WHO-SAIMS
REPORT
ON
PREVENTION AND TREATMENT SYSTEMS
FOR DRUG-RELATED HEALTH DISORDERS IN
ALBANIA

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Executive summary

The purpose of SAIMS for Albania is to offer an analysis of basic data regarding the distribution, quality and cost of treatment services, and provide information on the characteristics of service users, which would assist the performance of every service provider in Albania. Also, it may be used by policymakers and administrators of health system, who would be informed with necessary data during the process of services and planning reform, which would enable an appropriate and cost-effective distribution of human, material and financial resources.

Collection of information for this document became possible by the revision of all published or unpublished materials, and the existing database. Another important source were also persons who had good knowledge on the system and were experienced in the area under scrutiny.

The general number of adults in Albania (15 – 64 year old) who have tried illegal drugs, is considered to have been around 5,000 (life prevalence 0,2%) in 1995 and 20,000 (life prevalence 1,0%) in 1998, whereas current figures range between 40,000 and 60,000 (life prevalence between 2.0% and 2,8%), which indicates a considerable increase since 1995. The monitoring of service users and the two studies on dangerous behavior among high school youths, indicate that there has been an increase of prevalence, both in terms of experimenting with drugs and abusing with them.

Alcohol abuse is estimated to be a problem only among Albanian males, while studies indicate that in the near future a swift increase of exposure of women towards it is expected.

There are laws in Albania that aim at controlling aspects related to the production, trafficking and access by citizens to drugs and alcohol. However, a specific legal framework that would regulate issues related to substance abuse is absent; such a law would guarantee protection of human rights, the organization of treatment system, its personnel and training, and the structure and standards of services. There exist special strategies for both the fight against drugs and for protection of health from alcohol abuse. However, their implementation in the field is partial and there are no systematic monitoring assessments on the implementation of particular objectives.

In Albania, there is no dedicated budget for alcohol and drug treatment services. Moreover, even those few services that exist are not specific for substance abuse.
In Albania, health care services for alcohol and drug-related problems are not integrated between them. On the other hand, services for both drugs and alcohol are at an initial stage of their establishment and consolidation.

Elements of these services are covered by the Clinic Toxicology Service (TUHC); until a few years ago, the Psychiatric Service was more engaged in problems of treatment of disorders related to alcohol abuse, as well as the center for treatment of alcohol addiction (established in November 2009 in TUHC). There is still no geographical division of provision of services and a dedicated referral system in this field.

There exist, as well, two other treatment centers that are private and not-for-profit, Emanuel Center (in Alb. “Qendra Emanuel”), which provides residential treatment and Aksion Plus, which provides substitutive treatment with methadone. An appropriate data exchange between the Toxicology Service, the center for alcohol addition and the NGOs Aksion Plus and Emanuel Center is still absent, because the National Center of Information System on Narcotics in the Institute of Public Health is still under construction.

The primary care services are still in their initial preparatory stage for providing services, especially prevention services in this area, even though their role has been defined both in the service package and on the strategic relevant documents.

In Albania there are no ambulatory structures, daily services and community services with beds only for alcohol or narcotics.

There is no structure in place in Albania that could provide specialized services for children or adolescents in terms of alcohol problems. There are, as well, no structures that provide constant follow-up in community and mobile clinical teams for supporting persons with alcohol problems.

In 2010, 101 patients received treatment for narcotics problems in the Clinical Toxicology Service, and 671 others were treated on an ambulatory basis. 208 patients were subjected to supportive therapy with methadone in Aksion Plus; 77 persons received residential service in Emanuel Center.

In the same year, 148 patients were hospitalized for alcohol problems in the Toxicology Service, while 2283 patients were assisted in ambulatory conditions.

Service users for narcotics and alcohol are overwhelmingly young persons from cities.

Subjects on substance abuse have begun to be included in the curricula of university faculties of medicine and nursing, and work is under way for drawing up clinical guides in this field. However, there are still no organized curricula in place for ongoing education about substance addiction or abuse.

The specialized personnel working in this field is still limited, and the qualification system in this area is not yet regulated properly.
The basic medicaments for treating substance abuse in health services are absent but accessing them in the free pharmaceutical market is relatively easy.

An increase of the number of activities has been observed in the area of public awareness and education, but they are still not coordinated properly, not systematic and dependence on donors makes them unsustainable.

Also, the volume of monitoring and research activities on substance abuse has been on the increase and the trend has been consolidated in the last decade, but there remains still a lot to do in terms of scientific publications and systematic documentation.

As a conclusion, we may say that the development of services for the treatment of narcotics problems in Albania is still at an initial phase, but there are numerous opportunities not only for the improvement of these services, but especially for constructing them in a suitable manner, based on the real needs of the country.
Introduction

Republic of Albania is one of the Western Balkan countries in South-Eastern Europe, which borders Italy across the Adriatic Sea and Ionian Sea on the west, Greece on the south and southeast, Former Yugoslav Republic of Macedonia on the east, Kosovo on the northeast and north and Montenegro on the north and northwest.

The population of Albania, as registered officially in the Population and Dwellings Census of 2001 amounted to 3 069 275 inhabitants (INSTAT, 2002). In 2008, Albania’s population was calculated to be 3 170 048 inhabitants, with a density of 110 inhabitants per square kilometer. Compared to 2001, Albania’s population has increased with approximately 106 748 persons. Average life expectancy at the time of birth for the 2005 – 2008 period was 72,1 years for males and 78,6 years for females. Life expectancy in urban areas is higher than in rural areas. More than 98% of the population is ethnic Albanians, with the minorities including small groups of Greeks, Macedonians, Vlachs, Roma, Bulgarians and Serbians. Religion was prohibited during the communist period; Albanians in their majority do not practice any religion, but nominally the population belongs to three main religions: Muslims (present over the whole country), Catholic Christians (present mostly on the north) and Orthodox Christians (concentrated mostly on the south).

The official language is Albanian.

Albania is divided in 12 prefectures (or regions), subdivided in 36 districts; third-level administrative divisions are the municipalities (in urban areas) and communes (in rural areas).

Tirana is the capital city; it has currently (2011) over 900 000 inhabitants; other major cities are Durrës, Shkodër, Vlorë, Elbasan, Berat dhe Korçë.

The table below displays relevant social-demographic data on Albania.
<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Albania</th>
<th>EU (27 countries)</th>
<th>Source</th>
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  www.instat.gov.al              |
| Population increase rate       | Assessment in 2008| 0,5 %         |                   | INSTAT (Albanian Institute of Statistics)  
  www.instat.gov.al              |
| GDP per capita in PPS (Purchasing Power Standards) (2) | 2008              | 25            | 100 (3)           | Data from Eurostat (Publication of Eurostat news 2009)  
| Unemployment level (5)         | 2010              | 13,8 %        | 9,6 % (1)         | INSTAT (Albanian Institute of Statistics),  
  www.instat.gov.al              |
| Unemployment level in population under 25 years (6) | 2009              | 27,2 %        | 20,6 % (1)        | Population poll, INSTAT, Albania                                    |
| Number of incarcerated population (7) | 2009              | 140,7         |                   | Council of Europe, SPACE I-2009                                      |

(1) 2010 Eurostat.  
(2) Gross domestic product (GDP) measures economic activity. It is defined as the value of all goods and services produced minus the value of goods and services used for their creation. The volume of GDP index per capita in Standards of Purchasing Power has been expressed in relation to the EU average (EU 27), put as an amount of 100. If a country’s index is more than 100, the GDP level for this country is higher than the EU average, and vice versa.  
(3) 2010 Eurostat (2009 figures).  
(4) Inequality in the distribution of income is measured as the proportion of total income collected by 20% of population with the highest income (upper quintile) with the total income of 20% of population with the lowest income (lower quintile). The income should be understood as available equivalent income.  
(5) The level of unemployment represents the number of unemployed as a percentage of the workforce. Unemployed persons include 15 – 74 year old individuals who (a) were unemployed during the referenced week; (b) are currently ready to work; (b) seek employment actively.  
(6) Population poll.  
(7) Situation of penal institutions on September 1, 2009.  
p Figures provided by Eurostat.
Albania is a parliamentary democracy, with a one-chamber parliament which constitutes the legislative power. In the executive power, the president is elected by the parliament with the 5-year mandate and is eligible for a second mandate.

During the last two decades Albania’s economy has changed from a centralized one into a free market economy and the country has progressed economically, especially after the social – economic crises of the late 1990s.

Appropriate social policies developed in the last years, combined with the acceleration of economic development, have enabled a part of the population to escape poverty. However, the latter remains a concern for the Albanian government; the level of poverty in Albania is among the highest in Europe.

