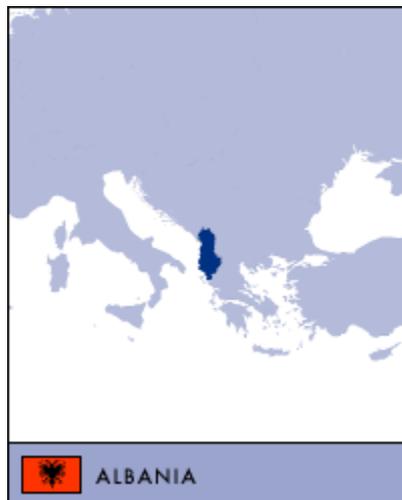


Country overview: Albania

Situation summary

Contents

- [Drug use among the general population and young people](#)
- [Prevention](#)
- [Problem drug use](#)
- [Treatment demand](#)
- [Drug-related infectious diseases](#)
- [Drug-related deaths](#)
- [Treatment responses](#)
- [Harm reduction responses](#)
- [Drug markets and drug-related offences](#)
- [National drug laws](#)
- [National drug strategy](#)
- [Coordination mechanism in the field of drugs](#)
- [Drug-related research](#)
- [References](#)
- [Working group](#)



Key figures

	Year	Albania	EU (27 countries)	Source
Population	2011	2 821 977 ¹	502 404 439 ^{2bp}	INSTAT (Albania's Institute of Statistics), 2011 census [16]
GDP per capita in PPS (purchasing power standards) ³	2011	31 ^e	100	Eurostat [http://epp.eurostat.ec.europa.eu/tgm/printTable.do?tab=table&plugin=1&language=en&pcode=tc00114&printPreview=true]
Total expenditure on social protection (% of GDP) ⁴	2009	N/A	29.5 ^p	Eurostat
Unemployment rate ⁵	2011	13.4 %	9.7 % ²	INSTAT (Albania's Institute of Statistics)
Unemployment rate of population aged under 25 years	2010	31.3 %	21.4 % ²	Population Survey, INSTAT, Albania – Labour Forces Survey 2010, preliminary data
Prison population rate ⁶	2010	148.2		Council of Europe, SPACE I-2010 [http://www3.unil.ch/wpmu/space/space-i/situation-on-1st-september-2010/]

¹ Resident population in Albania on 1 October 2011.

² 2011 Eurostat. [<http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/>]

³ Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in purchasing power standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 10, this country's level of GDP per head is higher than the EU average and vice versa.

⁴ Expenditure on social protection contains: benefits, which consist of transfers, in cash or in kind, to households and individuals to relieve them of the burden of a defined set of risks or needs.

⁵ Unemployment rates represent unemployed people as a percentage of the labour force. The labour force is the total number of people employed and unemployed. Unemployed people comprise those aged 15 to 74 who were without work during the reference week; currently available for work; and actively seeking work.

⁶ Situation of penal institutions on 1 September 2010.

^b Break in series.

^c Eurostat estimate.

^p Eurostat provisional value.

The Republic of Albania is one of the Western Balkan countries in south-eastern Europe, bordering Italy via the Adriatic Sea and the Ionian Sea in the west, Greece in the south and south-east, the former Yugoslav Republic of Macedonia in the south-east, Kosovo in the north-east and north, and Montenegro in the north and north-west. According to Albania's Population and Housing Census, carried out by Albania's Institute of Statistics (INSTAT) in 2011 [16], the population of Albania consists of 82.58 % Albanians, 0.87 % % Greeks, 0.20 % Macedonians, 0.01 % Montenegrins, 0.30 % Arumunians, 0.30 % Roma, 0.12 % Egyptians, while 13.96 % preferred not to answer the census and 1.58 % of responses were not relevant/not stated. The official language is Albanian. Tirana is the capital, with over 800 000 inhabitants. The main large cities are Durrës, Shkoder, Vlore, Elbasan, Berat and Korçë. The table above provides key socio-demographic data about the country.

Drug use among the general population and young people

Up to the end of 2011, no survey on drug use among the general population had been conducted. A general population pilot survey in a national plan for a drug information system is planned for 2013 or 2014. However, the total number of all adults (aged 15 to 64 years) who have ever tried any kind of illicit drug was estimated at around 5 000 (lifetime prevalence of 0.2 %) in 1995 and 20 000 (lifetime prevalence of 1.0 %) in

1998 [8], while the current estimated figures oscillate between 40 000 and 60 000 (lifetime prevalence of between 2.0 % and 2.8 %), a substantial increase since 1995. It should be emphasised that these figures are based only on the professional opinion of the country experts.

