

The Evaluation of the National Anti-Drug Strategy 2005 – 2012

REPORT

**Romania
CEE/CIS**

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List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
AP	Action Plan
ARAS	The Romanian Anti-AIDS Association
AS	Anti-Drug Service
CAIA	The Centre for the Integrated Assistance of Addictions
CCPI	The International Police Cooperation Centre
CEPOL	The European Police College
CLDAP	The Central Laboratory for Drug Analysis and Drug Profiling
CNFDD	The National Centre for Training and Documentation in the Drug field
COSI	The Standing Committee on Operational Cooperation on Internal Security
CNAS	The National Health Insurance House
CPEAC	The Centre for Prevention, Evaluation and Anti-Drug Counselling
DCOC	The Directorate for Combating Organized Crime
GDSACP	The General Directorate for Social Assistance and Child Protection
DGIPI	The General Directorate for Intelligence and Internal Protection
DIICOT	The Directorate for Investigating Infractions of Organized Crime and Terrorism
EEA	European Economic Area
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESF	The European Social Fund
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria / ro. <i>Fondul Global de Luptă Împotriva SIDA, Tuberculozei și Malariei</i>
GIBP	The General Inspectorate of Border Police
GIRP	The General Inspectorate of Romanian Police
INBI	The National Institute of Infectious Diseases Prof. Dr. „Matei Bals”
HDG	The Horizontal Working Party on Drugs
HIV	Human Immunodeficiency virus
INCB	The International Narcotics Control Board
MAI	The Ministry of Administration and Interior
MECTS	The Ministry of Education, Research, Youth and Sport
MP	The Public Ministry
MPF	The Ministry of Public Finance
NAA	The National Anti-Drug Agency
NAP	The National Administration of Penitentiaries
ANOFM	The National Agency for Employment
NADS	The National Anti-Drug Strategy
NAP	National Action Plan
NCA	The National Customs Authority
NGO	Nongovernmental organization
NIM	The National Institute of Magistracy
NOPCLM	The National Office for the Prevention and Control of Money Laundering
OP ACD	The Operational Programme for Administrative Capacity Development
ORDA	The Romanian Observatory for Drugs and Addictions
PHARE	Poland and Hungary: Assistance for Restructuring their Economies
POSDRU	The Operational Programme for Human Resources Development
RHRN	Romanian Harm Reduction Network/ ro. <i>Rețeaua Română de Reducere a Riscurilor</i>
SCM	The Superior Council of Magistracy

SRI	The Romanian Intelligence Service
TFEU	the Treaty on the Functioning of the European Union
UCAI	The Central Unit for Intelligence Analysis
EU	European Union
UNICEF	The United Nations Children’s Fund
UNODC	United Nations Office on Drugs and Crime / Biroul Națiunilor Unite pentru Droguri și Criminalitate
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus

EXECUTIVE SUMMARY

Overview

Developed in the period August – October 2012, the evaluation process was initiated by the UNICEF Romania office, in collaboration with the National Anti-Drug Agency (NAA) and was carried out by the team of consultants (evaluators) from Romanian Angel Appeal (RAA) Foundation. The demarche aimed to identify and measure the effects following the implementation of the National Anti-Drug Strategy at the end of the planning period 2005-2012. Based on the analysis of collected data, the consultants formulated recommendations further communicated to the NAA to serve in the elaboration of the National Anti-Drug Strategy and of subsequent action plans for the programming period 2013–2020. The recommendations - formulated either for short or long term – propose solutions to increase the effectiveness of the anti-drug measures implemented in the period 2005-2012, but also make reference to completely innovative actions to be taken by the NAA and other national actors.

As the Strategy is expiring in 2012, National Antidrug Agency commissioned an evaluation of the Romanian Antidrug Strategy (2005-2012) and it's Action Plans (2005-08 and 2009-12). This evaluation focuses on the added value of these documents for drugs policy in Romania and its impact on the drug use phenomenon in the country. The results will be of use of the development of the national antidrug strategy for 2013-2020 and national action plan. The evaluation comes at a key-moment in the European and national response to drug use and drug supply reduction. Currently, at European level, the process of evaluation of the European Strategy on Drugs is organized, in parallel with development of the European framework on drugs which will shape the both European approach and national policies on drugs for the following period of time.

Evaluation objectives

The evaluation was designed around criteria provided by OECD/DAC (relevance, effectiveness, efficiency, impact, sustainability, and human rights based approach and results based management) and aims to:

1. Measure the relevance, effectiveness, efficiency, sustainability and impact of the measures proposed and applied by the national antidrug strategy 2005-2012 with regards to all its pillars (reduce drug demand; reduce drug supply; international cooperation; informing, research and evaluation; inter-institutional cooperation);
2. Assess the extent to which the effect of the National Drug Strategy 2005-2012 and its plans of action acted on the drug issue in Romania;
3. Identify and extract necessary and relevant elements (achievements, lessons and recommendations) for the development of the following programmatic document (National Antidrug Strategy 2013-2018), according to the tendencies of the drug use phenomenon in Romania, while also supporting human rights perspective (e.g. children's rights included, rights of most at risk population).

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Evaluation methodology

The evaluation was based on two approaches on data collection:

- **An analysis (Desk Research) of documents** available in official statistics, research and activity reports (provided by the NAA and other Romanian organizations), in legal documents, official releases, web pages, etc. The data collected were used to describe the social and legislative contexts of the implementation of the 2005-2012 NADS, as well as in completing/confirming the data collected from the various actors (institutions and physical persons) who participated in the evaluation process.
- **The collection and analysis of qualitative data** through individual interviews (face-to face or e-mail conducted interviews), group interviews, based on the interview/focus group guides presented in **Annex 2** of the present report. Therefore, **focus groups** were conducted with: drug demand reduction service providers (public, non-profit private and for-profit private), adolescents from the general population, parents, injection drug users (men in detention, women and adolescents from the community). In addition, **individual interviews** were carried out with teachers (head teachers), with representatives of local and central public institutions responsible with the implementation of the NADS (according to the National Action Plans), with representatives of local nongovernmental organizations and of international institutions involved in or supporters of Romanian anti-drug measures.

The evaluation of the NADS actions was realized by considering the OECD/DAC assessment criteria – relevance, effectiveness, efficiency, sustainability and impact, as well as taking into account Human Rights related criteria and experience-based management.

The consultants have considered both the **actors' perspective (institutions and organizations)** involved in the Romanian anti-drug actions and the **perspective of the beneficiaries** of drug demand reduction services. Therefore, the conclusions regarding the effects following the implementation of the NADS are not **objective and quantifiable assessments** of anti-drug measures taken during 2005-2012 in terms of progress, effectiveness, impact and sustainability. For instance, the perspective over the effectiveness of anti-drug measures implemented in Romania in the reference period did not result from calculating the cost-efficiency parameters, but from the subjective answers to the questions “Were the NADS objectives achieved in the proposed time? “, “Were the results following the implementation of the NADS actions/measures equivalent to the allocated resources (human, financial, time resources)?”. The lack of indicators and of measurable targets in the NADS action plans made it impossible to quantify the degree of achievement of the Strategy objectives, impact and cost-efficiency of the measures.

The evaluation **did not aim to inventory** the drug demand and supply reduction actions developed at national level in the timeframe 2005-2012; one could certainly identify hundreds of actions implemented by one or more partners, with national or local coverage, financed through less known or by notorious donors. It is for this reason that the following initiatives have not been analysed or mentioned:

- Interventions implemented at a reduced scale (such as, local prevention campaigns; prevention campaigns at school level; training activities);
- Information/prevention message that are not part of an articulated campaign, so on;
- Interventions where the results have not been documented in/through public reports.

Conclusions and lessons learnt

The main lesson learnt during the implementation of the NADS 2005-2012 was the lesson on the importance of interinstitutional collaboration. The partnerships concluded among the National Anti-drug Agency, the civil society and other public institutions ensured continuity of the drug use prevention

services and of the assistance for the drug users. Also, the cooperation with the relevant authorities in the drug supply reduction contributed in an increased efficiency of the interventions in this area.

Another lesson learnt refers to the importance of having in place certain minimum quality standards in the drug use prevention area. The standards, currently under elaboration process, shall contribute in an increased effectiveness of the interventions and shall allow proper measurement of the intervention results.

In terms of the drug supply reduction, the lesson learnt concerns the need to elaborate an institutional and legal framework likely to ensure the sustainability as necessary to conduct the activities as included in the future documents. Developing and strengthening the institutional framework should aim to provide the legislative guarantees on the stability of the institutions, both in terms of their structure, funding and personnel.

As compared with the NADS for 2003-2004, the NADS for 2005-2012 brings in a new outlook on the drug supply reduction. One defining element concerns the necessity of accession to the international relevant conventions and bringing the national legislation in line with their provisions. Another landmark is the sanctioning of any fact relating to illicit drug operations, but such sanctions should be differentiated depending on the circumstances reflecting the seriousness of the offense.

A second conclusion concerns the necessity to allocate of a budget for the activities in the action plan in order to ensure their sustainability. In order to guarantee sustainability of the activities involving longer than a year periods of time, multi-annual budgeting should be considered. One success in combating the drug trafficking is the use of the money from confiscation and sale of the assets used for or resulted from illicit drug crimes / offenses and precursors to finance the activities to combat drug trafficking.

During the 2005-2012 period, the international cooperation had known an increase, both in terms of the number of contacts and cooperation agreements concluded between Romania and other countries, as well as in terms of the role and place Romania has had within the various European and international structures. The National anti/drug Agency has played the major role in intensifying the international cooperation while the outcomes of its activities have been supported by the contribution of both the public institutions playing a part in the implementation of the national strategy and the civil society. The international partnerships have contributed in the increase of the effectiveness of the interventions.

The close cooperation of the Agency with funding international institutions (such as, EU / EC, UNODC, UNICEF, UNDP, UNAIDS, so on.), as well as the involvement of the Agency as a partner in international projects, provided the proper background for increasing the administrative and operational capacity of the Agency and of other public and non-governmental actors by their joint work in legislative harmonization, training, research and development of the harm reduction services.

Both the international and national partners appreciate that the Agency, as well as the non-governmental sector, have known a remarkable progress concerning their research capacity in the area of drugs during the 2005-2012 period. The actors responsible with the implementation of the National Anti-drug Strategy argue the need of using the data in planning the drug supply /demand reduction interventions, as well as the importance of measuring the results of such interventions.

The restructuring of the National Agency in 2009 had affected the conduct of all demand reduction activities; during this time interval, part of the serviced were suspended, others were not started as planned, which translated into the impossibility to implement already approved projects to be funded from European structural funds – i.e. opening social inclusion centres, opening of 15 vocational centres

and one social economy project. Also, funding likely to have ensured harm reduction services was lost as well, such as harm reduction in arrests. Another effect of the restructuring was the high turnover of staff so that, despite the constantly organized training programmes, about 30% of the existing staff operates without having passed through any professional training programme. As the NAA representatives say, all this have led in a diminished capacity of the Agency to provide services and in a decreased quantity and quality of the provided services.

The harm reduction programmes provided by the non-governmental organizations have been affected by the reduced funding, making it impossible to be continued after the projects financed by GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria) and UNDOC ended.

The prevention programmes were more focused on the drug use rather than on the prevention of alcohol and tobacco use. Prevention campaigns for alcohol and tobacco uses have been implemented only at local level by the Anti-drug prevention, evaluation and counselling centres. Part of the media campaigns developed by the Ministry of Health and Ministry of Education to prevent tobacco use has been implemented within the programmes of these ministries rather than within programmes of the National Anti-drug Strategy. Such campaigns targeted the general population and had national coverage.

Recommendations

A list of recommendations – to be followed on short or long term – resulted at the end of the evaluation process. The recommendations take into account all the action areas of the 2005-2012 NADS.

a. Recommendations on drug demand reduction

- To increase the access of parents, children, community members to alcohol, tobacco and drug use prevention services by diversifying the methods and means to provide information and by training teachers to provide prevention services to pupils and parents.
- To ensure the active involvement of youth, parents and community members in the alcohol, tobacco and drug use prevention activities.
- To adapt prevention services to the characteristics of the beneficiaries: age, gender, level of education, ethnic group, type of use, etc.
- To evaluate the services provided by periodical questionnaires applied to the beneficiaries.
- To inform and sensitize the general population and mass media with regard to respecting Human Rights, non-discriminating the drug users, raising awareness and responsibility among the general population on the measures which can be taken to support the drug users, existing services, etc.
- To conduct quantitative and qualitative studies/surveys in partnership with nongovernmental organizations, aiming to identify the groups at risk, the injection drug users' behaviours and their needs.
- To realize a national level estimation of the number of drug users, and more particularly of injection drug users.
- To create a clear referral system of drug users to counselling, testing, and wherever necessary, to treatment services in order to improve the injection drug users' access to prevention, counselling, therapy, diagnosis (including vaccination) services for HIV, HBV, HCV, TB and associated diseases.
- To develop professional and school reintegration programmes for drug users in partnership with the Ministry of Education, Research, Youth and Sports and with the Ministry of Labour.
- To include psychological and social assistance services in the needles exchange programmes and in the methadone substitution therapy programmes from penitentiaries/detention facilities. To train the NAP social reintegration personnel to offer psychological and social services to persons in detention who benefit from syringe exchange programmes or substitution therapy in penitentiaries.

- To ensure the continuity of substitution therapy for persons who enter/ end detention and for those in arrests.
- To facilitate the access to harm reduction and substitution therapy services for persons younger than 18 years old; to act upon changing the legal framework that requires the parents' consent for implementing services to underage drug users; to elaborate a working methodology with underage drug users.
- To adapt the services to the type of vulnerability specific to each drug user: persons offering commercial sexual services, men engaging in sexual intercourse with men, immigrants, Roma ethnics, women, etc. To facilitate women's access to harm reduction services, including to programmes aimed at combating gender discrimination and stigma in communities: information and sensitization campaigns; services tailored for women.
- To increase the access of pregnant women drug users to pre-natal medical services, social assistance to prevent child abandonment situations.
- To set up Case Management in all institutions providing integrated assistance services to drug users.

b. Recommendations on drug supply reduction

- To introduce by the NAA, in future action plans, plan indicators, collection and reporting methodologies for the drug supply reduction activities.
- To correlate and adjust owned statistic data collection systems on drug supply so that they correspond to the reporting requirements of international and European bodies.
- To involve by the NAA of relevant institutional partners to develop drug supply reduction indicators and data collection and reporting methodologies.
- To ensure the institutional consolidation of the NAA and its role as a national coordinator of drug supply reduction activities.
- To ensure updates, to the level of international standards, of the technical endowments necessary to responsible institutions in applying the legal framework on drugs.
- To consolidate the legal framework - in particular, to regulate the regime of new psychoactive substances on the drug market. To expand working groups such as TRIDENT and POLVAM to the level of other institutions.

c. Recommendations regarding the inter-agency coordination, international cooperation, information/research/evaluation

- To consolidate the cooperation between the public institutions with attributions in the implementation of the NADS, both at central and at local level, as well as the cooperation between public institutions and civil society organizations (including population groups affected by the drug phenomenon), academic organizations and (for-profit) providers of drug demand reduction services.
- To initiate by the NAA of an owned system of allocating grants to nongovernmental organizations that provide assistance and harm reduction services.
- To ensure on-service/on-going training of the NAA staff and of the personnel from organizations and institutions that provide services in the field of drug use prevention and drug demand and supply reduction.
- To encourage (or mediate) by the NAA the cooperation (and especially communication) between the national anti-drug actors and the similar European and international bodies - by involving the national (public or private) actors in international projects (foreseeing training, experience exchanges, study visits), by ensuring consultative processes, their inclusion in technical and working groups.
- To promote, by the NAA, a necessity to initiate/develop connections with institutions or international organizations, active at central or local level and interested to implement joint actions, among relevant local communities (ex. cities; border towns; communities in which harm reduction services are implemented).

- To consolidate the NAA portfolio of projects financed through international sources (such as the European structural funds), having the NAA as beneficiary (Applicant) or Partner, together with other Romanian institutions and nongovernmental organizations.
- To enforce the NAA and other relevant Romanian institutions role as technical assistance providers for third countries interested to develop policies and drug demand and supply reduction interventions.
- To include in the 2013-2020 NADS measures (such as information, training, evaluation based feedback) to increase the capacity of relevant actors to implement solid researches and evidence based interventions.
- To include in the 2013-2020 NADS (internal and external) monitoring and evaluation measures of the results and of the impact of public policies and relevant legislation in the anti-drug field (e.g. policies in the areas of health, social protection, fiscal, environmental, developmental policies). The reports resulting from the monitoring/evaluation processes can offer the interested actors feedback on the progress in the implementation of public policies and recommendations on the improvements subsequently required.
- To evaluate, by the NAA, the manner in which the demand reduction measures interact with and influence the drug supply reduction interventions. Such a recommendation is in line with the European Strategy in the field, which pleads for a balanced and comparable approach and financing between the drug demand and drug supply reduction measures.
- To plan (through the NADS 2013-2020) efficiency and effectiveness assessment studies on public drug demand reduction services, both in community and in detention.
- To promote, by the NAA, and initiate research in the following areas: socio-economic causes and implications associated with drug and alcohol abuse (e.g. poverty, mobility, social inequities, impact on labour force, etc.); drug and alcohol abuse and mental health. The research in these areas may be the responsibility of the NAA or other relevant (public sector, academic, NGO) organizations. The NADS can foresee to finance the development of such actions but also to increase the research capacity of these organizations by providing training, consultancy, contracting of specialized personnel.
- To attract academic partners and to ensure their involvement both in conducting studies and in training the NAA staff responsible with research/evaluation/information.

PART I

Object of the evaluation

Context

Romania has a geographical surface of 238.391 square kilometres and its administrative division consists of 8 development regions and 42 counties. Each region is composed of 4-7 counties and has between 1.9 million – 3.7 million inhabitants (except for Bucharest). The total population is of 21,413,815 inhabitants. The women population represents 51.3% of the stable inhabitants. The adult population (aged from 15-59) is estimated at 64.4% of the total number of inhabitants, whereas the youth aged between 0-14 years represent 15.1% of the population. According to the ethnic distribution, the Romanians represent 88.6% of the population, being followed by the Magyar (6.5%) and the Roma ethnic groups (3.2%). The majority of the Romanian population lives in urban environments (55%).

Starting with the second half of 2008, the financial crisis began to impact on the labour force structure, by concomitantly determining a decrease in the occupied population and an increase in the unemployment phenomenon.

Romania comes second in Europe regarding the poverty rate (29.4% in 2011, 36.5% in 2007), having a birth rate among the poor population groups that is twice as high as the birth rate at the general¹ population level and a high rate of early school drop-out (17.5% in 2011²). Out of the total number of unemployed persons, 28.8% are youth aged between 15 – 24 years.

Following a ten-year period from opening the state frontiers and from liberalizing the circulation of goods and persons in which no major legislative measure was undertaken to combat the illicit drug trafficking and use, faced with the dimension of the phenomenon, Romanian authorities had to react. As a consequence, in 2000, the Parliament adopted the Law 143/2000 on Preventing and Combating Illicit Drug Trafficking. This legal instrument was elaborated in line with the recommendations and objectives of the UN, the Council of Europe and the European Union. Subsequently, the legal framework was consolidated through the enforcement of the Law no. 300/2002 regarding the Juridical Regime of the Precursors Used in the Illicit Manufacture of Drugs.

The establishment of the National Anti-Drug Agency (the NAA) in 2003 opened the way to consolidating the cooperation between law enforcement agencies, civil society and other state institutions involved in drug demand reduction activities (e.g. The Ministry of Health, Ministry of Labour, etc.). The National Anti-Drug Agency was founded through the institutionalization of the working frame of the Interministerial Anti-Drug Commission. Thus, a governmental body was created to coordinate the fight against drugs actions carried out by state institutions and non-governmental organizations, able to respond to European requirements in the field.

The National Anti-Drug Strategy 2005-2012 was developed in the timeframe October – November 2004, upon the consultation with relevant institutions and organizations (governmental,

¹„The Demographic Decline and the Future of Romanian Population” study, conducted by the UNFPA (ftp://ftp.unfpa.ro/unfpa/Declinul_demografic&viitorul_populatiei_Romaniei.pdf)

²http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&plugin=0&language=en&pcode=t2020_40&tableS_election=1

nongovernmental, international), the process being coordinated by the NAA with technical and financial support from the United Nations agencies (the United Nations Children’s Fund – UNICEF and the Joint United Nations Programme on HIV/AIDS – UNAIDS).

The programmatic document followed the directions established through the Maastricht³ Treaty, whereas the 2010-2012 National Action Plan took into consideration the propositions of the Lisbon⁴ Treaty consolidating cooperation of EU member states in the anti-drug field. The two action plans for the period 2005-2012 also considered Council of Europe regulations, directives, resolutions, and decisions of the European Commission, as well as documents formulated on the basis of the aforementioned two treaties. Both the NADS and action plans were influenced by the community regulations on drug precursors, starting with the (EC) Regulation no. 273/2004 and ending with (EC) Regulation no. 297/2009, as the second action plan was elaborated in 2010. The NADS 2005-2012 was also correlated with the objectives foreseen in *the 2005-2012 EU Drugs Strategy* and with the *National Strategy for the Control, Supervision and Prevention of HIV/AIDS Infestation cases 2004-2007*.

The 2005-2012 NADS was approved through Government Decision no. 73 on January 27, 2005, being followed by two National Action Plans (NAPs) for the periods 2005-2008⁵ and 2010-2012⁶, in line with the implementation mode of the 2005-2012⁷ European Union Drugs Strategy. The NADS vision was that, by the end of 2012, in Romania could operate *“an integrated system of institutions and public services to ensure decreases in the incidence and prevalence of drug use among the general population, to provide medical, psychological and social assistance to drug users, able to increase the effectiveness of prevention and countering the trafficking and manufacturing of illicit drugs and drug precursors”*. The NADS scope was *“to maintain drug use among general population at a reduced level, in the first phase (2-4 years), to decrease the incidence of new drug users, in parallel with reducing the drug related organized criminality (at a later stage)”*.

The Strategy is governed by eight directing principles:

1. the Priority principle (the drug issue is considered of central importance in the Romanian society)
2. the Continuity principle (the drug supply/demand reduction actions are ceaselessly developed whereas the planning of actions is based on the analysis of past experiences)
3. The principle of the Global, Unitary, Multidisciplinary and Balanced Approach (the NADS actions are in accordance with the international vision regarding anti-drug measures)
4. The Coordination principle (by a forum responsible with establishing of action plans accompanying the NADS but acting to maintain the autonomy of coordinated institutions/organizations)
5. The cooperation principle (between all public institutions with attributions in the NADS implementation)

³According to Art. K1, the fight against addiction and the police cooperation on preventing and fighting against illegal drug trafficking were considered common interest problems;

⁴Art.83 and 84 TFUE mention the possibility of EU institutions to intervene through directives to establish *“...minimum norms on defining the crimes and offences in cross-border organized criminality areas of severe gravity...”* The following paragraph particularly mentions *the illicit drug trafficking* as an area of criminality of severe gravity. According to TFUE art.168 *“the Union completes the member states action to reduce the harmful effects of drugs on the health, including by conducting information and prevention...”*

⁵Approved through GD no. 323 of April, the 14th 2005;

⁶Approved through GD no. 1369 of December, the 23rd 2010;

⁷The institutional reorganization of the National Anti-Drug Agency, following the structural reforms in the MAI delayed the development of an action plan for the period 2009-2012, thus the second action plan being elaborated only in 2010.

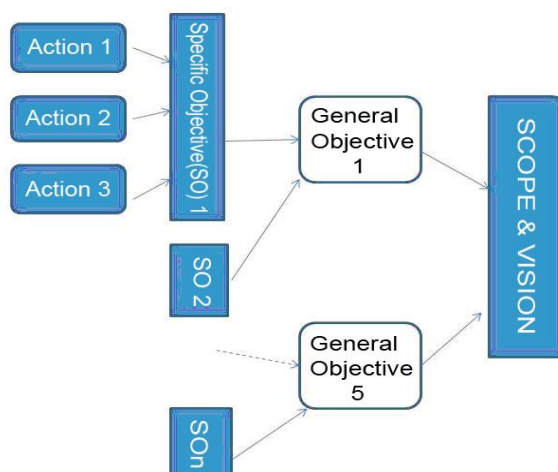
6. The Legal principle (the NADS measures are in accordance with the Romanian Constitution, the national anti-drug legislation as well as with the international treaties ratified by Romania)
7. The principle of Confidentiality (of the personal data of drug users or of persons (non-users) who access drug demand reduction services)
8. The principle of Complementarity and transparency (met through the participation in and involvement of civil society to the implementation of the NADS).

The aforementioned principles crosscut the five action areas of the 2005-2012 NADS: drug demand reduction; drug supply reduction; inter-agency coordination; international cooperation; information/evaluation/research. For each action area a general objective and a set of specific objectives were formulated. The specific objectives are operational in the National Action Plans; there, each of the specific objectives has circumscribed the concrete actions and activities, together with the institutions responsible with carrying out the actions.

Apart from specifying these elements (actions, general and specific objectives, scope, vision, responsible actors), the NADS and its subsequent action plans do not settle clusters of indicators facilitating the measurement of the progress following the implementation of the strategy. The logic of change, as envisaged by the NADS is expressed in the figure below:

Figure 1. The Logic of Change: 2005 – 2012 NADS

The Logic of Change: 2005-2012 NADS



To determine the stage of the NADS implementation, the action plans foresaw periodical actions of results evaluation (interim and final evaluation). In the reorganization of the Agency context, the interim evaluation of the NADS implementation was postponed. The first intermediary evaluation took place in 2011, was implemented by the NAA at internal level and targeted, at the end of 2010, the achievement of the objectives contained by the National Action Plan 2010-2012. The intermediary evaluation did not explore the **effects** of the anti-drug actions developed in the timeframe 2005-2012, but only assessed the degree of accomplishment of the action plans (Were the actions delivered according to the project? What were the results?).

Compared to the National Strategy on Drugs 2003-2004, the 2005-2012 NADS contains the following novelty elements:

- **At the level of principles:**

- It supports the principle of the global, unitary, multidisciplinary and balanced approach between the drug demand reduction and drug supply reduction measures by equalizing the two significant benchmarks of the strategy vision.
- It (no longer) endorses the principle of consumer's individual option by taking into account the concerns regarding the obligatory medical treatment as alternative to detention measures.
- **At the level of scope and objectives:**
 - It renounced stating generally valid objectives for all intervention areas, the objectives being formulated for each of the intervention areas targeted for the 2005-2008 period
- **On drug demand reduction:**
 - It foresees as general objective to increase the accessibility of medical, psychological and social services by individualizing and adjusting these services to the specific needs of each consumer;
 - It proposes the shaping of an integrated system of institutions and drug demand reduction services that does not only provide medical assistance in the treatment of addictions, but also social assistance services contributing to the social reinsertion of former drug users.
 - It encourages the participation of private service providers (NGOs, companies, physical persons) that wish to involve in the drug demand reduction field. The importance of the active involvement of civil society is also underlined in the documents of the European Economic and Social Committee (EESC) as well as in other European policies on drugs.
- **On drug supply reduction:**
 - Based on the experience of the previous strategy implementation and taking into account the international and regional contexts directly influencing the national area, the 2005-2012 NADS proposed as general objective to reduce to the lowest level the illicit drug trafficking and related criminality, but compared to the previous Strategy, without settling an indicator on reducing the drug supply reduction with 30% - objective which proved difficult to be achieved.
 - Differently from the 2003-2004 NSD, it supports the necessity to endorse the international conventions on the matter and the alignment of national legislation to such provisions; the adequate punishment of any illicit deed or offence connected to drug operations; the application of differential sentences according to the drugs nature and quantity or the organizational character of the offence determining a greater social danger of the deed; making use of the updated technical and operational means of action such as: supervised drug delivery; using undercover investigators; strengthening cooperation both at internal and international level between the institutions with attributions in combating trafficking and illicit use of drugs.
 - One of the recommendations resulting from the 2003-2004 NSD evaluation regards the promotion of cooperation among the national and international institutions responsible with drug supply reduction. The implementation of the Great Romanian Alliance against Drugs (M.A.R.A) Programme is the concrete action model proposed by the 2005-2012 NADS for cooperation at the level of a national network.
- **On international cooperation:**
 - By recognizing the importance of international cooperation in the success of the efforts to reduce drug demand and supply, both at national and international level, the 2005-2012 NADS aimed to strengthen the role and image of Romania as *a trustful international partner* in this field.
- **Regarding the information, evaluation and research:**
 - For the timeframe 2005-2012, the NADS planned a series of actions to consolidate the capacity of the Romanian Observatory for Drugs and Addictions and to support actions that contribute to the development of the national information, evaluation and research system in the drug area.
- **Regarding the roles and responsibilities:**
 - It particularly mentions the role of the National Anti-Drug Agency on the coordination of the NADS implementation, the monitoring and evaluation of the drug demand and supply reduction activities and of those related to international cooperation.

- It settles objectives for all institutions with responsibilities in the drug demand and supply reduction areas. The specific actions are described in the action plans for the strategy implementation.
- **On the action plans:**
- The 2003-2004 Strategy contained in the description of each intervention area the action plan consistent for the formulated objectives. These plans were established for each of the responsible ministries but did not make the general connection between the bodies contributing to the accomplishment of the same objective. This issue generated difficulties both in the inter-agency cooperation and in the monitoring and evaluation of the strategy implementation. The 2005-2012 strategy was implemented through two action plans (2005-2008 and 2010-2012) that specify the necessary activities, having the general and specific objectives as starting points and clearly mentions the responsible institutions.

The analysis in the present report uses as reference the 2010-2012 N.A.P as it proposes to ensure continuity in the actions started earlier in the previous action plan and it reiterates essential objectives left unaccomplished in the period 2005-2009 or objectives requiring a longer period of time for their achievement⁸.

Another forth mentioning aspect which affected the level of implementation of NAS are the structural changes which took place starting with 2009, overlapping the economic crisis, which affected NAA. Thus, the reorganization of the institution, formalized through Emergency Government Ordinance no. 20/2009 and subsequent subordination to the GIRP, have significantly affected the NAA capacity of interinstitutional coordination and strategic management for the period 2009 -2010. Therewith, the respondents have appreciated as a backward step which affected the implementation of the NAS at all levels. In 2010, the National Antidrug Agency was reorganized again under the Ministry of Administration and Interior and thus propelling NAA as main national antidrug coordinator in Romania.

The Objectives of the Evaluation: the National Anti-Drug Strategy 2005-2012

Developed in the period August – October 2012, the evaluation process was initiated by the UNICEF Romania office in collaboration with the National Anti-Drug Agency (NAA) and was conducted by the independent team of evaluators from Romanian Angel Appeal Foundation (RAA). The evaluation comes at a key-moment in the European and national response to drug use and drug supply reduction. Currently, at European level, the process of evaluation of the European Strategy on Drugs is organized, in parallel with development of the European framework on drugs which will shape the both European approach and national policies on drugs for the following period of time. This is a summative evaluation, which focuses on the process and informs on improving the next programmatic document, National Antidrug Strategy for 2013-2020.

The evaluation was designed around criteria provided by OECD/DAC⁹ (relevance, effectiveness, efficiency, impact, sustainability, and human rights based approach and results based management) and aimed to:

⁸ For example the MARA programme for the development and implementation of the national integrated system for preventing and countering the illicit drugs trafficking and use or the national wide implementation of the “Education for Health in Romanian Schools” Programme (under the coordination of MECTS).

⁹ http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html

1. *Measure the relevance, effectiveness, efficiency, sustainability and impact of the measures proposed and applied by the national antidrug strategy 2005-2012 with regards to all its pillars (reduce drug demand; reduce drug supply; international cooperation; informing, research and evaluation; inter-institutional cooperation);*
2. *Assess the extent to which the effect of the National Drug Strategy 2005-2012 and its plans of action acted on the drug issue in Romania;*
3. *Identify and extract necessary and relevant elements (achievements, lessons and recommendations) for the development of the following programmatic document (National Antidrug Strategy 2013-2018), according to the tendencies of the drug use phenomenon in Romania, while also supporting human rights perspective (e.g. children's rights included, rights of most at risk population).*

The evaluation covered of pillars of the National Antidrug Strategy on drug demand reduction; drug supply reduction; international cooperation; information, research and evaluation and inter-institutional cooperation with a focus on **a) measuring relevance, effectiveness, efficiency, sustainability and impact of the measures proposed to:**

- i. *Maintain at a low level the drug use prevalence comparing with 2005 baseline and to reduce alcohol and Tabaco use in general population through development of the public and private medical, psychological and social system;*
- ii. *Increase the accessibility of medical, social, psychological services and measures taken for drug users in order to remove physical and psychological dependence or/and to reduce the risks associated with use of drugs;*
- iii. *Reduce at the lowest level the drug criminality and connected criminality through efficient intensification of the institutions responsible for the combating of the organized crime;*
- iv. *Enhance country's role at international level as trustworthy partner in the global effort to reduce drug demand and supply;*
- v. *Ensure an unitary strategic concept, the coordination of its implementation, monitoring and evaluation of the demand and supply reduction actions; and*

b). to document lessons learnt from National Antidrug Strategy implementation and collection of recommendations to construct next programmatic document on each pillar of the strategy.

In relation with the 2nd objective of the evaluation, the evaluation team looked at the lessons learnt from implementation of the 2005-2012 National Antidrug Strategy, identifying the key elements which determine a better implementation of the strategy.

As the relevance of the evaluation is extended across the key stakeholders, the information provided under this report is useful for:

1. NAA and other national stakeholders – for it provides evidence on how the strategy and national action plans has actually worked and informs decision-making on its continuation.
2. UNICEF programmes – addresses cross-cutting strategies of MTSP (HIV/AIDS in children, but also includes human rights based approach to programming, gender equity, knowledge management, evaluation and communication for development). The evaluation provides evidence on how the system for prevention and assistance of children and women using drugs children is implemented and indicates lines of actions for future programming.

3. Ministry of Labour, Family and Social Protection, General Directorate for Child Protection – for it provides useful information on how the legislative framework needs to change to address children and women using drugs, but also offers essential information on the need to develop and implemented social measures for most excluded population (adolescents using drugs, women, etc.)
4. Ministry of Education and Research, Ministry of Youth and Sports and Ministry of Health – they are an important duty bearers in the response to drug use; the evaluation is useful for them as it provides evidence on the necessary measures to be taken to tackle prevention of alcohol, drug and Tabaco use and assistance of drugs users, including children and women.

Based on the analysis of the collected data, the independent team of evaluators formulated recommendations that they further communicated to the NAA to serve for the elaboration of the National Anti-Drug Strategy and of subsequent action plans for the programming period 2013-2020. The recommendations, formulated for short or longer term, propose solutions to increase the effectiveness of the anti-drug measures implemented in the period 2005-2012 and also make reference to completely new actions to be implemented by the NAA and other national actors.

Methodology of the Evaluation

Evaluation Framework

The objectives guiding the evaluation are to provide on the one hand, useful information on the progresses registered and lessons learnt from 2007-2013 strategy implementation and on the other hand, key elements for antidrug policy development for 2013-2020.

The evaluation uses the OECD/DAC criteria, given their systematically proved relevance for evaluating development assistance. The research considers the five standard OECD criteria (relevance, effectiveness, efficiency, sustainability and impact) and adds the criteria related to human rights based approach and results based management given their systematically proved relevance for evaluating development assistance¹⁰.

Consequently, the 5 evaluation criteria relate to: (1) *relevance* - the extent to which the national antidrug strategy measures suited to the national context, identified priorities, target group and audience; (2) *effectiveness* - the extent to which the strategy for 2005-2013 attained its objectives; (3) *efficiency* - to what extent did the national antidrug strategy ensured the inter-institutional cooperation in relation with each of its pillars, with focus on drug demand reduction?); (4) *impact* – which were the major changes (positive/negative) triggered by the implementation of the two action plans, both at national and international level?; (5) *sustainability* – are the government counterpart agencies and project implementing partners (governmental and non-governmental) developing the capacity and motivation to efficiently implement and sustain national antidrug strategy objectives and specific activities? To the 5 evaluation criteria, another 2 related to human rights based approach and results based management were added: (6) *Human rights based approach*: How the strategy is perceived by the rights-holders, with a particular focus on children and their rights, and as much as possible from a gender-based perspective? And (7) *Results based management*: Have coordination mechanisms between NAA and other relevant development entities been successfully established? Was the national

¹⁰ OECD, Quality Standards for Development Evaluation, 2010.

antidrug strategy effectively coordinated with other key actors, in particular government agencies?

The specific research questions addressed under each criteria are presented below and in the Annexes.

Case 1 presents the manner of rendering these criteria operational.

