

Cultural and Social Aspects of Alcohol, Tobacco and Drug Use in Albania and the Role of Alcoholic Abstinence in Disease Prevention

Shpetim Doksani¹ and Enver Roshi²

¹Service of Alcohol Addiction, University Hospital Center, Tirana, Albania

²National Institute of Public Health, Tirana, Albania

*Corresponding author: Doksani S, Service of Alcohol Addiction, University Hospital Center, Tirana, Albania, Tel: 00355682008218; E-mail: doksanishpetim@yahoo.it

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Abstract

Aim: The aim of our brief research report is to give a general view of the Albanian situation regarding cultural and social aspects of alcohol, tobacco and drug use in Albania, with special emphasis on the importance of alcoholic abstinence in disease prevention.

Objectives: Where to review available data on culture and social aspect of alcohol, tobacco and drug use in Albania and to report on a study carried out in our service of alcohol dependence in Albania.

Methods and materials: Data sources: We carried out a literature search and a review of policy papers and other published official documents from the government institutions in order to gather the most reliable and up-to-date information on alcohol, tobacco and drugs used. The treatment and rehabilitation of alcohol dependence in Albania was evaluated based on different health reports from the Ministry of Health.

Results: We observed high rates of tobacco, drug and alcohol dependence in Albania, and a contributing factor has been the difficult times in the country's recent history as well as the consequence of different culture and social aspect in alcohol, drug and tobacco use. For a short time Albania has implemented the "twelve steps" of "Hudolin" model in the treatment and rehabilitation of alcohol dependence.

Conclusion: The increasing rates of alcohol consumption, tobacco smoking and drug use reflect different traditions and social aspect in the Albanian society. However, policymakers are primarily focusing on improving the treatment and rehabilitation of alcohol dependence.

Keywords: Social aspects; Tobacco; Alcohol dependence; Drug use; Rehabilitation; "Hudolin" model

Background

Albania is a country that lies in South-West Balkan region with a surface of 28,748 sq km, has a population of around three million one hundred thousand inhabitants (49.2% males; 50.8% females) and a density of 107 inhabitants per square kilometer. Tirana, the capital, officially has 679,000 inhabitants [1] although the number of actual residents is estimated to reach one million, due to the increasing urbanization of the country. About 25% of Albanians have left Albania during the last two decades looking for work abroad, the majority going to Greece, Italy, Germany, but also to other European countries and the United States. Even if in the 1960s, during the Communist regime, Albania was declared an atheist state, a number of Albanians kept practicing their own religion at home. Today, the religious freedom of the new democratic nation allows mosques and churches to be restored, with a respectful coexistence among Muslims, Orthodox and Catholics-the formal prevalence being 59.6%, 6.8%, and 10.0% respectively (https://en.wikipedia.org/wiki/Religion_in_Albania).

The per capita GDP is low, being 7,997 US dollars in 2012 (<https://en.wikipedia.org/wiki/Albania>) [2] country's economy still draws on agriculture (52%) and to a lesser extent on industry (31.4%), and the

service sector (12.6%), and mainly relies on the emigrants' remittances and international support [3].

After the death of Enver Hoxha in 1985, who ruled over the country for 40 years, and the short premiership of Ramiz Alia, many Albanians pushed to leave the country for Italy and Greece, generating several riots between 1990 and 1991. In March 1991 Albania had its first free elections and a democratic government was established. Coming out of the international isolation and the passage from a planned economy to a free market system have been major changes in recent years. In 1992-1996 the country was under important political-economic and social developments but in 1997-1998 it suffered a great economic crisis, with episodes of civil war, due to the collapse of the banking system. Starting with the year 2000, Albania developed independent institutions even if corruption, clientelism, and organized crime are occurring phenomena. However the Albanian society is traditionally structured in systems of families, and family ties are still very strong.

Consumption of Illegal Drugs, Tobacco and Alcoholic Beverages in Albania

Drug use

While there is no information about illicit drug use in Albania until 1990, there has been an increasing use of these substances in recent

years. Marijuana began to be consumed especially by women, and the use of heroin, cocaine and ecstasy is prevalent among men http://www.ishp.gov.al/multimedia/raporte_periodike/SAIMS_raport_perfundimtar_en.pdf [4]. The number of persons, who have used illegal substances, was estimated to be around 40,000 and 60,000 (1.3-2.0% of general population) [5].

In Albania, 7.4% of those aged 15 to 18 years had experienced cannabis, 4.2% ecstasy, 1.2% heroin, and 3.2% cocaine [6,7].

The total number of 15-64 year old adults who have used any type of illegal drugs was estimated to skyrocket, from about 5,000 in 1995 to 60,000 in 2011 [5].

