



Montenegro
Ministry of Health

**Report on Evaluation, Implementation and Overview of
Implementation of “National Strategic Response to Drugs
2008–2012”**

Podgorica, February 2013

Introduction

In the process of evaluation of the National Strategic Response to Drugs 2008–2012, a specific approach of combined evaluation of attitudes of stakeholders involved in the implementation of policy of prevention and fight against drug abuse, evaluation of accomplishments and future priorities was selected. The purpose of qualitative survey was identifying a deeper meaning that the actors attribute to the drug issue and, in particular, to the Drug Strategy.

A qualitative survey, by definition, includes interpretation, naturalistic approach to the subject of research and gives priority to the obtained information and their contribution and validation of questions in research and the existing information.

Evaluation means analysis of accomplished or on-going policies or activities.

Evaluation of accomplished activities is called ex-post evaluation, post-hoc evaluation or summary evaluation.

Evaluation of current or on-going activities is called in-term evaluation.

The basic purpose of evaluation, in addition to gaining insight in previous or current situation, is to provide the overview of the current situation and help identify future activities. This may be helpful in the process of designing new goals and tasks, reachable concepts or proposals, or any other alternatives which might help decision-making, or to validate the degree of accomplishment or value in relation to the goals and tasks and the results of each of the implemented activities.

Before the start of on-the-spot analysis, an overview of the available data was made (situation overview) in order to obtain a clear picture of the developments of drug issue in the period covered by the Strategy.

The analysis ends with presentation of main findings in consultation with stakeholders and examination of the collected data.

In the chapter “Recommendations”, results relevant for elaboration of a new drug strategy are being considered.

Background and contents of the “National Strategic Response to Drugs 2008–2012”

The area of prevention and fight against drugs was previously defined in Montenegro through several documents – at the end of 2000 and the beginning of 2001, the Expert team of the Government of the Republic of Montenegro elaborated a five-year “Plan and Program for prevention of addiction diseases in Montenegro”. Subsequently, the Government of the Republic of Montenegro adopted a long-term Plan and Program for prevention of addiction diseases in Montenegro. “The Action Plan for prevention of drug addiction amongst children and youth in Montenegro”, which was adopted afterwards, defined the activities of fight against substance dependence for the period 2003–2006.

The Institute for Public Health of Montenegro launched an initiative in 2007 for the elaboration of the National Strategic Response to Drugs 2008–2012 and the Action Plan for implementation of activities from the Strategy for 2008/2009.

The Drug Strategy 2008–2012 was conceived as a multidisciplinary and comprehensive document. The principal approach in designing the strategic framework is the so-called “four pillar policy”, envisaging an equal distribution of research activities and development plans in four vast areas: prevention of drug use, treatment and rehabilitation, reduction of harmful consequences of drug abuse and intervention of police and customs authorities.

The Drug Strategy includes – according to the EU Drug Strategy and Action Plans – the following areas:

1. Reduction of drug demand in the areas of:

a) prevention of drug use

b) treatment, rehabilitation and reintegration of drug users in society

c) harm reduction

2. Reduction of drug supply by interventions and cooperation between police, customs authorities and legal system in the field of drug-related criminal

3. National Office on Drugs under the Government of Montenegro

4. Monitoring and evaluation

5. Link to press representatives
6. Research activities in the area of drugs and drug use
7. International cooperation
8. Information system
9. Financing of activities

In addition to the stated four areas, i.e. pillars, the National Strategic Response to Drugs 2008–2012 was drafted, based on two main principles which also represent general goals – reduction of drug demand and reduction of drug supply.

The introductory part of the existing documents deals with the methodology of development of the National Strategy and embedded principles (principle of constitutionality and legality; principle of protection of human rights; principle of comprehensive and continuous relation towards the addiction problem; principle of universality of drug abuse and global cooperation; principle of decentralization; principle which guarantees safety of citizens of Montenegro; principle of adaptation to different population groups; principle of providing healthy lifestyles; principle of partnership and multidisciplinary approach, consistency and complementarity; and principle of centralized coordination, financing, monitoring and evaluation).

