

**PHARE 2004**  
**Standard Project Fiche**

**1. Basic Information**

1.1. CRIS Number:

1.2. Title: **STRENGTHENING THE INSTITUTIONAL CAPACITY OF THE ROMANIAN AGENCIES IN THE FIELD OF DRUG DEMAND REDUCTION**

1.3 Sector:

1.4 Location: Romania

1.5 Duration: According to the 2004 Financing Memorandum (Annual)

**2. Objectives**

2.1. Overall Objective:

- to strengthen strategic and operational capacity of the Romanian agencies as well as the co-operation in drug demand reduction

2.2. Project purposes:

**COMPONENT A – AN INTER-AGENCY APPROACH IN DRUG DEMAND REDUCTION**

- I.** - to establish a Drug Assessment & Study Centre within the National Anti-Drug Agency (following the Government Decision establishing the local structures of the National Anti-Drug Agency taken in Government Meeting on July 15, 2004).
- II.** - to implement all EMCDDA key indicators regarding drug prevalence in Romania in line with those established by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)
- III.** - to strengthen and integrate the Drug Prevention and Counselling Centres (CPCA) in local communities (following the Government Decision establishing the local structures of the National Anti-Drug Agency taken in Government Meeting on July 15, 2004).
- IV.** - to train the staff of the institutions involved in drug demand reduction: Ministry of Health, Ministry of Education and Research, Ministry of Administration and Interior, Ministry of Justice (General Directorate of Penitentiaries), National Agency for Youth, National Anti-Drug Agency, as well as NGOs' representatives in the field

**COMPONENT B – GENERAL ASSESSMENT OF FORENSIC SERVICES AND SETTING UP THE NATIONAL LEGAL MEDICINE NETWORK OF DRUG OF ABUSE AND METABOLITES ANALYSE LABORATORIES (LMNDAMAL)**

- V.** - to revise institutional set up in the field of forensic services in support of the criminal justice system in order to ensure co-ordinated efforts, maximized outputs, and avoiding of overlapping in current specific activities.
- VI.** - to develop legal medicine capabilities for drug testing in order to implement the Acquis communautaire in the field

2.3. Accession Partnership (AP) and NPAA priority

2.3.1. Accession Partnership:

Continue the fight against drugs by: (i) continuing to implement the National Strategy to Combat Drug Abuse and Illicit Traffic of Drugs and Precursors; (ii) strengthening the administrative and coordinating capacities of the National Anti-Drug Agency; (iii) legally establishing a National Focal Point with a clear mandate that stipulates its main tasks and responsibilities; and (iv) further developing the drug information system to provide more accurate monitoring and assessment of the situation.

2.3.2. NPAA priority:

*Medium-Term Priorities*

Endowing of the legal medicine laboratories with modern analytic apparatus for drug testing and DNA testing

### 2.3.3. Roadmap for Romania, Chapter 24 Justice & Home Affairs

#### *Short Term:*

Adopt and implement a national drugs strategy in line with the EU Drugs Strategy 2000-2004 and continue to take steps to prepare for participation in the Reitox network

### 2.4. Contribution to National Development Plan

Not applicable

### 2.5. Cross Border Impact

Not applicable

## **3. Description**

### 3.1. Background and justification:

#### COMPONENT A – AN INTER-AGENCY APPROACH IN DRUG DEMAND REDUCTION

If early in '90 Romania was mostly considered a “transit” country for drugs, it has been gradually become also a destination. The low experience of the institutions and civil society in the fight against the new threat generated incoherent reactions and partial results, at the beginning. As the state agencies have permanently strengthened their institutional and operational capabilities in the field, the results didn't delay: a set of laws were adopted, Law 143/26.07.2000 on countering illegal drugs trafficking and consumption and Law no. 300/2002 being most relevant; the establishment of the General Directorate for Countering Organized Crime and Anti-Drug within the National Police, and of the National Anti-Drug Agency, which was called to coordinate the national effort against drugs based on the first National Strategy on Drugs 2003-2004, are two of most important measures in the field of institutional building; in what regarding drug supply reduction, more and more traffickers are arrested, cross-border networks are identified and annihilated in cooperation with EU Member States partners.

Considered only a beginning, there are also results in the field of drug demand reduction: local and national campaigns as well as community and school prevention programs were run by different “actors”; different departments of health have started provide detoxification treatment and post-cure for drug addicted persons.