<p>Case 1. Guiding questions for the evaluation according to the established criteria</p> <p><i>The relevance of the 2005-2012 NADS measures</i></p> <p>* Do the NADS actions (measures) and consequent results correspond to the general and specific objectives formulated in the Strategy?</p> <p><i>The effectiveness of 2005-2012 NADS measures</i></p> <p>* To which extent have the NADS general and specific objectives been attained?</p> <p>* Which are the factors that facilitated / failed the achievement of the objectives?</p> <p><i>The efficiency of 2005-2012 NADS measures</i></p> <p>* Were the NADS objectives achieved in the proposed time?</p> <p>* Were the results following the implementation of the NADS actions/measures equivalent to the allocated resources (human, financial, time resources)?</p> <p><i>The sustainability of 2005-2012 NADS measures</i></p> <p>* Which factors have influenced the sustainability of actions/measures aligned to the NADS objectives?</p> <p>* To which extent have the actions/measures financed through international funds proved sustainable?</p> <p><i>The impact of 2005-2012 NADS measures</i></p> <p>* What happened after the implementation of the NADS actions/measures?</p> <p><i>Respecting Human Rights and equity</i></p> <p>* Have the implemented actions/measures generated Human Rights and equity principles violations? If so, which type of violation?</p> <p><i>Results/evidence based Management</i></p> <p>* Was the principle of results based management used in projecting and implementing the NADS actions/measures? How?</p>
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The consultants have considered both the **actors' perspective (institutions and organizations)** involved in the Romanian anti-drug actions and the **perspective of the beneficiaries** of the drug demand reduction services. Therefore the conclusions regarding the effects following the implementation of the NADS are not **objective and quantifiable assessments** of anti-drug measures taken during 2005-2012 in terms of progress, effectiveness, impact and sustainability. For instance, the perspective over the effectiveness of anti-drug measures implemented in Romania in the reference period did not result from calculating the cost-efficiency parameters, but from the subjective answer to the questions "Were the NADS objectives achieved in the proposed time?", "Were the results following the implementation of the NADS actions/measures equivalent to the allocated resources (human, financial, time resources)?". The lack of indicators and of measurable targets in the action plans of the NADS made it impossible to quantify the degree of achievement of the Strategy objectives, of the impact and of the cost-efficiency of the measures.

The evaluation **did not aim to inventory** the drug demand and supply reduction actions developed at national level in the timeframe 2005-2012; one could certainly identify hundreds of actions implemented by one or more partners, with national or local coverage, financed through less known financiers or by notorious donors. It is for this reason that the following initiatives have not been analysed or mentioned:

- Services provided by organizations which do not have as main field of activity reducing the demand for drugs;
- Interventions implemented at a reduced scale (e.g. local prevention campaigns; prevention campaigns at school level; training activities);

- Information/prevention message that are not part of an articulated campaign, etc.;
- Interventions where the results have not been documented in/through public reports.

Geographical coverage of the evaluation

The National Antidrug Strategy has national coverage, institutions from various sectors having responsibility in its implementation and in consequence the evaluation will reflect its impact at national level.

Since the main perspective of this initiative is the **overall (macro) analysis** of the progress of the 2005-2012 NADS implementation, the report makes reference only to the actions the respondents have mentioned more frequently, to those thus evaluated as being important, and those having large geographical or demographical coverage.

Data Collection and Desktop Research

The final evaluation included a number of methodological tools to gather data, check and cross-check the found data. Primary data collection has been conducted through a combination of methods and is described below.

- **An analysis (Desk Research) of documents** available in official statistics, research and activity reports (provided by the NAA and other Romanian organizations), in legal documents, official releases, web pages, etc. The data collected were used to describe the social and legislative context of the implementation of the 2005-2012 NADS, as well as in completing/confirming the data collected from the various actors (institutions and physical persons) who participated in the evaluation process.
 - Legislative and policies documents like: National Antidrug Strategy 2005-2012; National Antidrug Action Plans; National Antidrug Agency evaluation reports; research reports.
 - Relevant other key documents: European Strategy on Drugs, Evaluation Report of the European strategy on drugs.
 - Other key documents on HIV epidemiology and response in Romania (UNICEF, UNODC, UNAIDS, WHO, ECDC, behavioural, serological and qualitative surveys, et cetera).
 - Other key documents on drug use in Romania (EMCDDA, Annual Reports, BSS Surveys).
 - Other documents: such as the needs assessment among NGOs conducted by the RHRN: 'Drug users – access to sterile injecting equipment and substitution medication' by and other documents.
- **The collection and analysis of qualitative data** through individual interviews (face-to face or e-mail conducted interviews), group interviews, based on the interview/focus group guides presented in **Annex 2** of the present report:
 - In order to get a good understanding of the strategy results and impacts, a range of interviews have been conducted with a wide range of key stakeholders, such as service providers, representatives of national agencies such as ANA, ANP, Ministry of Health, Ministry of Education, Ministry of Labour, Family and Social protection and other partners in the implementation of NAS11. This method has been used for all themes of the evaluation questions. Triangulations took place by review of relevant documents, or, if suitable, additional interviews.

¹¹ The full list of institutions interviewed are listed in Annex 1

- Individual interviews and focus groups with specific sub-categories of population, either beneficiaries of prevention interventions or clients of services. Interviews and/or focus groups were held with active adolescents from general population, drug users, boys and girls, users of the services of the fixed-site syringe exchange and OST programs. Main items of these meetings were medical/social needs, results and impact of the services, access to the services, quality of services.

This method has been used to answer questions in the sections Relevance, Effectiveness, and Impact. Triangulation took place by review of existing document in this respect, or, if suitable, additional interviews.

- **Field visits and observations**

The evaluation included visits to service delivery in the field (i.e. outreach and fixed-site syringe exchange and OST programs in the community) to meet with service providers and to observe delivery of services.

This method has been used to answers questions in the sections Relevance, Effectiveness, and Impact. Triangulation took place by review of existing document in this respect.

Why this methodology was used?

The summary of the data collection methods and instruments as well as the selection procedures of the participants to the group and individual interviews are detailed in the table below.

Table 1. Summary of the methods, instruments and selection procedures used in data collection

Methods/Instruments	No. of participants	Selection of the participants
Desk research - Analysis of the documents (activity reports, statistics, research reports, legislation)	-	-
Focus group with adolescents (<i>focus group guide</i>)	4 participants (2 girls, 2 boys)	Invitations sent to 10 adolescents - 5 boys, 5 girls, aged between 14 and 18 years old, pupils of public and private high schools in Bucharest.
Group discussion with adolescents (volunteers in Youth for Youth Association – TnT) (<i>discussion guide</i>)	20 participants	The discussion with RAA evaluators took place during a technical meeting with adolescents, volunteers in health education programmes implemented in Bucharest by Youth for Youth Association (TnT).
Focus group with parents (<i>focus group guide</i>)	4 participants (women)	Invitations sent to 10 parents (6 women, 4 men) of adolescents, pupils in public and private schools in Bucharest.
Focus group with persons in detention (<i>focus group guide</i>)	4 participants (men, age >18 years old – substitution programme) 9 participants (men, age >18 years old - group)	The selection process of the participants was done through the medical staff of Jilava penitentiary, according to the following criteria: *6-8 inmates (men, 18+ years old) who benefited from needle exchange / methadone substitution therapy programmes in detention (in Romanian penitentiaries) *6-8 inmates (men, 18+ years old) beneficiaries of the Jilava Therapeutic Community
Focus group with homeless young people and adolescents who use injecting drugs (<i>focus group guide</i>)	10 participants	The selection process of the participants was done through the Parada foundation field team, after the following criteria: *10 homeless adolescents and young people who were injecting drugs, clients of Parada services, aged between

		15 and 24 years old, out of which 2 women.
Focus group with women enrolled to methadone substitution therapy (<i>focus group guide</i>)	6 participants	The selection process of the participants was done through the team of "TITAN" substitution therapy centre of Romanian Anti-AIDS Association (ARAS) after the following criteria: 6-8 women aged > 18 years old (at least 2 participants in the 18-24 years age group).
Individual interviews with teachers (<i>interview guide</i>)	10 interviews (3 electronic, 7 face to face)	The respondents were head teachers of V-VIII grades from School no. 71 in Bucharest. Anti-drug programmes were developed in this school during 2005-2012.
Focus group with public drug demand reduction service providers (<i>focus group guide</i>)	4 participants	The selection of service providers was carried out considering the following criteria: no. of clients (highest); type of services (all types to be represented), experience (most extensive).
Focus group with private drug demand reduction service providers (<i>focus group guide</i>)	10 participants	Invitation sent by the evaluators' team to the main private service providers (non-profit and for-profit) in Bucharest/ Ilfov.
Individual interviews with representatives of public and private organizations involved in the NADS implementation or collaborating with the NAA ¹² (<i>interview guide</i>)	55 interviews (electronic and face to face)	Invitations to contribute to the evaluation were sent to approx. 70 Romanian and international institutions and organizations involved in the drug demand/supply reduction areas. The invitations were sent to: *All national public institutions mentioned in the NADS action plans as being responsible with the implementation of the strategy. *Romanian NGOs active in the drug demand reduction area that did not partake to the focus group of private services providers. The selection criteria were identical with those of the focus groups. *The main international institutions which significantly financed/supported the Romanian anti-drug programmes in the period 2005-2012. The list of these institutions was requested from the National Anti-Drug Agency.

Apart from describing the evaluation objective and the research methodology, the report further contains: five chapters presenting results, conclusions and recommendations on the measures implemented in the NADS intervention areas; a final chapter summarizing the conclusions and formulated recommendations; the list of institutions and organizations that contributed to the evaluation process (Annex 1); the focus group and individual interview guides used in collecting the qualitative data (Annex 2); the consulted bibliography.

Ethical Considerations

The representatives of the organizations, as well as the beneficiaries of drug demand reduction services who participated to the evaluation, were informed on the research objectives, the manner of using the data and on their right to refuse their participation in the study. The exercise of this right was reflected in the response rate (slightly lower than 100%) obtained at the individual interviews, as well as in the number of participants – sometimes reduced - reported for the focus groups.

¹²The List of institutions and organizations that answered to the request to evaluate the results of the 2005 - 2012 NADS implementation can be consulted in Annex 1

Upon the request of some of the individual and group evaluation interviewees, the RAA team of evaluators did not specify the identity of the representatives from the responding institutions and organizations (name, specialization, position) in the present report.

The process of interviewing individual physical persons, not affiliated to an organization (adolescents, parents, prisoners, injection drug users) was conducted by respecting their right to privacy and confidential answers.

The interviews for which consultants received the respondents' approval were recorded on audio devices. The answers received by e-mail were electronically archived.

Regarding the release of the evaluation results, the RAA consultants aimed to present a balanced perspective of the 2005-2012 NADS implementation outcomes, by reporting both the successes, the positive aspects and the negative ones, as well as by ensuring that the voices of all relevant actors, from the public, private and academic sector were represented.

The evaluation of the 2005-2012 NADS also considered the manner in which the Strategy and its subsequent action plans with the implemented activities have respected the Equity¹³ principle by ensuring equal and non-discriminatory access to services for all beneficiaries. Two categories of beneficiaries in risk of exclusion were particularly envisaged: children and women drug users.

Limits of the Evaluation

The objective measurement of the NADS cost-effectiveness and impact was not possible in the frame of the present evaluation due to the following reasons:

- The NADS action plans were not accompanied by monitoring plans with targets and indicators, allowing the assessment of the anti-drug activities in terms of progress, results and impact.
- There have been implemented activities financed through public or private funds, from national and international sources.
- There have been implemented programmes (services) of which the indicators were connected with monitoring and evaluation plans belonging to other programmes (e.g. the National HIV/AIDS Strategy; the HIV/AIDS Programme financed by GFATM).

The adoption of a qualitative data collection and analysis methodology did not only bring about benefits (such as the detailed description of aspects related to the NADS implementation) but also weak points, such as: the reduced participation (of respondents) to certain focus group sessions, the lack of statistical representation of certain answers provided by beneficiaries of drug demand reduction services, obtaining information that has various relevance levels to the evaluation objectives.

Structure of the report

This evaluation report reports on the results, findings and conclusions of the research activities described above. The report is divided in to 3 parts and it's determined from the need to have under each pillar of the NAS information on each criteria of the evaluation and from the need to have a clearer picture on the need to strengthen or exclude SNA's pillars in compliance with evaluation results.

¹³ The Principle of Equity states the creation of equal conditions for all individuals, so that they can live, develop and achieve their full potential. In order to ensure the equity of interventions all population groups at risk of discrimination on criteria as gender, age, sexual orientation, HIV+ diagnosis, risk behaviours (injecting drug use, engaging in commercial sex) must be taken into consideration.

Part 1 presents the context of drugs policy and the necessary context for this evaluation. It illustrates the background of trends and developments in the drugs situation in the Romania.

Part 2 presents the findings of the assessment of relevance, effectiveness, efficiency, impact and sustainability for the five themes of the Strategy: Coordination, Demand reduction, Supply reduction International cooperation and Information, research and evaluation. The structure of each of those chapters focuses on the findings for the 5 main evaluation criteria: Relevance, Impact, Sustainability, Efficiency and Effectiveness.

Part 3 draws together the conclusions, lessons learnt and formulates a set of recommendations for the future of national antidrug strategy.

PART II

Measures for Interinstitutional Coordination

Context

One of the priorities foreseen for each state in the EU Drugs Strategy for the period 2005-2012 is the coordination of the efforts to reduce the drug demand and supply, measures implemented by actors from all sectors – public, private, academic and civil society. The objective of the inter-agency coordination is also mentioned in the 2005-2012 National Anti-Drug Strategy, rendered operational by measures aiming:

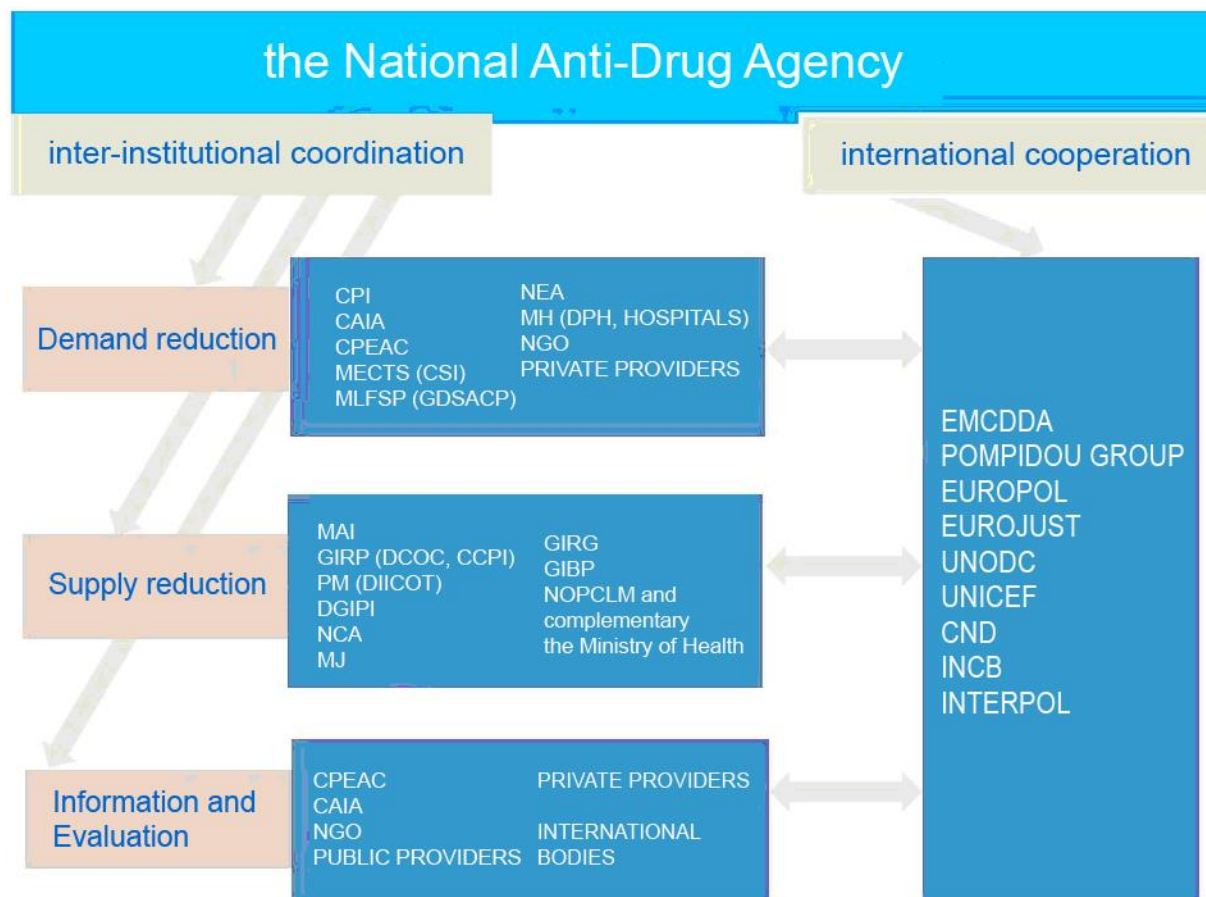
- To foster common actions of the responsible institutions and organizations;
- To coordinate actions of responsible actors;
- To monitor and evaluate the actions taken by responsible actors;
- To ensure contribution from responsible actors – under the NAA coordination – in the collection, processing and transmission of data on illicit drug trafficking and drug use in Romania.

The main institutions and organizations to have implemented drug demand/supply reduction measures in the period 2005-2012 are:

- The National Anti-Drug Agency through its central level services and through:
 - o The Centre for Prevention, Evaluation and Anti-Drug Counselling (CPEAC)
 - o The Centre for the Integrated Assistance of Addictions (CAIA)
- The General Inspectorate of Romanian Police (GIRP) through:
 - o The Directorate Judicial Records, Statistics and Operative Evidence
- The Directorate for Combating Organized Crime (DCCO) through the Anti-Drug Service and The Central Laboratory for Drug Analysis and Drug Profiling
- County Police Inspectorates
- The General Inspectorate of Border Police (GIBP)
- The General Directorate for Intelligence and Internal Protection
- The Ministry of Public Finance through The National Customs Authority
- The Public Ministry through The Directorate for Investigating Infractions of Organized Crime and Terrorism (DIICOT), through the Service for Preventing and Combating the Illicit Drug Trafficking and Use
- The Ministry of Justice through The National Administration of Penitentiaries (NAP)
- The Ministry of Health through:
 - o The Centre for Mental Health and Fight against Drugs (CMHFD)
 - o County Public Health Authorities
 - o The National Institute of Legal Medicine “Mina Minovici” (NILM) and other territorial institutes (Iasi, Timisoara, Cluj-Napoca, Târgu Mures, Craiova)
 - o Hospitals
- The Ministry of Education, Research, Youth and Sport through
 - o County School Inspectorates
 - o The National Authority for Sport and Youth

- The Ministry of Labor, Family and Social Protection through The General Directorate for Social Assistance and Child Protection
- The National Office for the Prevention and Control of Money Laundering
- Nongovernmental organizations
- Private providers of integrated assistance services for drug users (e.g.: PsyMotion Clinic, the National Association of Interventions in Addictions)
- The Superior Council of Magistracy
- The National Institute of Magistracy

Figure 2. The chart describing collaboration relations between the NAA and the institutions and organizations with attributions in the implementation of the NADS 2005 – 2012



Relevance

The interinstitutional coordination is a basic condition in the adoption of a unitary approach on the drug phenomenon, however with the importance of respecting the functional autonomy of all actors involved. The coordination is maintained both at horizontal and at vertical level (between subordinated and coordinated institutions) both at national and at international level.

The measures foreseen by the 2005-2012 NADS were based upon formal partnerships (concluded at central and local level) and informal specific collaborations (e.g. institutions/organizations mutually supporting one another in campaigns, in press events) or informal long term partnerships (e.g.: organizations working together in developing relevant documents for their activity sector). In some of

the counties, local partnerships have been established on the local anti-drug strategy provisions – document elaborated under the county council coordination upon the contribution of public authorities and civil society involved in the fight against drugs at local level.

Using interinstitutional partnerships in the implementation of the strategy was a key element allowing:

- To extend the coverage of drug demand reduction interventions (e.g. drug use prevention programmes developed in schools, information campaigns targeting the youth in the general population, *harm reduction* programmes in the penitentiary system).
- To increase the level of information on the drug situation in Romania among the institutional actors.
- To more effectively centralize the data on the illicit drug trafficking and use in Romania – data collected from various public institutions and nongovernmental organizations.

The relevance of the NAA role in coordinating the anti-drug activities was assessed according to two aspects: drug supply reduction and monitoring/evaluation of drug demand reduction programmes implemented through private national and public/private international sources. From the point of view of DIICOT representatives, the NAA coordination and monitoring role of drug supply reduction policies is not very clearly defined or delimited; this leading to certain demands from the Agency's behalf being perceived as in conflict with the mandate of the Public Ministry (through DIICOT) to primarily react upon the normative acts regulating the justice and operative activities. From the timely experience of implementing drug demand reduction interventions, civil society representatives were used to have the monitoring/evaluation of the interventions conducted by the body that financed the programme; thus they had the obligation to only report data to their financiers. In this context, the data transmission requests coming from the NAA were at the beginning appreciated as illegitimate – given the conditions of interventions not being financed through public funds. According to discussions with NAA representatives, the civil society began, in time to answer to such requests. The NGOs continue however to express their view that the NAA should ensure public funds for the interventions they wish to monitor.

Effectiveness

In the reference period, regarding the **interinstitutional coordination**, all actions contained in the APs have been accomplished.

The main results of interinstitutional coordination at **central level** (among public institutions, between public institutions and civil society) were:

- The existing collaboration protocols have been updated and new agreements have been concluded. For instance, the existing collaboration protocols between the MJ, the PM, the MAI, SRI, SIE and the Ministry of Public Finances in the field of combating organized crime and corruption and the Protocol of Cooperation between the Organized Crime Directorate under SIE and the Directorate for Combating Organized Crime (DCCO) under the GIRP for accomplishing specific tasks in the area of preventing and combating international organized crime.
- There were organized anti-drug (inter-ministerial) working groups, to which were invited representatives of public institutions involved in the areas of drug demand and drug supply reduction. Some of these working groups have become permanent, such as the collaboration between the DCCO, the Romanian Border Police and the National Customs Authority, on regional centers, in conformity with the recommendations of European Union Council Resolution of 29.11.2006¹⁴.

¹⁴Starting with 2005, three TRIDENT cooperation centres are functional and in 2006 a POLVAM centre is operational in Iași, under the coordination of GIBP.

- The NAA, through the Romanian Observatory for Drugs and Addictions coordinated the process of data collection from the institutions involved in the drug demand or drug supply reduction, data that were processed and included in *the National Report on Drugs* and in reports submitted to European bodies (such as the EMCDDA) or international bodies, on the basis of cooperation agreements.
- The Central Registry for Investigation and Research in the drug field was initiated and the process of interconnection between the databases managed by the NAA, GIRP, GIBP, NCA, and PM has started with the purpose of ensuring efficient coordination of the anti-drug fight.
- Aiming to develop research in the field of drugs, the Scientific and Research Council within the NAA was established by reuniting national level academic and professional experts¹⁵.
- In order to sustain Romania's representation to the official international reunions tackling the drug issue, the NAA collaborated with Romanian participant institutions and prepared the supporting documents necessary in presentations (e.g. analysis and data on the evolution of drug use; anti-drug policies, the evolution of drug trafficking, etc).
- The National Programme for Prevention and Integrated Assistance of Addictions was adopted through G.D. no. 1101/2008, along with other nine national interest programmes on the prevention of drug use to complete the integrated network of services foreseen in the Great Romanian Alliance against Drugs¹⁶, programmes approved through G.D. no. 1102/2008¹⁷.
- The NAA contributed to the elaboration of national anti-drug policies and, according to the statements made by most of the interview respondents, involved the relevant (public and private) actors in a consultative process.

With regard to the local level coordination:

- Through CPEAC, the NAA catalysed the elaboration of local anti-drug strategies and the establishment of local interinstitutional collaboration protocols. According to the discourse of a CPEAC Maramureş representative *"in the researched period, all activities carried out by CPEAC - Maramureş were successful, a good collaboration being established with the County School Inspectorate, the County Police Inspectorate, the County Gendarmerie Inspectorate, the County Employment Agency, the General Directorate for Social Assistance and Child Protection, Baia Mare Penitentiary, and civil society structures"*.
- To strengthen the local authorities' capacity in the implementation of coordinated anti-drug actions, the Agency also formulated a methodology of certification, evaluation and approval of local strategies.
- The CPEAC have settled numerous collaboration agreements with penitentiaries in the country, over 200 protocols with NGOs and church institutions (dioceses, congregations, parishes, etc.).

Both at local and central level the outcomes were:

- The interinstitutional cooperation was significantly driven by the involvement of institutions (responsible with the drug remand or supply reduction) and of nongovernmental organizations

¹⁵The Council was dismantled following the institutional reform of the MAI, but later on, it was re-established by art. 8 of G.D. no. 461/2011 and acts to ensure the debate framework of anti-drug policies, sector strategies, projects and programmes. The involvement of the council members in the PHARE 2006/018-147.05 project the Consolidation of the integrated medical, psychological and social assistance system for drug users in Romania -was materialized through the development of a guide for specialists in the drug demand reduction field.

¹⁶MARA – the Great Romanian Alliance against Drugs was an initiative to propose the integrated action of all institutions involved in the drug demand and supply reduction. However, its implementation proved difficult for several reasons: the targeted institutions were facing budgetary limitations; the integrated action implied a significant effort in correlating the policies and objectives of a large number of varied institutions.

¹⁷According to the normative act of approval these programmes were budgeted with 4 million Euros for the period 2009-2012.

in attracting and implementing of externally financed projects. These projects had various objectives: to reduce the demand for drugs (e.g. prevention campaigns targeting the youth; behavioural modelling for pupils; etc), increasing the capacity of local institutions to implement actions to reduce the drug demand/drug trafficking and information/research/evaluation actions (e.g. training, study visits, experience exchanges, elaboration of manuals, etc.); researching the drug trafficking/drug use phenomena (e.g. the ESPAD national study).

- The organizations and institutions active in the area of drug demand/supply reduction have maintained the contact with mass media to mainstream to the public and responsible authorities aspects such as: the evolution of drug use; changes in the use patterns; public health risks, etc. A brief analysis of written press reveals that the NAA and nongovernmental organizations have had the most visible presence in the mass media in the analysed period. The EMCDDA representatives have otherwise appreciated the NAA relation with the local mass media as a model of good practices¹⁸.

Efficiency

As a whole, the majority of interviewees – representatives of institutions and nongovernmental bodies (including Romanian offices of international agencies) have appreciated as positive and fruitful the central level collaboration between most of the actors developing anti-drug interventions, as well as with the NAA.

In addition, from the conducted interviews, the elaboration of local anti-drug strategies, as well as their implementation under the CPEAC coordination or participation, seems to represent the most visible and numerous proofs of interinstitutional cooperation. The working manner integrated at local level was exemplified by CPEAC representatives from several counties:

'In the field of assistance, apart from providing medical, psychological and social services, RCPEAC Timișoara has created a local network consisting of assistance services providers: Timișoara County Hospital, Timișoara Municipal Hospital, Timișoara Children's Hospital "Louis Turcanu", Timișoara Regional Centre of Public Health, the County Directorate for Social Assistance and Child Protection, Save the Children Organization, ARAS Association. The members of this network organize periodical meetings to discuss concrete collaboration modalities.' (Representative of CPEAC Timiș).

Only in 2011, CPEAC Iași has collaborated on partnership agreements basis with 40 local public authorities and schools, with 10 nongovernmental organizations and with 8 mass media organizations:

'in the process of achieving the objective <to develop the institutional and operational capacity and to consolidate the role of the National Anti-Drug Agency as national coordinator of the fight against illicit drug trafficking and use>, in March 2006, following the release of Order no. 153 of the Iași County Prefect, on March, the 3rd, 2006, the Commission for the implementation of the National Anti-Drug Strategy 2006-2008 at the level of Iași county was established, a body including the following institutions: Iași County Prefecture, the Directorate of Labour, Social Solidarity and Family, the Maximum Security Penitentiary, the County Gendarmerie Inspectorate, the National Authority to Support Youth Initiative Iași, the County Sport Directorate, the County Border Police Inspectorate, the Brigade for Combating Organized Crime, the County Police Inspectorate'. (Representative of CPEAC Iași).

¹⁸ Opinion expressed in the frame of the thematic REITOX Academy 'the Relation of National Focal Points with Mass Media' organized by the National Anti-Drug Agency in collaboration with the European Monitoring Centre for Drug and Drug Addictions.

However, there are regions in which the interinstitutional cooperation did not have the above described dimensions, especially due to the reduced number of services available in the area of drug demand reduction. For instance, in Hunedoara county:

'There are no organizations or associations specialized in the field and therefore drug demand reduction activities have not been developed ... CPEAC is collaborating with a youth association with whom we are developing prevention activities. There are other institutions (Hunedoara County Police Inspectorate, Hunedoara County Directorate of Public Health, Hunedoara County School Inspectorate, and Red Cross – Hunedoara county branch office) with whom we collaborate in carrying out projects, but which do not have specific attributions in the field of drug use prevention.'(Representative of CPEAC, Hunedoara,)

However, the discussions with the respondents have also stressed out difficulties or delays that need to be taken into account. We herewith mention the following:

- The local level partnerships have proved to be more efficient than those established at central level.
- There are also institutions with which the collaboration was difficult in the past years. The Ministry of Health fell in this category, by being mentioned by all private demand reduction service providers and by some of the public providers who took part in the evaluation.
- The efficiency of the partnerships primarily depended on the personal relations that were established between the representatives of the various organizations/institutions and to a smaller extent on the concrete application of formal protocols: *"We are collaborating with the people, not with the institution"* (representative of the MECTS).
- Although the NADS action plans foresaw fostering the communication between the actors involved in anti-drug activities, the frequency of interministerial meetings, as well as of certain common meetings with the civil society did not meet the expectations. In addition, at the meetings held, not all relevant institutions/organizations participated. The Ministry of Health absence from most of the meetings from the national actors was regarded as highly dissatisfactory by the civil society representatives and by some of the public institutions.
- Though the NAA reorganization in 2009 has significantly changed the formal responsibilities of the institution in the area of coordination of the national anti-drug measures, the good collaboration with the team of the Agency did not alter – as the institutions and organizations contributing in the evaluation said. However, some of the NAA staff members felt differently the effects of the restructuring: *"deterioration in the trust of the partners, of the potential beneficiaries, etc. in the CPEAC, due to transformations occurring in the NAA starting with March 1, 2009, resulting in a lower level of their involvement in programmes and activities"* (representative of CPEAC Iași).
- Even in the counties in which local anti-drug strategies were elaborated, the implementation (or non-implementation) of such strategies largely depended on the existing budgetary resources, the public local authorities' availability and capacity.
- In the opinion of some of the governmental and nongovernmental collaborators of the NAA, the reorganization of the institution, formalized through Emergency Government Ordinance no. 20/2009¹⁹ and subsequent subordination to the GIRP, have significantly affected the NAA capacity of interinstitutional coordination and strategic management for the period 2009 -2010. Therewith, the Agency representatives have appreciated that taking into account the coordination exercise and capacity, the changes occurred in 2009 could be considered as a *"regression to 2002"*.
- Collecting data from the institutions involved in the NADS implementation can, sometimes, prove difficult not only for the NAA but also for the institutions receiving the request. The insufficient personnel represented the main formulated reason to explain why sometimes syncope/gaps occur in delivering the data to the Agency. Such problems have been reported by representatives from the Ministry of Health and especially by representatives of drug demand reduction facilities.

¹⁹ Published in the Official Journal no. 156 of March, 12, 2009

The difficulty in collecting/reporting data was especially mentioned in the context of discussions on the Central Registry for Investigation and Research in the Drug Field. The Registry is perceived as the most significant accomplishment for the period 2005-2012 but, in terms of efficiency, the respondents evaluated it in the following manner:

- According to LCAPD representatives, the Registry needs to be optimized taken into account that it was completed in 2012, whereas in the past years, the drug use patterns have considerably changed.
- The Registry implementation (including the interconnection of the databases from beneficiary institutions) was delayed due to at least two constraints: the beneficiary institutions do not have enough personnel to take the task of completing their databases and, in addition, to implement the Registry in their own institution; while the development of a cluster of indicators, common to all beneficiary institutions, is a measure difficult to be taken. For instance DIICOT runs a database that was elaborated according to the indicators specified in their governing rules, indicators having a special juridical regime. According to the DIICOT representative, the institution does not have enough personnel to upload in the Registry other data than the ones they collect and introduce in their own database. Moreover, the DCCO representatives, although they periodically submit data to the NAA, own a database that cannot be interconnected with the Registry due to technical issues (files in Ms Excel format). To adjust the database for the Registry, additional human resources from the DCCO would be needed.

Impact

The majority of respondents have appreciated the measures carried out in the area of interinstitutional coordination as having an impact on reducing the drug demand and supply.

The numerous cooperation models have produced changes on various aspects. In certain counties, the public local authorities were sensitive and got involved in supporting the anti-drug actions. Governmental and nongovernmental organizations were involved in partnerships resulting in: increasing the organizational capacity; increasing the quality of services for beneficiaries; increasing the number of beneficiaries who have access to services; attracting external funds; better knowledge of the drug phenomenon (by developing the research, monitoring and evaluation capacities).

Sustainability

Respondents affirm that most cooperation models functional in the 2005-2012-period were sustainable. The quality and viability of collaboration also depends on the existence of available funds, clear, time-bound objectives to reunite partners at the same table. In the case of public institutions, the quality of the future partnership is also influenced by clearly establishing tasks and objectives for each institution.

Experience-based Management

Out of the all analysed actors, it can be stated that the NAA accumulated a significant experience in the interinstitutional coordination in the anti-drug area. The Agency tried to value this experience by: strengthening the relations with the civil society (based on consultation; establishment of partnerships), improving the methodology for data collection from institutions/organizations engaged in reducing the demand for and supply of drugs, involving public and private (nongovernmental actors) in the evaluation process of the action plans on the response to the drug phenomenon (e.g. the development of the 2013-2020 NADS).

Conclusions and Lessons Learnt

The main lesson learnt is that using procedures is crucial especially in relation with the institutions responsible with the drug supply reduction whereas in relation with civil society structures, the use of good practices guides is recommended.

The cooperation with local authorities was materialized in most of the counties mainly through the NAA contribution (through CPEAC) in the development of a local and/or regional drug strategy but the effectiveness of such activities largely depends on the availability and awareness level local public authorities display.

The NAA representatives believe that, in relation with the public institutions with attributions in the drug supply reduction, the quality of collaboration is influenced by the existence of good interpersonal relationships between the NAA employees and the employees of these institutions, relationships acting to consolidate the institutional relationships established on the basis of normative acts and collaboration protocols.

Recommendations

In order to increase the quality of interinstitutional cooperation and consequently its impact, on short and medium term basis, it is recommended to:

- To optimize the NAA developed online application on the creation of the Central Registry for Investigation and Research in the Drug Field by consulting with all beneficiary institutions. The application must take into account the following aspects:
 - The participant institutions operative needs of internal reporting.
 - Informing and sensitizing the management of involved institutions regarding the importance of the NADS and benefits of such application.
- To enhance the cooperation between the public institutions with responsibilities in the NADS implementation, both at central and local level, by:
 - Clearly establishing the responsibilities of every institution involved in the NADS implementation and raising the awareness of public institutions on the necessity of activities foreseen in the NADS. In the area of cooperation with national public institutions, the NAA must find a balance between respecting its philosophy – that of not interfering in the partners’ activity – and meeting the expectations of the civil society. For the nongovernmental organizations, the consolidation of the NAA role also leads to strengthening its capacity to monitor, evaluate and even report the institutional partners’ activity that act (or improperly act) in the areas of drug demand and drug supply reduction.
 - The NAA periodically communicating and reminding the partners about their assigned role in the implementation of the NADS (by information updates, organizing conferences / seminars). The communication would come to support both CPEAC and the nongovernmental organizations who try to raise the awareness of the public institutions on the need to implement the NADS and who often face resistance from such institutions.
 - The NAA to inform and train the relevant public institutions on the manner of harmonizing their own indicators with those required by the NAA, in the national and international reporting.
 - Training of the personnel from public institutions, engaged in the NADS implementation, on the required services to reduce the demand for drugs and the quality standards these services should be provided at.
 - Each institution responsible with the NADS implementation should plan and ensure the necessary budget for developing the actions foreseen in the strategies.
 - The NAA must ensure that its own services are adequately financed to achieve the NADS objectives.

- The NADS action plan ought to foresee a monitoring and evaluation system in terms of effectiveness, efficiency and impact of all the actions developed by the institutions mentioned in the programmatic document.
- To consolidate the cooperation between public institutions and civil society organizations (including population groups affected by the drug phenomenon), academic organizations and (for-profit) drug demand reduction services providers, thus:
 - The NAA to facilitate the mutual (public-nongovernmental) information process on progresses in the NADS implementation;
 - The NAA to involve nongovernmental actors in the process of public policy/relevant sector legislation elaboration;
 - The public institutions (including the NAA) to finance actions aimed at increasing the action capacity of academic/civil society in the anti-drug field (by on-going/in-service training, financing drug demand/supply reduction actions and feedback following the impact evaluation of such interventions);
 - The central level public institutions to facilitate the communication between nongovernmental actors and local level public institutions with attributions in the NADS implementation.

Measures to reduce the drug demand

Context

Evolution of tobacco, alcohol and drugs use in Romania

At a national level, the ESPAD²⁰ study for 2011, conducted by the National Anti-Drug Agency together with the National School of Public Health, Health Management and Specialization in the Sanitary Field Bucharest indicates a slight decrease in the prevalence of tobacco use among pupils (52%, as compared to 54% in 2007), the percentages being close to the average value obtained from participating countries (54%). However, a 1% increase over the European average of tobacco use was registered in the last 30 days, the percentage rising at 29.

In addition, decreasing rates have been reported for the following indicators: the ratio of 16 years old youth to have had their first alcoholic drink (79% compared to 81% in 2007), the prevalence of alcohol use in the past 12 months (72%, compared to 74%), the use of an alcoholic drink in the past 30 days (49%, compared to 52% in 2007).

However, slight increases were observed towards the ratio of respondents declaring to have had more than 5 alcoholic beverages on a single occasion.

