Information Map Report – Template
CARDS project

Name of the country: THE REPUBLIC OF MACEDONIA
Year: 2009
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1. INTRODUCTION

At the London Conference on Organized Crime in South Eastern Europe on 25 November 2002, the EU and international partners agreed on a strategy for tackling organized crime in the region (The London Statement) and the countries of the region committed themselves to delivering it through country-specific Areas for Priority Action.

This Conference on Organized Crime in South Eastern Europe, highlighted the importance of the threat of organised crime for the stability in the region. Commitments were agreed as well as Areas for Possible Action for Bosnia/Herzegovina, Albania, Republic of Macedonia, Croatia and Serbia and Montenegro.

The aim of the Action Plan on Drugs between the EU and Countries of Western Balkans and Candidate Countries is to create a coherent framework for cooperation between the European Union, the candidate countries (Croatia and Republic of Macedonia) and the Countries of Western Balkans (Stabilization and Association Process Countries): Albania, Serbia, Montenegro, Bosnia and Herzegovina and also to coordinate efforts in the context of implementing various EU programmes (PHARE, Institution Building, Twinning, CARDS, IPA etc.), to strengthen stability and security of the Region and of the European Union.

In line with UNGASS principles and the EU strategy, the Plan has a comprehensive, multidisciplinary and global character encompassing supply and demand reduction.

The Action Plan should result in enhancing anti-drugs activities in the region by the coordination of activities of the partner states, the Commission, the Europol, the EMCDDA, as well as those of SECI and the Adriatic and Ionian Sea Initiative.

The European Union and the Balkan States reaffirm that international cooperation is essential in fighting all illicit trafficking and organized crime activities connected to the drug trafficking through the region. To that end they will make every possible effort to further cooperation by the European Union with other initiatives in the region (UNODC, Stability and Association Process, Council of Europe, O.S.C.E, South –Eastern Europe Cooperation Process, Adriatic and Ionian Sea Initiative, Southeast European Cooperative Initiative/SECI, etc.), with the participation of EUROPOL and EMCDDA, within their competences – to assist the Countries of Western Balkans in establishing of a network of Focal Points similar to the EMCDDA REITOX Focal Points.

Assistance to the partner countries are provided at the national, sub-national, regional and sub-regional level, in particular in the development of policies and institution building which will enable them to improve their capacity to cope with the drug problem. Activities are coordinated with other EU programmes and bodies (European Monitoring Centre for Drugs and Drug Addiction, Europol, Eurojust, European Judicial Network, European Commission, European Crime Prevention Network, etc.) and taking into account the commitments made in the London Statement and the country specific Areas for Priority Action.
1.1. SUMMARY OF THE SITUATION

A project aiming at the Assessment of the capacity of Western Balkans countries to establish a drug information system compatible with the European Monitoring Centre for Drugs and Drug Addiction, was launched. The most immediate result of the project was preparation of an in-depth assessment of the data and resources available (Information Map), which covers both the situation of 5 key indicators and core data, as well as legislation and responses at national level, along with concrete recommendations for the national projects covering programmes for the drafting of the Country Situation Summary and for the implementation of specific data collection activities.

Furthermore, the project aim to assess the potential for the strengthening of a National Focal Point in the Western Balkans countries with the view of their possible participation in the work of the EMCDDA.

The Republic of Macedonia is a country that is on the Balkan route of drugs (a transit country), but is in the same time a country that consumes drugs.

In the past years there has been a noticeable increase in the trafficking of cannabis via the territory of RM. The main directions of the route of the cannabis and its derivates is from Albania, via the north-western to the south-eastern part in the direction of Greece and Bulgaria. The heroin comes most often from Turkey, Bulgaria or Greece in the direction of Albania or Serbia, the cocaine through airways via the Skopje airport or through the ports in Albania and Bulgaria, while the synthetic drugs come most frequently from the direction of Bulgaria and Serbia. The planting of cannabis mainly for personal use takes place in the whole territory of RM. The production of synthetic drugs is still increasing in the world and that is a serious threat for RM due to the insufficient control of precursors in the region and due to its increased availability. Today the planting of poppy straw and its manufacturing is controlled by authorized production organizations.

Based on the fundamental principles of the Constitution of the Republic of Macedonia, the Government of the Republic of Macedonia, in the view of creating a framework for measures and activities aimed at drugs control and to secure coordination of all actors which participate in their realization adopted the National Drugs Strategy for the years 2006-2012. The National Drugs Strategy provides a framework and sets priorities for action with the aim to tackle the drug problem in the Republic of Macedonia. The priorities and actions are worked out in a pre-implementation Drug Action Plan 2007_2008 and a National Action Plan on Drugs 2009-2012.

The National Drugs Strategy stresses the need for an integrated, multidisciplinary and balanced approach based on the following five key elements:
1 Co-ordination at national and international level,
2 Demand reduction,
3 Supply reduction and the fight against illicit trafficking,
4 Evaluation, monitoring, information, training
5 International co-operation
The Government of the Republic of Macedonia will continue with the realization of activities aimed at transposition of the EU Acquis on Drugs in its national legislation, encouraging the alignment of national strategies with the EU policies, standards and practices, and the establishment of the necessary institutional structures, as well as strengthening the administrative and operational capacities of the competent authorities to perform balanced and coordinated activities, both in the field of drug supply and drug demand reduction with active participation of the NGOs, civil society and local communities.

The National Drugs Strategy emphasizes the need for monitoring and evaluation of experiences that were obtained in recent years in identifying best practices, with a view to ensuring the consistency and continuity of action in tackling the drugs phenomenon and for identification of new challenges and strategies to be implemented in Macedonia in cooperation with EU and other international partners.

1.3. **Main gaps identified**

Main gaps identified are lack of electronically data processing organise and store documents and sometimes to transfer them from paper to a digital format, retrieve, process, track electronically the data as well as display of geographically referenced information.

