



## North Macedonia

A summary of the national drug situation

### Our partner in North Macedonia

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The EMCDDA has been implementing technical cooperation projects in North Macedonia since 2007, in close cooperation with the Ministry of Health. The national focal point was set-up in 2007 by Government Decree and it is led by the Head of the Sector for controlled substances within the Ministry of Health. The Sector coordinates the work of the Inter-ministerial committee to combat drugs, presents bi-annual progress reports to the Mini Dublin Group and prepares information for the European Commission as part of the process of bringing the country closer to the EU practices.

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### Drug use among the general population and young people

To date, no survey on drug use among the general population has been conducted.

Several surveys on drug use among schoolchildren have been conducted in the country in recent years: the European School Survey Project on Alcohol and Other Drugs (ESPAD); the Health Behaviour in School-aged Children survey (HBSC); the UNICEF survey of most at-risk adolescents (MARA); and a survey of HIV prevalence and risk behaviour in at-risk groups.

The first ESPAD survey was carried out in 1999 and was repeated in 2008. The 2008 survey was conducted in 22 cities randomly selected out of 30 cities, in accordance with the country's old territorial distribution. In total, 156 first- and second-grade classes (students born in 1992, and turning 16 years old at the time of survey) from 68 public secondary schools took part in the survey. A total of 2 452 valid questionnaires were used to compile the results (ESPAD, 2009).

The 2008 study found:

- 5.5 % of students had used cannabis at least once in their life (lifetime prevalence), 4.3 % had used it in the last 12 months and 2.2 % had used it in the last month.
- 3.2 % had used ecstasy at least once in their life (a 1 % increase since 1999), 2.1 % in the last 12 months and 1.6 % in the last month.
- Inhalant use is rare, and usually those who use inhalants only do so once or twice. Some 1.4 % of students had used it at least once in their life, 1.1 % in the last 12 months and 0.4 % in the last month.
- Lifetime prevalence of other drugs was insignificant — below 1 % in most cases (LSD 0.8 %; crack 0.7 %; cocaine 0.9 %; heroin 0.8 %; magic mushrooms 1.2 %; GHB 0.6 %; anabolic steroids 0.9 %; injecting drug use 0.9 %).
- 10.1 % of students had used tranquillisers at least once in their life, making them the most commonly experienced illicit substance among the students. More female students (11.2 %) had used tranquillisers than male students (9.1 %). It should be noted that medical prescriptions of tranquillisers have doubled since 1999. Approximately 6 % of students had used tranquillisers once or twice.
- The use of cannabis has declined since 1999 and remains low compared to the other European countries. Use of marijuana remains more popular among male students.
- The use of other illicit drugs was similar to in 1999.
- In general, male students used more drugs than female students.
- Students usually had their first experience of drugs at the age of 14 or 15.

The HBSC survey has been conducted three times in North Macedonia, in 2002, 2006 and 2009/2010. In 2006 some 4 % of males and 3 % of females out of a sample of 1 500 students reported ever having used cannabis. Fewer than 5 % of 15-year-old schoolchildren had used cannabis in the last 30 days — 1 % of females and 2 % of males. The most recent survey (Currie et al., 2012), carried out in 2009/2010 among 1

500 young people aged 15, found that 4 % of males and about 1 % of females had ever used cannabis. Prevalence of cannabis use during the last 12 months and in the last 30 days was 3 % for males and 1 % for females. Based on the frequency of use, four user groups were defined as follows (1):

- Discontinued users: males 1 %.
- Experimenters: males 1 %.
- Regular users: males 2 %.
- Heavy users: males 1 %.

The percentage of female users in each of the defined user groups was close to zero.

(1) Discontinued users: those who have used cannabis at least once in their life but not in the last 30 days or the last 12 months. Experimenters: those who have used cannabis 1–2 times in the last 12 months. Regular users: those who have used cannabis 3–39 times in the past 12 months. Heavy users: those who have used cannabis 40 times or more in the past 12 months.

## Prevention

Drug demand reduction is one of the pillars of the National Drugs Strategy of the Republic of Macedonia (2006–12). In 2011 the National Prevention Programme, prepared by the state Inter-ministerial Commission for the Control of Drugs, was also adopted. The Programme supports a comprehensive approach to drug prevention and unites the efforts of all relevant ministries — the Ministry of Education and Science, Ministry of Health, Ministry of Welfare and Social Policy, Ministry of Justice and Ministry of Interior. It supports the expansion of prevention activities to other vulnerable groups of young people, such as those who have dropped out of school ('young people on the street') and those in penitentiary institutions. The Programme provides for the decentralisation of implementation to the level of local governments, in close partnerships with non-governmental organisations (NGOs).

