

**THE NATIONAL DRUG DEMAND REDUCTION  
STRATEGY  
FOR THE PERIOD 2001- 2004**

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# **The National Drug Demand Strategy for the Period 2001 - 2004**

## **Government of Albania**

### **CONTENTS**

1. INTRODUCTION
2. STATE OF THE DRUG PROBLEM IN ALBANIA
  - 2.1 Drugs as a global phenomenon
  - 2.2 Main trends in Albania
3. FUNDAMENTALS AND PRINCIPLES OF THE NATIONAL DRUG DEMAND REDUCTION STRATEGY
  - 3.1 Major principles
  - 3.2 Measures and instruments
4. GOALS AND OBJECTIVES OF THE NATIONAL DRUG DEMAND REDUCTION STRATEGY
  - 4.1 The goal of the national drug demand reduction strategy
  - 4.2 Specific objectives
5. NATIONAL DRUG DEMAND REDUCTION STRATEGY FOR THE PERIOD 2001 – 2004
  - 5.1 Primary prevention and early intervention
  - 5.2 Treatment and rehabilitation
6. STRUCTURAL AND ORGANISATIONAL ELEMENTS OF THE DRUG DEMAND REDUCTION STRATEGY IMPLEMENTATION
  - 6.1 Implementation at the central level
  - 6.2 Implementation at the local level
  - 6.3 Strategy co-ordination
  - 6.4 International co-operation and support
7. FUNDING OF THE PROGRAMME
  - 7.1 Central and local level funding
  - 7.2 Evaluation of the programme

Annex 1: The extent of illicit drug use in Albania

## 1. INTRODUCTION

The use of psychotropic substances<sup>1</sup> and namely illicit drugs represent in Albania a serious and growing social and public health problem with a negative impact on the basic values of each individual, family and society in general.

Drugs comprise wide group of substances, of which some are legal (alcohol, tobacco, organic solvents), while other are only used for medical purposes (analgesics, hypnotic, barbiturates) and other fall into the category of illicit substances defined by the UN international conventions. Control of production, distribution and use of these substances is undertaken by the state through a number of legal and regulatory measures differing according to the type of drug or health and social risks related to the consumption.

„Drug problem“ is a very complex phenomenon which has to be resolved through comprehensive measures related to the state internal order and public security, law enforcement and interdiction, crime prevention, the protection of public health and education, the health and social care, family support and a number of other areas. Isolated strategies, either preventive or repressive, show very little effectiveness. The co-ordination of partial interventions as well as the co-operation of relevant institutions has to be ensured when resolving other significant problems, such as organised crime.

The significant differences in health and social risks related to the use of various substances as well as differences in criminal behaviour connected with the production and distribution of illicit drugs highlight the necessity to introduce specific and targeted strategies on both, demand and supply reduction sides. The balance of measures undertaken as well as appropriate co-ordination is the fundamental starting point for an effective national drug strategy in general.

The National Drug Demand Reduction Strategy for the period 2001 - 2004 is a new policy document for the preventing and controlling problems related with the use of both, illicit as well as licit psychoactive substances. It is based on the assessment of the current extent of the problem in Albania as well as on the general principles and objectives of the European Union Action Plan to Combat Drugs and United Nations Drug Control Programme guidelines.

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<sup>1</sup> Mind altering substances which may develop addictive behaviour

## **2. STATE OF THE DRUG PROBLEM IN ALBANIA**

### **2.1 DRUGS AS A GLOBAL PHENOMENON**

In the second half of 20th century, problems connected with illicit drug use have become a serious social, health, security, economical as well as political problem of many countries of the world, developing as well as developed. The scope of the issue exceeds the borders of individual countries as well as geopolitical regions. Drugs constitute a typical example of a problem that can only be resolved only on the basis of intensive international co-operation on both, multilateral as well as bilateral levels.

Estimated to supply approximately 100 million people, the world illegal drug market has revenues exceeding 500 billion USD annually. The world community is investing hundreds of billions of USD to control drug related problems. Nevertheless, from the world-wide perspective, limited achievements were gained in order to suppress drug availability and illegal drug markets.

In the area of demand reduction, a number of research data showed in past decade optimistic outcomes, suggesting that in some countries the prevalence of drug abuse as well as drug addiction was decreasing. It is expected that the long-term prevention programmes as well as comprehensive treatment and rehabilitation interventions are the major cause of the success. A general consensus exists that the problem must be tackled through balanced approaches combining preventive, treatment as well as law enforcement measures.

### **2.2 MAIN TRENDS IN ALBANIA**

Since early 90's a steady increase in problems connected with the production, manufacturing and use of illicit drugs has been recorded in Albania. This phenomenon has many reasons, such as the opening of borders, the increase in the quantity of persons and merchandise transferred across the borders, the general liberalisation of the society including the transformation of economy as well as the immediate effects of the Balkan war. The above factors have influenced the increase of both, the drug supply and drug demand. Moreover, Albania has become quoted as an important transit country.

To estimate current extent of the "drug problem" in Albania all existing available data have to be assessed and evaluated. Provision of such an assessment clearly shows missing segments of the data information system and the need for further development in this particular field. However, from existing resources it can be concluded that the lifetime prevalence of illicit drug use in Albania is increasing since early 90's as well as the number of drug addicted persons. New drugs of choice (marijuana, hashish, heroin, cocaine) have substituted the traditional drugs like e.g. opium. The use of other drugs, like hallucinogenic substances, amphetamines and volatile substances were not reported based on reliable statistics.

