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Disclaimer

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List of abbreviations

CI — confidence interval

CSO — civil society organisations

DID — drug-induced deaths

DRD — drug-related deaths

EMCDDA — European Monitoring Centre for
Drugs and Drug Addiction

ESPAD — European School Survey Project on
Alcohol and Other Drugs

EWSD — European Web Survey on Drugs

HBV — hepatitis B Virus

HCV — hepatitis C Virus

HERA — Health Education and Research
Association

HOPS — Healthy Options Project Skopje

HR — harm reduction

HRP — harm-reduction programme

IMCND — InterMinisterial Commission for
Narcotic Drugs

IPH — Institute of Public Health

MoH — Ministry of Health

Mol — Ministry of Interior

NFP — national focal point

NPS — new psychoactive substances

NSPs — needle and syringe programmes

OAT — opioid agonist treatment

PCR — polymerase chain reaction

PWID — people who inject drugs

PWUD — people who use drugs

RDS — respondent-driven sampling

UKIM — The Ss Cyril and Methodius University
(in Skopje)

UNODC — United Nations Office on Drugs and
Crime

Summary

This report provides a top-level overview of the drug situation in the Republic of North Macedonia (hereafter North Macedonia), covering drug supply, use and public health problems as well as drug policy and responses. It brings together the most recent data available by the end of May 2022.

Drug policy and law

The National Drug Strategy 2021-2025 of the Republic of North Macedonia and corresponding Action Plan were adopted in July 2021. The Interministerial Commission for Narcotic Drugs (IMCND) is the main coordinating body to tackle the illegal production, trade and use of drugs. The National Focal Point (NFP) was officially established in May 2007. The main drug-related legislation includes the Law for Control of Narcotic Drugs and Psychotropic Substances, the Law on Health Care and the Criminal Code.

Extent and nature of drug use

According to the 2017 general population survey, cannabis is the most commonly used illicit drug in North Macedonia, with approximately 8.2 % of all adults aged 15-64 and 15 % of young adults aged 15-34 reporting that they have taken this drug at some point in their life. European School Survey Project on Alcohol and Other Drugs (ESPAD) surveys conducted in 1999, 2008, 2015 and 2019 indicate that the level of cannabis use among 16-year-old students is slightly increasing. Use of other drugs, including new psychoactive substances (NPS), is below the European average. The most recent estimate of people who inject drugs (PWID) is from 2017 and suggests there were 6 756 PWID, the majority of whom injected opioids.

Drug-related harms

In North Macedonia, an increase of new HIV cases has been observed in recent years. Biobehavioural surveys suggest that HIV prevalence among PWID remains low. The high proportion of positive respondents for hepatitis C virus (HCV) and increase in hepatitis B virus (HBV) infections may indicate risky injecting behaviours in the PWID population. In terms of overdose deaths, an increased number of cocaine-related deaths was noticed in 2018. In 2021, the number of drug-related deaths was notably lower than in previous years, although this may be related to lower autopsy rates due to COVID-19.

Prevention

Activities in the field of prevention at national level in the health sector are implemented by a few institutional bodies that are coordinated by the Ministry of Health (MoH), in accordance with the National Drug Strategy, Action Plan, and National Annual Programme for Public Health. At the local level, local governments, especially the City of Skopje, undertake activities regarding drug prevention. The health sector in primary prevention activities includes the Institute of Public Health (IPH) together with 10 centres of public health, the Centre for Prevention and Treatment of Drug Addiction, general practitioners and family nurses. The education sector involves primary and secondary education settings. Besides government, civil society plays an important role in prevention. Prevention interventions encompass a wide range of complementary approaches; the main component is universal prevention programmes and these are delivered in schools.

Treatment responses

Drug-related treatment is available within the framework of the public health national service network and sporadically in private facilities, making the public sector the leading actor in drug-related medically assisted treatment (opioid agonist and antagonist). Methadone, which is used by about 85 % of all opioid agonist treatment (OAT) clients, can be provided only in specialist centres, while buprenorphine can be

obtained from pharmacies with a medical report from the psychiatrist. It has been estimated that about 28 % of people who use opioids in North Macedonia are in OAT. Treatment options for people that use drugs other than opioids are less developed.

Harm-reduction responses

Harm reduction (HR) is included in the National Drug Strategy 2021-2025. The health and social protection legislation defines quality standards for HR programmes (HRPs) and recognises civil society organisations (CSOs) as HR providers. According to the Law on Health Care, the government of North Macedonia adopted the Programme for Protection of the Population from HIV Infection for 2021. HR activities are implemented by local CSOs through a nationwide network of needle and syringe programmes (NSPs) that provide a wide spectrum of services to people who use drugs (PWUD) and their family members.

Drug markets and drug-related offences

The Ministry of Interior (MoI) is responsible for combating production and trafficking of drugs. The Ministry of Justice is responsible for the legal framework, while the illicit drug trafficking unit in the department for criminal police in the MoI focuses on the reduction of drug supply in North Macedonia. The National Drug Strategy includes prevention of drug supply activities.

Illegal production of herbal cannabis does not occur on a large scale in North Macedonia, and it is generally mostly destined for the domestic market. The trend towards the production of synthetic drugs can be observed both in the region and in North Macedonia. The synthetic drugs on the local drug market are mainly imported. Heroin is becoming less present on the domestic drug market.

Considering its geographical position, North Macedonia is a transit area for all types of drugs, with some remaining in the country for the domestic market. For example, herbal cannabis is imported from Albania, and a large quantity is then trafficked to Turkey. The crime environment is characterised by effective cooperation between domestic and foreign criminals. In recent years, there has been an increased use of new technologies and digital markets.

Prisons

The country uses both correctional prison and correctional education institutions for drug offenders. Approximately 30 % of all prisoners are in prison for drug law offences. The MoH is responsible for the healthcare provided in the penitentiary and correctional facilities; OAT is available in some prisons but no HRPs are provided.

Drug policy and law

National drug strategies

National drug strategy

The National Drug Strategy 2021-2025 of the Republic of North Macedonia and the Action Plan for Implementation of the National Drug Strategy of the Republic of North Macedonia 2021-2023 were adopted by the government in July 2021 and were published in the *Official Gazette of the Republic of North Macedonia* No 165/21 on 21.07.2021.

The drug policy is based on two main pillars — drug demand reduction and drug supply reduction — which are complemented by three cross-cutting themes: coordination; international cooperation and monitoring; and information, research and evaluation.

The National Drug Strategy sets out three general aims:

(1) Drug demand reduction

Expected results: reduction in the number of young people using drugs; more PWUD included in treatment programmes, HRPs, resocialisation, rehabilitation and reintegration; and a decrease in the number of PWUD and PWID, consequently leading to drug demand reduction.

(2) Drug supply reduction

Expected results: efficient and effective operation of the courts of law, public prosecution offices and other institutions responsible for the reduction of illicit drug trafficking, leading to a reduction in drug supply.

(3) Policy field — further development of capacity and improvement of coordination and communication among competent institutions in line with good practices and standards

Expected results: efficient institutional response in managing drug-related topics and alignment with good practices and standards in this field.

The principles, goals and priorities established by the National Drug Strategy are elaborated further in the Action Plan.

The Action Plan activities are based on efficient coordination and a multidisciplinary approach to address drug use and supply issues. It proposes measures for: increasing awareness among the general public about controlled psychoactive substances that cause dependencies; preventing use of psychoactive substances, especially among young people; encouraging healthy lifestyles; protecting the family; reducing harmful health and social consequences related to drug use; and encouraging a multisector approach for activities related to the fight against drug use.

The budget for implementing the Action Plan is approximately EUR 98 500. Most of the activities will be covered by the budget of the institutions responsible for implementing the Action Plan, and the remaining activities will be covered by donations from international organisations and EU institutions.

Evaluation of previous strategy

North Macedonia evaluated the previous National Drug Strategy of the Republic of Macedonia 2014-2020 and its Action Plan for the period 2019-2020. The evaluation was part of the regional project *Sustainability of services for key populations in Eastern Europe and Central Asia*, supported financially by the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter the Global Fund). The evaluation was conducted by an external team of experts from November 2019 until April 2020 through quantitative questionnaires and qualitative interviews with professionals who work in the field of drugs, e.g. social workers, treatment centre staff, CSOs who work with PWUD, and policymakers.

The overall assessment considered the Strategy partially implemented. Implementation was evaluated as follows:

- In the area of demand reduction, 33 % of the planned activities were viewed as completely implemented, 23 % were considered to be partially implemented, 23 % were perceived as being underway, and 21 % were deemed not realised.
- In the area of supply reduction, 78 % of the activities were considered fully implemented, 11 % were considered as being underway and another 11 % were deemed not realised.
- In the area of coordination, of the seven activities envisaged, 43 % were considered fully implemented while 57 % were considered not implemented (Cvetkovik and Dekov, 2020).

The evaluation showed that the problem of weak impact lies in the poor systemic position of the document within the units of power. The Strategy requires coordinated action through ministries and institutions, while the power to implement lies with the InterMinisterial Commission for Narcotic Drugs (IMCND). This diminishes the impact because ministries that are members of the Commission have no mandate to give themselves obligations and duties and to sanction each other when they are not realised (Cvetkovik and Dekov, 2020).