Universal prevention activities are mainly implemented through schools. The Ministry of Education and Science has implemented activities to inform students, teachers and parents and programmes that support activities to help people to adopt healthy lifestyles, and has also strengthened international cooperation on these issues.

In 2009–10 the Ministry of Education and Science, in cooperation with NGOs, implemented pilot prevention programmes in schools in Skopje, Tetovo and Strumica, funded by the Dutch MATRA programme. In the framework of the two-year project, a training programme was developed; local professional teams were established; and a pilot prevention programme was incorporated in participating schools' yearly programmes for 2009/10. In total, 2 099 pupils and 41 teachers participated in the preventive workshops in 2010. In addition, information documents on alcohol and cannabis were prepared, printed and distributed in the schools.

In 2011 training on the early detection of psychoactive substance use among school students and interventions for change was organised for school professionals.

A pilot project to promote a healthy lifestyle by strengthening the family, encouraging family values and enhancing parents' relationships with children was implemented from October to December 2012 in five schools in rural area and in Skopje. The project was supported by UNODC and utilised a multi-ethnic approach. It included 140 primary school students aged 10–14 and their parents. The programme was implemented in seven consecutive sessions, initially for children and parents separately, and subsequently for both groups together.

Selective and indicative prevention activities have not yet been implemented in the country.

## Problem drug use

Up to 2012 the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defined problem drug use as injecting drug use (IDU) or long duration/regular drug use of opiates, cocaine and/or amphetamines. This definition specifically includes regular or long-term use of prescribed opioids such as methadone, but does not include their rare or irregular use, or the use of ecstasy or cannabis.

In 2010 various methods (expert opinions, census, capture–recapture and multiplier methods) were used to estimate the prevalence of injecting drug use in five cities, including Skopje. An extrapolation of the results from the IDU population in Skopje (which represents approximately 25 % of the total population) to the country as a whole results in an estimated 10 200 IDUs. The national focal point (NFP) calculated estimates (multiplier method based on treatment and syringe and needle exchange programmes, police contacts and drug-related deaths) of the number of problem drug users, mainly opiate users, for the country. The size of the injecting heroin user population based on the estimates from this study was found to be about 8 000. This figure corresponds to a rate of 1.5 per 1 000 inhabitants aged 15–64 (2).

(2) Calculated by the NFP using 1 387 796.844 as the number of people aged 15–64 (the average population (x 1 000) in 2010 was 2 055, of which 67.8 % were aged 15–64) (Central Intelligence Agency, 2011).

## Treatment demand

The treatment demand data for North Macedonia are based on information from several sources: (i) 13 state substitution treatment centres located across the country providing pharmacological (methadone maintenance) and psycho-social treatment; (ii) the University Clinic for Toxicology in the Clinical Centre 'Mother Tereza' in Skopje; and (iii) three drug units in prisons.

In 2012 a total of 1 258 patients (of which 78 were female) were on opioid substitution treatment (OST) with methadone, according to data from state substitution treatment centres. OST with buprenorphine is only provided by the University Clinic for Toxicology (Chibisev and Simonovska, 2013); it reported a total of 214 patients (of which 23 were female) in 2011. During 2011 some 131 patients (16 female) started OST with buprenorphine, and 53 patients left the programme. In 2012 some 119 new patients (10 females) started OST with buprenorphine, while 39 left the programme. The average age of those who started OST with buprenorphine was 27.8 years.

Additional information regarding acute intoxication is available from the University Clinic for Toxicology. During 2012 it reported 11 cases of acute cannabis intoxication, 3 of ecstasy, 27 of methadone, 15 of heroin, 6 of cocaine and 12 of narcotic analgesics (Chibisev and Simonovska, 2013).

## **Drug-related infectious diseases**

The Institute of Public Health collects nationwide data on infectious diseases, including HIV and hepatitis B and C infections. Additional data on drug-related infectious diseases come from the bio-behavioural studies conducted in 2005, 2006, 2007 and 2010 within the project supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The Government has acknowledged HIV/AIDS as an important public health issue that requires broad involvement by different stakeholders.

North Macedonia is a low HIV prevalence country and has reported the lowest number of HIV positive cases so far among the countries in the south-eastern European region. The first HIV infection was registered in the country in 1987 and the first AIDS case in 1989. The first death from AIDS was registered in 1990. Since 1987 a total of 166 HIV/AIDS cases have been registered in the country, of which 69 have resulted in death.

In 2012 the Institute of Public Health registered the largest annual number of people infected with HIV at 20 (15 men and 5 women). Among them, one is a 6-year-old child, the first child reported in the last 17 years. Of these 20 newly registered cases, 12 were already registered with AIDS stage of a disease.

