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Information Map Report CARDS Project

Montenegro 2009

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I INTRODUCTION

According to all available parameters, increase in drug use in Montenegro came about relatively recently - it was only at the beginning of the last decade that Montenegro seriously faced this problem as an important public health concern and as safety problem. Overall unfavourable economic and social situation in the county, influence of the war in the surrounding, increase in crime level and availability of drugs and their relatively low price, erosion of ethical and moral social codex and traditional family values, appearance of trend of normalising negative social phenomena, and numerous other social processes, have lead to multiple increase and diversification in areas of both drug supply and drug demand. Although preventive and educative activities have been very intense in Montenegro during the last decade, evidence suggests that there is still insufficient and inadequate knowledge on drugs among youth.

Montenegro represents a transitory part of the so called "Balkan drug route". Most present drugs on the black market are marijuana and heroin, while synthetic drugs and cocaine are somewhat less present.

Montenegrin anti-drug policy is strongly committed towards reduction of drug supply and demand. "National Strategic Drug Response 2008-2012" was adopted by the Montenegrin Government in May 2008, and the establishment of the National Drugs Office ensued, ensuring coordination role in implementation of the state policy. Within this strategic frame, significant developments have been made, or are currently in progress, especially in the area of drug treatment demand monitoring, drug legislation, surveys on drug use among young people and surveys on prevalence of drug-related infectious diseases among injecting drug users.

I.1 Strength and weak points of drug related data

Perhaps the most significant *weakness* of drug related data in Montenegro has been lack of central coordination and central data collection authority/office/body. Namely, with various agencies and institutions present in the country as a source of expertise, each of them possessing their specific data, and with cooperation and exchange of information mostly based on informal networks and relations without any formal mechanisms defining this area in place - drug data was not visible, comprehensive and easily available. Now, with the new law that defined data collection from the health system and the data collection authority, with the new Law on Drugs that is under construction, with establishment of the National Drugs Office within the Ministry of Health with coordinative role, this weakness ought to be diminished.

Yet another disadvantage of the data collection is lack of harmonised identification of cases in the different data collection systems which could be used to follow clients in the different systems.

In addition, significant disadvantage of drug related data in Montenegro is deficiency of relevant research in the field because of the small number of available experts and institutions involved in this field.

Overall weakness of the data collection system is that it is not yet in line with the EMCDDA recommendations in most fields. There is still substantial need for training and targeted methodological support regarding the standards for drug-related data collection.

Probably the best **strength** of drug related data collection system is the relatively small-sized network of data providers, which, once fully established and provided with sufficient well-trained staff, should easily function. Also, relatively small number of cases should probably make collection of detailed information possible.

Another strong point would be the existing good cooperation between different actors in the drug field, largely based on informal relations.

Strength of the data collection system is also that the establishment and development of new data collection systems will be based on international experiences and recommendations.

1.2 Main gaps in drug related data

Main gap in the area of **drug use among general population and young people** is that *surveys on drug use in general population were not conducted in Montenegro so far*. Strength is that two surveys on drug and alcohol use among schoolchildren were conducted: in 2004, and the ESPAD survey in 2008. These surveys established a firm base for monitoring trends and change in drug use patterns in Montenegro, through implementation of further ESPAD circles or other surveys.

In the area of **problem drug use**, main gap is that *no estimation relevant for the whole country is available*, only very limited information on the research study among injecting drug users conducted in the capital of Montenegro in 2005/2006 by the Imperial College from the UK, by use of capture-recapture method with three sources.

In the area of **drug treatment demand**, main gap has been *irregular and insufficient treatment data reporting based on the obsolete reporting form*. The issue is currently being tackled, since the new Law on Data Collection in

the Field of Health Care¹ was adopted in December 2008, enabling introduction of a new treatment demand data collection and reporting system, based on the standard EMCDDA TDI guidelines.

In the area of **data on drug related infectious diseases**, main gap is *insufficient reporting of these diseases*, even though the Law on Protection of Citizens from Infectious Diseases² stipulates mandatory reporting. A further problem is that only the reporting form on HIV/AIDS contains item about the risk of contracting the infection, while the reporting forms for hepatitis B and C and for STIs do not contain such item, which leads to lack of data of number/percent of IDUs among infected patients.

As regards data in the area of **drug related death**, the main identified gap would be that *there are a number of deaths without precisely defined cause, which seems to be a problem in the analysis of epidemiological situation in the country related to drug deaths*. Also, because of small number of drug related deaths per year, it is difficult to work on a prospective cohort study to track the death causes among users of narcotic drugs.

As regards law enforcement data, main identified gap/need for improvement would be to *increase scope of data that is routinely collected on offences and offenders* (to add more detailed socio-demographic data on the offenders; data on previous/other offences under the influence of drugs, etc.).

¹ Law on Data Collections in the Field of Health Care. Official Gazette of Montenegro № 80/08. Podgorica, December 2008

Available at: <http://www.gov.me/eng/minzdr/vijesti.php?akcija=vijesti&id=168868>

² Government of Montenegro. Law on Protection of Citizens from Infectious Diseases. Official Gazette of Montenegro No 32/2005. Podgorica, May 2005

Available at: <http://www.gov.me/eng/minzdr/vijesti.php?akcija=vijesti&id=168868>

II OVERVIEW OF DATABASES

	Name and/or description	Type of data (in terms of key indicator or core data)		Provider (Institution name)
1.	<i>Database of the ESPAD survey</i>	<i>GPS</i>	<i>Data on prevalence of drug use among secondary school students</i>	<i>Public Health Institute of Montenegro Centre for Health Promotion</i>
2.	<i>HIV register</i>	<i>DRI D</i>	<i>Number of HIV infected and diseased persons and their characteristics</i>	<i>Public Health Institute Centre for Disease Control and Prevention</i>
3.	<i>Register of infectious diseases</i>	<i>DRI D</i>	<i>Number and characteristics of persons infected with infectious diseases</i>	<i>Public Health Institute Centre for Disease Control and Prevention</i>
4.	<i>Database of the survey into risk behaviours related to HIV/AIDS and sero-prevalence of HIV, HVB, HVC among IDUs in Montenegro</i>	<i>DRI D</i>	<i>Risk behaviour and HIV, HBV, HCV sero-prevalence among IDUs</i>	<i>Public Health Institute of Montenegro UNDP HIV/AIDS Project Implementation Unit in Podgorica</i>
5.	<i>Database of diseases, conditions and injuries from hospital units</i>	<i>TDI</i>	<i>Aggregated number and basic characteristics of persons treated for drug use in hospital units</i>	<i>Public Health Institute Centre for Development of the Health System</i>
6.	<i>Database of diseases, conditions and injuries from outpatient units</i>	<i>TDI</i>	<i>Aggregated number of persons treated for drug use in outpatient health units</i>	<i>Public Health Institute Centre for Development of the Health System</i>
7.	<i>Database of patients of methadone maintenance treatment</i>	<i>TDI</i>	<i>Number and characteristics of MMT patients</i>	<i>Health Centre Podgorica MMT centre</i>
8.	<i>Forensic medical register of death causes</i>	<i>DR D</i>	<i>Number of drug related deaths and general data on deceased persons</i>	<i>Forensic Medical Department of Clinical Centre of Montenegro</i>
9.	<i>Register of drug law offenders</i>		<i>Number and basic characteristics of individuals against whom criminal charges were filed by the Police; number and types of criminal acts perpetrated</i>	<i>Police Directorate of Montenegro Criminal Police Sector Drugs and Trafficking Division</i>
10.	<i>Register of drug seizures</i>		<i>Number of seizures, type and quantities of seized drugs, drug trends at market and trend of seizures</i>	<i>Police Directorate of Montenegro Criminal Police Sector Drugs and Trafficking Division</i>

11.	<i>Database of penal records - "Kt records" at the High State Prosecutor (Podgorica and Bijelo Polje)</i>		<i>Number and trend of filed charges, investigative procedures, accusations, prosecutions, convictions for criminal acts</i>	<i>High State Prosecutor Podgorica and Bijelo Polje</i>
12.	<i>National contact network in drug field in Montenegro</i>		<i>List of institutions/NGOs involved in drug problem; list of contact persons within the institutions; data on implemented activities</i>	<i>Ministry of Health</i>