School based surveys carried out between 1997 – 1998 showed that from 10% to 12% of primary school children at the age 13-14 have ever tried illicit drug. Most frequently, they used cannabis products (marijuana in 60-65%), but also heroin (20-25%) and cocaine (10-12%). These findings can be compared with expert opinions claiming that at the beginning of 90's the extent of illicit drug use among school children was close to zero. The alarming seems to a trend based on expert opinions showing that the first contact with illicit drugs is decreasing to lower age groups.

The first treatment demand data<sup>2</sup> demonstrate increase in general demand for treatment and rehabilitation services and thus support the estimation of growing drug related problems in Albania. The highest treatment demand is in the capitol city of Tirana (represents 72,7% of the overall treatment demands in the country). Over 87% of all treatment demands in the period of 1995-1999 were opioid users (mainly heroin users), 4,4% cannabis users and less than 2% cocaine users.

Statistics show that young people at the age of 20-24 belong to the most vulnerable target population (50,6% of all treatment demands), but alarming is the representation of the age group under 19 years of age (22,9% of treatment demands). According to the expert opinion the share of this age group is rising rapidly, especially in a few last years. The male/female ration was approx. 15 : 1, but it has to be noted that very likely the female population is underrepresented in the sample of the first treatment demand data.

As far as the route of administration is concerned, the most common drug administration has become smoking or chasing of heroin. Based on the first treatment demand data supported by the expert opinion it has to be added that the drug injecting as the most risky way of using drugs is becoming more and more frequent (26,6% of drug users demanding treatment in 1999 compared to 19,5% in 1998). At the Tirana Toxicological Clinic the percentage of injecting drug users has reached in the first half of 2001 almost 80% out of all treatment demands. Anamnestic data show the evidence of high extent of risky behaviour among injecting drug users, namely the sharing of used needles and syringes. This evidence highlights the importance of introducing public health strategies aiming at minimising the health and social risks related to the intravenous drug use (especially the spread of the communicable diseases like HIV/AIDS and hepatitis B,C).

There are not reliable data related to the morbidity and mortality in Albania. According to the anecdotal information some 25 cases of drug related deaths were reported over the period of 1995-1999. Expert opinions suggest that this is just tip of the iceberg and that the overall number of drug related deaths is several times higher.

As far as geographical distribution of drug users is concerned, it is evident that the most risky areas are those of metropolitan and urban character, namely Tirana, Durres, Kavaje, Shijak, Shkodra, Vlora and Berat.

Statistics on the overall prevalence of drug users in the country are not available, however expert opinions suggest that there were approx. 20000 drug users in 1998 Albania (compared to 5000 in 1995), out of whom approx. 3500 are in need of specialised treatment and rehabilitation care.

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<sup>2</sup> Data available from specialized treatment centres, namely from Tirana region

### **3. FUNDAMENTALS AND PRINCIPLES OF THE NATIONAL DRUG DEMAND REDUCTION STRATEGY**

#### **3.1 BALANCED ATTITUDE COMBINING WIDE SPECTRUM OF PREVENTION INITIATIVES**

The National Drug Demand Reduction Strategy (NDDRS) is based on the balanced approach combining measures in the area of prevention, treatment, rehabilitation as well as harm minimisation including prevention of HIV and other communicable diseases. Particular respect is given to the co-operation with the law enforcement agencies in order to assure also the balance between the drug demand reduction and drug supply reduction initiatives. Following principles are concerned to be a key targets of the strategy:

- Early beginning of prevention initiatives in order to ensure the influence of healthy lifestyle attitudes in the forming age of target population of children and youth;
- Complex and comprehensive drug demand reduction activities planning and management to maximise the preventive effect;
- Specific targeted interventions at identified risk groups.

#### **3.2. INTERMINISTERIAL, INTERDISCIPLINARY, INTERSECTORIAL AND INTERNATIONAL COORDINATION**

With respect to its complex character, drug demand reduction can be successfully approached only through the systematic and long-term measures integrating areas of educational system, public health and social sector in both, governmental as well as non-governmental levels. Therefore, the NDDRS aims at provision of:

- The co-operation among the relevant ministries (Ministry of Education, Ministry of Youth and Sport, Ministry of Health, Ministry of Social Welfare);
- The co-operation among different disciplines, specialisation and scientific branches;
- The co-operation between governmental and non-governmental sector to secure the involvement and co-operation of state institutions and agencies, non-governmental organisations, charities, church associations and the private sector;
- The co-operation with international organisations involved in the area of fight against drugs in order to use as much as foreign experience and assistance as possible.

#### **3.3. RATIONAL, REALISTIC AND PRAGMATIC ATTITUDE**

Effective drug demand reduction policy is based on accurate assessment of the problem, realistic planning and the use of effective preventive measures. Therefore, the realistic and feasible objectives are determined respecting the existing Albanian educational, public health and social system.

Taking in account the limited human and financial resources the elaborated drug demand reduction strategy concentrates on those preventive and treatment activities, which will bring the

expected outcomes as soon as possible and on the rational basis respecting the empirical experience of effective drug demand reduction strategies.

