



National Action Plan on Drug Information System – Albania

EMCDDA – IPA 3 PROJECT

National Action Plan on Drug Information System in Albania for the period 2011 – 2014

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1. Introduction

The Drug information system (DIS) is a comprehensive tool to monitor the drug situation in the country.

DIS aims at collection, analysis, synthesis and interpretation of data as well as at their dissemination. In terms of methods and concepts applied, DIS in Albania (Albania) follows data collection standards, especially five key indicators of drug epidemiology (5 KIs)¹, developed by European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). DIS should utilise and combine various methods and data sources from all institutions and partners in this field in Albania.

Information collected and disseminated within DIS shall contribute to better understanding of the situation in drug trafficking, drug use, misuse and abuse as well as in impacts and consequences of the drug use and drug phenomenon as such. Consequently, the improved understanding should result in improved policy and drug strategy based on the gathered evidence and in evaluation of drug policy both at local and national levels.

National action plan on Drug information system (NAPDIS) is a tool for the description, assessment and planning of measures towards improvement of DIS and better availability and quality of information on drug situation.

As such, this NAPDIS is the first comprehensive attempt of Albania (Albania) in this regard. It was elaborated as one of the mandatory output of EMCDDA's project „Preparation of IPA beneficiaries for their participation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)“ realised within Instrument for Pre-Accession (IPA 3) realised in 2010–2011. A working group of national experts prepared this NAPDIS under the supervision of Reitox coach (see in Annex) at the second semester of 2011.

DIS Philosophy

1. Evidence based approach – to avoid mistakes as much as possible and to achieve the right result
2. Expertise – to achieve good quality data
3. Standardization – to increase comparability of the data
4. Informational openness – to achieve optimal environment and setting for the work
5. Networking – to enlarge horizon and to have more potency
6. Project-based approach – to be focused on and flexible
7. Pragmatism – to gain the goal

¹ The EMCDDA five key indicators are: (1) prevalence and patterns of drug use among the general population (general and school population surveys); (2) prevalence and patterns of problem drug use (statistical prevalence/incidence estimates and surveys among drug users); (3) drug-related infectious diseases (prevalence and incidence rates of HIV, hepatitis B and C in injecting drug users); (4) drug-related deaths and mortality of drug users (general population mortality special registers statistics, and mortality cohort studies among drug users); (5) demand for drug treatment (statistics from drug treatment centres on clients starting treatment). See more at <http://www.emcdda.europa.eu/themes/key-indicators>.

DIS components are:

1. Human resources (specialists, experts and etc.);
2. Financial resources (National budget, international funds/projects and etc.);
3. Legal framework (legal acts, rules, regulations, agreements and etc.);
4. Data collection tools (recommendations, guidelines, data forms, standard tables, structured questionnaires and etc.);
5. Information technologies (PC, databases, software, networks);
6. Responsible institutions for data & information collection, store and analysis & Network coordination;
7. Outputs/Results (reports, articles, recommendations and etc.);
8. Evaluation mechanism.

2. Country summary information on Albania

Official name :	Republic of Albania (Republika e Shqipërisë)
The flag:	
Geographical location:	Southeast Europe, in the Balkans region.
Border countries:	Greece to the south-east, Montenegro to the north, Kosovo to the northeast, and the Republic of Macedonia to the east. It has a coast on the Adriatic Sea to the west, and on the Ionian Sea to the southwest.
Administrative divisions:	Albania is divided into 12 administrative counties (Albanian: qark or prefekturë). These counties include 36 districts (Albanian: rreth) and 373 municipalities (Albanian: bashki or komunë).
Area:	28748 km ² . of these 1350- km ² (2.30%) water
Climate:	The coastal lowlands have typically Mediterranean weather; the highlands have a Mediterranean continental climate.
Population:	3 194 417 (2010.01.01 estimation)
Population structure:	92% Albanians, 6% Greeks, 2% others
Capital :	Tirana
Official language:	Albanian
Official currency:	Lek (1 Euro=140 Lek)