III DESCRIPTION OF DATABASES

III.1 DATABASE OF THE ESPAD SURVEY – EUROPEAN SCHOOL SURVEY PROJECT ON ALCOHOL AND OTHER DRUGS

Responsible institution name and address:

*Public Health Institute of Montenegro
Centre for Health Promotion
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Contact person:

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Objectives of the database/data collection system:

- *To estimate prevalence of use of psychoactive substances among adolescents in Montenegro*
- *To identify knowledge, attitudes and behaviour on drugs among secondary school students in Montenegro*

Statistical unit (e.g. person, test, offence) and its definition:

Person – regular student of the first grade of secondary school that will turn 16 in the year of survey implementation

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

Regular students of both genders, born in 1992, from all secondary schools in Montenegro, attending first grade, present at classroom on the day of the survey administration

Geographical coverage:

National level: 100%

Institutional coverage:

All secondary schools in Montenegro: 49 schools with 303 classes: 22 comprehensive schools with 86 classes, 23 vocational schools with 211 classes, and 4 artistic schools with 6 classes

Coverage rate:

- percentage of statistical units covered/found but not recorded: *11.14%*
- percentage of statistical units not having been observed: *Not applicable*

Inclusion criteria:

Children born in 1992, regularly attending first grade of secondary school, present in the classroom when the survey questionnaire was administered

Sampling procedure (if applicable):

The entire population of students of the first grade was taken as a survey sample

Substances (drugs) monitored/distinguished:

- *tobacco*
- *alcohol*
- *tranquilisers and sedatives*
- *marijuana/hashish*
- *inhalants*
- *alcohol combined with tablets*
- *ecstasy*
- *amphetamines*
- *cocaine, crack*
- *heroin*
- *LSD or other hallucinogen drug*
- *magic mushrooms*
- *GHB*
- *anabolic steroids*

Description of organization of data gathering/methodology:

ESPAD survey is by standard conducted through structured, internationally accorded questionnaire, which contains mandatory part and optional modules (optional part divided into several modules – family context, psychosocial factors, deviant behaviour).

Survey materials were prepared at the Public Health Institute of Montenegro prior to delivering them to schools. Based on data gathered from the field survey administrators on the number of classes and students in classes, corresponding quantities of envelopes with questionnaires, classroom reports, and most important conclusions from the pilot study were prepared and packed into folders made specifically for the survey – one folder per class. Each folder contained a label with specified name of the school and the city, name and surname of the field survey administrators, code of the school, code of the class, as well as the number of students in the class, from “x” to “y” (corresponding to the number of students, that is, to the number of questionnaires). The questionnaires were unmarked. Corresponding number of folders designated for each school were individually packed and distributed to schools, and handed over to survey administrators. After completion of the questionnaires, students were instructed to put the questionnaires into empty unmarked envelopes, to seal the envelopes themselves and put them into the folders placed on the desk in front of the survey administrator, in order to completely preserve anonymity of respondents. Field survey administrators put filled classroom reports into the envelopes. Collected folders from one school were safeguarded until they were returned to the Public Health Institute. Distribution and later collection of survey materials was done directly from and to the Public Health Institute, in close cooperation with the school directors and survey administrators. The complete process lasted for 10 working days.

Ten persons from the Public Health Institute were trained for entering the filled questionnaires into the database, which was specifically created for the survey, in SPSS format. Data entry was performed in line with universal coding instructions and instructions for data entry into the database ESPAD 2008. During the data entry, 32 questionnaires were excluded, down to the fact that these were mostly empty or evidently poorly filled in. Database was finalized and sent to ESPAD database administrator, who performed the final database clearing.

Description of data storage:

Database in electronic format

Software for data processing:

SPSS 12.0 for Windows

Level of aggregation of the information available to the national correspondent:

Database

Legal status of the database:

Limited

Legal status of the aggregated data:

Public; final report is published

Time period of available data:

- first year: **2008**
- last year: **2008**

Evaluation of data quality and reliability:

- double-counting: **no**
- bias: **no**
- consistency over time: **yes**
- reliability: **high**

Other comments and remarks:

Montenegro has for the first time participated in implementation of the survey within the ESPAD project, in extra survey circle which was conducted in Western Balkan countries in 2008, within the frames of the CARDS programme implemented through EMCDDA. National Report was produced and publically presented in April 2008 to wide selection of stakeholders and policy makers. International ESPAD 2008 Report is planned to be produced by the CAN, but it is still pending.

Abstract/example of data output:

Abstract of the results:

“Data show that 44% of respondents at the age of 16 have smoked cigarettes at least once during their lifetime. Most students first tried cigarettes at the age of 15 years.

74% of students have drunk an alcoholic beverage at least once during the lifetime. It was mostly at the ages of 14 and 15 years that students first tried alcohol. Most youngsters had their first drunkenness with 15 years of age, while 27% of students got inebriated at least once during the lifetime.

By the age of 16, 8% of students took sedatives and tranquillisers on doctor's advice, while 3% of them used tranquillisers and sedatives without doctor's recommendation. Most students had their first experience with these medicaments at the age of 15. Three percents of students have drunk alcohol combined with tablets, most of which tried this combination of psychoactive substances at the age of 15.

Four percents of students which participated in the survey have used inhalants at least once in the lifetime. Majority of students first tried inhalants at the ages of 14 and 15 years.

As regards cannabis use, 4% of participating students reported that they had used marihuana or hashish at least once during their lifetime. Most students first tried cannabis at the age of 15. Seventeen percents of students said that they had had possibility to try marihuana/hashish, but they didn't.

During the last year, 1% of the total number of students used ecstasy, while the same percent of students used ecstasy during the last 30 days. Again, critical period for first consumption of this drug was at the ages of 14 and even more at the age of 15, when the largest percent of students first tried it.

One percent of students who participated in the survey confirmed that they had used amphetamines at some point in their lifetime, with most of them having tried these substances at the age of 14.

By the age of 16, as much as 6% of participating students used drugs like cocaine, hallucinogens, crack, heroin, "magic mushrooms", GHB, anabolic steroids or drugs like heroin, cocaine and amphetamines by intravenous application".

Bibliography/website addresses:

ESPAD 2008 Report was published and presented at public conference

- *Website address: www.espad.org*

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- *Annex 1 - ESPAD 2008 questionnaire in Montenegrin*
- *Annex 2 - ESPAD questionnaire in English*
- *Annex 3 - ESPAD questionnaire in Albanian*

III.2 HIV REGISTER

Responsible institution name and address:

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Contact person:

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Objectives of the database/data collection system:

- *Registration of laboratory findings of HIV/AIDS gained through voluntary testing of HIV/AIDS in the general population;*
- *Registration of laboratory findings of patients from health institutions tested for diagnostic purposes per doctor's request;*
- *Registration of laboratory findings of pregnant women*
- *Registration of laboratory finding in case of unprofessional exposition to potentially infected blood*
- *Registration of laboratory findings of HIV/AIDS through consistent implementation of the law on obligatory testing of HIV of all voluntary donors of blood, tissues and organs*
- *Registration of laboratory findings of HIV/AIDS of persons belonging to risk groups for HIV infection, tested through Counselling Services for Voluntary and Confidential HIV Testing (at the Public Health Institute of Montenegro and 7 regional counselling services within health centres throughout Montenegro)*
- *Gathering detailed data on HIV/AIDS as regards prevalence, incidence, trends in infection, mortality, clinical appearance of the infection, transmission routes, co-infections and antiviral therapy*
- *Conduction of bio-behavioural and sero-epidemiological studies about risk behaviours in general population and in populations of groups with high risk (risky sexual behaviour, intravenous drug use, etc.)*

Statistical unit (e.g. person, test, offence) and its definition:

Person infected with HIV/person diseased with AIDS

Definition of the statistical unit:

Any person whose laboratory findings confirm presence of HIV infection

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

a) Socio-demographic characteristics of tested persons:

- *gender*

- *age*
- *place of residence*
- b) Risk factors for infection: sexual and other risk behaviours**
 - *sexual behaviour: heterosexual, homosexual, bisexual; use of condoms*
 - *intravenous drug use*
 - *vertical transmission – from mother to child*
 - *hospital infection (nosocomial way of transmission)*
 - *recipient of blood or blood derivatives*

Geographical coverage:
National level, 100%

Institutional coverage:
100%

Public Health Institute represents national centre of integral system of HIV/AIDS surveillance in Montenegro, that is, national centre for collection, verification and statistical analysis of the data. Public Health Institute of Montenegro publishes the data in advance/retrospectively through periodical publications, epidemiological reports and/or scientific papers. At the same time, Public Health Institute represents referent national centre for laboratory testing to HIV, HVC, HVB and STI. Public Health Institute periodically gathers the data from all public and private health institutions in Montenegro, which are by the law obliged to report infectious diseases (that are defined as such by the law) and to deliver data on the number of persons tested to HIV, while Centre for Transfusion Medicine of the Clinical Centre of Montenegro delivers the data on the number of tested persons once a year.

