

**NATIONAL STUDY ON PROBLEMATIC DRUG USERS.
SIZE ESTIMATES AND PATTERNS OF DRUG ABUSE
ALBANIA 2014-15**

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EXECUTIVE SUMMARY

Treatment data and fragmented epidemiological data from high school based surveys demonstrate a sharp increase in drug utilization trends through the 90's decade, which seems to have gradually slowed down since 2003.

Problem drug use is defined by EMCDDA as injecting drug use or long term/regular use of opiates and/or cocaine-type drugs and/or amphetamine-type drugs.

PDU estimation is a priority in Albania's national action plan on drug information system

This study, which data are presented in this report is crucial step in the estimation of problem drug users. It is providing for the first time reliable indicators and a large body of specific associated characteristics not only on injecting drug users, but on a the larger category of problem drug users. For the first time as well the estimation is not be limited only to capital city Tirana but were extended to other cities as well.

The aim of the study was to estimate the prevalence of Problem Drug Use (PDU) in 6 major cities of Albania that can be extrapolated to a national estimate, as well as document the drug use patterns and utilization of services among regular drug users.

The data presented in the report provide for the first time reliable indicators and other associated characteristics for the PDU category in 6 cities of Albania (Tirana, Durres, Vlore, Shkoder, Korca and Elbasan). They also, make possible the estimation of another important indicator such as drug-related deaths (DRD). The estimation of PDU was based on a combination of capture recapture and multiplier methods. Three independent lists of PDUs were used; police drug related arrests, methadone treatment centers and adictology and toxicology center. A sample based on a response driven survey (RDS) is used for exploring characteristics of problematic use, including drug use history and treatment history.

The final estimated mean of PDUs in 6 cities in Albania using capture recapture methodology is 6182 persons (95% CI 3626 and 8737). The alternative multiplier/benchmark methodology resulted in a slightly lower estimate of 5132 PDUs (95% CI Lower Limit - 3469 and Upper Limit -7686).

12 or 4.2% of PDUs in the (RDS) have experienced one overdose over one year period. This percentage allows the estimate of around 250 overdoses per year in six cities. Based

on international estimates (generally for every 20-25 non fatal overdoses there is one overdose death) there can be extrapolated at least 10 overdose related deaths per year in six cities in Albania. This estimate is 5 times higher than the reported average of 2 drug related deaths in the country, based on Forensic Medicine Institute Registry.

Mean and median age of starting drugs among PDUs in the study sample are respectively 18.5 and 18 years old with the majority of them (62%) having started at teen years (15-20 years old). The youngest reported age of being exposed to drugs and experimenting with them is 8 years old.

The majority of PDUs (around 66%) have started drug carrier with cannabis, hashish or marihuana. Around one in four (26%) have started directly with heroine and 6% with cocaine. Another 7% of the sample reported other types of drugs as their first drug experience in life.

Almost all sample participants have ever used heroin (97%). 81% have ever used cannabis. Cocaine was ever used by 63%. Around 15% have used opium. Less than 10% have ever used other opiates. 22% have experimented with ecstasy, but only a insignificant number of them have used it recently. Benzodiazepines were ever used by only 15% of the sample.

Injection is used as a way of taking drugs by more than 60% of PDUs. 17% reported that someone else have used for injecting drugs the same needle or syringe after they have used it first, at least once during the last 6 months

The overwhelming majority of the sample (around 90%) have been registered and received treatment for a drug problem. There is a small number among the interviewed (9%) who reported to have received treatment services in prison.

Half of participants in the study had contacted at least once an outreach worker during last 6 months and less than 40% had contacted a trusted point during the same time. One in four participant not to have used the trusted point during the last 6 months because he didnt like other people see him there.

More than half of participants in the sample have been arrested at least once during their drug carrier for a drug related crime, and almost one in ten among them have been arrested recently (during last 12 months). After 'possession and use' of drugs the most

common reported offence was ‘burglary’ followed by ‘selling drugs’. Among other reasons were mentioned ‘armed assault’ and ‘attempted murder’

The majority of the participants had Severity of dependence Scale (SDS) scores 10 or higher, showing high severity of dependence, while almost all of them (95%) had some dependence (i.e. a score of 5 or more).

It is expected that the results of this study to serve policy makers of health and law enforcement sectors in Albania for better planning and monitoring interventions presented in the drug control strategy. It would help as well service providers working in the field. Additionally, its process and results are supporting the establishment of a sustainable national monitoring system on drug use.

1. INTRODUCTION AND CONTEXT

Country: Albania is one of the Western Balkan countries in south-eastern Europe, with a resident population of around 2,9 million. Tirana is the capital, with over 800,000 inhabitants. The main big cities are Durres, Shkoder, Vlore, Elbasan, Berat, Korçe.

Strategic framework: The latest drug control strategy is approved in 2012. In 2011, a decision to establish an Inter-ministerial Committee for the Fight against Drugs, supported by a secretariat and a National Center of Information on Drugs under the auspices of the Institute of Public Health was adopted by the Council of Ministers. Since then, IPH has prepared a specific strategy and standards for country information system. There are 5 key epidemiological indicators to be used in monitoring the drug situation in the country and problem drug use (PDU) indicator is the second among them:

- 1) General Population Surveys (GPS) providing prevalence and patterns of drug use among the general population.
- 2) Problem Drug Use (PDU) Indicator,
- 3) Treatment Demand Indicator (TDI)
- 4) Drug Related Infectious Diseases (DRID) Indicator
- 5) Drug Related Deaths (DRD) Indicator gives an overview of the number of drug related deaths.

Population based epidemiological data on drug use: Treatment data and fragmented epidemiological data from high school based surveys allow estimates of a sharp increase in drug utilization trends through the 90's decade, which seems to have gradually slowed down since 2003.

The first Albania's General Population Study (GPS) carried out during 2014 show an relatively high overall lifetime prevalence (about 12%), and last year prevalence of cannabis use (6%). Lifetime prevalence of ecstasy, amphetamine, cocaine and heroin was respectively 1%, 0.5%, 4,5% and 0,7%

In 2011, European School Project on Alcohol and other Drugs (ESPAD) study showed that one in ten of 15–16 years old school students had tried at least one psychoactive substance (cannabis, amphetamines, LSD and other hallucinogens, cocaine, crack, heroin, magic mushrooms, tranquilisers without prescription and alcohol in combination with pills) at least once in their lifetime, while cannabis was the most frequently reported illicit substance.

Two youth risky behaviour studies (YRBS) of 2005 and 2009 demonstrate that illicit drugs have been offered to around 9 % of high school students whilst they were in school settings.

Treatment demand: Treatment system is still fragmented and shared among state and NGO providers. Lack of a unique case based registry of drug treatment patients doesn't allow calculation of precise figures about treatment demand. It is estimated that up to 1000 clients are treated every year for drug related problems in all the centers and about 10-15% of them are first time patients. There is a plan to start a standardised and unified case based registry for treatment demand within 2015. About 15 % of the clients are reported to have behavioral and psychiatric disorders along with problem drug use. Service users are overwhelmingly young persons from urban areas. Drug treatment clients represent almost all the regions of Albania, more than half of them being residents of Tirana. A slight increase in comparison with the previous years is observed in the proportion of clients coming from small urban areas of the country. Females account for only 5% all treatment demand.

Opiates (mostly heroin) were the most commonly reported type of drug used: about half of clients reporting its use, following by THC at 12 % and cocaine at 3.0 %. A gradual decline in proportion of opioid users among all clients entering treatment is observed since 2006 (more than 70% at that time). Multidrug users account for 25 % of all drug users in treatment. Slightly less than 50% of clients use drugs intravenously.

Drug related infectious diseases: The data from IPH indicate that injecting drug users (IDUs) account for about 0.6 % of HIV infections. This proportion is supported by the Biological and Behavior Surveillance Survey (Bio-BSS) of the year 2011. Prevalence of acute hepatitis B (HBV) and hepatitis C (HCV) among drug users significantly exceeds the occurrence of these infections among the general population. For example, Bio-BSS of 2011 found 29% of HCV infection among IDU.

Drug related Deaths: Based on Forensic Medicine Institute Registry there are 15 drug related deaths (DRD) registered over the period 2008-2012 (4 cases in 2008, 4 cases in 2009, 2 cases in 2010, 2 cases in 2011 and 2 cases in 2012).

Problematic Drug Users: The Institute of Public Health, carried out during 2010 an estimation survey of the number of injecting drug users (IDUs) limited in Tirana City. It was estimated range of IDUs from ~4,000 to ~6,000 IDUs (with 95% CI from ~2,500 as the minimum value to ~7,300 as the maximum one). Taking into consideration that IDUs

might account for at least 80% of problem drug users the number of PDUs was therefore estimated to be from 5,000 to 7,500 persons.

Drug treatment system: Treatment availability remains limited in Albania. Treatment of problem drug users remains fragmented and outside of mainstream health services.

There is one specialised drug treatment centre in Albania, ‘Addictology and Clinical Toxicology Service’ a service within Tirana University Hospital Centre ‘Mother Theresa’. ACTS is a public centre, responsible for the whole country, and deals mainly with detoxifications and overdose treatment. It has around 20 beds but serves both as a hospital inpatient and as an outpatient unit.

There are two other treatment centres, both of which are non for profit organisations: Aksion Plus, an NGO offering methadone maintenance treatment (and other harm reduction and prevention services) in 6 regions of the country and Emanuel, an NGO therapeutic treatment centre that offers residential treatment and provides an additional 20 beds. Emanuel community hasn’t been able recently to provide services because the project financing it was closed. The Methadone Maintenance Therapy is provided free of charge by Action Plus in collaboration with IPH, under a Global Fund supported project, in 6 centres covering main urban areas of the country.