### **3.4. QUALITY MONITORING AND EVALUATION**

The expected and relevant quality of all interventions undergone will be permanently assessed and monitored to ensure the maximum cost-effectiveness of the NDDRS. Such an evaluation will be delivered on annual basis with the support of foreign expertise.

## **4. GOALS AND OBJECTIVES OF THE NDDRS**

### **4.1 GOAL OF THE NATIONAL DRUG DEMAND REDUCTION STRATEGY**

The general aim of the Albanian National Drug Demand Reduction Strategy is to decrease the growing illicit drug demand and its negative impact on the society through:

- Supporting citizens and especially young people in their individual decision for life without drugs; and
- Reaching control over the emerging negative public health and social consequences caused by the use of psychoactive substances.

Citizens have to be protected from the offer of illegal drugs and have to be provided with information so that they can make their personal decision for life without drugs. Education, medical and resocialisation assistance must also be provided, if necessary.

### **4.2 SPECIFIC OBJECTIVES**

The Government shall take the following necessary steps **to reduce the drug demand:**

#### Area of primary prevention (including early intervention):

- Increasing the level of knowledge, quality of attitudes and drug resistance skills among elementary school children and secondary school students through introducing the drug prevention into the school curricula and through supporting effective preventive programs;
- Educating target population of intermediators (teachers, physicians and primary health care workers, social workers, peers etc.) acting in the field of primary prevention;
- Increasing the public awareness about the risks and negative consequences of the use of psychoactive substances highlighting the role of mass media;
- Involving local communities, city and district authorities in primary prevention activities targeted in young people at risk in the environment of school, family and local communities;
- Introducing programs of early intervention and outreach services;
- Supporting alternative leisure time activities for young people as a mean to influence healthy life style behaviour.

Area of secondary prevention (treatment and rehabilitation):

- Increasing the accessibility of specialised medical and social care;
- Creating a complex and inter-related system of treatment and rehabilitation services concerning the affected groups or individuals;
- Educating professional workers and permanently increasing the quality and effectiveness of provided care.

Area of tertiary prevention (including harm reduction):

- Minimising the health and social consequences of drug use including the prevention of communicable diseases.

Area of drug information system and needs assessment:

- Providing rapid assessment of the drug situation in Albania combining quantitative and qualitative techniques.

## **5. NATIONAL DRUG DEMAND REDUCTION STRATEGY FOR THE PERIOD 2001 – 2004: MAJOR TASKS**

### **5.1 PRIMARY PREVENTION**

#### **5.1.1 Introduction**

Preventing drug use must be a universal priority. It is generally accepted that drug use and drug addiction is based on multifaceted aetiology. Family, parents, schools, massmedia, broader community all have a role to play in preventing drug use. The more sophisticated approaches and comprehensive programmes integrating provision of information with attempts to influence attitudes and minimise risk behaviour proved to be effective. The information itself is insufficient to create preventive effect as well as no single measure could be undertaken with the objective to significantly reduce the demand for psychoactive substances.

Following principles are generally concerned to be a basis for effective prevention planning:

- Long term and comprehensive approach;
- Early beginning of prevention activities;
- Targeted interventions to the population at the greatest risk;
- Interactive methodology focused at influencing attitudes and risk behaviour;
- Enhancing protective factors on the individual, family, peer and community level;
- Highlighting the health promotion involving risk related to the use of licit drugs.

Prevention programmes cover a wide range of activities, typically involving:

1. School-based programmes
2. Mass media campaigns
3. Community-based programmes

#### **5.1.2 Overview of primary prevention activities in Albania**

*(To be supplemented by Dr. A. Ylli – in max. of 1 page)*

A lot of efforts have been made to introduce healthy life style subject as a part of elementary and secondary school curricula. In 1996, the sexual education was introduced into the school curricula in 7-8<sup>th</sup> grades of primary schools. There is a need to implement such educational policies, which include alcohol, smoking and other psychoactive drug prevention strategies.

Massmedia contribution to drug demand reduction has been sporadic, not well organised and often sensation seeking. The strategy to involve and improve the role of massmedia in drug prevention is another priority of the NDDRS.

The role of family and local community is a crucial element in drug demand reduction strategies in Albania. Both, families and local communities are very sensitive towards social problems related especially to drug phenomenon and other deviant behaviours. Therefore, the family oriented and community-based prevention programmes implemented through the NDDRS will be targeted and sensitive to traditional Albanian values and social norms.