3. Existing DIS in Albania

3.1 Available information sources on drug situation – a summary

The overall picture of drug phenomenon in Albania might be summarized highlighting the following peculiarities. First, the drugs problem is relatively a recent one in Albania; its very beginnings dating in early 1990's (before being characterized as a sporadic insignificant phenomenon). Second, in the following years the drug phenomenon has shown a continuous increase concerning both of its aspects: drug demand and drug supply. Third, the geographical position of Albania is a very conspicuous regarding the drugs trafficking via East-West or vice versa; meanwhile, Albania still remains the poorest country of Europe. These two features constitute a solid basis of the illegal drugs market establishment. And fourth, there is still an inadequate level of knowledge, awareness, and proper behaviour among the population of Albania, especially the youth, towards drug problems.

The activity of the National Center for Drug Information System at the Institute of Public Health, established in May 20, 1996 by the Governmental Resolution No. 412, decreased over years to become nearly non-existent after 2002's. Although expertise on drug-related issues can be currently found in various agencies, and data collection does take place, the drug information is scattered around due to lack of cooperation and data exchange between all actors, thus not able of giving reliable estimation of the drug situation in the country. There are still substantial needs (gaps) for training and targeted methodological support regarding the standards for drug-related data collection. In addition to this, the still inadequate accessibility rate to health and social services in general and those dealing with drug-related problems in particular, raise the concern of an important part of information being unavailable.

In such a context, the official actualization of the National Center for Drug Information System within the Institute of Public Health, with all its attributes for drug demand and drug supply data collection, analysis, and feed-forward/feed-back, is the solution key for the actualization of Drug Information System and its further functioning. The mission of the EMCDDA Project Team in early 2008's in Albania was a good starting point on such a crucial concern. As an immediate result, for all the existing data sources regarding both drug demand (both public sector and NGOs) and drug supply

have already established good communication channels with the Institute of Public Health (National Center for Drug Information System).

Still existing unbalanced positioning between drug demand and drug supply would be identified as the main gap. While the drug demand reduction has remained an issue of an inappropriate concern, the supply reduction of drugs is high on the agenda of Albanian government. While drug demand reduction is still remaining spontaneous, fragmented and poorly financed, the drug-supply reduction and law enforcement issues constitute an integral part of the fight against corruption and organized crime and figure prominently among the Albanian government priorities. It is just such a determination of the Albanian government in the fight against drugs, in close collaboration with international law enforcement agencies, that has led to positive results over the past years, such as a reduction of drug trafficking through tightening the country borders (land, sea, air), uprooting the phenomenon of cannabis cultivation in Albania, improvement the professionalism of state police, large suppression of criminal organizations/networks, etc. Though the obtained positive results on drug supply reduction have a positive impact on drug demand reduction, such an impact is an indirect one. Therefore, posing the drug demand reduction as a priority issue of the same importance as the drug demand supplies one represents a policy of a current indispensable need.

THE 5 KEY EPIDEMIOLOGICAL INDICATORS DATA

1) General Population Surveys (GPS) is one of the five EMCDDA key Indicators, providing prevalence and patterns of drug use among the general population.

To date, no survey on drug use among the general population has been conducted.

Other drug use surveys among other groups of population:

“ESPAD” study 2009 (CAN methodology, IPH funds). Next study is planned for 2011.

“Youth Risky Behaviour Study, 2005 (first round) & 2009 (second round)”. ☒

“Albania Behavioural and Biological Surveillance Study, 2005 (first round) & 2008 (second round)”.

Data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behaviour Surveys (YRBS), being focused on high school population and conducted throughout the country by the Institute of Public Health in 2005 , and in 2009 (second round) , with a sample size of approx. 4,000 subjects each of them. The YRBS variable according to lifetime prevalence of drug use is in compliance to the EMCDDA case definition. Behavioural and Biological Surveillance Survey (Bio-BSS) conducted in 2005 gave a comprehensive picture on the matter on Roma population (ethnic minority) as well. Other reported school-based surveys (not nation-wide) have not used measurable epidemiological instruments and claimed qualitative data only.

