

DRUG INFORMATION MAP REPORT

Name of the country: **ALBANIA**

Year: **2008**

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1. INTRODUCTION

1.1. SUMMARY OF THE SITUATION

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 behavior among the population of Albania, especially the youth, towards drug problems.

1.2. STRENGTH AND WEAK POINTS OF DRUG RELATED DATA

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

1.3. MAIN GAPS IDENTIFIED

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.

1.4. ON 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.

Up to this date, there has not been carried out any general population survey on drug use in Albania.

Data on lifetime prevalence of selected illicit drugs can be found in the Youth Risky Behaviour Survey (YRBS) ^[1], being focused on high school population and conducted throughout the country by the Institute of Public Health in 2005, with a sample size of approx. 4,000 subjects. The YRBS variable according to lifetime prevalence of drug use is in compliance to the EMCDDA case definition. A similar nation-wide survey is planned to be carried out by the IPH in the early months of 2009. The results of a school-based survey on drug use, reported to have been recently carried out by ISOP (Institute of Public Opinion Studies, an Albanian NGO), are not made public yet. 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 first trimester 2009.

- 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 not any national register of problematic drug users (PDUs) up to this day in Albania.

^[1] Institute of Public Health (IPH), Tirana, Albania. Youth Risky Behavior Survey, 2005. IPH archives, Report, February 2006.

However, the total number of PDUs throughout the country is currently estimated of some 4,500-5,000 people. It should be emphasized the above figure is based on a more professional prospective rather than a real calculation; on the other side it is not based on the EMCDDA guidelines for PDUs (the aforementioned definition).

- 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).

The detailed description of the Treatment Demand Register, according to the requirements of the template of CARDS Project, is presented in subchapter 3.1 (“Treatment Demand Register”) of the chapter 3 (“Description of databases”) of this “Drug Information Map Report”.

- 4) Drug Related Infectious Diseases (DRID) Indicator gives an overview of drug-related infectious diseases such as HIV/AIDS, HCV², HBV³, and STIs⁴ among injecting drug users (IDUs⁵).

The DRID data are available in the Drug-Related Infectious Diseases (HIV/AIDS, HCV, HBV, STIs) Register of the Institute of Public Health (its Department of Control of Infectious Diseases).

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 behavior characteristics of IDUs, (d) sexual behavior characteristics of IDUs, and (e) knowledge level of IDUs concerning prevention and testing of drug-related infectious diseases.

² HCV: Viral Hepatitis C (Hepatitis C Virus)

³ HBV: Viral Hepatitis B (Hepatitis B Virus)

⁴ STIs: Sexually Transmitted Infections

⁵ Injecting Drug Users (IDUs): Any person who has ever in his/her life injecting drug for non-medical purposes.

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.

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 inexistent for several reasons. (a) There is lack of awareness among medical staff about drug-related deaths; thus, a death caused by drug overdose used to be diagnosed as heart attack/failure. (b) There is lack of cooperation and collaboration between agencies and data exchange is missing. (c) Though the Toxicological Laboratory of the Institute of Forensic Medicine is totally capable to perform the laboratory confirmation of DRDs, there is a lack of awareness about the existence of such a qualified agency. (d) In addition, toxicological death body liquids 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.

In such a context and taking into account the relative large number of non-fatal drug overdoses, the functioning and strengthening of the DRDs information in Albania poses an issue of a great concern and of an urgent need to be solved.

2. OVERVIEW OF DATABASES

Name and/or description	Type of data (in terms of key indicators or core data)	Provider (Institution name)
Treatment Demand Register	Treatment Demand Data (=Treatment Demand Indicator)	<i>Clinical Toxicology Service of Tirana University Hospital Center “Mother Theresa”</i>
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 <i>the (National) Institute of Public Health</i>
Substitution Methadone Treatment Register	Methadone Maintenance Treatment Data	<i>Non-Governmental Organization (NGO) “Aksion Plus”</i>
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)	Anti-Drug Sector of <i>the General Directorate of State Police (Ministry of Interior)</i>

3. DESCRIPTION OF DATABASES

**3.1. Treatment Demand Register
(Clinical Toxicology Service,
Tirana University Hospital Center “Mother Theresa”)**

▪ *Name:*

Treatment Demand Register

▪ *Responsible institution name and address:*

Clinical Toxicology Service of Tirana University Hospital Center “Mother Theresa”
Lord Byron street, 360
Tirana, Albania