Between 2005–11 the GFATM initiated and continued to provide antiretroviral therapy (ARVT). As a consequence, the number of deaths related to AIDS has dropped by almost 2.5 times — there were 47 cases in the period 1987–2004, compared to 20 cases between 2005–11. This reduction in mortality highlights the benefits of antiretroviral therapy, the network of voluntary testing and counselling and other surveillance, prevention and treatment activities (Ministry of Health, 2012).

Heterosexual contact remains the predominant route of transmission among all HIV/AIDS cases registered by the end of 2011 (59.5 %, or 80 individuals), followed by those reporting male-to-male sexual contact (24.0 %, or 35 individuals), injecting drug use (7.5 %, or 11 individuals), hemophiliacs (4 %, or 6 individuals) and mother-to-child transmission (2.7 %, or 4 individuals). In the past eight years only two injecting drug users were registered with HIV/AIDS (Ministry of Health, 2012).

HIV testing has been available in North Macedonia since 1986. The number of tests performed increased from 145 in 1986 to 18 721 in 2010. HIV/AIDS testing is available in all regional centers of public health, the Clinical Centre 'Mother Theresa' in Skopje and in non-governmental institutions. Free tests for HIV/AIDS are available in 14 centres for public health. Testing is voluntary and anonymous; pregnant women or nursing mothers are not be obliged to be tested for HIV/AIDS.

Voluntary counselling and testing for HIV/AIDS (VCT) has been developed for high risk groups, such as young people, people who inject drugs, sex workers and men who have sex with men. Twelve NGOs work with the Institute of Public Health and implement VCT during outreach in locations frequented by drug users (streets, parks, abandoned property, etc.). In 2011 some 638 drug users (including 86 female) underwent voluntary counselling and testing. No HIV cases were detected. In 2011 the NGO HOPS provided VCT to 106 drug users (26 females).

According to the Institute of Public Health (Kuzmanovska, 2013), the total number of hepatitis B virus (HBV) patients in 2011 was 154 (98 male and 56 female), while in 2012 there were 184 (102 male and 82 female). The total number of hepatitis C virus (HCV) patients in 2011 was 76 (60 male and 16 female), while in 2012 there were 165 (117 male and 48 female).

The University Nephrology Clinic, Clinical Centre, Skopje (Shikole, 2013) reported nine patients with HBV infection in 2011 (including four female) and 11 in 2012 (including six female). The University Nephrology Clinic reported 62 patients (including 28 female) with HCV in 2011 and 56 (including 26 female) in 2012. The report does not have information on links with injecting drug use among the patients.

The University Clinic of Gastroenterohepatology, Clinical Centre 'Mother Tereza', Skopje (Chalovska Ivanovska, 2013) reported nine cases of HBV in 2011 and 31 in 2012. There were 76 cases of HCV in 2011, and 42 in 2012. Two patients had both HBV and HCV. The report does not have information on links with injecting drug use among the patients.

The University Clinic for Infectious Diseases, Clinical Centre 'Mother Tereza', Skopje (Milenkovic, 2013) reported 142 patients with HBV in 2011 (92 male and 50 female). Of these, 96 had chronic infection and 46 had acute infection. In 2012 there were 179 (126 male and 50 female) patients with HBV infection, of which 132 had chronic infection and 47 had acute infection. The total number of patients infected with HCV was 76 in 2011 (60 male and 16 female), and 165 in 2012 (117 male and 48 female). In 2012 some 48 patients were treated for infectious diseases. There is no information on links with injecting drug use among the patients.

## **Drug-induced deaths and mortality among drug users**

In North Macedonia, drug-related deaths (DRDs) are registered by two country-wide documentation systems: the Police Register of the Ministry of Interior and the General Mortality Register of the National Statistical Office and Institutes for Forensic Medicine. However, the most up-to-date information came from three entities: the Institute of Forensic Medicine, Criminology and Medical Deontology at the Medical Faculty in Skopje; the Institute of Forensic Medicine, Bitola; and the Institute of Forensic Medicine, Tetovo.

In 2011 there were 14 drug-related deaths (including 1 female), and in 2012 there were 18 (5 females). In 2011 the youngest person to die from overdose was 18 years old, while the oldest was 40. In 2012 the youngest person was 17, and the oldest was 41. In 2011 the majority of DRDs were aged 25–29 (35.7 %), followed by those aged 20–24 (28.6 %). In 2012 the majority of DRDs were aged 35–41 (33.3 %), followed by those aged 30–34 (27.7 %).

In 2011 four deaths were linked to opiate overdose, and nine to methadone (in four cases it was in combination with benzodiazepines, but in the remaining cases only methadone). One death was identified as being due to cocaine intoxication. In 2012 the majority of DRDs (55.5 %) were related to intoxication with methadone and benzodiazepines (10 cases), four death were due to intoxication with methadone and two were linked to intoxication with opiates, while two deaths were linked to amphetamine intoxication.

