

ALBANIA

2013 NATIONAL REPORT (up-to 2012 DATA) TO THE EMCDDA

Drug Situation: New Development, Trends and In-depth Information on Selected Issues

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INTRODUCTION

This is the *second National Report of Albania*, namely “**2013 National Report (up-to 2012 data)**” to the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

The National Report is **prepared by the Albanian Working Group** and presents the drug situation in Albania, concretely new developments, trends, and an in-depth analysis on selected issues.

The preparation of the 2013 National Report (up-to 2012 data) of Albania was technically supervised by the EMCDDA, in the framework of IPA4-EMCDDA 2012-2014 Project of the European Union (EU) for the Western Balkan candidate and potential candidate countries (Albania, Bosnia and Herzegovina, FYR of Macedonia, Montenegro, Serbia, Kosovo).

The 2013 National Report (up-to 2012 data) of Albania is preceded by four materials/documents, prepared by the same Albanian Working Group, always according to the EMCDDA guidelines and under technical supervision of the EMCDDA, namely:

(i) “**Albania: 2009 Country Overview (with up-to 2008 data)**”, accompanied by “**Albania: 2009 Drug Information Map (with up-to 2008 data)**”, in the framework of CARDS-EMCDDA 2008-2009 Project of the European Union (EU) for the Western Balkan candidate and potential candidate countries;

(ii) “**Albania: 2010 updated Country Overview (with up-to 2009 data)**”, accompanied by “**Albania: 2010 updated Drug Information Map (with up-to 2009 data)**”, in the framework of IPA3-EMCDDA 2010-2011 Project of the European Union (EU) for the Western Balkan candidate and potential candidate countries;

(iii) “**2011 National Report (up-to 2010 data) of Albania**”, accompanied by “**2011 NAPDIS [National Action Plan of Drug Information System] of Albania for the period 2011-2014**” (which is not included in the report, though being fully integrated with it), in the framework of IPA3-EMCDDA 2010-2011 Project of the European Union (EU) for the Western Balkan candidate and potential candidate countries;

and

(iv) “**Albania: 2012 updated Country Overview (with up-to 2011 data)**”, in the framework of IPA4-EMCDDA 2012-2014 Project of the European Union (EU) for the Western Balkan candidate and potential candidate countries.

It has to be emphasized that “Albania: 2009 Country Overview (with up-to 2008 data)”, “Albania: 2010 updated Country Overview (with up-to 2009 data)”, and “Albania: 2012 updated

Country Overview (with up-to 2011 data)” were published (both in English and Albanian) by the EMCDDA at its electronic site; “Albania: 2009 Country Overview (with up-to 2008 data)” was published by the EMCDDA both in online and print version (as the first Country Overview on Drugs).

It has also to be emphasized that “2011 National Report (up-to 2010 data) of Albania” was published as a hard copy by the Institute of Public Health (IPH) of Albania.

The current *second* “2013 National Report (up-to 2012 data) of Albania” is developed on the basis of the *first* one (“2011 National Report (up-to 2010 data) of Albania”), always according to the EMCDDA guidelines, that is, strictly following the structure (chapters, subchapters, items) standardized by the EMCDDA for such a National Report. **Nevertheless, beyond the standardized report structure, we consciously added this short introduction, simply considering it as valuable for this *second* National Report, because it is not simply an updated of the *first* one rather than a more largely and deeply developed report compared to the *first* one.**

At the end of this short introduction we would like to **acknowledge first of all the EMCDDA Reitox and International Cooperation Unit (headed by Mr. Alexis Goosdeel)** for its precious, continuous and comprehensive support in successfully achieving all objectives of **CARDS-EMCDDA 2008-2009 Project, IPA3-EMCDDA 2010-2011 Project, and current IPA4-EMCDDA 2012-2014 Project towards Albania.**

We would like to **acknowledge** as well **Mr. Ernestas Jasaitis (Lithuania Reitox National Focal Point coordinator)** for its precious technical assistance as **the coach of Albania for the current IPA4-EMCDDA 2012-2014 Project.**

In meantime we would like to **express our gratitude to several specialists of the Institute of Public Health, University Hospital Center “Mother Theresa”, Ministry of Health, and NGOs “Aksion Plus”, “Emanuel”, and “Stop AIDS”,** for their help to providing the necessary information for the completion of this report, namely:

- Mr. Ervin Toçi, Mr. Dritan Bala, Mr. Bajram Dedja, Mr. Klodian Rjepaj (Department of Epidemiology and Health Services, Institute of Public Health);
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- Mr. Genc Muçollari (NGO “Aksion Plus”);

- Mr. Arjan Boci (NGO “Stop AIDS”);
- Ms. Besa Rroshi (NGO “Emanuel”).

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(=Working Group of the 2013 National Report of Albania on Drug Situation)

ACRONYMS / ABBREVIATIONS

BCPs	–	Border Crossing Points
Bio-BSS	–	Biological and Behaviour Surveillance Study
GFATM	–	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPS	–	General Population Survey
EMCDDA	–	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	–	European School Survey Project on Alcohol and Other Drugs
EU	–	European Union
HBV	–	Hepatitis B virus
HCV	–	Hepatitis C virus
ICITAP	–	International Crime Investigative Training Assistance Program
IEPD	–	Institutions of the Executions of the Penal Decisions
IPH	–	Institute of Public Health (Tirana, Albania)
LMP	–	Last Month Prevalence
LYP	–	Last Year Prevalence
MEMEX	–	Criminal Information Management System
NGO(s)	–	Non-Governmental Organization(s)
PAMECA	–	Police Assistance Mission of the European Community to Albania
RDS	–	Respondent Driven Sampling
TIMS	–	Total Information Management System
TUHC	–	Tirana University Hospital Centre “Mother Theresa (Tirana, Albania)
UN	–	United Nations
UNAIDS	–	Joint United Nations Programme on HIV/AIDS
UNFPA	–	United Nations Population Fund
UNICEF	–	United Nations Children’s Fund
UNODC	–	United Nations Office on Drugs and Crime
VCT(s)	–	Voluntary Counseling and Testing Center(s)
WBC(s)	–	Western Balkan Country/Countries
WHO	–	World Health Organization
YRBS	–	Youth Risky Behaviour Survey

SUMMARY

Albania has adhered to the 1988 UN Drug Convention, the 1971 UN Convention against Psychotropic Substances, and the 1961 UN Single Convention as amended by the 1972 Protocol.

In the framework of implementation of the legislative reform, Republic of Albania has adopted and implemented a complete and contemporary national legislation in compliance with the international conventions that is summarized in the Law No. 7895 of 27 January 1995 “On the Penal Code of the Republic of Albania”, amended by Laws No. 8279 of 15.01.1998; No. 8733, of 24.01.2001; No. 9275, of 16.09.2004. Other laws cover different aspects of drug control.

The importance of drug prevention in Albania has been reflected by the endorsement of National Strategy Against Drugs 2004–2010 approved by the Decision of the Council of the Ministers No. 292 of 7 May 2004. The strategy was comprehensive and covered both the drug demand reduction and drug supply reduction. The strategy recognized the serious nature of the drug problem at national and international level and admitted that the success might be achieved only by coordinating the efforts of all acting parts, namely the government, civil society and international partners. That first National Drug Strategy was implemented over the period 2004–2010.

Aiming at the improvement of institutional cooperation in the fight against narcotics, the Council of Ministers Decision No. 299 of 14.04.2011 “For the approval of the Regulation for the functioning of the National Committee for the Coordination of the Fight against Drugs, its Secretariat and of the Office of the National System of the Information on Drugs” has been adopted. The aforementioned decision dictates the establishment of an Inter-Ministerial Committee for the Fights against Drugs, supported by a Secretariat and a National Centre of Drug Information System, runs by the Institute of Public Health.

Into such a framework, during 2011 and 2012, an inter-institutional working group drafted a new strategy on drugs. This process was led by the Institute of Public Health and was completed during 2012, time when The Council of Ministers approved The National Strategy Against Drugs 2012–2016 with The Council of Ministers Decision No 403, date 20 June 2012 (*Official Gazette No 85 date 24 July 2012, page 4299*). The new Strategy ensures a balanced approach to drug supply and demand reduction aspects. The Strategy is based in four main pillars: (i) strategic coordination, (ii) supply reduction, (iii) demand reduction, (iv) harm reduction, and it is fully in line with the EU Strategy for Drugs 2005–2012 and Action Plan for Drugs 2009–2013 between EU and Western Balkan Countries.

In Albania there is not yet conducted a survey on drug use among general population (GPS – general population survey). Efforts have begun and such a survey is foreseen in the related action plan related with the drug information system.

Biological and Behaviour Surveillance Study (Bio-BSS Study) of 2005 provides *some partial data* on drug use among general population. Thus the prevalence of lifetime use (lifetime prevalence) of some drugs according this study is as follow: Marijuana 2.9 %, Cocaine 1.7 %, Valium 5.8 %, and Heroin 0.3 %. Although these figures help to better understand the problem distribution among population, the methodology of this study (for details see the relevant section) does not allow accurate generalizations for the entire population of Albania.

Data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behavior Survey (YRBS), second round, in 2009, carried out by the Institute of Public Health (Institute of Public Health, 2009). The YRBS, a national survey, focused on the high school population, has a sample size of 3,878 school children 15–18 years old. The YRBS variable on lifetime prevalence of drug use complies with the EMCDDA case definition. The survey showed that 7.4 % of those aged 15 to 18 years had experimented with cannabis, 4.2 % with ecstasy; 1.2 % with heroin, and 3.2 % with cocaine. During the YRBS, the respondents were not asked about drug use last year (LYP) and last month (LMP). Lifetime prevalence (defined as used at least once in the lifetime) of illicit drug use was slightly higher in the capital, Tirana, compared to the rest of the country, and was several times higher for males than for females. Illicit drugs have been offered to more than 8 % of the respondents, whilst they were in the school settings.

Besides the 2005 and 2009 YRBS surveys, in 2011, the European School Survey Project on Alcohol and Other Drugs (2011 ESPAD) was carried out among a representative sample of 3,189 school adolescents born in 1995 or who turned 16 years old in the year of the survey. This survey engaged the ESPAD standardized guidelines and methodology. A two-stage stratified cluster sample of classes was employed covering public and private schools and urban and rural areas. The objective of the survey was to estimate the prevalence of psychoactive substances use in this group, and to obtain information about their knowledge and attitudes towards the use of psychoactive substances. According to the study, more than one in ten (10 %) reported that they had tried at least one psychoactive substance (cannabis, amphetamines, LSD and other hallucinogens, cocaine, crack, heroin, magic mushrooms, GHB, tranquilisers without prescription and alcohol in combination with pills) at least once in their lifetime, while cannabis is the most frequently reported illicit substance. Around 4.4 % reported using cannabis at least once in their lifetime, while 3.7 % reported using it once in the previous 12 months, and 2.2 % at least once in the previous 30 days. The second most often used substance was ecstasy, for which the lifetime prevalence rate was reported at 3.5 %, followed by cocaine at 1.6 %. Boys reported the use of all illicit drugs significantly more often than girls. Thus, 8.6 % of boys and 1.0 % of girls reported that they had ever tried cannabis in past.

Treatment availability is fairly limited in Albania and the main focus is on substitution treatment (methadone). Buprenorphine (HDBT) treatment, heroine assisted treatment including as trials, slow-release morphine and buprenorphine/naloxone combination treatment are not yet available. There is still only one specialised drug centre in Albania, namely the Clinical Toxicology Service of Tirana University Hospital Centre “Mother Theresa” (TUHC), which, on March 2012, was transformed into the National Polyvalent Drug Dependence Treatment Center, denominated Addictology and Clinical Toxicology Service at the same TUHC. This Center, a public one, is responsible for all the country, dealing mainly with the detox and overdose treatment, and serving both as a hospital inpatient and outpatient unit, thus representing the main source of treatment

demand data. Though meanwhile, there are two other non-public treatment centres, one providing residential treatment, the other one providing methadone maintenance treatment (MMT).

Data availability of the Addictology and Clinical Toxicology Service of TUHC over the period from 1995 onwards basically gives the trends over time. Concretely, the total number of treatment demand (or the totality of treated clients visits) in the Addictology and Clinical Toxicology Service results to be significantly increased from 672 clients visits for drug treatment in 2000 to 1,057 in 2001 and to 1,702 in 2002, remaining nearly constant in the consecutive years 2003 (1,855 clients visits), 2004 (1,805 clients visits), and 2005 (1,735 clients visits), with a further jump of above 2,000 treatment visits per year in 2006 (2,352), 2007 (2,070), 2008 (2,185), 2009 (2,149 clients visits), followed by a significant and steady decrease of treatment episodes in 1,452 client visits in 2010, 749 client visits in 2011, and 708 client visits in 2012. The MMT is provided free of charge by an NGO and is expanded at six (out of 12 in total) country regions. The cumulative number of clients in MMT has been increased from 218 over the period 2005-2007 to 741 by the end of 2012.

Data from the Bio-BSS, second round done in 2008 and from the sentinel surveillance of NGOs that performed random field tests till 2010 did not find any HIV cases among tested IDUs; meanwhile, only one HIV case was detected among IDUs by the Bio-BSS, third round, done in 2011. Prevalence of hepatitis C has been steadily increased over the years among IDUs, thus showing a high circulation especially when it is compared to the general population.

According to the Albanian State Police, a total number of 1,116 drug cases were registered during 2012 and 1,387 offenders were penal-prosecuted. These represent 5.3 % of the total number of all law offences (20,668) and 6.5 % of the total number of law offenders (21,028). While in 2011 drug cases (742) represented 4.2 % of all law offences (17,646) and drug offenders (1041) represented 5.8 % of the total no of law offenders (17,773). During 2012 there was an increase in the overall drug offences (+50.4 %) but also in the number of drug offenders (+33.2 %) and arrested ones (+19%) compared to 2011.

Cannabis is the only narcotic drug cultivated in Albania. During 1993-2000, cultivation of cannabis was an issue of concern almost in the entire territory of the country, while recently is localised only in a few areas of the Country. Each year, the Ministry of Interior implements a special action plan for the fight against cannabis cultivation. The Action Plan No.41, date 29.03.2012 “On the prevention and fight against cultivation of cannabis” was approved and implemented during 2012. This plan was based on best practices of cooperation and coordination with the other governmental institutions, stake-holders, NGOs, international police assistance missions accredited to the Albanian State Police, international organisations, local government structures and the community. In the framework of the collaboration with Italian Inter-Force Police Mission in Albania, the Cooperation Protocol dated 16.06.2012 was draft and signed between General Directorate of ASP and Italian Ministry of Interior, where there were defined and planned joint tasks such as aerial monitoring of Albanian terrain by using Italian aircrafts equipped with high tech devices for discovering cannabis plants. The action plan “On the prevention and fight against cultivation of cannabis” was implemented in two phases, the prevention and rising the awareness phase and the operational phase.

Being part of the southern branch of the so-called “Balkan Route”, Albania is affected by these lines of trafficking of heroine: Turkey – Bulgaria – Former Yugoslav Republic of Macedonia – Albania or Turkey – Bulgaria – Former Yugoslav Republic of Macedonia –Kosovo – Albania. The means of transportation used in the trafficking of heroine include trucks, busses, cars etc. Greece and Italy are the main destinations for the heroin, and very small quantities are sent to other European countries. Some of the heroin has been retained in Albania for local consumers but during 2011 and 2012 a shortage of heroin was noticed in the market and the price at wholesale level raised. After marijuana, heroin is the second drug most consumed in Albania.

Cocaine seems to arrive in Albania in small quantities mainly by couriers or post deliveries from the USA and/or countries of South America traditionally known for its production. During 2010 was noticed the first cases of cocaine transportation with a container and the first case of transportation in the stomach by a courier. Sometimes, cocaine is trafficked further in small quantities, primarily to Greece and Italy. After marijuana and heroin, cocaine is the third most consumed drug in Albania.

No illegal laboratories were found during 2011 and 2012. The drug offenders sometimes are involved in the process of cutting of heroin or cocaine generally with a mixture of caffeine and paracetamol (as a cutting substance for heroin) or lidocaine (as a cutting substance for cocaine) but there are no indications for the existence of real labs for producing illegal drugs in our country.

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1. LEGAL FRAMEWORK

LAWS, REGULATIONS, DIRECTIVES OR GUIDELINES IN THE FIELD OF DRUG ISSUES (DEMAND & SUPPLY)

With regard to international legislation, Albania has adhered to the three UN Conventions related to drugs, by the following Laws:

- (i) Law No.8722 of 26 December 2000 “On the adherence of the Republic of Albania to the “United Nations Convention Against illicit traffic in narcotic drugs and psychotropic substances, 1988” (*Official Gazette of the Republic of Albania No.50, date 29.01.2001, page 2156*);
- (ii) Law No.8723 of 26 December 2000 “On the adherence of the Republic of Albania to the Single Convention on narcotic drugs of 1961, and that Convention as amended by the 1972 Protocol” (*Official Gazette of the Republic of Albania No.50, date 29.01.2001, page 2190*);
- (iii) Law No.8965 of 07 November 2002 “On the adherence of the Republic of Albania to the Convention on drug and psychotropic substances, 1971” (*Official Gazette of the Republic of Albania No.79 date 08.12.2002, page 2254*).

In the framework of implementation of the legislative reform Republic of Albania has adopted and implemented a complete and contemporary national legislation in compliance with the international conventions that is summarised in the Law No. 7895 of 27 January 1995 “On the Penal Code of the Republic of Albania” (*Official Gazette of the Republic of Albania No.2, date 16.03.1995, page 23*), amended by Laws No.8279 of 15.01.1998; No.8733, of 24.01.2001; No.9275, of 16.09.2004.

Articles 283-286/a of the Penal Code define serious sanctions for persons committing drug related crimes: 5-10 years imprisonment for production, selling, distribution and possession of drugs, and 7-15 years for trafficking. These sanctions are more severe if offences were committed in cooperation or by criminal organizations. Penal sanctions are defined for illicit cultivation of narcotic plants (3-7 years of imprisonment) and trafficking or derivation of precursors (3-7 years of imprisonment). Possession of a “day dosage” of drugs for personal use is not punishable. Very often the quantity of the drug seized can influence the judge in deciding between the minimum and maximum punishment for the offence.

Following Palermo Convention, important improvements were made to the Albanian Penal Code since 2004, such as the changes regarding criminal organisations (Article 333) and structured criminal groups (Article 333/a);

Law No.7905 of 21 March 1995 “Penal Procedural Code of the Republic of Albania” (*Official Gazette of the Republic of Albania No.5, date 24.04.1995, page 159*). Important changes were also made by Laws: No. 8813, of 13.06.2002; No. 9187, of 12.02.2004 in regard with the use of special investigation means such as surveillance and interceptions (Articles 221, 222, 223, 224), simulation actions and infiltration (Articles 294/a, 294/b).

Law No.7975 of 21 July 1995 “On narcotic and psychotropic substances” (*Official Gazette of the Republic of Albania No.20, date 25.08.1995, page 853*), amended by Laws: No. 9271 of 09 September 2004 and No.9559 of 8 July 2006. This Law defines the rules of production, manufacturing, importation, exportation, control, store and trade of narcotic and psychotropic substances. The list of the drugs under control is part of this law. The amendments made by the Law No. 9559, provide the obligation and responsibility of the local government and the local police to cooperate in prevention and fight against cultivation of narcotic plants.

Law No.8750 of 26 March 2001 “On the prevention and combating of illicit trafficking of narcotic drugs and psychotropic substances” (*Official Gazette of the Republic of Albania No.14, date 13.04.2001, page 391*) defines the standards for the prevention and combating of illicit trafficking of drugs and their precursors. It allows for more special investigation means, such as “simulated purchase”, “controlled deliveries” and “infiltrated” or “undercover” agents. Also, the creation and functioning of the National Committee for Coordination of the Fight against Drugs is foreseen in this law.

Law No. 8874 of 29 March 2002 “On the control of the substances that can be used for illicit manufacturing of narcotic and psychotropic substances” (*Official Gazette of the Republic of Albania No.12, date 29.04.2002, page 359*) defines the rules for the control of the substances that often are used for illicit manufacturing of narcotic and psychotropic drugs, with the aim to prevent the supply or deviation from legal destination of such substances. The list of the substances (precursors) under control is part of this law.

During 2010, The Parliament approved the Law No. 10220 of 04.02.2010 “On declaration of the moratorium on the naval motor vessels and boats in the Republic of Albania”. This law prevents illegal trafficking activities by sea and extended the timeframe of the moratorium for another three years period (until March 2013).

LAWS IMPLEMENTATION

Laws implementation is an issue that concerns different Ministries, Institutions and Departments and the most important are:

Ministry of Interior: The Sector against Narcotics is a specialised structure in combating drugs, set up within the General Directorate of State Police. Sections against Narcotics have been set up and are operational in the 12 Regional Police Directorates. These structures ensure the application of police, scientific and procedural measures for prevention, detection, and documentation of drug-related criminal offences and prosecution of responsible persons. Most of the staff of these structures has been trained in the fight against drugs.

A reorganisation of police force was completed in June 2010. Antidrug units profited 18 new personnel from this process (1 in the central unit and 17 in the regional units). The overall number of specialised officers working in the antidrug units now is 119 (before the number was 101).

Apart from them, the Public Security and Border Police Departments and their respective structures in the field, perform tasks in the fight against drug-related crimes. In particular, Police Commissariats are responsible for fight against the cultivation of the narcotic plants while border police operates to prevent, detect and fight against criminal activities related with or committed through state border, including trafficking of narcotic substances. During December 2009, after a study for reallocation of human resources, 80 police officers were added to the structure of Border Police. Drug-related criminal cases are submitted for prosecution to the Antidrug Sections of General Directorate of State Police.

The main competences of the state police are: Informational activity, implying collection (secret collaboration, observation of persons and premises, tracking devices, interception etc) arrangement, assessment, analysis, distribution and use of information in order to protect public order and security, or to prevent and detection criminal offences; Inviting citizens to appear in the police to obtain necessary information; Control of identity of persons; Check on persons, luggage, vehicles; Control of premises and buildings in flagrant situation or based on court decision; Detention or flagrant arrest of person who has committed criminal offence; Provision of sources of evidence and blocking of material things and evidence; Apprehension of wanted persons; Conduction of investigative actions *ex officio* or delegated by the prosecutor; Conduction of secret operations upon approval of the prosecutor; Conduction of “controlled delivery” upon authorization of the prosecutor.

General Directorate of State Police cooperates with **Prosecutor’s Office**, in the investigation of drug-related criminal offences, in case of operations of “controlled delivery”, arrest of internationally wanted persons or execution of letter of rogatories coming by foreign judicial authorities. Based on the Joint Order of General Prosecutor and Minister of Justice “On the functioning of judicial police services”, recorded respectively with No.1075/1 of 15 April 2009 and No.1227/1 of 1 April 2009, General Directorate of State Police investigates criminal cases under the direction and supervision of the Prosecutor’s Office.

It has been adopted and it is being implemented the Common Order between the General Prosecutor, Minister of the Interior and Minister of Health “On the treatment of Narcotics”, registered with No. 469/2, of 03.04.2008; No. 1572/2, of 03.04.2008; No. 1569, of 17.04.2008, which regulates the standard procedures of the police during the sequestration of narcotic substances. In this framework it has been established and functions a central storehouse for the protection and administration of drugs sequestered from the police. Also a crematorium is installed for the safe destruction of drugs. All these were made able with a donation of British Government of 75,000 Euro.

The judicial authorities, (Prosecutor’s Offices and Courts), are the competent judicial structures that during their day to day practice perform the duties for prevention and fight against drugs. Their duties and competences are provided in “Article 48” of the Constitution of Republic of Albania. There functions are defined as well in the Code of Criminal Procedure, “Article 24”.

Organisation of the Prosecutor's Office of First Instance, Appeal, Serious Crimes of First Instance, Serious Crimes of Appeal and General Prosecutor's Office are defined in details in the Law No.8737 "On organisation and functioning of Prosecutor's Office of Republic of Albania", amended.

The functions and organisation of Courts is defined in "Article 135/a" of the Constitution of Republic of Albania: "The judicial power is exercised by the High Court, as well as by the courts of appeal and courts of first instance, which are established by law". In addition the functions of the courts are defined in the Code of Criminal Procedure, "Articles 74-75/b". Courts are organised as Court of First Instance, Courts of Appeal, and Courts of First Instance for Serious crimes, Courts of Appeal for Serious Crimes and High Court. Organisation of courts is provided even in Law No. 8436 "On organisation of judicial power in the Republic of Albania", amended.

General Directorate of State Police and State Informative Service exchange information concerning criminal networks of drug trafficking. Cooperation is based on the Memorandum No.606 of 17 March 2003 on cooperation in the fight against terrorism and organised crime, signed between the Minister of Interior and the Director of State Informative Service.

The Customs Service (The Ministry of Finance) is involved in the fight against traffic in drugs and precursors and it contributes through the Anti-trafficking Directorate that consists of the Antidrug Division. In order to implement the legal framework in force, the BMP structures and the Division against Narcotics staff have been trained accordingly. In the day to day practice, the customs service, conducts joint control in the BCPs with the state police employees on vehicles and persons subject to a check on the second line, in order to identify and fight against traffic in narcotic substances. Concerning customs control service for precursors of narcotic substances, there has been adopted Law No. 8874. of 29 March 2002 "On control of substances used for illegal manufacturing of narcotic and psychotropic substances", which provides even the role and responsibility of the customs system ("Chapter II" of this Law). The customs authorities inspect whether import, export and transit is allowed. To this end, they may ask the persons, directly or indirectly related with the movement of goods, to provide additional information and documentation.

General Directorate of State Police cooperates closely with: Ministry of Finance – Customs Administration in particular with regard to control at the border by joint teams in order to control precursors and to fight illicit trafficking, by making use of the joint equipments. The adoption of the Joint Order of Minister of Interior, Minister of Finance and Minister of Agriculture "On approval of regulation "On cooperation between General Directorate of State Police, Customs Service, Veterinary and Phytosanitary Service" serves to the above-mentioned purpose.

General Directorate of State Police and Agency for Administration of Sequestered and Confiscated Assets (AASCA) have signed a Memorandum of Cooperation in order to support, assist, coordinate and exchange information for identification, detection and storage of assets, No. 5660, of 29 September 2009.

General Directorate of State Police cooperates with Ministry of Health with regard to the strengthening of control measures of precursors and narcotic substances used in medicines. To

this end, an act agreement between the two institutions has been adopted, recorded respectively with No. 341/3 of 13 April 2005 and No. 453/3 of 6 April 2005. The Order of Minister of Health No. 390 of 19 September 2007 provides regulation for the functioning of the Inter-ministerial Committee for the licensing of entities trading narcotic or psychotropic substances. Representatives of Ministry of Health, Ministry of Interior and Ministry of Agriculture participate in this Committee.

An Act Agreement “On the fight against cultivation of narcotic plants” has been drafted and signed between General Directorate of State Police of Ministry of Interior and Directorate of Inspection Coordination of Ministry of Environment, Forests and Water Administration, recorded respectively with No. 4586 of 15 August 2008. The aim of the agreement is to strengthen cooperation of the structures of both institutions in order to prevent, detect and fight cultivation of narcotic plants in the forests and pastures owned by the central government.

The General Directorate of State Police cooperates with Ministry of Agriculture with regard to prevention of cultivation of narcotic plants and control of entities cultivating industrial hemp. There has been signed the cooperation agreement No 147/3 of 13 April 2005 and the Joint Instruction of Minister of Interior and Ministry of Agriculture “On control and monitoring of entities planting industrial hemp”, No. 2538/1 of 14 May 2007.

1.2. NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION

NATIONAL ACTION PLAN AND/OR STRATEGY

The first National Strategy against Drugs 2004-2010 was approved by the Decision of the Council of the Ministers No. 292 of 7th May 2004. The strategy was comprehensive and covered both the drug demand reduction and drug supply reduction. It was product of the participation of all governmental institutions involved in the fight against drugs, as well as non-governmental organisations and with a great support of experts of international organisations that are acting in Albania. The strategy recognized the serious nature of the drug problem at national and international level and admitted that the success might be achieved only by coordinating the efforts of all acting parts, namely the government, civil society and international partners. Furthermore, with the aim of implementing this strategy, the Prime Minister by the Order No. 156 of 23 September 2004 approved a multi-sectorial action plan where all the relevant institutions/agencies/actors had taken their responsibilities and concrete duties for the period 2004–2010.

The year 2010 was the last year included in the existing antidrug strategy, and a process started for designing the following national strategy. During 2011 and 2012, an inter-institutional working group was set up by the Order of the Prime Minister No. 125 of 9 June 2010 in order to develop the draft of the new strategy against drugs. According to this order, the new strategy should be in accordance with (i) the EU Acquis in the drug field; (ii) EU Strategy on drugs, 2005-2012; (iii) EU Action Plan on drugs, 2009–2012; (iv) Action Plan on drugs between EU and Western Balkan Countries, 2009–2012. This process was led by the Institute of Public Health and

was completed during 2012, time when The Council of Ministers approved “The National Strategy Against Drugs 2012–2016” by The Council of Ministers Decision No 403, date 20 June 2012 (*Official Gazette No 85 date 24 July 2012, page 4299*).

The Strategy ensures a balanced approach to drug supply and demand reduction aspects. It is based on four main pillars: (i) strategic coordination; (ii) supply reduction; (iii) demand reduction; (iv) harm reduction.

The mission of the Strategy is to protect public safety and the life and health of individuals and communities through minimizing the risks and of other damages deriving from drugs via a national coordinated action.

The main National Anti-Drug Principles derive from the Constitution of the Republic of Albania, the UN Conventions, international and national legislation in this domain and from the objectives Albanian society has to meet in its membership process to EU.

These main principles are:

- (1) principles of lawfulness;
- (2) principle of respecting human rights and fundamental freedoms;
- (3) principle of life certainty, safety and health of individuals and communities;
- (4) principle of implementation of an integrated and balanced approach, based on responsibilities and partnerships.

The overall objectives of the Strategy are:

- (1) To establish a safe environment for society via a reduction in the availability of and access to drugs for illicit use.
- (2) To prevent drug abuse through awareness raising among the public on the risks and negative consequences of the use of drugs.
- (3) To minimize the use of drugs in all society, ensuring the appropriate treatment in due time, rehabilitation services and reduction of damage as a result of the illicit consumption of drugs.
- (4) To offer a coordination and management policy in the fight against drugs and establish efficient communication systems.

The work for the respective Action Plan of the Strategy started by November 2012, but the Action Plan is not yet fully completed.

IMPLEMENTATION AND EVALUATION OF NATIONAL ACTION PLAN AND/OR STRATEGY

In line with the National Strategies Against Drugs in Albania there are implemented several interventions, the overwhelming majority of them covering the drug supply aspects, described in the following.

- Ongoing training of border police staff on checks at the border based on risk analysis; Considerable improvement of infrastructure of Border Crossing Points, by creating special facilities for checking on vehicles, placing hydraulic ramps and providing special means equipments of control such as devices indicating radioactive materials, fibro scopes, CO2

control devices, density control detector, video scope for drug control, etc. Antidrug dogs have been quite useful as well;

- Training of border police patrols and provision with high mobility vehicles and special means of surveillance during the night, etc;
- Provision of BCPs with TIMS system, live scanners, biometric passport readers etc; Investigation structures of Border Police and Regional Police Directorates have been provided with access to Criminal Information Management System (MEMEX) and card-index system of Department of Crime Investigation;
- Regulation and strengthening of cooperation with customs, coast guard and other agencies operating at the border;
- Strengthening of cross border cooperation. A joint border crossing point has been set up with Montenegro (Murriqan-Sukobine);
- Joint patrolling is conducted with Montenegro, Kosovo, Macedonia;
- Joint anti-trafficking operations are conducted with Greece.

From 2009, an Inter-institutional Naval Operational Centre in Durres is fully operational and has had very good results during 2010 where 5 attempts for drug trafficking towards Italy with speed boats failed due to a very good cooperation with border police and also with Italian authorities.

The Albanian Post Office, in order to prevent the entry/exit of narcotic substances through the mail service network, in the National Transit Centre, has installed a scanner and checks on all the mail deliveries entering and exiting Republic of Albania.

During 2011–2012, further increase of the capacities of the specialised structures against narcotics has been managed through new equipment and technology. Support of UNODC, PAMECA and ICITAP continued with providing of new equipment and trainings for counter-narcotics structures. Joint trainings with other law enforcement agencies like Customs and Prosecution Office have been conducted TIMS¹ and MEMEX² system have been further extended improving so the process of the collection and the analysis of operational data on real time.

During 2011, 28 specialised trainings were conducted for the anti-drug units and other police forces, where 190 police officers were trained (150 officers from anti-drug units; 4 officers from Criminal Assets Investigation Unit; 15 officers from Financial Crimes Investigation Unit; 21 officers of Special Operation Unit), also 4 doctors of Police Directorates and 5 prosecutors.

It's worth mentioning the following trainings:

1. Training exercise on “controlled delivery” organised by OSCE-Kosovo, with participation of Albania, Montenegro, Macedonia, Bulgaria, Turkey, Kosovo and Germany;
2. Training organised by ICITAP in Montenegro “Advanced undercover techniques” with participation of regional countries;
3. Training exercise within the framework of Vienna Convention on “cross-border surveillance” in cooperation with Austria and Macedonia;

¹ Total Information Management System

² Criminal Information Management System

4. Training for undercover agents in special operations within the framework of SOCA Twinning Project;
5. Regional Training on Early Warning System for New Drugs, organized by EU and EMCDDA in Tirana.

In April 2011, a Plan of Joint Trainings with the prosecution office and other law enforcement agencies was approved. In this framework, common trainings against drugs, with other law enforcement agencies were conducted.

During 2011, special attention has been paid to the growth of professional level and the performance of Border and Migration Police. In compliance with the Thematic Plan of the State Police Training for 2011 and also in cooperation with the ICITAP and PAMECA-III missions, Customs, Guardia di Finanzia, USA Embassy in Tirana (EXBS programme), German Foundation 'Hans Siedel', etc, 60 trainings were organized where 1,681 border and migration police employees were trained.

Some of the topics of the trainings were:

- Legal bases, Schengen standard procedures, second line control;
 - Evaluation of Schengen standards;
 - Struggle against illegal migration networks;
 - Detection of the stolen/trafficked vehicles;
 - Legal bases, entry-exit procedures and controlling of the persons and travelling documents for the vehicles at BCPs;
 - Recognition and usage of new vessels;
 - Management of Border and Migration Police;
 - Weapons of mass destruction;
 - Specialized groups for taking and exchanging information;
 - Tracking techniques at the green border;
- etc.

Regarding the strengthening of capacities in The Interagency Maritime Operational Centre, work has continued for the implementation and installation of Project "Radio Communication Network for IMOC", a project part of program IPA 2009 with a value of 420,000 euro financed by European Union Delegation in Albania. Through this system, communication was made possible according to security requirements of conducting law enforcement operations at sea. Also seven vessels for the surveillance of blue border were delivered to Border Police. The Interagency Maritime Operational Center in Durres, has shown great performance, where 2 drug-smuggling attempts to Italy during 2011 could be detected right in time and in cooperation with Italian authorities 2 tons of marijuana were seized (1.5 tons in Albania and 431 kg in Italy).

During 2011, with the financing the European Union Delegation, 10 new buildings of BCPs and 17 B&M Police stations were constructed. Control garages of the second line at the border crossing points were equipped with 15 computers. With the financing of the Albanian state has ended the building of Pembroke Territorial Unit of Vlora and construction of the workshop of sailing equipments maintaining, and the training ambience of maritime border police. In the context of the EXBS program, American Embassy delivered equipments for the border police services, like projectors, clothes for the officers of vessels.

During 2012, 21 trainings for the anti-narcotics units and other law enforcement were conducted where a total number of 210 officers were trained: 171 of them police officers (146 anti-drug units' officers + 20 public security officers + 5 border police officers), 25 military police officers, 5 custom officers and 9 prosecutors were trained. A special programme on common trainings was also implemented in cooperation with General Prosecution Office.

In the framework of the implementation of the second phase of the UNODC Regional Programme on Promoting Rule of Law and Human Security in SEE, a Container Control Training was organised in Durres/AL on September 10-14, 2012. Twelve police and custom officers from Albania and Montenegro participated. The Ports of Bari (Montenegro) and Durres (Albania) are part of the UNODC/WCO Global Container Control Programme with the purpose to establish sustainable and well trained law enforcement structures in selected seaports to minimize the risk of trafficking of illicit goods through maritime containers. The same group of officers participated in a study visit in an important seaport of EU Country at the end of November 2012.



Pictures of the Container Control Training in Durres, September 10-14, 2012

Source:

Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

The Border Police has taken several measures for strengthening border control and surveillance during 2012, as follows:

- There are various trainings held during 2012 in connection with the strengthening of border control and surveillance in the fight against crime. All trainings below, regardless of the title have consisted in thematic of fight against crime:
 1. “Crime Investigation structures”, organized by PAMECA III, 60 police officers trained.
 2. “Use of visual detecting system ‘Smartdec’ in green border surveillance”, organized by IT Directorate and ‘Defendec’ Company, 10 officers trained.
 3. “Use of MEMEX system”, organized by ITD, 7 officers trained.
 4. “Protection of international borders”, organized by EXBS, 9 officers trained.