▪ *Contact person:*

Mr. Zihni Sulaj (MD, PhD, Associate Professor of Clinical Toxicology)
(Head of Clinical Toxicology Service)
tel: +355 682142535 (mobile phone)
fax: Not available at Clinical Toxicology Service
e-mail: sulajzihni@yahoo.com

▪ *Objectives of the database:*

- a) To record detailed clinical data of each client⁶;
- b) To record detailed physical-biological and behavioral-psychological data of each client;
- c) To assess the efficacy of treatment protocols and interventions;
- d) To assess the ongoing epidemiological situation related to the PDUs;
- e) To assess the social problems among the PDUs;
- f) To perform relevant research on PDUs issues.

▪ *Statistical unit and its definition:*

Statistical unit:

- First Treatment Demand (FTD)⁷ clients, and
- All Treatment Demand (ATD)⁸ clients

Definition of statistical unit:

- Any problematic drug user (PDU), starting treatment as inpatient/outpatient at the Clinical Toxicology Service for his/her drug problem for the first time in his/her life during the specified year 2007 (=FTD client);

⁶ Problematic Drug Users (PDUs) seeking help for their drug-related problems are the clients of the Clinical Toxicology Service. 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.

⁷ Definition of FTD case: A person starting treatment for his/her drug problem for the first time in his/her life during the given year.

⁸ Definition of ATD case: A person being in the treatment at least once for his/her drug problem during the given year.

- Any problematic drug user (PDU), being in the treatment at least once as inpatient/outpatient at the Clinical Toxicology Service for his/her drug problem during the specified year 2007 (=ATD client); (in case of multiple treatment entries during the specified year 2007, only the last one is recorded).

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

Year covered and reporting period:

2007 (January-December)

Totality of treatment visits (treatment demand) in 2007:

A total of 2,070 treatment visits, which represent a total of 856 clients⁹, with an average of 2.4 visits per client per year.

Clients registered in 2007:

- Total number: 856 ATD clients, (108 out of them as FTD clients).
- Clients according to gender: 95.3% (816/856) males and 4.7% (39/856) females.
- Clients according to age groups (years): ≤15 = 1.2% (10/856); 16-20 = 14.0% (120/856); 21-25 = 34.9% (299/856); 26-30 = 38.8% (332/856); 31-35 = 8.2% (70/856); 36-40 = 2.1% (18/856); >40 = 0.8% (7/856).
- The mean age of all clients = 25.9 years old.
- Clients according to educational level: illiterate = 7.2% (62/856); elementary (4 classes) = 2.6% (22/856); primary (9 classes) = 48.1% (412/856); secondary or high school (12 classes) = 35.2% (301/856); university = 3.5% (30/856); missing = 3.4% (29/856).
- Clients according to occupation: unemployed = 83.9% (718/856); clerk = 1.2% (11/856); self-employed = 6.3% (54/856); student = 0.6% (5/856); other = 2.0% (17/856); missing = 6.0% (52/856).
- Clients according to geographical distribution (country districts, mainly urban areas): Tirana = 54.6% (467/856); Durrës = 16.2% (137/856); Vlorë = 6.1% (52/856); Fier = 5.9% (51/856); Berat = 4.6% (18/856); Korçë = 4.5% (38/856); other districts = 8.4% (72/856).

- *Drug-related characteristics:*

- Illegal drugs involved – all in one category and differentiated;
- Years of use;
- Age of the first use;
- Route(s) of administration;
- Type of primary drug used;
- Secondary drugs;
- Time of demanding treatment;
- Type of intervention offered;
- Others: double diagnosis (psychiatric, infectious disease and other health problems).

- *Geographical coverage:*

National, 100%

⁹ Definition of treatment episode: A person entering treatment for his/her drug problem during the specific year, (in case of multiple treatment entries during the given year, only the last one is recorded).