Data on the lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behaviour Survey (YRBS), second round, in 2009, carried out by the Institute of Public Health [3]. The YRBS, a national survey focused on the high school population, had a sample size of 3 878 schoolchildren aged 15 to 18 years. 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. Respondents were not asked about drug use last year (last year prevalence – LYP) and last month (last month prevalence – 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 school settings.

The first round of YRBS, conducted in Albania by the Institute of Public Health in 2005 [2], reported the following results: 5.4 % of people aged 14 to 18 years had experimented with cannabis, 4 % with ecstasy, 1.4 % with heroin and 1.6 % with cocaine. Prevalence was again slightly higher in the capital, Tirana, compared to the rest of the country; usage was reported to be several times higher for males than for females. More than 9 % of the respondents had been offered an illicit drug in school settings.

In 2011, the European School Project on Alcohol and other Drugs (ESPAD) was carried out among a representative sample of 15- to 16-year-old school students [15]. 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.

[top of page](#)

Prevention

Early activities in the drug prevention field started in the late 1990s, supported mostly by foreign donors, including the Council of Europe, the United Nations Population

Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Soros Foundation, etc. [1, 7, 9, 10, 11, 12, 13]. The interventions have developed lifestyle skills through providing extracurricular materials for schools, and training for teachers, media representatives and peers. Community awareness about the risks drugs pose for individuals and families has also been raised through TV programmes, adverts, posters, leaflets and other activities.

In principle, the Ministry of Education and Science is responsible for drug prevention in school settings; however, the Institute of Public Health, and the Ministry of Culture, Tourism, Youth and Sports also contribute to prevention activities among youth at a national level. In addition, regional educational departments, public health department, local authorities and non-governmental organisations contribute to school-based prevention activities. In 2010 a compulsory curriculum, 'Life skills and skills for careers', which contained a special section on drugs and alcohol use prevention, was introduced in secondary schools. School psychologists, who are mainly available in schools located in urban areas, were tasked with the early identification of pupils with substance use problems.

Selective prevention activities are mostly carried out by non-governmental organisations (NGOs). Three NGOs (Aksion Plus, Stop AIDS and APRAD) have been providing selective prevention interventions along with harm reduction programmes, targeting high-risk groups such as school dropouts, students who are failing academically, etc. The approaches used include lectures, group discussions, material presentation and presentation of the conclusions of the exercises carried out by a working group. Aksion Plus, Stop AIDS and APRAD reported to the Institute of Public Health that they had enrolled a total of 800–850 participants each year from 2004 onwards.

From 2008 onwards, Stop AIDS NGO, in collaboration with the General Directorate of Prisons and with support from UNICEF, UNFPA, the United Nations Development Programme (UNDP) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, periodically organised a series of awareness-raising and harm-reduction activities (in Tirana, Durrës, Kavaja, Vlora, Peqin, Rrogozhina and Lezha) with prisoners and prisons' social work, health and security staff. A series of leaflets and two brochures on HIV among prisoners, were distributed to prisoners and their family members as well as prison staff.

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 2011–12, 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.

[top of page](#)

Problem drug use

‘Problem drug use’ 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.

The Institute of Public Health, supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS), carried out a study in 2011 to estimate the number of injecting drug users (IDUs), using capture–recapture methodology. The study indicates that the IDU estimate in Albania is in a range from about 4 000 to about 6 000 IDUs (with 95 % confidence interval from about 2 500 as the minimum value to about 7 300 as the maximum).

Taking into consideration that IDUs might account for at least 80 % of problem drug users (PDUs), the number of PDUs in the country is therefore estimated to be between 5 000 and 7 500.

[top of page](#)

Treatment demand

There is still only one specialised public drug treatment centre in Albania, namely the Addictology and Clinical Toxicology Service (the Clinical Toxicology Service until March 2012) of Tirana University Hospital Center ‘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 centres, both of which are non-public and non-profit organisations: 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 TUHC Addictology and Clinical Toxicology Service. A proper data exchange between them doesn't take place because the National Centre for Drug Information System at the Institute of Public Health has not yet provided (due to financial reasons) the systems needed to log the data.

Available data from the TUHC from 1995 onwards do indicate the trends over time [1, 7, 8, 9, 10, 11, 12]. The total number of treatment demands (or the number of treatment visits) in the Addictology and Clinical Toxicology Service increased significantly from 672 in 2000 to 1 057 in 2001 and 1 702 in 2002, remaining nearly constant in the following years at 1 855 (2003), 1 805 (2004) and 1 735 (2005), with a further increase above 2 000 treatment visits (or treatment episodes) per year in 2006 (2 070), 2007 (2 070), 2008 (2 241) and 2009 (2 369). Meanwhile, there was a sharp, continuous decrease in total treatment episodes in 2010 and 2011, with 1 452 and 749 total treatment visits respectively. Such a phenomenon might be explained with the increasing shift of clients towards an opioid substitution therapy, with methadone provided by methadone maintenance treatment (MMT) services in cooperation with the NGO Aksion Plus.

