

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

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GLOSSARY OF ABBREVIATIONS AND LOCAL TERMS

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AIDS	Acquired Immune Deficiency Syndrome
CAB	Community Advisory Board
DU	Drug Users
EVYP	Especially Vulnerable Young Persons
F	Female
FG	Focus Group
FW	Field Workers
Hep B	Hepatitis B
Hep C	Hepatitis C
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug User
IEC	Information Education Communication
INSTAT	Institute of Statistics
IPH	Institute of Public Health
M	Male
MP	Mobile Population
NGO	Non Governmental Organization
RAR	Rapid Assessment and Response
SH	Shkodra
STI	Sexually Transmitted Infection
SW	Sex Workers
TB	Tuberculosis
TR	Tirana
UHCT	University Hospital Center of Tirana
YFS	Youth Friendly Service

EXECUTIVE SUMMARY

Aims and Purpose

The overall purpose of the RAR is to improve health of young people, reduce vulnerability and strengthen prevention, through targeted interventions that will aim to minimise the impact of HIV/AIDS. Drug users, sex workers and mobile population due to their risk behaviours are selected as the most vulnerable groups exposed to HIV/AIDS.

Within the overall goal, the objectives of RAR are:

1. To describe the risk behaviours of vulnerable young people (drug users, sex workers and mobile population), and the associated health and social consequences of their risk behaviours.
2. To assess the existing interventions.
3. To formulate new interventions based on the existing information.

Vulnerable groups that were selected for the RAR

RAR was conducted in four different sites. The target groups were young people aged 10-24 years. The vulnerable groups were specifically selected for RAR according to each following city:

1. Tirana – Drug Users. Tirana is the capital city, with the highest number of inhabitants (more than half a million), which has the highest number of drug users (estimated number 8,000 drug users).
2. Shkodra – Drug Users. Shkodra has a relatively large population mainly young, is a border city with Montenegro and is considered as a transit point and trafficking route of women and drugs. There are evidences of drug production in the area (Cannabis sativa), and increasing number of drug users.
3. Vlora – Sex Workers. This port city is considered as a transit point for trafficking women and girls to Western countries (via speedboats to Italy).
4. Korca – Mobile Population (emigrants). A border city closed to Greece that is experiencing a high level of population mobility.

RAR Process

Albanian RAR core team consisted of National Coordinator and four Local Coordinators, one per each site of the study. Field teams were established in each selected city, including 6 field workers with the task to collect data. Core team and local field team attended respectively the Regional Training Workshop held in Neum, B-H, and Local Training Workshop, which was held in Tirana. Before initiating data collection, each team established Community Advisory Boards with the purpose to support and facilitate implementation of RAR and subsequent interventions. Data collection process continued for 5 to 6 weeks in all sites of the study. As for the first time of implementing a RAR on HIV/AIDS among EVYP in Albania, the RAR teams encountered different sort of problems. Nevertheless the RAR teams were able to overcome the problems, meeting their final objectives.

The RAR methodology has focused the assessment on four main areas: context, risk behaviors, health consequences and interventions. Teams used multiple methods to collect data such as: existing information, observation and mapping, survey, focus group, interviews and key informant interviews. RAR team used theoretical sampling for choosing the cases among target population. There were 314 young people in four sites of study who agreed to answer to survey questions. The majority 72% was male but the sex ratio was different according to the target group.

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Key Findings

Drug users – Tirana

- There are favorable conditions that lead to an increase of drug use among Young People of different age groups, even for those below 19 years of age. The main drug used is heroin, but usually they start with cannabis.
- Injecting drugs are increasing (65% inject drugs). The level of needle/syringe sharing is high (74% of those who inject share).
- The sexual risk behaviours of DUs are also high. More than two third (78%) do not always use condom whereas more than 30% have had 2 to 5 sexual partners in the last year.
- Interviewed drug users considered themselves relatively informed on HIV/AIDS but somehow accuracy of their knowledge on certain issues was not satisfactory. Level of knowledge on Hepatitis and other STI is considered poor.
- Data show that there is a considerable risk of overdose and other health problems among drug users.
- There do exist interventions in place like drug treatment center, harm reduction center (needle exchange) and rehabilitation center. These interventions need to enhance their services either qualitatively or quantitatively in order to meet the increased demand.

Drug users – Shkodra

- There is an increase of drug use among YP with a tendency of very young groups (age 14-15 years) starting using drugs. Drugs of all kind are used in Shkodra but especially heroin (heroin users progressively switch from smoking to injecting) and cannabis are more frequently used.
- There is a tendency to use injecting drugs (27%). More than two third of injectors share the needles/ syringes (74%).
- Young drug users in Shkodra present as a group with considerable sexual activity. More than half of DUs have had 6 to 10 sexual partners on the last year. Only 3% of the respondents use always the condom and 81% have had sexual intercourse under the influence of drugs.
- There is a low level of awareness and knowledge on HIV/AIDS and other STI among drug users in Shkodra. These findings are reflected at their low level of risk perception of getting HIV or STI and low figures of HIV testing.
- There isn't any existing intervention (prevention, harm reduction, rehabilitation or treatment) targeting drug users in Shkodra. Information, education and communication activities on drugs are very scarce.

Sex workers – Vlora

- Prostitution in Vlora is closely linked with trafficking of women and girls.
- RAR indicated a very low level of condom use among sex workers; around 90% of them not always use condoms.
- Interviewed sex workers presented low level of awareness and knowledge on HIV/AIDS and other STI.
- High proportion of sex workers considered they are at risk of contracting HIV/AIDS or other STI. However this risk perception rarely result in protective behaviours.
- No official data exist on prevalence of HIV or other STI among sex workers. Around 80% of women have had a Sexually Transmitted Infection.
- Very commonly clients or protectors abuse sex workers physically and mentally.
- Sex workers had sought treatment mainly providing it over the counter. They perceive that

health care services available are not easily accessible and do not provide a real friendly service according to their special needs.

- Existing interventions consist only in two NGOs, which provide mainly some psychosocial support, juridical assistance and short-term shelter for repatriated sex workers.

Mobile population – Korca

- The main driving motives that make young people to move out of the country remain economic factor, but also tourism or studying.
- Almost 90% of young people who were interviewed have had sexual intercourse, with near half of them having had 2 to 5 partners during the last 1 year.
- Their level of condom use is quite low with more than 82% not always having used condom. There is a lack of accurate knowledge and awareness on HIV/AIDS and other STI among young mobile population. Low level of testing and low profile of health seeking behaviours of young mobile population are proportionally related to the lack of knowledge of the nearest existing health service.
- There is no proper service offering any kind of interventions for mobile young people in Albania.

SECTION 1: INTRODUCTION

Over the past ten years, Albania has undergone significant social and political changes and is currently going through a delicate transition towards a market economy and democratic governance. This period has been brutally suspended during the 1997 civil unrest due to collapse of pyramidal schemes, which provoked a number of serious political, social and economic challenges. In 1999, the Kosovo crisis brought a huge influx of Kosovars (more than 450,000 refugees) across the northern border of Albania.

Albania's geopolitical location between countries of the former Yugoslavia, Montenegro, Greece and FYROM, and its proximity to Italy, gives it a unique position in the overall social development of the Mediterranean basin. Since the fall of communism, the transition from centralized government to a more developed free market economy has had a profound and disruptive impact on the population. As of 1 April 2001 the population of Albania is 3,087,159 persons of whom 42% are living in urban communities and 58% in rural communities. Compared to the rest of the Europe, Albania has a younger population with an average of 28.6. About 40% of the population is below 18 years and half of the population is below 25 years.

Political situation: The events of 1997 showed that Albania's democratic transition would be longer and more difficult than it was previously thought. The political transition from dictatorship to democracy is accompanied with other changes: the economic transition from a centralized, collective economy to a free-market one; uncontrolled free movement of population bringing demographic changes and increasing the predominance of an urban society; and the societal shift from complete isolation to the openness. This pattern of changes has complicated the process of political transition, accounting for Albania's unique situation relative to other Eastern and Central European countries. Despite the crisis, Albania has taken decisive steps to be disassociated from the past. Today, Albania has an advanced legislation, a democratic system based on the division of power, an active Parliament, and a free press fuelling a diverse public opinion.

