

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	Surface area	2008	28 748 sq km	4 200 000 sq km	CIA - The World Factbook
Population	2008	3 100	499 794	Eurostat					

Key figures

	Year	Albania	EU (27)	Source
		000	855 ⁶	
GDP per capita in PPS (Purchasing Power Standards) ¹	2006	EUR 21	EUR 100	World Bank estimation
Inequality of income distribution ²	2008	N/A	100	Eurostat
Unemployment rate ³	2006	13.8 %	7.0 % ⁴	Eurostat
Prison population rate ⁵	2006	122.4		Council of Europe, SPACE 2006.1

¹ 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 100, this country's level of GDP per head is higher than the EU average and vice versa.

² Inequality of income distribution is measured as the ratio of total income received by the 20 % of the population with the highest incomes (the top quintile) to that received by the 20 % of the population with the lowest incomes (the bottom quintile).

³ Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise persons aged 15 to 74 who were: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work.

⁴ 2008 figures.

⁵ Situation of penal institutions on 1 September 2006. Prison population rate per 100 000 inhabitants.

⁶ 2009 figures.

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 the World Factbook, the population of Albania consists of 95 % Albanians, 3 % Greeks, 2 % others (Vlach, Roma (Gypsy), Serb, Macedonian, Bulgarian). The official language is Albanian. Tirana is the capital, with over 800 000 inhabitants. The main big cities are Durrës, Shkodër, Vlorë, Elbasan, Berat, Korçë. The table above provides key socio-demographic data about the country.

Drug use among the general population and young people

To date, no survey on drug use among the general population has been conducted. However, the total number of all adults (aged 15 to 64 years) who

have ever tried any kind of illicit drug has been estimated at around 5 000 (lifetime prevalence of 0.2 %) in 1995 and 20 000 (lifetime prevalence of 1.0 %) in 1998 (Kakarriqi and Sulaj, 200b), 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 numbers are estimates provided by Albanian country experts.

Data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behaviour Survey (YRBS) (Institute of Public Health Albania, 2006).

Carried out in 2005 by the Institute of Public Health, it focuses on the high school population, and has a sample size of approximately 4 000. The YRBS variable on lifetime prevalence of drug use complies with the EMCDDA case definition. The survey showed that 5.4 % of those aged 14 to 18 years had experimented with cannabis and 4 % with ecstasy; 1.4 % had used heroin, and 1.6 % had used cocaine. Lifetime prevalence 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 9 % of the respondents whilst they were in the school setting.

The Institute of Public Health is planning a similar country-wide Youth Risky Behaviour Survey for 2009.

The results of a school-based survey on drug use recently carried out by the Institute of Public Opinion Studies (ISOP), an Albanian NGO, have not yet been made public. Other school-based surveys that have reported, conducted by the Education Curricula Directorate of the Ministry of Education and Science, are not nationwide, have not used measurable epidemiological instruments and claim to provide qualitative data only.

No ESPAD survey has been carried out in Albania to date.

[top of page](#)

Prevention

The importance of drug prevention in Albania is reflected in the endorsement of the National Strategy Against Drugs 2004–10. The strategy included objectives and actions oriented toward both drug demand reduction and supply control. However, activities in relation to prevention have been spontaneous and are uncoordinated.

Early work in drug prevention began in the late 1990s, mostly supported by foreign donors including the Council of Europe, the United Nations Population Fund (UNFPA), UNICEF, the Soros Foundation, etc. The interventions have developed lifestyle skills through providing extracurricular materials for schools, and training for teachers, media representatives and peers. Community awareness about the risk drugs pose for individuals and families has been raised through TV programmes, adverts, posters, leaflets and other activities.

With support from the Swedish International Development Agency (SIDA), UNFPA ran a three-year project (starting in 2005) called 'Supporting healthy lifestyles education of young people in Albania', which focused on strengthening knowledge on adolescent sexual and reproductive health, prevention of risk behaviour and intravenous drug use (IDU), capacity building of healthcare providers, and on a health education curricula framework (in collaboration with

the Ministry of Education and Science) (UNFPA, 2008). The project, with youth NGOs, has reached nearly 35 000 young people (aged 15–19 years) nationally through peer education; it has also established a network of 154 youth peer educators as well as eight Training of Trainers (ToTs) in peer education. The project is ongoing (from 2008) and is carried out in close collaboration with the Ministry of Tourism, Culture, Youth and Sports. The main focus of the programme is still on building healthy lifestyles among Albanian young people. In 2008, the Albanian Parliamentary Sub-commission on Social Welfare, in collaboration with 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 about the importance of a healthy lifestyle. An awareness of drugs is one of the campaign components. Unfortunately, no further information regarding the methodology is available. During 2008, the Institute of Public Health identified the need for substance abuse prevention in selected districts of the country, and supported this by training relevant stakeholders.