In 2011, the Addictology and Clinical Toxicology Service ⁽¹⁾ registered 114 new (or first-time) clients (FTD) ⁽²⁾ entering treatment out of a total of 460 (24.8 %) all treatment demand (ATD) ⁽²⁾, mostly self-referred, while about 4 % were referred by other health-service agencies, police, and prisons. In total, 406 clients (88.3 %) out of the total of 460 ATD were problem drug users (PDUs) ⁽³⁾. In 2010, the Service registered 147 FTD clients out of a total of 671 ATD ones (21.9 %). In comparison, in 2009, some 218 FTD out of 789 ATD (27.6 %) entered treatment, while in 2007 and 2008 the FTD figures were lower, at 12.6 % (108 FTD out of 856 ATD) and 4.8 % (41 FTD out of 862 ATD) respectively. It should be emphasised that the FTD/ATD clients represent almost all the regions of Albania, more than half of them being residents of Tirana; on the other hand, a slight increase in comparison with the previous years is observed in the proportion of clients coming from small urban areas of the country.

In 2010 and 2011, the values concerning age distribution and mean age of all clients entering treatment, the starting age of drug users, the duration in years of drug use, were similar. The mean ages of all clients entering treatment in 2010 and 2011 were 27.1 years and 26.9 years for males and 26.0 years and 25.8 years for females respectively, ranging from ≤ 15 years old (0.3 % in 2010 and 0.4 % in 2011) to ≥ 45 years old (1.6 % in 2010 and 0.9 % in 2011) for both genders. In 2010 the clients in the age group 25 to 34 accounted for 52.2 % of the total number of clients; in 2011 they accounted for 53.5 %. The mean duration of illicit drug use was 3.85 years and 3.94 years among the FTD in 2010 and 2011 respectively, compared to a mean duration of 6.85 years and 7.65 years for ATD clients in 2010 and 2011. Males accounted for 95.4 % and 95.6 % and females for 4.6 % and 4.4 % of all registered

clients in 2010 and 2011. The mean age of drug use among all the registered clients was quite similar in 2010 and 2011, at about 19 years.

In terms of the type of drug used by clients entering treatment in 2010, opiates (mostly heroin) were the most commonly reported: 56.5 %, of clients reported its use, followed by tetrahydrocannabinol (THC) at 11.8 % and cocaine at 3.0 %. A gradual decline in the proportion of opioid users among all clients entering treatment is observed since 2006 (71.3 % in 2006). On the other hand, heroin is also the primary drug for most of the polydrug users (83 % of them used heroin alongside other drugs), accounting for 20.8 % of ATD clients (164 out of 789).

In 2011, opiates (always mostly heroin) accounted for 44.8 % (206 out of 460 clients), cannabis for 12.8 % (59 out of 460), cocaine for 2.6 % (12 out of 460), and ecstasy and benzodiazepines each for 0.4 % (two clients respectively out of the total of 460 ATD); polydrug users accounted for 24.6 % (113/460). There was no statistically significant difference in terms of the type of drug used by clients entering treatment between 2011 and 2010.

With regards to how all drugs were taken, in 2010 and 2011 respectively 44.4 % and 44.6 % of the clients used drugs intravenously, 36.7 % and 23.0 % reported snorting, 12.4 % and 17.6 % inhaled them. However, there is no information about the main drug of abuse for 6.0 % and 14.3 % of clients for 2010 and 2011. About 15 % of the clients had concurrent behavioural and psychiatric disorders as well as problem drug use in 2010.

⁽¹⁾ Treatment Demand Register of the Addictology and Clinical Toxicology Service, Tirana University Hospital Center ‘Mother Theresa’.

⁽²⁾ Number of drug users seeking help for their drug-related problems who were clients of the Addictology and Clinical Toxicology Service during a one-year period; most of them are problematic drug users (PDUs).

⁽³⁾ Problem drug use is defined as injecting drug use (IDU) or long-duration or regular use of opioids, cocaine and/or amphetamines. PDUs (problematic drug users) are injecting drug users (IDUs) or long-term/regular users of opiates, cocaine or amphetamine.