5. "Prevention of and fight against illicit drugs, precursor's control, organized by Albania State Police, 3 officers trained.
 6. "Risk analysis and processing of intelligence", Albanian Police Training Centre, 14 officers trained.
 7. "Green border", organized by US EXBS, 23 officers trained.
- Simultaneously with the recent restructuring of the State Police, in October 2012, Border Police has established Mobile Operational Groups (MOG) in each Regional Director for Border and Migration (RDBM). These Groups operate in the entire territory of the RDBM, not just within a Border and Migration Police Station (BMPS) territory. MOG is subordinated by the Operational Service Sector in RDBM and its objective is fighting crime through information collecting and use of special equipment.
 - Six RDBM are equipped new which can face the difficulties of hard terrain. These vehicles are used by the MOG for success in their duties. Vehicles are equipped with navigational equipment and they will be equipped further on with other devices that support them in realizing their objectives. 3 of those vehicles are in use in the border with Greece.
 - RDBM of Durres and Vlora are equipped, (except those which currently they possess) with 6 kits for border check tools (fiberscope, buster, etc). Vlora RDBM covers borders with Greece. These devices fundamentally impact in the increasing of effectiveness in border checks of vehicles for identifying and seizure illicit drugs in fuel tanks, tires, or customized spaces for hiding these substances.
 - There is actually installed "Smartdec" visual detecting system in 4 different RDBM, 3 of them in border with Greece. This system enables monitoring the high risk pathways by photo images. The detectors are working wireless, thus they can be deployed dynamically in the high risk zones. The monitoring of the detections is made online in real time. Images taken by this system are used in fighting illegal activity in green border as well as for information gathering and for the preparation of risk analyzes.
 - In the Standard Operating Procedures of the Border and Migration Police are sanctioned second-line control procedures, defining simultaneously the appropriate template that will be used by officers for 2nd line border checks. Based on risk analysis and requirements made form the second line controls which have resulted in many drug seizures without prior information.
 - There are actually appointed 2-3 officers responsible for 2nd line checks in each BMPS. These officers carry out the duty of selection and check of persons, documents and vehicles in 2nd line check. Also, they perform the 2nd line checks based on the selection made by other officers.
 - The second line checks, conducted in SPKM, are recorded in TIMS (Total Information Management System) by the 2nd line check officers and these information can be accessed by other BCP's in case of future submissions of the same person in the border. Officers can provide from TIMS the information about the reason, progress and the result of border checks.

During 2011 and 2012, the cooperation with EUROPOL has signed a significant progress. Aiming to initiate the negotiations in order to sign the Operational Cooperation Agreement with Europol, in June 2011, as it was foreseen in the Action Plan for the implementation of the Strategic Agreement with Europol, it was held in Albania the audit visit form experts from Europol on protecting of personal data in Albania and now it is expected the approval of the respective report in order to start negotiations for the signing of the Operational Cooperation

Agreement with Europol, an agreement which represents the highest level of cooperation with Europol for the Non-Member States of EU. At the end of June 2011, it was completed the installation of the secure links of communication with Europol. Also in November 2011, it was organized the Conference “Europol and Albania - Networks of Intelligence” where there participated representatives from all the law enforcement agencies, as well as high level management experts from EUROPOL.

Good results in the suppression of heroin, cocaine and marijuana trafficking networks were achieved during 2012 as follows:

- There have been conducted **50** operations with special investigation means; *(49 have been conducted during 2011).*
- **50** criminal groups involved in drug trafficking and distribution have been dismantled, and **233** members of these groups were arrested; *(48 criminal groups have been dismantled during 2011 and 218 persons were arrested).*
- **54** operations with use of different forms of international cooperation have been conducted and **76** persons involved in international drug trafficking were arrested in Albania; *(29 international operations have been conducted during 2011 with 42 persons arrested).*

According the new National Strategy Against Drugs 2012-2016, the Drug Dependence Treatment Centre, officially named the Addictology and Clinical Toxicology Service (ex Clinical Toxicology Service of Tirana University Hospital Center “Mother Theresa” [TUHC] until March 2012), is set up at TUHC and it is functioning as a public centre providing detoxifications, overdose and other forms of treatment.

2 specialists of Institute of Public Health [IPH] are trained by EMCDDA on strategy evaluation practices (October 2012), but no evaluation activities of National Strategy have started yet as the action plan is still to be approved.

OTHER DRUG POLICY DEVELOPMENTS: MEASURES TAKEN TO THE EXTERNAL BORDER

The Albanian Government, based on EU recommendations for Western Balkans, in the framework of IBM, Regulation (EC) No. 562/2006 of the European parliament and of the Council of 15 March 2006 to “establishing a Community Code on the rules governing the movement of persons across borders, the best EU practices and the vision for open, but controlled and secured borders”, has taken measures to strengthen external borders. The most important measures are:

- Drafting and adoption of necessary legislation including Law No. 9861 “On state border control and surveillance of the Republic of Albania”;
- Drafting and adoption of the National Strategy on Integrated Border management and Action Plan;
- A new moratorium for another 3 year period was adopted on 4 February 2010.

COORDINATION ARRANGEMENTS/MECHANISMS IN THE FIELD OF DRUGS

Aiming at the improvement of institutional cooperation in the fight against narcotics, the Council of Ministers Decision No. 299 of 14.04.2011 “For the approval of the Regulation for the functioning of the National Committee for the Coordination of the Fight against Drugs, its Secretariat and of the Office of the National System of the Information on Drugs” has been adopted. The aforementioned decision dictates the establishment of an Inter-Ministerial Committee for the Fights against Drugs, supported by a Secretariat and a National Centre of Information on Drugs, runs by the Institute of Public Health.

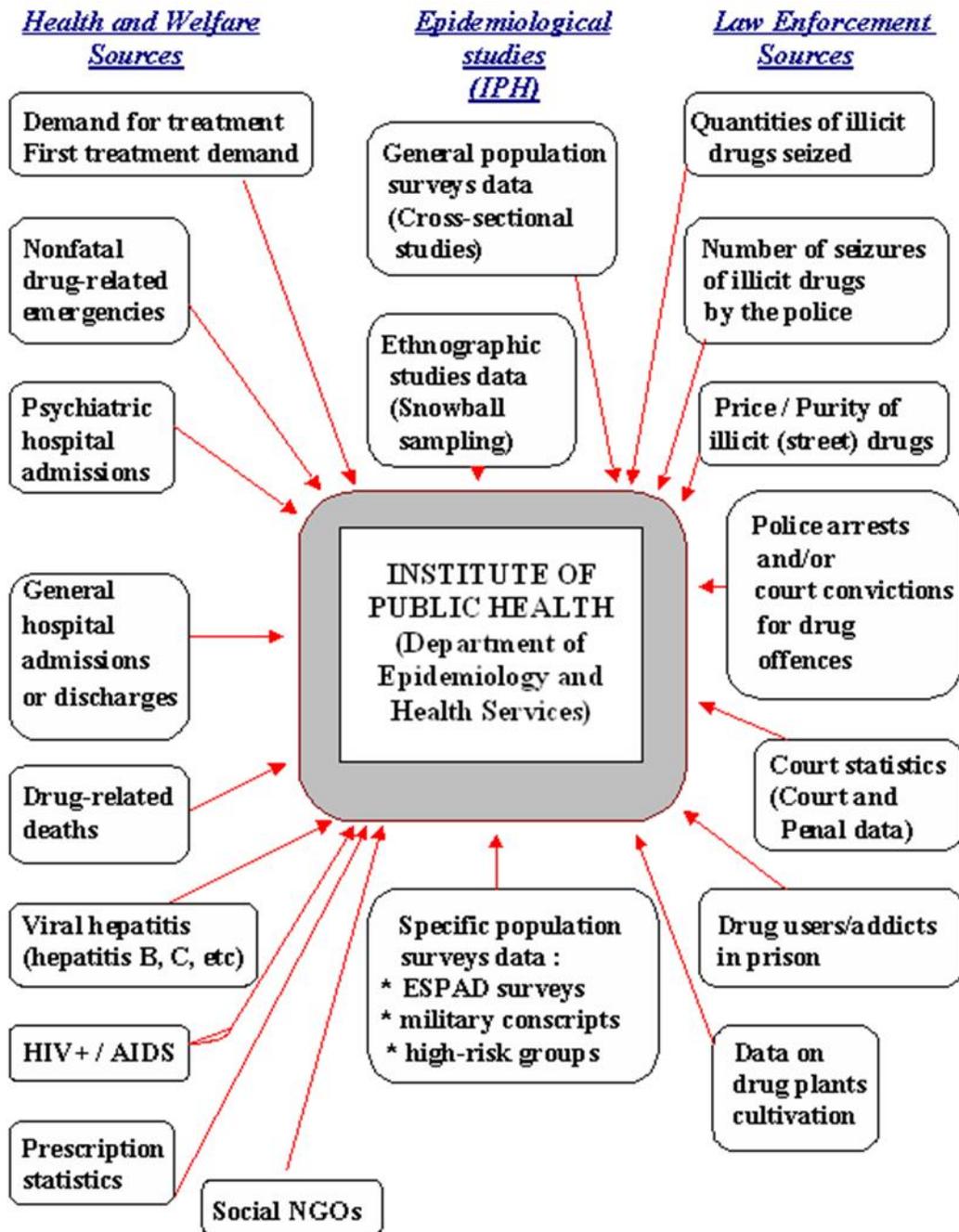
The main function of the Inter-Ministerial Committee for the Fight against Drugs is to assure coordination and exchange of information among different sectors involved in the field of drug control. The Inter-Ministerial Committee is led by the Prime Minister and its members are Ministers of selected Ministries and Directors of some other National Agencies.

It should be emphasized that the collection, analysis, feed-back/feed-forward of all data on drugs (drug demand data, drug supply data, etc), obtained by all respective data sources, represent the basic activity of this “National Center of Drug Information System” (or the “National Drug Observatory”), established at the Institute of Public Health, and being considered as the official partner of the EMCDDA.

The following chart schematically shows the comprehensive structure of the Albanian Drug Information System.

Flow Chart

Structure of Albanian public health Surveillance System on Drug Use/Abuse (Misuse)



1.3. ECONOMIC ANALYSIS

There is no study conducted yet in Albania that calculates the general costs of the society and economy of the drug phenomenon based on real costs of government, family or society, the economic loss or other indirect costs.

Also there are no reports dedicated to activities related to the fight against drugs or drug treatment effects on the budgets of the particular ministries.

Moreover, the financial plan set out in the strategy of 2004-2010 is not followed, and it's more difficult to calculate the expended costs in this field in recent years.

This report presents only a few heuristic indicators mainly based in human resources involved in treatment services and Law enforcement, also the cost provided on the new action plan for the next five years.

There are 14 professionals working in the Public Health System in Albania (they are doctors, nurses, public health specialists) who *inter alia* also cover the fields related to the treatment and prevention of drug problems. There is a fact that there is no treatment staff that works full time in this field while there is also the lack of drug insurance coverage.

Also, about 35 other employees are involved part time in activities under some non profit organizations in the field of treatment for preventing drug problems. A part of these employees are paid with funds from foreign donors, while the other part of them are paid with funds from a program funded by Albanian Government Global Fund to Fight AIDS, tuberculosis and malaria (GFATM).

Human Resources financed by the Ministry of Interior who are involved directly and full time in Law enforcement activities regarding drugs are estimated at about 120 police officers. While a large proportion of police officers operating in other sectors, covering also the activities related to control of narcotics trafficking.

Some other ministries such as Ministry of Education and Science, Ministry of Justice, Ministry of Labor, Social Affairs and Equal Opportunities, etc, although they have no staff dedicated full time to the activities and services related with drugs, they have human resources which have been included among others in such activities. It is difficult to make a calculation of the number of these employees and of the time that they dedicate to the matters related to drugs.

Average monthly wages in Albania is around \$500, while the public budget covers not only the salary of these employees but also the other operating expenses associated with the activities that they perform. It's difficult to make a calculation of these costs on this report.

Besides these financial costs, other projects in the field of treatment, reintegration and awareness concerning drugs are funded in Albania. However, these funds have been fully covered by foreign donors and not by public finances.

During the analysis carried out with the purpose to build the Action Plan of implementing a new strategy for years 2012–2016, it is expected to spend 4-5 million Euros each year for the establishment of an appropriate system of treatment and prevention in the country.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC GROUPS

2.1. DRUG USE IN THE GENERAL POPULATION

In Albania there is not yet conducted a survey on drug use among general population (GPS – general population survey). Efforts to develop a survey project have begun and such a survey is actually foreseen to be implemented within the year 2014 with the support of the EMCDDA.

Biological and Behaviour Surveillance Study (Bio-BSS Study) of 2005 remains the only one which provides *some partial data* on drug use *among general population*. Thus the prevalence of lifetime use (lifetime prevalence) of some drugs according this study is as follow: Marijuana 2.9 % (males 5.6 %, females 0.4 %), Heroin 0.3 % (males 0.7 %, females 0 %), Pethidine 0.3 % (males 0.6 %, females 0 %), Cocaine 1.7 % (males 3.4 %, females 0.3 %), Valium 5.8 % (males 3.4 %, females 8.0 %). Although these figures help to better understand the problem distribution among population, the methodology of this study (for details see the relevant section) does not allow accurate generalizations for the entire population of Albania.

2.2. DRUG USE IN THE SCHOOL POPULATION AND AMONG YOUNG PEOPLE

In this report, the presented information is provided by two studies conducted to some youths in high schools of the country in the years 2005 and 2008. Studies are called “**Youth Risky Behaviors Survey**” (YRBS) and are based on a standard instrument and methodology applied by the Center for Disease Control in Atlanta (CDC).

The 2005 YRBS is based on a sample of 3,619 young people aged 14-19 years, representative of all high schools (professional and general) in Albania. The 2009 YRBS applies identical methodology with the previous one and is based on a sample of 2,725 young people aged 15-19 years.

The samples are stratified by type of group (stratified, cluster sampling). The researching instrument is a standardized questionnaire self-administered by the youth. Questionnaire already contains questions on the use of drugs, and many other questions related to the behaviors considered dangerous. Questions about drugs in the questionnaire include access and the frequency of the use of some selected drugs (marijuana, cocaine, heroin, ecstasy) and the injection.

In the following tables (Tables 2.1 and 2.2) it can be observed that the percentage of high school youth in 2009 who have used once or more marijuana during their lifetime was 7.5 %, and, if we compare this figure with the survey done in 2005 when this percentage was 5.4 %, we may see a slight increase. However this increase remains in the negligible confines if we consider that the

age group of the 2009 YRBS does not include youth aged 14 years, in whom the prevalence is lower.

In the 2009 YRBS, 92.5 % of the youth haven't ever tried marijuana. The 2009 survey proves that half of the youth who have used marijuana at least once in their lives, have used it at the age 15-16 years old.

It is apparent the difference between males and females in all cases. Among the men we may notice always a higher prevalence than among women.

Table 2.1
Prevalence (in %) of experimentation with drugs among youth aged 15-19 in high schools (lifetime prevalence) in 2005 YRBS

	Cannabis	Heroin	Cocaine	Ecstasy	Drug with injection	Sample
Tirana						
<i>Males</i>	11.0	3.0	5.1	9.4	3.7	434
<i>Females</i>	2.3	0.7	0.5	0.9	1.2	429
Total	6.6	1.9	2.8	5.2	2.4	863
Albania						
<i>Males</i>	10.0	2.8	3.3	8.0	3.3	1,590
<i>Females</i>	1.8	0.4	0.3	1.6	0.9	2,029
Total	5.4	1.4	1.6	4.3	1.9	3,619

Note: the question is phrased this way: During your lifetime have you ever used drugs (cannabis, heroine, cocaine, ecstasy)?

Source:
“Youth Risky Behaviour Survey, 2005”
Institute of Public Health Report, Tirana, February 2006

Table 2.2
Prevalence (in %) of experimentation with drugs among youth aged 15-19 in high schools (lifetime prevalence) in 2009 YRBS

	Cannabis	Heroin	Cocaine	Ecstasy	Drug with injection	Sample
Tirana						
<i>Males</i>	19.6	7.0	8.9	11.1	4.7	270
<i>Females</i>	3.0	0.6	1.2	3.0	1.2	336
Total	10.4	3.5	4.6	6.6	2.7	606
Albania						
<i>Males</i>	15.6	4.1	6.7	8.5	3.1	1,131
<i>Females</i>	1.8	0.4	0.8	1.7	0.6	1,594
Total	7.5	1.9	3.2	4.5	1.7	2,725

Note: the question is phrased this way: During your lifetime have you ever used drugs (cannabis, heroine, cocaine, ecstasy)?

Source:
“Youth Risky Behaviour Survey, second round, 2009”
Institute of Public Health Report, Tirana, September 2009

If there are 7.5 % the experimenter of cannabis during their lifetime in 2009, less than half of them reports having used marijuana at least once in last 30 days. Also, only half of this category has used marijuana on school surroundings.

Percentage of youth who have never used heroin is 98.1%. Of those who have used, most have experienced only one or two times and the majority of them are males with a very small percentage of women, almost negligible. During the last 30 days, 99 % of the youth have not ever used heroin. In the 2005 survey, 1.4 % of youth have used heroin at least once a year while in the 2009 survey this percentage is 2.2 %, so the prevalence is stable, perhaps with a small increase.

In the 2005 YRBS, it can be observed that 1.6 % of the youth have used cocaine once or more, while in 2009, 3.2 % of the youth report having used cocaine. This category is mostly aged over 17 years old and have experienced just once or two times. It can be noticed that most of them have tried this drug in school surroundings.

About 4% of youth have used ecstasy in 2009 and this prevalence is practically the same with the percentage of youth who also have used ecstasy in 2005. Most of them are males and have used this drug once or twice during their lifetime. Most are aged 13-14 years old and only one in four people involved in this survey had used ecstasy during the last 30 days.

In the 2005 YRBS, only 1.9 % of youth have used drugs with injection and this percentage remains at the same level (1.7 %) in 2009, while the majority reports to have tried two times or more.

In all age groups, included in survey, of both sexes and in both surveys, we noticed that the prevalence of systematic experimentation with drugs in Tirana is higher compared with other regions of Albania. Such a systematic distribution is observed also in the case of higher prevalence in urban compared with rural areas.

Within the 2009 YRBS it is also performed a specific pilot study on drugs and alcohol among the youth, following a methodology similar to that described above and using European School Survey Project on Alcohol and Drugs (ESPAD) instruments. Preliminary results of this study have similarities with those produced by YRBS 2009 although the prevalence rates are slightly higher: cannabis 10 %, ecstasy 7 %, cocaine 5 %, heroin 3 %.

Besides the 2005 and 2009 YRBS surveys, in 2011, **the European School Survey Project on Alcohol and other Drugs (2011 ESPAD)** was carried out among a representative sample of 3,189 school adolescents born in 1995 or who turned 16 years old in the year of the survey. This survey engaged the ESPAD standardized guidelines and methodology. A two-stage stratified cluster sample of classes was employed covering public and private schools and urban and rural areas. The objective of the survey was to estimate the prevalence of psychoactive substances use in this group, and to obtain information about their knowledge and attitudes towards the use of psychoactive substances. According to the study, more than one in ten (10 %) reported that they had tried at least one psychoactive substance (cannabis, amphetamines, LSD and other hallucinogens, cocaine, crack, heroin, magic mushrooms, GHB, tranquilisers without prescription

and alcohol in combination with pills) at least once in their lifetime, while cannabis is the most frequently reported illicit substance. Around 4.4 % reported using cannabis at least once in their lifetime, while 3.7 % reported using it once in the previous 12 months, and 2.2 % at least once in the previous 30 days. The second most often used substance was ecstasy, for which the lifetime prevalence rate was reported at 3.5 %, followed by cocaine at 1.6 %. Boys reported the use of all illicit drugs significantly more often than girls. Thus, 8.6 % of boys and 1.0 % of girls reported that they had ever tried cannabis in past.

The lifetime prevalence of various illicit drugs in Tirana and national level by gender according to 2011 ESPAD survey in Albania is presented at the following Table 2.3.

Table 2.3
Prevalence (in %) of experimentation with drugs among school youth aged 15-16
(lifetime prevalence), 2011 ESPAD study

	Cannabis	Heroin	Cocaine	Ecstasy	Drug with injection	Sample (*)
Tirana						
<i>Males</i>	10.3	1.3	3.6	7.0	1.7	387
<i>Females</i>	1.3	0.0	0.2	0.9	0.4	459
Total	5.4	0.6	1.8	3.7	1.1	846
Albania						
<i>Males</i>	8.7	1.1	3.0	6.8	1.5	1417
<i>Females</i>	0.9	0.2	0.4	1.7	0.4	1741
Total	4.4	0.6	1.6	4.0	0.9	3158

Note: The question is phrased this way: “On how many occasions (if any) have you used any of the following drugs: cannabis, ecstasy, cocaine, heroin, injection drugs?” Those reporting zero times were classified as non-users whereas those reporting at least once were classified as ever users.

(*) Average sample size because of missing information. For example, 386 males might have answered the question on lifetime cannabis use but 388 on heroin use. In this case, the reported sample size is the average of two, thus 387.

Source:

“2011 ESPAD (The European School Survey Project on Alcohol and Other Drugs) in Albania”
 Tirana 2012 (ISBN 978-9928-107-22-0)

Compared to 2005 and 2009 YRBS surveys, the lifetime prevalence yielded by 2011 ESPAD survey is lower for any given illicit drug. This result is expected since ESPAD survey included younger students compared to YRBS study. A fair analysis would require similar age-groups to be compared. Therefore, no conclusions can be drawn regarding the time trend of illicit drug use.

Table 2.4 presents data on lifetime prevalence of illicit drugs in selected Western Balkan countries (WBCs).

Table 2.4
Prevalence (in %) of experimentation with drugs among school youth aged 15-16
(lifetime prevalence) in selected WBCs, 2011 ESPAD study

		Cannabis	Heroin	Cocaine	Ecstasy	Drug with injection
Country						
Greece	<i>Males</i>	12.0	1.0	2.0	2.0	1.0
	<i>Females</i>	5.0	1.0	1.0	1.0	1.0
	Total	8.0	1.0	1.0	2.0	1.0
Kosovo	<i>Males</i>	2.0	1.0	2.0	2.0	1.0
	<i>Females</i>	1.0	0.0	0.0	1.0	0.0
	Total	2.0	0.0	1.0	1.0	0.0
Montenegro	<i>Males</i>	8.0	2.0	2.0	5.0	2.0
	<i>Females</i>	3.0	1.0	1.0	2.0	1.0
	Total	5.0	1.0	1.0	3.0	1.0
FYROM (2008) (*)	<i>Males</i>	7.0	-	-	4.0	-
	<i>Females</i>	5.0	-	-	2.0	-
	Total	6.0	-	-	3.0	-
Serbia	<i>Males</i>	9.0	1.0	2.0	2.0	1.0
	<i>Females</i>	4.0	0.0	1.0	1.0	1.0
	Total	7.0	1.0	1.0	1.0	1.0

Note: The question is phrased this way: “On how many occasions (if any) have you used any of the following drugs: cannabis, ecstasy, cocaine, heroin, injection drugs?” Those reporting zero times were classified as non-users whereas those reporting at least once were classified as ever users.

(*) Data are rounded up, as displayed in 2011 International ESPAD Report. For FYROM, no data were available for heroin, cocaine and drug with injection lifetime prevalence.

Source:

“2011 ESPAD (The European School Survey Project on Alcohol and Other Drugs) in Albania”
Tirana 2012 (ISBN 978-9928-107-22-0)

Lifetime prevalence of cannabis in Albania is lower compared to other neighboring countries except for Kosovo. However, the gender gap in Albania is much higher compared to other neighboring countries: lifetime prevalence of cannabis use among boys in Albania is around 10 times higher compared to girls, whereas such differences are remarkably lower in other countries (Table 2.4). The lifetime prevalence of other illicit drugs in Albania is similar to other countries even though in Albania rates are slightly higher, more remarkably regarding ecstasy.

2.3. DRUG USE AMONG TARGETED GROUPS/SETTINGS AT NATIONAL AND LOCAL LEVEL

There have not been carried out yet in Albania surveys on features of drug use in special groups of population, such as drivers, night club hangers, etc.

The 2011 Bio-BSS survey has included some epidemiologic elements of drug and alcohol use to the Roma community in Tirana. Some data provided by 2011 Bio-BSS show that 5.4 % of the Roma population reported using alcohol every day (referring to the past 4 weeks), most often by

males (10 %). Most of the participants (70.4 %) drink alcohol less than once per week or not at all. One-fifth of respondents report the use of alcohol at least once a week.

Drug use among the Roma seems to be low. Marijuana was the most common drug ever used among the Roma (almost 4 %), reported more by males than females respectively 6.8 % and 0.4 %. Heroin use was reported by 1.5 %, while Cocaine by 1.9 % of the Roma population. Only 0.2 % of the Roma have injected drugs in the past 12 months.

3. PREVENTION

OVERVIEW OF THE NATIONAL DRUG PREVENTION POLICY

Both, the first National Strategy against Drugs 2004–10 and the consecutive one 2012-2016 are comprehensive and cover both drug demand reduction and drug supply reduction. The strategies emphasize the need of supporting individuals in their decision for a free of drugs life and orientate the preventive activities towards the mass media campaigns, programs in schools and in the community.

However, regarding the specific legal framework in this area, it is limited and covers only problems of supply reduction (punitive measures on trafficking and cultivation). In the Albanian legislation, issues related to the treatment and prevention of health disorders caused by drugs are not covered by any specific Law. The only reference to this problem is found in the Law No. 10138, of 11.05.2009 “On public health”. In this Law, under the 'Article 7', where are listed the basic public health services, in the section 'e', are described the services of prevention and control of substance abuse (tobacco products, alcohol, narcotic and psychotropic substances, etc.). Also, in 'section 5' on health protection from abusive use of narcotic and psychotropic substances, it is envisaged the “treatment, rehabilitation and reintegration into society of abusing users of narcotic and psychotropic substances” as part of the set of measures to be taken.

3.1. UNIVERSAL PREVENTION

SCHOOL

At national level the prevention activities are organized by:

- Ministry of Health (Institute of Public Health), Ministry of Culture, Tourism, Youth and Sport, Ministry of Education and Science, etc.
- International agencies such as UNICEF, UNFPA, UNODC, WHO, UNAIDS, etc.

The regional education departments, schools, regional public health departments, and somehow local authorities, branches of NGOs operating at national level have been involved in prevention activities on drug and alcohol. Of over one year (2010 and after), in secondary schools in Albania has been introduced a new program, part of compulsory basic curriculum, called “life skills and skills for career”. This program includes a special chapter on education on drugs and alcohol. Among other things, the program also includes practical skills, such as stress management, social skills, emotional communication, skills to cope with change, etc. The program is conducted by biology teachers and school psychologists. Also, some basic knowledge on substance abuse is given to pupils in basic education system (9 years) as part of biology and health education matters.

Since 2006 the Ministry of Education and Science employed psychologists in secondary schools (=high schools) and in basic education system, whose task, among others, is the early capture of problems associated with drugs and alcohol and providing of appropriate support. These professionals are operating practically only in schools of urban areas.

In 2008, the Albanian Parliamentary Sub-commission on Social Welfare, in collaboration with the Council of Europe, UNICEF, UNFPA, Ministry of Tourism, Culture, Youth and Sports, Albanian Youth Network for European Integration, and youth parliaments, started a national campaign to 'live healthy'. The aim of the campaign is to raise awareness among adolescents to practice a healthy lifestyle without drugs, tobacco or alcohol and empower youth groups in supporting the recent legislation in this field. Awareness about illicit drugs is one of the main campaign components. The campaign covers most high schools in Albania's main cities and includes training, advertisements in press, publication of information materials, extracurricular activities, etc. By the end of 2009, around 1,500 students, educators, high-school psychologists, and parents have directly or indirectly been involved in and profited from the campaign activities.

In some broad national school-based campaigns, the focus has generally been placed in the healthy life style, and has included drug and alcohol prevention elements, such as in the case of campaign "Live Healthy" supported by UNICEF and UNFPA, or in the case of the campaign "A youth without tobacco and alcohol", organized by the Ministry of Health in collaboration with the Ministry of Education and Science. In an analysis of the coverage with training, information, awareness, and counseling activities, for the year 2009, can be estimated to have been reached a total of 2,000 to 2,500 young people in high school and university, which constitutes about 1 % of total pupils and students in high schools and universities of the country.

The methods used include lectures, group discussions, interactive communication, and in some cases life skills and the use of peer educators. There is no organized system related to the school interventions. Any governmental or non-governmental institution implements individual projects, and therefore a systematic evaluation of interventions is lacking. Some non-governmental associations have offered some preventive interventions, along with harm reduction programs, targeting vulnerable groups, such as students who drop out of school, etc. The methods used include lectures, group discussions and presentations of conclusions derived from the group exercises. There have been experimenting some sporadic activities of health professionals in collaboration with specialists from the police forces during the night hours for restraint in the use of alcohol by young people (2009).

In 2011 the United Nations Office on Drugs and Crime (UNODC) worked closely with Albania's Ministry of Education in implementing the 'Strengthening the family programme'. This project aims to implement evidence-based family skills training programmes to prevent drug use, HIV/AIDS and crime and delinquency among young people, by strengthening and improving the capacity of families to take better care of children.

The project was operational in the cities of Tirana and Shkodra, where a pool of 51 facilitators and 12 trainers was established. The project was piloted in 16 schools (eight per city) where 161 families were trained on family skills programmes (483 parents and children). The 'Family and schools together' (FAST) materials used during the training have been translated into Albanian and culturally adapted. The training was expected to positively change the family environment; it

provided opportunities for parent–child bonding in order to modify parenting skills, ensure increased awareness and strengthen drug abuse education and prevention programmes in schools.

In 2011 and 2012 Tirana Regional Police, in collaboration with Tirana Regional Education Directorate and with the support of the International Criminal Investigative Training Assistance Program (ICITAP), New Jersey National Guard and the US Embassy in Tirana, implemented the project ‘Youth education and awareness and reducing drug demand and other harmful substances’. The project was focused on elementary and high schools in Tirana. Programme implemented was a result of a previous evaluation of the drug situation in Tirana. The best police officers were selected and trained to implement the programme. In 2011–2012, some 40 joint working groups were established, composed of teachers and police officers (in total 40 teachers and 27 police officers).

This project has attracted special interest and had a great impact on pupils, teachers, parents, media and police officers also. It produced very good results concerning awareness-raising and prevention, and is considered to be a direct implementation of the community policing philosophy. These activities are contributing to the increase in public trust of the police.

In April 2012 an agreement between the Ministry of Education and Ministry of Interior (Albanian State Police) was signed for the extension of this project in all the cities of Albania in a near future.

COMMUNITY

UNICEF has also worked at the local level, by piloting the establishment of a drug prevention resource center at Municipality of Tirana. The social workers of Tirana municipality are skilled to support families of adolescents and young people that are at risk of HIV infection. The center is within the municipal social services department and acts as a referral gate to wider social support for young people and adolescents injecting drugs and their families. The center also offers information and training to school doctors, school counsellors and social administrators in the other communes. This pioneer work aims at establishing the basis for a better coordination with other sectors, such as the State Social Services, the Ministry of Education and Science, and the Ministry of Interior.

3.2. SELECTIVE PREVENTION IN AT-RISK GROUPS AND SETTINGS

Harm reduction programmes began in Albania in 1995. They are currently offered by four NGOs (“Aksion Plus”, “APRAD”, “Stop AIDS” and “UKPR”) operating in the field of drug demand and HIV/AIDS reduction with a clear focus on harm reduction activities. The **injecting drug users (IDUs)**³ are offered a range of prevention activities, namely:

- Distribution of sterile needles and syringes, and safe disposal of used injecting equipment.
- Needle Exchange Program (NEP): distributing and collecting needles and syringes.

³ Injecting drug users (IDUs) are problematic drug users (PDU) according to the EMCDDA definition.

This service is offered in centers where the IDUs can be provided with new syringes and through mobile unit teams. Every day outreach team goes out in the injecting area and distributed/collected needles and syringes among drug users and their sharing-drug partner. The needles are distributed in two ways: in minivan where drug users came in and stayed for a while and in drug injecting areas, especially in hot spots where minivan couldn't go or drug users didn't prefer that minivan to go nearby injecting areas.

- Peer education, outreach (contacts with IDUs, providing information, education and life skills).

Outreach workers offer education, advice on safer injecting practices (risks of sharing or lending and borrowing injecting equipment, filters, spoons and water, risk reduction advice and health promotion. This includes advice on a range of issues including the prevention of drug-related death, overdose prevention, blood-borne infections, safer sex, alcohol misuse, nutrition, etc., offering health services and giving out new needles. Condoms are also distributed along with information on HIV. Also a number of IDUs were trained as peer educators who served to spread and share information provided during training sessions to other IDUs.

- One to one and group counseling, psycho-social support.

Counseling sessions were provided in small groups. These sessions were seen as a free discussion between drug users and counselor, sharing their concerns and experiences with others. During the counseling, the main topics were HIV prevention, safe injections practice, overdose prevention, self-esteem and partner negotiation. IDUs who needed one to one counseling with counselor for more personal and private issues, the counselor arranged another appointment with them.

- Medical assistance and simple medical training to drug users, referral to other services.

As a result of frequent daily injections IDUs are suffering of extremity wound caused from misuse of drug injections. Referral services were provided in case of clients resulted positive to Hepatitis B and C (to Hospital of Infectious Disease), and to Methadone Maintenance Therapy Center for those to stop injecting.

- Recreational Activities.

Recreational/sportive activities create a comfortable atmosphere for program staff and IDU clients to interact. NEP makes use of such activities to reach new IDU clients, distribute materials, and promote the services they regularly offer.

Providing HIV/AIDS education to injecting drug users in the **prison system** is another activity carried out by NGOs (concretely the NGO "Stop AIDS"). Such activities aim at increasing awareness and changing attitudes of prisons' administration in order to create an enabling environment for HIV/AIDS prevention, as well as at providing the information and building the necessary skills among juvenile and young prisoners to protect themselves from HIV or any STIs.

The activities implemented include involvement of experts and peer educators conducting peer education sessions in selected prisons and pre-detention sites. Trained peer educators lead sessions in which participants will feel safe to discuss personal problems. The sessions cover such topics as understanding of HIV, risks of drugs and drug injection, safe injecting practices for

those most-at-risk, risky sexual behavior and appropriate HIV/STIs prevention information and skills. Parallel training sessions were organized with prison health personnel about safe injection practices and condom use for HIV/STIs prevention.

3.3. INDICATED PREVENTION

By achieving a reduction in rates of injecting, there are more potential to reduce harms at the individual, community and societal level, even when the aggregate number of drug users remains constant. “Transitions” research has identified the need for interventions that reduce the number of people who progress from non-injecting drug use towards injecting. One of such interventions “Break the Cycle” (BTC) is developed to motivate and enable current injectors to avoid initiating non-injecting drug users into injecting behaviour. The intervention is designed as a single brief interview about (i) the participant’s own initiation; (ii) their initiation of others; (iii) the risks from initiation for themselves and the initiatee; (iv) identification of aspects of their own behavior that may inadvertently promote injecting; and (v) generation and rehearsal of responses to a series of vignettes describing common initiation scenarios.

Based on country context, BTC, supported by UNICEF-Albania, was adapted and implemented in 2010 by the team of two NGOs, “Stop AIDS” and “Aksion Plus”.

3.4. NATIONAL AND LOCAL MEDIA CAMPAIGNS

The public awareness campaigns on drugs has focuses broadly to include mass media, although there are no recent examples when any project have bought television or radio time; there are also no recent examples to have bought any newspaper space for publicity. Generally the media are invited to cover public events, while domain experts and activists are invited to dedicated television programs. On June 26, 2010 the Institute of Public Health, by the support of the UNODC, organized an awareness event with extensive media coverage with the participation of the Ministers of Ministry of Interior and Ministry of Health. Also the network of non-profit associations ALQU in cooperation with the Institute of Public Health and the Ministry of Health organized some series awareness activities in 12 regions of the country, including a massive event in the centre of Tirana. All activities were organized at the same hour and on the same day. A significant number of posters and leaflets with information for youth and their parents were distributed, while the coverage was provided by the national and local media.

4. PROBLEM DRUG USE

4.1. PREVALENCE AND INCIDENCE ESTIMATES OF PROBLEM DRUG USE

There is currently no national register of **Problem Drug Users (PDUs)**⁴. The number of PDUs in the country is estimated to be 4,500–5,000 people, though it should be emphasized that this figure is strictly an estimate, based on the country experts' opinion. The absence of reliable data is due to difficulties in cooperation and collaboration between relevant organizations, and a lack of expertise in estimating problem drug use.

Institute of Public Health, supported by UNAIDS, carried out in 2011 an estimation exercise of the number of Injecting Drug Users (IDUs). The methods used for estimating the Size of Populations Most at Risk of HIV were taken from UNAIDS–WHO guidelines, available at: http://data.unaids.org/pub/Manual/2010/guidelines_popnestimation_size_en.pdf.

The study produced the following results:

Approach 1: Use the police and National Toxicology Center data

A capture-recapture exercise was planned, using lists from a police arrests (2007) and national toxicology center (2007). There were 484 people arrested and 900 people in treatment. 72 people appear were on both lists, having been both arrested and been in treatment in 2007.

The following formula was used:

$N = (\text{number in first capture} \times \text{number in second capture}) / \text{number in both captures}.$

95% confidence intervals can be constructed around the resulting number, using the following formula:

95% CI = $N \pm 1.96 \sqrt{\text{Var}(N)}$, where $\text{Var}(N)$ is calculated as follows:

$\text{Var}(N) = ((\# \text{ in first capture} \times \# \text{ in second capture}) / (\# \text{ in first capture} - \# \text{ recaptures}) (\# \text{ in second capture} - \# \text{ recaptures})) / (\# \text{ recaptures})^3$

$N = (900 \times 484 / 76 = \mathbf{6,050}$

$\text{Var}: ((900 \times 484) \times (900 - 72) \times 484 - 72)) / 72^3$

95% CI = $6050 \pm 1.96 \times \sqrt{398123}$

95% CI = **4,816 - 7,284**

⁴ Problem Drug Use (PDU) is defined by the EMCDDA as intravenous drug use or long-duration or regular use of opiates, cocaine and/or amphetamines; ecstasy and cannabis are not included in this category. PDUs (problematic drug users) are injecting drug users (IDUs) or long-term/regular users of opiates, cocaine or amphetamine.

Approach 2: Use the police and Methadone Maintenance Therapy data

A capture-recapture exercise was planned, using lists from a police arrests (2010) and MMT center (2010). There were 683 people arrested and 145 people in treatment. 25 people appear to be on both lists, having been both arrested and been in treatment in 2010.

