

Rapid Assessment and Response on HIV/AIDS Among Especially Vulnerable Young People in Shkodra

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Local RAR team

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EXECUTIVE SUMMARY

Background

In Albania, as elsewhere in South Eastern Europe, information on drug use and risks of HIV/AIDS among young people is incomplete, not reflecting properly the reality. Difficult transition has been marked by changes of the social and cultural norms, accompanied sometimes by political and socio-economic crisis. Political, economic and social transition has created the right environment, fostering phenomena like produce, traffic and use of drug, as well as trafficking of human beings. Recently there has been an increase in number of young people using drugs, which is related to several factors: increase in drug supply (both production and smuggling of drugs); changes of behavioral norms and models among young people; high profile of internal and external movements of population; numerous social and economic problems that young people are facing nowadays. The geo-political position of Albania gives it a unique status on trafficking routes of drugs, which has led to changes in the availability and types of drugs. In Central and Eastern Europe, drug use and injection has increased dramatically in the last years, often followed by increases in HIV. A similar situation exists in Albania.

RAR methodology

The RAR methodology aims to address limitations of conventional social science and public health surveillance by: Bridging the gap between research and public health action to develop appropriate interventions; Making great efforts to establish collaborations by involving the Community Advisory Board; Facilitating rapid results and starting endured action; Developing local existing capacities for situation assessment and intervention development.

Findings

Results from RAR in Shkodra show:

- There is an increase in drug use among young people especially among the age group 14-15.5 years old.
- There is an increase trend toward injecting drug use.
- At the moment of writing this report there is no HIV case among injecting drug users.
- There is a relatively high risk of overdose among drug users
- There is a considerable risk of health problem associated with drug use
- There is a risk of acquiring STI among drug users
- Under reporting of user cases might led to an under-estimation of HIV risk behaviors among drug users.
- There is low level of health promotion among young drug users.
- Epidemiological situation considering potential risks of HIV spreading is not very well understood.
- Political, economic and social conditions for an increase of drug use problems among young people exist.
- Young drug users tend to create their group's norms and patterns.
- Young people are using drugs of all types, including heroin.
- There is no intervention at public, private or NGO level providing proper services to young drug users.
- There is no NGO in Shkodra delivering harm reduction or outreach programs to

- drug users.
- Information and education level of young people on drug use is very low.

Obstacles for interventions

- Lack of national policy and strategy for prevention and reduction of drug use.
- Lack of coordination between policies, programs and their implementation.
- Police officers are perceived to be harsh toward drug users.
- Taboos around illicit substances and sex issues in the community.
- Lack of outreach and prevention programs targeting drug users.
- Lack of treatment and other secondary prevention services.
- Lack of coordinated primary prevention.
- Lack of policy of tertiary prevention (harm reduction).
- Lack of qualified persons (health care workers, social workers, counselors, psychologist) being able to deal with drug users.
- Lack of public information and awareness on drug use problems.

Opportunities for interventions

- Development of legislation on prevention of trafficking of illicit substances.
- Establishment of Inter-Ministerial Committee for drug control.
- Improvement of special anti-drug police units.
- There is a commitment to contribute to interventions in the local community.
- There are hopes for improvements of primary prevention interventions in schools, community and through media.
- Secondary prevention: medical professionals from the Shkodra General Hospital should be trained on drug use treatment.
- Tertiary prevention: establishing a harm reduction and outreach program.
- Setting up a drop-in center for young drug users.
- Establishing a hotline for counseling and support of drug users' parents ("Parents line").

SECTION 1: INTRODUCTION

Since 1991 Albania has undergone significant political and economic changes, which aim at establishing a democratic governance and market economy. These changes and reforms have greatly affected in different aspects the Albanian society. The population of Albania in 2001 was 3,087,159, of whom 42% were living in urban communities and 58% in rural communities. Albania is characterized by a young population, with an average age of 28.6, of whom 42% of population belongs to the age group younger than 19 years of age. Shkodra has approximately 185,797 inhabitants living in an area of 1,973 km². Average age of population is 27, of whom 41% belong to group 14-23 years old.

Political situation: Political scene has been characterized by a hard struggle for power, which has generated conflicts in Albania (Socialist Party is on power since the Parliamentary election in 1997, while Democratic Party leads the opposition). The country has undergone several political and economic crises, which consequently has put it in chaotic and anarchic situations. Political forces are not getting yet into a consensus to collaborate for the country's benefits. After the local election in 2000, Democratic Party runs the local government in Shkodra. Due to political divergences between the Central government and Local government, the development process in Shkodra has been slow.

Economic situation: For almost five decades, from 1944 to 1991, the economic development of Albania suffered due to its highly centralized communist regime. Both isolation from the outside world and highly centralized economy had a devastating effect on the economic resources of the country. Even during the first years of transition period (1991-1994), the country's economic situation deteriorated, a process, which was also reflected in Shkodra. Massive demonstrations and thousands of guns falling into the hands of civilians followed the collapse of pyramidal schemes in 1997. This moment marked the beginning of an era of chaos and insecurity throughout. Within a short period of time, Shkodra became a reign of crime and illegal traffic. As a transition country, Albania has the lowest income per capita in Europe with a current GDP of 810 USD per capita.

Unemployment: Economic reforms undergone in Albania were followed by a decrease for labor demand and an increase of unemployment among active population. It is estimated that during the year 2001, almost 15% of population able to work was unemployed. Albania is regarded as a country with a low level of social, political and economic security and high level of crime. According to official statistics, rate of unemployment in city of Shkodra for the year 2001 represented 63.2% of active labor forces, of which 43% belong to the group 18-26 years old.

Groups at risk: Percentage of people living in poverty is declared as 29.6%, of whom 50% live in an extreme poverty. The vulnerable groups in Albania are children at risk (orphans, children deprived of parental care, street children, children dropping school), young people at risk (drug users, young people dropping school, unemployed, young people involved in criminal activities), women at risk (household, unemployed, victims of domestic violence, forced into prostitution, trafficking), elder abandoned persons, as well as disable and handicap persons.

Education system: In the recent years, the education system has faced many problems related to curricula and teaching methods, poor infrastructure, and bad management of human resources. Education system in general, and school in particular, has been objects of continuous reforms and restructuring process. One of the serious problems of education system is school drop out at different grades. Main reasons for this phenomenon are overpopulation of urban areas, bad economic situation and forcing young people to seek for job. School is not seen as the cradle of the cultural, social and sportive life. Economic status of teachers is dropping, with a monthly income, which does not exceed 100 USD per month. Education public system in Shkodra includes 56 High Schools and Elementary Schools attended by 18,438 pupils; while University system includes 7 Faculties for 6,300 students. There is an increase tendency of school drop out. The official statistics reported 677 pupils abandoning the school during the year 2000-2001.

Health care system: The social and economic changes occurring in Albania are causing the population to face new and difficult challenges to services in general, and to their sexual and reproductive health in particular. The economic migration of people poses new demands on health system. This brought changes in the pattern of social organization and in human behavior, including sexual behavior, which has been marked by an increase of prostitution. New problems such as drug abuse and STI are emerging. Eradicated diseases like syphilis and gonorrhea are reappearing. At the end of 2001 72 cases of HIV were reported from IPH. The fact that prevalence of HIV infection in Albania is still low, does not exclude it as a priority of the health care system. There are several reasons, which make the risk of spread of HIV infection considerable: high level of immigration, low level of health education, increased prostitution, lack of adequate programs of public information and education (especially in rural areas). The battle against AIDS is obstructed by structural problems such as lack of prevention efforts.

Crime situation: Crime has grown during the transition period, reaching a peak during the events of 1997. In Shkodra, in the four years, there has been 325 people killed, of whom 41 children, and 870 people wounded, of whom 110 were children. Shkodra is considered the city with the lowest level of security and safety, confirmed also by the high number of turnover of head of local police in the last 5 years (37). Also, Shkodra is usually the first main transit town in Albania for trafficking from Montenegro of sex workers from Central and Eastern Europe. These trafficking routes are also used for smuggling of illegal drugs.

Emigration: Migratory movement since the end of communism in Shkodra is characterized by massive movements of population from rural and remote mountainous areas, or from other northern cities like Puka, Tropoja, Kukesi and Malesi e Madhe to the city of Shkodra. The transitory period is marked by a total lack of urbanization strategy resulting in chaos. It is estimated that number of new population coming to Shkodra during these years is around 23,000 inhabitants, accounting for 22% of its population.

History of drug use: History of drug use is recent, starting with the end of communism. There are evidences that production and traffic of illicit drugs have spread rapidly in Albania. The number of drug users increased considerably after 1997. This increase is explained by various factors: impact of the social, political and economic problems to the society in general, and to the young people in particular; “get rich quick” mentality; state’s inability to en-

force law. Albania is used by criminal networks as a transit point for drug smuggling. Shkodra is in a vulnerable position in the Albanian drug scene because of its young population and its location in the traffic route. Cultivation and production of cannabis sativa in Shkodra started in 1992. During the year 2001 police destroyed around 22,000 cannabis sativa plants in different rural areas around Shkodra. The geographic location of Shkodra as a border town with Montenegro makes it a favorable transit point for trafficking and smuggling of illegal drugs.