- *Institutional coverage:*
Ministry of Health
- *Coverage rate:*
 - *Percentage of statistical units covered/found but not recorded:* 0%.
 - *Percentage of statistical units not having been observed/followed:* Not applicable.
- *Inclusion/exclusion criteria (if applicable):*
Inclusion/exclusion criteria *per se* are not applicable.
(The inclusion of all clients demanding treatment, either FTD clients or ATD ones, frequenting the Service for detox crisis interventions, overdose treatment, diagnosis, and consultation might be considered as the only existing criterion.)
- *Sampling procedures (if applicable):*
Not any way of selection/sampling of statistical units is applicable.
- *Substances (drugs) monitored/distinguished:*
The substances (drugs) monitored are opioids (mainly heroin), cocaine, and amphetamines.
- *Description of organization of data gathering/methodology:*
All case-based data of each client frequenting the Clinical Toxicology Service are recorded in the Treatment Demand Register of the Service, both as hard copy (paper form) and electronic database.
- *Description of data storage:*
Treatment Demand Register as hard copy (paper form) plus electronic database.
- *Software for data processing:*
MS Access, MS Excel
- *Level of aggregation of the information available to the National Correspondent:*
Full case-based database
- *Legal status of the database:*
Restricted for information containing personal data (according to the confidentiality criteria)
- *Legal status of the aggregated data:*
Public, periodically published
- *Time period of available data:*
 - *first year:* 1995;
 - *last year:* 2007.

▪ *Evaluation of data quality and reliability:*

- *double counting*: is totally avoided;
- *bias*: there might be missing values at individual (case-based) level;
- *consistency over time*: there is consistency over years;
- *reliability*: reliable FTD and ATD data.

▪ *Other comments and remarks:*

- 1) Until 2006 the Clinical Toxicology Service of Tirana University Hospital Center “Mother Theresa” has been under the Military University Hospital, administratively and financially depending on the Ministry of Defense. To enhance its role as the unique national public qualified drug center, the administrative and financial dependency of the Clinical Toxicology Service was transferred in 2006 under the Ministry of Health. Anyhow, this further step didn’t and doesn’t accomplish yet the development of a multi-profile professional center of high quality services – the Narcologic (or Addictology) Clinic on the basis of this Service, foreseen in the National Strategy against Drugs 2004-2010.
- 2) Data availability over the period from 1995 onwards basically gives the trends over time. Concretely, the total number of treatment demand (or the totality of treatment visits) in the Clinical Toxicology Service results to be significantly increased from 672 in 2000 to 1,057 in 2001 and to 1,702 in 2002, remaining nearly constant in the consecutive years 2003 (1,855), 2004 (1,805), and 2005 (1,735), with a further jump of above 2,000 treatment visits per year in 2006 (2,352) and 2007 (2,070).

▪ *Abstract/example of data output:*

In 2007, the Clinical Toxicology Service registered 108 new treatment clients entering treatment (according to the TDI Standard Protocol 2) out of a total of 856 all treatment demand. 96.4% of the clients were self-referring, while 3.6% being referred by other health service agencies, police, and prisons. They represented almost all the regions of Albania, with predominance (around 70%) of Tirana region along with the regions of the central and central-western part of the country. The mean age of all clients entering treatment was 25.9 years old, with extremes from ≤ 15 years old (1.4%) and ≥ 40 years old (0.7%); the age group of 21-30 years old accounted for 75% of the total number of clients. Out of all the registered clients 95.3% were male and 4.7% were female. With regards to the type of drug use among all clients entering treatment, opiates (mostly heroin) were the most commonly reported at 71.4%, following by cocaine at 2.2%, while 26.4% of the clients reported the use of more than one drug. Among new clients entering treatment, 72.3% reported heroin as their primary drug type, with striking figures of 19.3% and 48.1% for the age groups ≤ 15 years old and 16-20 years old respectively. With regard to the way of drug use/abuse, 41.7% of the clients administered the drug intravenously, 49.41 % inhaled through smoking and snorting, while for the rest the information lacked. About 10.5 % of the clients belonged to double diagnosis.

▪ *Bibliography/website addresses:*

- Scientific papers are published in scientific medical magazines and/or presented in scientific conferences/seminars/workshops.
- Not any website address is available yet.

- *Annexes (e.g. reporting form, protocol, study questionnaire, report, etc.):*
 - Client (patient) clinical protocol of the Clinical Toxicology Service;
 - Client (patient) epidemiological form of the Clinical Toxicology Service.