As to ESPAD survey, (the first one in Albania), projected to be carried out by the Institute of Public Health, all the preparatory procedures have been finalized, and data collection and the respective results are expected by the second trimester 2011.

2) Problem Drug Use (PDU) Indicator, defined as injecting drug use or long duration or regular use of opioids, cocaine and/or amphetamines, provides prevalence estimates and patterns of problem drug use; (problematic drug users (PDUs) are injecting drug users (IDUs) or long-term/regular users of opiates, cocaine or amphetamine).

There is currently no national register of problem drug users (PDUs). 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.

The Institute of Public Health, supported by UNAIDS, is carrying out an estimation exercise of the number of Injecting Drug Users (IDUs), and the results will be available by the end of 2010.

Prevalence and incidence estimates of PDUs using "capture-recapture" method will be done in 2011 on the basis of detailed data from the existing sources, namely:

- "Treatment Demand Register" of the Clinical Toxicology Service, Tirana University Hospital Center 'Mother Theresa';
- "Substitution Methadone Treatment Register" of the NGO 'Aksion Plus';
- Database of the 'Emanuel' residential treatment center (NGO).

3) Treatment Demand Indicator (TDI) describes the population of drug users entering treatment: those who entered treatment in the given year for the first time in their lives (FTD – First Treatment Demand), and all who were subject to the treatment at least once in the given year (ATD – All Treatment Demand).

The TDI data are available in the Treatment Demand Register of the Clinical Toxicology Service of Tirana University Hospital Center "Mother Theresa", which is the unique qualified drug centre in Albania, responsible for all the country, dealing mainly with the detox and overdose treatment, and serving both as a hospital inpatient and outpatient unit.

The Treatment Demand Register lists all-important case-based (client-based) data (sociodemographic, drug use patterns, treatment, etc). It covers all persons seeking treatment (including substitution treatment), either being self-referred or referred by health service agencies (both public and private ones and the relevant NGOs), as well as by the police and prisons.

4) Drug Related Infectious Diseases (DRID) Indicator gives an overview of drug-related infectious diseases such as HIV/AIDS, HCV, HBV, and STIs among injecting drug users (IDUs).

The main source of detailed data: "Drug-Related Infectious Diseases Register" of the Department of Control of Infectious Diseases, Institute of Public Health. Other data sources:

- *"Albania Behavioural and Biological Surveillance Study, 2005 (first round) & 2008 (second round)"*.

- *"Youth Risky Behaviour Study, 2005 (first round) & 2009 (second round)"*.

Other drug-related health correlates and consequences (non-fatal overdoses and drug-related emergencies):

-*The Clinical Toxicology Service, Tirana University Hospital Center 'Mother Theresa' as the main data source.*

-*Data from the Emergency Service (Room) of Tirana University Military Hospital.*

The Drug-Related Infectious Diseases Register lists all-important case-based data. The cases are IDUs undergoing laboratory testing for drug-related infectious diseases (HIV/AIDS, HCV, HBV, STIs). The case-based data consists on (a) socio-demographic characteristics of IDUs, (b) drug-related characteristics of IDUs, (c) needle- and equipment sharing behaviour characteristics of IDUs, (d) sexual behaviour characteristics of IDUs, and (e) knowledge level of IDUs concerning prevention and testing of drug-related infectious diseases.

The detailed description of the Drug-Related Infectious Diseases Register, according to the requirements of the template of CARDS Project, is presented in subchapter 3.2 (“Drug-Related Infectious Diseases Register”) of the chapter 3 (“Description of databases”) of this “Drug Information Map Report”.

5) Drug Related Deaths (DRD) Indicator gives an overview of the number of drug related deaths.