A key direction proposed by the largest number of interviewees concerned the transfer of the mandate for the creation, implementation and evaluation of drug policies from politicians to drug experts. The creation, implementation and evaluation of the Strategy should be a process in which politics, practice and science are equally represented (Cvetkovik and Dekov, 2020).

National coordination mechanism in the drugs field

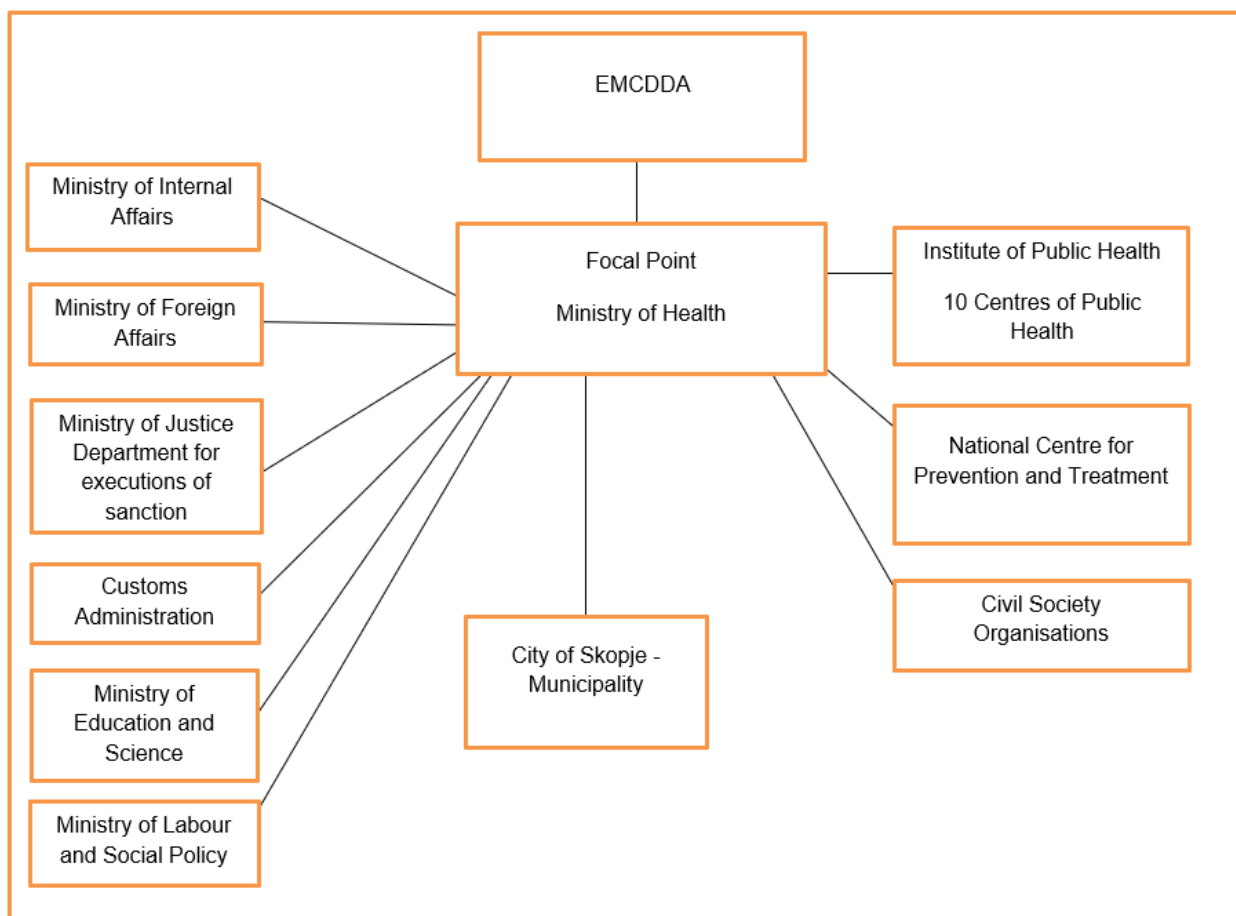
The IMCND is the main coordinating body to tackle the illegal production, trade and use of drugs; it was established by the government in 2003 according to the provisions of the National Programme for the Suppression of Drug Abuse and Illegal Drug Trafficking. Since then, the Law for Control of Narcotic Drugs and Psychotropic Substances has been added. The MoH chairs the IMCND and carries out the administrative work related to the tasks of the Commission. The government approves the IMCND, which is composed of representatives from the Ministry of Justice; Ministry of Internal Affairs; MoH; 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 IMCND meets several times a year. The member ministries have an obligation to carry out the activities in accordance with the Action Plan and to provide information to the IMCND on a quarterly basis; the IMCND then informs the government annually about the extent to which the Action Plan has been achieved.

The NFP was officially established in May 2007. The NFP staff currently only includes the head of the department for controlled substances in the MoH. The NFP collects drug-related data and information

from the different ministries and other institutions involved in drug-related issues. The NFP coordinates experts from institutions that collect data from different areas. These experts are formally nominated by the Minister of Health and requested to deliver annual information to the NFP for further submission to international bodies such as the International Narcotics Control Board, EMCDDA, and United Nations Office on Drugs and Crime (UNODC).

In addition, there are institutions that are not part of the IMCND but still have a mandate from the government to inform the IMCND on a quarterly level. These institutions include the Public Prosecutor’s Office, the City of Skopje, and the Institute for Public Health (Figure 1).

FIGURE 1
Coordination and information provided to the NFP



National drug laws

Legal cannabis production and supply

The **Law for Control of Narcotic Drugs and Psychotropic Substances** is one of the main legislative instruments for drug-related issues. It sets up the framework for the prevention and suppression of the use of narcotic drugs and psychotropic substances; the prevention of illegal production and trade of narcotic drugs, psychotropic substances and plants and substances that can be used to produce narcotic drugs and psychotropic substances; the protection of human life and health; and the control of narcotic drugs and psychotropic substances.

A draft version of the new law has been under preparation which involved public debate with citizens, CSOs and other stakeholders. The new law will take into account the 2020 rescheduling of cannabis and cannabis resin to establish the Agency for Cannabis and the provisions requested from the Cannabis Growers' Association that owns licences for cultivation of the cannabis plant and export of dry flowers.

Growing demand for dried cannabis flowers globally has encouraged both government and the business community to liberalise cannabis dry flower exports. In North Macedonia, 66 companies are licensed for cultivation of cannabis for medical purposes. The technological process, the manner of cultivation, the capacity and the procedures are company-specific. There is indoor and outdoor cultivation. Assessment of eligibility for premises, equipment and staff is assessed by the Commission for assessing the conditions in terms of space, equipment and staff composed of representatives from the MoH, Agency for Medicines and Medical Devices, Ministry for Agriculture, Forestry and Water Economy, and the Pharmaceutical Faculty at the Ss Cyril and Methodius University (UKIM).

New psychoactive substances

According to the new draft law described above, a functional National Early Warning System is due to be established to enable fast exchange of information about illegal manufacturing and illicit trade on a national and international level with health experts, researchers and citizens. The objective is to be able to monitor and respond quickly to potential outbreaks of illicit drugs.

In this new draft law, NPS are defined through a 'List of new psychoactive substances' as those that pose a health and social risk for the population; these NPS are not classified in lists of substances and plants in international conventions on narcotics and psychotropic substances in the category of narcotic drugs and psychotropic substances from the UN *Convention on Psychotropic Substances of 1971*. The NPS are available to consumers on the illicit market because of a lack of legal control. The law will thus harmonise national legislation with EU policies and rules for illicit drug trade and early warning on NPS.

Criminal laws

Criminal acts regarding drugs are defined in the **Criminal Code** in Article 215 'Unauthorised production and release for trade of narcotics, psychotropic substances and precursors' (see Table 1); Article 216 prohibits 'the taking of narcotics, psychotropic substances and precursors' (Table 2).

TABLE 1
Punishments according to Article 215

Imprisonment 6 months to 3 years	Imprisonment 3-10 years	Imprisonment 5+ years	Imprisonment 1-5 years
Someone without authorisation organises, produces, processes, sells, buys or mediates a sale of a small amount of narcotic drugs, psychotropic substances and precursors.	Someone without authorisation organises, produces, processes, sells or offers for sale, buys, holds or transfers, or mediates in the sale or purchase or otherwise unauthorised release into trafficking of narcotic drugs, psychotropic substances and precursors.	The unauthorised organisation, production, processing, sale, purchase or mediation of the sale is committed by several people or the perpetrator organised a network of resellers or intermediaries.	An unauthorised person makes, procures, mediates or gives for use equipment, material or substances that s/he knows are intended for production of narcotic drugs, psychotropic substances and precursors.

If a perpetrator (excluding the organiser) cooperates with the authorities to reveal any criminal activity, they will not serve their sentence.

TABLE 2
Punishments according to Article 216

Imprisonment 1-5 years	Imprisonment 1-10 years	Imprisonment 4+ years
Persuading another person to use narcotic drugs, or giving them narcotic drugs, psychotropic substances and precursors, or making available the premises for narcotic drugs, psychotropic substances and precursors.	Persuading someone over the age of 14 or a group of people to take, or giving them, narcotic drugs, psychotropic substances and precursors, especially if this leads to particularly severe consequences.	Persuading someone under the age of 14 to use narcotic drugs or giving the child narcotic drugs, psychotropic substances and precursors.

