and the international community (for technical and financial support) could be established.

Surveillance, Monitoring, and Evaluation

Developing a surveillance system is needed to inform policy and program and also monitor trends. Monitoring and evaluating the impact of prevention and treatment programs will help to identify programs that work and help to eliminate programs that do not. Given the human resource and financial resource constraints in Kosovo, investing in surveillance, monitoring, and evaluation would allow for effective programs to be developed, implemented, and sustained.

Prevention and Treatment

It is recommended to develop population-wide and school based psychoactive substance use prevention programs, and also develop targeted prevention programs that reach at-risk and marginalized groups. General prevention through media and in-school will not reach those most in need and may not be detailed enough to provide information that will help.

Comprehensive treatment programs from rehabilitation to maintenance need to be available for those in need. Current programs do not have the capacity to treat all those who might seek treatment and do not offer the range of services that have been shown to be effective. The most cost-effective and effective treatments are matched to the level of need of the individual, meaning not every person needs inpatient detoxification. Developing a range of services will be beneficial to the psychoactive substance users and also to be cost effective. Treatment programs that are developed for targeted groups, such as youth and those with co-occurring mental illness, are also encouraged. Related to treatment is the issue of human resources. It is not clear if the level of training and type of health and social service professionals that could be involved in treatment are receiving adequate training and if there are enough staff.

Non-prescribed Psychototropic Drug Use

Access to non-prescribed psychotropic drugs from pharmacies is a critical problem in Kosovo. It is not known the extent of use and abuse of non-prescribed prescription drugs and the issue is in need of further investigation. It is a problem that effects all ages and social classes, as anyone can enter a pharmacy and purchase the medication.
These drugs are complex to treat and highly addictive. This issue will take multiple sectors to address, starting with the criminal justice system to enforce and punish pharmacies that break the law. The Ministry of Health and other departments that regulate the drugs and license the pharmacies also must be involved. Prevention programs can educate the population about the dangers of using prescription drugs not under the guidance of a physician but it is believed a more structural solution will need to be implemented in combination with individual behavioral interventions. Connected to this issue is the need for treatment programs to develop specialized programs to address related addiction.

**Action Plan for Next Six Months**

In order to encourage the implementation of the recommendations, a comprehensive set of prioritized actions have been identified. These are feasible and urgent and can be initiated within a six month period. While some of these action items need funding, others are more a product of time and effort of stakeholders already involved tangentially in psychoactive substance use related issues.

1. Develop an inter-ministerial and inter-disciplinary committee to address drug use in Kosovo. The committee will have ministerial leadership and could have financial and technical support from the WHO and UN programs to help development and fund activities.
2. Develop a two-year strategic plan. It is hoped this plan will be funded by international agencies and Kosovar institutions and implemented by the Kosovo government and other stakeholders. Possible actions could be:
   a) Develop initial surveillance system
   b) Promote harm reduction activities and identify funding for implementation, e.g., needle exchange, substitution therapy, and overdose prevention and intervention
   c) Develop prevention program targeting illegal use of pharmaceutical drugs
   d) Implement substance abuse survey with at-risk youth
   e) Develop youth-friendly substance abuse treatment pilot program
   f) Study tour to evaluate possible drug treatment programs for the corrections system (prison inmates)
   g) Encourage collaboration with ongoing programs that have psychoactive substance use components, e.g., the Global Fund program and harm reduction activities
   h) Conduct survey of health care and social service personnel to identify human resource needs to expand treatment services
   i) Implement peer education network oriented HIV prevention programs with IDU that focus on both the drug and sexual networks


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