The key role in delivering primary prevention is performed by the state, particularly Ministry of Health, Ministry of Education, Ministry of Social Affairs and Ministry of Culture, Youth and Sport. Following activities should be mentioned:

- Ministry of Education has already introduced a curricula on healthy life style in primary schools;
- Based on the co-operation between Ministry of Health and Ministry of Education “healthy schools project” has been introduced. Project is focused on extracurricular activities. Objectives are to provide training to teachers and to influence the school life as well as family environment and surrounding community. Activities included cultural competitions, artistic shows, art exhibitions, round tables on specific themes, theatre sketches;
- Ministry of Culture, Youth and Sports has launched a couple of awareness raising campaigns aiming at youth resistance toward drugs and at promoting a healthy life style;
- Another similar public awareness campaign was organised by the Tirana Municipality;
- Soros foundation has supported the development of a school curricula;

Recently, also NGOs have become more active in primary prevention field, introducing small, local programmes based in schools and local communities:

- The IMC Project located in three different districts (Kavaja, Tepelena and Delvina) targeted at youth and adolescents of high schools.
- A similar project with students of 11 high schools in Tirana district was implemented by Albanian Association of Health Educators and supported by PNUD.
- Monitoring Centre for Young Drug Users has launched a programme focused at raising the awareness among target population of youth at risk. During the project several issues of the newsletter “Periskop” was made possible. The newsletter gives information on drugs, their risks, consequences and forms of prevention.
- A project limited in one of Tirana’s quarters is implemented by PHARE through “Health for All Centre”. The project is based in the local community focused at training of local authorities/leaders, supporting and training of youth groups and youngsters in risk of drug abuse, training of general practitioners and educators.

### 5.1.3 Primary prevention activities

#### 5.1.3.1 School based primary prevention

##### **Specific objective:**

- Increasing the level of knowledge, quality of attitudes and drug resistance skills among elementary school children and secondary school students through introducing the drug prevention into the school curricula and through supporting effective preventive programs;
- Educating target population of intermediators acting in the field of primary prevention.

##### **Activities:**

*Project 1: Updating drug education as a part of mandatory curricula at the primary and secondary schools*

To achieve the designed goal in reducing drug demand among young people at the national level it is necessary to implement nation wide specific prevention strategy that will respect the existing national educational system and utilise available resources and instruments. Therefore it is proposed to introduce drug education as a part of healthy lifestyle chapter into mandatory school curricula in civic education, biology and sociology at both, primary and secondary school levels.

The process of introducing drug education into the school curricula has to be gradual, based on the careful assessment of curricula already existing and education method used in order to match the defined needs with the capacity available and thus to assure the realistic programme planning and implementation.

Interdisciplinary expert group guided by the Ministry of Education will be created for fulfilling the specific task of designing the drug education guidelines which will become an integral part of mandatory school curricula at the primary as well as the secondary school level. In addition, training material, teaching manuals and other methodological tools will be elaborated and delivered under the auspices of the interdisciplinary group of experts.

In order to guarantee coordination of the programme the Institute of Pedagogical Studies (IPS) will be appointed as a central supervision and coordination agency. Identified experts and administrators will be properly trained to be capable to supervise the programme implementation.

The nation wide school-based drug education programme will be implemented in three organisational steps. During the first phase (training the trainers), a limited number of trainers will be identified and adequately trained under the supervision of IPS and district education authority. In the second phase (teaching the teachers), already trained experts (trainers) will transfer their knowledge and skills delivering training for teachers in methods of introducing and implementing drug education in selected subjects. IPS will provide both, necessary administrative support and expert supervision. During the third phase, already trained teachers will be responsible for delivering drug prevention activities as an integral part of school curricula in each individual school. IPS will provide guidelines for introducing and implementing individual mandatory school based drug prevention activities.

Evaluation of the programme will be delivered on an annual basis under the auspices of IPS and with expert input provided by the “Interdisciplinary expert group”.

***Project 2: Extracurricular school based prevention programme***

In addition to prevention activities delivered on the mandatory basis as a part of the school curricula, extracurricular prevention projects will be stimulated and supported. Each elementary and secondary school will be asked to design the school based “pilot prevention project” (PPP). School based pilot prevention project will be submitted to the CEI for approval and financial support.

The aim of supporting pilot prevention projects in elementary and secondary schools is to motivate schools utilise maximum of human, financial and technical resources available. PPP has to respect minimum standards of effective primary prevention (continuity, complexity, interactive approach, appropriate methods and forms, etc.). Special attention will be given to the support of:

- interactive “peer programmes” and peer education strategies using peer leaders in delivering prevention activities;
- prevention activities linked to the surrounding community in order to involve community resources and maximise the prevention effect;
- leisure time activities (as a positive alternative to drug using behaviour) organised by schools and focused specifically to the target population at risk.

IPS and “Interdisciplinary expert group” will provide assistance, technical support and ongoing supervision to school based pilot prevention projects.

**5.1.3.2 Public awareness**

**Specific objective:**

- Increasing the public awareness about the risks and negative consequences of the use of psychoactive substances highlighting the role of massmedia;

**Activities:**

***Project 3: Training mass media professionals***

Mass media contribution to DDR has been sporadic and not well organised until now. The international experience shows the potential role of mass media in DDR applied policies. To increase the involvement of journalists in drug demand reduction area is becoming one of the key DDR strategies.

Based on the experience already obtained a group of mass media representatives will be identified and asked for participation in the programme. Journalists will be trained in drug demand reduction field, specifically in techniques and strategies of delivering information about drugs, addictive behaviour and healthy life style without sensational and simplistic approach.

#### ***Project 4: Public awareness campaign***

Following the training of mass media professionals, nation-wide public awareness campaign will be designed and launched. The National Institute on Public Health will be in charge of coordination of the campaign. The campaign will be focused at following target population:

- Primarily teen-agers and young people;
- Secondary parents and decision-makers.