Problematic drug users: definition and rationale for the survey

Problem drug use has been defined by EMCDDA as injecting drug use or long term/regular use of opiates and/or cocaine-type drugs and/or amphetamine-type drugs* The PDU indicator, has recently been revised and redefined into high risk drug use (HRDU) and focuses on ‘recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems), or is placing the person at a high probability/risk of suffering such harms’. However, the PDU definition (which is practically a subset of the new definition) was used in this study

PDU estimation is a priority in Albania’s national action plan on drug information system (NAPDIS). As mentioned above, IPH has already experimented for the first time in 2010 the capture re-capture methodology and the multiplier method limited in Tirana City, to provide first estimates of injecting drug users (IDU) in Albania. At that time the main concern related to validity of results, was the inadequacy of two registries used as information sources. During last three years the information sources in the country have

expanded and improved in quality. The multiplier component was based on the data of BioBSS 2008 (a respondent driven sampling based survey, focusing on HIV/AIDS related risk groups) , which included only injecting drug users.

This study, which data are presented in this report is crucial step in the estimation of problem drug users. It is providing for the first time reliable indicators and a large body of specific associated characteristics not only on injecting drug users, but on a the larger category of problem drug users. For the first time as well the estimation is not be limited only to capital city Tirana but were extended to other cities as well.

Objectives of the Study

The aim of the study was to estimate the prevalence of Problem Drug Use (PDU) in 6 major cities of Albania that can be extrapolated to a national estimate, as well as document the drug use patterns and utilization of services among regular drug users. Specifically the study looked at:

- a) What are the characteristics, patterns and recent trends of problem drug use in Albania?
- b) What groups are more vulnerable to problem drug use (socio demographic profile)
- c) What is the prevalence of injecting, sexual and other risk behavior among the problem drug users? (Risk behaviors - injecting and sexual)
- d) What is the level of utilization, perceived accessibility or awareness concerning services for drug abuse treatment including outreach services and those for prevention of HIV/AIDS and other health consequences of drug abuse?

It is expected that the results of this study to serve policy makers of health and law enforcement sectors in Albania for better planning and monitoring interventions presented in the drug control strategy. It would help as well service providers working in the field. Additionally its process and results are supporting the establishment of a sustainable national monitoring system on drug use.

2. METHODOLOGY OF STUDY

The estimation prevalence of PDU was based on capture recapture and multiplier methods. Other objectives of the study are achieved by utilisation of a response driven methodology

Population Target

For practical purposes the inclusion criteria in the study was limited to regular opiate users – those who have used in the past 30 days as well as past 12 months.

PDU prevalence estimation method applied

Data collection for capture recapture was based on the following data sources:

1. *Methadone Maintenance Therapy (MMT) centers.* There were used client registers data of Aksion Plus, the NGO providing services in 6 cities. Client data from MMT contain demographic information on name, age, gender etc which allowed the linking to other data sources.
2. *Addictology and Clinical Toxicology Service of Tirana University Hospital Center:* There were used data from short term acute treatment and long term treatment of clients, which contained demographic information and can be organized according to new patients per year. These data allow to be compared according to capture recapture method with other registries.
3. *Police Data:* Data on drug seizures and drug-related arrests are maintained by the Ministry of the Interior, General Directorate of State Police. The data give information on offenders and characteristics of age, gender, socio-economic factors, country districts, and type of drug. It was assumed that data could allow the identification of potential PDU among police arrests. Nevertheless, results based on utilization of police data in two capture recapture approaches, should be interpreted with caution. This is because of the difficulties in classifications of cases in police lists; a number of individuals arrested with small quantities of heroin, who were claiming that it was for personal use, were probably not reflecting the real problematic drug users as defined above.

For the three sources there were used data of the year 2014

Respondent-driven sampling methodology

Seeds for respondent-driven sampling were selected based on diverse characteristics and locations in six major cities of Albania: Tirana, Durres, Vlore, Shkoder, Korca and Elbasan with a national sample size of 300 problem drug users.

The existing MMT centers in these cities were used as study locations. Seeds were invited to the designated study location to enroll. The seeds completed informed consent, a face-to-face interview, received a set number of recruitment coupons and an explanation on how to use those coupons for referral of other drug users who meet the inclusion criteria.

Recruits of seeds who presented a coupon at the study location went through an initial screening to ascertain their eligibility for inclusion in the study. Thereafter each of the study steps described above was repeated. These participants formed wave one and had the opportunity to receive a set number of coupons with which they recruited their peers. This process continued until the majority of the seeds created long recruitment chains and the allotted sample size was reached for the city. 50% of participants were planned to be invited in Tirana and another 50% to be collected from other cities

Instrument used in interviews with PDUs in respondent-driven methodology

The instrument used in interviews was a structured questionnaire encompassing a range of issues from drug use history to prison history and it was organized in the 8 sections as presented below

Section A:	Demographics & social economic data
Section B:	Drug use history
Section C:	Injecting drug use
Section D:	Contact with drug users
Section E:	Treatment history
Section F:	Service utilization
Section G:	Prison history
Section I:	Severity of dependence score for main drug

More information on methods used can be found in annex

4. RESULTS

4.1 SIZE ESTIMATION RESULTS

Three approaches making use of three independent lists were applied to produce some estimates about the number of IDU in Albania, using capture/recapture methodology.

As mentioned before at the methodology section, the results based on police lists should be taken with caution. This is because of the assumptions about potential PDU classifications of cases in police lists; a number of individuals arrested with small quantities of heroin, who were claiming that it was for personal use, were probably not problematic drug users. It is to be expected that the number of subjects in the PDU police list used for capture-recapture, doesn't precisely reflect the real number of real PDUs in the list. Approach 3 (when comparing police lists with Addictology and Clinical Toxicology Service list), resulted in only 4 overlapping, producing this way a very large confidence interval, and reducing significantly the validity of that estimate if used alone. Nevertheless, when all the results from three capture –recapture approaches were combined the result is robust enough for a valid estimate of the population of PDUs in Albania.

Approach 1: Use of Methadone Maintenance Therapy (MMT at Action Plus NGO) , and Addictology and Clinical Toxicology Service (ACTS) data

A capture-recapture exercise was conducted, using lists from Action Plus (2014) and ACTS (2014). There were 609 people on MMT and 392 people in treatment at ACTS during the year 2014. 33 people appear appeared on both lists, having been in the same time on MMT and seeking treatment at ACTS in 2014.

To estimate the number of IDU in Albania, the following formula was used:

$N = M * C / R$ Where:

N = Estimate of total population size

M = Total number of people “captured” and “marked” on the first list

C = Total number of people “captured” and “marked” on the second list

R = Number of people appeared on both lists

$$N = 609 * 392 / 33$$

$$N = 7234$$

95% confidence intervals is calculated around the resulting number, using the following formula:

$$95\%CI = N \pm 1.96 \sqrt{Var(N)} \quad \text{Where } Var(N) \text{ is calculated as: } MC * (M-R) * (C-R) / R^3$$

$$609 * 392 (609-33) * (392-33) / 33^3$$

$$95\%CI = N \pm 1.96 \sqrt{Var(N)}$$

$$95\%CI = 7234 \pm 2297$$

$$\text{Upper Limit} = 9531 \quad \text{Lower Limit} = 4930$$

Approach 2: Use the police and Methadone Maintenance Therapy data

A capture-recapture exercise was conducted, using lists from police arrests (2014) and MMT center (2014). From a list of 1027 police arrests for drug related offences, there were identified 118 people arrested for heroin trafficking and 609 people on MMT. 14 people appear were on both lists, having been both arrested and been on MMT in 2014.

The same formula was used:

$$N = 118 * 609 / 14$$

$$N = 5133$$

95% confidence intervals is calculated around the resulting number, using the following formula:

$$95\%CI = N \pm 1.96 \sqrt{Var(N)} \quad \text{Where } Var(N) \text{ is calculated as: } MC * (M-R) * (C-R) / R^3$$

$$118 * 609 (118-14) * (609-14) / 14^3 =$$

$$95\%CI = 5133 \pm 2495$$

$$\text{Upper Limit} = 76281 \quad \text{Lower Limit} = 2637$$

Approach 3 of capture recapture methodology: Use the police and National Addictology Center data

A capture-recapture exercise was conducted, using lists from a police arrests (2014) and National Addictology center (2014). From the lists of police arrests (1027 drug related offences in total) , there were identified 118 people arrested for heroin trafficking and 392 people in treatment at ACTS. 4 people appear on both lists, having been both arrested and in treatment in 2014.

The same formula was used:

$$N = 118 * 392 / 4$$

$$N = 11\ 269$$

95% confidence intervals is calculated around the resulting number, using the following formula:

$$95\%CI = N \pm 1.96 \sqrt{Var(N)} \text{ Where } Var(N) \text{ is calculated as: } MC * (M-R) * (C-R) / R^3$$

$$118 * 392 (118-4) * (392-4) / 4^3$$

95%CI = 11269 ± 11082	Upper Limit = 22351 Lower Limit =187
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4.1.1 Combined size estimate for all three capture/recaptures

When all the values (lower, upper and mid values) from the three capture/recaptures were included in a combined model the final estimate results as follows:

Table 1. Combined size estimate of PDU based on capture/recaptures methods

Mean		<u>6182.2</u>
	Lower Bound	<u>3626.7</u>
95% Confidence Interval for Mean	Upper Bound	<u>8737.6</u>
5% Trimmed Mean		6193.1
Median		6183.5
Std. Deviation		2435.1
Std. Error		994.1

The final estimated mean of PDUs in Albania using capture recapture methodology is **6182** persons. With 95% confidence, it can be said that the true figure of PDUs in Albanian population should be between **3626** and **8737** persons.

4.1.2 Multiplier/benchmark methodology

An additional estimate using multiplier/benchmark method was used as well. It was based on the 2014 data set of PDUs seeking treatment at National Addictology Center (ACTS) and the treatment experience data from the participants in the response driven sample. The multiplier (M) is the estimate of the proportion of ther PDUs who have experienced the event recorded by the benchmark (B), such as the proportion of such drug users, who have been in treatment. As the response driven sample of this study was not based in the ACTS clients, the information received from study participants can be considered quite independent from the ACTS data set.

There were **392** people in treatment at ACTS clinic for the year 2014 ; this was the benchmark (B). On the other hand there were only **22** among **288** participants in the study sample who reported to have been seeking treatment at ACTS during 12 months prior to survey (roughly during the year 2014). The inverse of $22/288$ ($1/22/288=13.1$) serves as the multiplier (M) for the analyses. Multiplier is an indirect estimate of the proportion of the total population of PDUs represented in the benchmark data. Therefore, the estimated number is calculated by multiplying the benchmark by the multiplier (BxM)

$$N = 392 \times 13.1 = 5132$$

Multiplier's 95% confidence intervals were 19.6 and 8.9.