3.2. Drug-Related Infectious Diseases (HIV/AIDS, HCV, HBV) Register (Department of Control of Infectious Diseases, Institute of Public Health)

▪ *Name:*

Drug-Related Infectious Diseases (HIV/AIDS, HCV, HBV) Register

▪ *Responsible institution name and address:*

Department of Control of Infectious Diseases,
Institute of Public Health
Aleksander Moisiu street, 80
Tirana, Albania

▪ *Contact person:*

Ms. Silva Bino (MD, MPhil, PhD, Associate Professor of Infectious Diseases)
(Head of Department of Control of Infectious Diseases, Institute of Public Health)

tel: +355 682414332 (mobile phone)

fax: +355 2 370058 (Institute of Public Health)

e-mail: silviabino@gmail.com / silvi@sanx.net
and/or

Mr. Eduard Kakarriqi (MD, MSc, PhD, Professor of Epidemiology)

(Head of Department of Epidemiology, Health Information and Health Policy, Institute of Public Health)

tel: +355 693187781 (mobile phone)

fax: +355 2 370058 (Institute of Public Health)

e-mail: edikakarriqi@yahoo.com / edikakarriqi@hotmail.com

▪ *Co-operating bodies:*

- Clinical Toxicology Service (Tirana University Hospital Center “Mother Theresa”);
- Various NGO-s (“Aksion Plus”, “APRAD”, “Stop AIDS”, Therapeutic Center “Emanuel”) operating in the field of HIV/AIDS and harm reduction.

▪ *Objectives of the database:*

a) To record detailed laboratory outputs concerning HIV, HCV¹⁰, HBV¹¹, and STIs¹² of each Injecting Drug User (IDU)¹³ subject enrolled in cross-sectional sero-epidemiological surveys and/or behavioral and biological surveillance studies (Bio-BSS) conducted by the Institute of Public Health among Injecting Drug Users (IDUs)¹⁴ along with other

¹⁰ HCV: Viral Hepatitis C (Hepatitis C Virus)

¹¹ HBV: Viral Hepatitis B (Hepatitis B Virus)

¹² STIs: Sexually Transmitted Infections

¹³ Definition of Injecting Drug User (IDU): Any person who has ever in his/her life injecting drug for non-medical purposes.

¹⁴ IDUs are the target group for measuring prevalence of drug-related infections.

population high-risk groups as well as the general population, in order to determine the ongoing serological profiles towards above drug-related infectious diseases;

b) To record detailed physical-biological and behavioral-psychological data of each IDU subject enrolled in cross-sectional epidemiological surveys and/or behavioral and biological surveillance studies (Bio-BSS) conducted by the Institute of Public Health among IDUs along with other population high-risk groups as well as the general population;

c) To record detailed data of HIV, Viral Hepatitis, and STIs surveillance (general surveillance, as well as sentinel surveillance of different NGOS working in the field of harm reduction) as part of the Albanian statutory Integrated Surveillance System of Infectious Diseases.

d) To perform comprehensive epidemiological research on IDUs issues along with other population high-risk groups as well as the general population as regards drug-related infectious diseases.

▪ *Statistical unit and its definition:*

Statistical unit:

Injecting Drug User (IDU)

Definition of statistical unit:

Any person who has ever in his/her life injected drug for non-medical purposes (=IDU), undergoing laboratory testing for drug-related infectious diseases (HIV/AIDS, HCV, HBV, STIs).

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

(Sero)epidemiological studies / laboratory-based surveillance and reporting period:

- Cross-sectional sero-epidemiological surveys conducted by the Institute of Public Health in collaboration with co-operating bodies during the period 2000-2007;
- Behavioral and Biological Surveillance Study conducted in 2005 by the Institute of Public Health in collaboration with co-operating bodies;
- HIV/AIDS and Viral Hepatitis laboratory Surveillance, routinely carried out by the Institute of Public Health over the period from the early 1990s onwards, into the frame of the routine statutory Integrated Surveillance System of Infectious Diseases in Albania.

a) *Socio-demographic characteristics of IDUs as well as other population high-risk groups enrolled in (sero)epidemiological studies:*

- gender;
- age (age-groups breakdown);
- educational level;
- occupation;
- religion;
- ethnicity;
- civic (marital) status;
- geographical distribution (country districts).

b) *Drug-related characteristics of IDUs:*

- age at first injecting drug use;