There is need of software which will incorporates support for data warehousing the collection of all informational assets of an organisation into a single ‘corporate memory’, in a way in which it can be easily accessed for the purposes of querying and analysis of data at a later stage.
## 2. Overview of databases

<table>
<thead>
<tr>
<th>Name and/or description</th>
<th>Type of data (in terms of key indicator or core data)</th>
<th>Provider (Institution name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPS</td>
<td>Drug use in population</td>
<td>n/a</td>
</tr>
<tr>
<td>1. Register of Drug related crime statistics</td>
<td>Law enforcement data-drug offences</td>
<td>Police, MoI and Custom Administration, MoF</td>
</tr>
</tbody>
</table>
| 2. Register of Treatment demand indicator | IDU on treatment, maintenance substitution | - Republic Institute for Health Protection (RIHP) and 10 City institutes for health protection  
- Centres for treatment and harm reduction (11)  
- Clinic for toxicology, Clinical Centre - Skopje |
| 3. Register of Drugs users in prisons | IDU on treatment, maintenance substitution | - Republic Institute for Health Protection (RIHP) and 10 City institutes for health protection  
- Centres for treatment and harm reduction (11)  
- Clinic for toxicology, Clinical Centre - Skopje  
- Programs for treatment and harm reduction, Prizon Idrizovo and Prizon Sutka, Skopje |
| 4. Register of problem drug use | Needle exchange programs | NGO network - 15 |
| 5. Register of Drug related deaths | Drug related deaths | INSTITUTE FOR FORENSIC MEDICINE  
Clinical Centre Skopje; Tetovo; Gostivar, Bitola |
| 6. Register of Infectious diseases | Data for persons tested for HIV/AIDS; Hepatitis B and C as well as data for persons on treatment of mentioned communicable diseases | - Republic Institute for Health Protection (RIHP) and 10 City institutes for health protection  
- Clinic for infectious diseases, Clinical Centre – Skopje  
- NGO network - 15 |
| NFP                     | The Centre has the responsibility to monitor and evaluate the data from three basic fields of action:  
- Health field in which the 5 epidemiologically medical indicators are included: prevalence of drug use by the general population; problematic drug users (according to the standards of the European Monitoring Centre for Drugs and Drug Addiction - EMCDDA); treatment; drug-related mortality; infective illnesses related to drug use;  
- Police data as drug indicators;  
- Customs data as drug indicators; | Sector for controlled substances, Ministry of Health |

In accordance with Article 79 from the “Law on the control of narcotic drugs and psychotropic substances” (Official gazette 103/08), The activities for monitoring drugs and drug addictions are carried out by the Centre for monitoring drugs and drug addiction as a coordinative body of the Government of the Republic of Macedonia.
1. Description of databases
ORGANISATION: The police affairs in the MoI are performed by the Bureau for Public Security as a body within the Ministry. For the purpose of performing police affairs, on the territory of the Republic of Macedonia, Sectors for Internal Affairs are established according to the size of the area, number of the population, number of criminal acts and misdemeanours, as well as the significance of the road directions and the geographical location of the municipalities within the scope of the Sector for Internal Affairs. Sectors for Internal Affairs, in accordance with this Law are: Sector for Internal Affairs-Skopje; Bitola, Veles, Kumanovo, Ohrid, Strumica, Tetovo, Stip.

For the purpose of performing the police affairs the Sector for Home Affairs: organises, harmonises, directs and controls the work of the police stations; performs activities connected to crime and prevention of crime; collects, processes, analyses, uses, evaluates, transmits, stores and deletes data of the police scope of work for the area for which it was established. The police stations of general competence (38) for direct performance of police affairs for a particular area are established within the Sector for Home Affairs.

For the purpose of performing the police affairs that refer to state border security and control of the state border crossings, the following Regional Centres for Border Affairs are established Regional Centre South, with its Seat in Kavadarci; Regional Centre East, with its Seat in Delchevo; Regional Centre North, with its Seat in Skopje; and Regional Centre West, with its Seat in Ohrid.

The police stations of general competence (38) collects, processes, analyses, uses, estimates, transmits, stores and deletes data, processes personal data under the terms and manner determined by Law on police and keeps records on the personal and other data for the gathering of which it is authorised by this Law, due to prevent and detect criminal acts and misdemeanours, as well as to trace and apprehend their perpetrators.

Personal data, referred to in this Law are: personal name, birth data (day, month, year and place), place of living and residence, address of the apartment and citizenship, as well as other data according to which directly or indirectly a specific individual may be identified.

Personal data related to exclusively to racial origin, religious belief, sexual behaviour or political opinion, membership into specific movement or organization established according to a Law, as well as other special categories of personal data determined by a separate Law, cannot be collected by the Police.

In exceptional cases, the Police may collect the personal data referred to in paragraph 2 of the present Article, under the terms and manner determined by this Law when it is exceptionally necessary for the needs of a specific investigation.

Police keeps records on:

1. Persons whose freedom of movement have been restricted on any grounds (summoned, apprehended and detained);
2. Persons for whom there are grounds for suspicion that they are perpetrators of criminal acts or misdemeanours;
3. Committed criminal acts for which he/she is pursued ex officio or misdemeanours, as well as persons who suffered damage by these actions;
4. Persons and objects being subject of a warrants, as well as persons to whom the entry to the Republic of Macedonia is prohibited;
5. Persons whose identity has been checked;
6. Dactyl scoped, photographed persons and persons for whom DNA analysis has been made
7. Operative actions, operative reports, operative processing, notifications, sources of facts and persons under special police protection;
8. Daily events regarding the performance of police tasks;
9. Use of coercion means;
10. Submitted petitions from citizens against a police officer and undertaken measures;
11. Criminal acts committed by an unknown perpetrator;
12. Temporary dispossessed objects and

The police officer prepares an operative report for the collected data, which is submitted to the direct superior and to the Organised Crime Department.

The National laboratory of Forensic Science fills in the part of the register dealing with chemical analysis of the drugs.

Customs missions are the implementation of the proceedings and monitoring of import, export and trafficking of goods through the national territory, prevention and repression of illicit trafficking, particularly of narcotic drugs, psychotropic substances and precursors.