The health system in Albania, despite increases observed in the area of private services, remains mostly a public one. The state is the main provider of health services, health promotion, prevention, diagnostics, and treatment of diseases.

The private sector, which is still developing, covers most of pharmaceutical and dental services, and several clinics for very specialized diagnoses, mostly in Tirana and one or two other main cities.

Albania displays several unique features in its epidemiological profile. While mortality levels are similar with those observed in other developed European countries, morbidity levels are similar with those in developed countries.

Smoking alone is estimated to be responsible for 22 percent of the burden of disease, while alcohol consumption causes 6 percent of the burden of disease. Obesity is estimated to cause 10 percent, and lack of physical activity 5 percent of the burden of disease.

The general number of adults (15-64 year old) who have tried various illegal drugs is estimated to have been around 5 000 (life prevalence 0,2%) in 1995 and 20 000 (life prevalence 1,0%) in 1998, whereas current figures fluctuate between 40 000 and 60 000 (life prevalence between 2,0% and 2,8%), which shows a considerable increase since 1995. A progressive analysis of service users and two studies on risky behaviors among high school youths, indicate a rise of prevalence, both in terms of experimenting with drugs and abusing with them.

Alcohol abuse is estimated to be a problem only among Albanian males, even though systematic data on this phenomenon are still absent. In the meantime, even though alcohol use is much more prevalent among males, studies indicate that in the near future, a steep increase of the exposure of females towards alcohol is expected.
SAIMS instrument and gathering data for this document

In various countries of the world, various service systems work in treating problems caused by drug and alcohol abuse. Also, the level of organization and maturity of these systems varies greatly. However, there is a number of clinical and non-clinical practices that are widely used in most of these systems. In order to enable an analysis to services for the treatment of and prevention of substance abuse at a both national and international level, WHO is implementing an evaluation method. This method, named “Substance Abuse Instrument for Mapping Services” (SAIMS), is based on the same principles as another similar method for mapping mental health system services (AIMS), but is still undergoing an experimentation process. We believe this report (document) will give its contribution in the process of validation/calibration and further improvement of SAIMS methodology.

During the collection and analysis to data for this report, other materials drawn up by WHO have been taken into account, namely the “Guide on epidemiology of substance abuse” and “International guide on monitoring alcohol consumption and related damages”.

The report provides necessary information on a series of issues that are necessary components of a system for treating alcohol and drug-related problems. These issues are:

- Treatment of health problems related to substance abuse in primary health care services;
- Appropriate access to basic psychotropic medicaments;
- Appropriate access to basic services;
- Community care services;
- Education of population for reducing stigma;
- Involvement of community, family and service users;
- Decision-making on policies, programs or national legislation on use of substances;
- Development of human resources;
- Relationship with other sectors;
- Monitoring problems related to substance use in the community;
- Monitoring the use of services and the need for them in the community;
- Support for research in this area;
- Improvement of access, equality, efficiency and effectiveness, and the integration of services for treatment and prevention.

The collection of information for this report (document) was made possible through the revision of all published or non-published materials, and the existing databases. Another important source were persons with knowledge in depth on the system and experienced in the field (key informants).
The purpose of this report is to provide an analysis to basic data regarding the type, distribution, quality and cost of services for treatment, and provide information on the characteristics of service users, which would help in his/her work every service provider in Albania.

This report may be used, as well, by policymakers and managers of the health system, who would be informed with necessary data during the process of reforming and planning services, which would enable an appropriate and cost-effective distribution of human, material and financial resources. This is especially valid for our country, where the service system in this area is still at an initial level, which highlights the need for capacity increase and structural reform.
Legal framework and policies

In Republic of Albania, the process of building up the legal and strategic framework related to the control of illegal drugs and alcohol, has progressed on different paths for each of them respectively. This process began after the political and economic transformations in the beginning of the 1990s. Before 1990, drug-related problems in Albania were negligible, due to the country’s isolation and peculiarities of its political-social organization; they emerged as a worrisome phenomenon initially with the trafficking and then the use/abuse, with the trend accelerating during the second half of 1990s. In response to this situation, legislation in this area was initially oriented towards the control of trafficking, cultivation and use of the so-called illegal drugs. This legislation has been updated constantly.

In the meantime, alcohol in Albania has been traditionally considered a lawful drug and, despite spontaneous efforts to keep it under control, no legal framework or coordinated policies have been instituted until the middle of the first decade of 21st century.

Catalysts for the development of strategies and legislation during these years have been:

(i) the consolidation of state and institutions;
(ii) the process of integration in international organizations and the stabilization-association process in EU; and
(iii) the growing drug and alcohol problems.

1.1. Policies and strategies on drugs and alcohol

Even though in terms of implementation aspects during these years, plans to put under control the problem of substance abuse (alcohol, drugs and tobacco) have remained mostly on paper, Albania has followed, despite all of the above, the approach of separated strategic plans and policies on alcohol, drugs and tobacco. The strategy on drugs 2011-2015 (it follows the previous 2004 – 2010 strategy), which is still under development, does not envisage an integrated approach with the strategy on alcohol; the latter remains separate. Though none of these strategies has been proven in practice concerning their efficiency or cost-effectiveness in the country, sufficient evidence exists in Europe and elsewhere on comprehensive policies, which are effective and supported by evidence-based studies. In this context, experts in the country are becoming more and more conscious on the need for greater coordination and interaction with regard to approaches to these complex problems, as they have an impact not only on public health but on a wider social, economic and political scene.
1.1.A. **Strategy on alcohol**

Only in 2011 did the Ministry of Health approve the first political document on alcohol; it is titled “Albanian Strategy on prevention and minimization of alcohol-related harms 2011 – 2015”.

The components of this document include:

- The principles on which the strategy is based;
- The need of strategy on alcohol;
- Purpose of strategy;
- Data on production and consumption;
- Preventive and reduction policies for alcohol-related harm;
- Political commitment and government’s role;
- Health impact of alcohol;
- Health treatment of disorders related to alcohol abuse;
- Support to vulnerable groups;
- Legislative framework on alcohol (taxes and prices, publicity and promotion, reduction of effects on public health, licencing);
- Minimization and prevention of crimes and multi-plan disorders related to alcohol consumption;
- Actions at a national and local level;
- Information and communication.

Regarding the organization of health services for the treatment of alcohol problems, the document envisages that ambulatory services and general practitioners should be an important link for both early detection and continuous treatment.

Also, particular consideration is given to other services for early detection, organized in schools, businesses, social services and in all the links/levels of the legal system.

Bearing in mind that there no specialized hospital treatment services in Albania, the document focuses on their construction and does not mention what will be considered a specialized service, how it will function and what its managerial structure will be. Also, the referral system, coordination, monitoring and the ways to finance and respective costs of these services, are, for that matter, not described.

The document, does not, as well, make an analysis of the concrete situation relative to morbidity, how it has been treated so far in Albania, and how this experience will be improved.

Even though many health institutions around the country have provided help for various problems of alcohol abuse, a more consolidated experience at an intervention level has been obtained by the Clinical Toxicology Service in the University Hospital Center “Mother Theresa” in Tirana (TUHC), where in 2010 alone there have been more than 2
400 clinical cases of disorders from alcohol use. Also, the only residential-rehabilitation center in the country, the “Emanuel” community, has gathered experience in this field.

All of the above should be highlighted and supported for further development and improvement, namely:

- Implementation of programs for the ambulatory treatment of alcohol addiction, with the purpose of establishing a network of ambulatory treatment institutions, with no beds, preceded by the preparation of operators to serve in these institutions;
- Development of programs for peer support, such as Alcoholic Anonymous (AA) and the creation of supportive self-assisting groups.

The strategy underlines also the need to reach the most vulnerable and underprivileged groups with treatment services for alcohol abuse problems, such as racial and ethnic minorities, poor persons, persons marginalized because of their sexual preference, emigrants, including mothers and children in need, persons addicted to substances, AIDS patients, homeless persons etc. Social support is envisaged also for the children and partners of problem abusers.

The strategy envisages, as well, elements of building up a monitoring system and consolidating human resources in this field. There is neither a clear reference on a system for improving continuously service quality, nor a reference on the protection of human rights of service users.

It should be mentioned that the Faculty of Medicine, together with the University Hospital Center “Mother Theresa”, the Clinical Toxicology Service, supported by Ministry of Health and the National Center for Licensing and Continued Training, as well as the Institute for Health Insurance and Care (ISKSH), has developed during 2010 the guidelines and protocols for the treatment of disorders related to alcohol abuse, as per the “evidence-based” principle. These documents are in the process of publication.