Even though such results are encountered, the 2003 Regular Report on Romania's Progress towards Accession singled out that there is a need to strengthen the inter-institutional cooperation in field of organised crime, including drug demand and supply reduction. A national integrated strategy supposes a common understanding of the phenomenon by different professionals, which recalls for a joint training delivered to people involved from Ministry of Health, Ministry of Education and Research, Ministry of Administration and Interior, Ministry of Justice (General Directorate of Penitentiaries), National Agency for Youth, National Anti-Drug Agency, as well as NGOs' representatives in the field.

The *Component A* of the project proposal is meant to secure permanent preparedness of relevant structures in the drug demand reduction. It focuses on the development of the EMCDDA key indicators system in order to comply with the 2002 Regular Report recommendation on speeding up preparations for participation in the European Information Network on Drugs and Drug Addiction of the EMCDDA, the strengthening of the policy formulation process through the establishment of a Drug Assessment & Study Centre within the National Anti-Drug Agency, the strengthening of the national network of Drug Prevention & Counselling Centres as well as the reinforcement of treatment networks, and the improvement of inter-institutional co-operation through the provision of joint training to inter-institutional target groups such as doctors, sociologists, psychologists, prevention police officers, prison staff, as well as NGOs' representatives, in terms of drug demand reduction. It is expected that the areas above should be tackled in 4 modules under a classical twinning arrangement to be complemented by a supply contract to support treatment activities and policy formulation.

The 2002 Regular Report on Romania's Progress Towards Accession singled out the fight against drugs as the area where no significant progress had been made since the previous 2001 report. Since October 2002, however, when the latest report was issued, steady progress has been made at legislative, institutional and administrative/technical levels in line with the recommendations written in the overall assessment of the 2002 report, as follows:

*In legislative terms*, the existing framework consisting of Act no.143/2001 on combating illicit drugs trafficking and abuse and Act no. 300/2002 on the judicial regime of precursors used in the illicit manufacturing of drugs was supplemented by the adoption of the National Anti-Drugs Strategy in February 2003. The strategy was drafted under

a dedicated Phare 2000 project on drugs, carried out in partnership with Spain and Great Britain, and is aimed at strengthening co-operation among relevant institutions, with much focus being placed upon relevant data collection, analysis and distribution. It covers three major areas of action in terms of drug supply reduction, drug demand reduction and international co-operation. Also, following recommendations under the said project, work is well under way in relation to three more acts to cover (1) the creation of a special fund of seized criminal proceeds from drugs-related offences, (2) legal activities with narcotic drugs and (3) legal activities with psychotropic substances. Consolidated drafts of acts (2) and (3) will be checked and improved for compliance with the EU Acquis under a Phare 2003 project.

*In institutional terms*, the National Anti-Drugs Agency was established in December 2002 as a measurable result of the aforementioned Phare project. The role of the agency is to act as national co-ordinator of inter-agency and international co-operation in the fight against drugs trafficking and abuse. Also, the National Focal Point on Drugs (known as the „Romanian Monitoring Centre for Drugs and Drugs Addiction”) was institutionalised and is now operational under the National Anti-Drugs Agency. This National Focal Point will act as an interface of co-operation and data exchange with the EMCDDA.

The establishment in December 2002 of the National Anti-Drug Agency and the existing framework consisting in Act no.143/2001 on combating illicit drugs trafficking and abuse and Act no. 300/2002 on the judicial regime of precursors used in the illicit manufacturing of drugs, supplemented by the adoption of the *National Strategy on Drugs 2003-2004* in February 2003, represent measurable results of the Phare 2000 Project. The Strategy was drafted in line with European Strategy on Drugs 2000-2004, under aforementioned project and carried out in partnership with Spain and Great Britain. Covering three major areas of action in terms of drug supply reduction, drug demand reduction and international co-operation, it is aimed at strengthening co-operation among relevant institutions, with a special focus upon relevant data collection, analysis and distribution.

Several difficulties related to the unsatisfactory knowledge of the dimension and characteristics of the drug phenomenon have been registered within the implementation of the *National Strategy on Drugs 2003-2004*. Such factors as:

- the insufficient data regarding the drug consumers (number, abused drugs etc.),
- the need to evaluate in due time how (in)adequate the responses were to various problems: *Do the ongoing activities in different sectors meet the needs they're addressing to? Is there any positive change occurring? Is there a need to stop implementing / to adapt a particular activity?*
- the need to have an effective tool able to provide answers to various on-the-spot questions, both at national or local level (e.g. *How much is the recreational use of drugs significant in Bucharest?* etc.) in order to elaborate or to adapt the strategy;
- the differences in estimations - the 2002 Rapid Assessment carried out by UNAIDS, UNICEF Romania, National Commission against AIDS and ROMTENS (a Romanian NGO) estimated ~ 30,000 injecting drug users in Bucharest, exclusively, but a Regional Study carried out by World Bank provide a number of 10,000 drug users in whole country), which make the decision making process difficult,

have led us to the idea of the establishment of an Drug Assessment & Study Centre.