Data analysis by the national focal point shows changing patterns in DRDs and the number of drug-related deaths and an increase in the number of drug-related deaths among females in the most recent years. While the most common cause of death was overdose with heroin for the years 2007–10, figures for 2011 and 2012 indicate that methadone has become the most prevalent opioid (detected alone or combination with other psychoactive substances) in drug-related deaths. However, low autopsy rates and limited forensic toxicological examinations make it difficult to assess and interpret the actual number of drug-related deaths in the country.

## **Treatment responses**

At the national level, drug-related treatment is provided by different systems of health, social and civil society organisations (NGOs). Drug-related treatment is available within the framework of the public health national service network, making the public sector the leading actor in drug-related medically assisted treatment. Four private psychiatric services have also recently started offering treatment.

The national treatment system includes outpatient and inpatient treatment, detoxification and substitution maintenance treatment. The majority of treated drug users receive outpatient treatment, where opioid substitution treatment, psychosocial interventions, individual or group counselling and social and psychotherapy are offered. Inpatient drug treatment consists of psychosocial interventions, pharmacologically assisted in terms of withdrawal treatment. Detoxification treatment may take place in inpatient or outpatient settings.

Treatment for drug users is available nationwide. The centres are located in Tetovo, Ohrid, Bitola, Gevgelija, Strumica, Kavadarci, Kumanovo, Shtip, Veles and Skopje (three centres). Idrizovo Prison in Skopje, Skopje Prison and Bitola Prison also have methadone maintenance treatment centres.

The University Clinic for Toxicology consists of several units: intensive care, detoxification, an outpatient unit for drug addicts with a counselling centre, diagnostic cabinets, a toxicological laboratory, and a toxicological information centre. The information centre provides advice on procedures, diagnosis and treatment for poisoning cases, and also advises drug users. The Clinic provides treatment for acute intoxications with opioids and other drugs, treatment of somatic complications, which are a consequence of long-term use of opioids and other drugs, clinical examination of drug addicts, serological screenings for HBV, HCV and HIV, treatment of withdrawal syndrome, and detoxification.

Methadone was first used as a substitution substance in 1992, and it remains the main substance prescribed for substitution maintenance treatment. Buprenorphine, which was introduced in 2009 at the University Clinic for Toxicology, is also used in detoxification and substitution treatment. The cost of the buprenorphine programme is met by the Government.

Idrizovo Prison has had a methadone maintenance treatment centre since 2006. It has a 120-bed medical facility where people who are addicted to drugs can be treated alongside other patients. Its biochemistry laboratory is able to perform screening tests for the presence of psychoactive substances in urine. Prisoners in other prisons are also receiving methadone substitution therapy, in cooperation with local treatment centres and with the University Clinic for Toxicology (for buprenorphine).

In 2011 some 746 of the 2 212 prisoners registered on 31 December 2011 were drug users; 414 of them were on a substitution maintenance programme with methadone and 17 prisoners were on treatment with buprenorphine. In 2008 approximately 649 of 2 101 prisoners were drug users. In Idrizovo Prison 388 of 1 316 prisoners were drug users in 2011. Of these, 154 were on methadone maintenance treatment and five received buprenorphine based treatment.

## **Harm reduction responses**

Harm reduction activities aim to reduce mortality and morbidity among drug users. The number of people in the country who inject drugs has increased substantially over the past decade. The main policy goals are: to maintain the current low level of HIV/AIDS cases among IDUs; to create an environment for the implementation of effective treatment and care programmes for IDUs; to expand harm reduction programmes, including needle exchange, opioid substitution therapy, counselling and support centres, with the objective of reducing the number of new injecting drug users (Macedonia HIV/AIDS National Strategy 2003–06, 2003). Harm reduction activities are implemented through a nationwide

network of needle and syringe exchange programmes using outreach work, and in drug help centres. The centres also offer first aid and social care services in emergency cases. Needle and syringe exchange programmes offer basic medical services, treatment of wounds, voluntarily counselling and testing for HIV, case management and legal services.

In 2011 there were 16 harm reduction programmes throughout the country, all run by NGOs with financial support from the GFATM. The NGO HOPS ran four programmes in Skopje, including a special programme for sex workers who inject drugs.

Harm reduction programmes (needle exchange, opioid substitution therapy, counselling and support centres) in Skopje in 2011 had contact with 707 clients. Of these, 167 were first-time clients, of which 30 (18 %) were women. The total number of contacts in 2011 was 12 426. In 2011 four harm reduction programmes in Skopje distributed 290 625 needles, 121 755 syringes and 14 926 condoms. The Skopje programmes delivered 14 625 medical services, mainly basic medical interventions, counselling and education for drugs and the consequences of drug use, information for treatment and referral to treatment. Social workers in Skopje delivered 5 913 services, most of which were related to: obtaining identification documents and other personal documents (e.g. birth certificate); providing assistance with obtaining health insurance and social support; referral to other institutions and legal advisers; and individual psycho-social support. Of the 167 newly registered drug users in harm reduction programmes in Skopje, 92 (55.1 %) were poly drug users. Heroin use only was reported by 32 (19.2 %) new clients in 2011.

