



Evropská unie
Evropský sociální fond
Operační program Zaměstnanost

Executive Summary: Evaluation of the Project *Systemic Support for the Development of Addiction Services within the Framework of the Integrated Drug Policy*

Martin Nekola, Markéta Nekolová

May 2021





The final evaluation report summarises the main findings of the process and impact evaluation of *Systemic support for the development of addiction services within the framework of the Integrated Drug Policy* (hereinafter referred to as the RAS project). The evaluation took place between 2019 and 2021 and bases all its findings on data collected through analysis of project documentation, interviews, questionnaire survey, direct observation, and cost minimisation analysis.

Main findings of the process evaluation

Several external and internal factors influenced the development of the project in the individual activities. Among the internal factors, the underestimation of the importance of the project and financial management of such a complex and ambitious systemic project negatively influenced project implementation. On the other hand, the strong internal motivation of the project team and the cooperating experts from the umbrella organisations of addiction services can be highlighted as a significant positive factor. The key external factors that hampered the project included 1) the change in personnel (and ideas) in the leadership of the Secretariat of the Government Council for Drug Policy Coordination in 2018; 2) the repeated considerations of transferring the entire Secretariat to the Ministry of Health; 3) and of course, in recent years, the COVID-19 pandemic.

These factors have led to a minor or more significant time delay in the project activities. In this context, the activities (and sub-activities) dependent on tenders (i.e., all training activities and developing a shared information system for addiction services) had the most significant problems. Despite these complications, all activities and related outputs were implemented and completed by the end of the project.

The cost minimisation analysis indicates that the project has used the funds entrusted to it cost-effectively.

The monitoring of potential project risks and their management was set up in accordance with the internal regulations of the Office of the Government of the Czech Republic. From the perspective of process evaluation, the entire project risk management process was transparent and functional.

All project activities were set with respect to the identified needs of target groups (TGs) and did not change during the project. The primary support for this conclusion is the extensive evidence collected during the initial needs analysis and the solid and continuous internal motivation of the representatives of the umbrella organisations and key experts to cooperate on these activities.

Dissemination of outputs was adequate to the nature of the project – it was directed to relevant TGs and used appropriate tools. Awareness appears to be sufficient. Pertinent actors of addiction services were informed about the project and its development through information workshops, round tables, professional conferences, publications in a professional journal and the project website. Virtually all members of the Government Council for Drug Policy Coordination are aware of the project, follow its outputs, and the majority of them have been involved personally.

Main findings of the impact evaluation

Due to time constraints (project slippage and timing of the evaluation report), it is impossible to make a definitive assessment of the project impacts. The evaluation, therefore, offers only an expert estimate based on available evidence.



The first two objectives of the project¹ are conceptual and do not directly commit to achieving change. Both objectives will certainly be achieved through the finalised systemic proposals of a legislative and executive nature. However, the recommendations must meet relatively strict criteria of professional quality and be accepted by the political representation to:

1. truly promote the integration of drug policy at the level of public administration,
2. ensure its effective coordination, and
3. ensure that the proposed systemic instruments are applied in the practice of addiction services providers.

The first criterion should be met. According to the experts involved, there was a broad consensus on outcomes across the professional services community unprecedented in previous years. However, the involvement of health service representatives was not optimal and may compromise implementation.

The big unknown, however, is the acceptance of the fundamental and partial proposals by the Secretariat and the Government Council for Drug Policy Coordination itself. In this sense, the October parliamentary elections, the outcome of which cannot be predicted, will be decisive for the future of the proposals. Other external factors are also working against the promotion of fundamental systemic changes. The first is the reform of psychiatric care, which also affects addiction services and whose direction is somewhat at odds with the proposed framework. A related factor, working mainly against the reform versions of the proposal, is the existing competence law. It is rather unlikely that it will be possible to enforce the separation of addictology from the existing social and health care framework in the coming years.

Partial conceptual proposals that do not require a change in the law have a better chance of being implemented in practice, i.e., especially recommendations in accessibility, quality assurance, and shared information system. In some areas, implementation is already underway. Once the project is over, discussions with the regions and service providers must continue to ensure that they are mainstreamed into regional service networks.

The last two objectives² relate to the education of the target groups of the project. The pilot testing of the methodology and training programmes has been promising in this respect.

The training in the selected providers has led to the development of the competencies of service workers, and the introduction of modern methods into practice is gradually improving the quality of services and work with clients. Therefore, if the training programme and the methodology are implemented systematically, they will contribute to a higher quality of services provided to persons with addiction or at risk of addiction.

The piloting of the training programme for drug coordinators led to a significant increase in the participants' professional knowledge, skills, and competencies (especially in beginners). No such shifts

¹ 1. To present concrete systemic and coordination measures to address the shortcomings of individual elements of the drug policy system.

2. To contribute to the availability and quality of addiction services and to stabilising and standardising their network.

² 3. To increase the level of competences of local and regional coordinators and other officials working in the field of drug policy.

4. To broaden the spectrum of methods and approaches of social work used by workers in direct work with clients of addiction services.



were observed for more experienced staff, leading to the conclusion that training for this group should be diversified according to the level and needs of the participants.

The pilot testing of the training programme for selected public administration professions increased participants' specific professional knowledge, skills, and competencies by at least one level. The relationship of this training programme to the improvement of services provided to persons with or at risk of addiction is somewhat indirect. However, it can be assumed that better awareness of this TG may contribute to introducing new services (e.g., in prisons) and early detection of addiction-related problems (OSPOD, municipal police), etc.

The project did not lead to any visible unintended negative impacts. On the contrary, it has brought several positive effects, one of which is worth highlighting in the context of the future development of addiction services. After years of disputes between the umbrella service organisations, the project has succeeded in building a bridge that allows for mutual communication and consensual problem-solving. It can therefore be seen as a catalyst for a longer-term process of addressing other older and newer issues in the field of Czech addictology.

Final recommendations

The real impact of the RAS project in addiction services can be expected within months to years. In the context of the adoption and implementation of the conceptual proposals, the evaluation recommends that the role of "promoter" in policy/professional meetings be held by a person (or team of people) with high credibility in the professional community. The promoter's task will be to negotiate with relevant public administration actors and renew political support for the project's intentions after the October parliamentary elections.

The question is whether a systemic change should be achieved through similar "systemic projects". Instead, experience to date suggests that a more appropriate and effective route for conceptual work is continuous cooperation between professional societies and the responsible public administration department(s). Project-based support could then be given to the solution of partial, clearly defined tasks where direct impacts could be assessed.

In this context, the evaluation recommends maintaining the existing coordination structure of drug policy through the Government Council for Drug Policy Coordination at the Czech Government Office. The issue of addiction is significantly cross-departmental. The supra-ministerial nature of the Council contributes to effective communication between drug policy actors and the alignment of their interests or the interests of people at risk of addiction.

In terms of process management, the evaluation considers it essential for any future system projects to pay close attention to procurement from the outset. At the same time, it is necessary to consider which activities need to be outsourced and which can be more efficiently procured in-house.