With regard to the use of illicit drugs, increased rates were reported for all categories of substances: cannabis (7% compared to 4% in 2007), inhalants (7%, compared to 4% in 2007), amphetamines (3% compared to 0.6% in 2007), ecstasy (2%, compared to 1% in 2007), crack, hallucinogenic mushrooms, cocaine, LSD (2% compared to 1%), heroin etc. Nevertheless, the illicit drug use is rated under the average value of the countries participating in the study for almost all substances. LSD, cocaine, and injection drug use levels are situated within the average of participating countries.

The use of new psychoactive substances - SNPP (ethno-botanicals) was of 5.3%. Among users, 4.2% declared to have used such substances in the past 12 months whereas 1.9% have used in the past 30 days. 13.6% of the youth who started using drugs at the age of 13 or less have used SNPP at the first drug dose. Equally concerning is the fact that 32,8% of the youngsters declared that they have friends who use SNPP and 2.9% have users among their family members (brothers and sisters). The access to SNPP is considered by pupils as being easy, all products being available in specialized shops (46.8%), or on the internet (56.4%).

According to the study²¹ conducted in 2011 by the NAA in collaboration with the NAP on persons in detention, pointed out an increase in the number of persons who had used drugs before detention and continued to use drugs in penitentiaries. The rate of drug use among persons in detention increased from 18.5% in 2006, to 25.1% in 2011.

In Romania, the services of drug demand reduction are organized both by government agencies, nongovernmental organizations and private entities. For example:

- The Ministry of Health runs programmes in the field of preventing alcohol, tobacco and drug use and medical assistance for drug users. Ministry of Health carried anti-smoking campaigns under the National programme Stop Smoking.

²⁰ European School Survey Project on Alcohol and Other Drugs

²¹ Study on the prevalence of drug use in the penitentiary system in Romania, the National Anti-Drug Agency (the NAA) and the National Administration of Penitentiaries (the NAP), 2011

- Medical assistance services for drug users are available in hospitals and mental health centers. Services in institutions under the Ministry of Health for drug users are: in withdrawal and overdose assistance, rehabilitation services, substitution therapy and post-treatment. Institute of Legal Medicine and Forensic Services reported deaths caused by intoxication with psychoactive products.
- Ministry of Education carried out, through the County School Inspectorates, programmes to prevent alcohol, tobacco and drug use in school, family and community.
- The National Administration of Penitentiaries runs programmes for harm reduction, medical assistance and social reintegration for the drug users in detention.
- NGOs are involved in all the activities of drug demand reduction: prevention of alcohol, tobacco and drug use in school, family and community, medical assistance services, psychological and social assistance, harm reduction services and social reintegration of drug users. Most services provided by NGOs are drug prevention and harm reduction (syringe exchange, counselling and testing for HIV and hepatitis).
- Private providers that offer services in the field of medical, psychological and social assistance for the drug users: substitution therapy for drug users, integrated treatment of alcohol addiction, psychological counselling and psychotherapy, therapeutic communities, post treatment clinics.

The National Anti-Drug Agency provides drug demand reduction services directly and through CPEAC and local CAIA. The offered services include drug use prevention (in school, family and community) and medical, psychological and social assistance, harm reduction services and social reintegration for drug users.

Also, the National Anti-Drug Agency provides, through the National Centre for Training and Documentation on Drugs, training to service providers in the field of drug demand reduction. According to the NAA representatives, during 2007-2012 approximately 3,000 specialists in Romania have received on-service/on-going training from the National Centre for Training and Documentation on Drugs. Moreover, the implemented training programme was continuously adapted to the changing trends in drug phenomenon and included information on the new substances with psychoactive properties.

Access to harm reduction services

In Romania, the percentage of injection drug users (IDUs) who declared to have used sterile syringes at the last injection is of 15.58% in Romania, while Ukraine provided 95.5% for the same indicator. Among the Eurasian countries, Romania is rated on the second place, following Estonia, on the high prevalence of HCV infection among IDU (82.9%, compared to >90%) (HRI, 2012, 42).

The release of legal drugs on the Romanian market at the same time with cutting the funds for harm reduction programmes probably had an impact on the increase of the incident rate of HIV infections among the injection drug users. Thus, if in the timeframe 2007-2009, the number of HIV positive persons among the injection drug users was of 3-5 cases per year, 12 cases were reported in 2010, as for the first months of 2011 were reported 62 drug users infected with HIV.²²

Starting with 2010, the National Anti-Drug Agency offered support to service providers by supplying them with syringes and sanitary consumables to be distributed to injection drug users, however this aid,

²²<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20032>

as welcome as it might have been, was insufficient to cover the demand for services and to equal the services provided in 2009 that were granted through other funding than the state budget.

Prevention in school

Preventing alcohol, drugs and tobacco use in schools represents a priority for the NADS 2005 -2012 and in this respect the Action Plans establish activities for the achievement of the three specific objectives: 1) Developing attitudes and practices in the entire population engaged in a form of education through curricular and leisure/extracurricular programmes promoting a healthy life style, free from tobacco, alcohol and drugs, 2) To increase the influence of protection factors at early ages in order to prevent or at least delay in the onset of alcohol, tobacco and drug use, 3) Sensitizing and educating the entire school population aiming at preventing experimental / recreational drug use and the transition to drug use on regular basis.

Most prevention programmes in schools are run in partnership between the NAA, the Ministry of Education, Youth and Sports and the nongovernmental organizations. At local level, programmes are being developed by the CPEAC in collaboration with the County School Inspectorates, the Departments of Public Health and the County Police Inspectorates.

For the achievement of these objectives, all Centres for Prevention, Evaluation and Anti-Drug Counselling have developed information campaigns in schools, have organized events to promote a healthy lifestyle, have provided support to teachers to conduct drug use prevention activities in schools. The activities have been carried out in partnership with the County School Inspectorates, schools and local nongovernmental organizations in the regions where such services existed.

With regard to the minimum quality standards of the programmes on drug use prevention in schools, the interviewed service providers within CPEAC stated the following:

- though existent, the health education curriculum is not applied;
- teachers are insufficiently trained to teach health education classes;
- CPEAC cannot fully cover the information process in schools;
- Information through CPEAC is delivered upon the request of the school, depending on the identified problems.

In order to prevent drug use in schools, the National Anti-Drug Agency has developed or continued the implementation of a series of national campaigns and projects:

- The National Programme “ Health Education in Romanian Schools”, implemented by the Ministry of Education and Research²³, in partnership with the National Anti-Drug Agency, Save the Children and Youth for Youth Foundation
- *My Anti-Drug Message through Drama, Music and Sports*, implemented by the NAA in partnership with the Ministry of Education and Research²⁴, the Ministry of Administration and Interior, the Ministry of Culture and Cults, county Prefect’s Offices and Bucharest Prefect’s Office, the National Agency for Sport, the National Youth Authority, the National Agency for Supporting Youth Initiatives, the National University of Theatrical Art and Cinematography Bucharest, the National University of Music Bucharest, and nongovernmental organizations;
- The *Together* Project, developed by the Ministry of Education, together with the NAA, in 13 counties from 2005 – 2007;
- The *Smoke Free Class* Programme, implemented in the period 2005 – 2008 by NAA, through CPEAC, in partnership with the Ministry of Education, Romanian Pure Air Association, the Regional Office of

²³Currently denominated the Ministry of Education, Research, Youth and Sports

²⁴idem

- the International Council on Alcohol and Addictions for Eastern-Europe and Central Asia (ICAA) , the International Federation of Educational Communities Romania (FICE);
- *Education for Democratic Citizenship*, implemented by the Ministry of Education in collaboration with the UNICEF in the period 2005- 2007;
 - *Quit and Win*, project implemented by the NAA in 2005, in partnership with Romanian Pure Air Association, in 35 high schools in Bucharest, Iași, Cluj, Constanța and Timișoara;
 - *Vigilant-Independent-Strong, (I am a VIP) without alcohol*, implemented by the NAA between 2007-2007, in partnership with the Ministry of Education and ICAIA.
 - *“Knowing myself, I decide”* project developed between 2006 – 2007 by the NAA through CPEAC Cluj, Brăila and Bucharest, in partnership with the Ministry of Education and the Christian Union of Romania
 - *Option: Access to success!* Campaign was implemented in 17 high schools in Bucharest between 2007 - 2008 by the National Anti-Drug Agency, in partnership with TRANSCENA Association and Romanian Education Foundation. The drama show included in the campaign was produced by TRANSCENA Association and ARCUB;
 - *Addicted to Freedom* project, developed in 2010, targeted secondary school pupils and was implemented by the NAA in partnership with the Institute for Prevention and Psycho-sociology and the Public Order Police Directorate.

Prevention in the family

In the service providers’ opinion, the fewest interventions have been unreeled in this area in the reporting period. Among the specified reasons there are:

- reduced availability of the parents to communicate with teachers or specialists on aspects indirectly linked to school – especially the parents belonging to groups at high risk for drug use;
- insufficient (human and material) resources to develop attractive and inspiring programmes aimed at drug use prevention within the family: *“[parents] do not come [to information sessions] unless you give them something”* (CPEAC specialist, sector 3)

For all that, the Centres for Prevention, Evaluation and Anti-Drug Counselling have developed a series of projects and activities targeting families. Throughout 2010, 500 parents and teachers were beneficiaries in such programmes. 2000 families were beneficiaries of the *Volunteer centre for the prevention of drug, alcohol and tobacco use in learning institutions*, implemented in 2009 by FICE Romania.²⁵ In 2011, 418 more parents benefited from information programmes on the risks associated to drug use. During the implementation of the NADS 2005-2012, the number of parents who participated in the information programmes depended on their availability, on human and material resources of CPEAC (e.g. in 2005 there were informed, at a national level, 672 parents and in 2007, 399 parents received information sessions). The training for the maternal assistants was performed according to the needs identified at local level.

An important step in developing prevention programmes for alcohol, tobacco and drug use in the family was the initiation by the NAA, in partnership with the Ministry of Education in 2005, of the PROTEGO project, implemented under PHARE Project of *Institutional Twinning between Romania and Spain - the fight against drug trafficking and use*. The scope of the project was to develop educational abilities of parents of VIIth grade pupils at risk of using drugs. Initially, the project was developed as pilot programme in Bucharest, Constanța and Brașov in 24 schools and in 2009-2010 it was implemented in Ilfov, Bihor, Constanța and Brașov counties, being developed by the NAA in partnership with the Ministry of Education, Regional Office of ICAIA and the General Directorate of Social Assistance and

²⁵The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2010

Child Protection – sector 1, Bucharest. The project was also included, as specific objective, in the *National Interest Programme on Preventing the Use of Tobacco, Alcohol and Drugs– 2009 - 2012*.

2011 came with the implementation of “*Family Training in Educational Abilities to Prevent Tobacco, Alcohol and Drugs Use*”, project developed in 3 counties and considered an example of good practice. The objective of the project was to develop protection factors for 1000 parents characterized by reduced / low educational and family management abilities or parents of children at risk²⁶. In addition, the project ensured constant implementation of information activities for future mothers on the risks associated with alcohol and drug use on the development of the foetus.

The parents who were interviewed during the 2005-2012 NADS evaluation process expressed their interest to take part in training sessions, to be better informed: “*parents must be aware; they must assume the role of those who are affected, to see how they can manage the situation*” (mother of a 14 year-old boy, pupil at School no.149).

The interviewed parents affirmed that they had very few information on drugs and drug use. The main information sources, for them and their children, are the internet and the television. Parents are aware of the limits of such information sources (incomplete, sometimes biased data). Yet, parents considered that students should receive information on risks associated to drug use from teachers or other specialists, in an organized manner.

The interviewed parents consider that, generally, parents do not take responsibility to inform their children on the risks associated to alcohol and drug use since they consider it more a responsibility which ought to be taken by the school.

Community-based prevention

The prevention within community is initiated by the CPEAC or requested by local authorities and institutions (schools, high schools, County Directorates of Social Assistance). The actions belonging to this area are designed to respond to the local needs, identified through brief assessments (conducted by the CPEAC or the requesting authority) or foreseen in the local anti-drug strategy.

Though it represents an objective of the 2010-2012 Action Plan, the elaboration of local strategies was actually put in practice by a small number of authorities. The CPEAC representatives believe that the development of such strategies is influenced by several factors, such as: available local budgets, the interest and degree of comfort authorities manifest towards approaching this subject.

Ensuring quality interventions for community based drug use prevention was done by training the personnel involved (training CPEAC professionals in the areas of drug use prevention and counselling of addicted drug users, training of trainers in prevention and therapy of addictions fields) and by building a database of the organizations which develop drug use prevention activities and provide specialized services for drug users.²⁷ To continue, in 2006 a system was created for the monitoring and evaluation of children at risk and a guide including situational risk indicators on the onset of drug use with children and youth was elaborated.²⁸

²⁶The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2011

²⁷The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2011

²⁸The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2007

In the timeframe 2005-2007, over 40 projects were developed in partnership with nongovernmental organizations agreed by the church and with other various cults.

In the implementation of community based prevention programmes, both the nongovernmental organizations and the Centres for Prevention, Evaluation and Anti-Drug Counselling use specialized personnel and volunteer workers.

To prevent the marginalization of young people belonging to vulnerable categories, campaigns were conducted by the NAA, in partnership with the Ministry of Education, Research, Youth and Sports and NGOs such as: Integration, Romanian Anti-AIDS Association, Close to You Foundation, Sastipen.

The parents who were interviewed during the assessment process of the NADS said that, for youth, virtual communities are important influencing factors, as they spend a lot of time on the Internet, on social networks. For this reason parents consider virtual communities – social networks on the internet - as being risky, since youngsters can thus be recruited by drug dealers; in the parents' opinion, virtual communities should be included in the drug use prevention programmes addressing young people.

Drug use prevention campaigns organized in recreational areas were developed together with nongovernmental organizations, mass-media (radio and TV channels), local institutions (the Police, the Gendarmerie, etc.). These activities were consistent with the indicator settled for Objective 1 associated to community based prevention - Initiation and performance by the local public administration authorities of public-private partnership projects of local interest, aiming to protect against drugs the respective communities, with the support of the Centre for Prevention, Evaluation and Anti-Drug Counselling.

Campaigns to prevent tobacco and alcohol use, conducted as part of NADS 2005-2012 and addressed to the general population, are underrepresented in comparison with those of drug use prevention. The campaigns conducted by the Ministry of Health²⁹ are part of the *Stop smoking* National Programme and are not implemented in partnership with the National Anti-Drug Agency. According to the activity reports of the County School Inspectorates, the programmes run by the Ministry of Education to prevent tobacco and alcohol use are also less represented than those for drug prevention.³⁰ Also, there are less governmental organizations providing prevention of alcohol and tobacco use, compared to those involved in drug use prevention.

There were no alcohol, tobacco and drug use prevention campaigns addressed to the specificities of vulnerable groups.

Prevention in the penitentiary system was achieved at all levels of intervention. Drug use prevention activities were carried out both by the Medical Direction of the NAP and by the Social Reintegration Direction. The persons in detention benefited from health education services, information sessions, education, counselling, peer education training; counselling, HIV and Hepatitis testing services, training of the personnel in the penitentiaries, behavioural supervision investigations, so on.

²⁹<http://www.stopfumat.eu>

³⁰For example, in Hunedoara county, during the second semester of school from 2011-2012, 12 prevention actions were carried in school, of which one was for preventing alcohol use; in Alba county, from 65 prevention activities, 8 were allocated to tobacco prevention and 4 to prevention of alcohol; in Vrancea county from 25 prevention activities, none had the specific topic of alcohol and tobacco use prevention.

In the period 2005 – 2012, the following national campaigns were implemented to prevent drug use in community:

- *'The Sea is our only addiction'* – campaign carried out within the project “Drug Use Prevention among Youth”. The campaign was implemented for 3 consecutive years, during summer time in 2005, 2006 and 2007 by Save the Children Romania, the NAA and CPEAC Constanța.
- *'Open your Eyes!'* Campaign implemented between May-September 2005 by the NAA, CPEAC Iași, Timișoara, Cluj, București and Constanța, in partnership with the Ministry of Education, the Ministry of Justice (through the National Administration of Penitentiaries), universities and media partners. The campaign was a component of the PHARE Institutional Twinning Project between Romania and Spain – the fight against illicit trafficking and use of drugs.
- *'Don't be a HERO'* educational campaign developed in 2005 by Save the Children in cooperation with Bravo magazine and ROTON Music Company, aiming to inform youth on risks associated to the use of heroin.
- To prevent drug use among persons in detention, the NAA developed in 2005 the *'Testimonies of Drug Users'* campaign.
- The *'Seaside without drug's* campaign was developed between July, 24 – August, 12, 2006 by the National Anti-Drug Agency, Constanța Centre for Prevention, Evaluation and Anti-Drug Counseling and the Romanian Anti-AIDS Association – Constanța branch office.
- The summer information and drug use prevention campaign *'Anti-Drug Volunteering in Action'* was organized by the NAA from July, 23 – August, 14 2007.
- *The 'Anti-Drug Film Campaign'* – June 2007 – was held in various locations: school camps, cultural centers, schools, high schools, penitentiaries, parks, etc, and had as partners County School Inspectorates, County Police Inspectorates, the Authorities of Public Health, General Directorates of Social Assistance and Child Protection, County Youth Directorates and nongovernmental organizations.
- *'ALTERNATIVE'*, a campaign developed in 2007, organized by the NAA in partnership with the National University of Theatrical Art and Cinematography and was addressed to the population groups at high risk for drug use and to drug users with a view to increase their access to integrated assistance services.
- The *Put your Cards on the Table* campaign was mainstreamed in 2009 through the CPEAC local units and the County Employment Agency being the first national campaign initiated by the NAA for the prevention of alcohol use at work.
- The campaign for information and education to reduce risks associated to injection drugs use – *'Learn how to TAKE CARE OF YOURSELF'*, was initiated by the National Anti-Drug Agency with technical and financial assistance from the UNODC and was developed in 2009.
- The *'Alcoholhelp Caravan'* – the national wide campaign to prevent alcohol abuse was implemented by ALIAT organization in 2010 and focused on raising general population's awareness with regard to alcohol misuse issues and on increasing accessibility to services aimed at preventing and treating alcohol abuse.
- „Seaside 2010” – *'Get involved!!! In your community drugs have no place!'* Campaign targeted the young tourists in the seaside resorts and was initiated by the NAA through CPEAC Constanța, in partnership with the Mobile Gendarmerie Unit, Close to You Foundation Constanța, CENTRAS Constanța and Radio Constanța.
- A TV campaign was created in 2010, being broadcasted on Antena 1 TV channel, during the “Mornin' with Răzvan & Dani” (Neatza cu Răzvan & Dani) show, aimed at informing the population on the risks associated to new psychoactive substances.
- Information, education and communication activities organized on the occasion of the International Day against Drug Abuse and Illicit Trafficking, the World No Tobacco Day, and of the National No Tobacco Day, constantly held in the period 2005-2012.

Medical, psychological and social assistance services, harm reduction activities and social reintegration

As mentioned in the National Report on Drugs Situation 2011, “at the level of Centres for Prevention, Evaluation and Anti-Drug Counselling, the activities focused on harm reduction associated to drugs use are interwoven with the risk prevention activities, the majority being developed inside schools or penitentiaries”.³¹

The sources of financing were various: state budget, international funds, payment or co-payment of beneficiaries (e.g. for the methadone substitution therapy programme), etc.

The assistance services for drug users are provided in conformity with the legal regulations – Government Decision No. 860/2005 for the Approval of the Rules of Application for the dispositions of the Law no.143/2000 on fighting against the illicit drugs trafficking and use, with subsequent modifications and supplements - and in correspondence with standards of the National System of Medical, Psychological and Social assistance granted to drug users. GD No. 860/2005 establishes both the rules of functioning of the integrated assistance services system for drug users and the institutional framework of assistance provision. The National System of Medical, Psychological and Social assistance for drug users specifies the layers of assistance available for drug users.

The Order no. 1389/513/282 on August 4, 2008 establishes criteria for inclusion and targeting criteria for inclusion in substitution treatment. It is worth providing a minimum age for admission to treatment - 18 years or 16 years "when the benefit of treatment is superior to the side effects and only with the written consent of the legal representative." Also, the order states that there is priority admission to treatment for pregnant women, people with HIV / AIDS, the poly-drug users, so on.

For those addicted to opioid, substitution treatment is given according to the Substitution treatment of opioid dependence clinical guideline. The guideline is approved by the Ministry of Health, the Doctor's College in Romania, the Romanian Association of Psychiatry and Psychotherapy and it is recognized by the National Administration of Penitentiaries.

In 2008, the NAA in collaboration with the Ministry of Labour, Social Solidarity and Family together with the Ministry of Public Health brought under regulation the manner of granting social assistance services for drug users by elaborating the *Minimal Obligatory Standards in the Organization and Functioning of the Centres Providing Assistance Services for Drug Users as well as the methodology of authorizing such centres*.

The National Anti-Drug Agency provides the following services for drug users:

- *Medical, psychological and social evaluation* with the purpose of their inclusion in an integrated assistance programme and of preparing the Individualized Therapeutic, Psychological and Social Assistance Plan.
- *Medical services*: medication aimed at maintaining the state of abstinence (methadone, suboxone, and naltrexone), urine drug screens, HIV, HVB, and HVC testing.
- *Psychological and social counselling services* for the (individual and group) psycho-social reintegration and rehabilitation.
- *Case Management* – coordinated process for the implementation of the Individualized Assistance Plan and evaluation of the implemented measures foreseen in the Individualized Plan and of their outcomes.

³¹The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2011

The medical, psychological and social assistance network within the National Anti-Drug Agency is composed of: 47 Centres for Prevention, Evaluation and Anti-Drug Counselling – CPEAC and 5 Centres for the Integrated Assistance of Addictions – CAIA.

Additionally to the integrated assistance services provided by the NAA, there can be mentioned those within the Ministry of Health (rehabilitation, overdose treatment - in hospital admission regime, medical and psychological evaluation, abstinence maintenance treatment, urine drug screens, HIV, HVB, and HVC testing, etc.), those provided by the Ministry of Justice through the National Administration of Penitentiaries – harm reduction services, therapeutic communities, substitution treatment), services provided by private and nongovernmental bodies – ambulatory treatment, post-therapy treatment, harm reduction services. The nongovernmental organizations and private institutions - ARAS, PsyMotion clinic and ANIT- have been providing substitution therapy to drug users starting with 2009.³²

According to the representative of the National Centre of Mental Health and Anti-Drug Fight interviewed as part of the assessment of the NADS, the Ministry of Health provides medical assistance services to drug users through the National Mental Health Programme. Within the 3.2 Addiction treatment subprogram there are offered: substitution treatment of opioid antagonists (methadone) for people with drug addiction, drugs and metabolites testing and training on addictions for professionals in the mental health system.

The nongovernmental organizations – ARAS, ALIAT, and Integration – have ensured harm reduction, medical, psychological, social assistance services for injection drug users in Bucharest. These benefited from syringe exchange programmes, condoms, IEC sessions, counselling and HIV and Hepatitis testing, vaccination against Hepatitis A and B. The services were provided both in the field and in fixed low threshold centres³³. Over 3000 injection drug users were beneficiaries of the programme and over 700.000 syringes were distributed.

National Administration of Penitentiaries implemented in prisons health education programmes, training of peer educators, behavioural surveillance studies, harm reduction programmes for the detainees to have access to sterile syringes and methadone maintenance programmes (for drug users). All programmes were initiated and carried out in partnership with the NAA and the ones of health education were conducted in partnership with non-governmental organizations (ARAS, ALIAT, and Integration). Health education programmes, behavioural studies and peer to peer training could not be continued after the funding from which they were implemented ended (GFATM - HIV / AIDS Grant). It is also noted that health education programmes, peer to peer training and behavioural studies were initiated and carried out to implement the National Strategy for HIV / AIDS, not the NADS 2005-2012. Currently, methadone substitute programme is supported by NAP funds. Both the methadone substitution therapy and the syringe exchange programmes have been made available in penitentiaries starting with 2008. The syringe exchange programme was initially developed in 3 penitentiaries, in two of the units there was no demand from the persons in detention. Currently persons in detention can benefit from the syringe exchange programme in Jilava penitentiary and from methadone substitution therapy in 10 penitentiaries, 3 of them being hospital penitentiaries. In addition, therapeutic communities were launched in 3 penitentiaries. In 2010, 2043 persons in detention have declared themselves as being drug users.

³² Idem, page 57

³³ Drug user-friendly clinics, easily accessible where they can receive substitution therapies in outpatient system, syringe exchange programs, psychological, social counseling, so on.

According to the study³⁴ conducted in 2011 by the NAA and NAP, the most accessible services for persons in detainment have been the psycho-social assistance, health education and peer education training.

With regard drug users' admission to therapy in hospitals, in 2010 was reported the greatest number of persons admitted to substitution therapy in hospitals in the past ten years (with 23% more persons than in the previous years and with 40.6% more than in 2005) – 2163 persons out of whom 1389 admitted to hospital, 761 in ambulatory/outpatient regime and 13 persons in penitentiaries. To continue, the number of persons included in substitution therapy in ambulatory regime increased in 2010, compared to the previous years (in 2010 was reported a 53,7% increased rate of persons included in ambulatory substitution therapy compared to 2007 and of 41,9% in comparison with 2009).

A decreased rate was reported on the percentage of persons who requested for the first time treatment in hospitalization regime – from 59.7% in 2009, to 56.8% in 2010 and in ambulatory regime (from 83.9% in 2009, to 77.7% in 2010).

The year 2010 also marks a significant increase of the number of persons using new psychoactive substances being admitted to hospital – 32.3%; 23% more in comparison with the past year. As tendency, there can be mentioned a decrease in the use of heroin and an increase in the use of new psychoactive substances. The same tendency applies to persons included in the ambulatory /outpatient substitution therapy. The ratio of women being admitted to hospital for substitution therapy has also increased - from 22.3% in 2009 to 25.1% in 2010 and in outpatient regime - from 15.2% in 2009 to 17.2% in 2010.

In terms of occupational status of the persons admitted to substitution therapy in hospital, in 2010 compared to 2009, there can be noted an increase in the number of high school and university students (consequent to a decline in the average age of persons who requested inclusion in substitution therapy) and a slight increase in the ratio of persons generating incomes (1%). The situation of persons included in ambulatory / outpatient therapy is comparable both regarding the number of high school and university students (increasing from 11.7% to 15.8%) and the number of persons generating incomes – decreasing in 2010 compared to 2009, from 20.9% to 14.7%. The data collected by the NAA also point out the difficult financial situation of the women included in substitution therapy in hospitals: 76.2% have no income, compared to 64.7% of the male drug users; the percentage of women who are working is of 9.2%, with over 5% smaller than the male ratio (14.7% of the male users have a job). The same tendency is valid for the persons receiving substitution treatment in ambulatory/outpatient regime: smaller proportion of women generating incomes in comparison with men.

The age of persons admitted for treatment decreased, both at the level of those admitted to hospital and of those receiving ambulatory/outpatient therapy: 1/3 of the total number of admissions to therapy are persons aged under 24 years old and 2/3 of the total number of admissions are persons aged under 30.³⁵

The number of persons admitted to therapy in 2011 consequently to the use of alcohol and tobacco was of 2256 (51.1% of the total proportion of persons admitted to treatment following the use of psychoactive substances). Compared to the previous year, the number of persons admitted to therapy

³⁴Study on the prevalence of drug use in the penitentiary system in Romania, the National Anti-Drug Agency (the NAA) and the National Administration of Penitentiaries (the NAP), 2011

³⁵The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs situation 2011

consequently to the use of alcohol and tobacco is decreasing (in 2010, out of the total number of admissions, 3664 persons were alcohol and tobacco users; these represent 68.45% of the total number of admissions to treatment).

The results of the behavioural survey³⁶ conducted in 2010 among injection drug users in Bucharest show that, most of these persons develop risk behaviours even having knowledge of the risks they expose themselves to: 98% have knowledge that using the same syringe or injection equipment increases the risk for HIV, Hepatitis B and Hepatitis C transmission.

Out of the 449 persons included in the study, 83% tested positive for Hepatitis C, 5% for Hepatitis B and 1% for HIV. 1% of the respondents tested positive both for HIV and for Hepatitis C, while 3% are diagnosed with Hepatitis B and Hepatitis C.

According to their statements, 53% of the respondents benefited from syringe exchange programmes, 35% have requested medical services from the family physician and 38% received emergency medical services. Less than 20% of the respondents have accessed substitution therapy or detox services.³⁷

With regard to the access drug users have to paraclinical medical evaluations for monitoring the state of health (activity for the achievement of Objective 3 - Creation of the organizational framework and of the required regulations to ensure epidemiological vigilance) it can be observed that drug users, especially injection drug users have difficulties in accessing medical services. Even though the services are available, the access is still restrained for those who have no identity papers and no medical insurance.

In the period 2005-2012, the following shortcomings have been identified in the implementation of medical, psychological and social assistance, harm reduction and social reinsertion activities:

- The basic, specialized and on-going/in-service training for professionals working in the harm reduction field was not conducted by specialists from the Romanian HIV/AIDS Centre, as foreseen in the Action Plan for the implementation of the NADS 2010-2012 as the National HIV/AIDS Strategy for 2011-2015 had not yet been approved.
- The integrated assistance circuit on at least three levels for drug users is partially created, the therapeutic community, the services designed for children drug users, the social services, the dual pathology centres are not functional at the moment.³⁸
- The public service providers interviewed in the evaluation process of the NADS 2005-2012 have declared that, at a general level, drug use prevention standards aimed at harm reduction are not respected.
- Although starting with 2009, there were established private integrated assistance and methadone substitution therapy services, provided by ARAS - ARENA, ANIT, PsyMotion Clinic, there continues to be waiting lists for admission into methadone substitution therapy. The NAA centres (CPEAC, CAIA), ARENA, ANIT and PsyMotion Clinic provide substitution therapy in ambulatory regime.
- During the discussions with the drug use prevention service providers, the CPEAC representatives mentioned that the service centres for drug users (including the ones providing methadone substitution therapy) had been accredited by the NAA but not by the Ministry of Health. The collaboration with the Centre for Mental Health and Fight against Drugs was rather poor and did not allow modifying the legislation to include substitution therapy private centres on the list of

³⁶ UNODC (2011) – Behavioral and serological survey on the prevalence of HIV and hepatitis B and C among injection drug users (IDU) in Bucharest - Behavioral Surveillance Survey, 2010

³⁷UNODC, HIV, HBV and HCV Surveillance Survey among Injection drug users in Bucharest, Romania, 2010

³⁸The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2011

accredited service providers, fact that would facilitate covering methadone costs through the national programme. In addition to that, the insufficient involvement of the Ministry of Health on the issue of teenage drug users was also mentioned.

- Although foreseen as level III services – through GD 860/2005 – the protective houses for former drug users continue to be unavailable for injection drug users. The residential care centres (shelters) for drug users can be found in the same situation.
- Though GD 1101/2008 states the implementation of the subprogramme Developing drug use related harm reduction services, budgeted with RON 429 thousands, having as specific objectives the development of a fixed centre (drop-in), of a mobile centre (metabus), to reduce the risks associated to drug use, and of a fixed centre to reduce the risks associated to alcohol use, these services could not be established due to the restructuring and reorganization of the NAA in the period 2009-2010.
- In the period 2005-2012, the harm reduction services have reported an inconstant evolution, directly influenced by the available funds: following a significant extension of the coverage area, starting with 2004, a consequence of implementing internationally financed programmes (GFATM, UNODC), and the coverage decreased starting with 2009 after the completion of such programmes. The fact that international funds ended, affected especially the nongovernmental organizations that provided harm reduction services for drug users
- Inadequate legislation that does not allow accreditation of private substitution treatment centres and their access to funds from the National Mental Health Programme, subprogramme 3.2.

As successes in the implementation of medical, psychological and social assistance, harm reduction and social reinsertion activities, there can be highlighted:

- Expanding nationally in 2005, the system of electronic data collection on treatment admissions due to drug use. This system was implemented by the NAA, with funding from the GFATM.
- Adoption of Law. 522/2004 and Government Decision 860/2005, on the initiative of the NAA, which allowed the inclusion of drug users, with their consent, into medical, psychological and social programmes.
- Developing, by ALIAT organization and the Foundation for Community Care in 2005, of the first vocational training of health professionals and GDSACP staff so they can provide services for alcohol and drug addicts.
- Development of the standards for medical, psychological and social assistance for drug users (first standards were initiated in 2005 by the Foundation for Community Care in partnership with the NAA).
- Establishment of the National Centre for Training and Research in Addictions, responsible for training specialists in addiction treatment and accreditation of training programmes for trainers in the field of addictions.
- Establishment of the National Centre of Mental Health and its responsibility for coordinating the subprogramme 2.13 - Addiction treatment, funded by the Ministry of Health
- Accreditation in 2006, of the Centres for Drug Prevention, Evaluation and Anti-Drug Counselling as providers of social services by the Ministry of Labour, Social Solidarity and Family.
- Design and development, in 2006, of the legislative framework and integrated methodological assistance provided to drug users, task of the Centres for Drug Prevention, Evaluation and Anti-Drug Counselling (decision no. 16/2006 for the approval of minimum standards for case management in care for drug users and Decision no. 17/2006 for approving the methodology for developing, modifying and implementing individualized plan of care for drug users).³⁹

³⁹The National Anti-Drug Agency and the European Observatory for Drugs and Drug Addiction, National Report on the Drugs Situation 2007

- Development, in 2007, of the national programme for prevention and integrated assistance in addictions and opening the Centre for the Integrated Assistance of Addictions (CAIA).
- The implementation of the programme *“Increasing access to harm reduction programmes associated to drug use for persons in detention”* by the NAP, starting with 2010. The programme foresees sterile syringes provision and methadone substitution therapy for drug users in detention. Also, in the penitentiary system therapeutic communities were established in 3 penitentiaries across the country: Jilava, Rahova and Târgșor. The Case Management for persons in detention declaring themselves as drug users is ensured by the CPEAC in conformity with the Common Order of the Ministry of Health, Ministry of Justice, Ministry of Administration and Interior no. 1216/C of May, 18, 2006.
- Within the Centres for Drug Prevention, Evaluation and Anti-Drug Counselling / CAIA were developed vocational / occupational therapy groups. It has also been established a support network consisting of public and private institutions offering rehabilitation and social reintegration services for drug users.⁴⁰
- The Logistic Service under the Brasov County Police Inspectorate continued in 2010 with the rehabilitation and redevelopment of Dejani Therapeutic Community; through modifying the annex to GD 1102/2008 allocating the financial resources for rendering the unit functional.
- To ensure early access of children and youth to psychological, medical and social services specific to drug users (day care centre for children in areas of risk) RHRN launched in 2009 a project to prevent HIV among Romanian adolescents with high risk of infection II – 3 minimum obligatory standards on harm reduction services addressed to most-at-risk-adolescents. The project is recognized as an example of good practices in the field of harm reduction associated to drug use. However, the need to ensure specific, gender sensitive interventions accessible to adolescents under the age of 18, within the CPEAC and CAIA, remains present.
- The NAA specialists, including those of CPEAC and CAIA underwent on-going / in-service professional training for the achievement of the specific objective *“Development and improvement of the framework of basic, specialized and in-service training of professionals providing medical, psychological and social care to drug users”*.

Relevance

Prevention in schools

The activities proposed in the Action Plan for implementation of the National Anti-Drug Strategy for the period 2005-2012 are covering all levels of school education and provide activities for all concerned categories: students, teachers, school counsellors, etc. Yet, the activities have not enough coverage concerning the number of students informed, interventions being perceived as sporadic and the implementation method was not always consistent with student expectations. Also, although in the action plans there are established activities for drug prevention among students, they are less visible.

The emergence of new substances with psychoactive properties coincided with the reorganization of the National Anti-Drug Agency, which has hampered the adaptation of prevention programmes in schools to such use.

Also, no studies have been conducted to measure the impact of drug, alcohol and tobacco prevention activities carried out in schools.

The interviewed parents only have knowledge of information actions on drug use prevention developed by teachers and have recognized these as being sporadic. Some of the parents have requested schools

⁴⁰:idem

or nongovernmental organizations – Save the Children – to conduct drug use prevention actions, but without success.

The high school students interviewed pointed out that school prevention actions had no visibility: „*I have never heard about such a thing*” (A.D., boy, 18 years old). What is more, such actions are ineffective if they appeal to the target group’s fear (by showing shocking images or sad life stories). According to youngsters, they cannot relate to characters of such stories for the sheer reason that they perceive the chronic drug use as the result of an awareness-based personal choice and not as a vice a person gets dragged into unwillingly.

The parents have also expressed the wish that they be informed whenever the school hosts drug use prevention activities as it is possible that such actions take place, but their children do not tell them about.

Prevention in the family

The activities aimed at informing the parents are limited to parents’ interest, to their involvement and their costs.

None of the interviewed parents have ever received information about drugs in an organized framework, from authorized personnel. They consider drug use as a great danger to young people, although not necessarily for their children. However, the respondents consider that school has the main responsibility on drug prevention among young people.

According to NAA specialists, a success in meeting the "Developing training programmes for parents to increase protective factors and decrease the influence of drug risk" objective is represented by the implementation of the PROTEGO project, in which parents belonging to risk groups (precarious financial situation, drug use, etc.) were included in training programmes for developing educational skills for drug use prevention. Success of the project was, however, limited by the lack of mechanisms to motivate parents from the material point of view (e.g. transportation reimbursement to attend training sessions).

Interventions addressed to maternal assistants are relevant only if they are adapted to the age of the children under their care.

Community-based prevention

Campaigns to prevent drug use have a high coverage and a big variety of beneficiaries. Campaigns to prevent alcohol and tobacco use are sporadic and are carried out rather locally.