1.1. **NAME:** Register of Drug related crime statistics

**RESPONSIBLE INSTITUTION NAME AND ADDRESS:**

<table>
<thead>
<tr>
<th>MINISTRY OF FINANCE, Customs Administration</th>
<th>MINISTRY OF INTERIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: “Lazar Licenovski” No13</td>
<td>Address: “Dimce Mitrev” bb</td>
</tr>
<tr>
<td>Tel. +389 2 3116 188</td>
<td>Tel. +389 2 3117 222</td>
</tr>
<tr>
<td>Fax: 02 3 237 832</td>
<td>Fax: +389 2 3112 468</td>
</tr>
<tr>
<td>e-mail: <a href="mailto:info@customs.gov.mk">info@customs.gov.mk</a></td>
<td>web: <a href="http://www.moi.gov.mk">www.moi.gov.mk</a></td>
</tr>
<tr>
<td>web: <a href="http://www.customs.gov.mk">www.customs.gov.mk</a></td>
<td></td>
</tr>
</tbody>
</table>

**OBJECTIVES OF THE DATABASE/DATA COLLECTION SYSTEM:**
Main objective: To estimate access to drugs, new trends of drugs, ways of smuggling of controlled substances (narcotic drugs, psychotropic substances, and precursors), and types of organised crime

**STATISTICAL Unit (e.g. person, test, offence) AND ITS DEFINITION:**

1) Drug law offences; 2) Drug offenders; 3) Drug seizures; 4) Quantities of drug seized. 4) Drug purity And etc.

“Quantities of drug seized” are quantity of drug seized and/or number of narcotic plants destroyed, registered at Register of Drug Seizures and Drug Offenders as kilograms for cannabis, heroin, cocaine and amphetamines, tablets for ecstasy, other controlled narcotic and psychotropic substances

„Drug purity” is the relative absence of extraneous matterial in a drug that may or may not be harmful to the recipient of the product

**CHARACTERISTICS OF POPULATION COVERED (e.g. by age, gender, socioeconomic FACTORS etc.):**

- total number of offenders;
- offenders personal codes, name, surname, living address and etc;
- Article number of Penal code on which was made criminal act;
- offenders according to gender;
- offenders according to age (age-groups);
- offender according to socio-economic factors;
- offenders according to geographical distribution (country districts/prefectures)
- Quantities of drug seized: by drug type, drug purity, tablets/drugs composition
- Prices: retail and wholesaler

**Geographical coverage:** The territory of the Republic of Macedonia

**Institutional coverage:** All units and subsidiaries of the MoI and Custom Administration

**Coverage rate:** Whole country
- percentage of statistical units covered/found but not recorded: ...0.%
- percentage of statistical units not having been observed: .0 %

**INCLUSION/EXCLUSION CRITERIA (if applicable):** SOP (Standard Operating Procedures)

**SAMPLING PROCEDURE (if applicable):** SOP

**SUBSTANCES (drugs) MONITORED/DISTINGUISHED:**

List of controlled substances from UN Conventions, 1961, 1972, 1988 - primary objective and EINECS - European list of existing commercial chemical substances

ELINCS - European list of newly published substances, as a secondary objective (Substances included on the limited International special surveillance lists).

**DESCRIPTION OF ORGANIZATION OF DATA GATHERING/METHODOLOGY:**
Two data sets were used by NFP to estimate access to drugs:
Data set from Ministry of Interior and Ministry of Finance - Custom Administration

DESCRIPTION OF DATA STORAGE:
Central institution gets paper forms/reports and enters data to the computer based system/database

SOFTWARE FOR DATA PROCESSING: needs to be upgrade (software of the MoI) and harmonize with EMCDDA standards (software of the MoI and Custom Administration).

Custom Administration has more sophisticated software for storage and evaluation of data from intelligence and investigations. They have TRIPS system for Law enforcement. Area of coverage: Administration of suspect persons and items; Administration of seizures; offences; offenders. This software has different level of security measures (by area of coverage and by transaction) and different level of end users of evaluated data by intelligence and by report.

System has analysis module which could draw graphs, filter data, export data to Excel/word, and etc. Is this offline system

LEVEL OF AGGREGATION OF THE INFORMATION AVAILABLE TO THE NATIONAL CORRESPONDENT: VERY HIGH AND UP TO DATE

LEGAL STATUS OF THE DATABASE: In accordance with Law for police and Law for Custom Administration

LEGAL STATUS OF THE AGGREGATED DATA: In accordance with Law for police and Law for Custom Administration

Time period of available data:
- first year: 1991 (from the Macedonian independence)
- last year: 2008 and up to date

Evaluation of data quality and reliability:
- double-counting: Double counting is not possible. Register can identify the same seizures if their are provided from two sources (expl. Police and customs joined operation).

National Focal Point for monitoring of Drugs and Drugs Addiction found that:
- The quality of statistics is good and reliable,
- There is no Double counting between Law enforcement Agencies and within the MoI and Customs = one seizure including several drugs is counted once as a total number of seizure.
- bias : Impossible
- consistency over time : it is consistent.
- reliability : Very high

Other comments and remarks: no
Diagram of Maintain intelligence data Custom Administration:

Bibliography/website addresses: N/A
Annexes (e.g. reporting form, protocol, study questionnaire, report etc.):
Maintain intelligence data - Custom Administration
2. Description of databases

The majority of drug users in treatment suffer from heroin (opioids) dependency. The treatment system mainly addresses opiate users.

Currently 12 services for treatment and harm reduction of drug abuse, including methadone maintenance treatment, 8 on regional level, 2 in Skopje, 2 programs in prisons in Skopje (Sutka and Idrizovo) in the city of Strumica, Kumanovo, Stip, Ohrid, Gevgelija, Bitola, Tetovo, Kavadarchi as well as 2 programs in the main prisons in Skopje (Sutka and Idrizovo).

At the moment 1 Hospital facilities for in-patient treatment 2 for detoxification are available.

Name: Register of Treatment demand indicator

Responsible institution name and address:

<table>
<thead>
<tr>
<th>Republic institute for health protection</th>
<th>Psychiatric Hospital &quot;Skopje&quot;</th>
<th>Center for treatment and harm reduction</th>
<th>Center for treatment and harm reduction General Hospital - Ohrid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: &quot;Vodnjanska&quot; bb 1000 Skopje with net of 10 City institutes for health protection</td>
<td>Address: &quot;Proleteska&quot; bb s. Bardovci, 1000 Skopje</td>
<td>General Hospital - Stip Address: Vasil Glavinov bb, STIP</td>
<td>Address: 7-mi Noemvri Br. 282,OHRID</td>
</tr>
<tr>
<td>Tel. +389 2 30 95 607 Fax: +389 2 309 56 01</td>
<td>Tel. +389 2 303 288</td>
<td>Tel. +389 032 388 288</td>
<td>Tel. +389 046 267 267</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Center for treatment and harm reduction General Hospital - Strumica</th>
<th>Center for treatment and harm reduction General Hospital - Kumanovo</th>
<th>Center for treatment and harm reduction,General Hospital - Gevgelija</th>
<th>Center for treatment and harm reduction,General Hospital - Tetovo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: &quot;Heroj Karpos&quot; No 16 Tel. +389 034 346 683</td>
<td>Address: &quot;Branco Bogdanovski - Gucman&quot; Naselba Goce Delcev Tel. +389 031 425 460</td>
<td>Address: &quot;94&quot; No 5 Tel. +389 034 213 710</td>
<td>Address: &quot;29 Noemvri&quot; bb Tel. +389 044 330 810</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Center for treatment and harm reduction , Prizon Idrizovo, Skopje</th>
<th>Clinic for toxicology Clinical Center Skopje</th>
<th>Center for treatment and harm reduction,General Hospital - Bitola</th>
<th>Center for treatment and harm reduction SKOPJE Kisela Voda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Posta Madzari 1000 Skopje Tel. +389 02/2580-312 2580-400</td>
<td>Tel. +389 02 3 147 147 Address: &quot;Vodnjanska&quot; bb 1000 Skopje</td>
<td>Tel. +389047/255-325 Tel. +389047 255 325 Tel. +389047 251 211 (Clinical Hospital)</td>
<td>Address: ul. Marko Oreskovic, br. 70 Skopje Tel.+389 2 2782 269, +389 2 2782 279; +389 2 2781 626 Faks: +389 2 2782 269, ++389 2 2782 279; +389 2 2781 626</td>
</tr>
</tbody>
</table>

Objectives of the database/data collection system:

The overall objective is to register patent undergoing on substitution treatment, to avoid multiple active assessments of the comprehensive care and support; to improve access to medicinal treatments, with emphasis on all vulnerable groups, to address the additional needs;
- Additional objectives: Information for implementation of the Governmental Program for prevention and Treatment for the persons with addiction and Program for prevention of HIV/AIDS (Official Gazette 3/09); Implementation of the legislation: Law for health protection (Official Gazette of RM 111/05); Law for health evidence; Law for Health insurance (Official Gazette of RM 25/2000) and Law for control of narcotic drugs and psychotropic substances (Official gazette 103/08).

Statistical unit (e.g. person, test, offence) and its definition:
- Institute for Public Health and 10 Centers for Public health
- Centers for treatment and harm reduction (12)
- Clinic for toxicology, Clinical Centre - Skopje

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.): patient undergoing on substitution treatment, to avoid multiple substitution treatments in more centers, to avoid misuse of the substitution substance in the illegal market.

- Institute for Public Health, in accordance with Law for Health protection is monitoring, surveying and analyzing the health status of the whole population; the reasons for emerging and spreading of the communicable diseases, from the social and medical aspect; recommends the measures for health care and protection. Institute for Public Health has broad responsibilities. One of them is to collect, asses, evaluate; analyze data for the diseases and death rate of the population.
- Treatment Centers is collecting data for the patients which are on treatment, mainly IDU on methadone substitution Maintenance Therapy.
- Clinic for toxicology, Clinical Centre - Skopje, is collecting data for over doses treatet patients; patients on detoxification; patients with abstention syndrome; drug related deaths.

Geographical coverage and Institutional coverage:
- Institute for Public Health is collecting data from network of 10 Centers for Public health for the whole territory of the Republic of Macedonia;
- Treatment Centers in 9 cities (National Treatment Center as a coordinative center is not appointed, yet)
- Clinic for toxicology, Clinical Centre - Skopje the whole territory of the Republic of Macedonia;

Coverage rate:
- percentage of statistical units covered/found but not recorded : %
- percentage of statistical units not having been observed: %

Common characteristics are that all institutions have lack of reliable, accurate, consistent, trustworthy data. There is no electronically collection of data except partly by the Institute for Public Health. No matter that it is an obligation stated in the existing Law for health evidence, Institute for Public Health collects data only from the Neuropsychiatric Departments in the General Hospitals, not for all institutions for primary health care from private and state sector. There is necessity IPH to collect data as a whole from Cities Centers for Health Protection (10), which accordingly will collect from GP MD both from private and State sectors (ambulant – polyclinic evidence and from Hospital cases). Received data on the hard copy forms - reporting cards (data form). Information gathered is not sufficient. This data are importing in the software in the IPH, which is under developed enough. The form, in which this data is available, also makes it impossible to check for duplicate data. With adoption of new Law for Health evidence it is expected that new bylaw with reporting data Form, which will include all needed information will be developed, in line with EMCDDA standards.
Software for data processing: needs to be upgrade and harmonize with EMCDDA standards

Level of aggregation of the information available NFP: very high and up to date

Legal status of the database: Law for health protection (Official Gazette of RM 111/05); Law for health evidence; Law for Health insurance (Official Gazette of RM 25/2000) and Law for control of narcotic drugs and psychotropic substances (Official gazette 103/08)

Legal status of the aggregated data: public in quantitative form

Time period of available data:
- first year: 1998
- last year: for IPH 2009 and from Treatment centres 2008 and up to date

Evaluation of data quality and reliability:
- double-counting: Possible
- bias: Possible
- consistency over time: not appropriate
- reliability: not appropriate

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

Reporting Form for IPH: At the moment, in accordance with existing Law for Health protection (new Rules of Law are not adopted, yet) - Age, Sex; Ethnic groups; -ICD – 10 Diagnoses; -Type of treatment (pharmacological, psychotherapy, hypnosis, other) - Address, telephone.

NFP collection of data are conducted with standardize methodology using an identical questionnaire to provide as comparable data as possible. Data reported were mainly collected in December 2008. Responsible persons in the Treatment centres collected the data.

Data collection questioner covers the following data (Annex 1, on Macedonian language):

General Information for unit and approaching level responsible for input of data:
Type of Institution (Treatment Centre); Address, telephone, fax; e-mail; - Responsible person – contacts, Responsible person with password for input of data - contacts  Data in aggregate form, from the Centre to the NFP, about patients in the Centre, for 2006, 2007, 2008:- Age, Sex; Ethnic groups; -ICD – 10 Diagnoses; -Existing of Double diagnosis?-Pattern of administration of illicit drug; -Favorite type of illicit drug; -Performed Medicinal tests for HIV, Hepatitis B, Hepatitis C; - No of starts with medicinal care of the person in question? Type of treatment (pharmacological, psychotherapy, hypnosis, other)- On the psycho-social treatment is in group sessions; alone; with members of the family; friends;- Pattern of administration of illicit drug; -Favourite type of illicit drug; - Living status (alone, with parents, with friends; with partner etc); Existing of family (Husband/Wife; Child); Level of education, Employment status, Detoxification; Existence of SOP for Detox; Responsible person for diagnoses of maintenance therapy; Possibilities for therapy at home per week; SOP for this type of treatment; Successfulness of the Detox program in %, Reasons.