Coverage rate:

- *percentage of statistical units covered/found but not recorded: 0%*
- *percentage of statistical units not having been observed: Not applicable*

Inclusion criteria:

Any person with confirmed presence of HIV through laboratory testing

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

Not applicable

Description of organization of data gathering/methodology:

Reports about existence of antibodies to HIV are the only reports of infectious diseases which, in order to preserve confidentiality of personal data of patients, are being coded in line with the methodological - scientific

guidelines from the Public Health Institute of Montenegro. These reports are being filled out in 2 copies, out of which one copy is delivered to the hygienic-epidemiological service, another to the Public Health Institute. Before the data from the report are entered into the database and before statistical elaboration of the data, responsible person in charge of the register is obliged to perform control of the report, that is, control of the completeness and logic of the data. If doubt of incompleteness or illogic of the data occurs, responsible person contacts the health worker who filled in the report, in order to verify, complete, or correct the data, which is only then entered into the database of the national register.

Description of data storage:

Paper and electronic form

Software for data processing:

MS Excel

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited in the area of personal data of patients

Legal status of the aggregated data:

Public, annual report is published

Time period of available data:

- first year: *1989*
- last year: *2008*

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *yes*
- consistency over time: *yes*
- reliability: *high*

Other comments and remarks:

Reporting of infectious diseases in Montenegro is stipulated by the national legislation. Data on all aspects of HIV are separately collected, analysed and published. Different factors influence the number of reported cases:

- *actual epidemiological situation in the field*
- *practice of voluntary testing*
- *development of health services (possibility to use laboratory diagnostics in order to confirm diagnosis)*
- *efficiency of health services in evidencing infection and deaths caused by the infection*

- *health culture of the population (seeking for doctor's advice and testing in case when evident risk is in place)*
- *consistency in implementation of the law on mandatory testing to HIV of all voluntary blood and tissue donors*
- *conducted bio-behavioural and epidemiological surveys in populations which are more than others exposed to risks*

Based on monitoring previous HIV/AIDS reporting, it is fair to state that reporting has been correct. However, as regards reporting of deaths, not all cases of deaths caused by HIV infection are being reported. In fact, since the first case of HIV/AIDS in 1989, registration of deaths has represented the weakest link in surveillance of trends in this disease.

Preliminary (screening) test to HIV antibodies is done in territorially authorized laboratories (public and private), while confirmatory test, as well as PCR (polymerase chain reaction PCR) quantitative test and CD₄ lymphocytes are done at the Public Health Institute of Montenegro.

Abstract/example of data output:

"From 1989 to 2008, 89 persons in total infected with HIV were registered in Montenegro. In 2008, prevalence of HIV infection was 0.09/1000 inhabitants. Predominant route of HIV transmission is sexual route (81%), with increasing trend since the beginning of the epidemics. On the contrary, route of infection through blood, for both intravenous drug users and recipients of infected blood through transfusion in health institutions, remains rather low. There were 6% of infections through blood during the period from 1989 to 2008, out of which 4% were IDUs and in 2% infection occurred in health institutions through blood transfusion.

Results of laboratory testing conducted in the frames of sero-epidemiological survey in 2008 among IDUs showed low prevalence of HIV among IDUs (0.40%).

Bibliography/website addresses:

Annual report was published and presented in public. Scientific papers were presented at the scientific/expert conferences/seminars/workshops

- *Website address: <http://www.ijzcg.me/>*

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- *Annex 4 - Individual reporting form of carriers of HIV antibodies, HIV disease, death caused by the HIV disease*
- *Annex 5 - Extracts from the chapter "Morbus HIV" from the Health Statistics Yearbook of Montenegro 2007"*

- Annex 6 - *Internal anamnestic data sheet of HIV Counselling Services*

III.3 REGISTER OF INFECTIOUS DISEASES

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Objectives of the database/data collection system:

- *Registration of incidence of infectious diseases (diagnosed clinically or in a laboratory) based on reports of infectious diseases which are by the law stipulated for mandatory reporting. All doctors from all health institutions report infectious diseases. Among infectious diseases whose reporting is stipulated as mandatory, blood born and sexually transmitted diseases are singled out as a special subgroup*
- *Production of periodical report which serve as a basis for development and implementation of measures for control and prevention of infectious diseases*

Statistical unit (e.g. person, test, offence) and its definition:

Person diseased from infectious and sexually transmitted diseases

Definition of the statistical unit:

Any person with confirmed diagnosis of infectious disease (HCV, HBV, HIV) and/or sexually transmitted disease

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

Socio-demographic characteristics:

- *place of residence*
- *age*
- *gender*
- *level of education*
- *marital status*
- *profession*

Geographical coverage:

National level, 100%

Institutional coverage:

100%

Public Health Institute represents national centre of the integral system of surveillance in of infectious diseases in Montenegro, that is, national centre for data collection, data check and statistical analysis of the data. Public Health Institute of Montenegro publishes the data in advance/retrospectively through periodical publications, epidemiological reports and/or scientific papers. At the same time, Public Health Institute represents the referent national centre for laboratory testing to HIV, HCV, HBV and STI.

Coverage rate:

- **percentage of statistical units covered/found but not recorded:** *0%*
- **percentage of statistical units not having been observed:** *Not applicable*

Inclusion criteria:

Person with infective pathogen verified through laboratory testing

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

Not applicable

Description of organization of data gathering/methodology:

Doctors fulfil reporting form for infectious diseases in two copies. One copy is delivered to territorially authorised health institution in charge of monitoring infectious diseases (hygienic-epidemiological services within the primary health care-health centres), while other copy is delivered to Centre for Disease Control and Prevention of the Public Health Institute, where data control and data entry into the electronic database is done.

Description of data storage:

Register of infectious diseases in paper form as well as electronic database

Software for data processing:

DOS programme (database, report); MS Excel; it is planned to develop Oracle programme this year

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:
Limited in the area of personal data of patients

Legal status of the aggregated data:
Public, periodical publications and published final annual report

Time period of available data:

- first year: *1994*
- last year: *2008*.

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *possible at individual level*
- consistency over time: *yes*
- reliability: *high*

Other comments and remarks:

Reporting of infectious diseases in Montenegro is stipulated by the national legislation. Apart from reporting by medical doctors, HIV, HBV and HCV are additionally reported on a special reporting form on infectious pathogen found through laboratory testing, which is filled in by the specialist in microbiology or in transfusiology.

Basic problem is that certain number of persons diseased with infectious and sexually transmitted diseases and treated by doctors at the primary health care level and doctors in private surgeries, are not being fully and properly reported, even though reporting is stipulated by the law. In addition, private laboratories do not always report cases of positive findings.

Potential cause for underreporting of blood borne and sexually transmitted diseases from particularly private surgeries and laboratories might be in the fact that doctors, requested so by patients, agree to protect their identity due to stigma and discrimination that is in place.

Another problem is that only the reporting form for HIV/AIDS contains an item on intravenous drug use as a risk factor for disease. Reporting forms for hepatitis and sexually transmitted diseases do not contain such item.

Standards on epidemiological surveillance of infectious diseases, in line with the WHO, were developed and published at the Public Health Institute of Montenegro, while legislation in this field is currently undergoing modifications and amendments with a view of its adjustment with the new Law on data

collections in the field of healthcare and due to introduction of the IHR - International Health Regulations.

Abstract/example of data output:

“In 2008, majority of cases of registered infectious diseases were cases of Hepatitis B (24 cases or 77.4%), and incidence is 16% higher than it was in 2007. Currently, largest number of infections is registered among adults (in 88% of cases, among persons over 20 years of age), while, as regards gender distribution, infection is twice more frequently registered among males than it is among females.

Immunisation of individuals belonging to groups at increased risk and hard to reach populations such as intravenous drug users, sexual commercial workers and men having sex with men, is currently a present problem, too. However, given that in early 2003, immunisation against hepatitis B was introduced into the Programme of mandatory immunisation, it is expected that better control over this disease will be established in these population groups.