Interventions implemented in prisons were adequate to achieve the established objectives. *"Interventions were made at the appropriate time, when use was at a maximum level"* (doctor, Jilava Prison). A success of programmes for drug users in prison is getting recognition from World Health Organization of the programme *Increased detainee’s access to harm reduction activities associated with drug programmes* as a model of good practice.

Development of local anti-drug strategies in public-private partnership for drug use prevention actions within community is difficult and does not necessarily achieve the NADS goals, because of the lack of interest of some local authorities and because of changes in the institutional structure.

The helpline service offers to interested parties the opportunity to obtain accurate and complete information, under the protection of anonymity.

Medical, psychological and social assistance services, harm reduction activities and social reintegration

Harm reduction service providers interviewed in the assessment process of NADS 2005-2012 consider that the services provided are relevant and consistent with the NADS 2005-2012 and the related subsequent Action Plans. All harm reduction activities offered to drug users are essential to prevent the increasing number of those who become infected with HIV or hepatitis B / C. Harm reduction services were provided during 2005-2012, mainly by NGOs, using private funds. Although in line with NADS 2005-2012, they were originally implemented as part of the National Strategy for HIV / AIDS, for preventing the HIV / AIDS, hepatitis B and hepatitis C through sharing injection equipment. Services have operated somewhat independently from NAA and without direct methodological coordination of the NAA.

Currently, NAA provides to NGOs a limited (insufficient) number of syringes to carry out their harm reduction services.

For admission into the integrated assistance programme offered by NAA, potential customers are evaluated medically, psychologically and socially. Subsequently admitted to the programme, each beneficiary is conducting an Individualized Plan of therapeutic, psychological and social assistance. On a theoretical level, the Plan should include interventions adapted to the specific of the beneficiary and his/her needs. In practice, interventions are limited by the number of places available in the programme and by the limited human and material resources available with the NAA. The Centre for the Integrated Assistance of Addictions (CAIA) provides integrated services - medical, social and psychological to drug users. Substitution treatment is provided using methadone, naltrexone and suboxone.

Medical services are provided to beneficiaries according to their needs and existing resources: treatment medication in order to maintain abstinence (methadone, suboxone and naltrexone), urine drug screens, HIV, HBV and HCV testing. Private providers offer social reintegration services through training courses available for drug users. Currently these services are provided through projects co-financed from the European Social Fund - Sectorial Operational Programme Human Resources Development. Beneficiaries are supported to obtain identity documents, prerequisite to benefit from substitution therapy.⁴¹

The NAA provides services to maintain abstinence for opioid and alcohol addicts in CAIA centers.

Testing services for HIV, HBV and HCV are listed as available in both the NAA centers and hospitals. But there is no information on the number of drug users included in integrated assistance programmes tested for HIV, HBV and HCV. Also, there is no information on how the test is performed: what type of test, if it is performed with or without counselling. The only available data set mentioned also in the NAA's annual reports, are studies carried out under private funding and data provided by Department for Monitoring and Evaluation of HIV / AIDS in Romania - Institute for Infectious Diseases "Matei Balș", Bucharest.

Social and psychological counselling for psychosocial reintegration are essential services for people admitted to the assistance programmes, but these are insufficient if they are not accompanied by related services (e.g. training courses, occupational therapy, therapeutic communities, etc.).

Although listed in the Action Plans for implementation of the NADS, there is no data on the social and professional reintegration services for drug users offered by the NAA. However there are mentioned the

⁴¹The „Second Chance” programmeme implemented by the Romanian Association Against AIDS. Details at: <http://www.a-doua-sansa.ro>

services offered by the Alliance for Fight against Alcoholism and Drug Addiction (ALIAT), which provides free training courses and assessment and certification of professional skills of the drug users.

Through the General Directorates for Social Assistance and Child Protection, drug users have access to social benefits, only after the diagnosis of drug-related diseases (HIV infection or complications usually resulting from infection with hepatitis B or C).

Case management is also essential to monitor progress in providing services and adapt them according to the results achieved.

Services offered by the Ministry of Health are mainly medical - detox, overdose treatment, medical evaluation, testing, etc. Detox services are available in 4 hospitals, from which 3 are in Bucharest ('Alexandru Obregia' Hospital, Emergency Hospital for Children 'Grigore Alexandrescu' and Centre for Evaluation and Treatment of drug addiction in Youth 'St. Stylianos') and one in Iași (Socola Psychiatric Clinical Hospital). Juvenile rehabilitation services are available only in Bucharest, at 'Alexandru Obregia' Hospital and at the Emergency Hospital for Children 'Grigore Alexandrescu'. Drug-caused emergencies are treated at the Department of Toxicology in 'Floreasca' Emergency Hospital.

In hospitals, admitted drug users for the detox treatment, overdose or maintaining abstinence benefit from psychological evaluation, but not from psychological and social counselling subsequent to admission in the programme.

Private service providers for drug users have the financial means to provide their best services, individualized and adapted to the beneficiaries' profile (e.g. individual / group psychotherapy, family counselling). Only one non-governmental organization is providing integrated assistance services for addicts - Romanian Association against AIDS, in Arena clinic.

Services offered by the National Administration of Penitentiaries were initiated from private funding, with the NAA's methodological coordination. Services offered in prison are syringe exchange, for harm reduction, and substitution treatment services and therapeutic communities for drug users. Services are appreciated by both prison staff and the inmates who can benefit from them. A major success in terms of medical, social and psychological assistance available in prison is represented by the 3 therapeutic communities. Except these, the only therapeutic communities function in Brebu Commune, Prahova County and Sibiu County and are supported by private providers.

The relevance of syringe exchange programmes and substitution treatment in prisons has been certified by the results of evaluations of these programmes. Also, inmates interviewed during the assessment process of NADS 2005-2012 stated that programmes - substitution treatment, syringe exchange - meet the needs of drug use in prisons.

Request for medical, psychological and social assistance services, harm reduction and social reintegration, particularly those for admission to substitution treatment and reduction of the risk exceeds the capacity of institutions and organizations providing these services. Also, the need for social services, although perhaps beneficiaries are less aware of it, is beyond the possibilities of public providers and non-governmental organizations.

Effectiveness

Prevention in schools

Young people believe that drug use prevention interventions do not have too much influence over them. Young people interviewed do not consider themselves at risk of drug use and, therefore, do not declare interest in drug use information.

Both the respondents - youngsters and their parents - consider useful the information sessions for drug use prevention in school. Only one of the interviewed youngsters had no knowledge of any drug use prevention programme developed in school (he was student in the VIIIth grade). Both groups of respondents mentioned however that such activities are sporadic and that the manner in which the information is delivered is not always the most appropriate one to create the desired impact. The youngsters affirm that they are not impressed by an authority figure that provides the information. For example, the youngsters are not impressed by presentations delivered by policemen wearing uniforms, or broadcasting shocking images with rough messages ("Do not use drugs!"). They appreciate interactive discussions, in which they are directly involved. The parents suggested making use of more creative methods: drama; role-plays.

The young respondents consider that, for high school students, interventions are late because they have already started to use drugs. Also, young people start using tobacco in middle school. Students recommended that information about risks associated with drugs start in the 5th grade. *"In high school it's already too late"* (AD, boy, aged 18). Peer to peer training – with the secondary school students is also recommended.

The interviewed adolescents expressed their desire to meet – face to face or through a documentary – a former drug user who would talk about his drug related experiences and how she / he succeeded to overcome his / her drug addiction. The interviewed parents consider, as well, that if a former drug user discussed the consequences of drug use with the students it would have a more significant impact on the students.

Both the adolescents and their parents mentioned the television and the internet as main channels of information. Both the young persons and the parents are aware that the information they learn is not always correct / accurate.

Parents appreciate that teachers are not always sufficiently trained to provide adolescents with information on preventing alcohol, tobacco and drug use. They also mentioned that, the teachers who are perceived popular by their students, are not always models of healthy conduct for them as they sometimes smoke or use alcohol.

According to the interviewed representative of the Ministry of Education as part of the evaluation, prevention programmes for alcohol, tobacco and drug use in schools must be developed through local partnerships and tailored for each group of beneficiaries. It also must be an integrated approach that includes more types of risks to which students are exposed. To be effective, programmes to prevent alcohol, tobacco and drug use in schools should consider protective factors in a child's life: family, friends, etc.

"Things that are done are necessary at the community level on many different factors. One cannot intervene in school without interacting also with the parents ... In this way, children engage more and more because it is still an interesting taboo topic and attractive ... I'd have an integrated approach, because once you prepare your child for many risky situations in life you do not have to take strict on this: do not become an alcoholic or drug addict. You must not get addicted to anything, to computer, to gambling." (Ministry of Education representative).

According to the Ministry of Education representative, risks to be addressed during information sessions should be those young people are exposed to the greatest extent. According to the Ministry of Education representative, children perceive alcohol and tobacco use as being more frequently than the drug use: "*children see around them people who smoke and drink, not people who inject ... usually, it does not directly begin with drugs, but it starts first with alcohol and tobacco.*"

The "*Family Training in Educational Abilities to Prevent Tobacco, Alcohol and Drugs Use – Me and my child*" project is one of the few actions which achieved an impact study to measure the effectiveness of the project. The results show that the 1000 participating parents have developed educational skills compared to the control group of parents who were not involved in the project. The best practices guidelines "Me and my child" accomplished during the project, as support training material for parents, will be applied by school counsellors from another 300 schools in the country, beneficiaries still being at least 3,000 parents.⁴²

Effectiveness of prevention programmes for alcohol, tobacco and drug use in schools is limited by several factors:

- Insufficient human and material resources in NAA;
- Collaboration sometimes difficult with local authorities;
- Permanent provision of these services, so that they could include all the students in the programmes;
- Relatively high costs of this type of activity: human resources, transportation, equipment, editing and printing informational materials etc.

Prevention in the family

Family prevention programmes are less visible, and parents think that drug use prevention is the responsibility of the school rather than their own. Interventions addressed to professionals in the child protection system are effective only if they are made on regular basis, to cover any staff turnover/fluctuation in these institutions.

Training of maternal assistants was performed where there was demand and where there have been projects to allow this. Thus, in Calarasi county, maternal assistants caring for children aged 9 to 15 years were trained to address drug-related problems with children they have in care. Training activity is part of the "Me and my child" programme, which involves training school counsellors on issues related to drug use. In other areas, maternal assistance services within GDSACP have identified the need for training maternal assistants in preventing drug use.⁴³

To be effective, programmes to prevent alcohol, tobacco and drug use should bring students, parents and community together to be consulted.

Information activities for mothers-to-be about the risks of alcohol and drug use on the foetus are, in the opinion of the National Institute of Infectious Diseases Prof. Dr. „Matei Bals" (INBI) representative, inefficient, women drug users being considered a high risk category for HIV infection and child abandonment. According to the INBI representative, most children abandoned in hospital infected with HIV were born by injection drug users' mothers.

Community based prevention

⁴²Source:<http://www.asistentasee.fonduri-ue.ro/index.php?page=programmeme&pid=2&parent=21&child=29&newsId=21>

⁴³For example, the Maternal assistance Service within the GDSACP district 6 has not identified the need for training of the maternal assistants in drug use prevention as the children they have in care were very young (under 2 years)

The effectiveness of informational campaigns is difficult to estimate. To increase their effectiveness, they should target a clear public category and should be repeated quite frequently over a period of time. The adolescents and their parents, as respondents of the interviews during the evaluation process, seemed to find it hard to remember TV spots or anti-drug messages mainstreamed in mass-media. Also, parents consider the information campaigns that were limited to only one channel for delivering the information useless (e.g.: TV spots or banners). The campaigns should combine radio/TV spots with information sessions, printed materials, etc.

To increase the effectiveness of the Green Line / Help Line service, an intense promotion among potential beneficiaries is necessary.

Drug use prevention programmes (IEC sessions, peer to peer training, HIV and hepatitis counselling and testing) were performed mainly with private funding. After completion of this financing, the number of prevention activities decreased substantially. NAP specialists believe that these programmes are useful and should be reversed, with support from NGOs, who already have trained persons to conduct such programmes.

Medical, psychological and social assistance services, harm reduction activities and social reintegration
Services are consistent with the NADS 2005-2012 and with its related subsequent action plans, but they do not have yet sufficient coverage, they are not accessible to young people under 18 and do not take sufficient account of the gender component.

According to the NAA specialists, the effectiveness of the medical, psychological and social assistance services, harm reduction and social reintegration programmes was affected by the reorganization of NAA by lowering service quality and capacity of CPEAC / CAIA to provide services to drug users. NAA's reorganization period coincided with the appearance on the market of new substances with psychoactive properties, so specialists had to deal with a double challenge. Also, the restructuring led to fluctuation in NAA's staff: employees who had work experience and received training left the institutions and were replaced with inexperienced, with no training staff.

The effectiveness of medical, psychological and social assistance services, harm reduction activities and social reintegration programmes is difficult to measure as it depends on a number of factors: human resources (numerous trained specialists) and material resources, demand for services, beneficiary profile. These services are indispensable, and the results are visible after a long time. Also, according to the ARENA Centre representative, the effectiveness of interventions is affected by the lack of recent estimates of the number of national drug and injection drug users.

Harm reduction programmes are effective if they are offered continuously. During 2005-2012, harm reduction services have been offered mostly by NGOs, from private funding.

Supporting harm reduction programmes implemented by NGOs, NAA and the Ministry of Health by providing sterile injecting equipment for drug users is necessary, but in present it does not cover the demand for services.

The Romanian Association Against AIDS managed by a project co-funded by the ESF-HRD, to include, free of charge, a number of 350 drug users in the methadone substitution treatment programme.

Medical staff from Jilava prison believes that syringe exchange programmes in prisons will produce results only after 15-20 years, meaning that the number of new infections with HIV, HBV or HCV in prison will be reduced.

NAP personnel interviewed stated that the syringe exchange programme has received a much larger number of syringes than needed, so that they are available to detainees also after funding will end. It is however possible that the number of syringes has been correctly estimated, but the demand is lower for various reasons: detainees who go to work prefer not to use drugs or have less time to use it, injecting substances are difficult to procure and are expensive, the searches in the cells are frequent etc.

Because there are not sufficient data to assess the quality of medical, psychological and social assistance services and although they are provided upon a common methodology, it is expected that not all providers offer the same quality services.

Medical interventions offered to drug users by all suppliers are reported to NAA, but the data provides only quantitative information (type of intervention, type of use, place of residence, etc.) and not qualitative.

Psychological services vary by provider, from evaluation to assistance programme in case of services provided by the Ministry of Health, to individual and group psychotherapy (service offered by private providers).

Social services are also different depending on the provider, its resources and the number of beneficiaries assisted. In the NAA's reports, there is no data on the number of beneficiaries of social services, on the workload of social workers or on the quality of social services provided to beneficiaries. In the hospitals, where medical services are provided for drug users (detox, treatment to maintain abstinence, etc.) either there is any social worker, or it has a large number of beneficiaries, meaning the resources are not enough to provide individualized interventions.

Case management is mentioned as a service included in the assistance programmes only by NAA, but it is presumed to be ensured also by private service providers, but not by the Ministry of Health.

Substitution treatment/therapy programmes, both outpatient and inpatient are required far beyond their capacity.

The substitution treatment in prisons responds, especially, to the need of prisoners who were already clients of substitution treatment services, when they were free (before getting into prison). The programme has, in fact, reduced capacity to attract people without previous experience in substitution treatment. Effectiveness of the programme depends, according to Jilava prison medical personnel, on meeting the quality standards; standards that are not yet fully harmonized with the profile of the detention facilities. The main difficulties in implementing the programme concern the safety rules leading the provision of medical and social services in detention and the limited human resources.

According to the inmates, interviewed during the evaluation process, the number of beneficiaries who are enrolled in substitution treatment / therapy programme is low due to the following reasons:

- the use of drug is stigmatized among both prisoners (*"the others call us <junkie>, they bully us, saying that because of us the control in rooms is more frequent"*) and prison staff (*"they do everything in their power to see us leave this place, they do not allow us to work, saying that we are under treatment and we might get sick. But they push us to clean the hallways. [If we do not work] we do not earn any money and it does not help us with the punishment"*). Thus, many users (in Jilava prison it is estimated that 25% of prisoners have a history of drug abuse) try to quit by him/herself or continue to use drugs also in prison.
- There are not enough resources (specialists, methadone, and syringes) to enrol all those in need.

Therapeutic community is, according to prison staff, the main solution for the social reintegration of former drug users. Syringe exchange and substitution treatment are seen as temporary and incomplete solutions, which, moreover, is likely to extend the drug use.

The number of places available in the therapeutic community (25) is much too small than the need - staff estimated that 1 in 4 inmates in Jilava prison has a history of drug abuse; progress made by the inmates in therapeutic community (abstinence, acquiring labour discipline, compliance with a programme, etc.) is lost, in many cases, when released. The main reasons are: the poor socio-economic context in which former prisoners return and the lack of access to social reintegration services once in freedom.

There is no available information about therapeutic communities supported by private service providers in the NAA's reports.

To be effective, medical, psychological and social assistance services, harm reduction activities and social reintegration programmes should be as accessible and diverse as possible, so that to be able to include a wide range of services.

The injection drug users interviewed in the assessment process of the NADS - beneficiaries of the services offered by ARAS received information on the risks of drug use, the methods of preventing HIV transmission through sharing injecting equipment and benefited of counselling and testing services for HIV, hepatitis B and hepatitis C in ARAS. Also ARAS staff has facilitated access to medical services in the hospital.

Women drug users interviewed for the evaluation said that most existing substitution treatment / therapy services (offered by public providers and some private providers) are ineffective and unattractive to customers, for the following reasons:

- Staff may have a discriminatory and insulting attitude towards clients, so that they become demotivated and even psychological affected ("*now I cannot pee easily, sometimes it takes four hours to do it just to be able to take the test. This is since I went to Dr. X and those stood and looked at me when doing it*" woman, 25 years old, beneficiary of the ARAS Clinic - Titan)
- Exclusion from substitution programme is very easy (at first relapse or any difficulty in testing for drug use, which is immediately labelled as test refusal).
- Unlike the procedures in other countries (Spain, Italy) in Romania the methadone dose is decreased very slowly, making it difficult giving up the methadone and the drug use. ("*We have no programme. Let them make you a plan. Instead of decreasing your dose, they'll increase it. If you go and tell <<I'm sick>> or have a bad period, they say immediately <<take another pill>>*", female, 28 years old, beneficiary of the ARAS Clinic - Titan).
- Even if the substitution programme is presented as a free of charge one, auxiliary services have to be paid (e.g., drug screening tests), although the substitution programme is not limited to administration of methadone.
- In some substitution treatment / therapy services, even if it is free of charge, customers must pay the staff in an informal way (bribe).

The persons who have been excluded from the substitution treatment programme or were unable to follow the programme, have insured a methadone treatment on their own (from the black market) (3-6 months) and then tried to identify other providers of substitution treatment free of charge.

Furthermore, respondents drew attention to a practice that occurs due to limited capacity of substitution treatment services: some people try to quit using opioids on their own, by self-administrating methadone that their purchased on the black market. Used dosages are regulated by

self-experience or based on information provided by friends / acquaintances / relatives who were entered in a substitution treatment/therapy programme: "*I've bought methadone for three months before I came here* [TITAN center "], female, 31 years old, beneficiary of the ARAS Clinic - Titan.

Asked about the difficulty of buying methadone on the black market, TITAN beneficiaries' centre said, "*The most important thing is to have money. Sometimes you may not find from the first time or it may be more expensive. But there is plenty.*" Female, 23 years old, beneficiary of the ARAS Clinic- Titan.

Some of the interviewed beneficiaries have numerous rehab hospitalizations, which calls into question the effectiveness of this programme. For example, one interviewee, currently in methadone treatment at the ARAS Clinic - Titan, said that she was hospitalized nearly 30 times in the hospital for detox, in a period of approximately 8 years. To increase the efficiency of the service, a complex assessment is required - medical, psychological and social - of each case, especially for children, in order to identify their motivation and the motivation of their parents to access detox services.⁴⁴

Psychological counselling sessions (individual and group) and psychotherapy are highly valued by women interviewed during the evaluation process of the NADS. They said the psychologist helped them to know better, to understand how they came to fight drugs and addiction. They believe that psychological services are absolutely necessary for all persons accessing substitution / therapy treatment services. According to interviewed women, psychological services should be available at the centre where the substitution treatment is offered, "*In another practice [psychological] is not the same thing*". (Female, 34, beneficiary of the ARAS Clinic - Titan)

Interviewed persons mentioned as being extremely important the harm reduction services be offered by the outreach mobile units because information is also possible to be accessed by the people living on the streets, those who do not come at the fixed centres, etc.

Young people aged under 18, who use drugs and / or commercial sex workers have very low access to harm reduction services for drug use – according to the 2008 evaluation report of the MARA Programme - *Most at Risk Adolescents*, funded by UNICEF⁴⁵. A group of discussions organized by the beneficiaries of the Parade Foundation - young and homeless teenagers and drug users - revealed the following:

- It is very difficult for homeless youth to access any type of public health services, whether they are trying to do it alone or assisted by the Parade Foundation staff. As for the latter to provide their customers access to necessary medical services usually resort to personal relationships "*a nice lady from family planning, a kindly family doctor, a resident more zealous and so on*").
- Lack of identity documents and health insurance, together with the discriminatory and disrespectful attitude of medical staff⁴⁶ - are the main factors that prevent these young people to access health services.
- Overall, beneficiaries have knowledge about HIV / AIDS and hepatitis (routes of transmission, prevention), about the risks of sharing injecting equipment, the places from which they can purchase sterile syringes (free or for a fee).

Ask about children wanting to accessing *harm reduction* services, service providers reported the following problems:

- Capacity is far below the required services (number of problems is large);
- Adolescents need the signature of their parents or guardians to enter the substitution therapy programme. Because of this condition, the access is limited for homeless youth and orphan

⁴⁴ The young interviewed stated that, in the beginning, the motivation to access detox services was not her own decision, but her mother's.

⁴⁵ Doru Buzducea, Florin Lazăr - Evaluation MARA Programme. Research report, UNICEF 2010

⁴⁶ They are often called "boschetarule" (homeless).

adolescents (these two categories may be alienated from their parents / guardians) and adolescents who hide their addiction from their parents. For example, 3 of the 6 interviewed women, entered the methadone centre of ARAS stated that they have kept their addiction hidden (and its severity) to the family for nearly 10 years.

- Parents are not sufficiently aware of the need for integrated assistance; some parents believe that medication is enough for children to escape addiction.
- Psychological support services are essential in the treatment of addictions, in Romania there are not sufficient specialists with expertise in addiction adolescent psychology.

Efficiency

Prevention in school

CPEAC specialists believe that funds allocated to prevention programmes in schools are insufficient and the results exceed the allocated funds. With available resources, CPEAC specialists managed to implement all alcohol, drugs and tobacco use prevention activities in schools as specified in the action plans for the implementation of the NADS 2005-2012. To increase the efficiency of these programmes, more activities in the field of drug prevention are needed in schools that should be conducted by teachers trained in advance by CPEAC specialists or by NGO specialists active in the field of preventing drug use. There is currently no data evaluating the efficiency and effectiveness of the prevention programmes addressing alcohol, drugs and tobacco use in schools.

Public service providers believe that, in terms of resources, a satisfactory proportion of high school students was informed of the risks associated with drug use. Although there is not enough staff for organizing face to face information sessions and include all students in all high schools, CPEAC representatives believe that students were largely informed through print media (posters, information displayed on billboards in schools).

In the budget of the Ministry of Education there is no separate line for drug prevention. Funding sources for projects that have a part of prevention of alcohol, tobacco and drug use are external. The only funds the Ministry of Education has, are covering the national contest under the "Together" anti-drug projects.

According to the MEC representative, the projects undertaken to prevent alcohol, tobacco and drug use in schools "*made maximum use of the little money*".

Prevention in the family

Interventions addressed to parents cannot have a greater efficiency and effectiveness as they depend on parents' interest, their availability and the different levels of education. Meanwhile, CPEAC specialists are insufficient and do not have the material resources needed to cover all activities. The effectiveness of interventions addressed to parents may increase if head teachers are trained to provide information to parents in the meetings with parents.

Efficiency of the interventions addressed to maternal assistants increase if they concerned those under care children are at ages exposing them to risks of drug, alcohol or tobacco use. The efficiency would be even greater as the specialists in child protection (which oversee the work of maternal assistants) are better trained on the subject.

Community based prevention

In theory, information campaigns are effective, touching a large number of recipients. In addition, the involvement of volunteers, of the own staff and of the partner organizations who are not paid extra for

these activities, reduces the cost/beneficiary. However, without an assessment of the impact of such campaigns, it is difficult to estimate their efficiency and effectiveness.

Accessing financial resources from the local public administration (according to GD no. 1101/2008), this is a difficult to achieve target, depending on several factors: the interest and capacity of local NGOs towards developing programmes in the drug use prevention field, the financial resources of local authorities, etc. The community based activities aimed at alcohol, tobacco and drug use prevention developed in the timeframe 2005-2012 were very diverse and focused on involving all the factors with influence in changing public attitudes and conducts: mass media, churches, nongovernmental organizations, local authorities, etc.

Programmes in prisons have been found effective by NAP personnel. These were funded from various sources: UNODC, GFATM, Norwegian funds etc.

The helpline is an expensive service, considered the relatively small number of calls. Human resource costs associated with serving this line are large as compared to the number of beneficiaries. However, the service is very useful, so an intensive promotion is recommended in order to increase the number of people who ask for information by calling this helpline number.

Medical, psychological and social assistance services, harm reduction activities and social reintegration
All service providers interviewed in the evaluation process of the NADS 2005-2012 appreciate that the obtained results exceed the allocated funds. *"It has been made double compared to the money received"* (ARAS representative – the ARENA Centre).

The efficiency of the medical, psychological and social assistance services, harm reduction services and the social reintegration developed by NAA through CPEAC/CAIA was strongly affected by the reorganization of NAA, during 2009-2010. For this reason, there could not be implemented projects aimed at opening up centres for social inclusion, vocational centres or developing social economy projects for drug users. However, the necessary medication and further substitution treatment / therapy services have been purchased.

Harm reduction services involve relatively low costs, but it is more difficult to fund them from public funds; on the one hand because of the disagreements on the funding priorities, on the other hand, for fear of creating an unfavourable public image. The NAA currently covers a fraction of the syringes needed for the harm reduction programmes implemented by NGOs.

Medical services are offered within the available resources, which affect both their quality and accessibility. Most affected by budget limits are the public services. However, methadone substitution treatment in prisons is currently funded by NAP from its own funds. Other programmes require only personal expenses (e.g. therapeutic communities).

According to the Ministry of Health representative, *"it is necessary that funding of services for drug users be customized and regulated in local communities, depending on the magnitude and seriousness of the phenomenon"*.

Private providers of integrated assistance services for drug users were able to identify the sources of funding for these programmes. Some private providers offer only paid services (e.g. PsyMotion clinical) and others access funding in order to provide substitution treatment also free of charge (e.g. ARAS).

Usefulness of psychological services is still underestimated, and for this reason the number of psychologists is undersized, especially among public providers of medical, psychological and social assistance, harm reduction and social reintegration.

To be efficient, psychological and social services must be properly sized, in order to allow the access of the beneficiaries to such services and to enable individualized interventions.

A particular type of social services proposed in the action plan for the implementation of the NADS 2012-2012 - protected housing and shelter - could not be implemented due to the reorganization of the NAA, but it can be assumed that these services are expensive and difficult to be sustained.

There is no information about the efficiency of services implemented by private providers.

Impact

Prevention in school

Programmes to prevent drug use in schools became common practice for the CPEAC employees and for the teachers. In addition to the information provided to students, these programmes have strengthened partnerships between the NAA and the Ministry of Education, Research, Youth and Sports, but also between CPEAC and the County / Bucharest School Inspectorates. Programmes to prevent drug use in schools are conducted in all counties in the country.

Prevention in the family

During the implementation of the NADS 2005-2012 drug use prevention programmes addressed to families were developed and diversified. The number of parents who attended the information sessions about the risks associated with drug use increased with every year while family prevention programmes have national coverage. However, to increase the impact of these programmes, their expansion and diversification need to be increased.

Community based prevention

Campaigns conducted for drug use prevention involved partnerships at local level and made known to the public the risks associated with drug use. According to the NAA representatives, campaigns were carried out increasingly more professional. An example is the campaign "Open Your Eyes", implemented with support of the Spanish Government, which included an information guide, audio and video spots, posters, postcards, etc.

Medical, psychological and social assistance services, harm reduction activities and social reintegration

During the implementation of the NADS 2005-2012, the access of drug users to integrated services, both in the community and in prisons, has increased. The services have also been diversified on the 3 levels of integrated assistance. For example, in the 'Pericle' Day Center of CPEAC, sector 5 in Bucharest, beneficiaries have access to tickets for theatre, concerts and they learn how to play musical instruments. Services have been adapted, as much as possible, to the specific of drug use. However, the appearance on the market of new substances with psychoactive properties at the same time with the reorganization of the NAA made it difficult to adapt services to the new type of users.

Interventions are still needed to facilitate access to young people aged under 18 and to women.

Sustainability

Prevention in schools

Programmes to prevent drug use in school can easily be sustainable if the school staff (teachers, counsellors, monitors and other professional categories) is trained to hold information sessions for students. Currently, the sustainability of these programmes depends exclusively on the financial and

human resources of CPEAC. In this respect, the projects of NAA and Ministry of Education can be continued, such as, PROTEGO, Uncensored⁴⁷ and others.

According to the representative of the Ministry of Education, private-funded projects implemented are difficult to be sustained after the funding ends. Some projects cease when funding ends, while others may still continue, but are implemented at a lower quality. The Ministry of Education, Research, Youth and Sports "*cannot allocate money specifically for drug prevention, given that the budget of the Ministry decreases every year and the priorities are different ... we will try to go further on partnerships, get money from outside Romania to fund projects on the same line as the previous one... but not to do less than we did before*".

Prevention in the family

Drug use prevention programmes addressed to parents can be sustainable if they are implemented by teachers through direct meetings with parents, possibly with support from CPEAC specialists. These programmes encounter the same difficulties concerning their sustainability as the school prevention programmes.

Also, programmes addressed to maternal assistants may be sustainable if the supervising specialists are well trained.

Community based prevention

Information campaigns are sustainable in terms of the experience and expertise of all involved institutions and already traditional campaigning partnerships. An issue that affects the sustainability of these services is the significant reduction of funding for NGOs working in the field of drug prevention and services for users.

Programmes to prevent drug use in prisons proved to be unsustainable, so, after the termination of private funding, they have not been sustained. Programmes to prevent drug use in prisons were developed mainly by NGOs.

According to NAP representatives, peer to peer education programmes and IEC sessions must be implemented in collaboration with NAP external organizations (NGOs, etc.). Currently, there exists the cooperation with NGOs that are interested to carry out activities in prisons (e.g., condom distribution, information sessions). "*There cannot be developed, in present, with our own resources: training peer educators, behavioural surveillance studies and activities such as those contained in the programme Initiative 38.*" (ANP representative)

Medical, psychological and social assistance services, harm reduction activities and social reintegration

Harm reduction programmes provided by NGOs have hardly proved to be sustainable because their related costs were not taken over by the Ministry of Health when the international funds ended. Effects

⁴⁷The „Uncensored” Project has as it’s scope the prevention of drug use in schools and is being implemented by the International Police Association – the Romanian section, Region 6 Bucharest, the Mentor International Foundation, the Ministry of Education, Research, Youth and Sports, and the National Anti-Drug Agency. In Romania the project has 1200 students as direct beneficiaries and 52 first teachers from as many classes of VIth grade from schools in Bucharest, Iasi, Timisoara, Cluj, Buzau, Tulcea and Constanta. Activities consisted of organizing a training course for teachers and support of 12 lessons aimed at prevention, made by first teachers during the second semester of the school year. Teachers were trained by specialists from the National Anti-Drug Agency (members of the International Police Association), from the Ministry of Education, Research, Youth and Sports and experts from the Mentor International Foundation.

have been seen in the increasing number of injection drug users. Syringe exchange programme in prisons is considered sustainable, due to an existing reserve of syringes from the previous funding. NGOs seek to ensure sustainability of services by accessing available grants for projects in the field of reducing risks associated with drug use. However, to ensure sustainability is a big challenge for all private providers of integrated assistance services. For example, the Romanian Association against AIDS, although it managed financing the substitution treatment programme from European funds (ESF-HRD) for the ARENA Centre, it encounters many difficulties due to the frequent interruptions in funding. In addition, when the grant is over and in the absence of other funding sources, while the law does not allow the Centre accreditation by the Ministry of Health and the access to funds of the National Programmes from the Ministry of Health, it is very likely that the programme could not be continued.

Private providers of integrated support services do not face problems of sustainability of services because they provide them for a fee.

Medical services provided to drug users by the NAA and Ministry of Health are, in theory, easily sustainable, being financed by public funds. In practice, the situation of these services depends on allocated funds and possible organizational changes that may affect the functioning of these institutions (as happened in the case of reorganization of the NAA). Medical services provided by the NAP proved to be sustainable; they were initiated under private funding, but later on funding was taken over by the NAP.

According to the Ministry of Health representative, the services offered by institutions under this Ministry are sustainable because they are mentioned in legislation and they are compulsory.

Sustainability of medical services provided by NGOs (ARAS through ARENA Centre – methadone substitute treatment, psychosocial services) is determined by the financial continuity of these services.

Social and psychological assistance services offered by the NAA can be supported through the *National programme for medical, psychological and social assistance for drug users*.

Employees of social reintegration departments from prisons do not provide specific services for drug users in prison, but only punctual, when it is considered necessary.

Services such as protected homes, stated as social services in the Action Plan for implementation of the NADS 2010-2012, are hardly sustainable on long term, because of their high cost.

Therapeutic communities in prisons are easily sustainable because the only associated costs are those of human resources, which are under the NAP structure anyway.

In prisons, the programme concerning the substitution treatment with methadone is supported from NAP funds and it is considered sustainable, although the allocated resources are insufficient.

„To continue the methadone substitution programme we have already used funds from the budget of the Ministry of Justice. Also, the activities in the education programmes and psychological intervention are being developed with specialists in the penitentiaries.” (NAP representative)

„NADS objectives and associated Action Plans have guided all interventions for drug users in the facilities under the National Administration of Penitentiaries. Also, the activities developed in prisons are included in the Order no. 1216/C-1310-543, on May 18, 2006 concerning the development of integrated

programmes of medical, psychological and social assistance for people in custodial state who are drug users.” (ANP representative)

Reducing the drug demand from human rights perspective

NADS 2005 -2012 and associated Action Plans do not contain explicit provisions on human rights, the specific service requirements of women and youth, but they are implemented in accordance with human rights legislation in force.

The representatives of the organizations that run programmes to reduce risks for injection drug users said that the confidentiality right of beneficiaries is not always respected, especially when services are offered in the field. However, according to the service providers, beneficiaries do not consider that this would be an issue because they trust the people who offer them these services. There were no complaints registered from beneficiaries regarding the violation of their confidentiality right. Also, there were no complaints registered regarding discrimination of the beneficiaries by providers of harm reduction services associated with drug use, while services are individualized.

The NAA representatives’ mentioned that there is no approach specific to adolescents, the services for reducing the drug demand interventions are similar to those for adults (psychological counselling). As for adapting services to the needs of women drug users, pregnant women have priority to entry into treatment. In the Action Plan for the implementation of the NADS in 2010-2012, a study to identify risk and protective factors on drug use among vulnerable groups is set as a target.

Private providers of integrated assistance services, who also offer free services, give priority to pregnant women in accepting into substitution treatment, youth and people living with HIV / AIDS. Young people under 18 have access to services only based on the parental consent.

According to the evaluation report of the MARA⁴⁸ programme, adolescent users of injection drugs are less numerous in accessing health services. The smaller number is explained by the inadequacy of addressing the specific services and the needs of young people. The report also shows that young people do not have sufficient knowledge about their rights. Young women under 18, users of injection drugs, and commercial sex workers face both medical and social problems (including lack of identity documents). Their rate in addressing the health services is low. 47% of young women have not ever been tested for HIV.

All persons admitted into treatment programme must provide identity documents, which limits the access to substitution treatment of persons belonging to certain disadvantaged groups (people living on the street / homeless, Roma people and so on).

All service providers in the area of drug demand reduction provide access to beneficiaries to services without any discrimination related to their gender, race, ethnicity, sexual orientation, etc. The effort made by all providers to increase the access to services for vulnerable groups: Roma people, people without education, people with no income, etc., is remarkable. In this respect, NGOs have implemented harm reduction services in the field (outreach) to increase the access to services for disadvantaged people.

Also, all service providers were involved in lobbying and advocacy to promote and respect the rights of beneficiaries, to ensure services for these types of funds from the Ministry of Health.

⁴⁸Doru Buzducea, Florin Lazăr - Evaluation of Programmememes for MARA. Research report, UNICEF 2010

However, the women beneficiaries of the integrated assistance services of the ARAS Center - Titan, said that they faced many discrimination situations due to the fact that they are or were drug users. The acts of discrimination mentioned by these women occurred mostly in the public health services and had different forms, from blaming the beneficiaries ("why do you cry, you've done it with your own hand") to humiliating them (e.g. supervising them during the collection of urine samples) and requesting informal payments for medical services. Beneficiaries appreciated the different attitude of ARAS staff providing integrated services to drug users "here [central Titan] is the only centre where I was treated like a person, I was not <that junkie> any longer". (Mirela, 29 years, being treated with methadone substitute)

Also, the interviewed persons reported that medical staff in public services violates their rights, discouraging their intention to have children. Also, although they are under substitution therapy, interviewees are discriminated by the health professionals of any specialty, being treated as if they are still drug users. "*There are many doctors who associate methadone with drugs.*" (Mary, 28 years, being treated with methadone substitute)

Experience-based management

Until now, drug demand reduction programmes have not been evaluated in terms of effectiveness and efficiency. The staff that implements activities only carried out periodic evaluations of results, compared with set targets, without having any assessment tools. The programmes have been working for some time (especially the syringe exchange programme and the substitution therapy), so that the decision on their extension or continuation must rely on an assessment of these programmes.