The overall aim of the public awareness campaign is to highlight the risks of psychoactive substance use, addictive behaviour in general, and promoting the healthy life style among teen-agers and young people. Both, national as well as local media channels will be utilised to maximise the overall impact.

#### **5.1.3.3 Community based primary prevention**

Strengthening the role of local community in preventing drug use and promoting the healthy life style among children and young people is another essential element of comprehensive DDR strategy. The local community plays its important role also in the early recognition of the problem and in early intervention of the problem solving process. In addition, mobilising community resources in drug prevention and treatment strategies can bring not only the most efficient way of treating existing community problems, but can be perceived also the most cost-effective approach to drug demand reduction.

Various strategies can be applied according to local customs, attitudes and beliefs aiming always towards the identification of community leaders stimulating them to play the key role in advocating for the healthy life style values. All available community resources including state as well as non-governmental organisations, local clubs, representatives of churches, leisure time activities, sport clubs and other public institutions in health, education, social care, culture, law enforcement field will be utilised.

Respecting the fact that the family is one of the basic and strongest elements in Albanian society, the role of family in implementing the community based prevention programmes will be crucial. The very tight collaboration between the family, school and local community in DDR programmes has to be guaranteed.

#### **Specific objectives:**

- Involving local communities, city and district authorities in primary prevention activities targeted in young people at risk in the environment of school, family and local communities;
- Educating target population of intermediators (teachers, physicians and primary health care workers, social workers, peers etc.) acting in the field of primary prevention;
- Introducing programs of early intervention and outreach services.

## **Activities:**

### ***Project 5: Setting up the community based prevention programme in the city of Tirana***

To increase the family and community awareness about the risks of psychoactive substance use the community based drug prevention programme will be designed and launched. Such prevention programme will be comprehensive using and combining different prevention strategies and techniques. Local mass media, schools and other local community organisations will play the key role. The programme will be based on following components:

- Increasing family and community awareness about the risks of psychoactive substance use through comprehensive publications (e.g. leaflets) and mass media (local campaign);
- Training teachers of primary and secondary schools in delivering primary prevention activities and in providing early intervention services;
- Setting up a help line for parents and family members;
- Establishing the emergency service based on the outreach techniques for street kids and children dropping out of the school system;
- Implementing peer education activities among the community peer leaders;
- Involving law enforcement professionals in primary prevention activities;
- Setting and promoting massive actions in the local community to initiate alternative activities which are perceived among young people as an important mean to reduce drug demand;
- Strengthening the decision-makers involvement in DDR community based activities;
- Strengthening the business companies involvement in DDR activities.

Experience obtained by implementing the community based prevention programme in the city of Tirana will be later on transfer to other risk areas. The city authority will guarantee the overall coordination of the local prevention programme.

## 5.2 SECONDARY AND TERTIARY PREVENTION

### 5.2.1 Introduction

Services in secondary and tertiary prevention cover a wide range of needs of problem drug users and drug addicts, where an appropriate response are various forms of counselling, treatment, social rehabilitation and aftercare; activities in the field of reduction of drug related harm (harm reduction - HR) are also included.

Learning from the international experience it is evident that the systematic development of a comprehensive **system of services** is more effective and even more cost saving (i.e. effective in economical terms) strategy than establishing isolated programmes and facilities. Mutual relations of the treatment system components form a continuum of care in which the treatment goals can be achieved in an optimum way.

Comprehensive system of services for problem drug users and drug addicts includes:

1. Outreach work
2. Low threshold contact work in contact centres (Drop-in centres)
3. Ambulatory treatment
4. Intensive ambulatory treatment (day care)
5. Hospital detoxification
6. Short- and mid-term hospital treatment
7. Long-term residential treatment and social rehabilitation in the therapeutic community (or “Rehab”)
8. Aftercare

(For a more detail description of each modality see Attachment No. 1)

To develop all components in a reasonable time horizon is apparently beyond the present Albanian possibilities. Therefore the NDDRS presents a moderate and realistic view with regards to utilising existing resources, increasing the present capacities and stimulating the further development.

The strategy is aimed to address 3 “strategic” levels:

1. Model of services in the capital city and suburban area of Tirana, including the city of Dures
2. Model of services for high risk regions including Elbasan, Skhodra, Vlora and Saranda
3. Infrastructure (co-ordination, training, curricula development, setting up standards etc.)

### **5.2.2 Current state of treatment and rehabilitation services available in Albania**

The prevalence of illicit drug use is continually increasing through past decade while existing treatment infrastructure responding to needs of problem drug users and drug addicts is quite insufficient and underdeveloped.

In the capital city of Tirana and surrounding metropolitan area drug related problems are cumulated, similarly to the situation in other European capitals and their closest neighbourhoods. According to the first treatment demand statistics it is evident that almost 80 percent of registered drug users are coming from Tirana. Therefore it is suggested to address the existing problem first in the capital city utilising available human and organisational potential. The proposed comprehensive model of treatment and rehabilitation services in the city of Tirana will later on become a centre of excellence and teaching centre for further service development throughout the country.