Relevant data on HBV antigen bearers is incomplete, partially down to problems in acquiring diagnostic equipment, and partially due to inefficient reporting – therefore, 3 cases of HBV antigen bearers were registered in Montenegro in 2008.

Hepatitis C was registered at 25 persons in 2008, and incidence is twice smaller in comparison to 2007. It is possible that certain number of cases of hepatitis C is registered under diagnosis of unspecified viral hepatitis.

In 2008, 31 cases of sexually transmitted diseases were reported, and the incidence is equal as it was in 2007. Registered rate of diseases like gonorrhoea, syphilis, and genital Chlamydia has not significantly changed from 2004 to 2008. Number of registered infections is well below the real number, primarily as a consequence of underreporting of these infections by the doctors, and down to the fact that doctors treat significant number of infected persons without forwarding them to microbiological testing.

Bibliography/website addresses:

Published annual reports

Scientific papers published and/or presented at scientific conferences, seminars and/or workshops

- Website address: <http://www.ijzcg.me/>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- Annex 7 - *Individual reporting form for infectious diseases*
- Annex 8 - *Report of laboratory findings of pathogen of infectious disease*

- Annex 9 - *Extract from the chapter “Infectious Diseases” from the “Health Statistical Yearbook of Montenegro 2007”*

III.4 DATABASE OF THE SURVEY INTO RISK BEHAVIOUR RELATED TO HIV/AIDS AND SEROPREVALENCE OF HIV, HBV, HCV AMONG IDUS IN MONTENEGRO

Responsible institution name and address:

*Public Health Institute of Montenegro
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Montenegro*

Contact person:

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Contact person:

*Dr Rajko Strahinja, Project Manager
United Nations Development Programme
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E-mail : rajko.strahinja@undp.org*

Objectives of the database/data collection system:

- *to estimate prevalence of HIV, HBV and HCV infections among intravenous drug users*
- *to estimate risk behaviour related to HIV, HBV and HCV, and other sexually transmitted and blood borne diseases among intravenous drug users*
- *to register laboratory findings as regards HIV, HBV and HCV and other sexually transmitted and blood borne infections of all individual intravenous drug users included in the bio-biological survey, in order to define serological profiles of the mentioned infectious diseases related to intravenous drug use*

Statistical unit (e.g. person, test, offence) and its definition:

Intravenous drug users included in the survey on risk behaviour and tested to infectious diseases related to drug use

- **Definition of statistical unit:** *Any person aged between 18 and 59 included in the survey, who has used drugs intravenously in a month preceding the survey, and who has been subjected to laboratory testing (HIV/AIDS, HCV, HBV, sexually transmitted diseases and blood born diseases).*

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.): *Behavioural and sero-epidemiological study conducted by the Public Health Institute in cooperation with the UNDP Office in Podgorica and NGO Juventas from Podgorica during 2008:*

1) Socio-demographic characteristics of intravenous drug users that participated in the survey:

- *age (analysis according to age groups of the defined age)*
- *gender*
- *level of education*
- *own monthly income*

2) Exposure to violence and/or discrimination, problems with the police (arrests and jail)

3) Knowledge on routes of transmission of HIV and on prevention

4) Characteristics of intravenous drug users in relation to drug use:

- *age at the first use of drugs*
- *age at the first intravenous use of drugs*
- *length of intravenous drug use*
- *exchange of injecting equipment*
- *frequency of intravenous drug use during the last month*
- *exchange of injecting equipment on the last occasion of drug intake*
- *who was the sterile equipment exchanged with in the last month*
- *type of drug used in the last 12 months*
- *most frequently used injecting drug in the last month*
- *treatment/type of treatment programme*

Geographical coverage:

100% - national level

Institutional coverage:

Not applicable

Coverage rate:

- **percentage of statistical units covered/found but not recorded:**
1.55%

(Comment: Research included 322 participants, out of which 5 were so called "seeds", which makes 322-5=317: these 5 were excluded from the final analysis, which makes 1.55%)

- **percentage of statistical units not having been observed:** *Not applicable*

Inclusion criteria:

Persons aged from 18 to 59 years that have used drugs intravenously in the last month, and that have been living in Montenegro for more than 3 months in the last 12 months

Exclusion criteria:

Persons younger than 18 and older than 59, as well as those who have not used drugs intravenously in the last month and who have not lived in Montenegro for more than three months during the last year

Sampling procedure (if applicable):

Respondent driven sampling – RDS for intravenous drug users in behavioural and sero-epidemiological studies

Substances (drugs) monitored/distinguished:

- *heroin*
- *cocaine*
- *mixture of heroin and cocaine*

Description of organization of data gathering/methodology:

Data collection was conducted during the three-month period (mid-April till mid-July 2008). Questionnaire was developed on the basis of standardized, internationally accepted questionnaires and indicators defined in compliance with national and international reporting requirements related to HIV/AIDS. For the purpose of data analysis the following data were collected:

- *demographic data*
- *knowledge on HIV transmission*
- *knowledge on HIV prevention*
- *frequency of sharing drug injecting equipment with other persons*
- *condom use with non-regular and regular sexual partner and condom use in the last sexual intercourse*
- *frequency of paying for and/or selling sex*
- *prevalence of STI symptoms during the last 12 months*
- *self-assessment of personal risk for contracting HIV*
- *availability of sterile drug injecting equipment and*
- *frequency of HIV testing*

Questionnaire was pre-tested on 5 respondents from the target population at beginning of April 2008.

Biologic specimens comprised of blood specimens tested for the presence of HIV antibodies using the rapid HIV test manufactured by Abbott, as well as to the presence of HCV antibodies (ELISA, anti-HCV, Organic and Adaltis) and HbsAg (ELISA, BioMerieux).

Description of data storage:

Electronic database

Software for data processing:

RDSTAT (Respondent - Driven Analysis Tool) – specially designed computer programme for processing and analysing data gathered through respondent-driven sampling method

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited (in accordance with the special protocol, use of the database was initially limited to members of the survey team)

Legal status of the aggregated data:

Public, report was published

Time period of available data:

- first year: *2008*
- last year: *2008*

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *no*
- consistency over time: *yes*
- reliability: *high*

Other comments and remarks:

One of the study limitations refers to a fact that questions had to be read and explained to a certain number of respondents, which could have biased the results to a certain extent. This refers primarily to questions regarding sexual behaviour of the respondents.

Second limitation is a consequence of incomplete laboratory testing to HBV infection, meaning that tests for antibodies to specific HBV antigens were not included to a battery of tests, which could provide a more precise picture of HBV prevalence among IDU population in Montenegro. In the following survey which should be conducted in two years (according to Action Plan) it is deemed necessary to plan the above mentioned testing in order to overcome related limitations.

Abstract/example of data output:

“Results obtained from the sample of 317 respondents showed that most prevalent age among intravenous drug users in Montenegro was between 26 and 30 years (44.30%), while ages between 31 and 40 years were significantly present (26.60%), as well as younger population (21 to 25 years – 22.50%).

Among the population of adult intravenous drug users, males were predominant (89.10%).

As regards educational level, most respondents had completed secondary level of education (68.30%) and primary level of education (24.40%), while there were 5,80% of respondents with completed high school.

Results of the laboratory testing demonstrated very low HIV prevalence among IDUs (0.40%), as well as low prevalence of HBV (0.00%), as opposed to very high prevalence of HCV (53.60%).

Data show that the most frequent age of the onset of intravenous drug use is between 19 and 25 years (in case of 62.30% IDUs). Still, there were 13% of IDUs in the sample that started injecting at the ages between 16 and 18 years.

In a month prior to the survey, most frequently used drug for injecting was heroin (96.0%), while cocaine was injected in 2.0% of cases, as was the mixture of heroin and cocaine.

On the last injecting occasion, 10.8% of IDU population shared injecting equipment with members of the same population. In the last month, 24.2% of IDUs shared injecting equipment. At the time when the survey was conducted, sterile injecting equipment was available to 96.80% of IDUs .