The chapter on prevention of drug abuse defines a strategic approach in different systems: educational system, health system, social protection system, local community, working place and media. In the field of treatment and rehabilitation of drug users, the strategic framework of intervention within the social welfare system is defined, as well as in the area of the so-called “program for resolving social problems of drug users”, the framework for treatment of addiction diseases in penitentiary institutions, the area of rehabilitation and reintegration of drug users in society and scientific and research work in the field of addiction diseases. Reduction of harmful consequences related to use of drugs and psychotropic substances is particularly emphasized in this document as one of the cornerstones of a comprehensive drug strategy. Special attention is given to use of opiate agonists in treatment of heroin addiction. This part of the Strategy

presents tasks of health experts and institutions in treatment of addiction diseases and the role of civil society.

In the part dealing with reduction of drug supply, the Strategy describes strategic framework of interventions within the competences of police and customs authorities. It also describes drug abuse as subject to criminal laws.

Given the fact that this document covers a wide range of areas and activities, the target population is defined as the overall population of Montenegro, with a special emphasis on children and youth.

The area of specific goals and target interventions encompasses the strategic framework in specific programs of prevention, treatment and rehabilitation, including harm reduction, especially in the penitentiary system, with the participation of non-governmental sector.

The coordination of the National Strategic Response to Drugs 2008-2012 has been defined through establishment and work of the National Office on Drugs under the Government of Montenegro and, according to the decision of the Government, the Ministry of Health would be in charge of establishing this Office.

A special chapter is oriented towards information system and data related to drug and drug addiction which should be established as soon as possible in all areas and at the central level.

This strategic document defines international cooperation as a sphere of particular importance, comprising strengthening capacities for such cooperation in all areas and active participation of Montenegro in cooperation at regional and international level.

It was envisaged that the funds for implementation of the National Strategic Response to Drugs 2008-2012 provide high quality implementation and be allocated within state and local budgets, according to the activities and obligations of subjects involved in the implementation of the National Strategy.

The Action plan for Drugs 2008/2009 describes in detail particular goals and their implementation, as well as concrete tasks of particular actors in a certain period, based on the guidelines in the National Strategy.

Scope and methodology

This document was conceived as the analysis of the National Drug Strategy 2008–2012 with respect to its relevance and efficiency; its purpose was also to provide recommendations for improvement of the future strategic document dealing with drugs. Also, evaluation should also cover possible impact(s) and sustainability of relevant projects.

The objective of the evaluation is to deliver relevant information for policy development to stakeholders involved in adoption and implementation of policy of fight against drug abuse in Montenegro, and particularly to provide guidelines for drafting a new drug strategy.

We faced numerous challenges and constraints. The evaluation started within a short period (several weeks) and it was conducted with a relatively small budget and within a limited timeframe (one month). In order to avoid negative influence of these constraints and to draft a report relevant for adoption of policy, we selected an approach combining evaluation of stakeholders' views on the abovementioned key issues and an analysis of developments related to drug problem and policy of suppression of drug abuse in Montenegro from 2008 on, as well as main accomplishments and shortcomings which (could have) resulted from the implementation of the Strategy.

The focus was placed on changes which may be noticed in the area of drug-related policy, coordination, drug programs and measures and epidemiological situation related to drugs in the period of implementation of strategy, through an overview of the legislation, policies, collected data and reports.

The proposed plan for examination and evaluation of the situation was jointly examined and was approved by the Ministry of Health, providing logistic support, and by UNODC, providing financial support to this activity in the scope of a broader project of cooperation with Montenegro. The Ministry of Health ensured meetings with experts and, generally, holder of activities in prevention of drug abuse, which was our interest sphere and for which we displayed the history record.