Selective prevention activities are mostly carried out by NGOs. Three NGOs (Aksion Plus, Stop AIDS and APRAD) have been providing selective prevention interventions together 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, and presentation of the conclusions of the exercises carried out by the 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 in the programmes each year from 2004 onwards. In 2006, the Ministry of Education introduced psychological services in school settings, but their utilisation remains occasional, and there are no documented indicative prevention interventions specifically targeted at individuals who are exhibiting early signs of substance abuse and other problematic behaviour. In 2008 the Ministry of Health revised the service package to be offered by primary healthcare services to include advice on drug prevention for patients and the community.

[top of page](#)

Problem drug use

There is currently no national register of problem drug users. The number of problem drug users in the country is estimated to be 4 500–5 000 people, though it should be emphasised 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 organisations, and a lack of expertise in estimating 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.

[top of page](#)

Treatment demand

There is still only one specialised drug centre in Albania, the 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 detoxification and overdose treatment. It serves both as a hospital inpatient unit and as an outpatient unit, and is the main source of treatment demand data.

There are two other treatment centres, both of which are private — the Emanuel, a NGO therapeutic treatment centre that offers residential treatment, and Aksion Plus, a NGO offering methadone maintenance substitution treatment. Clients come from or are referred to the THUC 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, 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 organisations.

Available data from the TUHC from 1995 on does indicate the trends over time. The total number of treatment demands (or the number of treatment visits) in the 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 per year in 2006 (2 352) and 2007 (2 070).

In 2007, the Clinical Toxicology Service ⁽¹⁾ registered 108 new (or first-time) clients (FTD) ⁽²⁾ entering treatment (according to the TDI Standard Protocol 2) out of a total of 856 all treatment demand (ATD), while 3.6 % were referred by other health service agencies, police and prisons. In total 781 (91.2 %) of the 856 ATD were problematic drug users ⁽³⁾. They represented almost all the regions of Albania, although most (around 70 %) were from the Tirana region and the central and central-western regions.

The mean age of all clients entering treatment was 25.9 years old, ranging from ≤15 years old (1.4 %) to ≥40 years old (0.7 %); the age group 21–30 accounted for 75 % of the total number of clients. A difference in age distribution was reported among new treatment clients, with a mean age of 19.9 years old, six years younger than the mean average of all clients entering treatment. The total duration of illicit drug use was 5.5 years. Of all the registered clients, 95.6 % were male and 4.4 % were female.

In terms of the type of drug used by clients entering treatment, opiates (mostly heroin) were the most commonly reported at 71.0 % , followed by THC at 5.6 % , cocaine at 2.2 % , and benzodiazepines at 0.2 % . Some 20.9 % of clients reported the use of more than one drug, of whom 86 % were poly-drug users with opioids. Among new clients entering treatment, 72.3 % reported heroin as their primary drug; notably, 19.3 % of those aged ≤15 and 48.1 % of those aged 16–20.

With regard to how all drugs were taken, 41.7 % of the clients administered a drug intravenously, 49.4 % inhaled through smoking and snorting, and there was no information for the remainder. About 10.5 % of the clients had a psychiatric disorder as well as problem drug use.

(¹) Treatment Demand Register of the Clinical Toxicology Service, Tirana University Hospital Center 'Mother Theresa' (see the drug information map report and annexes).

(²) Drug users seeking help for their drug-related problems are clients of the Clinical Toxicology Service; most of them are problematic drug users.

(³) Problematic drug users are injecting drug users 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/STIs under the Department of Control of Infectious Diseases at the Institute of Public Health (⁴), the Behavioural and Biological Surveillance Survey (Bio-BSS) conducted in 2005 (Institute of Public Health, USAID, FHI and ISOP, 2006), 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 the Bio-BSS (which was carried out in Albania in 2005) did not show any injecting drug users (IDUs) with HIV from a sample of 224 people. IDUs account for only 1 % of HIV infection out of a total of 291 HIV/AIDS cumulative cases registered from HIV surveillance among the general population since 1993 (the year when the first HIV case was detected). Data from the sentinel surveillance of NGOs that perform random field tests did not show any HIV cases among IDUs.