After 1996 there has been an increase in use of drugs like marijuana, heroin and cocaine among young people in Shkodra. The number of drug use in Albania, was estimated 5,000 in 1995, 20,000 in 1999, jumping to 32,000 in 2001.

There is not any official numbers about the number of drug users in Shkodra, but estimations speak about a considerable number. From one study done by the NGO “Action Plus”, there are around 760 drug users in Shkodra. Majority of drug users belong to the group 17-21 years age, and there is an increase in the number of users among group 15-17 years of age. The ratio male/female (12/1) is not presenting the reality as drug use is heavily stigmatized and, consequently, female drug users try not to disclosed their status. Regarding the regions most affected by this problem, Tirana counts for the majority of drug users (80%), followed by Durres, Shkodra, Elbasan, Berat, Fier, Lushnja, Shijak and Kavaja. 65% of the drug users interviewed during the RAR in Shkodra come from families with divorced parents, with one parent or families with social problems. Around 59% of them live in families with average income, 28% live in families with high income and 13 % live in families with low-income level. The main causes for using drugs include: confliction or misfortune families, depression, situation without hope for the future, physical abuse. The majority of young drug users in Shkodra stopped education after finishing the elementary school, while some of them are still studying in high school, and a small portion are studying at the University. There are some anecdotal data about cases of overdoses or even death cases among young drug users in Shkodra. The official data are missing or not reported because of fear of stigma. There were 2 death cases from overdose among drug users for the year 2001. There was also evidence of 5 cases of suicidal attempts among young drug users in Shkodra. Young drug users in Shkodra consider the police action against them as aggressive and harsh. Police officers from anti-drug unit reported that when drug users are caught by the police, they are sent to the police station where they are advised not to use drugs and then released.

In December 2001, the Albanian Parliament ratified the Convention of UN against smuggling and trafficking of illicit substances, while in March 2001 it approved the law for Prevention of illegal smuggling of illicit substances and creation of the Inter-Ministerial Committee for control of illicit substances. Sections on Illicit drugs in the Penal Code were amended twice in January 1998 and in February 2001. Production and distribution of any illicit substances (Art.283), smuggling of narcotics (Art.283/a), any activity which encourage use of drugs (Art.283/b), cultivation of narcotic plants, production and fabrication of narcotic and psycho trope substances (Art.284/c), creation of criminal organizations which produce illicit substances illegally (Art.284/a), possession, production and traffic of chemical substances (Art.2850) are all considered as criminal acts according to the Penal Code. In March 2001, the Albanian Parliament passed the law on the Prevention of the Illegal trafficking of Narcotic Substances where drug users (person being caught with less than two doses of drug) are not found guilty. Law Nr. 8497 dated 27/05/1999 include an agreement between the Alba-

nian Government and Emanuel Community of Caritas Association to set up the social polyvalent Center in Vaqarr, Tirane. The law Nr. 7975 dated 26/07/1995 on narcotic and psychotrope substances, established the rules on production, fabrication, import, export, marketing, using, controlling and preserving of narcotic and psychotrope substances. The judiciary system faces many problems and is subject to corruption. Sometimes judges lack the proper legal qualification, their salaries are low and they feel insecure confronting the crime.

History of HIV infection: The countries of South Eastern Europe are currently perceived as having a low prevalence of HIV/AIDS. Globally the HIV/AIDS epidemic has had a major impact upon the human right issues, especially upon the rights and well being of children and young people. As a result UNICEF has prioritized HIV/AIDS in its programmes on Young People Health and Development. UNICEF/CIDA are implementing a sub regional project for HIV/AIDS prevention for the years 2001-2004, focusing young people in South-East Europe. HIV infection is spreading out rapidly in Central and Eastern European countries. Globally the main route of transmission is sexual, while transmission among IDU through needle sharing consists of 5-10% of transmission mode. This latter mode of transmission is reported as the main route of transmission in 80 countries. As of the end of November 2001, there were 71 reported HIV positive cases in Albania. Of these, 23 have developed AIDS (32%) of whom 14 have died. Of the 71 cases of HIV infection 58 (81%) are male, and 52 (70%) are in the 20-39 age group. The predominant mode of transmission to date has been sexual (up to 88%, including heterosexual and homo-bisexual transmission). HIV was contracted through infected blood in three cases. In one case the transmission was vertical from the infected mother to the newborn child. More than 80% of cases report having contracted the virus abroad. There are many reasons to believe that the HIV time bomb has already been activated: social changes produced by the opening of the country; highly mobile population; sudden liberalization of sexual behavior; increase of drug addiction; explosion of trafficking and prostitution; all this combined with a lack of sexual education and low empowerment of women coupled with macho behaviors and attitudes of their partners.

Number of HIV cases diagnosed according to years:

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Case	2	9	12	7	3	5	4	10	19	71

Number of cases according to the mode/place of testing:

Mode/place of testing	Case
Blood donor	14 (19%)
Clinical reasons	34 (49%)
Volunteers	14 (19%)
Other	9 (13%)
Total	71

Number of cases according to sex:

Sex	Case
Male	58 (81%)
Female	13 (19%)
Total	71

Number of cases according to mode of transmission:

Mode of transmission	case
Sexual	46 (88%)
Blood transfusion	3 (6%)
Mother to child	1 (2%)
Unknown	2 (4%)
Total	52

Number of cases according to age group (for 62 cases):

Age (Years)	< 2	15-19	20-24	25-29	30-34	35-39	40-44	45-49	>50	Total
Case	1	1	13 (21%)	16 (26%)	8 (13%)	15	2	2	4	62

SECTION 2: AIMS

What makes young people vulnerable to HIV/AIDS in Shkodra?

Young people in Shkodra are considered as the most vulnerable and unprotected population toward social problems and other negative phenomena, due to several factors:

- High rate of unemployment.
- Different life style.
- Massive abandonment of school.
- Worsening of social-economic situation.
- Weak law enforcement and high level of criminal activity, which creates insecurity, fears and violence.
- Establishment of an illegal market of illicit substances in the country.
- Shkodra is considered as a transit point for illegal smuggling from Montenegro, including illegal substances.
- Increased cultivation and production of illegal drugs in several areas in Shkodra district.

Trafficking of sex workers: After 1997, Shkodra has become as a transit point for trafficking of human beings into Albania for a third country destination. According to some data drawn from the Laboratory of HIV/AIDS in Shkodra, 56% of persons being tested for HIV and other STI have had unprotected sex with sex workers who stay for a transitory period in Shkodra. Usually they come from Central and Eastern Europe and use Shkodra as a transit route to Italy.

Drug use: Use of drugs is closely related with sexual risk behaviors, which could increase the risk of transmission of HIV and other STI. Focus groups and interviews with young drug users in Shkodra confirmed the presence of risk behaviors among them. There is almost a norm for drug users to have unprotected sex, sexual intercourse with casual partners met in parties or discos, having multiple sexual partners or sharing sexual partners among close friends. It is also considered normal for young drug users to have unprotected sex with their partners, drug users or not, as it is common to share needles and syringes among partners and closed friends if they also inject drugs. Young drug users consider these norms as a sign of support and trust, putting themselves at a high risk of contracting HIV and other STI. Other factors that make young people vulnerable are: difficult socio-economic and political situation, lack of information, demographic changes (emigration and immigration). What is also perceived specific for Shkodra is that drug use problems are not tackled by Public Health Structures, while treatment services are non-existent. High mobility of population, liberalization of sexual behaviors, lack of services to prevent and reduce the harm of drug use are other factors that make young people in Shkodra vulnerable.

Drug users: Vulnerable groups selected for the RAR in Shkodra. Young drug users were selected as a vulnerable group for the RAR in the city of Shkodra, considering their risks to HIV infection. Having in mind the safety issues in the city, the high level of social stigmatization related to drug use and the lack of harm reduction or treatment services in Shkodra, the RAR team decided to work based on personal connections and networks. RAR focused more on young people attending High School “28 Nentori”, students of University “Luigj Gurakuqi”, young people frequenting some bars and discos.

Shkodra was selected as one of the RAR sites due to its relatively large and young population, its position as a border town and social problems presented. The purpose of the RAR is to improve health of young people, reduce vulnerability and strengthen prevention, through targeted interventions that will aim to minimize the impact of HIV/AIDS.

The objectives of RAR for city of Shkodra were:

- Being able to localize and approach young people using drugs, including injecting drug users
- Describing norms and patterns of drug use such as starting age, type of drugs, mode of administration etc.
- Describing risk behaviors of young drug users like condom use, needle sharing etc, and the associated health and social consequences of their risk behaviors.
- Assessing existing interventions.
- Formulating and proposing interventions or enhancing existing interventions.
- Mobilizing the community through establishment of CAB.

SECTION 3: RAR PROCESSES

a) RAR team

National Core RAR team consisted of one National Coordinator and four Local Coordinators, one per each site of the study. The National Coordinator managed and oversaw the implementation of rapid assessment. The Local Field Coordinator in each city supervised 6 Field workers.