In the country as a whole, 14 harm reduction programmes had contact with 2 952 clients during 2011, of which 582 were new clients. Among new clients, 17.7 % were female (103 individuals). The total number of contacts in 2011 was 38 976. In 2011 a total of 636 910 needles, 318 485 syringes and 95 121 condoms were distributed. In 2011 these 14 programmes delivered 41 986 medical services, most of which were basic medical interventions, counselling and education about drugs and the consequences of drug use, and information about treatment and referral to treatment. Social workers delivered 25 788 services, most of which were related to: obtaining identification documents and other personal documents (e.g. birth certificate); providing assistance with obtaining health insurance and social support; referral to other institutions and legal advisers; and individual psycho-social support. Of the 582 newly registered drug users in harm reduction programmes nationwide, 454 (78 %) were poly drug users. Heroin use only was reported by 10.8 % of new clients. Regarding the predominant route of administration of drugs, 454 of 582 new clients (77.84 %) reported injecting drugs in 2011, which is a decrease of 3 % compared to 2010. A total of 512 out of 582 new clients in 2011 (88 %) had health insurance.

## Drug markets and drug-law offences

North Macedonia is on the Balkan drug trafficking route. South-west Asia, mainly Afghanistan, remains the main source for heroin. There has been a noticeable increase in the trafficking of cannabis via North Macedonia in recent years. The main route of cannabis and its derivatives is from Albania, through the north-western to the south-eastern part of the country towards Greece and Bulgaria. Heroin comes most often from Turkey, Bulgaria or Greece towards Albania or Serbia, cocaine is taken by air via Skopje airport or by sea to ports in Albania and Bulgaria, but synthetic drugs come most frequently from Bulgaria and Serbia.

The following drug-law offences are reported in North Macedonia: ‘unauthorised production and release for trade of narcotics, psychotropic substances and precursors’ (Article 215 of the Criminal Code) and ‘enabling the taking of narcotics, psychotropic substances and precursors’ (Article 216 of the Criminal Code). The data from the Ministry of Justice indicate that 546 people were charged against Article 215 and 122 against Article 216 of the Criminal Code in 2011.

The impact of the 2010 opium crop failure in Afghanistan on the major illicit markets for opiates was reflected in a general decrease in seizures in 2010, and a heroin shortage was observed in some European countries in 2010–11. Although large quantities of heroin continued to be trafficked along the main Balkan route leading from Afghanistan to western and central Europe via south-eastern Europe, declining seizures were reported in most of the countries in these regions in 2010 (UNODC, 2012).

Turkey also reported a substantial decline in the amount seized in 2010; this needs to be understood in the context of earlier interdiction activities that appear to have disrupted the heroin market in parts of Europe (EMCDDA, 2012).

There has been a general decrease in seizures between 2009–12 in North Macedonia. There are indications that alongside with the decrease in seizures there was some shortage in supply, which has encouraged users in to replace heroin with other substances such as methadone, benzodiazepines and Tramadol. Large quantities of seized marijuana (known by the street name ‘Alбанка’) were predominately of Albanian origin.

**Table 1: Amounts of drugs seized in North Macedonia, 2009–12**

	Heroin (kg)	Herbal cannabis (kg)	Cannabis plants	Cocaine (kg)	Meth-amphetamine (tablets)	Amphetamine	Ecstasy (tablets)
2009	213.76	701.1	677 stems	0.07	2 263	0.01	12 636
2010	37.1	459.8	4 046 stems 945 pieces 85 kg	2.1	1 296	11 203 tablets 0.6 kg	459
2011	23.65	284.2	n/a	1.5	n/a	n/a	3 509
2012	86.13	608.2	718 plants 890 pieces 0.06 g seeds	0.05	n/a	n/a	n/a



*Source:* Ministry of Interior [<http://www.moi.gov.mk/>] and Custom Administration of North Macedonia (2009–11); national focal point, MKD (2012).  
n/a — Information not available.

In addition to the seized controlled substances listed in Table 1, in 2012 around 600 ml and 1 270 tablets of illicit methadone were seized in North Macedonia.

According to data from the Ministry of Interior, the 2012 street prices of heroin ranged from EUR 5–8 for 0.25 g to EUR 11–15 for 1 g. The price of marijuana ranged from EUR 2.4 for one joint to EUR 65 for 100 g; the price of 1 dose of ecstasy was between EUR 5 to EUR 8; the price of 1 g of amphetamine was EUR 13 to EUR 16.4; and the price of 1 gram of cocaine was about EUR 50. The street price of a tablet of buprenorphine was EUR 5 for a 2 mg tablet and EUR 8 for an 8 mg tablet.