Main data sources:

- “Legal Medicine Institute”, Tirana University Hospital Center ‘Mother Theresa’;
- The Clinical Toxicology Service, Tirana University Hospital Center ‘Mother Theresa’;
- State Police.

There are not reliable data on drug-related deaths (DRDs) in Albania. In most death cases presumed to be related to drug overdose, mass media has been the only source of information. The official DRDs information is weak, even virtually nonexistent for several reasons: (a) 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. (b) 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. (c) There is still a lack of cooperation and collaboration between the relevant agencies and data exchange is scarce. (d) 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. (e) 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 Clinical Toxicology Service two toxicologically confirmed deaths from amphetamine overdoses and one suspected case of heroine overdose death were registered. 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 and taking into account the relative large number of non-fatal drug overdoses, 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.

3.2 Legal and institutional framework, organisation and coordination of DIS in Albania

Scientific research is a priority within the national policy on drug addiction, prevention and control, as are 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 (a) epidemiological drug-related research among the general population and specific target groups; (b)

development of methodological recommendations in relation to these groups; (c) 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; (d) assessment of the effectiveness of prevention programmes and evaluation of national action; and (e) dissemination of drug-related research findings/drug-related information outputs.

The activity of the National Center for Drug Information System at the Institute of Public Health, established in May 20, 1996 by the Governmental Resolution No. 412, decreased over years to become nearly non-existent after 2002's. But from 2008, when started EMCDDA Card project, Albania actively participated in the EMCDDA projects activities on national DIS and National focal point building. The Institute of Public health with EMCDDA support advocated reestablishment and strengthening of Albania NFP. These efforts results - the Resolution No. 299 of 14 April 2011 of the Council of Ministers of Republic of Albania (signed by the Prime Minister) which declares the official re-establishment/re-vitalization of the National Center of Drug Information System at the Institute of Public Health.

3.3 Key sources of drug-related data and institutions involved in DIS in Albania

Details on available data sources on drug situation in Albania are provided in a separate document – The Information Map of Drug-related Data Sources in Albania.

The table below provides the list of national institutions in Albania with the short description of their activities and responsibilities within DIS.

Institution	Name / description of data source	Type of drug data / key indicator
Treatment Demand Register	Treatment Demand Data (=Treatment Demand Indicator)	Clinical Toxicology Service of Tirana University Hospital Center "Mother Theresa"
Drug-Related Infectious Diseases (HIV/AIDS, HCV, HBV, STIs) Register	Drug-Related Infectious Diseases Data (=Drug-Related Infectious Diseases Indicator)	Department of Control of Infectious Diseases of the (National) Institute of Public Health
Substitution Methadone Treatment Register	Methadone Maintenance Treatment Data	Non-Governmental Organization (NGO) "Aksion Plus"
Register of Drug Seizures and Drug Law Offences	Seizures data (number of drug seizures and the quantities seized) and data on Drug Law Offences (offenders caught by all law enforcement agencies for use, possession, and trafficking of illicit drugs)	Sector against Narcotics of the General Directorate of State Police (Ministry of Interior)

4. Assessment of current status and perspectives of DIS in Albania

4.1 SWOT analysis

SWOT analysis of the status of DIS in Albania was performed within IPA 3 project by the national Working Group (see members in Annex).

4.1.1 Strong points

- The Resolution No. 299 of 14 April 2011 of the Council of Ministers of Republic of Albania (signed by the Prime Minister) which declares the official re-establishment/re-vitalization of the National Center of Drug Information System at the Institute of Public Health.
- Existence of the review of the drug situation in Albania (Country Overview 2009, 2010) prepared within EMCDDA's CARDS and IPA projects.
- Inventory of the drug-related data sources existing in Albania (Data Information Map) was done within EMCDDA's CARDS project (2009) and updated within IPA project (2010)
- Identified national experts and forming of expert group in the field of monitoring, epidemiology and research of drug use (such as national Working group formed within EMCDDA's IPA3 project)
- Existence of specialized institutions experienced in prevention and treatment of drug addiction which have been participating in various research projects, developed cooperation at the local and international level and established an internal information systems.
- The centralized system of the country allowing better coordination.
- Data for drug supply indicators is available and only needs to be harmonized with the statistical tables of the EMCDDA.
- Information on prevalence of infection diseases are available from few biological studies and behavioural studies. Data is also available routine statistic data.