More than simply provide the public and interested agencies and organizations with state-of-art reports on drug phenomenon, there is a need for a working instrument in order to perform specialized studies based on widely-accepted and unitary methodology, to evaluate the dimension and the consequences of this phenomenon, also to anticipate its trends.

Training is needed for the specialists who will work in the Drug Assessment & Study Centre within the National Anti-Drug Agency in order to conceive, coordinate, supervise and evaluate the actions of population survey in the drug related issues, to evaluate the dimension and the consequences of this phenomenon and to anticipate the trends etc..

The trained specialists have to perform specialized studies with methodology in line with European Union standards and best practices and to be able to offer a rapid reaction in order to elaborate / adapt strategies or other proper measures. Most of the difficulties regarding the much time spent for contracting, designing and implementing the pools/studies, as well as the big costs involved in hiring the specialists will be surpassed as result.

Training is needed also for the local Drug Prevention and Counselling Centres' staff that should conceive and develop periodically studies and assessments or evaluations.

The National Focal Point on Drugs - known as the „Romanian Monitoring Center for Drugs and Drug Addiction / L'Observatoire Roumain des Drogues et de Toxicomanies” (ORDT) - was institutionalised and is now operational under the National Anti-Drug Agency. The National Focal Point is now acting as an interface of co-operation and data exchange with the EMCDDA and has just started implementing the key indicators system and preparing the participation in REITOX.

*Drug Related Infectious Disease (DRID)* is one of the five drug key indicators to be implemented in Romania according to EMCDDA suggestions. Among other social and economical consequences, the use of drugs, and especially injecting drugs, is responsible for HIV/AIDS and Viral Hepatitis B and C epidemics. It is of great importance for policy makers to have a clear picture of the incidence/prevalence of HIV/AIDS and VHB/VHC among

injecting drug users in order to develop prevention programs, harm reduction activities and to fit the treatment facilities available to match the extent of the epidemic.

The DRID indicator will be implemented using data obtained from treatment centres, NGO's harm reduction programs, STD department etc. In addition, data obtained from drug related treatment demand indicator and general population survey will be used to implement DRID.

*Drug Related Deaths* (DRD) is also a key indicator relevant as it reflects the number and characteristics of deaths directly related to drug abuse. However, the lack of specialised equipment for the identification of drug metabolites in corpses results in failure to evaluate the number of drug abuse related deaths and to provide accurate data to EMCDDA.

The other three key indicators: Drug Related Treatment Demand, Problematic drug use (prevalence estimation) and General Population Survey are now undergoing being financed by Global Fund, having following purposes and justification:

Through this project financed by Global Fund the treatment demand indicator is designed in order to achieve a unique and accurate management of information system for treatment demand indicator. An electronic coded system is developed, adapted to the actual situation – opportunities and barriers - and correlated with the particularities of scientific performance needs, and it will be implemented until the end of 2005. This project intends to cover the entire country by helping each therapeutic service to have access to the information system. The collecting system provides a unique series of data, due to the fulfilling of individualised and coded file and it will be a real basis for further researches and studies. These data intends to be transmitted to the decision makers in order to establish the new policies in the field.

The previous monitoring system didn't offer comparable data.

This new system intends to collect unique data by avoiding double counting from all treatment centres. The data from the files will highlight: the drug related treatment demand, the efficiency and efficacy would be increased. The system of collecting data will also make possible to evaluate the drug users' risky behaviours HIV/HVB/HVC maintaining in the same time the confidentiality of the individuals.

The software is designed to be easy to implement in terms of logistics and training and also will be easy to access in order to monitor and evaluate the treatment demand.

Because of using the same codes with the NGOs data can be compared and confirmed.

The proposed study of general population survey intends to help us in developing the future national and community strategies and policies, and also their impact on the drug situation. We have to mention that this type of study wasn't made in Romania until now.

Problematic drug use (prevalence estimation): a Rapid Needs Assessment will be done until March 2005. It is a high priority for the Romanian Monitoring Centre for Drugs and Drug Addiction (RMCDDA) and it will be of great use in the given situation, due to lack of adequate data and of time to perform researches about problem drug use or to implement sentinel surveys.