Economic conditions: Continuous efforts have been made in Albania to stabilize the macro-economic indicators. After Gross Domestic product fell abruptly in 1997 to the level of 1992, it has since increased by 8% every year. Foreign aid still provides the lion's share of finance for public investment. Despite the fact that economic growth has been real and visible, it has not had a substantial impact on the life of Albanians. Albania has a current GDP of 810 USD per capita, which ranks it as the country with the lowest income per capita in Europe. Out of the total population, 30 percent of them living in rural areas and 15 percent in urban areas are considered poor. Since the breakdown brought about by the collapse of the pyramid schemes in 1996-1997, Albania's percentage of people living in poverty has increased. The Albanian family still remains poor and has little income and inadequate living space compared with other European ones. Only one in five families thinks that it has enough resources for a decent life and 20% of households receive just 5% of the country's total wages. Households estimate that they need a minimum income of Lek 31,000/month to lead a decent life, while average income is Lek 17,000/month. Opportunities to buy a house are limited. Official unemployment rate remains high, declared as 15% in 2001. This is due to a lack of large-scale investments, shortage of skilled labor, a large informal market, and a lack of coordinated state policies on employment, inefficient labor market institutions and a low level of

credit. Unemployment is higher among young people; 60% who are below 34 years of age are without job. During 1999, approximately 17% of families in Albania received assistance from the social protection program. During the recent years, the country is going through an acute energy crisis due to scarce rainfalls and bad management of the energy sector. The unemployed or families who live in bad economic conditions are not the only vulnerable groups in Albania. The following vulnerable categories should also include: children at risk (children quitting school, orphans or street children, working, begging and abused children, and children involved in vendetta), women at risk (unemployed, domestic violence, prostitution and trafficked women), disabled and abandoned elder people, young people at risk (drug and alcohol users, unemployed, quitting school, young people involved in criminal activity) as well as disabled and handicapped persons. The actual social security schemes, as well as education, health, legal and law enforcement systems are not capable to fully address the needs of vulnerable people.

Education system: Basic education: Overall, 90% of children of primary school age in Albania are attending primary school. At the national level, 82% of children who enter the first grade of primary school eventually reach grade five. 88% of the populations over 15 years of age in Albania are literate. There are some disparities in the literacy level between urban (93%) and rural areas (81%). During the last few years, the Albanian education system has faced numerous difficulties. The education system faces problems with curricula and teaching methods as well as the management of human resources. Insufficient financial resources are also a serious problem. The education budget has been a constant of 9-10% of public expenditure annually (last year it was 12%), but while 75% of this money goes to salaries only 9% goes towards investment. The main problem the education system is facing nowadays is school drop out at different grades, especially in rural areas. More than half of the children in the 3-5 age group do not go to kindergarten. The fact that only 39% of youth in the 14-17 age group attend high school can be attributed to a declining interest in school, in particular in rural areas, as well as to emigration and migration within the country. It has been impossible for the under-funded education system to respond to the needs of newly migrated population on the coastal areas and big cities. In fact the inflexible administrative system has been unable to relocate quickly and efficiently human and financial resources. As a result, schools in big urban areas are over-crowded. Dropout rate is high and illiteracy especially in younger age group is growing especially within mobile population.

Health care system: Public health in Albania faces both inherited and new problems. Life expectancy is 72.2 years, which is slightly below the average for Western Europe, but above that of other countries in transition. Immunization levels of the population are also good. In 2000, approximately 97% of children were vaccinated against polio, 96% against diphtheria, tetanus and whooping cough, 98% against measles and approximately 93% of children against tuberculosis. Process of massive uncontrolled movements of the population has the potential to hamper the normal process of vaccination especially in places occupied by new settlers around urban areas. Official statistics on infant mortality (although incomplete) show that the rate is declining (20.5 per thousand during 1998), but still remains among the highest in Europe. The maternal mortality rate (25.7 per 100,000 births) is also declining, but is still higher than in other European countries. The health care reform is taking place through introduction of health insurance schemes, increasing independence of regional health authorities and

strengthening the planning and policy making role of the Ministry of Health as well as restructuring primary, secondary and tertiary care services. Despite positive indicators, health authorities have expressed the following public health concerns about a growing mortality of cardiovascular diseases and trauma, water and food safety, a deterioration in living conditions, dilapidation of health structures, low quality of service delivery and lack of capacities in health management and economics as well as the scarce resource of specialists in rural areas. Above all the most fundamental problem for the health sector is the lack of financial resources even the state health budget has been steadily increasing over the last years. Health services have to tackle new problems for which there is little experience such as drug abuse and sexually transmitted diseases including HIV/AIDS.

Crime has grown substantially during the transition period and has been eased by the chaotic events of 1997 and the Kosovo emergency. The security challenge arises from weak state structures and political tension. Albania's geographical position, the inefficiency of the law enforcement structures as well as the lack of means to combat crime turned the country into a highway for trafficking from the East to Western Europe. Sources from the Ministry of Public Order report that human trafficking is one of the most serious problems of the police. The fight against illegal trafficking of human beings is now one of its priorities. The judiciary in Albania faces with various problems. It is subject to corruption, court infrastructure even improved recently, is still not in good standards, while legal education is inadequate and salaries are low.

Migration and emigration: After the collapse of communism massive emigration resumed by legal and illegal means such as obtaining visas, illegal crossing of the state borders, illegal passage on the speedboats etc. According to estimations made by INSTAT, the number of emigrants reached approximately 600,000 people, representing about 18 percent of the population. The majority of them are men of the group 20-30 years of age. Internal migration has been one of the most dramatic features of the Albanian transition. Most migration occurs from village to the city, in particular from villages in the remote mountainous areas to the central urban belt. These internal migratory movements rapidly changed the ratio between rural and urban population. In 1999, for example, it was estimated that Tirana, had grown by almost 50% in the space of 8-9 years. The massive migration of recent years has been spontaneous, uncontrolled and unplanned and has caused many serious economic and social problems. The huge and sometimes overwhelming movements of people has deeply damaged the urban and environmental equilibrium. Vital elements of urban life such as sewerage, roads, waste management, access to open and green spaces, transport and building regulations have been seriously compromised. Migration has also contributed to increased level of conflicts and crimes in urban areas.

History of drug use: In recent years, production and traffic of drugs have been spreading rapidly in Albania. The increase is explained by various social, political and economic factors. These factors include: lack of preparedness of the society to tackle drugs, free movement across the borders, poverty, high unemployment rate, the desire to get rich quick, state's inability to enforce law, lack of social and cultural opportunities of young people, as well as the recent Balkan's wars. The above factors have influenced the increase of both drug supply and drug demand. Moreover, Albania has become as an important transit point for drug smuggling

due to its strategic location as well as weak police and judiciary system and lack of the border control. It is recognized as a country producing *Cannabis sativa*. Cultivation of cannabis sativa is mainly concentrated in south of Albania, but is also found in the North Albania. The trafficking is also involved in trafficking cocaine to Italy from the United States and heroin from Turkey or Afghanistan. The anti-drug unit reports that during the first half of 2001, 124 persons were put under arrest with accusations of drug trafficking. The police seized 4,295 kg of heroin, 13 grams of cocaine, 4 tons of marijuana, and 2,828 kg of Papaver Somniferous seeds. The police also destroyed 5 laboratories, which were used to process and manufacture hard drugs.

According to periodic surveys, the number of young drug users for every 1,000 youth has doubled every two-year. School-based surveys carried out between 1997-1998 showed that 10% to 20% of primary school children at the age 13-14 have tried illicit drug. In early 1998, media estimated the number of users as many as 20,000. Another study (VNICA 2001) estimates the number of drug users all over Albania from 10,000-30,000. They found that in cities like Tirana, Shkodra, Vlora, and Durres 4% of young people use drugs. The most common drugs are marijuana and other cannabis sativa products, as well as cocaine and heroin. Patients who are using a detoxification service are typically young males between 15 and 25 (55%), who make use of heroin (82%). Almost all patients lived in Tirana (80%), while others come from Durres, Kavaje and Shijak. In the majority of cases, Albanian drug users take impure drugs. Approximately 70% of drug users come from "normal families". Analyses of the education level of drug users' parents show that almost one-third of them are University graduates, approximately 52% have completed high school, whereas 13% have not completed middle school. 67% of drug users come from families of average economic level, 25% from rich families and 8% from poor families. In most cases people first experimented drugs with peers. Surveys show that the ratio of male drug users to female is at least 4:1. The main reasons for drug use are mainly curiosity and desire to imitate, rather than personal conflicts, stress, and lack of hope for the future, poverty. As far as the main route of administration is concerned, the most common drug administration is smoking or chasing of heroin. Based on the treatment demand data, it has to be added that drug injecting is becoming more and more frequent (26.6% of drug users demanding treatment in 1999 compared to 19.5% in 1998). At the Tirana Toxicological Clinic the percentage of injecting drug users has reached in the first half of 2001 almost 80% out of all treatment demands. Medical records show high-risk behaviors among drug users, mainly sharing of used needles and syringes. There are no reliable data related to the morbidity and mortality in Albania related to drug use. According to the anecdotal information some 25 cases of drug related deaths were reported over the period 1995-1999. In December 2000 the Albanian Parliament past the law on Albania's adherence to the UN Conventions of 1961 and 1988. In March 2001, the Albanian Parliament passed the law on the Prevention of the Illegal trafficking of Narcotic Substances where drug users are not found guilty and functioning of the Inter-ministerial Drug control Committee

History of Sex Work: This social phenomenon confronted Albanian society with a magnitude that could not have been imagined 10 years ago. Albanians engaging in prostitution outside their country began with the first wave of refugees in 1990 and 1991. It is estimated that over the past 10 years, thousands of Albanian women and girls have been working as prostitutes in Western Europe and other Balkan countries. Many of those have been trafficked for prostitution purposes either through false promises of marriage and employment, or coer-

cion and at time kidnapping. Trafficked women and girl come from all over Albania, although they have increasingly coming from rural areas. Victims typically range in age from 15 to 35 years old, but most falls into the 20 to 24 year old age group. They are not prepared for sex work; lack sexual education and have never heard that sexual workers have rights. Not surprisingly, the living conditions of Albanian sex workers are among the worst of all sex workers. They are unable to negotiate protected sex with their pimp and/or clients. In Italy and Greece, Albanian women are the street workers of the industry. As street workers, their exposure to high-risk sex is the highest. There is prostitution in Albania even if is not legal. Illegality of prostitution makes HIV/AIDS and STI prevention among sex workers difficult, and put the general population at risk of contracting HIV/AIDS.

