Rapid Assessment and Response on HIV/AIDS Among Young Drug Users in Tirana

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RAR LOCAL TEAM

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EXECUTIVE SUMMARY

Context

In Albania, as in other countries of South Eastern Europe, information on HIV/AIDS through drug use has been incomplete and far from reflecting the reality of this preoccupying public health problem. The difficult transition, in-depth changes, (including drastic changes in social-cultural norms), alternated with social-economic and political crises have resulted in a sensitive and threatening increase of factors influencing the use of psychoactive substances. The transition allowed the extension of worrying phenomena such as: drug production/smuggling and use, trafficking of human beings. A number of issues should be solved such as improvement of access to services, education possibilities, employment opportunities, health indicators, reduction of incidence of stress and conflict, etc. It should be noted that there is an obvious increase of risky behaviours, especially among young people, who constitute an essential part of Albanian population. The increase of drug use is related to several factors such as: increase production and smuggling of illegal drugs; attitude and behaviour changes of young people; increase of migration within the country, as well as emigration abroad; socio-economic problems young people faced by young people, etc. Albania quickly drew the attention of regional trafficking networks, becoming thus a transit point, which also led to increase availability of the variety of drugs in the market. In Southeast Europe including Albania, drug use and injecting drug use (often associated with rise of HIV cases) have increased recently.

Rapid Assessment and Response (RAR)

Methodology of RAR aims to overcome limitations of traditional public health data collection by:

- Filling the gap between research and public health interventions to enable their consistency.
- Trying to establish local alliances through creation of the Community Advisory Board.
- Facilitating quick results and launching of consistent actions.
- Developing local capacities for the evaluation of situation and progress inter ventions.

It uses multi-methods and a variety of data sources to assess and respond to complex public health problems such as: HIV/AIDS and drug use. The RAR on HIV/AIDS among young drug users in Tirana was implemented from 15th October 2001 to 30th January 2002. The National Core Team, consisting of a National Coordinator and 4 local Coordinators, participated in a Regional Training Workshop in Neum, Bosnia Herzegovina from 22nd to 26th October 2001. The Training Workshop for the local teams was held in Tirana on 8th-11th November 2001. Primary and secondary data sources selected from different methods were used. The team followed a flexible research approach, mainly through induction. A number of recruitment and sampling strategies were used. The selection of sample was done in hard-to-reach target such as drug users and injecting drug users. This was managed following principles of confidentiality and voluntary participation. The team was trained to collect, evaluate and triangulate data. Training and establishment of a multi-disciplinary team reinforced the capacity of local team. A Community Advisory Board (CAB), with representatives from main local authorities of Tirana district, was also established.

Recommendations for interventions were made during the RAR implementation. Future interventions should be discussed with CAB and policymakers, donor organisations, as well as local institutions and NGOs. Proposals for interventions shall be processed further.

Findings

RAR results in Tirana show:

- Drugs of different kinds, including heroin are available in Tirana.
- There is an increased use of different drugs from young people, with an increasing use for those who are below 19 years of age.
- There is an increase of injecting drug use.
- There have not been any HIV positive cases among injecting drug users (IDU) so far.
- There is a considerable level of overdoses.
- There is a high level of syringes sharing, which is related to risk of HIV and hepatitis B, especially among IDU.
- Favourable conditions exist for an increase of drug use among young people.
- A special concern is the use of injecting substances such as heroin, which have high potential of dependency as well as social and health consequences.

Obstacles for interventions

- Lack of policies and national strategies for prevention and reduction of drug use.
- Lack of coordination between policies and programs on drug issues and their implementation.
- No adequate relations among police forces and drug users (DU).
- Illegal substances are taboos among families and community.
- Insufficient "outreach" work and prevention services for drug users.
- Lack of coordination for primary prevention.
- Underequippment of services of secondary prevention and treatment.
- Lack of policies for "tertiary" prevention (harm reduction).
- Medical staff, social workers, counsellors working in public sectors lack expertise to care for drug users.

Intervention opportunities

- Presence of a relevant capacity and expertise in the country to make policies and implement interventions.
- The law on prevention of illegal trafficking of narcotics is approved.
- The Inter-Ministerial Committee for drug control is set up.
- The role of anti-drug police units has improved.
- At the community level, there is willingness to contribute to set up interventions.
- There is a will to improve primary prevention in schools, community and media.
- Secondary prevention: dedicated professionals, specialised in caring and counselling drug users, are eager to improve services.
- "Tertiary" prevention: NGOs are willing to expand their harm reduction activities and "outreach" programs.

Priorities for action

Based on findings and recommendations, a number of intervention priorities should be realized in 2002:

1- Finalize and approve national policies and strategies for drug prevention

2- Improve effectiveness of inter-ministerial structures

3- Enhance the effectiveness of existing services

4- Set up a mechanism for information dissemination and coordination of implemented activities.

5- Improve the law for drug users

6- Improve coordination of activities between local authorities and local NGOs operating in this area.

SECTION 1: INTRODUCTION

In 1991 Albania undertook political and economical reforms that aimed at building a democratic system, protecting human rights and improving living standards in a free market economy. The geopolitical position of Albania next to ex- republics of Yugoslavia and Greece as well as its proximity to Italy gives it a unique position for its general social and health development in the Mediterranean basin. Since the fall of communism, 10 years ago, transition from a centralized economy to a more developed trade economy has had a great impact on Albania's population. In 2001 population was 3,087,159, out of which 42% live in urban areas and 58% in rural areas. Albania is characterized by a relatively young population of an average age of 28.6, where age group below 19 years constitutes 42% of the total population. The population of Tirana, the capital city is 523,150 inhabitants.

Political Situation: The socialist Party is in power since 1997, but political forces do not seem to reach a consensus to cooperate in favour of the country and its constant development**.**

Economical Situation: Albania is one of the poorest European countries. In 2000, average income per capita was 810 USD (World Bank). Unemployment continues to be high: 15% in 2001. Albania is regarded as a country of a low level of social, economic and political security with high criminal rate.

Poverty and groups at risk: Poverty level is declared to represent of 29.6% of the population, 15% of which live in extreme poverty. Groups at risk include children at risk (orphans, employed or abused, those abandoning schools, etc.) women at risk (unemployed, housekeepers, trafficked sex workers etc.), lonely elderly, youngsters at risk (drug or alcohol addicts, school dropouts, unemployed, those involved in criminal activities etc.) handicaps and invalids.

Education system: During the last 10 years, has faced problems related to teaching methods, infrastructures as well as management of human resources. Many reforms and restructuring have been undertaken. One of the most serious problems of education is dropout either in elementary schools (mandatory) or high schools, and this especially in rural areas. Over population in urban zones, mainly in Tirana and Durres, has created problems not only in terms of geographical distribution of schools, but also for appointment of teachers. In urban zones the number of students per class is increasing. Schools are not functioning as the cradle of cultural, social and sportive life.

Health system: Social economical changes happening in Albania present a new difficult challenge for the people with regards to services including sexual and reproductive health service. Migration towards urban centres puts new demands on the health sector. There are not any aspects of health and health care, which are not affected by the social-economic and demographic changes. Changes of social norms and behaviours, including sexual behaviours, are bringing up new phenomena like prostitution. Uncontrolled population movements and the difficulty to register these movements have affected the immunization of children. Health services also face new problems for which there is lack of experience, such as: drug use and

STI. There has been not only a reappearance of eradicated diseases such as syphilis and gonorrhoea, but since 1993, 73 cases of HIV have been reported, of which 23 cases have developed AIDS and 14 have died. The fact that the incidence of HIV infection in Albania still remains low does not mean that AIDS is not a problem in Albania. All favourable conditions are present for a rapid spread of the virus. Public information programs, especially in rural zones, are inappropriate. Fighting against AIDS has been hindered by weakness in diagnosis, voluntary testing and legal framework.

Criminality: Crime has increased during the transition period and aggravated during the 1997 social unrest and Kosovo crisis.

Emigration: Massive legal and illegal emigration has affected the country since the collapse of communism.

Migration within the country: It is important to note that during the last 10 years, migration within the country has become one of the most dramatic characteristics of the Albanian transition. Unplanned and spontaneous migration has caused a great deal of social and economic problems. The social diversity has caused conflicts and tensions in the bigger cities. Young people who were under control in rural areas, tend to enjoy an instant new freedom once they move to cities. They often tend to find jobs in underground economy due to difficulties to find a regular job. People migrate to escape from extreme poverty in villages.

History of drug uses

Drug use begun in 1993. In the recent years the use, production and trafficking of drugs rapidly increased in Albania. This is explained by different social, political and economical factors. Its favourable geographical location also drew the attention of foreign criminal organizations. Factors, which increased drug use, are as follows:
- Poverty, unemployment
- Free border movement
- Illegal drug market in the country
- New life style and “modernization”
- Desire to get rich fast via drug trafficking
- Inability of state to enforce laws
- Organised crime causing insecurity, fear and violence.
- Lack of opportunities for young people
- Society is not prepared to handle drug problem
- War and conflicts in the Balkans
- Young population (65% of the population is below 30 years of age).

Production of Cannabis Sativa started in 1992 and has increased more during the consequent years.