Expected results at the end of 2005 from the Global Fund Project:

Indicators:

Quality indicators:

- Increase the reliability in collecting data
- Professional services for drug users based on collecting data and on the studies proposed in this project
- Improvement of the responses in the national health system related to drug phenomena

Quantity indicators:

- 50 professionals trained in using the software
- Final report of the general population survey study
- A prevalence estimation regarding the number of drug users in Bucharest

Expected results from the 2004 PHARE Project regarding last three indicators mentioned above are:

- The maintenance of the new created system
- Enlarge the monitoring system through including the emerging treatment centers
- Training the new professionals in the field
- The transmission the data on-line
- A new General Population Survey

As regards drug prevention, a national network of 47 local Drug Prevention and Counseling Centers (CPCA) was established between August 2001 and May 2002 with the financial support of Romanian Government. Each center were provided with minimum furniture and equipment (one PC, one inkjet printer, one phone line with fax machine, as well as a photocopier for those centers located in major cities, where the number of students in universities is significant). Having no full-time staff and legal status, neither a proper budget (most of the activity being carried out on voluntary basis), the impact of the centers at local level gradually decreased. There is a stringent need to revitalize the centers. That's why the National Anti-Drug Agency has elaborated a Project aimed to modify the GD 1489/2002 in order to undertake them as its local structures, with permanent staff and operational budget. The Project is pending Government approval.

Apart from their current attributions in primary drug prevention, the strengthening of the capacity of local centres (15 Ambulatory Centres for Addictive Behaviour set up at CPCA premises) in the medical and psycho-therapeutic field, will provide the (potential) drug users and other people concerned with needed information and guideline in order to facilitate the access to the best-suited treatment, counselling and other specialized services. Such a strengthening will result in:

- better screening of the minor drug users by rapid testing (urine, saliva) upon parents request
- professional services provided by therapeutic teams (medical doctors, psychologists, social assistants), that can direct the drug user (addicts) to the proper medical treatment and psychological assistance
- reducing bureaucracy and shortening the time for drug user identification (which allows an earlier intervention, consequently)
- increasing significantly the community trust in the CPCA's activity, more and more youngsters and families will apply for help

Training is needed for the ORDT staff and local operators in order to improve the abilities in using databases and statistical software for collecting data regarding the two EMCDDA key indicators (drug related infectious diseases and drug related deaths).

Joint training is needed for the staff of the institutions involved in drug demand reduction (Ministry of Health, Ministry of Education and Research, Ministry of Administration and Interior, Ministry of Justice (General Directorate of Penitentiaries), National Agency for Youth, National Anti-Drug Agency, as well as NGOs' representatives in the field in order:

- to provide a common basis for the understanding of the phenomenon,
- to identify trends and set up priorities
- to harmonise policies and strategies
- to set up and implement common actions
- to provide a better quality-management
- to ensure a better utilization of resources
- to up-date the knowledge on drug prevention and treatment.

#### COMPONENT B - GENERAL ASSESSMENT OF FORENSIC SERVICES AND SETTING UP THE NATIONAL LEGAL MEDICINE NETWORK OF DRUG OF ABUSE AND METABOLITES ANALYSE LABORATORIES (LMNDAMAL)

The time is ripe for a survey and a wide assessment of the institutional set up of forensics services in support of the criminal justice system in Romania. This should be done in order to ensure co-ordinated efforts, maximized outputs, and avoiding the overlapping of specific activities. It is conceived that a well resourced twinning light will be able to monitor the situation, provide suggestions for improvements of the institutional set up, investigate need for legal revision, and to some degree catalogue the investment needs in a reformed system of forensic services.

Under the new Article 152 of the Amsterdam Treaty of European Community, public health must be taken into account in all Community policies and actions. The drug problem is also listed as a priority for Community action in the field of public health and co-operation in the fields of justice and home affairs (Title VI of the Treaty on European Union) and the Acquis to Chapter 24 "Justice and home affairs" (area of security/combating drugs).

In our country legal medicine is under the jurisdiction of the Ministry of Health and partly under the authority of the Ministry of Education as in all European Countries while forensic sciences are under the jurisdiction of the Ministry of Justice and the Ministry of Administration and Interior.

The legal medicine activity is provided mainly at an official demand (court, prosecutors, police, etc.) and much less extent at a personal base demand. It provides expertise conclusions on living persons (evaluation of traumatic events, drug testing, etc.) as much as on cadavers (the cause of death determination, to estimate the time since death, to provide a full identification, etc.). The legal medicine is the institutional framework called on a penal procedure base to ascertain the cause of death and to determine if drugs are involved (this is to be made on biological samples such as saliva, urine, blood, etc.). Thus the mortality and drug-related death indicators are in Legal medicine science jurisdiction only. Therefore law enforcement agencies or jury itself rely on the accuracy of the Legal medicine expertise in such cases.