Hence, it gives the following 95% confidence intervals for the PDU number estimate

$$95\%CI = (392 \times 19.6) \text{ and } (392 \times 8.9) \quad \text{Upper Limit} = 7686 \quad \text{Lower Limit} = 3469$$

The estimated mean of PDUs in Albania using multiplier/benchmark methodology is **5132** persons. This methodology allows to state with 95% confidence, that the true figure of PDUs in should be between **3626** and **8737** persons.

4.2 CHARACTERISTICS OF PROBLEMATIC DRUG USE IN ALBANIA RESULTS FROM THE RESPONDENT-DRIVEN SAMPLE

4.2.1 Demographic and socio-economic characteristics

From the attempted sample of 300, there were collected 296 questionnaires and 288 among them were considered valid. Geographical distribution of participants in the survey shows the higher proportion of participants from Tirana region as planned.

As expected, there is predominance of males in the sample with only 9% being females.

Age of participants range from 17 years old to 60 with a mode of 30 years old and a median of 31.

Around 20% of PDUs in the study sample haven't been able to complete the compulsory 8-9 years education (since 2005 compulsory education in Albania is 9 years) with 5% being illiterate. 27% have completed high school and another 10% reported to have completed university education. It seems that the education level of PDUs is not any poorer when compared with national averages.

One in three PDUs is married and one in ten among them is divorced. The majority (56%) live mostly with parents and 28% live with their wives. The remaining 14% live alone, with friends, in another family with their children etc.

There are more than 5 % of PDUs who don't have a home and have lived in occasional shelters or at street during the last 6 months

Situation related to work and employment is far worse compared to national averages. Only one in five PDUs have a regular job (22%). 28% have had only occasional or part-time jobs. Almost half (45%) are unemployed.

Work situation is reflected into the income and financial support; 42% get their income from the salary or occasional jobs, 32% get support from family or partner, 12% have some state support in form of a pension or social insurance. Almost 15% among IDU get some money from a range of legal and illegal activities including begging, collecting recyclables in city rubbish dumps, prostituting, stealing, or selling drugs.

Table 2.1 Geographical distribution of participants

Region	N	%
Durres	16	5.6
Elbasan	20	6.9
Korce*	35	12.2
Shkoder	17	5.9
Tirane	161	55.9
Vlore	39	13.5
Total	288	100.0

*2 cases were from the nearby district of Pogradec

Table 2.2 Gender of participants

Gender	N	%
Male	260	90.3
Female	25	8.7
Refused to anser	3	1.0

Table 2.3 Age of participants

Age	N	%
Mean (years)	31.3	
Median (years)	30	
16-19	2	1.4
20-25	47	16.3
26-29	64	22.2
≥30	169	58.7

Table 2.4 Education of participants

Education	N	%
Illiterate	15	5.2
Primary (incomp)	15	5.2
Primary (completed)	2	.7
8-9 vjecare (incomp)	24	8.3
8-9 vjecare (completed)	70	24.3
Secondary (incomp)	49	17.0
Secondary (completed)	79	27.4
University	31	10.8

Table 2.5 Marital Status of participants

Marital Status	N	%
Single/never married	154	53.5
Married	91	31.6
Divorced	31	10.8
Widowed	1	0.3
Other	10	3.5

Table 2.6 Living place of participants

Lived where in the last 6 months	N	%
House / Apartment	269	93.4
Shelter	4	1.4
On the street	11	3.8
Other	3	1.0

Table 2.7 With whom participants lived

With whom lived in the last 6 months	N	%
Parents	161	55.9
Spouse (and children)	81	28.1
Children only	3	1.0
Other family	8	2.8
Friends	5	1.7
Alone	18	6.3
Other	9	3.1

Table 2.8 Work of participants

Work in the last 6 months	N	%
In full time work	63	21.9
In part time work	20	6.9
In casual work	61	21.2
Unemployed	130	45.1
Student	5	1.7
Other	8	2.8

Table 2.9 Financial support of participants

Financial support in the last 6 months:	N	%
Wages / salary	76	26.4
Casual work	45	15.6
Family/lover	89	30.9
Friends (partner)	3	1.0

Benefits/Pension	33	11.5
Begging	9	3.1
Selling drugs	3	1.0
Thefts	7	2.4
Prostitution / sex for money	4	1.4
other	18	6.3

4.2.2 Drug use history

Mean and median age of starting drugs among PDUs in the study sample are respectively 18.5 and 18 years old with the majority of them (62%) having started at teen years (15-20 years old). The youngest reported age of being exposed to drugs and experimenting with them is 8 years old.

The majority of PDUs (around 66%) have started drug carrier with cannabis, hashish or marihuana. Around one in four (26%) have started directly with heroine and 6% with cocaine. Another 7% of the sample reported other types of drugs as their first drug experience in life.

These profiles are somehow similar with reports from ACTS.

Cannabis

234 or 81% of the sample have ever used cannabis. Around 62% of those who have used cannabis in the past, are not using it at present (at least not during last 12 months). Among those who have used cannabis during last month, around 40% use it 2-3 times per month or less, 17% use it 1-3 times per week and the remaining 43% use cannabis almost every day. 90% take it by smoking cannabis cigarettes.

Heroin and other opiates

Almost all sample participants have used heroin (97% or 279 of them) with a mean and median starting age of 20 years old. The majority of them (around 55%) started it by the age 17-22 years old. Heroin was used during last year by 185 persons, or two thirds of those who ever used it. The majority (55%) of those who used it, took heroin 1-3 times

per month, 16% 1-3 times per week and the remaining 28%, almost every day. The majority (47%) use heroin by sniffing it, 42% are injecting it, and the remaining users (9%) smoke it in cigarettes.

Around 15% of the interviewed have used opium during their lives, but only 7 among 288 have used it during last month. Most of participants have used opium by sniffing it.

Less than 10% of the interviewed have ever used other opiates in their lives.

Cocaine,

Cocaine was ever used by 182 or 63% of the interviewed and 108 or about 60% among those have used cocaine at least once during the 12 months previous to the survey. Almost one in three persons who had used cocaine during last year had taken it during last month also and almost half those have used it once a week or more frequently. Typical way of using cocaine is by sniffing it. The mean and median starting age for cocaine is 21 and 20 years old.

Ecstasy and amphetamines

64 persons or 22% of the sample have experimented with ecstasy, but only a insignificant number of them have used it recently. Mean age of starting it is around 21 years old

Only 12 persons (4%) in the sample reported to have used methamphetamines/amphetamines.

Benzodiazepines and barbiturates

Benzodiazepines are ever used by only 44 PDUs or 15% of the sample. The majority of them (64%) have used benzodiazepines during the last year but only around one in three of those using it during last year, have been taking the drug during the last month. The majority (more than 60%) prefer to use them by injecting and the remaining 40% mix it and with cigarettes and smoke them.

Barbiturates have been used by only 5 persons

Hallucinogens and solvents

Hallucinogens are ever used by 7% of the sample and 5% reported to have experimented with solvents.

Table 3.1 Age when first used any drug

	N	%
Mean	18.5	
Median	18	
≤15 years	69	24
16-19	103	35.8
20-25	85	29.5
26-29	13	4.5
≥30	11	3.8

Table 3.2 Drug first used

	N	%
Cannabis (Hashish, Marijuana)	176	66.1
Heroin	75	26.0
Cocaine	16	5.6
Other	21	7

Table 4.1 Cannabis use

Cannabis	N	%
Ever used	234	81.3
Age at 1st time use	Years	
Mean		

Median		
Used in last 12 months (of those ever used)	146	62.3
How often used in last 30 days (of those who used in last 12 months)		
Never	70	47.9
Once a month	10	6.8
2-3 times a month	20	13.7
Once a week	8	5.5
2-3 times a week	5	3.4
4-6 times a week	13	8.9
Every day	20	13.7
Usual method of use	N	%
Inject	4	2
Smoke (as in cigarette)	182	89.2
Eat/drink	2	1
Sniff	16	7.8

Table 4.2 Heroin use

Heroin	N	%
Ever used	279	96.9
Age at 1st time use	Years	
Mean	20.13	
Median	20	
Used in last 12 months (of those ever used)	185	66.3

How often used in last 30 days (of those used in last 12 months)		
Never	81	43.1
Once a month	33	17.6
2-3 times a month	25	13.3
Once a week	5	2.7
2-3 times a week	12	6.4
4-6 times a week	7	3.7
Every day	22	11.7
Usual method of use		
Inject	99	42.1
Smoke (as in cigarette)	20	8.5
Sniff	111	47.2

Table 4.3 Cocaine use

Cocaine	N	%
Ever used	182	63.1
Age at 1st time use	years	
Mean	21.08	
Median	20	
Used in last 12 months	108	59.3
(of those ever used)		
How often used in last 30 days		
(of those used in last 12 months)		
Never	75	68.2
Once a month	12	10.9

2-3 times a month	5	4.5
Once a month	5	4.5
2-3 times a week	6	5.5
4-6 times a week	3	1.8
Every day	2	1.8
Usual method of use		
Inject	12	7.8
Sniff	135	

Table 4.4 Ecstasy use

Ecstasy	N	%
Ever used	64	22.2
Age at 1st time use	Years	
Mean	21.1	
Median	21	
Used in last 12 months	3	6

Table 4.5 Benzodiazepines use

Benzodiazepines	N	%
Ever used	44	15.3
Age at 1st time use	Years	
Mean	24.5	

Median	25	
Used in last 12 months (of those ever used)	28	63.6
How often used in last 30 days (of those used in the last 12 months)		
Never	18	64.3
Once a month	2	7.1
2-3 times a month	2	7.1
Once a month	1	3.6
2-3 times a week	2	7.1
4-6 times a week	1	3.6
Every day	2	7.1
Usual method of use		
Inject	17	60.7
Smoke (as in cigarette)	11	39.2

Multidrug use

The combination of Heroin with cannabis or/and heroin with cocaine is the most frequent behaviour of multidrug users in the survey. 84 persons or 34% of those who have tried either heroin or cannabis during the last 12 months, are using those two drugs simultaneously. That frequency for heroin and cocaine combined multi drug use is 25%, while the proportion of those who have used all three drugs is 17%.