1.1.B. Strategy on drugs

The National Strategy against drugs 2004 – 2010 was approved upon Council of Ministers’ Decision no. 292, dated 7 May 2004. The strategy is a comprehensive one and covers in the same time both the reduction of demand for drugs and reduction of drug supply. This strategy was a product of participation from all government institutions involved in the fight against drugs, and non-government organizations, as well, including support from experts of international organizations operating in Albania.

The strategy recognizes the serious nature of the drug problem at a national and international level and admits that success may be achieved only by means of cooperation and coordination between all the working parties, namely the government, civil society and international partners. In order to make this strategy enforceable, the Prime Minister of Republic of Albania, with Decision no. 156, dated 23 September 2004, approved an
inter-agency action plan, in which all respective institutions/agencies/actors assumed their responsibilities and concrete duties for the 2004 – 2010 period.

The component of the strategy for reducing demand is based on the following principles:
- A rational, realistic and pragmatic approach;
- Early preventive initiatives;
- Complex and comprehensive activities;
- Systematic long-term strategies;
- Reduction of harm among the exposed;
- Specific interventions on groups under risk.

Regarding primary prevention, the following actions are foreseen:
- Mass media campaigns;
- Programs in schools;
- Programs in communities.

Secondary and tertiary prevention would be based on:
- Activities to reach concealed population;
- Ambulatory treatment;
- Detoxification and hospital treatment;
- Long term treatment in rehabilitation centers;
- Support after treatment.

The strategy underlines, as well, the need for an appropriate organizational structure which would have to be built through the development and approval of curricula, standards, provision of systematic treatment and coordination of the entire program.

In order to build up a system of services for the secondary and tertiary level of prevention, the following are emphasized:
- The need to build a training infrastructure;
- Analysis to curricula, training capacities;
- Creation of a team of leading professionals (train the trainers and supervision);
- Creation of capacities for psychosocial treatment methods;
- Training of general practitioners and social workers;
- Strengthening of training structures on addiction issues for general practitioners.

Regarding the reduction of harm, the following are foreseen:
- Services for distributing syringes, information, diagnostic tests;
- Maintenance therapy (substitution therapy) with methadone;
- Support to self-assistance groups.

Regarding substitution therapy with methadone, it would have been supported on two principles: (i) coordination/supervision and (ii) a low threshold level.

In the meantime, its enactment in practice requires indispensable components, namely:
o Construction of pertinent infrastructure;
o Purchase of methadone by the state;
o Construction of Multidisciplinary Addictology Clinic, on the basis of current Service of Clinic Toxicology within TUHC and other existing sources;
o Construction of methadone center under the primary health care in Tirana;
o Support for civil society projects;
o Establishment of a database;
o Provision of tests and vaccination against hepatitis B;
o Creation of centers in other cities of the country.

Finally, the following elements are foreseen in the strategy, which would enable the monitoring of situation and services:
o Evaluation of the drug situation through a combination of quantitative and qualitative techniques;
o Establishment of the epidemiological surveillance network;
o Creation of a database and resource centers.

However, same as in the strategy on alcohol, details on the protection of human rights among service users and continuous improvement of quality, are absent.

The component of reduction of demand for drugs has remained fragmented and with insufficient funding, whereas reduction of drug supply and law enforcement issues are part of the Albanian Government priorities. Therefore, it is necessary to ensure that the reduction of demand for drugs obtains the same importance as a priority policy, as much as the reduction of drug supply.

2010 is the last year covered by this strategy and an inter-agency work group has been established upon the Prime Minister’s order no. 125, dated 9 June 2010 for the preparation of a new strategy from 2011 onwards. This strategy has to be in tune with EU requirements in the field of drugs: (i) the EU strategy on drugs, 2005 – 2012; (ii) the EU Action Plan on drugs, 2009 – 2012; (iii) the Action Plan on drugs between EU and Western Balkan countries, 2009 – 2012.

1.1.2 A+B Access to medicaments used for alcohol or drug addiction

Except some anxiolytic and antidepressant medicaments, other products, such as disulfiram, naltrexone, acamprosate, and substitutive products of opioids, such as methadone, buprenorphine, slow-release morphine, suboxone, and even naloxone, an essential medicament for treating overdose from opiates, are absent from the list of reimbursable medicaments.

Even reimbursable medicaments may be used only by insured persons, who make up only 60% of the country’ population, while the category of persons with disorders related to drug abuse, according to data from the Clinical Toxicology Service, results to amount up
to 90% of jobless, uninsured persons and with no other support but from the family, relatives or any humanitarian organization.

The minimum wage in Albania is about 19,000 leks, whereas the cost of daily treatment with medicaments for alcohol and drug abuse-related problems varies from about 8 leks for chlorpromazine or 40 leks for disulfiram, up to 400 leks for naltrexone or 400 leks for methadone; these prices are from the private pharmaceutical market, at a time when subventions from insurance companies are inexistent.

1.2. The action plan on alcohol and drugs

1.2.A. The action plan on alcohol

Together with the strategic document on controlling harm from alcohol, the Ministry of Health approved also the respective action plan. This action plan follows the strategic lines foreseen on the strategic document as described above and proposes respective activities for their implementation, together with the timeliness, division of institutional responsibilities and necessary financial resources.

1.2.B. The action plan on drugs

Part of the new strategy is also the new action plan on treatment services for substance abuse problems. The process is nearing completion, Objectives, activities, the time framework and necessary organizational structures have been defined, and the finalization of budget is expected.

According to this plan, a new complete service system, adapted to the country’s conditions, is foreseen to be built.

The following elements would be part of this system:

1) Establishment of a National Polyvalent Center for Substance Treatment and Care, based on the existing structure of Clinical Toxicology Service.

The center will provide 20 – 25 beds, and 2000 ambulatory cases will be treated on an annual basis as a minimum.

One psychologist and one social worker will be part of the staff of this polyvalent center, which will provide training and substitutive therapy, as well. Upon the establishment of Clinical Toxicology University Service in the facilities of TUHC, opportunities for cooperation between this service and the Psychiatric University Service will be created.
A national database will be established within this center, where medical and psychosocial data will be collected from primary, secondary and tertiary services on all clients with drug problems. Also, this center will conduct scientific studies in the field of psychoactive substances. Within the Clinical Toxicology Service, from 2005 until presently, 15 toxicology physicians have been trained in 2-year long post-university courses; an essential part of the basic curriculum covers addiction and its treatment. While the increase of human capacities will continue in the post-university level, there have been plans to have the center train staff and assist in the establishment of a section for addiction medicine within the Faculty of Medicine of Tirana University.

2) The structures of primary care service in Albania will have proper capacities for identification, prevention, early treatment and referral.

More than 300 members of medical and psychosocial personnel from all around the country will be trained within 2011.

Psychologists and social workers specialized in the treatment of substance addiction and abuse, will have to be employed in primary health care centers. At least, 30% of the primary services’ staff will be trained over the whole country in 2010; in 2013, 70% of the primary services’ staff will be trained, as well.

3) Equipping primary health care services with tests for identifying hepatitis B and C, and rapid tests for identifying opioids and other substances.

4) Implementation of these services in the basic package of general practitioner’s services.

5) Provision of a checklist of recommended medicaments and those with counterindications.

6) An experts’ commission will draw up a standard model for testing and planning treatment.

7) Establishment of specific local health structures in the field of substance abuse.

Covering with addiction units the regional hospitals in the cities of Elbasan, Shkoder, Vlore, Durres and Fier; these services’ capacity will account for 4 – 5 beds and they will have general treatment modalities, such as putting under control overdose, withdrawal syndrome, detoxification and counseling, in the context of fulfilling regional needs for basic addition treatments.

8) Establishment and enhancement of community services for substance users.

Completion in general of the needs for rehabilitating treatment from the two residential community centers, each with 20 beds. They will provide long-term rehabilitation
services for persons addicted to substances, with a variety of interventions, such as behavioral programs, vocational methods, 12-step programs, maintenance therapy programs, etc.

9) Establishment of proper services for vulnerable groups.

10) Establishment of addiction services in the penitentiary system

1.3. Legislation of alcohol and drugs

A specific framework that would regulate issues related to substance abuse, of such a nature as to guarantee protection of human rights, organization of the treatment system, personnel and its training, and the structure and service standards, is lacking in Albania. There are, however, laws that regulate aspects related to the production, trafficking and access to alcohol and drugs. Details on this legal framework are provided below, namely, on alcohol and drugs.

1.3.A. Legislation on alcohol

Since 2006, a law that aims at protecting minors from alcohol has been enacted in Albania. The basic elements of the law are the prohibition of sale of alcoholic beverages for persons under 18, the prohibition of access to nightclubs where alcoholic beverages are sold by unaccompanied minors, the prohibition of use of alcohol in school facilities, and the prohibition of commercial ads for alcohol that target minors. The implementation of the law with regard to age limits does not seem to be as efficient as it ought to be.