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RAR team of Shkodra:

1. Fatbardha Kaduku – Local coordinator. She supervised and coordinated the work of field team members during the data collection process; managed the establishment of CAB and was responsible to write the final report for city of Shkodra.
2. Lumturi Valbona – Field worker. She was responsible to conduct focus groups and interviews with teaching staff. She was also responsible to gather existing information. She approached young people in the High School and conducted focus groups and interviews with them.
3. Drita Gera – Field worker. She conducted focus group and interviews with medical staff at different institutions. She was also responsible to gather existing information from these institutions.
4. Behar Puka – Field worker. He conducted focus group and interviews with medical staff.
5. Ketj Bazhdari – Field worker. She conducted focus groups and interviews with young drug users. Having access to the target group she helped identifying key informants persons.
6. Endrit Picoka – Field worker. He conducted focus groups and interviews with drug users. Also he conducted observations and mapping.
7. Armanda Kastrati – Field worker. Having access to young drug users, she conducted focus groups and interviews with them. She helped with observation, mapping and gathering of existing information.

b) Training workshops

Core RAR team (i.e. national Coordinator and Local Field Coordinators) attended the Regional training Workshop in Neum, Bosnia Herzegovina from 22 to 26 October 2001. The 29 RAR members (field workers and core team) attended the Local Training Workshop, which was designed for field workers, and held in Tirana, from 8 to 10 November 2001.

c) Community Advisory Board

The purpose of CAB was to support and facilitate the process of implementation of RAR. Also the CAB could contribute to the mobilization of the community after the RAR. CAB in Shkodra was set up between 2 to 5 November 2001. Having in mind the importance of CAB during the whole implementation of RAR, the selection of its members ensured a broad range of representation of the community and important stakeholders. CAB in Shkodra consisted of policy makers, key figures of health and education administration, police department, youth parliament, NGOs and media representatives. During the meetings with CAB, the

Shkodra RAR team established its advocacy strategy to ensure ongoing support during the RAR such as gathering of existing information, collaboration with police etc. An important issue of this strategy was to raise awareness of the community about the drug use and risk of HIV/AIDS.

d) Timeline of activities

October 2001- Regional Training workshop in Neum, Bosnia Herzegovina.

October 2001 – Recruitment of field workers.

2-5 November – Establishment of CAB.

8-10 November – Training workshop for Field Workers in Tirana.

12 November – First field meeting with local team (regular meetings were held 2-3 times/ week).

13 November – Beginning of data collection.

13- 23 November – Contacting with key informants.

23 November – 7 December – Field work (interviews, focus groups, survey.)

18 December – Filled questionnaires were submitted for analysis.

28 December – Fieldwork finished.

January 2002 – Local report writing.

e) Problems and Successes

The local team encountered several problems during the assessment:

- Fieldwork was sometimes difficult because of problems related to weak infrastructure (long period of power shortages). This especially hampered the process of data entry and editing.
- Safety issues were sometimes a concern for field workers.
- There were no previous studies done focusing on risk behaviors of young people on HIV/AIDS.
- Scarcity of official data.
- There were not institutions in Shkodra, which provide services for drug users, hence facilitating access to them.

Successes are as follows:

- The RAR team managed to implement for the first time in Shkodra a RAR among vulnerable young people.
- Collaboration with local team of Tirana was fruitful.
- Selection of young field workers, who had good access to the target group and had good knowledge about the problems.
- Local field members managed to create a good teamwork spirit, helping each other and sharing experience.
- Good coordination and support provided by UNICEF and National Coordinator.

SECTION 4: METODOLOGY

a) Data collection

1. Existing information

This includes literature review from relevant sources on drug use and related problems, data on context, data on HIV/AIDS and other STI. At the national level, the information was gathered from different reports of UNDCP, UNDP, UNICEF, WB, INSTAT, Toxicology clinic and Community Emanuel. At the city level, data was collected from: Laboratory of HIV/AIDS in Shkoder, Office for Coordination and development, Education Department in Shkodra, Public Health Department, Prefecture, Police Directory (anti-drug unit) and the Court.

2. Questionnaires

At the Regional Training Workshop in Neum, a sub-working group was created to develop a set of core survey questions. It was agreed by all participants that each city would include these core survey questions in their questionnaires. The core survey questions were pilot tested in Sarajevo and revisions were made accordingly. Each young person recruited to participate in an interview or focus group completed a questionnaire.

3. Focus groups

Local team of Shkodra conducted 11 focus groups:

1. FG with 6 young people in High School. Date 23/11/01; place: High school “28 Nentor”.
2. FG with 6 users of marijuana; date 24/11/01; place: in a house.
3. FG with 6 marijuana users; date 25/11/01; place: “4 rooms” center.
4. FG with 6 marijuana users; date 26/11/01; place: a bar.
5. FDG with 7 teachers of High School; date 1/12/01; place High school “28 Nentori”.
6. FG with 6 heroin users (sniffing heroin); date 3/12/01; place: QKGV.
7. FG with 6 heroin users (sniffing heroin); date 5/12/01; place: QKGV.
8. FG with 6 heroin users (sniffing heroin); date 7/12/01; place: University.
9. FG with 6 IDU; date 10/12/01; place: “Don Bosko” center.
10. FG with 6 IDU; date 18/12/01; place: “4 rooms” center.
11. FG with 7 medical staff of emergency room, Shkodra Hospital; date 22/12/01; place Hospital.

4. Interviews and Key informant Interviews

Local team of Shkodra conducted 43 Interviews: 27 with target group-young drug users; 12 with service providers and 4 with policy makers.

5. Observations

It was very difficult to conduct observation in Shkodra because of safety issues. However, without putting field workers in danger, an observation was conducted in an abandoned house located at the outskirts of the city. This was a place where young drug users gather to use drugs and perform other group rituals. Also, three observations were completed in 3 High Schools of the city and their surroundings, to see if there were dealers and observing dealers who were approaching young people. Another observation was completed at the outskirts of

the city, which is used as a place for dealing and injecting drug (according to data gathered from key informants). In that place, field workers observed discarded injection equipment like used syringes and needles, used cotton, cigarette butts, etc. Information gathered from key informants led the team to conduct two observations in a bar and a disco, as places where young people used to take drugs.

6. Mapping

Mapping was done based on the information collected from police department and key informants. All the places where drug is delivered or used were put on the map of the city. These include a bar, disco, abandoned house, and ruins in the outskirts of the city.

b) Sampling Technique

Theoretical sample: Samples can still be theoretically representative of wider official processes and activities in the study population. In this case statistical interferences were substituted by other methods e.g. triangulation. There are no set rules for the theoretical sample size. Selection of respondents continues until the point of saturation. RAR teams did find useful to set target sample size for each city. During the data collection process, Local Team used the sampling techniques such as “snowball” and “network” to reach an appropriate sample size. These techniques were realized through personal connections of the team members and key informants. Recruitment strategies: personal connections of team members with target group; informal meetings and invitations for coffee and tea; approaching of key informants; delivery of IEC materials; work ethics during the field work; good communications skills among team members; good skills of team members conducting focus groups.

c) Sample size

	Questionnaires	Interviews	Focus groups	Total
Target group	70	27	54	151
Service Provider		12	14	26
Policy makers		4		4
Total	70	43	68	181

d) Ethical Considerations

All participants were assured that all questionnaires, interviews, focus groups, and observations completed would remain confidential at all times. Every person participating in the rapid assessment was given an explanation of the study so that he/she could make an informed decision about whether to participate. All participants were provided with relevant HIV/AIDS information.

SECTION 5: DATA ANALYSIS

a) Quantitative data

Data collected from questionnaires were entered into Epi Info version 6 software. Blanks on questionnaires were left as blanks in the data entry process. As participation in the RAR was voluntary, the young person could refuse to answer any questions at any time. One person at IPH did data entry centrally.

b) Qualitative data

Reliability of data collected from focus groups and interviews was done through method of “triangulation”. The members of the local team did data collection. Field team members transferred recorded field notes into activity grids. Findings from activity grids were discussed at field team meetings and the Local Coordinator entered findings from activity grids onto one of the four mega grids. There was one mega grid for each of the assessment area: Mega grid 1 - Context, mega grid 2 – Protective and Risk Behaviors, Mega grid 3 – Health Consequences, Mega grid 4 – Interventions.