Kinds of drugs: Opium is the main drug used in the ‘90s. Since 1996 new drugs were introduced, such as: Cannabis (marijuana, hashish), heroin and cocaine, which are the main drugs actually in use. In 1998 the police destroyed 807 Cannabis Sativa plants; in 1999 – 62,000

plants; in 2000 – 256,857 Cannabis Sativa plants and 120 Papaver Somniferum plants. For the period January - May 2001, 1350 Cannabis Sativa plants were destroyed. Cannabis production is more common in southeast of Albania: Vlore, Fier, Elbasan, Kavaje and Durres, and is trafficked by boats to Western Countries.

Illegal trafficking of drugs is becoming a widespread business in Albania. Traffic routes start from Turkey to Bulgaria, Macedonia, Qafa-Thane (Albania border points with Macedonia), and then, to Italy and Greece.

Drug users number: In 1995 it was estimated that there were 22 drug users per 1,000 inhabitants; while in 1999 it was estimated that there were 55 drug users per 1,000 inhabitants. In absolute numbers: in 1995: 5,000 drug users; in 1998 - 20,000 drug users; and in 2000 - 30,000 drug users. It is estimated that there are 10,000 drug users in Tirana.

Age group of users is 17-25 years of age while there is an increase of users among young people of 15-17 years old.

Male/female ratio is reported to be 12/1, but this does not reflect the reality as young females tend not show up for treatment because of existing mentality.

Regarding geographical distribution of drug use it is estimated that they are mostly located in Tirana (80% of drug users). Other cities where drug use is increasing include: Durresi, Shkodra, Elbasan, Berat, Fier, Vlora, Lushnja, Shijaku, Kavaja.

Drug users' family origin: 70% of drug users come from normal families; others come from a single parent family, divorced parents or those having social problems.

Drug users' economical level: 67% come from families with an average income; 25% from rich families; 8% from poor families.

Main reasons for drug use:
- Family conflicts or misfortunes: 9.2%
- Personal drama, lack of financial means and hopes, physical oppression, loneliness, de pression, stress: 26.8%
- Curiosity or imitation: 46.2%
- Other: 17.8%

Drug users' level of education: Most of them are high school graduates, some of them are at University, but there are also elementary school graduates.

Ways of drug use: Heroin inhaling seems to be more common than injecting. However injection has important social-health consequences. It constitutes 26.1% of the total requests for treatment at the Toxicology Clinic and increased from 29.6% in 1995 to 36.5% in 1996, 33.8% in 1997, a slight decrease in 1998 with 19.5%, and in 1999: 26.6%. Injection could increase in the coming years.

Demographical data: There are no reliable data about the number of deaths caused by drug use. From non-official data, there were 25 cases of instant deaths due to overdose during 1995-2000.

Law enforcement: Although there is a progress in the activities of the anti-drug police unit, which, especially last year, arrested drug traffickers, there is still a lot to achieve to bring the situation under control. Police forces lack experience, professional qualifications, logistical equipments and funds to control illegal smuggling of drugs through customs, ports and airport.

Legal issues: In December 2000 the Parliament approved the Law for Albania to adhere to UN Convention against illegal trafficking of narcotic plants, and in March 2001, it passed the law on prevention of illegal trafficking of narcotic substances and established an Inter-Ministerial Committee for control of drugs. Penal Code of 1995 was thoroughly amended by the Law No.8279 on 15.01.1998 and its latest amendment in February 2001 with regards to penal offences for drugs. Production and sale of any kind of narcotic drugs and psychotropic substances are a penal offence in violation of the Law-Art.283; Penal offence of trafficking of narcotics Art.283/a; Penal offence in assisting with facilities for taking and using drugs (Art 283/b); Cultivation of narcotic plants, production and manufacturing of narcotics and psychotrope substances (Art 284/c); Penal offence of organizing and directing criminal organizations that manufacture drugs illegally (Art.284/a); Penal offence of storing, manufacturing and trading of chemical substances (Art.285). Penal Code provides up to 5 years imprisonment for drug users. (Those captured in possession of 2 drug doses are defined as drug users). When one is found in possession of 3 doses or more one is considered a dealer, who can be punished until 15 years of imprisonment. The Law No.7975 date 26.07.1995 “About narcotic medicines and psychotropic material” gives regulations for producing, manufacturing, importing, exporting, trading, taking, controlling and storing of narcotic medicines and psychotropic material.

Role of judiciary: Judiciary system is inadequate and subject to corruption. Judges have no proper qualifications, their salaries as well as their safety level are low.

Corruption is high at different levels of state administration.

HIV/AIDS Situation

Countries of Southeast Europe are characterised by a low prevalence of HIV/AIDS. Dramatic changes in social and cultural norms resulted in an increase of the factors that could lead to a rapid HIV/AIDS epidemic in the region. At a global level HIV/AIDS has had a great impact on children and young people’s rights and welfare. As a result, UNICEF has given priority to HIV/AIDS programs. UNICEF/CIDA are implementing a program for prevention of HIV/AIDS 2001-2004 with young people in South-Eastern Europe.

HIV/AIDS infection is spreading faster in countries. The main transmission way is sexual, but HIV/AIDS transmission between injecting drug users as result of exchange of injection instruments constitutes 5-10% of infection transmission at a global level (it is reported as a way of transmission in about 80 countries of the world). This percentage is increasing and in many zones it is the main way of transmission.

In Albania the first HIV case was diagnosed in 1993. There are a number of factors which could lead to a rapid spread of HIV:

- Rapid social changes due to the country's opening to the world.
- High level of population movements.
- Instant liberalization of sexual behaviors.
- Increase of trafficking of human being for commercial sex work.
- Increase of drug use and trafficking.
- Lack of sexual education.

Number of HIV diagnosed cases according to years:

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
Cases	2	9	12	7	3	5	4	10	21	71

Number of cases according to testing:

Ways/ where tested	Cases
Blood donation	14 (19%)
Tested in clinics	34 (49%)
Voluntary	14 (19%)
Others	9 (13%)
Total	71

The number of cases according to sex:

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

Number of cases according to transmission ways:

Transmission way	Cases
Sexual	46 (88%)
Blood transfusion	3 (6%)
Vertical	1 (2%)
Unknown	2 (4%)
Total	52

80% of the HIV cases reported to be infected abroad.
Out of 71 cases, 23 (32%) cases developed AIDS, of whom 14 died.

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

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

There is a slow, but continuous increase of HIV cases in Albania. Epidemiological research of HIV/AIDS cases has not identified any case being infected through injection, but factors, which could foster a rapid HIV epidemic already exist. It seems that injecting drug users have high risk behaviours (unsafe sex, needle sharing) and low level of awareness on these issue. In 2001 the Law on HIV/AIDS was approved. This law covers prevention, treatment and interventions for harm reduction.

SECTION 2: AIMS

Vulnerable groups chosen for RAR in Albania are drug users, sex workers, and mobile population because they are considered as the most exposed groups to HIV/AIDS.

A short description of areas where RAR took place:
In Tirana drug users were chosen as the vulnerable group because Tirana has the largest number of drug users in the country (approximately 10,000). The RAR focused in 3 centres that offer services to drug users: Toxicological Clinic of University Hospital Centre of Tirana, Casa Emanuel, and Centre for Harm Reduction. The study also included hot-places such as pubs, coffee shops and bars.

Objectives:
1- To describe existing situation of drug users, including injecting drug users.
2- To assess risk behaviours and their relation with social and health consequences.
3- To develop interventions, revising the existing interventions and/or implementing new ones.

SECTION 3: RAR PROCESS

a) Local RAR team is responsible for implementation of the RAR process in each of the selected areas and for preparation of local report of RAR:

1- Local coordinator for the city of Tirana, Dr. Lajla PERNASKA supervised the work of 6 members of the local team and the overall implementation process of RAR in Tirana;
2- Vojsava SULCE, member of the local team, conducted focus groups, interviews, observations and gathered existing information.
3- Matilda NONAJ, member of the local team, conducted focus groups, interviews, observations and gathered existing information.
4- Dr. Elton RESO, member of the local team, conducted focus groups, interviews, observations and gathered existing information and surveys.
5- Eriselda SINJARI, member of the local team, conducted focus groups, interviews, observations and gathered existing information and surveys.
6- Klajdi TOPALLI, member of the local team, conducted focus groups, interviews, observations and gathered existing information.
7- Marjeta DERVISHI, member of the local team, conducted focus group, interviews, observations and gathered existing information.

b) Training seminars

National team consisted of a National coordinator and 4 local coordinators. They attended a Regional Training Workshop in Neum, Bosnia Hercigovna from 22 to 26 October 2001. Training Workshop for the local teams was held in Tirana on 8-11 November 2001.

c) Community Advisory Board (CAB)

The purpose of CAB was to support and facilitate the implementation of RAR. UNICEF office prepared an official letter on the RAR, which was presented to all the Directors of Institutions included in Community Advisory Board. The local coordinator contacted and arranged meetings with potential CAB members to present the RAR process. After these meetings, the heads of these institutions appointed representatives who joined the Community Advisory Board of Tirana. The CAB members in Tirana included:

a- S. Sejfullai, Chief of Anti-drug Services, Ministry of Public Order
b- K. Treska, General Director of Information, Municipality of Tirana
c- K. Shyti, Chief of Cabinet, Prefecture of Tirana
d- Dh. Stratoberdha, Chief of the Health Education and Promotion, Directory of Tirana
e- L. Xhezo, Chief of Directory Education Sector for Tirana
f- L. Totoni, Chief of Investment Programs, Council of Tirana District

Supporting strategies: CAB members supported the following supporting strategies:
- Raise awareness about the RAR on drug users.
- Develop partnership with local governments structures to facilitate accomplishment of RAR program in Tirana.
- Share responsibilities to improve effectiveness of future interventions, which should be implemented after the rapid assessment.