Conclusions and lessons learnt

The main lesson learnt during the implementation of the NADS 2005-2012 was the importance of interinstitutional cooperation. Partnerships signed between the NAA, civil society and public institutions have provided a continuity of services for the prevention of drug use and those of assistance for drug users.

Another lesson learnt refers to the importance of minimum quality standards in the field of drug use prevention. In this sense, the National Anti-drug Agency, worked on a project in partnership with the University of Liverpool to develop quality standards, which are to be promoted through final regulatory action.

The implementation of the activities provided for in the NADS and the related / subsequent action plans have been realized in compliance with the national legislation and international provisions on human rights. However, specific interventions tailored to vulnerable groups are required, in order to ensure equity of interventions, equal access of all beneficiaries to individual services; in this respect, it is necessary first to develop and adapt the services for women and young people.

The reorganization of the National Anti-drug Agency in 2009 affected the conduct of all activities on drug demand reduction; during this period, some of the services had been suspended, and others had not been carried out as scheduled; thus, it was not possible to implement some projects that were already approved and were to be financed from the European structural funds – such as, the opening of social inclusion centres, the opening of 15 vocational centres and implementation of a social economy project. Also, some funding - that would have provided services for harm reduction - had been lost. Another effect of the reorganization of the NAA was the great fluctuation of personnel, so that, although constant training programmes were held, approximately 30% of existing staff operate without having

benefited from any vocational training programmes⁴⁹. All this has led, in the opinion of NAA representatives, to the reduction of NAA capacity to offer services, as well as to a diminished quantity and quality of services offered.

During this period (2009-2011) however, minimum services have been provided: the already started projects have been continued and the purchase of medicine for the substitution therapy has been made.

Harm reduction programmes provided by the nongovernmental organizations have been affected by the cut of funding, on the completion of the projects financed by The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and by the UNODC funding.

Prevention programmes have centred more on the prevention of drug use and less on preventing alcohol and tobacco use. Campaigns to prevent the use of alcohol and tobacco were made only at a local level, by the Prevention, Evaluation and Anti-drug Counselling Centres. A part of the media campaigns, conducted by the Ministry of Health and the Ministry of Education for the prevention of tobacco use, has been achieved as programmes conducted by these ministries, not the National Anti-drug Strategy⁵⁰. These campaigns have targeted the general population and were carried out at national level.

The appearance on the market of new substances with psychoactive properties caught service providers unprepared, making it difficult to adapt their interventions to the needs and responses of the users of such substances.

Although the NAA is responsible for the certification / authorization of the centres providing services to drug users, due to difficult criteria that have to be fulfilled by the providers, currently only one provider of services for drug users is certified. For this reason, the NAA intends to change these criteria so that providers of services for drug users can certify their service delivery centres.

Recommendations

Prevention in school

Short term:

- The prevention activities concerning the use of alcohol, drugs and tobacco shall be focused on the secondary school students.
- The integration of activities for prevention of alcohol, drugs and tobacco use within a larger independent life education programme for adolescents, that runs throughout the entire school cycle.
- Information sessions organized in schools must actively involve the students, not only in cultural artistic activities, but also in open discussions. This opinion is supported both by students interviewed for the evaluation of NADS 2005-2012, as well as the parents who participated in the evaluation process.
- Adapting school information campaign content to the changes occurring in the consumer profile – younger age of youth consuming drugs, alcohol and tobacco and the emergence of new substances with psychoactive properties.
- Evaluation of all information sessions through questionnaires applied at the end and/or discussions held with the students after the end of the session.
- The establishment of specific indicators in the action plan for the implementation of the NADS 2013-2020 for information on the risks of drug use in schools: number of informed persons,

⁴⁹According to NAA estimates – The service for drug use prevention

⁵⁰ For example, the anti-smoking Campaign (2009) of the Ministry of Health, as parte of the Stop Smoking national programmeme

number of persons trained based on the peer to peer education method, the number of schools where information programmes have been implemented.

- The organization of information sessions on the risks specific to the use of SNPP and heroin, the most consumed in Romania, according to the studies carried out so far.
- The implementation of pilot projects with service to young people who abuse alcohol.

Long term:

- The organization of information campaigns for young people on the internet by integrating messages to prevent drug use on frequently accessed Internet sites. Promoting the Helpline on these sites.
- To increase the coverage of the school population, the training of school personnel by CPEAC staff is recommended, to hold informational sessions on prevention of drug use.
- The training of school personnel by CPEAC staff to recognize the signs of drug use and how to inform these persons about the assistance available for those already addicted.
- Training of students by the CPEAC staff, using the peer to peer training system.
- The elaboration by NAA, in collaboration with organizations that run prevention programmes in schools, of a prevention curriculum on drug use for teachers and school counsellors, so that they can hold information sessions on the prevention of drug use.
- Promoting the support services for drug users and the Helpline among student population;

Prevention in family

Short term:

- The distribution, by CPEAC staff, in schools or at work, of printed information materials for parents on preventing drug use among adolescents, on the responsibilities of the parents, on signs that can help in identifying a drug user, on the services available for drug users.
- Posting of anti-drug messages and information about existing services for drug users on sites and blogs for parents. Promoting the Helpline line on these sites.
- Training provided by the CPEAC staff of the teaching staff so that they can provide parents with information on the prevention of drug use during parent-teacher meetings.
- Evaluation of any parental information action through evaluation questionnaires of the information sessions or group interviews.

Long term:

- Implementation by CPEAC of selective prevention activities for parents and foster care givers of adolescents at risk.
- The inclusion of information on the prevention of drug use among adolescents in training of foster parents, as well as in the training of the professionals in the child protection system.

Prevention in the community

Short term:

- Promoting information and helpline type counselling service, at the level of both the general population and among institutions and organizations that implement programmes in the field of drug use.
- Conducting, by the NAA and partner institutions and organizations, of information campaigns concerning the risks associated with alcohol, tobacco and drug use, tailored to vulnerable groups: adolescents, women, people with low income, etc.
- The establishment of less specific targets, allowing the adaptation of interventions to the local specific. For example, the development of a pilot project for the prevention of drug use by information, education and promotion of the services offered by the CPEAC at the level of owner associations in the community. The purpose may be to promote the CPEAC services in

the community but how this is to be done shall remain at the decision of the local CPEAC office, depending on the material and human resources available, on the interest and specific of the respective community.

- Carrying out information and awareness campaigns on human rights, non-discrimination of drug users, informing and empowering the general population on the measures that can be taken to help drug users, existing services, etc.
- Informing the mass media representatives with respect to services available to drug users, drug users' rights.

Long term:

- Implementation by the NAA and partner institutions and organizations of national campaigns for the prevention of the use of alcohol and tobacco.
- Maintaining partnerships for prevention programmes in the prison system.
- Subcontracting services for prevention in prisons to nongovernmental organizations.
- Conducting studies, quantitative and qualitative, in partnership with nongovernmental organizations, to identify groups at risk, the behaviours of injection drug users and their needs.
- The implementation of projects for the prevention of alcohol use at the national level, in particular for categories of persons at high risk (e.g., construction workers, drivers, taxi drivers).
- Implementation of local projects for universal/general prevention centred on leisure programmes as an alternative to alcohol, tobacco and drug use.
- Monitoring the press and correcting inaccurate or wrong information published in the written press, the use of the right of reply through the articles published by NAA representatives.

Medical, psychological and social assistance, harm reduction and social reinsertion

Short term:

- To make arrangements for the implementation of the provisions of GD no. 1101/2008, regarding the *Development of services to reduce the risks associated with drug use*.
- To establish a national level estimate regarding the number of drug users and, especially of IDUs;
- To adjust the services to users of legal drugs, thereby increasing their accessibility: extended working hours, mobile units able to provide services, access to syringes in pharmacies.
- Adaptation of the services to the specific of gender needs (women/men).
- To explore the possibility of extending the medical services offered to drug users (detox, treatment to maintain abstinence) to other hospitals to increase the accessibility of the beneficiaries.
- To provide substitution therapy for people in prisons who already passed through a substitution therapy while free.
- To facilitate drug user's access to diagnostic services for tuberculosis (TB) by means of collaboration agreements with the 'Marius Nasta' Institute of Pneumophtisiology and a referral of the drug users for TB diagnosis services. Exploring the possibility of testing of drug users in the mobile units of the 'Marius Nasta' Institute of Pneumophtisiology.
- To improve access of injectable drug users to services of prevention, counselling, treatment, diagnosis (and where appropriate, vaccination) for HIV, HVB (Hep B), HVC (Hep C), TB and other related diseases, its recommended the creation of a clear referral system of drug users to counselling and testing services and, where appropriate, the treatment services.
- To provide personalized integrated support services, adapted according to the type of use, the age of the beneficiary, psychosocial characteristics, etc., by providing a sufficient number of social assistants and psychologists. Creating a clear referral system to other services in the event that the institution providing the medical service does not feature psychosocial staff.

- To develop working standards and methodologies approved along with all the partners involved and customized on service types. The standards must allow for lower doses of methadone when the recipient is ready, physically and mentally.⁵¹
- To monitor and evaluate (especially the effectiveness and impact of) all services provided by public and private institutions and organizations for the prevention of drug use, medical, psychological and social services, harm reduction and social reinsertion of drug users.
- To define more precisely the extent of service coverage so that make the frequency beneficiaries receive services with and the type of service received possible to be identified.
- To include, in the NADS 2013-2020 and the action plan for the implementation of the NADS 2013-2020, measures related to vocational and social reintegration of drug users. The development, in partnership with the Ministry of Education, Research, Youth and Sports and the Ministry of Labour, of school and vocational reintegration programmes for drug users.
- To include psychological and social assistance services into the syringe exchange programmes and methadone substitution therapy in prisons. The training of the NAP social reinsertion staff by NAA personnel in order to prepare them to provide social and psychological services to incarcerated persons who benefit from syringe exchange programmes or substitution therapy in prison.
- To implement vocational reintegration programmes for former drug users detainees.
- To ensure continuity of substitution therapy for persons entering or leaving detention, by creating a clear referral system between the NAP and the NAA of persons entering or leaving the prison.
- To facilitate the access of young people under the age of 18 years to harm reduction services and substitution therapy; taking steps to change the legal framework that require parental consent for providing services to drug using minors; development of a methodology for working with children drug using.
- To facilitate the access of women to harm reduction services, including through programmes to combat stigma and gender discrimination practiced in the community: information and awareness-raising campaigns, services adapted to women.
- To adapt the medical, psychological and social services, harm reduction and social reinsertion to the specific of the legal drug users.
- To adapt the services to the specific vulnerability of each drug user: people engage in commercial sex, men who have sex with men, immigrants, Roma ethnic group, women etc.
- To design a referral system to increase the access of drug users, pregnant women, to pre-natal medical services and social welfare services in order to prevent cases of child abandonment.

Long term:

- The initiation by the National Anti-drug Agency of its own system of grants to be awarded to organizations that provide harm reduction and support services.
- Exploring the possibility of use rooms and street devices / units for the distribution of syringes.
- Ensuring case management in all the institutions that offer integrated support services to drug users.
- On-service/on-going training of the NAA staff, as well as the personnel of organizations and institutions which provide services in the field of drug use prevention and medical, psychological and social assistance, harm reduction and social reinsertion of drug users.

⁵¹Women using injectable drugs interviewed in the evaluation process of the NADS 2005-2012 mentioned as a problem that, in particular in public centers of methadone substitution, they are prescribed high doses over long periods of time and are not helped to decrease the dose so that over time, they can exit the programme. Two of the respondents have received substitution therapy in Spain and Italy, and have noted that there the dose of methadone is lowered after a small period of time, compared to Romania.

- The identification of funding sources for counselling and testing for HIV and hepatitis of injection drug users.
- Financing qualitative and quantitative studies carried out among injection drug users (behavioural surveys, serological surveillance studies etc.).
- The development, within each CAIA of a vocational centre meant to facilitate the vocational reintegration of drug users.
- Maintaining and expanding existing services in prisons and increasing the access of detainees to such services - substitution therapy, support groups, syringe exchange, etc.
- Informing drug users in respect of the conditions in which they can benefit from the services, having no identity documents, medical insurance, etc.
- The development, in partnership with the Ministry of Labour, of vocational training and social and vocational integration programmes for women drug users.
- Periodic review of partnerships to identify the non-working ones and clearly specifying the duties of each partner.

Measures to reduce the drug supply

Context

According to the most recent UNODC report⁵², it is estimated that about 230 million people, or 5% of the adult population of the world, has consumed at least once an illegal drug during the year 2010. Considering that the major producing countries aren't the main consumer countries, and that the opening of borders favours the globalization of social phenomena, the development of a global drugs market is not an unexpected fact.

Along with Bulgaria and Hungary, our country is situated on the Northern Balkan Route – an important channel for the trafficking of heroin from the Middle East to Western Europe. The transfer of heroin to Western Europe is done on the territory of Romania on five main routes, which link the entry points at the border with Bulgaria and Ukraine and the exit points to Hungary.

Cocaine, an expensive drug for the domestic market, is shipped in small quantities from Western Europe (Spain, Netherlands, Belgium) or South American countries, for a special category of users - those who can afford the high price of this drug.

Cannabis was also in 2010 the most illegally consumed drug in Romania in a ratio of 1.6%, followed by ecstasy – 0.7%, heroin – 0.3%, cocaine – 0.3%⁵³.

Synthetic drugs have seen a great expansion on the Romanian market in the 2009-2012-period; in addition to the 'traditional' ones (e.g. LSD), new derivatives have emerged, with similar effects. These substances are known as *designer drugs*, *spices* or new substances with psychoactive properties.

Crime in connection with the phenomenon of drugs has increased significantly since the 1990s and has continued to alarmingly increase after 2001. In 2003, the number of drug-related offences increased by 13.2% compared to the year 2002, and by 118% compared to 2001⁵⁴. During the 2004-2006-period, the number of criminal cases solved by the prosecution offices recorded a slight decrease from 1756 to 1076, and later, during the 2006 – 2010-period, the number had grown to 3360, with a slight drop in 2008. The number of persons investigated as a result of DIICOT criminal prosecution grew with 30.8% between 2009 and 2010 (from 4922 to 6436)⁵⁵.

The National Anti-drug Strategy 2005-2012 is based on the coordinates established by the EU strategy on drugs 2005-2012, which aims, in the field of drug supply reduction, a measurable improvement of the interventions of EU and of the Member States on the production, drug trafficking, the diversion of precursors, terrorist financing through drug trafficking and combating money laundering resulting from offences relating to drugs.

Nationally, the NADS 2005-2012 had been reflected in the main programmatic documents, so that the Government Programme⁵⁶ has included the combating of trafficking and use of drugs within its first

⁵²UNODC, World Drug Report 2012 (United Nations publication, Sales No. E.12.XI.1), Vienna.

⁵³The prevalence of drug use in Romania, Results of the study in the general population 2010, National Anti-drug Agency, June 24, 2011, p.3

⁵⁴see National anti-drug strategy 2005-2012, p.7;

⁵⁵see the data provided by DIICOT in the National report on the drug situation 2011, REITOX, p.168;

⁵⁶Adopted by Romanian Parliament Decision no.39 on December 23, 2009;

main governing objective concerning the public order and safety of citizens. The national defence strategy of Romania adopted in 2010 identified the trafficking and use of drugs among the main national security risks and threats, the former being removed from the category of vulnerabilities, as set out in the previous strategy. Combating trafficking and use of drugs is mentioned among the key areas of intervention in order to achieve the main directions of action - fighting the impact of cross-border organized crime, and terrorism⁵⁷.

The national strategy for public order and safety 2010-2013⁵⁸ provides, within the areas of intervention subsumed under strategic objective No. 3 (Chapter VII – Directions for action – *Reducing the impact of organized crime*) "*understanding, preventing and combating the trafficking and use of illicit drugs and improving assistance services for victims*", setting out the institutional capacity enhancement of the National Anti-drug Agency as the main direction of action. The issue of combating drug trafficking was mentioned in the previous similar document, the Strategy of the Ministry of Administration and Interior concerning the public order and safety, for increasing the safety of citizens and preventing street crime⁵⁹, but the latter did not complementarily provide the reduction of drug use.

The legal regime of the precursors was regulated by the Law no. 300/2002 and after Romania's accession to the EU; the GEO no. 121/2006 has been adopted and approved by the Law no. 186/2007, which implements the European system for monitoring and control.

In addition to the role of coordinator of the NAA, the objectives set out in the drug supply reduction were achieved mainly by the following institutions: MAI, GIRP (DCOC, CCPI), MP (DIICOT), DGIPI, NCA, MJ, IGJR, IGPF, NOPCLM and complementarily, by the Ministry of Health.

Relevance

Representatives of the institutions interviewed said that, in general, the activities set out in the action plans reflect the specific objectives of the NADS in the drug supply reduction.

Increasing the response capacity of the law enforcement institutions

Law enforcement institutions (DIICOT, DGIPI, DCOC) have conducted information exchanges with SRI and SIE and have achieved strategic and tactical analysis on organized crime networks for operational documentation of their criminal activity.

Within street drug anti-trafficking activities, correlation between combat actions and drug user support has been made. In this respect, GIRP cooperates with IGJR for the implementation of the EU Council resolution, OJC 375/12.12.1996, both in carrying out the tasks of ensuring public order and the common missions undertaken at the request of GIRP, for combating street drug trafficking.

The IGPF anti-drug action was carried out through the Specialized Service, which was closed in May 2009, and its personnel was transferred to the AS– DCOC.

The NCA has created a computerized component for processing anti-drug information as a support platform for future activities and coordination with other institutions involved.

Institutional capacity development

Permanently upgrading the technical capabilities necessary for institutions combating the illicit trafficking of drugs is a basic prerequisite to achieving the objectives and activities of the NADS

⁵⁷see National Defense Strategy – p.21, <http://www.presidency.ro/static/ordine/SNAp/SNAp.pdf>

⁵⁸Adopted through HG no.1040 on October 13, 2010;

⁵⁹Government decision no. 196 on 17.05.2006 on the approval of the Strategy of the Ministry of Administration and interior concerning public order and safety, increase of safety of citizens and prevention of street crime (published in the Official Journal)

according to the position of all the respondents interviewed. This need is underlined by the dynamics of the phenomenon of crime both in terms of new psychoactive substances, as well as from the point of view of criminal methods and techniques.

Regarding the constant need of equipment for CLDAP, its representative noted the need to mention CLDAP among the institutions that should benefit from the modernization of the technical capabilities of the institutions responsible for combating trafficking and use of illicit drugs at the level of international standards. Action plans mention only DIICOT and the Anti-drug Service of the DCOC, omitting the Central Laboratory of Drug Analysis and Profile which plays an important role in supporting the two entities mentioned above.

International cooperation to combat precursors and drug trafficking

To combat international trafficking in drugs and precursors MAI and NCA structures conducted an operational exchange of information and data between these institutions and similar bodies in the EU or third countries through the network of Romanian or foreign liaison officers.

For action in specific cases, joint working groups were organized or regional actions were carried out, as appropriate.

Although operative cooperation in the field of supervised deliveries was welcome by all the capable institutions, activity 3.a.1 (Establishment of a common methodology in accordance with the Schengen Catalogue vol. 4 "Police cooperation, recommendations and best practices regarding mutual assistance and emergency situations, cross-border surveillance and controlled deliveries") from the first action plan was considered as having a reduced relevance by the DIICOT representative interviewed in the evaluation process of the NADS 2005-2012. The DIICOT representative pointed out that the legal framework in place is sufficient, as it provides all the legal and institutional levers necessary for the proper functioning of this activity. Moreover, this methodology has been signed by the Public Ministry with a delay of more than two years.

International cooperation on preventing the hijacking of drugs or precursors of the legal circuit has been consolidated through participation in international working groups or activities in the PRISM, TOPAZ, PURPLE and other frameworks on the monitoring of export-import operations and precursor control.

Prevention, combating of money laundering and confiscation of assets derived from or used in crimes related to drugs or precursors

The NOPCLM representative interviewed in the evaluation process of the NADS noted that "*the documents assessed are extremely helpful, ensuring an integrated concept of the objectives and measures aimed at combating the phenomenon*". The NAA together with NOPCLM were partners in conducting some PHARE programmes which have increased communication capability with other law enforcement institutions. By GD no. 32/2011, the Office for the prevention of crime and of cooperation with the claims recovery offices in the Member States of the EU under the Ministry of Justice has been designated as the national Office for the recovery of claims in the field of identification and tracking of goods from crimes or property in connection with other offences. This way, the legal framework necessary for the implementation of Council decision 2007/845/JAI was created.

Effectiveness

Since 2005, the number of criminal cases solved increased exponentially, from 1344 to 3360 in 2010. This progress has been characterized by slight declines from the previous year, in 2006 and in 2008. According to the DIICOT activity report for 2011, over the course of 2011, confiscated drugs worth a total of about Euro 15 million, DIICOT prosecutors, the Prevention and combat of illicit drug trafficking service

within the central structure, as well as specialized prosecutors within the Bucharest Territorial Service and other territorial subunits have intensified their combat and investigation work on illicit trafficking of risk and high risk drugs, including drug precursors.

Special attention was paid to the cross-border trafficking of drugs and the small street trafficking, specific for Bucharest, solving a number of 4087 causes. Compared to 2010, when about 3360 causes were settled, 2011 registered an increase of 21.64% of solved cases⁶⁰.

For the purpose of dismantling cross-border organized crime groups, DIICOT prosecutors have stepped up international judicial cooperation and activities in the field of the fight against organized crime and terrorism in collaboration with similar authorities from 50 other countries⁶¹. Although the number of criminal cases reaching court has an increasing tendency, from 394 of indictments in 2005 to 436 in 2011, their share in the number of cases settled by prosecutors stays low. During the period under review, we note that the number of indictments fell slightly in 2006 to 305 and resumed growth in 2007 at 344, and since 2008 has exceeded the reference year (2005) to 395.

During the analysis period, the drug catches differ depending on the type of drug, its origin and trafficking connection. Thus, the quantity of heroin seized had an ascending evolution until 2008 (when it recorded a maximum of 385 kilos seized) except for a slight decrease in 2006. After 2008, the amount of heroin seized has dropped steadily, reaching a minimal 12.19 kilos caught in 2011. With regard to cannabis seizures, in 2005 510.04 kilos have been caught. In 2006 and 2007, there have been increases in the quantities caught, only to then register a decrease in 2010 at 143.09 kilos, the lowest for this period. The evolution of catches of cocaine and opium are oscillating, enrolling between up to 1282,9 kg (2009) and a minimum of 57 kg (2010) for cocaine and maximum 7.04 kg (2007) and minimum 0,045 kg (2009) for the opium⁶².

The year 2010 was characterized by a true assault on the marketing and use of new substances with psychoactive properties, regulated through implementing control on 43 new substances as a result of legislative changes⁶³.

The interviewed representatives of the institutions praised the effectiveness of the measures taken to reduce the supply of drugs, pointing out that this analysis should take into account the general trend of the drug as well as the institutional reform period of MAI which deeply affected the role of national coordinator of the NAA on preventing and combating drug trafficking and use.

Increasing the response capacity of law enforcement institutions

In order to achieve the objective of operational documentation of criminal activities, in 2010 the computer component for anti-drug information processing by the NCA has been completed on the basis of the project PHARE RO 2006/018-147.03.04.01.04. The application of the plan to combat and prevent trafficking and use of drugs in Romania, no.S/450896/2006 prepared by DCOC and subsequently updated, which sets out the specific powers in the field to all police forces, has resulted in increased acknowledgement and combat activities of street-level drug trafficking, in accordance with the recommendations laid down in the Resolution of the European Union Council of 29.11.1996 – OJC 375/12.12.1996.

⁶⁰See “The activity balance of the Department for the Investigation of Organised Crime Felonies and Terrorism” for 2011, p.22;

⁶¹idem

⁶²see National report on the drug situation 2011, p.194;

⁶³see National report on the drug situation 2011, p.195;

To combat street trafficking GIRP has collaborated with IGJR both in the operations conducted jointly or as a result of its exercise of powers of public order by IGJR. In the latter case, the contribution of IGJR is limited only to acts of ascertainment and declension of power for the GIRP anti-drug structures.

For collecting and monitoring within a data information system, DCOC installed a secure electronic messaging system managed by the STS for the transmission of classified information between the General Directorate and territorial units, which had the effect of optimizing operative data exchange. Development of risk analysis is being carried out in all ports, airports and border points where a high traffic of goods and passengers is registered. Border security activities related to trafficking in drugs and precursors is being carried out according to the action plan of the National Strategy on Integrated Border Management.

To improve the quality of customs control, currently over 13 canine crews are operating, that have drug detecting dogs trained at the NCA training centre at Giurgiu. A fitting with X-ray scanners has been made for the control of containers or trucks at the main border check points.

Institutional capacity development

Improvement of the legislation and the institutional framework in this area has been achieved through the implementation of the community acquis under the obligations of Romania in the pre-accession to the EU, and in particular by increasing the institutional capacity of the NCA in regard to the implementation of the Customs Union within the EU⁶⁴.

Expanding and improving interinstitutional cooperation was achieved through the creation of joint working groups between the DCOC, IGPF and NCA, by regional centres, in accordance with the recommendations of the Resolution of the European Union Council of 29.11.1996. The common working groups are materialized through three centres of TRIDENT, established in 2005 (which operate at Giurgiu, Otopeni Airport and the port of Constanța) coordinated by the border police and POLVAM, established in 2006, which operates under the coordination of the border police at Iasi.

On the modernization of the technical capabilities necessary to institutions responsible for combating trafficking and use of illicit drugs, Anti-drug Service representatives from DCOC (GIRP) claimed that they haven't received consistent equipment since 2006, being felt the lack of advanced information systems or lack of adequate maintenance of the car park. CLDAP needs new and improved facilities as a result of the growing dynamics of the issue concerning the work emphasis of judicial profile of drugs. At the same time, SA representatives of the DIICOT, NOPCLM as well as NCA said that physical equipment is "*appropriate*" or "*the situation is pretty good*".

The activity of vocational training of specialists in the field through international cooperation programmes was welcome by all the respondent institutions to the evaluation interviews of the NADS. This was achieved through the training programmes conducted with the support of external partners such as the 2004 MATRA programme or programmes conducted by the National Centre of Training and Documentation in the field of Drugs within the NAA. Also, NIM in partnership with the Public Ministry, NAA and the Institute of Public Health has carried out various forms of training (seminars, conferences, etc.) with the participation of prosecutors, judges and police officers, as appropriate. NAA has

⁶⁴HG 1552/2006 was adopted, regarding the reorganization and operation of the NCA, Law 86/2006 regarding the Romanian Customs Code. This process of institutional consolidation and adaptation at the forms of manifestation of crime in the area has continued with the adoption of HG 532/2007 which was later replaced by HG 110/2009 on the organization and operation of the NCA.

developed the Strategy for training in the field of drugs and the Action plan 2011-2012 on implementing the Strategy for training in the field of drugs.

Regarding the *Prevention and combating of precursors that can be used to manufacture illegal substances, narcotic drugs and psychotropic products* a centralized national database on precursors was established, managed by the regulatory authority - NAA, its beneficiaries and other institutions involved in the control of precursors.

International cooperation to combat trafficking in drugs and precursors

Criminal profiling of seized drugs on national territory may be carried out as of June 2006 as a result of the equipment of the drug analysis and profile laboratories that allows profiling of drugs. The equipment was achieved within the framework of the Twinning Convention RO/2003/IBJH-05, "The fight against trafficking and drug use". So far no clandestine laboratories have been discovered in Romania that produce synthetic substances, but at most locations in which the substances were portioned and prepared for sale or transport. According to the information provided by CLDAP, the quantities of drugs seized in the year 2011 shall be entered in the period average of 2001-2010, whilst maintaining the fluctuating character of the confiscations of heroin, cocaine and cannabis, as well as the decreasing tendency of the confiscations of opium and synthetic drugs.

Common working groups were initiated on specific causes, with the anti-drug structures of Netherlands, England, Germany, Austria, Italy, France, Hungary and Canada. Also, under the coordination of the Prosecutor of the High Court of Cassation and Justice - DIICOT, anti-drug structures participated together with similar structures to the works of rogatory commissions. Operative cooperation in the field of controlled deliveries in accordance with article 40 and article 73 of the Schengen Catalogue is another permanent activity. In this sense, there have been authorized more deliveries supervised by DIICOT prosecutors, both at the initiative of the competent Romanian authorities, as well as at the initiative of the competent foreign authorities, successfully using this specific means of investigation in order to identify and prosecute of members of transnational criminal groups. According to authorizations issued by DIICOT, participants to these activities of supervised delivery included the NCA in conjunction with DCOC and IGPF.

Until 2007, the system of monitoring and control of precursors has been based on the provisions of law No. 300/2002 concerning the legal regime of the precursors used in the illicit manufacture of drugs. As support in carrying out monitoring activities "NDCS" (National Drug Control System) programme was used, and to collect information on external trade operations, specific notices have been constituted pertaining to their notifications and pre-notifications. Since 2007, the whole national system of monitoring and control of precursors has been changed according to the principles of the European unit and, consequently, the necessary mechanisms. The National Anti-drug Agency is the national authority responsible for the implementation of the new system, according to the European legal framework. As a result, the necessary mechanisms for the monitoring of precursors were modified, creating, for example, the premises of the national centralized data base in the field of precursors. As a unitary mechanism used to facilitate collaboration, it must be noted that Romania is integrated into the PEN on-line system for monitoring of import-export operations.

In the period of 2007-2012/semester I, Romania has participated through the National Anti-drug Agency, General Inspectorate of the Romanian Police and the National Customs Authority to various operations of the PRISM and COHESION projects. Among the most recent operations to which Romania has participated was Operation PAAD, our country participating together with other EU Member States. The main activities undertaken during the operation of the three national institutions involved (GIRP, NAA, NCA) consisted of monitoring, according to authority, of operations carried out in Romania with

certain precursors and their derivatives. In order to achieve the objectives of the operation, NAA collaborated with other institutions, the essential contribution being made by the National Agency of Medical Products and Devices and also the National Customs Authority. Within the operation, these authorities have collaborated to identify any transactions with ephedrine and pseudo-ephedrine, of over 20 kg, as well as of the transactions of pharmaceutical products containing category 1 precursors.

Prevention, combating money laundering and confiscation of assets derived from or used in crimes pertaining to drugs or precursors

According to information provided by DIICOT through its annual reports, efforts of the prosecutors have intensified to identify mobile and real estate property (including significant amounts of money in RON and foreign currency) belonging to persons investigated for crimes pertaining to drugs and precursors subject to national oversight, only to be frozen through the application of protective measures.

In the year 2011, according to DIICOT data, 202.537 euro, 8.569 USD, 614.000 Japanese yen, 5 buildings, 23 de vehicles, 844,338 RON were frozen awaiting seizure.

At the initiative of NAA in collaboration with MSC and MPF an account was established for highlighting sums of money arising from the sale of seized goods following the commission of offenses pertaining to drugs and precursors in order to finance programmes, in accordance with law No. 381/2004.

By GD no. 32/2011, the Office for the prevention of crime and of cooperation with the claims recovery offices in the Member States of the European Union, within the Ministry of Justice, was appointed as the national office for the recovery of claims in the field of identifying and tracking of property derived from committing crimes or other goods connected with criminal behaviour. Thus the legal framework necessary has been established for the implementation of the Order 2007/845/JHA of the Council concerning cooperation between the recovery of claims in the field of identifying and tracking of property derived from committing crimes or other goods connected with criminal behaviour.

In order to prevent and combat money-laundering practices coming from offences pertaining to drugs and precursors *“the legislation in the field of preventing and combating money-laundering (including money coming from drug trafficking), has been updated continuously, reaching in 2008 to fully transpose the European directives in this field”* (NOPCLM representative).

In this sense, NAA and NOPCLM have been partners in the framework of PHARE RO2006/IB/JB-04-Increasing communication effectiveness of institutions involved in the fight against drugs, PHARE 2006/018-147.03.17 *„Developing the institutional system for the prevention and combat of money laundering and financing of terrorism”* and the Transition Facility RO /2007-IB/JH/05 *“Combating money laundering and the financing of terrorism”*.

Overall, interview respondents said that the interinstitutional cooperation measures as a means of achieving the general objective in the area of drug supply reduction are absolutely necessary.

Efficiency

Most of the respondents appreciated the national legislative framework as appropriate for the activities of the action plans that have introduced modern means of action such as undercover investigators, supervised deliveries or the possibility of its adaptation of new synthetic substances emerging in Romania.

Limitations in terms of the effectiveness of measures on the reduction of drug supply are caused by:

- Insufficient funding of activities set out in the action plans;
- Insufficient personnel in some institutions;
- institutional reorganizations, inside the evaluation period, which didn't prioritize the necessity to realize NADS objectives;
- reduced cooperation availability of similar institutions from other countries which have other priorities or experience;
- Internal legislative and institutional barriers.

Impact

The objectives and activities set out in the NADS and action plans have been undertaken by the responsible institutions, but this was done without optimum allocation of human and financial resources, in particular where the responsibility of the institution on the NADS is complementary to its main tasks.

The NAA reorganization has affected the implementation of the NADS but, beginning with 2011, it has regained its previous role in the promotion of anti-drug policy in Romania.

NADS has influenced positively the activity of SA and CLDAP from DCOC, but their operation was also hampered during the reorganization of MAI.

The DIICOT representative appreciated the NADS contribution to the consolidation of some institutions as well as the integrated approach of the phenomenon, both in terms of demand and supply reduction of drugs. DIICOT said that carrying out the activities provided for under the NAP was made based on internal normative acts in force and the international conventions ratified by Romania.

DGIPI representatives felt that there were positive influences of the NADS, and NOPCLM representatives claimed that the *"NADS and action plans have helped to coordinate the efforts of the institutions involved and a cooperation targeted at supply reduction activities."*

Sustainability

General feedback of interview respondents in order to assess the NADS was that both the objectives of the Strategy and the activities of both NAP are generally sustainable, but, depending on the scope of the intervention and every goal or task in hand, certain specific aspects can appear.

DCOC representatives have argued that some activities have limited financial and institutional sustainability.

For example, activity 1.a.2 of NAP II on the achievement of strategic and tactical analysis in connection with internal and cross-border organized crime groups, in accordance with the recommendations of the resolution of the European Council and the recommendations of the United Nations on single drugs is considered to have a limited sustainability due to the fact that there is no specialized component only on this issue. This activity is currently held by UCAI (GIRP), but SA (DCOC) representatives consider it necessary that this be done by a specialized component only designed for drug issues.

Criminal profiling of drugs by the CLDAP is properly carried out, but this activity can become unsustainable if, in the period ahead, the necessary upgrades are not done. The CLDAP representative stated that this activity can be done properly for up to two years with current equipment.

Activity 8.1 regarding the purchase of technical means of the responsible institutions could be fully sustainable if the necessary funds were to be assigned for the provisioning of DCOC. According to its representatives, the SA within the framework of this direction has not been consistently provisioned

since the 2006 budget, although there are pressing needs in all respects. There is no budgetary allocation for the SA on the pursuit of the objectives and activities of the NADS and the NAP. The sustainability of this activity has been provided so far also by carrying out projects with EU funding⁶⁵ or as a result of funds received from external collaborators after successfully carrying out joint operations⁶⁶.

The participation of anti-drug officers to CEPOL courses is considered beneficial for achieving the necessary training, but it became unsustainable due to the fact that travel to these activities is to be allowed by the designated officers, making the activity unattractive.

At the same time, in the course of 2010, the Strategic plan by the Ministry of Administration and Interior for the period 2010-2013 was being developed, which provides for the implementation of national programmes for the prevention of trafficking and use of drugs and ensuring their sustainability, as well as the intensification of international cooperation to identify and neutralize drug trafficking networks that affect Romania. These constitute measures for the realization of the strategic objective in the field of public order and safety, "reducing the impact of organized cross-border crime and terrorism".

Reducing drug supply from the human rights perspective

In the area of drug supply reduction, the responsible institutions apply the internal normative acts and international conventions to which Romania is a party, with incidence on the implementation of and respect for human rights. NADS formulates as a general principle that governs the conduct of all strategies, *the principle of legality* according to which the entire activity to reduce the supply of drugs is carried out in accordance with the provisions of the Constitution and other national and international standards, including those relating to human rights.

The normative acts in force contain provisions that make up a derogatory legal regime for children or children with limited exercise capacity as well as for users involved in acts of law violation.

Also, the standard of those who are in detention or custody is differentiated according to gender or age, in that children have a derogatory regime. In this sense, the constitutional provisions concerning the right to protection of children and young people is in compliance, as well as those contained in the international norms to which Romania is a party to. Moreover, the new concept is to treat the drug user as a victim and then, depending on the circumstances and specific elements of the situation, as the author of the criminal acts referred to in the anti-drug legislation.

A problem identified is that of children with drug user parents. The protection of children was taken into consideration at the passing of Law No. 202 of 25 of October 2010 on measures to accelerate the resolution of processes for the settlement of criminal cases involving children; in order to draw forensic psychiatric expertise of the child a social inquiry is required by the guardianship authority to which jurisdiction they belong.