SECTION 6: FINDINGS

a) Core Survey Questions

Breakdown by gender and age group:

Age group	Male	Female	Total
10 –14			
15 – 19	35		35
20 –24	33	1	34
Total	68 (99 %)	1 (17 %)	69

Drug use behavior

- % Used drug - 100%
- Most frequent (mode) and mean age when first used drugs - 15.5 years

- Areas where usually use drugs:

Bar, coffee, club	27 % (57 cases)
Home	23 % (47 cases)
Park	21 % (44 cases)
Toilet	8 % (17 cases)
Abandoned places	7 % (15 cases)

- Drugs most used in the last 1 month:

Heroin	32 % (38 cases)
Cannabis	29 % (34 cases)
Alcohol	20 % (24 cases)
Ecstasy	9 % (10 cases)
Cocaine	4 % (5 cases)
Analgesic	3 % (3 cases)

- % of those who ever taken two or more drugs at the same time: 75 % (52 cases)
- % Who ever had sexual intercourse under the influence of drugs: 81 % (56 cases)
- % Who injected drugs: 27 % (19 cases)
- Most frequent age (19.5 years of age) and mean age when first injected drugs (20 years of age)
- % Who shared drug injecting equipment: 74 % (14 cases out of 19 who inject or 20 % of drug users)

Sexual behavior

- % Who ever had sexual intercourse - 88% (60 cases)
- Most frequent and mean age at first sexual intercourse: 17 years and 16 years of age.
- Number of sexual partners in the last year

1	2 – 5	26 (44 %)
2	6 – 10	32 (54 %)
3	11 - 15	1 (2 %)
	Total	59

- % Use of condoms during sexual intercourse

Always	3 % (2 cases)
Sometimes	32 % (19 cases)
Never	65 % (39 cases)

- Reasons for not “always” using condoms

Trust in partner	30%	(36 cases)
Embarrassed to buy condoms	24%	(27 cases)
Don't like sex with condom	21%	(24 cases)
Don't have enough knowledge on the benefits of condom	11.5%	(12 cases)
Embarrassed to ask partner to use	6%	(7 cases)

Health seeking behavior

- Places where to get information on HIV or other STI

Don't get any information	25 % (24 cases)
Media	27 % (26 cases)
Friends/peers	25 % (24 cases)
Youth center	10 % (9 cases)
School	6 %
Family	4 %

- % Who think they are at risk for HIV or other STI: 35 % (24 cases)
- % Who ever tested for HIV\ AIDS: 9 % (6 cases)
- % Who ever tested for Hep.B: 4 % (3 cases)
- % Who ever tested for Hep.C: 3 % (2 cases)
- % Who had a STI in the last year: 6 % (4 cases)
- % Who ever had a STI: 15 % (10 cases)

Additional Questions

Context

- % Who attend school: 43% (29 cases)
 - High school: 43%
 - University: 21%
- % Who work: 11%
- Living place
 - Home with parent: 94 %
 - Flat alone/ with friends: 4 %
- Civil status
 - Single: 99 %
- Family situation
 - One parent: 52% (34 cases)
 - Two parents: 46 % (31 cases)
 - Orphan: 3 % (2 cases)

Risk behaviors for drug use

- Drug used for the first time
 - Cannabis: 87 % (58 cases)
 - Ecstasy: 9 % (6 cases)
 - Alcohol: 3 % (2 cases)
 - Cocaine: 1 % (1 case)
- Number of persons injecting with, in the same place
 - Injecting alone: 17 % (3 cases)
 - 1- 2 persons: 28 % (5 cases)
 - 3 -5 persons: 56 % (10 cases)
- % Who inject himself: 50%
- % Who had shared needles last month: 50%
- % Who had difficulties to find new syringes: 28%
- Places where they find new syringes
 - Pharmacy: 82 %
 - Friends: 12 %
- % Who clean syringe before using: 100%
- Methods of needle cleaning
 - Alcohol: 50 %
 - Rinsing soap & water: 36 %
 - Heating: 14 %

- Places putting the used needles
 - Street: 47 %
 - Places where they inject: 47 %
 - Plastic container: 6 %

Health seeking behaviors & health consequences

- % Who had an overdose: 31 %
- % Who had sought medical treatment for drug use: 33%
- % Who had complication related with drug use: lung infection 20%; skin infection: 3%, abscesses: 3%

- Frequency of complications

Sometimes: 54 %

Often: 31 %

Rare: 15 %

- % Who suffered from depression: 68%
- % Who become aggressive: 68%
- % Who drive under influence of drugs: 67 %

Interventions

- % Who followed any training on drug use: 25 %
- % Who have been taken privately methadone: 31%
- Places being tested for HIV/HepB/HepC: hospital 52%, private clinic: 25%, IPH laboratory: 13%
- % who received counseling before/after testing: 50%

SECTION 6: FINDINGS

c) Qualitative Information

1. Context

By the end of year 1990 Albania became a pluralist country. Since then the country has undergone significant social, economical and political changes, but soon, challenges, successes and failures would become present during this long and difficult transition period. Expectations would become soon replaced by disappointment; optimism would be replaced by pessimism. Under these circumstances, the young people in Shkodra suffer from this chaotic situation. One century ago Shkodra was regarded as the most developed trade city in the region due to its favorable position next to Lake of Shkodra and river Buna. After World War II, Shkodra suffered the consequences of a strictly centralized economy, which seriously hampered the historical position of Shkodra in the region. Actually Shkodra is one of the cities of Albania with the highest level of poverty. It is not a coincidence that majority of young drug users came from families with low economic level.

2. Protective and risk behaviors

Analysis of findings collected through focus groups, interviews and existing information shows that there is an increased tendency of sharing needles and syringes among injecting drug users. Results from the survey show that 74% of IDU share their injecting equipments. We think that this is a serious risk factor for young people injecting drugs and further general population to get HIV/AIDS or HepB/HepC. Sharing is done mainly between closed friends. There are few cases when the respondents have shared the needles/syringes with sex workers. There are several reasons why they share the needles/syringes: sometimes when there is not enough drugs for all, 2 or 3 young people would share the drug contained in one syringe as a sign of group solidarity and not perceive any risks; not having enough money to buy new syringes; trust in their friends; they do not think at the risk at the moment they inject drugs; they fear stigmatization from the community if they go and buy new syringes in the pharmacy (fear to be identified as drug users and disclose their status, as they approximately need 60 clean syringes per month). There is also a low level of health education among the general population, which is reflected at the level of drug users. Young injecting drug users tend to clean their needles and syringes with alcohol (50%), soap and water (36%) and with heating (14%). No one from the respondent is using bleach for cleaning the needles/syringes. From the interviews, it is shown that usually young people inject themselves, but there were few cases when they forced nurses at emergency room in the hospital to inject them medical drugs like morphine or pethidine, when they did not feel secure to shoot or had no drugs.

Findings show that young drug users had a very low level of condom use. Around 65% of the respondents never use condoms, 32% sometimes and only 3% always use a condom. This low level of condom use is due to the facts that: they do not have enough knowledge on the risks of unsafe sex; they trust in their partners; they do not like sex with condoms; some of them who are aware of the risk feel embarrassed to buy condoms. Also those who use condoms, mainly use them for contraception purpose.

Quantitative data collected showed that young people who use marihuana and ecstasy perceive that these substances increase their sexual activity and this group consists of around 40% of the respondents. Also data showed that young people like to combine drugs to increase their sexual desire and performance.

Usually IDU keep injecting equipment with them and discard them in the place where they inject. The interviews with drug users showed that young people organized party, took drugs, alcohol and smoking (sharing between 2 to 3 friends and having sex with casual partners). For IDU who frequent these places, there is a practice to change or share sexual partners. Discarded syringes, peaces of cottons, cigarette butts, devices used to sniff heroin were founded in these places during the observations. It seems that a group of young people frequenting these places are heroin users by both ways, either by injecting or by sniffing.

It is common for young drug users to through used syringes at the places where they inject. This was confirmed by observation done in the shooting places, like the places mentioned above or in parks, toilettes and bars. During one observation in the park the team members saw children playing with needles and syringes, which were on the ground. Our team members intervened immediately by removing these children from the park. Young drug users find their syringes in pharmacy (82%), but are always concerned about stigma. Some of the respondent used to get some syringes at an exchange center, which is now close due to lack of funds.

3. Health and social consequences

There are no official data on HIV prevalence in Shkodra. From those being tested until now in the laboratory of HIV in Shkodra, no one has resulted positive. Around 9% of respondents were tested for HIV. Among the IDU there was one case of HepB declared. There are not any studies conducted on the sero-prevalence of Hep B among IDU. From the respondents only 4% have been tested for HepB. One reason for not testing is the fear of stigma. Data collected from the HIV laboratory in Shkodra show that those being tested are mainly emigrants who have had unsafe sex with casual partners or sex workers. Low level of testing is related with the low level of health education among young drug users and general population, as it is related with the fact that health promotion campaigns usually do not reach this target group, which tends to be isolated and hidden.

Qualitative data show that young drug users, especially inexperienced ones, are at a considerable risk of overdose. Around 30% of the respondents suffered from overdose. Some of the young drug users who have recently started to use drugs are at risk of an overdose due to lack of knowledge and experience. Sometimes drug users increase the dose because the drug is not pure and they want to increase the effect. The respondents explain their medical problems such as kidney stones, kidney infections and muscle and bone aches due to the impurity of the drug. Around 16% of the respondents had skin infections and hematomas. Also 20% suffered from lung infections, of whom two cases were suffering from Tuberculosis. Qualitative data showed that young drug users often have suicidal thoughts. There are no official data on this, but anecdotal information report five cases of suicidal attempts among young drug users with one deceased case. Interviews with medical staff and drug users reported: anxiety, depression, aggressivity. Usually those who use heroin are more likely to be depressive. Around 68% of the respondents suffered from depression, 68% usually become aggressive.

The majority of drug users do not think they are at risk of getting HIV and other STI because of their drug use behaviors. The perception of risk and knowledge and awareness is slightly better among drug users who have a higher level of education (High School or University). IDU usually do not think that should test for HIV because they trust their partners with whom they share syringes or have unprotected sex.