4.1.2 Weak points

- Lack of comprehensive data collection and information system in the field of drugs.
- Lack of established networking and communication platforms (working groups) in the field of monitoring and research of drugs and drug addiction.
- Inadequate and insufficient funding of the data collection and information system in the field of drugs.
- Data collection/information systems development is not in the institution/country first priorities list.
- Lack of technical equipment and personnel at various level and networks (public health institutes, treatment centres).
- Lack of well developed information base for the flow of this information,

- Lack of experts trained, skilled and experienced
- Insufficient IT technology in local (rural, remote) areas.
- The data collection for GPS, DRD and PDU indicators do not exist or only partly exist

4.1.3 Opportunities

- Permanent/ Full time staff nomination in the Institute of Public Health structure for the work with the EMCDDA and drug data collection, DIS building activities (NFP coordinator + experts)
- Strengthening the competence of NFP staff and Working group members, data providers
- Stable budget and other resources allocation for NFP daily functioning, various studies and surveys
- Put drug monitoring as one of National drug strategy objectives
- The existence of international organisations and donors budgets for the implementation of studies, data collection systems and other activities (e.g. education and training).
- Establishing of professional cooperation and networking between institutions within and outside the country.
- Publication of results of monitoring of drug situation and drug-related research in professional journals and other outputs.
- Organization of international conferences, the study visits and trainings for professionals.
- New laws and regulations, standards and norms in the field of drug addiction (e.g. amendment to the Law on prevention and suppression of the abuse of narcotic drugs).
- Establishing the budgetary programme specific for the drug policy, monitoring, prevention and treatment.

4.1.4 Threats

- A large number of geo-political regions that have the decision-making autonomy (especially in Albania) and unordered socio-political system.
- Stigmatisation and discrimination of drug users and drug addicts, ignorance and prejudice in the general population.
- Lack of motivation for professionals working in the field of drug monitoring and drug treatment.
- Lack of skilled and trained experts who would be involved in the EU and EMCDDA networks in drug monitoring and drug research.
- Insufficient coordination of establishing drug information system in Albania and lack of coordination body (the National focal point).

4.2 NAPDIS priorities

Priorities were defined to reflect weak points and threats.

- To establish a system for collecting information for the preparation of national reports on problem of drugs, through the continued development of mechanisms for collection and processing of data, while strengthening cooperation with all data providers, in order to obtain a comprehensive insight into problem of drugs in Albania.
- To establish a coordination body of drug information system in Albania (the National focal point) within the framework of the system of the drug policy coordination in Albania. To provide the National focal point with terms of reference and necessary personal, technical and financial means for its operation.
- To implement data collection systems and surveys particularly in the field of EMCDDA's key epidemiological indicators according to EMCDDA standards and protocols.
- To establish inter-disciplinary and inter-sectoral working groups as networking and communication tools in drug information system.
- To strengthen information base and information technology (IT) in drug information system and all institutions involved.
- To train professionals involved in collection of data on drugs and monitoring of the drug situation in accordance with EU and EMCDDA standards.
- To inform all relevant decision makers, professionals and public in general about the drug situation in Albania and about the importance of drug information system for the drug policy in Albania.

