

REPUBLIC OF ALBANIA

NATIONAL DRUGS STRATEGY

2012-2016

Table of Content

- 1. Foreword**
- 2. State of play**
- 3. Methodology**
- 4. Mission**
- 5. Main Strategy principles**
- 6. Overall Strategy objectives**
- 7. Strategic Coordination**
- 8. Offer reduction**
- 9. Demand reduction**
- 10. Damage reduction**
- 11. Annexes**

1. FOREWORD

Drug abuse is a global phenomenon. No country is immune to issues related to illicit drug produce, trafficking and use. However countries can learn from one another by sharing the best practices on ways how to face this phenomenon.

The Albanian state recognizes and accepts the serious nature of this issue both, at the national level and at the international one.

Fight against drugs remains one of the key priorities of the Albanian state, as drugs pose a high risk to our citizens and has a potential impairing impact on Albania's integration process in the EU.

Also, this strategy accepts the fact that the fight against drugs can be successful only in case we coordinate efforts of the government, civil society and international partners.

We hope that our concerted efforts shall contribute for putting under control effects drugs have on the community. In addition, we do also hope that our country plays a vital role in international strives to fight drugs.

2. STATE OF PLAY

Health and treatment (demand) issues

The total number of the adults (15-64 years of age) in Albania having tried illicit drugs in their lives is estimated to be between 40 000 and 60 000 individuals.

This estimation is based on the outcomes of some studies on risk behaviors of youth in some high schools and from some studies of the biological and behavior surveillance in risk groups in various ages of the population.

About the prevalence of the use of illicit drugs for at least once in a lifetime, studies show that 5-7 % of the people aged 15-18 have experienced cannabis, about 4 % ecstasy, over 1 % heroine, and 2-3 % cocaine.

Prevalence of drug use cases is higher in the capital, compared with the rest of the country, while a wide use in men over women is as well remarked.

Illicit drugs are offered to over 8 % of the young people in school venues.

The number of problematic drug users (addicted users and the ones having serious problems from the drug use) in the country varies from 4800 in 8600 individuals.

For more than 15 years, specialized services on drug abuse are provided only by the toxicology clinic service, at the "Mother Teresa" University Hospital Center, while there are still no ambulatory public structures, day care services or community services with beds for people consuming drugs.

There are two other private non-for-profit centers, namely the Emanuel Center, which offers residential treatment, and Action Plus, which provides substitution treatment with methadone.

The data provided by the toxicology clinic center of the “Mother Teresa” Hospital Center since 1995 onwards show of the trends in years. The total number of visits in the clinic has undergone a substantial growth until 2002, remaining almost constant in the years to come, with up to 800-900 patients per year (2003-2010). A total of about 280 other patients per year is added to the above-referred-to data as 200 of them are treated with methadone from the network of the Action Plus centers and 80 in the Emanuel residential center.

The overwhelming part of drug users is composed of city men.

Specialized staff working in this domain is limited, while the qualification system is still not appropriately regulated.

There is a lack of basic medication for treating drug abuse cases with health service substances, while access to such drugs in the free pharmaceutical market is relatively easy.

In the domain of public education and awareness raising, we witness a growth of the volume of such activities, but they still lack proper coordination, as they appear to be not systematic, while dependency from donor funds renders them unsustainable.

Likewise, the volume of monitoring and research activities on drug abuse has increased and strengthened in the last decade, while more remains to be done vis-à-vis scientific publications and systematic documentation.

At the end of this session, we can say that services of drug and alcohol treatment and problems are still at the initial development stage in the country, while there are many possibilities not only for increasing and improving such services, but especially for conceiving them in a way that is suitable to the real needs of the country. For more details, please refer to the national report on service mapping and on the national drug report.

Albania has got laws aimed at controlling issues related to the citizen access to drug produce, trafficking and to access to alcohol.

However, so far there is no specific legal framework dealing with issues related with drug abuse, such as to guarantee organization of the treatment system, of the staff and of its training, as well as for the service structure and standards.

Problems with drug produce, trafficking and distribution (offer)

In the field of offer reduction, despite the hitherto successful efforts and good results, drug trafficking remains one of the most profit-making illicit activities of organized crime together with human trafficking, smuggling, economic crime and money laundering.

The Republic of Albania is resolute in further intensifying its efforts in the fight against such criminal activities in its territory and to also play a role in the international level as well.

Cannabis is the only narcotic plant cultivated in Albania. In the period of 1993–2000 cultivation of the cannabis was problematic almost anywhere in the territory of the country. With the energetic measures undertaken by the Albanian government, by way of successfully coordinating the preventing activities with the coercive measures, this phenomenon has now been restricted only in some limited areas. (See statistics in Annex no 1).

Regarding marijuana trafficking originating from Albania, the main destination point is Greece and Italy. Trafficking of marijuana is mainly done through the illegal pass of the “green belt”, while marijuana transfer through the border crossing points has substantially reduced, being diverted through the ports and ferries, or via the sea with the speedy sailing means. Price at the street level has increased. In 2010, the price for 5 grams of marihuana varied from LEK 500 to 1000. The THC percentage in the street selling of drugs is about 4 %. (See statistics in Annex no.1)

Fight against trafficking of heroine remains one of the key priorities of the law enforcement agencies in general, and of the Albanian police in particular.