In Romania when the autopsy is ordered by law (violent, suspicious or unknown causes death) the post-mortem examination of the deceased is performed only in the legal medicine institutes or services. The external autopsy or the partial autopsy are not allowed.

Forensic science, a different domain of activity, is in Romania, as in all European Countries, under the authority of the Ministry of Justice and the Ministry of Administration and Interior. It provides expertise conclusions in connection with the crime scene investigation, trace evidence investigation, general chemical, materials and biological analyses, fingerprints, explosives, arsons, audio, video and imagery analyses, etc.

The jurisdiction issue is an important one because it enables an *a priori* independent, scientific and reliable position, eventually the independence of the expertise which is nevertheless granted by the legal statute of legal medicine and on the penal procedure basis.

All above sustain in an obvious manner that as in EU countries Romanian Legal Medicine system must have the capacity and required facilities in order to determine and detect drugs of abuse and metabolites as a part of a solid and efficient co-operation with all specific law enforcement agencies in their common fight against drug and a reliable partnership with EU specific structures.

However, in the main institutes of legal medicine in our country there are only general facilities which enable few drugs determinations, but none referring to drug of abuse and/or metabolites detection, except for the National Institute of Legal Medicine “Mina Minovici” in Bucharest. Even in the National Institute quantitative determinations or the drugs of abuse screening in car accidents victims for instance are not currently performed. Thus could appear problems when prosecution asks for an accurate evidence.

The last National Report on Drugs which Romania sent to EMCDDA and the European Community included very few cases of drug-related deaths (15 cases in 2002 and 3 cases in 2001), which were basically solely the cases detected and analysed in the National Institute of Legal Medicine in Bucharest, NILMB. It is obvious that the drug related death phenomenon is underestimated at a national scale and this is mainly due to the lack of drug detection facilities and data base management throughout Romania.

These facts suggest that the Romanian legal medicine capacity of drug of abuse and metabolites detection is poor and cannot properly support the general fight against drugs.

Another issue is generate by the fact that the private laboratories, which are sometimes called to substitute the legal medicine facilities, are not accredited to work for penal causes and does not possess European accreditation.

By promoting the *Component B* of the project, Romanian health system capacity is strengthened to support a conjugate effort in a common action together with the Romanian Police and in the same time there are put the basis for independent and accurate legal medicine expertise as in all EU countries in which the National Institute of Legal Medicine Bucharest (NILMB) has a key role to play.

#### **For sector programmes - Not applicable**

##### In all cases

NGOs representatives from “Save Children” Romania, “Adolescentul” Association, “ARAS”, Romanian Association against AIDS, were consulted in the phase of project elaboration. Their opinions were expressed within the consultations the National Anti-Drug Agency organized and are particularly important and taken into consideration while preparing the Component A, project purposes III (as the NGOs had or continue to have a relevant input in the activity of the local Drug Prevention & Counselling Centres) and IV (as they will be invited to take part at the joint training of drug prevention professionals).

### 3.2. Sectoral rationale

Not applicable

### 3.3. Results

#### 3.3.1. Purpose

##### COMPONENT A – AN INTER-AGENCY APPROACH IN DRUG DEMAND REDUCTION

- I.** - to establish an Drug Assessment & Study Centre within the National Anti-Drug Agency
- II.** - to implement all EMCDDA key indicators regarding drug prevalence in Romania in line with those established by the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)
- III.** - to strengthen and integrate the Drug Prevention and Counselling Centres (CPCA) in local communities
- IV.** - to train the staff from the institutions involved in drug demand reduction: Ministry of Health, Ministry of Education and Research, Ministry of Administration and Interior, Ministry of Justice (General Directorate of Penitentiaries), National Agency for Youth, National Anti-Drug Agency, as well as NGOs' representatives in the field

##### COMPONENT B - GENERAL ASSESSMENT OF FORENSIC SERVICES AND SETTING UP THE NATIONAL LEGAL MEDICINE NETWORK OF DRUG OF ABUSE AND METABOLITES ANALYSE LABORATORIES (LMNDAMAL)

**V.** – revised and clear separated forensic services able to ensure co-ordinated efforts and maximized outputs avoiding overlapping in current specific activities.