If the crimes referred to in Articles 215 and 216 are committed by a legal entity, it will be fined. Narcotic drugs, psychotropic substances and precursors, as well as movable or immovable objects used to produce, transfer or disperse the drugs, will be confiscated.

Under the misdemeanour provisions of the law (see Table 3), Articles 92-95 state that any drug use, possession and trafficking is punishable: the legal entity will be fined EUR 15 000 to EUR 30 000 (payable in Macedonian denars).

TABLE 3
Misdemeanour provisions in the law

Cultivation and production	Possession and use	Indirect advertising
Cultivation of plants from which it is possible to obtain narcotic drugs, production, trade and possession of narcotic drugs, psychotropic substances and plants from which narcotic drugs can be obtained, except under the conditions and for the purpose determined in this law.	Possession of means for production of narcotic drugs contrary to the conditions and the purpose determined by this law.	Directly or indirectly advertises production, trade, possession and use of narcotic drugs and psychotropic substances in any other way than in scientific and professional publications.
Cultivation, production, marketing, possession and use of substances and plants classified in List I and their preparations, except for medical, scientific, judicial, teaching or police purposes.	Use of narcotic drugs and psychotropic substances contrary to the conditions determined by this law.	The person who requests, offers or takes money or other material benefit as a monetary compensation for export or transfer of seed, seedling and/or hemp shall be punished with imprisonment of three to 10 years.
Cultivation, production and trading in substances and plants classified in Lists II and III and their preparations by persons not authorised for that activity and/or with equipment and premises not specifically approved for that purpose, except for medical, scientific, research, forensic, teaching or police purposes.	Possession and use of substances and plants classified in Lists II and III, as well as their preparations without a permit issued in accordance with this or another law.	
Growing poppies and/or hemp for purpose and under conditions contrary to the provisions of this law.	Possession and use of preparations containing two or more substances.	

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 precursors 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.

Laws concerning treatment and HR

The Law on Health Care includes a system of social and individual measures, activities and procedures for: preservation and promotion of health; prevention, early detection and suppression of diseases, injuries and other disorders caused by the impact of work and environment; timely and effective treatment; and healthcare and rehabilitation. Under the Law on Health Care, the government of North Macedonia adopted the Programme for Health Care of Persons with Addictive Diseases in the Republic of North Macedonia for 2021 (see Treatment responses section) and the Programme for Protection of the

Population from HIV Infection in the Republic of North Macedonia for 2021 (see Harm-reduction responses section).

Extent and nature of drug use

Drug use among the general population

According to the general population survey (Kjosevska et al., 2017), drug use in the general population in North Macedonia remains relatively low. The 2017 survey indicated that cannabis is the most commonly used illicit drug, with approximately 8.2 % of all adults aged 15-64 and 15 % of young adults aged 15-34 reporting having used this drug at some point in their life. The lifetime prevalence rates for other types of illicit drugs were considerably lower (Table 4).

The highest lifetime prevalence rate of use of any illicit drug was among those aged between 15 and 24 years (18.9 %), then decreasing proportionally with age. Slightly more male than female adults reported ever having used any illicit drug at least once in their lifetime (10.3 % and 6.7 % respectively). The lifetime use of cannabis was also higher among males (9.9 %) than females (5.6 %). Over four-fifths of those who reported any drug use during their lifetime and responded to background questions lived in urban areas.

The survey sample consisted of 3 768 respondents aged 15-64, of which 1 798 respondents were between 15 and 34 years of age. A two-staged stratified random sample was used. In the first stage, enumeration areas were selected using simple random sampling. The second stratum was defined by the settlement type within each region: urban and rural. Only residents of North Macedonia living in private households were included in the sample. Men were oversampled (62.5 % men vs 37.5 % women). Data was collected using face-to-face interviews.

TABLE 4
Drug use in the general population aged 15-64 in 2017

Drug	Lifetime prevalence (%)			Prevalence in the last year (%)		
	Men	Women	Total	Men	Women	Total
Cannabis	9.9	5.6	8.2	8.3	4.0	6.6
Heroin	1.6	0.4	1.1	1.2	0.3	0.8
All cocaine	1.7	0.7	1.3	1.2	0.4	0.9
MDMA/ecstasy	1.7	1.4	1.6	1.2	0.4	0.8
Amphetamine	1.3	0.8	1.1	0.8	0.4	0.6
LSD	0.6	0.6	0.5	0.3	0.3	0.3
Any illegal drug*	10.3	6.7	8.9	8.5	4.4	6.9
Alcohol	70.4	56.6	65.0	64.8	50.5	59.2
Tobacco	63.2	43.1	55.4	N/A	N/A	N/A
Sample size (Base)	2 319	1 394	3 768	2 319	1 394	3 768

* Any illegal drug: cannabis, amphetamines, ecstasy, cocaine, heroin and LSD. N/A = question was not asked in the survey.

Source: Kjosevska et al., 2017.

Drug use among young people

The most recent data on drug use among young people comes from the 2019 ESPAD. It shows that prevalence of use of most drugs among 16-year-old students in North Macedonia is substantially lower than the European rates (Table 5).

The data from all ESPAD studies carried out in North Macedonia (1999, 2008, 2015 and 2019) indicates that the level of lifetime cannabis use among 15- to 16-year-old students has not changed substantially, with only a slight increase over the years: 4.5 % in 1999, 5.5 % in 2008, 5.0 % in 2015 and 6.1 % in 2019.

The ESPAD target population (ESPAD Group, 2020) is defined as students who reach the age of 16 years in the calendar year of the survey and who are present in the classroom on the day of the survey. Students who were enrolled in regular, vocational, general or academic studies were included; those who were enrolled in either special schools or special classes for students with learning difficulties or severe disabilities were excluded. Data was collected by self-administered paper-and-pencil questionnaire. The students answered the questionnaires anonymously in the classroom. The sample had a national geographical coverage.

TABLE 5
Prevalence of drug use among sixteen years old students in North Macedonia, ESPAD 2019

Drug	Lifetime prevalence (%)			Prevalence in the last year (%)		
	Boys	Girls	Total	Boys	Girls	Total
Cannabis	8.2	4.2	6.1	6.0	3.7	4.8
Heroin	0.9	0.1	0.5	0.5	0.1	0.3
Cocaine	1.5	0.3	0.9	1.5	0.3	0.9
Ecstasy	1.1	1.1	1.1	0.9	0.6	0.8
Amphetamine	0.7	0.4	0.6	0.8	0.3	0.5
LSD or other hallucinogens	1.0	0.5	0.8	N/A	N/A	N/A
Any illegal drugs	10.0	5.1	7.3	N/A	N/A	N/A
Alcohol	69.0	64.0	67.0	N/A	N/A	N/A
Tobacco	40.0	36.0	38.0	N/A	N/A	N/A

Note: N = 3 534. N/A = question was not asked in the survey.

Source: ESPAD Group, 2020.

Data from the European Web Survey on Drugs (EWSD; EMCDDA, 2021a, 2021b), conducted in 2021 during the COVID-19 pandemic, shows that most of the 354 respondents used herbal cannabis (90 % in the last 12 months), while other drugs were used by no more than 40 % of respondents. Most of the current herbal cannabis users said that they used cannabis to reduce stress or to relax, while around half of the users said that they use herbal cannabis to get high/for fun, to improve sleep or to socialise. The most commonly reported setting for drug use in the last 12 months was at home, mentioned by around three-quarters (77 %) of the respondents, followed by a public space (54 %). Drugs were used in a club/bar and at a music festival or party by 39 % of the respondents.

The EWSD is a cross-sectional online survey; it targets people aged over 18 who have used one or more illicit drugs over the last 12 months: cannabis (cannabis resin or herbal cannabis), cocaine, ecstasy/MDMA, amphetamine, methamphetamine, heroin or any NPS. The sample is self-selected and recruited using ads on social media.

New psychoactive substances in surveys

According to the general population survey findings, lifetime prevalence of NPS use remains low (0.6 %). Last-year prevalence of NPS use was 0.6 % among the general population aged 15-64 and 1.1 % among young adults. Among sixteen-year-olds, NPS use in North Macedonia is the lowest in Europe; about 1 % compared to the European average of 3.4 % (ESPAD Group, 2020). According to the drug users who responded to the EWSD, last-year prevalence for NPS was around 18 %.

Problem drug use

Studies reporting estimates of high-risk drug use can help to identify the extent of more entrenched drug use problems. The latest estimate of the prevalence of injecting drug use in North Macedonia was done in 2017 (Mikikj et al., 2018). The study, applying various methods (respondent-driven sampling (RDS), expert opinions, census, capture/recapture and multiplier methods), was conducted in Skopje among 18- to 55-year-olds. The results, extrapolated to the whole country, indicate that there are 5.9 (95 % confidence interval (CI), 4.6 to 9.0) PWID per 1 000 inhabitants aged 18 to 55 in North Macedonia. The 2017 estimate for Skopje is significantly lower than the 2009 results, although the methods were different and trends should be interpreted with caution.