Through government decisions, Albania implements policies of increased taxation (excise duties) for alcoholic beverages, which aim at reducing access by population, especially young people, to alcohol products.

1.3.B. Legislation on drugs

The specific legal package on this field covers only matters of reduction of supply (measures punishing trafficking and cultivation).

With regard to the international legislation, Albania adheres to three UN Conventions on drugs.

The Law no. 8750, dated 26.04.2001 “On prevention and fight against illegal trafficking of narcotic drugs and psychotropic substances”, determines the standards for preventing and combating the illegal trafficking of drugs and substances for their production.

The law no. 8874, dated 29.03.2002, “On control of substances that may be used to produce illegally narcotic and psychotropic substances”, defines the measures for controlling substances that are often used to produce illegally narcotic and psychotropic substances, in order to smash their supply.

In the Albanian legislation, issues related to the treatment and prevention of health disorders caused by drugs are not covered by any particular law. The only reference on this problem exists on Law no. 10138, dated 11.05.2009 “On public health”; its point “e”, describes the services for preventing and controlling the abusive use of substances (tobacco products, alcohol, narcotic and psychotropic substances etc.). Also, its article 53, on protection of health from the abusive use of narcotic and psychotropic substances, emphasizes the “medication, rehabilitation and reintegration into society of abusive users of narcotic and psychotropic substances”, as part of the range of measures to be taken.

1.4. Monitoring and training on human rights

In Albania, there are no structures and activities focusing on a specific monitoring of human rights issues among users of services for substance abuse.

1.5 Funding of services for the treatment of alcohol and drug abuse and coverage with social insurance

1.5.1 Funding services for treatment of alcohol and drug abuse

In Albania there is no dedicated budget for services treating alcohol and drug problems. Moreover, even those few existing services are not specific to substance abuse. For instance, the Clinical Toxicology Service does not offer treatment for alcohol and drugs alone, but also for many other problems of clinical toxicology. Activities to help illegal drug users in this service began in 1995, while work focused on alcohol problems began even earlier, right from the beginnings of the 1980s. Even in cases of other existing services, such as the substitutive therapy with methadone, funding from Ministry of Health or the health insurance system is lacking.

A rough idea on funding may be obtained from an analysis of human resources which operate in this field, presented in the respective section of this document (see Chart 4, Human Resources).
1.5.2 Coverage with social insurance for alcohol and drug-related problems

In Albania there is no specific scheme that would cover with social assistance chronic health problems, including invalidity caused by substance abuse.
Treatment services for alcohol and drugs

2.1. Integration/organization of treatment services for alcohol and drugs

In Albania, health care services for alcohol-related and drug-related problems are not integrated between each other. On the other hand, for both drugs and alcohol, services are still at an initial phase of their establishment and consolidation.

2.1.A. Organization of specialized services for alcohol

In 2010, a sector covering mental health and substance abuse issues was established in the organic structure of Ministry of Health. This sector functions under the Directorate of Public Health of the above ministry, and was created through the integration of the mental health unit (1 specialist) and substance abuse unit (1 specialist), which operated under the Directorate of Hospital Services.

There is no organ or any other authority for alcohol within the health or inter-ministry system.

The above mentioned sector has the task of supporting the service planning process and policymaking in the fields of mental health and substance abuse. Its practical functions with regard to monitoring of services and the evaluation of their quality remain still to be clarified. In line with the functions of Ministry of Health in the health system, this sector does not have the task of dealing with aspects of management of respective services.

In Albania there are no organizational structures dedicated to the specialized treatment of alcohol problems. Elements of these services are covered by the Clinical Toxicology Service (TUHC); until a few years ago the Psychiatry Service (TUHC) was more involved in the treatment of alcohol abuse disorders, in addition to the center for treatment of alcohol addiction (established in November 2009 within TUHC). There is not yet in place a geographical division for the provision of services and a dedicated referral system in this field.

In the new service package of primary health care (the general practitioner), several basic services have been foreseen for early detection and counseling on alcohol-related problems. However, these services will remain only in theory, for as long as general practitioners and other health personnel will not have any necessary qualification. Work
for providing training in this area has just begun. Namely, a training package has been focused on early screening and initial treatment of mental health problems and alcohol addiction.

2.1.B. Organization of specialized services for drugs

The Ministry of Health sector that covers mental health and substance abuse issues, mentioned in 2.1.A, may be considered as a functional authority for drugs, with equivalent duties. However, there exists legally in Albania also an inter-ministry committee for drugs, headed by the Deputy Prime Minister, which has the task of orienting and coordinating policy/government action in the field of fight against drugs. This authority exists, nevertheless, only in theory, because it never functioned in practice.

Same as in the case of alcohol, there are no organizational structures in Albania dedicated to the provision of services of specialized treatment of drug addiction problems.

In Albania there is only one specialized drug center – the above-mentioned Clinical Toxicology Service (TUHC). It is a public center, responsible over the whole country, which provides chiefly treatments for detoxification, overdose, double disorders, methadone treatment in cooperation with private pharmacies (of the office-treatment type), prevention of relapse with naltrexone, disulfiram, etc. It serves in the same time as a hospital unit with beds for treating, as well, external patients, and it is the main source of data for treatment demand.

There are two other treatment centers, which are private, the Emanuel Center, a therapeutic center established by an NGO, offering residential treatment, and Aksion Plus, established by another NGO, which provides substitutive treatment with methadone. Clients come by themselves or upon referral by the Clinical Toxicology Service. There is no proper data exchange between that service and the NGOs Aksion Plus and Emanuel Center, because the National Center of Drug Information System, within the Public Health Institute, has not yet built up this function and the Ministry of Health has not created a coordination mechanism between these three organizations.

No geographical division has been made till now in terms of provision of services and there is not yet in place a dedicated referral system in this area.

The Clinical Toxicology Service within TUHC provides ambulatory services (outpatient), too, as supportive therapy with methadone; this is an experience where also the family of the addicted person is involved, and the prescription may be written periodically only to family members; the patients visit the clinic according to a program during an interval from 6 months to 2 years long, being able, thus, to continue treatment with methadone bought in private pharmacies licensed for such a purpose.
The Institute of Public Health makes efforts to establish and set in motion ad hoc referral systems between the Clinical Toxicology Service and ambulatory centers for services provided by Aksion Plus. There is not yet in place an approved referral system and an evaluation of the functioning of this mechanism has not been made; based on an experts’ opinion, we may say there is no coordination between specialized services and the ambulatory ones.

There is neither an organizational connection nor a link in terms of a referral system between the Clinical Toxicology Service and the Clinic for Treatment of Alcohol Addiction, even though they are both within TUHC.

2.2-4.A+B. Ambulatory services, daily services and community services with beds only for alcohol or drugs

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

2.5.2-8.C. Integrated services for drugs and alcohol in residential community centers

The Emanuel community is represented in Tirana by a “low threshold center” and a “polyvalent residential center” where subjects with drug and alcohol addiction are received and treated. The “Emanuel” residential rehabilitation center (located in Vaqarr, near Tirana) was created in 2000. In the residential polyvalent center, training techniques, of a psycho-pedagogic, vocational and spiritual character, are used. Currently, it has a capacity of 20 beds for long-term residential treatment. Treatment lasts from 3 to 6 months. The total cumulative number (2000 – 2010 period) of the users is about 500; in 2010 this number was 77. The overwhelming majority of the center’s users are those addicted to drugs. In the meantime, during the 2003 – 2008 period 33 persons who had alcohol as primary abusing substance, were registered and treated. The average length of treatment time for alcohol is about 1 month.

2.5.9. Community ambulatory services for drug problems

The NGO “Aksion Plus”, supported entirely by foreign donors since 2005, has been implementing Supportive Therapy with Methadone (STM) for Injecting Drug Users (IDU) and those who take drugs via inhalation. The support was started by Soros Foundation as a pilot project for a center in Tirana; currently funding is provided by the Global Fund for Fighting against Tuberculosis, AIDS and Malaria (GFATM), through the Public Health Institute. This service is provided through daily centers in the districts of Tirana, Durres, Elbasan, Vlore, Korçe and Shkoder. The cumulative number (2005 – 2010 period) of IDU involved in STM is 640. The length of placement under therapy
varies between 2 months and 1 year. The overwhelming majority of service users are in Tirana, with 456 clients in STM.