**VI.** - developed legal medicine capabilities for drug testing and a fully operational specific national legal medicine network in order to implement the Acquis communautaire in the field

### 3.3.2 Results:

#### COMPONENT A – AN INTER-AGENCY APPROACH IN DRUG DEMAND REDUCTION (Classical Twinning and Supply)

##### Classical twinning:

##### Project Purpose I

- Drug Assessment & Study Centre – established and operational under the National Anti-Drug Agency
- 53 staff (6 from the National Anti-Drug Agency, as well as 47 from the national network of Drug Prevention & Counselling Centres) trained in risk-assessment methods, studies on drug abuse, analysis of attitudes towards drugs etc. Training should result in the ability to produce comprehensive studies on the drug phenomenon, which could be used by all the relevant stakeholders (Ministry of Health, Ministry of Education and Research, Ministry of Administration and Interior, Ministry of Labour, Social Solidarity and Family, National Anti-Drug Agency, National Agency for Youth, National Authority of Customs) in the policy-formulation process

##### Project Purpose II

- The EMCDDA key indicators – developed
- Reporting templates – developed
- 40 staff (from the National Anti-Drug Agency, Ministry of Administration and Interior, Ministry of Health, Ministry of Education, Research and Youth, Public Ministry, Ministry of Justice) trained in database management and operation
- Database dedicated IT application – developed

##### Project Purpose III

- 47 Drug Prevention and Counselling Centres – operational on a permanent basis under the National Anti-Drugs Agency
- 50 Drug Prevention and Counselling Centres staff trained in primary prevention issues, in order to provide support with the development of and implementation of local action plans
- 15 Ambulatory Centres for Addictive Behaviour fully operational, established in the Drug Prevention & Counselling Centres in Bucharest (6), Iasi, Galati, Constanta, Craiova, Cluj, Timisoara, Arad, Brasov, Sibiu and other university centres.
- 100 selected staff of the Ambulatory Centres for Addictive Behaviour trained in identification of consumers and fast integrated treatment

##### Project Purpose IV

- 200 staff trained in drug demand reduction issues (30 from the Ministry of Health, 30 from the Ministry of Education and Research, 20 from the National Agency for Youth, 20 from the National Anti-Drug Agency, 50 from the Drug Prevention and Counselling Centres, 10 from the General Directorate of Penitentiaries, 50 police officers from Crime Research and Prevention Institute – General Inspectorate of Police, as well as from the Prevention Departments - County Inspectorates of Police)

##### Supply:

- IT equipment such as PCs, printers, video-projector, and reference materials such as books and other printings, multi-media etc. to support the activities of the Drug Assessment & Study Centre within the National Anti-Drug Agency as well as Drug Prevention and Counselling Centres – delivered and operational
- evaluation and diagnosis equipment to support the activities of the 15 Ambulatory Centres for Addictive Behaviour – delivered

#### COMPONENT B - GENERAL ASSESSMENT OF FORENSIC SERVICES AND SETTING UP THE NATIONAL LEGAL MEDICINE NETWORK OF DRUG OF ABUSE AND METABOLITES ANALYSE LABORATORIES (LMNDAMAL)

(Twinning Light, Technical Assistance and Supply)

#### Project purpose V

- revised and clear separated forensic services able to ensure co-ordinated efforts and maximized outputs avoiding overlapping in current specific activities. Establishing jurisdiction, chain of control and management of biological sampling. It is conceived that a well resourced Twinning Light will be able to monitor the situation, provide suggestions for improvements of the institutional set up, investigate need for legal revision, and to some degree catalogue the investment needs in a reformed system of forensic services.

#### Project Purpose VI

- an operational National Legal Medicine Network of Drug of abuse and metabolites Analyse Laboratories (LMN DAMAL), covering all the national territory which is formed by 2 Laboratories (Drug of abuse and metabolites Analyse Laboratories, DAMAL) within 2 Legal Medicine Institutes selected by appropriate and documented criteria, as well as 1 Central Laboratory (Central Drug of abuse and metabolites Analyse Laboratory, CDAMAL) in the NILMB.
- 18 persons trained in specific laboratories techniques, data base management etc.
- legal medicine drugs database – organized and operational, so as reliable information are reported to the authorised recipients.

#### Supply:

- IT equipment (as included in the Provisional, List Annex 4A), Laboratory Equipment and Materials – delivered and operational

### 3.4 Activities (including Means)

#### COMPONENT A – AN INTER-AGENCY APPROACH IN DRUG DEMAND REDUCTION

##### Classical twinning:

##### Project Purpose I

- Training for 10 specialists of the National Anti-Drug Agency will be specifically trained by EU experts. 6 of them will be selected to subsequently take part within internships in different European institutes.