[top of page](#)

Drug-related infectious diseases

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 and STIs under the Department of Control of Infectious Diseases at the Institute of Public Health ⁽⁴⁾, the Behavioural and Biological Surveillance Survey (Bio-BSS), second round, conducted in 2008 [5], the Bio-BSS third round, conducted in 2011 [6], and sentinel surveillance of different NGOs working in the field of harm reduction ⁽⁴⁾.

The data from the National Register of Infectious Diseases (Institute of Public Health) indicate that injecting drug users (IDUs) account for 0.62 % (three people) of HIV infections out of 480 cumulative HIV cases registered through HIV/AIDS surveillance system from 1993 (the year of the first detected HIV case in Albania) until the end 2011. Data from the Bio-BSS second round (carried out in Albania in 2008) [5] did not show any injecting drug users (IDUs) with HIV from a sample of 200 IDUs. Data from the Sentinel surveillance of NGOs, which performed random field tests until 2010, also did not show any HIV cases among tested IDUs. (In 2011 and 2012 IDUs were not routinely monitored, due to lack of funding for NGOs.) Meanwhile, data from the Bio-BSS third round (carried out in Albania in 2011) [6] showed one injecting drug user (IDU) with HIV from a sample of 200 IDUs (0.5 %).

In Albania, the prevalence of acute hepatitis B and hepatitis C among drug users significantly exceeds the occurrence of HBV and HCV among the general population.

The data from laboratory surveys of hepatitis B ⁽⁴⁾ among IDUs in 2003, 2006–07 and 2009 demonstrated a prevalence of HBsAg+ at 10.1 % (8 out of 79), 22.8 % (38 out of 166) and 20.2 % (20 out of 99) 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. No data are available for 2011 ⁽⁴⁾. It should be emphasised that Albania has a high to intermediate prevalence of hepatitis B (more than 8 %) among the general population, to the extent that a vaccination programme of newborns/infants was statutorily established in 1995.

Hepatitis C prevalence is low among the general population: 0.99–1.2 % based on hepatitis laboratory surveillance ⁽⁴⁾. The data from laboratory surveys of hepatitis C among IDUs in 2003, 2006–07 and 2009 demonstrated a prevalence of 12.6 % (8 out of 63), 29.4 % (48 out of 63), and 29.2 % (29 out of 99) respectively. The Bio-BSS study, second round, 2008 [5], indicated a 7.6 % prevalence of hepatitis C virus among IDUs (95 % CI: 3.0–12.7 %); and the Sentinel Surveillance, among clients of harm reduction institutions and prisoners, indicate a 5.0 % prevalence of hepatitis C virus in 2010. The hepatitis C prevalence among IDUs obtained by the third round (year 2011) of the Bio-BSS study [6] was found to be significantly higher, at 28.8 % (95 % CI: 20.5–37.2 %), that is, similar to the figure of 25.4 % (95 % CI: 18.5–32.7 %) obtained among IDUs in the first round (year 2005) of Bio-BSS [4].

According to the data from the second round Bio-BSS [5], syphilis prevalence in 2008 was 0.5 % (95 % CI: 0.0–1.6 %) among IDUs, compared to 0.2 % prevalence among the general population. The third round Bio-BSS, 2011 [6], showed a prevalence of 0.5 % (95 % CI: 0.0–1.6 %) among IDUs, that is, quite comparable to that obtained by the previous 2008 Bio-BSS.

Anthrax surveillance was strengthened among IDUs in public institutions and NGOs, but no case was detected.

⁽⁴⁾ Drug-Related Infectious Diseases Register of the Department of Infectious Diseases, Institute of Public Health.

[top of page](#)

Drug-related deaths

In 2009, the Addictology and Clinical Toxicology Service of Tirana University Hospital Center ‘Mother Theresa’ (TUHC) reported two toxicologically confirmed deaths from amphetamine overdoses and one suspected case of heroine overdose death. In 2010, five drug-related deaths (mainly due to drug overdose) were reported by the Albanian police.

It is important to note that many cases reported in the media are deaths that occur outside medical institutions, either in the home or in remote, abandoned places where the victims committed their fatal overdoses. Against this backdrop, the functioning and strengthening of information on drug-related deaths in Albania still remains of great concern and is in urgent need of attention.

In May 2012 the Institute of Public Health in cooperation with Addictology and Clinical Toxicology Service (TUHC), Forensic Medicine Institute, Institute of Statistics (INSTAT), and UNODC and WHO, convened a day-long expert working group table on drug related deaths (DRD). The meeting aimed to coordinate the referral of information on DRD to the National Drugs Information Centre and identify specific approaches for improving DRD information in Albania.