TABLE 6

Estimates of the high-risk drug-using population in North Macedonia

Year of estimate	Type of estimate	Geographical coverage	Age range	Estimation method and data sources	Estimated number of PWID (95 % CI)	Rate per 1 000 aged 18-55 (95 % CI)	Reference
2017	PWID	Skopje	18-55	Multiplier method obtained in the RDS research	918 (707-1 411)	2.7* (2.1-4.2)	Mikikj et al., 2018
2017	PWID	National	18-55	Multiplier method obtained in the RDS research	6 756 (5 206-10 377)	5.9 (4.6-9.0)	Mikikj et al., 2018
2010	PWID	Skopje	18-45	Delphi method in the RDS research	3 600 (3 200-4 000)	13.9* (12.4-15.5)	Mikikj et al., 2012
2010	PWID	Skopje	18-45	Multiplier method in the RDS research	2 390 (1 852-5 246)	9.2* (7.2-20.3)	Mikikj et al., 2012

* Rate calculated for population 15-54 and 15-44 for Skopje; population size for ages 18-55 and 18-45 was not available.

Regarding characteristics of PWID (Mikikj et al., 2018), most were male (80.7 %) and the mean age of study participants was 37 years (range: 35-39 years). Most had North Macedonian nationality (63.9 %); other large groups included Albanians (15.2 %) and Roma (13.0 %). The majority (63.3 %) of PWID have completed secondary education, 17.5 % have completed elementary school, 12.3 % have finished higher education, whereas 7.0 % have no formal education. Of the total number of respondents, 69.6 % reported being unemployed.

Drug-related harms

Drug-related infectious diseases

In North Macedonia, data on infectious diseases is available from routine diagnostic tests for the general population and from cross-sectional sero-behavioural studies among PWID. The IPH collects data on HIV, HBV and HCV.

In 2020, 32 new HIV cases were registered, with an incidence of 1.5 per 100 000 from the general population. Cumulatively, from 1987 to 2020, there were 504 HIV cases, but in recent years there has been a slight upward trend in the number of new HIV cases. PWID account for 2 % (n = 12) of all registered HIV cases from 1987 until 2020 (Memeti et al., 2021). For HBV and HCV, the injecting status is not recorded for new cases; data for the general population is shown in Table 7. The drop in new cases in the last two years may be partially explained by the lower test rate during the COVID-19 pandemic.

TABLE 7

Number of new diagnoses per year, all routes of transmission

Infection	2016	2017	2018	2019	2020	2021
HIV	40	39	45	66	32	44
HBV	104	72	88	91	37	29
HCV	45	29	35	50	10	3

Source: Memeti et al., 2021.

The most recent sero-behavioural survey among PWID was conducted in 2017 by the IPH with the support of the Global Fund (Mikikj et al., 2018). The research took place in Skopje from October to December 2017 using RDS. Participants were eligible if they were aged between 18 and 55, lived or had lived in Skopje for at least three months, had injected drugs in the last 12 months and had given their informed consent to participate in the study. The survey was conducted on a sample of 297 participants, including the initial participants (nine seeds); 80.7 % of respondents were male. Biological samples were tested for HIV, HBV and HCV antibodies, with real-time polymerase chain reaction (PCR) laboratory confirmation.

The 2017 survey suggested that HIV prevalence among PWID remains low; no HIV positive results were obtained. In the four biobehavioural studies conducted in the period 2006 to 2017, only one HIV positive case was identified in 2006 in a sample of 236 participants (Mikikj et al., 2018). Table 8 shows the results of surveys conducted between 2010 and 2017.

Contrary to HIV, it is estimated that around 72.0 % (95 % CI, 60.5-80.6 %) of PWID were positive for HCV in 2017. Although the proportion of HCV-positive individuals in the sample increased with age, additional

data analyses indicated that those who are aged up to 29 years have a significantly higher risk of being HCV positive than other age groups (relative risk (RR) = 2.04; 95 % CI, 1.5-2.8 %) (Mikikj et al., 2018).

In the same study, around 5.6 % of PWID tested positive for HBV (95 % CI, 2.4-10.8 %), which was an increase compared to the 2014 study (Mikikj et al., 2014) when the proportion was estimated at 3.8 % (95 % CI, 2.0-6.1 %). Thirteen respondents (estimated proportion of 2.9 %) tested positive for both HCV and HBV. The study found two positive cases of syphilis at a prevalence of 0.7 % (95 % CI, 0.0-3.9 %) (Mikikj et al., 2018).

The high proportion of HCV-positive respondents and increase in HBV infections may indicate risky injecting behaviours in this population. Moreover, the study indicates that knowledge about HIV and sexually transmitted infections, including prevention practices, has reduced over time while misconceptions regarding the transmission of these drug-related infections remains high (Mikikj et al., 2018).

TABLE 8
Serological prevalence of infectious diseases among PWID

Year	Infection	Bio-marker	Sample size	Number of people testing positive	Prevalence (95% CI)	Methodological information	
						Sampling	Geographical coverage
2010	HIV	PCR	400	0	0	RDS	National
2014	HIV	PCR	401	0	0	RDS	Skopje
2017	HIV	PCR	288	0	0	RDS	Skopje
2010	HCV	PCR	389	300	75.3 % (64.0-76.4)	RDS	National
2014	HCV	PCR	401	289	64.9 % (57.7-73.0)	RDS	Skopje
2017	HCV	PCR	288	226	78.5 % (60.5-80.6)	RDS	Skopje
2014	HBV	PCR	401	25	3.8 % (2.0-6.1)	RDS	Skopje
2017	HBV	PCR	288	17	5.9 % (2.4-10.8)	RDS	Skopje
2017	Syphilis	TPH* test	288	2	0.7 % (0.0-3.9)	RDS	Skopje

Note: TPH test = antibody test for syphilis.

Source: Mikikj et al., 2012, 2014, 2018.

Drug-related deaths and mortality of drug users

There is no special register for drug-related mortality in North Macedonia. All drug-related deaths (DRD) data submitted to the MoH, as well as to EMCDDA, originates from the autopsy register of the Institute of Forensic Medicine, Criminology and Medical Deontology, Medical Faculty, UKIM. The Institute performs 300 to 400 autopsies per year, covering a population of 1 to 1.2 million inhabitants from the north, south and central parts of the country. East and west regions are covered by regional forensic departments. Toxicological data is collected from the register of analyses in the Laboratory of Forensic Toxicology, while data about the deceased is collected from the Institute's autopsy register. The Institute does not

have information about the number of unnatural deaths in the whole country; however, toxicological analyses for illegal drugs are requested and performed for all unnatural deaths autopsied at the Institute. Methods used for these analyses include screening with enzymatic immune assay for urine samples and biochip array technology for blood samples, while gas chromatography mass spectrometry is used to confirm screening results.

TABLE 9
Number of DRDs by sex and toxicology

Year	Average age (age range)	With opioids			Without opioids			Total			Substances involved
		M	F	All	M	F	All	M	F	All	
2017	35.1 (20-53)	2	1	3	7	1	8	9	2	11	Heroin or morphine (3) Methadone (7) Cocaine (2) Benzodiazepines (8) Cannabinoids (2)
2018	33.8 (23-49)	5	1	6	7	1	8	12	2	14	Heroin or morphine (6) Methadone (5) Cocaine (6) Amphetamine (1) Ecstasy (2) Benzodiazepines (12) Cannabinoids (1)
2019	36.9 (22-51)	4	0	4	8	1	9	12	1	13	Heroin or morphine (3) Methadone (11) Benzodiazepines (11) Cannabinoids (2) Amphetamines (1)
2020	36.1 (19-59)	3	0	3	6	1	7	9	1	10	Heroin or morphine (3) Methadone (6) Cocaine (1) Benzodiazepines (7) Cannabinoids (2)
2021	38.2 (32-44)	3	0	3	2	0	2	5	0	5	Heroin or morphine (3) Methadone (4) Benzodiazepines (5)

Source: Institute of Forensic Medicine, Criminology and Medical Deontology, Medical Faculty, UKIM, Skopje.

Based on the above, there are many things that require improvements, such as implementation of a clear DRD definition, implementation of a specific DRD register at national level, and implementation of a network for regular data exchange between all institutions (e.g. hospitals, emergency centres, forensic medicine institutes and departments).

There is no notable trend in the data from 2017 to 2021 (Table 9). Most of the DRDs include concomitant use of a few substances, mostly methadone and benzodiazepines. An increased number of cocaine-related deaths was noticed in 2018, but has not been observed since. In 2021, the number of DRD cases (drugs as a direct cause of death) was notably lower than in previous years. The drop could be partially explained by the COVID-19 pandemic and its impact on autopsy rates and overall mortality reporting. On

the other hand, the number of indirect deaths reported in 2021 was higher than in the previous two years (Table 10).

TABLE 10
Number of deaths with presence of drugs (direct and indirect deaths) by sex and toxicology

Year	With opiates			Without opiates			Total		
	M	F	All	M	F	All	M	F	All
2017	3	1	4	8	1	9	13	2	15
2018	8	1	9	14	3	17	22	4	26
2019	4	0	4	15	2	17	19	2	21
2020	4	0	4	10	1	11	14	1	15
2021	5	1	6	13	3	16	18	4	22

Note: This table contains all cases where drugs were detected, not just DRD.

Source: Institute of Forensic Medicine, Criminology and Medical Deontology, Medical Faculty, UKIM, Skopje.

Other drug-related harms

The University Clinic for Toxicology and Emergency Medicine in Skopje runs a toxicological laboratory and 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 for withdrawal syndrome, and detoxification.