As a transit country, Albania is affected by these heroine traffic lines: Turkey–Bulgaria–Former Yugoslav Republic of Macedonia-Kosova-Albania. Land traffic vehicles, such as trucks, buses, and cars, are the mainly used mediums for trafficking heroine. Greece and Italy are the main heroine destinations, while very small amounts are sent to other European countries. A part of the heroine rests in Albania for domestic consumption. Year 2007 marked a slight growth of the price of heroine sold in streets (LEK 3000/ 1 gram), but the price did not grow more in 2008 – 2010. Typical cleanliness of heroine sold in streets is 1 %.

The cases identified so far show that cocaine comes in Albania mainly via couriers or mail send from the USA and/or Southern America countries, which are traditionally known for cultivation of such drugs. First cases of trafficking of cocaine were identified in 2010 through containers, while the number of people using cocaine has risen from one year to the other. Smaller amounts are afterwards sent to Greece and Italy. The price of one gram of cocaine varies from Lek 7000 up to 10000.

Regarding synthetic drugs, there are no data or indexes attesting the existence of trafficking of such drugs either entering Albania as a transit for another final destination, or destined for Albania. Also, consumption of such drugs is not a problem for Albania.

It is important to highlight that building capacities and efficiency of the agencies committed in the fight against drugs has paved the way to more amounts of seized drugs and have led the criminal groups to seek new trafficking methods and routes. (See statistics referred to in Annex no1).

In the last years, there has been a significant reduction of the transfer of drugs originating from or transited via Albania to Greece and Italy. This is also confirmed from the official statistics sent from the Italian party. (See statistics referred to in Annex no 2).

In the demand reduction domain, the overall conclusion of the assessment is that Albania has made a significant progress in enforcing its programme on reducing produce and trafficking of drugs, in guaranteeing an effective control and on making its territory a safe place free of drugs. Strengthening of the rule of law and national and international cooperation has assisted in getting a better border safety and in reducing all types of trafficking. There is a considerable improvement of the coast line security, of the air traffic and of the border security in general. Professionalism of state police has increased as well. Measures are taken in modernizing the equipment and in adding training activities. Most of the big criminal organizations are eliminated in years. The possibility of criminal drug groups to move freely in the Albanian territory has decreased, while a considerable number of members of such gangs have been tried by the judiciary. Despite all the achievement reached, work shall continue to achieve sustainable results, stemming from the proactive investigations and fostering of cooperation between law enforcement agencies.

Nonetheless, the demand reduction component has remained fragmented and covered by insufficient funding, while reduction of drug supply and the law enforcement issues are an integral part of the priorities of the Albanian government. For this reason, it is indispensable to ensure the same importance to the drug demand reduction, so as it gets the same priority as the drug supply reduction.

3. METHODOLOGY AND STRUCTURE

The National Drugs Strategy 2011 – 2015 is drafted by a working group established upon the Order no 125 of the Prime Minister, of 09 June 2010. This working group is composed of experts from all the institutions involved in the fight against drugs and is honored by the precious contribution of the non-for-profit organizations and the expert international organizations operating in Albania.

The National Drugs Strategy 2011 – 2015 is based on the positive achievements and on the best practices achieved in the implementation of the Anti-Drugs National Strategy of 2004 – 2010 and on the best international practice.

This strategy is a manifestation of the Albanian state commitment to achieve international standards in the fight against drugs and to come to the help of the individuals or groups of individuals affected by drugs consumption.

Prior to drafting of this Strategy, the working group has made an assessment of the implementation rate of the objectives and measures provided for in the National Anti-D Strategy of 2004 – 2010, focusing on the positive achievements and the shortcomings remarked during this period.

During the strategy drafting process, in particular while analyzing the situation and identifying priorities, a lot of help is provided by the activities realized in service of preparation of some documents on drugs in Albania, according to the instruments proposed by the European Monitoring Center for Drugs (EMCDDA) and the World Health Organization (WHO).

It is worth mentioning that during such process the Council of Ministers has approved some decisions on the National Committee on the Fight Against Drugs and the National Drug Information Center. Both these structures shall serve as a good ground for implementing the objectives of this Strategy.

The Strategy is structured in such a way as to clearly identify its aims and objectives.

The Strategy is based on four main pylons:

- 1. Strategic coordination;**
- 2. Offer reduction;**
- 3. Demand reduction;**
- 4. Damage reduction.**

In order to facilitate the application of the Strategy, two action plans shall be subsequently approved for the lime-frames of 2011 – 2013 and 2013 – 2015, containing specific measures and activities for achieving the objectives of this strategy.

The action plans, as part of this strategy, shall enable connection of this Strategy with the reforms and other important national strategies, such as: the health reform, the national strategy against organized crime and terrorism, the national strategy on fight against AIDS, potential changes in the Criminal Code and in the Criminal Procedure Code, the anti-corruption strategy, judiciary reform, etc.

Implementation of the National Strategy 2011 - 2015 and of the action plans shall be funded by the state budget and the other donors.

4. MISSION:

The mission of the strategy is to protect public safety, the life and health of individuals and communities through minimizing the risks and of other damages deriving from drugs via a national coordinated action.

5. MAIN STRATEGY PRINCIPLES

The main National Anti-Drug Principles derive from the Constitution of the Republic of Albania, the UN Conventions, the international and national legislation in this domain and from the objectives our society has to meet in its membership process to EU.