2.6.2 - 13.A. Specialized services for treatment of alcohol-related problems

There exists in Albania only one specialized center for the exclusive treatment of alcohol-related problems and addiction to alcohol. This is the Clinic for Treatment of Addiction to Alcohol within TUHC, which is a fruit of cooperation between Ministry of Health and the European School of Alcohology and Alcohologic Psychiatry in Udine (Italy).

This therapeutic center, the first if its kind in Albania, has a 10-bed capacity; it started its activity only a short time ago. The activity consists of treating addiction to alcohol with the Hudollin technique (a combination of behavioral group therapy with pharmacotherapy, with the antidipsotropic disulfiram).

In 2009, this clinic began hospital treatment on a 24/7 basis. Since its creation, the clinic has treated 214 persons, of whom 15 are women, and only 8 persons are under 18. In 2010 alone, 140 persons were admitted (12 were women). The average time spent in this clinic varies between 3 to 4 weeks, with a median figure of 26 days. Based on the above data, beds are exploited 100%. Patient admissions are not generally based on a referral system.

Even though the clinic has organizational and structural links with the Clinical Toxicology Service, so far they are both part of the TUHC organizational chart has not coordinated actions and has had no cooperation with the above service, at a time when the Clinical Toxicology Service has a long experience in detoxification, treatment of alcoholic comas, delirium tremens, Wernicke-Korsakoff syndrome, preventive relapse therapy using naltrexone, acamprosate and disulfiram. The same may be said on Emanuel Community, which has been treating alcoholics for years now in the Emanuel rehabilitation center. The division of tasks between the two services would increase efficiency of interventions in all existing centers and those that are expected to be established in the future. This abnormal obstacle has to be overcome.

The chief diagnosis for the admission of patients is serious alcohol addiction, and treatment of alcoholic abstinence. About 90% of the admitted patients were diagnosed also for mental and behavioral disorders related to the use of alcohol (indicator F10 as per SAIMS); this figure seems, however, too high, so care has to be taken in distinguishing between psychopathological disorders caused by alcohol abuse, which are quite frequent, and pre-existing psychopathological disorders. Therefore, a more direct cooperation is required with the Psychiatry Service in TUHC, because the problem of double diagnoses is a complex one, which cannot be solved within a club of recovering alcoholics, which has no sufficient expertise and experience on such matters.
Other alcohol treatment practices that have been sponsored by this center are the Alcoholic Abstinent Clubs (AAC) which constitute an important link in the chain of treatment, in order to preserve the continuity of abstinence. In practice, 2 such AAC groups are functioning in Tirana.

There is no structure in Albania that provides specialized services for children or adolescents with regard to alcohol problems. Also, there are no structures that provide constant monitoring in community and mobile clinical teams for supporting persons with alcohol problems.

No techniques for limiting patients’ freedom are practiced in the clinic for treatment of alcohol addiction, and there have been no cases of obligatory hospitalizations, against the person’s will. There have been no patients whatsoever who remained hospitalized for more than one year.

As an anti-dipsotropic medication, disulfiram is lacking in both the above mentioned medical treatment centers, but it may be found easily in private pharmacies. Regarding costs see 1.1.2.

Only about 25% of the patients having alcohol problems are from rural areas; most of them come from cities.

2.6.2-13.C. Specialized services for alcohol and drug-related problems

The Clinical Toxicology Service (TUHC) is a specialized treatment center in the field of clinical toxicology and substance abuse. Since 1993, this center provides, among other things, services for drugs and alcohol. It operates, as well, both as an ambulatory unit and a hospital with beds. It was, and still remains, the only specialized state service in Albania for carrying out such a function.

Alcohol

From 1993 till 2009, in the Clinical Toxicology Service (TUHC), 8 326 patients with alcohol problems came for assistance, of whom 967 were hospitalized. A constant increase of demand for the treatment of alcohol abuse problems has been observed. Thus, while in 2000 there were only 24 patients, in 2010 their number was 153. If before the 2000s patients were assisted mostly for acute intoxication problems, including alcoholic comas, after this period, an increasing demand for treating abstinence crisis and detoxification has been observed, in addition to relapse prevention problems, and pharmacologic and psychophysic interventions. Despite the absence of national cross-sectorial studies on the prevalence of alcohol-related disorders, the experts’ opinion is that the specific weight of this phenomenon is quite significant. There still predominates in Albania a general pro-drinking culture, while public awareness and vigilance on these
disorders is minimal. Unfortunately, it should be admitted that such a culture still has a
visible impact on a part of the health and social community in the country, which is
poorly informed, especially general practitioners, but also among members of some
generic services. This situation calls for a serious commitment; it seems that it has not
been reflected as much as it should in the national strategy; therefore, the need to put
under control disorders caused by alcohol addiction is evident.

Data from Clinical Toxicology Service (TUHC) indicate a mortality at the levels of 3,0 -
3,2 %. Within the category of hospitalized persons, 45% are cases of alcoholic
intoxication, 38% are abstinence crisis cases, while the rest of patients were hospitalized
for acute problems related to alcohol abuse and addiction, such as Wernicke’s
encephalopathy, neuropathy, advanced hepatic damages (hepatic insufficiency and
cirrhosis), alcoholic axonopathies and other psycho-physical disabilities.

1 798 males and 485 females were treated in the ambulatory component of this service.
Of those, 148 were hospitalized in this service, with 5 beds dedicated to alcohol (as
mentioned above several times, this center provides in the same time services for drugs
and other problems of clinical toxicology. The average length of stay is about 8,5 days,
with a use of bed accounting for approximately 70%. There were 109 registered cases of
persons under 18.

Drugs

Even though real drug problems began after 1994 – 1995, a group of clients, who lived
mostly in Tirana, was “inherited” from the dictatorship period. These clients had grown
addicted mostly to morphine and pethidine, a part of them for iatrogenic reasons, whereas
most were just abusers of these opioids. This category tested for the first time the health
system in Albania. In response to this situation, upon recommendation by Ministry of
Health, cooperation began in that time between the Psychiatric Service in TUHC and
Clinical Toxicology Service. In this context, in 1994, in order to serve specifically this
group of clients, a 5-month course was organized with 5 nurses from the Clinical
Toxicology Service. This marked the first experience of the “substitutive therapy” with
injections of morphine and pethidine for 15 – 20 patients, who had become problematic
for emergency services, pharmacies, hospitals, etc, in that they used violence to obtain
morphine or pethidine (even by robbing pharmacies). This practice was initiated in the
Psychiatry Service (TUHC), but in close cooperation with the Clinical Toxicology
Service. The substitution and calculation of doses, keeping discipline and managing this
group in general became very difficult and complicated, mostly because of high
tolerance, pressure by patients to obtain ever greater doses and the impossibility to
administer these short duration substances, 2 – 3 hours (here, we are not talking about
slow release morphine). There were even clients who demanded up to 70 ampoules of
morphine or pethidine a day. This practice did not go on for more than 2 years; it was
bound to fail. A part of the clients gave up because of overdoses, whereas another part
jumped on the flourishing market of illegal heroin. We believe this was the main cause
that made the Psychiatric Service (TUHC) withdraw from the treatment of addiction disorders and choose another approach, by dealing only with singular patients with double disorders; unfortunately, such a practice is still in place today, despite a number of recent changes.

Since 1994 – 95, Clinical Toxicology Service (TUHC) remained the only unit that represented public agencies in the country, despite the initial assumption that it would manage only overdoses, acute intoxications and treat abstinence. This situation still exists, despite near-term and mid-term plans by Ministry of Health to change it. Clinical Toxicology Service (TUHC) provides currently (in 2011) treatment with beds (with 4 beds in the clinic and 2 in the intensive care unit) for patients with drug problems (out of a total of 15 beds over the whole service); in the meantime it serves as an ambulatory treatment center (outpatients), as well. The main treatment modalities that Clinical Toxicology Service (TUHC) provides consist of hospital detoxification, ambulatory detoxification, crisis intervention, counseling, differential diagnosis, and, in a more limited scale, post-treatment and relapse prevention..

The first experience with methadone in Albania began at the Clinical Toxicology Service in 2003, when this product was allowed in Albania as a registered product. However, Clinical Toxicology Service (TUHC) was never able to cover the costs of the medicament with the Ministry of Health budget, or with budget from the Institute of Health Insurance and Care (ISKSH) either; this situation is still present (in 2011). In addition to the detoxification ambulatory and hospital therapy for opioid addiction, methadone was used in this Service in a limited number of patients in cooperation with private pharmacies also for substitutive therapy, which is a variant of the office-based therapy. This was carried out mostly with patients who had full family support both in financial terms and other support, especially in the good management of the therapy. Even though it was not spread over a wider range (due to reasons related to the treatment cost, which is paid for by the family), this intervention was carried out effectively for 10 – 12 patients.