Data on drug-related emergencies between 2019 and 2021 (Table 11) indicates a decrease in presentations, driven mainly by a reduction in amphetamines, cannabis and other recreational drugs associated with nightlife. This decrease may be a result of COVID-19 and related lockdowns. Opioid-related emergency presentations did not see a similar trend. The majority of drug-related emergency cases are men (between 80 % and 92 %) and about 10 % are under 20 years old. Every fifth presentation resulted in hospitalisation and this proportion remained stable over the years.

TABLE 11

Number of drug-related emergencies by substance (alone or in combination), Skopje, 2019-2021

	2019	2020	2021
Any opioid*	32	41	37
Cocaine	24	19	21
Amphetamine	15	6	4
Cannabis	31	13	18
MDMA/ecstasy	3	0	1
LSD	2	0	1
Total	102	76	81

* Heroin, methadone, buprenorphine or opioid analgesics, either alone or with another drug.

Source: The University Clinic for Toxicology and Emergency Medicine, Skopje.

Prevention

Prevention system

Activities in the field of prevention, at national level, in the health sector are implemented by a few institutional bodies that are coordinated by the MoH, in accordance with the National Drug Strategy, Action Plan, and National Annual Programme for Public Health. The funding is ensured from the government most often through the budget of the MoH. In addition, some projects and activities are funded by the UNODC, the Global Fund, and the Pompidou Group from the Council of Europe.

The National Drug Strategy includes prevention in its strategic objective 1: 'Establish effective system for drug prevention within the educational and health system, aligned with good practices'. Expected outcomes from this objective are:

- introduction of national standards for quality of prevention;
- implementation of preventive programmes, adjusted to needs, and based on internationally recognised criteria and standards;
- integration of the established prevention system in the education and health systems.

The Action Plan also anticipates development of quality standards for prevention according to the European Standards and Indicators for Health Promoting Schools, UNODC, World Health Organization and EMCDDA.

At the local level, local governments — especially the City of Skopje — undertake activities regarding drug prevention. The Local Drug Strategy of the City of Skopje (prevention, treatment, rehabilitation and resocialisation, harm reduction and city security 2015-2020) included prevention as one of its main objectives, namely to reduce the number of people starting to use drugs. Although the Strategy expired in 2020, it still informs local policy.

All actors involved in prevention, at national level, cooperate with each other on a regular basis. The coordination mechanism goes through the IMCND and the MoH in coordination with other ministries and CSOs.

The health sector is divided into three parts: primary, secondary and tertiary prevention. Primary prevention activities involve the IPH together with 10 centres of public health, the Centre for Prevention

and Treatment of Drug Addiction, general practitioners (family doctors) and family nurses (see Prevention interventions section).

The education sector involves primary and secondary education settings and is coordinated by local governments together with the Ministry of Education and Science, the Bureau for Development of Education. Prevention of drug use is included in elementary and secondary school curricula and is delivered within biology and chemistry classes and also within life skills, an optional subject. Prevention activities in schools are frequently carried out with support from the primary healthcare centres and also in partnership with the Mol.

Besides government, civil society plays an important role in prevention. Nongovernmental institutions such as HOPS (Healthy Options Project Skopje), Доверба (Trust), HERA (Health Education and Research Association) and Избор (Choice) deliver different types of preventive interventions. Also, there is Narconon, a private centre for education and rehabilitation, and mass media also organise education programmes that are included in the prevention system.

Prevention interventions

Prevention interventions encompass a wide range of approaches which are complementary. Universal strategies target entire populations; selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems; and indicated prevention focuses on at-risk individuals. Most of the implemented prevention activities in North Macedonia fall under the domain of universal prevention and are implemented in educational settings, within families and in the community. The following paragraphs describe major prevention activities carried out in North Macedonia in recent years.

Universal prevention

In 2019, ИЗБОР (Choice) Strumica organised a campaign for the prevention of drugs and alcohol in the municipality of Strumica. The project lasted 12 months and was funded by the UNODC. The target group was young people aged 13 to 18 years. The general goal of the project was to encourage youth activism in creating youth programmes for drug and alcohol prevention (Izbor/Strumica, 2019).

In 2021, Neighbourhood Patrol was organised as a preventive campaign. Mixed patrols composed of police officers from the Prevention Department in Ohrid and Debar and representatives of the Parents' Council from primary schools, the Education Department of the local government and the Centre for Social Affairs in Debar made a preventive tour of several restaurants in the central urban area, on the outskirts of the city, and in other public places (including outdoors) where young people usually gather at night. The aim of the campaign was for parents to get to know where their children go out and in what environment young people have fun at night, what the conditions are and what problems may occur, and how police officers exercise their powers.

Experts from the Mol hold lectures and campaigns on the harmful effects of drug use in accordance with the Mol's internal annual plan and programme which is amended depending on the needs and field requirements.

The 10 centres of public health and the IPH work on drug prevention in the field of education. Doctors from the centres organise workshops with students in primary and secondary schools.

The Lions Quest Skills for Adolescents (development of personal and social skills in a classroom) programme was implemented for the second time from September 2018 to June 2020. This was a

collaboration between the UNODC, the Lions Clubs International Foundation and the Ministry of Education. Ten schools were included.

Due to the COVID-19 pandemic, schools were closed from March 2020 until September 2021, when the new school year began. Face-to-face classes were held only for students from the first to third grade (ages five to nine) in primary schools, and therefore no lectures on drug prevention were held in schools.

Selective prevention

In 2019, HERA (a CSO) and the National Centre for Prevention and Treatment of Drugs organised two seminars for the prevention of psychoactive substances and behavioural dependence for pedagogical psychological services and teachers from secondary schools in Skopje, with support from the City of Skopje.

The only services in the country offering preventive counselling to prevent substance use and addictions are two youth centres: one in Shuto Orizari for Roma youths and one in the city centre of Vodno for all youths. They are supported by the City of Skopje and run by HERA and experts from the National Centre for Prevention and Treatment of Drugs. The counselling centres offer free and confidential preventive counselling by professionals (psychiatrists) for young people, parents and partners (HERA, n.d.).

Indicated prevention

The Centre for Prevention and Treatment of Drug Addiction has implemented an online tool (Drughelp.eu) for self-assessment of the risk of drug use. This helps with early detection and rapid intervention to reach young PWUD who have not yet sought help from existing programmes. The tool was developed with the support of the Pompidou Group at the Council of Europe in 2018, and it includes several countries.

Media campaigns

The IPH marks the International Day against Drug Abuse and Illicit Trafficking on 26 June (World Drug Day) by preparing informational material (e.g. posters and flyers) and organising events (e.g. workshops), usually with the general population or with students in schools.

Also, mass media together with social media organise education programmes. They invite experts in the field to speak on specific topics related to drug prevention.

Treatment responses

Treatment systems

Treatment-related objectives of the National Drug Strategy are emphasised in strategic objective 1.2: good-quality programmes for treatment of drugs are in place, inclusive of all people according to their gender, age and the type of drug used (see National drug strategies section). The Addictions Treatment Programme is funded from the public budget, i.e. from the MoH and the Fund for Public Health Insurance. Supervision of the programme was undertaken by the National Centre for Prevention and Treatment of Drugs until 2017 with financial support from the Global Fund. Since the Global Fund ceased funding, supervision is no longer conducted. Drug treatment in North Macedonia is under the responsibility of the MoH, while some services are also provided by social and CSOs. Drug treatment is available within the framework of the public health national service network and in private, making the public sector the

leading actor in drug-related medically assisted treatment (opioid agonist and antagonist). Programmes for other drugs (e.g. stimulants, cannabis and NPS) are not well developed in the country.

According to Article 16, paragraph 1 and paragraph 3 of the Law on Health Care, the government adopted the Programme for Health Care of Persons with Addictive Diseases in the Republic of North Macedonia for 2021. The main goal of the programme is to include as many people with substance use disorders as possible in OAT (methadone and buprenorphine) to reduce the use of illicit drugs, mortality from overdose, frequency of injections, use of non-sterile injection equipment, spread of HIV, HBV and HCV infections, and criminal activities. OAT also improves the quality of life, health, employment opportunities, social functioning and physical (bodily) function of people who use or are addicted to drugs, without their further stigmatisation and marginalisation.

The national treatment system includes outpatient and inpatient treatment, detoxification and OAT. The majority of treated drug users receive outpatient treatment, where OAT, psychosocial interventions, individual or group counselling, and social and psychotherapy are offered. Inpatient drug treatment consists of psychosocial interventions and pharmacologically assisted withdrawal treatment.

Detoxification treatment may take place in inpatient or outpatient settings and is available in the neuropsychiatric wards of special, general and clinical hospitals in cities across the country. Pokrov in Strumica (part of the therapeutic community) performs detoxification, care and then reintegration. It is partially funded by the Ministry of Labour and Social Policy.

Specialised outpatient treatment centres are located in Tetovo, Ohrid, Bitola, Gevgelija, Strumica, Kavadarci, Kumanovo, Štip, Veles and Skopje (two centres) with two further centres in Idrizovo and Bitola prisons. People in prison who are on OAT are treated in centres for prevention and treatment of drugs in the cities where the prisons are located, except in Prilep and Kumanovo.

Apart from the toxicology clinic, hospital-based inpatient care is provided by two psychiatric hospitals and eight general and clinical hospitals (mainly detoxification). Non-hospital-based residential treatment is available in four private therapeutic communities. The University Clinic for Toxicology and Emergency Medicine offers treatment with buprenorphine. These centres primarily provide OAT with methadone and buprenorphine.