Tobacco

The consumption of tobacco is connected with the Turkish smoking tradition that was widespread through the Ottoman domination in Albania from the 15th century up to the beginning of the 20th century [8]. In 2007, a 64% smoking prevalence was estimated among Albanian men [9]. While the smoking prevalence among women was 19% in 2007, one-third of young women living in urban areas report that they smoke [9].

About 85% of current smokers smoke daily and the average number of cigarettes smoked per day by a regular smoker are 21.9. A smoker spends an average of 436 USD per year on cigarettes [9]. Mortality attributable to smoke has increased in Albania from 89 deaths per 100,000 in 1990 to 154 deaths per 100,000 in 2010 [10].

Alcoholic Beverages

Drinking an alcoholic beverage has traditionally always been accepted in the Albanian culture, in spite of the presence of the Islam religion that prohibits the consumption of any alcohol beverage. The national drink is raki, an alcohol brandy with between 35% and 45% alcohol content, which is regularly consumed also with food, especially in rural areas. Wine and beer are mainly consumed in urban areas. In 2010, the recorded alcohol consumption in Albania was estimated to be 7.0 litres of pure alcohol per capita for population older than 15. 48% of Albanians drink spirits, 32% drink beer, and 20% drink wine.

Albanian national statistics reported 3.4% of alcohol dependent persons and alcohol use disorders 5.2% for both genders. http://www.who.int/substance_abuse/publications/global_alcohol_report/en/ [11].

During the last 10 years there has been a great increase of alcohol related problems in family, like violence, interpersonal violence, domestic violence, victimization of minors, due to the drinking of 35-60 years old men [12].

An epidemiological study in Albania showed that 76.7% of women whose husbands/partners drink alcohol were significantly more likely to experience domestic violence—psychological, physical, and/or sexual violence—compared to women whose husbands/partners did not drink alcohol (47.8%) [12].

The Treatment System

a) Illicit drug addiction

The treatment of illicit drug addiction consists in out-patient methadone –based program, also treating cases of overdose (http://www.ishp.gov.al/multimedia/raporte_periodike/

[SAIMS_raport_perfundimtar_en.pdf](#)) [4]. However, this national strategy is scarcely implemented.

b) Tobacco

There are no specific tobacco treatment programs in Albania. Recently, a comprehensive program was established at the Institute of Public Health with a control plan also including tobacco use <http://www.iccp-portal.org/sites/default/files/plans/NCCP%20Albania%20English.pdf> [13].

c) Drinking alcoholic beverages

Until a few years ago, there was no formal treatment—either public or private—for people with alcohol addiction in Albania. Alcohol related problems might be treated in different types of hospital units.

In 2008 the Ministry of Health of Albania in cooperation with the European School of Alcoholology and Ecological Psychiatry in Udine, Italy, established an Alcohol Addiction unit in Tirana, within the “Mother Teresa” University Hospital, for treatment, education, training and research. The Unit’s program combines pharmacological and psycho-social approaches.

The pharmacologic treatment includes benzodiazepine, anti-abuse, and less frequently acamprosate and naloxone. The psycho-social program, that includes health education and group therapy of patients as well as his/her family members, is based on the model promoted by the Croatian psychiatrist Vladimir Hudolin, who also created the community “Clubs for treated alcoholics”, that was an adaptation of Alcoholics Anonymous in a socialist country [14]. Presently there are only a few Clubs in Albania.

Even if the clients treated in the Tirana Alcohol Addiction unit do not represent all the alcohol-dependent people in Albania, and the information collected there is not at all generalizable to the whole country, nevertheless we suppose it could be of interest to very briefly report about the first study done in Albania about some epidemiological and clinical characteristics of alcohol dependence

One hundred and 10 patients were hospitalized in the Tirana Mother Theresa University Hospital center from 5th September 2011 till 5th September 2012, and were followed up for one year after the hospitalisation. In terms of alcohol use, 48.0% of patients achieved 1 year abstinence, while 52.0% relapsed to alcohol use within 12 month.

The mean age of patients was 41.3 ± 9.8 years; 60.7% were married, 54.9% had finished high school, 53.0% were unemployed. Regarding the frequency of alcohol-related problems, 80% had psychiatric disorders, 74% gastroenterological diseases, and 32% neurological disorders.

Out of the 88 patients with psychiatric disorders, 23 were diagnosed having a bipolar disorder which began before the onset of the alcohol abuse or alcohol dependence, while 65 had a psychiatric diagnosis reported as a consequence of alcohol abuse or addiction [15-18]. Due to the selection of patients who arrived to the center, and to the limited number of cases, we cannot make any inference from the observed considerable prevalence of psychiatric co-morbidity among the alcohol addicted persons in the Tirana center, to be extended to the whole Albania. In any case, the high rates of psychiatric disorders in this group of patients require careful psychiatric evaluation and a complex psychological and pharmacological treatment.

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