Albania is one of the main transit countries for the trafficking of women and girls from Central and East Europe. The women come mainly from Moldova, Ukraine, Russia and Bulgaria. Women are generally bought and sold in the cities near the borders and then sent to ports of Durres or Vlora bound for Italy. Sometimes foreign women are forced to work in Albania during transit. According to police statistics from July to November 1999, 129 foreign women reporting to be victims of trafficking were intercepted and returned to their country of origin.

History of mobile population: In the last 10 years, Albanians have emigrated by all means, legally and illegally. Illegal emigration, which is more common, takes place in the following ways: remaining in a country after the expiry of a tourist visa or business visa; illegal crossing of borders is the most common way for low-income citizens, who come from remote areas and cannot get a visa; as well as illegal border crossing on speedboats is the method favoured by those who can afford the relatively high fees involved. Many of them are temporary workers mainly in Italy or Greece and use illegal means to re-enter in those countries. Economic factors are the most important reasons behind emigration. The country's economic situation and the lack of a rapid recovery, continues to encourage people to leave. Data from a survey of Albanians emigrants in Greece and Italy outlined the following six main motives for emigration: higher wages, to help their families left in Albania, better working condition, better living standards, better education possibilities for themselves or their family member, and political reasons.

History of HIV infection: As of the end of November 2001, there were 71 reported HIV positive cases in Albania. Of these, 23 have developed AIDS (32%) of whom 14 have died. Of the 71 cases of HIV infection 58 (81%) are male, and 52 (70%) are in the 20-39 age group. The predominant mode of transmission to date has been sexual (up to 88%, including heterosexual and homo-bisexual transmission). HIV was contracted through infected blood in three cases. In one case the transmission was vertical from the infected mother to the newborn child. More than 80% of cases report having contracted the virus abroad. There are many reasons to believe that the HIV infection presents a high potential risk: social changes produced by the opening of the country; highly mobile population; sudden liberalization of sexual behavior; increase of drug addiction; explosion in sexual trafficking and prostitution; all this combined with a lack of health and sexual education and proper drug demand reduction policies

SECTION 2: AIMS

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

There are several factors, which make young people vulnerable to HIV/AIDS in Albania:

Social and behavior changes due to opening of the country

- High level of poverty/unemployment
- Unstable political and economic transition
- Differences between urban and rural areas
- Trafficking routes of human beings and drugs, due to its geopolitical situation
- Highly mobile population: internal migration and emigration
- Sudden liberalization of sexual behavior
- Desire of young people to be trendy
- Lack of new role models and positive social norms of young person
- Sudden collapse of older generations' values
- Inefficiency of family, school and all society to respond to needs of youth
- Inception of drug addiction
- Explosion in sexual trafficking and prostitution
- Lack of sexual education and low empowerment for women coupled with macho behavioral attitudes
- Weakness of education system
- Inability of state/judiciary system to enforce the law

The vulnerable groups that were selected for the RAR:

RAR was conducted in four different sites. The target groups were young people aged 10-24 years. The vulnerable groups that were selected for the RAR in each city are as follows:

1. Tirana – Drug Users. Tirana is the capital city, with the highest number of inhabitants (more than half a million), which has the highest number of drug users (estimated number 8,000 drug users).
2. Shkodra – Drug Users. Shkodra has a relatively large population mainly young, is a border city with Montenegro and is considered as a transit point and trafficking route of women and drugs. There are evidences of drug production in the area (Cannabis sativa), and increasing number of drug users.
3. Vlora – Sex Workers. This port city is considered as a transit point for the trafficking of women and girls to Western countries (via speedboats to Italy).
4. Korca – Mobile Population (emigrants). This border city closed to Greece has a high level of population mobility.

The overall purpose of the RAR is to improve health of young people, reduce vulnerability and strengthen prevention, through targeted interventions that will aim to minimize the impact of HIV/AIDS. The three vulnerable groups selected: drug users, sex workers and mobile population are considered as the most exposed groups to HIV. These groups were selected to have a better picture of their risk behaviors.

1. Drug users: It is estimated that there are 10,000 drug addicts in Albania (mainly young people). The drug of choice is heroin. There is a real scarcity of information regarding injecting drug use and culture of needle exchange.

2. Sex workers: It is estimated that over the past 10 years, 30,000 Albanian women and girls have been working as sex workers in Western European countries. In Italy it is generally accepted that Albanian sex workers are among the youngest, with an average age of 16 years. Albanian girls, forced into prostitution, are not prepared for sex work, and lack sexual education and their rights. As street workers their chances of exposure to high-risk sex may be the highest. Sex workers in Albania face the same problems, but are extremely difficult to reach, as prostitution is illegal in the country and their tutors strictly control them. Their civil rights are denied, which make them extremely vulnerable to violence and STI/HIV infection.

3. Mobile population (emigrants): Albania is considered to have one of the highest levels of population mobility in the region. Illegal emigrants prefer not to seek health care, as many fear expulsion or other legal action. The fact that more than 80% of the HIV cases reported have contracted the virus whilst abroad encouraged us to study this group.

Within the overall goal, the objectives of RAR were:

1. To describe risk behaviors of vulnerable young people (drug users, sex workers and mobile population), and the associated health and social consequences of their risk behaviors.
2. To assess the existing interventions.
3. To formulate new interventions based on the existing information.

SECTION 3: RAR PROCESSES

a) RAR Team

Albanian core RAR team consisted of a National Coordinator and four Local Coordinators, one per each site of the study. The core RAR team consisted of individuals with a range of disciplines, like epidemiology, health promotion, sociology, service providers, and other relevant backgrounds like youth worker, women and HIV/AIDS activists. The core team had the overall responsibility for planning, advocating and implementing the RAR.

In each study site, field teams were set up to conduct the wide range of activities for the RAR. According to each target group, the composition of each team included a variety of professionals and social backgrounds. The gender and age of field workers were considered according to characteristics of the target groups.

The National Coordinator was responsible for managing and supervising the Rapid Assessment while the 4 Local Coordinators supervised the six Field team members in each of the four city sites. Allocation of duties for each field team member was done according to their individual skills and background. Hence, some field team members were better at collecting existing information, some at accessing vulnerable young people or key informants, or some at conducting interviews and focus groups with target groups, service providers or policy makers. A total of 29 people were hired for the RAR.

b) Training workshops

The five representatives from the core team, one representative from IPH and one representative from UNICEF Albania attended the Regional Training workshop in Neum, Bosnia Herzegovina from 22 to 26 October 2001. The 29 RAR members attended the Local Training Workshop, which was specially designed for the field workers, in Tirana, from 8 to 10 November 2001. The Regional RAR coordinator assisted the team of trainers (core team members) during the local training.

c) Community Advisory Board (CAB)

The purpose of CAB is to support and facilitate the process of implementation of RAR in each city. After the assessment process, CAB would contribute to the development and implementation of appropriate interventions. According to the target group and purpose of RAR at each site, potential key stakeholders were identified and invited to participate in the CABs. Each team established a CAB prior to or within the first week of RAR fieldwork. During the data collection process each team met with CAB at least twice to discuss data collection findings. Each team established its advocacy strategy to ensure ongoing support for the RAR process from the community. Special efforts were focused during the process of initial consultation with key stakeholders. During fieldwork, RAR team members raised awareness of local authorities and community.

d) Timeline of Activities

October – Regional Training Workshop in Neum, Bosnia Herzegovina
 November – Training Workshop for Field Teams
 November – Establishment of CAB

November – Fieldwork (data collection), Field team meetings, Data Entry, Data analysis
December – Fieldwork, Field Team Meetings, Data entry, Data Analysis
January – Field Team meetings, Data entry, Data Analysis
January – Report Writing at local level
February – National Report Writing
March- Final editing and translation
April – Launch of Albanian-English country and cities reports and National Press Conference

e) Problems and Successes

The core RAR team and field teams encountered several problems during the assessment. These problems were of different nature hence affecting in different ways the RAR process. Nevertheless they did not compromise the overall process. Gathering of existing information was somehow cumbersome due to scarcity and incoherence of available data. This process was time and energy consuming for all field teams. Logistic problems (including long period of power shortages), weak infrastructures and safety issue also hindered data collection. Local coordinators and field team members felt they worked under vigorous time constraint, which implies either for longer period of data collection or full-time participation of field workers (originally planned to be part-time). Opportunistic sampling techniques were seen as the most suitable way of sampling. However this technique is prone to selective bias. Finally the lack of previous RAR experience was also perceived as a handicap for some teams.