d) Calendar of activities

October- Regional Training Workshop in Neum, Bosnia-Herzegovina,
30 October- 6 November- Establishment of Community Advisory Board
7 November- The first CAB meeting, where the goal, objectives and methodologies of RAR were presented in details. The members discussed ways to facilitate data collection process.
November- Training Seminar for the local teams was held in Tirana.
On 15th November- Field work started. Meetings of Tirana's team were scheduled twice a weak, every Tuesday and Friday at 13.30.
From 15-30 November – Data collection using Existing Information was carried out. Contacts with key informers and other people, who were in contact with the target groups were established. Preparation for focus groups, interviews and observations also took place.
From 1-30 December – Data collection via questionnaires, focus groups, interviews and observations. A total of 55 questionnaires were collected and analysed.
On 4th January- Another set of 45 questionnaires were collected and analysed. Fieldwork finished.
15 January- Writing of local report.

e) Problems and success

Different problems were encountered during Rapid Assessment:
1- The short time for data collection hampered the completion of some activities (observations in hot spots were delicate and required specific information about time of distribution, use etc).
2- RAR required full engagement and was hard to realize as a part-time job (Part-time team engagements of field workers hindered the process).
3- RAR program is not a "cheap" program; it requires a consistent budget in proportion to the required work.
4- Absence of a national/local strategy and policy for drug prevention for young people, as well as lack of experience related to this assessment of drug use.
5- Difficult access to government institutions regarding collection of existing information.

Important successes achieved during Rapid Assessment:
1- Participation of experts in the local team, who not only know drug problems, but also work in Toxicology Clinic, Casa Emanuel, Centre for Harm Reduction, Health Education Directorate for Tirana.
2- Existence of centres for drug users, such as Toxicology Clinic, which has several years of experience in treating drug users.
3- Cooperation with the Ministry of Public Order and representatives of main institutions, which deal with drug problems in the country.
4- Sociology and psychology programmes have helped to prepare specialists in psychosocial assistance for drug users. Involvement of these specialists in the local team facilitated the collection of qualitative data.
5- Team members managed to get access to governmental institutions by using personal connections or other informal approaches.

SECTION 4: METHODOLOGY

a) Data collection

1. Existing information – or secondary data, does not constitute new information, but is related to documents produced by other organisations e.g. Ministries or other national/international non-governmental organisations. The collection of existing information was necessary because:

- It enabled us to understand the situation
- It enabled us to make comparison between previous and current situation
- It helped us to assess existing interventions

2. Questionnaires – Survey is a scientific method used to understand and measure preferences and behaviours of a specific population. Survey included a set of core survey questions and a set of additional questions. The questionnaire was also helpful to standardise interviews by ensuring that data would be gathered in a uniform way. Members of the local team helped participants to complete the questionnaires.

3. Focus groups – FG were useful to understand group and social norms. Some members of the local team conducted FG with 5 to 7 people. Selection of the participants was made based on their shared similarities and background. Focus group discussion followed a standardized guideline, which had been designed during the training seminar in Tirana.

4. Interviews and key informant interviews – This method was a widely used during the data collection in our study. Members of local team, who had been previously trained, conducted these interviews. In-depth interviews were also conducted. In-depth interviews required intensive contacts between the interviewee and interviewer. They included personal discussions and required special skills. In-depth interviews were semi-structured and helpful to understand the context of risk behaviours and actual risk behaviours.

5. Observation – This method enabled us to gather first hand information about behaviours, relationships and context. Observation enabled:
- Discovery of specific research areas, and identification of key informants.
- Identification of risky behaviours.
- Increase understanding of local context, language and customs.
- Identification of possible problems and solutions through future interventions.

6. Mapping – This is a technique, which uses maps, drawings and pictures to illustrate features of the environment where people that practice behaviours about which this rapid assessment is concerned, live. Mapping is commonly used in a rapid assessment and is helpful to have a better understanding between field teams and community, to identify those community areas where future needed interventions should take place. Mapping is conducted better together with observation.

1. Existing information

This includes reviewed of recent literature on drug use and its problems for young people, as well as HIV/AIDS situation in Albania. To gather existing information meetings were conducted with representatives of the following institutions: Ministry of Health, Ministry of Public Order, Institute of Public Health, Directory of Education for the city of Tirana, UNICEF, UNDP, UNDCP, Toxicology Clinic at UHCT, Faculty of Sociology, Directory of Health Promotion for the city of Tirana, INSTAT, Emanuel Community, Harm Reduction Centre, Parliament, Association for Health Education.

2. Survey

A sub-working group was created to develop a set of core survey questions during the Regional Training Workshop in Neum. It was agreed by all participants in the regional project 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. Each questionnaire included core and additional questions.

3. Focus groups

Local team of Tirana conducted 11 focus groups:

1. Date: 25.11.2001
   Place: One High School in Tirana
   Participants: 6 teachers of this school
2. Date: 26.11.2001
   Place: One High School in Tirana
   Participants: 6 students (members of student's council) in this school
3. Date: 27.11.2001
   Place: Toxicology Clinic
   Participants: 5 medical personnel
4. Date: 01.12.2001
   Place: One High School in Tirana
   Participants: 8 students of this school
5. Date: 02.12.2001
   Place: One High School in Tirana
   Participants: 10 teachers in this school
6. Date: 03.12.2001
   Place: Casa Emanuel
   Participants: 5 drug users
7. Date:05.12.2001
   Place: Casa Emanuel
   Participants: 5 drug users
8. Date: 05.12.2001
   Place: Harm Reduction Centre
   Participants: 5 drug users

9. Date: 07.12.2001
   Place: Harm Reduction Centre
   Participants: 6 drug users
10. Date: 11.12.2001
    Place: Toxicology Clinic
    Participants: 6 drug users

4. Interviews and key informant interviews

Local team of Tirana conducted 36 interviews: 26 with drug users, 5 with policy makers from: Education Directorate of Tirana, Municipality of Tirana, Ministry of Public Order, Directorate of Health Promotion Tirana, Institute of Public Health, 8 with service providers in Toxicology Clinic, Emanuel Community, Psychiatry Clinic, Harm Reduction Centre, Blood Donation Centre, Laboratory of IPH.

5. Observations

Local team of Tirana conducted 14 observations. Key informants and representatives from the Ministry of Public Order guided the team about main areas where young people use drugs (hot spots). Members of the local team were appointed to undertake observations based on their specific area of interest, contacts with key informers about access and safety issues.

1- One high school; date: 20-21 November 2001, 2-hour observation of students' attitudes, movements inside and around the school, especially during breaks.
2- Casa Emanuel; date: 22.11.2001, 2-hour observation.
3- Harm Reduction Centre; date: 23.11.2001, 2-hour observation.
4- One high school; date: 14.11 2001. 3-hour observation of students' attitudes, movements inside and outside the school, mainly during breaks.
5- One High School; date: 04.12. 2001. 2-hour observations of students' attitudes, movements inside and outside the school, especially during breaks.
6- At the University; date: 16-17 December 2001. 6-hour observation of the building (classes, toilets, corridors) outside as well as in some bars and cafés nearby.
7- One pub in Tirana; date 14.12.2001. 3-hour observation in the bar, its toilets and surroundings.
8- One pub in Tirana; date 22.12.2001. 4-hour observation in the bar, its toilets and surroundings.
9- One pub in Tirana; date 21.12.2001. 3-hour observation in the bar, its toilets and surroundings.
10- One café in Tirana; date 15.12.2001. 4-hour observation in the bar, its toilets and surroundings.
11- One pub in Tirana; date 20.12.2001. 5-hour observation in the bar, its toilets and surroundings.
12- One disco in Tirana, date: 19.12.2001, during a party organized by high school students.
13- In an open area of the city, date 19.12.2001, the observation was conducted around the area.
14- At an entrance of a block of flats; date 16.12.2001; witnessed young people taking drugs.

6. Mapping

Based on information taken from public order authorities and key informants, the team was able to localize areas of study, target population, as well as institutions providing services for drug users such as: Toxicology Clinic at UHCT, Emanuel Community, Centre for Harm Reduction, Psychiatric Hospital.

b) Sampling Technique

Theoretical sample: A sample could be theoretically representative of wider population. Statistical interferences were substituted by other methods e.g. "Triangulation". Selection of respondents continued until reaching saturation point. RAR team found it useful to set target sample size.

Sampling techniques used: Purposive sampling through which RAR team chose cases, quickly increased knowledge about drug use. Network sampling (often known as "snow ball sampling") was used when there was not proper access to a certain target group. RAR team contacted an intermediary person who was related to the target population. This individual contacted other members of this target population, who were then interviewed, observed, or invited to focus groups. This continued until reaching saturation point. Intermediaries or key informers were very helpful to access certain stigmatised target population who could not be easily approached by RAR team or did not want to be interviewed. Opportunist sampling was used to confirm certain behaviours.