The evaluation period started on 11 October 2012 and ended on 11 November 2012. Between

29 October and 3 November we had an on-the-spot visit. All clarification interviews were conducted in that phase.

Research

As first step, we decided to conduct a survey among experts, stakeholders and interested public by using a structured questionnaire. Our goal was to roughly estimate the attitudes of examinees (experts and/or those involved in implementation) in relation to the existing Drug Strategy.

The research focused on relevance, efficiency and results of the Drug Strategy in order to help design the recommendations for improvement of a later strategic document dealing with drugs. The questionnaire was also oriented on possible impact(s) of the document and sustainability of relevant documents defined in the Strategy.

Additionally, the research covers the question of priorities which ought to be defined by the next Drug Strategy.

All of these questions constitute the Questionnaire produced for this purpose, and they were followed by a set of questions on experience of the examinees, such as spheres of work, working place and participation in the implementation of the Drug Strategy. The questionnaires in English and Montenegrin language are annexed (see Annex 1).

With the aim of achieving the highest transparency and efficiency of work and rationality of time consumption, we decided to upload the Questionnaire to the web-page of the Ministry of Health, where it was available from 29 October 2012 until 12 November 2012. By this means, interested holders of activities, technical and general public, non-governmental organizations, associations and communities were invited to contribute to and participate in work.

The total number of received filled in questionnaires (replies) was 22, almost all the questions being answered in all of them. A relatively small number of filled in questionnaires is to be explained by the small number of experts dealing with drug issues in the country as a whole.

Opinion poll of stakeholders – clarification interviews

The survey findings were used as input for several interviews with experts, policy makers and policy “holders” (14 actors from institutions and non-governmental organizations). The purpose of these interviews was to investigate the opinion of key actors on the Drug Strategy (implementation and content of the document), strong and weak points of its implementation and priority areas which should be dealt with in next Drug Strategy.

Representatives of institutions and organizations involved in implementation of policy of drug abuse prevention were identified for this task, as well as representatives of ministries, Institute for Public Health, municipal offices for prevention and representatives of non-governmental organizations, Special Hospital for Psychiatry and UNDCP Office in Podgorica

We interviewed the representatives of the following organizations:

- Ministry of Health
- Ministry of Education
- Bureau for Education
- Ministry of Interior
- Police Directorate
- Ministry of Justice – Penitentiary system sector
- Institute for Public Health
- Special hospital for Psychiatry Dobrota
- Municipal Office on Drug Prevention in Kotor
- NGO Juventas
- NGO CAZAS
- UNDP Office in Podgorica

Interviews through questionnaires were attended by the following persons employed in:

- NGO 4LIFE
- NGO PREPOROD
- Public institution for accommodation, rehabilitation and re-socialization of substance users
- Municipal offices on prevention of addiction diseases

Analysis

As mentioned above, we received 22 replies, almost all the questions being answered in all of them.

Background of the examinees

Almost three thirds of the examinees work for organizations acting in the field of reduction of drug demand (health care system, social service, drug prevention, educational system), and the rest of them work in reduction of supply (police, criminal and judicial authorities). Some of the examinees (particularly representatives of non-governmental organizations) stated that they worked in several fields.

Current position

Twelve examinees responded that they are directors, heads or coordinators, while others stated that they worked as operational staff. Some of them stated that they combined managing and operational tasks.

Field of work

The field of work of the examinees (more answers were possible in this item) is very diverse. 14 examinees stated that they worked in drug prevention, 5 of them in the area of social rehabilitation and 6 in drug treatment. Reduction of supply was mentioned by a group of 5 examinees. 9 examinees stated that they worked in institutions (Ministry).

Years of experience in drug-related issues

13 examinees had more than 5 years of experience in drug area, 9 examinees had around 3 or more years of experience. No one stated that they worked less than one year in drug-related area.

Participation in drafting of the Drug Strategy

6 examinees were involved in drafting of the Drug Strategy, 14 of them stated that they had read the Drug Strategy and 2 of them that they were aware of its existence. None of the examinees stated that they were not aware of its existence.