Table 5 frequency of recent multidrug users

Multidrug use during last 12 months	N	%*
Heroin and cannabis	84	34.1

Heroin and cocaine	58	24.7
Heroin, cocaine and cannabis	36	17.1

*Out of those who have used the at least one of specified drugs during 12 months previous to survey

4.2.3 Injecting drugs

Injection is used as a way of taking drugs by more than 60% in the sample or 176 PDUs. 112 persons who have avoided injection, reported to have done so because of fear from injection (including fear of getting HIV infection).

Mean and median age of first injection is slightly less than 23 years old and 22 years old.

The majority (63%) of those injecting have done so during the last 6 months and less than half of them were injecting at least once per week or more frequently.

95% of injections were done for heroine.

More than 40% of injectors reported to have one injection on a typical day and another 40% report to inject two to four times a day. There are more than 10% who have done more than four injections per day.

The place where injections are being done is most frequently the PDU's own home or his/her lover/partner's home (almost 50%). Another favorite place for injecting drugs are abandoned buildings (32%). Other places reported are dealer's house or apartment, on the street, in a park, alley, public toilets etc.

More than half of drug injectors never or rarely inject in presence of other persons injecting in the same time. While the overwhelming majority of those injecting during last 6 months, injected themselves, 23% of them have been injected by a friend, acquaintance or partner.

More than one in three have used sometimes, often or always the same spoon or bottle tap for mixing the drugs for injection. One in ten have used the same cotton swab and around one in five have used the same rinse water to clean injection and needles. 17% reported that someone else have used for injecting drugs the same needle or syringe after they have

used it first at least once during the last 6 months. Main reasons for using the same needle were; ‘there was only one needle available’, ‘injecting with trusted people’, ‘someone else needed help injecting’, and ‘the needle had been cleaned’. In majority of the cases, when needles or syringes were exchanged, they were not cleaned at all before injecting.

PDUs report to buy or get typically one or two new sterile needles and syringes and the overwhelming majority of them didn’t experience significant difficulties getting new sterile needles or syringes. Apart a small minority, they get needles and syringes either in pharmacy or from a trusted point etc.

These findings consolidate some data already gathered by BioBSS studies on HIV related risky behaviours.

Table 6.1 Former and recent injection experience

Injection	N	%
Ever injected drugs	176	61.1
Age at first injection	Years	
Mean	22.7	
Median	22	
Injected drugs in the last 6 months (over ever injected)	111	63.1
In the last six months, on the average, how often did you inject drugs		
Once a month or less	36	32.4
Two to three days a month	22	19.8
About once a week	6	5.4
Two to three days a week	12	10.8
Four to six days a week	6	5.4
Everyday	23	20.7

Don't know	5	4.5
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Table 6.2 Awareness about injection risks

Reasons using drugs by not injecting (112 not injecting)	N	%
To avoid getting infected with HIV	65	58
Scared of injecting	86	76.7
Drugs are cheaper this way	17	15.1
Don't know how to inject	28	25
Friend or partner not injecting	26	23.2
Other reasons	15	13.3

Table 6.3 Types of drugs injected recently

Drug injected in the last 6 months	N	%
Heroin	105	94.5
Cocaine	17	15.3
Cannabis	13	11.7
Benzodiazepines	12	10.8

Table 6.4 Injection frequency

On a typical day when you injected in the past 6 months, how many times did you inject drugs	N	%
About once a day	43	38.4
Two to four times a day	44	39.3

More than four times a day	12	10.7
Don't know	12	10.9

Table 6.5 Usual place where injection is happening

Place most often getting injected in the last 6 months	N	%
Place where you live	43	38.8
In a lover's sex partners home or apartment	10	8.5
Someone else's house or apartment where you don't live (friend / relative)	4	3.4
Dealers house or apartment	3	2.6
Abandoned building	37	31.6
On the street, in a park, alley or public toilets	8	6.8
Other	6	5.4

Table 6.6 Injecting with other people

Injected with other people who were also injecting drugs at the same time	N	%
Never	44	39.6
Rarely	12	10.8
Sometimes	15	13.5
Often	22	19.8
Always	16	14.4
Don't know	2	1.8
In the last 6 months, who did you inject drugs with most often when not injecting by yourself	N	%

only injected by self	81	72.9
With a steady partner (spouse, boyfriend or girlfriend	4	3.6
With friends or acquaintances	20	18
Other	4	3.6
Don't know	2	1.8

Table 6.7 Sharing injecting utensils

In the last 6 months	N	%
Drawn drugs from the same cooker (bottle cap, spoon, etc)		
Never	64	57.6
Rarely	7	6.3
Sometimes	7	6.3
Often	13	11.7
Always	16	14.4
Don't know	2	1.8
Used the same cotton swab		
Never	87	79.1
Rarely	4	3.6
Sometimes	6	5.5
Often	7	6.4
Always	4	3.6
Don't know	2	1.8
Used the same rinse water (water to clean injections, needles)		

Never	75	68.2
Rarely	8	7.3
Sometimes	6	5.5
Often	14	12.7
Always	6	5.5
Don't know	1	0.9
How often did you inject with a needle or syringe after someone else had used it		
Never	92	82.8
Rarely	8	7.2
Sometimes	7	6.3
Often	2	1.9
Always	1	0.9
Don't know	1	0.9
How often did someone else use a syringe or a needle after you had already used it		
Never	84	75.6
Rarely	12	10.8
Sometimes	5	4.5
Often	4	3.6
Always	2	1.9
Don't know	4	3.6

Table 6.8 Reasons for sharing needles and syringes

In the last six months, what were the reasons for sharing a needle or syringe with others		
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There was only one needle available	21	77.7
You needed help injecting	5	18.5
Someone else needed help injecting	13	48.1
You were injecting with people you trust (sex partner, lover, or friend)	13	48.1
People get upset if you don't use the same needle or syringe	4	14.8
The needle had been clogged	9	33.3
The needle you had was broke or dull	4	14.8
The needle had been cleaned	13	48.1
Other	3	11.1

Table 6.9 Practices of cleaning needles

In the last six months of injecting drugs, when you used a needle that was used before you by someone else, how often did you clean it with		
Only cold water		
Never	16	59.2
Rarely	2	7.4
Sometimes	3	11.1
Often	4	14.8
Always	2	7.4
Don't know		
Bleach (chlorine)		
Never	26	96.2
Rarely	1	3.7

Spirit/Rubbing Alcohol		
Never	23	85.1
Rarely	2	7.4
Always	2	7.4
Boiling water		
Never	18	66.6
Rarely	1	3.7
Sometimes	2	7.4
Often	1	3.7
Always	5	18.5

Table 6.10 Patterns of getting new syringes and needles for injection

During the last 6 months, when you injected drugs, how often did you get new needles/syringes		
Never	13	11.9
Once a month or less	7	6.4
Two to three times a week	11	10.1
Four to six days a week	6	5.5
Everyday	5	4.6
Every time I inject	67	61.5
In the last 6 months when you wanted to inject drugs, how easy was it for you to get new sterile needles when you needed them		
Never tried	14	12.7
Very easy	74	67.3

Quite easy	9	8.2
A little bit difficult	6	5.5
Very difficult	6	5.5
Impossible	1	0.9
During the last 6 months have you gotten your new or unused syringe or needles from		
Pharmacy	74	66.6
Outreach worker	43	38.7
From a friend or an acquaintance	24	21.6
From a trust point (NSP)	52	46.8
From another injector	12	10.8
In the last 6 months of injecting, how many new sterile needles/syringes would you usually get at a time (per transaction)?		
Needles		
Mean	1.8	
Median	1	
Syringes		
Mean	1.8	
Median	1	
In the last six months, once you started using a brand new needle, how many times did you use it		
Mean	1.37	
Median	1	

4.2.4 Recent overdose history and estimation of drug related deaths

Recent history of overdoses among survey participants demonstrates that 12 or 4.2% of them have experienced one during the 12 months previous to the survey and it is consistent with rate observed during the 6 months period previous to the survey (6 cases or 2.1 %). If we suppose that the overdose profile sample is similar to that of other PDUs in Albania and if we take as an very conservative estimate number 6000 of PDUs, there should be expected around 250 overdoses per year. In addition, if based on international estimates (generally for every 20-25 non fatal over doses there is one overdose death) there can be extrapolated at least 10 overdose related deaths in Albania. This estimate is 5 times higher that the yearly average of less than 2 drug related deaths in the country, reported by the national registry of Forensic Medicine Institute .

Table 7 Overdose episodes

Have had an potentially overdose episode	N	%
During last 6 months	6	2.1
During last 12 months	12	4.2

4.2.5 Contacts with other drug users

Persons in the sample were asked about number of opioid users they have had personal contact with in the last 12 months and some other characteristics of them. On average each of the interviewed had personal contact with around 15 opioid users who were almost exclusively heroin users. There was a significant proportion of those who didn't have any personal contacts with opioid users (around 19%). Average number of female heroin users with whom interviewed had personal contacts was around 3, while almost half of the participants (47%) reported no personal contacts with female users. Average contacts with heroin injectors were 11(around 1 in 3 reported no personal contacts with injectors). Half of average personal contacts of heroin users or around 7 personal contacts per participant were reported to be in treatment during last 12 months, (for those using MMT services the number was similar; 7.7). Personal contacts, who had experienced a potential overdose were on average 1.4, with 43% of the interviewed reporting to have

contacted at least one such a case during 12 months prior to the study. Average of personal contacts with individuals being arrested was 2.4. Over 40% of the participants in the sample have contacted at least one person being arrested over last year.