Recruitment strategies - Young drug users were recruited through a number of strategies:

- Cooperation with Centres offering services for drug users.
- Local team included employees of such centres.
- Good cooperation with Anti-Drug unit at the Ministry of Public Order.
- Approaching of key informers.

c) Sample size

Target group	Questionnaires* 100	Interviews 26	Focus groups 33	TOTAL 159
Service provider		8	35	43
Policy makers		5		5
Total	100	39	68	207

* Each young person recruited to participate in an interview or focus group completed a questionnaire.

d) Ethical consideration

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

SECTION 5: DATA ANALYSIS

Data reliability:

- Data was validated through triangulation.
- Blanks on questionnaires were left as blanks during data entry process.
- As participation in the RAR was voluntary, a young person could refuse to answer questions at any time.

a) Quantitative data:

Data collected from questionnaires was processed into Epi Info version 6 software. One expert at IPH did data entry and data analysis (descriptive analysis) centrally.

b) Qualitative data:

Team members working in field collected data from interviews, focus groups and observations. Members of the local team transferred field notes into activity grids. Local Coordinator ensured further analysis of activity grids and entered findings into one of the four mega grids.

SECTION 6: FINDINGS

a) Core survey questions

- Breakdown by gender and age-group:

Age-group (years)	Male	Female	Total
10-14	2	-	2
15-19	44	5	49
20-24	46	4	50
Total	92 (90%)	9 (9%)	101

Drug use behaviour

- % Used drugs: 100%
- Most frequent (18 years of age) and mean age (17 years of age) when first used drugs

- Areas where usually use drugs:

1. House	26% (70 cases)
2. Bars, coffee shops, clubs	23% (61 cases)
3. Streets	21% (56 cases)
4. Parks	17% (45 cases)
5. Public toilets	7% (19 cases)
6. Schools	5% (15 cases)

- Drugs most used in the last month:

Heroin	30%	(70 cases)
Alcohol	24%	(55 cases)
Cannabis	23%	(54 cases)
Cocaine	10%	(22 cases)
Diazepam	8%	(19 cases)
Methadone	3%	(7 cases)
Ecstasy	0.5%	(1 case)

- % Who ever taken two or more drugs at the same time: 80% (80 cases - 74M; 6F)
- % Who ever had sexual intercourse under the influence of drugs: 62% (63 cases - 57M; 6F)
- % Who injects drugs: 64% of drug users (65 cases - 61M; 4F)
- The most frequent and mean age when first injected drugs: 18 years of age.
- % Who shared drug-injecting equipment: 74% of those injecting drugs (48 cases out of 65 who inject) or 47% of drug users (48 cases out of 101).

Sexual behaviour:

- % Who ever had sexual intercourse: 71% (72 cases - 66M; 6F)
- Most frequent and mean age of first sexual intercourse: 17 years of age

- Number of sexual partners in the last year:

Partner	1	2-5	6-10	Total
Male	44	20	2	66
Female	3	3	-	6
Total	47 (65%)	23 (32%)	2 (3%)	72

- % Use of condoms during sexual intercourse:

"Always": 21% (15 cases out of 71, 13 M; 2F)
"Sometimes": 39% (27 cases out of 71, 26M; 1F)
"Never": 40% (29 cases out of 71, 26M; 3F)

- Reasons for not "always" using condoms:

Don't like sex with condoms: 56% (40 cases out of 72, 33M; 7F)
I trust me partner: 30% (27 cases out of 72, 18 M; 8F)
I find it difficult to use it: 20% (14 cases out of 72, 10 M; 4F)

- % Who have had sexual intercourse in exchange of money, drugs etc:
  1% (6 cases out of 72, 5M, 1F)

Health seeking behaviour:

- Places where you get information on HIV or other STI:

Don't get any information: 14% (24 cases)
Media: 31% (52 cases)
Friends/peers: 24% (40 cases)
Schools: 9% (15 cases)
Counselling places for STI: 8% (14 cases)
Social workers: 6% (10 cases)

- % Who think is at risk for HIV or other STI: 47% (44 cases, 42M; 2F)
- % Who ever tested for HIV/AIDS: 16% (15 cases)
- % Who ever tested for Hepatitis B: 21% (20 cases, 20M; 1F)
- % Who ever tested for Hepatitis C: 18% (17 cases, 15M; 2F)
- % Who have had a STI in the last year: 2% (2 cases)
- % Who ever had a STI: 6% (6 cases)

b) Additional questions

Context

- % Who attend school: 32% (31 cases)

- What school level:
High school: 63%;
University: 31%

- % Who are employed: 36% (35 cases)

- Places where they live:
At home with parents: 94%
Hostels: 3%
Apartments-alone/with friends: 2%
Community centres: 2%

- Civil Status:
Single: 97%;
Cohabiting: 2%
Married: 1%

- Family conditions:
82% live with both parents
16% live with one parents
1% live with relatives

Risk behaviours for drug use

- Drug used for the first time:
Cannabis: 73%
Heroin: 22%
Cocaine: 2%

- Number of persons injecting with, in the same place:
Inject alone: 43% (27 cases)
1-2 persons: 50% (31 cases)
3-5 persons: 7% (4 cases)

- % Who inject himself: 41% (26 cases out of 63)
- % Who shared needles last month: 40% (25 cases out of 63)
- % Who had difficulties to find new syringes: 26% (16 cases out of 62)

- Places where they find syringes:
Exchange centre: 52% (32 cases)
Pharmacies: 48% (30 cases)

- % Who clean syringes before injecting: 86% (50 out of 58)

- Syringes' cleaning methods:
Alcohol: 39% (21 out of 54)
Washing using water and soap: 33% (18 cases)
Heating: 26% (14 cases)

- Places disposing used syringes:
Wherever they inject: 42% (27 cases)
In streets: 23% (15 cases)
Plastic containers: 17% (11 cases)
Keep them for re-use: 12% (8 cases)

Health consequences and health care seeking behaviours:

- % Who had an overdose: 39% (35 cases out of 89)
- % Who had sought medical treatment for drug use: 61% (56 cases)
- % Who had complications related with drug use:
Abscesses: 38% (21 cases)
Skin infections: 25% (14 cases)
Lung infections: 14% (8 cases)

- Frequency of complications:
Rare: 59% (29 cases)
Sometimes: 29% (14 cases)
Very often:12%(6 cases)

- % Who suffered from depression: 48% (45 cases)
- % Who become aggressive: 66% (61 cases)
- % Who drive under influence of drugs/alcohol: 35% (34 cases)

Interventions

- % Who followed any training on drug use: 60% (56 cases)
- % Who have been taken methadone privately: 17% (15 cases)

- Places where they're tested for HIV/ HepB/HepC:
Hospitals' laboratories: 62% (28 cases)
Laboratories/private clinics: 18% (8 cases)
At IPH: 7% (3 cases)

- % Who received counselling before/after testing: 38% (17cases)

b) Qualitative Information

1- Context

Use of physicotrope substances and illegal drugs is a serious growing social and public health problem in Albania. It has a negative impact on values of the individual, family, and the society as a whole. Regarding geographical coverage of the phenomenon, it is clear that urban and metropolitan areas are ranked first, including Tirana the capital city of the country. Statistics about prevalence of drug use in Tirana are not reliable, however opinions of experts suggest that for year 2001 there were approximately 10,000 drug users. About ¼ of the country's population is concentrated in Tirana area and it has potential to grow further. This massive population movement towards Tirana has heavily affected urban, economic and social balance. Overpopulation has strangled public services to the extend that public health is threaten. There is also social fragmentation, increased in drug trafficking, public insecurity etc. On the other hand this region remain the most developed area of the country.

In parallel to this there are also many young people leaving for neighbouring countries. Key informers declared that this is one of the factors influencing drug use, including injection. The history of drug injection is relatively recent in Albania, but it is expanded rapidly especially among drug users of the capital city.

Regarding norms and models of drug use among young people in Tirana, we note that they spend a considerable amount of their free time in clubs, discos, and pubs, which are now "trendy". Key informers tell that marijuana is commonly offered to young people as cigarettes in such places. Recently, ecstasy is also used, but by a limited number of young people, as it is very expensive (around 18$/pill, it is mostly used by young artists). One reason to start drugs is by being in contact with DU. Interviews showed that the factors influencing drug use are as follows: looking for a new experience, desire to be trendy, curiosity, need for stimulation and being detached from the reality (which is considered unsafe and hopeless). Usually young people start with marijuana and may continue with cocaine, sniffing heroin and within a few months might be switching to injection. Actually snorting heroin seems to be more important than injection, but the latter is increasing.

Survey results showed that drugs taken for the first time are: Cannabis 73%; Heroin 22% and Cocaine 2%. Statistics showed that young people, belonging to the 20-24 age group are more affected (they represent 50.6 % of the people who sought treatment), but it is alarming to note that young people below 19 represented 22% of the people who sought treatment – a rapid increase in the last years.

Regard family context, many DU come from regular household, other comes from families at risk (divorcees, emigrants, etc). Data from our survey, indicated that: 82 % live in a two-parent household; 16 % live in a single-parent household; 1 % lives with a relative. As for the economic level, most drug users come from a medium average income families, while a small part coming from families with high economic level, and the rest from extremely poor families. With regards to educational level, majority of DUs completed high-school education and are either employed or unemployed, while a minority is pursuing University education. Some drug users got information about drugs during health education programmes in schools, but consider it insufficient. Users have negative thoughts about life and themselves. They find difficult to quit drugs once they started and consider that they are physically and psychologically dependent.

Drug users consider the legal system to be negative and aggressive. Police usually apprehend, interrogate and lecture drug users not to take drugs. When the police catch a minor, they call the parents.