4.3 NAPDIS expected results

Following results achieved after the completion of NAPDIS in Albania are expected:

- Established coordination, communication and networking mechanisms in drug information system in Albania and entities.
- Better overview and comprehensive picture of drug situation in Albania and entities.
- Creation of base of evidence for the coordination and allocation of resources in drug policy including drug prevention, treatment and re-integration of drug users in Albania and entities.
- Improved data collection tools and mechanisms, surveys and research in the field of EMCDDA's key indicators, increased availability of data in the field of key indicators.
- Trained professionals active in drug information system and data collection on drugs.
- Strengthened information base and information technology for the flow of collected data.
- Published outputs on drug situation in Albania and entities.

Plan of activities in 2011–2014 (with further prospects)

5. Plan of activities towards better functioning and coordination of DIS

- Presenting and adoption of the NAPDIS in Albania by Institute of Public Health or other relevant decision making structures and stakeholders. Responsible: Institute of Public Health. Deadline: by the end of 2011.
- Institutionalisation and official (re-) approval of the inter-departmental and inter-disciplinary Advisory (coordination) group of NAPDIS in Albania. Responsible: Institute of Public Health. Deadline: the end of 2012.
- Institutionalisation and official approval of the working groups on selected drug epidemiological indicators (general and school population surveys, problem drug use, drug-related infectious diseases, drug-related deaths and mortality of drug users, demand for drug treatment) and law enforcement data. Responsible: Institute of Public Health. Deadline: the end of 2012.
- Appointment of a coordination structures of drug information system in entities. Responsible: Ministries of Health. Ministry of Interior and other. Deadline: the end of 2012.
- Appointment of a full time coordinator or special unit in the Institute of Public Health of drug information system in Albania (the National focal point) with sufficient personal, technical and financial means for its operation. Responsible: Ministry of Health and Institute of Public Health; Deadline: the end of 2012.
- Establishing the budget line for the realisation of activities planned in NAPDIS. Responsible: National Drug Commission. Deadline: the end of 2012.
- **Setting up of an appropriate office with all needed equipement.....**
- Training of health and other professionals involved in data collection, processing and reporting (Centres for prevention and treatment of addiction, mental health centres, teams of family medicine, therapeutic communities, NGOs, etc.). Responsibility: Public Health Institute, Ministry of Health within cooperation with the Ministry of Education. Deadline: 2011 and 2012.
- Evaluation of NAPDIS 2011-2012 after its realisation and proposal of NAPDIS for the next period. Responsible: Public Health Institute. Deadline: January 2013.
- Organization of the national conference on the processes and results of NAPDIS and Drug information system in Albania. Responsibility: Public Health Institute with the related ministries; Ministerial conference in cooperation with EMCDDA. Deadline: 2013 or 2014.

6. Plan of activities in data collection and analysis

6.1 *Drug use in the general population (and sub-populations including youth)*

- Translate EMCDDA General Population survey data collection protocol and other related material into Albanian. Responsible: Institute of Public Health. Deadline: by the end of 2011.
- Print translated General Population survey data collection protocol. Responsible: Institute of Public Health. Deadline: by the end of 2012.
- Adopt and develop the General Population survey implementation in Albania plan and documents (technical guidelines, national questionnaire project objectives, methodology, activities description and time plan, detail services budget and financial source, responsible persons/companies, expected outputs and etc.). Responsible: Institute of Public Health. Deadline: by the end of 2012.
- Conducting pilot General Population survey in Tirana or three biggest Albania cities. Responsible: Institute of Public Health. Deadline: by the end of 2012 or 2013, depending of available financial resources.
- Development of set of standard questions on prevalence of drug use to be used in adult population surveys (and possibly also school surveys) not focused on drugs (e.g. health surveys). Responsible: Institute of Public Health. Deadline: end of 2012.
- Implementation National General Population by the end of 2014.
- Conducting ESPAD study (survey on drugs, tobacco and alcohol use among secondary school students) in the Albania. Responsible: Institute of Public Health. Deadline: 2011, the final report by the end of 2011.
- Implementation research of Youth Risky Behaviour Study (3rd round). Responsible: Institutes of Public Health. Deadline: 2013, the final report by the end of 2013.
- Preparation of the survey on the use / abuse of cannabis products in targeted groups (populations of school children and youth, the population of students) to be realised in 2013. . Responsible: Institute of Public Health. Deadline: in 2012.
- To identify other surveys planned in Albania which can be potentially used for inclusion of drug use specific questions in period 2011 - 2014. Responsible: Institute of Public Health.
- In the framework of IPA Project request EMCDDA the EU expert support for national activities related with GPS and ESPAD, other population surveys in the period 2011 - 2014. Responsible: Institute of Public Health.

