STRENGTHENING THE TREATMENT AND REHABILITATION SERVICES FOR DRUG ABUSERS IN EGYPT AND JORDAN

Report of the final evaluation of the UNODC Projects AD/EGY/01/F53 and AD/JOR/01/F49

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PREFACE

Since September 2001 the UNODC Office for the Middle East in cooperation with the Governments of Egypt and Jordan, is executing a project (in the framework of the subprogram on Demand Reduction) to strengthen the treatment and rehabilitation services for drug abusers.
In this evaluation report the final assessment of the project strategy, management, outputs, achievements and impact of this project is described.

In late September/early October 2004 the evaluation team, represented by the UNODC HQ Global Challenges Unit (Vienna) and the independent consultant (Amsterdam), travelled to Egypt and Jordan to carry out a 10 days evaluation mission.
It became obvious that the two countries are faced with a complex drug problem. In this report the main features and trends are highlighted.
It also became very obvious that many persons and organizations feel challenged to undertake efforts to provide help, treatment and rehabilitation to those people that are suffering from substance use problems.
During the evaluation mission the team was able to meet and talk with many of them about the daily problems they face in working with dependent persons. Moreover, we were able to have meetings and discussions with groups of drug abusers in treatment.
The evaluation team would like to thank all of them for sharing their experiences with us and for giving us very valuable information and input for this final evaluation mission.

We would also like to thank the representatives of the project Task Forces in Egypt and Jordan for their support in performing the evaluation mission.
Furthermore we are grateful to the colleagues of the UNODC Office in Cairo for the thorough preparation and assistance during the execution of our mission.
Above all we would like to thank Mr.Leif Villadsen, UNODC project coordinator and Mr.Ernesto Roberto, UNV and project manager (in Jordan) for all their support and guidance and the overall coordination of the mission in Egypt and Jordan.

On behalf of the evaluation team,

Drs.Wim Buisman, international consultant

EXECUTIVE SUMMARY

This report contains the results, conclusions and recommendations of the final evaluation mission carried out in Egypt and Jordan in the framework of the UNODC project entitled "Strengthening the treatment and rehabilitation services for drug abusers" (AD/EGY/01/F53 and AD/JOR/01/F49).
The mission was conducted during the period of 30th September – 12th October 2004, about 3 months before the end of the project.

This technical assistance project is one of the components of the UNODC sub regional drug control cooperation program for the Middle East and falls under the subprogram 5: Demand Reduction and subprogram module 5.3. Treatment and Rehabilitation.
It was implemented in cooperation with the Governments of Egypt and Jordan.
The immediate objective of the program module under evaluation is formulated as: "To build up a coordinated treatment and rehabilitation program in Egypt and Jordan with the aim of contributing to reducing the number of drug addicts".

In order to evaluate the achievements of this objective as well as its main outputs, a number of achievement indicators were formulated such as "treatment protocol available in hospitals", a system for treatment data collection in place", "curriculum for in-service training available", "treatment hospitals are referring clients to other services".
Core activities planned to achieve the main objective consisted of the establishment of a new and modern national treatment hospital (in Jordan) and the creation of a modern national training centre (in Egypt), implementation of a wide range of training activities (seminar, curriculum development), study visits and special seminars for prison, police and primary health care staff.

The evaluation team, consisting of an independent international expert and a representative of the UNODC Headquarters Global Challenges Section, visited Egypt and Jordan. The team met with the main actors (hospital directors, treatment staff, field workers, trainers, 75 in total) in the field of drug treatment and rehabilitation and with representatives of the National Project Task Forces. Moreover, they met with groups of clients (20 in total) who where staying in treatment services at the time.

At present the core substance abuse problem in Egypt is characterized as chronic use of bango, alcohol and psychoactive pharmaceuticals and with an increase in the abuse of opiates including heroin. In Jordan the main drugs of abuse are sedatives, alcohol, stimulants (amphetamines) and opiates. This pattern is reflected in the cases who are currently in treatment hospitals.
In both countries the number of IDU's is (still) very low.

The factual (and potential) treatment demand in the public sector is many times higher than the actual treatment response. This is especially the case in Egypt and due to obstacles in treatment access, limited availability, service capacity etc as was evidenced by a study conducted at the start of the UNODC project.
When looked at the immediate objective of the UNODC project ("reducing the number of drug addicts"), the evaluators conclude that the project indirectly contributed to a reduction by upgrading the quality of the system of treatment and rehabilitation and by enlarging the capacities for treatment. More persons are in treatment, they stay longer and, at least, reduce the chances to relapse.
Potentially a more comprehensive drug treatment strategy was developed under this project. However, there is room for improvement of this strategy as both technical fine-tuning is needed as well as better conditions for its sustainability for the near future need to be created.
A major achievement (and a substantial result) in this project was the establishment of a national training centre in Egypt and the establishment of a national treatment and rehabilitation hospital in Jordan. In principal many professionals, stakeholders and clients will benefit from the availability of these centres, whether it is through training and education, dissemination of expertise, research and development or by the treatment and rehabilitation interventions.
Apart from the good performances and outputs of this project, a number of weak points were detected. Improvements are still needed in the systems of data collection, in referral strategies and in the competence building and involvement of non specialists such as primary health care (physicians), NGO's, community-based organisations and self help initiatives.
The project has also contributed to needs assessment for drug treatment in other settings like prisons and in awareness raising of hard-to-reach risk groups such as females. For this target group, it is suggested to consider to initiate a help or hot-line.

Besides the achievement of the immediate project objectives, it appears that this project has a major impact on stakeholders, authorities and the professional community.
The evaluation team has observed that a remarkable change of attitude took place among these groups in terms of "the concept of addiction and its potential favourable treatment outcome", "investing in drug treatment can be effective and cost-effective" and other options then drug free treatment such as harm reduction as a realistic approach.

This evaluation report lists a number of recommendations how the achievements of this UNODC project can be maintained.
Finally it suggests how the results of the project can be sustained and disseminated in the two countries, but also in other countries belonging to the region of the Middle East with similar drug problems.

I INTRODUCTION AND BACKGROUND

1.1 Background

This final evaluation report was written in the framework of the UNODC project entitled "Strengthening the treatment and rehabilitation services for drug abusers" in Egypt and Jordan (Project number: AD/EGY/01/F53; AD/JOR/01/F49).

UNODC has developed a sub regional drug control cooperation program in the Middle East as a building block to support the efforts of the countries of the Eastern Mediterranean towards a drug-free world in the twenty-first century. Within this framework, the UNODC has initiated a range of technical assistance projects designed as subprogram modules. The program module described and evaluated in this report falls under the subprogram 5: Demand Reduction and subprogram module 5.3. Treatment and Rehabilitation.

The overall drug control objective of the UNODC program as a whole is "a reversal of the trend of increasing production, trafficking and abuse of drugs in the countries of North Africa and the Eastern Mediterranean".
The immediate objective of the program module under evaluation is formulated as:

"To build up a coordinated treatment and rehabilitation program in Egypt and Jordan with the aim of contributing to reducing the number of drug addicts".

As described in the project document, the program module will address the problem related to a lack of capacity for the provision of adequate treatment and rehabilitation services to an increasing number of drug addicts in Egypt and Jordan. At the same time it aims to provide an integrated component to the ongoing health sector reform (in Egypt).

From a broader point of view, this program module for the development of a national treatment and rehabilitation program, is envisaged to have a sub-regional scope, where the implementation of country-level activities will be complemented and reinforced by subregional activities (courses, meetings) on demand reduction as part of the Middle-East Program.

