



Phare

Phare Project on Drug
Information Systems
Bridging Phase

National Report
on the drugs situation in
the former Yugoslav
Republic of Macedonia

2000

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REPUBLIC OF MACEDONIA

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**Focal Point of the Drug Information Systems in the Republic of
Macedonia**

**NATIONAL REPORT ON THE DRUG SITUATION
2000**

Skopje, March 2000

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Table of Contents

INTRODUCTION.....	4
PART I - NATIONAL POLICIES: LEGAL & ORGANISATIONAL FRAMEWORK.....	5
1. TRENDS AND NEW DEVELOPMENTS IN THE DRUG POLICY	5
1.1. <i>Philosophy, direction, scope, objectives</i>	5
1.2. <i>Policy developments on specific issues of particular interest</i>	6
1.3. <i>Developments in the public opinion and the perception of drug issues</i>	7
2. DEVELOPMENTS IN LEGISLATION (NEW LAWS, DIRECTIVES ETC.)	7
2.1. <i>Drug Laws</i>	7
2.2. <i>Other legislation</i>	9
3. DEVELOPMENTS IN ORGANIZATIONAL FRAMEWORK	10
3.1. <i>Key actors, roles and co-ordination structures</i>	10
3.2. <i>Budgets and funding arrangements</i>	12
3.3. <i>International activities and co-operation</i>	12
PART II - DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION.....	13
5. DEVELOPMENT, AND CHANGING PRIORITIES OF THE NATIONAL MONITORING SYSTEM, SOURCES OF INFORMATION AND RESEARCH	13
6. DEVELOPMENTS IN THE NATIONAL FOCAL POINT	14
7. DEVELOPMENTS IN REPORTING TO OTHER INTERNATIONAL ORGANIZATIONS	15
PART III - EPIDEMIOLOGICAL SITUATION.....	16
8. NEW INFORMATION ON THE HISTORICAL DEVELOPMENT OF DRUG USE.....	16
9. TREND AND NEW DEVELOPMENTS IN DRUG USE	16
9.1. <i>Drug consumption in the general population</i>	16
9.2. <i>Problematic drug use prevalence</i>	17
9.3. <i>Patterns and modes of drug use, characteristics of users</i>	19
9.4. <i>New user groups, new drugs, new drug use patterns</i>	20
<i>There are no significant changes</i>	20
9.5. <i>Health consequences and risk behavior</i>	20
9.6. <i>Legal consequences</i>	25
9.7. <i>Drug markets (supply and availability), market indicators</i>	28
9.8. <i>Social problem links to drugs</i>	31
10. TRENDS PER DRUG	31
11. CONCLUSIONS	31
PART IV - DEMAND REDUCTION INTERVENTIONS	32
13. ORGANIZATION, STRUCTURE AND RESPONSIBILITIES RELATED TO THE DRUG DEMAND REDUCTION ACTIVITIES.....	32
14. DEMAND REDUCTION APPROACHES IN THEIR SOCIO-CULTURAL CONTEXT	32
15. MAJOR STRATEGIES AND ACTIVITIES IN DEMAND REDUCTION	32
16. SPECIFIC INTERVENTION AREAS.....	33
16.1. <i>First childhood intervention</i>	33
16.2. <i>Prevention in family</i>	33
16.3. <i>School programs</i>	33
16.4. <i>Youth programs outside schools</i>	34
16.5. <i>Mass media campaigns</i>	34
16.6. <i>Telephone help lines</i>	34
16.7. <i>Community programs</i>	34
16.8. <i>Outreach work</i>	35
16.9. <i>Low threshold services</i>	35
16.10. <i>Substitution and maintenance programs</i>	35
16.11. <i>Prevention of infectious diseases</i>	35
16.12. <i>Treatment system</i>	36
16.13. <i>After-care</i>	36
16.14. <i>Self-help groups</i>	36
16.15. <i>General health care</i>	37

16.16. Criminal justice system.....	37
16.17. Gender specific issues.....	37
16.18. Children of drug users.....	37
16.19. Parents of drug users.....	37
16.20. Drug use at the workplace	38
16.21. Ethnic minorities	38
17. QUALITY ASSURANCE	38
17.1. Research.....	38
17.2. Evaluation.....	38
17.3. Training.....	38
18. HEROIN, METHADONE AND SUBSTITUTION TREATMENT	39
19. LOW ENFORCEMENT, DIVERSION TO TREATMENT , ALTERNATIVES TO PRISON	39
CONCLUSIONS (OF THE WHOLE REPORT).....	48
20. MAIN ISSUES AND FUTURE INFORMATION NEEDS.....	48
20.1. Summary of main points, key trends and new developments	48
ANNEX 1.....	50
ANNEX 2.....	52
ANNEX 3.....	53
ANNEX 4.....	54

INTRODUCTION

This National Report was prepared in the Department for Social Medicine of the Health Protection Institute of Skopje, the capital of the Republic of Macedonia. This institution is to be developed into the Focal Point of the Drug Information System.

The work on the DIS in the Republic of Macedonia began with the official nomination of a LCP by the Minister of Health in July of 1999. The past activities transpired within the framework, and with the support, of the Phare multi-beneficiary Program for Fight against Drugs - a Phare project on Drug Information Systems.

The Report was prepared by the National Team comprising representatives of several different sectors in the country most directly involved in the fight against drugs and their abuse. The National Report was prepared in accordance with the Guidelines for CEEC National Reports 2000 of the European Monitoring Center (EMCDDA). The National Team and the Focal Point made great efforts in regards to the collection and processing of the information available in the country.

The basis for the preparation of this National Report was the National Report of 1998 and the most recent available information and data in the country. The Report reflects the most current state of affairs and trends concerning the issue of drugs and their abuse in the Republic of Macedonia. It comprises data concerning certain phenomena in 1996, 1997, 1998 and 1999. For a comprehensive presentation of the situation, data from myriad of sources in the country were availed of, while numerous experts and institutions made their precious contribution. Therefore, at this point, we would like to express our sincere gratitude for their co-operation to: the Ministry of Health, the Ministry of Interior, the Ministry of Justice, the Customs Office, the Office of Statistics, the non-governmental organization HOPS, the UNDCP Office-Skopje, the National Commission for prevention of AIDS, the Inter-ministerial National Commission for the Prevention of Illegal Drug Trafficking and Abuse, the Phare Office in the Department for European Integration of the Government of the Republic of Macedonia, the National Coordinator of the Phare Project for Fight against Drugs ...

PART I - NATIONAL POLICIES: LEGAL & ORGANISATIONAL FRAMEWORK

1. Trends and New Developments in the Drug Policy

1.1. Philosophy, direction, scope, objectives

The drug scene in Macedonia has become organized and its structures are spreading. Along with the increased drug supply and the availability of cheaper and purer drugs, heroin in particular has been appearing in recent years. Along with cannabis and heroin, use of ecstasy and ATS became popular with the arrival of the techno-music and with the more frequently organized rave parties. Cocaine has also become more readily available. Tranquilizers, analgesics, hypnotics and alcohol and anticholinergic drugs are readily available and used in different combinations.

There are no substantial and firm ethnic limits or boundaries in the trade off between drug dealers and drug users. But, there are ethnically circumscribed and closed drug using scenes, where access of other ethnicity (Macedonian or Albanian) is restricted.

Methadone is available on the black market. Very often it is used intravenously. It originates from some pharmacies and medical institutions. Substantial part of the drug using population very often injects available drugs (heroin, opium, methadone and, since recently, cocaine).

Because of the drug-related nuisance and increased crime, there is widespread intolerance towards drug users, who in general are stigmatized and demonized. At some places of entertainment, dance clubs and cafeteria, drug use has become visible despite frequent police raids.

In general, the parents, the teachers and the policy makers are not sufficiently aware of the danger of the ATS use.

1.2. Policy developments on specific issues of particular interest

The Macedonian society is aware of the gravity of the drug situation, which is reflected in the strong commitment of the Government of the Republic of Macedonia to participate in the drug control effort. In January 1999, the Government of the Republic of Macedonia set up the new Inter-ministerial National Commission for Prevention of Illegal Drug Trafficking and Abuse. In September of last year this Commission launched the Action Plan for the period 1999-2002, which is of a Master Plan format.

The basic principals of the Master Plan are:

- Control, reduction and elimination of drugs availability;
- Prevention of illicit drugs trafficking;
- Reduction of supply and elimination of drugs and psychotropic substances (prevention, treatment and rehabilitation);
- Programming, coordination and cooperation.

The activities of the Government of the Republic of Macedonia shall be directed in particular to fulfilling the tasks envisaged by the Political Declaration of the UN General Assembly Special Session devoted to the Drug World Phenomenon (UNGASS) and by the PHARE multi-beneficiary Program for the Fight against Drugs. The Inter-ministerial Commission shall observe the UNGASS Declaration and in particular the Preliminary Draft Action Plan for the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction of the CND. Special attention shall be paid to the activities aimed at drug demand reduction.

1.3. Developments in the public opinion and the perception of drug issues

In the country, all kinds of mass media influence the public opinion about drug problem, particularly the electronic media through TV and radio programs. Last year, many public (national) and private TV and radio programs treated this problem frequently, and from different aspects. Many experts of pedagogy, psychology, sociology took part, as well as many teachers, journalists, pupils, parents, interested people, members of governmental and non-governmental organizations and humanitarian associations. In the educational TV programs, video-spots and mainly foreign documentaries can be seen. During the last year, the Ministry of Youth and Sport undertook a wide campaign under the motto *“Drug? No, Thank you”*. Many young people participated in the workshops, during which lots of posters and other printed materials were distributed. School-based action-groups for fight against drugs were established.

2. Developments in legislation (new laws, directives etc.)

2.1. Drug Laws

The Republic of Macedonia has ratified all the three UN Conventions on combating the crime of drug abuse and illicit trafficking. The Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic substances were ratified by the Republic of Macedonia in 1993.