Means: Short term EU experts (sociologists, statisticians, IT experts etc.), seminars, workshops

- Specialized training for 6 staff (internship in most experienced European institutions, exchange of experience, training seminars)

Means: Short and medium term experts (sociologists, statisticians, IT experts etc.), internships, workshops, study visits

- Setting up the Assessment & Study Centre on Drugs (organizing the offices and bibliographical resources)

Means: National Anti-Drug Agency's staff, IT equipment, printings and multi-media

- 53 selected staff (6 from the National Anti-Drug Agency, as well as 47 from the national network of Drug Prevention & Counselling Centres) will be trained in risk-assessment methods, consumption levels studies, analysis of attitudes towards drugs etc. Training should result in the ability to produce comprehensive studies or surveys on the drugs phenomenon, which results could be used by all the relevant stakeholders (Ministry of Health, Ministry of Education and Research, Ministry of Administration and Interior, Ministry of Labour, Social Solidarity and Family, National Anti-Drug Agency, National Agency for Youth, National Authority of Customs) in the policy-formulation process

Means: Short term EU experts together with 6 Romanian experts previously trained, IT equipment, seminars, workshops

- Carrying out the first assessment of the Centre

Means: Short term EU experts, 6 Romanian experts previously trained, 47 representatives of Drug Prevention and Counselling Centres, IT equipment, seminars, workshops

The concept is that the Centre will set up different assessments or studies, achieved through the 6 experts from National Anti-Drug Agency, who will coordinate the activity of other operators from the 47 Drug Prevention and Counselling Centres all over the country. The operators within the 47 Drug Prevention and Counselling Centres will act together with the local volunteers they coordinate.

##### Project Purpose II

- Training provided to the staff of the Romanian Monitoring Centre for Drugs and Drug Addiction (ORDT)

Means: Short and medium term EMCDDA and EU experts, ORDT's staff, seminars, workshops, study visits



- Training for the specialists involved in data collection (police officers, physicians, social workers)  
Means: Short and medium term EMCDDA and EU experts, ORDT's staff, police officers, physicians, social workers, seminars, workshops, study visits
- Training for the supervisors of the collected data  
Means: Short and medium term EMCDDA and EU experts, ORDT's staff, police officers, physicians, social workers, seminars, workshops, study visits
- Collecting and analyzing the cases of infectious diseases  
Means: ORDT's staff, assisted by EMCDDA and EU experts, IT equipment, workshops
- Collecting and analyzing the cases of drug related deaths  
Means: ORDT's staff, assisted by EMCDDA and EU experts, IT equipment, workshops
- Collecting and analyzing cases of Treatment Demand  
Means: ORDT's staff, assisted by EMCDDA and EU experts, IT equipment, workshops
- Collecting and analyzing data on General Population Survey  
Means: ORDT's staff, assisted by EMCDDA and EU experts, IT equipment, workshops

### Project Purpose III

- Elaboration of the Enterprise Resource Planning (ERP) to facilitate the communication between Drugs Counselling and Prevention Centres  
Means: National Anti-Drug Agency's staff, assisted by EU experts, IT equipment, workshops
- Set up of a web page for each of the centres  
Means: National Anti-Drug Agency's staff, assisted by EU and local experts, IT equipment, workshops
- Organising the local work meetings (3-6 local centres attending) for exchanging expertise  
Means: EU experts, National Anti-Drug Agency's staff, local centres' staff, IT equipment, workshops
- Designing and organising of the workshops, having as objective the elaboration and implementation at local level of drug prevention strategies, programs, projects  
Means: EU experts, National Anti-Drug Agency's staff, local centres' staff, IT equipment, workshops
- Specialised training in evaluation and field therapy for 15 therapeutic teams (medical doctors, psychologists, social assistants)  
Means: EU experts, selected participants (medical doctors, psychologists, social assistants), IT equipment, seminars, workshops
- Elaboration of a Handbook on Good Practices and a Therapeutic Guide in drug user assistance  
Means: EU experts, National Anti-Drug Agency's staff, workshops
- Setting up a therapeutic network in connection with other structures of Ministry of Health, Ministry of Justice, NGOs and other institutions  
Means: EU experts, National Anti-Drug Agency's staff, institutions and NGOs representatives, IT equipment, workshops
- The implementation of the Enterprise Resource Planning (ERP)  
Means: EU experts, National Anti-Drug Agency's staff, local centres' staff, IT equipment, workshops