- duration (time) of injecting drug use;
 - frequency of drug injection in the last month;
 - time of demanding treatment (if any) and type of intervention offered (if any).
- c) *Needle- and equipment sharing behavior characteristics of IDUs:*
- frequency of injecting with used needles in the last month;
 - types and respective number of people with whom respondent shared needles in the last month.
- d) *Sexual behavior characteristics of IDUs.*
- e) *Knowledge level of IDUs concerning prevention and testing of drug-related infectious diseases.*

▪ *Geographical coverage:*
National, 100%

▪ *Institutional coverage:*
Ministry of Health

▪ *Coverage rate:*

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

▪ *Inclusion/exclusion criteria (if applicable):*
Each IDU subject (according to the aforementioned definition) is included.

▪ *Sampling procedures (if applicable):*

- Respondent Driven Sampling (RDS) for IDUs in cross-sectional sero-epidemiological surveys and/or Behavioral and Biological Surveillance Studies (Bio-BSS);
- None for the laboratory-based surveillance.

▪ *Substances (drugs) monitored/distinguished:*
Opiates (heroin)

▪ *Description of organization of data gathering/methodology:*
All case-based data of

- cross-sectional sero-epidemiological surveys,
- Biological and Behavioral Surveillance Studies,
- HIV/AIDS general surveillance and sentinel surveillance (as part of the Albanian statutory Integrated Surveillance of Infectious Diseases), and
- Viral Hepatitis general surveillance and sentinel surveillance (as part of the Albanian statutory Integrated Surveillance of Infectious Diseases)

are recorded in the Drug-Related Infectious Diseases Register (Department of Control of Infectious Diseases, Institute of Public Health), both as hard copy (paper form) and electronic database.

▪ *Description of data storage:*

Drug-Related Infectious Diseases Register as hard copy (paper form) plus electronic database.

▪ *Software for data processing:*

MS Excel, EPI-INFO, SPSS (version 12 software)

▪ *Level of aggregation of the information available to the National Correspondent:*

Full case-based database

▪ *Legal status of the database:*

Restricted for information containing personal data (according to the confidentiality criteria)

▪ *Legal status of the aggregated data:*

Public, periodically published

▪ *Time period of available data:*

- *first year:* 1993;

- *last year:* 2007

▪ *Evaluation of data quality and reliability:*

- *double counting:* is totally avoided;

- *bias:* there might be missing values at individual (case-based) level;

- *consistency over time:* there is consistency over years;

- *reliability:* reliable IDUs data.

▪ *Other comments and remarks:*

- 1) Prevention programmes for Viral Hepatitis B (hepatitis b virus – HBV), including education materials and free-of-charge vaccination for the IDUs along with other population high-risk groups have been implemented in Albania since 2001.
- 2) Sentinel surveillance for HIV/AIDS and Viral Hepatitis has been established since 2001 as a partnership between the Institute of Public Health and NGOs (“Aksion Plus”, “APRAD”, “Stop AIDS”) dealing with IDUs.
- 3) The methadone maintenance therapy (MMT) and harm reduction programs, including the prevention of HIV/AIDS and Viral Hepatitis, have been extended and strengthened through the Global Fund financial support since 2006; on such a basis, a further and stronger partnership between the Institute of Public Health and other governmental institutions, civil society organizations and interest groups was established.

▪ *Abstract/example of data output:*

Data from the Bio-BSS (taking place in Albania in 2005) did not show any number of HIV in injecting drug users (IDUs) 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 has been detected) in Albania. Data from the sentinel surveillance of NGOs, that perform fieldwork, did not show any HIV case in IDUs. Acute viral Hepatitis B prevalence in IDUs in Bio-BSS 2005 was 12.5% (28/224) (95% CI: 7.9-21.3%). The data from laboratory surveys of Hepatitis B among IDUs in 2003 and 2006-2007 demonstrated a prevalence of HBsAg+ at 10.1% (8/79) and 22.8% (38/166) respectively. Hepatitis C prevalence is still 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 HCV among IDUS at 26.7% (60/224) (95% CI: 11.0-25.7%). The data from laboratory surveys of Hepatitis C among IDUs in 2003 and 2006-2007 demonstrated a prevalence of HCV at 12.6% (8/63) and 29.4% (48/163) 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% (3/224) (95% CI: 0.3-2.3%) among IDUs compared to 0.2% prevalence (2/629) among the general population.