101 drug users were treated and hospitalized in the Clinical Toxicology Service (TUHC) (of whom 6 were females). 671 patients received ambulatory treatment (of whom 31 are females). The average number of days of stay in the clinic is 7.4, with a rate of exploitation of the bed of about 50%.

The total number of treatment episodes (the total number of visits) with patients having disorders related to drug abuse in 2010 was 1452. The average number of contacts for each patient results in 2.2. Meanwhile, out of the total number of patients treated in the ambulatory component, or recovered in this clinic (out of a total of 772), 34 (or 5%) are under 18 years of age.

The primary or secondary diagnoses for patients hospitalized in the University Service of Clinical Toxicology, patients in ambulatory treatment and hospitalized, with drug or alcohol-related problems, are shown below:
- Mental and behavioral disorders due to the use of alcohol (F10), 25 persons;
Mental and behavioral disorders due to the use of opioids (F19), 9 persons;
Mental and behavioral disorders due to the use of cannabinoids (F12), 52 persons;
Mental and behavioral disorders due to the use of sedatives and hypnotics (F13), 2 persons;
Mental and behavioral disorders due to the use of cocaine (F14), 8 persons;
Mental and behavioral disorders due to polydrug use and other psychoactive substances (F19), 8 persons.

Same as for alcohol, there is no structure in Albania that would provide specialized services for children or teenagers in relation to drug problems.

There are not in place, as well, structures that would provide constant follow up in the community and mobile clinical teams for supporting persons with drug problems.

No freedom limitation techniques are practiced for patients in the Clinical Toxicology Service, and there have been no cases of mandatory hospitalization, against the person’s will. As a rule, the family is involved at this level for supporting and treating the patient, for inpatients and outpatients, especially with regard to long-term therapies for preventing relapse in the case of drugs and alcohol, but also in those few cases of maintenance therapy with methadone, of the office therapy kind, in which the family, partners and other individuals who are influential to the person play an essential role.

There have never been patients who remained hospitalized for more than one year.

Such necessary medicaments in the Clinical Toxicology Service as methadone or naloxone are absent, but can be fund in private pharmacies. See 1.1.2. for their costs.

The distribution of the number of services in 2010 is shown in the charts below.
2.7. Psychosocial treatment in the care services for drug and alcohol problems

There are no complete data available on such psychosocial interventions as: individual or group psychotherapy, social support, counseling, rehabilitative activities, training for professional and social habilitation etc. However, it is assessed that such interventions are carried out in numerous cases, in both bed-equipped services and in the ambulatory or community ones. (indicator B I AIMS – 1-20 %).
2.8. Harm reduction services

There are several NGOs that provide a series of daily services for drug users. These services are concentrated mostly in Tirana and function on the basis of projects (mostly financed by international organizations such as GFATM, UNICEF, etc). The provided services consist of harm reduction, such as programs on the exchange of syringes, information, referral, testing for HIV and hepatitis B and C, individual and group counseling, etc.

NGOs providing such services are: Aksion Plus, Stop AIDS, APRAD, UKPR.
Problems related to substance abuse and primary care

In the new package of services of primary health care (the general practitioner), several basic services have been foreseen for an early detection and counseling for alcohol-related disorders (among teenagers and adults). The basic package foresees individual counseling on risks and information to the community.

These services remain, nevertheless, in theory, for as long as general practitioners and other health personnel of the primary care have in most cases bypassed such problems and in the best case have just referred them to those few services that provide help, which in reality is a limited one. Based on the fundamental concept of approaching alcohol and drug-related disorders like all other approaches provided for other chronic diseases, it is indeed this important link in the chain of public health services that should be trained in theory and in practice, should be equipped with the necessary diagnostic and pharmacologic resources in order to identify, diagnose, document, refer and carry out the long-term follow up of this category of patients. So, what is needed in a wider context is the establishment of a training structure and the pyramid of services, beginning from those generic and basic ones.

3.1.1. The university curriculum for general practitioners

Before the 1990s, the curriculum of the Faculty of Medicine for general practitioners did not deal with drug abuse problems, which reflected the epidemiologic profile of that time with regard to this problem. Alcohol abuse was, nevertheless, tackled in the subject of clinical psychiatry. In the last decade several subjects on substance abuse and addictology have been introduced in the Faculty of Medicine curricula; this is more evident in the subject of clinical toxicology, taught to university level students with 3 lesson hours and 3 practice hours supervised in a clinic, and with physicians who are specialized in clinical toxicology in a 2 year-long program (with 15 physicians been trained so far). In the training curriculum of the latter, theoretical and practical subjects on basic addiction problems are included, taking up to 15% of the curriculum. A few subjects are taught, as well, in the subject of clinic psychiatry, with 1 lesson hour and 2 supervised practice hours. In the university level these subjects represent only half a credit in the overall figure of 360 credits of the school of medicine. In other words, they represent only 8 supervised hours within the total number of 5 000 supervised hours that are taught in the general medicine section in the Faculty of Medicine. This applies also in the Faculty of Social Sciences, which should restructure its curricula, and not leave unattended such present-day issues.
3.1.2. Ongoing educational programs for primary case physicians

Work has just started on delivering training on this subject for general practitioners, who work in the primary care services. Actually, in 2009 – 2010, a training package, supported by a mental health project implemented by WHO, has focused on the screening and initial treatment of mental health problems, in which 2 subjects on substance abuse are included. This training course lasts 2 days and the subject on drug and alcohol abuse occupies about 15% of the curriculum. Until now, less than 800 general practitioners have been trained and all physicians who work in health centers in Albania (about 1600) are foreseen to participate in the training.

Another project supported by UNODC has made possible a two-day training, exclusively focused on drug abuse. About 30 physicians and nurses from the primary care services were trained in a course in Tirana.

Another package concerns the screening and counseling on risk factors for chronic diseases, including alcohol. Training for alcohol in this 2-day program occupies about one third of the volume of the accredited curriculum. Until now, about 80 general practitioners have been trained.

3.1.3. Treatment protocols for primary care centers

Even when taking into account the provision of primary care centers with the guidelines of clinical practice and treatment protocols, the Albanian health system is in its first steps; work for preparing the clinical guidelines on substance abuse and addictology has just been completed, but they have not yet been officially approved and have not yet been distributed to health service centers.

3.1.4. - 3.1.5. The referral system and cooperation between primary case services and specialized services

In the Albanian primary health care system, visits related to alcohol or drug abuse are quite rare, and one can say that general practitioners do not even make a single referral at any given month at least to specialists for alcohol or drug cases (indicator 3.1.4 of SAIMS). As a result, no systematic interaction can be identified (even once a month, at least) between general practitioners and specialists in this field (indicator 3.1.5 of SAIMS).

3.1.6. Prescriptions in the primary care services
Physicians in the primary heath care service are allowed to give prescriptions for some psychotropic medicaments, albeit with limitations. Actually, they have to wait for the initial recommendation of a specialist on the medicament, before they could proceed with the treatment.

3.1.7. Medicaments in primary care centers

Health centers are generally supplied with a list of medicaments approved by Ministry of Health. These medicaments can be used for treating patients in cases of emergency. However, the provision of primary health care centers with medicaments from the categories of antidipsotropics, disulfiram, opioid substitutes or anxiolytics has not been envisaged. Diazepam may be an exception, but even it is not foreseen to be used as an anxiolytic but only for cases of convulsions in babies, etc.

3.2. Non-medical professionals in the field of substance abuse

In Albanian, there is no organized system in place which allows non-medical personnel in primary health care services to provide treatment with psychotropic medicaments.

3.2.1. University programs for nurses

A number of university-level schools, which offer diplomas on nursing, has been functioning in Albania for a decade now. In the public nurses school, there are no subjects that deal exclusively with the problem of substance abuse, but some private universities have recently included in the curricula about 5 hours (lessons and practice) on this subject. These hours are included in the subject of clinical toxicology. 5 hours in the classroom represent either less or about 0.5 credits, while the number of credits for 1 academic year is 60.

3.2.2. Non-physician and non-nurse professionals in the primary health care: university programs for them

Non physician and non-nurse professionals in the primary care are mostly social workers and/or psychologists.

3.2.3. Ongoing education programs for primary care nurses

There have not been any trainings dedicated to drug abuse for nurses during 2010, except those mentioned above in section 3.1.2.
3.2.4. Ongoing education programs for non-physician, non-nurse personnel

With support by WHO-UNODC, a 2-day course is being conducted during 2010 – 2011, focusing on psychosocial interventions in the field of substance abuse. The training of a group of 25 professionals has just been completed. The personnel being trained are exclusively psychologists and social workers and do not necessarily work in centers for the treatment of drug and alcohol problems.