2 – Protective and risk behaviours

From the data collected from interviews, focus groups and existing information we learn that drugs users in Tirana taking risk to contract HIV/AIDS. Among young drug users, there is a high level of needle/syringes-sharing, which is a serious risk factor for HIV/AIDS and Hepatitis B. This sharing usually occurs between close partners, but also among a group of close friends. Our RAR found out that among the IDU (Injecting Drug Users) involved in long-time relationships, syringes sharing between sexual partners is common. They consider that friend/partners solidarity is more important than protection. Furthermore, when they are in need for injection, they tend not to take risk in consideration.

The reasons for needle/syringes sharing include:

- Lack of money to buy syringes
- Need an injection
- Trust in the partner/friends
- Trust their partners for syringes and sex
- Low level health information.

The percentage of those who share drug injection equipment is 74 % of those who inject (48 cases of 65 who inject) or 47 % of the drug users (48 cases of 101). Syringes cleaning is common prior to use: 86 %, (50 out of 58) and is mainly done using alcohol 39 % (21 cases out of 54), by washing with soap and water 33 % (18 cases), and by heating 26 % (14 cases). IDU in Tirana usually inject themselves and are rarely assisted by others. The percentage of those who have shared needles/syringes last month 40 %.

Regarding norms and patterns of sexual behaviour, we noted that condom use was not considered acceptable in long-time relationships. In this case condom use is regarded as a “lack of trust”. However, condoms are acceptable for short-term relationships or casual relationships. Interviews underlined a lack of proper knowledge about safer sex. It is interesting to note that drugs like ecstasy, known as drug for love, or cannabis, are viewed as means to intensify sexual desire/pleasure and activity. Heroin is considered as a drug, which decreases sexual interest, while cocaine is perceived as a drug, which reduces the sexual pleasure. Most of IDU usually buy the syringes in pharmacies or get them from the Harm Reduction Centre or from their friends. They usually carry syringes with them and, once used, either keep them or discard them where they injected.

3- Social and health consequences

There are a number of social and health consequences related to drug use, type of drug and associated risk behaviours. There has been an increase of health seeking treatment among drug users. The highest number of these requests has been from young people living in Tirana (it actually represents 72.7 % of the request). Over 87 % of all requests for treatment for the 1995-2000 period were by heroin users, 4,4 % by cannabis users and 2 % by cocaine users.

Only 1 interviewed person reported to have had Hepatitis B. Data from Blood Donation centre indicated there were 6,290 people who were tested between January – November 2001. Of this total 175 had Hep B infection (HbsAg +), 4 had syphilis, and two were HIV positive and 11 undetermined. In 2001, 290 people were tested of whom 23 had Hepatitis, but there is no data indicating drug use among those who were tested. 47% of the survey respondents think they are at risk of contracting HIV/STI. The number of injecting drug users is increasing, but so far there have not been any HIV cases among this group.

It is interesting to note that cases of heroin overdoses are more frequent. This is due to the fact that drug users usually increase doses because of ignorance or lack of experience, desire to get a stronger effect; bad quality of heroin; bad psychological and physical conditions. So far, there have been 25 cases of deaths due to overdose. Most of drug users do not have adequate information about social and health consequences from drug use. Interviews with drug users indicated frequent suicidal thoughts or attempts. Use of cocaine tends to increase suicide attempts and depends on psychological state and /or social and economical conditions of DUs. Suicidal attempts are also related to type of drug use and the personality of the individual.

Mental health problems included depression and aggressiveness can also be noticed. Drug users become aggressive when they need to take drugs or when they are in a crisis. Aggressiveness is directly related to circumstances and their mood. Depression usually occur after using long period of drug use. Regarding the level of awareness of self-protection from HIV/ Hep.B/ STI it was noticed that Dus have a certain level of awareness about risks, transmission of HIV/STI and protection. Drug users are aware and conscious of the risk of getting HIV through drug injection and unsafe sex. However, when asked about routes of transmission, many do not know that HIV can also be transmitted through oral sex. The information level is insufficient especially regarding STI.

There has been one case of death as a result of tetanus, which was caused by the use of infected syringe. Among gypsy drug users (about 60 % of the 12-13 age-group), there is no knowledge of HIV/STI and protective measures. Interviews with drug users, indicate that their main source of information is usually through mass media (TV, radio, newspapers) and friends. In accordance with the national strategy, the HIV/AIDS testing can be done on voluntary basis, free of charge and confidential. Testing in Tirana can be done at: Blood Centre, IPH and UHCT. Outside Tirana, Centres for Blood Donations can carry out quick tests, but IPH or UHCT in Tirana shall perform confirmation test in case of positive results.

We observed that pre- and post-test counselling is offered at IPH. There is an agreement between the IPH and UHCT to carry HIV tests for IDU admitted at the Toxicology Clinic in Tirana. So far, 400 HIV tests were carried out. Results showed 2-4 uncertain cases, which are yet to be confirmed. Interviews indicated that DU who were tested for HIV did not receive pre- and post-test counselling. They also indicated that the IPH laboratory was not easy accessible.

It is interesting to note that young drug users sometimes try to combine drugs: Heroin + Cocaine (1:1 or 3:1 coktail), Cocaine + Alcohol, Heroin + Alcohol, Heroin + Marijuana, Heroin + Diasepam. They perceive that these combinations increase effects and increase sexual pleasure. Usually drug injection is done at home or hidden places, flats entries, abandoned buildings etc. Different reasons lead to drug injection: desire to increase drug effect, influence of partner and curiosity.

4- Interventions

1 – University Clinic of Toxicology

This is the only national centre, specialised in drug treatment in Albania. This centre serves as an ambulatory and hospital clinic and offers health services such as overdose treatment, detoxification, medical visits to drug users, as well as counselling for risk reduction and other problems related to drug use. Requests for treatment have followed this pattern: From 2.8 % in 1995 (27 cases), 55.2 % in 1998 (523 cases) and 950 cases in 2001. 3,200 DU were registered at this clinic from 1993 to 2001. Age group breakdown is as follows: 15 years old (2%), 15-19 years old (25%), 20-24 years old (44%). The predominant age group is 15-29 years old. Male and female breakdown for the 1995-1998 period is 14.5/1, while types of drug use included: Heroin (83 %), Cannabis (5.6 %) of the demand and Cocaine (9 %). Some of our respondents have never been to this clinic. The quality of services at this centre is good, but medical treatments are lacking. The service is free of charge, but the treatments and medicaments are too expensive for drug users and their families. In general, the clinic staff are not prejudiced and judgmental, but this clinic faces problems such as: weak infrastructure, poor accommodation conditions, poor diet treatment, and scarce psychosocial assistance. The government has no funds for methadone maintenance therapy (3-4 weeks cure would cost/ $600).

2 – Casa Emmanuel

Part of the programme of the Italian association “Caritas”, which has an experience of 25 years, and necessary facilities, CE is directed to young drug users in Albania and aims at finding an “Albanian way” to the battle against drugs. The services included: 1) A residential centre in Vaqarr, where 15 young people are being treated; 2) A daily centre for daily counselling and 10-15 seminars per week drug users and their parents. It provides necessary information on drugs and offers counselling to quit drugs gradually. At least 5 people a day use the services of the centre. No appointment is needed. After a series of seminars at this centre, young people who are willing to continue further, are referred to the residential centre in Vaqarr. The Vaqarr centre has an average admission of 10 young people per month and offer a psychophysical rehabilitation, to make young people to quit drugs, and urge them to start a new healthy and constructive lifestyle. The age group of the participants is 16-28 years old. Services are good and offered by a multidisciplinary staff including psychologists, sociologists and doctors. Young people consider CE highly effective. This is the only centre in Albania of this kind and should be expanded/replicated in other cities.

3 – Harm Reduction Centre

This is a project implemented by “Action Plus”, which has a considerable experience on HIV/AIDS and drugs prevention. Services offered in this centre include: needle exchange, peer education, psychosocial and medical treatment, information and education on HIV/AIDS/ STI, needle and syringe exchange, outreach work, training, counselling and interviews. This programme also publishes a newsletter and IEC materials on drug use in Albania.

The time frame of the project is one year. The male-female ratio of drug users using the centre is 80/40. 120 drug users frequent this centre, while 450 DUs are reached by “outreach” workers and given new syringes. The objective of this project is to minimize harm of drug use among young people. The age group of the drug users is 15-26 years old. The quality

of service is good, with a multidisciplinary staff, including a psychologist, a sociologist and a doctor. Approximately 10-15 young people go every day to the centre to exchange syringes or use other services. No appointment is needed and staff is warm and friendly. Counselling, seminars and needle exchange are useful for young people. Upon collection, used syringes are burned in a crematorium. There were 4,100 exchanged syringes in the last 9 months. Lack of funds put this project at risk and prevent future expansion.

4- The National Centre of Expertise and referrals for HIV/AIDS at the Department of Epidemiology at IPH

This centre offers voluntary, free of charge and confidential HIV tests. Many tests are carried out in this centre for people who want to emigrate to Canada or USA. The quality of service is good and include pre- and post-test counselling. For the year 2001, 290 tests were conducted.

5 – National Centre for Blood Donation

The service is free of charge and of a good quality. This centre carried 6,290 tests between January – November 2001, of whom 1,575 cases had Hepatitis B (HbsAg +), 4 cases had syphilis, 2 cases were HIV +, 11 cases were undetermined. Blood donors with haematomas or other skin problems like abscesses, are dismissed because suspected of drug use. Staff needs to be trained for counselling and special counselling facility should be set up for those being tested for HIV.