▪ *Bibliography/website addresses:*

- Scientific papers and reports are published in scientific medical magazines and/or presented in scientific conferences/seminars/workshops.
- Website address is: <http://www.ishp.gov.al>

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

- Behavioral and Biological Surveillance Study (Bio-BSS) protocol (study questionnaire included);
- HIV and AIDS reporting forms (including general and epidemiological data as well as laboratory ones); these forms are used for HIV/AIDS surveillance in Albania as part of the Albanian statutory Integrated Surveillance System of Infectious Diseases;
- Viral Hepatitis hospital case-based reporting form and laboratory sero-surveillance form are used for Viral Hepatitis surveillance in Albania as part of the Albanian statutory Integrated Surveillance System of Infectious Diseases.

3.3. Substitution Methadone Treatment Register (Non-Governmental Organization “Aksion Plus”)

▪ *Name:*

Substitution Methadone Treatment Register

▪ *Responsible institution name and address:*

“Aksion Plus” NGO
Mental Health Center No.1,
Stavri Vinjau street, 2
Tirana, Albania

▪ *Contact person:*

Mr. Genci Muçollari
(Director of “Aksion Plus” NGO)
tel: +355 692066359 (mobile phone)
fax: +355 4 2375368
e-mail: gencaxionp@albmail.com

▪ *Objectives of the database:*

- a) To record detailed clinical and behavioral-psychological data of each client;
- b) To assess the efficacy of treatment protocols and psycho-social counseling/support;
- c) To assess the ongoing epidemiological situation related to the PDUs;
- d) To assess the social problems among the PDUs;
- e) To perform relevant research on PDUs issues.

▪ *Statistical unit and its definition:*

Statistical unit:

PDUs (Problematic Drug Users)¹⁵

Definition of statistical unit:

Any injecting drug user (IDU), or long-term or regular user of opiates, cocaine or amphetamine (=PDU client), under substitution methadone treatment at the NGO “Aksion Plus” during the specified year 2007 (either being under, or entering methadone maintenance treatment during that year).

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

Year covered and reporting period:

2007 (January-December)

¹⁵ Definition of Problem Drug Use: Injecting drug use or long duration or regular use of opioids, cocaine and/or amphetamines. PDU (Problematic Drug User) is an injecting drug user (IDU) or long-term/regular user of opiates, cocaine or amphetamine.

Characteristics of clients (PDUs) under Methadone Maintenance Treatment (MMT) in 2007:

- Total number: 218 clients.
- Clients according to gender: 93.1% (203/218) males and 6.9% (15/218) females.
- Clients according to age groups (years): ≤15 = 0.4% (1/218); 16-20 = 1.4% (3/218); 21-25 = 48.1% (105/218); 26-30 = 29.4% (64/218); 31-35 = 17.4% (38/218); 36-40 = 2.3% (5/218); >40 = 0.9% (2/218).
- Clients according to educational level: illiterate = 2.3% (5/218); elementary (4 classes) = 4.1% (9/218); primary (9 classes) = 50.0% (109/218); secondary or high school (12 classes) = 39.9% (87/218); university = 3.7% (8/218).
- Clients according to geographical distribution (country districts, mainly urban areas): Tirana district only (218/218=100%).

▪ *Drug-related characteristics:*

The case-based data (=client-based data) according to (a) years of heroin use, (b) age of the first use, (c) route(s) of administration, and (d) secondary drugs used are not available at the Substitution Methadone Treatment of the NGO “Aksion Plus”.

▪ *Geographical coverage:*

Tirana district (mainly urban area) only.

▪ *Institutional coverage:*

The license for MMT activity to the NGO “Action Plus” was provided by the Ministry of Health (in agreement with the Ministry of Justice) in 2005.

▪ *Coverage rate:*

- *Percentage of statistical units covered/found but not recorded:* 0%.
- *Percentage of statistical units not having been observed/followed:* 0% during the long-term substitution methadone treatment; 100% after the therapy (that is, not any follow-up assessment used to be carried out).

▪ *Inclusion/exclusion criteria (if applicable):*

Inclusion/exclusion criteria *per se* are not applicable.

(The inclusion of PDUs clients demanding MMT and psycho-social counseling/support might be considered as the only existing criteria.)

▪ *Sampling procedures (if applicable):*

Not any way of selection/sampling of statistical units is applicable.