## National drug laws

The main legislative instruments for drug-related issues are:

- law for narcotic drugs;
- national drug strategy;
- national drug strategy implementation action plan;
- law for precursors;
- rule of laws for law for precursor;
- customs law;
- law for criminal procedures;
- code of conduct;
- law for tracing communications;
- law for dealing with and freezing confiscated properties in criminal cases;
- law for preventing money laundering from criminal offences;
- law for health evidence.

The law for narcotic drugs elaborates:

- the prevention and suppression of the abuse of narcotic drugs, and psychotropic substances;
- the prevention of illegal production and trade of narcotic drugs, psychotropic substances and plants that can be used to produce narcotic drugs, and substances that can be used to produce narcotic drugs and psychotropic substances;
- the protection of human life and health, and control of narcotic drugs, and psychotropic substances.

The Criminal Code, Articles 215 and 216, regulates the unauthorised production and release for trade of narcotics, psychotropic substances and precursors as well as enabling the taking of narcotics, psychotropic substances and precursors. The possession of narcotic drugs for personal use is not allowed in accordance with the Criminal Code. Furthermore, a person who induces another to take narcotics, psychotropic substances and precursors, or who gives narcotics, psychotropic substances and precursors to another for this person or someone else, or who makes available premises for the taking of narcotics, psychotropic substances and precursors, or in some other way enables another to take narcotics, psychotropic substances and precursors, shall be punished with imprisonment of three months to five years. If the crime is committed toward a juvenile, or toward several persons, or if it causes especially severe consequences, the offender shall be punished with imprisonment of one to 10 years. The strategy for the socialisation and social adaptation of convicts for 2010–12 also sets out special measures to improve access to drug treatment programmes in prisons.

The law for the control of precursors introduces a system of monitoring and control of licit trade and control of precursors, with the aim of preventing smuggling and the diversion of precursor from licit to illicit channels. The overall objectives of the law are the protection of human health and the environment from the harmful effects of some precursors. Because one part of the precursors is made up of chemicals and one part of active medical ingredients, the whole framework of control of precursors has been amended with the adoption of two new laws, for the control of chemicals and on medicinal products and medical devices, all of which were harmonised with EU legislative instruments in 2007. In addition to the control of precursors listed in the UN Convention of 1988, the law on chemicals is important for controlling the substances included in the Limited International Special Surveillance List.

## National drug strategy

The National Drugs Strategy of the Republic of Macedonia 2006–12 [[http://www.reglek.com.mk/publikacii/Nac\\_strat\\_dorgi\\_ENG.pdf](http://www.reglek.com.mk/publikacii/Nac_strat_dorgi_ENG.pdf)] was adopted in December 2006, and is in line with the European Union drug strategy 2005–12. The principles, goals and priorities established by the national drug strategy are elaborated further in the pre-implementation drug action plan 2007–08, and a national drug action plan 2009–12.

The action plan works towards an efficient, coordinated and multidisciplinary approach to the fight against drug abuse, undertaking measures for: increasing the awareness and knowledge of the general public about the controlled psychoactive substances that cause addiction; the prevention of use of psychoactive substances, especially among young people; encouraging healthy lifestyles; the protection of the family; reducing health and social drug-related consequences; including all sectors of society in the activities related to the fight against drug abuse.

The National Drugs Strategy of the Republic of Macedonia 2006–12 [[http://www.reglek.com.mk/publikacii/Nac\\_strat\\_dorgi\\_ENG.pdf](http://www.reglek.com.mk/publikacii/Nac_strat_dorgi_ENG.pdf)] sets out two general aims:

- Attainment of a high level of health protection, well-being and social cohesion by complementing action in preventing and reducing drug use, dependence and drug-related harms to health and society.
- To ensure a high level of security for the general public by taking action against drug production, cross-border trafficking in drugs and diversion of precursors, and by intensifying preventive action against drug-related crime.

Two main dimensions of national drug policy (two ‘pillars’) — drug demand reduction and drug supply reduction — are complemented by three cross-cutting themes — coordination; international cooperation and monitoring; and information, research and evaluation.