However, the RAR teams enabled themselves to overcome problems, succeeding in meeting their final objectives. The selection of field workers was considered as a success, being able to hire individuals who had good access to target groups in a relatively short period. Also, existence of services in some sites facilitated the access to these groups. Local teams managed to be successful in gathering information from official sources using personal networks. The collaboration with the police and other governmental structures was a good example in this respect. Finally, team members perceived teamwork as an interesting and fruitful experience.

Organogram of RAR



SECTION 4: METHODOLOGY

a) Data Collection

1. Existing Information

Existing information was collected at national and local levels. Field workers from each team were appointed to review current relevant literature. Different literature sources were used such as reports UNDP, UNDCP, UNICEF, National Census Report, World Bank. Team members visited several places to access existing information. Data at the Ministry level was gathered visiting Ministry of Health and Ministry of Public Order. Also important information at national level was gathered from Institute of Public Health and Institute of Statistics (INSTAT). At local level, team members visited several places like police and prosecutor departments, blood banks laboratories, Toxicology Clinic, local NGOs, which provide services for target groups etc.

2. Questionnaire

At the Regional Training Workshop in Neum, a set of core survey questions was developed. It was agreed by all participants that each city would include these core survey questions in their questionnaires. The core survey questions were field tested in Sarajevo and some revisions of those were made according to field needs. During the Local Training Workshop in Tirana, each team developed a set of additional survey questions, according to each target group. Regional technical adviser assisted the revision of additional questions. Each young person recruited to participate in an interview or focus group completed and returned a questionnaire.

3. Focus Groups

There were 31 focus groups conducted during the RAR. In Tirana there were 11 Focus Groups conducted with target groups (7 FG) and service providers (4 FG, i.e. high school Teachers, Toxicology Hospital medical staff). In Shkodra there were 11 Focus Groups conducted with target groups (9 FG) and service providers (2 FG, i.e. high school teachers and hospital medical staff). In Vlora there were 4 Focus Groups conducted with target groups. In Korca there were 5 Focus groups conducted with target groups.

4. Interviews and Key Informant Interviews

In Vlora there were 66 Interviews conducted with target group (30 interviews with Sex Workers), service providers (21 with key informants, staff of NGOs working with Sex Workers, protectors, hospital staff) and policy makers (15 with officials from Municipality, Members of Parliament). In Shkodra there were 43 Interviews conducted with target group (27 with drug users and Key Informants), 12 with service providers and 4 with policy makers. Tirana team conducted 39 Interviews and Key Informant Interviews with drug users (26), service providers (8 interviews with staff from toxicology Clinic, Psychiatry Clinic, Harm Reduction centers, IPH, Blood donor center) and 5 Interviews with policy makers (Department of Education, Municipality, IPH, Health Promotion Department etc). Korca team realized 55 Interviews and Key Informant Interviews with target group (50), service providers (2) and policy makers (3).

5. Observations

Shkodra team completed 6 observations in different locations like drug taking places in the outskirts of the city, 3 high schools, bars and discos etc. Vlora team completed 6 observations in places like port, motels, and private houses. In Korca observations were conducted in border points, places where emigrants gather before or after crossing the border. Tirana team conducted 14 observations in locations like high schools, pubs, bars and discos, Harm Reduction Centers, Hospital as well as isolated places frequented by drug users.

6. Mapping

In addition to observations, selected areas were mapped in each city. Mapping process was important for the RAR team, assuring better understanding and confidence about the community and local environment. Also it was important in identifying areas of community where interventions should be focused.

b) Sampling Technique

RAR team used theoretical sampling for choosing target population. This was based on the affirmation that samples can still be theoretically representative of wider official processes and activities in the study population. In this case statistical inferences were substituted by other methods e.g. triangulation. RAR teams did find useful to set target sample size for each city, although sometimes selection of respondents continued until the point of saturation. RAR team used the following sampling techniques: purposive samples, opportunistic samples, network or "snowball" samples, having in mind also the advantages and disadvantages for each technique.

Several recruitment strategies were followed by RAR teams: collaboration with institutions and NGOs which provided services to target population, recruitment in local team of individuals working in these places, approaching to key informants and other young people having access to target groups, collaboration with governmental structures like police, etc.

c) Ethical Considerations

All participants were assured that all questionnaires, interviews, focus groups, and observations completed would remain confidential at all times. Every person participating in the rapid assessment was given an explanation of the study so that he/she could make an informed decision about whether to participate or not. All participants were provided with relevant HIV/AIDS information.

SECTION 4: METHODOLOGY (continued)

d) Sample Size – Drug Users

	Questionnaires*	Interviews	Focus Groups	TOTAL
Target Group	170	53	87	310
Service Providers	-	20	49	69
Policy Makers	-	9	-	9
TOTAL:	170	82	136	388

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

e) Sample Size – mobile population

	Questionnaires*	Interviews	Focus Groups	TOTAL
Target Group	100	50	55	205
Service Providers	-	2	-	2
Policy Makers	-	3	-	3
TOTAL:	100	55	55	210

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

f) Sample Size – Sex Workers

	Questionnaires*	Interviews	Focus Groups	TOTAL
Target Group	50	30	22	102
Service Providers	-	21	-	21
Policy Makers	-	15	-	15
TOTAL:	50	66	22	138

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

SECTION 5: DATA ANALYSIS

The data was validated through triangulation. Validity of data: Missing values (blanks on a questionnaire) were left as blanks in the data entry process. A young person participating in the rapid assessment was voluntary and thus he/she could refuse to answer any questions at any time.

a) Quantitative Data

Data collected from questionnaires were entered into Epi Info version 6 software. One person did data entry centrally. This process and validation of data entry were the responsibility of Department of Statistics and Population Health at Institute of Public Health in Tirana. All questionnaires were entered into Epi Info database and their validity was done by using the hard copy approach. That is, all entries were checked using the original questionnaires against the data entered into the database. This hard copy approach was used at various times during the data entry process.

Descriptive analysis (i.e. frequency counts, averages and percentages) was done through Epi Info software by the same person appointed at IPH. After this process, data-base (both for compulsory and additional surveys) was exported in SPSS software to produce further cross tabulation as requested. Based on findings from the first step of analysis, additional analysis was done, trying to look further at specific issues of interest.

b) Qualitative Data

This data was collected from interviews, focus groups and observations and recorded in field notes, which were later transferred to activity grids by Field Team members. Findings from activity grids were discussed at Field Team meetings and then entered onto one mega grid, each one corresponding to an assessment area: Context, Risk and Protective Behavior, Health and Social Consequences and Interventions.

SECTION 6: FINDINGS

a) Core Survey Questions

This table shows the number of young persons participating in the survey in each city, breakdown by gender and age group (10-14; 15-19; and 20-24).

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Age	Target groups/cities																
	DU						SW			MP			TOTAL				
	TR			SH			M	F	T	M	F	T	M	F	T		
	M	F	T	M	F	T											
10-14	2	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-	2
15-19	44	5	49	35	-	35	-	26	26	17	10	27	96	41	137		
20-24	46	4	50	33	1	34	-	24	24	49	18	67	128	47	175		
Tot	92	9	101	68	1	69	-	50	50	66	28	94	226	88	314		

As it can be seen in the above table there were 314 young people in four cities of study who agreed to answer to survey questions. The majority 72% was male, but sex ratio was different according to the target group. This ratio could be a characteristic of target group, as in the case of sex workers (all female), but gender characteristics are not available due to the difficulties of accessing the target like in the case of accessing female drug users.

The main two sources of information on HIV or other STI for young people regardless of the target group are media (53%) and friends or peers (46%). Around one fifth of them do not get any information at all. Schools, social/health services or family are not seen as important means or places to get information by the vulnerable young people.

Around half of young people perceive themselves at risk of HIV and other STIs. On the other hand around one quarter of them (25%) have had STI in the past, whereas in specific target group like sex workers these infections have been a problem for more than three quarters of them.

Despite the fact that they perceived themselves at risk of HIV or other STI, young people presented in general a low level of testing behavior with only 14% of them being tested for HIV (this is even inflated by 25% of SW who reported to have had a test), 9% being tested for Hep B and 7% being tested for Hep C. These low figures seem to confirm scarcity of health services for these vulnerable young people.