Views on the importance of a future drug strategy

The examinees had an overall positive attitude on the importance of the current strategy. 18 examinees agreed that the Drug Strategy was adequately relevant. 4 examinees considered the Drug Strategy to be very relevant. One of the examinees commented that the Drug Strategy had been so far one of the best strategic documents in Montenegro

Attitudes on the efficiency of the existing Drug Strategy

The examinees presented ambivalent views on the efficiency of the present Strategy. 3 examinees found the Drug Strategy very efficient. 12 examinees agreed that the Drug Strategy was adequately efficient. 7 examinees stated that the Drug Strategy was less efficient.

Answers to the questions on impact, accomplishments and areas of possible improvements were included in the Clarification Interviews chapter and were reflected in the matrix of findings, evidence and recommendations.

Views on the scope

The examinees gave a mixed judgment on the scope of the current Strategy. 4 examinees considered the Strategy to be too comprehensive, 7 examinees agreed that the Drug Strategy was adequately comprehensive, 8 examinees said that the Strategy was supposed to be considerably shorter and more concise, while 3 had no attitude.

Views on the need for putting more or less emphasis on different fields in the future drug strategy

We used the list of twelve fields of work in the new Drug Strategy (prevention, treatment of

addiction, social protection/rehabilitation/reintegration, harm reduction, participation of non-governmental organizations, activities of police and customs authorities, courts and prisons, new drugs and precursors, international cooperation, evaluation and monitoring of all activities, monitoring of drug use (system and information data base), coordination of policy and activities in the country (Office on Drugs).

The examinees were asked to give their opinion if they agreed or disagreed on including these areas in the new strategic document. Their opinion was very positive. None of them said that any of these areas should be excluded from the new Drug Strategy. The vast majority said (“I completely agree”) that all the areas should be incorporated in the new strategic document.

Opinion poll of stakeholders – Clarification Interviews

The clarification interviews show that it is clear that the existing Drug Strategy was generally assessed as very positive. The Drug Strategy is considered to be a good, encompassing and comprehensive strategic document. It helped to place the drug issue on the political agenda, to set clear goals and to clarify the responsibilities of actors in implementation of drug-related policy.

According to the examinees, the Drug Strategy (and the Action Plan) had an encouraging effect on development of interventions for reduction of drug demand and supply. The strategy brought new initiative and new projects in all areas. Additionally, it created a positive effect on the public awareness and general understanding of drug issue.

The examinees also expressed a range of critical remarks. One of them was that the Drug Strategy was too comprehensive, too ambitious and encompassing too many items. Another critical comment was that the plans formulated in the Strategy and Action Plans had no financial coverage for implementation. Some examinees mentioned the insufficient composition of the Office on Drugs, which is expected to cover a wide scope of work with one sole member. (Un)availability of treatment, in particular for convicts and women, was pointed out by several stakeholders.

It is worth stressing that the overall evaluation was predominantly positive. Examples stated as supporting evidence to the positive influence of the Strategy are the following:

- Establishment of Government's (Ministry of Health) Office on Drugs
- Adoption of all legislation dealing with drugs;
- Increased scope of international cooperation;
- Setting up a network of municipal offices for prevention all over the country;
- Improved cooperation of all actors in other related fields (HIV / AIDS);
- Development of treatment options and reaching a consensus on methadone program among physicians;
- Development of educational programs on harmful impact in the country;
- Significant investment in diverse prevention programs and activities implemented by offices for prevention;
- Establishment of a police sector specialized for drugs;
- Raised awareness of the general public and the Government on drug issues.

FUTURE: priorities for a new drug strategy

The examinees had different proposals on the priorities of a new drug strategy. We can recognize priorities concerning better coordination activities in the country, increased financial participation of the Government and concrete actions which, to a certain extent, refer to personal perception of bigger problems and needs. The majority of the examinees agreed that all the areas are relevant and equally important, and some of them pointed out prevention as the most important field.