Laboratory data shows that emigrants' drug users are usually going voluntarily for HIV testing. From those tested, there is not any HIV positive cases, but high level of STI are reported. Interviews and focus groups revealed information on patterns of drug combinations

among drug users. Usually they combine heroin plus cocaine, heroin plus alcohol, heroin plus marijuana, heroin plus diazepam. According to them, these combinations increase sexual pleasure. Sometimes these combinations can also cause adverse effects. Data showed that 75% of the respondents use two or more drugs in the same time.

Usually IDU inject in isolated places, abandoned houses, and friends' houses. They start using drugs by taking marijuana or heroin by sniffing and in a few years they start injecting. The reasons for injecting are related with the desire to increase the effect perceived, curiosity, tolerance, to be part of the group (peer pressure).

4. Interventions

Data gathered from sources like UNDCP report and Report of the Toxicology Clinic showed that the only specialized center, which provides medical treatment for drug users, is the Toxicology Clinic of UHC in Tirana. As an ambulatory and hospital center it offers medical treatment for overdose, detoxification and counseling for issues related to harm reduction. There were only few young people from Shkodra who went to this clinic mainly for detoxification treatment or overdose. The majority of young drug users do not use this facility because of the difficulties to afford expenses required for the accommodation, special diet, special medications not provided by the clinic. Also the clinic does not offer methadone treatment, drug users and their families have to cover the cost of the treatment.

The interviews and focus groups conducted with drug users and medical personnel working at the Emergency Ward at Shkodra Hospital showed that this is the only place where young drug users can go to seek medical treatment for drug use. This ward lacks the qualified medical personnel specialized on drug treatment. Also there is a lack on special medications needed for this purpose. Due to these reasons and because of stigma related to drug use, the number of young drug users using this service is relatively low. There are no official data on the number of drug users seeking medical treatment to this ward. Low record is explained by the fact that those who use this service sometimes put pressure on medical staff to not record diagnosis (there is no trust in the medical secrecy).

The NGO "Action Plus" offered for a short period of time needle exchange and some counseling for IDU in Shkodra. It was very limited in terms of the budget, being able to offer needle exchange to only 25 young people.

The Blood Bank in Shkoder serves as testing service for HIV, Hep B & C among blood donors in general. The HIV Laboratory in Shkoder also offers HIV testing. This is a quick test, which needs to be confirmed in one of the reference laboratories in Tirana. Pre- and post-testing counseling is offered to persons asking for testing. Between 1997 and 2001, there were 369 persons seeking testing for HIV, Hep B and Hep C and Syphilis. Almost 95% of them did not use condoms and they were not aware of risk of not using condoms. Almost all of them presented a STI-related problem. Around 2% of them were drug users, a figure that shows the low level of testing among drug users in Shkodra.

The interviews and focus groups with young people, teachers and drug users show that sexual education is introduced in the curricula of the primary school. However, information received is inadequate due to problems related to the training of teachers and their taboos regarding issues like HIV, STI and drug use. In the High School sexual education is included in the Sociology subject and 3 lectures cover smoking, drugs and alcohol.

SECTION 7: DISCUSSION

Even that injecting drugs is not the main way of drug use in Shkodra the behaviors of IDUs increases the vulnerability of the young people to HIV/AIDS. Around 27% of drug users are injecting, of whom 74% share injecting equipments. This percentage is on the increase since IDUs usually inject in places with 3-5 people. These findings related to the low level of health promotion among young people and their low level of education and information on HIV/AIDS and other STI make this group very vulnerable to HIV/AIDS and other STI. Usually young people use different kind of drugs, but the main drugs are: heroin, cannabis, alcohol and ecstasy.

Young drug users present high-risk sexual behaviors to HIV/AIDS. Only 3% of the respondents always use condoms while 65% never use and 32% use it sometimes. These findings are also related to the low level of awareness and knowledge of young drug users on HIV/AIDS, Hepatitis and other STI or drug use. There are not any existing interventions at the public, private or NGO level, offering services for drug users. Setting up prevention or treatment services for drug users is a priority in Shkodra. It is also urgent to set up a detoxicology and treatment unit at the Hospital “J Karamitri” in Shkodra.

It is very important to establish harm reduction programmes in Shkodra, including outreach programme, needle exchange, drop-in center, and methadone programme. Training of police officers from the anti-drug unit, on issues related with human rights, ethics, harm reduction concepts would also be essential. The creation of a hotline for parents would be very helpful, making parents more active and involved on the issue.

In the meantime, the approval of National Strategy on prevention and use of drugs prepared from Ministry of Health and IPH would be an important step on the prevention front. Attempts to improve and strengthen legal and governmental structures dealing with drug problems are seen as good steps, which should developed further to make them more dynamic and effective.

Public awareness campaign for drug use and related problems should be organized with the involvement of media, NGO, public health institutions, schools, etc. It is important to encourage the collaboration between central and local governments and NGOs, which work on drug related issues at local and national level. Policies for psychosocial services at national and community level should be developed. Local government should develop short- and medium-term strategies aiming at raising employment of young people.

Promotion of health life style should be encouraged in youth centers. Further improvements need to be done on the school curricula to ensure that HIV, STI and substance abuse are well taught at schools. Teachers need to be trained to meet the demands of these curricula. Health education should be introduced earlier (third and fourth grade) in the elementary school. Ministry of Education and Ministry of Culture, Youth and Sports should allocate more funds to cover different activities organized for and by young people. These funds should also cover expenses for editing and distribution of IEC materials for young people on healthy life style. Sport and leisure activities for young people in schools should be improved. More efforts should be undertaken to increase and improve the level of public information through the media about drugs, HIV or other issues concerning the young people.

SECTION 8: RECOMMENDATIONS

- Set up of a Detoxification Unit at the Emergency Ward at Shkodra Hospital.
- Set up of outreach programmes for drug users.
- Set up methadone programme for drug users.
- Set up a drop-in center.
- Training of medical staff (a doctor and a nurse) on clinical treatment of drug users.
- Training of police officers from anti-drug unit to improve ethics and empathy of police toward drug users and their problems.
- Set up a center for support of parents having problems with their children regarding drug use (parents' line, counseling, training, education, information).
- Support programmes promoting healthy life style for young people.
- Revising and improvements of school curricula.
- Training of teachers.
- IEC for young people in general and drug users in particular to reduce risk behaviors.
- Improvement of legal framework on harm reduction and outreach programmes.
- Reinforce NGO capacities to extend service coverage for drug users.
- Support and implement policies at national and community level to reduce drug use.

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APPENDIX 1

Assessment of Training Workshop in Tirana:

Day 1

Presentation section – very good

Exercises during the training – very good

Content of presentations – normal

Amount of exercises – normal

Most useful topics during the training – RAR methods; assessment in four different areas

Training place – good

Day 2

Presentation section – very good

Exercises during the training – very good

Content of presentation – normal

Amount of exercises – normal

Most useful topics during the training – Theories on survey, focus group, interviews

Training place – good

Day 3

Presentation section – very good

Exercises during the training – very good

Content of presentations – normal

Amount of exercises – normal

Most useful topics during the training – Methods of assessment: Mapping, observation; Analysis; exercises on focus groups; ethic considerations

Training place – good

APPENDIX 2

Question Guide for Focus Groups and Interviews

Context

With target group- drug users

1. Which is the social environment where young people live?
2. Age/ sex breakdown.
3. Level of education.
4. Level of employment.
5. Family status and who are they living with?
6. When did they use drug for the first time and what did they use?
7. Which are the reasons for using drugs?
8. Which are the effects they get from drugs; do they think these effects would influence their behaviors?

With IDU

1. What age did they start injecting drugs?
2. How did they start injecting?
3. Where do they inject? Alone or with other people?
4. What is the quantity of injected drug?

Protective and Risk behaviors

1. Did they act damaging themselves being under the influence of drugs?
2. At what age did they have their first sexual intercourse?
3. How many sexual partners did they have in the last year and did they use condoms?
4. Have you had sexual intercourses under the influence of drugs or for getting drugs?
5. Reasons for using or nor using drugs.
6. Do they have any information and knowledge on HIV/AIDS, other STI, Hep B, and Hep C and do they know ways of transmission, and risk of using drugs? Where do they get the information?
7. Is the drug influencing the sexual activity?

With IDU

1. What the extent of needle/syringes sharing among IDU?
2. With who do they share?
3. Why do they share?
4. Do they inject by themselves or someone else is doing that?
5. Do they clean the needles?
6. Where do they find the syringes? Where do they through those?

Health and social consequences

1. What is the extent (prevalence) of HIV, HepB, HepC among DU?
2. Do they suffer from skin, lung infections?
3. Do they suffer from overdose?

4. Do they suffer from suicidal thoughts?
5. Do they suffer from depression, anxiety, aggressivity?
6. Have they ever been tested for HIV?
7. Do they combine drugs and how?