These main principles are:

- Principles of lawfulness;
- Principle of respecting human rights and fundamental freedoms;
- Principle of life certainly, safety and health of individuals and communities,
- Principle of implementation of an integrated and balanced approach, based on responsibilities and partnerships.

6. OVERALL STRATEGY OBJECTIVES

Overall Strategy objectives are to:

1. establish a safe environment for the society via reduction of the offer and access to drugs for illicit use.
2. prevent drug abuse through awareness raising of the public on the risks and negative consequences of the use of drugs.
3. minimize use of drugs in all the society, ensuring the appropriate treatment in the due time, rehabilitation services and reducing of the damage coming as a result of the illicit consumption of drugs.
4. offer a coordination and management policy in the fight against drugs and establish efficient communication systems.

7. REDUCTION OF DRUG OFFER AND OF ACCESS TO DRUGS (Objective 1)

Trafficking of the narcotics keeps remaining one of the most profit making forms of organized crime not only in Albania, but even in the region and wider. Apart from the internal division of tasks, the criminal organizations and groups are characterized by an extreme adaptation to new conditions, cooperation with the regional criminal groups and a huge financial potential. The fight of these criminal organizations and groups keeps being high up on the agenda of the law enforcement agencies in Albania. Increase of efficiency in such activity asks for a better international cooperation in the country, such as in the Ministry of Interior, Ministry of Justice, Ministry of Finance, Ministry of Economy, Ministry of Agriculture and Consumer Protection, Ministry of Foreign Affairs as well as the prosecution office and the state intelligence office.

Albania is playing an important role in international anti-drugs efforts, which is recognized by several international bodies. Our aim is to keep being an important force in such efforts.

7.1 Specific objectives in reducing drug offer are as follows:

1. Substantial prevention and reduction of drug production in Albania.
2. Difficult access to drugs by way of preventing and reducing sales, distribution, internal traffic and international traffic of drugs.
3. Efficient fight of the activity of criminal networks involved in criminal activities in the field of drugs and of structures supporting this criminal activity, targeting and seizing their assets established through use of the proceeds of crime.
4. Preventing and reducing the illicit use of drugs and trafficking of the precursors.

7.2 Main performance indicators:

- Lowering by 3 % of discovered cases of sales and trafficking of drugs in a year, having as a benchmark the data of 2010 (15 % until the end of 2015).
- Further reduction of the number of cases of cultivation of the narcotics and of the number of plants by 3 % each year. (15 % until the end of 2015).
- Maintenance of low levels of seized drugs from the neighboring countries originating from or transited via Albania, stemming from the data of 2010.
- More operations targeted at drugs, making use of the special investigative techniques and of the international operations, stemming from the data of 2010.
- Increase by 3 % per annum of the referred cases for investigation of criminal assets of the individuals, criminal groups and organizations of drugs distribution and money laundering.

7.3. Priorities

In order to achieve objectives for reducing the drug offer, the focus shall be concentrated in the following priorities:

7.3.1 Legislation and strengthening of institutions

Albania has made significant progress in drafting its national legislation in the field of fight against drugs and has adhered in three United National Conventions in the field of drugs. However, need has risen for revising the current legislation suiting it to the needs of time.

In the course of the implementation of this strategy, amendments shall be drafted and approved for the Criminal Code and the Criminal Procedure Code. Such amendments shall be related with their full compliance with the international conventions. Being more specific, there is a need to revisit the issue of the punishment policies, including the consumption of the narcotics, internal drug trafficking, etc. The Criminal Procedure Code shall need to involve special investigative techniques, such as controlled delivery, etc.

The institutions involved in reduction of the drug offer should foresee strengthening of their structures, putting at the disposal the appropriate human resources and providing continuous training for their staff, as well as a further modernization of technical means. A special importance has to be cast on the joint institutional training activities.

7.3.2 Reduction of produce of the narcotics

This priority shall be developed in two directions: in the further reduction of cultivation of the narcotics and towards control and prevention of trafficking of the precursors serving for producing the narcotics.

In the first direction, a wider involvement of the institutions and of the other stakeholders is envisaged, mainly for preventing such phenomenon and in support of the law-enforcement agency for fighting the criminal elements involved in illegal activities. The relevant ministries are required to draft and apply development projects in the most problematic areas. Local government, forest directorates and the state police should cooperate to ensure a better territorial monitoring for fighting cases of cultivation of the narcotics and for uncovering and arresting the ones responsible.

In the second direction, a better cooperation is required between the Ministry of Health, Customs and the State Police for identifying and controlling the entities licensed for the production, imports, exports, selling of the narcotic plants and of the precursors. The Ministry of Health should establish a database of all the licenses delivered for the above-referred-to activities, ensuring access for customs and the state police. Through the registration in the PEN ON LINE system, the Ministry of Health should coordinate activities for preventing and avoiding reach of destination for the precursors, closely cooperating with the customs authorities and the state police. The later and the prosecution office shall investigate the suspicious cases based on reports from the Ministry of Health and the Customs Authority, or cases started ex-officio. Establishment of the early prevention system for the new drugs is also an important element of the Strategy.

7.3.3 Boosting of inter-institutional cooperation for fighting the narcotic distribution traffic and for seizing proceeds of crime.