To receive data National Focal Point, Sector for controlled substances, Ministry of Health organized seminar for all partners included in the treatment of drug abusers. Data questioner form was prepared, distributed and explained during the seminar. This Data questioner form was prepared after REITOX Academy, organized by EMCDDA and received expert support from Macedonian Couching partners - NFP from Litvania and Cyprus. Received data are not only quantitative, but also they meet qualitative standards. During the period of answering of Data questioner form, NFP was available for additional consultations, questions from the colleagues
from the Treatment Centres in Macedonia. After receiving of Data questioner forms, all data were evaluate in the NFP, in the Sector for controlled substances, MoH.

**Organization of data gathering:** Each centre providing substitution has to report every new treated case and the end of treatment episode to the Institute of Public Health

**Data storage:** database Institute for Public Health of the Republic of Macedonia

**Software for data processing:** Own Software by the Institute of Public Health of the Republic of Macedonia, only for input of received application (data form)

**Transmission time limits:** Annual based reporting

**The information available to the Focal Point:** collects data on request, if needed

**Level of aggregation of the information available to the Focal Point:** aggregated data

**Legal status of the database:** restricted

**Legal status of the aggregated data:** public

**Available data**

**List of establishment type by sector and type of care centre**

- **Sectors:**
  - ☒ public health departments
  - ☐ public social services
  - ☐ the criminal justice system
  - ☐ private treatment centers
  - ☒ Non Governmental Organizations
  - ☐ insurance companies
  - ☐ other :

- **The types of treatment centers:**
  - Specialized residential :
    - ☒ detoxification units
    - ☒ therapeutic communities
    - ☐ other specialized residential :
  - Specialized nonresidential :
    - ☒ hospital outpatient centers
    - ☒ day care centers/day hospital
    - ☒ local health/social service centers
    - ☐ drop-in/street agencies
    - ☐ other specialized nonresidential :
  - Based in General Services :
    - ☒ inpatient psychiatric hospitals
    - ☒ outpatient psychiatric centers
    - ☒ primary health care/GPs
    - ☐ residential social care facilities
    - ☐ nonresidential social care facilities
    - ☐ other :
Treatment Units in Prison
☑ Methadone Prescribing/Dispensing
Other :

Drug treatment during the year
☑ total number of persons treated during the year
☐ census of number of treatments on a specific date
☑ number of treatments started during the year
☑ number of 1st treatment demands during the year
other :

Institutional treatment
☐ source of referral - (therapy, other)
☐ nature of treatment
☐ multiple treatments
☐ past treatment history
☐ year of first drug treatment, and type of treatment center
other :

Is the source included in a Drug Treatment Reporting System
YES
if yes :
  definition : ICD based
  degree of comparability with the Pompidou group’s protocol : high
  degree of comparability with ICD or other systems : ICD high

Toxicological characteristics
☐ consumption of licit products (alcohol, tabacco, psychotropic medicines)
☑ consumption per product of drug during the life
☑ consumption per product of drug during the year
☐ consumption per product of drug during the last month
☐ main drug used (except alcohol)
☐ associated products used (3 products, including alcohol)
☑ route of administration
other :

Socio-demographic data
☑ gender
☑ age
☑ nationality
☑ geographical breakdown
other (professional activity, social security ) : professional activity, socio-living status, social and medical insurance, marital status,

Morbidity characteristics
Infectious Diseases

AIDS
- total cases
- IVDU cases
- total death
- IVDU death

HIV Tests
- all tests, percentage of seropositive results
- IVDU test, percentage of IVDU seropositive results

Hepatitis B
- total population
- IVDU cases

Hepatitis C
- total population
- IVDU cases

Endocarditis
- total population
- IVDU cases

Tuberculosis
- total population
- non IVDU drug addict
- IVDU cases

Other health indicators:
3. **Description of databases**

The Republic of Macedonia has 9 prisons. Two of them are correction and education premises: 1 centre in Ohrid for youngsters, 1 centre for primary perpetrators. With new Law for control of narcotic drugs and psychotropic substances (Official gazette 103/08), for preventing and suppressing the abuse of narcotic drugs and psychotropic substances, regional units in the field of drugs have been established. One of them is Regional Centre for Penitentiary Institutions – Skopje. The survey in surveillance of HIV prevalence and risk behavior in at-risk groups conducted in 2005-2006, showed, that one third (33%) of the 201 interviewed prisoners have reported injecting drugs prior to sentencing. 52% have been injecting drugs on regular daily basis before being sentenced. Most frequent type of drugs was heroin (100%), followed by methadone (48%), cocaine (34%) and sedatives (31%). 46% of them answered they have changed needles with other persons at some point in their life. Three prisoners have reported they have injected drugs for the first time while being in prison.

There is a possibility for infectious diseases voluntary testing, however for those under methadone treatment, testing is mandatory. There is no distribution of sterile paraphernalia in prison and there is no needle exchange programme. There is no specific methadone protocol for prisons but there is a methadone protocol in use in the other treatment institutions which might serve as guidelines.

**Name:** Register of Drugs users in prisons

**Responsible institution name and address:**

<table>
<thead>
<tr>
<th>Center for treatment and harm reduction, Prizon Idrizovo, Skopje</th>
<th>MINISTRY OF JUSTICE Address: &quot;Dimitrie Cupovski&quot; No9 Tel. +389 2 3117 288</th>
<th>All Centres for treatment and harm reduction, covered under item 2 (in different cities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Posta Madzari 1000 Skopje Tel. +389 02/2580-312 2580-400</td>
<td>Address: Posta Madzari 1000 Skopje Tel. +389 02/2580-312 2580-400</td>
<td>Address: Posta Madzari 1000 Skopje Tel. +389 02/2580-312 2580-400</td>
</tr>
</tbody>
</table>

**Objectives of the database/data collection system:**

To register patent undergoing on substitution treatment and currently in prison facilities; to avoid multiple counting; to improve access to medicinal treatments, with emphasis on all vulnerable groups, to address the additional needs;

**Statistical unit (e.g. person, test, offence) and its definition:**

- IPH and 10 Centers for Public Health
- Centers for treatment and harm reduction (11)
- Clinic for toxicology, Clinical Centre - Skopje
- Center for treatment and harm reduction, Prizon Idrizovo, Skopje

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

**Geographical coverage and Institutional coverage:**
IPH is collecting data from network of 10 Centers for Public Health for the whole territory of the Republic of Macedonia;
-Treatment Centers in 11 cities (National Treatment Center as a coordinative center is not appointed, yet)
-Clinic for toxicology, Clinical Centre - Skopje the whole territory of the Republic of Macedonia;
-Center for treatment and harm reduction, Prizon Idrizovo, Skopje population in prizon from all territory of Macedonia, because it is the biggest penitentiary institution.