6 – School Curriculum on drugs and HIV/AIDS/STI

The health education programme in the 8-year elementary school is covered in 17 hours during biology course. There are textbooks for teachers and students, as well as homework notebooks for students. At high school level, health education is covered in 3 hours on tobacco, drugs and AIDS, in sociology course. In professional schools, health education is only covered in 4-5 hours at the high school level while no covered at all at the primary school level. There are lack of pedagogical and resource materials and training of teachers. The large number of pupils makes it difficult for teachers. Interviews with drug users showed that they were not aware of such programmes, which were only recently developed, or considered them ineffective. There is a lack of accurate information about substance use.

7- What kind of health service and promotion is offered at schools?

Only dental service is offered in schools. Recent developments underline imperative needs for doctor, social worker and psychologist to be present in schools. There are many campaigns, but many have low impact because of wrong approach.

SECTION 7: DISCUSSION

Analysis of the RAR findings in Tirana highlights links between results from the assessment of protective and risky behaviours, health and social consequences and interventions. Heroin through sniffing is more common than injection, but still remains critical, especially with regards to high level of social and health consequences. Requests for drug treatment show an increase in the last years. There is a high level of syringes exchange among injecting drug users, which remains a serious risks for HIV and Hepatitis B and C. 74% of the IDU share their drug injection equipment (48 cases out of 65 who inject drugs). IDUs represent 47 % of interviewed drug users (48 cases out of 101). Drug users have low level of knowledge and awareness about safer sex and social and health consequences of drug use.

Findings from the RAR confirmed existing information that DU are at risk of HIV/AIDS. Proper interventions and other preventive and treatment services for drug users (including psychosocial services) should be developed at community level. In Tirana there are services for drug users, such as the Toxicology Clinic, Harm Reduction Centre and Casa Emmanuel. It is important to further develop the capacity of these services and expanding them, so as to better respond to the needs of drug users and especially to injecting drug users. It is vital to finalise, approve and implement the national strategy and policy on prevention of drug use, prepared by the Ministry of Health and IPH. The initiative to improve and strengthen the anti-drug units has been a positive step forward, but continuous efforts are needed.

Awareness campaigns, targeting especially young age groups are also needed. Outreach programs should be set up for injecting drug users who are hard to reach. It is vital to extend support and co-operation with NGO-s working in the field of drugs and HIV/AIDS/STI prevention. An important element remains the co-operation between local and central government with these NGO-s. Finally, more efforts should be undertaken to improve existing legislation for drug users and relationship between drug users and police forces.

SECTION 8: PROPOSED RECOMMENDATIONS

- Implementation of youth programmes promoting healthy life style, improving at the same time the school curriculum and the role of the media.
- Educating drug users to reduce their risk behaviours.
- Immunisation of drug users against Hepatitis B.
- Establishment of rehabilitation programmes and multidisciplinary assistance for drug users.
- Collection and destruction of used syringes to reduce public health risks.
- Training medical personnel to conduct counselling pre- and post-test HIV coun selling.
- Offer HIV test in centres for drug users.
- Planning and implementing a national (and community) policy to reduce and prevent drug use.
- Set up methadone programmes in the areas with a high prevalence of heroin use.
- Training medical staff for the treatment of drug users.
- Extend coverage of Harm Reduction Centre and residential centre.
- Improve infrastructure of the Toxicology Clinic.
- Capacity building of NGO-s offering services for drug users.
- Dissemination of information in community about services for drug users.
- Training of police forces to improve their sensitivity towards drug users.
- Improve legal framework for harm reduction and outreach work.

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ANNEX 1

Evaluation of the local training seminar

Day I, date 08/11/2001:

- Presentation of training: excellent
- Exercises during training: very good
- The amount of exercises: normal
- Most valuable during training: Methods of studying RAR, Exploring through evaluation on 4 assessment areas
- The training venue: good

Day II, date 09/11/2001:

- Presentation of training: very good
- Exercises during training: very good
- The amount of exercises: normal
- Most valuable during training: Exploring survey, focus groups, interviews, its objectives and the ways they are conducted.
- The training venue: good

Day III, date 10/11/2001:

- Presentation of training: very good
- Exercises during training: very good
- The amount of exercises: normal
- Most valuable during training:
- Exploring methodology, such as: Mapping, survey, focus groups, data analysis, exercises on focus groups, ethical consideration, safety consideration, logistics.
- The training venue: good

ANNEX 2:

GUIDES FOR FOCUS GROUP AND INTERVIEW

1 – With drug users:

1 – What is the social environment where young people live today?
2 – What is the safety feeling among young people who use drugs?
3 – Do young people have access to health services and how efficient are they in fulfilling their needs?

4 – What educational programmes on drugs and sexual health exist in the school system and how effective are they?

- What kind of health services is offered?
- If no health services are offered, why?
- Where do you get health care?
- Is the service good?
- What can be done to improve this service?
- What health services are missing?
- How friendly are they?

5 – Which of the following factors influence you to use drugs?

a) Desire to be "trendy"/peer pressure?
b) You need some stimulation?
c) You need to try out new experiences?
d) The environment of the bars/pubs?
e) The activities where drugs is present?
f) Social factors?
Others: _____

6 – Do you think there is a connection between drug injection and HIV/AIDS? Yes/No

7 – Do you think that drug use can be prevented? Yes/No/I don't know

If yes, which of the following methods do you think are effective?

1. Providing more entertaining activities for the young people.
2. Strengthening the role of the law enforcement structures/ institutions.
3. Increasing the level of drug awareness of young people and parents.
4. Creating proper conditions to treat drug users.
5. Encouraging community involvement in drug prevention.
6. Providing up-to-date information to young people on drug use.
7. Others _____

8 – In your opinion, who is/are mostly responsible to prevent drugs?

Police	Community	Health authorities	
Schools	Town council	Yourself	
NGO-s	Parents	Media	Others _____

9 – Drug users should be:

- Prosecuted by the law
- Be kept locked up in specialised centres
- Kept under the continuous care of health centres
- Integrated into the community

10 – What is the relationship between drug users and the judiciary system?
11 – Do you think that drug users have suicidal thoughts and how often?
12 – When did you first started to inject yourself?" or "why did you started to take drugs?"

2 – With health personnel:

1 – What can you say about the Drug users, their age group, family background, and level of education?
2 – Do young people frequent the health care services and how often?
3 – Do these services respond to their needs?
4 – Are these health services free of charge?
5 – Are services affordable?
6 – What types of medical assistance is offered to drug users?
7 – Are services good?
8 – If there are not any medical services, why?
9 – Do you think that drug users have suicidal or aggressive thoughts?
10 – What do you think can be improved in treating drug users?
11 – What types of healthcare services are missing?
12 – How friendly are these services for young drug users?

3 – With teachers:

1 – What is the social environment in school?
2 – What is the content of health education programmes in schools?
3 – How is the health education delivered?
4 – Is the work of the school doctor effective to encourage pupils to have healthy lifestyle?
5 – What is the socio-economic and family situation of drug users?
6 – How should education and drug prevention of this phenomenon be improved?

4 – With policymakers:

1 – What are the programmes to prevent drugs/HIV/AIDS?
2 – Are they included in your policy?
3 – Are they a priority?
4 – How effective are they?
5 – What are the problems?
6 – What should be improved?

MEGA GRID 1 DRUG USERS AND HIV/AIDS RISK

RAR VENUE: TIRANA **DATE: November 15-December 30**			
Area and key questions	**Findings**	**The Data source and its validity**	**Links / Comments**
CONTEXT			
1 – Demographical information - Deaths due to drug use	- There are no reliable data. From the unofficial sources, 25 immediate deaths from overdose were reported.	- Existing information	
2 – The social-economical situation (poverty, unemployment)	- Not sufficient income, average income is minimal The majority of DU is from families with middle income level, while some DU are from high income level.	- Interviews with DU	
3 – Level of education	- Most have completed secondary education. A part of them are enrolled in University.	- Emmanuel Community Report - Interviews and focus group with DU - Emmanuel Community Report	
4 – School curriculum on drugs and STI/AIDS	- In the 8-year school system is a separate subject, there is a 17-hour programme in the second semester. In the secondary school, it is not a separate subject, but it is covered in 3 hours on tobacco, drugs, HIV/AIDS, in the sociology course. At the "J. Misja" Arts School and Secondary Economic School, health education subject is not taught.	- Interview with the representative of the Education Directory L.XH. - Focus group with teachers of the "J. Misja" School	- There are textbooks for teachers and students, and exercise book for students. - In the primary school, education is missing. - Specific activities are organised during the year. - There is a lack of pedagogical and resource material. - Teachers lack training. - Biology teachers don't always teach this subject. - The large number of students in schools makes it difficult for teachers.
5 – Youth awareness about these programmes	- Many are not aware. Those who are aware, say that these programmes do not include accurate information about drugs.		- Although topics are included in the curriculum, they are not taught as they should, because teachers lack training on these issues. Programmes do not respond to the needs of young people.