The following formula was used:

$N = (\text{number in first capture} \times \text{number in second capture}) / \text{number in both captures}.$

95% confidence intervals can be constructed around the resulting number, using the following formula:

95% CI = $N \pm 1.96 \sqrt{\text{Var}(N)}$, where $\text{Var}(N)$ is calculated as follows:

$\text{Var}(N) = ((\# \text{ in first capture} \times \# \text{ in second capture})(\# \text{ in first capture} - \# \text{ recaptures})(\# \text{ in second capture} - \# \text{ recaptures})) / (\# \text{ recaptures})^3$

$N = (683 \times 145) / 25 = 3,961$

Var: $((683 \times 145) \times (683 - 25) \times (145 - 25)) / 25^3$

95% CI = $3961 \pm 1.96 \times \sqrt{512,270}$

95% CI = **2,560 - 5,362**

Approach 3: Multiplier of estimates from Approach 1 and Approach 2

Multiplier estimate 1

MMT data for 2008 = 147

Percentage of IDUs from 2008 BIO-BSS who reported receiving MMT in 2008 = 10.4%

Sample size of IDUs in the 2008 BBS = 200

Analysis

$E = \text{estimated population size of IDUs in 2008} = 147 / 0.104 = 1,414$

$\text{Var}(E) = \text{variance}(147 / P)$ where $P = \% \text{ from survey reported receiving MMT}$

$\text{Var}(1 / X)$ can be approximated by σ^2 / μ^4 , which can be estimated from $\text{Var}(X) / \text{mean } X^4$

Here, $X = P$, so $\text{Var}(X) = p(1 - p) / n = (0.104)(0.896) / 200$

So, $\text{Var}(1 / P) \sim 0.932 / 0.1044 = [(0.104)(0.896)] / [200 * 0.1044] = 3.98$

$\text{Var}(E) = 1,414^2 * 3.98$

$S(E) = \text{SQRT}[\text{Var}(E)] = 293$

So, from MMT and BBS in 2008, we estimate that $1,414 \pm (2 * 293) = 1,414 \pm 574$ is the size of the IDU population.

Multiplier estimate 2

Harm reduction data for 2008 = 567

Percentage of IDUs from 2008 BIO-BSS who reported receiving harm reduction services in 2008 = 27.9 %

Sample size of IDUs in the 2008 BBS = 200

Analysis

Estimate = $567 / 0.28 = 2,100$

Var (E) = $5672 * [(0.279) * (90.722)] / [200 * 0.2784] = 54,653$

SE (E) = $SQRT(54,653) = 234$

So Size of IDU population = $2100 + 1.96 * 293 = 2,100 + 459$

Clients registered with MMT = 156

Clients registered with hospital = 2,051

Clients in both datasets = 37

A summary of the IDU estimates obtained by different methods is reported in the following table:

Summary IDU estimates	Data Source	Estimate	Lower confidence limit	Upper confidence limit
A, capture–recapture	Police and narcology, 2007	6,050	4,816	7,284
B, capture–recapture	Police and MMT, 2010	3,961	2,560	5,362
C, multiplier	MMT and Bio-BBS, 2008	1,141	567	1,715
D, multiplier	Harm reduction and Bio-BBS, 2008	2,100	1,641	2,659
E, capture–recapture	Hospital and MMT	8,648	6,353	10,942

Conclusion of IDU numbers

Estimates from **the Biological and Behavioral Surveillance Study (Bio-BSS)** are probably underestimates as a result of the limited coverage of Bio-BBS. Due to overlap of confidence limits for estimates A, B, and E these are probably most reliable. Thus we might estimate size of IDU population in the region covered by these data sources to be between 4,000 and 8,600.

4.2. DATA ON PROBLEM DRUG USE FROM NON-TREATMENT SOURCES

Albania has established a system of second generation surveillance in order to estimate HIV prevalence and behavioral trends among Injecting Drug Users (IDUs). A third Bio-BSS has been conducted in **2011**, following the first one conducted in **2005**, and the second one in **2008**. The methodology and the results of this study are presented below. A total of 200 injecting drug users (IDUs) completed the Bio-BSS.

BIO-BSS METHODOLOGY

Respondent-driven sampling (RDS) was used to sample the IDU population. RDS is a modified form of ‘snowball’ sampling offering several advantages for hard-to-reach populations that are at

risk for discrimination and stigmatization if openly identified. It allows for a probability sample to be obtained from groups that are highly stigmatized and who do not congregate in known locations. RDS not only serves to achieve desired sample sizes, it allows identifying social networks and characteristics within those networks.

Basically, RDS starts with a non-randomly selected group of participants (seeds) from the target population. Seeds that complete the survey protocol receive a set number of recruitment coupons which they use to recruit members of the target population who are members of their social network. Seeds' recruits redeem coupons to enrol in and complete the survey, thereby becoming first wave participants. First wave participants receive recruitment coupons to recruit members of their social network (second wave participants). This recruitment process continues for numerous waves, until the pre-determined sample size is reached. Participants receive an incentive for participating in the survey (primary incentive) and for recruiting their peers (secondary incentive).

RESULTS OF THE 2011 BIO-BSS

(i) DRUG USE BEHAVIORS

The majority of IDU population report to have used any illicit drug for more than 5 years. Almost two third of IDU (63.5 %) have injected for 5 years or less, with 12 % having injected for less than 12 months (Table 4.1). The median age at first injection is 21 years, with about 18.5 % of IDUs estimated to have injected before the age of 19. 43.5 % of the IDUs injected drugs multiple times daily; this figure is twice of that reported in 2008 (20.1 %). The most commonly used injectable and non-injectable drugs in the past month were heroin (93.2 %), diazepam (33.4 %), marijuana (48 %), and cocaine (30 %).

Table 4.1

Drug Use Behaviors

Characteristic	Sample (n=200) %	Estimated Population Proportion % (95% CI)
Drug Use		
Duration of any illicit drug use		
< 1 year	2	3 (0-7.5.)
1-5 years	23	25 (20.1-30.9)
> 5 years	75	72 (30.4-46.5)
Duration of injection drug use		
< 1 year	11.1	12 (8.5-18)
1-5 years	49.5	51.5 (46.6-58)
> 5 years	39.4	36.5 (30.5-40.1)
Age at first drug injection		
Median (mean)	21 (22.7)	--
≤ 14	3	3.1 (0.8-5.3)
15-18	14.9	15.4 (19-35.1)
19-24	61.2	60 (14-27)
≥ 25	20.9	21.5 (41-59.4)
Last month used (injection and non-injection)		
Heroin	95.5	93.2 (-87.2-96.8)
Cocaine	28.1	30 (25.8-36.4)
Heroin + cocaine	8.8	10 (7.1-15.3)
Marijuana	46	48 (40.4-57.3)
Petidine	2	3 (0-8.8)
Morphine	2.5	4.5 (2-10.2)
Tramadol	19.2	20.5 (15.3-24.6)
Diazepam	31.3	33.4 (26.4-42.6)
Luminal	12	10 (6.6-17.1)
Amphetamine	4.5	4.4 (1.4-8.1)
Ecstasy	4	5 (1.4-10.2)
Injected Drugs in Past 1 Month		
Frequency of drug injection in past 1 month		
Once a week or less	17.5	18 (12.6-25.5.2)
2-6 times a week	17	18.5 (13.6-24.3)
Once a day	18.4	20 (15.5-26.4)
2 or more times a day	47.3	43.5 (37.49.5)
Drugs injected last months (more 2%)		
Heroine	98	95 (87-98.8)
Cocaine	8.7	10.8 (5.6-18.6)
Petidine	5.5	7.6 (3-15.1)
Morfine	3.5	5 (1.8-9)
Tramadol	3	3.7 (0.9-6.9)
Diazepam	12.6	14.9 (9.1-19.8)
Luminal	4	3 (1.1-5.6)

Source:

“2011 Albania Behavioural and Biological Surveillance Study (Bio-BSS) Report; third round”
Institute of Public Health, Tirana, 2011

Heroin was the most common drug injected by IDUs during the past month, followed by cocaine, diazepam, tramadol, morphine, and petidine.

(ii) NEEDLE- AND EQUIPMENT-SHARING BEHAVIORS

Approximately 24 percent of IDUs are estimated to have injected with a used needle or syringe at last injection (Table 4.2). Almost 40 % of IDU are estimated to have injected with a used needle within the past month. However, the pool of sharing seems small, with about 34.1 % sharing needles with 3 or fewer persons.

Population estimates also indicate that most IDU who shared needles do so with friends (26.6 %).

Table 4.2
Needle- and Equipment-Sharing Behaviors

Characteristic	Sample (n=200) %	Estimated Population Proportion % (95% CI)
Injected with used needle at last drug injection	25.4	23.5 (18.6-29.5)
Injecting behavior with used needles in past 1 month		
Frequency of injecting with used needles during past 1 month		
Always	3.5	3 (0-5.6)
Most times	9.5	10 (5.4-17.4)
About half the time	3.5	3.3 (1.1-5.5)
Occasionally	22.9	22.4 (17.6-30.2)
Never	60.2	61.3 (52.8-64.4)
Types of people with whom respondent shared needles in past 1 month		
Regular sex partner	2.5	3.5 (1.3-7)
Sex partner who respondent did not know	0.5	1 (0-2.1)
Friend	24.9	26.6 (20.5-34.9)
Professional injector	17.2	16.5 (11.5-20.6)
Someone in a shooting gallery	9.7	10 (3-15.3)
Number of people from whom respondent shared needles in past 1 month		
0	54.2	57.4 (56.6-72.8)
1-3	36.3	34.1 (24-39.9)
≥ 4	7	4 (1.5-6.5)
No answer	2.5	1.1 (0-4)
Don't know	0.5	0.3 (0-0.8)

Source:

“2011 Albania Behavioural and Biological Surveillance Study (Bio-BSS) Report; third round”
Institute of Public Health, Tirana, 2011

30 percent of IDUs are estimated to have injected with a pre-filled syringe during the past month. Additionally, 4.5 % always or almost always used syringes that someone else had squirted drugs into (i.e., frontloading, back loading, or splitting a hit), although the majority with almost 61 % did not do this. About 88 % drew drug solution from a common container used by others during the same time period. Similarly, sharing equipment seemed to be a common occurrence.

Population estimates show that half of IDUs clean their needles or syringes every time (20.6 %) or almost every time (30.7 %). The cleaning agents are predominantly cold or hot water (56.5 % and 7.1 % respectively), with a low percentage of IDUs using alcohol or boiling water, and none of the IDU participants in the study reported using bleach.

The overwhelming majority of IDUs know where to obtain new syringes when they need them (95.5 %), with 95 % citing pharmacies as a place to obtain new needles/syringes. There is a significant increase of those who mentioned needle exchange programs as a source of clean needles/syringes, 36.7 % compared with 27.7 % in 2011 and only 11 % reported in the first Bio-BSS in 2005, and furthermore there are about 47 % who report finding syringes from the outreach workers, compared with 10 % in 2008.

When asked who has given needles/syringes in the last 12 months, almost two third of IDUs mentioned needle exchange programs.

(iii) DRUG TREATMENT

Population estimates show that slightly more than one third of IDU (35.4 %) of all IDUs have never received any treatment for their drug addiction compared with almost two third in 2008 (64 %), while 28.4 % are currently under treatment, twice the number of those in 2008 (10.8 %). Among those in treatment, detoxification with MMT is the most commonly received therapy (85 %), followed by detoxification with other drugs (15 %), (Table 4.3).

Table 4.3
Drug Treatment

Characteristics	Sample (n=200) %	Population estimates % (95% CI)
Respondents has undergone treatment/received help because of drug use		
Currently undergoing treatment or receiving help	26.5	28 (22-36.8)
Was, but no longer is receiving treatment or help	35.5	36.6 (30.9-44.5)
Have never received treatment or help	38	35.4 (28.2-42.5)
Kinds of treatment and help received		
Detoxification with methadone	12.7	13 (9-18.5)
Maintenance with methadone	86	85 (79.5-92.8)
Detoxification with other drugs	14	15 (10-23.1)
Detoxification with no drug/Residential Rehabilitation/Self help group	7	6 (3-12.8)

Source:
 “2011 Albania Behavioural and Biological Surveillance Study (Bio-BSS) Report; third round”
 Institute of Public Health, Tirana, 2011

(iv) HIV TESTING KNOWLEDGE AND BEHAVIORS

72 % of IDUs are aware that confidential HIV testing is available, with almost 60 % having had an HIV blood test (35 % in 2008). Of those who were tested, almost all (90 %) were tested

voluntarily, and 95 % who were tested for HIV had received the results of their test, (Table 4.4, Figure 4.1).

Table 4.4

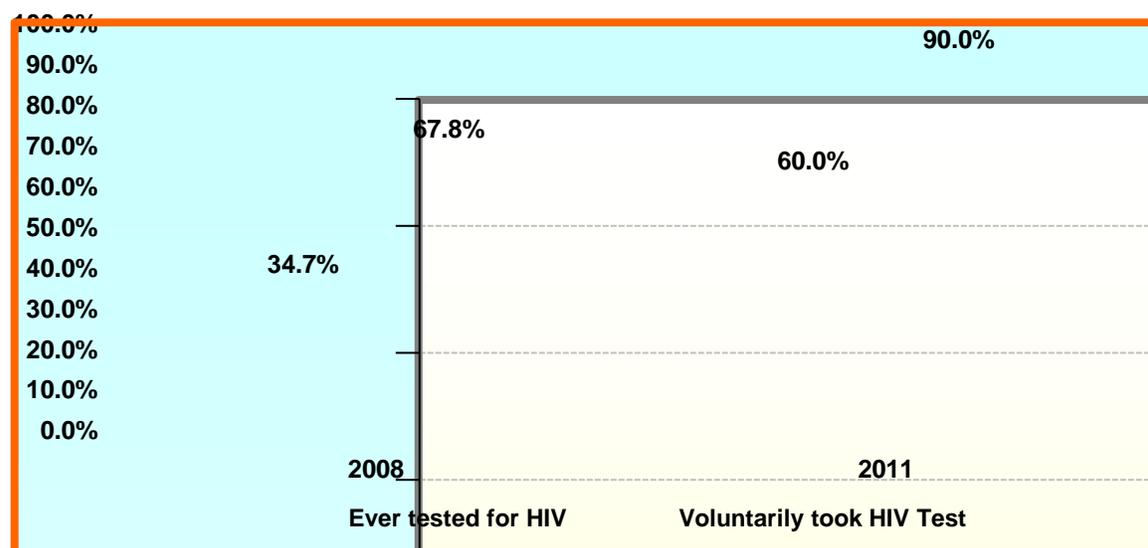
HIV Counseling and Testing

Characteristic	Sample (n=200) %	Estimated population proportion % (95% CI)
Knowledge about availability of confidential HIV Testing in Tirana	71.3	72.1 (67.6-79.9)
Respondents who have ever had an HIV test	58.8	60 (55.5-66.7)
Voluntarily took HIV test	90.5	90 (84.6-96.6)
Respondents who voluntarily received HIV test AND found out their test results	96.2	95 (88.8-98.5)
Time of last HIV test		
Within past 12 months	41.7	40(36.4-46.5)
1-2 years ago	23.3	NC
≥ 2 years	34.9	35.5 (30-40.2)

NC – Not calculated

Figure 4.1

HIV Counseling and Testing



Source:

“2011 Albania Behavioural and Biological Surveillance Study (Bio-BSS) Report; third round”
Institute of Public Health, Tirana, 2011

(v) BIOLOGICAL DATA

Only one of the IDU respondents tested positive for HIV, and the RDS software was unable to estimate the proportion of the Tirana IDU network that may be living with HIV. 28.8% are

estimated to be infected with hepatitis C, an infection that is transmitted the same way as HIV. Fewer IDU have syphilis (0.5%), (Table 4.5).

Table 4.5

Biological Data for IDUs

Disease	Sample (n=200) %	Estimated Population Proportion % (95% CI)
HIV	0.5	NC
Hepatitis C	26.5	28.8 (20.5-37.2)
Syphilis	1	0.5 (0-1.8)

NC – Not calculated

Source:

“2011 Albania Behavioural and Biological Surveillance Study (Bio-BSS) Report; third round”
Institute of Public Health, Tirana, 2011

4.3. INTENSIVE, FREQUENT, LONG TERM AND OTHER FORM OF PROBLEM DRUG USE

In Albania so far is not done yet any research to evaluate the prevalence of problem drug use which is not included in the category of four defined drugs as problematic in the EMCDDA. We should also mention from the beginning that the absence of a minimum standard related to the requirements of EMCDDA, in particular, the lack of data, the lack of funds and staff mainly dedicated to key indicators as well as the legal frameworks hinders our efforts to provide a credible, objective and comparative with the EMCDDA data national report. However despite the difficulties of the data and the presented information here will be strictly followed the instructions of EMCDDA.

The Indicator of **Problem Drug Use (PDU)** offers guidelines for a series of approaches and methods that allow the assessment of the prevalence of individuals who use drugs in a more intensive and risky way without measuring directly the “problems”. The EMCDDA definition of PDU is used only recently in Albania: concretely in the framework of the previous CARDS-EMCDDA 2008-09 Project, IPA3-EMCDDA 2010-11 Project, and the current IPA4-EMCDDA 2012-2014 Project.

Previously, except some efforts of the personnel of the Addictology and Clinical Toxicology Service at Tirana University Hospital Center “Mother Theresa” (TUHC) (ex-Clinical Toxicology Service at TUHC till March 2012) to adapt some guidelines of the Pompidou Group on the drugs epidemiology, many of the problems in this fields have remained far from being formalized and standardized in accordance with the practices existing today in the European Union (EU) countries and some of the candidate countries.

Even though there is an uncertainty regarding the terms “intensive use”, “long-term” or “regularity”, in this subchapter of the National Report we will present some data which do not fall under the EMCDDA definition of PDU.

A narrative retrospective study is implemented at the Addictology and Clinical Toxicology Service (TUHC) on the epidemiological structure of patients presented for help over the period 2006–2012. In 2006, there have been presented for help 767 clients with 2,352 treatment sessions, in which 41 clients have been treated for problems related to THC (marijuana); in 2007 there were reported for help 856 clients with 2,070 treatments sessions, from which 48 were treated for problems related to THC (marijuana); such a figure results to be 97 clients (among 862 total ATD clients with 2,185 treatment sessions) in 2008, 7 clients only (among 789 total ATD clients with 2,149 treatment sessions) in 2009, 79 clients (among 671 total ATDs with 1,452 treatment sessions) in 2010, 59 clients (among 460 total ATDs with 749 treatment sessions) in 2011, and an increase up to 101 clients (among 454 total ATDs with 708 treatment sessions) in 2012. This number is higher if we calculate also the category of clients which use more than one drug and when the secondary drug in around 65 % of cases is cannabis (marijuana). The bio–psycho–social features coming from this category of patients are various; nevertheless, over 80 % of the clients have personality and behaviour disorders and a smaller percentage has schizophrenic disorder.

The most preferred way of consumption of cannabis is its combination with smoking and alcohol among this category of patients. The drug-use career in most of the cases ranges from 10-15 years. In terms of the entry age into the drugs career, just cannabis (marijuana) is the starting chosen drug in the majority of patients treated in this period at this service. Most of the users belong to the rural and suburban areas where this is the “drug of choice” by the youngsters due to its free access, as in many regions of the country, cannabis (marijuana) is still being cultivated illegally, even though it is drastically dropping. There is a wrong dominant culture among its users that cannabis consumption is considered normal, benign and even useful. In most of the patients the drug is consumed daily and often several times a day. It can be mixed with tobacco, but in many cases it is smoked like a normal cigarette. Only a very small number of clients (around 5-6 ones) have used the hashish oil and its gum leaves along the cannabis plant (marijuana).

For the first time in 2010, two patients who had a problem with ecstasy (MDMA) went under treatment; those patients had initiated its use since they were abroad, but they continued to use it also after coming back home; such a number turned to be 2 clients in 2011 and only 1 client in 2012. Problematic use of benzodiazepines is also quite common among opiate users, but also to those who abuse with cannabis (marijuana). The consumption of benzodiazepines, especially of those with short-acting effect as lorazepam, bromazepam, and diazepam as well, constitutes a separate issue that requires serious attention in the future in many regulatory, administrative, as well as medical areas.

Due to the availability, easiness to be found and low price and especially the existence of some incentive – approving culture among teenagers – as some studies performed among school youth, we think that the number of problematic users of THC in Albania would be much higher. This requires higher commitment from the health and social personnel in schools, but also from the primary health care professionals who should have the appropriate medical knowledge on drug use problems and provide the required interventions.

5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

5.1. STRATEGY / POLICIES

The National Strategy against Drugs 2004–2010 was approved by the Decision of the Council of Ministers No. 292 of 7 May 2004. The strategy was comprehensive and covered both drug demand reduction and drug supply reduction.

Furthermore, with the aim of implementing this strategy, the Prime Minister by the Order No. 156 of 23 September 2004 approved an inter-institutional action plan where all the relevant institutions/agencies/actors have taken their responsibilities and concrete duties for the period 2004–2010.

Nonetheless, 2010 is the last year covered by the strategy, and a new National Strategy (2012–2016) is approved (still without a finalized Action Plan). Provision of treatment/care for those in need is one of the 4 major objectives of the new strategy and here below are described objectives, activities planned and indicators to be achieved as mentioned in the strategy.

Purpose:

1. Provision of rehabilitation services compliant to the individual treatment needs and a full medical and psychosocial care for all the people in need; geographical extension of these services and a full commitment of these services in the benefit of improving the health of the ones using drugs.
2. Reduction of health consequences to drug users and minimization of social multi-plan consequences related to drugs use and drug abuse, encouraging and coordinating the activity of interested institutions.
3. Re-integration of drug users in normal life through a wide institutional and social support.

Main objectives:

1. Establishment of specialized medical services for treating and taking care of persons having addiction on drugs, including establishment of a drugs national treatment and care center.
2. Strengthening of the staff capacities offering services in the Primary Health Care, services and competencies at the national and local level of the primary centers for treatment from drugs.
3. Establishment and development of treatment community and multi-disciplinary services, setting of a clear reference system, service pyramid.
4. Building of knowledge, capacities, and structures in the domain of drug abuse.

5. Establishment of the prevention and promotional programmes dealing with fight against drug addiction in the community.
6. Establishment of suitable services for the vulnerable groups.
7. Establishment of the addictive services in the penitentiary system.
8. Support for social re-integration through extension of the network of the social service providers to drug users and to young people in need.

Activities:

1. *Establishing a national drug treatment and care center*

Establishment and operation of the Polyvalent University Center of Drug Addiction Treatment based on the existing toxicology service, through its adaptation, strengthening and supply with the necessary sources. This center shall offer the following services:

- Emergency services;
 - Overdose and withdrawal syndrome treatments;
 - Hospital and ambulatory detoxification;
 - Treatment of individuals with double diagnosis (psychiatric diagnoses, etc.);
 - Retention long-term treatment with agonists and meta-agonists (methadone, subutex, suboxone, etc);
 - Treatment with antagonists (naltrexones);
 - Application of behavioral techniques (psychotherapy, cognitive therapy, counseling);
 - Provision of residential treatment, semi-residential and ambulatory treatments;
 - In cooperation with the National Information Center, the Institute of Public Health shall establish a database and process data on clinical and epidemiologic activities, shall prepare periodic reports, etc;
 - Apart from the main clinic activity, the center shall provide education for the university and post-university students and for doctors, continues education for the professionals of the addictiology field, shall prepare and handle treatment protocols, publish literature, exercise professional supervision in the field of prevention, treatment and rehabilitation from addiction at the national scale. This center shall cooperate with the national and international bodies on clinical and scientific research issues;
 - Structural review of the organigramme of the Faculty of Medicine for including the branch of addictive medicine among the other specialties.
- ### **2. *Structures of primary health care in Albania shall have the appropriate capacities for identifying, preventing use of drugs, early treatment and case referrals***

- Empowering of primary service capacities in treating drug addiction through the medical staff treatment (family doctors, pediatricians, obstetricians, gynecologists, nurses, psychiatrists, social workers, at the primary health care centers and in schools of all levels);
- Supply of primary health care centers with quick tests for identifying presence of hepatitis B and C, and with other quick tests for identifying consumption of drugs. Provision with diagnostic instruments;

- Preparation of protocols for the family doctors regarding the medication treatment against drugs (provision of the medical treatment for the acute overdose intoxication cases and the withdrawal crises);
- Drafting of the drug use/abuse identified case registration models in the primary health care services;
- Involvement of drug abuse-related services in the basic package of services of family doctors;
- Drafting of suitable training courses and their integration in the national continuous education system (for training, education and awareness raising).

3. *Increasing knowledge, building capacities and structures in the field of drug abuse*

- Establishment of units/services in the form of specialized multi-disciplinary teams for treatment from drug addiction in six regional hospitals (Vlore, Shkoder, Elbasan, Korçe, Fier, Durres) based on strengthening of the current technical and administrative capacities;
- The Polyvalent National Center shall be in charge of drafting and supplying these services with standards and of the relevant protocols;
- Construction of suitable training courses (including the clinical practice) in the reference center and their integration in the national continuous education system (for treatment, education, awareness raising).

4. *Establishing and empowering community services for the drug users*

- Preparation of standards and guidelines for the residential and community centers (cooperation with the Ministry of Health, Ministry of Labor, local government, NGOs, etc.);
- Establishment of two long-term community residential centers for the rehabilitation of drug users and abusers (in Tirana and in Vlora) through public funding of other types of support;
- Implementation of integrated community services (centers with a low outreach threshold, movable teams, constant follow-up and prevention);
- Extension of the health care insurance scheme to involve the community services provided by the NGOs;
- Establishment of state substantial possibilities for the private and/or public addictive services and for the NGO-provided community-based services.

5. *Establishing suitable services for the vulnerable groups*

- Development of specialized training programmes for creation of specific multi-disciplinary teams for the addictive training processes of teenagers with disorders from abuse of drugs;
- Establishment of a specific rehabilitation residence center (therapeutical community) for women suffering of drug use/addiction problems;
- Multi-professional approach, including parental care for pregnant women having problems with drug addiction;

- Fulfillment of pharmaco-therapy standards for pregnant women having issues with opiate addiction;
- Promotion of access and establishment of necessary capacities in the addictive training system to face the complex treatment of drug dependents suffering of other deceases.

6. *Establishing addictive services in the penitentiary service*

- Establishment of multi-disciplinary structures for addiction treatment in the penitentiary institutions, including both pre-detention centers and prisons;
- Application of alternative sentences for the drug addicted convicts, so as to enable an adequate treatment for them;
- Implementation of retention therapy programmes in prisons (with agonists, semi-agonists, and antagonists);
- Development of educational programs on drugs in the penitentiary system;
- Development of risk reduction programmes;
- Development of psycho-social programmes;
- Establishment of the support groups;
- Offering of addiction services outside prison and involvement of their staff in treating convicts having issues with drug abuse and drug addiction.

7. *Social re-integration*

- Encouragement of private entities and of businesses for raising social service funds for improving such services and supporting this category of people;
- Coordination and cooperation through public and non-public bodies offering social services through periodical meetings, working meetings, etc;
- Encouragement of local government structures and of municipalities, in particular, to provide financial support for this category of beneficiaries, depending on their sources.

Performance indicators:

1

- 1) Establishment of a National Polyvalent Center at the “Mother Teresa” University Hospital Center.
- 2) The center shall provide 20-25 beds and treat at least 2,000 ambulatory and residential services during the year.
- 3) At least one psychiatrist, one psychologist and one social worker shall be part of the staff of the Polyvalent Center, who shall also provide behavioral treatment.
- 4) This center shall also comprise a national database system, in charge of collecting medical and psychological data from the primary, secondary and terciar services in the country for all clients having drug-related problems. This center shall also serve for performing scientific studies in the field of psychoactive substances.

2

- 1) Over 300 people from the medical and psychological staff were trained by the end of 2012 all over the country.
- 2) Psychologists and social workers who are specialized in addiction treatment and drug abuse shall be hired in the primary health care centers.
- 3) At least 30% of the primary health care staff all over the country shall be trained in 2012. 70% of the primary health care staff all over the country shall be trained by the end of 2013.
- 4) Supply of the primary health care services with tests for identifying hepatitis B and C and use of rapid tests to identify use of drugs and of other related substances.
- 5) Implementation of these services in the basic package of services of the family doctor.
- 6) Constant visits in the house of patients having drug abuse issues and their medication control.
- 7) A checklist of the recommended medicaments and of the counter-indicated medicaments.
- 8) An expert commission shall draft a standard treatment testing and planning model.

3

Treatment in the addictive units in the regional hospitals of the cities of Elbasan, Shkoder, Vlore, Durres, and Fier (with services using 4-5 beds and having all the general modalities of treatment of overdoses, withdrawal syndrome, detoxification, counseling and substantial treatment) of the regional needs for basic addictive treatments. A close cooperation of these units and of the services provided by the non-governmental organizations is also foreseen.

4

Fulfillment of the general needs for rehabilitation treatment by the two residential community centers with 20 beds each, which shall offer long-term rehabilitation services to persons having drug addiction problems, with a diversity of interventions, such as by making use of behavioral programmes, vocational methods, 12-step programmes, retention therapy programmes, etc.

5

Institutionalization of social support for the vulnerable groups of people and better access in the treatment system for them.

6

Offering of an appropriate addictive service for the penitentiary system.

Strategy contains the detailed financial plan on treatment and on damage reduction services.

The WHO experts and other foreign ones as well have been offered in assisting the local experts. Also, a considerable assistance is also being provided by other organizations like the United Nations as UNODC (namely its office in Vienna) with its experts.

ACTION PLAN OF THE NATIONAL DRUGS STRATEGY

Part of the new strategy is the new action plan on treatment services for substance abuse problems. The process is underway. Treatment experts and Ministry of Health Experts are working, in the areas of interventions, that so far has not known any significant funding from

government institutions. The sector of planning and investment in the Ministry of Health for a long time now is working on the cost of the forecasted activities in the new strategic action plan against drugs (a draft is already prepared), which constitutes a promising ground in this regard.

**Activities and costs for treatment and care component of the strategy
(not yet formally approved)**

No	Activities and costs (in Albanian Lek)
1	Establishing the National Polyvalent Center (=Addictology and Clinical Toxicology Service) at Tirana University Hospital Center "Mother Teresa" (TUHC)
1.1	Staff recruitment for the center work (10 staff x Lek 70,000 x 5 years x 1.2 social insurance)
1.2	Expenditures for materials and medicaments for the operation of the center (25 beds x 365 days x 5 years x 5,000 Lek/day + 2000 ambulatory cases/year x 5 years x 2,000 Lek/day)
1.3	Establishment of the information center (1 soft x Lek 1,400,000 + 5 computers x 100,000)
1.4	Other investments (construction or equipment) for center reconstruction (600 m2 x 40,000 Lek/m2 + 2 ventilators x 4,500,000 + aspirators 3 x 300,000 Lek + mantling 3 x 700,000Lek + beds 25 x 100,000 Lek + miscellenous 1,400.000 Lek)
1.5	Drafting of treatment protocols
1.6	Literature publication (translations 300,000 + 100 books x 500 Lek)
2	The primary health care structure in Albania shall have all relevant capacities for case identification, prevention, early treatment and referral
2.1	Staff training.2011 (300 people x 5,000 Lek x 3 days + payment for lecturers 100,000 Lek + materials 10,000 = 5,000,000 Lek) year 2012 = 5,000,000 Lek. Year 2013 = 10,000,000 Lek
2.2	Provision of quick tests for primary health care (1,500 Lek x 30,000 tests/year x 5 years)
2.3	Drafting of treatment protocols
2.4	Drafting of registration models
2.5	Implementation of such services in the basic package
2.6	Training course (5 doctors x 2 meetings x 5,000 Lek + 300,000 translations)
3	Establishment and approval of the Coordination Technical Board at the Ministry of Health, in charge of coordinating and monitoring all intervening activities
3.1	Preparation of a monitoring instrument (6 people x 5,000 Lek x 6 times/year/5 years)
3.2	Supply of the National Drugs Information Center at the Institute of Public Health with the appropriate human and infrastructure resources (additional staff) 2 additional staff x 75,000 Lek x 12 months x 5 years 1,2 social insurance + 140,000 equipment
4	Encouraging knowledge, competencies and structures in the drugs abuse domain
4.1	Establishment of units/services in the multi-disciplinary specialised teams for treatment of drug addiction in 6 regional hospitals (Vlorë, Shkodër, Elbasan, Korçë, Fier, Durrës) 6 districts x 2 staff x 70,000 Lek/month x 12 months x 5 years x 1,2 insurance)
4.2	Medicaments (2,000 Lek/ day x 100 patients x 365 days x 5 years x 6 districts)

4.3	Investment (5 beds x 100,000 Lek x 6 hospital + 700.000 riconst. x 6 hospitals)
4.4	National Polyvalent Center team in charge of providing such services according to relevant standards and protocols (without costs)
4.5	Training courses (60 people x 3 days x 5,000 Lek + lectors 100,000 + 10,000 materials)
6	Establishing and empowering community services for the drug users
6.1	Preparation of standards and guidelines for the residential and community centers
6.2	Establishment of at least two long-time community residential rehabilitation centers (in Tiranë, Vlorë): salaries (2 centers x 12 people x 60,000 Lek/month x 12 month x 5 years x 1,2 insurance), medicaments (20 beds x 2,000 Lek/day x 180 days x 5 years); equipment (20 beds x 100,000 Lek + miscellaneous 150,000 Lek x 2 centers)
6.3	Implementation of integrated community services
6.4	Extension of the health care insurance scheme: Methadone 1 kg/year x 4,500,000 Lek + prenofine tab 20,000 x 300 Lek + naloksan amp 2,000 x 300 Lek + naltraksan tab 30,000 x 150 Lek + disulf. Tab 20,000 x 100 Lek + akopsate tab 10,000 x 100 Lek + others 1,500,000 Lek
7	Establishing suitable sources for the vulnerable groups
7.1	Training (2 days x 30 people x 5,000 Lek + 100,000 trainer)
7.2	Multi-professional approach, including pre-natal care for pregnant women having addiction concerns
7.3	Realization of pharmaco-therapy standards based on the treatment of women having opiate addiction
7.4	Better access and building of necessary capacities in the addictive treatment system for facing the complex treatment of drug addicts suffering of other deceases
8	Establishing addictive services in the penitentiary institutions
8.1	Establishment of inter-disciplinary structures for treatment from addiction in the penitentiary system, both in prisons and in the pre-detention facilities (2 people x 6 prisons x 70,000 Lek x 12 months x 1,2 ins. x 5 years)
8.2	Application of the alternative sentences for the toxic-dependent convicts so as to enable an appropriate service to them
8.3	Implementation of the retention therapy programmes in prisons (with agonists, semi-agonists or antagonists) (30 people x 6 prisons x 180 days x 300 Lek/day x 5 years)
8.4	Development of education programmes
8.5	Development of risk reduction programmes
8.6	Development of psycho-social programmes
8.7	Establishment of the support group
8.8	Continuation of the addictive services outside prisons, including penitentiary staff training for better serving people having drug abuse/addiction issues

Based on this plan is expected to be built a comprehensive system of services in accordance with the country conditions.

In this system will take part the following elements:

- 1) Establishment of a Polyvalent National Centre of Treatment and Care at TUHC towards substances, based on the existing structure of the Clinical Toxicology Service at TUHC.

During one year, the Centre will provide at least 20-25 beds and there will be handled 2000 outpatient and residential cases.

At least one psychologist and one social worker will be part of the staff of the Polyvalent Centre, who will also offer behaviour treatment but also substitution therapy. With the establishment of such a Center at TUHC, there will be provided cooperation opportunities with the Psychiatric Services of the same TUHC.

Close to this Center a national database system will be set up, which will collect data from the primary, secondary and tertiary medical and psychosocial services in the country, for all clients with drug problems. This Center will also serve for the conduction of scientific studies in the area of psychoactive substances.

- 2) The structures of primary health care services in Albania will have the necessary capacities in identification, prevention, early treatment and referral.

Over 300 people from the medical and psychosocial personnel across the country will be trained within 2011.

Psychologists and social workers specialized in addiction treatment and substance abuse should be employed at primary health care centers. There will be trained at least 30% of primary services personnel across the country for 2012; as well as training of 70% of primary services personnel nationwide in 2013.

- 3) Providing the primary health care services with kits for hepatitis B and C as well as rapid tests for the identification of opioid and other substance.
- 4) The implementation of these services in the basic package of Family Doctor (General Practitioner – GP) services.
- 5) Providing a checklist of recommended medication and also the contra-indications ones.
- 6) Drafting standard model of testing and planning of treatment by a committee of experts.
- 7) Establishment of specific health structures in the substance abuse area.

Coverage with toxic-dependence units at the regional hospitals of Elbasan, Shkoder, Vlore, Durres and Fier, services with 4-5 beds and general treating modalities towards the dominance of

overdose, withdrawal syndrome, detoxification and counseling, in the framework of fulfillment of regional needs for the basic addictive treatments.

8) Establishment and strengthening of community services for the substance users.

The general fulfillment of the rehabilitation treatment needs for the two community residential centers with 20 beds each, that will offer long term rehabilitating service to the persons with dependency to substances, with a diversity of interventions like behaving programs, vocational methods, 12-step programs, and maintenance therapy programs, etc.

9) Establishment of appropriate services for the vulnerable groups.

10) Establishment of the toxic-dependence service in the punishment system.

5.2. TREATMENT SYSTEMS

According to the key definitions of Treatment Demand Indicator (TDI), the drug treatment centers are defined as:

- Ambulatory services,
- Hospital services;
- Low threshold services,
- Family Doctors (General Practitioners – GPs);
- Treatment Units in prisons.

Treatment starts when the client starts a formal face to face contact with a treatment center. The first approach defined the first time in his or her life that an individual begins treatment of a drug problem. Successful implementation of the TDI, (according to the EMCDDA document “An overview of key treatment demand indicator”), is based on organizational commitment (bottom-up), including political leadership/officer, and practical involvement (bottom-up) concerning support level of practitioners.

Even though the real problems associated with disorders related with illegal drugs began after years 1994-95, from the dictatorial system it was “inherited” a contingent of clients mainly concentrated in Tirana, which had created a dependency on opioids (morphine and pethidine), a part of them for a iatrogenic reasons, but most of them as opioid abusers. This contingent tested for the first time the health system in Albania. In response to this situation, with the recommendation of the then Ministry of Health started in Tirana the collaboration between the Psychiatry Service and Clinical Toxicology Service of Tirana University Hospital Center “Mother Theresa” (TUHC).

In this context, in 1994, to serve precisely this group of patients, 5 nurses were trained with a 5-month course at the Clinical Toxicology Service. In this way it was realized the first experience of “substitution therapy” with morphine and pethidine injection for about 15-20 of such patients, who had become problematic for the emergency services, pharmacies, hospitals, etc., in the sense of ensuring by force of morphine or pethidine (by robbing pharmacies). This practice was

initiated at the TUHC Psychiatry Service, but also in close collaboration with the TUHC Clinical Toxicology Service.