Special attention should be cast on the information collection and management systems and on their efficient exploitation. The state police, state intelligence service, customs and other informative services should exchange information and organize joint operational activities in the fight against drugs in cooperation with the prosecution office. Establishment of the joint units in the fight against drugs, such as for instance fight against trafficking of drugs through the containers, etc. shall be encouraged during implementation of this strategy.

Visible progress has to be achieved in planning and development of the proactive investigations against the criminal groups and organizations dealing with trafficking and distribution of drugs from the state police. Strategic analysis should orient and lead the law enforcement units in their anti-drugs strategy.

Risk analysis should be improved and developed further, especially by the border police and customs authorities, which should attain their independent outcomes in the fight against drugs.

The General Prisons Directorate should ensure an efficient control system to prevent entry of the narcotics in the penitentiary institutions.

The Prosecution Office, the state police, the Ministry of Finance should effectively cooperate to discover and seize the proceeds of crime of individuals, criminal groups or structures involved with production, sale and trafficking of the narcotics.

7.3.4 Fostering of international cooperation

First of all, there is a need for increasing cooperation and for ensuring a better exchange of information with the international bodies and institutions, such as UNODC (United Nations Office for Drugs and Crime), INCB (International Narcotics Control Board), EMCDDA (European Monitoring Center for Drugs Monitoring and Drug Addiction) by timely filling out of questionnaires and forms deriving from the implementation of the international conventions.

Second, fostering of cooperation is also sought in exchange of information and in the operational information exchange with other internationally-established bodies, as stipulated in the agreements and protocols Albania is a party into, such as with INTERPOL, EUROPOL, SELEC etc.

During the implementation of this Strategy, we shall aim at signing an operational cooperation agreement with EUROPOL and an agreement with the regional countries in various aspects related with the implementation of the Police Cooperation Convention in Southeast Europe (Vienna Convention).

Albania shall be a proactive member of all the current and future initiatives, aiming at intensifying international cooperation in the field of fight against drugs. Exchange of information with contact officers of the foreign countries in Albania shall be intensified,

as well as cooperation with DEA office in Rome and with the Albanian officers in other countries.

In the course of implementation of this Strategy considerable progress is planned to be achieved in increasing the number of joint operations, in particular with the regional countries and wider in the fight of narcotics and fight against drug trafficking criminal organizations.

8. PREVENTION OF DRUG ABUSE VIA STRENGTHENING OF SCHOOL ROLE AND WARENESS RAISING (Objective 2)

Prevention programmes cover a wide range of activities, which usually include school-based programmes, mass-media campaigns and community-based programmes.

Experience has shown that the individuals using drugs routinely have a wider probability of continuing this experience, while huge efforts are required to resign from using drugs. This is mainly due to the force of addiction, other factors serving as a reason for the use of drugs and other additional factors.

Efforts invested in the protection of youth, in providing a healthy environment in places they spend most of their time, especially in schools, are believed to be more effective and productive compared to the efforts to “revitalize” what has already been started by them.

The data and experience from the ones falling prey of drugs show that people usually take up drugs at an early age, and mainly in school contexts/micro-communities.

Different from what parents can do, the school owns capacities, means, strategies, venues and other factors that can be used to fight addiction and other negative phenomena. Schools can engage several capacities, much more than what has already been used, and in particular it can pass beyond general propaganda into a concrete and active plan.

Use of drugs and schools are very closely indirectly related with one-another. In other words, the high level of the use of drugs leads to lowering of parameters and aggravation of education aspects, and, on the other hand, an unhealthy school environment is the best precondition for the distribution of drugs amongst the young people.

It is though that costs for the preliminary prevention efforts, if efficient, are quite fewer than damages that could have been caused or borne on the society because of needs/costs to be faced with the use of drugs.

8.1 School-based prevention

8.1.1 Main aims and directions

1. Establishment of a healthy environment for guaranteeing a natural protection, immunity, permanent presence of the anti-drugs education, involving contemporary knowledge and expression, skills and application of knowledge, extra-curricular aspects in function of this aim, participation of the appropriate stakeholders, monitoring, perception, organized identification, etc.
2. Another aim is to go beyond awareness raising and preliminary exchange of information, by building preventive proper targeted interventions for the young people at risk in schools (such as for instance, students showing a poor performance, having social problems, etc.) as well as coordination with rehabilitation services.

8.1.2 Objectives

1. Specific recognition of the situation in schools and identification of the threatening aspects and of their sources, setting of the trends.
2. Establishment and active and efficient role of institutional capacity building of the reaction capacity.
3. Curricula review in service of the most active and reacting aims of the strategy.
4. Intervention in early detection

8.1.3 Activities

1. Specific recognition of the situation in schools, identification of threatening aspects and of their sources, setting of the trend

Preparation of an institution: situation based on the statistical surveys and professional analysis; drug case/threatening identification and analysis, information received from students, teachers, parents and other sources about what happens in school venues and with students in the school venues or outside it; assessment of indirect threatening, of contexts or venues encouraging use of drugs or alcohol, for instance with the education directorates, maintaining close school contacts.

Conducting of a study/survey on inclusion of human resources from the institutional network, oriented by experts in the field, with the purpose of receiving data from within the school environment and from the school community. The purpose of the survey shall be to collect facts, to identify level of drug use, sources of threatening, etc. in cooperation with the Ministry of Interior, Institute of Public Health, UNODC, UNICEF, “Emanuel” Community, “Aksion Plus”, exploiting and collecting the various data that shall undergo an analytical comparison and processing.