Bibliography/website addresses:

Scientific report was published and/or presented on scientific and expert conferences/ seminars/workshops

- *Web address: <http://www.ijzcg.me/>*

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- *Annex 10 – Questionnaire used in the survey into risk behaviours related to HIV/AIDS and sero-prevalence of HIV, HVB, HVC among IDUs in Montenegro*

III.5 DATABASE OF DISEASES, CONDITIONS AND INJURIES FROM HOSPITAL UNITS

Responsible institution name and address:

*Centre for Development of Health System
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Objectives of the database/data collection system:

Data is collected on the basis of individual reports from the hospital morbidity. Data on diagnosed diseases, conditions and injuries for hospital units is being processed according to groups of diseases – by gender and in total (for the given year), as well as according to age groups of patients.

Based on these data, following is done:

- *Estimation and surveillance of health status of the population*
- *Identification of the most frequent groups of diseases, states and conditions in hospital units; socio-demographic characteristics (age, gender, place of residence, etc)*
- *Planning and programming of hospital health protection*
- *Production of publications on health status and health protection of the population*
- *Data analysis for scientific and expert purposes*

Statistical unit (e.g. person, test, offence) and its definition:

Hospital discharge

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

Complete population of Montenegro by gender, age groups, diagnoses and length of hospital treatment

Geographical coverage:

100% - National level

Hospitals are territorially distributed in a way that, with their human resources, treatment and equipment, they provide complete hospital health protection to population at municipal level, at intermunicipal level between two or more municipalities, and at national level.

Medical drug treatment network in Montenegro consists of primary level services (outpatient) and secondary level services (inpatient). There is also Special Prison Hospital within the Podgorica Prison for treatment of imprisoned population. At the primary health care level, outpatient psychosocial and medical treatment is provided in 17 Health Centres in the country (17 municipalities), in Mental Health centres or in psychiatric surgeries within Health Centres. At the secondary health care level, there are detoxification units within 7 general hospitals in the country. Inpatient psychosocial treatment is provided in the Psychiatric Clinic Podgorica with 5 beds for drug addiction treatment and in the Psychiatric Hospital Nikšić with 2 beds envisaged for this purpose, as well as in the Special Psychiatric Hospital "Dobrota" in Kotor, which disposes with 9 beds for drug addicts (admits patients from the whole territory of the country). There are also private psychiatric surgeries involved in drug addiction treatment.

Institutional coverage:

100% (7 general and special hospitals in Montenegro and the Clinical Centre of Montenegro)

Coverage rate:

- percentage of statistical units covered/observed but not recorded: *0.0%*
- percentage of statistical units not having been observed: *0%*

Inclusion criteria:

Not applicable

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

Not applicable

Description of organization of data gathering/methodology:

Individual reporting forms on patients treated in hospitals containing basic data on client: date of birth, gender and diagnosis of disease for which patient was treated and dates of admission and discharge from the hospital, are sent from all hospital services in Montenegro to the Centre for Development of Health System of the Public Health Institute. This data is collected through “patient-statistical sheet”. Although individual reporting form of hospital morbidity contains stated categories, report that is done at the Centre for Development of Health System of the Public Health Institute contains the following categories: gender, diagnose, age group, length of hospital treatment, and, if a patient deceased in hospital, main cause of death. Hospitalised patients are categorised by basic groups and subgroups of diseases (including “Mental Health and Behavioural Disorders Caused by drug use”), and this data is available within reports that are stipulated by the legislation.

Description of data storage:

Database in paper format and database in electronic format

Software for data processing:

Data processing on paper; COBOL- database and reports, MS Excel, SPSS 12.0

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited

Legal status of the aggregated data:

Public, aggregated data is periodically published

Time period of available data:

- first year: *1992*
- last year: *2008*

Evaluation of data quality and reliability:

- double-counting: *yes*
- bias: *yes*
- consistency over time: *yes*
- reliability: *medium*

Other comments and remarks:

Templates of the reporting forms were done in line with the Law on health evidence which was previously in place. They are therefore obsolete, and it is not possible to have more detailed insight and analysis of patients treated for drug use from these forms. New legislation for monitoring hospital treatment is under development, which will, together with further development of the

health-informational system, contribute to better quality of the data, more regular update of the data and more detailed data analysis.

Abstract/example of data output:

“Patients treated for drug use in inpatient units during the period 2003-2008”

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

Bibliography/website addresses:

Reports were published and/ or presented in seminars/workshops/ reports

- Website address: <http://www.ijzcg.me/>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- Annex 11 - *Extract from the reporting form on diseases, conditions and injuries, section on mental health and behavioural disorders*
- Annex 12 - *Patient – statistical sheet*

III.6 DATABASE OF DISEASES, CONDITIONS AND INJURIES FROM OUTPATIENT UNITS

Responsible institution name and address:

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Objectives of the database/data collection system:

Data is collected on the basis of mandatory periodical activity reports of each outpatient health institution. Data on diagnosed diseases, conditions and injuries in outpatient health care units is delivered in accordance with ICD-10 revision, by groups of diseases.

On the basis of this data, the following is done:

- a) Estimation and surveillance of health status of the population*
- b) Identification of the most frequent groups of diseases, states and conditions in outpatient units*
- c) Planning and programming of the outpatient health care*
- d) Production of publications on health status and health protection of the population*
- e) Data analysis for scientific and expert purposes*

Statistical unit (e.g. person, test, offence) and its definition:

A patient who visited doctor in the outpatient health care unit during the reporting period

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.): *Complete population of Montenegro by visits to the doctor and by diagnoses per a "chosen doctor" in the outpatient health care (women, children, adults)*

Geographical coverage:

100%, national level

Outpatient health protection is provided on the level of territorial entities, municipalities, and it is implemented by 18 health centres and by specialist surgeries within hospitals

Institutional coverage:

100%

Coverage rate:

- percentage of statistical units covered/observed but not recorded : *0.0%*
- percentage of statistical units not having been observed: *0%*

Inclusion criteria:

Not applicable

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

Not applicable

Description of organization of data gathering/methodology:

Outpatient health institutions send quarterly aggregated reports as well as cumulative annual report on their work (on number of patients, on visits of patients to doctors and other medical workers, and by diagnoses), in accordance with the running Law on data collections in health care, to the Centre for Development of the Health System in the Public Health Institute of Montenegro. All collected reports are analysed, controlled and processed at the Centre according to diagnostic criteria, including subgroup «Mental health disorders and behavioural disorders caused by drug use».

Description of data storage:

Database in paper format, plus electronic database

Software for data processing:

MS Excel

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited

Legal status of the aggregated data:

Public, periodical publications, annual statistical report

Time period of available data:

- first year: *1980*
- last year: *2008*

Evaluation of data quality and reliability:

- double-counting: **yes**
- bias: **yes**
- consistency over time: **yes**
- reliability: **medium**

Other comments and remarks:

Given that data for routine health statistic is collected through aggregated reports, it is unfeasible to get precise data on prevalence and incidence of mental health disorders and behavioural disorders caused by drug use. Further development of informational system and introduction of the register of drug treatment demand, in line with the TDI guidelines and standards, will enable more qualitative insight into drug problem in health setting.

Abstract/example of data output:

“Patients with diagnoses F11-F19 treated in outpatient health care during the period 2003-2007”

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

Bibliography/website addresses:

reports published and/or presented at seminars/ workshops/ in reports

- Website address: <http://www.ijzcg.me/>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- Annex 13 – Reporting form for outpatient services - general practitioners and specialist services

III.7 DATABASE OF METHADONE MAINTENANCE TREATMENT

Responsible institution name and address:

*Health Centre Podgorica
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E-mail: *domzdravljapgd@t-com.me*

Contact person:

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Objectives of the database/data collection system:

- *To register patients at the methadone maintenance treatment*
- *To register basic socio-demographic characteristics of patients at the methadone maintenance treatment*
- *To register dosages of methadone given to the users*
- *To register returnees to the programme*
- *To register patients' findings at urine drug testing/ monitor their successfulness at the programme*
- *To prevent misuse of methadone at the black market*

Statistical unit (e.g. person, test, offence) and its definition:

Person, heroin and/or methadone addict, undergoing methadone maintenance treatment at the Health Centre Podgorica

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

- *personal data*
- *year of birth*
- *gender*
- *level of education*
- *marital status*
- *address*
- *social card (habitation, income)*

Geographical coverage:

100% - national level

Institutional coverage:

100% (data is filled in from Health Centre Podgorica only - that is the only MMT programme in Montenegro)

Coverage rate:

- percentage of statistical units covered/observed but not recorded: **0%**
- percentage of statistical units not having been observed: **Not applicable**

Inclusion criteria:

- **person that is out of age, addicted to heroin or methadone, who had previously undergone various kinds of dependency treatments**
- **person, an addict, who underwent methadone detoxification treatment in duration of 21 days**

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

- **Heroin**
- **Methadone**
- **Cannabis**
- **LSD**
- **Cocaine**
- **Amphetamines**
- **Ecstasy**

Description of organization of data gathering/methodology:

Based on the everyday work, reports are produced daily. Weekly report is also produced and delivered to responsible person in the Health Centre Podgorica. Quarterly report (comprising three months of activities), in narrative form, is produced and sent to the UNDP (primary recipient of the financial resources donated by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria for the purpose of implementation of the National HIV/AIDS Strategy and implementing partner on MMT programme). The report contains:

- **number of newly admitted patients**
- **gender structure of newly admitted patients**
- **number of patients at detoxification therapy**
- **number of patients at maintenance treatment**
- **number and quantity of methadone dosages**
- **number of patients that abandoned programme due to different reasons**

Report is delivered to other institutions if and when needed and requested.