Substitution and calculation of doses, discipline and management in general of this contingent became too difficult and complicated, mainly due to high tolerance and the inadequacy of preparations used, the pressure of patients to benefit higher doses all the time and the inability of administration of these preparations with short duration of 2-3 hours, (not the subject of slow release morphine). There were even clients who required up to 70 ampoules of morphine or pethidine per day. This practice did not last more than 2 years; it was destined to fail. A part of patients failed due to overdosing, and a part of them turned toward a blooming market of the illegal heroin. We think that this has been the main cause of that the TUHC Psychiatry Service withdrew from the treatment of toxic-dependence disorders, and chose a different path, dealing only with a few patients with dual disorders, a practice which unfortunately continues today, despite of some of the most demanding changes in recent years.

Since 1994-95 the Clinical Toxicology Service (TUHC) remains the only unit that would represent the country's public institutions, although initially was supposed to manage only overdosing, acute intoxications and abstinence treatment. Such a situation still continues, despite the immediate plans and medium term plans of the Ministry of Health for the necessity of its changing.

On March 2012, the Clinical Toxicology Service (TUHC) infrastructure was entirely improved by the financial support of the UNODC, aiming at transforming it as a Polyvalent National Centre of Treatment and Care, and therefore being nominated (from March 2012 on) the Addictology and Clinical Toxicology Service.

The Addictology and Clinical Toxicology Service (TUHC) offers currently (year 2012) hospitalized treatment for patients with disorders related to drug abuse (from a total of 20 beds in all service); meanwhile, it serves also as an ambulatory treatment center (outpatients). The main modalities of treatment that offers the Addictology and Clinical Toxicology Service (TUHC) consist in hospital detoxification, ambulatory detoxification, intervention in crisis, counseling, differential diagnosis, and in a limited measure to after-treatment services and prevention of relapse.

The first experience with methadone in Albania started exactly at the Addictology and Clinical Toxicology Service (TUHC) in 2003, the year when this preparation was allowed in Albania as a registered product. But the Addictology and Clinical Toxicology Service (TUHC) never had the opportunity of covering the medication costs with the Ministry of Health budget and later with the Institute of Health Insurance, currently ongoing practice (year 2012). Beside the detoxification ambulatory therapy for opioid dependence, methadone was used in this Service in a limited number of patients in collaboration with a private pharmacy for the substitution therapy, an option of office based therapy. This was done mainly in patients who had full family financial support as well as comprehensive patient management, especially in well administration of the therapy. Even though it was not extended to a wider scale (for reasons related mainly to the cost of treatment covered by the family), this intervention was implemented effectively for about 10-12 patients.

Organization of specialized services related to drug

In Albania there is no organizational structure dedicated to specialized treatment services to drug addiction problems.

There is still only one specialized public drug treatment centre in Albania, namely the Addictology and Clinical Toxicology Service of Tirana University Hospital Centre 'Mother Theresa' (TUHC). This is a public centre, responsible for the whole country, and deals mainly with detoxifications and overdose treatment. It serves both as a hospital inpatient and as an outpatient unit, and is the main source of treatment demand data.

There are two other treatment centers, both of which are non-public and non-profit organizations: the Emanuel, an NGO therapeutic treatment centre that offers residential treatment, and Aksion Plus, an NGO offering methadone maintenance treatment. Clients come from or are referred to the above Addictology and Clinical Toxicology Service (TUHC). A proper data exchange between them doesn't take place because the National Centre for Drug Information System at the Institute of Public Health, which should provide the systems needed to log the data, has not done so, and the Ministry of Health has not built any coordination mechanisms between the three organizations. There is no geographical separation of service provision as well as dedicated referral system in this field.

The Institute of Public Health is making efforts for the establishment and operation of an ad hoc referral system between the Service of Addictology and Clinical Toxicology and ambulatory centers services offered by Action Plus. There is not yet adopted a referral system and lacks the evaluation of functionality of this mechanism, while based on the experts' opinion it can be said that there is lack of coordination between specialist services and the ambulatory ones. There does not exist any organizational connection or related to the referral system between the Addictology and Clinical Toxicology Service and Clinical Service of Alcoholic Addiction Treatment, although both are within TUHC.

In Albania there are no ambulatory facilities, daily services and community services with single beds only for alcohol or drugs.

Drug and alcohol integrated services in residential community centers

Emmanuel Community is represented in Tirana with a "low threshold center" and with a "polyvalent residential center" where are hosted and treated subjects with drugs and alcohol dependency. Residential rehabilitation center "Emanuel" (located in Tirana Vaqar) was established in 2000. In the polyvalent residential center, there are used treatment techniques as the psycho-pedagogical, vocational and spiritual. Currently there is a capacity of 20 beds for long-term residential treatment. Treatment lasts from 3 to 6 months. Total cumulative (period 2000–2012) of the users of the center is about 500 ones; there were 77 users only during 2012. The vast majority of users of the center are those with drug dependence. Meanwhile, during the period of 2003–2008 there were registered and treated 33 people who have had as primary abuse substance the alcohol. The average duration of treatment for alcohol has been about 1 month.

Community ambulatory services for drug problems

"Action Plus" is an NGO which has been fully supported by foreign donors since 2005, is implementing Maintenance Methadone Therapy (MMT) for injecting drug users (IDUs), but also those who consume the drug through inhalation way. The support has started from Soros Foundation as a pilot project for only one center in Tirana, while currently this center is under the care of the Global Fund to fight Aids, Tuberculosis and Malaria (GFATM), through the Institute of Public Health. This service is provided through day care centers in Tirana, Durres, Elbasan, Vlore, Korçe and Shkoder. Cumulative number (period 2005–2012) of the IDUs involved in MMT is 741. The duration of the therapy varies between 2 months and to 1 year. The majority of service users are in Tirana.

Specialized services for problems related to alcohol and drugs

The Addictology and Clinical Toxicology Service (TUHC) provides other services also except of drugs and alcohol since 1993. It functions as an ambulatory center as well as hospital with beds. It has been and remains the only state service specialized in Albania in performing such a function.

There is no structure in Albania to provide specialized services related to drug or alcohol problem for children or teenagers. There are no structures that provide ongoing pursuit of community as well as movable clinical teams to the support of people who have problems with drugs.

The Addictology and Clinical Toxicology Service (TUHC) does not practice techniques of restricting freedom of patients, and there is no obligatory case to be hospitalized against his/her will. In this level as a rule there is applied the family involvement in supporting of patient and his/her treatment (hospitalized patients [inpatients] and ambulatory patients [outpatients]), especially for long-term preventive therapies for drugs and alcohol relapse, as well as for those few cases of methadone maintenance therapy like the therapy in the office where the family, partners and other individuals with influence on the person play a crucial role.

There have been not any patients remaining hospitalized more than a year.

At the Addictology and Clinical Toxicology Service (TUHC) there is a lack of the necessary medicines for treatment such as methadone or naloxone, etc., but they can be found in private pharmacies.

Psycho-social treatment in care services for drug and alcohol problems

There are no complete data on certain psychosocial interventions such as individual or group psychotherapy, social support, counseling, rehabilitation activities, vocational and social training, etc. However, it is estimated that in many cases these interventions are applied as in-patient services as well as in outpatients and the community.

Harm reduction Services

Harm reduction programs have been launched in Albania in 1995. Currently they are being offered by four NGOs who are (Action Plus, APRAD, Stop AIDS and UKPR) operating in the field of drug demand reduction and control of HIV/AIDS, with a clear focus on harm reduction activities, as well as public health Voluntary Testing and Counseling centers (VCTs) of the HIV/AIDS/STIs National Programme (at the Institute of Public Health). The responses to harm reduction are focused on needles/syringes exchange service, the education of co-peers, information and counseling, basic medical support and psychosocial support.

Needles/syringes exchange services are mainly provided in the capital, Tirana, and their distribution is still insufficient in the whole country. All the activities are implemented at the NGO units. A mobile team in Tirana is offered by the NGO “Stop AIDS”, reaching the IDUs and other high risk groups in the main meeting places in the city. Through such programs, the IDUs not only exchange needles and syringes, but they also receive condoms, disinfectants, informative and educational materials and social and psychological assistance. Over the period 2005–2012, from the exchange needles/syringes programs benefited many thousands of IDUs. The NGO “Stop AIDS” also provides harm reduction activities for inmates at six prisons by being focused on information, counseling, group education, screening for HIV, syphilis, hepatitis B and C, the training of medical personnel and of the psycho-social one, and providing condoms too.

Hepatitis B compulsory vaccination of newborns/infants has been available since 1994 in Albania. Occasionally, the Institute of Public Health offers vaccinations against hepatitis B for IDUs as well.

The current (year 2012) availability of aforementioned services and the opioid substitution treatment approaches in Albania are given in detail in Tables 5.1 and 5.2 respectively.

Table 5.1

Current availability of services in Albania

Type of Treatment	Availability (*)
Psychosocial inpatient interventions	Rare
Psychosocial outpatient interventions	Rare
Detoxification	Limited
Opioid substitution treatment	Limited
Rehabilitation/re-socialisation	Rare
(*) Rating scale: Full: nearly all persons in need would obtain it Extensive: a majority but not nearly all of them would obtain it Limited: more than a few but not a majority of them would obtain it Rare: just a few of them would obtain it	

Source:
 “SAIMS [Substance Abuse Instrument for Mapping Services] 2011 in Albania”
 Country Report, Albania, 2011. Tirana, 2012 (ISBN 9928-134-36-7)

Table 5.2
Current opioid substitution treatment approaches in Albania

Substances applied for the opioid substitution therapy	Officially registered in
Methadone (MAT)	2005
Buprenorphine (HDBT)	N.A.
Heroin-assisted treatment, including as trials	N.A.
Slow-release morphine	N.A.
Buprenorphine/naloxone combination	N.A.

N.A.: not available

Source:
 “SAIMS [Substance Abuse Instrument for Mapping Services] 2011 in Albania”
 Country Report, Albania, 2011. Tirana, 2012 (ISBN 9928-134-36-7)

The problems associated with substance abuse in primary health care

Though in the previous National Strategy of Against Drugs 2004–2010 and in the current 2012–2016 one it is accepted the chronicle relapsing character of disorders related to drug use as well as the their multi-factorial nature, it never got the attention like for the other chronic diseases as diabetes type II, hypertension, asthma etc., for which there is quite a consolidated experience in the country and some modest funding as well.

We can say that there is still a lack of awareness to identify such disorders, despite of several pilot projects supported by UNICEF during 2005-2007 to train some centers in the country for counseling and intervention for some of the problems related with youth and their information, including in this context also the problems associated with drugs and alcohol. This project was extended in Tirana, Elbasan, Shkoder and Vlore with the young students. Several multidisciplinary teams with doctors, psychologists and social workers were trained. This project even provided some of these centers with diagnostic tools for drugs and sexually transmitted infections (STIs). This experience was not extended over time and neither was financially supported further, therefore having so the same fate as many other interventions and projects mostly financed by foreign organizations operating in the country. In the new package of primary health care services (family doctor) are also provided basic services to early catch and related disorders counseling for alcohol and drugs (in teenagers and adults). The basic package provides individual counseling on the risks and community information.

However, these services remain theoretical as long as family doctors and other health personnel in primary care have largely bypassed certain problems and in the best case by only referring to

them in those few services that offer help. Given the fundamental concept of the approach related to disorders with alcohol and drug abuse, as all approaches offered for other chronic diseases, it is exactly this important link in the chain of public health services that should be theoretically and practically prepared, equipped with adequate diagnostic and pharmacological resources to identify, diagnose, document, refer and fulfill the long-term monitoring of this contingent of patients. So in a wider plan, the establishment of treatment guidelines and the pyramid of services starting from the basic generic is needed.

There are no low threshold services yet, despite some attempts in the context of harm reduction of NGOs as “Stop AIDS” and “APRAD”. Such services are projected to be established in major urban centers of the country as forecasted in the new strategy 2012–2016.

Health services in prison, even existing in the respective organigrammes, do not offer such treatments for disorders related with drug and alcohol abuse. Apart from some attempts of the NGO “Action Plus” to extend the substitution therapy with methadone in prisons, the proper treatment of the prisoners’ contingent with such problems, even though quite significant in a number, do not receive such an assistance, including here the intervention in the crisis and treatment of abstinence.

The provision of services quality has been difficult to be achieved in dynamic and objectively due to the lack of investment, infrastructure and personnel. Even though the Ministry of Health, the academic institutions and the Health Insurance Institute have consistently insisted on such an approach, the efforts have remained mainly theoretical ones. The most important movement in this regard is that of few years ago, when the Government, by a special decision of Council of Ministers created a task force to deal precisely with the health reform and especially for the improvement quality of service. In this framework, in 2007 it was established the Control Centre for Quality, Licensing and Continuous Education (CCQLCE), which is playing an incentive role on the matter.

During 2010, this institution (CCQLCE) along with the Health Insurance Institute (the only health insurance institution in the country), the Faculty of Medicine of Tirana University, the Institute of Public Health and the TUHC “Mother Teresa”, in accordance with the disciplines, started to work for drafting the guidelines and protocols for interventions in the field of toxic-dependence, concretely in aspects such as handling of overdose, withdrawal crises, methadone substitution treatment, etc. A period of 6-8 months was needed for this work and as a result were drafted the above guidelines together with the protocols which will be approved by an ad hoc committee and would be further published, to be distributed to hospital services, ambulatory services including here emergency units and family general practitioners.

University program for the Family Doctors (=General Practitioners – GPs)

Prior to 1990, the Faculty of Medicine (Tirana University) program for the general practitioners did not address drug abuse problems, reflecting as well the epidemiological profile of that time in regard to the this problem. Meanwhile, the alcohol abuse is mentioned in the clinical psychiatry matter. In the last decade is made possible the introduction into the curricula of the Faculty of Medicine of a few topics on substance abuse and toxic-dependence.

This is especially achieved in the clinical toxicology matter (or subject) with students at university level with 3 lectures and 3 hours of supervised clinical practice and with physicians who are profiled in the 2 year clinical toxicology program (there have been trained 15 doctors so far), where in the curricula of the last ones are also included theoretical and practical topics based on the basic problems of the toxic-dependence which actually composes at about 15 % of the program. A few topics are also developed in the clinical psychiatry matter (or subject) with 1 lecture and 2 hours of supervised practice. For the university level, these topics would constitute only about half credit in the total of 360 credits of the medical school. In a different way we can say that they are only 8 supervised hours in the total number of about 5,000 supervised hours carried out in general medicine at the Faculty of Medicine. Considering the current situation, it is required, as a first step, the increase of the number of topics and supervised hours in the basic curriculum of Psychiatry and Addictology and Clinical Toxicology, up to a second moment of the creation of a branch of the addictive medicine at the Faculty of Medicine. This also would be valuable for the Faculty of Social Sciences, which also need to restructure the curriculum, not neglecting such contemporary issues.

Continuous educational programs for the Family Doctors (=General Practitioners – GPs)

The work for offering trainings in this subject for the general practitioners who work at the primary care service has just started. Actually, in 2009–2010, a training package, supported by a mental health project and implemented by WHO is focused on testing and initial treatment of mental health problems, in which the topic on substance abuse is included. This is a two-day training course and the topic of drug and alcohol abuse composes about 15 percent of the program. So far, there have been trained less than 800 general practitioners and it is expected that all the doctors who work in health centers in Albania will take part in the training (around 1,600 ones).

Another project supported by the UNODC is currently enabling a two-day training course, focused exclusively on drug abuse. In one of the organized courses in Tirana there have been trained about 30 doctors and nurses of the primary health care services.

Another package is testing and counseling on risk factors for chronic diseases, including alcohol too. Training for alcohol in this two-day program occupies about one third the volumes of the accredited curricula. There have been trained 80 general practitioners so far.

Referral System and cooperation in between primary care services and specialized services

In the primary health care system the visits related to alcohol or drugs are very rare, and it could be said that virtually there is no general practitioner to make at least one referral per month to the specialist for cases of drug or alcohol problems. As a result, it could not be identified any systematic interaction (at least one time per month) between family doctors and specialists in this field.

Continuous educational programs for personnel who are no doctors no nurses

A two-day course on psycho-social interventions in the field of substance abuse is being organized with the support of the UNODC and the WHO during 2010–2011. A training session of a group of 25 professionals is just completed. The personnel being trained are exclusively psychologists and social workers and not necessarily working in drug and alcohol problems treatment centers.

Human resources in the treatment system

There are a few qualified specialists in Albanian working in the area of drugs and alcohol problems treatment.

Since 1995–1996, some medical doctors but also specialists of other fields were involved in the trainings organized by the Pompidou Group of the Council of Europe in the framework of DRSTP-I and DRSTP-II programs for policy planners in the field of substance abuse. Meanwhile, during the period 1997–2001, under the PHARE Program of the Council of Europe, continued training programs of specialists in the field of drugs (medical toxicologist clinicians, psychiatrists, physicians, epidemiologists, sociologists, psychologists, etc.) of the former communist countries of Central and South Eastern Europe, including Albania.

In the framework of the PHARE Program of the Council of Europe it was also conducted (period 2000–2004) a Twinning–Supervision Project (Catching-up Project) between Albania and the Czech Republic, where experts from the Czech Republic helped especially in developing and drafting the drug demand reduction component of the National Strategy Against Drugs 2004–2010 in Albania, but also in professional training. Further to this, other international organizations have offered training courses and theoretical and methodological seminars. Consequently, as a product expertise of the pictures of the period 1995–2004, and also that of the subsequent on (till currently 2012), there were technically created the national key clinicians experts (Addictology and Clinical Toxicology Service at TUHC) and epidemiologists (Institute of Public Health) in the field of drug demand reduction, related to all composing aspects as research, study, managerial aspects, policy-drafting, training, counseling, as well as prevention, (that is, etiognosis, diagnosis, prognosis), what has created a fundamental good basis for further developments in this area. Meanwhile, regarding the appropriate training, a prior explanation its needed: in Albania there does not exist any accredited center for training of medical and non-medical professionals as regards to the drug and alcohol problems treatment, with the exception of Addictology and Clinical Toxicology Service (TUHC), which would offer a range of modules on the topic in the context of post-graduate specialization course on toxicology.

Professionals included in treatment centers

Only 3 psychiatrists and 1 toxicologist are involved part time in the methadone treatment centers organized by “Aksion Plus” NGO, outside of the public system and supported by the Institute of Public Health through GFATM. In addition, in this centre, are present as part-time 5 general

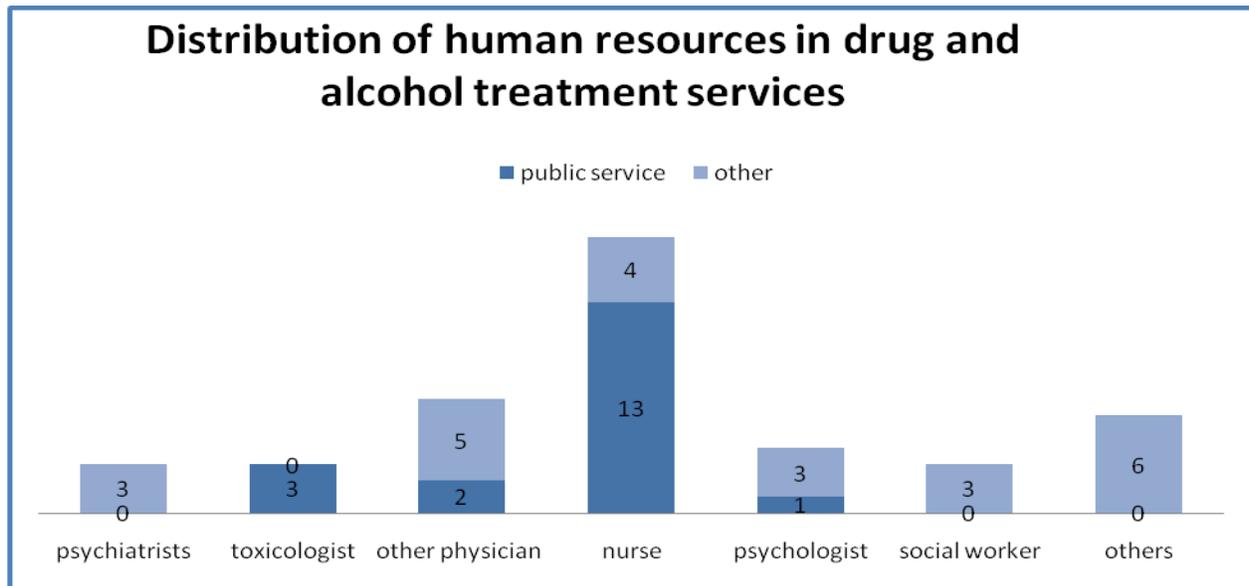
medical doctors, 5 social workers, 2 psychologists, 4 nurses, and 4 outreach field workers, who deal with the activities in the centre.

There are 3 qualified toxicologists working in the Addictology and Clinical Toxicology Service (TUHC), who in addition to other services, also work with cases related to drug and alcohol problems. In this University Service there are 8 nurses, who similarly to the medical doctors, cover not only patients dealing with drug and alcohol problems, but also other cases in the broader field of clinical toxicology. The Addictology and Clinical Toxicology Service (TUHC) closely works with the Psychiatry Service in the same TUHC regarding problems with dual diagnosis and other issues dealing with clinical practice of addicts. In the newly formed centre for dealing with alcohol addiction in the same TUHC there 1 medical doctor, 1 psychologist and 5 nurses, working full time.

In Emanuel residential centre there are 2 managers/coordinators without medical qualifications, 1 social worker, 1 psychologist, 1 part time medical doctor and 6 field operators, 4 of which are volunteers.

The above picture is summarized in the Figure 5.1.

Figure 5.1



Source:
 “SAIMS [Substance Abuse Instrument for Mapping Services] 2011 in Albania”
 Country Report, Albania, 2011. Tirana, 2012 (ISBN 9928-134-36-7)

Fellowships and trainings in the field of alcohol and drug related problems treatment

As it was emphasized, there are no genuinely specialized professionals in the field of substance abuse in Albania. Nonetheless, it has to be valued that toxicologists at the Addictology and

Clinical Toxicology Service (TUHC) and the psychiatrists in Psychiatric Service (TUHC) have knowledge of the basic practices of this field.

With the support of WHO-UNODC, during the year 2010, there has been organized a two day course on the psychosocial intervention in the field of substance abuse. A group of 25 professionals have just completed the training. The personnel being trained are exclusively psychologists and social workers and they do not necessarily work in treatment centers for alcohol and drug problems.

Family organizations, self-help groups and other associations

With the exclusion of self-help groups, which are being experimented with by alcohol centers and other above mentioned organizations, there is a lack of specialized organizations of this field in Albania, and also organizations for the family of those having problems with alcohol and drugs. NGOs – Non-Governmental Organizations (or NPOs – Non-Profit Organizations) involved in community and individual support activities (mainly counseling for drug users) are:

- “Aksion Plus”,
- “Stop AIDS”,
- “Emanuel” Residential Centre,
- “APRAD”,
- “UKPR.

5.3. CHARACTERISTICS OF CLIENTS IN TREATMENT (*TDI DATA INCLUDED*); TRENDS OF CLIENTS IN TREATMENT

First of all, it should be emphasized all data concerning the Treatment Demand Indicator (**TDI**), that is, Treatment Demand data, are obtained from the **Addictology and Clinical Toxicology Service (TUHC)**, still the unique service (a public one) in Albania and responsible for all the country, (as it has been mentioned in previous subchapters of this report).

In Albania there is a lack of treatment request registers along with other clinical issues at national level that would enable the study of the dynamics and characteristics of patients in treatment. Regardless of the limited number of services and institutions in support of persons dealing with substance abuse, their identification and evaluation becomes difficult because of the inadequate level of experience, requirements, standards and registration protocols, but especially due to the lack of coordination and cooperation between institutions and the appropriate infrastructure to work with data. It would be easier to evaluate the number and dynamics and avoid duplicates if computer systems would be used and not data kept in logs and registers without a standard format and comparable to those few existing centers operating in this field.

In order to offer a general picture regarding the characteristic of patients in treatment, we are providing a retrospective descriptive study (period 2006–2012) on the progress and the key characteristics of the clients that have asked for help at the Addictology and Clinical Toxicology

Service (TUHC). The study used clinical documents like registers and medical charts kept on paper since 1995. The study includes both patients that were admitted (=inpatients) and outpatients. In order to work with the data, they were initially transferred into computer by using specific computer programs (Access and Excel). The identification of cases was based on the data available for each patient (name, place of birth, residence, age and other data relating to the age of start of use, type of substance, way of use, frequency of use, etc.).

In 94 % of the cases, the patients presented themselves for help to this Service, while 6 % were referred to it by other health institutions, police and/or other legal structures, etc.

The registered patients belong to 29 cities or municipalities, covering the whole territory of the country. 92 % of the cases came from urban areas and the other from rural ones. The largest number of patients comes from Tirana, Durrës, Vlorë, Korçë, Elbasan, Fier, Shkoder and Berat districts. Table 5.3 shows the distribution of clients (both in- and out-patients) according to **residential area** over the period 2006-2010. Statistically, there are not significant differences between residential areas as regards the cases distribution.

Table 5.3
Distribution of clients (=in- and out-patients) according to residential area
over the period 2006–2012

Residential area	Number of clients (=in- and out-patients)							Average number
	2006	2007	2008	2009	2010	2011	2012	
Ballsh	0	6	0	1	1	0	2	1.4
Berat	28	41	26	24	19	10	12	22.9
Burrel	4	15	9	8	5	8	5	7.7
Durres	99	97	89	39	46	64	36	67.1
Elbasan	25	31	39	40	38	24	25	31.7
Fier	34	51	33	20	19	20	16	27.6
Gjirokaster	15	5	2	3	3	5	6	5.6
Gramsh	21	22	3	10	12	2	1	10.1
Kavaje	21	19	12	9	3	5	11	11.4
Korçe	29	39	42	41	22	23	15	30.1
Kruje	4	0	1	6	3	2	4	2.9
Kuçove	0	0	1	0	1	0	0	0.3
Kukes	1	0	1	0	0	0	2	0.6
Laç	6	15	13	14	4	10	13	10.7
Lezhe	1	1	3	4	3	1	4	2.4
Librazhd	4	1	0	1	1	0	0	1.0
Lushnje	19	21	9	12	14	13	7	13.6
Permet	1	00	1	0	0	3	1	0.9
Pogradec	8	15	31	21	14	18	9	16.6
Sarande	39	26	18	18	24	10	3	19.7
Shijak	1	1	0	5	3	1	4	2.1
Shkoder	25	27	35	30	29	13	12	24.4
Skrapar	1	0	1	0	3	0	5	1.4
Tepelene	0	3	1	1	0	2	0	1.0
Tropoje	3	1	2	4	1	2	1	2.0
Vlore	48	51	86	81	23	15	11	45.0
Tirane	324	338	378	386	376	305	354	351.6
<i>Abroad Albania</i>	6	30	26	11	4	12	8	13.9
Total	767	856	862	789	671	568	555	724.0

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

The study has included **all treatment episodes** and **all requests for treatment** (including those not qualified as problematic drug users – PDUs), that is, **All Treatment Demand (ATD)**⁵.

Special attention was given to the identification of **First Treatment Demand (FTD)**⁶:

⁵ Drug Users seeking help for their drug-related problems are the clients of the Addictology and Clinical Toxicology Service; most of them are Problematic Drug Users (PDUs).

According to TDI standard protocol 2.0, a case is a person that starts treatment for their drug use in a treatment center during calendar year January 1st until 31st December. If a person starts treatment more than once within the same year or the same centre, then the last treatment in the year is counted.

- In the year 2006, the identification of patients requesting treatment for the first time was not possible;
- In 2007 there were 108 FTD patients (or 12.6 % of ATDs at that year);
- In 2008 only 41 cases were identified (or (4.8 % of ATDs at that year);
- In 2009 there were 269 FTD cases (or 34.1 % of ATDs at that year);
- In 2010 the recorded number was 147 FTD cases (or 21.9 % of ATDs of that year);
- In 2011 there were 114 FTD cases (or 24.8 % of ATDs at that year);
- In 2012 the recorded number was 154 FTD cases (or 33.9 % of ATDs of that year).

Concerning the **treatment episodes (visits) for clients (=in- and out-patients) over the period from 2006 till 2012** (Table 5.4 and Figure 5.2), the annual obtained data show:

- In 2006 there were 2,352 visits belonging to 767 ATD clients (patients), with an average of 2.7 visits per patient;
- In 2007 there were 2,070 visits belonging to 856 ATD clients (patients), with an average of 2.4 treatment episodes per patient;
- In 2008 there were 2,185 treatment episodes belonging to 862 ATD clients (patients), with an average of 2.6 visits per client;
- In 2009 there were 2,149 treatment episodes belonging to 789 ATD clients (patients), with an average of 2.7 visits per patient;
- In 2010 there were 1,452 treatment episodes belonging to 671 ATD clients (patients), with an average of 2.2 visits;
- In 2011 there were 749 treatment episodes belonging to 460 ATD clients (patients), with an average of 1.6 visits per patient;
- In 2012 there were 708 treatment episodes belonging to 454 ATD clients (patients), with an average of 1.6 visits.

As for an overall annual average during the aforementioned period 2006–2012, the ATD clients (patients) have come 2.4 times per year to ask for help (treatment).

⁶ First Treatment Demand is defined as the first time when a person begins treatment for drug related problems in his/her lifetime.

Table 5.4

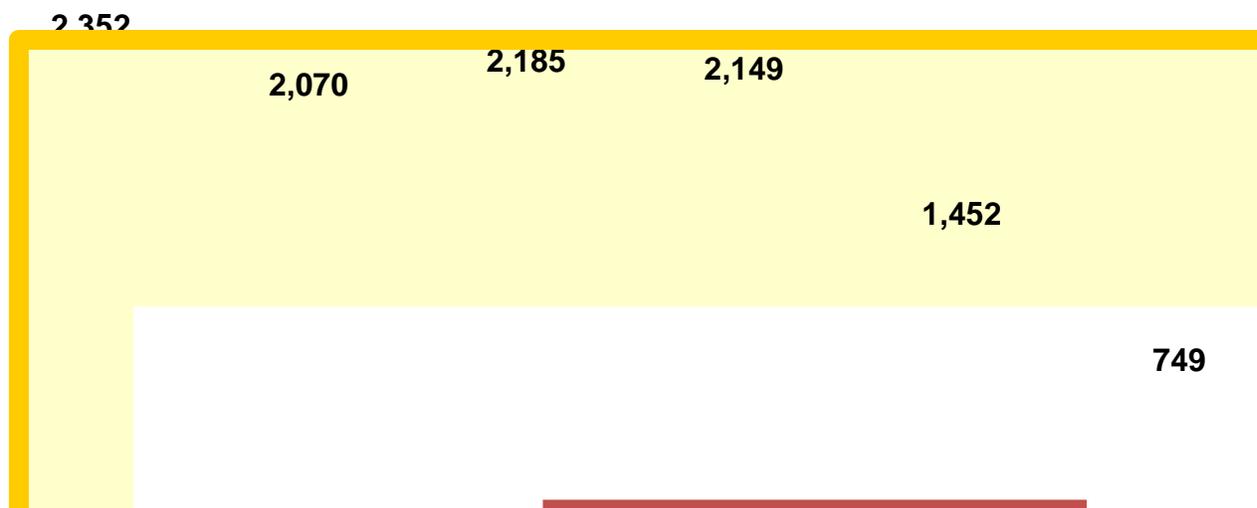
Number of treatment episodes (visits) for clients (=in- and out-patients) over the period 2006–2012

Treatment episode	Clients (=in- and out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
First treatment episode (First Treatment Demand – FTD)	NA	NA	108	12.6%	41	4.8%	269	34.1%	147	21.9%	114	24.8%	154	33.9%
2 nd treatment episode	342	44.6%	437	51.1%	453	52.6%	297	37.6%	301	44.9%	209	45.4%	191	42.1%
3 ^d treatment episode	106	13.8%	108	12.6%	134	15.5%	65	8.2%	83	12.4%	41	8.9%	33	7.3%
4 th treatment episode	56	7.3%	61	7.1%	63	7.3%	43	5.4%	41	6.1%	22	4.8%	17	3.7%
5 th treatment episode	43	5.6%	40	4.7%	53	6.1%	34	4.3%	24	3.6%	21	4.6%	13	2.9%
6 th treatment episode	26	3.4%	27	3.2%	34	3.9%	16	2.0%	22	3.3%	14	3.0%	12	2.6%
7 th treatment episode	28	3.7%	23	2.7%	17	2.0%	12	1.5%	14	2.1%	12	2.6%	9	2.0%
8 th treatment episode	12	1.6%	8	0.9%	14	1.6%	9	1.1%	15	2.2%	4	0.9%	6	1.3%
9 th treatment episode	12	1.6%	9	1.1%	13	1.5%	7	0.9%	4	0.6%	5	1.1%	5	1.1%
10 th treatment episode	4	0.5%	6	0.7%	9	1.0%	6	0.8%	4	0.6%	3	0.7%	3	0.7%
11 th -20 th treat. episode	25	3.3%	22	2.6%	24	2.8%	25	3.2%	13	1.9%	11	2.4%	8	1.8%
>20 th treatment episode	7	0.9%	7	0.8%	7	0.8%	6	0.8%	3	0.4%	4	0.9%	3	0.7%
Total of clients (All Treatment Demand – ATD)	767	100.0%	856	100.0%	862	100.0%	789	100.0%	671	100.0%	460	100.0%	454	100.00%
Total of treatment episodes	2,352		2,070		2,185		2,149		1,452		749		708	
Average of visits	2.7		2.4		2.6		2.7		2.2		1.6		1.6	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figure 5.2
Annual number of treatment episodes (visits) for clients (=in- and out-patients)
over the period 2006–2012



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

The obtained data on **the annual number of clients (in- and out-patients), according to TDI Standard Protocol 2.0, who presented themselves only once per year** (from January 1st to December 31st) **at the Addictology and Clinical Toxicology Service of TUHC to ask for help (treatment)**, over the period 2006–2012 are displayed as follows:

- in 2006, there were 403 clients (in- and outpatients) who presented themselves only once;
- in 2007 there were 512 clients (in- and outpatients) who presented themselves only once;
- in 2008 there were 481 clients (in- and outpatients) who presented themselves only once;
- in 2009 there were 426 clients (in- and outpatients) who presented themselves only once;
- in 2010 there were 427 clients (in- and outpatients) who presented themselves only once;
- in 2011 there were 282 clients (in- and outpatients) who presented themselves only once;
- and in 2012 resulted to be 293 clients (in- and outpatients) who presented themselves only once.

On a gender basis, the patients are 97 % males and 3 % females only.

The average of admitted patients reaches 8.35 % of the number of patients, varying from 218 persons in 2006 to only 101 persons in 2010.

Inpatients compared to all clients (inpatients and outpatients) at the Addictology and Clinical Toxicology Service of TUHC to ask for help (treatment) represent another valuable topic. Such a data, over the period 2006-2012, being displayed in detail in Table 5.5 (both as numbers and proportions) and Figures 5.3 (numbers) and 5.4 (proportions), show that **the outpatients represent**

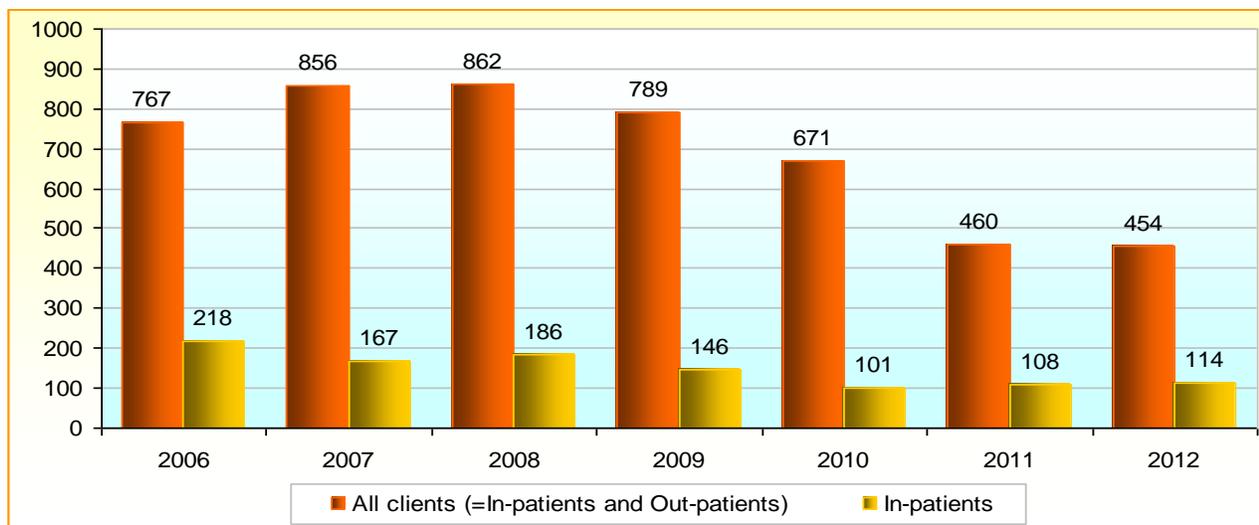
the major number of the annual TD clients, accounting for up-to at maximum 71 % of all annual clients of the aforementioned TD service in Albania.