TIRANA – Core survey questions

Drug use behavior

- Most frequent (mode) and mean age when drugs were first used is 18 and 17 years old respectively.

- Areas where drugs were usually used

Areas	Home	Bar/cafés	Street	Park
% (n)	26% (70)	23% (61)	21% (56)	17% (45)

n = frequency

- Most used drugs in the last month

Drugs	Heroin	Alcohol	Cannabis	Cocaine
% (n)	30% (70)	24% (55)	23% (54)	10% (22)

n = frequency

- 80% of the respondents have taken two or more drugs at the same time.

- 62% of the respondents have had sexual intercourse under the influence of drugs.

- 64% of the respondents inject drugs. Most frequent and mean age when drugs were first injected is 18 years of age.

- 74% of those who inject have shared drug-injecting equipment.

Sexual behavior

- 71% of the respondents have had sexual intercourse. Most frequent and mean age of the first sexual intercourse is 17 years of age.

- Number of sexual partners in the last 1-year

N. of partners	1	2-5	6-10	Total
Male	44	20	2	66
Female	3	3		6
Total	47 (65%)	23 (32%)	2 (3%)	72 (100%)

- 38% of the respondents used “sometimes” and 40% “never” used condoms during sexual intercourse.

- Reasons for not “always” using condoms

Reasons	%	(Frequency)
Don't like sex with condoms	56%	(40)
Trust my partner	30%	(27)
Difficulties to use	20%	(14)

- 8% of the respondents have had sexual intercourse with someone in return for money, drugs, etc.

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Health seeking behavior

- Places where to get information on HIV or other STIs

Places to get info	%	Frequency
Media	31%	(52)
Friends/peers	24%	(40)
No information at all	14%	(24)
School	9%	(15)

- 47% of the respondents think they are at risk for HIV or other STIs.
- 16% of the respondents have been tested for HIV/AIDS.
- 21% of the respondents have been tested for Hepatitis B
- 18% of the respondents have been tested for Hepatitis C.
- 2% of the respondents have had a STI in the last year.
- 6% of the respondents have had a STI in the past.

b) Additional Questions on Questionnaire

Context

- 32% of the respondents attended school, from whom 63% High School, and 31% University.
- 36% of the respondents were employed. 94% of them were living with parents from whom 82% with both parents and 16% with one parent.

Drug risk behavior

- Drug used for the first time

Drug	Cannabis	Heroin	Cocaine
%	73%	22%	2%

- Drug used at first time for IDU

Drug	Cannabis	Heroin	Cocaine
%	60%	33%	3%

- Number of persons injecting with

N. Of persons	Alone	1-2	3-5
%	43%	50%	7%

- 40% of the respondents have borrowed/lent injecting equipments in the last month
- 26% of them had difficulties to find new syringes
- 52% of the respondents find new syringes at needle exchange centers, whereas 48% at the pharmacy
- 86% of the respondents' clean syringes before use

- Methods of cleaning

Methods	%
Alcohol	39%
Rinse with water and soap	33%
Heating	26%

- Places putting used syringes

Places	%
Injecting places	42%
Street	23%
Plastic boxes	17%
Keep them to reuse	12%

Health consequences and health seeking behavior

- 39% of the respondents have had an overdose. 89% of those are IDUs and 70% of them have been accessed methadone treatment privately.
- 61% of the respondents have sought treatment for drug use.

- Other complications

Complications	%
Abscesses	38%
Skin infections	25%
Lung infections	14%

- 48% of the respondents suffered from depression.
- 35% of the respondents drive under influence of drugs/alcohol.

Interventions

- 60% of the respondents have attended training for issues related with drug use.
- 17% of the respondents have had prescription of methadone by a doctor.

- Places of testing for HIV or Hep B/HepC

Places	%
Hospital	62%
Private clinic/lab	18%
Institute of Public Health lab	7%

- 38% of the respondents have received counseling before /after testing.

SHKODRA – Core survey questions

Drug use behavior

- Most frequent (mode) and mean age when drug is used first were 14 and 15.5 years old respectively.

- Areas where drugs are usually used

Areas	Bar/cafés	Home	Parks	Toilettes
% (n)	27% (57)	23% (47)	21% (44)	8% (17)

n = frequency

- The most used drugs in the last month

Drugs	Heroin	Cannabis	Alcohol	Ecstasy
% (n)	32% (38)	29% (34)	20% (24)	9% (10)

n = frequency

- 75% of the respondents have taken two or more drugs at the same time.
- 81% of the respondents have had sexual intercourse under the influence of drugs.
- 27% of the respondents inject drugs. The most frequent and mean age when first inject drugs is 19.5 years of age.
- 74% of those who inject have shared drug-injecting equipment.

Sexual behavior

- 88% of the respondents have had sexual intercourse. The most frequent and mean age of the first sexual intercourse is respectively 16 and 17 years of age.

- Number of sexual partners in the last 1-year

N. of partners	1	2-5	6-10	Total
Frequency (%)	26 (44%)	32 (54%)	1 (2%)	59 (100%)

- 32% of the respondents used “sometimes” and 65% “never” used condoms during sexual intercourse.

- Reasons for not “always” using condoms

Reasons	% (Frequency)
Trust my partner	30% (36)
Embarrassed to buy condoms	24% (27)
Don't like sex with condoms	21% (24)
Don't have enough knowledge on condoms	11% (12)

12% of the respondents have had sexual intercourse with someone in return for money, drugs, etc.

Health seeking behavior

- Places where to get information on HIV or other STIs

Places to get info	% Frequency
Media	27% (26)
Friends/peers	25% (24)
No information at all	25% (24)
School	6% (7)

- 35% of the respondents think they are at risk for HIV or other STIs.
- 9% of the respondents have been tested for HIV/AIDS.
- 4% of the respondents have been tested for Hepatitis B.
- 3% of the respondents have been tested for Hepatitis C.
- 6% of the respondents have had a STI in the last year.
- 15% of the respondents have had a STI in the past.

c) Additional Questions on Questionnaire

Context

- 43% of the respondents attended school, from whom 79% high school, and 21% university.
- 11% of the respondents were employed. 94% of them were living with parents from whom 46% with both parents and 51% with one parent.

Drug risk behavior

- 10 respondents use ecstasy. Their mean age is 19 years old (range 16-23) and they use it mainly at bars (24%) and home (24%).
- Mean age of IDUs when they started using drugs is 14.5 years of age. Their first drug was mainly cannabis (88%) and ecstasy (9%).

- Drug used for the first time

Drug %	Cannabis	Ecstasy	Alcohol
	87%	9%	3%

- Number of persons injecting with

N. of persons %	Alone	1-2	3-5
	17%	28%	56%

- 47% of the respondents have borrowed/lent injecting equipment in the last month.
- 28% have difficulties to find new syringes.
- 82% of the respondents find new syringes at pharmacy, whereas 12% from friends.
- 100% of the respondents' clean syringes before use.

- Methods of cleaning

Methods	%
Alcohol	50%
Rinse with water and soap	36%
Heating	14%

30

- Places putting used syringes

Places	%
Injecting places	47%
Street	47%
Plastic boxes	6%

Health consequences and health seeking behavior

- 35% of the respondents (24) perceived themselves at risk for HIV or other STI. 42% of those are IDUs and none is “always” using condoms. (“Sometimes” 58%, “never” 42%)
- 31% of the respondents have had an overdose.
- 33% of the respondents have sought treatment for drug use.
- Other complications.

Complications	%
Lung infections	20%
Skin infections	13%
Abscesses	3%

- 69% of the respondents suffered from depression.
- 67% of the respondents drive under influence of drugs/alcohol.

Interventions

- 25% of the respondents have attended training for issues related with drug use.
- 31% of the respondents have accessed methadone treatment following a doctor’s prescription. 58% of those are IDUs, and 47% have had an overdose.

- Places of testing for HIV or Hep B/HepC

Places	%
Hospital	52%
Private clinic/lab	25%
Institute of Public Health lab	13%

- 50% of the respondents have received counseling before /after testing.

VLORA – Core survey questions

Drug use behavior

- 35% of the respondents used drugs.
- Most frequent (mode) and mean age when drugs were used for the first time is 16 years old.

Areas	Home	Bars/cafés
% (n)	43% (15)	31% (11)

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n = frequency

- The most used drugs in the last month

Drugs	Cannabis	Alcohol	Heroin	Ecstasy
% (n)	46% (19)	37% (15)	7% (3)	5% (2)

n = frequency

- 30% of the respondents have taken two or more drugs at the same time.
- 35% of the respondents have had sexual intercourse under the influence of drugs.
- 6% of the respondents inject drugs. Most frequent and mean age when drugs are injected for the first time is 17 years of age.
- 67% of those who inject drugs have shared drug-injecting equipment.

Sexual behavior

- 100% of the respondents have had sexual intercourse. Most frequent and mean age of the first sexual intercourse is 15 years of age.