6 – Family structure	- Some DU are from stable family. - Others are from broken families (Divorced, emigrants, abandoned, orphaned). - In 1994-1995, the first drug users were from richer families. - The second wave of drug users included emigrants who returned home. - Social and economic crisis increased the number of DU from discriminated/ divorced families. - 70 % of DU come from normal families. - The rest have one parent or no parents, divorced parents or with social problems.	- Interviews with DU - Interview with Dr. Z.S. from the TC - Interview with Dr. E.B. - Focus group with medical staff TC - Focus group with the DU in EC - Albanian Human Development Report 2000	
7 – Access to medical healthcare?	- There is only one specialised Clinic, the Toxicology Clinic (TC) The first contact is with the TC. In 2001, 810 DU were treated in the TC. Service is good, but medicine is expensive Staff is not prejudiced against DU. A number of the interviewees did not refer to these services at all. The necessary infrastructure is missing (accommodation, special dietetic treatment, etc). The government has no funds for the methadone therapy. - Services of the EC are effective and benefit the 16-28 years old. At least 5 young people a day go to the centre. Seminars are conducted and young drug users who need further assistance can go to the residential centre in Vaqarr where counselling is offered to gradually give up drugs. - The Action Plus Centre benefit to the 15-26 years old. About 10-15 young people report to the centre everyday to exchange syringes. They are offered psychosocial and medical treatment.	- Drugs & the Youth, by Dr. Z.S. - Interviews with DU - Interview with Dr. Z.S. - Focus group with teachers of the “J. Misja” Arts School - Interview with the EC operator - Observation at the EC Centre - Interviews with DU - Observation at the Action Plus Centre	- The patient is supported psychologically and physically (medical assistance) - Lack of information in or out school system; negligence and lack of self-responsibility - A cure with methadone for 3-4 weeks costs 100,000 lek (approximately US $ 600). - There should be more psychosocial assistance - The DU Service at the Psychiatry Clinic stopped, because it was inappropriate. - Counselling and seminars are fruitful for the youth. - Upon collection, used syringes are destroyed. - Young DU are satisfied by service and location. - They also receive information on HIV/AIDS/STI.
8 – Are these services affordable?	- Services are free, but treatment is expensive.	- Interview with DU	- DU have no money to buy medicine and cover the costs of health care services.
9 – What are the services and health care promotion offered in schools?	- Only dental service. Doctor, social worker and psychologist are needed	- Interview with DU - Interview with the Head of Health Education, Dr. Dh. S.	- There is a lack of funds to undertake necessary health promotion
10 – Gender The social environment and hobbies of young people	- They usually hang out with DU, especially during their free time. - They go to the following places: school, discos and clubs. - They feel insecure about their future	- Interview with DU - Focus group with DU	- The influence of these places and their curiosity encourage young people to take drugs.

11 – Drugs of preference	Those who can afford it use cocaine. Cannabis: hashish and marijuana, is preferred by the youth. Ecstasy is rarely used because it is expensive. Years ago, petidine and morphine were used. Now Cannabis, cocaine and heroin are used. There is an increased tendency to use heroin. Opium was the main drug used in the early '90s. Since 1996, new drugs appeared on the market such as: Cannabis (Marijuana, Hashish), heroin and cocaine, which represent the main drugs used today.	- Interview with representative of the MPO - Interview with Dr. Z. S. - Focus group with the personnel of the TC - Existing information (KKSHP, 1996) - UNDCP Report, 2001	- In general drugs are used by students, aged between 12-18, but also by the 18-35 years old. Drugs are increasingly used among the gypsy population; with an average age of first drug being 12-13 years old. Today, 60 % of the young drug users are gypsy.
12 – First drugs	- Start with marijuana, then switch to injecting heroin after six months - Start smoking/snorting heroin then switch to injection - Start with cocaine then switch to heroine injection	- Interviews with DU	
13 – Ways of consumption	- Oral consumption of heroin seems to be higher than injection However, injection is important, especially due to its social and health consequences Heroin represents 26.1% of the total of the drug use. In 1995, it was 29.6%; in 1996, 36.5%; in 1997, 33.8 %; in 1998, 19.5 %; and in 1999, 26.6 % (on the increase) - Drinking 75 %; - Sniffing 50 %; - Injection 16.7 %	- UNDCP Report, 2001 Drugs & the School Youth, by V. She.	
14 – Gender ratio of the DU	11 male/ 1 female 12/1	- Existing information (KKSHP, 1996) - UNDCP Report, 2001	
15 – Legal situation	December 2000: The Parliament ratified the UN Convention against the illegal trafficking of the narcotic plants. March 2001: Approved the law on the prevention of the illegal trafficking of the narcotics and establishment of the Inter-Ministerial Committee for the drug control	UNDCP Report, 2001	
15-a – The role of the judiciary	Is insufficient and subject to corruption Unqualified judges Low legal education and salaries Low security for the judges		The USA Report on Albania, 2000
15-b – Corruption	High level administration		WB Report 2000
16 – The relationship between DU and the police	- Not good at all	- Interview with DU and the MR representative	- Considered to be negative and aggressive. When apprehended, DU are interrogated and lectured to not take drugs. When they are minors, this is done in the parents' presence.

17 – The feeling of insecurity among the youth	- They have negative thoughts about life and themselves, they find it difficult to quit drugs, and feel insecure.	- Interview with DU	- They have no hope to get out of drug use. - They are physically and psychologically dependent.
18 – The risk factors of drug use	- High unemployment - New way of life - Aggravation of the socio-economic situation by the organised crime network, which brings violence, insecurity and fear. - Existence of an illegal drug market in the country - Desire to try new experience, to "fit in" with friends - "Trendy" - Curiosity - Stimulation	- UNDCP Report, 2001 - Albanian Human Development Report 2000	The regional network: Turkey, Bulgaria, Greece, Macedonia, Italy
19 – School enviro-nment of the youth	The "J. Misja" Arts School need rehabilitation: there is no sports and entertaining facilities for the youth. The secondary economics school was reconstructed and now has suitable and comfortable facilities for the 15-19 years old. Some say that hashish smoke can be smelled in the toilets At the "A. Vokshi" Foreign Languages School, age group 15-18 years old There are students in surroundings and they smoke cigarettes. The Faculty of Arts is frequented by the age group of 18-22 years old	- Observation at the "J. Misja" Arts School - Observation at the secondary economics school - Focus group with the student council of the economics school - Observation at the "A. Vokshi" Foreign Languages School - Observation at the Faculty of Arts	- Those four institutions were observed, because it is suspected that there is a risk of drug use - There are many students who are smoking cigarettes. No particular signs At the economics school there are no particular signs and no smoking in open places No particular signs and students smoking cigarettes.
20 – Number of DU	About 10,000 in Tirana 1995 – 5,000 DU 1998 – 20,000 DU 2000 – 30, 000 DU	Existing information (KKSHP, 1996) UNDCP Report, 2001	More DU in the city
21– Age group of DU	17-25 years old There is a rise among 15-17 year old.	UNDCP Report, 2001	
22 – Places of con-sumption	Clubs, pubs, secondary schools	Existing information (KKSHP, 1996)	

23 – When did drug use start?	In 1993, after the collapse of communism and opening of the country to the rest of the world.	UNDCP Report, 2001	
24 – Geography	Tirana, over 80 % Durrës, Kavajë, Shijak, Shkodër, Vlorë, Berat	UNDCP Report, 2001 Report of Toxicology Clinic, contact centre, November 2001	
25 – Routes of HIV/ AIDS transmission	Sexual in 85 % of the cases, including hetero/homo-bisexual Over 80 % of the cases reported to have contracted the virus abroad	HIV/AIDS in the South-eastern Europe, July 2001	
26 – Potential factors for a rapid spread of the HIV	- Social changes as a result of opening to the world - High level of population movement - Liberalisation of sexual behaviours - Trafficking of human beings for sexual purposes - Lack of sexual education - Low status of women	HIV/AIDS in the South-eastern Europe, July 2001	

MEGA GRID 2 DRUG USERS AND HIV/AIDS RISK

Area and key questions	Findings	The Data source and Its validity	Links / Comments
SOCIAL AND HEALTH CONSEQUENCES			
1 – How is the spread of HIV/AIDS/Hepatitis B.	- There has been no case of IDU tested HIV +. - Only one person interviewed had Hepatitis B. - The number of users is increasing rapidly.	- Interviews with IDU at the 3 service centres - HIV/AIDS in the South-eastern Europe, July 2001	- So far HIV/AIDS has not reached DU.
2 – What is the pre-valence of the overdose	- Yes, there are often cases of overdose with heroin.		- Overdoses increasingly occur because of lack of information/experience, desire to get stronger effects; impurity of the heroin; physical and psychological state. - DU seek assistance at the Toxicology Clinic
3 – What is the spread of skin infections, lung infections among DU	- They suffer from time to time from hematite, skin infections and abscess as well as lung infections.		- Most of them do not have adequate information about social and health consequences of drug use. - They seek assistance at the Toxicological Clinic
4 – The rate of suicides among DU	- There are cases with suicidal thoughts or attempts. - The use of cocaine tends to increase suicide attempts.		- Depends mostly on psychological, social and economical conditions. The suicidal thoughts are related to drug use and the personality of DU.
5 – Mental health problems: depression, aggressiveness?	- DU are aggressive when they need to take drugs or when they are in a crisis. - After long period of drug use, signs of neurotic depression develop.		
6 – The level of aware-ness for self-protection against HIV/Hep. B/ SST?	- There is a certain level of awareness about risks, the routes of transmission of HIV/STI and protection from them. - IDU are about the risk of getting HIV by unsafe drug injection and unsafe sex. However, they are not fully aware of transmission routes. - One case of death resulted from an unsafe injection (tetanus). - Among gypsies, who inject drugs, they have no information about HIV/STI and protective measures.	- Interviews and focus groups with DU - Focus group with the medical personnel of the TC - Interview with Dr. E.B.	- The information is usually received through the mass media; TV, radio or newspapers and through friends. - They consider themselves at risk because share syringes. - DU reported to have had intercourse with strangers while under the effects of drug. - Caused by the use of a previously used syringe.