3.2.5. - 3.2.9.

Not available in Albania.

3.3.

Not available in Albania.
Human resources in the treatment system

There are few qualified specialists in Albania who work in the field of treatment of drug and alcohol problems.

Since 1996-1996, several physicians but also specialists from other fields, were involved in trainings organized by the Pompidou Group of Council of Europe in the framework of DRSTP-I and DRSTP-II programs, as planners of health policies in the field of substance abuse, and later on in 3 – 4 month-long courses in western countries, as well, as practitioners. In the meantime (the 1997-2001 period), in the context of PHARE program of the Council of Europe, trainings continued with specialists from the field of drugs (clinical toxicologist physicians/psychiatrists, epidemiologists, sociologists, psychologists) from former communist countries of Central and South-Eastern Europe, including Albania. Also, in the framework of this program, the Supervision-Twinning Project (Catching-up Project) was carried out (during the 2000 – 2004 period) between the Czech Republic and Albania; experts from the Czech Republic assisted especially in the drawing up of the component for reducing the demand for drugs in the National Strategy for the Fight against Drugs in Albania, 2004 – 2010, but also in professional formation. Further on, other international organizations provided training courses and theoretical and methodological seminars. As a result of these efforts during the period 1995 – 2004, and during the subsequent period (until currently in 2011), key national clinical specialists (from the Clinical Toxicology Service in TUHC), epidemiologists (Institute of Public Health) had their capacities built in the area of reduction of demand for drugs, with regard to all its component aspects in terms of research, studies, management, policymaking, training, advising and prevention (= etiognosis, diagnosis, prognosis). This represents a good foundation for further developments in this field.

In the meantime, with regard to appropriate qualification, it has to be clarified that Albania does not yet have an accredited center for qualifying medical and non-medical professionals for treating drug and alcohol problems, except the Clinical Toxicology Service (TUHC), which provides a series of modules on this topic, in the framework of the post-university specialization course in toxicology. The personnel working in the treatment centers described on this document has no formal qualification in this field, but may have been subjected to short trainings, of several days duration, offered to these centers.

4.1. Professionals involved in treatment centers
Only 3 psychiatrists and 1 toxicologist are committed part time in therapy centers for maintenance with methadone, organized by the NGO Aksion Plus outside the public system, supported by the Public Health Institute via GFATM. 5 general practitioners, 2 social workers, 2 psychologists and 4 nurses work part time in these centers. In activities in these centers also 4 field workers (outreach) have been involved.

There are 3 qualified toxicologists in the Clinical Toxicology Service (TUHC), who, in addition to other services, cover any service related to the treatment of drug and alcohol problems. There are in this university service also 8 nurses, who, same as the medical personnel, cover not only drug and alcohol patients but also other problems of clinical toxicology, as mentioned earlier in the document. This center cooperates closely with the Psychiatry Service (TUHC) for problems of double diagnoses, and other issues of clinical practice with drug-addicted persons.

In the recently established treatment center for alcohol problems (TUHC), 1 physician, 1 psychologist and 5 nurses work full time.

2 managers/coordinators with non-medical qualification, 1 social worker, 1 psychologist, 1 part time physician and 6 field work operators, 4 of whom volunteers, work in the residential Emanuel center.

4.2. Qualifications and trainings in the field of treatment of alcohol and drug problems

As mentioned above, in Albania there are no professionals specifically specialized in the field of substance abuse. However, specialized physicians in the field of clinical toxicology and psychiatrists are considered to have knowledge on the basic practices in this area.
With support from WHO-UNODC, during this year (2011), a 2-day course is being conducted on psychosocial intervention in the field of substance abuse. The training of 25 professionals has just ended. The personnel being trained are exclusively psychologists and social workers, but they do not necessarily work in drug and alcohol treatment centers.

4.3. Family associations, self-help groups and other associations

Except the self-help groups, which are being experimented by the alcohol center and other above-mentioned associations, associations specialized in this area and family associations for persons with alcohol and drug problems are totally lacking in Albania.

The associations involved in community and individual support activities (mostly focusing on counseling for drug users) are:

- NGO “Aksion Plus”
- NGO “Stop AIDS”
- NGO “Emanuel” (=“Emanuel” center)
- NGO “APRAD”
- NGO “UKPR”
FIELD 5

Prevention and education for the public

5.1. Legal framework and policies

5.1.1. Legislation and policies in the field of prevention against alcohol and drugs

As mentioned on Section 1.3 of this document, from 2006 onwards, a law that aims at protecting minors from alcohol has been in force in Albania. The basic elements of this law are the prohibition of alcohol sales to persons under 18, prohibition of unescorted minors to access night venues where alcohol beverages are sold, the prohibition of use of alcohol in school venues and the prohibition of commercial ads for alcohol targeting minors. The enforcement of the law on the age limits appears to be not as effective as it ought.

Albania implements by means of government decisions policies of increased taxation (excise duties) on alcoholic beverages, which aim at lowering access by population, especially youths, to alcohol products.

Also, a strategy on protection of health from alcohol has just been approved by the Ministry of Health.

As mentioned on Section 1.3 of this document, legislation on drugs makes it illegal to use narcotics and psychotropic substances in Albania. There are in place specialized structures who work for the enforcement of this legislation by minimizing the exposure of citizens to drugs.

Also, as already mentioned above, there is a national strategy that aims a lowering both the supply of drugs and the demand for them. The need for support by citizens and their willingness for a life without drugs is underlined on the strategy, and preventive activities in terms of campaigns on the mass media and community programs are oriented by the strategy, as well.

5.1.2. Coordinative mechanisms for preventing alcohol and drugs

A Government decision was issued this year (2011) for the establishment of an inter-ministry committee for the fight against drugs. Both its secretariat and its information center are led by the Institute of Public Health. Work has already started to make these mechanisms effective.
There are not yet in place similar mechanisms for alcohol.

5.1.3. **National networks of professional agencies**

There exists not yet in the country a stable network of professional institutions in the field of treatment of drug and alcohol problems. Only in separate cases, e.g. when efforts were made for the development of the national strategy for the fight against drugs, efforts were made to invite all the potential actors to contribute in the process. The situation in the field of alcohol lags even more behind. Such specialties, as psychiatry and toxicology, have their professional associations; accordingly, we believe that such an association should be established also in the area of addiction to toxic substances.

5.1.4. - 5.1.5. **Local and national agencies involved in the prevention of alcohol and drug abuse**

Education directorates in the regions, schools, regional public health directorates, and up to a certain extent, also the local government and sections of NGOs operating at a national level, have been involved in activities for the prevention of drugs and alcohol.

At a national level, prevention activities are organized by:
1. Ministry of Health (Institute of Public Health), Ministry of Tourism, Culture, Youths and Sports, the Parliament.
2. International agencies, such as UNICEF, UNFPA, WHO, Council of Europe, Soros Foundations etc.
3. NGOs, as Aksion Plus, Stop AIDS, Emanuel, APRAD, UKPR, ALQU, Feniks, etc.

5.2.1 - 5.2.5 **Programs for substance abuse in schools**

Prevention campaigns in high schools have been on the increase, even though on an annual average, only a small number of schools are involved in informing and awareness campaigns in the country (indicator B of SAIMS – 1-20%).

In some large national school-based campaigns, the emphasis was put on a healthy lifestyle and included drugs and alcohol, such as in the case of “Live healthily” campaign, supported by UNICEF and UNFPA, or in the case of the “Youths without smoking and alcohol” campaign, organized by the Ministry of Health in cooperation with the Ministry of Education and Science. Coverage of schools in these campaigns has been large (indicator C of SAIMS – 21-50%).
In an analysis to the coverage with trainings and other information, awareness and counseling activities in 2009, it may be assessed that between 2,000 and 2,500 youths from high schools in the country were reached, which represents around 1% of the total number of pupils and students in the country’s high schools and universities.

The methods used include lectures, group discussions, interactive communication and, in some cases, the use of life abilities and peer leaders.

There is no organized system in place for interventions into schools. Every government or non-government agency follows up individual projects, and there is not in place, as a consequence, a systematic evaluation of the interventions.

5.2.6. Other models of preventive interventions

Several associations have offered preventive interventions together with harm reduction programs by targeting high-risk groups, such as truant pupils, those who fail in their grades, etc. The employed methods include lectures, group discussions, and presentations of conclusions of exercises conducted by the group.

Several sporadic activities have been experimented by health specialists in cooperation with police specialists during night hours for curbing down alcohol use by youths (2009).

No dedicated telephone lines or website exists at a national level for information on drugs.