Hospital treatment for people with comorbidity is provided in the Psychiatric Hospital Skopje and neuropsychiatric department in general, special and clinical hospitals in cities across the country.

CSOs provide psychosocial support (non-medical treatment) to PWUD and to special populations (e.g. minors, sex workers and other vulnerable groups).

TABLE 12
Network of treatment facilities (total number of units and clients)

Type of facility	Total number of units	Total number of clients
Outpatient units		
- Specialised outpatient treatment centres	11	1 672
- Low-threshold agencies	117	2 689
- General (primary) healthcare	0	0
- General mental healthcare	9	2
- Other outpatient units	5	420
Inpatient units		
- Hospital-based residential treatment	1	N/A
- Non-hospital-based residential treatment	0	0
- Therapeutic communities	1	48
- Treatment units in prisons (all units)	3	414
- Other inpatient units	12	61
Total	35*	5 306**

* Some units provide both inpatient and outpatient treatment.

** Estimated numbers.

Source: Ignjatova 2021.

In North Macedonia, there is still a problem with insufficient decentralisation of OAT and opening of new centres in Skopje. One centre provides therapy to more than 500 clients and there is a lack of medical staff; there are also no centres for rehabilitation and resocialisation, nor for children and young PWUD.

TABLE 13
Availability of core interventions in drug treatment facilities, 2021

The method	Availability (assessment)
Outpatient treatment centres	
- Psychosocial treatment/counselling services	Weak
- Screening and treatment of mental illnesses	Weak
- Individual case management	Medium/Weak
- OAT	Full/Medium
- Social rehabilitation/reintegration	Medium/Weak*
Inpatient treatment centres	
- Detoxification	Medium/Weak
- Psychosocial treatment/counselling services	Medium
- Screening and treatment of mental illnesses	Weak
- Individual case management	Medium
- OAT	Weak
- Social rehabilitation/reintegration	Medium/Weak

* Social rehabilitation and reintegration are rated as medium/weak because Pokrov is the only provider in the country.

Source: Ignjatova 2021.

In 2009, ИЗБОП (Choice) launched a programme for resocialisation in Strumica. The programme is based on the principles of a therapeutic community. It targets people who use psychoactive substances, and can accept up to 20 clients. This programme provides temporary accommodation, nutrition and care, and offers psychological and legal support.

Treatment provision

Data on treatment provision in North Macedonia is available only at the level of treatment centres. In the absence of a national treatment register, national data is available only for 2019, as the result of a targeted data collection exercise. Most of the clients seek treatment for primary use of opioids, which reflects the structure of the treatment system and the treatment modalities available. The second largest group of treatment entrants represents people who use cannabis, about 15 % in 2019.

TABLE 14
Number of first-time entrants and those previously treated entering drug treatment in 2019, by primary drug

	First-time entrants	Previously treated	All entrants
Opioids	214	493	707
Cocaine	0	2	2
Other stimulants	0	0	0
Hypnotics and sedatives	0	1	1
Hallucinogens	0	0	0
Cannabis	1	125	126
Other	2	4	6
Total	217	625	842

Source: MoH, preliminary unpublished data.

Data trends are not available, but according to practitioners in the field, the number of treatment entrants has been increasing in recent years. This may be partially linked to a relatively new practice of referral by the probation office for convicted persons with drug use disorders; the number of clients entering via probation is expected to grow.

Opioid agonist treatment

The term opioid agonist treatment (OAT) is used here to cover a range of treatments that involve the prescribing of opioid agonists to treat opioid dependence or another condition associated with opioid use where agonists are used for therapeutic purposes. In North Macedonia, methadone was first used as a substitution substance in 1979, and it remains the main substance prescribed for OAT. Buprenorphine was introduced in 2010 at the University Clinic for Toxicology.

Methadone can be provided only in specialised centres, while buprenorphine can be prescribed by general practitioners and obtained in a pharmacy with a medical report from a psychiatrist. Both methadone and buprenorphine are covered by the Programme for Health Care of Persons with Addictive Diseases from the budget of the Mol.

The majority of OAT clients (85 %) receive methadone. OAT provision was stable between 2017 and 2019 and slightly increased in 2020 (see Table 15). Using the most recent estimate of PWID, the majority

of whom inject opioids (see Problem drug use section), it has been estimated that approximately 28 % of people who use opioids were in OAT in 2020. Clients are often referred to OAT by CSOs providing HRP. OAT in private hospitals is mainly sought by those who are afraid of stigma.

In 2020, there were 11 Centres for Prevention and Treatment of Drug Abuse and Dependence. One centre was located in a prison; three in clinical hospitals (Bitola, Tetovo and Štip) with 10 psychiatric departments; six in general hospitals (Ohrid, Kumanovo, Veles, Kavadarci, Strumica and Gevgelija); and one in the City General Hospital in Skopje. The Psychiatric Hospital Skopje remains the largest and most important treatment provider. It has three specialised outpatient units and the greatest number of patients. About half of OAT clients are treated in Skopje.

The decentralisation of buprenorphine treatment has been accelerated by the COVID-19 pandemic, making buprenorphine available in all cities with specialised treatment facilities. Procured by the MoH, methadone and buprenorphine are now also offered in the Demir Hisar Psychiatric Hospital for persons with drug use disorders. This institution focuses on clients referred by the courts to serve custodial sentences and receiving compulsory drug use disorder treatment.

The geographical OAT coverage is still uneven: centres are concentrated in cities, while in rural parts of the country, clients have to travel up to 50 kilometres to reach their regional centre. Methadone has to be taken daily and is only administered on site; clients can receive take-home dosage for weekends and if they travel abroad.

TABLE 15

Number of distribution points and number of people receiving OAT, 2017-2020

Year	Number of points providing OAT	Number of people on OAT	Comments
2017	12	1 729	85 % methadone, 15 % buprenorphine
2018	12	1 602	82 % methadone, 18 % buprenorphine
2019	14	1 741	84 % methadone, 16 % buprenorphine
2020	11	1 890	83 % methadone, 17 % buprenorphine

Source: Programme for Health Care of Persons with Addictive Diseases, MoH, unpublished data.

Harm-reduction responses

Harm-reduction system

HR is included in the National Drug Strategy 2021-2025 under the strategic objective that HRPs 'are improved, sustainable and adapted to the users' needs', with the following expected outcomes:

- The health and social protection legislation recognises HRPs based on quality standards and norms, and CSOs are recognised as service providers within HRPs.
- Activities in these HRPs complement existing drug treatment programmes using substitution therapy. In addition to their contribution towards the improvement of public health, these programmes also contribute to the decline in crime and help strengthen the national economy and maintain overall social wellbeing. HRPs target only socially marginalised PWUD and their families; people who are not from marginalised groups are referred to other CSOs or institutions.
- Available and accessible HRPs are adapted to the needs of PWUD.

According to Article 16 paragraph 1 and paragraph 3 of the Law on Health Care, the government adopted the Programme for Protection of the Population from HIV Infection in the Republic of North Macedonia for 2021. The main goal of the programme is to maintain low HIV prevalence through universal access to prevention, treatment, care and support, based on principles of respect for human rights and non-discrimination (Centre for Public Health in Skopje, 2021).

HRPs (offering clean needles and syringes) and HIV prevention among PWUD were first introduced in North Macedonia in 1996. In 2022, there were 15 active HRPs/NSPs in 13 towns: Skopje (two drop-in centres and one outreach programme), Kumanovo, Štip, Strumica, Gevgelija, Kavadarci, Veles, Prilep, Bitola, Ohrid, Struga, Kičevo and Gostivar. The HRP in Tetovo was closed in 2019 due to termination of the contract with the MoH. Overall, the geographical coverage is even, although the provision is limited to urban areas.

Between 2004 and 2017, the HRPs were financed by the Global Fund. Since 2018, they have been financed by the MoH through its annual HIV/AIDS protection programme. However, the budget of MKD 21 630 000 (about EUR 353 000), given to CSOs in 2022, is not sufficient to cover basic services provided to PWUD and their families (i.e. provision of sterile needles and syringes, distribution of condoms, lubricants and printed materials, social services, medical services, HIV counselling and testing).

Budget limitations affect the overall client coverage as well as the availability of services. Some services, such as psychological, legal or educational support, cannot be provided, and medical equipment or educational or informative material cannot be obtained. Staff and capacity shortages reduce the ability to adapt programmes to changing needs, which has been especially apparent during the COVID-19 lockdowns in 2020 and 2021. The financial sustainability of programmes is uncertain. Discussions are held, at the national level, about the budget situation and activities (such as budget monitoring and research), with a view to secure funds from different budgets via the national HIV platform for sustainability of HIV services.

With the establishment of the Probation Service, the office in Skopje constantly communicates with local HRPs, and regularly sends PWUD to their services. The majority are people who have received a suspended sentence. According to their needs, the following services may be provided: social, medical, legal, psychiatrists, HIV counselling, condoms and other HR services.

Harm-reduction interventions

HR activities are implemented by local CSOs through a nationwide network of NSPs. The HRPs, both outreach and in drop-in centres, provide a wide spectrum of services, including NSPs, support for access to health and social protection, legal aid, and social inclusion of both PWUD and their family members. Counselling and motivation for inclusion in treatment programmes, education about safe injecting and other topics, sexual health counselling and advice on HR are also routinely provided. In Skopje, NSPs, distribution of condoms, lubricants and printed materials, and diagnostic HIV testing are available free of charge. In other cities with HRPs, an outreach van, equipped for HIV testing, follows a monthly schedule; HCV and HBV testing is not available.