Based on the Forensic Medicine Institute Registry, there were 15 registered cases of drug-related death over the period 2008–12 with toxicological analysis, namely 4 cases in 2008 (cocaine 2, morphine 1, opioids 1), 4 cases in 2009 (heroin 1, methadone and benzodiazepines 1, cocaine 1, opioids 1), 2 cases in 2010 (heroin 2), 2 cases in 2011 (cocaine 1, morphine and codeine and methadone 1), and 2 cases in 2012 (heroin 2).

[top of page](#)

Treatment responses

Treatment availability is fairly limited in Albania, and the main focus is on opioid substitution treatment using methadone. Buprenorphine treatment, heroin-assisted treatment including, as trials, slow-release morphine, and buprenorphine/naloxone combination treatment are not yet available. The Ministry of Health does not yet allocate special funds in its budget for drug treatment service. Detoxification treatment, including the indispensable basic medicaments, is not funded by the national health insurance agency. Psychosocial interventions frequently do not exist. Treatment of problem drug users remains outside mainstream health services; general practitioners and primary healthcare services are not familiar with this kind of intervention. Public social services are still not clear about their role and activity in the drug treatment field. Meanwhile, only the public sector and the non-profit and non-governmental organisations (NGOs) are involved in drug treatment services provision (see Tables 1 and 2).

Table 1: Treatment availability in Albania in 2011

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

Table 2: Year of official introduction of opioid substitution treatment substances in Albania

Applied substances in opioid substitution treatment	Officially introduced in
Methadone (MMT)	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

MMT: methadone maintenance treatment

HDBT: high-dosage buprenorphine treatment

There is still only one public centre that can treat problem drug users, namely the Addictology and Clinical Toxicology Service of Tirana University Hospital Center 'Mother Theresa' (TUHC), formerly known as the Clinical Toxicology Service. In March 2012 both the name (the term 'Addictology' was added) and location (moving from the Military University Hospital to a reconstructed larger facility within the TUHC campus) was changed. The Addictology and Clinical Toxicology Service has 20 beds, covers the whole country, deals mainly with detoxification and overdose treatment, and serves as both a hospital inpatient and an outpatient unit. Psychiatric services do not provide any treatment for problem drug users, except for those who have another psychiatric problem alongside their problem drug use. The NGO 'Emanuel' therapeutic centre provides about 20 beds.

Methadone maintenance treatment (MMT) provision was started in 2005 by the NGO Aksion Plus, funded by the Soros Foundation. The overall number of clients who began this free-of-charge methadone programme as outpatients, from June 2005 until the end of 2010, was 640 (218 until the end of 2007; 375 until the end of 2007; and 593 until the end of 2009) (5). This included also some prisoners, in accordance with

an agreement with the Ministry of Justice. Until the end of 2010, 34 prisoners had been included in MMT. The programme's continuity (2008 onwards) as a free-of-charge service is ensured by the financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. From 2008, MMT services were extended outside the capital Tirana, with centres established in Durres, Korça, and Vlora. In 2010 two new centres were established, one in Elbasan and other in Shkoder. Until the end of 2011 the cumulative number of clients enrolled in the MMT programme (2005–11) was 813, while 473 clients were in treatment by the end of 2011 in all aforementioned centres. Meanwhile, the MMT provided by the Addictology and Clinical Toxicology Service of Tirana University Hospital Centre 'Mother Theresa' is neither free-of-charge, nor reimbursed by the national health insurance agency.

According to the National Strategy Against Drugs 2004–10 (namely its National Drug Demand Reduction component): (i) MMT programmes (long-term substitution) should be covered by specialised centres; (ii) prescription in the first period should not be extended to family doctors; (iii) there should be a strict requirement for special training for prescribing physicians; and (iv) MMT needs a special methodology, not special legislation. The current MMT policy in Albania should therefore try to follow these guidelines.

(⁵) Substitution Methadone Treatment Register of the NGO Aksion Plus.

[top of page](#)

Harm reduction responses

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, as well as by the public Voluntary Counselling Testing Centres of HIV/AIDS and STIs National Programme. Harm reduction responses are focused on needle/syringe exchange, peer education, information and counselling, basic medical support and psychosocial support.

The needle and syringes exchange services are offered only in the capital Tirana, and there is still an insufficient distribution across the country as a whole. All activities are implemented in NGO facilities. A mobile outreach team is operating in Tirana by the NGO Stop AIDS, reaching IDUs and other high-risk groups at their main gathering places in the city. Through such programmes, the IDUs are not only exchanging needles and syringes but also obtaining condoms, disinfectants, information and education materials, as well as social and psychological assistance. By the end of 2010, a total of 4 050 IDUs had benefited from needle exchange programmes. Stop AIDS also offers harm reduction activities to prisoners in six prisons, focusing on information, and counselling, peer education, HIV, syphilis, hepatitis B and C testing, training of medical and psycho-social personnel and provision of condoms.