Data processing and analytical and comparative assessment, within the framework of the National Data Center, is seen as a very beneficial and a highly contributing factor. Such processes shall be realized in close cooperation with the Ministry of Interior, Institute of Public Health, UNODC and with the main non-for-profit organizations engaged in addiction treatment and in rehabilitation from use of drugs.

2. Establishment and active, efficient role of institutional capacities; fostering of reaction capacity

Establishment of an institutional network **by a normative act**, defining: the composition, field of action and activity, and institutional cooperation. Each school shall have a minimal *task force*, composed of one of the school management staff, the psychologist, the doctor, if any, and other trained or committed people. Operation of the network: current information, situation on the involved factors, setting of a more concrete platform for the school, establishment of a regular rapport on certain aspects dealing with monitoring and assessment processes, etc.

Establishment of a permanent contact at the Ministry of Education and Science regarding the institutional function of the network, coordination of activities within the educational system, partner coordination, coordination of activities and projects with partners in the country and abroad, representation of the Ministry of Education and Science in activities of this field and a permanent fulfillment of responsibilities of this Ministry pursuant to the spirit of the Strategy.

Infrastructure of a continuous education and training, both in vertical and horizontal directions, shall be realized by making use of the available capacities and of the inputs from cooperation with various projects. Training orientation in more rational, concrete and specific terms, away from the general propaganda, is as well one of the issues in the agenda.

Preparation, distribution, and operation of an action platform in each school, organized, orchestrated and supported vertically from the entire institutional network. Inter alia, the platform shall include regular information, monitoring, assessment and reporting of all the chains of the institutional network.

3. Curricula review in service of a more proactive approach and reaction to the new strategy, in conformity with the growing drug use threat.

Assessment of the existing curricula regarding:

- i) Positive and negative effects on students;
- ii) Vertical and horizontal efficiency and coherence;
- iii) Adaptation with the new facts and trends of time.

Review of the curricula by integrating efficient knowledge, expression and tendencies that are used and recommended by the field experts. A closer cooperation for this aim

with the UNODC, UNICEF, distinguished foreign experts and/or committed professionals, staff from the Ministry of Interior, Institute of Public Health, organizations dealing with user communities, and the like.

Establishment of a library with the assistance of UNICEF, UNODC, Institute of Public Health etc., with strategies, platforms, expertise, curricular training, best practices, efficient studies, to be administered by DEPU (Ministry of Education and Science)

4. Early detection intervention

Reformation of the psychological service in schools and establishment of a respective network shall pave the way to establishment of an effective and concrete intervention. Symptoms related with a more active use of drugs, threatening the school age students, especially the ones approaching the end of the elementary school and the beginning of the secondary school, call for passing from the general and theoretical treatment of strategies into real action by the institutions. Schools have the possibility and the responsibility of a direct intervention.

More specifically, schools should deal with:

- early identification, focusing on the vulnerable groups and the special need groups.
- joint actions with the police in areas surrounding the targeted schools, based on well-targeted preliminary information.
- intervention in groups identified as vulnerable (there is a need for a constant reassessment of such definition)
- intervention in the groups identified based on an oriented platform by the Ministry of Education and Science and coordinated by DAR/ZA.
- establishment of services for treating identified or very problematic cases.

Intervention can first start with some pilot schools, while paying attention to involvement of experts, support from central institutions, support from the NGOs engaged in anti-drugs activities and trainings, support from the police service).

A special focus needs to be addressed to the high risk groups, involving, inter alia, school abandonment, family problems (divorced parents, financial restrains, social problems, etc.) mainly through school psychologists), marginalized groups (migrants, Roma families), micro-community environments, individuals who have gained some relative financial independence, etc.

8.1.4 Monitoring and assessment

Achievement of the main aims of this general objective shall be measures through definition and constant following of indexes related with the intervention outcomes and impact. More specifically, monitoring and assessment shall be realized via:

- Identification and action on vulnerable groups
- Specific programmes or work with many individuals (possibly provide support to 2000-3000 individuals all over the country).

- Number of parents involved in awareness raising programmes, training activities or in activities promoting anti-drugs or anti-alcohol efforts.
- Number of specific interventions realized based on information about problematic situation: from the psychological service, cooperation with the police, with associations committed in the fight against drugs, etc.
- Concrete information and evidence assessed vis-à-vis the information on the presence of drugs and alcohol by alternative sources.
- A study performed by the education system for identifying drug users and drug threats in school environments as a complimentary and alternative option of studies organized by distinguished organizations in this field
- *Efficient outputs* from the review/reassessment of the curricula in specific directions supported/confirmed by a study in service of the *feedback* for the applied curricula.

8.2 Public awareness through media campaigns

8.2.1 Specific objectives:

Increase of public awareness on the risks and consequences of use of psychotropic substances, highlighting the media role.

8.2.2 Activities:

1. Training of media professionals

Media contribution in reducing drug demand has so far been sporadic, not properly organized – that is not very effective. International experience shows of the potential of media role in policies for reducing the drug demand. Involvement of journalists in the field of reduction of drug demand is becoming one of the key strategies of reduction of the demand for drugs.