In June 1999, the Republic of Macedonia ratified the monitoring Conventions of the Council of Europe: the European Convention on Money Laundering, Search, Seizure and Confiscation of the Proceeds from Crime, of 1990; the Criminal Law Convention on Corruption, of 1998; the European Convention on Mutual Assistance in Criminal Matters (1957), with the Additional Protocol to the Convention (1958); the European Convention on Extradition (1957), with the Additional Protocol to the Convention (1975), and the Second Additional Protocol to the Convention (1978); the

Convention on the Transfer of Sentenced Persons (1983), with the Additional Protocol to the Convention (1997).

According to the Constitution, the Republic of Macedonia observes the generally accepted norms of the international law. According to Article 118 of the Constitution of the Republic of Macedonia, all international agreements ratified in accordance with the Constitution are part of the national legal order and cannot be changed by law.

Our drug-related legislation consists of the Law on Traffic and Production of Drugs, the Criminal Code of the Republic of Macedonia, the Law on Criminal Procedure, the Law on Misdemeanors Against Public Order, the Law on Execution of Sanctions, the Law on Medicines, Remedial Medicine and Medical Devices, the Law on Health Protection, the Law on Misdemeanors, the Law on Social Protection and The Family Law.

With the introduction of the Criminal Code in 1996, a rational and efficient crime combating system was established in the Republic of Macedonia. The Penal Law was aligned with the European Penal Law implementing the existent international standards. The Criminal Code penalizes the crimes involving narcotic drugs in Chapter 21 “Crimes against Human Health”. In this Chapter, Article 215 – “Unauthorized production and release for trade of narcotics, psychotropic substances and precursors”, penalizes every person who, without authorization produces, processes, sells or offers for sale, or who for the purpose of selling, buys, keeps or transports or mediates in the selling of, or in some other way releases for trade, narcotics, psychotropic substances and precursors. The penalty for such crimes is from 1 to 10 years of imprisonment. If several persons are involved in committing the crime, and the perpetrator organizes a network of resellers or mediators, the punishment will be at least 5 years of imprisonment.

The Criminal Code, in Article 216 – “Enabling the taking of narcotics, psychotropic substances and precursors”, also penalizes activities that encourage tasting narcotic drugs in order to cause addiction and in that way enlarge the number of drug addicts. To facilitate taking drugs is also punishable by law. Offering drugs to individuals and especially to underage individuals is a common case, because it

offers easy money and enormous profits to the people that take part in the business of illicit drug production, refining and trafficking.

According to the Criminal Law of the Republic of Macedonia, taking drugs alone is not an act of crime and is not penalized. Individuals that use narcotic drugs are penalized only if in the course of their acts they commit another crime, being at the time of conscious to understand the meaning of their deeds and if under drug they could control their acts. According to crime statistics - unauthorized production and release for trade of narcotics and enabling the taking of narcotics, has increased in the period from 1991 to 1997.

Considering the increase of the illicit production and drug trafficking, as well as the extension of drug abuse and psychotropic substances and precursors, for more effective results in the fight against drugs, the Inter-ministerial National Commission for Prevention of Illegal Drug Trafficking and Abuse has issued a working draft of the Law on Control of the Production and Trafficking of Psychotropic Substances and Precursors and for the Prevention of Drugs and Psychotropic Substances.

2.2. Other legislation

For more effective combating of organized crime, Government Program envisages passing of a Law against Corruption and a Law against Money Laundering, as well as a Draft Law on Precursor Control. The Draft Law against Corruption is in its final phase; it is in parliament procedure. The aim of this law is to create preventive mechanisms for combating crimes connected with corruption. The Draft Law against Money Laundering, being in its final phase, is also expected to be soon adopted by the Parliament.

In order to harmonize our penal legislation with the EU standards and the need of combating the new phenomena in the field of crime, the Law on Changes and Amendments of the Criminal Code, has been passed. The changes and amendments were made in order to contribute to strengthening the punishments for crimes relating to corruption, drugs and money laundering.

Some changes and amendments have been proposed for the Criminal Procedure Code, the Draft Law for which is in the first phase of Parliament procedure, for the purpose of creating conditions for the application of more effective measures in discovering and prosecuting criminals. So, in order to harmonize our penal legislation with the European Convention on Extradition, changes have been made in Article 513, which regulates the extradition. The changes in Article 203 are made for better implementation of the Vienna and Strasbourg Conventions.

3. Developments in Organizational Framework

3.1. Key actors, roles and co-ordination structures

The problem of drugs and drugs abuse requires a multi-disciplinary approach. The highest level institution within this approach is the Inter-ministerial State Commission for Prevention of Illegal Drug Trafficking and Abuse. Its President is the Prime Minister of the Republic of Macedonia. Members of the Commission are the leaders of the two main coalition parties and representatives from the Ministries of Health, Internal Affairs, Justice, Foreign Affairs, Sport and Youth, Social Welfare, Finances, Education, Agriculture and Forestry and the National Institute for Social Welfare.

The Inter-ministerial State Commission for Prevention of Illegal Drug Trafficking and Abuse is responsible for the formulation of the National Drug Control Strategy and the co-ordination of the action programs. In September of last year the Commission launched the Action Plan (1999-2002) which is of a Master Plan format. The Action Plan comprises also the Supply Reduction Strategy and the Demand Reduction Strategy.

The Ministry of Health encompasses a Commission on Narcotic Drugs and Psychotropic Substances, which is an advisory body to the Minister of Health. The Pharmaceutical Department of the Ministry of Health controls the legal trade in psychotropic substances and precursors scheduled and classified by the INCB. The Ministry of Health is charged with observing the UN Conventions, as well as developing treatment and prevention approaches.

The Ministry of Interior has the main role at the fight against illicit drug

trafficking and production. Within the organizational structure of the Crime Police, there is a Department for Illicit Drug Trafficking which is highly specialized for drug cases investigations. Analyzing and informing about the overall activities is assigned to the Department for Analysis and Research, where there are job positions focused on the illicit drug trafficking. Also, there is the Information System Department responsible for data processing. The Ministry of Interior of Republic of Macedonia closely cooperates and exchanges experience with foreign police services and the international organizations such as the INTERPOL, EUROPOL, DEA etc., as well with the United Nations, participating in the multi-year UNDCP/PHARE program.

The Ministry of Justice is responsible for the international legal cooperation, contacts and exchange of experience with other countries. This also includes communication and coordination with the Council of Europe, the international organizations and the United Nations programs such as UNDCP, HEUNI, UNICRI, UNOPCCP, etc. In the framework of its activities, the Ministry of Justice monitors the work of, and the improvements in the courts, the public prosecutor offices and the prisons. It also deals with preparing penal legislation and gathering data concerning the number of persons convicted and sentenced to imprisonment for crimes relating to Article 215 and Article 216 of the Criminal Code.

As a part of the Ministry of Finances, the Macedonian Customs Office is responsible for the prevention of illicit trafficking of narcotics and precursors. The Macedonian Customs Office works in accordance with the guidelines, instructions, declarations and conventions of the European Union and the World Customs Organization for the reduction of any kind of illicit trade. The Macedonian Customs Office makes serious efforts for its reorganization and the establishment of a special department within the structure of its Investigation and Control Sector for fight against drug trafficking.

The Investigation and Control Sector of the Macedonian Customs Office consists of basically two sub-departments: for Control of Documents and Post-Clearance and for National Investigation Activities. Under the Department for National Investigation Activities there are the sections for Intelligence and Criminology, and the Investigation and Mobile Team. Under the Investigation Section there are drug and weapons inspectors. They are directly involved in control actions, preparation of risk analysis, permanent training for better efficiency and awareness of the new trends.

The Ministry of Education is in charge of the organization of education in the primary and high schools. They are responsible for the primary prevention and health education in the frame of the regular school programs.

The other Ministries, such as the Ministry of Agriculture and Forestry, the Ministry of Social Welfare and the Ministry for Youth and Sport, are involved in drug issues by virtue of the activities of the expert groups. They work in accordance with specific regulations of the respective ministry.

3.2. Budgets and funding arrangements

The activities concerning the fight against drugs and their abuse carried out according to programs in all the above-mentioned ministries are financed by the State Budget. Projects that are financed by foreign aid of different international institutions, agencies and foreign NGOs, are also taking place in the country.

3.3. International activities and co-operation

The Republic of Macedonia actively participates in the Phare multi-beneficiary Program for Fight against Drugs. There is close cooperation with the UNDCP, INSB, WHO, WCO, INTERPOL, EUROPOL, MERA and DEA, and the Mini Dublin group. Co-operation in the Pompidou group is also envisaged.

In the frame of the joint UNDCP-PHARE Drug Law Enforcement Program for Southeastern Europe, which involves Bulgaria, Romania and Macedonia, there is close co-operation with Bulgaria and Romania. Co-operation with Albania and SR Yugoslavia does not exist. There is good co-operation with Slovenia and Croatia also. Despite the signed agreements with Turkey, co-operation has not been operationalised.

PART II - DRUG MONITORING SYSTEMS AND SOURCES OF INFORMATION

5. Development, and Changing Priorities of the National Monitoring System, Sources of Information and Research

There is still no unique drug monitoring system in the country. Considering that the problem of drugs concerns several sectors, in each of them there is a system for monitoring the state of affairs in the respective area (as in the Ministry of Health, Ministry of Interior, Ministry of Justice, and other ministries).

The activities of the Drug Information System project are one of the initial steps for integrating these information and data in a single place. The work of the Focal Point is embryonic. We believe that this Center should play a key role in the integration of data related to the problem of drugs in the country. At the moment the data are collected in co-operation with the experts that are a part of the National Team as well as by engaging some authorities, members of the Inter-Ministerial National Commission for Prevention of Illegal Drug Trafficking and Abuse.

One of our priorities for the future is to enable the development of the Focal Point through educating its personnel about the problem of drugs, as well as through providing for permanent funding, which at the moment is solely from the funds allocated for the DIS project. The research relating to the problem of drugs in the Republic of Macedonia transpires mainly within the framework of projects funded from abroad. Thus, in 1999, a Study on the risky behavior of the drugs-users was conducted in the framework of the project, and the technical assistance of the sub-project, of the Drug Demand Reduction activities. Research was also conducted in the framework of the UNDCP - Project for Strengthening the Drug Control Capacities in the Republic of Macedonia, ESPAD 99 survey.