- Number of sexual partners in the last 1-year

N. of partners	11-20	21-80	>80	Many*
%	4%	14%	32%	48%

* Hundreds sexual partners per month

- 76% of the respondents “sometimes” used and 12% “never” used condoms during sexual intercourse.

- Reasons for not “always” using condoms

Reasons	% (Frequency)
Clients pay more/ don't want to use	52% (26)
Don't use with my “lover”/trust him	28% (14)
Embarrassed to ask the partner to use	20% (10)
Don't like sex with condom	18% (9)

- 100% of the respondents have had sexual intercourse with someone in return for money, drugs, etc.

Health seeking behavior

- Places where to get information on HIV or other STIs

Places to get info	% Frequency
Friends/peers	44%, (29)
Media	24%, (16)
No information at all	15%, (10)

- 78% of the respondents think they are at risk for HIV or other STIs.
- 26% of the respondents have been tested for HIV/AIDS.
- 4% of the respondents have been tested for Hepatitis B.
- 4% of the respondents have been tested for Hepatitis C.
- 38% of the respondents have had a STI in the last year.
- 74% of the respondents have had a STI in the past.

d) Additional Questions on Questionnaire

Context

- Level of education

Level of school	%
Elementary school	71%
High school	19%
University	3%
No education	2%

- Place of living

Place of living	%
Home with parents	31%
By my self	23%
With protector	20%
Motel	10%

- Who introduced to sex work: 50% by "lover"/friend, peer; 15% family member.

- Years of working as sex worker

Years	1-5	< 1	6-10
%	79%	17%	4%

- For Sex Workers who have been working for less than 1 year: who introduced them: "lover" 50%, and friends/peers 50%. Only one third of them 37% live at home.

- Places to meet clients

Places	Street	Motel	Bar/disco	Club
%	40%	21%	21%	8%

- Age of clients: 81% are older than 30 years of age

- 90% of clients are local people

Risk behavior

- 15% of the clients use drugs
- 20% of respondents use drugs together with clients
- Sex workers who has many partners: 84% of them perceive themselves at risk for HIV and STI, 28% "always" use condoms, more than one third use cannabis (39%) and alcohol (33%), and 33% live at home.

Health consequences and health seeking behavior

- 80% of respondents get hurt by clients.

- 72% of respondents have sought treatment for STIs

Interventions

- Places to get testing for HIV/HepB/HepC: 60% in hospital, 30% in private clinics

- Places to get treatment for STI:

Places	Pharmacy	Hospital	Private clinic
%	57%	16%	14%

KORCA – Core survey questions

Drug use behavior

- 56% of the respondents used drugs.
- Most frequent (mode) and mean age when drugs were used for the first time is respectively 17 years old.
- Areas where drugs are usually used

Areas	Parks	Bars/café	Home	Street
% (n)	31% (26)	29% (24)	18% (15)	13% (11)

n = frequency

- The most used drugs in the last month

Drugs	Alcohol	Cannabis	Ecstasy	Heroine
% (n)	50% (47)	32% (30)	7% (7)	5% (5)

n = frequency

- 19% of the respondents have taken two or more drugs at the same time.
- 27% of the respondents have had sexual intercourse under the influence of drugs.
- 13% of the responders inject drugs. Most frequent and mean age when inject drugs for the first time is 18 years of age.
- 14% of those who are IDUs have shared drug-injecting equipment.

Sexual behavior

- 90% of the respondents have had sexual intercourse. Most frequent and mean age of the first sexual intercourse is 17 years of age.
- Number of sexual partners in the last 1-year

N. of partners	1	2-5	6-10	11-15	Total
Male n, (%)	26 (62%)	30 (79%)	2	2	60 (75%)
Female n, (%)	16 (38%)	8 (21%)			24 (25%)
Total	42 (50%)	38 (45%)	2 (2,5%)	2 (2,5%)	84 (100%)

- 54% of the respondents (75% M, 25% F) “sometimes” used and 28% (63% M, 37% F) “never” used condoms during sexual intercourse.

- Reasons for not “always” using condoms

Reasons	% (Frequency)
Don't like sex with condom	44% (47)
Trust partner	31% (33)
Embarrassed to ask the partner to use	8% (9)
Embarrassed to buy condoms	8% (9)

- 18% of the respondents (94% males) have had sexual intercourse with someone in return for money, drugs, etc.

Health seeking behavior

- Places where to get information on HIV or other STIs

Places to get info	% Frequency
Media	46%, (74)
Friends/peers	32%, (52)
School	15%, (24)

- 48% of the respondents (67% M, 33% F) think they are at risk for HIV or other STIs.
- 5% of the respondents have been tested for HIV/AIDS.
- 7% of the respondents have been tested for Hepatitis B
- 2% of the respondents have been tested for Hepatitis C.
- 1% of the respondents have had a STI in the last year.
- 9% of the respondents (88% M) have had a STI in the past.

e) Additional Questions on Questionnaire

Context

- Most frequent and mean age when went abroad: 17 year of age
- Reasons to leave: economic 51%, tourism 30%, studying 20%
- 90% have a place to live abroad

- People going abroad

	Friends	Relatives	Family	Alone
%	47%	31%	12%	8%

- Education level

	High school	University	Elementary	No education
%	46%	46%	7%	1%

Risk behavior

- 40% have had sexual intercourse with sex workers (53% “one time”, 44% “sometimes”). 56% of them use “sometimes”, and 34% “never” use condom.
- 18% of respondents who have had sex in return for money, drugs have a mean age 22 years old (range 19-24). Their reasons for going abroad are: economic 56%, tourism 25%, studying 12%.
- People who are injecting drugs (13%): places where they inject are: streets and parks 54%, bars 20% and home 20%. Main reasons for leaving: economic 67%, studying 17%, tourism 17%.

Health seeking behavior and Interventions

- 5% of responded have received any service for STI abroad

- Places receiving these services

Places	Hospital	Private clinic	Pharmacy
%	60%	20%	20%

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SECTION 6: FINDINGS (continued)

c) Qualitative Information

Drug users – TIRANA

1. Context

Over the last years there is an increased trend of drug use among young people in Tirana. Statistics from a treatment center showed that 50% of young people seeking health care for drug use belong to the 20-24 years old, while more than 20% are younger than 19 years old. There is also a tendency of increasing the number of drug use among Roma young people. Young people use drugs for many reasons: they start because of pressure and influence of peers, they want to fit in the environment, they want to be trendy, experience something new, to escape the reality, which they perceive as unsafe and hopeless. Usually a young person who frequents leisure places like pubs and discos starts using cannabis, which is quite available in these places. Recently there is a tendency to use ecstasy, which is known among young people as “pill of love”, but considering the relatively high price, only a minority of young people can afford it. They can switch toward using other drugs like heroin or cocaine within months. There are data from different sources speaking of an increased number of young people injecting drugs. Reasons to switch to injections are: increasing effect of drug, curiosity, pressure of peers/friends, etc. Majority of drug users come from families of two parents with a medium-low economic level. Young people using drugs consider health education programs in school as inefficient and insufficient. They also consider law enforcement procedures against them as exaggerated and inappropriate.

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2. Risk and Protective behavior:

There is a high level of needle and syringes sharing among drug users. The reasons for sharing are: they do not consider the risk when are in the need for shooting; do not have money to purchase needles and syringes; sharing with close friends they trust; sharing with sexual partners indicates a level of trust; they do not perceive risk of getting Hepatitis through sharing. Majority of IDUs tries to clean used needles and syringes, but they do not use bleach for this purpose. Usually they inject themselves in isolated and abandoned places, making difficult to find clean needles and syringes. Young people using drugs, like to combine more than two drugs such as heroin and cocaine, cocaine and alcohol, or heroin and marihuana. These combinations might increase the risks for overdose or hamper their protective sexual behavior.

More than two third of young people using drugs being interviewed are sexually active, with one third of them having two to five partners in the last year. There is a low level of condom use among young people using drugs. Usually they don't like using condoms, especially with their stable partners, or find difficult to use them. The majority of them have had sexual intercourse under the influence of drugs, mainly marihuana, cocaine or ecstasy, which are considered as drugs which enhance sexual pleasure. Heroin users perceive that it decreases sexual libido and performance.

Drug users interviewed considered themselves relatively informed on HIV/AIDS, but the accuracy of their knowledge on certain issues was not satisfactory. Level of knowledge on Hepatitis and other STI was considered poor. Young drug users from Roma community present very scarce knowledge on HIV/AIDS and other STI. Almost half of young people interviewed considered that they are at risk of getting HIV/AIDS or other STI.

3. Health and Social Consequences:

Data show that there is a considerable risk of overdose among drug users. Majority of them are injecting drug users who are inexperienced and lack some skills on safe injecting. There are also anecdotal data about some death cases among intravenous drug users. Data from different sources indicate a considerable rate of skin problems like haematomas, skin infections or abscesses. Also depression, suicidal thoughts or aggressive behaviors are not unusual for young drug users.