Based on the current experience, a representative working group shall be chosen from the media bodies in order to take part in the programme. Journalists shall be trained in the field of reduction of drug demand, especially in the techniques and strategies of delivering information on drugs, addiction behavior and an unhealthy life style only by way of avoiding sensational and highly simplistic approaches.

2. Public awareness campaigns

Media professionals' training shall be accompanied by a scanning and launching pan-national campaign for raising the public awareness. The campaign will be headed and coordinated by the Institute of Public Health. The campaigns are planned to be targeted at the following population:

- first, to teenagers and young people;

- second, to parents and decision-makers.

The main aim of the public awareness campaign is to identify the risks associated with the use of psychotropic substances in general, and to promote a healthy living style for teenagers and youths. Various electronic media channels shall be used to maximize overall impact.

8.3 Community-based primary prevention

Strengthening of the community role in preventing use of drugs and promoting a healthy living style among the teenagers and the young people is another key element of the strategy. Local community plays a crucial role even in the early detection of the problem and in the early intervention in resolving drug-related issues. In addition, mobilization of all community sources in drug prevention and in rehabilitation strategies can lead not only to a more effective treatment of community concerns, but even to a more efficient approach of reducing the demand for drugs.

Various strategies can be applied based on the local customs and traditions, behaviors and beliefs, aiming at identifying the community leaders and at stimulating them for playing a crucial role in supporting values of a health life. All sources shall be put in motion, such as state bodies and non-governmental organizations, local clubs, representatives of religious institutions, leisure activities, sports clubs, and other public institutions related to health, education, social insurance, culture and law enforcement.

Regarding the fact that the family is one of the basic and strongest elements in the Albanian society, its role in implementing community-based primary prevention programmes is of course of a paramount importance. A strong cooperation between families, school and local communities should be guaranteed in the programmes for reduction of the demand for drugs.

8.3.1 Specific objectives:

1. Involvement of local communities, authorities, municipalities and communes in activities identified for primary prevention, targeted at youth at risk in schools, families or local community;
2. Education of the population by mediators (teachers, doctors and primary health care employees, social workers, peers, etc.) working in the primary prevention domain.
3. Presentation of the early intervention programmes and of other related services for capturing the hidden population (hidden drug users).

8.3.2 Activities:

Community-based primary prevention programme in the city of Tirana and extension of the experience in other high risk areas

A primary drug prevention programme shall be drafted and launched in the city of Tirana in order to build awareness of households and of the communities living in Tirana on risks imposed from the use of psychoactive substances. Such programme shall be all-inclusive, and shall embrace various strategies and techniques. A crucial role is thought of being played by the local media, schools and other local community organizations. The programme shall be based on the following components:

- household and community awareness raising on the risks associated with the use of psychoactive substances through publication of leaflets and media campaigns (local campaigns);
- establishment of a hotline for parents and other family members;
- establishment of an emergency service based on informative techniques for street children and for the ones abandoning school;
- Implementation of educational activities amongst peer leaders in the community;
- Establishment and promotion of mass actions among local communities to launch alternative activities perceived by youth as an important route in reducing the drug demand;
- strengthening of involvement in decision-making and in community activities related with the drug demand reduction;
- strengthening of business companies in drug demand reduction activities.

The experience gained from the implementation of community-based prevention programmes in the city of Tirana shall be later transferred in other high risk areas of the country. Municipality authorities are entitled to guarantee the general coordination of primary prevention local programmes. In other words, the experience to be gained in Tirana shall be disseminated in other parts of the country.

9. DAMAGE REDUCTION FROM ABUSE OF DRUGS AND REHABILITATION SYSTEMS (Objective 3)

Treatment for drugs is aimed at providing services and treatment for the drug addicts so as to make them free of drug dependency. Cure can be provided in a variety of rehabilitation institutions, and for different durations. Usually the short-time treatment is not sufficient, because chemical dependency is a chronically typical nosology, characterized of casual relapses. ***Instead, treatment is a long-term process, including multifold interventions and regular monitoring.***

There are several trial approaches based on the chemical dependency of the treatment. Such treatment might include behavior therapy (such as psychotherapy, individual and

group counseling, cognitive therapy, pharmacotherapy, or a combination of two or more of the above. The specific treatment type, or the combined treatment shall depend on the individual needs of the patients, occupational problems, legal, family, social wounds, which, of course, need due attendance.

The most effective programmes ensure a combination of the addictive therapies with the other support services for meeting the individual needs of the ones depending on drugs.

The integral addictive treatment is realized in several services, venues and institutions specialized for such intervention, which make use of a variety of behavioral and pharmacological approaches. These networks have hired professional operator and multidisciplinary staffs, such as addiction specialized doctors, psychologists, reanimates, psychologists, social workers, medium level workers, etc.

The most acceptable contemporary categorization of the training programmes includes: the outreach services; day care centers; detoxification and meditational management of the withdrawal syndrome, long-term residential treatment, short-term residential treatment; non-hospital training programmes; individual counseling; group therapy, addictive treatment in the penitentiary system.

Apart from the specialized anti-drugs network, a major role in this specific treatment is played by non-specialized health structures, which personnel have undergone special training programmes on how to deal with drug users and best serve the population in need. The primary care services and the hospitals, having a greater share of burden in this entrepreneurship can realize this contribution through the identification interventions (scanning and short interventions) and through case referrals.