Description of data storage:

Patient's protocol (paper format)

Software for data processing:

Not applicable

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited in the area of personal information

Legal status of the aggregated data:

Public

Time period of available data:

- first year: *2005*
- last year: *2009*

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *no*
- consistency over time: *yes*
- reliability: *high*

Other comments and remarks:

Due to limited resources of the programme, complete documentation is kept in paper. Likewise, all processing of data related to patients of the methadone maintenance programme is done by hand.

Abstract/example of data output:

“Methadone maintenance and detoxification treatment is available in the Health Centre Podgorica within the Mental Health Centre. MMT programme was established in 2006, as a high-threshold programme with strict rules and frequent testing to drugs. It is designed for IDUs with long history of drug intake, as well as for those who are already dependent to methadone. Methadone is given to clients daily, as an oral solution, dispersed with juice, in individually prepared and packed glasses. Each client has a supporting family member accompanying him/her from the admission to the programme. Educative work with clients is performed, on the subject of HIV/AIDS, STIs, etc. Only specialist psychiatrist who manages the MMT programme is allowed to admit clients to MMT, or to change individual maintenance dosage. Relevant data on patients (personal data, dosages, health status...) are kept on patients in substitution treatment in their medical files, in paper. From 2006 to 2009, in

total 164 patients participated in methadone treatment, out of whom 145 (88.5%) were males and 19 (11.5%) females. There were 45 clients in the Centre in June 2009, 8 of them females (17.8%), 37 males (82.2%). Average maintenance dose was 40 mg. 14 clients were employed (31%); out of them 8 had permanent employment, 9 had temporary employment. 13 patients (29%) were married; 4 divorced (9%), 12 patients (26.6%) had children; 2 patients were pregnant”.

Bibliography/website addresses:

Reports are presented on expert conferences/ seminars/ meetings

- Website: <http://www.undp.org.me/home/mdg/si/hiv.html>
<http://www.domzdravljapg.org>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- Annex 14 – **Template of the Contract between the users of methadone maintenance treatment and Health Centre Podgorica**

III.8 FORENSIC MEDICAL REGISTER OF DEATH CAUSES

Responsible institution name and address:

*Forensic Medical Department of Clinical Centre of Montenegro
Clinical Centre of Montenegro
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Contact person:

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E-mail : com_nr@yahoo.com*

Objectives of the database/data collection system:

Obligatory register of daily work in the department with all data for basic statistic analysis

Statistical unit (e.g. person, test, offence) and its definition:

Deceased persons that underwent autopsy in the Forensic Medical Department by the request of investigative authorities

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

General population

Geographical coverage:

100% - National level

Institutional coverage:

100% (data is filled by one institution only)

Coverage rate:

- percentage of statistical units covered/found but not recorded: **0%**
- percentage of statistical units not having been observed: **around 10-20%**

Inclusion criteria:

If toxicological analysis shows presence of drugs in blood or urine samples in lethal concentration

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

Metabolites of heroin (morphine and 6-monoacetyl morphine), cocaine, THC, LSD, methamphetamine, medicines with psychotropic effects, caffeine, alcohol

Description of organization of data gathering/methodology: *After each autopsy, all data concerning death cause, concentration of alcohol in blood, toxicological analysis (if performed) and other analyses, are entered into the register, together with the data collected from the family (age, sex, education, occupation, marital status, number of children, medical history, etc)*

Description of data storage:

Paper database (electronic database is under construction)

Software for data processing:

Ms Excel

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Restricted

Legal status of the aggregated data:

Public

Time period of available data:

- first year: *1992*
- last year: *2009*

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *no*
- consistency over time: *Almost 100% consistent since 1992, but even more improved in segment of determining drug related deaths (in results' quality and time waiting for them) in 1997, due to innovation of equipment in the Centre for Eco-toxicological Research of Montenegro. Templates underwent minor, so to say "cosmetic" changes. New electronic database which will cover more data and will be easier for statistical evaluation is expected in foreseeable future.*
- reliability: *almost 100% during the last 10 years*

Other comments and remarks:

No additional comments

Abstract/example of data output:

"P.D. (initials)

32 years old

Place of birth: Podgorica

Education: High school

Occupation: unemployed

Marital status: divorced

Place of death: park

Time of death: Monday, 01 January 2001

Autopsy requested by: High Court in Podgorica

Time of autopsy: 01 January 2001 at 10.00 am

Request: autopsy, patho-histological analysis, toxicological analysis, alcohol concentration in blood and urine, photo.

Cause of death: Mors violenta. Intoxication cum narcotico (heroino): morphine concentration: 0.044mg/l in blood, 3.83 mg/l in urine, and 6-monoacetyl morphine concentration: 0.034 mg/l in blood, 1.094 mg/l in urine; blood alcohol concentration: 1.12‰, urine alcohol concentration: 0.54 ‰.”

Bibliography/website addresses:

Reports are presented at expert conferences/ seminars/ meetings

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- Annex 15 – **Forensic medical report**
- Annex 16 – **Certificate of death**
- Annex 17 – **Medical report of death**
- Annex 18 – **Toxicological report**

III.9 REGISTER OF DRUG LAW OFFENDERS

Responsible institution name and address:

*Police Directorate of Montenegro
Criminal Police Sector
Drugs and Trafficking Division
Bulevar Svetog Petra Cetinjskog 22
81000 Podgorica*

Contact person:

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E-mail: *droga.ukp@t-com.me*

Contact person:

Mr Dejan Radusinović, Drugs and Trafficking Division

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E-mail: *droga.ukp@t-com.me*

Objectives of the database/data collection system:

- *Recording data on persons involved in drug law offences and criminal acts related to drugs*
- *Monitoring trends in drug - related offences and criminal acts*
- *Evaluation of work of the Department and assessment of attained results*

Statistical unit (e.g. person, test, offence) and its definition:

- *Perpetrator of law offence or of criminal act related to drugs (any person caught by law enforcement for production, possession and trafficking of illegal drugs)*
- *Criminal act/drug law offence (any case of infringement of the drug law)*

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

- *age*
- *gender*
- *citizenship*
- *place of residence*
- *data on recidivism*

Geographical coverage:

100% - national level

Institutional coverage:

100%

Coverage rate:

- percentage of statistical units covered/found but not recorded: *0%*
- percentage of statistical units not having been observed: *Not applicable*

Inclusion criteria:

Any person that perpetrated an offence/criminal act related to drugs, caught by the Police

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

All drugs available at the drug market

Description of organization of data gathering/methodology:

Eight regional units of Police Department (Podgorica, Nikšić, Herceg Novi, Berane, Budva, Bar, Bijelo Polje, Pljevlja) manage their registries based on the inputs from their daily work. In this register, they keep evidence on number of filed criminal charges, number of criminal acts, number of seizures, type and quantities of seizures, and number of arrested persons. Each regional unit sends monthly report to the Police Department, where joint (aggregated) monthly report is done, as well as other periodical reports. These data is processed and the reports are being produced by both the Drugs and Trafficking Division and by the Planning, Development and Analysis Department of the Police Directorate.