There is not any confirmed HIV case among drug users in Albania. Until now there are more than 400 hundred drug users who sought treatment at the clinic. These 400 cases tested HIV negative. Among them 40% resulted HbsAg positive and only 3% were positive for Hepatitis C. There are no data available about the STI incidence or prevalence among drug users.

4. Interventions:

The network of services available for drug users in Tirana includes: 1) University Clinic of Toxicology provides services like detoxification treatment, overdose treatment, psychological support for hospitalized and ambulatory drug users. Quality of services provided is good based on work of skilled and friendly staff. Service is free of charge, but there is a lack of specific expensive medicaments, which cannot be provided by the Clinic. There is no budget available for Methadone program. Young people have accessed methadone privately following doctor's prescription. Improvements are needed for services infrastructure, psychosocial assistance etc. 2) Community Emanuel consists of a shelter for drug users (around 10 young people per month), and a daily center, which offers counseling, psychosocial support, and information on drug use. The work in the center is based on psycho-physic rehabilitation of drug users. Staff has a multidisciplinary profile with a psychologist, a social worker and a medical doctor. This experience should be extended. 3) Harm Reduction Center (Action Plus) provides needle exchange program, peer based education, psychosocial and medical support, as well as IEC materials on drug use, HIV/AIDS and STI. Quality and access are good with a friendly staff including social workers, psychologist and medical doctors. The center is facing problems for maintaining and further extension of the program. 4) National center of expertise and reference of HIV/AIDS cases at IPH offers HIV testing, pre and post-test counseling. Testing is free, confidential and voluntary. The pre- and post-test counseling service has been provided by an experienced doctor or little experienced psychologist. This service needs to be strengthened and expanded. Drug users due to non-favorable location perceive accessibility as not good. 5) Microbiology laboratory at UHCT provides testing for HIV and Hepatitis B mainly for inpatients. Accessibility is not good and no counseling is provided. There are not enough budgets for laboratory and collaboration with the reference center at IPH need to be improved. 6) National Center of Blood Transfusion provides testing for HIV, HepB/HepC and syphilis for blood donors. Staff is friendly and services provided include counseling though through inexperienced and untrained staff in such field.

Drug users – SHKODRA

1. Context

Shkodra is considered as a city with a level of extreme poverty. Almost all young people using drugs come from families with a low economic level. Political situation is always generating

problems due to conflictual situation that exist between central and local government. Level of unemployment in the city reaches 63% of working population where half of them fall into 18-26 age group. Majority of respondents belonged to this category of unemployed. Education system in Shkodra is facing serious problems, like massive abandonment of primary and secondary school by young people. Health system, which is already overwhelmed, faces new or reemerging health problems such as TB, STI, drug use problems etc. There is not any official data about the number of drug users in Shkodra. One study done by a local NGO, estimated the number of drug users in Shkodra around 760. More than half of young people using drugs have divorced parents or other problems in their families. Young people in Shkodra seem to start taking drug at younger age compared with those living in Tirana. They start at age 14, starting with light drugs like marihuana, which is widely available in Shkodra. Also, drug users tend to switch to injecting after a long period of time, which goes till 3 to 4 years, while it is less than a year in Tirana. The reasons to start using drugs are: conflictual or disruptive families, hopeless and pessimistic situation, feeling depressed, pressure of peers and environment where they live or visit etc. The majority of drug users are male, but the actual figures reflect more the underground characteristics of this phenomena and difficulties to uncover this, than the absence of female drug users. Young people perceive that police action against them is sometimes harsh.

2. Risk and Protective behavior

Data from different sources show that there is an increased tendency for injecting drug coupled with an increase of sharing needles and syringes among IDU. Usually they share them within close friends or even with sexual partners. Reasons for sharing are several: difficulties to find clean syringes, can not afford buying those at pharmacy, embarrassed to buy at pharmacy without disclosing their status, trust in partners and friends, group solidarity when there is a lack of appropriate amount of drug. In Shkodra IDU, like their peers in Tirana, do not use bleach for cleaning used injecting equipment.

Young drug users in Shkodra are sexually active, sometimes engaged in promiscuous activities. Level of condom use is very low, which places them at a considerable level of risk for getting HIV or other STIs. Reasons for not using condoms are different: not enough knowledge about risk, trust in partner, dislike sex with condom, embarrassed to buy condoms, etc. Those who use them consider more unwanted pregnancies than other risks. Majority of young people have had sexual intercourse under the influence of drugs, especially those who consume "pleasure drugs" like ecstasy or marihuana. These types of drug users are in high risk because of the mix pattern of risky drug use and sexual behaviors. Low level of HIV/AIDS, Hepatitis and other STI awareness and knowledge has been identified among young drug users in Shkodra.

3. Health and Social Consequences:

There are no data on HIV and other STIs prevalence among young people and in particular among drug users. This assessment indicated that drug users in Shkodra suffer considerably from health consequences related to their drug intakes. Overdose is common among young and inexperienced young injectors. They also blame the impurity of available drugs as a cause of overdose and other complications. Many drug users tend to use two or more drugs. These combinations might increase risks for complications and unsafe sex. Considerable mental health problems like depression, aggressive behavior, suicidal thoughts were identified among drug users, thus contributing further to social marginalisation of this group.

4. Interventions:

There is no any adequate existing service to provide proper care to drug users in Shkodra. Health care is provided in the General Hospital of Shkodra, which lacks the proper structure and staff to deal with treatment of drug users. The only place where drug users from Shkodra can seek specialized medical treatment is at the Toxicology Clinic in Tirana, which is not affordable for majority of them. No harm reduction, needle exchange or methadone programs are in place in Shkodra at the time of study. A very limited needle exchange and harm reduction program was stopped due to lack of funding. The laboratory of Blood Bank and local HIV laboratory offer HIV, Hepatitis B and Hepatitis C testing. Staff although untrained provide counseling in both places. School curricula offer sexual education as a separate subject in primary school level. In high school, curricula include three substance abuse topics: tobacco, drugs and alcohol in the Sociology course. Youngsters perceive curricula and delivery of knowledge as insufficient.

Sex workers – VLORA

1. Context

Sex workers in Vlora are almost all trafficked women, coming mainly from rural areas. They are forced into prostitution through false promises of marriage or employment, or sometimes pimps kidnap them. They are mainly recruited to work abroad, but they might work as sex workers inside the country while waiting to leave it. Also there is a network of local prostitution with sex workers who never or rarely leave the country.

2. Risks and Protective Behavior

RAR indicated a very low level of condom use among sex workers. The majority of them stated that they usually did not use condoms with known permanent clients, with their permanent partners (protectors), or with clients who paid more or forced them to have sexual intercourse without condom. These figures are very alarming when faced with number of sexual partners that they have (more than half have hundreds of sexual encounters per month). Their level of knowledge and awareness on HIV/AIDS and STI resulted to be low too. Differences were noticed between more experienced sex workers and newly experienced ones, or between those who have been working abroad and those working in Albania, with the former group having better knowledge. On the other hand the majority of them perceive themselves at risk for getting HIV and other STI. More than one third of sex workers have used drugs, mainly marihuana and alcohol and they all have had sex under influence of drugs.

3. Health and social consequences

No official data exist on prevalence of HIV or other STI among sex workers. Around 80% of women have had a Sexually Transmitted Infection, with more than 40% having had a STI in the last 1 year. Frequently clients or protectors abuse sex workers physically and mentally. Some of the respondents, mainly those who worked in Italy, had been tested for HIV. Level of testing for Hepatitis B and C was very low.

4. Interventions

Usually, sex workers who have had a STI sought treatment but mainly through drugs available over-the-counter. They perceive that available health care services are not easily

accessible, and do not provide a real friendly service according to their special needs. Existing interventions consist only in one or two NGOs, such as “Hearth Center” (in Albanian known as “Vatra”)and Women’s Center that mainly provide psychosocial support, juridical assistance and short-term shelter for repatriated sex workers.

Mobile population – KORCA

1. Context:

There is a high level of population mobility in Albania, especially among young people. The main driving motives for emigration remain economic factors such as searching for job opportunities, higher wages, better living standards etc. Other motives are tourism or studying abroad. This Rapid Assessment mainly targeted young people who leave the country legally, a fact that explain their high level of education. There are three different types of young people who move abroad: long term emigrants, seasonal or temporary emigrants and tourists and young people going abroad for studying.

2. Risk and Protective behavior:

Even though they are a heterogeneous group, they tend to have risk behaviors, which place them at risk of HIV and other STI. This target seems to be sexually active: almost 90% have had sexual intercourse, with near half of them having had 2 to 5 partners during the last 1 year. Their level of condom use is quite low and the reported reasons for not using that are: They do not like sex with condom and trust in their partners. They often have sex with sex workers, and level of condom use with sex workers is low. Around one third have had sex under influence of drugs, while some young men reported to have had sex in return of money, drugs or other favors. There is a wide use of drugs among mobile young people, mainly alcohol and marihuana. Cannabis is easy to find, cheap and is regarded as a light drug similar to smoking. They mainly use drugs for curiosity, peers pressure, lack of alternative leisure activities, unemployment. Young people who emigrate do not inject drugs in general and those who do rarely share needles and syringes.