Coverage rate:
NFP collection of data are conducted with standardize methodology using an identical questionnaire to provide as comparable data as possible (as it is explained under item 2) Data reported were mainly collected in December 2008. Responsible person in the Treatment centre in the Prison Idrizovo in Skopje collected the data. The results are: in 2006 = 197 persons on methadone therapy (from 353 drug dependence persons); 2007=209 persons (from 387 drug dependence persons); 2008= 221 from 379 drug dependence persons); Most of them have diagnosis F19 - Poly drug use.

Data from other Treatment centres have incorporated population from prisons in their city, but because it is small number it is in aggregate form together with other patients.

Software for data processing: there is no software
Level of aggregation of the information available to the national correspondent: very high and up to date
Legal status of the database: yes, but restricted
Legal status of the aggregated data: public in quantitative form

Time period of available data:
- first year: 2005
- last year: 2008 and up to date

Evaluation of data quality and reliability:
- double-counting: Possible
- bias : Possible
- consistency over time: not appropriate
- reliability: not appropriate
- Organization of data gathering: Each centre providing substitution has to report every new treated case and the end of treatment episode to the Institute of Public Health
- Data storage: database Institute of Public Health of the Republic of Macedonia
- Software for data processing: Own Software by the Institute of Public Health of the Republic of Macedonia
- Type of analysis for each level of transmission: frequency tables and cross tabulation
- System has analysis module which could draw graphs, filter data, export data to Excel/word, and etc. Is this offline system
- Transmission time limits: Annual based reporting
- The information available to the Focal Point: collects data on request, if needed
- Level of aggregation of the information available to the Focal Point: aggregated data
- Legal status of the database: restricted
- Legal status of the aggregated data: public
4. Description of databases

Within the program supported by the Global Fund there are 15 operational and functional centres implementing needle-exchange activities. These programs are implemented by NGOs on a synchronized manner using common and mutual approach. The work is organized as outreach activity and using the drop-in centres. Within the drop-in centres beside the exchange of needle and syringes, medical assistance is offered (treatment of wounds, and minor medical intervention: treatment of apces, education, cancelling, motivation) social services (help in issuing documents, help in applications for health and social insurance) etc.

All of 15 needle exchange programs are receiving financial support from Global Found, HIV/AIDS Unit in the Ministry of Health, for their activities in prevention of HIV/AIDS, including procuring of needles and sterile equipment for exchanging programs. Centres for needle exchanging programs are managing by local NGO. Every centre besides their main activities, are realize poll on their clients, using standardize questioners. Some of the Centres have software for evaluation of data, but this software is only for personal use and there is need to up grade it on professional level.

4.1. Name: Register of problem drug use

Responsible institution name and address:

<table>
<thead>
<tr>
<th>City</th>
<th>NGO</th>
<th>Number of Centres</th>
<th>Contact person</th>
<th>telephone</th>
<th>e mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKOPJE</td>
<td>HOPS</td>
<td>3</td>
<td>Vlatko Dekov</td>
<td>075/423-318</td>
<td><a href="mailto:hops@hops.org.mk">hops@hops.org.mk</a>; <a href="mailto:vlatkod@hops.org">vlatkod@hops.org</a></td>
</tr>
<tr>
<td>TETOVO</td>
<td>HOPS</td>
<td>1</td>
<td>Vlatko Dekov</td>
<td>075/423-318</td>
<td><a href="mailto:hops@hops.org.mk">hops@hops.org.mk</a>; <a href="mailto:vlatkod@hops.org">vlatkod@hops.org</a></td>
</tr>
<tr>
<td>KICEVO</td>
<td>Red Cross</td>
<td>1</td>
<td>Aneta Trgacevka</td>
<td>070/317-651</td>
<td><a href="mailto:zdravstvo@redcross.org.mk">zdravstvo@redcross.org.mk</a></td>
</tr>
<tr>
<td>PRILEP</td>
<td>Red Cross</td>
<td>1</td>
<td>Aneta Trgacevka</td>
<td>070/317-651</td>
<td><a href="mailto:zdravstvo@redcross.org.mk">zdravstvo@redcross.org.mk</a></td>
</tr>
<tr>
<td>VELES</td>
<td>Red Cross</td>
<td>1</td>
<td>Aneta Trgacevka</td>
<td>070/317-651</td>
<td><a href="mailto:zdravstvo@redcross.org.mk">zdravstvo@redcross.org.mk</a></td>
</tr>
<tr>
<td>BITOLA</td>
<td>VIA VITA</td>
<td>1</td>
<td>Omer Sulejman I Sasko Kocankovski</td>
<td>071/661147; 070/549205</td>
<td><a href="mailto:viavitab@yahoo.com">viavitab@yahoo.com</a></td>
</tr>
<tr>
<td>STRUMICA</td>
<td>IZBOR</td>
<td>1</td>
<td>Sokrat Manchev</td>
<td>075/495-470</td>
<td><a href="mailto:izbor@sonet.com.mk">izbor@sonet.com.mk</a></td>
</tr>
<tr>
<td>GEVGELJA</td>
<td>IZBOR</td>
<td>1</td>
<td>Sokrat Manchev</td>
<td>075/495-470</td>
<td><a href="mailto:izbor@sonet.com.mk">izbor@sonet.com.mk</a></td>
</tr>
<tr>
<td>OHRID</td>
<td>OPCIJA</td>
<td>1</td>
<td>Ivce Mistakovski</td>
<td>075/954-608</td>
<td><a href="mailto:opcijaohrid@yahoo.com">opcijaohrid@yahoo.com</a></td>
</tr>
<tr>
<td>KUMANOVO</td>
<td>PULSE</td>
<td>1</td>
<td>Natasa Milanova</td>
<td>070/803-801</td>
<td><a href="mailto:natasa_milanova@yahoo.com">natasa_milanova@yahoo.com</a></td>
</tr>
<tr>
<td>GOSTIVAR</td>
<td>HELP</td>
<td>1</td>
<td>Zoran Poposki</td>
<td>078/271-272</td>
<td><a href="mailto:help_gostivar@yahoo.com">help_gostivar@yahoo.com</a></td>
</tr>
<tr>
<td>KAVADARCI</td>
<td>ZONA</td>
<td>1</td>
<td>Petre Angelov</td>
<td>071/250-899</td>
<td><a href="mailto:zonakavadarci@yahoo.com">zonakavadarci@yahoo.com</a></td>
</tr>
<tr>
<td>STIP</td>
<td>YOUTH CLUB</td>
<td>1</td>
<td>Dragana Mitrovik, Denis Ampev</td>
<td>071/378-030; 071/217-283</td>
<td><a href="mailto:volunteer_mk@yahoo.com">volunteer_mk@yahoo.com</a></td>
</tr>
</tbody>
</table>