Acute viral hepatitis B prevalence in IDUs in Bio-BSS 2005 was 12.5 % (95 % CI: 7.9–21.3 %). The data from laboratory surveys of hepatitis B among IDUs in 2003 and 2006–07 demonstrated a prevalence of HBsAg+ at 10.1 % and 22.8 % respectively. It should be emphasised that Albania is still a country with 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. Prevalence of acute viral hepatitis B has increased over the years and shows a high circulation among drug users, especially when it is compared to the general population.

Hepatitis C prevalence is low among the general population: 0.99–1.2 % based on hepatitis laboratory surveillance. In 2005, data from Bio-BSS 2005 showed a prevalence of hepatitis C among IDUs at 26.7 % (95 % CI: 11.0–25.7 %). The data from laboratory surveys of hepatitis C among IDUs in 2003 and 2006–07 demonstrated a prevalence of at 12.6 % and 29.4 % respectively. Prevalence of hepatitis C has increased over the years and shows a high circulation among drug users especially when it is compared to the general population.

Syphilis prevalence in 2005 was 1.3 % (95 % CI: 0.3–2.3 %) among IDUs, compared to 0.2 % prevalence among the general population.

(⁴) Drug-Related Infectious Diseases Register of the Department of Infectious Diseases, Institute of Public Health (see the drug information map report and annexes).

[top of page](#)

Drug-related deaths

There are no reliable data on drug-related deaths in Albania. The official drug-related deaths information is weak, to the extent of being virtually nonexistent, for several reasons: (1.) There has been a lack of awareness among medical staff about drug-related deaths; thus, a death caused by drug overdose was diagnosed as heart attack/failure. (2.) There is a lack of cooperation and collaboration between relevant agencies and data exchange is scarce. (3.) Though the Toxicological Laboratory of the Institute of Forensic Medicine is capable of performing the laboratory confirmation of drug-related deaths, there is a lack of awareness about the existence of such a qualified agency. (4.) In addition, toxicological death body liquid analyses are very uncommon due to the ongoing stigma of the drug phenomenon, and the Institute of Forensic Medicine is not authorised to conduct autopsies if not requested.

The Clinical Toxicology Service of Tirana University Hospital Centre 'Mother Theresa' reported four drug-related deaths over the period 2005–08, recorded in its intensive care unit and in the emergency service department. However, these were only recorded as 'clinically suspected' cases related to heroin overdose, due to autopsies being refused by the respective families/relatives, and therefore they were not confirmed by the Toxicological Laboratory of the Institute of Forensic Medicine. Against this backdrop, the functioning and strengthening of the information on drug-related deaths in Albania is of great concern and in urgent need of attention.

[top of page](#)

Treatment responses

Treatment availability is fairly limited in Albania, and the main focus is on substitution treatment (methadone). Buprenorphine treatment is 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 are frequently lacking. 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, the private sector has not yet got involved.

There is still only one public centre that can treat problem drug users, namely the Clinical Toxicology Service of Tirana University Hospital Centre 'Mother Theresa'. It has 15 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 had another psychiatric problem alongside their problem drug use. The Emanuel therapeutic centre, an NGO, provides about 20 beds.

Methadone maintenance treatment was implemented 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 2007, was 255. This included some prisoners, in accordance with an agreement with the Ministry of Justice ⁽⁵⁾. The programme's continuity (2008 onwards) as a free-of-charge service is ensured by the HIV/AIDS Global Fund financial support. The methadone maintenance treatment provided by the Clinical Toxicology Service is neither free-of-charge nor reimbursed by national health insurance agency.

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

⁽⁵⁾ Substitution Methadone Treatment Register of Aksion Plus (see the drug information map report and annexes).