Vaccination against hepatitis B for newborns has been available since 1994. The Institute of Public Health occasionally offers vaccinations against hepatitis B to IDUs

(the IDUs have been included in hepatitis B vaccination programmes of risk groups since 2001, which are provided free of charge).

[top of page](#)

Drug markets and drug-related offences

The Anti-Drug Sector at the General Directorate of State Police of the Ministry of Interior ⁽⁶⁾ is the national body responsible for the collection and analysis of data and for producing country statistics on drug markets and drug-related offences ⁽⁷⁾. Within this framework, customs and border police have duties relating to the enforcement of drug law, but in cases of seizure they statutorily refer the data to the Anti-Drug Sector.

In 2010, according to the Albanian State Police, a total of 711 drug cases were registered and 891 offenders were prosecuted. These represent 4.6 % of all law offences (15 329) and 5.9 % of law offenders (15 157) registered in Albania. Twenty-one drug offenders were foreigners; 21 were women. At the time of prosecution, 605 drug offenders were between 19 and 35 years old, 619 were unemployed and 72 were students. Some 147 drug offenders had previous non-drugs related criminal convictions.

In 2011, a total of 742 drug cases were registered and 1 041 offenders were prosecuted. These represent 4.2 % of all law offences (17 646) and 5.86 % of all law offenders (17 773). Compared to the year 2010, the number of drug cases is increased by 4.2 % and the number of the offenders by 16.8 %.

Cannabis seems to be the only narcotic plant cultivated in Albania. Between 1993 and 2000 cultivation was spread throughout most of the country; more recently it has been reported to be located in a limited number of smaller areas. According to the police, in 2010 there were 178 cases of cannabis cultivation, 37 216 plants were destroyed and 79 offenders were prosecuted for cannabis cultivation. In 2011, there were 89 cases of cannabis cultivation (a 50 % reduction compared to 2010) and 21 267 plants were destroyed (a 44 % reduction compared to 2010).

Although overall the number has decreased considerably, Albania remains a country of origin for cannabis and its derivatives. Greece and Italy are the main destinations for cannabis and its derivatives, though it is also sent to some other European countries. An increase in the number of seizures of marijuana at the trans-border points was noticed in 2011. In 2010, according to the police, there were 380 marijuana seizures, when 7 304.805 kg of marijuana was seized. In 2011, there were 503 marijuana seizures, when 7 695.658 kg of marijuana was seized (an increase of 5.4 % from 2010). Prices of marijuana at street level did not change compared to 2010, 2009 and 2008. The price of 5 grams of marijuana ranged from EUR 4 to EUR 8 in 2011. The typical percentage of tetrahydrocannabinol (THC) in marijuana at street level was estimated to be around 4 %.

Being part of the southern branch of the 'Balkan Route', Albania is a transit country for heroin trafficking. The main routes used are 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 heroin includes trucks, buses, cars etc. Greece and Italy are the main destinations for the heroin, and very small quantities are sent to other European countries. Increasingly, some of the heroin has been retained in Albania for local consumers. In 2010, according to the police, there were 101 heroin seizures where 15.518 kg of heroin was seized. In 2011, there were 97 heroin seizures with 21.409 kg of heroin seized (increase in the amount seized by 38 % compared to 2010). There was no change in the price of heroin at street level (it costs from EUR 21 to EUR 25 for 1 gram) compared to previous years. The typical purity of heroin at street level was 2 % in 2011.

Cocaine seems to arrive in Albania in small quantities, mainly by couriers or post deliveries from the USA and/ South American countries traditionally known for its production. It is sent on, sometime in small quantities, primarily to Greece and Italy, while in 2010 the first case of smuggling cocaine in a container and swallowed in a person's stomach was detected. In 2010, according to the police, there were 42 cocaine seizures and 3.268 kg of cocaine was seized. In 2011, there were 37 cocaine seizures and 2.196 kg of cocaine was seized. The price of 1 gram of cocaine was EUR 50 to EUR 70 in 2011, and the typical purity level was 20 %.

Synthetic drugs are less of an issue in Albanian drug markets, in terms of both supply and demand.

⁽⁶⁾ Albania's Ministry of Interior.

⁽⁷⁾ Register of Drug Seizures and Drug Offenders of the Sector Against Narcotics, General Directorate of State Police, Ministry of Interior of Republic of Albania.