▪ *Substances (drugs) monitored/distinguished:*

Heroin, (and Methadone as well).

▪ *Description of organization of data gathering/methodology:*

All case-based data of each PDU (client) frequenting the “Aksion Plus” NGO in the Substitution Methadone Treatment Register of this outpatient unit, both as hard copy (paper form) and electronic database.

- *Description of data storage:*
Substitution Methadone Treatment Register as hard copy (paper form) plus electronic database.
- *Software for data processing:*
MS Access, MS Excel
- *Level of aggregation of the information available to the National Correspondent:*
Full case-based database
- *Legal status of the database:*
Restricted for information containing personal data (according to the confidentiality criteria)
- *Legal status of the aggregated data:*
Public, periodically reported and published.
- *Time period of available data:*
 - *first year:* 2005;
 - *last year:* 2007 (last actualization in 2008)
- *Evaluation of data quality and reliability:*
 - *double counting:* is totally avoided;
 - *bias:* there might be missing values at individual (case-based) level;
 - *consistency over time:* there is consistency over years;
 - *reliability:* reliable data.
- *Other comments and remarks:*
 - 1) The MMT, being implemented at the NGO “Aksion Plus” in June 2005 with the funds of Soros Foundation as a free-of-charge program, was continued (2008 onwards) as such a program by the HIV/AIDS Global Fund financial support.
 - 2) The MMT activity of NGO “Aksion Plus” was extended in 2008 in Durres district through establishing a MMT sub-unit in Durres city. A further geographical extending to other big cities (districts) besides Tirana and Durres of MMT activity, along with qualitatively and quantitatively enhancement of the current one, constitutes one of the main goals of “Aksion Plus” NGO in coming years.
- *Abstract/example of data output:*

The methadone maintenance treatment (MMT) was implemented in 2005 by the NGO “Aksion Plus”, funded by Soros Foundation. The overall number of clients entering methadone free-of-charge program at this outpatient treatment unit from June 2005 (starting point in time) till the end 2007 is 255 PDUs. The continuity (2008 onwards) of such a free-of-charge program at that MMT unit is ensured by the HIV/AIDS Global

Fund financial support. The MMT offered at Clinical Toxicology Service is neither free of charge nor reimbursed by national health insurance agency.

- *Bibliography/website addresses:*
 - Papers and/or reports are published in various magazines and/or presented in scientific conferences/seminars/workshops.
 - Website address is: <http://www.aksionplus.net>

- *Annexes (e.g. reporting form, protocol, study questionnaire, report, etc.):*
 - Client (patient) MMT protocol;
 - Standard GFATM (Global Fund against AIDS, Tuberculosis, Malaria) reporting form;
 - Standard INCB (International Narcotic Control Board [Vienna]) form.

3.4. Register of drug seizures and drug law offences
(Anti-Drug Sector,
General Directorate of State Police,
Ministry of Interior)

▪ *Name:*

Register of drug seizures and drug law offences

▪ *Responsible institution name and address:*

Anti-Drug Sector,
General Directorate of State Police,
Bajram Curri blvd, 108
Tirana, Albania

▪ *Contact person:*

Mr. Sokol Selfollari

tel: +355 694102323 (personal mobile phone)

fax: +355 4 2240015

e-mail: selfollaris@mrp.gov.al

▪ *Objectives of the database:*

- a) To record detailed data on drug seizures (number of drug seizures and the quantities seized);
- b) To record detailed data on drug law offences (offenders caught by all law enforcement agencies for use, possession, and trafficking of illicit drugs);
- c) To assess the trend over years of drug markets and drug-related offences.

▪ *Statistical unit and its definition:*

Statistical unit:

- 1) Drug law offences¹⁶;
- 2) Drug offenders¹⁷;
- 3) Drug seizures¹⁸;
- 3) Quantities of drug seized.

Definition of statistical unit:

- 1) Drug Law Offence is the use, possession, and trafficking of illicit drugs. Drug Law Offences are registered at Register of Drug Seizures and Drug Offenders as number of offences during a certain period of time;
- 2) Drug offender is any person caught by all law enforcement agencies for use, possession, and trafficking of illicit drugs. Drug offenders are registered at Register of

¹⁶ Definition of Drug Law Offence: Use, possession, and trafficking of illicit drugs.