9.1 Purpose:

1. Provision of rehabilitation services compliant to the individual treatment needs and a full medical and psychosocial care for all the people in need; geographical extension of these services and a full commitment of these services in the benefit of improving the health of the ones using drugs.
2. Reduction of health consequences to drug users and minimization of social multi-plan consequences related to drugs use and drug abuse, encouraging and coordinating the activity of interested institutions.
3. Re-integration of drug users in normal life through a wide institutional and social support;

9.2 Main objectives:

1. Establishment of specialized medical services for treating and taking care of persons having addiction on drugs, including establishment of a drugs national treatment and care center.
2. Strengthening of the staff capacities offering services in the Primary Health Care, services and competencies at the national and local level of the primary centers for treatment from drugs.
3. Establishment and development of treatment community and multi-disciplinary services, setting of a clear reference system, service pyramid;
4. Building of knowledge, capacities, and structures in the domain of drug abuse.
5. Establishment of the prevention and promotional programmes dealing with fight against drug addiction in the community.
6. Establishment of suitable services for the vulnerable groups.
7. Establishment of the addictive services in the penitentiary system
8. Support for social re-integration through extension of the network of the social service providers to drug users and to young people in need.

9.3 Activities:

9.3.1 *Establishment of a national drug treatment and care center*

1. Establishment and operation of the Polyvalent University Center of Drug Addiction Treatment based on the existing toxicology service, through its adaptation, strengthening and supply with the necessary sources. This center shall offer the following services:
 - Emergency services
 - Overdose and withdrawal syndrome treatments
 - Hospital and ambulatory detoxification
 - Treatment of individuals with double diagnosis (psychiatric diagnoses, etc.)
 - Retention long-term treatment with agonists and meta-agonists (methadone, subutex, suboxone, etc).
 - Treatment with antagonists (naltrexones).
 - Application of behavioral techniques (psychotherapy, cognitive therapy, counseling).
 - Provision of residential treatment, semi-residential and ambulatory treatments.
 - In cooperation with the National Information Center, the Institute of Public Health shall establish a database and process data on clinical and epidemiologic activities, shall prepare periodic reports, etc.
 - Apart from the main clinic activity, the center shall provide education for the university and post-university students and for doctors, continues education for the professionals of the addictiology field, shall prepare and handle treatment protocols, publish literature, exercise professional supervision in the field of prevention, treatment and rehabilitation from addiction at the national scale. This center shall cooperate with the national and international bodies on clinical and scientific research issues.
 - Structural review of the organigramme of the Faculty of Medicine for including the branch of addictive medicine among the other specialties.

9.3.2 Structures of primary health care in Albania shall have the appropriate capacities for identifying, preventing use of drugs, early treatment and case referrals

1. Empowering of primary service capacities in treating drug addiction through the medical staff treatment (family doctors, pediatricians, obstetricians, gynecologists, nurses, psychiatrists, social workers, at the primary health care centers and in schools of all levels).
2. Supply of primary health care centers with quick tests for identifying presence of hepatitis B and C, and with other quick tests for identifying consumption of drugs. Provision with diagnostification instruments.
3. Preparation of protocols for the family doctors regarding the medication treatment against drugs (provision of the medical treatment for the acute overdose intoxication cases and the withdrawal crises).
4. Drafting of the drugs use/abuse identified case registration models in the primary health care services.
5. Involvement of drug abuse-related services in the basic package of services of family doctors.
6. Drafting of suitable training courses and their integration in the national continuous education system (for training, education and awareness raising)
- 7.

9.3.3. Increasing knowledge, building capacities and structures in the field of drug abuse

1. Establishment of units/services in the form of specialized multi-disciplinary teams for treatment from drug addiction in six regional hospitals (Vlore, Shkoder, Elbasan, Korçe, Fier, Durres) based on strengthening of the current technical and administrative capacities.
2. The Polyvalent National Center shall be in charge of drafting and supplying these services with standards and of the relevant protocols.
3. Construction of suitable training courses (including the clinical practice) in the reference center and their integration in the national continuous education system (for treatment, education, awareness raising).

9.3.4. Establishment and empowering of community services for the drug users

1. Preparation of standards and guidelines for the residential and community centers (cooperation with the Ministry of Health, Ministry of Labor, local government, NGOs, etc.);
2. Establishment of two long-term community residential centers for the rehabilitation of drug users and abusers (in Tirana and in Vlora) through public funding of other types of support.
3. Implementation of integrated community services (centers with a low outreach threshold, movable teams, constant follow-up and prevention).

4. Extension of the health care insurance scheme to involve the community services provided by the NGOs.
5. Establishment of state substantial possibilities for the private and/or public addictive services and for the NGO-provided community-based services.