When their own rates of personal history of treatment, overdose or arrests of the participants were compared to those they reported about their personal contacts, some significant differences could be observed:

- Their personal contacts have a lower treatment rate – on average only 7 among 15 (47%) have been in treatment during last 12 months. This is much lower than 85% rate reported for themselves (see section 4.2.6, table 9.4), the same could be said for methadone maintenance treatment.
- Rate of last year arrests of their personal contacts is slightly higher – averagely 2.4 among 15 or 15.5% of their contacts have been arrested during last 12 months. In the section 4.2.9 on prison history (table 11.1), it can be seen that 9% of participants have been arrested during last year.
- Rate of potential last year overdoses seems to be also higher (more than twice higher), among participants’ contacts than among themselves – 9% (1.4/15.3) compared to 4.2% presented in the previous section 4.2.4, table 7

Based on this differences, it might be suggested that treatment access or treatment coverage among general population of problematic drug users in Albania is somehow worse than that of demonstrated by the study sample. In addition, serious patterns related to problematic drug use, such as overdoses or drug related crimes are to be expected at higher rates outside the study sample.

Table 8 Personal contact with other drug users

Approximately how many OPIOID users have you had personal contact with in the last 12 months?	
Mean	15.3
Approximately how many of these were Heroin users	
Mean	15.1

Approximately how many of these OPIOID users were women	
Mean	2.9
Approximately how many of these OPIOID users were injectors	
Mean	11.3
How many of these OPIOID users you know have been for treatment in the last 12 months	
Mean	7.1
Approximately how many of these OPIOID users you know may have had overdose	
Mean	1.4
Approximately how many of the OPIOID users you know may have utilized the services of MMT in the last 12 months	
Mean	7.7
Approximately how many of these may have been arrested in the last 12 months?	
Mean	2.4

4.2.6 Treatment history and service utilisation

The overwhelming majority of the sample (around 90%) have been registered and received treatment for a drug problem. The main reason for treatment is heroin addiction (96.9%) and much less cannabis (16.1%) or cocaine (7.3%). They have been treated on average 3 times during their life

Mean age when the treatment started, is 24-25 years and it is on average around 5 years after they have started using opioids, and around 3 years after they starting injecting drugs.

The majority (88%) have been treated at a methadone maintenance centre (MMR), but only half of them have utilised the state run addictology service. It should be noted, nevertheless that the study was logistically based on MMR and seeds have been selected

among their clients and it is very likely this have influenced in that treatment utilisation profile.

There is a small number among the interviewed (8.8%) who report to have received treatment services in prison. Another small proportion (7.3%) have got private treatment service, while a similar small number got some treatment at home.

Table 9.1 Former history of any drug problem related treatment

	N	%
Ever been registered in drug treatment service (narcology establishment) as a drug user	265	92.0
Ever received treatment for a drug problem?	260	90.2
Ever received treatment for:		
Cannabis	42	16.1
Heroin	252	96.9
Cocaine	19	7.3
Age at first had treatment for any drug problem		
Mean	24.5	
Median	24	
In total, how many times in your life have you been treated for drug problems?		
Mean	3.7	
Median	2	

Table 9.2 Former history of treatment centres and opioid related treatment

Treatment received at:	N	% *
MMT center	229	86.4

State run drug treatment services	130	49.1
NGO based drug treatment and rehabilitation services	106	40.0
Private drug treatment centres	19	7.2
Prison based drug treatment	23	8.7
Treated at home	22	8.4

*over those who ever receive treatment

Table 9.3 Former history of opioid related treatment

	N	% *
Ever received treatment for OPIOID	254	88.2
Age at first had treatment for OPIOID use problems		
Mean	24.64	
Median	24	
How long after you had first start using OPIOIDS (years)		
Mean	5.38	
Median	5	
And how long after you had first start injecting drugs, did you go for treatment?		
Mean	3.78	
Median	2	

*over those who ever receive treatment

During the last 12 months prior to survey almost 9 in 10 among those ever treated had received some treatment, which seemed to be generally methadone therapy at MMT centres. In addition, 22 or 8.3% have been treated at National Addictology Center while 12 or 4.5 have utilised treatment services during prison term or probation term.

Table 9.4 Recent history of treatment centres for opioid related treatment

	N	%*
Received treatment for OPIOID in the last 12 months (of those ever received)	224	84.5
Of the times you have been treated, were you treated at:		
MMT center	224	84.5
State run drug treatment services	22	8.3
Prison based or probation drug treatment	12	4.5

*over those who ever receive treatment

4.2.7 Support and Services received

Little more than half of participants in the study had contacted at least once an outreach worker during last 6 months and one in three of them have those contacts on almost daily bases. Less than 40% had contacted a trusted point during the last 6 months. Typical services received from the outreach worker or trusted points were condoms, HIV prevention leaflet, counselling, overdose prevention, testing, referrals and less frequently, clean syringes. One in four participant not to have used the trusted point during the last 6 months because he didnt like other people see him there.

Table 10.1 Outreach worker contacts and services

Frequency of contacts with outreach worker (last 6 months)	N	%
At least one contact	153	53
Frequency of contacts with outreach worker (during last 6 months)*	N	%*
Once per month or less	41	26.8
2-3 times per week	22	14.4
More than 4 days per week	50	32.7
Don't remember	40	26.1
Services received from outreach worker During last 6 months)	N	%*
Syringes	32	20.9

Condoms	82	53.6
HIV prevention leaflet	78	50.9
Counseling	64	41.8
Overdose prevention	42	27.5
Referral	41	20.9

*over those who had at least one contact with outreach worker during last 6 months. More than one option could be selected.

Table 10.2 Trusted point contacts and services

Services received from trusted point (last 6 months)	N	%
Contacted a trusted pointed	109	37.9
Services received from trusted (During last 6 months)	N	%*
Syringes	17	15.6
Condoms	56	51.4
HIV prevention leaflet	72	66.1
Counseling	65	59.6
Overdose prevention	50	45.9
HIV testing	57	52.3
Hepatitis B or C testing	60	55.1
STI testing	40	36.7
Referral	38	34.9
Reasons for not using the trusted point (during last 6 months)	N	%**
Rarely use it	23	12.9
Far, not appropriate	32	17.9

Doesn't like people see him there	43	24.1
Not an drug injector, no need for it	40	22.3
Complicated rules	27	15.9
Staff not helpful	9	5.1
Doesn't like to be recorded there	22	12.3
Scared of police	23	12.9
Other reasons	48	26.8

*over those who had at least one contact with a trusted pointed during last 6 months (109). More than one option could be selected.

**over those who reported not to have used a trusted point (179). More than one option could be selected.

Table 10.3 Knowledge and utilisation of HIV prevention services

	N	%
Knowledge about HIV prevention services in the area	132	43.4
Utilization of these services	59	14.1

4.2.8 Prison history

More than half of participants in the sample have been arrested at least once during their drug carrier for a drug related crime, and alsmot one in ten among them have been arrested recently (during last 12 months)

Table 11.1 Former and recent arrests for a drug related offence

	N	%
Ever arrested for drug related crime	151	52,4

Arrested during last 12 months for drug related crime	26	9,0
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To explore the most common offences committed in relation to drug use, participants were asked a fully structured question. Although in Albanian legislation it is not an offence to possess illegal drugs for personal use, this is a tricky issue and the accused has to prove it before a judge. It is not clear from the answers of the participants, if the 'possession' or 'use' of drugs is the actual or real accusation or their perception of it. After 'possession and use' of drugs the most common reported offence was 'burglary' followed by 'selling drugs'. Among other reasons were mentioned 'armed assault' and 'attempted murder'.

Table 11.2 Type of offences participants were arrested for

Offences (Which of the following offences have you ever been arrested for)	N	%
Possession of illicit drugs	31	10,8
Selling illegal drugs	26	9,0
Trafficking of illegal drugs	7	2,4
Using drugs	35	12,2
Burglary	30	10,4
Prostitution	2	,7
Shop lifting	4	1,4
Theft	2	,7
Other	12	4,2

4.2.9 Severity of dependence from drugs

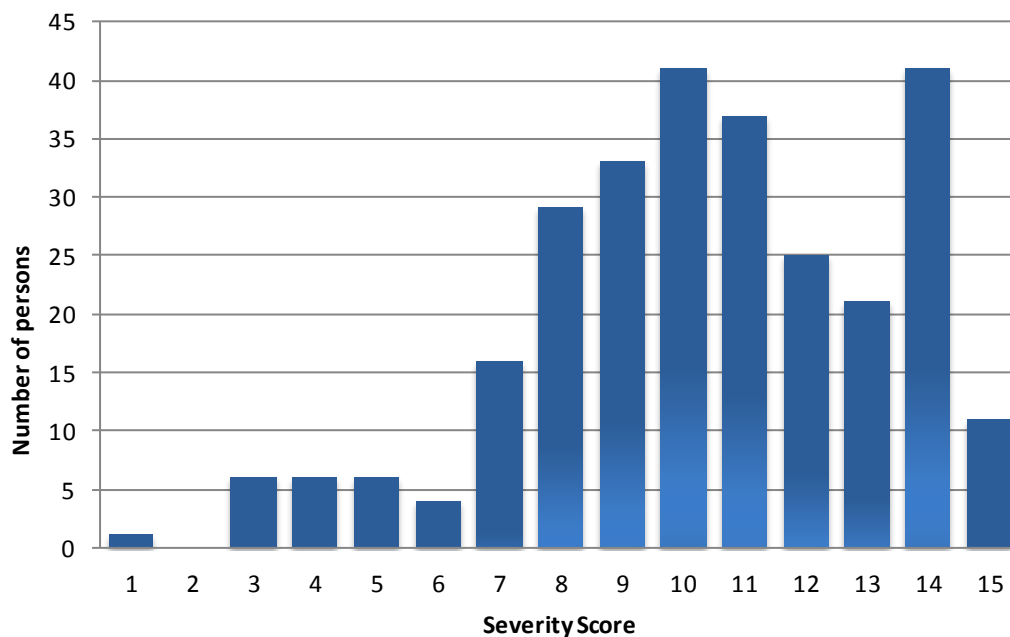
Measurements on severity of dependence from drugs were based on Severity of dependence Scale (SDS), an instrument proposed by Gossop et al in 1995. It is composed by 5 questions related to the interviewees perception on their dependence and for each

question the answers are organised in a gradient of 5 options. (for more details see the last section of the questionnaire in the annex of this report.

Based on the interviewee answers an individual score is produced; the higher the score the more severe the dependence from drugs. Results for the PDU sample are presented in the graph below. Knowing in advance the fact that in the sample were included only problematic drug users, it was expected to see high levels of severity of dependence. The majority of the sample had SDS scores 10 or higher, showing high severity. Two modes (10 and 14) were observed in the sample.

Some authors propose that the cut-off point on the SDS at which there is optimal discrimination between the presence and absence of a diagnosis of heroin dependence to be 5 (i.e. a score of 5 or more). This score provides the best trade-off between sensitivity and specificity. When using this cut off in our sample, it was observed that around 95% of the participants had some dependence from drugs

Graph 1 *Severity of dependence Scale (SDS) score results*



5. Discussion

The results presented in this report give for the first time in Albania an broader and detailed insight on problematic drug users, including estimations about their real size in the country.

The study has tried to address some concerns expressed by public health experts that the real population of drug users in need for treatment in Albania is much higher than that reported from the ACTS or Aksion Plus MMT services. It has been claimed, that after 5 years of efforts to promote and provide MMT services, which are drug users friendly and free of charge, in all major urban areas of Albania, the overwhelming majority of problematic drug users were already identified and offered some basic services.

Study authors are aware about the potential biases related to some of the data being used, this happens often with studies of hidden or marginalised populations. As mentioned already in the results sections the identification of potential problematic drug users among a list of more than 1000 drug related offenders of 2014 may be somehow arbitrary. In addition, the response driven sample, which was started by PDUs using MMT services, may be representing more those who use services and much less those who don't.

Nevertheless, the triangulation of data produced from different data sources and all related comparisons, allow for evidence-based realistic estimations

Many approaches used here for the size estimation, including capture-recapture and multiplier benchmark methodologies provide a quite robust estimate of around 6000 problematic drug users. It can be suggested that this estimate remain still a very conservative estimate or underestimate, if we take into account the fact that many regions of Albania, especially, smaller towns and rural areas are far from treatment services (including MMT centres) which have been used as study data sources.

Last and only general population survey on substance use in Albania of 2014 showed lifetime, last year, and last month prevalence rates for heroin use in Albanian population of 15-65 years old, to be 0.7%, 0.3% and 0.2% respectively. Population 15-65 years old in Albania is almost 2 000 000 as calculated by Institute of Statistics, based on 2011 census (1 978 940 for the year 2014). An estimation of heroin users based on these data could be

again 6000 persons for Albania (0.3% x 2 000 000) and this is compatible with the PDU estimates provided in this study.

Another rough estimate is provided by the study and it provide for the first time some evidence for the real number of drug-related deaths in the country. As presented in the introduction of this report the documented deaths related to drug consumption has been limited to averagely 2 each year, during a 5 years period. These data were reported in the National Drug Report of 2013, based on a detailed survey of the national registry of Forensic Medicine Institute, covering all the territory of the country. Meanwhile, based on the overdose rates reported by participants on the RDS study and the international correlations between overdoses and drug related deaths, it is estimated a conservative estimate of at least 10 overdose related deaths, which is five times higher than figure reported by national Forensic Institute. It was estimated that 6000 PDU would produce around 250 potential overdoses per year and based on international estimates of death per overdose ratio, around 10 overdose-related deaths in Albania.

Comparison of personal history of treatment, overdose or arrests of the participants with what they reported about the profile of other PDUs they have personal contacts, showed that other PDUs have a twice as lower treatment rate, and twice as high overdose rate, while police arrests rate being higher as well. It is suggested that treatment access or treatment coverage among general population of problematic drug users in Albania is somehow worse than that of demonstrated by the study sample. Consequently, serious patterns related to problematic drug use, such as overdoses or drug related crimes are to be expected at higher rates outside the study sample. These findings s, furthermore, suggest that the real number of overdoses and related deaths in Albania, could be even higher than the conservative estimate shower above

Meanwhile the age and sex drug history profiles are somehow similar with operative reports from ACTS. Drug injecting behaviour profile, also consolidate some data already gathered by BioBSS studies on HIV related risky behaviours.

6. References

- Albania. National report on drugs 2013
- Albania Behavioural and Biological Surveillance Study Report; Albania Demographic and Health Survey 2009
- National action plan on Drug Information System
- National strategy on control of drugs 2012-2016
- Prevention and treatment systems for drug-related health disorders in Albania 2011
- The European Survey on Alcohol and Other Drug Use Among Young People in Albania in 2012
- National general population survey on substance use in Albania 2015

Anex 1

Brief overview of size estimation methods

It is difficult to overestimate the importance of obtaining accurate information on the prevalence of illicit drug use. Such information is valuable both in terms of monitoring the impact of drug misuse at both national and local levels as well as in assessing the effectiveness of drug prevention efforts.

While a variety of methods are available for estimating the prevalence of high risk or more problematic patterns of drug use, for the purpose of this study capture-recapture and multiplier-benchmark methods will be used.

Capture - Recapture

Capture-recapture is an indirect prevalence estimation method that uses information on the overlap between incomplete lists or data sources to complete the *list* of problem drug users.

However, some important assumptions are implicit in capture recapture method:

1. The population is closed; that is, no deaths or new cases or migration into or out of the study area during the study.
2. There is no misclassification - individuals captured in both samples can be identified and matched; that is, identifying information is collected in both samples;
3. No heterogeneity – all problem drug users have the same chance of being on a data source.
4. The data sources are representative of the population of problem drug users to be estimated.
5. No dependence in two source studies, i.e., the two data sources are independent of each other.

Using multiplier-benchmark methods

Of all the methods of indirect estimation the multiplier-benchmark approach is probably the easiest to implement and probably the one with the longest history of use in the field of drug epidemiology. There is a flexibility in how it is applied that makes it useful in many circumstances. In the standard application, it uses information about the known size of an identifiable subsection of the target population of drug users, and generalizes from

that subsection to give an estimate of the complete target population by applying a multiplying factor.

In multiplier-benchmark studies, the research makes use of preexisting data for some behaviour or event that is common in the target population of problem drug-taking, for example, police arrest data for drug use or possession, accident and emergency ward data and, more directly, drug treatment data and data on drug-related deaths. Such pre-existing information, which can be simply an anonymous count of the key behaviour over a fixed time period is called **the benchmark information**. Along with that national data set is required an estimate of the proportion of the target population who have experienced the event, that is, who have been arrested, who have died etc.; the inverse of that proportion is called **the multiplier**.

Respondent-driven sampling (RDS) methodology is a modified form of ‘snowball’ sampling offering several advantages for hard-to-reach populations that are at risk for discrimination and stigmatization if openly identified. It allows for a probability sample to be obtained from groups that are highly stigmatized and who do not congregate in known locations. RDS not only serves to achieve desired sample sizes, it allows the study team to identify social networks and characteristics within those networks.

RDS starts with a non-randomly selected group of participants (seeds) from the target population. Seeds that complete the survey protocol receive a set number of recruitment coupons which they use to recruit members of the target population who are members of their social network. Seeds’ recruits redeem coupons to enroll in and complete the survey, thereby becoming first wave participants. First wave participants receive recruitment coupons to recruit members of their social network (second wave participants). This recruitment process continues for numerous waves, until the pre-determined sample size is reached. Participants usually receive an incentive for participating in the survey (primary incentive) and for recruiting their peers (secondary incentive).

Anex 2

Quality of information according to interviewers

To get an evaluation about the quality of information received by each participants a question was directed to interviewers, at the end of the interview asking for their perception on the quality of the information provided. 241 Interviewers filled it and considered 72% of the interviews of good quality and the other 12% of average quality.

	Nr	%
Good	206	71,5
Average	33	11,5
poor	2	,7
Total completed the evaluation question	241	83,7
Total sample	288	100,0

Annexes 3

Questionnaire

**NATIONAL ASSESSMENT STUDY ON DRUG ABUSE
(PROBLEM DRUG USERS)**

DATE OF INTERVIEW: -- (DD/MM/YYYY)

District

INTERVIEWER: (Name/Surname).....

Sig:

This questionnaire was reviewed for consistency and checked by:

SUPERVISOR: (Name/Surname).....

Signature:

PLACE OF INTERVIEW:

TIME AT START OF INTERVIEW: :

BEFORE STARTING THE INTERVIEW, PLEASE READ THE FOLLOWING TEXT ALOUD TO THE RESPONDENT:

“This interview is part of a national research study on problematic drug users, or drug abuse. You are selected randomly and we hope in your approval of the interview and honest answers. The interview should not take long to complete. The questions cover various aspects of your drug use history, treatment history, legal involvement, sexual behaviour and other personal information. The interview is confidential and anonymous. Nothing that you tell us can be traced back to you as an individual. It is important that you understand that your participation in this interview is entirely voluntary, there are no risks involved and you are not obliged to answer all or any of the questions if you do not wish to and you may terminate the interview at any point.

Can we start now?”

→ TURN PAGE TO START INTERVIEW

INTERVIEW NUMBER

SECTION A: DEMOGRAPHICS & SOCIAL ECONOMIC DATA

First of all, I would like to ask you some general background information about you.

1. Sex of respondent (observe and check the box): Male ₁ Female ₂

2. What is your date of birth: - - (dd/mm/yy)

OR / AND

3. How old would you be (then)? years

4. Your education

1	Without education	2	Primary (incomp)	3	Primary (comp)	4	8-9 compulsory education (incomp)
5	8-9 compulsory education (comp)	6	High school (incomp)	7	High school (incomp)	8	University

5. What is your current marital status?

1	Single never married	2	Married	3	Divorced	-	----
4	Widowed	5	Other(specify)				

6. Where did you most often live in the last 6 months?

1	House / Apartment	2	Shelter	3	On the street	4	Other (specify)
---	-------------------	---	---------	---	---------------	---	-----------------

7. With whom did you (mostly) live in the last 6 months?

1	Parents	2	Spouse (and children)	3	Children only	4	Other family
5	Friends	6	Alone	7	Other (specify)		

8. In the last 6 months), were you mostly

1	In full time work	2	In part time work	3	In casual work
4	Unemployed	5	Student	6	Other (specify)

9. Please tell me all of the ways in which you have financially supported yourself in the last 6 months:

1	Wages / salary	2	Casual work	3	Family/lover
4	Friends (partner)	5	Benefits/Pension	6	Begging
7	Selling drugs	10	Thefts	11	Pick pocketing
12	Prostitution / sex for money	13	Other (specify)		

SECTION B: DRUG USE HISTORY

I am now going to ask you about your use of drugs. Remember that this is a confidential interview and your answers will in no way be linked to you.

If you do not remember the answer to any of the questions, your best guess will do

1. What was your age when you first used any drug?

USE FLASH CARD (NO.1)

2. What was the drug you first used? _____

INTERVIEWER – FOR EACH DRUG ASK:

3. a) Have you ever used [drug]?
 b) How old were you when you first used [drug]?
 c) Have you used [drug] in the past 12 months?
 d) How often have you used [drug] in the past 30 days?
 e) How do you usually take [drug]?

INTERVIEWER: USE FLASH CARD (NO.1)

Drug Type	a) Ever used		b) Age at 1st time use	c) Used in last 12 months		d) How often used in last 30 days*	e) Usual method of use**
	No	Yes		No	Yes		
1 Cannabis (Hashish, Marijuana)							
2 Heroin							
3 Opium							
4 Other Opiates (e.g., Codeine, Morphine, Fentanyl, Buprenorphine) (specify)							
5 Cocaine							
6 Methamphetamine/Amphetamine							
7 Ecstasy							
8 Barbiturates							
9 Benzodiazepines (specify)							
10 Hallucinogens (LSD, PCP)							
11 Solvents/Inhalants (thinner, glue)							
12 Others (specify)							
<p>*. Code as following (1) Once a month (2) 2 – 3 days a month (3) About once a week (4) 2 – 3 days a week (5) 4 – 6 days a week (6) Everyday (9) Don't know (0) Never</p> <p>** Code as following: (1) inject (2) smoke (as in cigarette) (3) eat/drink (4) sniff (5) Inhale (9) don't know</p>							

4. Have you ever injected drugs? :

0	No	1	Yes
---	----	---	-----

[IF YES, skip Q7 and ask Q 8]

IF NO, ask Q 7 and GO TO SECTION D – CONTACT WITH DRUG USERS]

5. Can you tell me why you are using drugs by not injecting? Is it

INTERVIEWER: READ ALL OPTIONS AND PROBE IF NECESSARY

		No	Yes
1	To avoid getting infected with HIV		
2	Scared of injecting		
3	Drugs are cheaper this way		
4	Don't know how to inject		
5	Friend or partner not injecting		
6	Other reasons (specify)		

6. How old were you when you first injected any drug age

		No	Yes
a.	Have you injected drugs in the last 12 months		
b.	Have you injected drugs in the last 6 months		

If yes to both or Q.8.b GO TO SECTION C – INJECTING DRUG USE

SECTION C: INJECTING DRUG USE

I am now going to ask you about injecting drug use. Again may I remind you that this is a confidential interview and your answers will in no way be linked to you.

1. In the last six months, on the average, how often did you inject drugs?

INTERVIEWER: 1. USE FLASH CARD NO. 2

1	Once a month or less	5	Four to six days a week
2	Two to three days a month	6	Everyday
3	About once a week	9	Don't know
4	Two to three days a week		

2. In the last six months, which of the following drugs did you inject?

INTERVIEWER: 1. READ ALL DRUG TYPES ONE BY ONE AND CHECK MORE THAN ONE CATEGORY IF NEEDED

2. USE FLASH CARD NO.1

Drug Type	a) Injected	
	No	Yes
1 Cannabis (Hashish, Marijuana)		
2 Heroin		
3 Opium		
4 Other Opiates (e.g., Codeine, Morphine, Fentanyl, Buprenorphine) (specify)		
5 Cocaine		
6 Methamphetamine/amphetamine		
7 Ecstasy		
8 Barbiturates		
9 Benzodiazepines (specify)		
10 Hallucinogens (LSD, PCP)		
11 Solvents/Inhalants (thinner, glue,)		
12 Others (specify)		

3. On a typical day when you injected in the past 6 months, how many times did you inject drugs?

1	About once a day	3	More than four times a day
2	Two to four times a day	9	Don't know

4. In the last 6 months when you injected, what kind of a place have you been at most often (ask as open ended question, write response below and check the most appropriate corresponding code in the box)

1	Place where you live	5	Abandoned building
2	In a lover's sex partners home or apartment	6	On the street, in a park, alley or public toilets
3	Someone else's house or apartment where you don't live (friend / relative)	7	Jail
4	Dealers house or apartment	10	Other specify

6. In the last six months, how often did you inject with other people who were also injecting drugs at the same time you were?

INTERVIEWER: USE FLASH CARD (NO.3)

0	Never	1	Rarely
2	Sometimes	3	Often
4	Always	9	Don't know

7. In the last 6 months, who did you inject drugs with most often when not injecting by yourself

INTERVIEWER: ask as open ended question, don't read the list, check the most appropriate response

0	N/A only injected by self	3	With people you don't know
1	With a steady partner (spouse, boyfriend or girlfriend)	4	Other specify
2	With friends or acquaintances	9	Don't know

9. In the last six months, when you injected drugs, how often did you use any of the following items with other people or after other people had used them?

INTERVIEWER: 1. Read the list and check as many as applicable
2. USE FLASH CARD (NO.3)

		Never	Rarely	Sometimes	Often	Always	DK
1	Drawn drugs from the same cooker (bottle cap, spoon, etc)						
2	Used the same cotton swab						
3	Used the same rinse water (water to clean injections, needles)						

10. In the last six months, how often did you inject with a needle or syringe after someone else had used it?

INTERVIEWER: USE FLASH CARD (NO.3)

0	Never	1	Rarely
2	Sometimes	3	Often
4	Always	9	Don't know

11. In the last six months, how often did someone else use a syringe or a needle after you had already used it?

INTERVIEWER: USE FLASH CARD (NO.3)

0	Never	1	Rarely
2	Sometimes	3	Often
4	Always	9	Don't know

If the respond is "Never" in Q10 and 11, skip Q12,13

12. In the last six months, what were the reasons for sharing a needle or syringe with others?

INTERVIEWER: read all the options and check as many responses

	Did you use the same needle because:	No	Yes
A	There was only one needle available?		
B	You needed help injecting		
C	Someone else needed help injecting		
D	You were injecting with people you trust (sex partner, lover, or friend		
E	People get upset if you don' use the same needle or syringe		
F	The needle had been clogged		
G	The needle you had was broke or dull		
H	The needle had been cleaned		
I	Other (specify)		

13. In the last six months of injecting drugs, when you used a needle that was used before you by someone else, how often did you clean it with...

INTERVIEWER: Read each category and USE FLASH CARD NO.3

		Never	Rarely	Sometimes	Often	Always	DK
A	Only cold water						
B	Bleach (chlorine)						
C	Raki/Spirit/Rubbing Alcohol						
D	Boiling water						
E	Other (specify)						

14. During the last 6 months, when you injected drugs, how often did you get new needles/syringes?

INTERVIEWER: USE FLASH CARD (NO.4)

0	Never	5	Four to six days a week
1	Once a month or less	6	Everyday
3	Two to three times a week	7	Every time I inject

15. In the last 6 months of injecting, how many new sterile needles/syringes would you usually get at a time (per transaction)?

A) (number of needles) B) (number of syringes)

16. In the last six months, once you started using a brand new needle, how many times did you use it for: (times) (1) Use set only once

17. In the last 6 months when you wanted to inject drugs, how easy was it for you to get new sterile needles when you needed them, would you say.

0	Never tried	3	A little bit difficult
1	Very easy	4	Very difficult
2	Quite easy	5	Impossible

18. During the last 6 months where have you gotten most of your new or unused syringes or needles from (ask as an open ended question – write the response on the space and code first 3 corresponding response)

19. In addition, during the last 6 months have you gotten your new or unused syringe or needles from?

1	Wife husband, girlfriend, boyfriend, lover or sex partner	No	Yes
2	From a family member or a relative		
3	From a friend or an acquaintance		
4	From a pharmacy (skip Q. 18 and 19)		
5	From a outreach worker (skip Q20)		
6	From a trust point (skip Q.21)		
7	From another injector (needle dealer)		
10	From a drug dealer		
11	Other (specify)		

20. To the best of your knowledge, do you know if any of these people got their needles from an Outreach worker?

0	No	1	Yes	9	Don't know
---	----	---	-----	---	------------

21. To the best of your knowledge, do you know if any of these people also got their needles from a Trust Point?

0	No	1	Yes	9	Don't know
---	----	---	-----	---	------------

SECTION D: CONTACT WITH DRUG USERS

INTERVIEWER [READ]: Now, I would like you to help me as best you can with the following information. Think now of the ALL drug users you have known personally in the last year, and answer the next questions as best as you can.

1. Approximately how many OPIOID users (those who used, Heroin, Opium [Khanka] or other Opiates) have you had personal contact with in the last 12 months?

2. And, approximately how many of these were Heroin users?

3. Approximately how many of these OPIOID users were women?

or % _____

4. Approximately how many of these OPIOID users were injectors?

or % _____

5. How many of these OPIOID users you know have been for treatment in the last 12 months?

or % _____

6. And approximately how many of these OPIOID users you know have experienced overdose?

or % _____

7. Approximately how many of the OPIOIS users you know may have utilized the services of MMT?

or % _____

8. And finally approximately how many of these may have been arrested in the last 12 months?

or % _____

INTERVIEWER: TRY TO GET RESPONDENT TO ANSWER THE ABOVE QUESTIONS. ACCEPT ANSWERS LIKE "1 IN 10", "1 IN 3" AND SO ON IF THE RESPONDENT DOES NOT KNOW ACTUAL NUMBERS OR PERCENTAGES.

SECTION E: TREATMENT HISTORY

Now, I am going to ask you questions about your treatment history. Please think now about all the treatment you have EVER had for drug problems, if any.

1. Have you ever been registered in drug treatment service(/narcology establishment) as a drug user?
2. Have you ever received treatment for a drug problem?

0	No	1	Yes
---	----	---	-----

[IF 'NO' SKIP TO SECTION F: SERVICE UTILIZATION]

3. If yes, have you ever received treatment for...

INTERVIEWER: 1) READ OUT ALL DRUGS ONE BY ONE AND CHECK MORE THAN ONE BOX IF NECESSARY
 2) USE FLASH CARD NO.1

Drug Type	Treated	
	No	Yes
1 Cannabis (Hashish, Marijuana, Anasha)		
2 Heroin		
3 Opium (khanka)		
4 Other Opiates (e.g., Codeine, Morphine, Fentanyl, Buprenorphine) (specify)		
5 Cocaine		
6 Methamphetamine/amphetamine		
7 Ecstasy		
8 Barbiturates		
9 Benzodiazepines (specify)		
10 Hallucinogens (LSD, PCP)		
11 Solvents/Inhalants (thinner, glue,)		
12 Others (specify)		

4. How old were you when you first had treatment for any drug problem?

Years old

5. In total, how many times in your life have you been treated for drug problems?

Times

INTERVIEWER: IF ONLY ONE TREATMENT EPISODE, RECORD THESE NEXT ANSWERS TO QUESTIONS ABOUT 'FIRST' AND 'LAST' FOR THE ONE SAME EPISODE.

6. Of the times you have been treated, were you treated at [check all applicable]

		Yes1	No 0	Times
1	Trust points / drop in centres			
2	State run voluntary drug treatment services			
3	State run compulsory drug treatment services			
4	NGO based drug treatment and rehabilitation services			
5	Private drug treatment centres			
6	Prison based drug treatment			
7	At home			
10	Other (specify)			

7. Have you ever received treatment for OPIOID (Opium, Heroin and other Opiates) use problems?

0	No	1	Yes
---	----	---	-----

If "YES" ASK 7A, IF "NO" GO TO SECTION F SERVICE UTILIZATION

7.a How old were you when you first had treatment for OPIOID use problems?

Years

7.b How long after you had first start using OPIOIDS (Opium, Heroin and other Opiates) did you go for treatment?

Months Years

7.c And how long after you had first start injecting drugs, did you go for treatment?

Months Years (put 99 if never injected)

8. During the last 12 months, have you received treatment for OPIOIDS (Opium, Heroin and other Opiates) use problems?

0	No	1	Yes
---	----	---	-----

IF RESPONDENT HAS NOT RECEIVED TREATMENT IN THE LAST 12 MONTHS, GO TO Q.11

8.a In the last 12 months, how many times have you been treated (episodes) for Opioids (Opium, Heroin and other Opiates) use problems?

Episodes

9. In the last 12 months, how long have you spent in these treatments in total?

Months / Days

10. Of the times you were treated in the last 12 months, were you treated at [check all applicable]

		Yes1	No 0	Times
1	Trust points / drop in centres			
2	State run voluntary drug treatment services			
3	State run compulsory drug treatment services			
4	NGO based drug treatment and rehabilitation services			
5	Private drug treatment centres			
6	Prison based drug treatment			
7	At home			
10	Other (specify)			

11. How long ago were you last treated for OPIOIDS (Opium, Heroin and other Opiates) use problem?

Months OR Days

12. Have you experienced overdose in the last 6 months

13. Have you experienced overdose in the last 12 months?

SECTION F: SERVICE UTILIZATION

5. In the last 6 months, on an average how often have you been in contact with the outreach worker in your area?

1	Once a month or less	4	Four to six days a week
2	Two to three times a week	5	Everyday
3	Don't remember		

5.a In the last 6 months when you were in contact with an outreach worker, mostly what services did you receive
[ask as an open ended question and check the relevant code]

1	Exchange of needles / syringes
2	Condoms
3	Prevention kit, e.g., Chlorine
4	Leaflets / booklets on prevention of HIV/AIDS
5	Counselling for behavioural change
6	Overdose prevention
7	Referral to Trust point
10	Referral for other services
11	Other specify

5.b. In the last 6 months when you were in contact with an outreach worker, did you also receive any of the following?

		Yes	No	DK
1	Exchange of needles / syringes			
2	Condoms			
3	Prevention kit, e.g., Chlorine			
4	Leaflets / booklets on prevention of HIV/AIDS			
5	Counselling for behavioural change			
6	Overdose prevention			
7	Referral to Trust point			
10	Referral for other services			
11	Other specify			

6. Are you aware of any local trust point or similar services for prevention of HIV/AIDS in your area?

0	No	1	Yes
---	----	---	-----

6.a In the last 12 months have you ever used the services of a local trust point?

0	No	1	Yes
---	----	---	-----

6.b In the last six months how many times have you used the services of the trust point?
 times

NOTE: IF any number of visits, other than 0 is indicated in above, ask Q 6c and 6d, otherwise skip the next 2 questions and ask Q7.

6.c In the last 6 months when you used the services of a trust point, mostly what services did you receive?
 [ask as an open ended question and check the relevant code]

1	Exchange of needles / syringes
2	Condoms
3	Prevention kit, e.g., Chlorine
4	Leaflets / booklets on prevention of HIV/AIDS
5	Overdose prevention
6	Pre and Post test counselling
7	Counselling for behavioural change
10	HIV Testing
11	Testing for Hepatitis C and / or B
12	Testing for STI
13	Referral for drug treatment
14	Referral to specialist for other services
15	Other specify

6.d In the last 6 months when you were in contact with trust point, did you also receive the following?

		Yes	No	DK
1	Exchange of needles / syringes			
2	Condoms			
3	Prevention kit, e.g., Chlorine			
4	Leaflets / booklets on prevention of HIV/AIDS			
5	Overdose prevention			
6	Pre and Post test counselling			
7	Counselling for behavioural change			
10	HIV Testing			
11	Testing for Hepatitis C and / or B			
12	Testing for STI			
13	Referral for drug treatment			
14	Referral to specialist for other services			
15	Other specify			

7. Of the times you did not utilize the services of the Trust Point, please tell me if any of the following reasons apply to you?

		Yes	No
0	I don't inject and don't need the services		
1	Does not apply always use services of TP		
2	It is too far, inconvenient for you		
3	You don't want people to see you at the trust point		
4	The services are too complicated, too many rules		
5	The staff are not very helpful		
6	You are afraid of being registered		
7	You are afraid of being caught by the police		
10	Other specify		

SECTION G: PRISON HISTORY

INTERVIEWER: [read] I will now ask you some questions about your arrests and imprisonment, i.e. if you have been arrested or imprisoned. Again, as I have said before, all of our discussion will be anonymous and confidential.

1. Have you ever been arrested for a drug-related offence?

0	No	1	Yes
---	----	---	-----

[IF NO go to Q.8a OTHER OFFENCES]

2. How old were you when you were first arrested for a drug-related offence?

Years Old

3. How long after you first started using OPIOIDS (Opium, Heroin and other Opiates) were you first arrested for a drug related offence?

months years

4. How long after you first started INJECTING were you first arrested for a drug-related offence?

months years

4A. CHECK this box if never INJECTED

5. How many times in your life have you been arrested for a drug-related offence?

Times

6. In total, approximately how much time have you spent in police during your lifetime while arrested for a drug-related offence?

Days months years

7. Which of the following offences have you ever been arrested for?

INTERVIEWER: READ ALL OFFENCES AND CHECK ALL APPLICABLE

A	Possession of illegal drugs	B	Selling illegal drugs	C	Trafficking illegal drugs	D	Using drugs
E	Burglary	F	Prostitution	G	Shop lifting	H	Theft
i	Other (specify)						

ASK Q.8A ONLY IF ANSWERED "NO" IN Q.1 ABOVE, OTHERWISE SKIP THIS QUESTION

8.a Have you been arrested for any of the following offences?

INTERVIEWER: READ ALL OFFENCES AND CHECK ALL APPLICABLE

A	Burglary	B	Prostitution	C	Shop lifting	D	Theft
E	Other (specify)						

8.b If never been arrested for any offences check here

9. Have you been arrested in the last 12 months for a drug-related offence?

0	No	1	Yes
---	----	---	-----

(IF 'NO' SKIP REST OF QUESTION 9, IF 'YES', ASK Q10)

9a. In all, how many times have you been arrested in the last 12 months for such a drug-related offence?

Times

9b. In total, how long have you spent in police while arrested for such a drug-related offence in the last 12 months?

Days months years

SECTION I: SEVERITY OF DEPENDENCE SCORE FOR MAIN DRUG

Think of the main drug that has caused you problems over the last 12 months. Could you tell me whether at any time in these past 12 months, how often...

1. Did you ever think that your [main drug] use was out of control?

INTERVIEWER: USE FLASH CARD (NO.7)

0	Never / Almost never	1	Sometimes	2	Often	3	Always/ Nearly always
---	-------------------------	---	-----------	---	-------	---	--------------------------

2. Did the prospect of not taking any [main drug] make you anxious or worried?

INTERVIEWER: USE FLASH CARD (NO.7)

0	Never / Almost never	1	Sometimes	2	Often	3	Always/ Nearly always
---	-------------------------	---	-----------	---	-------	---	--------------------------

3. Did you worry about your [main drug] use?

INTERVIEWER: USE FLASH CARD (NO.7)

0	Never / Almost never	1	Sometimes	2	Often	3	Always/ Nearly always
---	-------------------------	---	-----------	---	-------	---	--------------------------

4. Did you wish you could stop taking [main drug]?

INTERVIEWER: USE FLASH CARD (NO.7)

0	Never / Almost never	1	Sometimes	2	Often	3	Always/ Nearly always
---	-------------------------	---	-----------	---	-------	---	--------------------------

5. How difficult would you find it to stop or go without [main drug]?

INTERVIEWER: USE FLASH CARD (NO.8)

0	Not easy	1	Quite difficult	2	Very difficult	3	Impossible
---	----------	---	-----------------	---	-------------------	---	------------

Thank you for your time

RECORD TIME INTERVIEW TERMINATED: :

In your opinion how reliable was the information given by the respondent?

1	Good	2	Average	3	Poor
---	------	---	---------	---	------

Anex 4

List of contributing persons

Alban Ylli	IPH
Roland Bani	IPH
Besian Elezi	IPH
Alba Merdani	IPH
Arjan Bregu	IPH
Genc Burazeri	IPH
Eduard Kakarriqi	IPH
Zihni Sulaj	TUHC
Irena Ceko	TUHC
Genc Mucollari	Aksion Plus
Kamran Niaz	UNODC