¹⁷ Definition of Drug Offender: Person caught by all law enforcement agencies for use, possession, and trafficking of illicit drugs.

¹⁸ Definition of Seizure Data: Number of drug seizures and the quantities seized.

Drug Seizures and Drug Offenders as number of offenders responsible for the respective offences;

3) Quantities of drug seized¹⁹ are quantity of drug seized and/or number of narcotic plants destroyed, registered at Register of Drug Seizures and Drug Offenders as kilograms for cannabis, heroin, cocaine and amphetamines, and in tablets for ecstasy.

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

Offenders registered during a certain period of time (usually each year):

- total number of offenders;
- offenders according to gender;
- offenders according to age (age-groups);
- offender according to socio-economic factors;
- offenders according to education level;
- offenders according to geographical distribution (country districts/prefectures);

- *Drug-related characteristics:*

Type of drugs seized.

- *Geographical coverage:*

National, 100%

- *Institutional coverage:*

Ministry of Interior (General Directorate of State Police)

- *Coverage rate:*

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

- *Inclusion/exclusion criteria (if applicable):*

Each offender, regardless of the quantity of drug seized, is referred to the prosecution office.

- *Sampling procedures (if applicable):*

Not any way of selection/sampling of statistical units is applicable.

- *Substances (drugs) monitored/distinguished:*

All listed drugs and their precursors are the substances (drugs) monitored.

- *Description of organization of data gathering/methodology:*

All the law enforcement agencies, which deal with drug problem, send detailed data reports concerning the aforementioned issues (offences, seizures) to the Anti-Drug Sector of the General Directorate of State Police (Ministry of Interior). The data collected are periodically (usually each month) registered in the database of the Anti-Drug Sector.

¹⁹ Seized quantities are provided in kilograms for cannabis, heroin, cocaine and amphetamines, and in tablets for ecstasy.

- *Description of data storage:*
Register of drug seizures and drug offenders as hard copy (paper form) plus electronic database.
- *Software for data processing:*
MS Access, MS Excel
- *Level of aggregation of the information available to the National Correspondent:*
Full case-based database
- *Legal status of the database:*
Restricted for information containing personal data (according to the confidentiality criteria)
- *Legal status of the aggregated data:*
Public, periodically published
- *Time period of available data:*
 - *first year:* 1993;
 - *last year:* 2007
- *Evaluation of data quality and reliability:*
 - *double counting:* is totally avoided;
 - *bias:* there might be missing values at individual (case-based) level;
 - *consistency over time:* there is consistency over years;
 - *reliability:* reliable data on drug offenders and drug seizures.
- *Other comments and remarks:*
From 1993 till 2004 the individual data are available in hard copy (paper) and periodically (each trimester) presented in MS Excel as aggregated tables. From 2005 onwards, beside this, the individual data are inserted to MS Access database, which is more flexible and gives more feed-back to the request for different statistical analyses.
- *Abstract/example of data output:*

Cannabis is the only narcotic plant cultivated in Albania: during the period 1993 – 2000, the cultivation of cannabis was spread nearly throughout all the territory of the country, while recently it is located in some small areas only. 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. Heroin trafficking still remains one of the main problems, though the seizures and number of people arrested increased from year to year. 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. Concerning cocaine, in 2005 there were 6 cocaine seizures where 2.8 kg of cocaine was seized and 11 offenders were prosecuted; in 2006 there were 8 cocaine seizures where 3.9 kg of cocaine was seized and 23 offenders were prosecuted; in 2007 there were 15 cocaine seizures where 12.9 kg of cocaine was seized and 19 offenders were prosecuted. Synthetic drugs pose still an issue of a little concern in Albanian drug-market as regards both drug supply and demand.

▪ *Bibliography/website addresses:*

- Scientific papers are published in various magazines and/or presented in scientific conferences/seminars/workshops.
- Website address of the State Police is: <http://asp.gov.al/2007/STATISTIKA2007.htm>

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

- Reporting form on total drug seizures and drug offenders for specified time period;
- Reporting form on drug seizures and drug offenders in school settings for specified time period;
- Reporting form on corruption cases concerning drug seizures and drug-related crimes;
- Reporting form on drug seizures and offenders in crossing border check points;
- Reporting forms on drug seizures and drug offenders during international operations and/or where special investigations means are used.

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