9.3.5 Establishment of suitable services for the vulnerable groups

1. Development of specialized training programmes for creation of specific multi-disciplinary teams for the addictive training processes of teenagers with disorders from abuse of drugs.
2. Establishment of a specific rehabilitation residence center (therapeutical community) for women suffering of drug use/addiction problems.
3. Multi-professional approach, including parental care for pregnant women having problems with drug addiction.
4. Fulfillment of pharmacho-therapy standards for pregnant women having issues with opiate addiction.
5. Promotion of access and establishment of necessary capacities in the addictive training system to face the complex treatment of drug dependents suffering of other deceases

9.3.6. Establishment of addictive services in the penitentiary service

1. Establishment of multi-disciplinary structures for addiction treatment in the penitentiary institutions, including both pre-detention centers and prisons;
2. Application of alternative sentences for the drug addicted convicts, so as to enable an adequate treatment for them;
3. Implementation of retention therapy programmes in prisons (with agonists, semi-agonists, and antagonists);
4. Development of educational programs on drugs in the penitentiary system ;
5. Development of risk reduction programmes;
6. Development of psycho-social programmes;
7. Establishment of the support groups;
8. Offering of addiction services outside prison and involvement of their staff in treating convicts having issues with drug abuse and drug addiction

9.3.7. Social re-integration

1. Encouragement of private entities and of businesses for raising social service funds for improving such services and supporting this category of people.
2. Coordination and cooperation through public and non-public bodies offering social services through periodical meetings, working meetings, etc.
3. Encouragement of local government structures and of municipalities, in particular, to provide financial support for this category of beneficiaries, depending on their sources.

9.4 Performance indicators:

9.4.1

- 1) Establishment of a National Polyvalent Center at the “Mother Teresa” University Hospital Center.
- 2) The center shall provide 20-25 beds and treat at least 2000 ambulatory and residential services during the year.
- 3) At least one psychiatrist, one psychologist and one social worker shall be part of the staff of the Polyvalent Center, who shall also provide behavioral treatment.
- 4) This center shall also comprise a national database system, in charge of collecting medical and psychological data from the primary, secondary and tertiary services in the country for all clients having drug-related problems. This center shall also serve for performing scientific studies in the field of psychoactive substances.

9.4.2

- 1) Over 300 people from the medical and psychological staff shall be trained by the end of 2012 all over the country.
- 2) Psychologists and social workers who are specialized in addiction treatment and drug abuse shall be hired in the primary health care centers.
- 3) At least 30% of the primary health care staff all over the country shall be trained in 2012. 70% of the primary health care staff all over the country shall be trained by the end of 2013.
- 4) Supply of the primary health care services with tests for identifying hepatitis B and C and use of rapid tests to identify use of drugs and of other related substances.
- 5) Implementation of these services in the basic package of services of the family doctor.
- 6) Constant visits in the house of patients having drug abuse issues and their medication control. A checklist of the recommended medicaments and of the counter-indicated medicaments.
- 7) An expert commission shall draft a standard treatment testing and planning model.

9.4.3

Treatment in the addictive units in the regional hospitals of the cities of Elbasan, Shkodra, Vlora, Durrresi, and Fieri (with services using 4-5 beds and having all the general modalities of treatment of overdoses, withdrawal syndrome, detoxification, counseling and substantial treatment) of the regional needs for basic addictive treatments. A close cooperation of these units and of the services provided by the non-governmental organizations is also foreseen

9.4.4

Fulfillment of the general needs for rehabilitation treatment by the two residential community centers with 20 beds each, which shall offer long-term rehabilitation services to persons having drug addiction problems, with a diversity of interventions, such as by making use of behavioral programmes, vocational methods, 12-step programmes, retention therapy programmes, etc.

9.4.5

Institutionalization of social support for the vulnerable groups of people and better access in the treatment system for them.

9.4.6

Offering of an appropriate addictive service for the penitentiary system.

An annex (5) of this strategy contains the detailed financial plan on treatment and on damage reduction services.

10. STRATEGIC COORDINATION (Objective 4)

This strategy is based on the experience of other European countries, sharing almost same problems with us. The Strategy is aimed at putting in motion mechanisms that shall enable a proper management of the drug complex issue, establishing efficient information systems and drafting and implementing a coordinated and managerial policy in the fight against drugs.

10.1 National Drug Data System Office

This Office is required to become operational in the two first years of implementation of this Strategy, as already provided for in the Decision of the Council of Ministers no. 299 of 14 April 2011.

In a longer-term run, at the end of the Strategy, the aim is to transform the Office in the Albanian Center on Drugs Monitoring and Drug Addiction, serving as an official partner of EMCDDA (European Monitoring Centre On Drugs and Drug Addiction). Also, at the end of this Strategy, the Office should manage to become part of the European Information Network, of REITOX Academy and a national contact point for the European Early Warning System on New Drugs. These developments are expected from the candidate and potential candidate countries in the EU in the EU Drugs Strategy (2005 – 2012) and are fully compliant with the EU *acquis* in this field.

The information and data collected from this office from monitoring the situation, in cooperation with the information networks and the contact points in the relevant institutions shall serve for drafting of policies from the National Coordination Committee on Fight Against Drugs and for taking the appropriate measures by the Government and the Assembly.

A detailed action plan is drafted about the national drug data national system, included as an Annex (4) to this document.

10.2 National Coordination Committee of Fight Against Drugs

An integrated implementation of the Anti-Drugs Strategy asks for a balanced approach of this phenomenon. On its turn, this approach asks for a proper coordination of the activities of all state institutions and other stakeholders of all levels. For this reason, role of the Committee and of its related mechanisms takes a special importance in making sure that the undertaken measures are suitable, efficient, and balanced. Within the first year of the strategy implementation, the Committee is required to take its responsibilities having a normal operation and meeting on a periodic basis.

The Committee is responsible for monitoring the implementation of the anti-drugs national strategy, coordinating activities with all the involved institutions.