Table 5.5

**Inpatients compared to all clients (inpatients and outpatients)
over the period 2006–2012**

Year	Annual number of All Clients (=In-patients and Out-patients)	Annual number of In-patients	Annual percentage of In-patients out of All Clients (=In-patients and Out-patients)
2006	767	218	28.4%
2007	856	167	19.5%
2008	862	186	21.6%
2009	789	146	18.5%
2010	671	101	15.1%
2011	460	108	23.7%
2012	454	114	25.1%

Figure 5.3

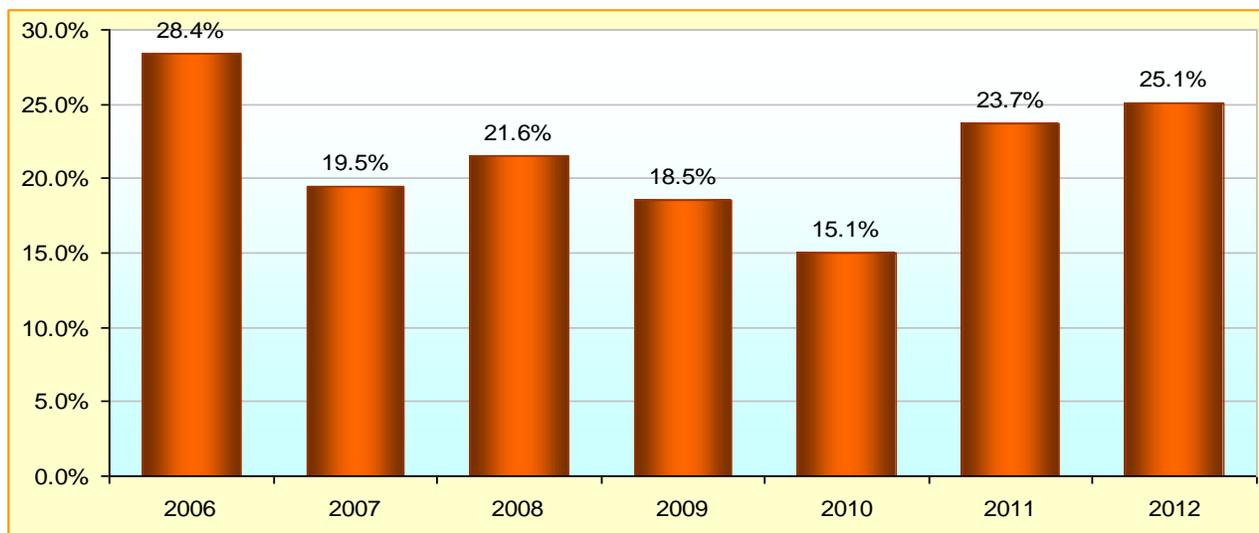


Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

Figure 5.4

**Annual percentage of inpatients
compared to all clients (inpatients and outpatients)
over the period 2006–2012**



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

Table 5.6 and Figures 5.5, 5.6 and 5.7 present in detail the **type of drug used by the clients (=in- and out-patients) over the period 2006–2012.**

The data demonstrate that **opioids, mainly heroin**, account for around 71 % of PDUs asking for help in the year 2006. Meanwhile, there is a gradual decrease of opioids users over the period 2007-2012 compared to the year 2006: the figure of 71.3 % in 2006 of opioids (heroin) users has decreased at 28.6 % in 2012.

Concerning **cocaine** users, there are variations of the annual user proportions, namely from 1.3 % in 2006 to 5.8 % in 2009, decreasing to 3.0 % and 2.6 % respectively in 2010 and 2011, with an increase up to 5.7 % in 2012.

More noticeable is a steady increase of **poly-drugs (multi-drugs) users** over the period 2006-2012. Thus, during 2006 the poly-drugs users represented 13.7 % of all clients (=in- and out-patients), while such a figure goes up to 14.1 % in 2007, to 17.2 % in 2008, to 20.8 % in 2009, to 24.0 % in 2010, to 24.6 % in 2011, reaching up to 29.7 % of all patients in 2012.

The use of **benzodiazepines** and tramadol is a routine practice among PDUs. This situation is different for patients that are admitted, mainly for detoxification, where 92.4 % of them were users of opiates and 2.9 % users of cocaine.

In general, heroin users represent 65.90 % of all admitted patients (in- and out- ones) over the period 2006–2012, multi-drugs users 20.86 %, THC users 8.85 %, cocaine users 3.76 %, benzodiazepines users 0.46 %, and ecstasy users only 0.11 % of them.

Table 5.6

Type of drug used by the clients (=in- and out-patients) over the period 2006–2012

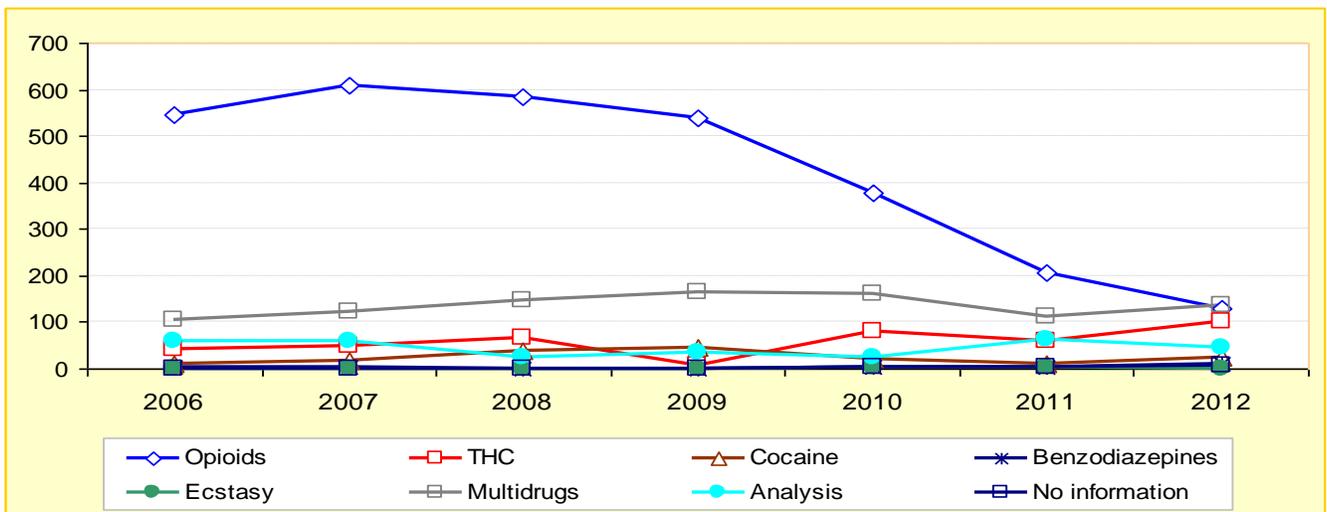
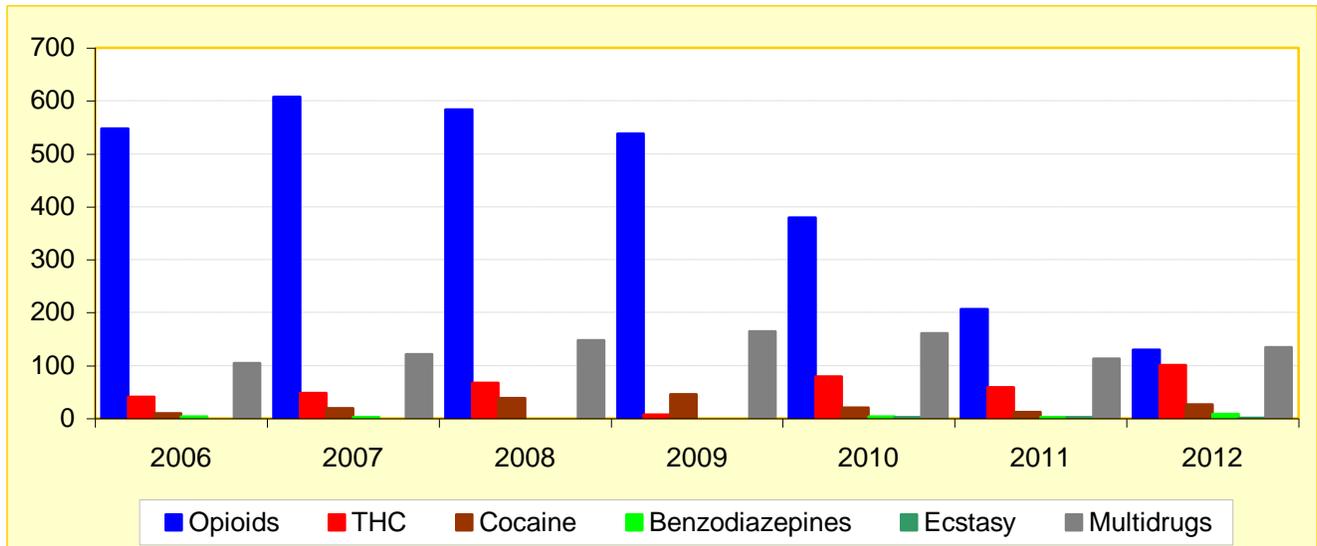
Type of drug used	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<i>No information</i>	0	0	0	0	0	0	0	0	3	0.4%	4	0.9%	7	1.5%
Analysis	60	7.8%	58	6.8%	25	2.9%	34	4.3%	23	3.4%	62	13.5%	45	9.9%
Opioids	547	71.3%	608	71.0%	584	67.7%	538	68.2%	379	56.5%	206	44.8%	130	28.6%
THC	41	5.3%	48	5.6%	67	7.8%	7	0.9%	79	11.8%	59	12.8%	101	22.2%
Cocaine	10	1.3%	19	2.0%	38	4.4%	46	5.8%	20	3.0%	12	2.6%	26	5.7%
Ecstasy	0	0.0%	0	0%	0	0%	0	0%	2	0.3%	2	0.4%	1	0.2%
Benzodiazepines	4	0.5%	2	0.2%	0	0%	0	0%	4	0.6%	2	0.4%	9	2.0%
Multi-drugs	105	13.7%	121	14.1%	148	17.2%	164	20.8%	161	24.0%	113	24.6%	135	29.7%
Total	767		856		862		789		671		460		454	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figures 5.5 and 5.6

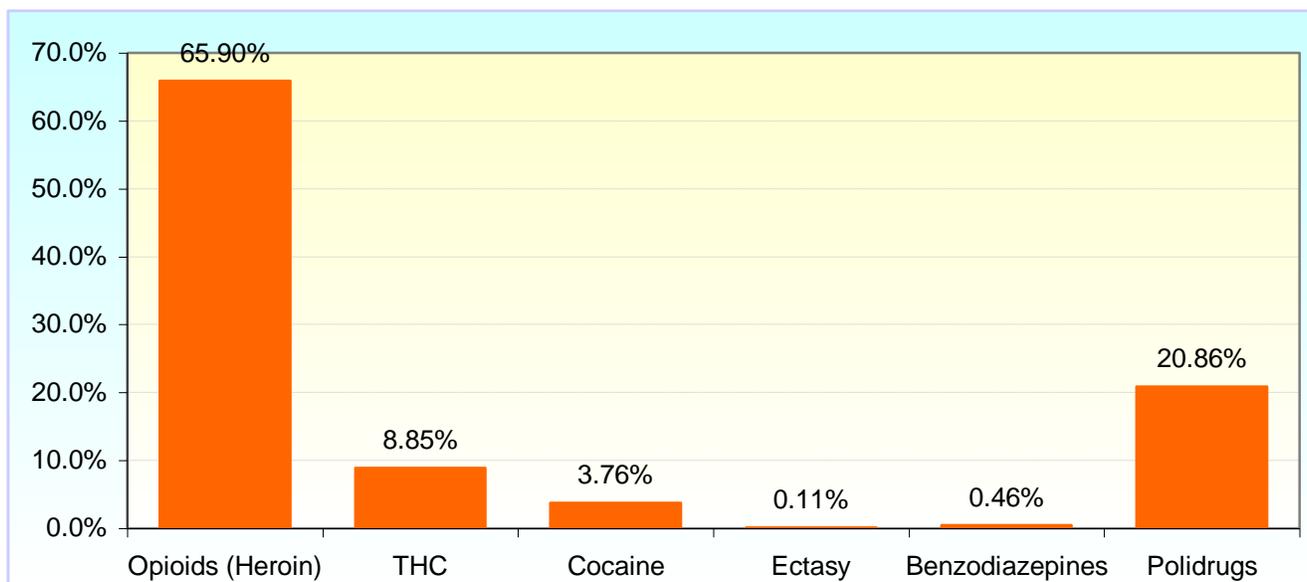
Type of drug used by the clients (number of in- and out-patients) over the period 2006–2012



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

Figure 5.7
Type of drug used by the clients (=in- and out-patients) in percentage (%)
over the period 2006–2012



Source:
 Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
 Tirana University Hospital Center “Mother Theresa”

The ways of drug use are presented in the following Table 5.7 and Figure 5.8.

It results that 44.8 % of all clients (=in- and out-patients) over the period 2006-2012 have used drugs by injection, (detailed data for each year of this period are shown in the Table 5.7). In 37.0 % of cases the drugs were consumed by snorting, while in 11.7% of them the drug, mainly heroin, is inhaled or smoked. For the other cases, there hasn't been any clear data relating to the way of drug use. Aside from small variations, the form of drug use by PDUs has not changed noticeably over the period 2006–2012. In general, those using injections have no difficulties finding syringes, since they are openly sold in private pharmacies, but the disinfection techniques remain problematic. The sharing of injecting materials is not widespread, but more focused studies are needed in the future.

Table 5.7

Ways of drug used over the period 2006–2012

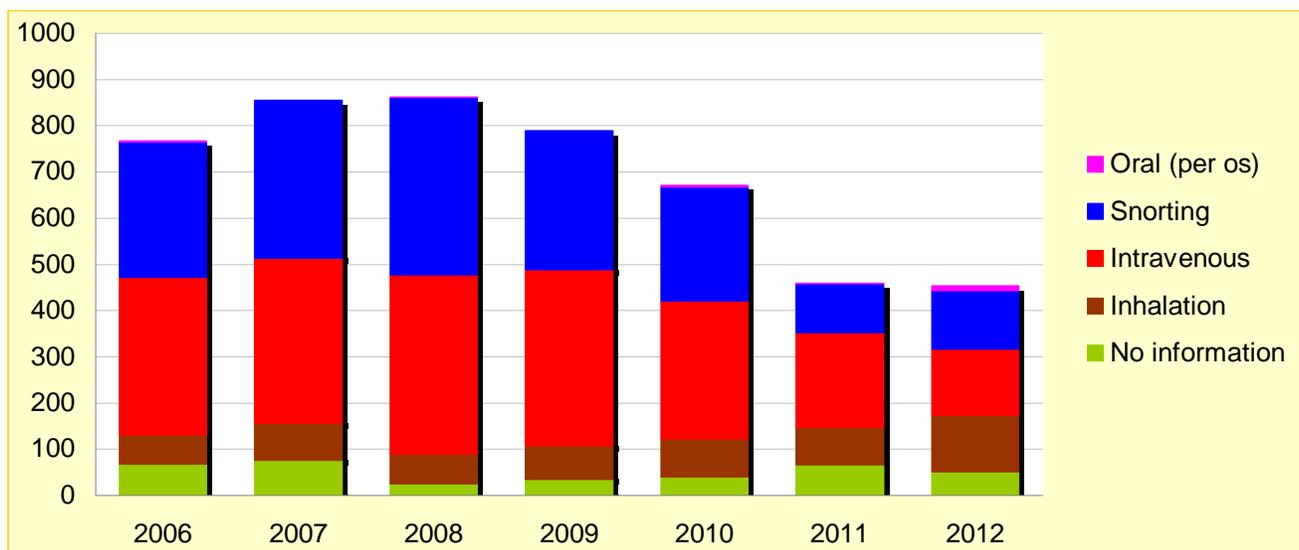
Ways of drug used	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<i>No information</i>	67	8.7%	75	8.8%	25	2.9%	34	4.3%	40	6.0%	66	14.3%	51	11.2%
Inhalation	63	8.2%	81	9.5%	64	7.42%	73	9.3%	83	12.4%	81	17.6%	122	26.9%
Intravenous	342	44.6%	357	41.7%	388	45.0%	381	48.3%	298	44.4%	205	44.6%	144	31.7%
Snorting	293	38.2%	342	40.0%	384	44.6%	301	38.1%	246	36.7%	106	23.0%	126	27.7%
Per os	2	0.3%	1	0.1%	1	0.1%	0	0	4	0.6%	2	0.4%	11	2.4%
Total	767		856		862		789		671		460		454	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figure 5.8

Ways of drug used (period 2006–2012)



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

The distribution of the clients (=in- and out-patients) according to **age-groups** over the period 2006–2012) is presented in detail in Table 5.8 and Figure 5.9.

There has been demonstrated that the clients’ age varies from under 15 to over 55 years old. The cases of drug users under 15 years of age are low, on average 4 cases per year. The proportion of the patients in the age group of 15-24 years ranges from 32.2 % to 48.8 %, while the age group of 25-34 years represents the main one with a proportion varying from 36.9 % (the lowest figure) to 53.1 % (the highest one) of all cases over the period 2006–2012. Both these age groups make up the most representative part. After them comes the age group of 35-44 years with a range of proportion from 4.4 % to 16.2 %, and that of 45-54 years with a range of proportion from 0.6% to 2.6 % of all clients (in- and out-patients) over the period 2006-2012. Cases over 55 years of age are a small number, 6 ones in total for the 7 years of the above period of time. The average age of patients in 2006 was 25.93 years, reaching at 28.32 years in 2012, what does demonstrate a gradual “aging” of the drug user population.

Table 5.8

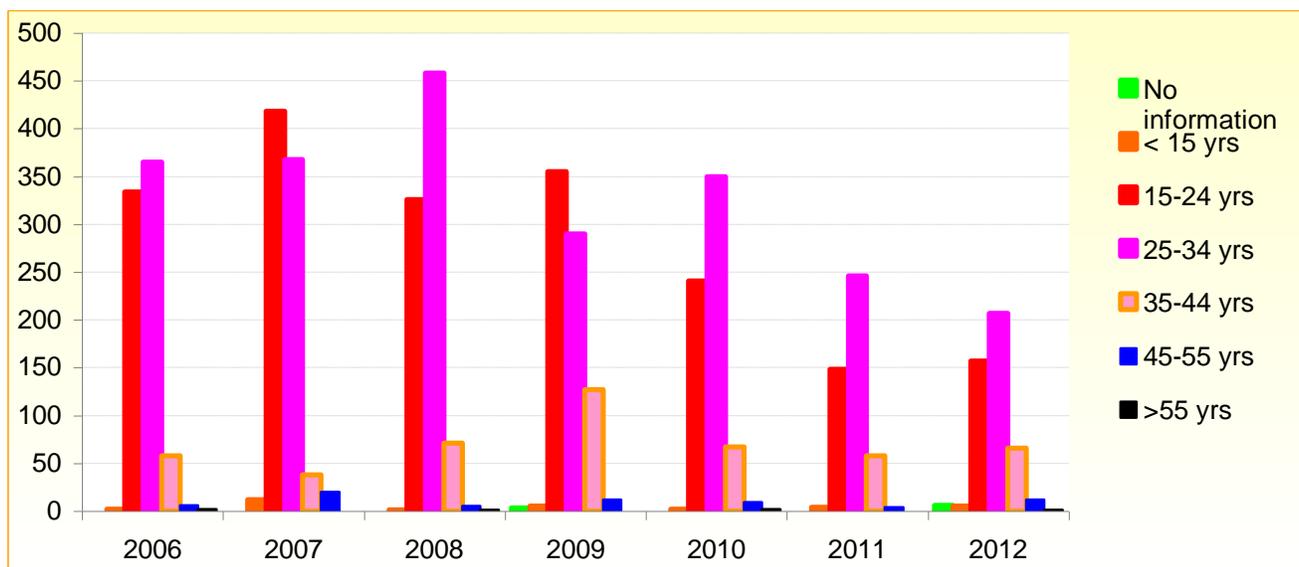
Clients (=in- and out-patients) according to age-groups over the period 2006–2012

Age [age-groups] (years)	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<i>No information</i>	0	0	0	0	0	0	3	0.4%	0	0	0	0	6	1.3%
< 15	2	0.3%	12	1.4%	1	0.1%	5	0.6%	2	0.3%	4	0.9%	5	1.1%
15 - 24	334	43.5%	418	48.8%	326	37.8%	352	44.6%	241	35.9%	148	32.2%	157	34.6%
25 - 34	365	47.6%	368	43.0%	458	53.1%	290	36.9%	350	52.2%	246	53.5%	207	45.6%
35 - 44	58	7.6%	38	4.4%	71	8.2%	127	16.2%	67	10.0%	58	12.6%	66	14.5%
45 - 55	6	0.8%	20	2.3%	5	0.6%	12	1.5%	9	1.3%	4	0.9%	12	2.6%
> 55	2	0.3%	0	0	1	0.1%	0	0	2	0.3%	0	0	1	0.2%
Total	767		856		862		789		671		460		454	
Average age	25.93		26.77		26.39		26.43		26.87		27.16		28.32	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figure 5.9
Clients (=in- and out-patients) according to age-groups (period 2006–2012)



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
 Tirana University Hospital Center “Mother Theresa”

The **sex distribution of ATD clients (in- and out-patients)**, being displayed in detail in the following Table 5.9 and Figure 5.10, shows:

- In 2006: 732 males (95.44 %) and 35 females (4.56 %) out of 767 patients, with a ratio males/females of 20.9;
- In 2007: 817 males (95.33 %) and 39 females (4.56 %) out of 856 patients, with a ratio males/females of 20.9;
- In 2008: 827 males (95.93 %) and 35 females (4.06 %) out of 862 patients, with a ratio males/females of 23.6;
- In 2009: 756 males (95.80 %) and 33 females (4.18 %) out of 789 patients, with a ratio males/females of 22.9;
- In 2010: 640 males (95.38 %) and 31 females (4.61 %) out of 671 patients, with a ratio males/females of 20.6;
- In 2011: 440 males (95.65 %) and 20 females (4.35 %) out of 460 patients, with a ratio males/females of 22.0;
- In 2012: 429 males (94.49 %) and 25 females (5.50 %) out of 454 patients, with a ratio males/females of 17.2.

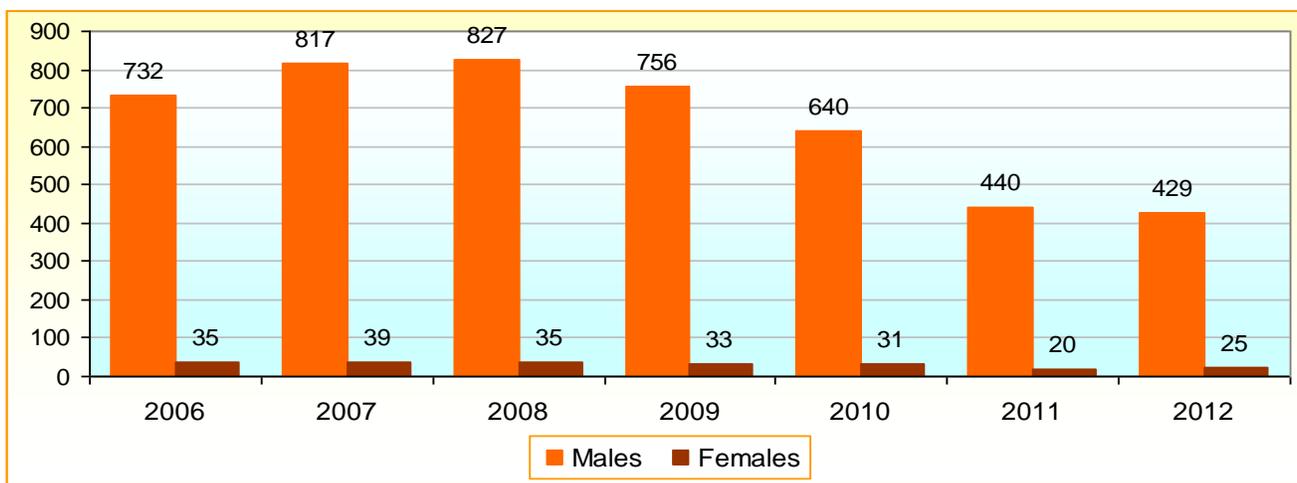
Table 5.9

Clients (=in- and out-patients) according to gender (period 2006–2012)

	All Clients (=In-patients and Out-patients)				
	Males (M)	Females (F)	Total	Ratio M/F	Percentage (%)
					of Females
2006	732	35	767	20.9	4.6%
2007	817	39	856	20.9	4.6%
2008	827	35	862	23.6	4.1%
2009	756	33	789	22.9	4.2%
2010	640	31	671	20.6	4.6%
2011	440	20	460	22.0	4.3%
2012	429	25	454	17.2	5.5%

Figure 5.10

Clients (=in- and out-patients) according to gender (period 2006–2012)



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

Another important indicator is the **age of starting drug use**. Table 5.10, (accompanied by Figures 5.11 and 5.12), attempts to list the age groups of the beginning of drug use. As an analogy with “*latency period*”, it would be more credible if calculations would include only those cases when the patients were requesting help for the first time, meaning FTDs. Nonetheless, from these data, displayed in details in Table 5.10, the duration of drug use from experimenting to asking for help, as an average age of starting drug use, results to be 18.45 years in 2006, 19.95 years in 2007, 19.05 years in 2008, 20.62 years in 2009, 18.16 years in 2010, 19.05 years in 2011, and 19.51 years in 2012, that is, with very slight variations around an overall average age of 19 years old. It is important to mention that 10.17 % of patients (as an average proportion over the period 2006–2012) have started the use of drugs at the age less than 15 years.

Table 5.10

Age of starting drug use over the period 2006–2012

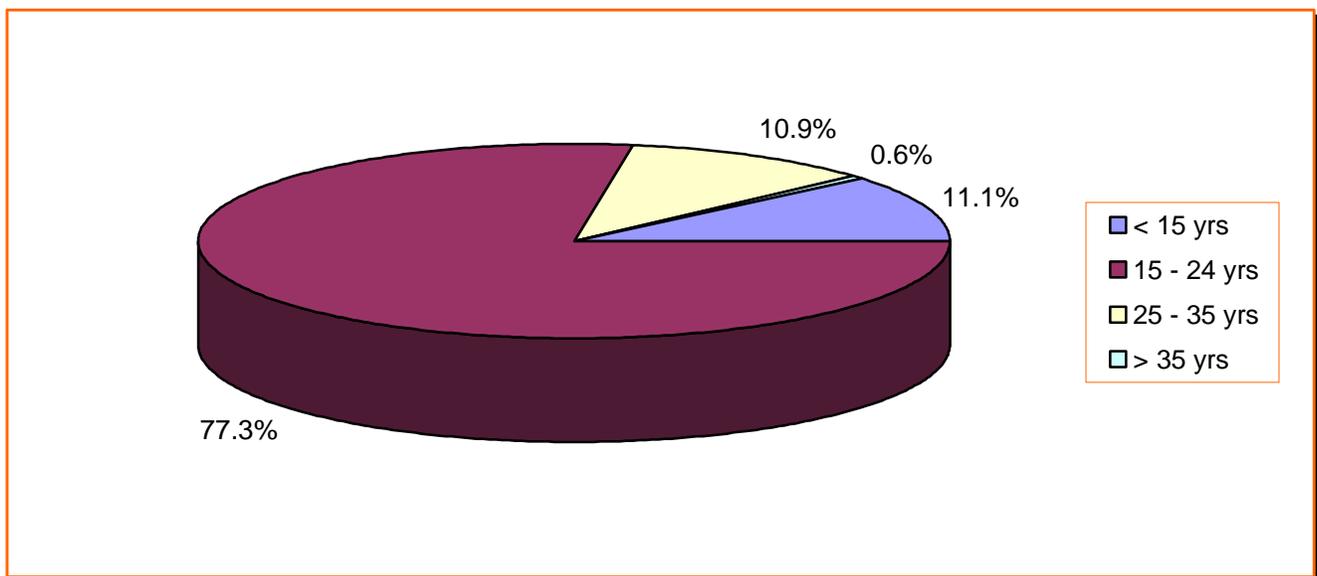
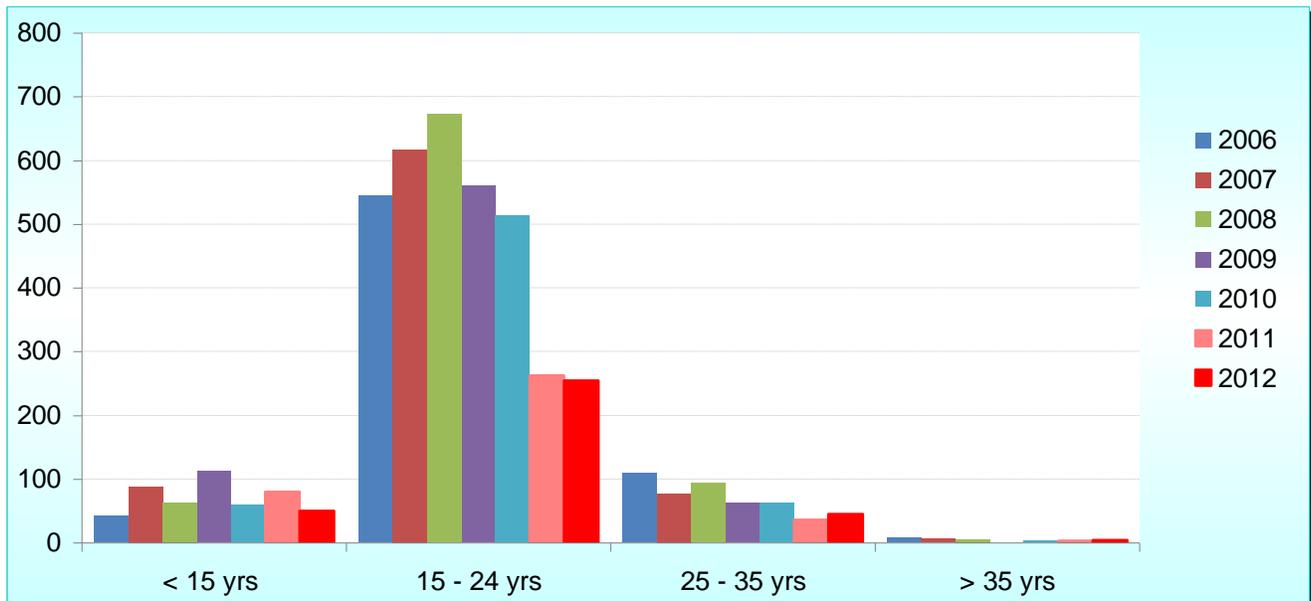
Age of starting drug use (age-groups in years)	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<i>Analysis</i>	60	7.8%	59	6.9%	25	2.9%	6	0.8%	0	0	60	13.0%	62	13.7%
<i>No information</i>	4	0.5%	9	1.1%	4	0.46%	48	6.1%	33	4.9%	19	4.1%	39	8.6%
< 15	42	5.5%	88	10.3%	63	7.31%	112	14.2%	59	8.8%	80	17.4%	50	11.0%
15-24	545	71.1%	617	72.1%	672	77.96%	561	71.1%	514	76.6%	262	57.0%	254	55.9%
25-35	109	14.2%	77	9.0%	93	10.79%	62	7.9%	62	9.2%	36	7.8%	45	9.9%
> 35	7	0.9%	6	0.7%	5	0.58%	0	0	3	0.4%	3	0.7%	4	0.9%
Total	767		856		862		789		671		460		454	
Average age	18.45		19.95		19.05		20.62		18.16		19.05		19.51	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figures 5.11 and 5.12

Age of starting drug use over the period 2006–2012



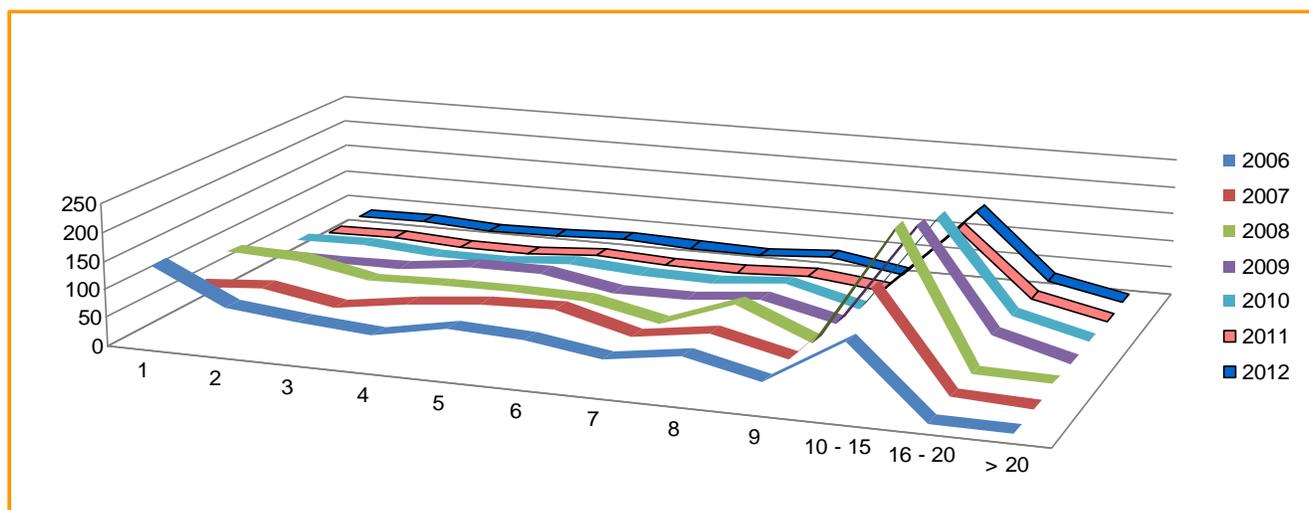
Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

Figure 5.13 presents the **duration in years of drug use (or the career in years of drug use) for the clients (in- and out-patients) that have requested help during the period of 2006–2012.**

Figure 5.13

Career (years) of drug use by the clients over the period 2006–2012



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

It is understandable that there is an increase of users with long durations of use, an increase that has continued since 2006. In a more concrete way, the following obtained data show the average time in years of drug use of all respective ATDs, otherwise saying all clients (in- and out-ones), admitted during the specific year at the aforementioned Addictology and Clinical Toxicology Clinic of TUHC, namely:

- In 2006, the average time in years of drug use of 767 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 5.30 years;
- In 2007, the average time in years of drug use of 856 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 5.53 years;
- In 2008, the average time in years of drug use of 862 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 6.67 years;
- In 2009, the average time in years of drug use of 789 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 6.91 years;
- In 2010, the average time in years of drug use of 671 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 7.37 years;
- In 2011, the average time in years of drug use of 460 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 8.35 years;
- In 2012, the average time in years of drug use of 454 ATDs (=in- and out-patients) admitted in that year at the TUHC Addictology and Clinical Toxicology Clinic, is 8.18 years.

Otherwise saying, if in 2006 the percentage of users with duration of use of 10-15 years, (resulting essentially to be the mode), were 16 %, in 2012 such a figure has reached 30.7 % of all ATDs (=in- and out-patients) admitted at the TUHC Addictology and Clinical Toxicology Clinic in each year of the respectively period 2006–2012.

Table 5.11 attempts to list the **side (=accompanying) problems in total problematic cases**, that is, **all problematic drug users (PDUs), excluding substance addiction, among all clients (=in- and out-patients) admitted over the period 2006–2012** at the Addictology and Clinical Toxicology Clinic of TUHC.

The total problematic cases at the Addictology and Clinical Toxicology Clinic of TUHC account for:

- 31.8 % (=244cases) of all 767 clients (=in- and out-patients) admitted in 2006;
- 16.1 % (=138 cases) of all 856 clients (=in- and out-patients) admitted in 2007;
- 18.1 % (=156 cases) of all 862 clients (=in- and out-patients) admitted in 2008;
- 15.6 % (=123 cases) of all 789 clients (=in- and out-patients) admitted in 2009;
- 21.5 % (=144 cases) of all 671 clients (=in- and out-patients) admitted in 2010;
- 24.8 % (=114 cases) of all 460 clients (=in- and out-patients) admitted in 2011;
- 46.0 % (=209 cases) of all 454 clients (=in- and out-patients) admitted in 2012.

The proportion of psychiatric disorders ranges from 0.4 % to 16.1 % (with an average of 2.4 %) and that of behavioral problems from 11.5 % to 24.6 % (with an average of 14.5 %) among all clients (=in- and out-patients) admitted at the Addictology and Clinical Toxicology Clinic of TUHC over the period 2006–2012. However, these data are based on a subjective background, related with declarations by patients themselves and/or their families, rather than on psychiatric and/or sociologic assessments. Problems related with alcohol misuse, legal issues, or those of medical and/or social nature are also presented as other ones of problematic cases among all clients (=in- and out-patients) admitted at the Addictology and Clinical Toxicology Clinic of TUHC over the period 2006–2012. Anyhow, regardless the obtained data, more specific studies concerning this topic should be performed in the future.

Table 5.11

Accompanying problems of clients (=in- and out-patients) over the period 2006–2012

Accompanying problems	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<i>No problems</i>	523	68.2%	718	83.9%	706	81.9%	666	84.4%	527	78.5%	346	75.2%	245	54.0%
Legal issues	12	1.6%	15	1.8%	1	0.1%	10	1.3%	8	1.2%	5	1.1%	9	2.0%
Problems with Alcohol	17	2.2%	7	0.8%	38	4.4%	9	1.1%	28	4.2%	15	3.3%	52	11.4%
Medical problems	10	1.3%	11	1.3%	2	0.2%	7	0.9%	5	0.7%	8	1.7%	15	3.3%
Behavioral problems	189	24.6%	100	11.7%	102	11.8%	91	11.5%	97	14.5%	67	14.6%	59	13.0%
Psychiatric disorders	10	1.3%	1	0.1%	11	1.3%	3	0.4%	3	0.4%	15	3.3%	73	16.1%
Socio-family problems	6	0.8%	4	0.5%	2	0.2%	3	0.4%	3	0.4%	4	0.9%	1	0.2%
Total problematic cases	244	31.8%	138	16.1%	156	18.1%	123	15.6%	144	21.5%	114	24.8%	209	46.0%

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Education level of drug users (ATDs) is another important issue. The obtained data show that 5.74 % of clients (=in- and out-patients), as an average proportion over the period 2006–2012, have no education; they belong mainly to Roma community. Meanwhile, the average proportion over that period of elementary education results to be 16.07 %, of primary education at 36.44 %, of secondary education at 29.06 %, and university education at 12.68 % of all patients admitted at the Addictology and Clinical Toxicology Clinic of TUHC. The detailed data for each year are displayed at the Table 5.12 and Figure 5.14.