Objectives of the database/data collection system:

- Information for implementation of the Governmental Program prevention of HIV/AIDS (Official Gazette 3/09);
- For regular reporting to Global Found, HIV/AIDS Unit in the Ministry of Health, for their activities in prevention of HIV/AIDS, including procuring of needles and sterile equipment for exchanging programs.

Statistical unit (e.g. person, test, offence) and its definition:
Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.): IDUs
Geographical coverage: 11 cities - high coverage
Institutional coverage: NGO
Coverage rate: 60%*
  - percentage of statistical units covered/found but not recorded: ....%
  - percentage of statistical units not having been observed: ....%

*Access and coverage of needle and syringe programmes in Central and Eastern Europe, WHO Regional Office Europe; CEEHRN – Vilnius, Lithuania

Inclusion/exclusion criteria (if applicable): NO
Sampling procedure (if applicable): during the needle exchange process, poll is carrying out by NGO's
Substances (drugs) monitored/distinguished: illicit drugs and medicines with WHO ATC code: N07 BC 01; N01 AH 01; N02 AX 02; N02 AA 01; N05 BA 01 (anesthetics, medicines for treatment of opiate dependence; opioid analgesics, antidepressives, anxiolitics)

Description of organization of data gathering/methodology: NGO
Description of data storage:
Every centre besides their main activities, are realize poll on their clients, using standardize questioners.
Software for data processing:
Some of the Centres have software for evaluation of data, but this software is only for individual use and there is need to upgrade it on professional level.

Level of aggregation of the information available to the national correspondent: High and up to date

Legal status of the database: Financially supported by Global Fund for AIDS/HIV

Legal status of the aggregated data: Financially supported by Global Fund for AIDS/HIV

Time period of available data:
  - first year: 2002
  - last year: 2008

Evaluation of data quality and reliability:
  - double-counting: possible between the programs in different cities
  - bias: possible
  - consistency over time: middle
  - reliability: middle

Other comments and remarks:
Abstract/example of data output: In ANNEX 2 and 3
Bibliography/website addresses:
Annexes (e.g. reporting form, protocol, study questionnaire, report etc.): available on Macedonian language
5. Description of databases

With assessment mission from EMCDDA in March 2008, it was recognised the weak point - data collection capacities on Drug-related deaths. It was recognised that data is almost unavailable, mostly due to poor DRD registration system and lack of cooperation and communication between agencies. Official statistics suggest that there were only 3 registered deaths due to heroin overdose in 2005 (In whole Macedonia 18630 persons died during the 2006). Every acute death is being investigated by the Police. Forensic institute is capable of analyzing all the suspicious dead bodies and to perform toxicological analyses for them, and therefore to report more quality data. For the moment, the Institute for Forensic medicine does autopsies of all deaths cases requested by the Court or Police and the Health institutions. The Forensic institute is not authorized to conduct autopsies if not requested. The Institute’s Laboratory is conducting the autopsies, uses diverse instruments and screens for 9 substances (8 main illicit and alcohol). Screening is done only for deaths suspected to be drug related death. This screening is not done for people younger than 5 or older 60 years old or for people who have stayed more than 2 weeks at the Hospital, if not requested

NFP made depth screening of the situation with aim to improve the existing inequalities. The main objectives were:

- To validate the reporting of drug-related deaths in the official cause of death register.
- To suggest improvements in the reporting of DRD by using a national surveillance register in addition to the official cause of death register.
- To increase the knowledge about drug-related deaths with focus on improved prevention.

NFP have contacted all Forensic institutes in Macedonia (4) and all Departments for pathology within the General Hospitals (14).

In the year 2007 died 19 patients whose cause of death was drug or they had been previously treated for drug addiction. 17 of them were men. The most common cause of death was opiate overdose related to heroin. The data for drug related deaths are been collected from Institute for Forensic Medicine and Crime, Medical faculty in Skopje, and the other departments for forensic medicine in General hospitals in the towns Bitola, Tetovo and Gostivar in Republic of Macedonia. All cases with drug related deaths, were collected from the autopsy and toxicology analysis. Some cases with drug related deaths are without autopsy because of religious, financial and another reasons like moral and ethical considerations for the relatives which hamper the explicit reporting of a drug-related diagnosis.

Departments for pathology within the General Hospitals (14) at this moment does not collect data for drug related cases, where the primary reason for death is no drug dependances. If we (NFP) organise standardized Guideliene and data reporting form, they are willing to collect this data as well. This can be done under Law for controll of drugs and psychotropic substances, or as more apropriate as a new Role book (by law) after adoption of the new Law for health evidence.

5.1. Name: Register of drug related deaths

Responsible institution name and address:

| INSTITUTE FOR FORENSIC MEDICINE | INSTITUTE FOR FORENSIC MEDICINE | INSTITUTE FOR FORENSIC MEDICINE, General Hospital | INSTITUTE FOR FORENSIC MEDICINE |
| Clinical Center Skopje | General Hospital | - Bitola | General Hospital |
| +389 2 31 78 74 | - Tetovo | Tel. +389 47 251 211 | - Gostivar |
Objectives of the database/data collection system:
To analyze the reason for drug related deaths, used drugs, availability of the drug in concern, on
the market, purity (in order to undertake measures like red alert system; or early warning system
for new drugs on the market) ; to assess quality and comparability of investigations of the cause of
death.