[top of page](#)

Harm reduction responses

Harm reduction programmes began in Albania in 1995. They are currently offered by three NGOs (Aksion Plus, APRAD, and Stop AIDS) 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/STIs National Programme. Harm reduction responses are focused on needle/syringe exchange, peer education, and information, counselling and psychosocial support for HIV/viral hepatitis infected people. The services are offered mainly in the capital Tirana, and there is still an insufficient distribution across the country as a whole. A mobile outreach team is offered 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. It is estimated that around 1 800 IDUs have so far benefited from needle exchange programmes. Stop AIDS also offers harm reduction activities to prisoners in five prisons, focusing on information, counselling, peer education training and performing, training of medical and psycho-social personnel, HIV and hepatitis B and C testing and provision of condoms.

[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 is the national body responsible for the collection and analysis of data

and for producing country statistics on drug markets and drug-related offences ⁽⁶⁾. Within this framework, customs and border police have duties relating to the enforcement of drug law, but in case of seizures they statutorily refer the data to the Anti-drug Sector.

Cannabis seems to be the only narcotic plant cultivated in Albania. During the period 1993–2000 cannabis cultivation was spread throughout most of the country; more recently it has been reported to be located in a limited number of small areas. According to the police:

- In 2005, there were 458 cases of cannabis cultivation, 332 186 plants destroyed and 227 offenders prosecuted.
- In 2006, there were 145 cases of cannabis cultivation, 74 052 plants destroyed and 56 offenders prosecuted.
- In 2007, there were 271 cases of cannabis cultivation, 177 074 plants destroyed and 84 offenders prosecuted.

Although overall the numbers have decreased considerably, Albania remains a country of origin for cannabis and its derivatives (marijuana, hashish, hashish oil). Greece and Italy are the main destinations for the marijuana and hashish, though it is also sent to other European countries. Marijuana is primarily trafficked via the 'green borders' (illegal trans-border points) of the country. Prices at street level have increased, and in 2008 the price of 5 grams of marijuana ranged from EUR 4 to EUR 8. The percentage of THC at street level is estimated to be around 4 %. Being part of the southern branch of the 'Balkans Route', Albania is a transit country for heroin trafficking. Although the seizures and number of people arrested have increased from year to year, heroin trafficking still remains one of the main problems. According to the police:

- In 2005, there were 67 heroin seizures where 41.9 kg of heroin was seized and 116 offenders were prosecuted.
- In 2006, there were 90 heroin seizures where 120 kg of heroin was seized and 169 offenders were prosecuted.
- In 2007, there were 97 heroin seizures where 126.8 kg of heroin was seized and 171 offenders were prosecuted.

The main routes used are Turkey–Bulgaria–Former Yugoslav Republic of Macedonia–Albania or Turkey–Bulgaria–Former Yugoslav Republic of Macedonia–Kosovo–Albania. 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. There was a slight increase in the price of heroin at street level during 2007 (EUR 21 to EUR 25 for 1 gram), but during 2008 the price did not increase further. The typical purity of heroin at street level is 1 %.

Cocaine seems to arrive in Albania mainly by couriers or post deliveries from the USA and/or countries of South America traditionally known for its production. It is sent on, sometimes in small quantities, primarily to Greece and Italy. According to the police:

- In 2005, there were six cocaine seizures; 2.8 kg of cocaine was seized and 11 offenders were prosecuted.

- In 2006, there were eight cocaine seizures; 3.9 kg of cocaine was seized and 23 offenders were prosecuted.
- In 2007, there were 15 cocaine seizures; 12.9 kg of cocaine was seized and 19 offenders were prosecuted.

The price of 1 gram of cocaine was EUR 45 to EUR 65 in 2007 and EUR 50 to EUR 70 in 2008.

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

(⁶) Register of Drug Seizures and Drug Offenders of the Anti-drug Sector, General Directorate of State Police, Ministry of Interior of Republic of Albania (see the drug information map report and annexes).

[top of page](#)

National drug laws

With regard to international legislation, Albania has adhered to the three UN Conventions in relation to drugs.

According to Articles 283, 284, 285 and 286 of the Albanian Penal Code, severe penal sanctions will be handed down against the trafficking, manufacture, preparation, distribution, transportation, maintenance and sale of drugs and psychotropic substances (without distinction) — 5–10 years' imprisonment for production, selling, distribution and possession, and 7–15 years for trafficking. These sanctions are more severe if offence were committed in cooperation with or by criminal organizations. Penal sanctions are also expected 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.