In May 2012 the evaluation of the National Drugs Strategy of the Republic of Macedonia 2006–12

[[http://www.reglek.com.mk/publikacii/Nac\\_strat\\_dorgi\\_ENG.pdf](http://www.reglek.com.mk/publikacii/Nac_strat_dorgi_ENG.pdf)] was initiated by the national focal point (NFP) using multiple techniques, tools and cross-analysis of quantitative and qualitative data from different data sources. The NFP implemented an anonymous survey using a questionnaire that was applied for the evaluation of the EU strategy, but adapted to the national context. The questionnaire was sent to 80 representatives of governmental institutions (ministries that have drug-related activities in their plans), non-governmental institutions, treatment centres for drug addiction, University Clinic of Toxicology, the Clinic for infectious diseases, public health institutes and centres, medical centres, international organisations, private drug addiction treatment centres and others. Approximately 64.9 % of respondents believed that the availability of treatment programmes had increased, 58.4 % believe that there was increased accessibility, 44.2 % thought that the quality of services had improved, 41.6 % indicated that a variety of opportunities for treatment were available, 75.3 % thought cooperation and exchange of information had improved, 75.3 % believed that the reduction in drug supply was as a result of police activity.

Focus groups with 45 members of the police in Skopje, Tetovo and Bitola were also conducted.

A field survey was carried out with 246 respondents from 20 cities across the country, using a standard questionnaire adapted to the national situation, by the national focal point, the Sector for Controlled Substances, Bureau for Medicines, Ministry of Health and the Bureau for Public Security, Ministry of Interior. Interviews were conducted between August and November 2012 at ‘open’ and ‘closed’ locations including parks, cafes, clubs, etc. The survey provided data on socio-demographic characteristics, drug use patterns of the respondents and their friends, the prices of drugs and their purchase patterns, and the perceived availability of drug (Petrushevska et al., 2012). The study concluded that there is a need to further increase the level of knowledge and awareness about the harmful effects of drugs as well as to strengthen intersectoral action at all levels (school, family, health and social services, police) in order to promote the health of young people. Moreover, the findings suggested a need to implement prevention programmes not only in the educational system, but also at the community and for vulnerable young people in correctional facilities and children who are outside the educational system. Such programmes should focus on increasing awareness and building healthy lifestyles, and should begin in elementary school. The survey also indicated that there is a changing pattern in heroin use in some locations from injecting to sniffing using a foil, which may indicate the positive impact of harm reduction interventions in the field of safer drug use, implemented for a number of years in the country.

## Coordination mechanism in the field of drugs

The Government has established the Inter-ministerial Commission for Narcotic Drugs (IMCND), to tackle the illegal production, trade and use of drugs. The Bureau of Medicines, Ministry of Health, carries out the expert and administrative work related to the tasks of the commission. The IMCND consists of representatives from the Ministry of Justice, Ministry of Internal Affairs, Ministry of Health, Ministry of Local Self-Government, Ministry of Environment and Spatial Planning, Ministry of Foreign Affairs, Ministry of Education and Science, Ministry of Labour and Social Policy, Ministry of Agriculture, Forestry and Water Economy, Ministry of Finance, the Customs Office and the Agency for Youth and Sport.

The national focal point (NFP) was officially created in May 2007 by Governmental decree. The NFP is led by the head of the sector for controlled substances within the Pharmaceutical Agency at the Ministry of Health and is located in the premises of the Ministry of Health. Most of the ministries and institutions involved in drug-related issues provide data to the NFP.

The Directorate for the Prevention of Money Laundering, as an administrative part of the Ministry of Finance, is responsible for financial intelligence, collecting, evaluating, analysing and keeping data for activities connected with the prevention of both money laundering and the financing of terrorism.

The Agency for Freezing and Confiscating Properties, in collaboration with the responsible judicial division, is responsible for: governance of confiscated properties to protect their value; holding confiscated properties; preparing statistical reports; and selling or destroying confiscated properties (for example, burning seized narcotic drugs).

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## Background information

### Disclaimer

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- Ministry of Education and Science.
- Administration for the execution of sanctions on the condition and operation of the criminal and correctional institutions in the Republic Macedonia.
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- Institute of Forensic Medicine, Bitola.
- Institute of Forensic Medicine, Tetovo.
- Psychiatric Hospital 'Skopje', Skopje.
- General City Hospital 'September 8th', Skopje.
- Public treatment centres.
- Private psychiatric institutions for the treatment of drug addiction.
- Needle and syringe exchanging programmes operated by NGOs.
- NGO contact.