There have been no programs in place, and there are none at present, for parents who abuse with substances.

5.3.1. Coordination mechanisms within public awareness campaigns against alcohol and drug abuse

No functional coordination mechanisms exist within the educational and awareness campaigns against drugs and alcohol.

5.3.2. Agencies that promote public awareness and education on alcohol and drugs

1. Ministry of Health (Institute of Public Health), Ministry of Tourism, Culture, Youth and Sports, Ministry of Education and Science, the Parliament.
2. International agencies, such as UNICEF, UNFPA, WHO, Council of Europe, Soros Foundation, etc.
3. NGOs – such as Aksion Plus, Stop AIDS, Emanuel, APRAD, ALQU, Feniks, etc.
5.3.3. Populations targeted for awareness campaigns

Information and awareness campaigns have mostly targeted the general population and teenagers. June 26 - the International Day Against Drugs has been used to organize press conferences, (including the Ministers of Health and Interior), provide information to the media, including articles in newspapers and participation of specialists in television debates, and distribution of posters and leaflets on this subject.

5.3.4. Targeted professional groups for specific awareness campaigns

There have been also campaigns that aimed at increasing the amount of information and awareness to teachers and health personnel on drug and alcohol problems.
FIELD 6

Relations with other sectors

6.1.1. Systematic cooperation

From several years ago and onwards, there have been in place, and may be considered now consolidated, cooperation programs in the field of treatment of drugs and harm reduction with the national program for controlling HIV/AIDS by the Institute of Public Health. There is also in place formal cooperation, systematic up to a certain extent, with justice authorities.

In the meantime, cooperation with primary health care, education, child and teenagers, health care, and mental health is still in its earliest steps.

6.2.1. Care professionals for alcohol and drugs in schools

Since 2006, the Ministry of Education and Science has assigned psychologist workers in high schools and 9-year cycle schools; their task is, among other things, to detect early drug and alcohol-related problems, and provide appropriate assistance. These professionals are operating in practice only in schools in urban areas and cover approximately about 3 schools for each employee.

Even though there have been projects supported by foreign donors for increasing the capacities of these professionals through training, there is no detailed information on these trainings.

6.2.2. Preventive activities conducted by schools

Since one year now (from 2010 onwards), a new program has been introduced in the high schools of Albania as a part of the mandatory curriculum, named “living and career abilities”. There is a special chapter in this program on drugs and alcohol. Among other things, the program includes practical abilities, such as stress management, social skills, emotional communication, abilities to cope with change, etc. The program is taught by biology teachers and psychologists in schools.

In 9-year cycle schools, as well, basic knowledge is given on substance abuse in the subjects of biology and health education.
6.2.3. - 6.2.4. Educational activities by police

There has been a limited number of cases when police officers were involved in awareness raising and information activities on drug and alcohol abuse in schools (indicator of SAIMS - B, 1-20%).

Also, a number of police officers has been involved in training programs offered by NGOs that operate in the field of drug prevention. The number of trained officers is evaluated to be approximately 80.

There is no information whether judges or any other workers of justice system were ever involved in such activities.

6.2.5. - 6.2.7. Persons with substance abuse problems in prisons

Complete studies on the level of proliferation of drugs in the country’s prisons are absent. It is evaluated, however, that less than 2% of the prison population are using them. (indicator A of SAIMS).

In the meantime, programs that provide some elements of assistance to drug addicts in prisons have began since several years, consisting mostly of substitutive therapy with methadone, and coverage with these services has been good in a number of prisons (indicator of SAIMS–B); 1-20 % of prisons have at least one prisoner a month who has received treatment contact.

6.2.8. Social insurance and drug abuse

The coverage with social insurance of disabilities caused by drug use is not covered by the social insurance system in Albania.
**FIELD 7**

**Monitoring of the treatment service system for alcohol and drugs, and research in this field**

**7.1.2. -7.1.5. Monitoring**

The Clinical Toxicology Service (TUHC) (inpatient + outpatient) and methadone centers managed by Aksion Plus (outpatient) have a system of registers that collects information on the number of patients and other data on their account, data on the follow up of patients and data on treatment. Due to the concentration of all the services in a single public center (Clinical Toxicology Service in TUHC) and in a single NGO (Aksion Plus) that provides substitutive therapy with methadone, in practice, all the patients that come up to these centers and receive the relevant treatment are included in the information system (the respective databases) with the final reporting going to the National Center for Information on Drugs within the Institute of Public Health (ISHP).

There is, as well, a good information system related to infectious diseases accompanying persons that receive treatment for problems related to drug abuse. ISHP supports systematically with screening practices the Clinical Toxicology Service and the methadone centers, and gathers relevant information in the specific databases.

There are problems with the diagnosing, due to the lack of a proper referral system, and to a poor cooperation between specialties, especially, the non-systematic inclusion of specialist psychiatric physicians.

The practice of making it mandatory for drug addicts to go to specialized treatment and service centers is absent in Albania.

The recently established Clinic for Addiction to Alcohol (within TUHC) is building up a monitoring system, by establishing systematic relationships with the ISHP.

Except the residential Emanuel center (an Italian government-supported NGO), there are no other centers of a community nature. The Emanuel center has a registry system (20 beds) for all persons who show up for services there, but does not report systematically to the ISHP.

**7.1.6. Issuance of periodic reports by responsible authorities**
In the last three years, the Institute of Public Health (ISHP), in cooperation with partners inside and outside the health system, has been publishing a report on the situation of drugs in Albania. The report embarks on elements relevant to treatment and prevention services, together with issues of trafficking and law enforcement. Data on alcohol have been lacking on this report, until now.

Among other things, the report is based also on the following databases:
- Database on Requests for Treatment by the Clinical Toxicology Service, “Mother Teresa Tirana University Hospital Center (TUHC);
- Database on Substitutive Treatment with Methadone of the NGO “Aksion Plus”;
- Database on Infectious Diseases Related to Drugs of the Department of Epidemiology and Infectious Diseases Control, Institute of Public Health (ISHP).

7.2. Scientific research

Scientific research is one of the objectives/priorities defined on the National Strategy for Drug Control, Prevention and Addiction, such as the consolidation of information systems and the training to study this phenomenon.

The Institute of Public Health (ISHP) has tried for years now to include in its practice of systematic scientific research also epidemiologic research on drugs among the general population and specific high-risk groups. Also, as mentioned above, ISHP has contributed in the gathering and analyzing (via the National Center of Drug Information System within ISHP) of all data on drugs and ongoing research for all relevant agencies/actors.

The University Clinical Toxicology Service and NGOs Aksion Plus and Stop AIDS have been involved in national studies undertaken by ISHP in the last 5 years (2006 – 2011), and in several partial studies, based on the services they provide.

A limited number (indicator C of SAIMS – 21-50%) of psychologists, social workers and nurses who work in treatment services, have been involved in certain phases of the studies (mostly in the phase of gathering data in the field). In practice, the inclusion of psychiatrists in this process, has been lacking, due to their little inclusion in the provision of services.

Regardless of the fact the during the last five years several studies that tackle, among other things, also the field of drugs and alcohol in Albania, have been conducted, publications on specialized periodic magazines are totally lacking, which is illustrated also by their absence in PubMed.

In spite of the absence of specific articles in this field, in the last five years, several studies on certain groups of the population have been conducted. Most of these studies
did not focus entirely on drugs or alcohol but tackled these issues among many other problems. Some these studies have been published in the form of national reports.

Namely, they are:

- “Biological and Behaviour Surveillance Study (Bio-BSS) 2005” (published report), and
- “Biological and Behaviour Surveillance Study Bio-BSS) 2008”, in which issues related to the intravenous drug use among groups at risk of the country’s population are studied.

- “Youth Risky Behaviour Survey (YRBS) 2005”, and
- “Youth Risky Behaviour Survey (YRBS) 2009”, where data are provided on the prevalence of drugs and alcohol among high school youths (14-18 vjeç).

- “Demographic and Health Survey Albania (DHS) 2009” (published report), where the prevalence of alcohol use is analyzed with a sample of the Albanian population and the distribution of this prevalence throughout a series of demographic and social categories.

- “European School Survey on Alcohol and Other Drugs (ESPAD) 2009”, and
- “European School Survey on Alcohol and Other Drugs (ESPAD) 2011”, where the prevalence of use and the attitude and possible risks for alcohol and drugs are studied among high school youths (15-16 years of age)

- Under technical financial supervision by EMCDDA, the Experts’ Group of Albania prepared (with approval by EMCDDA) two Country Overviews on the situation of drugs, respectively for 2009 and 2010, and two Country Information Mappings, for the two above years, respectively.
References