Interventions

1. What kind of health services is offered for drug users?
2. Are these services accessible to young drug users?
3. What information on HIV/AIDS/drugs/STI is included in the school curricula?
4. What is the awareness of young people for the above programmes?
5. What are the health promotion programmes offered in the schools?
6. Have young drug users ever thought of quitting drug?
7. Which are the most effective activities for the young people:
 - a) Organizing of activities for/by young people
 - b) Law enforcement
 - c) Increase the awareness of young people and their families
 - d) Offering appropriate treatment options for drug users
 - e) Update information of young people about drug use
 - f) Set up methadone programmes
 - g) Set up of detox unit at emergency ward at the hospital
 - h) Set up of drop-in center
 - i) Establish peer education programmes
 - j) Set up of parents' line
 - k) Introducing sexual education at 3rd and 4th grade of elementary school
 - l) Training of police officers to increase empathy toward drug users

With medical personnel

1. What can you tell about drug users, age, family status, education level.
2. Do they seek treatment and how often?
3. Are they satisfied from the existing services?
4. Are these services free of charge or they have to pay?
5. Can they afford these services?
6. What kind of medical assistance is offered to drug users?
7. Is this service efficient?
8. Do they think DU suffers from suicidal thoughts?
9. What should be improved in these services?
10. What medical services are missing?
11. How friendly are these services with young people in general and drug users in particular?
12. What kind of services do they propose for the drug users?
13. Do they think these specialized services would have an impact on drug users?

With teaching staff

1. Social environment of young people.
2. School environment.
3. Health promotion offered in school.
4. How is delivered?
5. How effective is the education programme and curricula about drugs, HIV/AIDS, STI in order to influence on their risk behaviors?
6. Social and economic situation of families of drug users?
7. What do they propose to improve level of education to prevent drug use?

With policy makers

1. What programmes and strategies do they propose to prevent drug use among young people?
2. Do they perceive those as priorities? If yes, have they developed short- and medium-term strategies?
3. How effective are the existing services and interventions?
4. What is missing?
5. What should be improved?
6. What do they think about non-existing interventions?

APPENDIX 3: MEGA GRID 1 DRUG USERS AND RISK OF HIV/AIDS

RAR Place: Shkoder
Date: 15 November – 30 December 2001
Assessment area: CONTEXT

Area of assessment Key questions	Findings	Source of data	Comments
1- Demographic data	Deaths from drug use		No official data exists
2-Family socio-economic situation	Minimal incomes, increased unemployment. Almost all drug users come from families with low economic level. A small number come from families with average economic level.	Interviews with DU Existing Information	According to UNICEF report: Assessment of Socio-economic situation in Albania December 2000Shkodra falls in the third category of poverty level, which means almost extreme poverty. Those who suffer more the consequences are young people who present 31% of population.
3-Education level	Majority finished primary school; a part finished or is continuing high school.	Interviews with DU	
4-School curricula on HIV/AIDS, STI, and drugs	In primary school exists as a separate subject and consists of 17 hours in second term. In high school is not a separate subject but 3 lectures on drug, tobacco and AIDS are included in the sociology subject.	Interviews with teachers Focus group with teachers	Even if it is developed as a separate subject, quality of teaching is low, due to a stigma and embarrassed attitudes of teachers. Lack of information.
5- Young people's knowledge gained from these programmes in school.	Majority of young people perceive they don't get to much information on sexual education	Interviews with DU Interview with teachers	Due to the fact that these issues are considered as taboo by the society in general and teachers in particular, they do not pay enough attention to deliver messages properly or discuss these in groups. Young people would want more information on drugs and consequences.
6-Family structure	Majority of drug users have divorced parents, and then some of them come from families with abusive parents, one or two dead parents, or emigrated parents. A small percentage comes from nuclear families.	Interviews with doctors Interviews with DU Interview with person working for Counseling Centre for w&g	The number of divorces is increasing. There are increased reports of family violence cases.

Area of assessment Key questions	Findings	Source of data	Comments
7- Access to medical care	The only place where DU can seek treatment is Emergency Ward at the Shkodra Hospital. There is a lack of medicaments. There are no recorded data on drug users on the register of the ward. Doctors do not record diagnosis because of family's pressure. Drug users and their parents do not want to get identified as such by the community. There are cases when drug users sought treatment in the Toxicology Clinic in Tirana, or Casa Emanuel in Tirana. According to statistics from Toxicology clinic, number of drug users from Shkodra seeking treatment consists of the third city of origin for all clinic patients.	Interviews with DU Interviews with medical staff at emergency Room at Shkodra Hospital Existing information from Tox Clinic - Tirane	There is not any specialized clinic which could provide medical treatment for DU. Specialized medical staff to deal with DU is missing. There is a stigma and prejudices about drug use. Fear from opinions of the community. The service in Tirana Clinic is good, but the access is poor due to expenses that families of DU have to disburse for treatment, lack of proper accommodation, special diet, and special medicaments. Government is not covering the methadone treatment programme.
8- How affordable are the services offered	The service provided is free of charge but incomplete. The full treatment is very expensive, which cannot be afforded by families of DU. There are no funds for methadone treatment. The only medical treatment in Shkodra consists of an unspecialized medical help offered at emergency unit at the hospital.	Interviews with DU Interview with medical doctor at emergency room, at Shkodra hospital "J. Karamitri	Not favorable economic situation of families in Shkodra. Most of them live under the minimum level of poverty. Methadone treatments for 3-4 weeks costs 10,000 lek (app \$ 600)
9- Level of health promotion and services provided in schools	In schools is provided only stomatologic care, while young people need doctor, social worker and psychologist.	Interview with DU Interview with doctor	Lack of funds to support health promotion at school.
10- Social environment and leisure time	Usually drug users hang around with other DU. They usually frequent discos, bars and go to each other's houses. They do not have hope in their future.	Interview with DU Focus group with DU	They end up using drugs due to this insecure situation; desire to escape from the reality and pressure of society.
11- Most used drugs	*Heroin, marijuana *Ecstasy (less likely because it costs more. In Shkodra ecstasy uses around 6.8% of the respondents. These young people come from families with good incomes and are more educated. Ecstasy comes from Tirana. *Before medical drugs like pethidine and morphine were more commonly used. Heroin is increasingly used. Opium was the main drug used during the nineties.	Interview with DU	* Average age of DU is 17 years of age. * Mean age of starting drugs is 13-14 years of age. UNDCP report shows that drug is used more from young people attending school at age 12-18 years but also the age group 18-35 years. There is an increase in drug use among the Roma population. Mean age of starting using drugs is 12-13 years of age. Today around 60% of them are Roma population.
12- Drug used for the first time	*They start with marijuana, and then they switch to heroin in a few months period. *Start with sniffing heroin and later injecting. Start with cocaine and then switch to injecting heroin.	Focus group with DU	

Area of assessment Key questions	Findings		Comments
13-Mode of using drug	Smoking and sniffing like mentioned above. Injection route is very important to be considered whatever the extent of this route is. This is due to high risk and low level of awareness among drug users. It includes 26% of cases seeking treatment with this trend during the last years: in 95–29%, 97–34%, 98–19% and 99–26%. Percentage of mode of use: smoking 75%, sniffing 50%, injection 16%.	Interviews with DU UNDCP Report 2001 Drug and students	
14-Influence of gender issues on drug use.	The figures of percentage of female drug users in Shkodra are low. These figures do not reflect the real situation. Because of stigma and pressure from society female drug users tend to be very hidden and difficult to reach. Ratio M/F 11/1	Interviews with DU Interview with coordinator of youth center “Four Rooms” Existing info	UNDCP report, 2001
15- Legal situation	*December 2001 Albanian parliament ratified the UN convention against the illegal smuggling of narcotics. *On March 2001 it approved the law of prevention of illegal substances and established the inter-ministerial Committee for Drug control. *Penal code of 1995 amended the law Nr.82/79 in 1998 and lately in February 2001 related with penal acts on drugs. It is considered criminal act to produce, deliver, sell of illegal substances (Art.283), traffic of narcotics (Art 283/a); facilitate of drug use (Art.283/b); cultivate of narcotic plants, produce and fabricate of narcotic and psycho trope substances (Art.284/c); create and manage of organization which produce drugs illegally (Art.284/a), produce and traffic of chemical substances; (Art.285) Drug users are not found guilty by actual law. *Those being caught with 3 doses are considered as dealers and punished up to 15 years of detention. *Law Nr. 79/75 date. 26/07/95 “On narcotic drugs and psycho trope substances” establishes the rules for production, fabrication, importing, exporting, trading, control, and preserve of narcotic medication and psychoactive substances.	Interview with chief of anti drug unit at Police Directory, Shkoder. Manual of Legislation of Health Care in Albania (UNPPA, UNICEF 2001) UN convention on “Children’s rights and Albanian legislation. T.Zaka- 2001 Decision of Council of Ministers Nr 412 on 25/05/1996 “On establishment of National Committee for drugs” acting as an interinstitutional structure led by deputy Prime Minister. (Report of UNDCP-2001)	Drug users who are caught are kept in Police station for 12-24 hrs and released after counseling. It is now time to increase the legal support of community centers for harm reduction and psychosocial assistance for DU. Up to now those are only operating based on an agreement with anti-drug structures of Ministry of Public Order (Memorandum of Understanding).
16- Relationship of Drug users with justice system and law.	Not good	Interview with DU Interview with chief of anti drug unit at police dept. in Shkoder.	Drug users complain about the behavior/ attitudes of police towards them. They don’t want being prejudiced as criminals but as victims of crime. Police said they stop drug users and advice them not using drugs.
16/a Position of justice system	Justice system is inefficient, prone of corruption, under qualified judges.*Law education inefficient.*Salaries of judges are low.*Safety of judges is weak.	USA Report on Albania 2000	