[top of page](#)

National drug laws

With regard to international legislation, Albania has adhered to the three UN Drug Conventions by adopting the following laws:

Law No 8722, dated 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*, 29 January 2001, p. 2156).

Law No 8723, dated 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*, 29 January 2001, p. 2190).

Law No 8965, dated 7 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*, 8 December 2002, p. 2254).

In the framework of implementation of the legislative reform, the Republic of Albania has adopted and implemented a complete and contemporary national legislation in compliance with the international conventions, which is summarised in the following laws:

Law No 7975, dated 21 July 1995 ‘On narcotic and psychotropic substances’ (*Official Gazette of the Republic of Albania No 20*, 25 August 1995, p. 853), amended by Laws: No 9271 dated 9 September 2004; No 9559 dated 8 July 2006. This law defines the rules of production, manufacturing, import, export, control, store and trade of narcotic and psychotropic substances. The list of the drugs under control is part of this law.

Law No 8750, dated 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*, 13 April 2001, p. 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, dated 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*, 29 April 2002, p. 359) defines the rules for the control of the substances that are often used for the illicit manufacturing of narcotic and psychotropic drugs, with the aim of preventing the supply or deviation from legal destination of such substances. The list of the substances (precursors) under control is part of this law.

Law No 7895, dated 27 January 1995 ‘On the Penal Code of the Republic of Albania’ (*Official Gazette of the Republic of Albania No 2*, 16 March 1995, p. 23), amended by Laws: No 8279 dated 15 January 1998; No 8733, dated 24 January 2001; No 9275, dated 16 September 2004.

Articles 283–286/a define serious sanctions for people 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 organisations. Penal sanctions are defined for illicit cultivation of narcotic plants (3–7 years of imprisonment) and trafficking or deviation of precursors (3–7 years of imprisonment). Possession of a ‘daily 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.

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, dated 21 March 1995 ‘Penal Procedural Code of the Republic of Albania’ (*Official Gazette of the Republic of Albania No 5*, 24 April 1995, p. 159). Important changes were also made by Laws: No 8813, dated 13 June 2002; No 9187,

dated 12 February 2004 with regard to the use of special investigation means, such as surveillance and interceptions (Articles 221, 222, 223, 224), simulation actions and infiltration (Article 294/a, 294/b).

The above-mentioned legal acts are available on the website belonging to the Centre of Official Publications [<http://www.qpz.gov.al/>].

[top of page](#)

National drug strategy

The National Strategy Against Drugs 2012–16 is approved by the Council of Ministers Decision No 403, 20 June 2012 (*Official Gazette No 85*, 24 July 2012, p. 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 minimising 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 minimise 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 respective Action Plan of the Strategy is not yet approved.

The previous (and the first) National Drug Strategy was implemented over the period 2004–10.

[top of page](#)

Coordination mechanism in the field of drugs

Aiming to improve institutional cooperation in the fight against narcotics, the Council of Ministers Decision No. 299 dated 14 April 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 Drug Information System' has been adopted. The Office of the National Drug Information System, located at the Institute of Public Health, is the official partner of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) in Lisbon, Portugal.

In 2010, the Ministry of Interior continued to lead the process that aimed to further regulate the country coordination mechanism in the field of drugs and related issues. In 2011, a decision to establish an Inter-ministerial Committee for the Fight against Drugs, supported by a secretariat and a National Centre of Information on Drugs under the auspices of the Institute of Health was adopted by the Council of Ministers.

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.

[top of page](#)

Drug-related research

Scientific research is a priority within the national policy on drug addiction, prevention and control, as is the development of information systems and training on research. The Institute of Public Health, the national scientific centre in the field of public health, plays the leadership role in (i) epidemiological drug-related research among the general population and specific target groups; (ii) development of methodological recommendations in relation to these groups; (iii) collection and analysis (through its National Centre for Drug Information System) of all drug-related data and ongoing research from all relevant institutions/agencies/actors [1]; (iv) assessment of the effectiveness of prevention programmes and evaluation of national action; and (v) dissemination of drug-related research findings/drug-related information outputs. Recent drug-related studies mainly focused on aspects related to drug use prevalence among youth and schoolchildren, but also include topics on the consequences of drug use.

In 2011 the Institute of Public Health in collaboration with Addictology and Clinical Toxicology Service (TUHC) carried out a study based on a World Health Organization prepared instrument called SAIMS (Substance Abuse Instrument for Mapping of Services) [14]. The information for the study was assured by reviewing existing published or unpublished materials as well as existing databases. Key informant based interviews completed the information and prospective. The aim of the survey was to provide analyses on the type, distribution, quality and cost of treatment services and to describe the characteristics of service users in Albania. The final report is available in Albanian and English [<http://www.ishp.gov.al/?cat=21>].