Important improvements were made to the Albanian Penal Code from 2004, such as the changes regarding criminal organisations (Article 333) and structured criminal groups (Article 333/a). Important changes were also made to the Albanian Criminal Procedural Code regarding types of special investigation that are allowed — according to such changes, the prosecutor has the right to allow the use of surveillance, interceptions, controlled delivery, undercover operations, etc., which have recently proven to be very useful in dismantling criminal networks dedicated to drugs trafficking.

Law No 8750 of 26 March 2001, 'For the prevention and combating of illicit trafficking of narcotic drugs and psychotropic substances', lays down standards for the prevention and combating of illicit trafficking of drugs and their precursors. It allows for more detailed investigation methods, 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 planned for in this law.

Law No 7975 of 26 July 1995, 'For narcotic and psychotropic substances', amended by Law No 9271 of 9 September 2004 and Law No 9559 of 8 July 2006,

outlines the penalties for the production, manufacturing, import, export, dealing, controlling and preservation of narcotic drugs and psychotropic substances. Law No 8874 of 29 March 2002, 'For the control of the substances that can be used for illicit manufacturing of narcotic and psychotropic substances', outlines the laws for the control of the substances that often are used for illicit manufacturing of narcotic and psychotropic substances, aiming to disrupt the supply of such substances. The law also outlines the sanctions for such offences.

[top of page](#)

National drug strategy

During 2001, a technical working group of the Ministry of Health (namely the Institute of Public Health and the Clinical Toxicology Service of TUHC), with the technical support of Czech experts (under the Catching-up Czech Republic–Albania Project of the Phare Technical Assistance to Drug Demand Reduction Programme), drafted the first National Drug Demand Reduction Strategy for 2001–04, which was approved by the Ministry of Health. This strategy was incorporated in the subsequent National Strategy Against Drugs 2004–10, representing its demand reduction component.

In 2004 an inter-ministerial working group drafted the National Strategy Against Drugs 2004–10, approved by the Decision of the Council of the Ministers No 292 of 7 May 2004. The strategy is comprehensive and covers both drug demand reduction and drug supply reduction. It was the product of the participation of all governmental institutions involved in the fight against drugs, as well as non-governmental organisations, and with the support of experts of international organisations that are acting in Albania.

The strategy recognises the serious nature of the drug problem at national and international levels and admits that 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-sectoral action plan where all the relevant institutions/agencies/actors have taken their responsibilities and concrete duties for the period 2004–10.

However, the drug demand reduction component of the strategy has remained fragmented and poorly financed, while the drug supply reduction and law enforcement issues constitute an integral part of the fight against corruption and organised crime, and figure prominently among the Albanian government's priorities. It is therefore imperative to ensure that drug demand reduction gains the same policy priority as drug demand supplies.

[top of page](#)

Coordination mechanism in the field of drugs

The National Committee for Coordination of the Fight Against Drugs, under the Council of Ministers of the Republic of Albania and chaired by the Prime Minister, was established by Law No 8750 of 26 March 2001, 'For the prevention and combating against illicit trafficking of narcotic drugs and psychotropic substances', which aims to (a) implement drug prevention and drug control policy; (b) organise

the implementation of drug prevention and drug control measures; (c) coordinate the activities of all governmental institutions and non-governmental organisations in the sphere of drug prevention and drug control. The committee has met on several occasions to assess the drug situation in Albania. Following the instructions of 7 May 2003 of its chairman, the Prime Minister, the committee set up an inter-ministerial working group to compile a long-term national anti-drug strategy and the action plan for its implementation, which were drafted and approved during 2004, as indicated earlier in this overview.

There remains a pressing need to address the following issues, as outlined in the recommendations of the National Strategy Against Drugs 2004–10 Working Group:

1. The committee must pay due attention to a proper implementation of drug demand reduction issues that are part of the strategy.
2. The work of the National Centre for Drug Information System at the Institute of Public Health (established by the Decision of the Council of the Ministers No 412 of 20 May 1996), with its capacity for drug demand and drug supply data collection, analysis, and feed-forward and feedback, should be promoted.
3. A Secretariat to the National Committee for Coordination of the Fight against Drugs should be established, as an administrative back-up coordination unit in the field of drugs.

[top of page](#)

Drug-related research

Scientific research is a priority within the national strategy 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 Center 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 publications listed in the references illustrate the type of drug-related research being undertaken in Albania.

[top of page](#)

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[top of page](#)

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[top of page](#)