3. Health and Social Consequences:

There are some reported and anecdotal data about a higher prevalence of HIV and STI among mobile population compared with the rest of population. The fact that more than 80% of the HIV reported cases have contracted the virus whilst being abroad makes this group particularly vulnerable.

4. Interventions:

Young people abroad especially illegal emigrants usually do not seek health care abroad because of the fear of expulsion, legal action and lack of information on services provided in hosted country. The low level of testing for HIV and Hepatitis supports this issue. There is no proper service offering any kind of interventions for mobile young people in Albania.

SECTION 7: DISCUSSION

Drug users

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Percentage of female drug users accessed in both sites of the study was low. These figures, more than a real ratio between male and female drug users, reflect difficulties of accessing female drug users. In Tirana many respondents were accessed either at the needle exchange, rehabilitation center or treatment clinic. This reflects the fact that female drug users are not using these services. In Shkodra it was also difficult to access female drug users. This was probably due to the fact that drug use is still highly underground among female drug users.

The main drugs used in both places are heroin, marihuana, and alcohol. The differences in ecstasy users between two cities would support the fact that RAR teams hit different target groups of young drug users. Young people in Shkodra start using drugs at a younger age (14 or 15 years old) than young people in Tirana (17 or 18 years old) and both groups start injecting at the same age (18 or 19 years old). There are a few years between using drugs and injecting among drug users in Shkodra while in Tirana drug users switch more quickly into injecting. Drug users in Tirana considered themselves relatively informed on HIV/AIDS issues, but their knowledge and awareness on other STI such as Hepatitis or drug related issues were low. This is reflected somehow by their perception of risk (less than half) and more importantly by their drug risk (needle sharing, two or more drugs, etc) and sexual behaviors (low condom use, high number of partners). There is a low level of awareness and knowledge on HIV/AIDS and other STI among drug users in Shkodra. These findings are also reflected in their low level of risk perception of getting HIV or STI and low figures of HIV testing. The latter might be related also with poor availability and accessibility of testing services in Shkodra. Drug users knowledge and risk perceptions result in poor protective behaviors (i.e. no bleach cleaning procedures) and high-risk behaviors. Low condom use, and high needle sharing might be related either with their level of knowledge and risk perception or could be connected to insufficient availability of clean needles and syringes and condoms at places where drug users meet. High needle sharing is also connected with lack or insufficient interventions such as needle exchange, outreach or drop-in services in both cities. Also drug users lack proper knowledge on drug related health problems and safer injections. Risk behavior findings such as high percentage of young people taking two or more drugs are related with health consequences such as relatively high numbers of overdose, skin and pulmonary infections. Low level of awareness and knowledge on HIV/AIDS, STI and drug problems seen among young drug users could also be connected to insufficient and poor level of drug demand reduction education and sexual education in school system.

RAR indicated that in both cities, there is an increasing demand of drug users for treatment for drug use. This demand can not be met either in quality or in quantity by scarce or missing existing services: no drug treatment/detoxification center available in Shkodra, no relapse prevention programs, no methadone maintenance programs in both cities (few cases had methadone privately). In this framework, the National Drug Demand Reduction strategy needs to be approved.

Young drug users considered law enforcement being sometimes harsh and not comprehensible toward the specific needs of drug users facing the law. Police declare that drug users caught in possession of drugs are sent to police commissariat where they are interrogated, and then released.

Sex Workers

RAR indicated that sex workers interviewed presented low level of awareness and knowledge on HIV/AIDS and other STI. Differences on level of knowledge between sex workers coming from abroad and local ones might be related to educational interventions with Albanian sex workers abroad made by foreign (Italian) NGOs. The group of sex workers coming from abroad presented relatively high level of HIV testing which reflects the availability of testing service abroad.

High proportion of sex workers considered they are at risk of contracting HIV/AIDS or other STI. However this risk perception rarely resulted in protective behaviors, particularly condom use. The low level of condom use could be connected either to low level of sexual education, insufficient availability of condoms at working places, or low status (in Albania, prostitution is illegal and sex workers are extremely isolated). The main reason for not using condom (because clients do not want or pay more) is closely related with high physical and psychological abuse and reflects also the lack of negotiation skills for safer sex. More than one third of sex workers have used alcohol and marihuana and they all have had sex under their influence. This could be connected to availability of marihuana and also to the fact that often smuggling of drugs and trafficking of women follow the same routes in Albania.

Low level of knowledge and extremely high-risk sexual behaviors (low condom use, hundreds of sexual encounters) result in high prevalence of STI among sex workers (Lifetime prevalence of STI is 78%). These data become very important considering the close relationship between STI and risk of HIV. On the other hand health and social services targeting this group are scarce and not coordinated. Apparently availability, accessibility and quality of STI services offered are very low. There are no sentinel sites among such high-risk groups. This is also reflected in the low number of respondents using existing treatment services. Existing interventions seem to be fragmented and not accessible to a large number of sex workers, which could be explained by the illegality of prostitution in Albania. Also the social workers or other professionals working with such groups are not trained about HIV/AIDS/SST or counseling and do not know about the existing health care services. There is not for the moment any outreach service for sex workers in Albania. The RAR underlines the vulnerable position of the local sex workers in Albania and abroad.

Mobile population

Young emigrants interviewed during RAR presented a low level of drug prevention education and sex education. Only half of them considered that they are at risk of contracting HIV/AIDS or other STI. These two factors result in low protective behaviors of this group of young people. The level of condom use is lower than level of risk perception and this could be connected to insufficient availability of condoms. More than 40% of respondents have had sex with sex workers, and regular condom use for this group is lower. This supports the fact of low awareness on HIV/AIDS and other STI among them. Level of risk perception is not related proportionally to level of HIV testing which is very low. This low level of HIV testing is largely depended on information, availability and accessibility of testing services.

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SECTION 8: RECOMMENDATIONS

Drug users

Key Findings:

1) High risky sexual behaviors (low condom use; high number of sexual partners)

Interventions:

- Improving sexual and drug education in school system
- Starting health education early in elementary schools
- IEC materials on HIV/AIDS/STI and condom use
- Condom provision
- Peer education
- Increase community participation

2) No harm reduction program and treatment/detoxification in Shkodra

Interventions:

- Needle exchange service
- Outreach services
- Drop-in centre
- Peer education and community participation
- Training of emergency doctor and psychiatrist on detoxification and treatment

3) Limited harm reduction services in Tirana

Interventions:

- Expand outreach services
- Expand needle exchange program
- Increase sterilizing awareness (bleach)
- Peer education (prevent IDU initiation, safer injection)
- Community participation in collaboration with local government
- Expand HIV testing and counseling
- Introduce HIV sentinel sites among such groups
- Hep B immunization of risk groups
- Methadone program (including advocacy, change of legal framework)
- Drop-in centers and introducing youth friendly services within primary health care
- Detoxification Center of excellence
- Advocacy at policy makers and Ministry level

Sex workers

Key findings:

1) Low condom use

Interventions:

- Peer education
- Family education and reinforce values to avoid exploitative situation
- Raise awareness of matrons/hotel owners/ pimps
- Provision of condoms through matrons/hotel owners
- Develop and distribute IEC materials

2) Low level of knowledge on HIV/AIDS/STI

Interventions:

- Develop and distribute IEC materials
- Peer education

3) Low level of knowledge of existing services (including testing Hep and HIV)

Interventions:

- Develop and distribute IEC materials
- Peer education
- Establish HIV sentinel site
- Train social workers at the Shelter (referrals)

4) Improve quality and access services

Interventions:

- Train social workers for psychosocial support and health care providers (clinic staff) to enhance sensitivity and caring skills.
- Training of police officials to sensitize them to vulnerability of Sex Workers.
- Peer Education training of current/former SW.
- Advocacy to enhance the legal rights of sex workers in Albania to reduce vulnerability/exploitation of sex workers.
- Set up YFS

Mobile population

Key findings:

1) Low condom use

Interventions:

- Peer education (see DU)
- Develop and distribution of IEC materials: Education about condoms, HIV/AIDS/STI and testing
- Provision of condoms
- Sexual and drug education
- Mass Media (Advertisements in newspapers)

2) Low level of health seeking behavior (including testing)

Interventions:

- Peer education
- Develop and distribute IEC materials
- Mapping existing services in Mass Media (Advertisements in newspapers)

3) Lack of accurate info on HIV/STI

Interventions:

- Peer education
- IEC materials: Education about condoms use, HIV/AIDS/STI & testing
- Sexual and drug education
- Training of Teachers and Parents Associations

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