There are no HR services in prisons, but HRPs offer support to people after being released from prison. The services include support with obtaining personal documents (e.g. ID card and health insurance), and access to OAT, legal services and overdose prevention materials.

TABLE 16
Number of HR centres (drop-in centres)

Year	Number of HR centres	Of these, the number of facilities running NSPs	Number of needles distributed	NSP coverage (number of clean needles distributed per PWID per year)
2017	15	15	N/A	N/A
2018	15	15	417 010	62
2019	14	14	442 678	66
2020	14	14	406 360	60
2021	14	14	488 123	72

N/A: not available.

In 2021, 3 932 PWID were contacted by NSPs, which distributed 488 123 needles, 673 015 syringes, 69 911 condoms, 40 921 lubricants and 29 796 printed materials. In addition, PWUD via other routes (i.e. non-injecting drug users) were contacted by other services (medical, social) and are not included in the total number of PWID (see Table 16). Approximately 65 % of the 6 756 estimated PWID are covered with NSPs. The programmes report that 450 038 sets for safe injection (a syringe and a needle) were distributed in 2021.

TABLE 17
Availability of different types of equipment provision at NSPs in North Macedonia, 2021

Type of equipment	Availability	Type of equipment	Availability
Pads to disinfect the skin	-	Lubricants	++
Dry wipes	-	Low dead-space syringes	ND
Water for dissolving drugs	++	HIV home testing kits	-
Sterile mixing containers	-	Non-injecting paraphernalia: foil, pipes, straws	-
Filters	+	List of specialist referral services: e.g. drug treatment	+++
Citric/ascorbic acid	-	HIV testing and treatment	+++
Bleach	-	HCV and sexually transmitted infection testing and treatment	+
Condoms	++		

Note: +++ routinely available; ++ often available; + rarely available; - not available; ND = no data.

Source: CSO HOPS, unpublished data.

HRPs other than NSPs are not available in North Macedonia; there are legal obstacles for drug consumption rooms, drug checking and heroin-assisted treatment. Naloxone is only available in some hospitals and in ambulances and its distribution is legally restricted.

Drug markets and drug-related offences

Scope of monitoring

The Ministry of Interior (Mol) is the entity responsible for combating drug trafficking and collecting security-related data, such as drug seizures and prices. In order to combat drug trafficking, the investigations are also carried out in cooperation with internal institutions, such as customs, or international bodies, such as Interpol.

The role of the Ministry of Justice is mainly linked to the legal framework in the field of criminal law. The Ministry of Justice upholds the rule of law and is responsible for offences and perpetrators according to criminal law.

Production

Illegal production of cannabis in North Macedonia does not occur on a large scale; where it does occur, it is mostly destined for the domestic market. Due to lack of expertise, locally produced herbal cannabis is not of high quality and cannot compete in markets outside the country. Production is mainly organised by individuals on small private plots in abandoned rural areas or mountainous terrain.

In 2020 improvised indoor production sites for herbal cannabis and hashish oil were found in several cases in urban areas of Skopje, Štip and Probištip. The facilities had limited capacity and unsophisticated equipment set up in adjoining rooms of the houses where the perpetrators lived. The production was destined for the domestic market.

Synthetic drugs on the local drug market are mainly imported. However, in 2017, the first illegal modern laboratory for the production of synthetic drugs — amphetamine (with Captagon logo) — was discovered. The amphetamine was produced with the help of chemical experts (members of a criminal group from Serbia), and the drugs were destined for Turkey.

The trend towards the production of synthetic drugs can be observed both within the country and in the wider region. The precursors for production of amphetamine are procured from Serbia and Bulgaria, while some of the equipment is obtained through legal entities.

Despite the increasing production of heroin globally, it is becoming less present on the domestic drug market.

Trafficking and supply

Considering its geographical position in the central part of the Balkan Peninsula and at the crossroads of the main east/west and north/south corridors, North Macedonia is a transit area for all types of drugs. Western Balkan countries now appear to be playing a more important role in drug trafficking.

According to investigations carried out by the Mol, the drugs are usually transported by cars and trucks, and the main routes of trafficking are as follows:

- Herbal cannabis is imported from Albania, and a large quantity is further trafficked to Turkey.

- Heroin is imported from Greece and Bulgaria. If a small amount remains in the country for the local market, most of it goes to Western Europe via Kosovo*. The departure countries for heroin are Iran and Turkey.
- Cocaine is trafficked from Albania, Greece and Serbia to feed the needs of the local market. The most common country of origin for cocaine is Colombia.
- Synthetic drugs are trafficked from Bulgaria, but the country of origin is the Netherlands. Recently, an increase of precursors arriving from Bulgaria has been observed, which are further trafficked to the EU via Kosovo.

In terms of market operations for wholesale transactions for herbal cannabis, the quantity is 50 kg or more, while for amphetamine, heroin and cocaine it is 1 kg and above. According to the information collected from detained dealers and drug users, the drugs are mixed with adulterants to gain mass and increase profit; for example, heroin is mixed with paracetamol, while heroin and cocaine are mixed with creatinine.

The crime environment is characterised by effective cooperation between domestic and foreign criminals. Available data indicates that large-scale buyers use their own resources to transport the drugs to the final destination. The drugs may be repackaged and divided along transportation routes. Money obtained illegally from drug trafficking is laundered through simple schemes, such as investments in property.

In recent years, there has been an increase in the use of new technologies and digital markets. For example, it has been observed that the darknet is increasingly used for the procurement of drugs, especially synthetic drugs.

There is no information on the NPS market in North Macedonia and also no seizure data. There is an ongoing process to establish a National Early Warning System with a view to share all the information about NPS with all concerned bodies (Mol, Ministry of Justice, Clinic of Toxicology, Clinic for Infectious Diseases, customs, treatment centres and hospitals).

Drug seizures

As shown in Table 18, in recent years, there has been an increase in seizures of herbal cannabis and cannabis resin and a decrease in heroin and cocaine seizures. There is a noticeable increase in synthetic drugs in the illegal market in North Macedonia, although the largest quantity of synthetic drugs was seized in 2017, when an illegal laboratory was dismantled (Table 19).

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

TABLE 18
Number and quantity of cannabis, cocaine and heroin seizures, by year

	Herbal cannabis (kg)	Cannabis resin (kg)	Heroin (kg)	Cocaine (kg)
2017	1769.1	0.3	9.3	0.7
2018	2541.9	10.0	2.0	3.0
2019	1388.3	7.6	2.1	3.3
2020	1890.6	3.7	16.5	2.3
2021	2146.0	18.0	6.1	0.6

Source: Ministry of Interior, unpublished data.

TABLE 19
Number and quantity of synthetic drugs, by year

	Amphetamine		MDMA		Methamphetamines	
	grams	tablets	grams	tablets	grams	tablets
2017	83132.0	1115429.0	13.0	8.0	27.3	0
2018	270.2	472.0	0	0	46.7	64.0
2019	967.5	3.0	3.4	405.0	36.1	8.0
2020	3856.0	15.0	17.9	6543.0	6.1	3.0
2021	913.0	434.0	0	1597.0	70.0	0

Source: Ministry of Interior, unpublished data.

The prices of illicit drugs in North Macedonia have generally been stable over the years (see tables 20 and 21). However, it should be noted that the prices of some drugs have increased slightly over the past year; changes have been registered for herbal cannabis and retail sales of cocaine and heroin: 1 gram of cocaine is sold for MKD 4 000 to MKD 6 000 (about EUR 60 to EUR 100) and, when of very high quality, reaches MKD 9 000 (EUR 150).

TABLE 20
Average drug prices (in EUR) — retail

Drug	2017	2018	2019	2020	2021
Herbal cannabis (g)	4	4	5	5	5
Cannabis resin (g)	n/a	n/a	9	9	9
Heroin (base) (g)	25	25	18-20	20	20
Cocaine (g)	50-70	50-60	60-100	50-100	50-100
Amphetamine (g)	12-15	12-15	15-20	20-25	25
MDMA (tab)	5	5	5-8	5-8	8-10
Methamphetamine (g)	10-15	10-15	15	15	15
LSD (dose)	n/a	n/a	10	10	15

Source: Ministry of Interior, unpublished data.

TABLE 21
Average drug prices (in EUR/kg) — wholesale

Drug	2017	2018	2019	2020	2021
Herbal cannabis	800-1000	800-1000	500-800	1000-1800	1500-2500
Cannabis resin	n/a	n/a	n/a	n/a	5000
Heroin (base)	18000-20000	18000-20000	13000-17000	13000-17000	20000
Cocaine	40000-45000	35000-45000	35000-45000	35000-42000	45000-50000
Amphetamine	4000-6000	4 000-6000	3500-4500	3500-4500	3500-5000
Methamphetamine	400-6000	4 000-6000	4000-6000	4000-6000	4000-6000

Source: Mol.

There is no information about purity/potency of drugs in North Macedonia, since they are not examined by a forensic laboratory.