6.2 *Problem drug use estimates*

- Translate EMCDDA Problem drug use indicator data collection protocol and other related material into Albanian. Responsible: Institute of Public Health. Deadline: by the end of 2011.

- Print translated Problem drug use indicator data collection protocol. Responsible: Institute of Public Health. Deadline: by the end of 2012.
- Conduct in 2011 and annually repeat the problem drug use estimation studies. Responsible: Institutes of Public Health.
- Revision of other eligible data sources and methods for problem drug use estimation at the national level. Responsible: Institutes of Public Health. Deadline: the end of 2012.
- In the framework of IPA Project request EMCDDA the EU expert support for national activities related with PDU indicator development in the period 2011 – 2014.

6.3 Drug-related infectious diseases

- Translate EMCDDA Drug-related infectious diseases indicator data collection protocol and other related material into Albanian. Responsible: Institutes of Public Health. Deadline: by the end of 2011.
- Print translated Drug-related infectious diseases indicator data collection protocol. Responsible: Institutes of Public Health. Deadline: by the end of 2012.
- Inclusion of information on drug use of notified patients with HIV, hepatitis B and C within regular reporting of communicable diseases. Responsible: Institute of Public Health. Deadline: the end of 2012.
- Analysis of notified HIV positive cases and AIDS cases. Responsible: Institute of Public Health. Deadline: annually.
- Analysis of results of HIV, Hepatitis or syphilis tests carried out in public-health laboratories (laboratory surveillance) with regard to the tests performed in drug users Responsible: Institute of Public Health. Deadline: annually.
- Repetition of the Behavioural and Biological Surveillance Survey. Responsible: Institute of Public Health.
- In the framework of IPA Project request EMCDDA the EU expert support for national activities related with DID indicator development in the period 2011 – 2014.

6.4 Drug-related deaths and mortality of drug users

- Translate EMCDDA Drug-related deaths and mortality of drug users indicator data collection protocol and other related material into Albanian. Responsible: Institute of Public Health. Deadline: by the end of 2011.
- Print translated Drug-related deaths and mortality of drug users protocol. Responsible: Institutes of Public Health. Deadline: by the end of 2012.
- Developing a data base: special register of drug related deaths. Responsible: Institutes of Public Health, Ministry of Health, Toxicological Laboratory of the Institute of Forensic Medicine. Deadline: by the end of 2014

- Establishing the reporting system for special register of drug related deaths in forensic medicine department. Responsible: Institutes of Public Health, Ministry of Health, Toxicological Laboratory of the Institute of Forensic Medicine. Deadline: by the end of 2014
- Prospective survey of drug users' mortality in Albania. Responsibility: Institutes of Public Health, Ministry of Health, Tirana University Hospital Center "Mother Theresa", Albanian Institute of Statistics. Deadline: by the end of 2013;
- In the framework of IPA Project request EMCDDA the EU expert support for national activities related with DRD indicator development in the period 2011 – 2014.