Description of specialised services in the city of Tirana:

1. University Toxicological Clinic (located in the Central Army Hospital in Tirana) has been since 1993 according to the agreement with the Ministry of Health mandated to treat drug addicts. In 1995-2000 the total number of clients admitted to the centre was 2227, out of whom 665 were admitted in 2000. The clinic has 10 beds for drug addicts and provides also outpatient services. The main treatment modalities provided are hospital detoxification, ambulatory detoxification, crisis intervention, counselling, differential diagnostics and in limited scope aftercare and relapse prevention services. Recently there was implemented a harm reduction programme – needle and syringe exchange scheme – jointly with NGO Jehona, supported by the Ministry of Social Affairs. The clinic plays an important role in implementation of new curricula for medical students and in training of students of Faculty of Social Sciences.
2. Residential rehabilitation centre Emmanuel (located in Vaqar Tirana) was established in 2000. It is administered by Italian counterpart. In present there is a capacity for 12 beds for long term residential treatment (16 months). The rehabilitation philosophy is based on vocational, social and spiritual model. Mutual collaboration between this centre and Toxicological clinic has not been institutionalised yet.
3. In Tirana there is also NGO Aksion Plus, supported by OSF in Albania – it is implementing harm reduction services but operating with limited external collaboration.

Available services outside the capital city of Tirana:

In another regions, no special treatment and rehabilitation services are available although the experts point out an increasing drug treatment demand. The country is scarcely covered by psychiatrists who are neither trained nor open to deal with drug addicts. However in several districts the projects of community mental health care services were launched recently under WHO auspices.

### **5.2.3 Secondary and tertiary prevention activities**

#### ***Project 6: Model of services in Tirana***

Building upon the current availability of existing services, the system of services in the capital city of Tirana will be built up in the three years perspective in the following way:

1. Developing a multi-profile professional centre of high quality services – Narcologic Clinic on the basis of existing Toxicological Clinic by:
  - separating toxicological wards for other diagnoses and re-profiling selected wards as a hospital basis of Narcologic Clinic;
  - increasing number of beds for drug addict treatment to 20;
  - designing and implementing different programmes of hospital care: detoxification, short and mid term hospital treatment;
  - introducing out-patient services in newly designed outpatient department covering differential diagnostics, individual and family counselling, crisis intervention, group therapy, ambulatory detoxification, methadone maintenance, relapse prevention and aftercare;
  - increasing quality of care and capacity for teaching the professionals.
2. Introducing harm reduction services both, in connection with the Narcologic Clinic and on an independent base with necessary co-ordination and quality assessment. Harm reduction programme will include outreach services and low threshold contact centre.
3. Involving Psychiatric clinic in Tirana in providing specialised treatment services to drug addicts, particularly to those with psychiatric complications on both, ambulatory and mid-term hospital base.
4. Forming long-term residential Albanian therapeutic community in collaboration between Ministry of Health and Ministry of Social Affairs, under supervision of the Narcologic Clinic. This therapeutic community will complement already existing Rehab centre operated by Italian church, which does not provide comprehensive treatment services in adequate capacity for the metropolitan area of Tirana and Dures.
5. Involving social services in aftercare, relapse prevention and social rehabilitation in order to form a network of collaborating services linked to the Narcologic Clinic.
6. Strengthening the role of General Practitioners and Family Doctors in the area of early intervention, particularly in provision of elementary health care, harm reduction services, counselling drug users and provision of referrals to specialised care.

### ***Project 7: Model of services in another regions***

In order to guarantee provision of minimum specialised services in other high risk regions regional drug centres will be established in Elbasan, Skhodra, Vlora and Saranda. These centres will provide ambulatory care in the range listed above (diagnostics, individual and family counselling, motivation training, crisis intervention, group therapy, ambulatory detoxification, methadone maintenance if necessary, relapse prevention and aftercare). Available psychiatry services in defined regions, both on outpatient and inpatient base will be included.

A big advantage for developing services for problem drug users and drug addicts in defined high risk regions is the rising system of community mental health services which are formed under the WHO project in Elbasan, Skhodra, Vlora and Saranda. The role of mental health bases and co-ordinators in these cities should be enlarged to cover also drug problems (that belong to the professional area of Mental Health) and multi-functional community centres should be designed in order to use existing or planned capacities and to avoid duplicity.

Utilising existing capacities and community resources, primary prevention activities and early intervention and outreach services will be delivered on the school base with close co-operation with teachers, educational professionals, families in high risk and student councils.

#### **5.2.4 Infrastructure for secondary and tertiary prevention activities**

This level is necessary to promote development and sustainability of services in terms of co-ordination, training, curricula development, setting up standards etc. Particularly in training, there are big needs almost at every level. To meet them gradually but systematically, there is proposed:

1. to review existing curricula and teaching capacities;
2. to increase and strengthen teaching capacities – at the first stage to form a group of highly qualified professionals that would be able to play a crucial leading role in the services proposed, to supervise the other centres, facilities and programmes and to train/teach another trainers/teachers;
3. to establish training and teaching capacities in psycho-social methods of treatment (cognitive behavioural therapy, group therapy, individual and family therapy and counselling): the proposed development of the system of services depends on knowledge and skills in this disciplines and cannot be done without it, however no respective training is available in Albania and knowledge is very limited ;
4. to train staff working or going to work in the system of special services;
5. to meet training needs of a large number of family doctors and social workers;
6. to design all training programmes with regard to the necessity to increase professional potential gradually by “snowballing” principle, i.e. to train not only for practical work with patients or clients, but also for the further transfer of knowledge and skills;

7. to establish at the National University in Tirana the department for addictive behaviour as a teaching basis for this enormous but inevitable task.