Description of data storage:

Paper form (regional registers and central evidence – expressed through monthly, annual and other periodical reports which comprise aggregated data from all regional units)

Software for data processing:

MS Excel, on paper

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited

Legal status of the aggregated data:

Public, periodically published

Time period of available data:

- first year: **1995**
- last year: **2009**

Evaluation of data quality and reliability:

- double-counting: **no**
- bias: **no**
- consistency over time: **yes**

Comment: *(as presence of drugs and drug problem in Montenegro increased with time, the reporting form was improved (during the last 10 years). Changes refer to spreading number of categories monitored (with the appearance of new drugs in the country). Constant categories in the database were perpetrator/offender, criminal act/offence, and type and quantity of drugs)*

- reliability: **high**

Other comments and remarks:

Most important link in the system of data registration are monthly reports of regional police departments, based on which, monthly, annual and other periodical reports are made at the Police Department

Abstract/example of data output:

“In 2007, 549 criminal acts related to drugs were detected (25.3% more than in 2003), among them 409 unauthorised production and trafficking and 104 enabling drug use.

Majority of criminal acts related to drugs were detected in the area of regional department Podgorica (178), regional department Budva (132) and Herceg Novi (101), where in total 75% of offences were recorded. Number of discovered criminal acts in the area of other regional departments is significantly smaller – Berane -55, Bar-31, Pljevlja-12 and Bijelo Polje -10.

326 criminal charges were submitted to the State Prosecutor, on the grounds of reasonable doubt of committing criminal acts related to drugs, encompassing 485 persons.

Compared to previous year, number of detected criminal acts is 25.3% higher, while number of persons against whom criminal charges were filed is 10.4% higher. 394 persons were citizens of Montenegro, and 91 foreign citizens. Also, 152 recidivists were registered (31.3%). 468 persons were males, and 17 females.

As regards drug law offences, 22 were registered (for drug use at public place)”.

Bibliography/website addresses:

Periodical reports are publicly presented. Per request of interested parties, reports are delivered (public institutions, NGOs, international and national institutions, etc.)

- Website address: <http://www.upravapolicije.com/>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- Annex 19 – *Extract from monthly report of drug offenders/offences*
- Annex 20 - *Template for the narrative monthly report*

III.10 REGISTER OF DRUG SEIZURES

Responsible institution name and address:

*Police Directorate of Montenegro
Criminal Police Sector
Drugs and Trafficking Division
Bulevar Svetog Petra Cetinjskog 22
81000 Podgorica*

Contact person:

Mr Miodrag Laković, Head of the Drugs and Trafficking Division

Phone: +382 20 224 412

Fax: +382 20 224 412

E-mail: droga.ukp@t-com.me

Objectives of the database/data collection system:

- *Keeping evidence on all types and quantities of seized narcotics*
- *Keeping evidence on number of different seizures*
- *Surveillance and registration of appearance of new drugs in the market*
- *Monitoring trends of seizures, types and quantities of drugs in the market*
- *Evaluation of work of the department and assessment of the attained results*

Statistical unit (e.g. person, test, offence) and its definition:

Drug seizure³, quantity of drug seized

³ *Drug seizure is any quantity of drug seized or found from a known or unknown source*

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

In cases when drug is seized from a known source (person), then the following characteristics of the perpetrator (the person in whose possession the drug was found and seized from), are entered into the database:

- *Personal data*
- *age*
- *gender*
- *place of residence*
- *Date, time and place of seizure*

Geographical coverage:

100% - national level

Institutional coverage:

100%

Coverage rate:

- percentage of statistical units covered/found but not recorded: *0%*
- percentage of statistical units not having been observed: *Not applicable*

Inclusion criteria:

Each case of drug seizure

Sampling procedure (if applicable): *Not applicable*

Substances (drugs) monitored/distinguished:

All types of drugs present at market

Description of organization of data gathering/methodology:

Eight regional units of Police Department (Podgorica, Nikšić, Herceg Novi, Berane, Budva, Bar, Bijelo Polje, Pljevlja) manage their registers based on inputs from the daily work. In this register, they keep evidence on number of charges, number of criminal acts, number of seizures, type and quantities of seizures, and number of arrested persons. Each regional unit sends monthly report to the Police Department, where joint (aggregated) monthly report is done, as well as other periodical reports. These data is processed and the reports are being done by both the Drugs and Trafficking Division and by the Planning, Development and Analysis Department of the Police Directorate.

Description of data storage:

On paper and in electronic form

Software for data processing:

MS Excel

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:
Limited

Legal status of the aggregated data:
Public, published through periodical reports, through press releases, in different reports per request, etc

Time period of available data:

- first year: *1995*
- last year: *2009*

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *no*
- consistency over time: *yes*
- reliability: *high*

Other comments and remarks:

As presence of drugs and drug problem in Montenegro increased with time, the reporting form was improved (during the last 10 years). Changes occurred in spreading the number of categories monitored (with the appearance of new drugs in the country). Constant categories in the database were perpetrator/offender, criminal act/offence, and type and quantity of drugs. Changes in the reporting template are soon to take place again.

Customs always involve police in drug seizures; data on customs seizures is available from police. Seizures within the prison are also included in police data.

Abstract/example of data output:

“Quantities of seized drugs in 2008 (in grams)”

<i>DRUG</i>	<i>SEIZED QUANTITIES (IN GRAMS)</i>	
	<i>2007</i>	<i>2008</i>
<i>Marijuana</i>	<i>278,775.54</i>	<i>327,365.14</i>
<i>Heroin</i>	<i>9,143.01</i>	<i>18,028.25</i>
<i>Cocaine</i>	<i>409.47</i>	<i>7,745.88</i>
<i>Hashish</i>	<i>8.99</i>	<i>13.12</i>
<i>Synthetic drugs</i>	<i>1,057.5</i>	<i>860</i>
<i>Mixtures used for mixing with</i>	<i>1,907.77</i>	<i>554</i>

<i>narcotics (procaine, lidocain, caffeine, paracetamol)</i>		
TOTAL	289,239.93	353,265.69

Bibliography/website addresses:

Periodical reports are presented to public. Per request of interested parties, reports are delivered (public institutions, NGOs, international and national institutions, etc.)

- Website address: <http://www.upravapolicije.com>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- *No annex*

III.11 DATABASE OF PENAL RECORDS (“KT RECORDS”) OF THE HIGH STATE PROSECUTOR (PODGORICA AND BIJELO POLJE)

Responsible institution name and address:

*High State Prosecutor Podgorica
Slobode 20
81000 Podgorica
Montenegro*

Contact person:

*Ms Ljiljana Klikovac
Phone: +382 20 230 644
Fax: +382 20 230 644
E-mail: ljiljanak@pris.me*

Objectives of the database/data collection system:

- *Keeping evidence on perpetrators of criminal acts*
- *Monitoring crime trends for specific criminal act*
- *Standard practice of work*

Statistical unit (e.g. person, test, offence) and its definition:

Perpetrator of criminal act and criminal act⁴

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

Recording process is ongoing, following stages of criminal proceedings for that criminal act. At the beginning of recording process at the High State Prosecutor, when a charge against a perpetrator of a criminal act is filed by the Police to the High State Prosecutor, the following data is collected and recorded:

- *personal data (name, surname, parents, etc)*
- *age*
- *gender*
- *criminal act for which the charges are filed*
- *whether detainment is determined*

In further course of the process, when a request for conducting investigation is raised by the prosecutor, data entry saying that the perpetrator is under investigation is entered into the KT record.

⁴ From the prosecution point of view, perpetrator of criminal act and criminal act are inseparable

When the investigative procedure is completed, if an indictment is raised against the perpetrator, this data is entered into the database.

After the judicial proceedings is finalized, the outcome (sentence) and type of sanction prescribed by the court is also entered into the record

If the appeal was filed and the case goes to Appellate Court, then the decision of this court is recorder in the case file at this stage.

Geographical coverage:

100% - national level

Institutional coverage:

100%

Comment: There are two High State Prosecutors in Montenegro – Podgorica and Bijelo Polje. Office of the High State Prosecutor Podgorica has under its authority Basic State Prosecutors in Nikšić, Ulcinj, Bar, Budva, Kotor, Cetinje, and Herceg Novi. High State Prosecutor Bijelo Polje has under its authority Basic State Prosecutors in Kolašin, Berane, Pljevlja, Rožaje and Plav. Both High State Prosecutors have their separate “KT databases”, containing data from belonging regional prosecution departments. Only at the level of the Supreme State Prosecutor are these data joined in one Report which is then annually presented to the Parliament for adoption.