A special case is the problem of children involved in drug related criminal offences, which are instigated or coordinated by adults and which counts on the lack of criminal liability of children. In this situation, the institutions of law enforcement notify competent social services and child protection departments to take the necessary measures for their protection.

⁶⁵See PHARE 2006 - Adopting the concept of intelligence-led policing on organized crime – Supply;

⁶⁶in October 2012, American Anti-drug Agency (DEA) granted the anti-drug structures within GIRP 300,000 USD seized as a result of a joint international anti-drug operation;

Experience-based management

The actions planned for the 2005-2012 period have been formulated in the light of the experience gained in conducting the NADS 2003-2004, as well as the experience of other European Union countries.

To implement the activities in the action plans coordination mechanisms have been drawn up by the NAA for the main directions of action, which considered the conclusion of protocols of collaboration or elaboration of methodologies for carrying out these activities.

Evaluation of the implementation of the NADS and plans of action were made periodically by NAA, but an impediment was the lack of indicators of achievement in the framework of these documents.

Conclusions and lessons learnt

Compared to the NADS 2003-2004, NADS 2005-2012 brings a new concept to reducing drug supply. A defining element is the need for accession to international conventions and aligning them to national legislation. Another landmark is the sanctioning of any act related to illegal drug operations, but the sanctions must be differentiated depending on the circumstances, to reflect the gravity of the crime.

The competent institutions have introduced modern means of action both technical and operational (supervised delivery, the use of undercover investigators).

Also, a very important element is the financing of activities to combat drug trafficking through the seizing and auction of goods used in or as a result of committing offences of illicit trafficking of drugs and precursors.

From the analysis of effectiveness in the implementation of activities contained in the action plans, it has been noted the existence of limitations caused by insufficient funding, the shortage in staff of some institutions or the institutional reorganizations that have influenced the achievement of the objectives of the NADS.

The main lesson from the analysis of the implementation of activities in the area of drug supply reduction is the need to develop a legal and institutional framework that would provide the necessary sustainability for activities contained in future documents.

Creating and strengthening institutional framework must aim at providing legal guarantees for the stability of the institutions, both as a structure, funding, and human resources.

Another conclusion is the necessity to budget activities contained in the action plans to ensure sustainability. To guarantee the sustainability of activities relating to the application time intervals greater than one year, multiannual budgeting must also be considered. An example of human resource and financial sustainability is carrying out multiannual projects with European funding that pertains to both staff training and provision of financial resources necessary for the proper performance of institutional responsibilities. In this respect, we mention the implementation by the NAA of the project "Creation and development of a project management network with an anti-drug specific", SMIS code 1212, financed by FSE-PODCA.

Recommendations

Recommendations concerning this area follow actions that can be supported by the Agency or by other institutions with responsibilities in the field of drug supply reduction.

Short term:

- Activities in the action plans of the NADS in the area of drug supply reduction must have a more applied nature, objectives and targets pursued to be expressed more concretely.
- Introduction by the NAA, in future action plans, of plan indicators relating to activities in the area of supply reduction, accompanied by collection and reporting methodologies.
- Involvement, by the NAA, of the relevant institutional partners in developing collecting and reporting methodologies of indicators regarding drug supply reduction.
- Correlation and adaptation of its own systems of collecting statistical data, so as to meet the reporting needs, according to the requirements of international and European bodies.
- NAA involvement encouraging cooperation of law enforcement institutions with institutions for drug user support.
- Creation of databases within DCOC (SA and CLDAP) to serve operational needs, hierarchical reporting as well as reporting needs towards the NAA.
- Permanent implementation of training programmes for personnel from all institutions of drug supply reduction.
- Analysis of the risk factors relating to staff involved in drug supply reduction.

Long term:

- Institutional consolidation of the NAA and its role of national coordinator on drug supply reduction.
- NAA involvement in developing an appropriate legal framework that ensures the collection and reporting of indicators to reduce the supply from all relevant institutional partners.
- Institutional strengthening of DCOC through the establishment of an analysis structure solely on the drug problem.
- Modernizing the technical equipment necessary for authorized institutions to enforce the law in the field of drugs, at the level of international standards.
- Strengthening the legislative framework, in particular for the regulation of newly emerged narcotics on the drug market. The extension of working groups like TRIDENT and POLVAM to other institutions.

Measures for international cooperation

Context

In the EU strategy on drugs 2005-2012 and other international documents on drug policy, cooperation is, along with research, an essential element for the development of the European response to the drug problem. NADS 2005-2012 integrated the priority, aiming for cooperation of Romanian institutions with national structures from EU Member States and third-world countries, in order to commonly adopt and promote measures allowing to: combat border drug trafficking, transfer of best practices in the areas of prevention, treatment and socio-vocational reintegration of addicts.

Responsibility for the implementation of these measures has been allocated through the NADS, mainly to the NAA, but also other structures, such as GIRP, the National Customs Authority, the Ministry of Justice (Probation Department), the Public Ministry, the General Directorate for European Affairs and international relations (MAI), Ministry of Health, Ministry of Labour, Family and Social protection. We note that an important role lies also with civil society structures, as well as academic society for providing the necessary expertise.

During the reference period, Romania's international cooperation in the field of drugs has been influenced by the accession to the European Union (2007), the acquisition by some neighbouring countries of the statute of candidate or associated country to the EU (Croatia, Macedonia, Serbia, the Republic of Moldova etc.), as well as the entry into force of the Treaty of Lisbon. The latter transferred cooperation in the field of Justice and Internal Affairs from the intergovernmental zone to the area of European institutions with supranational character. To create the necessary legal framework for the application of Order 2009/371/JAI⁶⁷ of the April 6th 2009 Council regarding the establishing of the European Police Office (Europol), Law 55/2012⁶⁸ was adopted, regarding Romania's cooperation with Europol.

Also the reorganization of the NAA in the 2009-2010-period, by passing it under the GIRP, has influenced the area of international cooperation, especially since the international partnerships of Romania were conducted through the NAA.

Relevance

International cooperation has been an area of utmost relevance to the implementation of all measures provided for by the NADS 2005-2012: reducing drug demand and supply, information and evaluation, the interinstitutional cooperation. During the reference period, international agencies, institutions and organizations have provided funding and know-how to national actors involved in drug demand/supply reduction in order to achieve the objectives of the NADS.

In particular, representatives of the civil society appreciate this contribution as saving for the Romanian anti-drug response, both at the beginning of its construction (2004-2005), as well as during its developing period (2007-2010).

International cooperation was manifested in several areas, as seen below.

Development of the legal system

Acquisition and adequate implementation of the specific acquis in the legislative and institutional framework is a basic condition for the development of relations with partners and EU bodies. In this

⁶⁷Published in Official Journal of the European Union series L, no. 121, May 15, 2009;

⁶⁸Official Journal, Part I no. 185 March 22, 2012;

regard, the activities of the two NAP provide for monitoring, the approximation of national EU acquis on drugs and as a result the adaptation of the internal institutional framework to the new national legislation.

Capacity increase of Romanian governmental and non-governmental organizations to implement actions in the field of drugs

In this regard, a fundamental part is the development of international relations with similar bodies in the EU (EU bodies and institutions of the Member States) in order to facilitate the efficient transfer of data, information, experiences and good practices and implement-joint action. This involved the conclusion of cooperation agreements in the field of drugs with external structures on the basis of which were carried out joint actions.

Joint action with international organizations/institutions (on interventions) in the area of drug supply reduction

In order to achieve these common actions necessary to combat cross-border networks of drug trafficking, responsible institutions have developed cooperative relationships with the source countries of the drug, or countries with recognized experience in combating the phenomenon.

Joint actions (on services) in the area of drug demand reduction

In the area of drug demand reduction, projects have been developed in partnership with academic institutions or international organizations and projects with international financing have been implemented⁶⁹.

Technical assistance provided to third-world countries

To combat not only trafficking, but also of drug production, Romania has developed cooperative relationships with third-world countries source of illegal drug trafficking to support similar institutions of those countries to yield long-term benefits for the reduction of risks regarding drug offer. This task is provided in the NAP II regarding the implementation of the EU strategy on drugs.

The participation of Romania in the activities carried out by the institutions of the European Union, the Pompidou Group of the European Council and other institutions, organizations and international forums in the field of preventing and combating trafficking and use of drugs.

Under the terms of accession to the EU, Romania became a member of the EMCDDA and the transmission of country reports on drugs began. It has also actively participated in the meetings of the horizontal drugs group of the EU Council and has stepped up activities in cooperation with Europol, Eurocustoms, Eurojust and other specialized agencies of the European Union, by participating in international meetings organized by the institutions concerned, and the transmission of data or statistical information, mutually agreed or requested by them. Romania also has strengthened its relations of cooperation with the United Nation Office on Drugs and Crime, CND, INCB, Interpol and other international bodies in the field.

⁶⁹For example, *The European project for the development and implementation of quality standards for prevention programmes – European standards in evidence for drug prevention - Prevention Standards &No 2007304*. The project was coordinated by the National Centre of Collaboration for the Prevention of Drug Use of Liverpool John Moores University, funding being provided by PHEA (Public Health Executive Agency). In this project, the National Anti-drug Agency held the capacity of main partner. The project is implemented in 5 countries – UK, Italy, Spain, Poland and Romania.

Supporting the participation in partnerships of public institutions with Romania non-governmental organizations for international projects and the more active involvement of local communities in international projects

In this sense, the protocols have been concluded between the public institutions and non-governmental organizations for joint participation in projects and programmes with international funding. Also, the Prevention, Assessment and Drug Counselling Centres had the task of implementation at a local level of international projects with other local partners (NGOs or local public administration).

Effectiveness

International cooperation in order to increase the capacity of the Romanian players involved in the implementation of the NADS

Through national budgetary contribution, between 2005-2007 measures of administration (re)organizing and strengthening both for the NAA, as well as other institutions with responsibilities in the field of drugs, so that it becomes possible to implement the appropriate national legislation on drugs. Strengthening of the institutions involved in the operational implementation of the NADS was made especially, but not exclusively, with the financial support of the international and European funding mechanisms, citing examples as:

- Projects to increase the capacity of anti-drug institutions – projects funded within programme frameworks of PHARE⁷⁰ from 2004 until now and conducted especially through it.
- Developing projects for demand reduction services, funded through the European Economic Space Mechanism (EES), Norway⁷¹, the Netherlands government⁷² or other funding mechanisms of European cohesion politics⁷³.
- Organizing conferences, trainings, work groups funded by the European Council (through the Pompidou Group), UNODC, UNICEF, etc, both in the field of drug demand reduction (e.g., initiatives for the prevention of drug use and trafficking in prisons), and of supply reduction (e.g., preventing distribution of precursors)

These actions have come to respond to the acute lack of continuing education in the field of drug addiction, and in general of all types of addiction treatment.

NAA representatives, as well as other Romanian anti-drug institutions, participated in numerous exchanges of experience, documentation visits, workshops etc., organized with the collaboration of European and international structures involved in drug demand/supply reduction. Many examples can be mentioned: the training of the Romanian Observatory of drugs and drug addiction staff within the joint programme PHARE/EMCDDA „*Strengthening the National Focal Points of Romania and Bulgaria with regard to their participation in the activities of the European Monitoring Centre on drugs and drug addiction*”; cooperation of Romanian structures with specialized institutions of the EU in the framework

⁷⁰Examples: RO04/IB/JH/08 „*Strengthening the institutional capacity of the Romanian agencies involved in drug demand reduction*”, within the framework of the national programme PHARE 2004; RO 2005/017- 553.05.01 „*Strengthening and integrating the role of prevention, assessment and drug counseling (CPEAC) in local communities*” within the framework of the national programme PHARE 2005

⁷¹*Establishment of 3 therapeutic communities in Rahova, Jilava and Târgșor Prisons* (Ro - 00003) (490.000 euro budget). *Family formation in the educational skills for the prevention of drug addiction* (Ro - 0002) (349.000 euro budget)

⁷²„*The creation of a national integrated system of rehabilitation of drug users who have committed criminal offences*”, with a total budget of 87.102 euro, within the financial exercise of MATRA FLEX.

⁷³„*Development and provision of alternative to imprisonment for offenders addicted to drugs in five European countries*” worth 429.700 euro⁷³, European programme ISEC PG SSL (EU cohesion politics – Common Agricultural and Fishing politics and other post-accession facilities and instruments – (Prevention /Fight of Crime

of programmes funded by the TAIEX Office of the European Commission⁷⁴; participation of GIRP anti-drug employees to conferences and training seminars in Turkey⁷⁵, Croatia⁷⁶, France⁷⁷, Turkmenistan, Spain, Austria⁷⁸ and meetings for operational cases in Serbia, Bulgaria, Germany etc. All these activities have provided the Romanian specialists the opportunity to become aware of the opportunities offered by membership in the EU and Member States have contributed to the strengthening of cooperation with European structures involved in drug issues.

Development of the legal system

In accordance with the obligations assumed under the Treaty of accession of Romania to the European Union, the NAA⁷⁹ played the lead role in the harmonization Romanian laws to the European ones in the field of drugs. The Agency has monitored the alignment of national legislation to that of the community (by preparing the justification sheets and concordance tables submitted by the European Commission through the Ministry of Foreign Affairs), outlined the areas in which it is necessary to harmonize the legislative changes and it was the promoter in order to harmonize it.

Joint action with international organizations/institutions (on interventions) in the area of drug supply reduction

Joint action has been taken with similar institutions in the Member States of the EU (exchanges of experience, documentation visits, workshops, etc.). These activities were attended by both NAA representatives, but also of the other institutions involved with the successful first contact activities in order to raise awareness of the opportunities offered by the quality of EU Member State and delivering collaborative agreements. In this regard, we can mention the cooperation with the specialized institutions of the EU in the framework of activities financed by the TAIEX Office of the European Commission⁸⁰. A positive element is that these activities were used including consultations on filling in and sending out of questionnaires requested by the European Commission on the evaluation of the European Action Plan 2005-2008 for the implementation of the EU Strategy on drugs 2005-2012, questionnaires on preparations for accession to the Schengen space, as well as on the issue of drugs required by CEPOL.

Another activity planned for the implementation of this objective is the realization of an Exchange database (evaluation reports, studies, strategic analysis, etc.) on the drugs phenomenon. NAA was the one that opened up the possibility of cooperation with diplomatic representations of EU Member States and States with which Romania has concluded agreements on the prevention of the use and trafficking of drugs, the presentation of the material, as well as statistics on the drug phenomenon in Romania. In the same way, NAA has sent letters to national coordinators in the field of drugs in the other 26 Member States of the European Union to develop horizontal cooperation with similar national structures from European space.

⁷⁴Seminars on crime related to drug use or training in monitoring and control of precursors – see TAIEX ACTIVITY REPORT 2008, p.13.

⁷⁵Theme: specialization of anti-drug police officers who combat injectable drug trafficking.

⁷⁶Theme: fighting drug trafficking.

⁷⁷Theme: international anti-drug cooperation.

⁷⁸Meetings of Heads of national drug control structures.

⁷⁹In the 2010-2012 action plan, responsible for this action was IGPR, through the European Affairs Service, International Relations and Programmes.

⁸⁰seminars on crime related to drug use or training in monitoring and control of precursors – see TAIEX ACTIVITY REPORT 2008, p.13;

The participation of Romania in the activities carried out by the institutions of the European Union, the Pompidou Group of the Council of Europe and other institutions, organizations and international forums in the field of preventing and combating trafficking and drug use.

Under the coordination of the NAA, actions were conducted which have strengthened the position of Romania as member of working groups and international drug control structures. In 2005, our country has participated for the first time at the meeting of the heads of the National Focal Points of the European network of information on Drugs (REITOX). Romania has become a member of the OEDT in 2005, with observer status, and as of 2007, with the accession to the EU it became a Member State, with full rights to the EMCDDA, including a Member of the Board of Directors of this European body.

For the first time in 2008 the EMCDDA annual report was published in the Romanian language, and the national drug situation report appeared. Starting this year, NAA has fulfilled without interruption⁸¹, the obligation to transmit to EMCDDA the data and analysis needed on the drug phenomenon in Romania. At the same time, in order to develop horizontal cooperation, NAA coordinated and encouraged other Romanian institutions involved in the implementation of the NADS realization of data exchange (evaluation reports, studies, strategic analysis, etc.) with the States with which Romania has bilateral agreements to combat drugs.

Through representatives of the NAA and GIRP, NCA and General Inspectorate of border police, Romania has participated since 2005 in the horizontal working group on drugs (HDG) of the Council of the European Union, including the joint discussions on the elaboration and implementation of action plans on the EU strategy on drugs 2005-2012. Romania is a member of the EXASS.NET network, coordinated by the Pompidou Group, with the objective to strengthen partnerships between the first-level structures involved in the fight against drugs in the EU countries and third countries. Romania is a member with full rights of the group in Dublin from 23 January 2008, and the meeting of 27 June of the same year our country has received, together with Poland, co-chairmanship of the Mini Dublin Group in Eastern Europe and the Caucasus – group consisting of Armenia, Azerbaijan, Georgia, Moldova, Belarus, Russia and Ukraine. Within the group, Romania was given the important role of drug monitoring in the first four of the countries mentioned.

Cooperation with Europol debuted in 2003 and was achieved through the Europol National Unit of the Centre for International Police cooperation (CCPI) of MAI. In the opinion of respondents GIRP cooperation within Eurojust⁸², which began in 2007, has produced remarkable results in the fight against trafficking of heroin into Europe, the multiple networks of smugglers of Kurdish origin. The results have been obtained by working people from the specialists of the GIRP Drug Service with experts of Germany, the Netherlands, Austria, Italy, Hungary, Bulgaria and Turkey.

With regard to cooperation with UN agencies, beyond Romania's participation in the annual meetings of the Commission on Narcotic Drugs of the UNODC, NAA special collaborations must be mentioned with Romanian representatives of UNODC and UNICEF. In 2009 a Memorandum of understanding was signed between the Ministry of Interior and Administrative reform of the National Anti-drug Agency and the United Nations Office on drugs and crime (UNODC) on the adoption and promotion of an integrated perspective for preventing and combating illicit use of drugs. The memorandum was the basis of a close collaboration of ANA and UNODC in the area of drug research and development capacity of the Agency

⁸¹National reports on drugs were developed by NAA and submitted to EMCDDA and the period in which the Agency has been reorganized within the IGPR (2008-2010).

⁸²Eurojust is a European Union body established in 2002 in order to stimulate and improve the coordination of investigations and prosecutions between the competent judicial authorities of the EU Member States when they are dealing with serious acts of organized and cross-border crime

and to provide particular services, drug prevention services to reduce the risks associated with injecting drug use. Should be referred to as "OPEN YOUR EYES! Without RISKS!"⁸³ campaign carried out by the National Anti-drug Agency, with financial and technical support from the United Nations Office on drugs and crime (UNODC), and in partnership with major non-governmental organizations working in the field of reducing the risks associated with drug use-Romanian Harm Reduction Network (RHRN), Alliance for the fight against Alcoholism and drug addiction (ALLY), Romanian anti-AIDS Association (ARAS), Integration and Carousel Association.

Cooperation between NAA and UNICEF in Romania was expressed through common research projects related to drug use among children and adolescents⁸⁴ and through financial and technical support provided to the Agency for organizing the process of elaboration of the NADS 2005-2012.

Technical assistance provided to third-world countries

Through NAA Romania has concluded bilateral cooperation agreements and has initiated discussions with the competent authorities in the field of drugs from third countries, such as Azerbaijan, Republic of Moldova, the Islamic Republic of Iran, the Russian Federation, Saudi Arabia, Lebanon, etc. Romanian expertise has been harnessed in the framework of technical assistance protocols concluded between States and States of origin of drugs or international trafficking of drugs (such as the Republic of Moldova, Kingdom of Saudi Arabia, etc.). Romania has provided technical assistance and Macedonia, Serbia, Montenegro, Croatia and Turkey in the areas of drug demand reduction and treatment of drug-dependent persons, in accordance with the existing cooperation arrangements.

Supporting the participation in partnerships of public institutions with Romania non-governmental organizations for international projects and the more active involvement of local communities in international projects

Financing through international projects have offered NAA opportunity to implement, even on a smaller scale, innovative interventions in the area of drug demand reduction. In this sense, Romania's participation should be mentioned via NAA to international projects like FreD Goes Net⁸⁵, DEMOCRACY CITIES AND DRUGS II 2008-2011⁸⁶, PEER-Drive Clean!⁸⁷ in the implementation of these projects, but also of other international initiatives, involving both Preventive, assessment centres and Drug Counselling, as well as partners such as school authorities, NGOs and local authorities. The Agency has also promoted the inclusion of drug issues on the agenda of cooperation between local communities in the twin communities of Romania with other States.

In the period 2005-2012, the Agency has established contacts with civil society at the international level – such as the European Foundation of HelpLine on drugs (FESAD), the Association of European libraries and Information Services in the field of Addiction (ELISAD), contacts that have contributed to the growth of operational capability of NAA in the field of drug demand reduction.

⁸³Campaign in Vama Veche (jud. Constanța) between 1 August - 12 September 2011.

⁸⁴For example: NAA, UNICEF and RHRN. (2011). *The use of new substances with psychoactive properties (SNPP) among persons who use injecting drugs in Bucharest.*

⁸⁵action carried out in 2007 in the framework of the European project "FreD-Early Intervention for Young Drug Users", supported by the European Commission and the Federal Ministry of health of Germany and to the prevention of early addictions by short-term behavioral intervention.

⁸⁶ The objective of this project is the development of integrated drug policies between cities and partner countries in the project, through the establishment of five platforms of communication: training of specialists in various fields relating to the risks associated with drug use, prevention of use in nightclubs, the specific use among women and the young homeless, difficulties related to the treatment of addicted.

⁸⁷ EMCDDA project produced during 2010-2011, for the purpose of informing young people aspiring to driving or driving on the risks of driving motor and Association of alcohol and drug.

Also in the area of drug demand reduction the NAA has implemented projects with international financing in partnership with institutions and local and national organizations:

- The project "*Creation of a national integrated system on rehabilitation of drug users who have committed crimes*", financed through the pre-accession projects MATRA MPAP. The project was aimed at supporting the implementation of the national strategy in Drugs, in accordance with the European Action Plan on the drug problem by creating an integrated system of rehabilitation for drug-addicted users who have committed criminal offences and are an alternative to imprisonment, through inclusion in a programme of integrated support.

- The project "*Family training in educational skills for the prevention of the use of tobacco, alcohol and drug*", funded by the EEA financial mechanism and implement National drug control agency, in partnership with the Ministry of education, research and innovation. The project "BALAJI – access to the opioid medication in Europe" aims at ensuring the best use of opioid-based drugs and to identify the reasons why these medications for mild or severe pain and opioid addiction treatment are not used appropriately in 12 European countries. It also seeks to develop and disseminate recommendations tailored to each country in order to improve the accessibility and availability of these products. In 2006, BALAJI are part of Bonn University Clinic (Consortium Coordinator), the World Health Organization (Switzerland), Eurasian Harm Reduction Network, the Hospice 'Casa Speranței' (Romania), Help the Hospices (United Kingdom), International Association of Harm Reduction (United Kingdom), Lancaster University (United Kingdom), Associazione Europea per le Cure Palliative (Italy), University of Utrecht (Netherlands).⁸⁸

Efficiency

The participation of organizations and institutions in international projects and has brought significant benefits in terms of developing the capacity of these actors to run anti-drug programmes effective, with increasing coverage.

From the perspective of international representatives who participated in the consultation, the existence of a central agency with powers in the field of drug control is an element that significantly facilitates international cooperation in this area. NAA is appreciated as a prompt, competent and a good mediator of the relationship between the European structures/international and other bodies with responsibilities in the Romanian implementation of NADS. The role of NAA was, in their opinion, heavily influenced by the Agency under reorganization of GIRP during 2008-2010. Among personal discounts and financial resources that came with this reorganization, the period referred to was marked by low levels of international cooperation agency, difficulties in collecting and reporting to the European structures.

The reorganization came in and restored the role and place of the Agency has been welcomed and supported by international partners who appreciate that in spite of the losses experienced in the period 2009-2010, the agency strives to reconsolidate its position. From their point of view, involvement in technical assistance projects in third countries (such as the COPOLAND project of cooperation with the countries of Latin America) is a signal that NAA has become a mature institution, but whose development depends primarily on its corresponding funding.

In the period 2005-2008 the participation in international projects was a significant part of the NAA; in the year 2010, in the Agency's budget⁸⁹ has increased the share of resources in national programmes

⁸⁸ Details at www.ana.gov.ro

⁸⁹See the National Anti-drug Agency budget, 2006 – 2010, NAA, *Budge Directoratet – Accounting/ IGPR*;

and decreased significantly the resources of international programmes. This situation was not only the conclusion of programmes funded by international donors (e.g. PHARE, UNODC, GFATM, etc.), as well as the impossibility of NAA to attract funds from scrolling 2008-2010, while it was under the coordination of the GIRP. An example of this is the dilemma of those two projects won by NAA operational programme co-financed by the development of Administrative capacity (PODCA)⁹⁰ and by the sectorial operational programme human resources development (POSDRU)⁹¹. The projects were planned to start in 2009 and 2010, the NAA would have during this period, the operational capacity and the financial resources required to cover its own contribution.

In the opinion of some representatives of the public institutions who participated in the evaluation (i.e., DCOC GIRP, CLDAP), exchanges of data between EU Member States and institutions of the Romanian drug structures (in particular the reduction of drug supply), but are occasionally, so decreasing the usefulness and effectiveness of such actions. The same representatives appreciate that Romanian bodies to reduce the supply of drugs are involved less often in any type of technical assistance provided by other countries to Romania, this type of action being more common in the area of drug demand reduction.

During the restructuring of the NAA under GIRP the coordination of the following, a good part of the training activities for people from the specialists to reduce the demand for drugs were carried out with limited resources, sign in using mostly logistics and human resources available within the NAA. The specialists of the Agency appreciates that, despite reduced resources, results (number of persons trained, the accumulated knowledge level) were very good, sometimes surpassing expectations. With all these, however, are of the opinion that such a strategy can be effective in the long run, being necessary more detailed planning and training activities within the NADS 2013-2020 and its corresponding funding, including through attracting international resources.

Impact

Cooperation with international partners facilitated:

- Obtaining the quality of Member State of Romania to the EMCCDA, the quality of Member State in EXASS.NET network coordinated by the Pompidou Group, a fully-fledged member of the Dublin Group as well as to strengthening relations with UNODC, UNICEF, the GLOBAL FUND, UNDP, UNAIDS and other international bodies.
- Coordination of the efforts of our institutions with those of the EU or of other third countries⁹² on the implementation of international shipping operations and deconstruction of networks supervised international trafficking.
- Increasing the training of drug workers as a result of the exchange of experience, Joint Commission, joint workshops, documentation visits.
- The development and expansion of critical interventions to increase the impact of the measures to reduce the demand for drugs (for example, harm reduction services in the community and in detention, the social reintegration of drug users etc.)⁹³.

⁹⁰ The project "*Creation and development of a network of project management with specific drugs*", worth 1.993.680 euro, has been approved for funding from PODCA, Axa 1, Major Intervention Domain 3.

⁹¹The project "*Network of vocational services for users of alcohol and drugs (15 vocational centers)*", worth 2.361.800 euro, has been approved for funding from POSDRU, Axa 6, Major Intervention Domain 6.2.

⁹²see the joint operation carried out by the DEA (SUA) and DCOC completed in September 2012 on the dissolution of an international network of trafficking drugs that acted on the territory of both States;

⁹³For example, increasing access to persons deprived of liberty in the risks associated with the drug, funded by UNODC and carried out by the Ministry of Justice, through the National Prison Administration in partnership with the National Anti-drug Agency.

- Ensuring sustainability over the medium term actions in the area of drug demand reduction (such as harm reduction, monitoring and evaluation).⁹⁴

Overall, the measures of international cooperation, led to the gradual consolidation of Romanian drug response in the period 2005-2012. The impact of measures – such as (re-) organization and strengthening the capacity of the Romanian drug, participation in projects with international financing/community was diminished, however, so the passage of NAA under GIRP during the period 2008-2010, as well as the reform of the State apparatus, conducted from the year 2010, against the backdrop of the international economic crisis.

Sustainability

From the perspective of respondents interviewed (both those in the public sector, and the non-profit sector), participation in international projects has contributed to the significant increase of the capacity of the Romanian institutions and organizations working in the field of drugs. However, some activities were not sustainable on the long term, while others are struggling to survive after the completion of the projects. An example of this was provided by representatives of the Central Laboratory of analysis and profile of the drug (CLDAP) within the DCOC: during 2004-2005 they have been trained by German structures⁹⁵ with regard to the procedures of judicial profile of drugs; but, in the absence of national data banks, they did not have the opportunity to apply these procedures until 2012. Another example is the one described by the representatives of civil society, namely that will waste millions of dollars invested by the global programmes, UNODC, UNAIDS for the development and expansion of harm reduction during the period 2004-2010, if funding of such services will not be taken over, as soon as possible, by the Romanian State.

Furthermore, individuals interviewed from the non-governmental organizations have suggested that, in their view, the involvement of the State in financing (subcontracting) services provided by civil society, could be a signal for the international bodies that interventions that support them in Romania will enjoy the sustainability.

Also, the representatives of both public institutions and NGOs consulted noticed that the inclusion of Romania in international scale projects also depends on the allocation of Central or local budgets, enabling public institutions to participate, with a share of contributions often required by such projects.

Conclusions and lessons learnt

During 2005-2012, the international cooperation knew an increase, both in terms of the number of contact and cooperation agreements signed between Romania and other states, and in terms of the role and place Romania gained inside certain European and international structures. The NAA has played the major part in the intensification of the international cooperation, while the results of this cooperation have properly been sustained by the contribution of the other public institutions and civil organizations, with assignments in the implementation of the NADS.

Close cooperation with international bodies to NAA funding (such as the EU/EC, UNODC, UNICEF, UNAIDS, UNDP, etc.) and the involvement of the Agency as a partner in international projects offered the context for increased administrative and operational capacity of the Agency and of other public and

⁹⁴Some of the programs implemented by the international finance are currently supported from public funds (for example, NAA provides non-governmental organizations sterile syringes to be distributed in outreach programs, the NAP continues its own funds, the methadone replacement therapy started with UNODC funding)

⁹⁵The activity was held within the project Phare 2003 Fight against drug trafficking and drug abuse.

non-governmental actors, by being engaged in activities on the legislative harmonization, training, research and development of harm reduction services.

In the context of drug policies in Romania and related policies (social-social reintegration of drug users, public health, prevention and reduction of risks associated with drug use) will not benefit from the corresponding budget allocations from the State, remains of utmost importance to attract international financing, at least for the further development of the operational capability of the institutions and organizations involved in the fight against drugs.

Recommendations

From the review of progress in the area of international cooperation and consultation with the institutions and organizations involved in the evaluation process, the following recommendations resulted:

Recommendations that can be implemented on a short-term basis:

- Encouraging (or mediation), by NAA, of the cooperation (and especially of the communication) between national actors and European drug and similar international – by involving national actors (public or private) in international projects (involving training, exchanges of experience, study visits), in consultation with them, including in technical groups, working groups.
- Promotion by NAA, among local relevant communities (e.g. major cities, border towns, the communities in which they are offered services of harm reduction) of the need to initiate/develop connections with institutions or international organizations of the central, local stakeholders to implement actions in partnership.

Recommendations that can be implemented on a long-term basis:

- (Re-)enhancing NAA operational and administrative capacity (through training, exchanges of experience, appropriate funding), at least at the level of 2008, in order to ensure minimum maintenance of these international ties in the field of combating drug trafficking and use.
- Strengthen the portfolio of funded projects NAA international sources (such as the European structural funds), with NAA as a beneficiary (applicant) or partner with other institutions and non-governmental organizations.
- The involvement of NAA in the planning at national level (along with other institutions and organizations), priorities for attracting financing structural funds programming period 2014-2020.
- Strengthening the role of NAA and other Romanian institutions as providers of relevant technical assistance to third countries to develop policies and interventions to reduce drug supply and demand.

Measures for information and evaluation

Context

Documents of the European and international policy place a great importance to the development and implementation of the central actions of assessment, research and information in the field of drugs. New efficiency standards - including the area of combating drug trafficking and use of drugs – promote the development of evidence based policies, based on quality information collected and analysed on a professional basis.

NADS has integrated these standards, so that towards the end of the analysed programming, the overall objective was to "improve the ability of ORDT in collecting and processing the data necessary to draw up an annual National Report on the drug situation in accordance with the indicators recommended by the European Monitoring Centre on drugs and drug addiction in Lisbon and the United Nations forms the annual and biennial State of the drug". The foundations of the research/evaluation in the field of drugs have been made with the establishment of the Observatory of drugs and drug addiction. In the seven-year study, the field has been strengthened through the creation of a national network: to collect data on the use/drug trafficking, increase capacity for research on drugs to non-governmental organizations, universities/academic research centres and other public institutions. Develop information was facilitated, on the one hand, significant production data (results of the analyses, studies, researches) and increasing the interest of the community and the authorities in relation to the evolution of the drug in Romania

Relevance

Overall, the people interviewed during the evaluation (especially those working in the field of drug demand reduction) appreciate that information, research and evaluation (coordinated by the NAA or other organizations) are useful actions for all the players involved in the fight against drugs.

Some particular feedback suggests that there is no consensus yet about the role of the research / evaluation in the construction of the national response to the phenomenon of drugs. For example, some service providers for harm reduction argue that the need to report to the donors (the programme POSDRU PROGRAMME, GFATM, NAA, etc.) data relating to the identity of the customer can undermine the relationship of trust that was built over a long period of time working with them. Also, some specialists – especially in the area of reducing the supply of drugs – are of the opinion that some of the data requests coming from NAA are difficult to be accomplished, for at least two reasons: drug supply reduction institutions do not have enough staff to assign the task of monitoring and reporting of indicators to the Agency; and, these institutions collect data following their own methodology, different from those of the NAA. As expected, the collection of data on drug use seems less relevant in the eyes of those directly affected by drugs - drug users, persons at risk for drug use and their families. For some of them, spending resources in the area of research is done at the expense of the much-needed services to those affected by drugs.

Effectiveness

Until the date of this evaluation, most of the results obtained in the area of information, research and evaluation were in line with the results formulated in the Actions Plans of the National Anti-drug Strategy for 2005-2012.

The data collecting system concerning the reporting of the indicators on the drug demand and supply has been developed by:

- Strengthening the professional capacity at the level of the Romanian Observatory for Drugs and Addictions (ORDT) and of the research capacity at the level of the local structures of NAA. Thus, the ORDT team has participated in courses, has been included into experience exchanges, both at national and international level and has participated in expert meetings on the European indicator reporting on drugs⁹⁶. At the same time, the local employees of NAA have been trained in national training and workshops⁹⁷, courses and international conferences.
- Elaborating data collection specific methodologies concerning the drug use and trafficking (especially on acceptance for the treatment, non-fatal emergencies and monitoring indicators of the activities carried out in the drug supply reduction area).
- Implementing a high number of quantitative researches on the drug phenomenon in Romania. It is worth mentioning here the research carried out at the school population level⁹⁸; one study carried out at the level of the penitentiary population; another study on drug use carried out in recreational spaces; local (county) level surveys on the drug use within the university and high school students; two national general population surveys (2007 and 2010) on the use of drugs, alcohol and tobacco (General Population Survey). Ever since 2007, NAA has remained the only source for scientific estimations⁹⁹ on the number of problematic drug users in Bucharest. In the research area, NAA has encouraged the partnerships with non-governmental and academic organizations, by participating as a provider of methodological expertise and data analysis but also providing logistic support. In this respect, there are two illustrative examples. The first, is the partnership with UNODC and with the Romanian Angel Appeal Foundation, based on which the first two sero-behavioral monitoring studies (in 2009 and 2010), within the injectable drug users in Bucharest have been achieved, based on the *respondent driven sampling* method. The second, is the partnerships between the NAA and UNICEF, RHRN and UNODC based on which the use of new substances with psychoactive properties within the children and adolescents have been explored.

and, especially, by

- Preparing, on continuous basis, of the annual reports on the drugs in Romania and reporting to the international entities and bodies interested in the evolution of the drug issue in our country (EMCDDA, UNODC). In this respect, ORDT had collected and analysed research data and information coming from the harm reduction services, from the addicted integrated assistance centres, from the anti-drug prevention, evaluation and counselling centres, hospitals, forensic institute and other relevant institutions with responsibilities in drug supply reduction.

⁹⁶These activities dedicated to ORDT, including its operation, are funded by a Euro 100,000 annual budget, half of it coming from EMCDDA, while the other half represent the co-funding from the Romanian Government.

⁹⁷One relevant example is the course mentioned by the CPECA representatives, i.e. “Training on how to achieve studies and analyses on the drug phenomenon” organized by NAA – within the Twining Project RO-04/IB/JH-08 Strengthening the Institutional Capacity of the Romanian Agencies in the field of Drug Demand Reduction and the course „Methods and qualitative techniques in order to implement and analyze local surveys”, organized by de NAA.

⁹⁸It refers to local surveys developed by CPECA, in partnership with the regional inspectorates and other local institutions and to the ESPAD surveys – European School Project Survey on Alcohol and Other Drugs, implemented in 2007 and in 2011 in European countries.

⁹⁹The estimation of the number of injectable drug users in Bucharest was made in 2007, 2008 and 2009. The next estimation is scheduled for 2012.