Recommendations

1. Reinforce staff capacities of the Office on Drugs in the Ministry of Health

At the same time, staff members in charge of implementing legal and strategic activities in all ministries responsible for this area should be nominated.

2. Allocate funds for implementation of tasks determined by the Strategy and improve supervision of all funds.

3. Additionally, the need for building a prison hospital has been emphasized several times. Drug addicts on execution of prison sentence would be admitted to the hospital in question, as well as those with mandatory medical treatment as imposed security measure.

4. Lack of adequate center/premises for treatment and rehabilitation of female addicts is a separate problem. Also, larger participation of primary health care should be encouraged.

5. Much has been achieved in the field of primary prevention. However, offices for prevention of addiction diseases should be given a more significant role: guidelines and standards for work of these offices in the country should be determined.

6. Research activities should be intensified; besides monitoring the drug situation from epidemiological point of view, the number of specialized researches should be increased. Also, monitoring of all programs should be increased, as well as the awareness on the need for regular evaluation; regular information should be provided in all areas.

7. In cooperation with responsible experts associations, elaborate guidelines and standards for those activities which have not been covered by corresponding documents so far (treatment; rehabilitation; substitution therapy etc.)

8. Provide possibility of immunization against HBV in intravenous drug user population

9. Assure sustainability and extension of harm reduction programs, i.e. needle and syringe exchange programs, as well as methadone and other substitution therapy, not only on the spot but also in institutions with high risk, such as prisons and in those regions of Montenegro where there programs are unavailable.

10. Provide regular and free distribution of preservatives, educational materials with participation of former drug users.

11. Improve availability of counseling services and HIV and other STD testing services, as well as other diseases transmitted through blood.

Summary of findings, evidence and recommendations

Findings – identified problems and questions	Evidence (sources supporting conclusions)	Recommendations²
Insufficient number of members in key national institutions: Office on Drugs and Contact Point.	Interviews with stakeholders, representatives of the community, members of Government departments and non-governmental organizations.	Employment of new staff in the Office on Drugs. Additionally, all responsible institutions should be integrated in a network system for collecting information and data.
<p>Continuous financial support to current efforts and extension and improvement of future services aimed at decreasing drug demand in Montenegro.</p> <p>Methadone program of substitution must be supported and financed by the state, because otherwise its existence is jeopardized (UNCDP is ending its financial support to this program).</p>	Interviews with stakeholders, UNDP staff, representatives of national and local offices for prevention, representatives of non-governmental organizations.	<p>Intensify efforts to identify and include potential donors at international and national level.</p> <p>Continue to raise awareness on the needs among the general population and drug users and their partners.</p>

¹The findings use evidence from the collected data.

² The recommendations are proposals aiming at increasing relevance, efficiency and impact of the Drug Strategy. The recommendations should be the logical implication of the findings.

<p>Drug Strategy and Action Plan are well accepted among experts: the planned results have made progress towards achieving the defined goals in spite of lack of allocated funds.</p> <p>New national program should envisage a longer period so that its goals and vision can be thoroughly achieved.</p>	<p>Interviews with stakeholders and questionnaires.</p>	<p>Experience and lessons learned during the implementation of the strategy should be documented and published for future benefits.</p>
<p>NGOs require active participation in the preparation of the new Drug Strategy.</p> <p>They find that the Government saves too much in financing the activities in this field. There are prejudices regarding drug addicts. They notice the lack of expertise and therefore suggest mutual multidisciplinary educational training. NGOs should be given the possibility to participate in the process of enacting laws and policy-making under the National Council for Prevention of Drug Abuse.</p> <p>Scopes of activities within the NGO sector should be precisely defined and overall expertise and practical experience in this sector</p>	<p>Interviews with stakeholders and questionnaires.</p>	<p>Cooperation and coordination in the implementation of policy for fight against drugs in Montenegro must be improved in order to achieve better representation of all relevant stakeholders.</p>

<p>should be taken into account. Different experts in this area, including NGOs should, strive to be equal partners in creating a new national program in this area and its implementation. They have positive expectations regarding the new program. NGOs perceive themselves as the most responsible and the most flexible organizations in relation to the actual situation in the field of drugs.</p> <p>It is necessary to find an efficient way of choosing legitimate and competent representatives of the NGO sector for dialogue with the Government and a way for them to participate in policy-making.</p>		
<p>Area of drug addiction treatment should be integrated with all technical aspects. This does imply that one approach in work with drug users/addicts should dominate another, but the aspect to be improved is the use of terminology and the way of establishing dialogue in a partnership cooperation, as well as the multidisciplinary approach.</p>	<p>Interviews with different actors.</p>	<p>Intensify efforts to build up national expertise and capacities of services. Focus future projects on providing services and interventions with greater chance of resulting in sustainable changes in behavior and attitudes among drug users/addicts in Montenegro.</p>
<p>Educational workshops for media should be organized to avoid stereotypes in public representation of this topic in</p>	<p>Discussion with stakeholders, examination of obtained answers.</p>	<p>Provide data on risk behavior; data on attitudes on marginalized groups or individuals, provide data on attitudes of general public on</p>

<p>the media.</p> <p>Health and social services provided by the state should be equally available to all addicts.</p>		<p>addicts.</p>
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Annex: Questionnaire

Overview of implementation of “National Strategic Response to Drugs 2008–2012“

Questionnaire

Please enter your answers to all questions you find relevant.

A. Basic information

1. How long have you been working on your current working place and what assignments have you been performing?

2. How long have you been working in the area of drugs?

3. What is the field of work of your organization?

(More answers are possible.)

State administration, Governmental institution

Health system

Social Welfare System

Educational institution / school

Police

- Court, prison
- Customs office
- Non-governmental organizations
- Other, please specify: _____

4. Which of the following answers applies to you?
 (Only one answer is possible)

- I was involved in drafting the National Drug Strategy
- I have read the National Drug Strategy
- I know that the National Drug Strategy exists, but I have not read it
- I do not know about the National Drug Strategy

B. Views on relevance, efficiency and sustainability of the National Drug Strategy

5. **Relevance:** How relevant, as a whole, was the National Drug Strategy (for organization, its goals and policies)?

Very relevant	Adequately relevant	Less relevant	Not relevant

Comments:

6. **Efficiency:** How efficient, as a whole, was the National Drug Strategy (for organization, its goals and policies)?

Very efficient	Adequately efficient	Less efficient	Not efficient

Comments:

7. **Impact / sustainability:** What have been, in your opinion, the main impacts of the National Drug Strategy since the adoption of this document in 2008?

Examples:

8. **Results** : What are, in your opinion, the most significant results of application of the National Drug Strategy?

Examples:

9. **Obstacles**: What were, in your opinion, the major obstacles in the application of the National Drug Strategy?

Examples:

10. **Extensiveness**: What is your opinion on the extensiveness of the current national Drug Strategy?

Very extensive	Adequately extensive	Should be less extensive	I do not know

Comments:

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C. Priorities for a new national drug strategy

11. Mark your answer, agreement/disagreement with the following content of the National Drug Strategy

(More answers are possible)

		I agree completely	I agree	I disagree	I completely disagree	I do not know
1.	Prevention of drug use					
2.	Treatment					
3.	Social welfare / rehabilitation / reintegration					
4.	Harm reduction					
5.	Involvement of non-governmental organizations					
6.	Police and customs authorities – activities					
7.	Courts and prisons					
8.	New drugs and precursors					

9.	International cooperation					
10.	Research, evaluation and monitoring of all activities					
11.	Monitoring of drug issues					
12.	Coordination of policy and activities in the country					

12. Improvement: What are, in your opinion, three most important priorities for improvement of the National Drug Strategy?

Please rank as: 1 (the most important), 2 (important), 3 (less important).

- 1. _____
- 2. _____
- 3. _____