Coverage rate:

- **percentage of statistical units covered/found but not recorded: 0.0%**
- **percentage of statistical units not having been observed: Not applicable**

Inclusion criteria:

Criminal charge filed by the Police (or, less commonly, by a citizen, institution) on grounds of perpetrated criminal act

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished: *All drugs which are subject of the penal legislation in the country, that is, which are enlisted at Decision on Narcotic Drugs (Official Gazette of SRJ 44/02)*

Description of organization of data gathering/methodology:

High State Prosecutors in Montenegro do not posses electronic database. Data is recorded in record files, in paper form. Each prosecution department (two High State Prosecutors and 13 Basic State Prosecutor) separately keep their record files.

Penal record is commonly known as “Kt record”. Basic data on criminal act and perpetrator of criminal act are entered in these records – name of submitter of criminal charge, name of charged person with accompanying personal data, specification of criminal act, data on whether detainment is sentenced, decision on charge (investigation, indictment), decision on the indictment (sentence and type of penal sanction). Therefore, “KT record” is unique for all criminal acts which are in prosecutor’s jurisdiction, that is, there is no separate record of criminal acts related to drugs.

At the end of almanac year, all prosecutor’s offices deliver report on their work to the Supreme State Prosecutor of Montenegro, which, among else, contains statistical data from the “Kt record” for each individual criminal act (number of charged persons, number of detained persons, number of persons under investigation, number of indicted persons, etc.). On the basis of these reports, Supreme State Prosecutor of Montenegro produces the overall report encompassing all mentioned data from the territory of Montenegro. This report is then submitted to Parliament of Montenegro for adoption. Data from the report is available to public.

Data on age, social status, gender structure, recidivism, type and quantity of misused drug is not easily collectable, given that there is no routine data extraction of data. In addition, data is contained in individual case records which are in possession of those prosecutor’s offices in whose territorial jurisdictions concrete criminal acts were performed.

Description of data storage:

Paper format

Software for data processing:

On paper

Level of aggregation of the information available to the national correspondent: *Aggregated data*

Legal status of the database:

Limited

Legal status of the aggregated data:

Public - Annual Report is produced by the Supreme State Prosecutor and presented to the Parliament for adoption

Time period of available data:

- first year: *in 1950-s*
- last year: *2009*

Evaluation of data quality and reliability:

- double-counting: **no**
- bias: **possible to small extent at individual (case-based) level for personal data, but not for the data on the criminal act**
- consistency over time: **yes**
- reliability: **high**

Other comments and remarks:

Only criminal acts are in jurisdiction of the State Prosecutor and are recorded there, while law offences are in jurisdiction of municipal regional authorities for law offences.

Abstract/example of data output:

“Overview of criminal acts related to drugs 2007-2009

YEAR	Total number of charged persons	ARTICLE 300	ARTICLE 301	TOTAL	%
2007	637	403	5	408	64.05
2008	622	383	3	386	62.05
2009 (01.01-01.07)	276	138	1	139	50.36
YEAR	Total № of accused persons	ARTICLE 300	ARTICLE 301	TOTAL	%
2007	502	352	4	356	70.91
2008	547	68	370	372	68
2009 (01.01-01.07)	162	100	1	101	62.34

In the total number of suspects charged by the Police to the High Prosecutor and persons accused for criminal acts under the jurisdiction of the High State Prosecutor, the ratio of persons against whom criminal proceedings for criminal acts related to drugs are conducted is over 60%. “

Bibliography/website addresses:

Annual Report is presented to the Parliament of Montenegro

- Website address: <http://www.tuzilastvocg.co.me/>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- *No annex*

III.12 NATIONAL CONTACT NETWORK IN DRUG FIELD IN MONTENEGRO

Responsible institution name and address:

*Ministry of Health of Montenegro
National Drug Office
Rimski trg 46
81000 Podgorica
Montenegro*

Contact person:

*Ms Jasna Sekulić
Phone: +382 20 242 276
Fax: + 382 20 242 762
E-mail: jasna.sekulic@gov.me*

Objectives of the database/data collection system:

National drug Office established contact network comprising contact persons from different institutions/NGOs/agencies etc, that will be in charge of delivering drug related data and reports on planned and conducted activities in drug field.

This means that a national contact network has been established, consisted of state bodies and institutions, agencies, municipal drug prevention offices, civil sector, etc. Thus, different departments of state administration have been networked: Ministry of Health, Ministry of Internal Affairs and Public Administration, Ministry of Justice, Ministry of Education and Science, Bureau for Education, Public Health Institute, public health institutions, Customs Administrations, as well as all other factors included in implementation of activities envisaged by the National Strategic Response to Drugs 2008-2012.

Therefore, objective of such network would be:

- To keep evidence on subjects involved in drug problem in Montenegro and their activities in the frames of implementation of the “National Strategic Response to Drugs 2008-2012”*

Statistical unit (e.g. person, test, offence) and its definition:

An institution/ agency/ NGO/ governmental body etc., involved in drug problem in Montenegro, which had delegated a contact person to the network

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.):

Not applicable

Geographical coverage:

100% national level

Institutional coverage:

100%

Coverage rate:

- percentage of statistical units covered/found but not recorded: **Not applicable**
- percentage of statistical units not having been observed: **Not applicable**

Inclusion criteria:

Involvement in drug issue, implementation of activities envisaged by the national drug strategy

Sampling procedure (if applicable):

Not applicable

Substances (drugs) monitored/distinguished:

Not applicable

Description of organization of data gathering/methodology:

All networked institutions, per request from the National Drug Office, deliver reports on their drug-related activities

Description of data storage:

On paper

Software for data processing:

On paper

Level of aggregation of the information available to the national correspondent:

Not applicable

Legal status of the database:

Public

Legal status of the aggregated data:

Public

Time period of available data:

- first year: **2008**
- last year: **2009**

Evaluation of data quality and reliability:

- double-counting: *no*
- bias: *possible*
- consistency over time: *yes*
- reliability: *medium*

Other comments and remarks:

No other comments

Abstract/example of data output:

Not applicable

Bibliography/website addresses:

<http://www.gov.me/minzdr>

Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):

- *No annex*

IV LIST OF ANNEXES

Chapter III.1 – Database of the ESPAD survey

- Annex 1 - *ESPAD 2008 questionnaire in Montenegrin*
- Annex 2 - *ESPAD questionnaire in English*
- Annex 3 - *ESPAD questionnaire in Albanian*

Chapter III.2 – HIV register

- Annex 4 - *Individual reporting form of carriers of HIV antibodies, HIV disease, death caused by the HIV disease*
- Annex 5 - *Extracts from the chapter “Morbus HIV” from the Health Statistics Yearbook of Montenegro 2007”*
- Annex 6 - *Internal anamnestic data sheet of HIV Counselling Services*

Chapter III.3 – Register of infectious diseases

- Annex 7 - *Individual reporting form for infectious diseases*
- Annex 8 - *Report of laboratory findings of pathogen of infectious disease*
- Annex 9 - *Extract from the chapter “Infectious Diseases” from the “Health Statistical Yearbook of Montenegro 2007”*

Chapter III.4 - Database of the survey into risk behaviour related to HIV/AIDS and seroprevalence of hiv, HVB, HVC among IDUs in Montenegro

- Annex 10 – *Questionnaire used in the survey into risk behaviours related to HIV/AIDS and sero-prevalence of HIV, HVB, HVC among IDUs in Montenegro*

Chapter III.5 – Database of diseases, conditions and injuries from hospital units

- Annex 11 - *Extract from the inpatient reporting form on diseases, conditions and injuries, section on mental health and behavioural disorders*
- Annex 12 – *Patient – statistical sheet*

Chapter III.6 - Database of diseases, conditions and injuries from outpatient units

- **Annex 13 – Reporting form for outpatient services - general practitioners and specialist services**

Chapter III.7- Database of methadone maintenance treatment

- **Annex 14 – Template of the Contract between the user and Health Centre Podgorica**

Chapter III.8 - Forensic medical register of death causes

- **Annex 15 – Forensic medical report**
- **Annex 16 – Certificate of death**
- **Annex 17 – Medical report of death**
- **Annex 18 – Toxicological report**

Chapter III.9 – Register of offenders

- **Annex 19 – *Extract from monthly report of drug offenders/offences***
- **Annex 20 - *Template for the narrative monthly report***