During the reference period, the NAA has disseminated the information as resulted from its own research and evaluation implemented activities, to all the national and international relevant actors interested in the evolution of the drug phenomenon in Romania. The dissemination consisted in posting of the research reports on the website of the Agency, translation into English of some of the materials, conferences organized to launch the reports, press releases, printing and distribution of the reports to interested organizations.

Still, as concerns the National anti-drug strategy for 2005-2012, an external evaluation has not been yet achieved – as planned – likely to monitor the results of its implementation at national level. Nevertheless, two internal evaluations have been conducted – the first in 2008 – concerning the programming for 2005-2008 period, and the second in 2011, concerning the fulfilment of the actions in the 2010-2012 Action Plan. Both evaluations focused on the accomplishment level of the stated objectives rather than on aspects related to efficiency, sustainability and impact of the planned measures. At local level, several CPECA, in cooperation with local authorities, have conducted evaluations of the local or regional strategies. Two independent assessment during this period concerned the UNODC “HIV/AIDS prevention and care among IDUs and in prison settings in Romania” programme and UNICEF “Evaluation of MARA programme”, focused on the actions taken under the programme (including some in partnership with NAA) and were contracted by the international agencies in 2009 and 2010.

Efficiency

As in the other areas of the NADS for 2005-2012, the interviewed representatives of NAA, of the international partners and of the non-governmental organizations consider that the activities in this area have been provided at the expected quality standards, despite their underfunding.

NAA and civil society experts agree on the conclusion that, although a lot of useful information was collected and communicated within the 2005-2012 period, most of the organizations and institutions working in the areas of drug demand and supply reduction use such information to a small extent and do not adopt the data-based intervention principle in their work.

Meanwhile, the research reports produced by the non-governmental organizations or by the local institutions are small scale and inappropriately promoted and disseminated, so that the decision factors can easily get to ignore relevant information and data concerning their own community. Some of the reasons, likely to explain this situation, are:

- some of the research projects implemented by the NGOs or local institutions (such as, school inspectorates, universities, so on) do not have a distinct and properly funded component on the dissemination of the results (usually the research designed budget did not include costs to cover professional editing, translation into a wide circulation foreign language, printing or press conference). Most of these reports are circulated within small communities – usually as links on web pages or in electronic format by e-mail.
- Many of the conducted researches have limited coverage (for example, they focus on the local community, the beneficiaries of a single organization or of a single programme), and that is why they are regarded by the organizations as having an exclusive operational purpose (namely, as an internal assessment of the results of the project).

- Some of the organizations implementing researches do not have the capacity and experience in disseminating the research results. The mere transmission of the report to the potentially interested stakeholders in the results is not a very effective strategy likely to ensure visibility of the research. The communicator (organization) needs to pick both adequate communication techniques to disseminate as well as the appropriate message on the relevance and significance of the collected data.

The private service providers have, generally, appreciated the importance of collecting and analysing the data on the drug use / trafficking, recognizing that such data are regularly used to elaborate the 'justification' sections included in the applications. However, they found themselves disappointed by the fact that, most often, the Romanian authorities seem not to be interested in the information provided by scientific analysis. In this respect, they mentioned their numerous steps and initiatives, based on data showing the critical situation of drug users in Romania, addressed to the public authorities (namely, Ministry of Public Health, Bucharest Municipality, local public authorities, so on.). These actions remained just unsuccessful attempts to persuade the authorities to support the drug demand reduction services.

Other difficulties that influenced attaining of the objectives set for the 2005-2012 period:

- The public / Governmental funds allocated for the implementation of the Strategy were not sufficient to allow the achievement of all the planned studies.
- The NGOs showed reluctance in reporting to NAA the data on the beneficiaries of their drug reduction services. As a public institution, the Agency has continued to be perceived by some of the NGOs also, as an instrument of drug supply reduction measures and thereby jeopardizing the confidentiality of data provided to NGOs by their beneficiaries which is likely to disclose the latter identity.
- The public institutions with responsibilities in drug demand reduction (such as, hospitals) or the drug supply reduction (such as, judges, prosecutors) were, sometimes, resistant to the requests coming from ORDT. Their resistance consisted in: delays in providing data, refusal to make certain data available or provided data using their own indicators rather than the indicators as recommended by ORDT.
- Frequent change of the personnel in the public institutions often makes the data collection work of ORDT very difficult.
- Also, the institutional and system changes produced within the 2008-2010 period have negatively affected the capacity of the human resources to collect, analyse and report the data on the drug phenomenon in Romania. With the restructuring of NAA under the subordination of the National Inspectorate of the Romanian Police (GIRP), some of the experts have left while the staff (numerically insufficient), hired after the Agency had been reinstated, needs to be thoroughly trained and supervised so that to be able to reach the existing expertise level of those employees with many years of experience in data collecting, analysis and reporting.

Sustainability

Most of the respondents consider that the activities in this area will be - and should be - supported in the future as well, but for ensuring increased performance, adequate funding for the information /

research / evaluation measures is required - both from the state budget and by attracting external grants.

Continuous increase of the information / research / drug evaluation capacity is necessary considering the context of:

- Diversification and change of the drug use and trafficking scene, both at the Romanian borders and within the territory;
- Increase of the threat posed by the use of injecting drug use to the public health;
- The need to produce quality data likely to contribute in the estimation of realistic and efficient budgets for the anti-drug interventions;
- Romania's assuming the role of technical assistance provider in the area of drugs for third countries;
- Assuming / ownership of the *data-based management* philosophy by the institutions and organizations implementing actions as planned in the National Strategy.

Experience-based management

Within the non-profit and academic sector, the organizations have acquired, over the years, experience (by training and / or direct work) in: defining the research objectives, recruitment of the research teams, research coordination, elaboration of research reports and use of the data/information for de lobby/advocacy¹⁰⁰ purposes.

By organizing training programmes addressing all its structures directly involved in drug demand reduction (such as, CPECA, integrated assistance centres for addicted), NAA has made sure that a management of data-based services has been set up and in place. The efforts to increase the research / evaluation capacity at the level of services provided by NAA have been materialized in more counties; one example being the measurement of the results of the anti/drug strategy implementation at local level by CPECA (as the case of CPECA Satu Mare).

Conclusions and lessons learnt

Both the national and international partners consider that the NAA, as well as the entire Romanian non-governmental sector, have known a remarkable progress in terms of their research capacity in the area of drugs within the 2005-2012 period.

Overall, the stakeholders responsible to implement the National Anti-drug Strategy support the need to use the relevant data in planning the drug demand / supply reduction interventions, as well as the importance of measuring the results of such interventions.

As in the other areas of action of the National Anti-drug Strategy, also research / evaluation have largely developed due to financial support from international institutions and organizations.

The interinstitutional cooperation have resulted into major importance research projects, such as the project setting up the behavioural modelling and serological monitoring / surveillance system of the injectable drug users in Bucharest. The partnership strengthening this initiative involved UNODC,

¹⁰⁰This capacity is still insufficiently developed at the level of NGOs involved in drug demand reduction.

UNICEF, Romanian Angel Appeal and NAA, while the collected data have been extensively used in planning the HIV/AIDS harm reduction and in informing the community and public authorities with the importance of such interventions.

Recommendations

- To include in the National Anti-drug Strategy for 2013-2020 certain measures (such as information, training, evaluation feed-back) likely to increase the capacity of the relevant stakeholders for the implementation of relevant research and evidence-based interventions.
- To include in the National Anti-drug Strategy for 2013-2020 of certain evaluation and monitoring measures (both internal and external) of the results and impact of the public policies and relevant legislation on drugs (such as, policies in the areas of health, social protection, fiscal, environment, development, so on). The reports resulted from monitoring / evaluation shall provide the interested actors with the feedback on the progress in public policy implementation, as well with recommendations on the policy needed improvements.
- To evaluate, by NAA, the way the drug demand reduction measures interact with and influence the drug supply reduction measures. This recommendation is in line with the relevant European strategy which advocates for a balanced and comparable approach and funding of the drug demand reduction measures and the reduction of drug supply.
- To strengthen the cooperation between NAA and the institutions / organizations reporting relevant indicators concerning the drug situation in Romania, by:
 - Providing training for institutions/organizations on the implementation of data collection methodologies as provided by NAA.
 - (Re) discussing the existing cooperation protocols and joint orders, so that the data reporting responsibilities shared between NAA and the public institutions be accompanied by sanctions, in case they fail to accomplish such responsibilities.
- To plan (through the National Strategy 2013-2020) certain studies assessing the efficiency and effectiveness of the public services to reduce drug demand, both in the community and in the detention facilities. The results of such evaluations shall be used to:
 - Promote inclusion of such services into the local and regional anti-drug strategies;
 - Substantiate the cost standards the local communities can relate to, as they are encouraged to ensure the funding for such services;
 - Make certain decisions on the model and extension of the services to reduce drug demand, both in the community and in the detention facilities.
- The National Anti-drug Strategy promote and initiate research in the following areas:
 - Social-economic causes and consequences related to the drug and alcohol abuse (such as: poverty, mobility, social inequities, problems related to the labour force, so on);
 - Drug abuse, alcohol abuse and mental health. Such issues are recommended to be explored, especially when related to adolescents, young and female population; also, to promote psycho-social research based on assumptions / hypotheses (such as: testing certain models/patterns to change attitudes / behaviours) which might contribute in the development of certain efficient interventions, especially in the drug use prevention.

The research associated with these issues might be under the responsibility of NAA or of other relevant organizations (public, academic or NGOs). The National Strategy may include the funding as needed to

implement such actions, as well as funding to increase the research capacity of these institutions by training, consultancy and contracting specialized personnel.

- To attract academic partners and to involve them both in conducting the studies and in training the staff of NAA with research / evaluation / information tasks / responsibilities.

PART III

Conclusions and recommendations

Conclusions and lessons learnt

The main lesson learnt during the implementation of the NADS 2005-2012 was the lesson on the importance of interinstitutional collaboration. The partnerships concluded among the National Anti-drug Agency, the civil society and other public institutions ensured continuity of the drug use prevention services and of the assistance for the drug users. Also, the cooperation with the relevant authorities in the drug supply reduction contributed in an increased efficiency of the interventions in this area.

Another lesson learnt refers to the importance of having in place certain minimum quality standards in the drug use prevention area. The standards, currently under elaboration process, shall contribute in an increased effectiveness of the interventions and shall allow proper measurement of the intervention results.

In terms of the drug supply reduction, the lesson learnt concerns the need to elaborate an institutional and legal framework likely to ensure the sustainability as necessary to conduct the activities as included in the future documents. Developing and strengthening the institutional framework should aim to provide the legislative guarantees on the stability of the institutions, both in terms of their structure, funding and personnel.

As compared with the NADS for 2003-2004, the NADS for 2005-2012 brings in a new outlook on the drug supply reduction. One defining element concerns the necessity of accession to the international relevant conventions and bringing the national legislation in line with their provisions. Another landmark is the sanctioning of any fact relating to illicit drug operations, but such sanctions should be differentiated depending on the circumstances reflecting the seriousness of the offense.

A second conclusion concerns the necessity to allocate of a budget for the activities in the action plan in order to ensure their sustainability. In order to guarantee sustainability of the activities involving longer than a year periods of time, multi-annual budgeting should be considered. One success in combating the drug trafficking is the use of the money from confiscation and sale of the assets used for or resulted from illicit drug crimes / offenses and precursors to finance the activities to combat drug trafficking.

During the 2005-2012 period, the international cooperation had known an increase, both in terms of the number of contacts and cooperation agreements concluded between Romania and other countries, as well as in terms of the role and place Romania has had within the various European and international structures. The National anti/drug Agency has played the major role in intensifying the international cooperation while the outcomes of its activities have been supported by the contribution of both the public institutions playing a part in the implementation of the national strategy and the civil society. The international partnerships have contributed in the increase of the effectiveness of the interventions.

The close cooperation of the Agency with funding international institutions (such as, EU / EC, UNODC, UNICEF, UNDP, UNAIDS, so on.), as well as the involvement of the Agency as a partner in international projects, provided the proper background for increasing the administrative and operational capacity of

the Agency and of other public and non-governmental actors by their joint work in legislative harmonization, training, research and development of the harm reduction services.

Both the international and national partners appreciate that the Agency, as well as the non-governmental sector, have known a remarkable progress concerning their research capacity in the area of drugs during the 2005-2012 period. The actors responsible with the implementation of the National Anti-drug Strategy argue the need of using the data in planning the drug supply /demand reduction interventions, as well as the importance of measuring the results of such interventions.

The restructuring of the National Agency in 2009 had affected the conduct of all demand reduction activities; during this time interval, part of the serviced were suspended, others were not started as planned, which translated into the impossibility to implement already approved projects to be funded from European structural funds – i.e. opening social inclusion centres, opening of 15 vocational centres and one social economy project. Also, funding likely to have ensured harm reduction services was lost as well, such as harm reduction in arrests. Another effect of the restructuring was the high turnover of staff so that, despite the constantly organized training programmes, about 30% of the existing staff operates without having passed through any professional training programme¹⁰¹. As the NAA representatives say, all this have led in a diminished capacity of the Agency to provide services and in a decreased quantity and quality of the provided services.

The harm reduction programmes provided by the non-governmental organizations have been affected by the reduced funding, making it impossible to be continued after the projects financed by GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria) and UNDOC ended.

The prevention programmes were more focused on the drug use rather than on the prevention of alcohol and tobacco use. Prevention campaigns for alcohol and tobacco uses have been implemented only at local level by the Anti-drug prevention, evaluation and counselling centres. Part of the media campaigns developed by the Ministry of Health and Ministry of Education to prevent tobacco use has been implemented within the programmes of these ministries rather than within programmes of the National Anti-drug Strategy¹⁰². Such campaigns targeted the general population and had national coverage.

Unexpected results of the evaluation

Lack of specific services for women

Medical, psychological and social services, the harm reduction and social reinsertion services for drug users are not adapted for the specific needs of women drug-users. Moreover, services for harm reduction prevention and assistance for pregnant women drug-users under substitution therapy are needed.

Use of methadone outside the substitution therapy programme provided by public or private service providers

¹⁰¹According to the estimations of NAA - Drug Use Prevention Department

¹⁰²For example, the campaign against smoking (2009) of the Ministry of Health, as part of the national STOP SMOKING programme

The persons under substitution therapy interviewed have mentioned that, during the periods when – from various reasons – have not been included into a substitution therapy programme, they had to buy methadone themselves for periods between 3 to 6 months.

Need of psychosocial services integrated into the methadone programmes

The interviewed beneficiaries of the substitution therapy programme have mentioned that they would want the psychosocial services be integrated in the substitution therapy programme and be available in the same locations where they to pick methadone from. The psychosocial services are considered indispensable by the beneficiaries of the substitution therapy programmes.

The NAA having the coordinating likely to influence the activity of the public institutional partners

The private service providers in the area of drug demand reduction recommend that NAA should consolidate its coordination role of the activities implemented as in the National Strategy, to more actively involved in the methodological coordination and in monitoring the activities implemented by the public service providers.

Recommendations

General:

- To consolidate the cooperation between the public institutions with attributions in the implementation of the NADS, both at central and at local level, as well as the cooperation between public institutions and civil society organizations (including population groups affected by the drug phenomenon), academic organizations and (for-profit) providers of drug demand reduction services.
- To initiate by the NAA of an owned system of allocating grants to nongovernmental organizations that provide assistance and harm reduction services.
- To ensure on-service/on-going training of the NAA staff and of the personnel from organizations and institutions that provide services in the field of drug use prevention and drug demand and supply reduction.
- To encourage (or mediate) by the NAA the cooperation (and especially communication) between the national anti-drug actors and the similar European and international bodies - by involving the national (public or private) actors in international projects (foreseeing training, experience exchanges, study visits), by ensuring consultative processes, their inclusion in technical and working groups.
- To promote, by the NAA, a necessity to initiate/develop connections with institutions or international organizations, active at central or local level and interested to implement joint actions, among relevant local communities (ex. cities; border towns; communities in which harm reduction services are implemented).
- To consolidate the NAA portfolio of projects financed through international sources (such as the European structural funds), having the NAA as beneficiary (Applicant) or Partner, together with other Romanian institutions and nongovernmental organizations.
- To enforce the NAA and other relevant Romanian institutions role as technical assistance providers for third countries interested to develop policies and drug demand and supply reduction interventions.

- To include in the 2013-2020 NADS measures (such as information, training, evaluation based feedback) to increase the capacity of relevant actors to implement solid researches and evidence based interventions.
- To include in the 2013-2020 NADS (internal and external) monitoring and evaluation measures of the results and of the impact of public policies and relevant legislation in the anti-drug field (e.g. policies in the areas of health, social protection, fiscal, environmental, developmental policies). The reports resulting from the monitoring/evaluation processes can offer the interested actors feedback on the progress in the implementation of public policies and recommendations on the improvements subsequently required.
- To evaluate, by the NAA, the manner in which the demand reduction measures interact with and influence the drug supply reduction interventions. Such a recommendation is in line with the European Strategy in the field, which pleads for a balanced and comparable approach and financing between the drug demand and drug supply reduction measures.
- To plan (through the NADS 2013-2020) efficiency and effectiveness assessment studies on public drug demand reduction services, both in community and in detention.
- To promote, by the NAA, and initiate research in the following areas: socio-economic causes and implications associated with drug and alcohol abuse (e.g. poverty, mobility, social inequities, impact on labour force, etc); drug and alcohol abuse and mental health. The research in these areas may be the responsibility of the NAA or other relevant (public sector, academic, NGO) organizations. The NADS can foresee to finance the development of such actions, but also to increase the research capacity of these organizations by providing training, consultancy, contracting of specialized personnel.
- To attract academic partners and to ensure their involvement both in conducting studies and in training the NAA staff responsible with research/evaluation/information.

Demand reduction:

- To increase the access of parents, children, community members to alcohol, tobacco and drug use prevention services by diversifying the methods and means to provide information and by training teachers to provide prevention services to pupils and parents.
- To ensure the active involvement of adolescents, parents and community members in the alcohol, tobacco and drug use prevention activities.
- To adapt prevention services to the characteristics of the beneficiaries: age, gender, level of education, ethnic group, type of use, etc.
- To evaluate the services provided by periodical questionnaires applied to the beneficiaries.
- To inform and sensitize the general population and mass media with regard to respecting Human Rights, non-discriminating the drug users, raising awareness and responsibility among the general population on the measures which can be taken to support the drug users, existing services, etc.
- To conduct quantitative and qualitative studies/surveys in partnership with nongovernmental organizations, aiming to identify the groups at risk, the injection drug users' behaviours and their needs.

- To realize a national level estimation of the number of drug users, and more particularly of injection drug users.
- To create a clear referral system of drug users to counselling, testing, and wherever necessary, to treatment services in order to improve the injection drug users ' access to prevention, counselling, therapy, diagnosis (including vaccination) services for HIV, HBV, HCV, TB and associated diseases.
- To develop professional and school reintegration programmes for drug users in partnership with the Ministry of Education, Research, Youth and Sports and with the Ministry of Labour.
- To include psychological and social assistance services in the syringe exchange programmes and in the methadone substitution therapy programmes from penitentiaries/detention facilities. To train the NAP social reintegration personnel to offer psychological and social services to persons in detention who benefit from syringe exchange programmes or substitution therapy in penitentiaries.
- To ensure the continuity of substitution therapy for persons who enter/ end detention and for those in arrests.
- To facilitate the access to harm reduction and substitution therapy services for persons younger than 18 years old; to act upon changing the legal framework that requires the parents' consent for implementing services to underage drug users; to elaborate a working methodology with underage drug users.
- To adapt the services to the type of vulnerability specific to each drug user: persons offering commercial sexual services, men engaging in sexual intercourse with men, immigrants, Roma ethnics, women, etc. To facilitate women's access to harm reduction services, including to programmes aimed at combating gender discrimination and stigma in communities: information and sensitization campaigns; services tailored for women.
- To increase the access of pregnant women drug users to pre-natal medical services, social assistance to prevent child abandonment situations.
- To set up Case Management in all institutions providing integrated assistance services to drug users

Supply reduction:

- To introduce by the NAA, in future action plans, plan indicators, collection and reporting methodologies for the drug supply reduction activities.
- To correlate and adjust owned statistic data collection systems on drug supply so that they correspond to the reporting requirements of international and European bodies.
- To involve by the NAA of relevant institutional partners to develop drug supply reduction indicators and data collection and reporting methodologies.
- To ensure the institutional consolidation of the NAA and its role as a national coordinator of drug supply reduction activities.
- To ensure updates, to the level of international standards, of the technical endowments necessary to responsible institutions in applying the legal framework on drugs.

- To consolidate the legal framework - in particular, to regulate the regime of new psychoactive substances on the drug market. To expand working groups such as TRIDENT and POLVAM to the level of other institutions.

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Annexes

ANNEX I

List of consulted institutions and organizations, contributing in the assessment process

Romanian Governmental Institutions

The National Administration of Penitentiaries, Medical Unit
The National Anti-Drug Agency
The National Customs Authority
Anti-drug Prevention, evaluation and counselling Centres
Integrated Assistance Centre of addictions, Pantelimon
The General Inspectorate of Romanian Police – The Directorate for Combating Organized Crime (DCCO)
The General Inspectorate of Romanian Police – Anti-drug Directorate
The General Inspectorate of Romanian Police - The Central Laboratory for Drug Analysis and Drug Profiling
Ministry of Education, Research, Youth and Sports
Ministry of Labour, Family and Social Protection
Ministry of Health – National Centre for Mental Health and fight against drugs
Ministry of Health – Counsellor of the Health Minister
Jilava Penitentiary – Unit for Crime Prevention in Penitentiary
Jilava Penitentiary – Psychosocial assistance unit
Jilava Penitentiary – Medical assistance unit
The National Office for the Prevention and Control of Money Laundering

Non-governmental

Alliance for combating alcoholism and addictions Association (ALIAT)
Asociația de Luptă Antidrog (AMA)
ARAS (ARAS)
Carousel Association
International Federation of Educative Communities (FICE)
PARADA Foundation
Salvați Copiii (Save the Children)
Samu Social
Romanian Harm Reduction Network (RHRN)

International (governmental and non-governmental)

European Monitoring Centre for Drugs and Drug Abuse (EMCDDA)
Pompidou Group / European Council
United Nations Office on Drugs and Crime (UNODC)

Private (for-profit)

Psymotion Clinic

Academic

Bucharest University, Sociology and Social Assistance Faculty

ANNEX II Evaluation Questions Matrix

Questions	Sources of information (NAA – National Antidrug Agency; NAS – National Antidrug Strategy).	Data collection method
Relevance		
To what extent do the National Drug Strategy, its pillars and objectives (drug and drug precursors demand and supply reduction; international cooperation; public awareness, research and evaluation; inter-institutional cooperation) align to the national context, national related policies and European strategies in the field?	<ol style="list-style-type: none"> 1. NAA staff 2. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Desk review
What were the elements of novelty brought by the National Antidrug Strategy 2005-2012 comparing with the precedent strategy in terms of drug and drug precursors demand and supply reduction; international cooperation; informing, research and evaluation and inter-institutional cooperation and what added value those elements (including drug precursors) brought?	<ol style="list-style-type: none"> 1. NAS (2003-2004 and 2005-2012) 2. Action plans for implementing the two strategies (2003-2004 and 2005-2012) 3. NAA staff 4. Stakeholders (public institutions, NGOs and for profit; domestic and international¹⁰³) 5. NAA activity reports and public documents issued by other domestic/international organizations with regards to the drug demand/reduction sector in Romania. 	<ol style="list-style-type: none"> 1. Comparison between the two NAS (2003-2004 and 2005-2012) 2. Desk review 3. Interviews with NAA staff 4. Interviews with stakeholders
Is there a logical and coherent connection between the set up specific and general objectives and planned and implemented actions?	<ol style="list-style-type: none"> 1. NAS 2005-2012 2. Action plans for implementing the NAS 2005-2012 3. NAA staff 4. Stakeholders (public institutions, NGOs and for profit; domestic and international) 	<ol style="list-style-type: none"> 1. Desk review 2. Interviews with NAA staff 3. Interviews with stakeholders staff
Which was the relevance of the planned and implemented actions on each pillar of the National Antidrug Strategy 2005-2012: drug demand reduction; supply and control of drug precursors; international cooperation; public awareness, research and evaluation; inter-institutional cooperation?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders (public institutions and NGOs) 3. People from groups/populations targeted by the NAS interventions 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Interviews with people from groups/populations targeted by the NAS interventions

¹⁰³ If not mentioned, reference is only to domestic stakeholders.

	(reached or not by them) 4. NAA activity reports	4. Desk review
Did the activities on drug supply reduction correlated with drug demand activities? To what extent?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions involved in drug supply reduction and NGO in the harm reduction area) 3. People from groups/populations targeted by the NAS interventions (reached or not by them) 4. Activity reports of NAA and other stakeholders 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Interviews with people targeted by NAS. 4. Desk review.
What was the contribution of the national antidrug strategy to the ensuring of free trade and merchandise thorough activities related to drug precursors?	<ol style="list-style-type: none"> 1. NAS 2005-2012 2. Action plans for implementing the NAS 2005-2012 3. Romanian legislation on free trade and merchandise thorough activities related to drug precursors 4. NAA staff 5. Stakeholders staff (public institutions involved in activities related to drug precursors) 	<ol style="list-style-type: none"> 1. Desk review 2. Interviews with NAA staff 3. Interviews with stakeholders staff (representatives of public institutions involved in activities related to drug precursors)
Which was the added value and lessons learnt from inclusion of the economical entities (economic operators and agents) in the prevention activities targeting the illicit circuit of drug precursors?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions involved in supply reduction) 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders staff (public institutions involved in supply reduction)
Was the evaluation indicators used for assessment of the national actions plans relevant?	<ol style="list-style-type: none"> 1. Action plans for implementing the NAS 2005-2012 2. NAA staff 3. Stakeholders staff (public institutions and NGOs) 	<ol style="list-style-type: none"> 1. Desk review 2. Interviews with NAA staff 3. Interviews with stakeholders
What was NAS contribution in the addressing of the age groups categories (children and adolescents: general population and using drugs (types of existing services, support for young drug users, specialists skills, standards and guidelines for working with young people, legislative barriers)?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 3. People from groups/populations targeted by the NAS interventions (reached or not by them) 4. Reports of studies/research conducted on people from groups/populations targeted by the NAS interventions 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Interviews with people targeted by the NAS interventions. 4. Desk review

	(reached or not by them)	
<i>EFFECTIVENESS:</i>		
To what extent the general and specific objectives of the national antidrug strategy were achieved and in what manner the national action plans objectives ensured the achievement of the strategic objectives of the national antidrug strategy? (Each pillar objective will be evaluated)?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 3. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Desk review
Which were the success factors that facilitated the achievement of the National Antidrug Strategy objectives and which were those factors that impede progress?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 3. People from groups/populations targeted by the NAS interventions (reached or not by them) 4. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Interviews with people targeted by the NAS interventions 4. Desk review
To what extent and how institutions involved national antidrug strategy participated at the implementation of the strategy and its plans of action? A special attention will be given to institutions with responsibilities in drug supply reduction.	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 3. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Desk review
Was other cross sectorial strategies in the field, elaborated after 2005, adjusted to the NDS 2005-2012?	<ol style="list-style-type: none"> 1. NAA staff 2. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Desk review
Which was the contribution of the National Antidrug Agency in the coordination of the activities foresee by the national action plans? Which were the factors that lead to coordination of the strategy and its plans?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 3. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Desk review
Which were the main challenges and difficulties encountered in the implementation of the national antidrug strategy and how there were overcome?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs; domestic and international) 3. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Desk review
To what extent the National Antidrug Strategy proved to be flexible and adapted to emerging issues, e.g.: in the field of supply reduction (commercialization and use of new substances with psychoactive effects)?	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 3. NAA activity reports 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Desk review
<i>Efficiency:</i>		
<ul style="list-style-type: none"> • To what extent did the national antidrug strategy ensured the inter-institutional cooperation in relation with each of its pillars, with focus on drug demand reduction? 	<ol style="list-style-type: none"> 1. NAA staff 2. Stakeholders staff (public institutions and NGOs) 	<ol style="list-style-type: none"> 1. Interviews with NAA staff 2. Interviews with stakeholders 3. Desk review

	3. Activity reports by NAA, reports and public documents issued by stakeholders.	
<ul style="list-style-type: none"> To what extent the actions foresee by the national action plans where achieved and if not, why? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> To what extent did PNA refer to gender discrimination and gender specific needs? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) People from groups/populations targeted by the NAS interventions (reached or not by them) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Interviews with people targeted by the NAS interventions Desk review
<ul style="list-style-type: none"> To what extent did NAS and PNA promote a human rights based approach, results based management and took into consideration the rights of children and particularities of other vulnerable groups? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) People from groups/populations targeted by the NAS interventions (reached or not by them) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Interviews with people targeted by the NAS interventions Desk review
<ul style="list-style-type: none"> How did the NAS contribute to the protection of human rights, children's rights and particularities of other vulnerable groups? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) People from groups/populations targeted by the NAS interventions (reached or not by them) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Interviews with People from groups/populations targeted by the NAS interventions (reached or not by them) Desk review
<ul style="list-style-type: none"> Was the implementation of the NAS and PNA monitored (through both formal and informal means) and how was the information obtained included into the planning process, 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review

including use of indicators?	3. Activity reports by NAA, reports and public documents issued by stakeholders.	
IMPACT		
<ul style="list-style-type: none"> Were the activities of the national antidrug plans included or assumed by the institutions involved in the implementation, including though allocation of financial and human resources? (Were there any managerial plans tackling the drug use, cross-sectorial work plans?) 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions, NGOs and for-profit service providers) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> Which were the major changes (positive/negative) triggered by the implementation of the two action plans, both at national and international level? (The research team will look at the changes produced at institutional and legislative framework, at inter-institutional cooperation – data collection, common activities). 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions, NGOs and for-profit service providers; domestic and international) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> Did the national antidrug strategy succeeded to increase participation/awareness of the state institutions into national antidrug policies, with focus on detour prevention of drug precursors from legal trace? Did the implementation of the NAP have positive or negative unplanned consequences? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<i>Sustainability</i>		
<ul style="list-style-type: none"> Are the government counterpart agencies and project implementing partners (governmental and non-governmental) developing the capacity and motivation to efficiently implement and sustain national antidrug strategy objectives and specific activities? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions, NGOs and for-profit service providers) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> What are the opportunities, achievements and/or challenges of the partnerships? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions, NGOs and for-profit service providers) NAA activity reports 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> What is the scope and depth of local ownership? To what extent were relevant groups actively involved in decision-making concerning strategy implementation? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) Activity reports by NAA, reports and public documents issued by 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review

	stakeholders.	
<ul style="list-style-type: none"> Were the results obtained analysed? Were any improvement/ exploitation measures taken? If yes, were these measures set as priority/objectives/targets for action? The implementation stage for measures, where applicable (examples for each institution will be provided). 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<i>Human rights based approach:</i>		
<ul style="list-style-type: none"> How the strategy is perceived by the rights-holders, with a particular focus on children and their rights, and as much as possible from a gender-based perspective? The evaluation will both look at the gender component of the strategy from the perspective of national stakeholders, but also from the perspective of interviewed direct beneficiaries (clients of services, boys and girls, men and women) as result of implementation of National Antidrug Strategy. 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) People from groups/populations targeted by the NAS interventions (reached or not by them) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Interviews with people targeted by the NAS interventions Desk review
<i>Results based management:</i>		
<ul style="list-style-type: none"> Have coordination mechanisms between NAA and other relevant development entities been successfully established? Was the national antidrug strategy effectively coordinated with other key actors, in particular government agencies? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) NAA activity reports 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> Did governmental partners or other kind of partners (nongovernmental including) develop their ability to implement objectives set by PNA? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> Did all partners consistently understand and agree on the challenges to be addressed, their causes, the strategic results sought, and the sequence of steps necessary to achieve those results? 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) Activity reports by NAA, reports and public documents issued by stakeholders. 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review
<ul style="list-style-type: none"> As National Antidrug Strategy national and local partners made key decisions, were they informed by indicators focusing on results for communities, children, adults and 	<ol style="list-style-type: none"> NAA staff Stakeholders staff (public institutions and NGOs) 	<ol style="list-style-type: none"> Interviews with NAA staff Interviews with stakeholders Desk review

their families?

3. NAA activity reports

ANEXA III

Instruments (interview guides) used to collect qualitative data

FOCUS GROUP GUIDE – representatives of drug demand reduction service providers – public services (group 1) and private services (NGOs and non-profit) (group 2)

Location: Bucharest, UNICEF head-office

Service Portfolio: type, effectiveness, efficiency, sustainability, result- based management

1. What activities have you conducted / what services have you provided during the 2005-2012 period? Please, give a brief description.
2. What successes have you made in implementing these activities /services?
3. What were the difficulties you faced?
4. In your opinion, were the obtained results in line with the allocated funds to operate such services?
5. How did you ensure the monitoring and assessment of the obtained results from your activities / services? Please, briefly describe the system you used.
6. *How did the restructuring of the public sector in the latest years affect the activity of your organization / service in terms of attaining the objectives of the National Strategy?
7. To what extent the activities /services you provide follow the human rights principles? Do they respond to the specific needs of women? Do they respond to the specific needs of youth and teenagers? Please, explain how.
8. To what extent you consider the activities / services you provide sustainable on medium term? What about the long term? Please, justify your answer. .

Strategy 2005-2012: elaboration process and influence on services / activities

9. What was the role of your organization / service in the elaboration of the Strategy 2005-2012 and of the Action Plans?
10. What is the role of your organization / service in the implementation of the Strategy 2005-2012?
11. What novelties have the Strategy 2005-2012 brought as compared to the previous one? Please, give examples.
12. How was the activity of your organization / service influenced by having a Strategy and Action Plans in place? Please, detail.
13. *How was the activity of your service affected by not having an Action Plan of the Strategy for 2008-2010 period?
14. *In your opinion, how were the National anti-drug strategy and the Action plan reflected in the legislative documents? Are there areas remained unregulated or poorly regulated? If yes, please, justify.
15. *The existing legislation is harmonized with the European one. Please, justify.
16. *From your perspective, does NAA properly monitor the progress of the community legislation on drugs and drug-related areas?
17. *What was the role of your service in the elaboration of the national framework in the drug area (laws, ordinances, governmental decisions, orders of ministries, application norms, so on)? Were you asked to give your views, opinions or to prepare reports or studies likely to substantiate such normative documents or to assess their implementation?

Interinstitutional coordination

18. In your opinion, is there any connection between the activities / services of your organization and those of drug supply reduction? If yes, what kind of connection?
19. *To what extent do you think that the National strategy and the adopted strategy-based measures have influenced the activity of your organization / service in the area of interinstitutional cooperation (within the same ministry or between different ministries)? In case cooperation difficulties exist, what their reasons would be?
20. What other strategic documents, in related sectors (such as, health, education) have influence your activity in the 2005-2012 period? How? Please, explain.
21. *Have the local public authorities requested the support of the county anti-drug prevention, assessment and counselling centres for the development of certain local interest projects aiming to protect their own communities against drugs?
22. *What do you know about the implementation of MARA programme (The Great anti-drug Romanian)? Has your activity been influenced in any way by this programme?
23. How did NAA contributed in the increase of the capacity of the organizations and institutions targeted by the implementation of the anti-drug strategy (including its own services)? Do you consider the contribution is this area sufficient? Please, justify.

International cooperation

24. *What is the contribution of your organization / service in the development of the cooperation between Romania and the EU institutions (REITOX, Eurojust, Europol), Pompidou Group of the European Council, United Nations Office On Drugs and Crime (UNODC), OMS and others? Has the national strategy influenced this cooperation? How do you achieve this cooperation achieved, mechanisms, and procedures?
25. *Was your service also involved in the development of international projects (good practice transfer, expert exchanges, bilateral, regional or international fora, so on.). If yes, please, give a brief description.
26. *What benefits did you get from such projects?

Relevance of Strategy 2005-2012 and suggestions from the Strategy 2013-2018

27. In your opinion, to what extent does the current strategy (2005-2012) respond to the national needs concerning drug demand reduction? Also, to what extent is it in line with the European policies in this area? Please, justify your point of view.
28. How useful documents like the anti-drug strategy and action plans are for drug demand reduction?
29. In your opinion, what are the national priorities which should be approached in the future strategic documents?

Assessment of the objectives planned under the Strategy 2005-2012 in the drug demand reduction area

30. How important you find the role of NAA in the 2005-2012-period in drug demand reduction at the community level? But at national level? But at international (or transnational) level? Please, justify.
31. To what extent consider that the objectives of the Strategy have been accomplished in terms of drug demand reduction? Please, justify your answer.
[The moderator shall read the general objectives concerning drug use prevention, harm reduction and medical, psychological and social].

32. How do you appreciate the monitoring and assessment system of the results obtained by the implementation of the anti-drug strategy? Please, explain why.
33. What do you consider as being the priorities the next anti-drug strategy 2013-2018 should be built on?
34. What are the related documents which should accompany the Strategy so that to make it applicable in the very moment of its approval?
35. What are the novelty elements which should be included in the next programmatic documents in the anti-drug area (Strategy, Action Plans)?
36. In your opinion, what changes are necessary at political, economic, social and institutional level so that the next programmatic documents to be successfully implemented/transposed into practice?

***Note: The questions marked with asterisk (*) shall be asked only to the public service representatives.**

FOCUS GROUP GUIDE – teachers / parents

Location: Bucharest

Discussion topics:

1. What do you know about the use of tobacco/alcohol/illicit drugs in your school/neighbourhood/town? Who are the users? How much they consume? What do they consume? How serious the situation is in your opinion? Why?
2. Where did / do you get the information as stated above?
3. Do you know the legal framework referring to the children / teenagers drug users? Where do you have this information from?
4. Have you ever participated in an information or training session *[for teachers]* on the use of drugs/tobacco/alcohol?
5. Do you need more information about these issues? Why?
6. *[for teachers / parents]* As you may know, have there been organized in your school (your children's school) actions to prevent illicit drug use/ tobacco and alcohol use?