Until now no comprehensive epidemiological studies have been carried out with the population of the Republic of Macedonia, neither have there been any scientific estimates as to the state of affairs of the problem of drugs. Partial researches are conducted by some NGOs, but these can provide only a partial picture of the

situation in this area. In the country, no special center for documentation in drug issues has yet been established.

6. Developments in the National Focal Point

The Focal Point in the Republic of Macedonia does not yet exist in the right sense of the word. In July 1999, the Minister of Health officially nominated the Department of Social Medicine of the Health Protection Institute - Skopje as the institution that should work on the DIS project. At the current moment the projects transpires under the leadership of the LCP (the local contact person) and with the help of experts from certain ministries. The Health Protection Institute - Skopje is a state institution responsible for specialized preventive health protection in the area of hygiene and medical ecology, epidemiology, social medicine and health information technology for the population of the capital of Macedonia - Skopje.

The Department for Social Medicine has the following duties:

- Collects and processes health-statistic information in the area of health in the capital of the Republic of Macedonia - Skopje;
- Monitors the health situation of the population;
- Prepares health protection programs;
- Carries out health education;
- Carries out education for undergraduate students of medicine and dentistry and education of specialists;
- Co-operates with the health protection institutes in the Republic of Macedonia, with numerous institutions of the health and the other sectors in the country.

The past work on the DIS project was financed exclusively by the funds of the Phare multi-beneficiary Program for Fight against Drugs. All the data for the preparation of this Report were collected with the engagement of the LCP and experts on the basis of special requests.

7. Developments in reporting to other International Organizations

Besides this National Report, an INSB is regularly conducted. The Customs Office provides data to WCO; the Ministry of Interior provides data to Interpol. The Custom Office has its own system - MACK'S (Macedonian Computer Information System), which works on collection, selection and analysis of the relevant information. The Macedonian Customs exchange information with the Police, using the monitoring methods: risk analysis, definitions of trends and date selection. Through the WCO, the Investigation Department, the Macedonian Customs (MC) receives a list of synthetic drugs and list of their characteristics. Also the MC has a solid regional cooperation with other Customs authorities in the exchange of information about new trends in synthetic drug trafficking in the region.

Macedonian Police has its own Information System, which will very soon integrate all national-wide data on drugs and drug trafficking. In the field of Chemical Profiling, the Macedonian Police exchange data with the Interpol and the Europol.

PART III - EPIDEMIOLOGICAL SITUATION

8. New Information on the Historical Development of Drug Use

In the middle of 1980s, the use of heroin increased partly due to changes in the social attitudes and values of the young population. In the 1990s Macedonia experienced an increase in heroin transit. Macedonia, formerly serving as a transit country became also a consumer country. Drug supply and demand increased substantially. The war in the former Yugoslavia cut the traditional transit route of heroin, which led to Europe. New routes were established via Bulgaria, Macedonia and Albania. Domestic markets for imported drugs established themselves in Macedonia in the early 1990s, probably as a result of a combination of various factors such as porous borders, travel, convertibility of currencies, trafficking and domestic changes affecting demand. In recent time, the consumption of synthetic drugs became a very serious problem. It is widely spread among the young population visiting techno parties and discotheques.

9. Trend and new developments in Drug Use

9.1. Drug consumption in the general population

Drug use is a phenomenon of relatively recent date and it's a consequence of numerous factors, among which the geographical position of the Republic of Macedonia, economic and social status of the citizens, personal characteristics of the individuals and some others, as the most important ones. Along with this, the breakdown of the moral and value norms, perspectivelessness and the desire for profit by any means, increases the dispositions of certain individuals to consuming all different kinds of drugs.

An epidemiological study was conducted for the first time in the country in 1999. It was the implementation of the ESPAD 99 survey as the first project in the framework of the UNDCP-Project on Strengthening Drug Control Capacities in the Republic of Macedonia. The UNDSP Project Office in Skopje conducted the survey,

with the support of the Ministry of Education. A standardized questionnaire was used, translated in Macedonian and Albanian languages. It featured more than 50 questions regarding students' attitude and behavior towards tobacco, alcohol, and drugs, as well as their attitude and relationship with their relatives and friends.

Over 5000 students from the second and the third school year in high schools all around the country took place in this survey. Usually one class of around 30 persons was randomly selected from each school in the country to participate in the survey. The data were collected in the period from October-November 1999. After the data collection, only questionnaires fulfilled by persons born in 1983 (16 years of age) were selected, processed, so the data could be compared with the data from other countries. The total number includes 2491 questionnaires.

The results are: Marijuana is the most frequently used drug in the group (life prevalence: 10% males and 6,43% females); 7,5% males and 3,63% females reported use of marijuana during the last 12 months. During the last month 3,59% males and 1,93% females responded that they have used marijuana.

Lifetime average (smoked, inhaled and intravenously consumed) heroin consumption is present with 1,56% males and 0,72% females. 4,3% males and 8,9% females responded lifetime use of benzodiazepines. Solvents are present with 5,26% males and 3,8% females (lifetime prevalence).

9.2. Problematic drug use prevalence

Problematic drug use prevalence is presented by the data from the Ministry of Interior. According to the data from the Ministry of Interior drug users were for the first time registered in the Republic of Macedonia in 1969 and, as from the beginning of 1990, this number has significantly increased reaching the number of 3480 registered drug users in 1999, according to police statistics. During 1999 specifically, 480 new drug users were registered, which is an increase of 10,6% compared with the newly registered users in 1998.

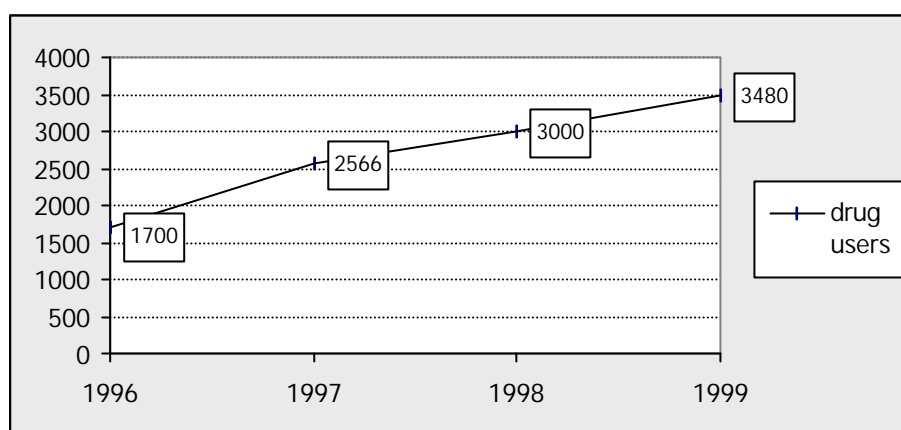


Figure1: Registered drug users according to the police statistics

Because of the three-decade long presence of the drug abuse phenomenon in the Republic of Macedonia and its noticeably increasing trend, the presence of drugs throughout the country is quite impressive. Namely, the town of Skopje, as the biggest economic and cultural center, accounts for 45% of the overall number of drug users. Significant number of drug users is also registered in the towns of Kumanovo, Tetovo, Gostivar, Kicevo, Ohrid and Struga in the north-western part of the country, the towns of Strumica and Stip in the eastern part of the country, and the towns of Gevgelija and Valandovo in the southern part of the country.

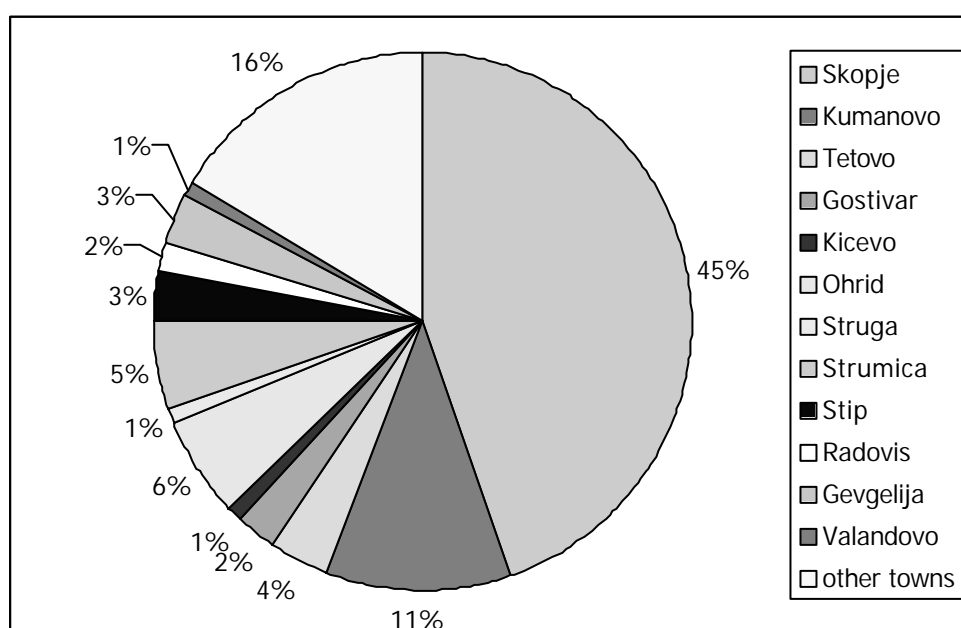


Figure2: Distribution of drug users in towns ,according to the police statistics for 1999

9.3. Patterns and modes of drug use, characteristics of users

Patterns and modes of drug use are presented by the data from the Ministry of Interior and from the HOPS. Drugs are mainly used through smoking or sniffing, but over the last years the number of registered drug users that inject drug, mostly heroin, is increasing. Using the drug intravenously causes real possibility of spreading communicable diseases, AIDS before all. This way, in our country, five persons have been infected by AIDS, all being intravenous users. Also, over the last 2-3 years, consumption of Ecstasy has been noticed, which is particularly popular among youngsters, following the trend of techno culture. As from the aspect of age of the drug users, young people between 18 and 23 years of age are the predominant group and about 90% are males. These young people usually start to use drugs before reaching the age of 18 and there are even cases of 12-14 year old minors that become drug addicts.

According to the police statistics the number of females among the registered drug users is 462, which is 13% of the total number of drug users. Also the number of minors at the age of less than 18 years is 294 registered drug users. Among the registered drug users there are even 7 addicts at the age of less than 15 years.

The Ministry of Interior, as a part of undertaking measures for fighting the drug abuse phenomenon, carried out checks to determine the spots most frequently used for drug consumption. As a result, a lot of different spots were identified as places where the youngsters gather in order to purchase and consume drugs: clubs and cafes, discotheques and night clubs, even high schools and other favorite places of youngsters in almost all towns of the country.

The HOPS survey, which was mentioned above, reveals that 91% of the clients are intravenous drug users, 31% of which have used drugs intravenously for more then 5 years, 21% for 4 years, 12% - 3 years, 6% - 2 years, 18% -1 year and 6% for less then one year, while 6% have not answered. 61% of the clients have never contacted any other institution but HOPS for their drug use problems, 36% have contacted other health institution and 3% have contacted religious institutions. 61%

have no contact with any other drug treatment program, 36% are on methadone maintenance program, and 3% have not answered the question.

9.4. New user groups, new drugs, new drug use patterns

There are no significant changes

9.5. Health consequences and risk behavior

We tried to establish the health consequences of the drug use through analysis of data on the morbidity and mortality, which is routinely monitored according to a legally defined regulation in the country.

Morbidity

In our health-statistic information system morbidity is monitored by summary reports in the primary health services and in hospitals. The specific individual reports are the basis for the functioning of the registers on chronically non-communicable diseases. More detailed monitoring of the morbidity in the primary health care services is not possible because the addictions as diseases, in the limited morbidity lists, are represented as a group which involves the categories from F11 - F12 (about ICD 10). Besides this, in the primary health care services these diseases are not registered at all, or in this segment of health protection they rarely appear, most probably because the drug users do not ask for assistance in these health organizations.

In the hospitals, morbidity is monitored through individual reports, which comprise data on the diagnosis, sex, age, place of residence and the hospital in which the patients have been treated. But, in these reports it is customary to record only one disease (the one of which the patient has been treated). The other developments are usually not recorded. A significant problem is that if the addiction disease is at the moment a secondary disease, it will not be recorded. Therefore these data too can not be taken as the basis for realistic assessments of the magnitude of the problem in the treatment of drug addicts.

The best data could be received through the registers of non-communicable diseases. The basis for these is the individual report on each of the addicts. The

reception of these reports, in spite of the efforts of the services, is very difficult, because, the health services, due to the protection of the individual data do not have the authority to fulfil this obligation.

In the country there is a well-developed information system in regards to the communicable diseases through which information is received on the extent of the HIV infection and AIDS. Concerning the HIV/AIDS situation in the Republic of Macedonia, until the end of 1999 there were 45 known, registered cases of HIV sero-positive people. The first case of HIV was registered in 1987, and the first AIDS case in 1989. The female-male ratio is 1:2,3. The main mode of transmission is heterosexual. Out of all cases 5 have been identified as drug users. The average age of the people infected by HIV is 19-29 years. Though the number of registered HIV positive cases is quite small, the estimates of WHO and the State Commission on HIV/AIDS amount to about 500-1000 cases.

Mortality

There are many differences in the definitions and methods of drug-related data collection and also there's no international consensus on the codes that should be selected to define drug-related deaths. The National Report for the Republic of Macedonia of 1998 does not comprise a part about mortality, and considering this; the monitoring text gives some basic information about situation in this field in the Republic of Macedonia.

Data source and registration procedures

The most important source of information on drug-related death is the National System of Vital Statistics. In addition, the source for vital statistics (in this case, for deaths), is the Ministry of Interior. Each death event had to be reported to the Ministry of Interior (Registrar Office) either by the hospital or by the person (informant). The informant is the individual who, as required by the law, reports to the local registrar the occurrence of a death event and its characteristics. Hospitals, as well as the informants are obliged to give information about each death event within the time limit stipulated by law. For each event reported and entered into the registrar book, the local registrar must fill in a corresponding statistical report (statistical form).

The statistical forms for deaths are usually accompanied with medical certificates, stating the diagnosis (the cause of death) issued by a certified physician. The statistical forms, once filled in and checked are forwarded to the Statistical Office responsible for the processing of death statistics.

Coding procedure

Responsible institution for coding the causes of death is the Epidemiological Institute. The coding is done manually, by writing the code on the statistical form. After the coding, the statistical office staff is responsible for data entering, data processing and tabulating the mortality statistics.

Causes of death statistics is based on the ICD – 9. ICD –9, used since 1978. Since the beginning of 1996, by a governmental decision the ICD – 10 started to be used in morbidity and mortality statistics, but mortality data are still tabulated by ICD – 9. Data are available at three digits level. Starting from 1998, the data are available at four digits level. Gender and age breakdown is in accordance with DRD standards.

Selection of drug-related death codes

Regulations for the coding of mortality in the Republic of Macedonia, actually deaths which are result of drug abuse, narcotics and other medicaments which influenced CNS, (whether excitative or depressive), are coded as *violent death* (E - codes).

The codes 292 - psychoses caused by drugs, and 304 – drug addiction (Chapter V) are used in cases when there's no more detailed information concerning morbidity condition in the death certificates. It means that if the death certificate states particular terms like drug addiction or abuse, without mentioning suicide or homicide, in that cases the underlying cause of death is coded as 292, 304 or 305 respectively. Otherwise it is treated as violent death. Concerning Chapter XVII (ICD-9) mostly the codes 965.0 and 965.9 (only) are used for determining the nature of injury (nature of drug) which caused the death case. Also the codes 967, 968, 969, 970 (from 0-9) and 977.9 (only), are used in the same sense. It means that the nature of injury codes (only one N-code) is used in addition to E-codes. In our practice, these

codes must be used (obligatory) with certain E - codes such as: accidents DRD – E850.0 (only); E851; E852; E853; E854; E855; E858.9 (only) suicide DRD – E950.1-5 homicide DRD – E962.0-9 (very rare in our practice) undetermined – E980.1-5 (only) (rarely in our practice).

It has to be stated that the quality of drug related death data is influenced by many factors, such as insufficient information written on the death certificates by physicians, the quality of medical stuff in the field, the lack of information from autopsies (such information are usually late and there is no procedures for delivering results from the autopsy to the Statistical Office where the coding procedure is made by epidemiologists). Also, no validation studies have been conducted at regional or national level. Nonetheless, there is an impression that miscoding is possible because of lack of information in the death certificates and because of the fact that the drug related deaths are a relatively new phenomenon in the domain of mortality statistics. So, the epidemiologist i.e. the coders, do not have enough experience and information from the WHO on how to deal with this problems.

Drug – related death data and trends

Drug problems have come to concern Macedonia more intensively during the last decade. The radical changes that took place in the economic, social and political life influenced the rapid increase of drug trafficking and drug use. The Republic of Macedonia is not only a transit country but a consumer country too. The drug issue caused many other problems such as social and legal problems as well as health problems (morbidity and mortality).

Since the drug issue is a relatively new phenomenon, it has to be stated that there are no many drug-related deaths in Macedonia. In this context, the observations show that the quantity and the quality of drug related deaths is not reliable, and there are many improvements that have to be done in the domain of drug related mortality.

The data that is shown in the monitoring table is for the period 1996/1998, as there were no drug related deaths in 1997. Since there's no data for the previous years, it's too hard to discuss the trends or to give some deeper analysis concerning drug related deaths.

1996

	Total	10-14
E 850 Total	1	1
Male	1	1
Female	-	-

1998

	Total	5-9	20-24	25-29	30-34	35-39	45-49	64+
E 850 total	1			1				
Male	1			1				
Female	-			-				
E853.2 total	1							1
Male	1							1
Female	-							-
E854.9total	4		1	1		2		
Male	4		1	1		2		
Female	-		-	-		-		
E858.3 total	1	1						
Male	-	-						
Female	1	1						
E858.9 total	1							1
Male	-							-
Female	1							1

It has to be mentioned here that according to data from the Ministry of Interior, there are 21 drug related deaths during the 1999. The cause of the death is overdose or use of drugs with very low purity, mixed with other materials.

9.6. Legal consequences

Usually, addicts and drug abusers, in order to obtain money to purchase drug, get involved in criminal activities. They often become prostitutes, burglars or deal with other kinds of social pathological activities.

The new Criminal Code, in its Chapter 21 “Criminal offences against human health”, comprises two articles by which more severe penalties are prescribed than in the previous one. The first article (Art.215), which describes the offence “illegal production and trade with narcotic drugs, psychotropic substances and precursors” sanctions the illegal production, manufacturing, selling and buying drugs and the maximum penalty is 10 years of imprisonment. More severe penalty is prescribed for the situations when more than one person commit this crime or when the offender has organized a network of dealers and mediators, and the penalty is minimum 5 years of imprisonment.

According to police statistics, the number of criminal acts, in violation of Art.215 has increased by 49%, while the number of offenders involved by 58% in comparison to 1998.

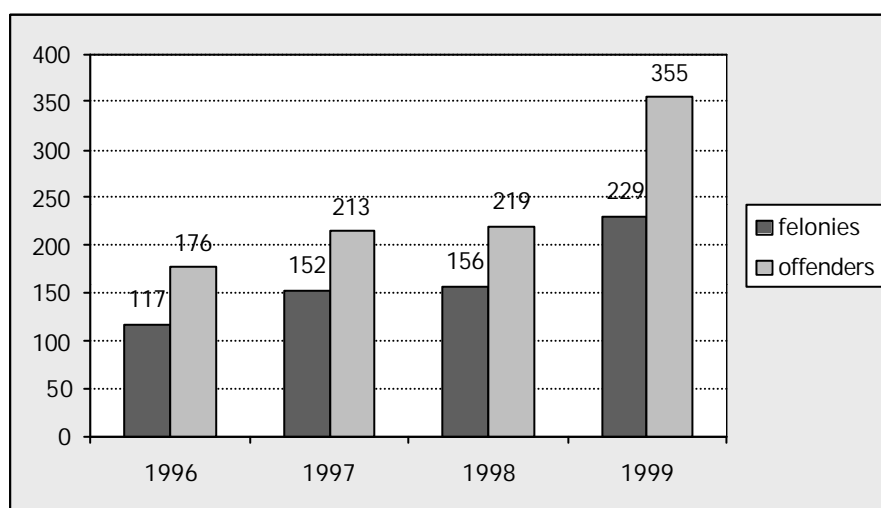


Figure 3: Felonies and offenders involved at violation of Art.215

The second article (Art.216), defined as “enabling others to abuse drugs, psychotropic substances and precursors” sanctions the act of providing conditions for drug abuse and the penalty is between 6 months and 5 years of imprisonment. If the victim of this offence is a minor, the penalty is one to ten years of imprisonment. Addiction to drugs is not treated as a criminal offence.

The police statistics also mark a trend of increase in the number of criminal acts and persons involved in violating the second article. The number of criminal acts has increased by 42%, while the number of persons involved by 61%, compared with 1998.

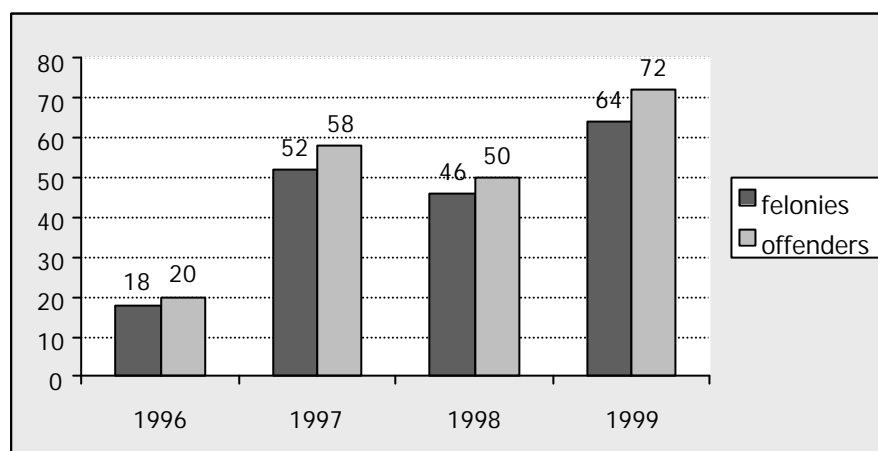


Figure 4: Felonies and offenders involved at violation of Art.216

Beside the Criminal Code, our legislation also contains the Law on Misdemeanors against Public Order, which in article 28, prescribes penalty for misdemeanors to public order. The police statistics show an increase in the number of the misdemeanors and offenders in 1999 by 90% and 95% respectively compared with 1998.

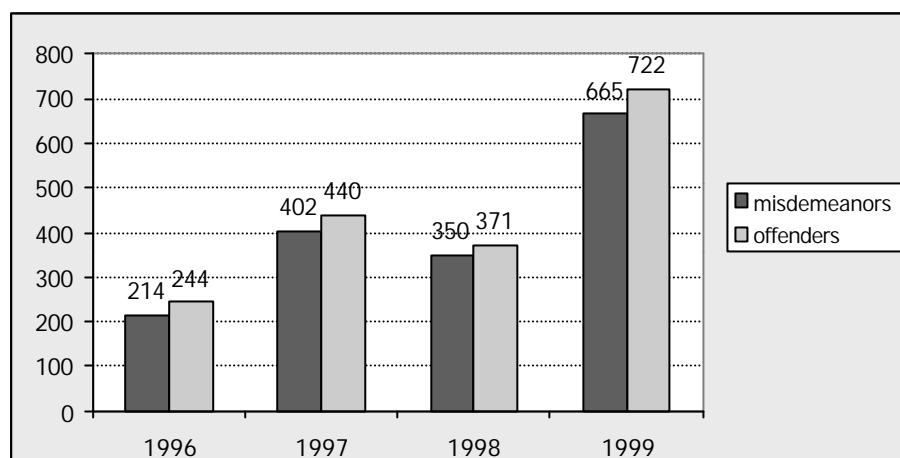


Figure 5: Misdemeanors and offenders, violating the Art.28 of Law on Misdemeanors against the Public Order

The Ministry of Interior obtained all of the above data. Figures 3 and 4 reflect the number of criminal charges under the Criminal Code submitted to the public prosecutor. Figure 5 reflects only the number of misdemeanors related to drug abuse and they are not under the Criminal code.

The Ministry of Justice has the following data for the final convictions:

Table 1: Convictions for drug offences and pronounced measures by the court

	1996	1997	1998	1999
Number of the convicted persons for drug offences under article 215 and 216 of the Criminal Code	119	122	119	125
Number of the convicted persons for other crimes but in connection with the drugs	1	1	6	8
Number of pronounced security measures-compulsory treatment of alcoholics and drug addicts	31	7	4	6
Number of persons who are sentenced to prison for the drug crimes	81	62	75	47
Number of persons who are sent to special health institution	21	6	2	7

On demand by the Ministry of Justice, the Courts of Macedonia provided these data. In the period from 1996 to 1999 the number of convicted persons for drug

offences increased. Also the table provides data about the number of pronounced security measures - compulsory treatment of alcoholics and drug addicts and how many convicted persons (addicts) are sent to special health institution.

9.7. Drug markets (supply and availability), market indicators

According to the Ministry of Interior the trends concerning the situation of narcotic drug trafficking show an increase in 1999. The total number of seizures in 1999 is 210, which is by 49% more than 1998. The quantity of substances seized has risen in the cases of cocaine and ecstasy, where an exploding trend is observed, which implicate new developments at drug use. Ecstasy trafficking and use is registered among the youngsters, especially at techno and rave parties.

The quantity of seized heroine has gone down in 1999, but still it remains to be a frequent drug among the intravenous drug users. Despite the decreasing quantity of seized cannabis, marijuana still remains the most prevalent drug among the drug consumers. It is worth to remark that in 1999 the Ministry of Interior undertook a widespread action for finding and destroying cannabis plantations throughout the country. As a result of this action, 151.625 stems of the plant *cannabis sativa* were destroyed, as well as 103gr. seed and 696 seeds (all not mentioned at Table13).

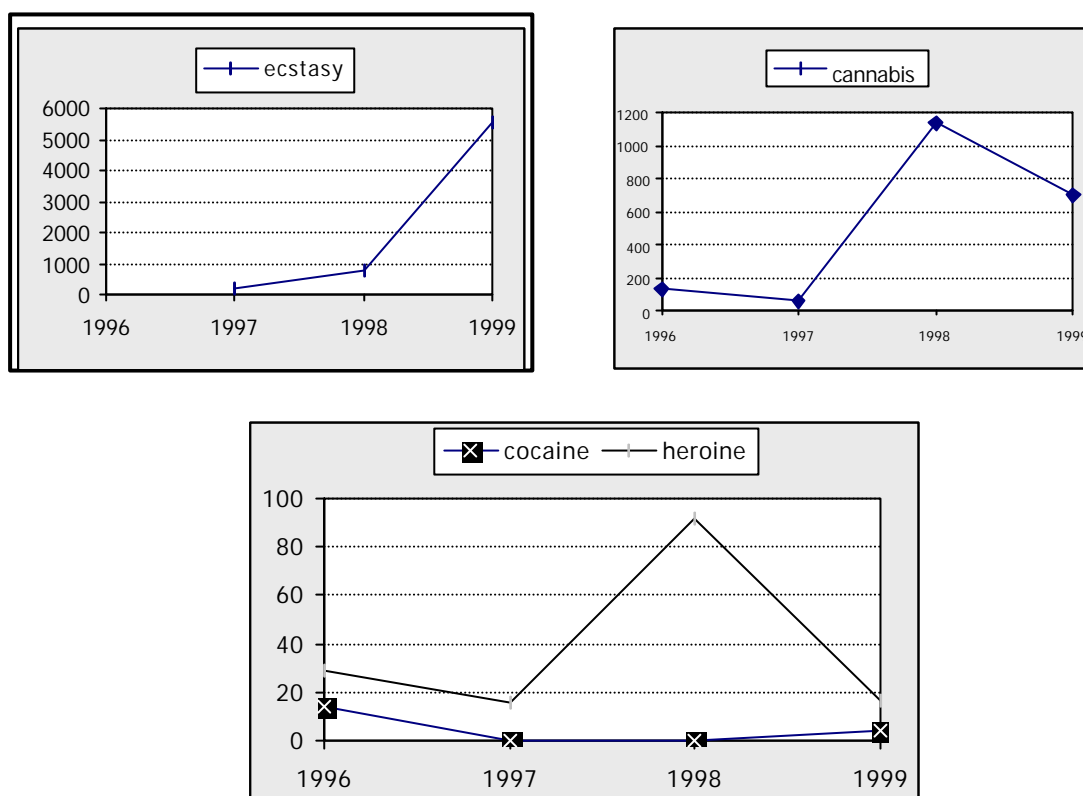


Figure 6: Quantities of seized narcotic drugs from 1996 to 1999 – Table 13

Apart from the data presented in Table 13, the Ministry of Interior in 1999 also seized the following drugs and precursors: 12.239 kg of raw opium, 89,66 gr. of hashish, 3.988 kg mixture of alkaloids, 2.700 pills of Phenobarbital, 102 doses heroin, 5 bottles of methadone, 135 pills and 8 bottles of heptanone, and 6,540 liters of acetic anhydride. During the 1999, the Ministry of Interior also participated at international actions of so called “controlled delivery” in which 1.455kg of cocaine was seized and 8 persons, including 1 Macedonian citizen were arrested.

Considering the fact that a part of the so called “Balkan route” passes through the territory of the Republic of Macedonia and that it is a transit area of other drug routes, in which the drug is transferring mostly from Turkey, across Bulgaria, Macedonia, Albania and Italy to other European countries, the Ministry of Interior has conducted a number of actions for cutting the international channels for transport of

drugs, in which during the 1999 it intersected 10 international channels. New developments were registered especially with regard to the precursors: acetic anhydride is entering from Romania and Yugoslavia, and through Macedonia and Bulgaria is transferring to Turkey where it's used for production of heroin. Furthermore, for the first time in Macedonia a case was registered of importing liquid solution of cocaine, directly from Peru, South America. There is no evidence on the purity and quality of substances seized. However, there are few particular case-based researches on the drug market, on which some assumptions could be made.

According to police statistics, the heroine used in Macedonia most often originates from Turkey and it's presence in the drug market is usually with low purity, because of mixing with different food materials added in order to achieve bigger weight. Cocaine on the drug market is destined for elite use and due to this fact it is still not mixed with other materials; it is with high purity. Speaking of the marijuana presence in the Macedonian drug market, it should be said that it is usually smuggled in from Bulgaria and Albania, but it is also a domestic product. The domestic plantings of *cannabis sativa* most often are self-growing because of the favorable weather conditions in the country. It has been detected, through biological examinations of the leaves that the domestic cannabis is with very low quality. Ecstasy is mostly imported from Bulgaria, and there aren't any relevant data about its quality and purity.

The Republic of Macedonia, until 1973, had a legal production of opium for medicine purposes. The raw opium seized nowadays originates from old stockpiles.

The presence of LSD has not been registered in the drug market.

There aren't significant changes in the prices of substances in the drug market. Prices range between 800 and 960 denars (25 to 30 DM, approx. 13,2 to 15,8 EURO) per piece of Ecstasy, 400 denars (approx. 6,5 EURO) per pack of cannabis, between 1600 and 2400 denars (50 to 75 DM approx. 26 to 39,5 EURO) per gram of heroin and between 3200 and 3840 denars (100 to 120DM approx. 53 to 63 EURO) per gram of cocaine. Generally it may be concluded that some of the different drugs transiting the country, remain in the domestic drug market and it is with pretty low level of quality and purity due to mixing with other materials in order to obtain bigger weight.

Still there are no reports of illicit production of substances in the country, except for the cannabis, which can be found mostly uncultivated in some regions of the country.

9.8. Social problem links to drugs

The economic situation, the war depression, the volatile neighborhood, the social and legal vacuum have worsened the drug users situation in our country. Many of them are homeless and they don't know their rights in our social system. One very important problem is the impossibility to get regular health service because of the denial of the medical personnel to receive and treat patients that use drugs. We, here think of prejudices. A great number of drug users do not have a health insurance, and the medical centers are inaccessible to them. And, as a result of the total destimulation, antagonism towards the users, the health organizations do not treat the consequences of long-term injecting. As a result of the improper or long lasting periods of injecting, very often the users need advise and medical intervention and further expert treatment.

10. Trends per Drug

In this report we don't present the trends per drug, because the data from previous period are not available.

11. Conclusions

It is necessary to conduct wide epidemiological studies in the population for longer period. In future this will be one of the priority in the monitoring of the drug situation in the country.

PART IV - DEMAND REDUCTION INTERVENTIONS

13. Organization, Structure and Responsibilities related to the Drug Demand Reduction Activities

There have been no changes in the national structure responsible for DDR. The main actors in the primary prevention are the ministries of Health, Education and Youth and Sport.

The Ministry of Health as a special institution and considering its capacity it is responsible for detoxification and treatment. Some NGOs are mainly responsible for planning and implementing treatment and harm reduction activities

14. Demand reduction Approaches in their Socio-cultural Context

The importance of Demand Reduction is increasingly recognized and multidisciplinary oriented with primary prevention often identified as a priority. Harm Reduction approaches are well perceived by the general public, professionals and decision-makers. Drug use should be contained and pushed back, but not by isolating drug user socially. This is one of the leading principals of the National DDR strategy, where emphasis is on information, not on moralized repression.

15. Major Strategies an activities in Demand reduction

The main part, in the framework of the Program of the Inter-ministerial National Commission for Prevention of Illegal Drug Trafficking and Abuse is the Drug Demand Reduction activities. They include the activities for primary prevention and health and life skills promotion in the schools programs. Every year, in November, the National campaign named “Month against Alcohol, Smoking and Drugs” is conducted. In 1999 started the Permanent Program of the Ministry of

Youth and sport called “Drug? No, Thank you”. In the campaign, different methods of work were used (youth camps, informative and educational materials, mass media involvement - TV spots, posters, school-based action-groups against drugs).

Other very important activities are the detoxification interventions (limited in other cities then Skopje), the inpatient treatment and care, the syringe exchange program in Skopje, the outreach work, the Methadone maintenance program in Skopje, available for all citizens in the country and in some towns, the Methadone maintenance program in prisons.

The main trend is to engage the social welfare system and the GPs in the care for the drug users. Harm Reduction has been recognized as the main component in the overall DDR interventions and in particular as an effective and cost-efficient tool for the prevention of HIV/AIDS epidemics.

16. Specific Intervention Areas

16.1. First childhood intervention

There are interventions in the primary schools for promoting emotionally and physically healthy life style. In the primary schools these programs and activities are not explicitly geared to preventing drug use in later life.

16.2. Prevention in family

In development, by activities of the NGO “TRUST” which will be present later.

16.3. School programs

The development and implementation of school programs was of top priority in 1999. A cross-cultural curriculum on health and life skills promotion from the WHO was implemented within the project of the European Network of Health Promoting School. The Open Society Institute–Macedonia has been promoting its

health education program complete with teacher's manual and training courses for educators.

Preventive efforts in schools should continue. The UNDCP will provide assistance in drafting national school curricula, manuals for students and parents, educational panel discussions, workshops.

16.4. Youth programs outside schools

Prevention efforts outside the school system should be initiated. Several NGOs have developed and implemented programs incorporating drug information, education and awareness.

16.5. Mass media campaigns

They include local initiatives as exhibitions and film projections. Mass media are intensively involved in the national campaign "Drugs? No, Thank you" through spots on the National TV, panel discussions, and documentary films and programs.

16.6. Telephone help lines

In the past there were three general help lines in Skopje, but none specialized in drugs. The Day Hospital for Prevention and Treatment of Drugs in Skopje is planning to set up specialized national telephone help line.

16.7. Community programs

Full-fledged community programs do not exist. There are some attempts by parents, teachers and social workers to take some action against drugs mainly in urban areas. In the Work Program of the new Inter-ministerial National Commission for Prevention of Illicit Drugs Trafficking and Abuse a special attention is attached to the

creation and implementation of communal programs for prevention of drug abuse. In many municipalities action-groups for prevention of drug abuse have been set up.

16.8. Outreach work

One NGO (HOPS) is specialized and provides needle exchange services, outreach, medical and social assistance and other drug and HIV/AIDS & Hepatitis related harm reduction services to drug users and risk groups in Skopje. In our opinion, these activities are not enough. We have to work on the development of outreach intervention as a very important priority.

16.9. Low threshold services

Now, they are not available.

16.10. Substitution and maintenance programs

The predominant treatment of heroin users is with methadone. The first outpatient facility that offered methadone treatment started in 1989 in Skopje. This treatment is provided in the Day Hospital for Prevention and Treatment of Drug Addictions (part of the Psychiatric Hospital-Skopje). In the cities of Skopje, Ohrid and some other towns in Macedonia both private practitioners and hospital doctors (psychiatrists) prescribe methadone that is available in some pharmacies.

16.11. Prevention of infectious diseases

HIV/AIDS and other infectious diseases related with drugs using (syringes exchange, condom procurement, health and social counseling) are in the phase of development and implementation. Only the NGO HOPS has been engaged in these activities.

16.12. Treatment system

Generally, in the Republic of Macedonia very little drug specific treatment facilities are available, despite the fairly extensive network of care facilities. Provision of addiction treatment is not systematically organized and is limited to psychiatric institutions. Public health service and primary health care providers, such as general practitioners, do not play sufficiently important role in the prevention and treatment of drug use. Out patient treatment includes methadone treatment that is provided in the Day Hospital for Prevention and Treatment of Drug Addiction.

The in-patient treatment in the few existing specialized facilities consists of detoxification, accompanied with medication or vitamin therapy, as well as unclear methods of family therapy, counseling and social work. The majority of the drug users have been treated in psychiatric facilities. Last year, the Clinic for Toxicology and Emergencies of the Medical Faculty and the Emergency City Service in Skopje in collaboration with the Day Hospital for Prevention and Treatment of Drug Addiction, started the Detoxification Program aimed at reducing the number of overdose deaths.

16.13. After-care

Unfortunately, the country is within a difficult economic situation. The standard of living has dropped while the unemployment has increased. In this situation it is very difficult to organize any post treatment- after-care programs aimed at social reintegration of ex users. Also, at the same time, the personnel of the social welfare centers are not yet trained for after-care and reintegration of drug users. This is another priority that remains to be developed.

16.14. Self –help groups

No information about self- help groups exists. The NGO “TRUST”, which operates in Skopje, composed of clients, their parents and therapists, marks the beginning of activities in this area.

16.15. General health care

All drug using clients, if they work, or if their parents work, are covered by the Compulsory Health Insurance Scheme and have the right to be provided with the same level of general health care like the other citizens. The unemployed drug users older than 18 and the regular students older than 26 years of age are not covered by Health Insurance.

16.16. Criminal justice system

Methadone treatment is available in prisons. There should be a continuity of treatment for prisoners entering and living prisons, involving co-operation between prisons and external agencies. In prisons voluntary HIV testing and counseling should be offered. Easy access to condoms should be promoted in all prisons. The Ministry of Justice and its Directorate should provide regular training of the prison personnel in all aspects of the HIV and other STDs prevention activities and in offering medical, psychological and social support to the drug using prisoners.

16.17. Gender specific issues

Gender –specific approach of prevention work is integrated in the field of therapy. In the Day Hospital for Prevention and Treatment in Skopje, counseling and specific medical care is provided to the identified drug using prostitutes.

16.18. Children of drug users

There are no specific activities

16.19. Parents of drug users

This kind of intervention begins to develop in the framework of the activities of the NGO “TRUST” as assistance to some families with drug abusing child.

16.20. Drug use at the workplace

In some selected sectors as the army, the police, the railways, the road transport organizations and the industrial security services, as much attention should be attached to the drug problem as to the use of alcohol at the workplace. The Ministry of Labor and Social Policy should initiate preliminary activities for identification and study of the drug use at workplace.

16.21. Ethnic minorities

Some contacts with Roma NGOs on the issues of drug prevention have been established. The Project Group Roma, which is sponsored by the Open Society Institute of Macedonia, shall be offered the realization of drug use related activities among the Roma population.

17. Quality Assurance

17.1. Research

In 1999, two studies were conducted. The ESPAD survey, the results of which were presented above, was done with financial support of the UNDCP. The Research on the Drug User's Risk Behaviors was finished toward the end of last year. The results will be presented soon.

17.2. Evaluation

Low-scale evaluation of MMT in the Day Hospital for Prevention and Treatment of Drug Addictions in Skopje was conducted last year.

17.3. Training

Limited activities are performed. Training of GPs and social workers in Harm Reduction activities was done in October of last year. The workshop was held by the support of the National Project of Harm Reduction (part of the sub-regional Project on

HR of the Phare multi-beneficiary Program for Fight against Drugs). As a matter of priority training modalities for wide range of experts should be established and drug curricula introduced in relevant university settings.

18. Heroin, Methadone and Substitution Treatment

19. Low Enforcement, Diversion to Treatment, Alternatives to Prison

The Criminal Procedure Code of the Republic of Macedonia, establishes the rules which ensured that an innocent person is not convicted and the guilty person is pronounced a criminal sanction under the conditions which are prescribed by the Criminal Code and on the basis of legally enforced procedure. The state agencies and institutions which perform public authorization are obliged to report crimes which are prosecuted *ex officio*, of which they are informed or of which they learn in other ways. Everyone may report a crime, which is then prosecuted *ex officio*. In case there is a ground for suspicion that the person has committed the crime “Unauthorized production and release for trade of narcotics, psychotropic substances and precursors” (article 215 of the Criminal Code) or “Enabling the taking of narcotics, psychotropic substances and precursors” (article 216 of the Criminal Code) which is to be prosecuted *ex officio*, the Ministry of Interior is obliged to undertake the necessary measures to find the criminal. So, on the basis of the collected facts the Ministry of Interior completes a criminal charge comprising all the evidence that it has collected and submit it to the public prosecutor.

When there is justified suspicion that a person has committed a crime, an investigation is conducted on request by the public prosecutor. The investigation is conducted by the investigating judge of the competent court who collects evidence and data necessary to be decided whether a prosecution act will be initiated or the procedure will be interrupted. After the investigation is completed, the investigating judge submits the records to the public prosecutor, who is obliged to, in fifteen days, give a proposal for the investigation to be completed or to initiate a prosecution act or to state that he withdraws the prosecution.

If it is necessary, the authorized officials of the Ministry of Interior can perform investigating acts such as: temporary confiscation of objects, where the objects which according to the Criminal Code are to be confiscated or may serve as evidence in the criminal procedure will be seized temporarily and entrusted to the court to guard or in another manner secure their guarding. (Article 203 of the Criminal Procedure Code).

“Confiscation of objects” in article 68 of the Criminal Code appears as one of the security measures that can be imposed on an offender, because the aim of the security measures is to remove situations or conditions that can influence the offender to commit crimes in the future. This means that the objects, which are seized, have to be in connection with the committed crime. The objects used or intended to be used in committing a crime, or which originated from the preparation of the crime, may be seized, if the offender owns them. Objects, which originated from the perpetration of the crime, are objects, which were realized (produced) with committing a crime, for e.g. counterfeiting money, the produced narcotic drugs, etc.

The paragraphs 2 and 3 of this Article explain “that the objects for which the danger exists that they could be used again for committing a crime or for which public interests of general safety or reasons of morality require this, shall be seized mandatory, regardless of whether they are owned by the offender or by a third person. The confiscation of objects can be invoked by the investigative judge and also by the prosecutor. This can be done prior to, and after conviction (article 485 of the Criminal Code Procedure).

The prosecution act is submitted to the competent court in as many copies as there are accused persons and counsels and one copy to the court. The accused has a right to an objection to the prosecution act within 8 days from the day of its delivery. Also, the counsel can submit this objection. The prosecution act becomes legally valid when the objection is rejected and if the objection is not submitted or is rejected, the prosecution act becomes valid on the day when reviewing the request of the Chairmen of the Chamber, the Chamber has agreed with the prosecution act, and if such request did not exist-on the day when the Chairmen of the Chamber determined the trial.

After finishing the trial the court will pronounce a verdict. With the verdict the charge is either rejected or the defendant is released from the charge or he is found

guilty. Against the verdict the authorized persons may submit an appeal within 15 days from the delivery of the copy of the verdict. If the accused has committed a crime under article 215 and 216 of the Criminal Code in a state of mental disorder, the public prosecutor will submit to the court a proposal to pronounce a security measure - compulsory psychiatric treatment and keeping the person in mental institution i.e. a proposal for compulsory psychiatric treatment of the person who is not detained if for the pronouncement of such a measure there are conditions proscribed with the Criminal Code.

In article 65 of the Criminal Code it is stated that the court may pronounce compulsory treatment for an offender because of addiction to continuous use of alcoholic drinks, narcotics and other psychotropic substances, where the danger exists that he shall continue to commit crimes because of this addiction. This measure is executed in an institution for the execution of a punishment or in a health or other specialized institution. The court decides after it has obtained the diagnosis and an opinion from an expert.

When pronouncing a conditional sentence, the court may impose upon the offender treatment in freedom, if the offender agrees to submit himself to such treatment. If the offender does not submit himself to treatment in freedom without justified reason, or if he abandons the treatment self-willingly, the court may determine to revoke the conditional sentence or to impose the execution of the measure of compulsory treatment of alcoholics or drug addicts in a health institution or in some specialized institution.

Procedure against minors

The criminal legislation of the Republic of Macedonia, which includes the Criminal Code and the Criminal Procedure Code, prescribes special procedure against minors. The procedure against minors is a humane one, that underlines the prerequisite to protect the minor from publicity. The law guaranties the discretion because of which the public is completely excluded and the minor proceedings are held *in camera*. The Center for Social Affairs is actively involved in the whole

procedure. Minors are granted the right to defense, and there is an obligatory need for the minor to be represented by an attorney.

Criminal procedure against minors who have committed the crimes – “Unauthorized production and release for trade of narcotics, psychotropic substances and precursors” and “Enabling the taking of narcotics, psychotropic substances and precursors”, is initiated only on the request of the public prosecutor. The public prosecutor submits a request for initiation of a preparatory procedure to the juvenile judge. The preparatory procedure is conducted by the juvenile judge, but when there is a risk of postponement, the Ministry of Interior can, even before the preparatory procedure, perform certain actions such as: temporary seizure of objects, search of homes and persons, etc.

The preparatory procedure has a wider scope of investigation and besides the facts related to the crime and the criminal responsibility of the minor, shall also determine the facts on the personality of the minor, mental development, age, family environment, financial situation, previous behavior and other circumstances. The preparatory procedure does not only serve the purpose of gaining materials for taking a decision, but also for taking measures of protection, assistance and supervision over the minor. In this direction, the juvenile judge can order the minor to be accommodated in a shelter, educational or similar institution, to be put under supervision of a custodian agency or to be turned over to another family, if it is necessary for the separation of the minor from the environment where he/she previously lived, or to provide him with assistance, protection.

The hearing before the Chamber for minors begins with the acceptance of the Public prosecutor’s proposal, after which the judge for minors appoints a session of the Chamber or a trial. Only educational and disciplinary measures can be pronounced at the session of the Chamber. Punishments and institutional measures can be pronounced after the held trial. Against a minor who has committed a criminal offence and has attained the age of 14 but has not reached the age of 16 (younger minor), only educational measures can be imposed. Against a minor who, at the time when the crime was committed, has attained the age of 16 but has not reached the age of 18, educational measures can be imposed, and exceptionally he may be sentenced to juvenile imprisonment under conditions set forth by the law. The Chamber also

takes a decision when the minor is pronounced an educational measure. The Chamber brings a verdict when the Chamber pronounces a punishment.

The minor offenders may be pronounced the following educational measures: disciplinary measures (rebuke or sending them to a disciplinary center for juveniles), measures of intensified supervision (by the parents, by the adoptive parent or guardian, or by a social agency), institutional measures (sending them to an educational institution and to a house of education and correction).

On demand of the Ministry of Justice, these data were provided by the Prisons of Macedonia, and tables are providing the picture of the prison population who are imprisoned for drug crimes as well as the other prisoners (addicts), who are imprisoned for other crimes.

Table 1: Persons convicted for drug law offenses: Unauthorized production and release for trade of narcotics, psychotropic substances and precursors (article 215 criminal code); Enabling the taking of narcotics, psychotropic substances and precursors (article 216 of the criminal Code), by age, gender, and the type of drug from 1995 to 1999.

Number of convicted persons		1995	1996	1997	1998	1999
For drug law offenses		118	139	137	137	162
Sex	Male	117	138	135	134	161
	Female	1	1	2	3	1
Type of Drugs	hashish			1		
	marihuana	21	29	28	40	61
	Heroin	92	106	99	88	90
	cocaine		2	4	1	3
	opium	5	2	5	5	8
Age	up to 18 years			1	1	1
	from 18-24 years	22	38	35	29	49
	from 25-30 years	43	44	43	49	47
	from 31-40 years	28	34	34	32	38
	over 40 years	23	23	25	26	27
Percentage of drug users among all prison population		7,41%	9,37%	11,72%	11,42%	12,16%

Table 1 - In the period from 1996 to 1999, the number of persons who committed drug law offenses is rapidly increasing. In 1996 were imprisoned 118 drug law offenders, and in 1999 were imprisoned 162 drug law offenders. The most represented age of criminals who committed drug law crimes is from 18-24 and 25-30 years.

Table 2: Persons (addicts) who may not have been convicted for drug law offences by age, gender, and the type of drug from 1995 to 1999.

Number of convicted persons who are addicts		1995	1996	1997	1998	1999
		40	70	88	117	121
Sex	Male	37	68	83	113	119
	Female	3	2	5	4	1
Type of Drugs	Hashes				1	
	Marihuana	5	7	13	5	7
	Heroin	35	63	73	108	114
	Cocaine			1		
	Opium			1	2	
Age	up to 18 years	9	8	13	4	7
	from 18-24 years	9	24	29	42	50
	from 25-30 years	13	21	23	39	32
	from 31-40 years	7	13	17	28	29
	over 40 years	2	4	6	4	3
Time of Addiction	up to 1 year	9	11	15	8	10
	from 1-5 years	17	33	43	53	55
	from 6-10 years	8	18	19	36	44
	from 11-15 years	3	5	3	8	6
	over 15 years	3	3	7	10	6

Table 2 – Also in the period from 1996 to 1999, the number of drug addicts who are convicted for different crimes is persistently increasing. The most used type of drug among the addicts is heroin. The most represented age of drug addicts is from 18-24 and 25-30 years. Regarding the period of addiction, it is between 1-5 years and 6-10 years of addiction.

Table 3: Convicted persons (addicts) who are identified prior entry to prison 1995-1999.

Number of convicted persons (addicts)		1995	1996	1997	1998	1999
		57	87	110	132	149
Sex	Male	53	86	99	125	146
	female	4	1	11	7	2
Type of drugs	hashish	1		2	3	
	marihuana	7	9	17	9	11
	heroin	49	77	88	120	138
	cocaine		1	2		
	opium			1	1	
Age	up to 18 years	9	6	12	4	7
	from 18-24 years	10	26	36	47	58
	from 25-30 years	21	29	30	43	45
	from 31-40 years	12	20	23	34	33
	over 40 years	5	6	9	8	6
Time of addiction	up to 1 year	12	11	15	9	9
	from 1-years	26	45	54	54	63
	from 6-10 years	12	21	24	48	58
	from 11-15 years	3	7	5	8	10
	over 15 years	3	3	11	12	9

Table 4: Convicted persons (addicts) who are identified in prison 1995-1999.

Number of convicted persons (addicts)		1995	1996	1997	1998	1999
		2	8	9	8	5
Sex	Male	2	8	9	8	5
	female					
Type of Drugs	hashish					
	marihuana		1	3	1	1
	heroin	2	7	6	7	4
	cocaine					
	opium					
Age	up to 18 years		2	1		1
	from 18-24 years		3	3	1	1
	from 25-30 years	1		3	3	
	from 30-40 years	1	3	2	3	3
	over 40 years					
Time of addiction	up to 1 year		4	6	2	3
	from 1-5 years	2	3	2	4	2
	from 6-10 years		1	1	1	
	from 11-15 years				1	
	over 15 years					1

CONCLUSIONS (of the whole report)

20. Main issues and Future Information Needs

20.1. Summary of main points, key trends and new developments

Trend of heroin use will continue along with rapid increase of ATS use. Age of first drug use will be stabilized in the span of 14-16 years. Processes of depenalization of drug use, destigmatization of drug users and decriminalization of drug use will take many years.

Because of prevailing societal attitudes that abstinence is only acceptable outcome of any drug treatment, harm reduction activities including outreach work, substitution treatment, condom procurement and syringe and needle exchange will remain as marginal activities with little support from the Governmental institutions.

Risky drug use behaviors and practices of unsafe sex will remain high among drug using population which will contribute to the further spreading of hepatitis B and C among drug using population. It also increases the possibilities of HIV introduction into the drug using population and respectively into the general population.

The treatment of drug users still remains in the domain of psychiatry. Involvement of other professions and in particular involvement of general practitioners has not been envisaged as a promising cost/benefit oriented approach and as a policy directed towards development of broader public health promotion policy and approach in addressing drug phenomenon.

Given the precarious economic situation in the Republic of Macedonia, the development of a separate and independent system of specialized treatment and care for drug using population does not seem likely. It is not yet enough clear both to general medical society and to the policy makers that only one profession, the psychiatrists, are effectively to deal with the rising demand for services. Of crucial importance is to include the primary health care system in the care and treatment of drug abusers. General practitioners, social workers and related professionals will need to be involved and trained in the provision of services to drug users. The Ministry of health of the Republic of Macedonia undertakes serious steps to organize cost/effective and decentralized treatment system for drug users in the frame of the

primary health centers in the country. It is hard to expect that a balance of drug demand and drug supply activities shall be established in the coming years.

Sustainability of NFP and development of national wide and comprehensive system for drug data collection, processing and editing is of high priority for maintaining efficient and permanent collaboration with EMCDDA.

ANNEX 1

TABLE - AR- ARRESTS FOR DRUG USE AND TRAFFIC IN MACEDONIA (1996-1999)

SUBSTANCE		1996	1997	1998	1999
Cannabis	Use Traffic Use and Traffic (1) TOTAL				
Heroin	Use Traffic Use and Traffic (1) TOTAL				
Cocaine	Use Traffic Use and Traffic (1) TOTAL				
Amphetamines	Use Traffic Use and Traffic (1) TOTAL				
LSD	Use Traffic Use and Traffic (1) TOTAL				
Ecstasy	Use Traffic Use and Traffic (1) TOTAL				
TOTAL	Use Traffic Use and Traffic (1) TOTAL	232 117 349	454 152 606	396 156 552	729 229 958

Use and Traffic (1): it means arrests for use and traffic simultaneously

Definitions:

The number of arrests is calculated from the number of crime acts, violating the Criminal Code and the number of misdemeanour acts, violating the Law on Misdemeanors against the Public Order, both submitted to the court. The number of arrested persons is different and it's shown at table ARP below.

Use - means violating of Art.216 from Criminal Code and Art.28 from Law on Misdemeanors against the Public Order
 Traffic - means violating of Art.215 from Criminal Code
 Use and Traffic - no relevant data

TABLE - ARP- PERSONS ARRESTED FOR DRUG USE AND TRAFFIC IN MACEDONIA (1996-1999)

		1996	1997	1998	1999
TOTAL	Use	264	498	421	794
number of	Traffic	215	213	219	355
arrested persons	Use and Traffic (1)				
	TOTAL	479	711	640	1149

ANNEX 2

TABLE - PR-PU PRICE AND PURITY AT STREET LEVEL OF SOME ILLEGAL SUBSTANCES

	1996		1997		1998		1999	
	Purity (%)	Price	Purity (%)	Price	Purity (%)	Price	Purity (%)	Price
Cannabis	xxx	1,6-2,6	xxx	1,6-2,6		1,6-2,6		1,6-2,6
Cocaine		79.0		79.0		53-63		53-63
Heroin		26,3-36,8		36.8		26,3-39,5		26,3-39,5
Amphetamine								
Ecstasy		10,5-13,2		10,5-13,2		10,5-13,2		13,2-15,8
LSD								

* All prices are provided in ECUs

ANNEX 3

COUNTRY: Republic of MACEDONIA

TABLE 13: QUANTITY AND NUMBER OF SEIZURES PER DRUG - 1996, 1997, 1998, 1999

	1996		1997		1998		1999	
	Number	Quantity	Number	Quantity	Number	Quantity	Number	Quantity
Cannabis (kg)		131.4		57.989		1,136.75		698.98
Cocaine (kg)		13.74		0.011		0.04		4,455 *
Heroine (kg)		29.155		15.425		91.672		16.3748
Ecstasy (pieces)				184		787		5532
Amphetamines								
LSD								
Total number of seizures	117		152		156		229	

* - total quantity of seized cocaine for 1999 is calculated as sum of 2,955 kg seized cocaine and 1,5 kg cocaine that would be obtained from 2,25 liters seized liquid solution of cocaine

ANNEX 4

General information for the Republic of Macedonia

2.	Statistics	
	population	2 007523 (1998)
	annual growth rate (%)	1
	GNP per capita	1763 \$ (GDP per capita) , 1998
	health expenditure per capita (US \$)	
	<i>vital statistics</i>	
	birth rate,	14.6 (1998)
	TFR	1.9 (1998)
	mortality rate	8.4 (1998)
	IMR	16.3 (1998)
	Five leading causes of death	<ol style="list-style-type: none"> 1. Circulatory diseases 2. Malignant neoplasm 3. Injury end poisons 4. Respiratory diseases 5. endocrine, nutritional and metabolic diseases
	Life expectancy (1996/1998)	Male-70.37 female – 74.68 total – 72.49
3.	Education	
	Institutions	Primary school 1043 (1997/98 school year) Secondary school 95 (1997/98 school year) University 2
	Duration of compulsory education	8 years
	Rate of enrolment in compulsory education	68.64%
	Adult literacy rate	945 ‰ (1994 census data)
4.	Health administration	
	Organizational structure(national/local)	National level- Ministry of health State found of health insurance (which comprise local insurance units)
		National level- university clinics National health Protection Institute Local level- medical centers - general hospitals - PHC-outpatient Clinics - Local health Protection Institutes - Local sub centers
	major health policy	Encourage primary health care based on family doctors, privatisation, development of health promotion
	public medical insurance share	State found insurance

5.	Medical care facilities	Data 1996			
	Hospitals	16 general hospitals (public) 2 special TBC hospitals 2 special psychiatric hospitals 3 other special hospitals 6 centers for rehabilitation 25 clinics on the University of Skopje 54 total			
	Health(medical) centers/sub centers	16/18			
	Dispensary (out patient clinics)				
	Number of public(out patient clinics)	General practice	550 (1996 data from)		
		Pediatrics	144		
		School children	78		
		Genecology	57		
		TBC-dispensary	26		
		Rural units	265		
	voluntary				
	private	401 - medicine 374 - dentistry 316- pharmacy			
6.	Health manpower(data 1996)	Number	rates	no. of school	no.of stud.admit.
	medical doctors	4464		1	120
	nurse	5953		5	
	midwife	1435		5	
	nurse aid				
	pharmacist	342		1	
	community health worker				
	traditional healer				