# Key national figures and statistics

		North	EU (27		
	Year	Macedonia	countries)	Source	
Population	2011	2 057 284	502 369 211 <sup>bp</sup>	Eurostat [ <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/">http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/</a> ]	
Population by age classes	15–24	2011	15.2 %	11.9 % <sup>P</sup>	Eurostat [ <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/">http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/</a> ]
	25–49		37.1 %	35.6 % <sup>P</sup>	Eurostat [ <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/">http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/</a> ]
	50–64		18.4 %	9.4 % <sup>P</sup>	Eurostat [ <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/">http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/</a> ]
GDP per capita in Purchasing Power Standards <sup>1</sup>	2011	36	100	Eurostat [ <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/">http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/</a> ]	
Total expenditure on social protection (% of GDP) <sup>2</sup>	2009	n/a	29.6 <sup>P</sup>	Eurostat [ <a href="http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/">http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/</a> ]	
Unemployment rate <sup>3</sup>	2011	31.4 % <sup>4</sup>	9.7 % <sup>5</sup>		
Prison population rate (per 100 000 inhabitants) <sup>6</sup>	2011	122.2	:	Council of Europe, SPACE I-2011 [ <a href="http://www3.unil.ch/wpmu/space/space-i/space-i-2011-main-indicators/">http://www3.unil.ch/wpmu/space/space-i/space-i-2011-main-indicators/</a> ]	

<sup>1</sup> Gross domestic product (GDP) is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in Purchasing Power Standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, this country's level of GDP per head is higher than the EU average and vice versa.

<sup>2</sup> Expenditure on social protection contains: benefits, which consist of transfers in cash or in kind to households and individuals to relieve them of the burden of a defined set of risks or needs.

<sup>3</sup> Unemployment rates represent unemployed persons as a percentage of the labour force. Unemployed persons comprise those aged 15–74 who were: (a) without work during the reference week; (b) currently available for work; (c) actively seeking work.

<sup>4</sup> State Statistical office, Republic of Macedonia [[http://www.stat.gov.mk/Publikacii/Mak\\_Brojki\\_2012\\_A.pdf](http://www.stat.gov.mk/Publikacii/Mak_Brojki_2012_A.pdf)].

<sup>5</sup> Eurostat [<http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/>] 2011 data.

<sup>6</sup> Situation of penal institutions on 1 September 2011.

n/a — Information not available.

<sup>b</sup> Break in series.

<sup>P</sup> Eurostat provisional value.

## National publications

You can find below links to key national publications.

- Infomap North Macedonia - 2009 [[http://www.emcdda.europa.eu/attachements.cfm/att\\_133432\\_EN\\_FYROM08.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_133432_EN_FYROM08.pdf)]
- North Macedonia: Country overview 2009 [<http://www.emcdda.europa.eu/html.cfm/index100309EN.html>]

## Additional sources of national information

In addition to the information provided above, you might find the following resources useful sources of national data.

### European overviews

The products listed below provide overviews at European as well as, to some degree, at national levels.

#### European Drug Report: Trends and developments

A top-level annual overview of the long-term drug-related trends and developments at European level, while homing in on emerging problems in specific countries [[http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES\\_PUB=a237](http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a237)]

#### EU drug markets report

Published every three years, this provides a comprehensive overview of illicit drug markets in the European Union [<http://www.emcdda.europa.eu/publications/joint-publications/drug-markets>]

#### New psychoactive substances annual implementation report

Annual report on the information exchange, risk assessment and control of new psychoactive substances in Europe [[http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES\\_PUB=a104](http://www.emcdda.europa.eu/publications/searchresults?action=list&type=PUBLICATIONS&SERIES_PUB=a104)]

### Data sources

The information below forms the basis for the EMCDDA's analysis of the European drug situation and provides greater detail on each national drug situation.

#### Statistical bulletin

The complete yearly data set of submitted by the focal point of each reporting country. The data presented here is mainly quantitative [<http://www.emcdda.europa.eu/data>]

#### National reports

Annual reports submitted by the focal point of each reporting country to the EMCDDA. This information is mainly text-based in its nature [<http://www.emcdda.europa.eu/publications/national-reports>]

### Thematic resources by country

These products generally focus on one particular aspect of national drug-related information, in some cases making it easy to compare situations between different countries

### **Health and social responses profiles**

Overviews of health and social interventions through interactive maps and timelines [<http://www.emcdda.europa.eu/countries/hsr-profiles>]

### **Legal topic overviews:**

Legal approaches to particular areas of drug use (personal possession, driving, cannabis, precursors, harm reduction, etc.) by country [<http://www.emcdda.europa.eu/html.cfm/index5036EN.html>]

### **Prevalence maps**

Interactive maps showing patterns of drug use throughout Europe [<http://www.emcdda.europa.eu/countries/prevalence-maps>]

### **Prevention profiles**

An overview of prevention responses by country in Europe [<http://www.emcdda.europa.eu/countries/prevention-profiles>]

### **Treatment profiles**

An overview of treatment responses by country in Europe [<http://www.emcdda.europa.eu/responses/treatment-overviews>]

### **Harm reduction overviews**

An overview of harm reduction responses by country in Europe [<http://www.emcdda.europa.eu/countries/harm-reduction-overviews>]

### **National drug-related research**

Resources on drug-related research by country in Europe [<http://www.emcdda.europa.eu/html.cfm/index213288EN.html>]