[If YES]:

Who organized?

What such actions consisted in? What was their purpose?

How often such sessions have been organized during the 2005-2012 period? Was it enough?

In your opinion, did such session attain their purpose(s)? Why?

[If NO]:

Who should provide such information to the pupils?

How often?

How?

7. As you might know, what services exist there in your community aiming to prevent drug use and ensure assistance for children and teenagers drug users, as well to their families?
8. *[only for teachers]* What are the procedures in your school to approach a drug use / tobacco/alcohol abuse case within your school students? Who handles such cases? How?
9. What are the actions/ measures which would have effect in prevention / reduction of illicit drug/tobacco/alcohol use within the teenagers? Why?
 - a. Who should organize such actions?
 - b. How often?
 - c. When? During classes or after school?
10. As you might know:

- a. *[for all participants]* Is there any local plan to prevent drug/tobacco/alcohol use within teenagers?
 - b. *[only for teachers]* Has the school you are working in a prevention strategy / plan with activities designed for? If YES, who coordinates it and with what resources?
 - c. The prevention interventions you mentioned, were they also addressing to the parents as well? If YES, how?
11. If you can remember, mention / describe a message on the risks / dangers associated with the use of illicit drugs, tobacco / alcohol use.
 12. How convincing messages are, in your opinion? Justify.
 13. Are the messages focused on the associated dangers / risks with the drug/alcohol/tobacco use interesting for your children/students? Why?
 14. How do you envision the role of the parents in prevention/reduction of the use of illicit drugs/tobacco/alcohol with the teenagers?
 15. What about the role of the teenagers themselves?

FOCUS GROUP GUIDE– adolescents 14 - 18 years old

Location: Bucharest (RAA head office)

Discussion topics:

1. What do you know about the use of tobacco/alcohol/illicit drugs in your school/neighbourhood/town? Who are the users? How much they consume? What do they consume?
2. Where or from whom have you received so far the most complete information about the illicit drugs (what these drugs are, what are their effects, so on)? *[focus shall be placed on the role of the school / teachers in conveying such information]*
3. What about the information about tobacco and alcohol?
4. How often did you receive such information?
5. What kind of information did you receive? (for example, messages encouraging abstinence, information on the negative health effects, on the social effects, so on.)
6. Was that information clear? Was it new information?
7. How such information helped you? Give one example.
8. What do you know about the law on the drug use in Romania? Do you find it important to know the provisions of this law? Why?
9. *[prompts for question no. 7]* Were there instances when the information you received convinced you not to use / or to stop using drugs?
10. *[prompts for question no. 7]* Are you aware of any friends of the same age who have reduced or who have not started to use drugs due to the received information?
11. From your point of view, how informed are your peers and friends about the drug use? What about tobacco? What about alcohol? Justify your answer.
12. *[for those who haven't received or do not remember to have received information]* Do you think you need such information? Why?
13. *[for those who haven't received or do not remember to have received information]* Who should offer this information in your opinion?
14. Have you ever participated into an organized event in your neighbourhood/school related to illicit drug use prevention? What about tobacco? What about alcohol? Briefly describe the event (when it happened, who organized, what it consisted in).

15. Have you ever been a volunteer in information activities for other young people or for the general population as concerns the illicit drug use? What about tobacco? What about alcohol? Briefly describe the volunteer action (when it happened, who organized, what kind of activity you did).
16. Can you reproduce from memory any message, poster, Romanian clip, so on which warns about the risks associated with illicit drug use? What about tobacco? What about alcohol?
17. What you like and what you dislike at this message/poster/clip? Why?
18. What can school/teachers do to better inform their students on the risks associated with illicit drug, tobacco and alcohol use?
19. What can parents do?
20. But, what can teenagers do?
21. Let's talk about the information sessions organized in the school:
 - a. Do you think that such sessions should be organized during classes or after school? Why?
 - b. Should such sessions be compulsory or optional? Why?
 - c. How often should such sessions be organized? Why?
 - d. In order to be convincing, should they be hold by teachers? By police officers? By other young people? By former young drug users? Why?
22. What else would you like to know about drugs and their consequences / effects?
23. Some of the teenagers, although they have information about the consequences of drug/tobacco/alcohol use, still start or continue to use it. What additional measures should be taken for these persons?
24. What information should receive or what other measures should be taken to make these persons not to start or to stop to use drugs/tobacco/alcohol?
25. If a friend would have drug/tobacco/alcohol use problems, what would you do to help him/her? What would you recommend? What service would you refer him/her to? Why?

FOCUS GROUP GUIDE – inmates, beneficiaries of the substitute methadone therapy programme; inmates with history in injecting drug use; clients of the therapeutic community; women beneficiaries of the substitute methadone therapy; homeless teenagers and young people using injectable drugs

Locations: Jilava Penitentiary (medical unit; therapeutic community); ARAS-Titan Clinic (women IDUs), Parada Foundation head-office (homeless teenagers and young people IDUs)

Discussion topics:

1. Social-demographic profile of the respondents (age, occupation, marital status, family situation, detention history – for inmates)
2. Personal drug use history:
 - a. Age when first used drugs (general) and age when first used injectable drug;
 - b. Reasons of the first use of injectable drugs;
 - c. Types of used drugs.
3. Overdose experience and medical problems associated with the use of drugs:
 - a. Incidence of experiences / problems.
 - b. Impact of such experiences on the personal life of the respondents and on their relationships with others.
 - c. Accessed services to prevent / treat the medical problems associated with the use of drugs.

4. Use of the drug supply reduction (including prevention and treatment services of the HIV/VHB/VHC and TB infections):
 - a. Types of services used throughout the drug user 'career';
 - b. Frequency of used services;
 - c. Assessment of the quality of the used services (in terms of accessibility, attitude and training of the personnel, efficiency of interventions, efficiency of costs, respect of clients' dignity and confidentiality)
5. Recommendations to increase the quality of the services for drug supply reduction.
6. Other remarks / recommendations

INDIVIDUAL INTERVIEW GUIDE – representatives of the National Anti-drug Agency (anti-drug prevention, assessment and counselling centres)

Romanian Angel Appeal Foundation was selected by UNICEF Romania to evaluate the National Anti-drug Strategy (NADS) 2005-2012 – document whose implementation at national level is coordinated by the National Anti-drug Agency (NAA) in collaboration with other institutions and organizations. We kindly ask you to give about 30-40 minutes from your time to answer the following questions. Your answers are very important in this evaluation process and shall be summarized into an Evaluation Report, based on which recommendations for the National Anti-Drug Strategy 2013-2020 shall be made. For details on the activities of Romanian Angel Appeal Foundation, please, visit webpage www.raa.ro.

What was the role of your centre in the implementation of the NADS 2005-2012 at the level of your sector/county? *Please, refer – if the case – to all areas of NADS: demand reduction, supply reduction, interinstitutional coordination, international cooperation and information/assessment/research. If the case, for details, please indicate internet websites.*

Were there activities planned in the Action Plans (for 2005-2008 and 2010-2012) concerning the implementation of the National Anti-drug Strategy 2005-2012 which you could not carry out? If YES, why?

What difficulties did you encounter in carrying out the activities stated in the Action Plans? *Please, give examples / specify how / if you managed to overcome such difficulties.*

What were the successfully carried out activities by your centre during the 2005 -20012-period? *Please, give examples.*

Did the staff of your institution participate in any basic training programme, specific or on-service, during the 2005-2012-period? *If yes, please state the titles/ names of the training programmes.*

Think of the measures / actions playing a part in drug demand reduction implemented during the 2005-2012-period at the level of your organization/ institution or by other organizations/institutions at the county level. From your perspective and experience:

6.a. Were these measures/actions relevant, adequate for the Romanian context for the reference period? Please, give examples and justify.

6.b. Did these measures/actions attain their objectives as designed? Please, give examples and justify.

6.c. Were the results of these measures/actions fitted with the allocated resources? Please, give examples and justify.

6.d. Which of these measures/actions could serve as success models or good practice? Please, give examples and justify.

6.e. Which of these measures/actions you consider to be sustainable? Please, give examples and justify.

What national and international institutions or organizations have you cooperated with in the 2005-2012-period to implement/support the drug demand reduction actions at the level of your county/sector? How would you appreciate such collaborations? Please justify your answer.

What was the role of your centre in the elaboration/development of the National Anti-drug Strategy 2005-2012 and of the related Action Plans (2005 - 2008, and 2010 - 2012 respectively)?

What should, in your opinion, be the priorities for the National Anti-drug Strategy for the next 2013-2020-period? Why?

Thank you for your time!

INDIVIDUAL INTERVIEW GUIDE – representatives of the National Anti-drug Agency (central departments: international relations; analysis of the policies and planning;; drug demand reduction; drug supply reduction and precursors; Romanian Observatory for Drugs and Addictions

Romanian Angel Appeal Foundation was selected by UNICEF Romania to evaluate the National Anti-drug Strategy (NADS) 2005-2012 – document whose implementation at national level is coordinated by the National Anti-drug Agency (NAA) in collaboration with other institutions and organizations. We kindly ask you to give about 30-40 minutes from your time to answer the following questions. Your answers are very important in this evaluation process and shall be summarized into an Evaluation Report, based on which recommendations for the National Anti-Drug Strategy 2013-2020 shall be made. For details on the activities of Romanian Angel Appeal Foundation, please, visit webpage www.raa.ro.

- 1. What was the role of your department in the implementation of the NADS 2005-2012 at the level of your sector/county? Please, refer – if the case – to all areas of NADS: demand reduction, supply reduction, interinstitutional coordination, international cooperation and information/assessment/research. If the case, for details, please indicate internet websites.**
- 2. Think of the measures implemented in Romania during the 2005-2012-period, connected with your activity field. From your perspective and experience:**
 - 2.a. Were these measures/actions relevant, adequate for the Romanian context for the reference period? Please, give examples and justify.
 - 2.b. Did these measures/actions attain their objectives as designed? Please, give examples and justify.
 - 2.c. Were the results of these measures/actions fitted with the allocated resources? Please, give examples and justify.
 - 2.d. Which of these measures/actions could serve as success models or good practice? Please, give examples and justify.
 - 2.e. Which of these measures/actions you consider to be sustainable? Please, give examples and justify.
- 3. What national and international institutions or organizations have you cooperated with in the 2005-2012-period to implement/support the National Strategy 2005-2012 as connected with your activity field? How would you appreciate such collaborations? Please justify your answer.**

4. What was the role of your department in the elaboration/development of the National Anti-drug Strategy 2005-2012 and of the related Action Plans (2005 - 2008, and 2010 - 2012 respectively)?
5. What should, in your opinion, be the priorities for the National Anti-drug Strategy for the next 2013-2020-period? Why?
6. Other remarks. Please, mention here any other aspects you consider worth mentioning and have not been covered by the above questions.

Thank you for your time!

INDIVIDUAL INTERVIEW GUIDE – representatives of the local and central administration, of the academic and non-governmental institutions

Romanian Angel Appeal Foundation was selected by UNICEF Romania to evaluate the National Anti-drug Strategy (NADS) 2005-2012 – document whose implementation at national level is coordinated by the National Anti-drug Agency (NAA) in collaboration with other institutions and organizations. We kindly ask you to give about 30-40 minutes from your time to answer the following questions. Your answers are very important in this evaluation process and shall be summarized into an Evaluation Report, based on which recommendations for the National Anti-Drug Strategy 2013-2020 shall be made. For details on the activities of Romanian Angel Appeal Foundation, please, visit webpage www.raa.ro.

Did your organization, in the reference period 2005-2012, cooperate with the National Anti-drug Agency? If “YES”, please, describe what this cooperation consisted in and how do you appreciate it. If “NO”, please, explain why.

What other national and international institutions or organizations have you cooperated with in the 2005-2012-period for the implementation / support of the measures in the area of prevention, assistance and treatment related to drug use? How do you appreciate these collaborations? Please, provide arguments for your answer.

How do you appreciate the allocations (by the public authorities) and the use (by the service providers) of the resources designed to finance the prevention, assistance and treatment related to drug use interventions in the 2005-2012 period? Please, justify your answer

What was the role of your department in the elaboration/development of the National Anti-drug Strategy 2005-2012 and of the related Action Plans (2005 - 2008, and 2010 - 2012 respectively)?

In your activity carried out in the reference 2005-2012 period, have you guided after the objectives of the National Anti-drug Strategy and of its related actions plans? Besides the NADS 2005-2012, what other programmatic or legal documents guided your activity in the area of measures connected to drug use reduction / treatment?

In your opinion, how useful the development of a National Anti-drug Strategy for the 2013-2020 period can be? Why?

In your opinion, what would be the budgeting priorities for a NADS related to the 2013-2020 period? Why?

In your opinion, what measures (institutional, legislative, economic, so on) should be adopted in the 2013-2020 period to ensure free access to basic medical and prevention and treatment specific services for persons of vulnerable groups who do not have identity documents or

medical insurance? Please, list the measures and specify the institutions/organizations you consider as having responsibilities in their putting into practice / implementation.

Thank you for your time!

INDIVIDUAL INTERVIEW GUIDE – representatives of the international organizations

Dear Madame/Dear Sir,

Romanian Angel Appeal Foundation (www.raa.ro) at the request of UNICEF Romania and the National Anti-drug Agency (NAA) is currently conducting an assessment regarding the implementation, during the period 2005-2012 of the Romanian National Anti-drug Strategy 2005-2012 – document elaborated under the coordination of the NAA. Documenting the perspective of NAA’s partners or collaborating institutions is important for completing the evaluation process.

If your organization collaborated with NAA during the reference period 2005-2012 on matters related to the problem of illicit drugs, please fill in this questionnaire. Your answers would be greatly appreciated and would help us to provide NAA with recommendations regarding the development and implementation of the future Romanian Anti-drug Strategy.

Name of the organization	
Address of the organization	
Year of establishment	
Name of the contact person(s)/respondent(s)	
Position of the contact person (s)/respondent (s)	
E-mail/phone	

- 1) Is your organization familiar with the objectives of the Romanian strategy?** If “YES”, please describe how your organization did become aware of these objectives. If “NO”, please formulate an answer (i.e. “not relevant for our activity”, “never heard of the document”)
- 2) Please describe the areas/the activities in which your organization has been collaborating with the Romanian National Anti-drug Agency (NAA) from 2005 until 2012?** Examples of possible activities: data reporting, harmonization of the legislation, development of the institutional capacity, cooperation in European drug-related projects, training, etc.
- 3) How would you assess the quality of this collaboration?** Please explain why.
- 4) Does your activity involve collaboration with other Romanian public or private organizations working in the area of drugs?** Please mention them and describe what your collaboration consists in.
- 5) Did NAA have any role in facilitating your cooperation with the organizations you mentioned under question no. 3?** If “YES”, please describe their role and assess how well they performed it.
- 6) How would you evaluate the current response of the Romanian institutions and organizations to the drug related issues occurring at the country level and at the international level?** Please explain why.
- 7) From your experience, what would be the effective actions to be taken in the period 2013-2020 in order to improve Romanian response to the drug situation – at the country and**

international level? *Please explain why and also identify the organizations/bodies that could have responsibilities in taking or initiating these actions.*

Thank you very much for you time!

Annex IV

Terms of reference

Evaluation of the Romanian National Antidrug Strategy 2005-2012

Context:

Once the National Antidrug Strategy for the period 2005 – 2012 had been designed and the national action plans for the implementation of the strategy (2005 – 2008 and 2010 – 2012) had taken effect, there was registered significant progress in the field of drug policies. The National Antidrug Strategy for 2005 – 2012, developed with technical support from UNICEF and UNAIDS, targeted for i) the first stage of the implementation (2-4 years): to maintain a low level in drug use in the general population and ii) in the 2nd phase: to reduce the number of drug cases, while reducing the organized crime connected with drugs.

The elaboration process of the National Antidrug Strategy for 2005-2012 included an evaluation of the situation and an analysis of the national response to the issue of drugs, made within the time period 2002-2004. The elaboration process included a series of consultations of the core group in charge of developing the national antidrug strategy. Furthermore, the elaboration process of the National Antidrug Strategy was tightly connected to the process of elaboration and the further implementation of the National HIV/AIDS Strategy 2004-2007 and to the EU Antidrug Drug Strategy 2005-2012.

At present, the designated time period covered by the National Antidrug Strategy, 2005-2012, is coming to an end. As a first stage in the analysis of the answer to the problem of drugs, the National Antidrug Agency, with the technical and financial support from UNICEF, has planned the evaluation of the National Antidrug Strategy.

The aim of the strategic assessment is to: *i) evaluate the progresses produced by the implementation of the National Antidrug Strategy 2005-2012, in terms of its relevance, effectiveness, efficiency, sustainability and impact, and with focus on human rights and results based management and to ii) to document and generate evidences (lessons learnt, good practices, etc.) for the development of the National Antidrug Strategy for 2013-2018.*

The evaluation will take place within the time period June 2012 - September 2012. The results will use National Antidrug Agency and its partners (The Ministry of Health, Ministry of Labour, Family and Social Protection, Ministry of Education, etc.) to adapt the national antidrug strategy for the next 5 years, in accordance with national developments and European drug-related policies. This evaluation will be conducted at national level and it will cover all regional structures within the National Antidrug Agency and other institutions involved in the NAS and NAPs (Ministry of Interior and Administration, Ministry of Labour, Family and Social Solidarity; Ministry of Health; General Police Inspectorate, Department for Combating Organized Crime etc.).

One of the potential difficulties identified in drawing an accurate evaluation of the strategy is the absence of indicators. In order to overcome this obstacle, the evaluation team will use, as much as the imposed limits might allow, indicators from the national action plans, as well as activity reports or other type of reports provided by the National Antidrug Agency and which can provide basic data for measuring the progress registered during strategy implementation. Another aspect which could limit or cause difficulties in implementing the evaluation process is the existence of a fluid political system which has led, within the last 3 years, to changes of status within the National Antidrug Agency and at management levels.

Purpose and objectives of the evaluation:

The evaluation comes at a key-moment in the European and national response to drug use and drug supply reduction. Currently, at European level, the process of evaluation of the European Strategy on Drugs is organized, in parallel with development of the European framework on drugs which will shape the both European approach and national policies on drugs for the following period of time.

The evaluation was designed around criteria provided by OECD/DAC¹⁰⁴ (relevance, effectiveness, efficiency, impact, sustainability, and human rights based approach and results based management) and aims to:

4. *Measure the relevance, effectiveness, efficiency, sustainability and impact of the measures proposed and applied by the national antidrug strategy 2005-2012 with regards to all its pillars (reduce drug demand; reduce drug supply; international cooperation; informing, research and evaluation; inter-institutional cooperation);*
5. *Assess the extent to which the effect of the National Drug Strategy 2005-2012 and its plans of action acted on the drug issue in Romania;*
6. *Identify and extract necessary and relevant elements (achievements, lessons and recommendations) for the development of the following programmatic document (National Antidrug Strategy 2013-2018), according to the tendencies of the drug use phenomenon in Romania, while also supporting human rights perspective (e.g. children's rights included, rights of most at risk population).*

Scope and focus:

The evaluation will cover National Antidrug Strategy pillars on drug demand reduction; drug supply reduction; international cooperation; information, research and evaluation and inter-institutional cooperation with a focus on **a) measuring relevance, effectiveness, efficiency, sustainability and impact of the measures proposed to:**

¹⁰⁴ http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html

- vi. *Maintain at a low level the drug use prevalence comparing with 2005 baseline and to reduce alcohol and Tabaco use in general population through development of the public and private medical, psychological and social system;*
- vii. *Increase the accessibility of medical, social, psychological services and measures taken for drug users in order to remove physical and psychological dependence or/and to reduce the risks associated with use of drugs;*
- viii. *Reduce at the lowest level the drug criminality and connected criminality through efficient intensification of the institutions responsible for the combating of the organized crime;*
 - i. *Enhance country's role at international level as trustworthy partner in the global effort to reduce drug demand and supply;*
 - ii. *Ensure an unitary strategic concept, the coordination of its implementation, monitoring and evaluation of the demand and supply reduction actions; and*

b). to document lessons learnt from National Antidrug Strategy implementation and collection of recommendations to construct next programmatic document on each pillar of the strategy.

In relation with the 2nd objective of the evaluation will need to look at the lessons learnt from implementation of the 2005-2012 National Antidrug Strategy, identifying the key elements which determine a better implementation of the strategy. The evaluators will need to look at the current European and national context and to aspects which needs improvement on each pillar of the National Antidrug Strategy.

In this respect, the evaluators should apply a sampling strategy to collect data at for all 42 counties and 6 districts in Bucharest where NAA structures and partners in NSP implementation are present. The evaluators should look at National Antidrug Agency and partners in NSP implementation at central and local level in order to obtain information on each pillar of the strategy. Evaluators should obtain strategic information from professionals representing institutions accountable for NSP implementation, but also from beneficiaries of NSP. Decision makers should be also inquired.

Sources of Information:

Generic sources:

1. *International:* The Political Declaration in Vienna (March 2009); the Plan of Action (within the Political Declaration in Vienna) for international cooperation and which aims at an integrated and balanced strategy for counteracting the issue of drugs worldwide; The EU Drug Action Plan 2009-2012 (2008/C 326/09); The Multi-annual Stockholm Programme 2010-2014), adopted by the European Council (2010C/ 115/01) and the Action Plan on The Stockholm Programme; the EU Internal Security Strategy (COM (2010) 673), the European Strategy against Drugs 2005-2012; the Assessment Report on the European Strategy against Drugs 2005-2012; EMCCDA Reports 2005 -2012; the Single Convention on Narcotic Drugs 1961 (UNODC); the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 (UNODC); WHO Framework Convention on Tobacco Control, adopted at Geneva on May 21st 2003; Police Cooperation Convention for South East Europe adopted, in Vienna on May 5th 2006, Treaty of Lisbon, Europol reports (EU organised crime threat assessment);

2. *National*: National Strategy for Public Order and Safety 2010-2013; National Drug Strategy 2005-2012, National Plans of Action for implementing the National Drug Strategy 2005-2008 and 2010-2012; The National Report regarding the issue of drugs in Romania (2005-2011); Assessment Report regarding the Plan of Action for implementing the National Drug Strategy (2005-2008, 2005-2012), ANA/ORDT (2005-2012); Law 272/2004 on the protection and promotion of the rights of children; Gender Assessment Report – Romania A. Feltham 2010; UNEG Methodological Guide for Assessment, 2008; UNICEF/UNEG Assessment Standards;
3. *Assessment of other programmes*: the Assessment Report for HIV Prevention Programmes among Injecting Drug Users and Prisoners – Trimbos/ UNODC 2011; Assessment Report for MARA Programme Romania 2010 – UNICEF, Faculty of Social Studies; Report of the Presidential Commission on Demographic Risks -2010.

Suggestions for methodological approach:

Based on the objectives of the strategy and its pillars, the evaluation will consider drug demand and supply reduction; international cooperation; informing, research and evaluation; inter-institutional cooperation.

The evaluation will be designed from the human rights perspective and it will take into account all gender related aspects, as well as children's rights. Both adults and children will be involved in the evaluation process. As regards to children's involvement in the evaluation, the research team will consider the Convention on the Rights of the Child, which provides information on the ethical aspects of children being involved in research and evaluation programmes: i) all rights guaranteed by the convention must be available to all children without discrimination of any kind, ii) the best interest of the child must be a primary considered in all actions concerning the child. This is the main aspect to be taken into consideration by the research team who will encourage the participation of children in their best interest, iii) the child's view must be considered and taken into account in all matters affecting him or her. Children mustn't be used as simple subjects involved in the evaluation.

The evaluation will consider the dimensions of the strategy and will focus on evaluation criteria (relevance, effectiveness, efficiency, impact, sustainability) and 2 other principles (human rights based approach and results based management). The following questions, plus other specific items for each general and specific objective of the National Drug Strategy pillars are suggested, but also to the OECD/DAC evaluation criteria. This aspect is programmed to take place in the first phase of the evaluation.

Relevance:

- To what extent do the National Drug Strategy, its pillars and objectives (drug and drug precursors demand and supply reduction; international cooperation; public awareness, research and evaluation; inter-institutional cooperation) align to the national context, national related policies and European strategies in the field?
- What were the elements of novelty brought by the National Antidrug Strategy 200-2012 comparing with the precedent strategy in terms of drug and drug precursors demand and supply reduction; international cooperation; informing, research and evaluation and inter-institutional cooperation and what added value those elements (including drug precursors) brought?

- Is there a logical and coherent connection between the set up specific and general objectives and planned and implemented actions?
- Which was the relevance of the planned and implemented actions on each pillar of the National Antidrug Strategy 2005-2012: drug demand reduction; supply and control of drug precursors; international cooperation; public awareness, research and evaluation; inter-institutional cooperation?
- Did the activities on drug supply reduction correlated with drug demand activities? To what extent?
- What was the contribution of the national antidrug strategy to the ensuring of free trade and merchandise thorough activities related to drug precursors?
- Which was the added value and lessons learnt from inclusion of the economical entities (economic operators and agents) in the prevention activities targeting the illicit circuit of drug precursors?
- Was the evaluation indicators used for assessment of the national actions plans relevant?
- What was NAS contribution in the addressing of the age groups categories (children and adolescents: general population and using drugs (types of existing services, support for young drug users, specialists skills, standards and guidelines for working with young people, legislative barriers?

Effectiveness:

- To what extent the general and specific objectives of the national antidrug strategy were achieved and in what manner the national action plans objectives ensured the achievement of the strategic objectives of the national antidrug strategy? (Each pillar objective will be evaluated)?
- Which were the success factors that facilitated the achievement of the National Antidrug Strategy objectives and which were those factors that impede progress?
- To what extent and how institutions involved national antidrug strategy participated at the implementation of the strategy and its plans of action? A special attention will be given to institutions with responsibilities in drug supply reduction.
- Was other cross sectorial strategies in the field, elaborated after 2005, adjusted to the NDS 2005-2012?
- Which was the contribution of the National Antidrug Agency in the coordination of the activities foresee by the national action plans? Which were the factors that lead to coordination of the strategy and its plans?
- Which were the main challenges and difficulties encountered in the implementation of the national antidrug strategy and how there were overcome?
- To what extent the National Antidrug Strategy proved to be flexible and adapted to emerging issues, e.g.: in the field of supply reduction (commercialization and use of new substances with psychoactive effects)?

Efficiency:

- To what extent did the national antidrug strategy ensured the inter-institutional cooperation in relation with each of its pillars, with focus on drug demand reduction?
- To what extent the actions foresee by the national action plans where achieved and if not, why?
- To what extent did PNA refer to gender discrimination and gender specific needs?

- To what extent did NDS and PNA promote a human rights based approach, results based management and took into consideration the rights of children and particularities of other vulnerable groups?
- How did the NDS contribute to the protection of human rights, children's rights and particularities of other vulnerable groups?
- Was the implementation of the NDS and PNA monitored (through both formal and informal means) and how was the information obtained included into the planning process, including use of indicators?

Impact

- Were the activities of the national antidrug plans included or assumed by the institutions involved in the implementation, including through allocation of financial and human resources? (Were there any managerial plans tackling the drug use, cross-sectorial work plans?)
- Which were the major changes (positive/negative) triggered by the implementation of the two action plans, both at national and international level? (The research team will look at the changes produced at institutional and legislative framework, at inter-institutional cooperation – data collection, common activities).
- Did the national antidrug strategy succeeded to increase participation/awareness of the state institutions into national antidrug policies, with focus on detour prevention of drug precursors from legal trace? Did the implementation of the NAP have positive or negative unplanned consequences?

Sustainability

- Are the government counterpart agencies and project implementing partners (governmental and non-governmental) developing the capacity and motivation to efficiently implement and sustain national antidrug strategy objectives and specific activities?
- What are the opportunities, achievements and/or challenges of the partnerships?
- What is the scope and depth of local ownership? To what extent were relevant groups actively involved in decision-making concerning strategy implementation?
- Were the results obtained analysed? Were any improvement/ exploitation measures taken? If yes, were these measures set as priority/objectives/targets for action? The implementation stage for measures, where applicable (examples for each institution will be provided).

Human rights based approach:

- How the strategy is perceived by the rights-holders, with a particular focus on children and their rights, and as much as possible from a gender-based perspective? The evaluation will both look at the gender component of the strategy from the perspective of national stakeholders, but also from the perspective of interviewed direct beneficiaries (clients of services, boys and girls, men and women) as result of implementation of National Antidrug Strategy.

Results based management:

- Have coordination mechanisms between NAA and other relevant development entities been successfully established? Was the national antidrug strategy effectively coordinated with other key actors, in particular government agencies?
- Did governmental partners or other kind of partners (nongovernmental including) develop their ability to implement objectives set by PNA?

- Did all partners consistently understand and agree on the challenges to be addressed, their causes, the strategic results sought, and the sequence of steps necessary to achieve those results?
- As National Antidrug Strategy national and local partners made key decisions, were they informed by indicators focusing on results for communities, children, adults and their families?

The methodological approach should involve desk review and on the ground analysis and be based on:

- Documentary analysis:** which aims to gather a better understanding of the research scope and focus and to provide the relevant input for designing the research instruments and set up the final methodology and to operationalize the objectives into relevant and reliable indicators.
- Secondary analysis:** Official data and available data-sets from other studies will be analysed in order to derive relevant information and hypotheses to be tested in the qualitative research.
- The qualitative survey:** will focus on several target groups: i) institutions involved in the implementation of NDS and PNA; ii) professionals within both ANA and other institutions involved in implementing NDS and PNA (Ministry of Health, MMSSF, MEC, Organised Crime Agency, IGPR, National Customs Authority, The Office for the Prevention and Fight against Money Laundering, Superior Council of Magistracy, etc.) as well as the nongovernmental sector; iii) the subjects of preventive actions and assistance interventions (children, individuals from vulnerable groups, general population, women and men, girls and boys). Interviews and/or questionnaires will be applied along with institutions involved in the implementation programme for the NDS and PNA (the names of institutions are listed in PNA). The assessment team will consider the gender component (for the selection of interviewed/questioned subjects, documented analysis and assessment report).

The final evaluation should include the following methods, without being limited to them:

- The analysis of key documents in the field. The analysis will reveal documents which are tightly connected to the national drug strategy 2005-2012. (See the above mentioned documents).
- Individual and/or group interviews with representatives of NAA, MS, MMSSF, NGOs, etc.;
- Work interviews/debates with the beneficiaries of the NDS and PNA implementation;
- Field research and monitoring of the more developed services.
- Experts' workshop on the final report draft and validation of the report.

The draft of the work methodology will be presented by the evaluation team during the selection process. It will be presented in written and to the selection panel foregoing the recruitment process for the evaluation team.

Procedures and logistics:

The assessment will be made by an independent evaluation team, which will be selected by NAA and UNICEF. All assessment related costs will be covered UNICEF.

Expertise of the evaluation team:

- The evaluation team must hold wide knowledge and experience in applying the methods of quality and quantity assessment;
- The evaluation team must prove experience in the assessment of public policies;
- They must hold knowledge in the field of drug demand and supply reduction, drug and drug precursors supply and demand;

- They must know the specific items in the field of drug demand and supply reduction at both national and European levels, as well as that of drug precursors;
- The evaluation team must have gathered a minimum of 5 years of practical experience in the field of drug policies and show a good understanding of the situation of drugs in Romania and at European level, of vulnerable groups and human rights and children rights.
- The evaluation team must possess analytical abilities necessary for writing an assessment report;
- The evaluation team will cooperate with experts within all responsible institutions for the reduction of drug and drug precursors demand and supply;
- It is an advantage for the assessment team to be familiar with the UNICEF working environment, as well as with the UNICEF work principles;

Education and abilities:

Education: University education in the field of public policies, social sciences or another related field.

Communicative skills: excellent abilities to communicate in written and oral language.

Foreign languages: excellent knowledge of Romanian (written and oral language). Advanced knowledge of English is an advantage.

The evaluation team will not act as representatives of any of the parts and will be independent and impartial. The evaluation team will respect the ethical directives of UN (UNEG).

Under the supervision of the National Drug Authority (Director of NAA) and UNICEF (UNICEF Representative, Health and Child Protection Programme Coordinator, HIV Consultant), the evaluation team will be responsible for:

- Successfully achieving the evaluation (including all development stages within the assessment, assessment tools, a methodology which should be adjusted to UNICEF/UNEG reference terms, standards and principles);
- Organizing and participating in meetings, interviews and advisory meetings;
- Respecting deadlines for all reports, work tools and expense accounts;

For a successful assessment, UNICEF Romania will support the implementation of the assessment report. This will involve:

- Preparing terms of references in collaboration with NAA and the Regional Office for Eastern Europe and Central Asia;
- Cooperation with the evaluation team;
- Selection of the best evaluation recommendation together with NAA;
- Informing the evaluation team on the expectations of NAA and UNICEF, regarding the evaluation;
- UNICEF and NAA are to provide feedback on the design of the evaluation, evaluation tools, draft reports and final report;
- Together with NAA, facilitates the access to subjects questioned/interviewed, as integrating part of the assessment process;
- Facilitates the access to relevant documents;
- Participates in meetings with governmental partners and other partners, depending on the relevance of these meetings;
- Provides feedback for the evaluation report and tools used;
- Provides relevant information and documents for the elaboration of the evaluation report;
- Provides timely feedback for the report;

- Offers support for translating the report in Romanian and English;
- Sends the final evaluation report for feedback to the Regional Office for Eastern Europe and Central Asia.

As beneficiaries of the evaluation report, NAA and UNICEF will commonly agree on the proper usage of the report. The latter will be designed with the aim of using the information provided for elaborating the next programmatic document. NAA Director and UNICEF Coordinator of Health Programmes, Child protection and HIV Consultant will be responsible for the evaluation report.

Products delivered and further use of the report:

The final report shall have the following structure: i) Executive Summary (including conclusions and recommendations) ii) Chapter I: Evaluation (Aim and context, Objectives, Methodology, Evaluation Limitations, The Participation of NAA and UNICEF in the evaluation, Ethical Considerations iii) Chapter II: Results (Reduction of drug demand and supply, International Cooperation, Public Awareness, Research and Evaluation, Inter-institutional Cooperation in terms of relevance, effectiveness, efficiency, sustainability, human rights based approach and results based management); iv) Chapter III: Conclusions and Lessons; v) Chapter IV: Recommendations and vi) Appendix (work tools, list of documents used for the assessment, list of all people interviewed, list of all institutions visited, ToRs). The report will be drawn up in Romanian. (The report will be further on translated in English and sent to RO CEE/CIS for feedback – quality standards. The length of the report: 70 pages maximum.

- As part of the UNICEF office common practice, the evaluation process will be evaluated at different stages during its elaboration.
- A detailed work methodology and the assessment tools agreed by both ANA and UNICEF will be provided by mid-July 2012;
- Draft report of the assessment: August 2012;
- Meeting with the Expert Advisory Group (workshop) for discussing the assessment report – September 2012;
- Releasing the evaluation report – September 2012 (ANA and UNICEF agree on release date)

The assessment report will contain an executive summary according to the UNICEF guide - *Writing a Good Executive Summary*. All results of the assessment team will be delivered to NAA (Manager) and UNICEF (Health Programme Specialist, Child Protection and HIV Consultant.) Feedback for the delivered work materials will be timely forwarded to NAA and UNICEF, the draft of the evaluation report will be presented to NAA and UNICEF and analysed according to UNEG guidelines.

INDEX OF ACRONYMS

ANA – National Drug Authority
 DAC – Community Assistance Directorate
 DGGCOA – General Directorate for Countering the Organized Crime
 IGPR – General Inspectorate of Romanian Police
 MAI – Ministry of Interior Defence
 MEC – Ministry of Educations and Research

MMSSF – Ministry of Labour, Family and Social Protection

MS – Ministry of Health

ORDT – Romanian Monitoring Centre for Drugs and Toxicomania

PNA – National Plan of Action

Annex V

Information about evaluators

- Silvia Asandi, MD - Team Leader

Silvia Asandi is specialized in paediatrics, social services management and quality management. She is the general manager of the Romanian Angel Appeal Foundation since 1998 and holds international certification in the Monitoring and Evaluation of the National HIV / AIDS. Programmes. She has over 10 years' experience in providing advice and technical assistance in the area of HIV / AIDS, management systems, assessment of organizational capacity, evaluation of public policies in the area of HIV / AIDS.

- Fidelie Kalambayi - Expert

Fidelie Kalambayi has PhD in Sociology with 10 years of experience in the area of HIV / AIDS and 13 years of social research. She has significant experience in monitoring and evaluation of public health and community development. In the period 2007-2010, she led monitoring and evaluation team HIV / AIDS program funded by GFATM Round 6. She coordinated multiple qualitative and quantitative studies conducted among vulnerable groups.

- Nicoleta Manescu - Expert

Nicoleta Manescu is a sociologist and a graduate degree in social and health services management with over 10 years' experience in the coordination of psychosocial support for young people with special needs and vulnerable groups. She has significant experience in developing data collection instruments and conducting interviews.

- Catalin Andrus - Expert

Catalin Andrus has Phd. In Laws, Master studies in combating illicit drug trafficking and consumption and attended training courses on human rights and public policy development relevant to the Ministry of Interior. He was involved in academic research on European cooperation in combating crime, police and judicial level. He has published papers in journals both Romanian and international. Since 2012 is member of the editorial board of the Journal of Legal Studies.