[top of page](#)

References

- [1] Council of Europe (1996), 'Seminar on information systems and applied epidemiology of drug misuse for Albanian experts' (Tirana, Hotel Rogner 'Europopark', 18–20 December 1995), Pompidou Group, Strasbourg, 5 January, P-PG 96, p. 1.
- [2] Institute of Public Health (2006), 'Youth Risky Behaviour Survey, 2005', Institute of Public Health Report, Tirana, February.
- [3] Institute of Public Health (2009), 'Youth Risky Behaviour Survey, second round, 2009', Institute of Public Health Report, Tirana, September.
- [4] Institute of Public Health, USAID, FHI, and ISOP (2006), 'Albania behavioural and biological surveillance study report, first round, 2005', Family Health International Publication, Tirana.
- [5] Institute of Public Health and ISOP (2008), 'Albania behavioural and biological surveillance study report, second round, 2008', ISOP and Institute of Public Health, Tirana.
- [6] Institute of Public Health (2012), 'Albania behavioural and biological surveillance study report, third round, 2011', Institute of Public Health, Tirana.
- [7] Kakarriqi, E. and Sulaj, Z. (2000a), 'Albania in DRSTP II', Pompidou Group Drug Demand Reduction Staff Training Project (DRSTP II), Strasbourg, 20 March 2000 (P-PG/Training (2000) 1), and 20 September 2000 (P-PG/Training (2000) 2 rev).
- [8] Kakarriqi, E. and Sulaj, Z. (2000b), 'National report on the drug situation in Albania, 2000', PHARE Project on Drug Information Systems Bridging Phase, European Commission, Brussels.
- [9] Kakarriqi, E. (1999), 'Albania national report on primary drug prevention within the community', PHARE Programme TA to DDR (Technical Assistance to Drug Demand Reduction), October.
- [10] Kakarriqi, E. (1996), 'An epidemiological overview of drug misuse in Albania', 25th Meeting of Experts in Epidemiology, Council of Europe, Pompidou Group, Strasbourg, 25–26 November 1996, P-PG (97) 2.
- [11] Kakarriqi, E. (various), 'Albania: annual reports questionnaire, part II — drug abuse (extent, patterns and trends of drug abuse). Reporting year 2003 (E/NR/2003/2), 2004 (E/NR/2004/2), 2005 (E/NR/2005/2), 2006 (E/NR/2006/2), 2007 (E/NR/2007/2)', Pompidou Group of the Council of Europe, Strasbourg.

[12] Kakarriqi, E. and Sulaj, Z. (2001), 'Albania. In 3rd multi-city study: drug use trends in European cities in the 1990s', Council of Europe Publishing, Strasbourg, pp. 28–29.

[13] UNFPA (United Nations Population Fund) (2008), 'Supporting healthy lifestyles education of young people in Albania', UNFPA Albania Country Office Report.

[14] Ylli, A., Kakarriqi, E., Sulaj, Z. and Bani, R. (2011), 'SAIMS report on prevention and treatment systems for drug-related health disorders in Albania', WHO Office, Tirana.

[15] Ministry of Health of Albania, Institute of Public Health of Albania, ESPAD, EMCDDA, CAN: ESPAD Albania (2011), 'The European survey on alcohol and other drug use among young people in Albania in 2011', ILAR Printing House, Tirana 2011.

[16] Institute of Statistics of Albania (INSTAT) (2011), 'Albania population and housing census 2011', INSTAT.

[top of page](#)

Working Group of the Country Overview Report

Eduard Kakarriqi, M.D., M.Sc., Ph.D., Professor
National Correspondent of EMCDDA-IPA4 2012–14 Project
Head of the Department of Epidemiology and Health Systems
Institute of Public Health

Alban Ylli, M.D., M.Sc., Ph.D.
Department of Epidemiology and Health Systems
Institute of Public Health

Zihni Sulaj, M.D., Ph.D., Associate Professor
Head of Addictology and Clinical Toxicology Service,
Tirana University Hospital Center 'Mother Theresa'

Silva Bino, M.D., M.Phil., Ph.D., Associate Professor
Head of the Department of Control of Infectious Diseases,
Institute of Public Health

Roland Bani, M.D., M.P.H.
National Programme of HIV/AIDS/STIs,
Department of Control of Infectious Diseases,
Institute of Public Health

Sokol Selfollari
Head of Sector against Narcotics,

General Directorate of State Police,
Ministry of Interior

Klodian Rjepaj, M.D., M.P.H.
Department of Epidemiology and Health Systems,
Institute of Public Health