## **5.2.5 Special issues in the system of services**

### **5.2.5.1 Harm Reduction (HR)**

There is a trend in last 2 years – increasing number of i.v. users, 85% of users are on opioids, age of users is decreasing. The danger of spreading infections is apparently increasing and the need of HR services and programmes is beyond all doubts.

HR services are necessary to be formed not in isolation, but in connection with professional centres. Since April 2001 in Tirana, an NGO has been operating in the field as – in principle - an autonomous body but linked to the Toxicological Clinic which provides supervision and training for it. This model can be recommended for another H.R. services and programmes.

HR programme includes following activities: needle and syringe exchange, information, reference, testing for HIV and VHB, VHC, brief counselling. Needle and syringe exchange is an activity in public health interest, therefore material must be subsidised and not bought for market prices.

### **5.2.5.2 Methadone maintenance**

Programmes of methadone maintenance (long term substitution) should be linked to the specialised centres. Prescription in the first period should not be enlarged to family doctors. There should be a strong requirement of a special training for prescribing doctors. Methadone maintenance needs a special methodology, not a special legislation.

### **5.2.5.3 Self help groups**

Not existing in Albania in present. To facilitate the development, every centre for treatment and rehabilitation should form conditions for self-help activities, promote them and collaborate with them

## **Annex:**

### ***System of services for problem drug users and drug addicts – description of individual components***

#### ***1. OUTREACH WORK***

Outreach Programmes (OP) are based on the principles of Public Health and Harm Reduction. This type of service seeks actively the problem drug users who are not in contact with any health and social services (“hidden population”).

The main aim is to contact the hidden population and to initiate the change of risk behaviour in order to reduce health and social risks of drug use for the addicts as well as for the whole society.

The specific goals of OP are:

- to keep low occurrence of HIV/AIDS cases
- to reduce high occurrence of Hepatitis A,B
- to reduce cases of death overdose
- to reduce crime committed under influence of drugs
- to motivate for treatment
- to lead drug users to the exchange or safe liquidation of drug implementation
- to keep traditional drug places clean (collection of used injections and their liquidation)
- to have drug users more educated on drug issues.

To meet the above-mentioned goals the OP provides the following services:

- syringes and needle exchange
- distribution of acidum ascorbicum and aqua for injections
- crisis intervention
- distribution of leaflets on „safer using“, infectious diseases, overdose and first aid
- distribution of condoms
- providing information on medical service or social and legal issues
- publishing and distribution of magazine “Dekontaminace” (detoxification)
- monitoring the drug scene.

These activities are performed in the public areas (“open drug scene”), in clubs, restaurants, discos etc. (“semi-open drug scene”) and also in drug users’ flats (“closed drug scene”). Services are provided both by professional streetworkers or by volunteers. Active drug users can be also involved under specific conditions.

#### ***2. LOW THRESHOLD CONTACT PROGRAMME (CONTACT CENTRE, DROP-IN CENTRE)***

The Contact Centre (CC) is based on the principle of low-thresholdness (easy access and entrance for clients “just from the street”). Drug users are provided with anonymous and thus more attractive services for them. As the centre has been working with clients less motivated for

treatment the main goal is very similar to these of Outreach Programme, i.e. to minimise health and social risks related to drug behaviour. Besides harm reduction services to non-motivated drug users, the centre focuses on motivation training and helps those who have decided to come off drugs.

The main objectives of the Contact centre are being attained through the following activities:

- establishing the first contact with a drug user aiming at mutual confidence
- development of the relation between the drug user and centre with attention to change of risk behaviour and motivation to abstinence
- crisis intervention
- exchange of needles and syringes, distribution of other materials for safe drug taking
- testing for HIV from saliva
- distribution of condoms and leaflets showing risks related to drug using behaviour
- basic health care and referrals to specialised medical care
- minimal nutritive and vitamin programme
- help link for drug users
- counselling services including basic legislative issues
- advice and counselling to parents and relatives
- monitoring the drug scene.

### ***3. AMBULATORY TREATMENT***

Services of this type are more selective, providing care for the users with elementary motivation to stop using drugs (or at least illicit drugs). Ambulatory care can use a wide range of medical and psychological methods, e.g.:

- individual counselling
- family counselling
- crisis intervention
- pharmacotherapy (ambulatory detoxification or substitution)
- abstinence monitoring (incl.drug tests from urine)
- relapse prevention
- group therapy

### ***4. INTENSIVE AMBULATORY TREATMENT, DAY CARE***

Day care is indicated for addicts motivated for abstinence and preferring ambulatory treatment than hospital or residential care. Early intensive ambulatory care may in some cases well substitute for hospital or residential care and treatment, which is both convenient and economical. Structured programme in the Day Centre should cover minimum 5 hours in each working day. The main component of the programme is group therapy, besides, the other methods mentioned under Ambulatory Treatment are used.