Area of assessment Key questions	Findings	Source of data	Comments
16/b Corruption	High level of corruption among public administration	Report of WB 2000	
17- Safety perception among young people	They do not see any perspective, feel pessimistic for their future. After starting drugs, they cannot live without drugs, and do not trust in themselves anymore (low self-esteem).	Interviews with DU Focus groups	There is psychological and physical dependency among drug users.
18- Risk factors for drug use.	*Poverty*High unemployment rate among drug users*Unstable social economic and political situation*Increase of illegal smuggling of narcotic substances in the country.*Snobbism, trendy tendencies.*Young people need new experiences.*Peer pressure.*Family situation.*Curiosity*Want to be part of the group.*Need of young people to feel stimulated.	Interviews with DU Existing information, source: Office for Coordination and development - Shkoder Report of UNDCP, 2001 Albanian Human Development Report 2000 ZZHK-BSHDA-SH	Regional network Turkey, Bulgaria, Greece, Macedonia, Italy and Montenegro.
19- School environment of young people	Generally from observation of school environment, it was seen that these places are in better conditions than the community (pollution and infrastructure)Teaching staff in school pays attention towards young people's behaviors inside schools. Sexual education and drug use prevention is still considered taboo.Observations in 3 schools concluded that young people smoke but without sharing.	Observations in high school"28 Nentori "Observation in high school"Oso Kuka" Observation in high school"K. Idromeno"	Observation in these schools was undertaken because of the previous information that young people there presented risk behaviors for drug use. A year ago, behind the wall of high school "Oso Kuka" discarded syringes were found . Police said they have taken measures regarded this problem.It is a known fact that at the courtyard of the high school "28 Nentori", drug has been delivered for a while.
20-Number of drug use.	Tirana 10,000 Shkodra around 760 1995-5000 DU1998-20000 DU2000-30000 DU More DU in urban area.	Existing information Ak-sion+ (study) (KKSHP 1999) Report of UNDCP, 2001.	
21- Age group of drug users.	For Shkodra Average age is 17 years of age.From the group studied resulted that age of starting using drug is 15 years of age. While age of starting injecting drugs is 18 years of age.There is an increase of drug use among the age group 15-17	Interviews with DUInterview with chief of anti drug unit. Report of UNDCP, 2001.Assessment of knowledge, attitudes, opinions and behaviors in Albania.	

Area of assessment Key questions	Findings	Source of data	Comments
22- Places where use drugs 23-When first started to use drug.	Friends' homes. Parties,Bars, discos, casinos etc.In Shkodra there are also some places where drugs are delivered and used:Pubs, discos, in one abandoned house in the outskirts of the city where DU get together, and deliver and use drugs. They have party in this place. They have sex with casual partners; share the partners (group ritual).	Interviews with DU Interview with chief of anti drug unit of police dept. Existing Information KKSHP 1999	
24- Geographic distribution	Since 1993, after the fall of totalitarian regimen and openness of Albania toward the world. In Shkodra, drug was brought and used from young people coming back from emigration.	Report of UNDCP2001 Interviews with DU	
25 –Route of transmission of HIV/AIDS	Tirana around 80%Durres, Shkoder, Kavajë,Shijak, Vlore, Berat	Report of UNDCP2001. Report of KUT Contact CenterNovember 2001	
26- Potential factors enhancing spread of HIV:	Sexual in 85% of cases, including hetero homo and bisexual. More than 80% of cases reported to have contracted infection abroad.	HIV/AIDS in South East Europe.July 2001	
	*Social changes due to openness of the country.*High level of population mobility.*Further liberalization of sexual behaviors.*Trafficking of women and girls.*Lack of sexual education.*Lack of women empowerment*Low level of health education and awareness of population.In case of Shkodra should be added other factors:*Shkodra on the trafficking routes of women from Eastern Europe to Italy.*56% of those tested for HIV have had unprotected sex with sex workers.*From the respondents there is a tendency for young people to have unprotected sex with casual partners they meet in disco, party or having multiple partners or sharing of partners between friends.*Common practice for IDU to have unprotected sex with their partners, users or not, and share syringes with partner or close friends.*Difficult socio economic, political situation, lack of information, and scarcity of services to prevent or reduce the harm.	HIV/AIDS in South East Europe July 2001 Interviews with DU Report from Laboratory of HIV in Shkoder	

MEGA GRID 2 DRUG USERS AND RISK OF HIV/AIDS

RAR Place:	Shkodra
Date:	15 November – 30 December 2001
Assessment area:	Health and Social consequences

Key areas and questions	Findings	Source of information and validity	Links\ Comments
1-What is the extent of HIV/HepB/HepC?	Among DU interviewed there is one known case with Hep B.	Information from Infectious Diseases Hospital Information from Lab. of HIV/AIDS	Data are not reliable. We think the frequency might be higher but official data on HIV and Hep B/C are very scarce.
2-Which is the frequency of overdoses?	Among users of light drugs there are no cases of overdoses reported. Among sniffing DU there are reported cases of overdose as it is seen also among IDU who have just starting to inject. Around 31% of DU who responded had an overdose.	Interviews with DU Focus group with medical personnel	The reasons for overdose are related with: Impurity of drug available. There are young drug users blaming the impurity of drug for causing kidney problems. Desire to get a stronger effect. Inexperienced IDU who start injecting.
3-Which is the extent of respiratory and skin infections among DU?	Skin and pulmonary infections are common among DU. For the period 1999-2001 from 41 cases diagnosed with TB 2 are DU. 20% of the respondents had lung infections. 13% of them have skin infections.	Interviews with DU Focus group with medical staff Existing information from Pulmonary hospital.	Usually DU who have skin or lung infection seek treatment in the hospital but they try to hide the fact they use drugs. They even threaten staff not to put drug use as a cause.
4- Suicidal thoughts among drug users.	There are some anecdotal data on suicidal attempts among drug users, especially among cocaine users, (5 cases reported).	Interviews with DUFocus group with medical staff.	This condition is related mainly with underlying problems the young persons are facing in their personal life or family, their personality and type of drug he/she takes. There are no official data about these cases, which tend to be kept hidden. It is thought that suicides are frequent.
5- Disturbance of Nervous System, depression, agresivity	Majority of drug users suffer from nervous system disturbances, presenting anxiety, depression, aggressiveness. The frequency is higher among those DU who are anxious by their nature, or those who have unstable personality.	Focus group with medical staff. Interviews with medical staff. Interviews with DU	Aggressiveness is related to their life circumstances. They showed aggressiveness by threatening doctors not to put diagnosis of drug use in the medical report, or by forcing doctors to inject them medical drugs like morphine. Heroin users tend to have depressive mood.

Key areas and questions	Findings	Source of information and validity	Links\ Comments
6- Level of knowledge and awareness about the drug use and risk of HIV, STI and Hep B and C	Only a small percentage of drug users have enough knowledge on drug use, unsafe sex and risk of HIV. Majority of them do not think that STI or Hep B and C are related with injecting. Among drug users who have finished high school there is a better knowledge about this problem.	Focus group with medical staff Interviews with IDU Interview with doctor of HIV lab	Majority of drug users have finished primary school. Among them risk for getting HIV, HepB, Hep C is higher.
7-Level of HIV testing	HIV testing is done mainly from drug users who went abroad and had unprotected sex with sex workers. From those tested there isn't any positive case for HIV but some had STI. Level of HIV testing among drug users is generally low.	Interviews with IDU Focus group with IDU Interview with staff of HIV/AIDS laboratory in Shkoder.	IDU who did not go abroad trust their partners for both unprotected sex and syringe sharing, so they do not perceive testing as a necessity.
8- Do they mix drugs and what kind of combinations?	Majority of DU do mix drugs, the most popular are: heroin +cocaine;Drug's Cocktail 1 : 3 such as Heroin +alcohol;Heroin + Maithuana;Heroin + Diazepam	Interviews with IDU Interviews with IDU Observation	Mixing increase the effect. Also it increases sexual desire, especially combination heroin + cocaine. Drug combinations may cause undesired effects.
9-Place and mode of injections	Mainly hidden from people's eyes, behind walls, toilet, friends' homes. In Shkodra there is an abandoned house where drug is delivered and used. Drug is also used in the park, in some ruins at the outskirts of the city.	Interviews with IDU Focus group with medical staff of the Emergency Ward at Shkodra Hospital.	
10- How do you switch to injecting drugs?	Desire to increase the effects of drug, due to tolerance gained, curiosity, and group's pressure.		Injecting drug use is on the increase.

MEGA GRID 3 DRUG USERS AND RISK BEHAVIORS FOR HIV/AIDS

RAR Place: Shkoder Date: 15 November – 30 December 2001 Assessment area: Protective and risk behaviors			
Assessment areas and key questions	Findings	Source of data and validity	Links/ Comments
1-What level of syringes/ needle sharing exists among IDU?	There is an increased tendency of sharing of syringes among IDU. Sharing needles with partner or close friends is a norm.	Interviews with IDU Focus Groups with IDU Existing information.	This is a risk behavior for HIV, Hep B or Hep C.
2-Who do they share with?	Mainly with friends in groups of 2 or 3 persons as sign of trust inside the group. They share with sexual partners. They shared syringes with sex workers in some occasions.They get together in an abandoned house in the outskirts of the city, where they have parties, inject drugs, have sex with casual partners, share partners among close friends. This is done frequently like a group ritual. Usually younger people seem to be more active in these activities.	Interviews with IDU Focus Group with injecting drug users	*Perception of protection is very subjective due to the trust they have.*When there are not enough drugs for all of them they share this quantity of drug from the same syringe.
3- Why do they share syringes?	*When the drug is not enough they share the “stuff” as sign of group solidarity, injecting 2 or 3 persons with one syringe.* Don’t have enough money to get new syringes.* They trust their close friends.*When they need to get drug they do not think too much about the risks.They do not buy syringes often, as they fear of being identified and stigmatized by the community as drug users.There is a low level of health education of general population. Sometimes drug users think it is useless to get protected because they will get infected anyway one day.	Interviews and focus groups with injecting drug users Interviews with IDU HIV and NGOs in Albania, UNDCP 2001	Usually one drug user who injects needs 60 syringes per month and 720 per year. Due to social norms in the community the injecting drug user who would buy syringes would be stigmatized.
4-Do they clean the needles and syringes?	In most of the cases syringes are cleaned with alcohol, water and soap or sometimes with heating.	Interviews with IDU	Confirmed with questionnaires.
5-Do they inject by themselves or someone else helps them?	Majority of them inject themselves. Sometimes, when don’t feel secure with themselves, or do not have the drug, they threatened nurses at the emergency ward to inject them pethidine or morphine. Sometimes friends inject them.	Focus group with injecting drug users. Focus group with doctors.	Confirmed from questionnaires.Those who have just started shooting might also risk overdosing.

Assessment areas and key questions	Findings	Source of data and validity	Links\ Comments
6-Do they practice safer sexual intercourse?	Majority of drug users do not always use condoms.	Interviews with IDU KABP study in Albania.	Some of them are not aware of risks of unsafe sex. Some of them trust in their partners. Sometimes, due to social norms and beliefs, they feel ashamed to buy condoms in the pharmacy. Those who use condoms, care more about contraception than HIV or STL.
7-Does drug affects the sexual activity?	Young people who use heroine claim that their sexual desire is lower. Also those who use cocaine claim a negative effect on the sexual activity. Ecstasy and cannabis increase sexual activity.	Interviews with drug users	Confirmed with questionnaires.
8-Where do they keep syringes?	Usually they are carried along with the injecting package.	Interviews with IDU	
9-Where do they throw those?	Wherever they are after using those.	Interviews with IDU Observations	
10-Where do they find syringes?	They buy them in pharmacy, but are very careful not to get too much exposed. From friends	Interviews with IDU	

MEGA GRID 4 DRUG USERS AND RISK BEHAVIORS FOR HIV/AIDS

RAR Place:	Shkoder
Date:	15 November – 30 December 2001
Assessment area:	Public and private health services

A - Existing

Assessment areas & key questions	Findings	Source of data and validity	Links\ comments
1- There is only one specialized center for drug treatment in Albania: Toxicology clinic at the Military Hospital in Tirana.	Here is offered treatment of overdose and detoxification. It is the only national center, which offers treatment, detoxification, and counseling for risk reduction of drug use and problems related to it. Some young drug users from Shkodra have sought treatment for detoxification and overdose in this center.	Report of UNDCP Report of University Clinic of Toxicology Center of Contact (November 2001)	Few young people from Shkodra who use drugs have sought treatment in the clinic in Tirana, only those who could afford the expenses. Majority of drug users in Shkodra cannot afford the high cost of this treatment: expenses for accommodation, diet treatment, psychosocial assistance, and medications. Government does not have funds to support methadone treatment so families of drug users have to cover the treatment costs (treatment costs 10,000 Lek per 3-4 weeks, app. \$ 600)
2- Emergency Ward at the hospital " J. Karamitri"-Shkoder	This is the only place where young drug users can seek treatment. The medical staff here is not trained for treatment of drug use and its complications. Attitude of personnel is good, but there is a lack of several medications. There are no official data or records of the number of drug users who had sought treatment here. This is because relatives of drug users put pressure on doctors not to record the drug use in the medical records.	Interviews with drug users Interviews with medical staff of emergency ward of Shkodra hospital.	There are no official data on how many drug users sought treatment in this ward.
3-Center for harm reduction Aksion + Stop AIDS	For a short period of time there was implemented a programme of counseling, raising of awareness and a limited needle exchange programme. These services were offered to 25 young drug users.	Interviews with DU Interview with one staff member of the center.	It is important to enhance and extend these programmes further. Other type of services like outreach service should be offered to drug users.
4- Blood bank center	For the period November –January 2001, 954 tests for HIV, HepB and syphilis were done among blood donors. Testing is accompanied by counseling.	Report of Blood Bank center (2001)	

Area of assessment Key questions	Findings	Source of data	Comments
5-Laboratory of HIV/AIDS	Offers HIV testing. This is a quick testing (ELISA), with a confirmatory test done at IPH or UHCT. Pre- and post-test counseling is offered. For the period 1997- November 2001, 369 people were tested for HIV and Syphilis. A survey done with these people resulted that 354 do not use condoms. All reported symptoms of STI. Seven of them were drug users.	Report of Laboratory HIV/AIDS (November 2001)	
6- School curricula on HIV STI and drug use.	In the elementary school there is a separate subject (17 hours in the 2 nd term). In the high school there are 3 lectures included in the subject of sociology (tobacco, alcohol, drug).	Interviews with teachers Focus group with teachers Interviews with drug users	There are books for teachers and students and exercises notebooks for pupils. Teaching infrastructure is missing. Teachers are not properly trained.
7- Young people's knowledge about these programmes.	Majority of young people interviewed say they do not have strong knowledge. They want more information and education on drugs and consequences of their use	Interviews with DU	Even if it is a separate subject, teachers neglect teaching sexual education due to taboos and stigma.
8- What kind of health promotion is offered in schools?	In schools is offered only stomatologic service.	Interviews with DU Interview with doctor	There are no funds to support the health promotion of young people.

B - Interventions needed

Area of assessment Key questions	Findings	Source of data	Comments
1-Public health care services	*Detoxification unit (2 beds) needs to be set up at the emergency ward at “ J. Karamitri” hospital.* One doctor from this ward should be trained for drug treatment issues.*The prices of medicaments used for drug treatment should be reduced.* Establish a methadone center.	Interviews with DU Interview with doctor at emergency ward	Shkodra is one of the biggest cities with a considerable number of drug users. However there is not any public or private services offering treatment for drug users. All drug users interviewed said they want to have a proper health care service.
2- Services provided by NGOs	Drop-in center for young drug users Outreach work through peers. Set up of “ Parent’s Line” center to support parents in their efforts of helping young people.	Interviews with DU Interviews with teachers. Interview with manager of Center of Care for Women and girls- Shkoder	These centers should be established in the community. Due to taboos and social norms existed in Shkodra, drug users would need confidential services to avoid stigma.
3-National policies and strategies.	A better inter-institutional collaboration needed to improve health promotion toward HIV/AIDS, STI and drug use. National strategies need to be implemented to cope with this issue. National and community policies for psychosocial services should be designed.	Interview with MP of Shkodra F. H. Interview with chief of Education Directory. Interviews with teachers. Interview with manager of CCWG-Shkoder.	
4-Community strategies and policies.	More programmes aiming at integration of young people in the community are needed. Strategies of employment, which give a priority to young people, should be implemented. Municipality should design short- and medium-term strategies.	Interviews with personnel in prefecture. Interview with manager of CCWG-Shkoder	
5- Education and health promotion in schools.	*Centres for health promotion for young people should be set up. School curricula on sexual education should be refined further to respond to the needs of young people. Teachers should be retrained and re-qualified according to these needs. Health education should be introduced as a separate subject in the 3 rd and 4 th grade of elementary school. The budget for health promotion and education in schools should be increased. Other leisure activities for young people in schools should be supported. More promotional materials on these issues should be produced. All sportive and other leisure places for young people in schools should be rehabilitated.	Interviews with DU Interviews with medical personnel. Interviews with teachers.	

Area of assessment Key questions	Findings	Source of data	Comments
6- Media	Reinforcement of media as an important preventive and educative mean.	Interview with journalist of radio Shkodra	
7- Role of family	Work with family should be strengthening to include discussions on problems of young people, better communication, and understanding of youth cultural norms.	Interviews with teachers. Interview with manager of CCWG-Shkoder	
8-Role of individual	Sensitizing campaign on role of young people in society in this transitory period.	Interviews with teachers.	
9- Law enforcement.	*Strengthen the role of police in the fight against trafficking of drugs and human beings. *Special police officer of the anti- drug unit should be trained to improve ethics and empathy towards drug users, respecting law and human rights.	Interviews with DU	Social norms put drug users in a stigmatized position. They should be treated as victims of drug use not as criminals.