Table 5.12

Clients (=in- and out-patients) according to the level of education (period 2006–2012)

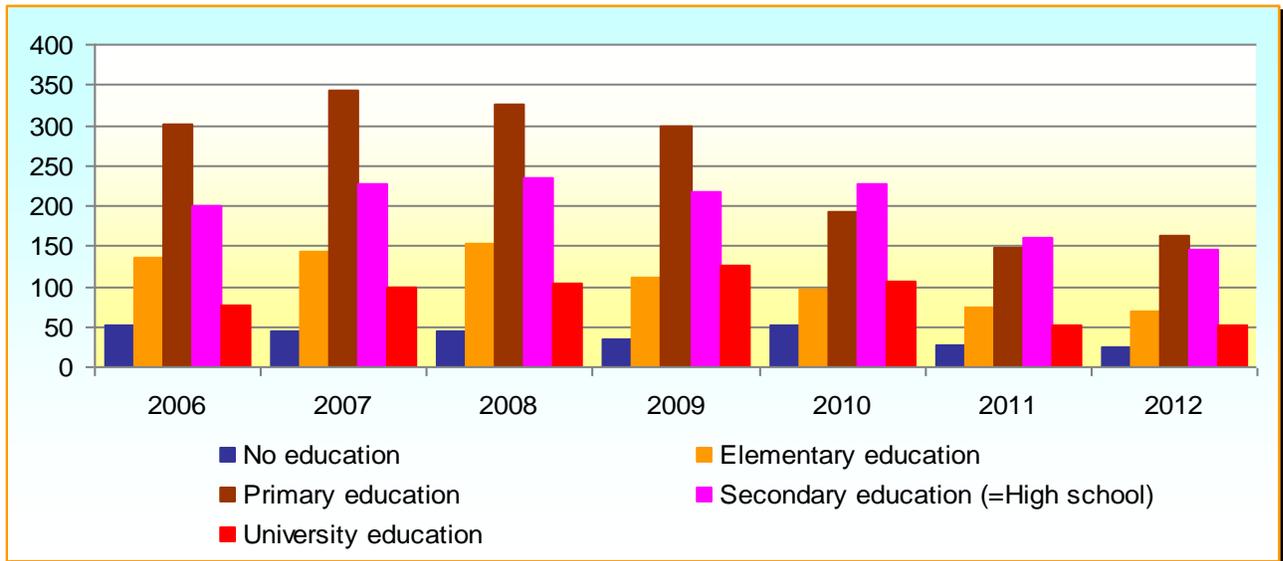
Level of education	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
No education	52	6.8%	44	5.1%	45	5.2%	35	4.4%	52	7.7%	26	5.6%	25	5.5%
Elementary education (*)	135	17.6%	143	16.7%	154	17.9%	112	14.2%	96	14.3%	73	15.9%	68	15.0%
Primary education (*)	302	39.4%	344	40.2%	325	37.7%	299	37.9%	192	28.6%	147	32.0%	162	35.7%
Secondary education (*)	201	26.2%	227	26.5%	234	27.2%	217	27.5%	226	33.7%	161	35.0%	146	32.1%
University education	77	10.0%	98	11.4%	104	12.1%	126	16.0%	105	15.6%	53	11.5%	53	11.7%
Total	767		856		862		789		671		460		454	

(*) Elementary education: formerly 4 (1-4) and currently 5 (1-5) school classes
 Primary education: formerly 4 (5-8) and currently 9 (6-9) school classes
 Secondary education (or high school): formerly 4 (9-12) and currently 3 (10-12) school classes

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
 Tirana University Hospital Center "Mother Theresa"

Figure 5.14
Clients (=in- and out-patients) according to the level of education (period 2006–2012)



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

As regards the **employment status**, it results that 78.67 % as an average proportion of the clients (=in- and out-patients) admitted at the Addictology and Clinical Toxicology Clinic of TUHC over the period 2006–2012 are unemployed. The average proportion over that period of time of employees and of self-employed results to be 8.78 % and 12.53 % respectively. The detailed data for each year are shown at the Table 5.13 and Figure 5.15. It is very noticeable that the figure of unemployed drug users is much higher than the official figures for the population in general, able to work. This is mainly connected to problems within the drug user population, but mostly with the lack of intervention from the administration, and also other factors such as social, psychological and stability as well.

Table 5.13

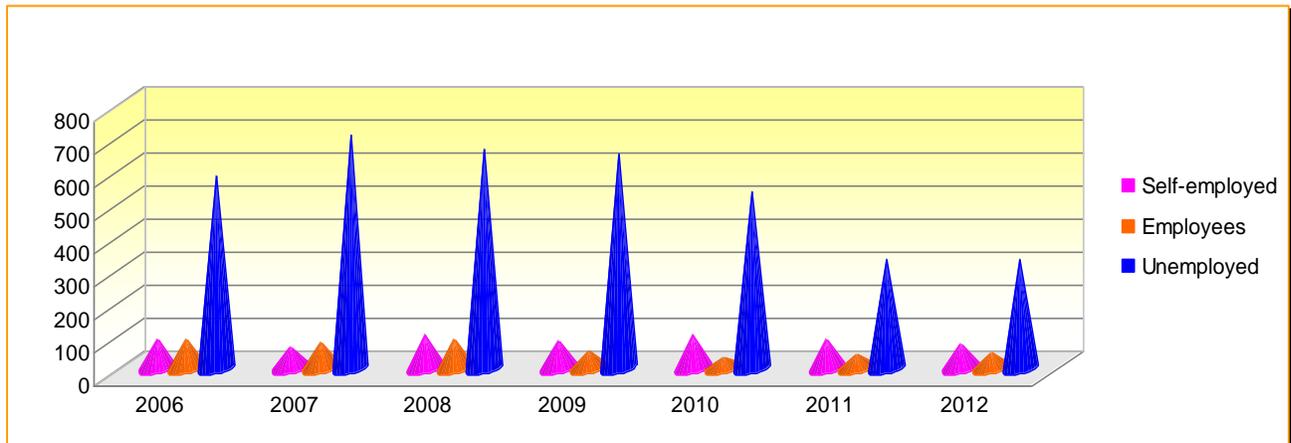
Clients (=in- and out-patients) according to the employment status (period 2006–2012)

Employment status	Clients (=In- and Out-patients)													
	2006		2007		2008		2009		2010		2011		2012	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Self-employed	89	11.6%	67	7.8%	105	12.2%	84	10.6%	102	15.2%	88	19.1%	74	16.3%
Employees	90	11.7%	78	9.1%	89	10.3%	53	6.7%	31	4.6%	40	8.7%	46	10.1%
Unemployed	588	76.7%	711	83.1%	668	77.5%	652	82.6%	538	80.2%	332	72.2%	334	73.6%
Total	767		856		862		789		671		460		454	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figure 5.15
Clients (=in- and out-patients) according to the employment status (period 2006–2012)



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center “Mother Theresa”

5.4. CHARACTERISTICS OF METHADONE TREATMENT CLIENTS

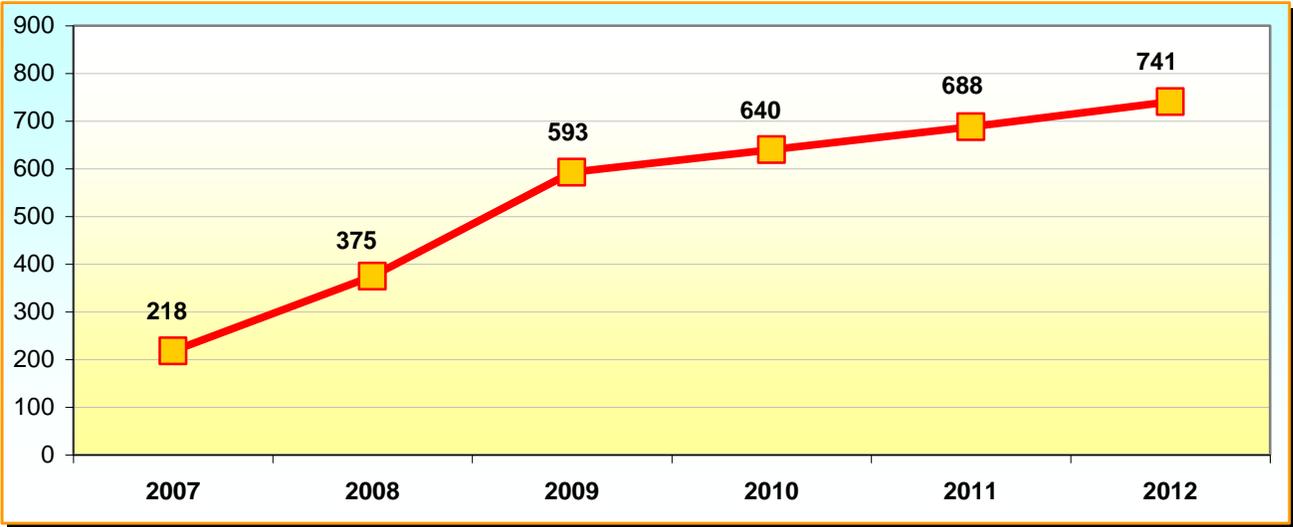
Methadone maintenance treatment MMT) was implemented in 2005 by the NGO “Aksion Plus”, funded by the Soros Foundation. The programme’s continuity (2008 onwards) as a free-of-charge service is ensured by the HIV/AIDS Global Fund financial support. The overall (cumulative) number of clients who began this free-of-charge methadone programme as outpatients, from June 2005 until the end of 2012 is 741; such a number of clients (always as a cumulative one) for each year results to be 218 till the end of 2007, 375 till the end of 2007, 593 till the end of 2009, 640 till the end of 2010, 688 till the end of 2011, and 741 till the end of 2012 (Figure 5.16).

The programme included also some prisoners (within the respective above figures), in accordance to an agreement signed with the Ministry of Justice to allow the delivery of Methadone in prisons by the NGO “Aksion Plus”. A total of 45 prisoners have benefited of such a service until the end of 2012, concretely 12 prisoners in 2010, 15 ones in 2011 and 18 ones in 2012.

From mid 2008, this service was extended outside the capital Tirana, with centers established in three other big cities, namely Durrës, Korçë, and Vlorë; in 2010, two new center were established in two other big cities, namely Elbasan and Shkoder.

Figure 5.16

Number of IDUs participating in MMT



Source:
Substitution Methadone Treatment Register (=Database) of the NGO “Aksion Plus”

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. DRUG-RELATED INFECTIOUS DISEASES

All data about drug related infectious diseases come from national case-based surveillance system of infectious diseases, seroprevalence studies and behavior and biological surveys.

We will briefly present (i) the surveillance system of infectious diseases focusing on viral hepatitis, HIV/AIDS, and sexually transmitted infections/diseases, and (ii) HIV/AIDS and Syphilis current epidemiological status in Albania, what would serve as a comprehensive framework of properly developing the drug-related infectious diseases.

(I) A BRIEF VIEW ON THE SURVEILLANCE OF INFECTIOUS DISEASES IN ALBANIA (WITH THE FOCUS ON VIRAL HEPATITIS, HIV/AIDS, AND SEXUALLY TRANSMITTED INFECTIONS - STIS/DISEASES - STDs)

All data about infectious diseases in general and viral hepatitis, HIV/AIDS and sexually transmitted infections/diseases in particular, are collected and analysed by the Institute of Public Health (Department of Control of Infectious Diseases).

The data come to the Institute of Public Health by various reporting systems and/or studies, namely:

- The Major Disease-Based Surveillance System of Infectious Diseases, (part of the Albanian Integrated Surveillance System of Infectious Diseases), based on disease reporting from all data sources (primary health care and hospital care) to the Institute of Public Health (IPH) through the respective district epidemiological services all over the country, by a standardized form (14/SH Form).
- The Viral Hepatitis Case-Based-Hospital-Based Surveillance System [with Laboratory Confirmation], (part of the Albanian Integrated Surveillance System of Infectious Diseases), actually operating in Tirana University Hospital Center “Mother Theresa (TUHC) and the Regional Hospital of Durres, planned to be extended to all other country regional hospitals, with an immediate notification to the Institute of Public Health, by a standardized form (SHIVA Form), containing detailed data on injecting drug use along with all required data.
- The Syndrome-Based ALERT Surveillance System, (part of the Albanian Integrated Surveillance System of Infectious Diseases), of a weekly notification of “jaundice syndrome” from all primary care practices and emergency and admissions services in hospitals all over the country to the Institute of Public Health, through the respective district epidemiological services, by a standardized weekly form (weekly ALERT Form). The data from this early warning system only allow us to detect viral hepatitis outbreaks or clusters of unknown origin, therefore in a need of a further analysis.

- Seroprevalence cross-sectional surveys, carried out by the Institute of Public Health in collaboration with different governmental and non-governmental (NGOs) actors, working in the field of drug harm reduction and HIV/AIDS.
- Sentinel Surveillance on HIV/AIDS and viral hepatitis B and C among Injecting Drug Users (IDUs), (part of the Albanian Integrated Surveillance System of Infectious Diseases), carried out by the Voluntary Counseling and Testing centers (VCTs) all over the country in public health, primary care, hospitals settings, and NGOs working in the field of drug harm reduction and HIV/AIDS, by rapid case testing through the rapid test kits on HIV, hepatitis B, and hepatitis C, followed by further final confirmation at the Institute of Public Health (the National Reference Laboratory of HIV/AIDS and Viral Hepatitis).
- Sexually Transmitted Infections (STIs) Syndromic Surveillance System, (part of the Albanian Integrated Surveillance System of Infectious Diseases).
- Behavioural and Biological Surveillance Surveys (Bio-BSS), conducted in 2005, 2008 and 2011.

(ii) HIV/AIDS EPIDEMIOLOGICAL PICTURE IN THE GENERAL POPULATION IN ALBANIA

The first HIV case in Albania was reported in 1993. Albania still remains a low HIV prevalence country, though the ongoing increasing of HIV cases is evident during the last years.

There have been 575 cases HIV cases in Albania from 1 January 1993 to 31 December 2013, 245 out of them being result as AIDS cases (Table 6.1 and Figure 6.1). During 2012, 90 new cases of HIV/AIDS were confirmed. As depicted, the number of new cases increases year by year. In 2012, of the 90 new cases discovered, 46 cases were found in the alarming stage of AIDS.

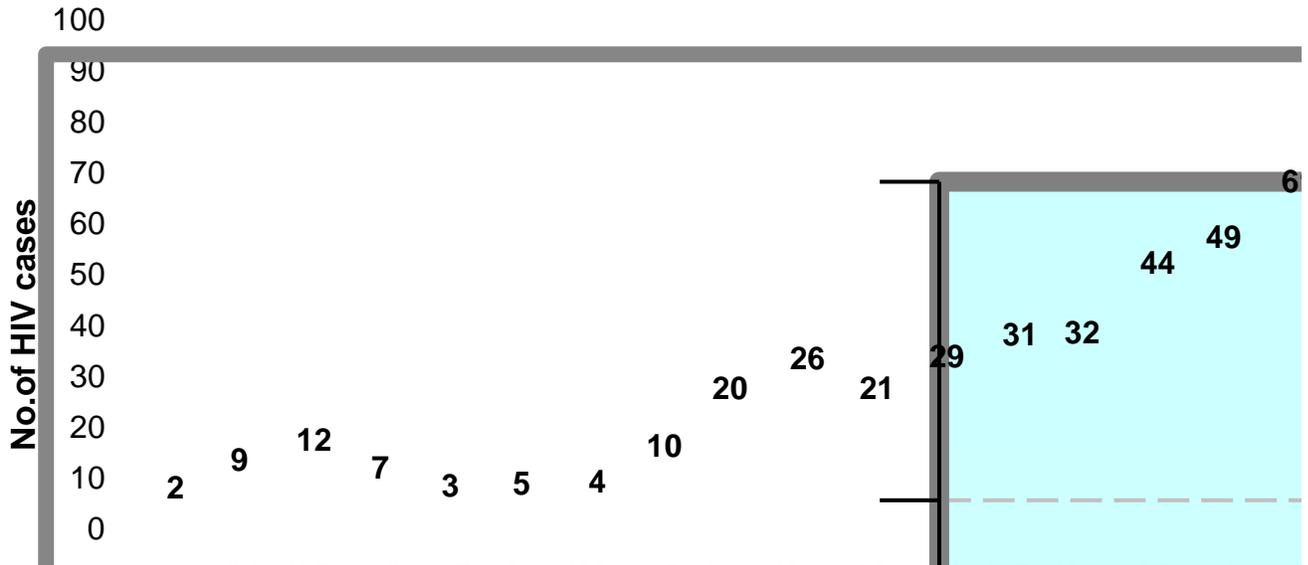
There have been reported 109 deaths out of the cumulative total 575 HIV/AIDS cases figure out over the period 1993–2012.

Table 6.1
The annual distribution of HIV/AIDS cases in Albania over the period 1993–2012

Year	HIV+ cases	AIDS cases	Year	HIV+ cases	AIDS cases
1993	2	0	2003	21	5
1994	9	1	2004	29	6
1995	12	4	2005	31	9
1996	7	3	2006	32	7
1997	3	2	2007	44	18
1998	5	1	2008	49	20
1999	4	0	2009	61	32
2000	10	4	2010	48	25
2001	20	12	2011	72	40
2002	26	10	2012	90	46
Cumulative 1993–2012	575	245			

(The HIV+ row includes all seropositive persons including those whose infection has reached the stage of AIDS.)

Figure 6.1
The annual distribution of HIV cases in Albania over the period 1993–2012



Source:
 Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases,
 Institute of Public Health

The distribution of HIV/AIDS cases by gender show that in the early stages of the epidemic in Albania (1993–2000), females made up a much smaller percentage of cases than males. Slowly but surely, the number of female seropositive cases began to escalate and are now sustained in the

population and annually reported cases, accounting for almost one third of the total 575 HIV cumulative cases over the period 1993–2012, (Table 6.2 and Figures 6.2 and 6.3).

Table 6.2

**The distribution of HIV/AIDS cases in Albania
according to gender
over the period 1993–2012**

Year	Males	Females
1993–1996	24	6
1997	3	0
1998	5	0
1999	4	0
2000	7	3
2001	17	3
2002	16	10
2003	13	8
2004	18	11
2005	22	9
2006	21	11
2007	31	13
2008	30	19
2009	43	18
2010	33	15
2011	52	20
2012	64	26
Total	403	172

Source:

Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases,
Institute of Public Health

Figure 6.2

The distribution of HIV/AIDS cases in Albania over the 1993–2012 according to gender: values in absolute numbers

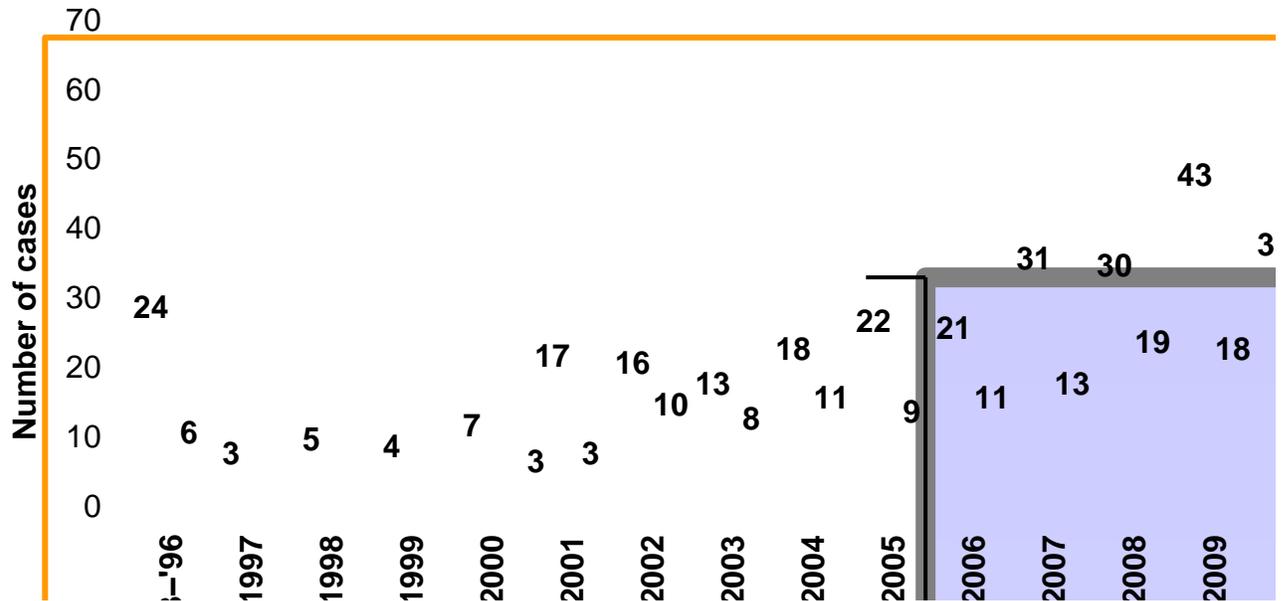
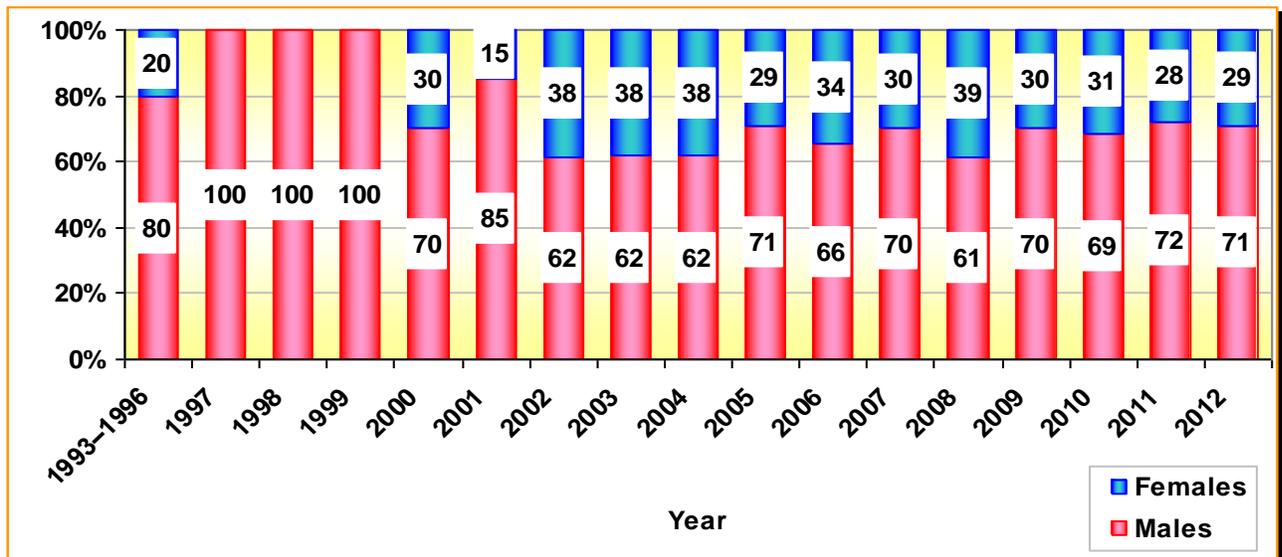


Figure 6.3

The distribution of HIV/AIDS cases in Albania over the 1993–2012 according to gender: values in percentages



Source:

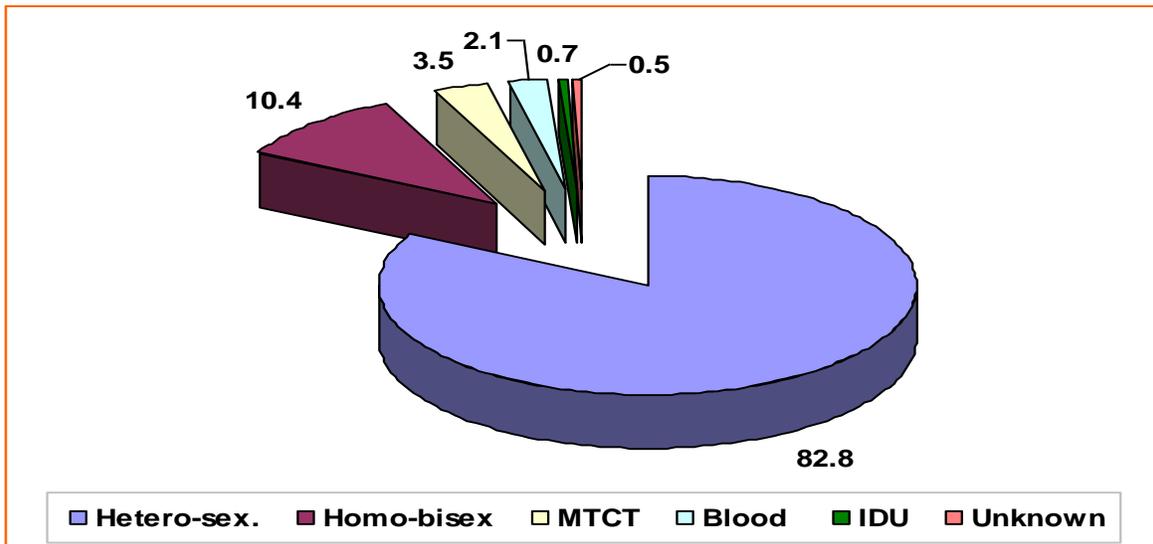
Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases, Institute of Public Health

The predominant route of transmission remains heterosexual 82.8 %, homo-bisexual way of transmission in 10.4 %, MTCT in 3.5% and 2.1% were infected from blood or other blood products transfusion.

The predominant route of transmission remains the heterosexual one (82.8 %), being followed by homo-bisexual way (10.4%), mother-to-child transmission - MTCT (3.5 %), and infection from the transfusion of blood or blood products (2.1 %). Only 0.7 % of all HIV/AIDS cases (the overall period 1993–2012) are injecting drug users – IDUs, where it was difficult to document the exchange of needles, (Figure 6.4). Such a very low number of cases in IDUs is also confirmed by Bio-BSS surveys of 2005, 2008 and 2011.

Figure 6.4

The distribution (in percentage) of HIV cases in Albania according to the way of transmission over the period 1993–2012



Source:

Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases, Institute of Public Health

The most affected age-group is that of 25-44 years old (62.4 %), followed by 14.9 % in 45-54 years old, while, recently, even the age group of 16-24 years old has been increasing up to 8.9%, what just demonstrates the predomination of the sexual route of HIV transmission, (Table 6.3, Figure 6.5).

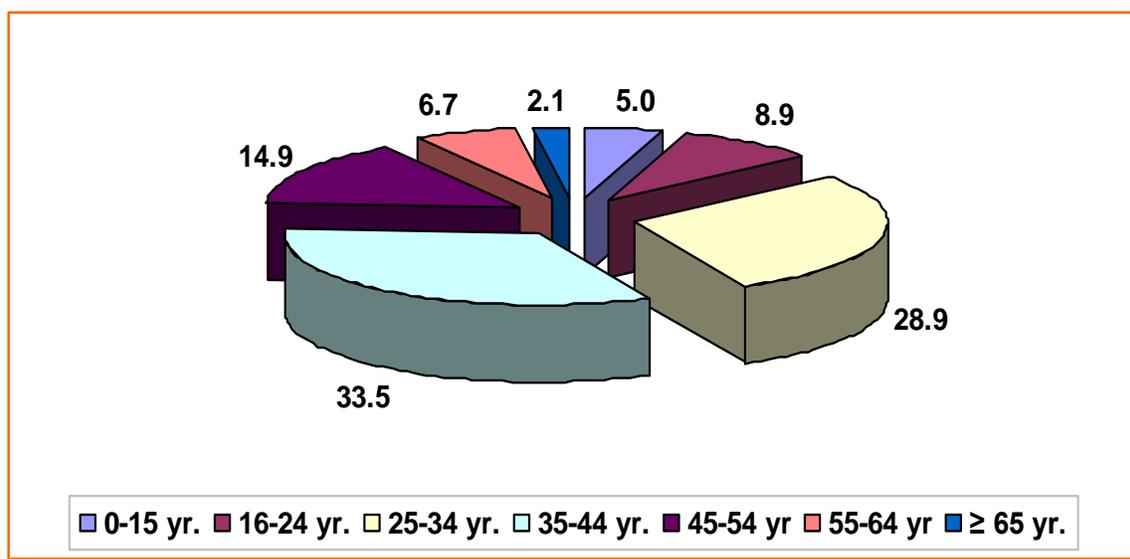
Table 6.3

The distribution (in percentage) of HIV cases in Albania according to the age-groups over the period 1993–2012

Age-group (in years)	Proportion (as percentage) towards the total 100%
0-15 yrs	5.0 %
16-24 yrs	8.9 %
25-34 yrs	28.9 %
35-44 yrs	33.5 %
45-54 yrs	14.9 %
55-64 yrs	6.7 %
≥ 65 yrs	2.1 %

Figure 6.5

The distribution (in percentage) of HIV cases in Albania according to the age-groups over the period 1993–2012



Source:

Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases, Institute of Public Health

The geographical distribution of HIV/AIDS cases in the country reveals that 52% of total cases are concentrated in the municipality of Tirana, followed by the cities of Durrës and Elbasan near Tirana, and the south coastal city of Vlora. Only 3 districts are not yet affected by HIV/AIDS epidemic out of the total 36 ones of Albania.

(III) DATA ON DRUG-RELATED INFECTIOUS DISEASES (DRIDs)

Data on drug-related infectious diseases in Albania come mainly from the laboratory surveillance surveys on HIV/AIDS, Viral Hepatitis and Sexually Transmitted Infections (STIs). These include the National Reference Laboratory of HIV and Viral Hepatitis and the National Programme of HIV/AIDS/STIs under the Department of Control of Infectious Diseases at the Institute of Public Health, the Bio-BSS studies conducted in 2005 and 2008, and sentinel surveillance of different NGOs working in the field of harm reduction. It should be stressed that the drug-related infectious diseases data of the Institute of Public Health cover all the relevant agencies (public and private health institutions, relevant NGOs, etc.) throughout the country.

Data from both **2005 Bio-BSS** (sample of 225 subjects) and **2008 Bio-BSS** (sample of 200 subjects) did not show any injecting drug users (IDUs) with HIV, while in the third round (**2011 Bio-BSS**) only one case was detected. IDUs account for less than 1% of HIV infection out of a total of 575 HIV/AIDS cumulative cases registered from HIV surveillance among the general population since 1993 (the year when the first HIV case was detected in Albania) till the end 2012. Data from the sentinel surveillance of NGOs, that perform random field tests, did not show any HIV cases among the IDUs, even their testing numbers have been very low and since 2011 the IDUs were not routinely monitored due to lack of funding for respective NGOs.

The data from **IPH national laboratory surveys of Hepatitis B among the IDUs in 2003, 2006–07**, and further on in **2009** and **2011** demonstrated a **prevalence of HBsAg+** at 10.1 %, 22.8 %, 20.2 %, and 23 % respectively. **The Sentinel Surveillance System** of clients of harm reduction institutions and prisoners indicates a prevalence of hepatitis B virus at 11.5 % in 2010.

It should be emphasized that Albania is still a country with high to intermediate prevalence of **Hepatitis B** (around 8 %) **among the general population**; meanwhile, its prevalence in children and adolescents (0-18 years old) is approaching to a very low figure (less than 1 %) due to the mandatory vaccination of all birth-cohorts against hepatitis B (since the year 1994) in the National Immunization Programme in Albania.

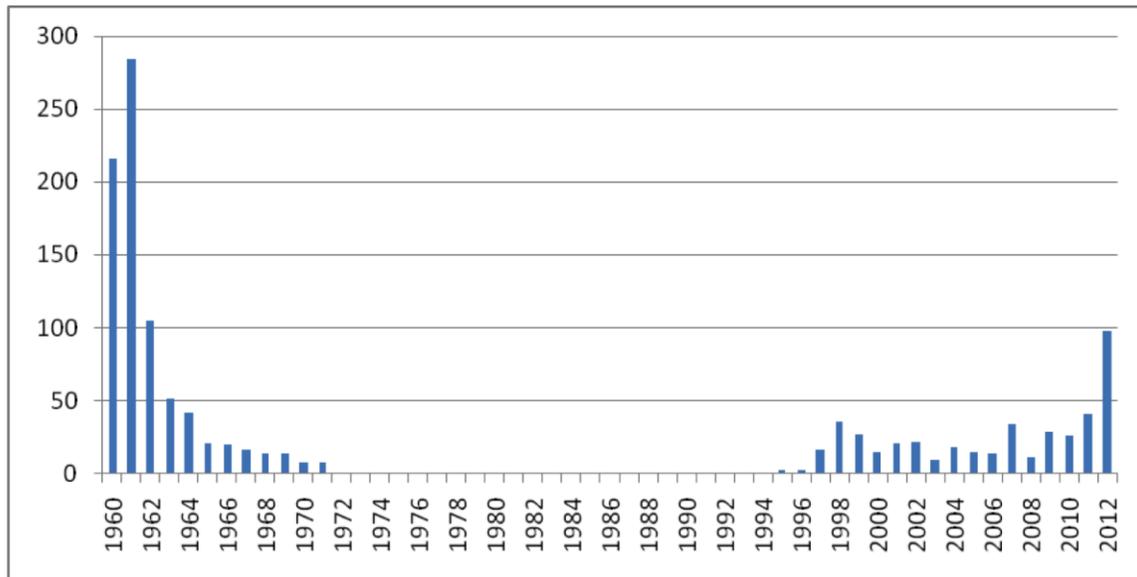
Hepatitis C prevalence among the general population is estimated to be around 1.2 % based on **hepatitis laboratory surveillance** till the end of 2012.

Prevalence of hepatitis C shows a high circulation among drug users, especially when it is compared to the general population. Thus, the data from **2008 Bio-BSS** showed a **prevalence of Hepatitis C among IDUs at 7.6 %** (95% CI: 3.0-12.7 %), while in **2011 Bio-BSS** it is calculated **at 28.8%** (95% CI 20.5-37.2 %), that is, much higher compared to the previous study (2008 Bio-BSS).

The first cases of **Syphilis** reappeared in the mid '1990s, after its elimination in 1972 in Albania. There are 440 cumulative cases of Syphilis **among the general population** from the reappearance in 1995 until December 2012 (Figure 6.6).

Figure 6.6

The distribution of Syphilis cases according to the years over the period 1960–2012



Source:

Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases, Institute of Public Health

Syphilis prevalence among IDUs in 2005, (according to the **2005 Bio-BSS**), was 1.3% (95% CI: 0.3-2.3 %), compared to 0.2 % prevalence among the general population; syphilis prevalence in 2008, (according to the data from the **2008 Bio-BSS**), was 0.5 % (95% CI: 0.0-1.6 %) among IDUs compared to 0.2% prevalence among the general population. In **2011 Bio-BSS**, the syphilis prevalence among IDUs was calculated 0.5 % (95% CI 0-1.8%) and the increase is following its increase in the general population.

Data of the **Sentinel Surveillance on HIV/AIDS and viral hepatitis B and C among the Injecting Drug Users (IDUs)**, carried out in **2010** by the NGOs working in the field of drug harm reduction and HIV/AIDS, with rapid case testing through the rapid test kits on HIV, hepatitis B, and hepatitis C, followed by further final confirmation at the Institute of Public Health (the National Reference Laboratory of HIV/AIDS and Viral Hepatitis) show a prevalence of ...zero as regards HIV, 11.5 % for hepatitis B, and 5.0% for hepatitis C, (Table 6.4). This is another evidence of the very low HIV prevalence among the IDUs in Albania.

Table 6.4

Number of IDUs Tested by NGOs in the year 2010

NGOs	HIV		Hepatitis B		Hepatitis C	
	Total	Positive	Total	Positive	Total	Positive
“Stop AIDS”	147	0	11	1	11	1
“UKPR”	169	0	0	0	0	0
“Aksion +”	139	0	139	23	139	12
“APRAD”	273	0	200	38	0	0
“Stop AIDS” (in prisons [not IDUs])	250	0	250	7	250	7
TOTAL	978	0 (= 0 %)	600	69 (= 1.5 %)	400	20 (= 5.0 %)

Source:

Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases, Institute of Public Health

6.2. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

No information available.

6.3. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS

There are not reliable data on drug-related deaths (DRDs) in Albania. The official DRDs information is weak, even virtually nonexistent for several reasons:

- (i) The legislation and regulatory issues on the topic are not updated to the actual situation in the country, and their requirements are not so vigorous;
- (ii) There is still a lack of awareness among medical staff about drug-related deaths as an entity; thus, a death caused by drug overdose used to be diagnosed as heart attack/failure;
- (iii) There is still a lack of cooperation and collaboration between the relevant agencies and data exchange is scarce;

- (iv) Though the Toxicological Laboratory of the Institute of Forensic Medicine is totally capable to perform the laboratory confirmation of drug-related deaths, there is a lack of awareness about the existence of such a qualified agency;
- (v) In addition, toxicological death body liquid analyses are very uncommon due to the still existing stigma on drug phenomenon and the Institute of Forensic Medicine is not authorized to conduct autopsies if not requested.

During 2009 at the TUHC Addictology and Clinical Toxicology Service two toxicologically confirmed deaths from amphetamine overdoses and one suspected case of heroin overdose death were registered.

During 2010 five drug-related deaths (mainly due to drug overdose) were reported by the Albanian State Police.

It is important to mention that most cases evidenced by media reports are deaths outside medical institutions, either in home or remote abandoned ruins where the victims committed their fatal overdoses.

In such a context, the functioning and strengthening of the drug-related deaths information in Albania still remains an issue of a great concern and of an urgent need to be solved.

On May 2012, Institute of Public Health in cooperation with Drug Dependence Treatment Centre, Forensic Medicine Institute at TUHC, Institute of Statistics (INSTAT), UNODC, and WHO, convened a daylong expert working group table on drug related deaths (DRDs). The meeting aimed to coordinate the referral of information on DRDs to the National Drugs Information Centre and identify specific approaches for improving DRDs information in Albania.

For the first time after that meeting, the Forensic Medicine Institute (FMI) started to make available its data on DRDs. After a comparative analysis among Police data, TUHC Addictology and Clinical Toxicology Service data, INSTAT data, and FMI data, it was concluded that the most complete source of information was just that provided by FMI Register.

Based on FMI Register there are 15 DRDs over the period 2008-2012 (4 cases in 2008, 4 cases in 2009, 2 cases in 2010, 2 cases in 2011 and 2 ones in 2012).

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. PREVENTION OF DRUG-RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS

In Albania, the preventive measures of drug related emergencies and drug related deaths are mainly based on information, such as; leaflets, information booklets, and counseling sessions with injecting drug users. The emergency services and hospitals are not provided with Naloxone, while Naltrexone, for years is widely used for the relapse prevention in the motivated drug users.

7.2. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

A scenario analysis was prepared by some experts (also in 2002) and in the most likely scenario, which, in the view of more up to date knowledge, still appears credible the author hypothesizes that Albania will remain a low prevalence country but some HIV transmission will probably occur in the Injecting Drug Users (IDU) population. However, because of the relatively low number of Injecting Drug Users (IDUs) and small size of injecting networks the number of IDUs who can be expected to become infected will be that high.

Important behaviour patterns for the IDUs are summarised below. Data for IDUs, MSMs and the Roma population are obtained from the 2011 Behavioural and Biological Surveillance Study – Bio-BSS (along with the previous 2005 Bio-BSS and 2008 Bio-BSS Studies).

Population estimates reveal that about 32 % of IDUs are younger than 25 years old. The majority are single (62.5 %) and do not live with a sexual partner, while 10.5 % are not married and do live with a sexual partner; an estimated proportion of 23 % are married.

In terms of education, an estimated proportion of 10.5 % are illiterate, 31.3 % of the IDUs have completed at least 8 classes, and more than one third have also completed high school (12 classes). 7.8 percent report to have a university degree.

The median age at first injection is 21 years, with about 18.5 % of IDUs estimated to have injected before the age of 19 years. 43.5 % of the IDU population injected drugs multiple times daily. The most commonly used injectable and non-injectable drugs in the past month were heroin (93.2 %), diazepam (33.4 %), marijuana (48 %), and cocaine (30 %).

Population estimates show that half of IDUs clean their needles or syringes every time (20.6 %) or almost every time (30.7 %). The cleaning agents are predominantly cold or hot water (56.5 %

and 7.1 % respectively), with a low percentage of IDUs using alcohol or boiling water, and none of the IDU participants in the study reported using bleach.

Population estimates show that slightly more than one third of IDU (35.4 %) of all IDU have never received any treatment for their drug addiction compared with almost two third in 2008 (64 %), while 28.4 % are currently under treatment, twice the number of those in 2008 (10.8 %). Among those in treatment, detoxification with MMT is the most commonly received therapy (85 %), followed by detoxification with other drugs (15 %).

The overwhelming majority (98.5 %) of IDUs is estimated to have ever engaged in sexual intercourse and almost 90 % percent had sexual intercourse in the past 12 months. The median age at first sexual encounter was 16 year, and almost 90 percent of the respondents refer first sex before the age of 18 years. Population estimates reveal that half of IDU have had two or more sex partners in the previous 12 months.

Condom use varies greatly by the type of sex partner, but it was not common to use condoms with either regular or non-regular sex partners. It is estimated that 29 % (16.5 % in 2008) of the IDU population used a condom with their regular partner during their last sex and almost half (48 %) (36 % in 2008) with non-regular partners. Even fewer IDU use condoms consistently: only 8.5 % (similar to 2008 study) with regular sex partners.

72 percent of IDUs are aware that confidential HIV testing is available, with almost 60 % having had an HIV blood test (35 % in 2008). Of those who were tested, almost all (90 %) were tested voluntarily, and (95 %) who were tested for HIV had received the results of their test.

HEALTH SERVICES

A review (by the World Bank) of the distribution of physical and human resource capacity in the health sector points to large variations in health coverage across districts and regions. The significant internal and out migration over the last 15 years, combined with the destruction of facilities during the 1990s has left an already imbalanced health care provider network further out-of-line with the population's health needs. The distribution of physical and human resource capacity in the sector remains uneven across and within regions.

Productivity is low for both primary and hospital care and it also varies considerably across regions and facilities. Due to low perceived quality, bypassing of primary care in favour seeking care at polyclinics or hospital outpatient facilities is widespread even for simple conditions. This results in low utilisation of primary care facilities and extremely low productivity of primary care staff. On average, a primary care doctor sees only about eight patients per day, with a marked regional variation resulting in as few as three visits per day in some regions.

Health care quality is low, particularly at the primary care level. Quality issues include low skills of medical staff, lack of drugs, supplies and equipment, poor infrastructure, and limited scope of services provided at primary health care centre. Often the level of quality of service is conditional upon the informal amount a patient is willing to pay the provider. Data suggest that bypassing of primary care is more prevalent among the rural populations and low income groups, although

seeking care at higher end facilities results in higher out of pocket payments and longer travel times. This suggests that the quality and scope of service delivery in primary care facilities in rural and peri-/sub-urban areas with a high concentration of poor households should be of particular concern.

The law provides that the entire population should be covered by health insurance but only about 40 percent of the population appear to be covered by insurance. Survey data shows considerable variations in coverage between regions; more than 60 percent of the population in Tirana is covered, while less than 20 percent is covered in the mountainous regions. Low coverage is due to two factors: (i) a large share of the active labour force works in the informal sector and thus avoiding contribution payments; and (ii) knowledge of benefits is limited. Incentives to make contributions are weak; benefits are perceived to be limited to primary care, reimbursement of drugs, and certain high end diagnostic procedures. Outpatient care in polyclinics and hospitals, and inpatient care, are, in principle free of charge if a patient has been referred by the primary care physician (=family doctor or general practitioner), but surveys show that the vast majority seeking care at these levels incur significant out of pocket payments. Survey data suggests that being insured does not significantly lower the amount of out of pocket expenses for outpatient care nor does it affect the likelihood of having to pay for care, particularly outside Tirana.

Still there are obstacles for IDUs such as:

- (i) Health systems, which discourage many at risk groups from attending primary health care services and obtaining appropriate treatment and very poor referral systems to HIV and STIs diagnostic services.
- (ii) Inadequate HIV and STIs testing and treatment facilities, which means that people do not know their HIV status and, as a result, carry on with prior behavior. Additionally, STIs may not be detected or inadequately treated leaving people more vulnerable to HIV infection.

But also there are opportunities such as:

- (i) Albania is a country of low prevalence and this means that there is far greater opportunity to contain the spread of HIV.
- (ii) There is a health framework in place which can be built upon to provide services to the most at risk members of the population.
- (iii) The population is largely literate, so they should be responsive to effective HIV and STIs and Viral Hepatitis campaigns.
- (iv) Male circumcision because it has been conclusively shown to reduce transmission risk.
- (v) The new law on prevention and control of HIV/AIDS in Albania provides a more favourable environment for prevention and treatment.
- (vi) The new Public Health Law provides a more favourable prevention network.
- (vii) Establishment of new public health Voluntary Counseling and Testing VCT centers in both public and private or NGOs practices.

DIAGNOSTIC CAPACITIES

The first HIV/AIDS diagnostic centre was established at the Institute of Public Health (IPH), followed by another one at the Tirana University Hospital Centre “Mother Theresa” (TUHC). Diagnostic capacities of IPH have increased and viral load measurement techniques were

introduced. The TUHC often suffers from lack of kits and reagents, and outside Tirana, only blood banks in district centres and a few public health laboratories provide rapid tests for blood donors and volunteers. HIV testing is carried out on a voluntary basis, anonymously and free of charge. The TUHC Laboratory was strengthened in the area of CD4, and the IPH Laboratory was strengthened in measuring viral load. There are, however, problems regarding the supply with kits and reagents. The TUHC Laboratory needs to be strengthened further for measuring viral load and resistance, so it can provide better support to the Infective Disease Service of TUHC. Also public health Voluntary Counseling and Testing (VCT) centers in 12 country regions (or prefectures) provide free of charge testing of HIV, Hepatitis B and C and Syphilis. The same testing is provided in VCT centers near NGOs and the IPH serves as a reference center and provider of the quality assurance.

SURVEILLANCE OF HIV/AIDS

(Developed in detail in subchapter 6.1., see!)

The general methods used for HIV/AIDS surveillance are, in general, no different from those used for other diseases and infections. However, they should be adapted to the unique epidemiology, wide variation in prevalence levels, and the very long incubation period of HIV infection prior to the development of AIDS. In addition, the severity of AIDS and the extreme social and personal implications of identifying HIV-infected people make surveillance of HIV/AIDS much more difficult and make issues such as anonymity and confidentiality of paramount importance. Confidentiality of personal data is a universally accepted, but anonymity in the public health management of any infectious or communicable disease is a new and difficult concept to accept in Albania.

Surveillance has monitored major biological, behavioural and social and demographical indicators for newly-reported cases. Sentinel surveillance has focused on IDUs and blood specimens are tested for HIV and hepatitis. Almost all drug users who have benefited from provided services have been tested.

Data from other sources such as HIV and AIDS case reporting have been collected by direct contact with practitioners at the Infective Disease Service of TUHC. The reporting will improve with the establishment of the outpatient clinic (at TUHC), which will also centralize information at the clinic. The HIV and AIDS templates record have been developed containing clinical information about AIDS cases.

INFORMATION, EDUCATION, COMMUNICATION, AND TRAINING

Awareness raising activities and small round tables started in early 1990s and with the establishment of the National Program these efforts became more organized and included awareness-raising media campaigns, development and distribution of information and education materials, and active participation in international campaigns.

The Department of Health Education and Promotion at the Institute of Public Health serves as a reference centre on Information-Education-Communication (IEC) problems related to the

prevention of HIV/AIDS under the National HIV/AIDS/STIs Program (Institute of Public Health) technical and scientific leadership. School HIV and sex education programs have been assisted with the preparation of literature and manuals and while teachers have been trained, there are considerable gaps in the implementation of the curricula. Training programs for nurses, physicians, and social workers, and in the areas of behavioural surveillance and sex education have been organized in cooperation with the Institute of Public Health, Faculty of Medicine and Faculty of Social Sciences of Tirana University, and United Nations agencies (UNICEF, UNFPA, UNAIDS, etc) as well. In 2008, the National HIV/AIDS/STIs Program established the “Let Us Talk about HIV/AIDS” program, which aims at establishing a broader HIV/AIDS communication program focusing on youth.

Also many NGOs such as “Stop AIDS” and others provide on spot training and information for the IDUs.

CONDOM USE AND PROMOTION

Contraceptive use, including condoms, was first introduced in Albania in 1992, when the Government of Albania approved family planning activities. No political or legal barriers to selling or promoting condom use exist in the country. Since 1993, with UNFPA support, contraceptives have been distributed free of charge in all family planning services.

All health care facilities provide contraceptives under their family planning programs. Receptiveness to condom use is plagued by barriers, including embarrassment or timidity to obtain condoms from sources that require person-to-person contact. For this reason, health centres – particularly family planning clinics – may be seen as inappropriate. Training programs with health service providers have been organized in the area of changing attitudes to condom use. Many providers view condoms only for their role as contraceptives, downplaying or ignoring their STIs prevention properties.

The condom distribution program has been strengthened under Global fund (GFTAM) Project where all NGOs working in the field of harm reduction prepared and implemented condom distribution programs and more 10,000 condoms were distributed among IDUs and their partners.

CONFIDENTIAL AND VOLUNTARY COUNSELING AND TESTING (VCT)

HIV transmission can be reduced by promoting behaviour change and providing psychosocial support to people with HIV/AIDS. Research has shown that VCT programs are effective in promoting behaviour change, cost-effective, and practical as one of the most effective strategies for HIV infection prevention in countries with limited resources. HIV/AIDS counseling and testing plays two major roles in preventing and controlling HIV/AIDS: first, prevention through behaviour change, using risk assessments and reduction planning; and second, care through psychosocial support to help patients to planning their future. People who receive negative test results have a chance to change their behaviour in order to keep their HIV test results negative and those who are HIV-positive can protect themselves against reinfection and opportunistic

infections, can seek medical care for early symptoms and, perhaps most importantly protect other people who they could infect.

The VCT centres adjacent to public health directories have been established in nine prefectures using GFTAM funds and they are located in 10 (out of total 12) country regions (or prefectures), namely in Tirana, Durres, Vlore, Lezhe, Shkoder, Korça, Gjirokaster, Berat, Kukes and Fier. These centres provide counselling and voluntary testing for HIV/AIDS and other STIs and they are operated by regional directories of public health. Centres are yet to be established in the remaining two regions (prefectures). The National Program has already developed protocols and guidelines for those services, as well as the training curricula for centre staff. Three further VCT units are operated by NGOs in Tirana and two others are operated by the Ministry of Health also in Tirana.

CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

Treatment and support for people with HIV/AIDS is provided at TUHC, mainly by its Infectious Disease Service and Pediatrics Service. The service is centralized due to (i) the (still) small number of cases; (ii) resources and logistics provided by TUHC; and (iii) issues related to stigma and discrimination. Components of medical care provided to affected people include (i) application of antiretroviral therapy; (ii) diagnosis and management of opportunistic infections and disease; and (iii) psychosocial support for affected people and their families.

Anti-retrovirals (ARVs) have been provided to people living with HIV/AIDS in Albania since mid-2004, and as at the beginning of 2008 the cumulative number of cases under therapy was 88, of whom 16 were children. Therapy is carried out in inpatient and outpatient settings at Infectious Disease Service of TUHC. First-line ARVs are provided free to all patients by a special Ministry of Health fund and medicaments are procured through the UNICEF. The UNICEF is responsible for the procurement of all ARVs based on lists submitted annually by TUHC. The Global Fund Project (GFATM) provided for the purchasing of second-line ARVs since the year 2008.

ARV therapy is started, applied and monitored on the basis of a guideline approved by the Infective Disease Service of TUHC and the Albanian Infective Diseases Association. The therapy and its side effects are monitored through routine check-ups and various laboratory tests including the measurement of CD4 levels, which helps more accurately monitoring the therapy progress. In addition, the Institute of Public Health has started to apply the measurement of viral load for the HIV infection. Problems remain relative to service coverage throughout the year and better cooperation among institutions is required.

The TUHC's Outpatient Clinic for persons with HIV/AIDS was opened with Global Fund (GFATM) support by the end of 2007. The clinic provides services in the areas of ARTs, its monitoring, psychosocial support, voluntary HIV/STI counseling and testing, TB diagnosis test (skin test), and preventive medication service (INH). The IDUs are provided with treatment and support within the same clinic.

Issues related to the care for persons living with HIV/AIDS in Albania:

- (i) The major goal of the establishment of the Care and Treatment Clinical Reference Centre at TUHC has not been achieved; the centre should provide all treatment and care components in line with the WHO standards. Additionally, the diagnostic capacities of the reference centre need to be strengthened.
- (ii) Unsatisfactory delays relative to timely provision and delivery of ARV drugs.
- (iii) Major difficulties exist with the accurate calculation of annual drug requirements, which result from varying combinations of drug requirements, inaccurate estimates of new cases which will need to start therapy, and inaccurate estimates of cases that might need to change therapy because of side effects or counter indications.
- (iv) Lack of regulations on the diagnosis and treatment of opportunistic infections.
- (v) Difficulties in the coordination of supply chain activities actions and the lack of appropriate management systems.
- (vi) Problems related to etiological diagnosis of opportunistic infections (OI); OI prevention and medication.
- (vii) Lack of palliative care and end-of-life care.
- (viii) Lack of home care.

Strengthening the Infective Disease Service - IDS (TUHC) capacities has included:

- (i) The development of protocols and guidelines (ART Guideline; HIV/TB Co-Infection Guideline; HIV/Hepatitis Co-Infection Guideline, Opportunistic Infections Guideline, PEP Guideline).
- (ii) The establishment of the outpatient clinic.
- (iii) Staff training in short-term training events in Italy and Croatia, and in training seminars funded by the Global Fund (GFATM). Training has also been organized with secondary school medical staff and auxiliary staff on ARVs application and general medical care for patients with HIV/AIDS.

The application of ARVs at the Infective Disease Service (TUHC) has led to a rise in the number of patients with HIV/AIDS seeking care from the Service. The increase in the workload will lead to increased exposure to accidental contamination with HIV. Therefore, the Ministry of Health, the TUHC Management Sector and TUHC Infective Disease Service needs to implement further legal and administrative measures to improve working conditions, infrastructure, and logistics in order to prevent and minimize accidents, and to minimize professional transmission of HIV.

Hepatitis treatment is provided in TUHC either in Infectious Diseases Service or Gastro-Hepatology Diseases Service according to acute or chronic hepatitis respectively. Ribavirin and Interferon is provided free of charge for a limited number of patients.

Also during two Bio-BSS studies (2005 and 2008 ones), the Institute of Public Health has provided free of charge consultation and treatment scheme for all participants for all infectious diseases (HIV, Hepatitis, Syphilis, etc).

7.3. RESPONSES TO OTHER HEALTH CORRELATES AMONG DRUG USERS

In Albania, with the exception of health interventions related to prevention and treatment of infectious diseases related to drug use, there is not any stable system or organized activities toward other problems. Dual diagnoses sometimes are treated near the Psychiatric Hospital (TUHC), but patients often fail to be diagnosed or are not properly treated due to lack of an approved system of reference.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. SOCIAL EXCLUSION AND DRUG USE

Albania lacks a study to be focused on social problems associated with drug use. Meanwhile as source of information on social exclusion and specifics on this exclusion among drug users can be used the information gathered during discussion with groups of drug users. In 2011 is noticed that one of their basic concern remains the reintegration and the job skills after the treatment. Some other representatives raise concern that because of these social problems often they lead toward and return to the world of drugs, while their opinion was that “to little is done to help in this matter”.

It is difficult to confirm in Albania a prevalence of drug among specific groups. E.g. some data offered by Bio-BSS do not show any sustainable difference between the prevalence of drug use among the population of Roma compared to general population (see section 2.3).

8.2. SOCIAL REINTEGRATION

No efforts have been lacking in Albania to build a political base and to provide some social support services at local level.

Thus, Law No. 9355 “On Social Assistance and Services” and the Social Service Strategy are instruments that enable legal space necessary to support implementation of the specific needs of the population such as drug users and youth in need. In those it will be provided typology and geographical expansion of social services community, social civic involvement, and recently de-institutionalization of these services, so they may help on fight against stigma and will increase the access.

The Ministry of Labor, Social Affairs and Equal Opportunities has licensed several non-profit organizations to provide activities in this field like day centers APRAD (for the prevention and rehabilitation of drug users and people with AIDS) and the Association “Action Plus”. Also, pursuant to Law No.8494 dated 27.05.1999 “On the opening and operation of the Social Polyvalent Centre”, in Vaqarr (a village near Tirana capital) is set up the structure of Social Polyvalent Centre managed by Emanuel Community also from the Hearing Day Center.

In these centers are working 2 manager/coordinator with non medical training, 1 social work, 1 psychologist, 1 part-time physician and 6 operators working on the field, 4 of them are volunteers. Among others, they are offering services such as hearing and advice for youth, schools, parents and families, receptions and accommodation, vocational training and re-integration into society, treatment and services for drug users as well the capacity to build an advocacy advice.

Some efforts are being undertaken by local governments for providing support to different groups in special risk, including problematic drug users. Nevertheless, those efforts are still embryonic and not quite sustainable. Here below are presented some examples from biggest municipality in the country, Tirana.

Municipality of Tirana collaborated with Municipality of Rome during the years 2007-2008 for developing a municipal agency for helping problematic drug users in reintegration through vocational training and other social support.

Tirana is a partner of ECAD (Europeans Cities Against Drugs), a network aiming among other things to rehabilitate problematic drug users.

From 2010 a secretariat is functioning near Tirana Municipality. The secretariat coordinates the work of a number NGO-s operating as a network and providing training courses for a number of categories at risk including most at risk adolescents, women with special needs, ex-drug users, Roma people etc.

Another model of social support for problematic drug using young people is currently operating near Municipality of Tirana. A recourse center supported by UNICEF is set up within the municipal social services department and acts as a referral gate to wider social support for young people and adolescents injecting drugs and their families. The center also offers information and training to school doctors, school counselors and social administrators in the other communes. This work aims to establish the basis for a better coordination with other sectors, such as State Social Services, Ministry of Education and Ministry of Interior.

9. DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME, AND PRISON

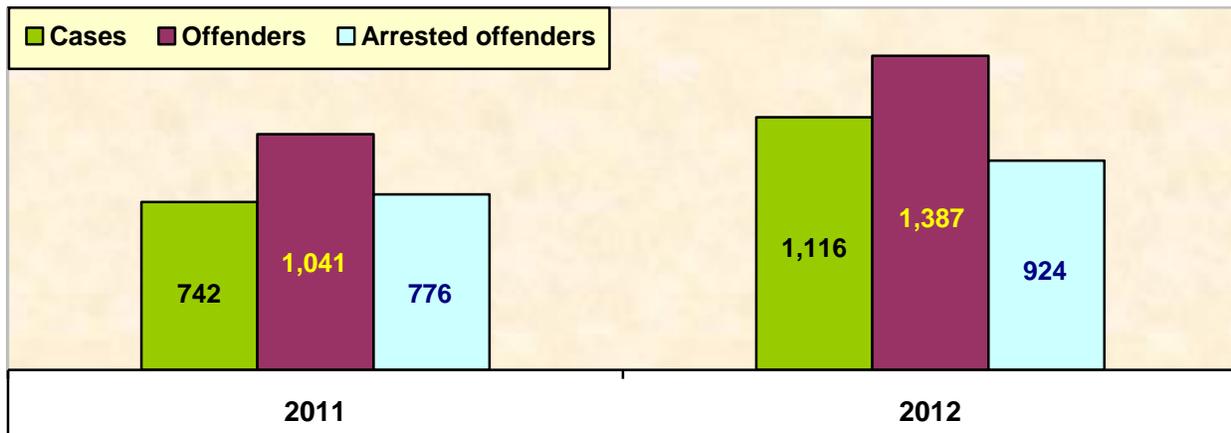
9.1. DRUG-RELATED CRIME

According to the Albanian State Police⁷, a total number of 1,116 drug cases were registered during 2012 and 1,387 offenders were penal-prosecuted. These represent 5.3 % of the total number of all law offences (20,668) and 6.5 % of the total number of law offenders (21,028). While in 2011 drug cases (742) represented 4.2 % of all law offences (17,646) and drug offenders (1041) represented 5.8 % of the total no of law offenders (17,773).

During 2012 there was an increase in the overall drug offences (+50.4 %) but also in the number of drug offenders (+33.2 %) and arrested ones (+19%) compared to 2011, (Figure 9.1).

Figure 9.1

Data on Drug Offences and Drug Offenders in 2011 and 2012



Source:

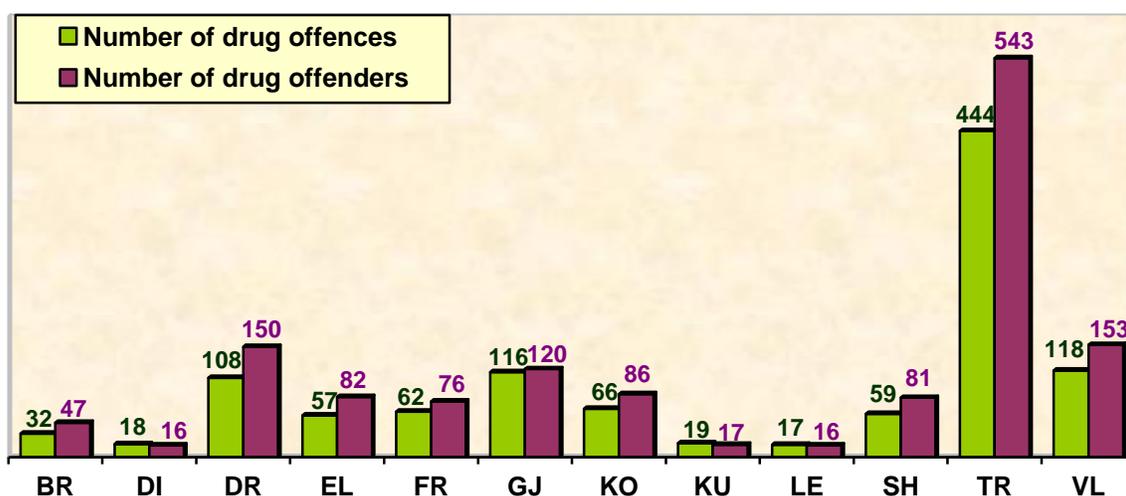
Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
General Directorate of State Police, Ministry of Interior

Most of the drug cases during 2012 (444 or 39.7 %) were registered in the Capital, Tirana District (TR)⁸. Also the number of drug offenders is higher in the Capital (313 or 39.1 %). The differences in the number of drug offences and drug offenders in the 12 Regions (or Prefectures) of Albania are shown in detail in the Figure 9.2.

⁷ The Statistics Sector

⁸ TR = Tirana, DI = Dibra, DR = Durres, EL = Elbasan, FR = Fier, GJ = Gjirokaster, KO = Korçe, KU = Kukës, LE = Lezhe, SH = Shkoder, DI = Diber, VL = Vlore (12 Regions of Albania).

Figure 9.2
Data on Drug Offences and Drug Offenders in 12 Regions of Albania in 2012



Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
 General Directorate of State Police, Ministry of Interior

In 2012, 850 offences were referred for the “Article 283” of Criminal Code (“Possession and sale of drugs”) with 1,071 offenders; 106 offences were referred for the “Article 283/a” of Criminal Code (“Trafficking of narcotics”) with 166 offenders; 154 offences were referred for the “Article 284” of Criminal Code (“Cultivation of narcotic plants”) with 142 offenders; 6 offences were referred for the “Article 285” of Criminal Code (“Possession of equipments or chemicals for drug production”) with 8 offenders⁹, (Table 9.1).

Table 9.1

**Offences and Offenders in 2009, 2010, 2011 and 2012
 according to the Articles of Penal Code of Albania**

Articles of the Penal Code	Offences				Offenders			
	2009	2010	2011	2012	2009	2010	2011	2012
Article 283	337	473	580	850	451	687	860	1,071
Article 283/a	27	53	69	106	62	104	94	166
Article 284	281	178	89	154	53	79	79	142
Article 284/a	0	2	2	0	0	10	2	0
Article 285	2	5	2	6	2	11	6	8
Total	647	711	742	1,116	568	891	1,041	1,387

Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
 General Directorate of State Police, Ministry of Interior

⁹ Law no.7895 dated 27 January 1995 "On the Penal Code of the Republic of Albania" (Albanian language)
 Available: http://www.qpz.gov.al/botime/kusht_kode/Kodi_Penal-2010.pdf

In 2012, from the total number of offenders (1,387), only 38 drug offenders were foreigners (20 Kosovo; 5 Romania; 3 FYR of Macedonia; 3 Greece; 3 Germany; 2 Montenegro; 1 Bulgaria; 1 Turkey) (31 foreigners in 2011).

There are no statistics about criminal actions committed by persons intoxicated with drugs or psychotropic substances.

9.2. PREVENTION OF DRUG-RELATED CRIME

During 2011 and 2012, Tirana Regional Police in collaboration with Education Directorate and with the great support of ICITAP and New Jersey National Guard, US Embassy in Tirana implemented the project “Youth Education and Awareness and Reducing Drug Demand and Other Harmful substances”. The project was focused in the primary and high schools of Tirana. Programme implemented was a result of a previous evaluation of drug situation in Tirana. For implementation of the programme the best police officers were selected and trained to deliver essential information on drugs and other dangerous substances to children ages 9 through 14. During 2011–2012, 40 joint working groups were established composed by teachers and police officers, (in total 40 teachers and 27 police officers).



Pictures of the activities conducted under this project

Source:

Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

This project has attracted a special interest and had great impact on pupils, teachers, parents, media and police officers also. This programme gave very good results concerning the awareness raising and prevention and is considered as a direct implementation of the community policing philosophy. These activities are contributing to the increase of the public trust to police.



Pictures of the activities conducted under this project

Source:

Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

On April 2012 an Agreement between Ministry of Education and Ministry of Interior (Albanian State Police) was signed for the implementation of this project. The Agreement allows the extension of the programme in all the cities of Albania in the near future.

This program is part of a broader based community policing strategy that includes international police assistance programs, educators and NGO's as well as the police and local citizens.

In the framework of the cooperation with the community to prevent crime, in particular crime among young people, the District Police Departments, developed a series of awareness raising activities focused on the problem of drugs and alcohol, domestic violence, etc.

In this context, the District Police Departments organised meetings with young people of different schools of the towns or villages to educate young people about the negative consequences of drug use, in order to discontinuing its use.

As a specific problem for Albania, each year, the Ministry of Interior implements a special action plan for the fight against cannabis cultivation. The Action Plan No.41, date 29.03.2012 "On the prevention and fight against cultivation of cannabis" was approved and implemented during 2012.

The action plan "On the prevention and fight against cultivation of cannabis" was implemented in two phases, the prevention and rising the awareness phase and the operational phase.

Phase No.1 has been focused mainly in the assessment of the situation, implementation of preventive measures and increase of the awareness of the public opinion regarding this problem. The following activities have taken place during this phase:

- 1 National conference
- 3 Regional conferences
- Conferences in 12 regions with the involvement of the regional committees
- About 150 community meetings

9.3. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM (ALTERNATIVES TO PRISON)

Until May 2009, Albania lacked a special institution responsible for implementation of punishments, alternative to prison.

The Probation Service is organised based on a Council of Ministers Decree No.302, date 25.03.2009, while recent changes in Penal Code allowed for two alternative measures such as 'half-freedom' and 'home isolation'. This institution, which operates under Ministry of Justice, has started to function in June 2009.

The Service gives to the offenders the opportunity to start earlier the process of rehabilitation and integration in the community and on the other hand it controls and surveys the offenders. It has already started the collaboration with social local and welfare services to enhance and increase the inclusion in community. It works closely with NGOs as well. Minister of Justice has approved a detailed document (No.6325, date 31.07.2009) which regulates relations and collaboration with NGOs.

In the field of alternative sentences related to drug crimes Probation Service is collaborating with specialized organisations such as Action Plus and a network for the implementation of the alternative sentence. The object of this collaboration is: psychological and social support, counseling and training through tailored therapy and care programs, coaching for social reintegration and fulfillment of social needs. Other programs include methadone therapy and prevention of drug use.

Until now a number of seminars and workshops are carried out in several cities.

Cities where the project is being implemented are Tirana, Fier, Durres, and Shkoder.

The Project is financed by European Commission, European Instrument for Democracy and Human Rights (EIDHR)

9.4. DRUG USE AND PROBLEM DRUG USE IN PRISONS

The pre-detention and the imprisonment system in the Republic of Albania, known differently as the Institutions of the Executions of the Penal Decisions (IEPD), is administrated by the General Directorate of Prisons which is under dependence of Ministry of Justice. In the year 2012 there were 22 institutions of the IEPD in Albania¹⁰.

¹⁰ IEPD Elbasan, IEPD Kavaje, IEPD Prison Hospital, No 302, 313, 325 and Vaqarr (for juveniles) in Tirana, IEPD Durres, IEPD Peqin, IEPD Burrel, IEPD Kukes, IEPD Tropoje, IEPD Berat, IEPD Kruje, IEPD Fushe-Kruje, IEPD Korce, IEPD Lezhe, IEPD Vlore, IEPD Tepelene, IEPD Rrogozhine, IEPD Lushnje, IEPD Sarande.

According to the data published by the General Directorate of Prisons¹¹, in December 2012, in these institutions there were 2792 detained persons. At the time, 579 or 20.7 % of them were serving detention for crimes in the drug field.

Also, in December 2012, in these institutions there were 1,735 pre-detained persons. At the time, 399 or 22.9 % of them were under investigation for crimes in the drug field.

During 2012, in the IEPD there were 139 persons with dependence from drugs.

With the aim to prevent the use of drugs in the premises of the detention areas, there have been undertaken a number of legal and administrative measures.

Based on the Law No.8328, date 16.4.1998 "On the rights and the treatment of the detainees with imprisonment", the Council of Ministers with the Decision No.303, date 25.03.2009, approved the General Regulation of the Prisons, which replaced the previous regulation of the year 2000.

According to "Article 17" of this regulation, in the premises of IEPD, it is not allowed the possession or the circulation of items which comprise a criminal offense. About the items found (including the narcotic substances) when they serve to the investigation, they must be sequestered, and the prosecutor's office must be notified. In "Article 42", point "c", it is mentioned that the detainees and the pre-detained persons, should not be in the possession of items which are prohibited, that endanger the order, health and life of the detainees and of the personnel, items that influence in a negative way to the investigation, also monetary values of any kind. In "Article 47" there are foreseen the procedures about the check and control of the visitors and of the items which they bring to the prisoners, as well as the control of the pre-detention and the control of the detention rooms.

It is worth mentioning that during the year 2012, the Police of Prisons, has resulted effective during the controls done according to "Article 47" of the General Regulation of Prisons, where there were sequestered different quantities of narcotic substances and there were arrested the responsible persons. In some cases it is cooperated and exchanged information with State Police. During the year 2012 there were noticed 22 cases of detecting drugs in the IEPD. In total there were sequestered 1.8 gram of heroin and 133.7 gram of marijuana. The 25 responsible persons were prosecuted, 8 of them detainees, 13 visitors, 3 drug suppliers outside the prisons and 1 IEPD employee.

In a more detailed manner, the cases, seizures and arrests happened inside IEPD during 2010, 2011 and 2012 are shown in the following Table 9.2.

¹¹ Statistics available in Albanian language at <http://www.dpbsh.gov.al>

Table 9.2**Seizures and arrests inside IEPD during 2010, 2011, 2012**

Year	Number of cases	Type of Drug			Offenders	Offenders' Status
		Heroin	Cocaine	Marijuana/Hashish		
2010	15	17 gr	9 gr	113.8 gr	15	7 detainees 6 visitors 2 IEPD employees
2011	13	5 gr	9.4 gr	96.9 gr	17	8 detainees 9 visitors
2012	22	1.8 gr	---	133.7 gr	25	8 detainees 13 visitors 3 drug suppliers 1 IEPD employee

Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

9.5. RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS (AND OTHER CUSTODIAL SETTINGS)

DETAINED PATIENTS REFERRED TO THE ADDICTOLOGY AND CLINICAL TOXICOLOGY SERVICE (TUHC) BY LEGAL STRUCTURES/PRISONS

This section will present an observation of the epidemiologic structure of persons sent by legal structures and prisons, accused of illegal substance possession at the Addictology and Clinical Toxicology Service (TUHC) with the goal of conducting an expertise to reach conclusions if the doses found on these persons are small doses kept for personal daily use or not. This study includes the period 2006–2012 and consists of a number of 118 persons, all males. Around 90% of detained persons had never any contact with the aforementioned TUHC Service, that is, there was the first time appearing, and none of them was treated by this Service relating to drug problems.

Detained persons belong to 12 different country regions, where Elbasan and Durrës result to be the regions with the highest percentages (42.4 % and 31.3 % respectively) of the total of the detainees, (Table 9.3).

Table 9.3

**Number of detainees according to region area,
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012)**

Region area	Number of detainees referred to the TUHC Addictology Service			
	Period 2006-2010	Year 2011	Year 2012	Total period 2006-2012
<i>No information</i>	1	0	1	2
Berat	0	0	2	2
Durrës	7	12	18	37
Elbasan	31	10	9	50
Fier	1	1	1	3
Fushë-Krujë	0	0	2	2
Gramsh	1	0	1	2
Kavajë	2	2	0	4
Librazhd	1	0	2	3
Lushnje	0	1	0	1
Peqin	1	0	0	1
Pogradec	1	1	0	2
Rrogozhinë	0	0	1	1
Shijak	1	1	0	2
Tiranë	2	2	0	4
Vlorë	2	0	0	2
Total	51	30	37	118

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

The average age of the detainees is ranged from 23.156 to 24.778 years old over the period 2006–2012, with a predominance of the age group 15–24 year old; (Tables 9.4 and 9.5 show detailed data).

Table 9.4

**Age-group of detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012)**

Age-group of detainees	Number of detainees referred to the TUHC Addictology Service			
	Period 2006-2010	Year 2011	Year 2012	Total period 2006-2012
<i>No information</i>	2	1	0	3
15-24 years	33	20	23	76
25-34 years	13	7	9	29
35-44 years	3	2	3	8
45-55 years	0	0	1	1
>55 years	0	0	1	1
Total	51	30	37	118
Average age (years)	23.156	23.517	24.778	23.439

Table 9.5

**Age-group of detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012)**

Age-group of detainees	Number	Percentage
<i>No information</i>	3	2.54 %
15-24 years	76	64.41 %
25-34 years	29	24.58 %
35-44 years	8	6.78 %
45-55 years	1	0.85 %
>55 years	1	0.85 %
Total	118	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

About 60 % of detainees were charged of possession of Cannabis sativa, varying from 0.5 grams to 15 grams. About 14 % of them were charged of opiates (heroin) possession, 19 % were caught with more than one drug, and only 5 % were charged for cocaine possession. All persons were tested for the presence of drug substances in the biological fluids (urine) through toxicological analysis, where 95 % resulted positive for the substance they held, even for two or more substances (10% of them), (Tables 9.6 and 9.7, and Figure 9.3).

Table 9.6

**Type of drug found to the detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012):
*detailed data***

Type of drug found	Number of detainees referred to the TUHC Addictology Service			
	Period 2006-2010	Year 2011	Year 2012	Total period 2006-2012
Opiates	14	1	1	16
THC	24	20	27	71
Cocaine	3	2	1	6
Multi-drugs	9	5	8	22
No information	1	2	0	3
Total	51	30	37	118

Table 9.7

**Type of drug found to the detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012):
*summarized data***

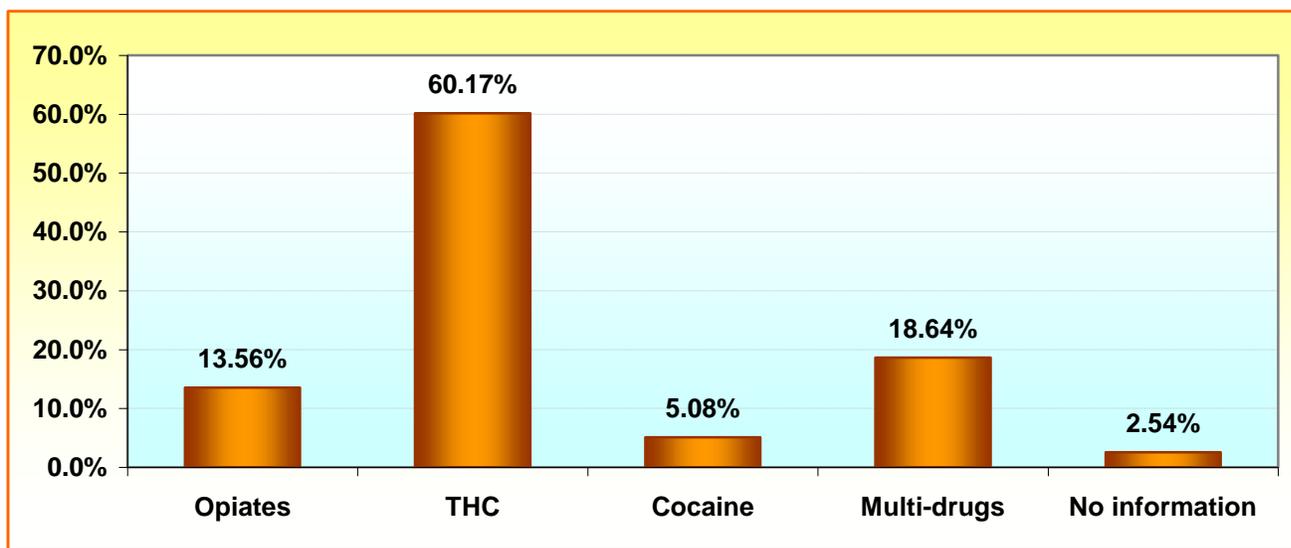
Age-group of detainees	Number	Percentage
Opiates	16	13.56 %
THC	71	60.17 %
Cocaine	6	5.08 %
Multi-drugs	22	18.64 %
No information	3	2.54 %
Total	118	

Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Figure 9.3

**Type of drug found to the detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012)
(values in percentage)**



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

The duration (career) in years of drug use by detainees represent another issue of value. The average duration of drug use by detainees over the period 2006–2012 results to be 5.96 years, with oscillations from 5.75 years over the period 2006-2010 to 6.15 years in 2011 and 5.10 years in 2012. The data in detail are shown in Tables 9.8 and 9.9 and Figure 9.4. Information is received by detainee themselves. About 11 % of them had been in methadone maintenance treatment program (MMT) in Tirana and Durres.

Table 9.8

**Duration (career) in years of drug use by detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012):
*detailed data***

Duration (in years) of drug use by detainees	Number of detainees referred to the TUHC Addictology Service			
	Period 2006-2010	Year 2011	Year 2012	Total period 2006-2012
<i>No information</i>	2	4	3	9
1 year	3	2	5	10
2 years	6	3	7	16
3 years	5	3	2	10
4 years	4	1	5	10
5 years	8	9	3	20
6 years	4	2	3	9
7 years	4	1	2	7
8 years	3	0	1	4
9 years	5	1	1	7
10 years	0	0	3	3
>10 years	7	4	2	13
Total	51	30	37	118
Average use (years)	5.96	6.15	5.10	5.85

Table 9.9

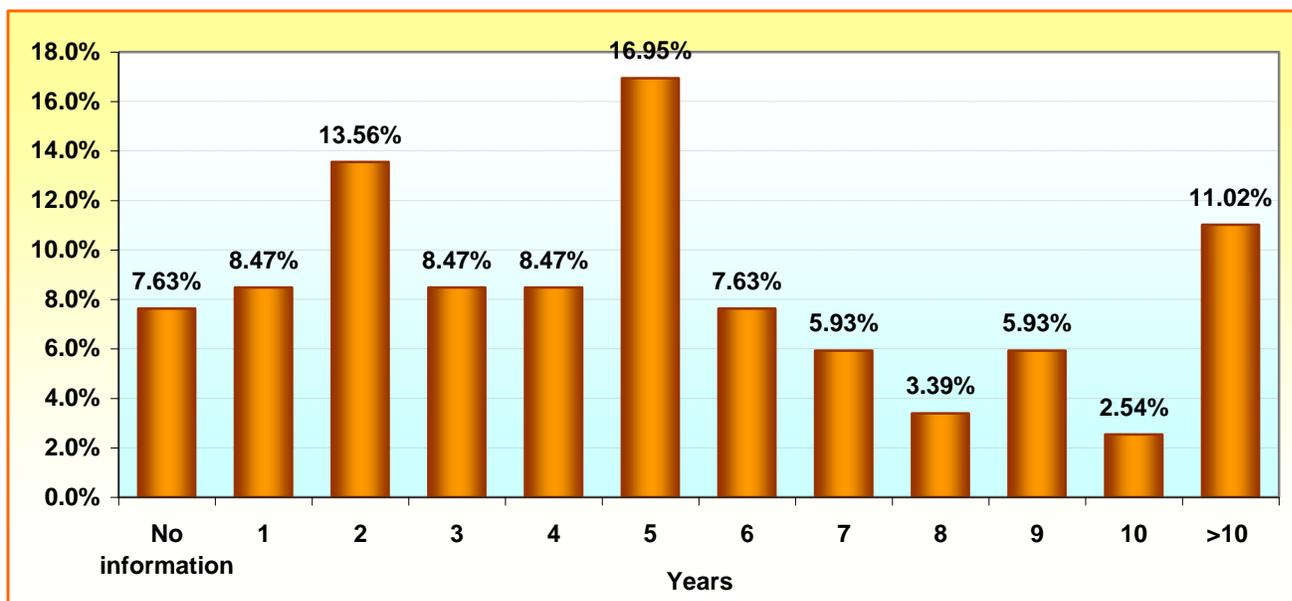
**Duration (career) in years of drug use by detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012):
*summarized data***

Duration (in years) of drug use by detainees	Number	Percentage
<i>No information</i>	9	7.63 %
1 year	10	8.47 %
2 years	16	13.56 %
3 years	10	8.47 %
4 years	10	8.47 %
5 years	20	16.95 %
6 years	9	7.63 %
7 years	7	5.93 %
8 years	4	3.39 %
9 years	7	5.93 %
10 years	3	2.54 %
>10 years	13	11.02 %
Total	118	

Source:

Figure 9.4

Duration (career) in years of drug use by detainees referred to the Addictology and Clinical Toxicology Service (TUHC) as patients by Legal Structures/Prisons (period 2006–2012) (values in percentage)



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

Regarding the way of drug use, it was demonstrated as follows: 73 detainees (or about 62 % of the total ones) used drug by inhalation, 27 detainees (or 23 %) by snorting, and 15 detainees (or 13 %) intravenously over the period 2006-2012, (Table 9.10, Figure 9.5). Such data show a significant circulation of drug use within prisons, including the intravenous route of administration, what does dictate a stronger intervention by the respective legal structures.

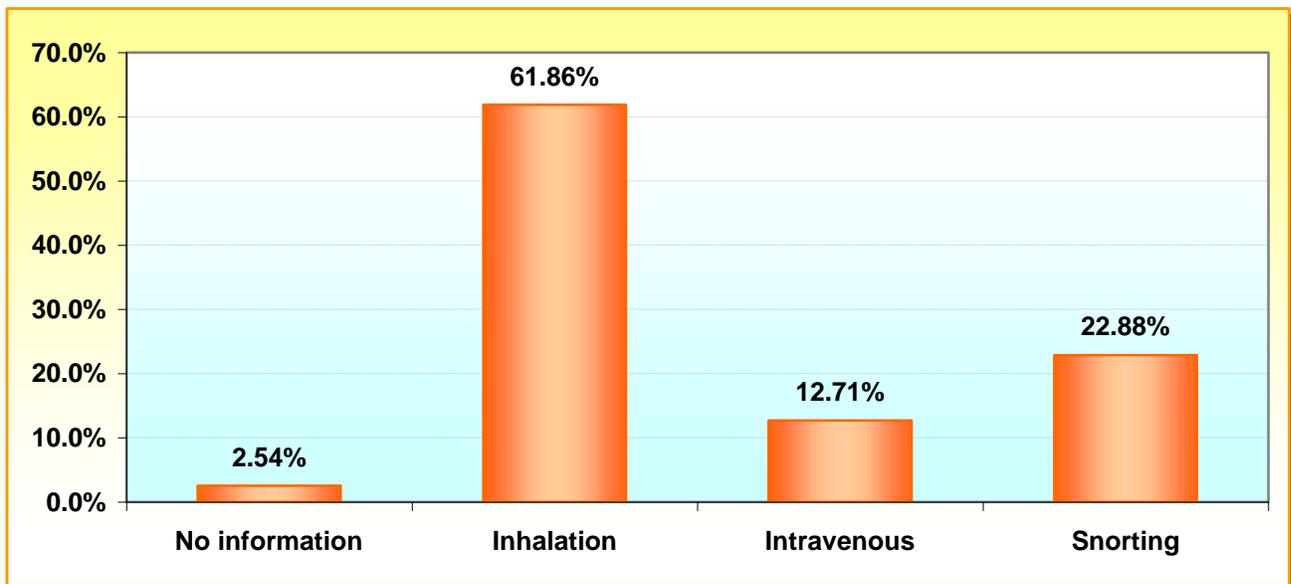
Table 9.10

**Ways of drug used by detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012)**

Ways of drug used	Number of detainees	Percentage
<i>No information</i>	3	2.54 %
Inhalation	73	61.86 %
Intravenous	15	12.71%
Snorting	27	22.88 %
Total	118	

Figure 9.5

**Ways of drug used by detainees
referred to the Addictology and Clinical Toxicology Service (TUHC)
as patients by Legal Structures/Prisons (period 2006–2012)
(values in percentage)**



Source:

Treatment Demand Register (=Database) of the Addictology and Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”

As a conclusion we may affirm that this is a descriptive study where the main data have similarities with those of the patients treated in the same service (Clinical Toxicology Service of TUHC). The data from the institutions of justice, prisons, police and other non-treatment of Problem Drug Use (PDU) are a significant source of further studies to assess the prevalence and incidence of PDU in Albania. These data indirectly reflect also the influence of other factors,

political, legal, social and legal ones, on the trend in the field of drugs in general and social and health policies in particular.

9.6. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON

In December 2008, a Cooperation Agreement between the Ministry of Education and Science and the Ministry of Justice to establish schools in prisons, was signed. 152 detainees have completed college in Prison for academic year 2011–2012 and 266 others are registered for the school year 2012–2013.

For the rehabilitation of the detained persons, a great importance was given to the professional courses in order that detainees and of the pre-detained persons gain skills in different specialties such as cooking, handmade works, gardening, foreign languages, computers, hairdresser, etc. In 2012, from these courses there profited 452 detained and pre-detained persons to whom have been issued the respective certificates.

General Regulation of Prisons approved by Decision No.303, date 25.03.2009, amended, Chapter III, Articles 83, 84, 85, 86, 87, 88, clearly defines employment procedures for prisoners. The number of prisoners involved in working activity across the prison system during 2012 was 617 persons.

10. DRUG MARKETS

10.1. AVAILABILITY AND SUPPLY

Cannabis is the only narcotic drug cultivated in Albania. During 1993-2000, cultivation of cannabis was an issue of concern almost in the entire territory of the country, while recently is localised only in a few areas of the Country. Each year, the Ministry of Interior implements a special action plan for the fight against cannabis cultivation.

The Action Plan No.41, date 29.03.2012 “On the prevention and fight against cultivation of cannabis” was approved and implemented during 2012. This plan was based on best practices of cooperation and coordination with the other governmental institutions, stake-holders, NGOs, international police assistance missions accredited to the Albanian State Police, international organisations, local government structures and the community.

In the framework of the collaboration with Italian Inter-Force Police Mission in Albania, the Cooperation Protocol dated 16.06.2012 was draft and signed between General Directorate of ASP and Italian Ministry of Interior, where there were defined and planned joint tasks such as aerial monitoring of Albanian terrain by using Italian aircrafts equipped with high tech devices for discovering cannabis plants.

The action plan “On the prevention and fight against cultivation of cannabis” was implemented in two phases, the prevention and rising the awareness phase and the operational phase.

Phase No.1 has been focused mainly in the assessment of the situation, implementation of preventive measures and increase of the awareness of the public opinion regarding this problem. The following activities have taken place during this phase:

- 1 National conference
- 3 Regional conferences
- Conferences in 12 regions with the involvement of the regional committees
- About 150 community meetings

On 01.06.2012, the operational phase started where police forces based on information gathered and monitoring of the territory, with the use of helicopters (17 missions), discovered and destroyed narcotics plants. In accordance with the agreement with Italian Authorities (mentioned above) an airplane with modern devices coming from Italy was also used to monitor and scan the territory from 05 to 20 July 2012 (15 flights). In this phase, 643 operations were conducted from Regional Police Directorates, where 3,265 police officers with 607 vehicles participated.

154 cases were noticed and 33,000 cannabis plants were destroyed from police during 2012. Also 142 persons were penal-preceded for the criminal activity of cultivation of narcotic plants, (Table 10.1, Figure 10.1).

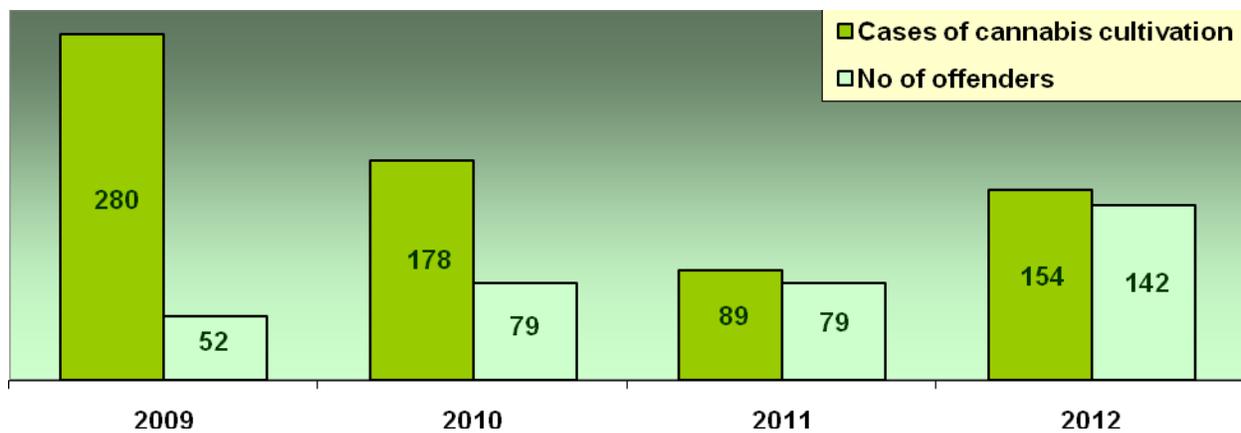
Table 10.1

Statistics on cultivation of Cannabis, Year 2012

Type	Number of cases	Quantity	Persons proceeded			
			Total	Arrested	In free situation	Wanted
Cannabis cultivation	154	33,000 plants	142	95	21	26

Figure 10.1

Number of cases and number of offenders for Cannabis cultivation over the period 2009–2012



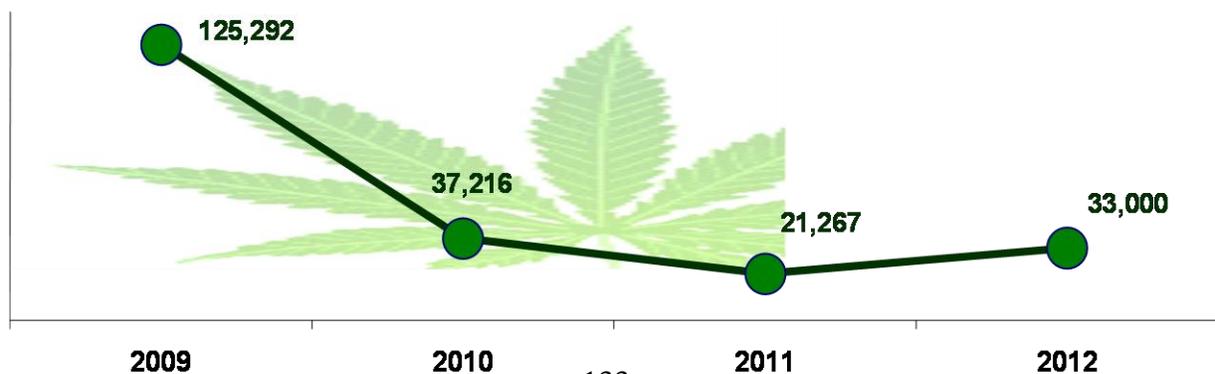
Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

As result of the combination of preventing and oppression measures, the areas cultivated and production of cannabis decreased recent years, but a slight increase was noticed during 2012 compared to 2011, (Figure 10.2).

Figure 10.2

Number of Cannabis plants destroyed over the period 2009–2012



Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
General Directorate of State Police, Ministry of Interior

Concerning trafficking of marijuana originating from Albania, the main destination countries are Greece and Italy, but sometimes even other European countries. Trafficking of marijuana is made mainly through illegal crossing of “green border” or through the Border Crossing Points. The typical price of marijuana at wholesale level during 2012 was 300 EUR for 1 kg.

Being part of the southern branch of the so-called “Balkan Route”, Albania is affected by these lines of trafficking of heroine: Turkey – Bulgaria – Former Yugoslav Republic of Macedonia – Albania or Turkey – Bulgaria – Former Yugoslav Republic of Macedonia –Kosovo – Albania. The means of transportation used in the trafficking of heroine include trucks, busses, cars etc. Greece and Italy are the main destinations for the heroin, and very small quantities are sent to other European countries. Some of the heroin has been retained in Albania for local consumers but during 2011 and 2012 a shortage of heroin was noticed in the market and the price at wholesale level raised. During 2012, the typical price for 1 kg of heroin was 20,000 EUR. After marijuana, heroin is the second drug most consumed in Albania.

Cocaine seems to arrive in Albania in small quantities mainly by couriers or post deliveries from the USA and/or countries of South America traditionally known for its production. During 2010 was noticed the first cases of cocaine transportation with a container and the first case of transportation in the stomach by a courier. Sometimes, cocaine is trafficked further in small quantities, primarily to Greece and Italy. Prices of cocaine at wholesale level remained stable. During 2012, the typical price for 1 kg of cocaine was 40,000 EUR. After marijuana and heroin, cocaine is the third most consumed drug in Albania.

No illegal laboratories were found during 2011 and 2012. The drug offenders sometimes are involved in the process of cutting of heroin or cocaine generally with a mixture of caffeine and paracetamol (as a cutting substance for heroin) or lidocaine (as a cutting substance for cocaine) but there are no indications for the existence of real labs for producing illegal drugs in our country.

There are a number of studies which give information on the availability and offering of drugs to youth at school premises.

Thus, in 2009 YRBS survey, 8 % of youth declares that others were offering or have taken illegal drugs at school premises, a percentage that has a slight decrease compared with 2005 YRBS survey (Table 10.2).

Table 10.2

**Frequency of the phenomenon of offering illegal drugs on school premises:
Percentage of youths who reports that others were offering illegal drugs
in school premises
(2005 YRBS and 2009 YRBS data)**

	2005 YRBS	2009 YRBS
Tirana		
<i>Males</i>	12.4 %	15.5 %
<i>Female</i>	8.2 %	6.6 %
Total	10.3 %	10.5 %
Albania		
<i>Males</i>	10.9 %	12.6 %
<i>Females</i>	7.7 %	4.8 %
Total	9.1 %	8.0 %

Note: The question is phrased this way: *During last year, does anyone offered you illegal drugs in school premises?*

Sources:

“Youth Risky Behaviour Survey, 2005”,
Institute of Public Health Report, Tirana, February 2006
&
“Youth Risky Behaviour Survey, second round, 2009”
Institute of Public Health Report, Tirana, September 2009

Meanwhile, the following Table 10.3 presents the relevant results obtained by 2011 ESPAD study, namely the proportion of 15-16 years old students who find it easy or very easy to get cannabis, ecstasy or amphetamines, by gender, separately for Tirana and in national level. The biggest gender difference was noticed regarding easiness of getting cannabis and getting ecstasy at national level, with more boys reporting it, whereas little gender difference was noticed for amphetamines and getting ecstasy at Tirana settings.

Table 10.3

**Proportion (in %) of school youth aged 15-16 who find it easy or very easy to get the
following illicit drugs, 2011 ESPAD study**

	Cannabis	Ecstasy	Amphetamine
Tirana			
<i>Males</i>	21.1	15.4	8.4
<i>Females</i>	13.9	12.6	9.3
Total	17.2	13.9	8.9
Albania			
<i>Males</i>	16.7	12.5	6.5
<i>Females</i>	8.8	8.1	5.4
Total	12.3	10.1	5.9

Note: The question is phrased this way: “How difficult do you think it would be for you to get cannabis, amphetamines or ecstasy, if you wanted?”

Source:

“2011 ESPAD (The European School Survey Project on Alcohol and Other Drugs) in Albania”
Tirana 2012 (ISBN 978-9928-107-22-0)

10.2. SEIZURES

There was noticed an increase of the quantity of heroin, cocaine and marijuana seized during 2012 compared to 2011, (Table 10.4).

Table 10.4

**Statistics of the Albanian State Police
on drug seizures and penal-proceeded persons in 2011 and 2012**

Year 2011

Type of Drug	Number of cases	Quantity	Penal-Proceeded Persons			
			Total	Arrested	Not arrested	Wanted
Heroin	97	21 kg 409.2 gr	144	122	20	2
Methadone	1	1 gr	2	0	2	0
Cocaine	37	2 kg 196.6 gr	57	47	10	0
Marijuana	503	7,695 kg 658.8 gr	734	543	166	25
Hashish	2	32 kg 210.5 gr	2	2	0	0
Hashish Oil	2	1 kg 584.2 gr	3	3	0	0
Cannabis Seeds	9	2 kg 351.1 gr	14	6	2	6
Cannabis Cultivation	89	21,267 plants	79	47	19	13
Cutting Substances	2	24 kg 183.9 gr	6	6	0	0
Total	742		1,041	776	219	46

Year 2012

Type of Drug	Number of cases	Quantity	Penal-Proceeded Persons			
			Total	Arrested	Not arrested	Wanted
Heroin	90	87 kg 719.9 gr	120	107	13	0
Methadone	1	543.1 gr	2	2	0	0
Cocaine	40	4 kg 61 gr	57	48	6	3
Marijuana	822	21,138 kg 231.4 gr	1,053	663	342	48
Hashish	1	5 kg 112.2 gr	3	1	2	0
Hashish Oil	0	500 gr	0	0	0	0
Cannabis Seeds	3	343.2 gr	3	1	2	0
Cannabis Cultivation	154	33,000 plants	142	95	21	26
Cutting Substances	5	174 kg 967.1 gr	7	7	0	0
Total	1116		1,387	924	386	77

Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
General Directorate of State Police, Ministry of Interior

According to the seizure of the narcotic substances: an increase of the quantity of heroin (+309.7 %); an increase of the quantity of cocaine (+84.8 %) and an increase of the quantity of marijuana (+174.6 %) was noticed during 2012 compared to 2011, (Table 10.5).

Table 10.5

Seizures of the main drugs in 2011 and 2012

Type of drug	Year 2011	Year 2012	%
Heroin	21 kg 409.2 gr	87 kg 719.9 gr	+309.7
Cocaine	2 kg 196.6 gr	4 kg 61 gr	+84.8
Marijuana	7695 kg 658.8 gr	21138 kg 231.4 gr	+174.6

Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

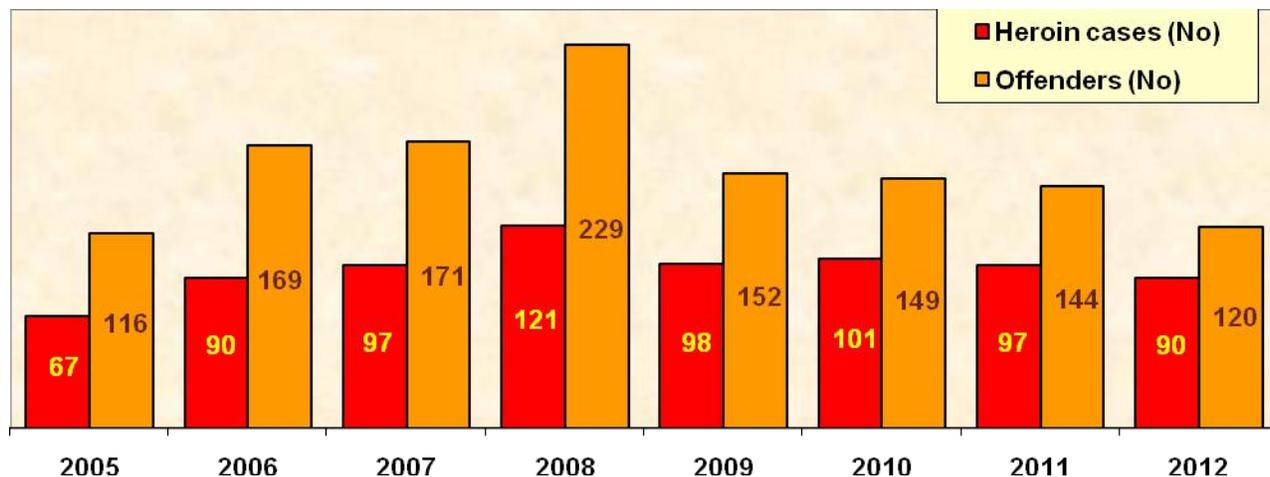
The trend of drug cases, number of offenders and quantities of seizures in Albania over the period 2005–2012 are shown in detail in the following figures.

Concretely:

Figures 10.3 and 10.4 show respectively the trend of heroin cases and offenders and quantities of heroin seized respectively over the period 2005–2012.

Figure 10.3

Heroin cases and offenders, period 2005–2012

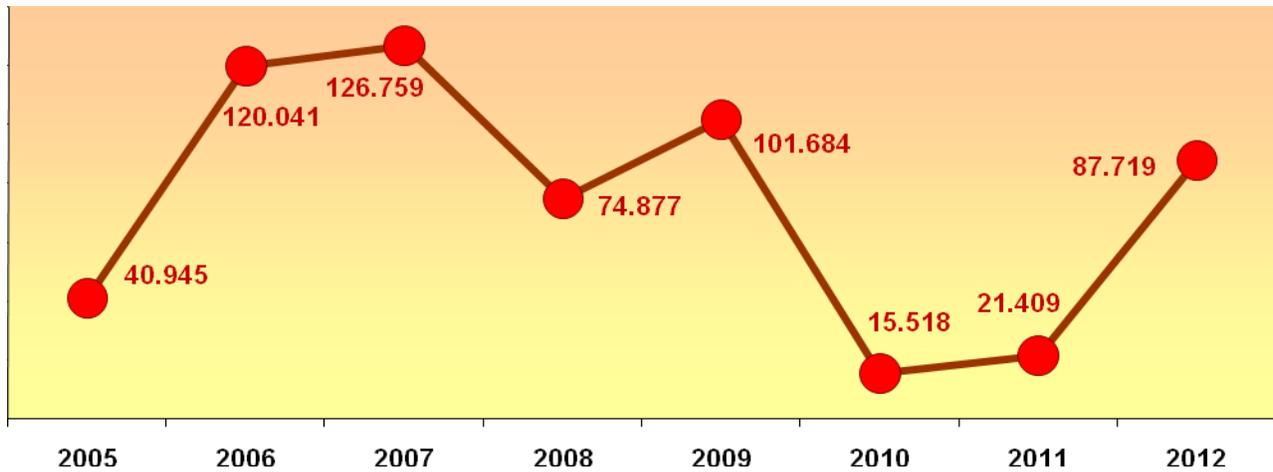


Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

Figure 10.4

Heroin seized (Kg), period 2005–2012



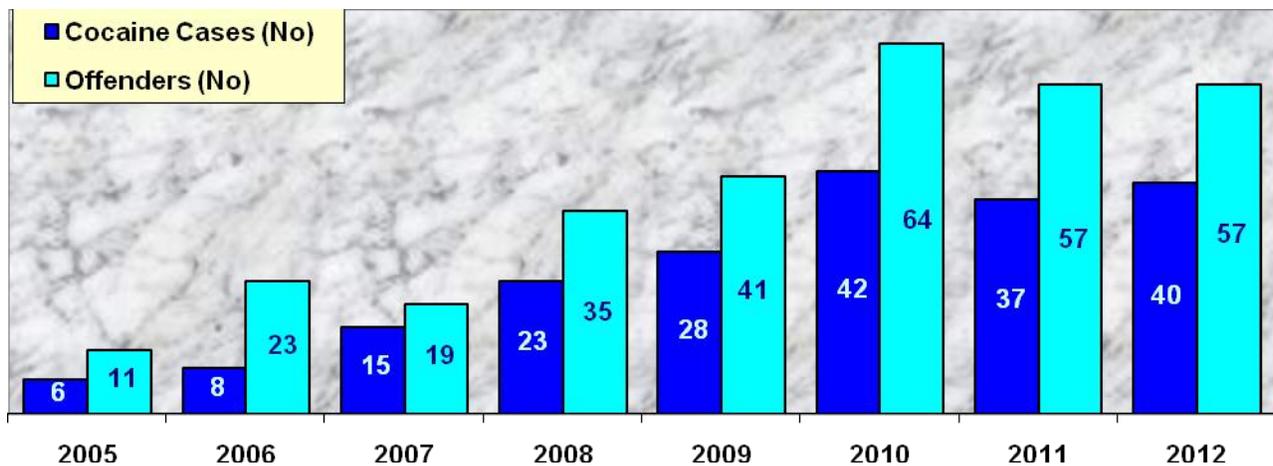
Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
General Directorate of State Police, Ministry of Interior

Figures 10.5 and 10.6 show respectively the trend of cocaine cases and offenders and quantities of cocaine seized over the period 2005–2012.

Figure 10.5

Cocaine cases and offenders, period 2005–2012

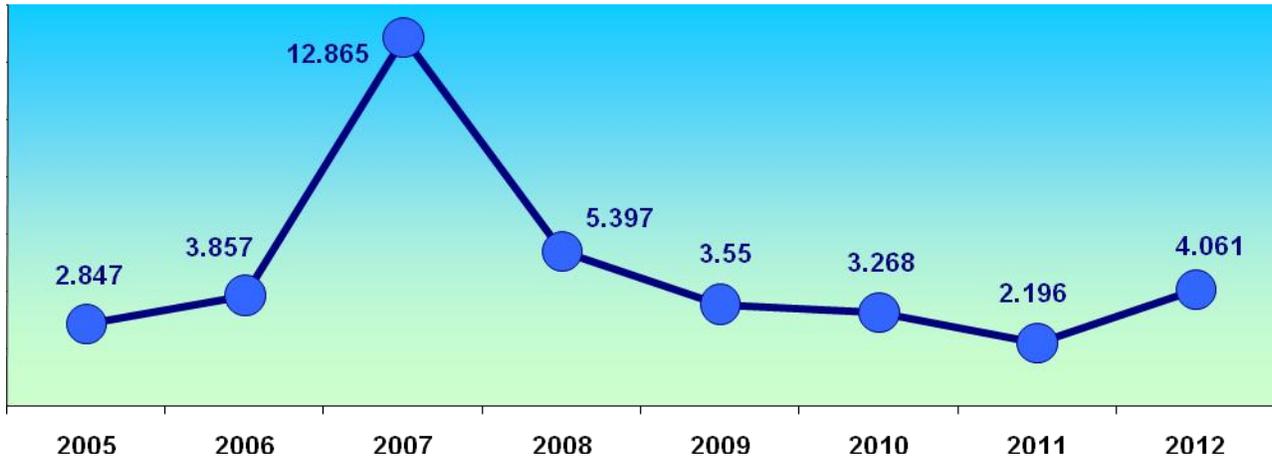


Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics,
General Directorate of State Police, Ministry of Interior

Figure 10.6

Cocaine seized (Kg), period 2005–2012



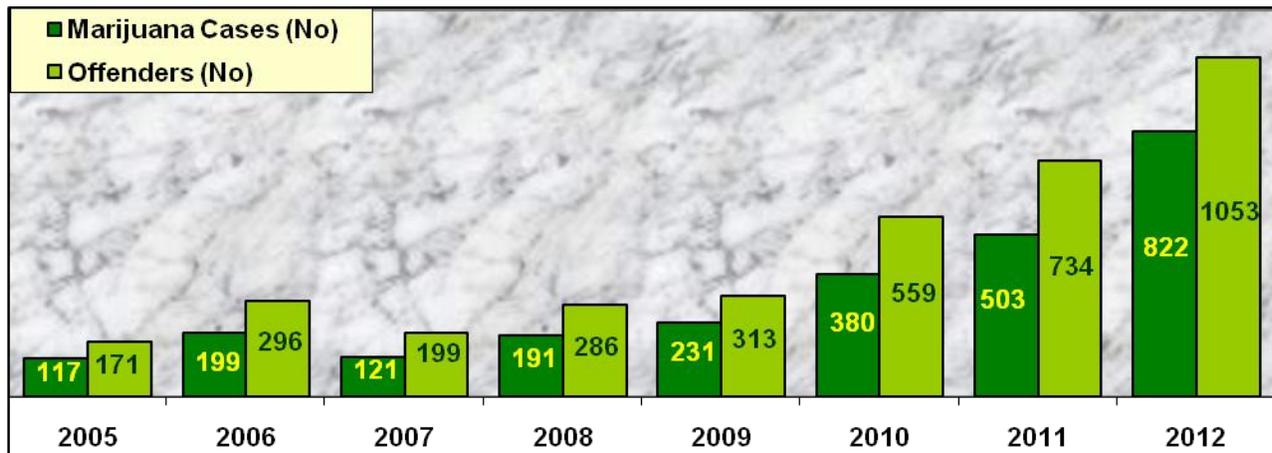
Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

Figures 10.7 and 10.8 show respectively the trend of marijuana cases and offenders and quantities of marijuana seized over the period 2005–2012.

Figure 10.7

Marijuana cases and offenders, period 2005–2012

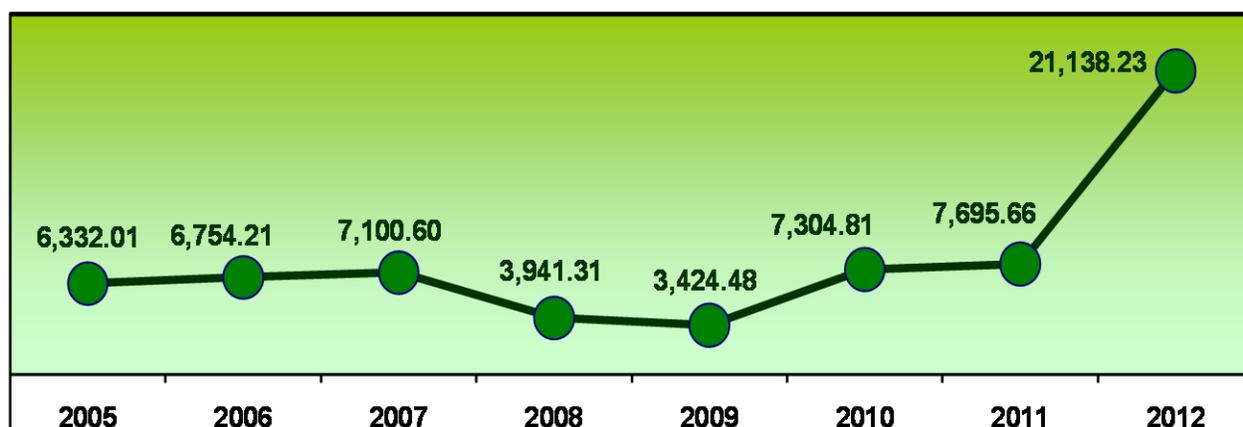


Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

Figure 10.8

Marijuana seized (Kg), period 2005–2012



Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

In 2012 there were no seizures of precursor chemicals used in the manufacture of illicit drugs and also no illegal laboratories were found. As mentioned above, sometimes the drug offenders cut heroin generally with a mixture of caffeine and paracetamol or cocaine with lidocaine (24 kg 183.9 gr of such substances were seized during 2011 and 174 kg 967.1 gr were seized during 2012) but there are no indications for the existence of real labs for producing drugs in our country.

10.3. PRICE / PURITY

Prices of marijuana at street level showed a slight increase in 2012, compared to 2011 and 2010. The price of 1 gram of marijuana ranged from EUR 1.00 to EUR 1.60, while the typical price was EUR 1.20. Percentage of THC at street level ranged from 2 % to 10 % in 2012 and the typical percentage of THC was estimated to be around 3 %.

There was no significant change in the price of heroin at street level during 2012 (EUR 21.00 to EUR 25.00 for 1 gram) compared to 2010 and 2011. The typical price of 1 gram of heroin in 2012 was EUR 22.00. Purity of heroin at street level ranged from 1 % to 7 % in 2012 and the typical purity was estimated to be around 4 %. The agent most used for cutting of heroin was a mixture of caffeine and paracetamol.

In 2012, the price of 1 gram of cocaine was EUR 50.00 to EUR 100.00, while the typical price was EUR 60.00, the same as in 2010 and 2011. The typical purity of cocaine at street level in 2012 was 27 %. The agent most used for cutting of cocaine was lidocaine.

The prices in Euro at retail (street) level and the purity at retail (street) level of marijuana, heroin, and cocaine during 2010, 2011 and 2012 are presented in detail in the following Tables 10.6 and 10.7.

Table 10.6

Prices in Euro at retail (street) level¹²

Year	Drugs											
	Marijuana				Heroin				Cocaine			
	Typical	From	To	Unit	Typical	From	To	Unit	Typical	From	To	Unit
2010	1.00	0.80	1.60	1 gr	23.00	21.00	25.00	1 gr	60.00	50.00	70.00	1 gr
2011	1.00	0.80	1.60	1 gr	23.00	21.00	25.00	1 gr	60.00	50.00	70.00	1 gr
2012	1.20	1.00	1.60	1 gr	22.00	21.00	25.00	1 gr	60.00	50.00	100.00	1 gr

Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior

Table 10.7

Purity at retail (street) level¹³

Year	Drugs								
	Marijuana			Heroin			Cocaine		
	Typical	From	To	Typical	From	To	Typical	From	To
2010	4 %	4 %	8 %	1 %	1 %	20 %	15 %	10 %	30 %
2011	4 %	3 %	12 %	2 %	1 %	20 %	20 %	20 %	50 %
2012	3 %	2 %	10 %	4 %	1 %	7 %	27 %	1 %	48 %

Source:

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Scientific Police Institute, Ministry of Interior

¹² These data are also reported in the UNODC Annual Report Questionnaires', part IV.

¹³ These data are also reported in the UNODC Annual Report Questionnaires', part IV.

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B. LIST OF RELEVANT DATABASES

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Drug-Related Infectious Diseases Register (=Database) of the Department of Infectious Diseases, Institute of Public Health.

Substitution Methadone Treatment Register (=Database) of the NGO “Aksion Plus”.

Harm Reduction Register (=Database) of the NGO “Stop AIDS”.

Register of Drug Seizures and Drug Offenders (=Database) of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior.

Residential Treatment Center Register (=Database) of the NGO “Emanuel”.

Forensic Medicine Institute (Tirana University Hospital Center “Mother Theresa) Register.

C. LIST OF RELEVANT INTERNET ADDRESSES (WEBSITES)

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General Directorate of State Police, Ministry of Interior of Republic of Albania:

<http://www.asp.gov.al/>

University of Tirana: <http://www.unitir.edu.al/>

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