## **5. HOSPITAL DETOXIFICATION**

Hospital detoxification is used where ambulatory detoxification cannot be successful because of high intensity of withdrawal symptoms or disturbing social conditions. It required specially protected hospital settings, e.g. closed ward and skilled staff. The main aim is to cope with withdrawal syndrome (with or without pharmacological support) and to motivate the patient to further treatment. Length of stay is 7-10 days, then the patient should continue in the programme of short- or mid-term hospital treatment or enter immediately in day care or long term residential care.

## **6. HOSPITAL TREATMENT PROGRAMME**

Staying in hospital only does not mean a sufficient treatment, therefore hospital programmes are designed as intensive, structured care using group therapy, individual and family counselling and other methods mentioned under Ambulatory Treatment and Day Treatment. The structured programme should cover minimum 5 hours a day. S.c. short term hospital care means the length of stay from 4 weeks to 3 months, while mid term programmes have usually duration from 3 to 6 months.

## **7. LONG TERM RESIDENTIAL CARE (THERAPEUTIC COMMUNITY- TC)**

This type of service is also called “Rehab” as social rehabilitation is main aim of the treatment process, while principles of the therapeutic community forms both a general frame and everyday conditions for social learning. Duration of stay may vary from 6 to 12 months or even more.

The prime aim of the TC is to re-include clients into society and the necessary condition to success is permanent abstinence. The achievement for the client in the TC should be as follows:

- to be responsible and able to meet commitments
- to cope with requirements of everyday life
- to learn basic social and communication skills
- to acquire basic working and hygienic habits, improve physical status
- to built up self-acceptance and self-esteem, define sources of personal happiness
- to learn to solve conflicts

To attain these goals there are certain rules and methods, e.g.:

- group and individual therapy
- family therapy
- work, sports, culture
- educational and training programmes, social work
- regime, phased treatment, commitment training.

## **8. *AFTERCARE***

After any treatment (in hospital, in the TC) the client is exposed to various requirements of everyday life in society. As at this time there is a high probability of returning to drugs, a programme of aftercare is needed to provide support in the new drug-free life. To be successful it must involve all areas of client's life in other words it is not only therapeutic work but also social assistance (work, housing).

The main goal of after care is to support clients in abstinence and successful return to everyday life. Among other goals there are:

- relapse prevention
- job and housing
- personal stabilisation, confirming new lifestyles
- building a supportive social network (new friends etc.)
- self-help development

To achieve these goals we use the following means:

- group therapy
- individual counselling
- sheltered housing, sheltered work
- family therapy
- social assistance

## **PROJECT 4: MODEL OF SERVICES IN HIGH RISK REGIONS**

### **General Objective:**

To mobilise community resources in primary prevention of drug use and in delivering treatment and rehabilitation services to drug users.

### **Specific objectives:**

- To increase the involvement of local community resources in planning and implementing activities related to the prevention of drug use especially among school children and youth.
- To support early intervention services for children and youth at risk.
- To increase the accessibility of services for drug users utilising as much as possible existing resources.

### **Activities:**

Four regional drug centres will be established in Elbasan, Shkodra, Vlora and Saranda. These centres will utilise existing resources as much as possible. The major task will be to provide ambulatory care in the range of differential diagnostics, individual and family counselling, motivation training, crisis intervention, group therapy, ambulatory detoxification, if necessary, also methadone maintenance and relapse prevention services.

Regional drug centres will be closely linked to the community mental health care centres which were formed under the WHO auspices. These multi-functional community centres have the crucial role in mobilising existing community resources in providing services to mentally ill individuals and in networking policy makers, professionals and volunteers in health, social and educational areas.

In order to use existing capacities and to avoid duplicity regional drug centre coordinator will be appointed by the relevant ministry and in accordance with municipal authority. Regional coordinator will become an integral part of the community mental health care centre. The major task of the coordinator will be:

- To assure the coordination in developing prevention and treatment activities in the region;
- To provide early intervention and outreach services to the target population at risk;
- To organise appropriate training activities for psychiatrists, general practitioners, primary health care nurses, teachers in order to be capable providing prevention, intervention and treatment services to identified target population;
- To assure necessary information availability to specialised professionals in drug prevention and treatment, for providing referrals to other specialised treatment institutions in the country.

### **Expected achievements:**

- Development of fundamental network of professionals and professional institutions necessary for responding to increasing drug problems in particular region;
- Establishment of outreach and early intervention services to target population at risk, especially children and youth;
- 
- Development of information system of available specialised services to drug users throughout the country;
- Involvement of teachers and educators in delivering primary prevention activities and early intervention services;
- Involvement of decision makers in responding to drug problem;
- Increasing of the level of knowledge and professional skills among teachers, educators, general practitioners, primary health care nurses, psychiatrists and other specialists.

### **Timetable:**

XII/2001	Appointment of the Regional Drug Centre Coordinator
II/2002	Organising the first community professionals meeting focused at the needs assessment
IV/2002	Setting up the regional priorities
IX/2002	Organising the training for professionals
	Starting the primary prevention activities in primary and secondary schools
XII/2002	Establishing outreach services for problem drug users and population at risk
2003-2004	Further development of the program according to identified needs

### **Budget:**

Establishing the Regional Drug Centre linked to community mental health care centre:

Annual salary of the coordinator:

Training cost:

Needs assessment cost:

Cost for supporting the primary prevention activities:

Cost for early intervention and treatment services:

