



Albania

National Drug Report 2017

Contents: National drug strategy and coordination (p. 2) | Drug laws and drug law offences (p. 3) | Drug use (p. 3) | Drug harms (p. 4) | Prevention (p. 5) | Harm reduction (p. 6) | Treatment (p. 7) | Drug use and responses in prison (p. 8) | Drug-related research (p. 8) | Drug markets (p. 8)

About this report

This report is prepared in the framework of the EMCDDA-IPA5 project 'Further preparation of the IPA beneficiaries for their participation with the European Monitoring Centre for Drugs and Drug Addiction' funded by the European Commission. It provides a top-level overview of the drug phenomenon in Albania, covering drug supply, use and public health problems as well as drug policy and responses. It has been produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion

of the European Union. Neither the European Union institutions and bodies, nor any person acting on their behalf, may be held responsible for the use which may be made of the information contained therein. The data have not been subject to the regular EMCDDA data verification procedures.

The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the National Correspondent, unless stated otherwise.

EMCDDA-IPA5 project 'Further preparation of the IPA beneficiaries for their participation with the European Monitoring Centre for Drugs and Drug Addiction' funded by the European Commission

National drug strategy and coordination

National drug strategy

The second National Strategy against Drugs 2012-16 was approved by the Council of Ministers in 2012. The strategy ensures a balanced approach to drug supply and demand reduction aspects. It is based on four main pillars: (i) strategic coordination; (ii) supply reduction; (iii) demand reduction; and (iv) harm reduction. The mission of the Strategy is to protect public safety and the life and health of individuals and communities by minimising the risks and other damages deriving from drugs. The principles in the field of combating drugs in Albania derive from the Constitution of the Republic of Albania, the United Nations conventions, international and national legislation in this domain and the objectives that Albania has to meet in the process of acceding to the European Union.

The overall objectives of the Strategy are (i) to establish a safe environment for society by reducing the availability of and access to illicit drugs; (ii) to prevent drug use by raising awareness among the public of the risks and negative consequences of the use of drugs; (iii) to minimise the use of drugs throughout society, ensuring appropriate treatment in due time, rehabilitation services and reduction of drug-related harms; and (iv) to offer a coordination and management policy in the fight against drugs and establish efficient communication systems.

For each objective of the Strategy, a number of indicators were defined, against which the results were measured.

The new National Strategy against Drugs 2017-21 has been drafted in consultation with all the relevant stakeholders, and it is in process of finalisation.

National coordination mechanisms

In 2011, the Interministerial Committee for the Fight against Drugs, supported by a secretariat and the Office of the National Drug Information System under the auspices of the Institute of Health, was established by a decision of the Council of Ministers.

The main function of the Interministerial Committee for the Fight against Drugs is to ensure coordination and exchange of information among different sectors involved in the field of drug control. The Interministerial Committee is led by the Prime Minister and its members are ministers of selected ministries and directors of some national agencies.

The office of the National Drug Information System, located at the Institute of Public Health, became the official partner of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) in Lisbon, Portugal.

The second National Strategy against Drugs 2012-16 was approved by the Council of Ministers in 2012

Drug laws and drug law offences

National drug laws

The law 'On narcotic and psychotropic substances' was adopted in 1994, and with subsequent amendments it defines the rules on production, manufacturing, import, export, control and storage of, and trade in, narcotic and psychotropic substances. The list of controlled drugs is part of this law. The Criminal Code of the Republic of Albania was adopted in 1995.

In Albania, drug use is not specified as a distinct offence, while possession of small quantities for personal use is not punishable (Criminal Code, Art. 283). In 2008, the Supreme Court decided that a small quantity is a single dose for that individual, not a standardised amount. Above this, offenders will be charged with a trafficking offence. Following a conviction for drug possession, if the offender is a drug user, probation may include an order for treatment (Criminal Code, Art. 60/12). In general, depending on the quantity of the drug, the age of the offender and sometimes the type of drug, alternatives to punishment may be applied in practice (Criminal Code, Arts. 59, 60). Penalties in the legal framework for personal possession do not vary by drug, by drug dependency or by recidivism of the offender. Selling, offering for sale, giving or receiving in any form, distribution, transportation, delivery and keeping, except for personal use and in small doses, narcotic and psychotropic substances, as well as seeds of drug plants, in violation of the law or in quantities larger than for personal use, is punishable by 5 to 10 years in prison. The same act, if committed in collaboration or more than once, is punishable by imprisonment for 7 to 15 years. Organising, managing or financing this activity is

punishable by imprisonment for 10 to 20 years (Criminal Code, Arts. 283, 283a, 284, 284c.). Illegal cultivation of drug plants may lead to 3 to 7 years of imprisonment.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics. They may be used to inform policies on the implementation of drug laws and to improve strategies.

In 2015, the Albanian State Police reported a total of 1 118 DLOs, which constituted about 3 % of all offences registered in the country. Overall, an increase in the number of reported DLOs is reported since 2011, when 742 DLOs were reported. Around 93 % of all DLOs reported in 2015 were classified as cultivation and sale of illicit drugs, while 6 % were trafficking-related offences. The proportion of the offences linked to cultivation and sale of illicit drugs among all DLOs has increased since 2012, while the proportion of trafficking-related offences has declined. In 2015, a total of 1 700 people were prosecuted for DLOs, which is the highest number reported since 2011.

Since 2011, the number of reported drug law offences has increased and in 2015 a total of 1 118 drug law offences were reported in Albania

Drug use

Prevalence and trends

The first general population survey on substance use was conducted in Albania in 2014 with a sample of 3 975 people aged 15 to 64 years. The results indicate that cannabis is the main illicit substance consumed; about 1 out of 10 adults aged 15 to 64 years in Albania have used cannabis at least once during their lifetime, while around half of those have used it in the last year. Cocaine is the second most commonly used illicit drug among the adult general population, followed by 3,4-methylenedioxy-N-methylamphetamine (MDMA/ecstasy) (4.7 % and 1 % respectively). Use of illicit drugs is more common among young adults. Thus 7.9 % of 15- to 34-year-olds reported cannabis use and 3.6 % reported cocaine use in the last year. About 4.1 % the respondents in this age group had used cannabis and 1.4 % had used cocaine in the last month.

Males reported use of all illicit substances more frequently than females. For most substances the reported prevalence was almost 10 times as high among males as females, with the exception of MDMA, for which the lifetime prevalence was only about four times as high among males as females. In general, substance use was more prevalent in urban areas.

Data on drug use among 15- to 16-year-old students are reported from the European School Project on Alcohol and Other Drugs (ESPAD). The study was conducted in Albania in 2011 and 2015. The results from the latest study indicate that, in the context of ESPAD, Albanian students have moderate substance use habits compared with students in the other 35 countries where the study was carried out. In 2015, the prevalence of lifetime use of cannabis among Albanian students was 7 %, which is less than half the ESPAD average (16 %), while rates of lifetime use of illicit drugs other than cannabis (6 %) and of new psychoactive substances (4 %) were relatively close to the ESPAD average (5 % and 4 % respectively). Cocaine and MDMA were the next most commonly used drugs after cannabis, albeit at significantly lower rates. The long-term analysis indicates an increase in the use of any illicit drug among 15- to 16-year-old Albanian students since 2011 (8 % in 2011 and 10 % in 2015), and in particular cannabis use (4 % in 2011 and 7 % in 2015).

The Health Behaviour in School-Aged Children study among 15-year-old students was implemented in Albania in 2009/10 and 2013/14. The results of these studies corroborate the finding of ESPAD that Albanian adolescents experiment with cannabis; nevertheless, the continuity of use appears to be low.

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding of the nature of and trends in high-risk drug use.

The most recent estimate of the population of problem drug users ⁽¹⁾ is available from a 2014/15 study in six Albanian cities. The estimate of problem drug users was based on a combination of capture-recapture and multiplier methods from three independent lists of drug users: drug-related arrests by the police, methadone maintenance treatment centres' client registers and a register of clients in the Addictology and Clinical Toxicology Service of Tirana University Hospital Centre 'Mother Theresa' (TUHC). For practical purposes, only regular opiate users, defined as those who have used opiates in the past 30 days as well as in the previous 12 months, were included in the study. The study indicated that, using capture-recapture methodology, the estimated size of the problem drug user population (opiate users) in Albania was 6 182 persons (95 % confidence interval 3 626 to 8 737). The alternative multiplier/benchmark methodology resulted in a slightly lower estimate of 5 132 problem drug users (95 % confidence interval 3 469 to 7 686). It is estimated that 6 out of 10 problem drug users use drugs by injection, with a large proportion of them injecting daily.

The available data from the TUHC indicate that the number of new treatment clients entering drug treatment service ranges between a low of 41 in 2007 and a high of 218 in 2009. In 2015, 150 first-time treatment clients were reported. Slightly more than half of them entered treatment for primary cocaine use (79 people), followed by those who required treatment for cannabis (36 people) and opioid use (32 people). Around 12 % of new clients entering treatment are female.

In 2014/15 estimates of the number of problem drug users (primary opiate users) in Albania ranged from 3 469 to 8 737

⁽¹⁾ Problem drug use is defined as injecting drug use or long-term or regular use of opioids, cocaine and/or amphetamines. Problem drug users are injecting drug users or long-term/regular users of opiates, cocaine and/or amphetamines.

Drug harms

Drug-related infectious diseases

Data on drug-related infectious diseases come from the Albanian Integrated Surveillance System of Infectious Diseases, which includes laboratory confirmations from the National Reference Laboratory of Human Immunodeficiency Virus (HIV) and Viral Hepatitis and the National Programme of HIV/Acquired Immunodeficiency Syndrome (AIDS) and Sexually Transmitted Infections under the Department of Control of Infectious Diseases at the Institute of Public Health, the behavioural and biological surveillance surveys (Bio-BSS) and sentinel surveillance on HIV/AIDS and viral hepatitis B and C among people who inject drugs (PWID) of voluntary counselling and testing centres, healthcare institutions and various non-governmental organisations (NGOs) working in the field of harm reduction.

The data from the Institute of Public Health indicate that around 1 % of 883 HIV cases registered from 1993 (the year of the first detected HIV case in Albania) until the end of 2015 could be attributed to injecting drug use. The number of HIV cases which are linked to injecting drug use has remained small over the years, and 2 out of 100 new HIV cases reported in Albania in 2015 were attributed to drug injecting.

The Bio-BSS also indicate a low prevalence of HIV among PWID. No participants in the Bio-BSS in 2005 and 2008 tested positive for HIV, and one HIV-positive case was reported in the 2011 study (0.5 %). Data from the sentinel surveillance among NGOs, which performed random field tests until 2010, also did not show any HIV cases among tested PWID.

In Albania, hepatitis C (HCV) infection is more common than HIV among PWID. The 2011 Bio-BSS reported HCV prevalence at 28.8 % among this high-risk group.

The data from laboratory surveys of hepatitis B (HBV) among PWID in 2003, 2006/07, 2009 and 2011 demonstrated prevalence rates of the surface antigen of the hepatitis B virus (HBsAg) at 10.1 % (8 out of 79), 22.8 % (38 out of 166), 20.2 % (20 out of 99) and 23 % respectively. The sentinel surveillance system of clients of harm reduction institutions and prisoners indicates 11.5 % prevalence of HBV in 2010. Albania is considered a country with high to intermediate prevalence of HBV (around 8 %) among the general population, so a statutory vaccination programme for newborns/infants was established by law in 1995.

Estimated prevalence of HIV among people who inject drugs is 0.5 %, while around 28.8 % are infected with HCV

Drug-induced deaths

Drug-induced deaths are deaths that can be directly attributed to the use of illicit drugs (i.e. poisonings and overdoses).

The Registry of the Forensic Medicine Institute has reported a total of 23 drug-induced deaths over the period 2008-15. The presence of illicit drugs had been confirmed in all these cases. In 2015, three cases were linked to cocaine and one to heroin; in 2014, two were linked to cocaine and one to heroin; in 2013, one was linked to heroin; in 2012, two were linked to heroin; in 2011, one was linked to cocaine and one to an opioid; in 2010, two were linked to heroin; in 2009, three cases were linked to opioids and one to cocaine; and, in 2008, two were linked to cocaine and two to opioids.

Data on drug-induced deaths in Albania are incomplete, as there is no nationwide system for monitoring and reporting on drug-induced deaths. Establishing a system that will provide reliable information in this field remains one of the priorities of the Albanian national drug information system.

A total of 23 drug-induced deaths were reported in Albania between 2008 and 2015, but the data are incomplete for lack of a nationwide monitoring system

Prevention

The Albanian National Drug Strategy (2012-16) prioritised drug prevention, and oriented the activities in this field towards awareness raising through media, implementation of special school-based programmes and community-based prevention activities.

Drug prevention is embedded in the tasks and activities of several ministries and institutions, such as the Ministry of Education and Sport, the Ministry of Health and the Institute of Public Health.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Universal strategies target entire populations; selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems; and indicated prevention focuses on at-risk individuals.

Universal drug prevention activities are mainly implemented in school settings under the responsibility of the Ministry of Education and Sport, and in close cooperation with the Institute of Public Health. A compulsory curriculum 'Life skills and skills for careers' has been introduced in secondary schools since 2010. This curriculum has a special section on preventing drug and alcohol use. The United Nations Office on Drugs and Crime supported the Ministry of Education to launch the 'Strengthening the family programme', which is an evidence-based family skills training programme to prevent drug use, HIV/AIDS, and crime and delinquency among young people, by strengthening and improving the capacity of families to take better care of children. In 2011, the programme was piloted in 16 schools in Tirana and Shkodra. School psychologists, who are mainly available in schools in urban areas, are tasked with the early identification of students with substance use problems. Regional educational departments, public health departments, local authorities and NGOs contribute to school-based drug prevention programmes; however, these activities remain sporadic.

In 2011 and 2012, Tirana Regional Police, in collaboration with Tirana Regional Education Directorate and with the support of the International Criminal Investigative Training Assistance Program, New Jersey National Guard and the US Embassy in Tirana, implemented the project 'Youth education and awareness and reducing drug demand and other harmful substances'. The project focused on primary and secondary schools. The pilot project showed positive results with regards to awareness of drugs among the target audiences; therefore, in April 2012 the Ministry

of Education and Sports and the Ministry of the Interior (Albanian State Police) signed an agreement to extend this project to all the cities of Albania.

Selective prevention activities are mostly carried out by NGOs, such as Aksion Plus and Stop AIDS. The selective prevention interventions are usually provided along with harm reduction programmes, targeting high-risk groups such as school dropouts, students who are failing academically, etc. The approaches used include lectures, group discussions, case presentation and presentation of the conclusions of the exercises carried out by a working group.

No information about indicated prevention activities in Albania is available.

Universal prevention is mainly carried out in secondary schools, as part of life-skills-based education, while selective prevention activities are implemented by non-governmental organisations focusing on young people at high risk

Harm reduction

Harm reduction is one of the four main pillars of the National Strategy against Drugs 2012-16, and it will continue to be a significant marker in the new National Strategy against Drugs 2017-21. In the Albanian context, harm reduction encompasses a wide range of measures including treatment services and other actions to reduce harmful health consequences related to drug abuse, and leads towards the social reintegration of drug users.

Harm reduction began in Albania in 1995 with provision of clean needles and syringes, peer education, information and counselling, basic medical support and psychosocial support to drug users. Harm reduction activities are carried out by NGOs (Aksion Plus, Stop AIDS and the Emanuel Center), as well as by the public national programme of voluntary counselling and testing centres for HIV/AIDS and sexually transmitted infections.

Harm reduction interventions

Needle and syringe services are offered only in the capital, Tirana. A mobile outreach team is also operated in Tirana by Stop AIDS, reaching PWID and other high-risk groups at their main gathering places in the city. In addition to needles and syringes, the services provide condoms, disinfectants, information and educational materials, as well as social and psychological assistance. By the end of 2010, a total of 4 050 PWID had benefited from needle exchange programmes.

Vaccination against HBV for newborns has been available since 1994. The Institute of Public Health occasionally offers vaccinations against HBV to PWID (PWID have been included in free of charge HBV vaccination programmes for high-risk groups since 2001).

Provision of clean needles and syringes to people who inject drugs started in Albania in 1995

Treatment

The treatment system

The National Drug Strategy 2012-16 calls for provision of client-centred drug treatment services and development of community and multi-disciplinary treatment teams to better address the needs of the clients. The Strategy sets out activities for the development of a treatment system, within which the primary healthcare specialists would provide early diagnostic and referral services to more specialised care and rehabilitation. The non-governmental service providers are viewed as indispensable partners for provision of drug treatment and it is planned to extend healthcare insurance schemes to their drug treatment services as well.

Nevertheless, treatment availability remains fairly limited in Albania, and its main focus is opioid substitution treatment with methadone. Buprenorphine treatment, heroin-assisted treatment including, as trials, slow-release morphine, and buprenorphine/naloxone combination treatment are not yet available. Detoxification, including the indispensable basic medications, is not covered by the national health insurance agency. Psychosocial interventions are rarely available.

The Albanian drug treatment system has one specialised drug treatment centre, the Addictology and Clinical Toxicology Service of the TUHC. The TUHC has 12 beds dedicated to clients with substance use problems. This service covers the whole country, provides mainly detoxification and overdose treatment, and serves as both a hospital inpatient unit and an outpatient unit. In addition two non-profit and non-public centres provide treatment to drug users. Aksion Plus provides methadone maintenance treatment (MMT) in six centres (of which one is in Tirana and the others are outside the capital city). The NGO 'Emanuel' therapeutic centre provided long-term residential treatment, but it has recently stopped residential treatment because of lack of funding.

The Polyvalent Emergency Service of the TUHC provides treatment in cases of acute drug intoxication. Mental health services do not provide drug treatment, except for those who have another psychiatric problem alongside their problem drug use (dual diagnosis patients). General practitioners and primary healthcare services are not involved in drug treatment. In 2015 several training events on drug treatment were organised for general practitioners and other staff from primary health centres to increase their awareness of assessment tools and techniques for motivational interviewing of patients with substance use problems.

Methadone was registered in Albania in 2005. The MMT is provided through financial support from the Global Fund

to Fight AIDS, Tuberculosis and Malaria, and it is free of charge to the clients at Aksion Plus centres. Meanwhile, the methadone provided by the Addictology and Clinical Toxicology Service of the TUHC is neither free of charge nor reimbursed by the national health insurance agency, and it is used only for detoxification purposes.

Treatment provision

Of approximately 1 130 drug treatment clients in Albania in 2015, three quarters were treated in outpatient settings. The NGOs are the main providers of outpatient treatment, mainly MMT. There is no common drug treatment data collection system in Albania, and the treatment facilities report their clients separately.

The available data from the TUHC indicate that the number of people entering drug treatment in the facility has fallen since 2008, when 856 clients entered treatment. The TUHC reports that a total of 473 clients entered drug treatment during 2015. The number of first-time clients varied considerably between 2008 and 2015, with a low of 41 reported in 2008 and a high of 218 reported in 2009. In 2015, 150 new clients entered treatment. Taking into account the fact that the centre remains the only specialised drug treatment facility in the country, the treatment clients represent almost all the regions of Albania; nevertheless, close to three quarters of the clients are from Tirana.

In terms of the type of drug used by clients entering treatment, a decline in the proportion of treatment demands for opioid use was recorded between 2006 and 2012 (from 71.3 % to 28.6 %). However, the proportion of opioid-related treatment demands increased from 2013 to 2015. In 2015, around 4 in 10 clients entered treatment because of primary opioid use. Treatment demands due to cocaine use have increased in recent years, and in 2015 cocaine was the second most prevalent primary substance among all treatment demands, with a third of all treatment entries related to it. The proportion of those seeking help because of cannabis use has gradually increased as well from 2006 onwards, with about a quarter of treatment entries linked to cannabis in 2015. The available data also indicate a steady increase in polydrug use among treatment entrants.

The overall cumulative number of clients who enrolled in free-of-charge MMT provided through Aksion Plus from June 2005 until the end of 2015 was 915, including those in prisons. Increased availability of MMT is considered a plausible reason for the reduction in the number of treatment clients in the Addictology and Clinical Toxicology Service.

Drug use and responses in prison

The most recent data on use of psychoactive substances in prisons are available from the 2015 Bio-BSS among prisoners in Albania conducted by Stop AIDS. The survey involved 211 inmates from six prisons in Albania. The report highlights that the prevalence of any psychoactive substance use (including alcohol) during imprisonment was 12.6 %, with cannabis being the most commonly used illicit drug (9.7 % of inmates), followed by heroin (3.9 %) and cocaine (1.5 %).

The Albanian Prison Service implements several measures to prevent drug use and address its consequences. In cooperation with Stop AIDS, periodical awareness-raising activities are organised with prisoners and prisons' social work, health and security staff, such as giving information, communication and distribution of educational materials. The Institute of Public Health has also organised drug prevention activities for juveniles and young prisoners (18 to 21 years old) and women in detention.

Stop AIDS also offers harm reduction activities to prisoners in six prisons, focusing on information; counselling; peer education; testing for HIV, syphilis, HBV and HCV; training of medical and psychosocial personnel; and provision of condoms.

Methadone maintenance treatment has been available in prisons since 2005. Up to the end of 2012, 45 prisoners had been included in MMT programmes. In 2015, several training activities on drug treatment were organised for medical staff of Tirana prison.

Drug-related research

Scientific research is a priority within the national policy on drug addiction, prevention and control, as are the development of information systems and training on research. The Institute of Public Health, the national scientific centre in the field of public health, plays the leadership role in (i) epidemiological drug-related research among the general population and specific target groups; (ii) development of methodological recommendations in relation to these groups; (iii) collection and analysis (through its Office of the National Drug Information System) of all drug-related data and ongoing research from all relevant institutions/agencies/actors; (iv) assessment of the effectiveness of prevention programmes and evaluation of national action; and (v) dissemination of drug-related research findings/drug-related information outputs. Recent drug-related studies mainly focused on aspects related to drug use prevalence among young people and schoolchildren, and in the general population, but studies on the consequences of drug use, monitoring supply and responses were also carried out.

Drug markets

Albania is considered a cannabis-producing country. The main recipients of Albanian cannabis are the neighbouring countries in the Western Balkans and in the EU. To combat this phenomenon, the Ministry of the Interior implements annual action plans. Cannabis products (herbal cannabis and cannabis plants) are the most commonly seized drugs in Albania. From 2012 onwards, a trend of increasing numbers of detected and destroyed cannabis plantations is reported. In 2015, the Albanian State Police reported a record number of 1 198 seizures of cannabis plantations and the destruction of a total of 797 422 plants. In addition to cannabis plants, substantial seizures of herbal cannabis are also made in the country. The number of herbal cannabis seizures has been growing as well, from 380 in 2010 to 1 093 in 2014, when a record amount of around 102 tonnes of herbal cannabis was seized. In 2015, a total of 895 herbal cannabis seizures, involving around 11 tonnes of the substance, were reported. In 2014-15, three laboratories producing cannabis oil were dismantled in Albania.

Being part of the southern branch of the Balkan route, Albania is a transit country for heroin trafficking. The main routes used are Turkey-Bulgaria-former Yugoslav Republic of Macedonia-Albania, and Turkey-Bulgaria-former Yugoslav Republic of Macedonia-Kosovo-Albania. Heroin is transported across Albania in trucks, buses, cars, etc. The available data indicate that Greece and Italy are the main destination countries for the heroin trafficked through Albania, but some of the heroin trafficked through the country is retained there for local consumers. In recent years the number of heroin seizures has remained relatively stable, but the amounts seized vary significantly from year to year. The available data indicate that Albania probably experienced some shortages of heroin in 2010 and 2011 (when 15.5 kg and 21.4 kg respectively were seized), whereas in 2012 the amount of seized heroin increased fourfold (87.7 kg). In 2013 a total of 95 heroin seizures resulted in 47.3 kg of heroin seized. In 2014 there were 81 heroin seizures, with 73.5 kg of heroin seized, and in 2015 there were 87 heroin seizures, with 36.9 kg of heroin seized.

Cocaine (powder) seems to arrive in Albania in small quantities, mainly by couriers or postal deliveries from the USA and South American countries traditionally known for its production. In recent years incidents of transportation in shipping container have emerged. A laboratory involved in the secondary extraction of cocaine was detected and dismantled in Albania in 2015. This operation resulted in seizures of 20 kg of extracted cocaine powder, reportedly destined for Germany. Most of the cocaine trafficked into the country is believed to be for domestic use, but the drug is also trafficked onwards, primarily to Greece and

Italy. Since 2010, the number of cocaine seizures and also the quantities seized indicate an upward trend. In 2015, a record number of 71 cocaine seizures with a total of 27.1 kg of cocaine seized were reported by the Albanian Ministry of the Interior.

Synthetic drugs remain infrequent in Albanian drug markets.

The available data indicate that the street price for 1 g of herbal cannabis in 2015 was around EUR 1.00-1.30. The potency of herbal cannabis products available at the street level in 2015 was estimated to be around 20 % of tetrahydrocannabinol.

In 2012, the street price of heroin ranged between EUR 21 and EUR 25 for 1 g. The typical purity of heroin at street level was estimated at 4 % in 2012.

The price of 1 g of cocaine was EUR 50-100 in 2012, and the typical purity level was 27 %.

**Domestically cultivated
cannabis remains a
principal drug in the
Albanian drug market.
Albania is also a transit
country for heroin, and
recently also for
cocaine trafficking.**

Recommended citation

European Monitoring Centre for Drugs and Drug Addiction (2017), *Albania, National Drug Report 2017*, Publications Office of the European Union, Luxembourg.

About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

About our partner in Albania

The Institute of Public Health (IPH) is responsible for health-related information systems in Albania. It covers a wide range of public health fields, including research and information, policy analysis and advice, and provides expertise, capacity development, public information and awareness raising on various public health topics. The IPH leads a network of local health institutions and closely collaborates with national universities and ministries, as well as international organisations. The Office of the National Drug Information System (NCDIS) was established by a Resolution of the Council of Ministers in 2011. The Centre is located within the Department of Epidemiology and Health Systems of the IPH. The NCDIS collects data on all epidemiological drug indicators and systematically develops national reports.

Institute of Public Health

Aleksander Moisiu street, 80
Tirana
Albania
Tel.: +355 4 2363553

EMCDDA national correspondent:
Mr Ervin Toçi — ervintoci@yahoo.com

Legal notice: The contents of this publication do not necessarily reflect the official opinions of the EMCDDA's partners, the EU Member States or any institution or agency of the European Union. More information on the European Union is available on the Internet (europa.eu).

Luxembourg: Publications Office of the European Union
doi:10.2810/08738 | ISBN 978-92-9497-192-0

© European Monitoring Centre for Drugs and Drug Addiction, 2017
Reproduction is authorised provided the source is acknowledged.

This publication is available only in electronic format.

EMCDDA, Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal
Tel. +351 211210200 | info@emcdda.europa.eu
www.emcdda.europa.eu | twitter.com/emcdda | facebook.com/emcdda