In order to achieve the immediate objective aforementioned, a number of activities and outputs were planned under this project:

a) Development of a national treatment and rehabilitation strategy and coordination mechanism, including procedures and outlines on the integration of multidisciplinary workforce in the inpatient treatment, a broad adopted treatment protocol, in-service treatment training, setting standards of treatment etc.
b) Empowerment of a number of hospitals and NGO's to provide treatment and rehabilitation services in accordance with state-of-the-art practice

c) Creation of a pilot in-service treatment training centre
d) Development of a structured system for referral of clients from treatment hospitals to other care facilities
e) Setting up of a specialist training program for primary care family physicians on early detection and outreach services (esp. for female drug users)
f) Designing a training program for selected prison staff on drug abuse prevention and treatment

1.2 Evaluation purpose and evaluation methodology

Under this project (period of implementation 2001 – 2004) a final evaluation mission was planned in the middle of 2004. This evaluation is aimed to assess the project impact and policy issues arising from the implementation.
This evaluation report is the result of a mission that was carried out between 30th September and 12 October 2004 in Egypt (Cairo) and Jordan (Amman).

According to the Terms of References, the final evaluation should assess:

- Project concept and design: a review of the problem addressed and the project strategy encompassing an assessment of the appropriateness and obtainability of objectives and of planned outputs, activities and inputs as compared to cost effective alternatives
- Implementation: assess the project in terms of quality and timeliness of inputs and efficiency, activities carried out and the effectiveness of management
- Project outputs, outcomes and impact: assessment of the achievement of the immediate objective, the likely sustainability of project results and the contribution to attaining the (overall) drug control objective
- Sustainability: look for evidence that benefits (institutional , human capacity and especially training results) will continue and sustain beyond the project assistance funding
- Lessons learned: record any lessons learned from the project
- Recommendations: make proposals for action to be taken to improve (or rectify undesired) outcomes

This final evaluation report is based on 3 components:

(1) Study and analysis of a number of documents and reports prepared and published under the UNODC Drug Subregional Drug Control Cooperation Programme in the Middle East, especially under the subprogramme 5: Demand Reduction (list attached, annex 1)
(2) A schedule of interviews and meetings with key persons representing coordination bodies (esp. Program Module Monitoring Committee) and Technical Task Forces.
(3) Field visits to and interviews with management and treatment staff of treatment and rehabilitation facilities (residential, outpatient, aftercare services, prison etc) and experts responsible for training delivery.

During the evaluation mission the evaluation team, accompanied by the UNODC project coordinator, travelled to Egypt and to Jordan.

This report outlines the main findings of the evaluation mission according to the following structure:

A) Update and analysis of the drug abuse situation in Egypt and Jordan
B) Description and analysis of the system of treatment and rehabilitation services

The analysis of the drug abuse situation (Chapter II) and the description/analysis of the treatment and rehabilitation system (Chapter III) constitute the baseline-evaluation, prior to the start of the UNODC project.

C) Analysis and assessment of the foreseen outputs of the project
D) Review of the project design, strategy and approaches
E) Conclusions and recommendations, including lessons learned

The following chapters (headings C,D and E) describe the analysis and review of the UNODC project and constitute the project-evaluation part, including the conclusions and recommendations.

II REVIEW AND ANALYSIS OF THE DRUG ABUSE SITUATION IN EGYPT AND JORDAN

II.1 Introduction

Epidemiological data on drug abuse (including alcohol and prescribed medicines such as benzodiazepines) in the Arab countries are still very scarce. Hardly any official reports can be obtained from most Arab countries where drug abuse is prohibited by legal and religious systems.
According to Abdel-Gawad (2002), in Egypt, with a population of 65 million (mainly Muslim) inhabitants, drug addiction is considered one of the serious problems that worry both the people and the government. "It affects young people within their productive years and may lead to many problems such as social maladaptation, decreased work productivity and job loss" (Abdel-Gawad).

II.2 Drug abuse in Egypt

The main drugs of abuse in Egypt are bango and heroin. The figures for the abuse of these two drugs and for benzodiazepines show an upward trend in the 1990's. Soueif et all (1990) about studied 15.000 secondary students throughout Egypt and found that 5% used cannabis products (mainly bango = cannabis derivative), 2% used sedatives, 1,8% stimulants and 0.8% opioids.
The total number of heroin addicts is generally estimated at 20.000 – 30.000 although according to the UNODC the source of this figure is unclear.

An important epidemiological report of the Egyptian National Research on Addiction was published in 1996. This report, conducted in five (out of the 26)governorates presents the results of a stratified sample of both sexes over the age of 16, investigating more then 16.000 persons. The report analysed the characteristics of drugs users (life time prevalence) with those persons that have not used psychoactive substances ever in their live. It appeared that about 6,7% of the sample had used one drug (any drug, including alcohol, medicines etc.) at least once in their live.

A Rapid Situation Assessment on Patterns and Trends in Drug Abuse (RSA) in Egypt, conducted by the Ministry of Health, supported by the UNODC in 1999, showed that the largest proportion of the drug abusing population investigated was using opium, cough medicine and other psychoactive substances with only a minority of injecting drug users (IDU's). Among these IDU's, about 30% shared injecting equipment (needles, syringes) with friends and over 10% with, unknown others.

By the end of the 1990's the annual prevalence of drug (ab)use for those aged 15 and above was 5.2. per cent. The report concludes that bango and other cannabis products together with alcohol are the most commonly (ab)used substances. The secondly most commonly abused drugs (especially by females) are psychoactive pharmaceuticals such as benzodiazepines and codeine containing cough mixtures. This outcome was confirmed in another UN study conducted in Cairo.

In Egypt it appeared that street children are a special risk group engaged in drug taking. The capital Cairo hosts a rapidly growing population of street children of around 150.000. They are socially greatly marginalised, and have to deal with broken families, poverty, abuse, violence and the harmful consequences of drug taking.

A Rapid Situation Assessment initiated by UNODC and conducted in cooperation with UNICEF and the World Food Programme (WFP) in 2000, highlighted that almost 66 per cent of a sample of street children use psychoactive substances on a regular basis from cigarettes, glue, bango to solvents and medicines. Taking drugs provides these children with some relief from the hard live out on the streets and enables them to cope with pain, hunger and violence.

A number of the studies reviewed above reveal some main socio-demographical characteristics associated with drug abuse.
The mean age of first drug taking among secondary and technical school students is 17 (whereas the age of onset in 1988 in a study of workers in the manufacturing industry appeared to be about 26). Several researchers conclude that the initiation of drug abuse occurs at an earlier age than in the past. UNODC in 1999 concluded that the most vulnerable group lay between the ages of 15 – 25.

Although the RSA study observes that for socio-cultural reasons females may be underrepresented in epidemiological research, female drug (ab)users constitute (as is the global picture in most communities in the world) a minority among drug takers especially for bango, opioids and alcohol. The exception in this case forms the psychoactive pharmaceuticals were the consumption by females is close to that of male drug takers or even exceeds this, as was found in the Cairo study (UNODC, 2001).

The analysis of marital status associated with drug abuse is quite ambigious. Some studies found a high percentage of single people among heroin addicts. Mossallami (1988) related this result to the social instability associated with heroin dependence and to the pressure of sexual dysfunction, factors in his opinion that would lead the person to avoid marriage. However, in the national research on addiction study (NRA) conducted in 1996 it was found that those married represented about 57% of the total sample.

The researchers considered that marriage might be associated with drug abuse to alleviate tension or to increase sexual activity.
With regard to family factors associated with drug abuse: several Egyptian researchers observed that living away from parental supervision and support leads to a greater risk of drug abuse and to an increasing influence of peer pressure (= the main determinant of first drug taking among youngsters).
For another factor, family history of drug abuse, most researchers have concluded that a high percentage of drug abusers compared with non-drug users, had a family history of drug dependence.

For the variable of social class the NRA study concludes that drug taking exists across all social class sectors of the Egyptian society.
The same conclusion was drawn on the factor of education, whereas Souief et all observed that the use of psychoactive substances among secondary school students had no relationship with their educational level.

When it comes to the characteristic of religion, two major findings were reported in the NRA: Loose religious commitment tends to be a main drive for pushing youngsters to heroin dependence. Another finding: Christians were more represented among those who reported short periods of drug taking.

Conclusions:

- It can be concluded that throughout the past years (early '80 – late '99) between 5% and 7 % of the Egyptian population had used one or more psychoactive substances
- However, the specific epidemiological patterns of use are not clear since most of the data seem to assess life-time-prevalence (LTP) use; no reliable data are available for other indicators such as on actual usage, last year or last month prevalence
- Moreover, there are no reliable indicators of the real degree of substance use dependence ("drug addiction") in Egypt apart from global estimates (UNODC, 20.-30.000 heroin dependent persons)
- The average age of onset of drug experimentation is about 17 years, mainly male users
- The major drugs of (ab)use are bango, alcohol and psychoactive pharmaceuticals
- Only a small (quantitative unknown) number of drug users are injecting substance(s); of those who inject about 30% share injecting equipment
- There are no striking differences for the socio-demographic background of drug takers in Egypt compared to international data: much more male persons take drugs then females, family factors (history of drug use in the past, lack of family cohesion) tends to increase the risk for drug taking, drug taking is not related to social class or level of education.
- Generally speaking Christian take more drugs then Muslims, although this depends on the degree of religious commitment
- It appears that street children are a special high risk group for getting engaged in drug taking

2.3. Drug abuse in Jordan

Epidemiological data on the situation on drug use and drug abuse in Jordan are very scarce. In fact there is only one recent report called "Rapid assessment situation on Drug Abuse and Dependence in Jordan" available that was published in 2001. In this survey more then 5000 students in the age group between 18 and 25, mainly university (80%) and community college students (20%), were interviewed with regard to their patterns of drug use, including alcohol, tobacco and sedatives.

From this survey the following results can be summarized:

1) The major psychoactive substances (ab)used by the respondents (last month prevalence) are: tobacco (29%), sedatives (12%) and alcohol (12%), whereas other substances like stimulants (5%), cannabis products (2,5%) and opiates (0,9%,including heroine) are abused much less frequently.
2) It appears that students from university use much more psychoactive substances then the students from colleges (probably because they are on average older)
3) Male students (average age around 25) indicated they used more substances during the last month then did female students.
4) From this survey no data were collected about poly drug use (using more then 1 substance)
5) However, data on daily use were obtained, indicating that 9% used alcohol on a daily basis, 3% cannabis and between 4% and 5% opiates, stimulants or sedatives.
6) From this last group, no data are available of the profile and the specific characteristics of this high risk group.
7) From this study the most striking risk factors that show a (significant) correlation with the use of substances are: "Acceptance of drug use by peers" (99%), "Parents and friends (ab)using alcohol" (32%), "Drug abuse in the community" (28%) and the factor of "Feeling anxious" (22%).
8) In the survey special attention was paid to the prison population: it appears that stimulants, opiates, sedatives, volatiles and alcohol were the most frequently used drugs.
9) Moreover, it appeared that only 7.4% from the prisoner sample of drug users took opiates intravenously.

According to the project document, several UNODC counterparts felt that drug abuse, particularly (smoked) heroin, has increased in the past years, mainly due to a) repatriation of about 300.000 Jordanian nationals after the Gulf War with increased social stress and b) first local market effects of increased heroin trafficking in Jordan. However, there are no (new) evidence-based data to confirm these impressions.

When looked at the number of drug (ab)users in treatment as registered by the Jordanian National Centre of Mental Health in the last 3 years of the '90's, the pattern is as follows:

1997	27 cases
1998	36 cases
1999	115 cases

The majority of the cases treated consisted of persons with alcohol problems, "medical drugs" rated on the second position and "opiates" comes third. Patients interviewed in the drug treatment centres indicated that up to 25% of "addicts known to them" where women.

2.4. Legal, institutional and policy frameworks for drug control

Egypt and Jordan are parties to the 1961 Single Convention on Narcotic Drugs, to the Convention on Psychotropic Drugs (1971) and to the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

In the recent past the two countries have updated their drug control legislation, permitting first offenders of drug abuse to enter treatment and rehabilitation (instead of being sent to prison).

Egypt has established a (inter-ministerial) National Council against Drug Abuse and for the treatment of addiction. This Council is also in charge of collecting data and reports to the Office of the Prime Minister.
The execution of counter narcotic measures and actions are controlled by ANGA, the Anti Narcotic General Administration, an agency under the authority of the Ministry of Interior.

In Jordan the inter-ministerial Committee on Drug Control has prepared a "Plan for the Combating of Drugs and Psychotropic Substances", which includes strategies for drug demand reduction and the improvement of treatment and rehabilitation. This plan lacks a detailed planning for the implementation of activities and measures such as coordination of services.
According to the project document "the capacity for planning and strategy development needs to be strengthened and coordination of treatment activities should be promoted"
In the framework of the UNODC project F49, a Programme Module Monitoring Committee was established with permanent membership of the Government of Jordan.

III REVIEW OF THE DRUG TREATMENT DEMAND AND TREATMENT RESPONSE

3.1 Introduction

In July and November 2000, two technical expert missions on drug demand reduction with a special focus on treatment and rehabilitation were conducted in Egypt and Jordan (Groterath, 2000, Marsden, 2000)
Both mission reports concluded that there was a substantial need for setting up a range of measures and actions aimed at improving and strengthening treatment and rehabilitation services for an increasing number of drug dependent persons. Moreover a report on the assessment of the treatment services in Egypt (Loza, 2002) will be reviewed since this survey was conducted at the start of the project.

The observations and "fact findings" as reflected in these reports will be analysed in this paragraph to define and make up the baseline situation in the field of drug treatment and rehabilitation prior to the start of the programme module on "Strengthening the treatment and rehabilitation services for drug abusers in Egypt and Jordan".

3.2 Prior situation on treatment and rehabilitation in Egypt

During the past years, especially in the nineties, Egypt has developed a number of treatment systems both in the public or governmental sector as well as in the private sector. They are primarily located in Cairo and Alexandria. In charge of rehabilitation and aftercare are 50 so called Social Defense clubs, who belong to the Ministry of Social Affairs.
Moreover a few NGO's have been set up with technical and financial support from abroad.

From the survey of Loza (2002), the following rating of "drugs of abuse" leading to admissions in the treatment facilities can be determined:

86.4% Opiates
81.8% Cannabinoids
81.8% "Tablets" (no detailed information)
77.3% "Cough syrup"
31.8% Alcohol

The main sources for referral appeared to be "the patientor family", medical specialists and hospitals.

In the public sector Egypt has addiction units in its psychiatric hospitals. Generally speaking the quality of their interventions is very poor, mainly due to inadequately trained, underpaid medical and psychological staff and to the high work load in these hospitals.

There are four main specialist public hospitals in greater Cairo community which provide treatment for drug problems: the Abbasia hospital (20 beds),El Khanka hospital (120 places), Helwan and Heliopolis.
These hospitals essentially provide inpatient detoxification and a basic programme of rehabilitation. It seems that the Ministry of Health provides funding for only 6 weeks of treatment (and not for rehabilitation).
In fact no modern and well structured therapy programmes and interventions are applied. The staff (social workers, psychologists, psychiatrists) appears to be low-motivated, is not prepared or trained for the treatment tasks and their attitudes towards their patients are rather negative.
There are no special services for drug addicted inmates, although many prisons have a substantial number of drug addicts.

The Airport hospital in Cairo (a former unit of the Abbasia hospital) is a publicly funded day treatment unit. At the time this Hospital (about 20 places) could be considered to be the best functioning addiction treatment in Egypt.

The treatment unit has a multidisciplinary team of psychiatrists, psychologists, nurses and social workers and provides treatment to both patients with primary substance abuse problems and to mental health patients.
Patients (most of them with a long history of up to15 years of drug use) can stay in the Airport hospital for up to 3 months. The hospital treatment approach is mainly based on the concept of the therapeutic community.
The hospital tries to follow-up the patients after they have been discharged and also undertakes efforts to work with families.

The more then 50 Social Defense Clubs are responsible for rehabilitation and aftercare. At the time it seemed that a systematized structure for referral of patients from treatment hospitals to the Social Defense Clubs has not been developed due to an absence of adequate collaboration mechanism between the two key-ministries: Health and Social Welfare. Another observation is that most of the staff lack appropriate training and capacities to provide rehabilitation services.

Besides the governmental sector, Egypt has a number of drug treatment services in the private sector, covering a major part of the treatment capacity in the country. Two leading hospitals in this sector are the Psychological Medical Hospital (especially providing treatment to middle and upper class addicted persons) and the Behman psychiatric hospital with 120 beds and a special treatment unit for male (and a smaller one for female) drug users.
In the Behman hospital, addicts in the inpatient programme are treated with psychotherapeutic methods. In the second stage of the treatment, the half-way house programme which a has duration of 3 months, the emphasis is on relapse prevention, community integration and vocational training.
In spite of the modern (and rather successful) approach applied to drug treatment, there appears to be a high threshold for entering this programme because patients (and families) can not afford the expenses for the private treatment.

In the non-profit sector of NGO's with a mandate in the field of drug prevention and drug treatment several organizations are active. The treatment facilities of the Coptic Church (the only Christian church in Egypt) follow the concept of the therapeutic community and seems to attract especially members who belong to this Christian Coptic minority.

The Caritas organization in Egypt, whith a catholic background, is supported by the German Caritas, a leading international NGO that provides support for many local non-governmental organizations around the world.
Its outpatient treatment and counselling services, carried out by multidisciplinary treatment staff are free of charge and conducted in Cairo and Alexandria. In the Caritas programmes both Christian and Muslim patients are admitted following detoxification in a medical facility.
Caritas supports the self help groups of Narcotic Anonymous and hosts the NA in Cairo 3 times a week. The NA movement has also links with and cooperates with other public and private treatment services.

3.3 Assessment of residential capacities, admissions, treatment protocol and relapse

This paragraph is based on the assessment report of Loza (2002) and provides a rather well structured and valuable baseline evaluation of a number of residential (capacity and program) characteristics prior to the implementation of the UNODC project.
Loza has conducted a survey (data collection in 2001) in which 22 residential treatment facilities in Egypt (public, private, NGO) were investigated.

It appears that all the treatment facilities together have 899 beds available (16% for female patients), admitting 4387 patients in 2001.
Moreover, it could be concluded that the University hospitals had a 100% occupancy, but the treatment hospitals belonging to the Ministry of Health only about 50% occupancy on average.

Consequently, it appeared that the University hospitals had waiting lists and the other treatment facilities only up to a certain degree (25%).

From the 22 investigated treatment facilities, 13 (60%, mainly University hospitals and private hospitals) reported to have written treatment protocols.
The (four) most frequently applied treatment interventions in all the facilities consisted of "Medical treatment", "Psychological counselling" , "Psychiatric treatment" and "Psychological rehabilitation".
Services provided the least include vocational rehabilitation (18%, mainly by NGO's) and self support groups (36%).

Loza also concludes that the average duration of inpatient treatment amounts to no more then 30 days (in 70% of the facilities).

With regard to reported cases of relapse (in fact the survey asked for estimates), the average percentage amounts 60%. Information on relapsed patients was collected from "patients re-admitted", family reports and other (outpatient) facilities.
Loza concludes that "relapse rates could be drastically decreased if there would be a better linkage and coordination between the treatment services, rehabilitation measures form an integral component of treatment and adequate support is provided to patients".
The respondents themselves indicated that special teams of well-trained social workers might contribute to a decrease of relapse and to better follow-up rehabilitation and aftercare.

3.4. Treatment and rehabilitation in Jordan

Prior to the beginning of the UN project on strengthening the treatment and rehabilitation in Jordan (2001), the system of providing assistance to addicted persons was only in an early phase of development.
According to the Jordan Times (1998) the first drug rehabilitation centre with a small capacity was set up in 1994 to treat addicted people under the supervision of specialists.

In Jordan up till 2000 only a few treatment services (public and private) exist. The main facility to provide treatment was the National Mental Health Hospital, located at the periphery of the capital Amman. According to one of the mission reports (Groterath, 2000), this hospital was well-equipped and the treatment tended to be on a professionally satisfactory level. Most of the patients who stayed here in 1999, were persons with mainly alcohol problems and problems with benzodiazepine dependence. For reasons that could not be identified, this hospital was closed down by the end of 1999.
In 2000 the creation of a new treatment hospital (National Centre for Rehabilitation of Addicts, NCRA), near Amman, was announced with a planned capacity of 50 places and the possibility to increase this number up to 100. The NCRA is envisaged to function as a national resource centre for Jordan and also to monitor the drug abuse situation in the country.

In 1994 another treatment initiative in the public sector was undertaken by the Jordanian police in cooperation with the Ministries of Health and Social Development. This centre has a capacity of 14 beds, while the duration of stay is usually between 30-40 days. About 50% of the patients suffer from drug problems, the other half from (primary) alcohol problems. Referrals for admission of patients (free of charge) come from: patients/family and directly from the Court (as a condition of a non-custodial disposal).
Key problem of the police treatment centre is the lack of any aftercare follow-up for the residents, which means that relapses frequently occur.

In the private sector, the only treatment facility available in Jordan is the Al-Rashid Mental hospital with a capacity of 66 places. Although about 16 beds are available for persons with addiction problems. The majority of the patients who are admitted, come from the Gulf states. They suffer mainly from problems of amphetamines abuse (including drug-induced psychosis) and follow a medical detoxification symptomatic treatment.

After 6 weeks, most of the patients are discharged and rehabilitated.

It seems that a few small NGO's in Jordan (mainly in the capital) are also providing services for rehabilitation and active work with youth and children.
Moreover, the Jordanian Association for Psychiatric Rehabilitation (a professional NGO), is active in the field of drug abuse treatment as well. Together with the Ministry of Health they have been involved in the establishment of the new National Centre for Rehabilitation of Addicts.

Regarding the treatment practice in Jordan, Marsden in his mission report, concludes: "Jordan is now in a state of transition in relation to treatment and rehabilitation systems for drug abuse".

3.4. Conclusions

Some main conclusions can be drawn based on the description of the treatment and rehabilitation situation in Egypt and Jordan in this chapter.

- Especially in the late nineties in both countries a number of efforts were undertaken to create a system of services in the public and in the private sector for treatment and rehabilitation for addicted persons
- The scope, results and the quality of the majority of these services appear to be poor and inadequate to meet the treatment and rehabilitation demands; most services are aimed at medical detoxification, but lack expertise for rehabilitation and aftercare
- Drug services developed in the private sector are better equipped, have a bigger number of trained multidisciplinary staff and more treatment programs including services for rehabilitation; on the other hand they are mainly focussed on middle and higher class patients, not accessible for poor and street addicts
- In Egypt an increasing number of NGO's (non-profit sector) have created treatment and rehabilitation facilities with international technical and financial support
- In Jordan the capacities for treatment and rehabilitation are very limited compared to the demands and needs in the community
- Nevertheless there exists a clear concept of what treatment and rehabilitation strategy, including early detection and outreach services, needs to be developed

IV ASSESSMENT OF THE PROJECT

4.1. Introduction

The review and conclusions of the preceding chapters II & III on the drug abuse and treatment situation, constitute the baseline assessment prior to the start of the UNODC project.
As such this assessment will be used to evaluate the development, progress and the outcomes achieved during the (almost) 3 year period of the implementation of the project.

The overall assessment is based on the analysis of a great number of documents that were provided to the evaluation team and on the collection of information from interviews, meetings and field visits of the team to the services and agencies in Egypt and Jordan.

This chapter of the project assessment has the following arrangement:

- Assessment of the project concept and design
- Assessment of the project management and implementation
- Assessment of the project results in terms of outputs, outcomes and impact
- Assessment of the sustainability of the project benefits

Based on the results of this 4-fold assessment, in chapter V conclusions are drawn and recommendations (including lessons learnt) formulated.

4.2. Assessment of the project concept and design

In general the project documents for Egypt (F53) and Jordan (F49) describing its conceptualisation, analysis of the drug abuse situation and the "state of art" regarding the treatment and rehabilitation systems, are well elaborated.

In both project documents clear relationships are established between the national drug problem assessment and the (overall and immediate) objectives, outputs and foreseen outcomes of the project(s).
Also the project strategy in both countries in terms of activities to be conducted, is rather clearly formulated.
However, in this regard one striking remark in annex X (Assessment of treatment and rehabilitation in Egypt) was confusing for the evaluation team:
""an epidemiological based needs assessment for drug abuse is currently not a feasible approach to guide the developments of treatment and rehabilitation initiatives".

Another observation was that it did not become clear to the evaluators to what extent the recommendations of the 2 missions reports prepared by Groterath and Marsden in 2000 (the year before the UNODC project started) were integrated in the project document.

In the view of the evaluation team, this observation is even more valid with regard to the study of Loza (in Egypt) that provided a wealth of actual data on capacities, admissions, duration, treatment approaches and relapses.

The project documents list a number of outputs, 6 for the Egypt project and 4 for Jordan. When looking at the achievement indicators, some important terms are used there without providing further explanation or definition of what should be understood under these general terms. Examples are “state-of-art practice”, “treatment protocol”, “performance test” and “adequate competency”.

Finally, the evaluation team observed a lack of choosing priorities in the project documents in terms of risk groups, specific interventions needed, planning of services etc.

4.3. Assessment of project management and the project implementation

This assessment refers to the positions, functions, tasks and responsibilities of the implementing partners in the project and the way they were executed during the implementation of the projects.
The terms of reference for the 2 principal bodies of the project, the Technical Treatment and Rehabilitation Task Force (TF) and the Program Module Monitoring Committee (PMMC) were clearly formulated, including the duties and the time schedules arranged for the meetings of the TF and the PMMC. The main responsibility of the TF was to monitor the overall implementation of the program and the achievement of the program outputs.
The TF in Egypt consists of the general secretary of Mental Health (chair), the director of the Airport (or Heliopolis) Hospital and the counsellor to the Ministry of Health and the program manager of the UNODC. The Jordanian TF consists of the director of the National Centre for Rehabilitation of Addicts and the (deputy) director of the Jordanian Police Centre in Amman.

Nevertheless, the evaluation team was not able to specifically assess the performance (in terms of monitoring and evaluation of project activities, decisions made, backstopping etc) of these bodies, due to a lack of information from documents and minutes of meetings.
The annual project progress reports only provided limited information on the role and contributions of the TF and the PMMC.
From the interviews with the TF members, it appeared that they have a strong commitment to the project and to its achievements and that they have been monitoring the implementation of the activities of the project carefully. The chair of the TF acted as a crucial key-person, actively networking and making linkages to all the participating public services, but also to the NGO’s. It also appeared that the communication with the anti-narcotic general administration (ANGA) was positive; however, the coordination sought with the National Council against Drug Abuse essentially failed, mainly due to a lack of commitment from the NCDA.

Regarding the project implementation (kick-off, planning of activities, reporting, backstopping etc), the evaluators have the impression that the start and the planning in the first phases had some weak sides.

For example it could not be clearly sorted out what was done with the results of the research study of Loza, that provided so much relevant information and data on treatment facilities, capacities, admissions, referral, patterns of relapses etc. Besides, some important recommendations (based on 2 focus groups of senior psychiatrists), on multidisciplinary institution building and intersectoral coordination have not been further elaborated. Moreover, the results of the joint study visit of the members of the Egyptian and Jordan Task Forces to Canada aimed at clarification of national drug treatment policy and strategy, could not be traced and not be evaluated in terms of indicated impact or models piloted in the project. Also the recommendations of the Canadian experts towards treatment system and information planning, data collection and the coordination of the implementation of a treatment strategy could not be identified in the further project implementation.

On the other hand, it seems that after a slow start, especially in the second part of the project implementation, a much higher level of productivity and results have been achieved. A major asset in Jordan was the recruitment of a special UNV project coordinator, who contributed and facilitated the implementation of the project to a high degree.

4.4. Assessment of the project results and outputs

This part of the assessment consists of an evaluation of the achievement of the outputs and outcomes in Egypt (6) and in Jordan (4), an assessment of the achievement of the immediate objective of the project and the likely sustainability of the project results.

According to the project document, the immediate objective of the project is:

"To build up a coordinated treatment and rehabilitation program in Egypt and Jordan with the aim of contributing in reducing the number of drug addicts"

With regard to this immediate project objective, the evaluation team has collected a number of observations:

1) First of all, it was not possible to acquire evidence to substantially confirm or reject whether the project has contributed to a reduction of the number of drug addicts. The main statement we could make to this crucial point is, that the project has contributed to a higher number of drug addicts going/admitted into (any kind of) treatment or rehabilitation.
2) Moreover, the evaluators are of the opinion that the quality of treatment service delivery has increased: more people go into treatment, stay longer and relapse less often.
3) Based on these 2 observations, implicitly one may conclude that the project has contributed to a reduction of the number of drug addicts.
4) On the other hand, given the broad range or spectrum of different kinds of treatment and rehabilitation services, it must be concluded that the development and building up as well as the coordination of the program was limited to the public sector (hospitals) and a few NGO's and that the focus was mainly on residential treatment.

5) Moreover, no real "dynamics" could be identified in the process of building up and managing the treatment and rehabilitation program
6) To this point, another observation of the evaluators is that no explicit evaluation or discussion was held within the project (TF and/or PMMC) to test or pilot feasible (elements of) foreign models of coordination that (might have) emerged from the study visits to Canada (and somehow to Spain and the Netherlands).
7) On the other hand, the evaluation team is of the opinion that the 4-months fellowship of the director of the National Rehabilitation Centre for Addiction in Jordan, spent in London at the St. George Hospital, was very fruitful in view of: capacity and competence building, workforce-development, networking and identification of resources.

Conclusion: There exists hardly any doubt that the project has contributed to a reduction of the number of drug addicts. Regarding the drug strategy development, results are mainly achieved in the field of residential treatment, less in other sectors and less in aftercare and community-based interventions. The explicit results of the study visits are rather weak, although the impact on attitudes was more positive: "treatment can make a significant difference"

Assessment of output 1: A national treatment and rehabilitation strategy and coordination mechanism developed and set in place

Given the observations and conclusion on the coordination mechanism as mentioned above, the assessment of this output will mainly focus on the evaluation of the national treatment and rehabilitation strategy.

In spite of the efforts undertaken in the project, it would be incorrect to claim that a national treatment strategy was implemented. Rather, especially in Egypt, only a very global strategy was developed.
In fact in this country no comprehensive document outlining objectives, measures, strategic and operational planning or management & implementation mechanism (identified as achievement indicator) was elaborated and/or produced in spite of the recommendations to this issue that were discussed and presented on a number of seminars and workshops with the participation of treatment experts and the input that was provided by foreign experts during the implementation of their missions in Egypt and Jordan.
Moreover in Egypt, the evaluators could not assess to what extent the (in their view) valuable findings and recommendations of the assessment report on service delivery of SPAAC (conducted by dr. Loza, 2002) had an impact on the further elaboration of the national treatment strategy (see par.3.3)

On the other hand (and this can be considered as a very fruitful spin-off of this project), members of the Task Force declared that the discussions on the treatment strategy has opened up a new and broader perspective on treatment and rehabilitation: giving up to aim only at full abstinence (as the goal for treatment), to consider and accept also options for harm reduction, to create a more intersectoral approach to the problem and

to reallocate treatment services, for example by initiating more community-based services for drug addicts. In this respect, during the last phase of the project (in September 2004), following a meeting with representatives of social defense clubs, recommendations were formulated to strengthen the cooperation between the treatment facilities and these (community-based) social services.

In Jordan a comprehensive national treatment strategy was drafted, resulting in a draft policy document (June 2004). This document provides a better insight in the treatment needs on the one hand and in the treatment response on the other hand. It outlines the services that are needed, including residential, outpatient, outreach and community-based facilities. However, the strategy document needs further detailing and fine-tuning of future service allocation around the country

Conclusion: Potentially national treatment and rehabilitation strategies are available as a result of the project. This result is more elaborated and documented in Jordan. Although the main stakeholders and professionals were initially involved in the process of development of the drug treatment strategy (discussion meetings and recommendations), the communication, coordination and feedback mechanisms to follow-up the drug strategy in collaboration with them has not worked out very productively. This might have hindered an overall broad support and engagement for this strategy.

Assessment of output 2: Five hospitals and two NGO's with existing drug abuse treatment facilities (in Egypt) and the National Centre for Rehabilitation of Addicts, NCRA (in Jordan) able to provide treatment and rehabilitation services in accordance with state-of-the-art practice

Achievement indicator 1): Treatment protocol is available and adopted by (5) hospitals and 2 NGO's.

It was not possible to have a complete confirmation whether a treatment protocol has been implemented in all facilities. From the interviews it appeared that only a general protocol consisting of 3 main steps was developed: detoxification, rehabilitation and aftercare. However, no standardized, guideline-based and treatment process-oriented protocol was developed and set in place. Moreover, no comprehensive screening/assessment instrument was introduced. However, it appeared that in Jordan an adapted version of the Maudsley Addiction Profile (MAP) was drafted.

Achievement indicator 2): Performance test of trained staff shows adequate competency.

The evaluators interviewed a number of (multidisciplinary) trainees from different facilities and NGO's.
The majority of them declared that they felt that their competencies in the management of treatment interventions in most respects have increased, but specifically with regard to team work (information sharing, team support), ability to communicate with drug addicts, group

work and psychodrama. As such this is a confirmation of the results of the training evaluation report of Khalil (2004).
The main comment of trainees to this point of the training was, that they need more training and supervision in order to be able to apply techniques in group work and psychodrama.

Achievement indicator 3): A system for treatment data collection and processing is in place

Although a model of treatment data collection systems has been elaborated, the implementation of this system is still under development. In Egypt this system is part of a broader data collection for all mental health institutions. In Jordan both the NCRA and the Police Treatment Centre are collecting data. Potentially, in a number of treatment facilities many treatment data are available, but a systematic mechanism to actively bring these data together on a central point is still lacking. However, the training of relevant staff to collect the data is ongoing.

Conclusion: Although not refined, a basic treatment protocol was developed and set in place; further fine-tuning and standardisation is needed. Real improvement of treatment knowledge and skills has been achieved, resulting in adequate competency of trained staff. A basic data collection system is available, but needs further elaboration, testing and broader implementation.

Assessment of output 3: Airport Hospital able to function as a pilot in-service treatment centre for trainees

Achievement indicator 1): Performance test of trained staff show adequate competency

For the evaluation of this indicator see under output 2). An interesting indicator of achievement came from the training evaluation report (Khalil, 2004). Fifty patients in treatment were interviewed to assess changes occurred in the programs as a result of the trained care providers. Most of the respondents (2/3) observed a greater range and increased appropriateness of treatment techniques and better communication patterns.

Achievement indicator 2): Curriculum for in-service training is available and used

Regarding this point, the evaluation team has made several observations. As a result of a cycle of many training sessions, workshops and seminars, a curriculum (program, manual and materials) was built up during a period a 2 years in the implementation of the project. Generally speaking the series of training seminars was highly appreciated by the 60 trainees who attended
However, the evaluators have observed, that no systematic training needs assessment took place prior to the start of the training activities. In fact, the trainees were only able to indicate (in the training evaluation report) the main training needs and topics after the cycle of training seminars was finished.

Another comment that was heard, a result of the interviews with former trainees: the training was not a real in-service training, since it was not focussed on the existing (multidisciplinary) teams from the different treatment facilities, therefore not taking into account the daily working problems of those teams.

Achievement indicator 3): The Airport Hospital is operational and equipped to provide in-service treatment training

According to the observations of the evaluation team, this indicator could be fully confirmed: all main training facilities (rooms, library, furniture, technical equipment, climate control etc) are available and in use.

Conclusion: The Airport Hospital is operational and equipped for training functions. Curricula (and educational materials) are available. The element of "in service training" (including more focus on multidisciplinary team building) needs further emphasis.

Assessment of output 3 in Jordan: The Police Treatment Centre (PTC) upgraded to provide treatment and rehabilitation services to drug abusers referred by court

Achievement indicator 1) Performance test of trained staff

Leading treatment staff of the PTC has participated in training events and study visits. As a result state-of-the-art intervention capabilities were acquired

Achievement indicator 2: Drug abusers referred by court receive drug treatment

The evaluation team met with (often heroin relapsing) clients on the PTC. They seem very much satisfied with the approach and the treatment components of the PTC.

Achievement indicator 3: The exercise and recreation facilities are being used for drug addicts under treatment.

According to the observations and inspection of the evaluators, this result was achieved indeed.

Assessment of output 4 (Egypt) : Structured and organized system for referral of clients from treatment hospitals to selected rehabilitation services (NGO,s Social Defense clubs)

Achievement indicator 1): Treatment hospitals are referring clients to other services such as Social Defense clubs

A structured system of referral is not in place yet. What has been prepared is a set of guidelines for referral that was discussed with representatives of Social Defense clubs (in September 2004).

Achievement indicator 2): Performance tests of trained staff to this point of referral shows adequate competency

The only evidence obtained here is that principles and the importance of referral have been raised during training and in meetings. However, no adequate competency could be demonstrated.

Achievement indicator 3: Hospitals, Social Defense clubs and NGO's are adequately equipped to provide rehabilitation and aftercare services

In general, this achievement could be confirmed especially with respect to the Airport Hospital and to a leading NGO (Freedom). However for the other services, including the Social Defense clubs it appeared that this part of the drug treatment strategy is still rather weak and that mor activities should be provided then only training.

Conclusion: The overall conclusion to this output is that there is room for improvement. Although these services participated in training events, and were involved in discussions on referral procedures, their role in the network of services (especially in aftercare en reintegration) and in the drug strategy in general, is still rather underdeveloped.

Assessment of output 5: A specialist training program for primary health care family practitioners on early detection and outreach services, especially for female drug users, implemented; (In Jordan: 5 primary health centres)

Achievement indicator 1: At least 100 family practitioners are trained by core group in drug abuse early detection, prevention and treatment

This particular group of medical professionals have been trained in Alexandria and Cairo; in Jordan mainly in Amman. The training seminars provided general knowledge about substance abuse treatment, prevention and early detection.

Achievement indicator 2: Performance test of trained family practitioners shows adequate performance

The evaluators were not able to obtain evidence to confirm adequate performance due to lack of evaluation data, both in Egypt and in Jordan.

Conclusion: This output has only partly been performed in Egypt and Jordan.
Since their role is crucial for early detection, referral to specialised treatment and for aftercare, more efforts need to be undertaken to strengthen the capacities of these general health care professions and centres.

Assessment of output 6 (Egypt): A specialist training program for selected police officers, prison guards and medical staff on drug abuse prevention and treatment in three prisons implemented as a pilot activity for future replication

Achievement indicator 1: At least 20 prison staff members have been introduced to the concepts of drug abuse prevention and treatment.

During the implementation of the mission, the evaluators were able to participate in one session of this training. It appeared that there was a great interest of prison staff to actively contribute to treatment and prevention within the prison setting.

Achievement indicator 2: Performance test of trained staff shows adequate competency

Because the training sessions are still being implemented at the time of the evaluation, no final judgement can be given on the degree of competency achieved; however, what can be concluded was a demonstration of adequate engagement, which can be considered an important basis for future replication.

Conclusion: The performance for this output (in fact a pilot activity) was achieved. The interest of prison-staff for more active involvement in drug treatment and prevention is remarkable

V RECOMMENDATIONS

5.1 Introduction

This chapter describes the main recommendations based on the assessment, results and the conclusions of the evaluation as outlined in chapter IV.

5.2 Assessment of the immediate objective of the project "to build up a coordinated treatment and rehabilitation program with the aim of contributing in reducing the number of drug addicts"

A number of observations relevant to this important objective have been listed and the conclusion of the evaluation team was: Yes, the project has (indirectly) contributed to a reduction of the number of drug addicts, but mainly in the field of inpatient treatment, less in aftercare and community based services.

Recommendation I: In order to maintain and strengthen the results achieved for the immediate objective, the evaluation team recommends for the final phase of the project to give priority to the active involvement and empowerment of aftercare and community-based services (Primary health care sectors, NGO's, Social Defense clubs (in Egypt)) to ensure a sustainable and complete network of services for treatment, rehabilitation, aftercare and reintegration (preventing or at least reducing cases of relapse).

5.3. Assessment of output 1: "a national treatment and rehabilitation strategy and coordination mechanism developed and set in place"

For this output the evaluators have concluded that "potentially this strategy is available, although an actual broad support and commitment from stakeholders and professionals could not be evidenced".

Recommendation II: During the final phase of the project, it is recommended to update and upgrade the drug treatment strategies in both countries, to organize invitational expert meeting(s) to introduce and discuss the new drug strategy policy document (that also contains a service planning chapter) and present the results as a substantial contribution for the future drug treatment strategy to the authorities.

Recommendation III: In order to achieve comprehensive drug treatment strategy documents it is recommended to make use of the guidelines for implementation of effective treatment planning as described in the Treatment and Rehabilitation Practical Planning Guide of UNODC (2002) and disseminate these final drug strategy documents as examples of best practice in the region of the Middle East and North Africa.

5.4 Assessment of output 2: "Existing drug abuse treatment facilities and the National Centre for Rehabilitation of Addicts (NCRA, Jordan) able to provide treatment and rehabilitation services in accordance with state-of-the art practice.

With regard to this important output, the evaluation team has concluded that a basic (but not very refined) treatment protocol was elaborated and implemented through training; moreover a general data collection system (in Egypt as a part of the mental health data collection) was designed, but not fully implemented in all relevant drug treatment services.

Recommendation IV: It is recommended to initiate a more stepwise treatment protocol in which the steps of "detoxification & bio-psychosocial assessment", "motivation for change", "learning how to change" and "relapse prevention" are consecutively observed.

Recommendation V: With respect to the data collection, it is recommended to further pilot and fine-tune a comprehensive model (considering existing models for data collection as outlined in the UNODC Planning Guide), e.g. by organizing a bilateral seminar in which experts from Egypt and Jordan meet and discuss the most feasible systems.

5.5/An Assessment of output 3 (in Egypt): Airport Hospital able to function as a pilot in-service treatment centre for trainees

The achievement of this output could partially (operational and equipped) be confirmed by the evaluators.
However, the element of "in service" training could be improved.

Recommendation VI: With respect to future training events, it is recommended to focus in future training on existing multidisciplinary teams (e.g. working in residential setting or in aftercare), and to emphasize team work and cooperation, team tasks, individual competencies and responsibilities. Moreover, it is recommended that prior to the training a training needs assessment be held amongst trainees and the institutions involved, and to tailor the training to their needs.

5.5/B Assessment of output 3 (Jordan): The Police Treatment Centre (PTC) upgraded to provide treatment and rehabilitation services to drug abusers referred by court.

The main conclusion to this output was that the foreseen outcome was achieved. However, the evaluation team has formulated a recommendation on the aspect of rehabilitation.

Recommendation VII: It is recommended to better coordinate the rehabilitation (and community reintegration) approach of the PTC with other "state-of-the-art" approaches, e.g. of the National Centre for Rehabilitation of Addicts (NCRA)

5.6. Assessment of output 4 (Egypt): Structured and organized system for referral of clients from treatment hospitals to selected rehabilitation services
(NGO's, Social Defense clubs).

Unfortunately, the evaluation team had to conclude on the basis of the judgement of the (3) achievement indicators that this output was not achieved to a satisfactory degree.

The emphasis for this output was laid on the training of a few NGO's and S.D.-clubs; an organized system for referral only consists of a few (draft) guidelines, but lacks a systematic implementation to a broad range of relevant community-based services.

Recommendation VIII: Therefore, it is recommended to increase the efforts in the final phase of the project and to create an organized system for referral accompanied by guidelines on how to implement referral procedures.
Since adequate referral, applied at the right time and place, can contribute to a favourable treatment outcome (and as such be very valuable for the immediate objective of this project), it is recommended to specifically pay attention to this problem in the final drafting of the drug treatment strategy document (see recommendation I)

5.7. Assessment of output 5: a specialist training program for (at least 100) primary health care family practitioners on early detection and outreach services, especially for female drug users (in Jordan: 5 primary health care centres).

The conclusion to this project's output was that it was only partly achieved and that there seems to be no evidence that more persons with addiction problems were "early detected" or were referred to treatment services. In Jordan it appeared that a special unit for female addicts (10 beds, established in the NCRA) had not led to an increase of referrals by other primary or general health care services (probably partly caused by the unawareness of its existence among these services).

Recommendation IX: It is recommended that non-specialist professionals, working in primary care services, family practices and outreach services should be targeted (as a priority) in training, local networking and sensitization of specialist services in future activities of competence building.

5.8. Assessment of output 6 (Egypt): a specialist training program for selected police officers, prison guards and medical staff on drug abuse prevention and treatment in three prisons implemented as a pilot activity for future replication

This output was achieved in the project. Moreover it appeared that there exists great interest for further elaboration of treatment and prevention options within the prison setting.

Recommendation X: Given the current situation in prisons in Egypt, with more then 50% "drug-related inmates", the evaluation team recommends to give priority to the treatment and prevention opportunities within the prison setting. It recommends to intensify the training activities (if possible also under the current project), starting with the piloting of small projects, and making use of best practice models elaborated for this setting in other countries.

5.9 Other recommendations not directly related to the project outputs

Beside the (10) recommendations resulting from the evaluation and conclusions of the immediate objective and outputs of this project, the evaluation team has formulated a number of general recommendations of which the project management can benefit. These recommendations are based on general observations and findings, acquired during the execution of the evaluation mission.

Observation: Community-based initiatives and self-help options to early detect addiction problems and/or to prevent relapse appear to be hardly available in the communities of Egypt and Jordan.

Recommendation XI: It is recommended to pilot new strategies and community-based interventions to early detect addiction problems (by establishing a public help-line that can be contacted anonymously especially for female addicts) and to prevent/reduce relapse by creating support-groups of ex-drug addicts with professional guidance.

Also the attitude of common people in the community towards patients with substance abuse problems (bad image) appears to be (very) negative. Moreover, they have wrong perceptions of the treatment and false expectations of recovered addicts (as being cured forever).

Recommendation XII: It is recommended to initiate psycho-education strategies to clarify the treatment process and to improve realistic expectations of recovered patients and of the way family, partners and the community should cope with former addicted persons. E.g. to organise family meetings in treatment centres and by disseminating pre-tested educational brochures in the community.

VI IMPACT OF THE PROJECT AND LESSONS LEARNT

6.1 Impact of the project

Beside the assessment and evaluation of the project's objectives and foreseen outcomes, in principal a project has impact on the stakeholders, the professional community, authorities, communities and media.

What can be concluded on the impact this project has caused on the various target audiences as listed above in Egypt and Jordan?

According to the observations of the evaluation team, the main impact of the project was a demystification of (the process of) drug addiction and a change of attitude towards the treatment and the chances on recovery of persons with addiction problems.

To this general point, some detailed observations made by the evaluation team might be elaborated:

- A remarkable change of attitude among medical and psychological professionals towards the concept of addiction as "a chronic relapsing disease with a potential favourable outcome to the condition that the proper treatment is provided"
- A change of attitude among care providers to the effect that they believe that their efforts can influence effective treatment and rehabilitation of drug addicts
- A change of attitude among stakeholders, service providers, ministries, funding agencies who accept that "investing in drug treatment can be effective and cost-effective"
- A change in attitude towards other treatment outcome options then "drug free" /abstinence, more acceptance of modalities such as harm reduction and prevention of drug related diseases (HIV, AIDS, STD's etc)

We may conclude that a major impact of this project has been an increased awareness of the usefulness and effectiveness of treatment (so called "therapeutic optimism").

Another impact of the project has been the awareness that faculty building in the academic and educational field with regard to addiction medicine is important and very worthwhile, as is the effort to attract young professionals to be employed in the addiction (treatment) field.

6.2. Lessons learnt in this project

Probably all parties that were involved in this project (project management, trainees, trainers, researchers, advisers etc), have drawn their own conclusions as to what lessons they have learnt from the implementation of the project.

According to the evaluation team the following lessons can be learnt from the projects that were implemented in Egypt and Jordan:

1) The responsibilities of the project (management) partners should be clarified right from the start of the project in terms of: commitment, accountability, time-spending, project planning, output and results-oriented monitoring, backstopping and sustainability
2) To operationalise this, the project partners should draft and sign an agreement in which in clear terms be arranged: each partners' responsibilities, task allocation, decision making structure and daily management duties (= management instruction)
3) A project like this should include more mechanisms of internal evaluation to monitor and improve the planning and its outputs
4) A better selection procedure for (multidisciplinary) trainees (taking into account their potential performance and professional leadership) and to sort out the highest training profit that can be achieved during training seminars, study visits etc.
5) It appeared that the investment in a 4-month fellowship for one of the project key persons (in Jordan), turned out to be very successful in "creating professional leadership"
6) A better (standardized) system for quantification and evaluation of project activities in terms of number of training hours per person, treatment service, costs spent, number of publications, training hand-outs, reports produced and disseminated
7) A major lesson learnt in the approach to training: create and implement dynamic and interactive training seminars, giving trainees maximum opportunities to communicate, discuss, interact and exercise
8) In line with point 7), more attention should be paid to continued opportunities for professional networking to strengthen a professional community and the component of a "sustainable human capital"

VII SUSTAINABILITY OF THE PROJECT RESULTS AND IMPACT

Sustainability and dissemination of project results can be considered major "anchors" in the field of drug demand reduction and project implementation. This is a key management and economic principle in the UNODC policy of project planning and human resource development.

Sustainability is a matter of active and ongoing commitment and responsibility of policy makers at the national level to ensure that the project achievements such as those assessed in this evaluation report, will be maintained and disseminated.
In this respect it is of paramount importance to follow-up recommendation II: "updating the new drug treatment strategy", a document, a blue print that should be used for future national drug treatment policy and drug service planning.

As other major achievements in this project that have a high potential of sustainability, we consider the following:

- All aspects of competence building and training conducted and effectuated in the project(s): training approach, training modules, training materials, training equipment, training needs assessment and training evaluation methodology
- The network of trainers and trainees as a basis for a professional community and "human capital"
- The new treatment and rehabilitation centres developed under this project
- The impact of the project: another approach and attitude to substance use treatment and towards substance abusers
- The impact of the project in other fields and sectors: mental health, primary health care centres, family physicians, NGO's and in prison and police setting

A crucial question in this regard is: in what policy and institutional frameworks, through which mechanisms can these achievements be sustained?
The evaluation team suggests to explicitly consider the following actions and initiatives:

1) Introduce, disseminate and implement the (F53&F49) project results and achievements in existing projects (such as the UNODC HIV prevention and Risky Behaviour project) and in new project initiatives (e.g. drug treatment & prevention in the prison setting)
2) Disseminate the final project report as "models for best practice", both on national level as on regional (Middle East) level for other Arabic countries
3) UNODC Regional Office in Egypt might consider organizing a regional meeting for the Middle East to present the project achievements, its impact and the "lessons learnt" to other countries

4) Consider to initiate and create an (Arabic) resource book or Handbook for the prevention and treatment of substance abuse problems to be edited by national experts as to empower the professional and intellectual ownership in the field of substance abuse.
   Not only the product (= book) itself, but also the process of communication, cooperation and editing such a publication, have appeared to be very productive and beneficial in other countries.