7 – Level of HIV testing? Testing venue Pre- and post- test counselling	- In accordance with the national strategy, HIV test is voluntary, free of charges and confidential. Tests can be done at: 1) in Tirana: the National Blood Centre, IPH and UHCT; In the districts: Centres for Blood Donations for quick tests, but IPH or the UHCT in Tirana do the final confirmation. Pre- and post- test counselling is only offered at IPH. There is a programme between the IPH and the UHCT to carry HIV tests for IDU admitted at the Toxicological Clinic in Tirana. So far, this Clinic has forwarded 400 tests, 200 to the IPH and 2000 in the UHCT. Only 2-4 cases needed to be confirmed (results not available at the time of report writing).	- Interviews and focus groups with IDU - Focus groups with the EC personnel, HR - Report of the University Clinic of Toxicology, contact centre, November 2001	- Trust their partners for syringe exchange and sex. - Testing locations (especially IPH) are not easily accessible. - Those tested reported not to have received pre- and post- test counselling.
8 – Do they combine drugs and in which proportions?	DU combine drugs and mainly: Heroin + Cocaine 1:1 or 3:1 cocktail Cocaine + Alcohol Heroin + Alcohol Heroin + Marijuana Heroin + Diazepam	- Interviews with IDU	Combination increases effects of drug, improve sexual pleasure
9 – The venue and manner of injection	Usually injection of drugs is done at home or in hidden places, flats entry, abandoned buildings etc. Or, wherever possible when they are in dire need.	- Interviews with IDU	- There is only one interviewee who reporter to inject by the Lana river.
10 – Why did you start to inject?	To get stronger effect By chance Influence of partner By sheer curiosity Due to tolerance	- Interviews with IDU	- The number of IDU has increased.

MEGA GRID 3

Area and key questions	Findings	The Data source and its validity	Links / Comments
RISK AND PROTECTIVE BEHAVIOURS			
1 – What is the level of syringes sharing among the IDU?	- There is a high level of syringes sharing among IDU	- Interviews with IDU at the three service centres	- It is a serious risk for the HIV/Hep. B.
2 – With whom do they share injecting equipment?	Usually occurs between close partners, but also among group of close friends.		- Protection is less important than solidarity with friend(s)/partner(s). - Furthermore, when they are in need, they do not consider risks - They do not have enough money to continually purchase syringes
3 – What are the reasons for sharing syringes?	- They do not have enough money to continually purchase syringes - They badly need an injection - They trust their partner - They have a low level of health education.	- Interviews with IDU - HIV & NGO in Albania, UNDCP, 2001	
4 – Are syringes disinfected before they are re-used?	- Very rarely and often with alcohol. - IDU do not know/use bleach.		
5 – Do they inject themselves or ask others to inject them?	- Usually inject themselves and are rarely helped by other(s)	- Focus group with IDU	
6 – Do they have safe sex?	- Do not use condoms since they think they know their partner		- DU lack of knowledge about risks of HIV/ STI from unprotected sex.
7 – Does drug use influence in the sexual activity?	- Ecstasy drug, “the drug of love”, is reported to increase sexual activity. - Heroin decreases sexual interest; cocaine decreases sexual pleasure. Cannabis increases sexual pleasure.	- Interviews with ecstasy users. - Drugs & the Youth Dr. Z.S.	
8 – Where do they keep syringes?	- Usually they carry them in their pocket	- Interviews with IDU	
9 – Where do they throw the syringes?	- At the place they inject or on the street	- Interviews with IDU	
10 – Where do they find the syringes?	- Most buy them in pharmacies - Take them from the Harm Reduction Centre	- Interviews with IDU - Interviews with staff of the HRC	

MEGA GRID 4 INTERVENTIONS

Area and key questions	Findings	The Data source and Its validity	Links / Comments
INTERVENTIONS			
1 – There is only one national centre, specialised for the drug treatment in Albania and that is the Toxi-cological Clinic at the UHCT in Tirana. - Treatment demand over the years admitted in the TC. - Treatment according to age breakdown - Male/Female ratio - Types of drugs Services of the TC Is this service affor-dable?	- This centre serves as a hospital outpost and offers health services such as treatment for overdose, intoxication, and medical visits for DU, as well as counselling to decrease DU risks. Mainly used by the 15-29 years old. - Started in 1995 2.8 % in 1998 52.2 % in 1998 In the 1993-2000 period, the TC admitted 3,200 people. - Under 15: 2 %; 15-19: 25 %; 20-24: 44% 14.5/1 Heroine 83 % ; Cannabis 5.6 %; Cocaine 1.9 % - In 2001, 810 DU were treated. The service is good, but the medicine is expensive. The staff is not prejudiced against DU. The necessary infrastructure is missing (accommodation, special dietetic treatment, etc) The government has no funds for the methadone therapy. - The service is free, but the cures are costly and unaffordable for DU	- UNDCP Report 2000 - HIV/AIDS in the South-eastern Europe, July 2001 - Report of University Clinic of Toxicology, contact centre, Nov. 2001 - Interview with Dr. Z. S. - Drugs & the Youth, by Dr. Z.S. - Interview with DU	This does not reflect reality for the female DU hesitate to come forward - The patient receives psychological and physical (medical assistance) support. - A cure with methadone for 3-4 weeks costs 100,000 leke (Approximately US$ 600). - The Service at the Psychiatry Clinic for DU stopped, because it was inappropriate. - DU have no money to buy medicine and health care service
2 – Emmanuel Commu-nity Age group of DU frequenting the EC	Experience of 25 years, and equipped with the necessary facilities, the services of the EC are considered effective. At least 5 people a day report to the centre where counselling is offered to gradually give drugs. At this centre, seminars are conducted for DU and their parents for about a month. When needed, DU are referred to the residential centre in Vaqarr. This centre has a capacity for 10 young people. The psychophysical rehabilitation to start a new healthy lifestyle. The age group of the participants is 16-28 years old.	- Interview with the EC operator - Observation at the EC Centre - Interviews with DU - The Report of the Emmanuel Community - Interview with the EC operator	- Counselling and seminars are considered fruitful for young people.
3 – Harm Reduction Centre Scope & Activities Its time-frame	A project undertaken by the local NGO “Action Plus” - Needle/Syringes Exchange and peer education. - Exchange of needles and syringes at the centre. - Covering the DU through outreach workers. - Training of students enrolled in the Social Work Faculty. - Publication of the Newspaper and IEC materials on drug use in Albania. - Counselling and interviews with DU.	Interviews with DU Observation at the Action Plus Centre	- Psychosocial assistance and harm reduction should be increased. - Upon collection, the used syringes are destroyed - The youth are satisfied by the service and the environment

The male-female rate Number of DU The number of the syringes exchanged for the past 9 months	- One year - 80/40 - 120 registered at the centre (aged between 15-26 years old), about another 450 who are not registered, but who are met by outreach workers and are given new syringes. - 4,100.		- They also receive information on HIV/ AIDS/STI - This experience should be extended - The law on DU should be improved. - Outreach programme should be extended.
4 – IPH IPH Laboratory Testing The quality of service The EPI programme	- The Department of Epidemiology of IPH The National Centre of Expertise and referrals for any HIV/AIDS case. - Used by people who want to emigrate to Canada or USA as well as other volunteers. In 2001, 290 tests were carried out; 23 cases of HbsAg, but there is no data of HIV + cases among of DU who were tested. Is good and counselling is offered prior and after the tests. In 1994, national immunization programme included three doses of HBV vaccine, after birth, second month, sixth month. In 2001 immunization continued for students of the Medical Faculty.	The Bulletin of the Public Health, Nor. 1/ 2001 Interview with the personnel of the lab Interview with Dr. T.N.	The immunization of the health care staff should be conducted alongside with other risk groups
5 – National Centre for Blood Donation The number of those tested between January – November 2001 Awareness about HIV/ AIDS risk from blood transfusion	The service is free of charge 6,290, of whom 175 cases of HbsAg + 4 cases of syphilis 2 cases of HIV 11 undetermined cases Low		- When haematoma or abscesses, the centre dismisses blood donors for suspicion of or drug use - Staff should be trained for pre- and post-HIV test counselling - Cold chain should be improved in the districts.
6 – School Curriculum on drugs and HIV/AIDS/STI Youth awareness for these programmes What kind of services and health promotion programmes are offered in schools?	The health education programme at the 8-years school level is a separate subject covered in 17 hours, during the second semester. At the high school, this is not a separate subject, but it is covered by 3 hours on tobacco, drugs and HIV/AIDS in the sociology course. Different activities are conducted during the school year. In professional schools, health education is only thought for 4-5 hours at the high school level. There is no health education programme at the elementary school level. Interviews with DU indicate that they are not aware of such programmes or do not consider them effective. Some DU know they exist, but say that there is a lack accurate/necessary information. Only the dental service is offered in schools. Doctor, social worker and psychologist are needed	- Interview with the representative of the Education Directory. L. Xh.- Focus group with teachers of “J. Misja” Arts School Interviews with DU Interview with the Head of Health Education, Dr. Dh. S.	- There are textbooks for teachers and students, as well as homework notebooks for students. - There is a lack of pedagogical and resource materials - There is a lack of training for teachers - Biology teachers do not always teach this subject. - The large number of pupils makes it difficult for teachers. - There is a lack of funds to organise health awareness campaign.