–DRD indicator used for estimation purposes as an indicator of prevalence of drug users or
addicts,
– DRD used for estimation purposes as an indicator of possible preventive measures to save
society from unwanted consequences,
– DRD used for alarm purposes as an indicator of new dangerous drugs appearing on the scene

Statistical unit (e.g. person, test, offence) and its definition: Add information here. Exmpl. Information about dead person (death certificate): birth date, name, personal code, cause of death in ICD-10 code and etc.

Characteristics of population covered (e.g. by age, gender, socioeconomic factors etc.): DRD
Geographical coverage: 6 cities - medium coverage
Institutional coverage: Institutes for forensic medicine
Coverage rate: un estimated
- percentage of statistical units covered/found but not recorded : ?….%
- percentage of statistical units not having been observed: ?….%

Inclusion/exclusion criteria (if applicable): NO
Sampling procedure (if applicable): /

Substances (drugs) monitored/distinguished: illicit drugs and medicines with WHO ATC
code: N07 BC 01; N01 AH 01; N02 AX 02; N02 AA 01; N05 BA 01 (anesthetics, medicines for
treatment of opiate dependence; opioid analgesics, antidepressives, anxiolytics)

Description of organization of data gathering/methodology: Sates Institutes for
forensic medicine, within the Medicinal Faculty in Skopje and General Hospitals in Bitola, Tetovo
and Gostivar,
Description of data storage: Archive of death certificates in paper form.
Software for data processing: No
Level of aggregation of the information available to the national correspondent: High and up to date

Legal status of the database: YES
Legal status of the aggregated data: YES

Time period of available data:
- first year: 1991
- last year: 2008

Evaluation of data quality and reliability:
- double-counting : possible
- bias: possible
- consistency over time: middle
- reliability: middle

Population covered: general population

Organization of data gathering: all suddenly or rapidly death bodies are tested within the autopsies in the 6 forensic departments in Macedonia, resultates are sent in aggregated format to NFP

Available data

Drug related death
- ☒ direct
- ☐ indirect
- ☒ Cases confirmed by toxicology

How are cases recorded (using ICD codes, other): ICD and toxicological analysis

Is the source included in a specific system used only to declare drug related deaths
- Yes
  - if yes specify:

Toxicological characteristics
- ☐ illegal drugs involved (all in one category)
- ☒ illegal drugs involved (differentiated)
- ☒ psychotropic substances
- ☒ alcohol
- ☐ route of administration
  - other:

Socio-demographic data
- ☒ gender
- ☒ age
- ☐ nationality
- ☒ geographical breakdown
  - other (professional activity, social security):

Description of databases

Macedonia has a low-level HIV epidemic, only 9% of all cases registered HIV/AIDS cases in the country are reported to be IDUs. Total number of people with HIV/AIDS in 2006 was 98 (source: RIHP, 31/12/2006). Information on prevalence of infection diseases also available from biological studies and behavioural studies (2005, 2006, and 2007).
In prisons voluntary HIV testing and counselling does not exist.
Clients in methadone treatment are regularly tested for infection diseases.

6.1 Name: Register of infectious diseases

Responsible institution name and address:

<table>
<thead>
<tr>
<th>Republic institute for health protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: &quot;Vodnjanska&quot; bb 1000 Skopje with network of 10 City institutes for health protection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic for infectious diseases, Clinical Centre - Skopje</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: &quot;Vodnjanska&quot; bb 1000 Skopje Tel. +389 02 3 147 147</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Centres for treatment and harm reduction covered under item 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Needle exchange programs covered under item 4</th>
</tr>
</thead>
</table>

Objectives of the database/data collection system:

To monitor incidence of infectious diseases in the Republic of Macedonia

Responsible Statistical unit (e.g. person, test, offence):
- Republic Institute for Health Protection (RIHP) and 10 City institutes for health protection
- Centres for treatment and harm reduction (11)
- Clinic for infectious diseases, Clinical Centre - Skopje
- Needle exchange programs (15)
- Data about person infected by HIV, Hepatitis B or C, person age, gender, injecting drug user, risk behaviour and etc.

Geographical coverage and Institutional coverage:

General population

Coverage rate: High
- percentage of statistical units covered/found but not recorded: 0.%
- percentage of statistical units not having been observed: 0.%

Software for data processing: partial

Level of aggregation of the information available to the national correspondent: very high and up to date

Legal status of the database: Law for health protection (Official Gazette of RM 111/05); Law for health evidence; Law for Health insurance (Official Gazette of RM 25/2000) and Law for control of narcotic drugs and psychotropic substances (Official gazette 103/08), except for needle exchange programs.

Legal status of the aggregated data: public in quantitative form

Time period of available data:
- first year: 1997
- last year: 2008
Evaluation of data quality and reliability:
- double-counting: Possible
- bias: Possible
- consistency over time: It depends from the sources of data
- reliability: It depends from the sources of data

Organization of data gathering: Known new cases of infectious diseases are reported by health care institutions to the City’s Institutes for Public Health Care and after that to centralized level to the Institute for Public Health who manages with this data.

Data storage: Data are reported in standardised paper format

Software for data processing: Institute for Public Health

Type of analysis for each level of transmission: Data are analysed at the regional and national level mainly as a trend and incidence according to a basic categories (sex, age, region)

Level of aggregation of the information available to the Focal Point: Aggregated form

Legal status of the database: Confidential

Legal status of the aggregated data: Public

<table>
<thead>
<tr>
<th>Infectious Diseases</th>
<th>AIDS</th>
<th>HIV Tests</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
<th>Endocarditis</th>
<th>Tuberculosis</th>
<th>Drug related deaths (apart from AIDS):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>total cases</td>
<td></td>
<td>total population</td>
<td>total population</td>
<td>total population</td>
<td>total population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IVDU cases</td>
<td></td>
<td>IVDU cases</td>
<td>IVDU cases</td>
<td>IVDU cases</td>
<td>IVDU cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>total death</td>
<td></td>
<td>total population</td>
<td>total population</td>
<td>total population</td>
<td>total population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IVDU death</td>
<td></td>
<td>IVDU cases</td>
<td>IVDU cases</td>
<td>IVDU cases</td>
<td>IVDU cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>all tests, percentage of seropositive results</td>
<td>IVDU test, percentage of IVDU seropositive results</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Drug related deaths (apart from AIDS):