6.5 Drug-related treatment demand and other services for drug users

- Translate EMCDDA Drug-related treatment demand indicator data collection protocol and other related material into Albanian. Responsible: Institute of Public Health. Deadline: by the end of 2011.
- Print translated Drug-related treatment demand indicator data collection protocol. Responsible: Institutes of Public Health. Deadline: by the end of 2012.
- Manually enter historical (1995-2000) treated clients data from paper forms into electronic format/database (data source - Treatment Demand Register which is based in Clinical Toxicology Service of Tirana University Hospital Center "Mother Theresa"). Additionally make comparison study using "capture-recapture" method of two databases/registers: Non-Governmental Organization (NGO) "Aksion Plus" (Methadone Maintenance Treatment) and Treatment Demand Register data. Responsible: Institutes of Public Health, Tirana University Hospital Center "Mother Theresa" and Non-Governmental Organization (NGO) "Aksion Plus". Deadline: the end of 2011.
- Prepare the action plan on full implementation of Data collection on treated drug addicts (TDI register) through web application in Albania aiming all sectors (governmental, private and NGO) related with data collection on treated drug users. Responsible: Ministry of Health, Institute of Public Health, Tirana University Hospital Center "Mother Theresa" and Non-Governmental Organizations. Deadline: end of 2013.
- Additional analysis of reports on hospital morbidity. Institute of Public Health, Tirana University Hospital Center "Mother Theresa"; Deadline: end of 2013.
- Data collection on opioid substitution treatment points. Institute of Public Health, Tirana University Hospital Center "Mother Theresa", Non-Governmental Organization (NGO) "Aksion Plus; Deadline: annually.
- Reporting from NGOs and other organizations providing harm reduction services to drug users: data on clients and services provided; Institute of Public Health; Deadline: annually.
- Reporting from NGOs and other organizations providing social reintegration services to drug users: data on clients and services provided. Institute of Public Health; Deadline: annually.

- In the framework of IPA Project request EMCDDA the EU expert support for national activities related with TDI indicator development in the period 2011 – 2014.

6.6 Law-enforcement data (markets, seizures, price, purity of drugs, drug crime)

- EWS protocol and other related material translation into Albanian, adoption to national situation. Responsible: Institutes of Public Health. Deadline: by the end of 2011.
- Data collection and analysis of records on submitted reports on committed criminal offences and requests for execution of minor offences proceedings related to narcotic drugs. The Ministry of Interior of Albania. Deadline: annually.
- Data collection and analysis of number and quantity of drug seizures. The Ministry of Interior of Albania. Deadline: annually.
- Data collection on the sentences for criminal and minor offences related to narcotic drugs, on execution of imprisonment and other sanctions and measures towards offenders of the drug crime. The Ministry of Interior of Albania. Deadline: annually.
- With EMCDDA support organise trainings about new psychoactive substances and the early warning system (EWS). Responsible: Institute of Public Health. Deadline: by the end of 2011.
- In the framework of IPA Project request EMCDDA the EU expert support for national activities related with supply reduction indicator and national EWS development in the period 2011 – 2014.

7. Plan of activities in reporting and dissemination of information

7.1 Publications

- Dissemination of NAPDIS to all institutions involved in Drug information system in Albania immediately after its adoption. Responsible: Institute of Public Health. Deadline: by the end of 2011.
- Publication of Annual reports on drug situation in Albania. Responsible: Institute of Public Health. Deadline: the end of 2011 and 2012.
- Publication of Country overviews on drug situation in Albania. Responsible: Institute of Public Health. Deadline: the end of 2011 and 2012.
- Publication of data on drug situation in existing regular publications published by different institutions, NGO's, International projects acting in Albania and etc. such as reports on the health of the population and organization of health care, Health Statistical Yearbook of Albania, epidemiological bulletins. Responsible: Ministries of health of entities. Deadline: the end of 2012.

7.2 Web presentations and dissemination

- Publication of data on drug situation in Albania and entities at existing websites:
 - Institute of Public Health: <http://www.ishp.gov.al/>
 - Ministry of Health: <http://www.moh.gov.al/>
 - Ministry of Interior: <http://www.moi.gov.al/>
 - University of Tirana: <http://www.unitir.edu.al/>

8. Annexes

8.1 List of authors of the NAPDIS in Albania

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