Drug-related offences

In 2020, the Mol reported a total of 733 drug offences, of which 628 were related to unauthorised production and release for trade of narcotics, psychotropic substances and precursors, involving 749 perpetrators. The other 105 offences were related to 'enabling the use of narcotics, psychotropic substances and precursors', involving 108 perpetrators.

In 2021, the Mol reported a total of 702 drug offences, of which 100 offences were for enabling the use of narcotics, psychotropic substances and precursors, involving 105 perpetrators. The other 602 offences were related to unauthorised production and release for trade of narcotics, psychotropic substances and precursors, involving 728 perpetrators.

TABLE 22
Number of drug offences

	Supply offences	Use and supply	Total
2017	465	88	553
2018	673	116	789
2019	763	133	896
2020	628	105	733
2021	602	100	702

Source: Ministry of Interior, unpublished data.

Supply reduction

The drug supply reduction activities include a wide range of actions targeting criminal activities at border crossing points, on the green border and inland.

The unit for combating illicit drug trafficking is the criminal police department responsible for drug-related specific activities, including coordinating all structures and bodies in countering organised crime.

The National Drug Strategy of the Republic of North Macedonia 2021-2025 includes prevention of drug supply in two strategic objectives.

Strategic objective 2: improved functioning of institutions responsible for the prevention of drug trafficking.

Expected outcomes:

- Strengthened financial and technical capacity in line with the needs and contemporary trends in preventing drug trafficking.
- Strengthened human capacity in line with the needs and organisational structure of job positions.

Strategic objective 3: improved practices of communication and exchange of information among institutions responsible for the prevention of drug trafficking.

Expected outcomes:

- Current regulations ensure systemic communication and coordination for exchange of information among institutions responsible for the prevention of drug trafficking.
- Establish a common database within the institutions responsible for the prevention of drug trafficking.
- Ensure functional mechanisms for continuous implementation of rulebooks and protocols for coordination of day-to-day operation.

Prisons

The country uses both correctional prison and correctional education institutions for drug offenders. Detention facilities are split into penitentiaries and prisons. Penitentiaries are half open detention facilities: Idrizovo Penitentiary with Open Department in Veles, Penitentiary Štip, Penitentiary Correction Prilep and Penitentiary Struga. Prisons are closed detention facilities: Bitola Prison, Gevgelija Prison, Kumanovo Prison with Open Ward in Kriva Palanka, Ohrid Prison, Skopje Prison, Strumica Prison and Tetovo Prison.

There are two correctional institutions: the correctional facility in Tetovo and the correctional facility for women in the Idrizovo Penitentiary.

As of 31 March 2021, a total of 2 113 convicts were serving prison sentences nationally; approximately 30 % were in prison for drug offences. At the same time, 20 boys and three girls were sent to correctional facilities.

The MoH is responsible for healthcare in the penitentiary and correctional facilities. Drug testing is carried out in prison for control and treatment; it is performed on entry to prison, when adjusting treatment, and when there is suspicion of use. There is constant control and supervision of prisoners' behaviour and their health condition by medical staff (doctors and nurses). There is no directly observed buprenorphine therapy in place at any of the institutions. OAT using methadone is only available in three prisons. It has been estimated that about 27 % of people in prison for drug-related offences are involved in treatment (Ignjatova, 2021).

Recent observations by prison staff suggest there is misuse of methadone via injection, often in combination with benzodiazepines, or its reselling within prisons. Despite controls, the main forms of drug supply in penitentiaries are shipments from outside, visitors, or prisoners returning from home leave.

TABLE 23
Drug-related interventions in prison, 2021 (Sanctions Enforcement Organisation)

Type of intervention	Specific interventions	YES/NO	Number of prisons	Comments or specifications on the type of intervention
Assessment of drug use and drug-related problems at prison entry		Yes	N/A	
Counselling on drug-related problems				
	Group counselling	Yes, some prisons	N/A	Currently interrupted due to COVID-19.
Residential drug treatment				
	Drug-free units/drug-free wings	Yes, some prisons	N/A	
	Therapeutic community/residential drug treatment	Yes, some prisons	N/A	
Pharmacologically assisted treatment				
	Detoxification	Yes	N/A	
	OAT continuation from the community to prison	Yes	3	Buprenorphine and methadone.
	OAT initiation in prison	Yes	3	
	OAT continuation from prison to the community	Yes	N/A	
Preparation for release				
	Referrals to external services on release	Yes	N/A	
	Social reintegration interventions	Yes	N/A	
	Overdose prevention interventions for prison release (e.g. training and counselling)	Yes	N/A	
	Naloxone distribution	No	N/A	Only available to medical staff in some prisons.
Infectious diseases interventions				
	HIV testing	Yes, some prisons	N/A	
	HBV testing	Yes, some prisons	N/A	
	HCV testing	Yes, some prisons	N/A	
	HBV vaccination	Yes, some prisons	N/A	
	HCV treatment with interferon	No		
	HCV treatment with DAA	No		
	Antiretroviral therapy for HIV	No		
Needles and syringes		Yes, some prisons	N/A	CSOs provide needles and syringes to medical staff who distribute them to inmates in some prisons.
Condom distribution		Yes, some prisons	N/A	

N/A = not available. Source: Sanctions Enforcement Organisation, unpublished data.

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ANNEX

List of drug laws and policy documents

TABLE A1
Drug policy documents

Document title	Action plans	Scope	Weblink or source
National Drug Strategy of the Republic of North Macedonia 2021-2025	Action Plan for Implementation of National Drug Strategy of Republic of North Macedonia 2021-2023	Illicit drugs	Official gazette of the Republic of North Macedonia N 165/21 from 21.07.2021 (p. 26)
National Drug Strategy of the Republic of Macedonia 2014-2020	Action Plan for the Implementation of National Drug Strategy 2019-2020	Illicit drugs	http://zdravstvo.gov.mk/wp-content/uploads/2018/03/mkd-strategija-za-opojni-drogi-2014-2020.pdf
National Drug Strategy of the Republic of Macedonia 2006-2012	N/A	Illicit drugs	https://www.slvesnik.com.mk/Issues/17d73528d5f24762b99ddde15e410cde.pdf
Local Drug Strategy of the City of Skopje 2015-2020	Action Plan for Drugs of the City of Skopje 2015-2016	Illicit drugs	https://skopje.gov.mk/media/4375/lokalna-strategija-za-drogi-2015-2020-makedonska-verzija.pdf (pp. 8-9)
Local Drug Strategy of the City of Skopje 2008-2013	Action Plan for Drugs of the City of Skopje 2008-2010	Illicit drugs	https://www.yumpu.com/xx/document/view/41161442/lokalna-strategija-za-drogi-na-grad-skopje

TABLE A2
Main laws involving drug control

Title/Number/Year	Weblink
Law for Control of Narcotic Drugs and Psychotropic Substances	http://zdravstvo.gov.mk/wp-content/uploads/2018/01/ZAKON-ZA-KONTROLA-NA-OPOJNI-DROGI-I-PSIHOTROPNI-SUPSTANTSII-zakluchno-so-37-od-2016.pdf
Law for the Control of Precursors	http://zdravstvo.gov.mk/wp-content/uploads/2018/01/ZAKON-ZA-PREKURZORI-zakluchno-so-br.-149-od-2015.pdf
Law on Health Care	http://zdravstvo.gov.mk/wp-content/uploads/2018/01/ZAKON-ZA-ZDRAVSTVENATA-ZASHTITA-zakluchno-so-br.-37-od-2016.pdf
Law on Primary Education	https://mon.gov.mk/stored/document/Zakon%20za%20osnovno%20obrazovanie%20-%20nov.pdf
Law on Secondary Education	https://mon.gov.mk/stored/document/Zakon%20za%20srednoto%20obrazovanie.pdf
Law on Protection against Discrimination	https://www.mtsp.gov.mk/content/%D0%97%D0%B0%D0%BA%D0%BE%D0%BD%20%D0%B7%D0%B0%20%D1%81%D0%BF%D1%80%D0%B5%D1%87%D1%83%D0%B2%D0%B0%D1%9A%D0%B5%20%D0%B8%20%D0%B7%D0%B0%D1%88%D1%82%D0%B8%D1%82%D0%B0%20%D0%BE%D0%B4%20%D0%B4%D0%B8%D1%81%D0%BA%D1%80%D0%B8%D0%BC%D0%B8%D0%BD%D0%B0%D1%86%D0%B8%D1%98%D0%B0.pdf
Law on Social Protection	https://www.mtsp.gov.mk/content/pdf/zakoni/2019/28.5_zakon_SZ.pdf
Law on Internal Affairs	https://mvr.gov.mk/zakon/1
Law on Police	https://www.mvr.gov.mk/Upload/Documents/Zakon%20za%20policija,%20precisten%20tekst%2015.04.2015%20.pdf
Law on Misdemeanours against Public Order and Peace	https://mvr.gov.mk/zakon/31
Probation Law	https://www.pravdiko.mk/wp-content/uploads/2016/02/Zakon-za-probatsija-25-12-2015.pdf
Customs Law	https://customs.gov.mk/images/carinski.zakon.precisten.tekst.pdf
Criminal Code	https://jorm.gov.mk/krivichen-zakonik/

TABLE A3
Civil society organisations

Name	Website
Health Education and Research Association (HERA)	https://hera.org.mk
Izbor/Strumica (Choice)	https://www.facebook.com/izbor.strumica
Healthy Options Project Skopje (HOPS)	www.hops.org.mk