### Project Purpose IV

- Workshops for Training Needs Analysis with various categories of professionals (implemented in partnership by state agencies and NGOs representatives)  
Means: EU experts, National Anti-Drug Agency's staff, institutions and NGOs representatives, IT equipment, workshops
- Training sessions delivered on treatment and primary prevention for 200 staff (30 from the Ministry of Health, 30 from the Ministry of Education and Research, 20 from the National Agency for Youth, 20 from the National Anti-Drug Agency, 50 from the Drug Prevention and Counselling Centres, 10 from the General Directorate of Penitentiaries, 50 police officers from Crime Research and Prevention Institute – General Inspectorate of Police, as well as from the Prevention Departments - County Inspectorates of Police)  
Means: EU experts, National Anti-Drug Agency's staff, selected participants, IT equipment, seminars, workshops

### Tasks of the PAA:

- to provide technical advice on drafting primary and secondary legislation on countering drugs trafficking and consumption;
- to facilitate networking with similar institutions in EU member states in order to stimulate a proper exchange of information and data;

- to co-ordinate the short and medium-term technical assistance from the EU Member States, required to effectively carry out the activities of the project;
- to co-ordinate the transfer of know-how acquired during the training courses and to monitor the first dissemination seminars held by the newly trained trainers.

Medium- /short-term expertise will be required for the performance of project tasks as may be decided during covenant negotiations.

Profile of the PAA:

- Solid legal and managerial background in countering drugs trafficking;
- Sound experience in the field of drug prevention;
- Sound experience in the field of drugs analysis methods;
- Sound knowledge of relevant EU legislative and institutional requirements;
- Sound communication skills and previous experience of working in a multi-disciplinary and multi-national team;
- Previous experience as project coordinator/project manager;
- Good command of English. Knowledge of French is an advantage.

Duration of the assignment of the PAA: The PAA will work within the National Anti-Drug Agency for a period of 18 months.

Supply:

Equipment shall be procured under separate contracts. All IT equipment (corresponding to both *Component A* and *Component B* of the Project) will be procured through one sole contract from Component A Budget. Co-financing shall be made available under the “joint co-financing principle”. This means that Phare and national funds will put together and tendered according to Phare rules and procedures. This requirement is meant to secure more transparency in the use of co-financing funds as recommended during the latest interim evaluation conducted in October-December 2002.

Activities will include:

- drafting 2 sets of technical specifications to be submitted for ex-ante approval
- drafting Tender Dossiers (CFCU) and submitting them for ex-ante approval
- publication of contract forecasts, procurement notices and tender dossiers after ex-ante approval
- organisation of clarification meetings (where deemed necessary as per tender dossiers)
- organisation of evaluation sessions as per the provisions of the tender dossiers
- contract award after ex-ante approval of evaluation reports.

## COMPONENT B - GENERAL ASSESSMENT OF FORENSIC SERVICES AND SETTING UP THE NATIONAL LEGAL MEDICINE NETWORK OF DRUG OF ABUSE AND METABOLITES ANALYSE LABORATORIES (LMNDAMAL)

### Twinning Light

#### Project Purpose V

Conduct a survey of the resources, working practices and degree of co-operation of all Romanian agencies involved in forensic analysis work in support of the criminal justice system and the current legal framework in which they operate. Create a Working Group on Enhanced Forensic Analysis chaired by the Pre-Accession Advisor involving legal experts and forensic practitioners from all of the relevant Government agencies. Using the survey as a starting point, the Working Group will produce a series of proposals for changes to the relevant legal framework as well to the organisational structure of the network of agencies involved in forensic analysis work in support of the criminal justice system. This will also include proposals for future spending priorities, and will in particular seek to meet the agreed priorities of the agencies involved in the inter-institutional approach to the fight against organised crime. The overall objective of all proposals will be to achieve a more effective contribution by the whole network in the investigation, prosecution and conviction of criminal cases. The proposals will then be presented to the Government.

### Technical Assistance:

Project Purpose VI (Conditionality: Investment tender dossier for National Legal Medicine Network can only be approved after an affirmative assessment of the role of the Network and the viability of the TD have been made by MS in the twinning light)

- Establishing connections within the network and reporting of data to the central unit (National Institute of Legal Medicine Bucharest); the main applicant (NILMB) will process the legal medicine toxicology data base and will send accurate data to the Romanian Monitoring Centre for Drug and Drug Addiction, National Anti-Drug Agency and to the Romanian Police as entitled recipients. The main applicant will animate the National Legal medicine Network of Drug of abuse and metabolites analyse Laboratories.

Means: Compatible Data base software, IT specialists

- Create and endowed 3 laboratories with adequate equipment and materials

Means: Supply Contract - Purchase of the laboratory equipment and materials, purchase IT equipments for the network and the data base, consulting, technical assistance

- Training staff and personnel in European standards drug testing procedures and data base creating and management

Means: Short and medium term experts (toxicologist, IT experts, statisticians), possible long term experts (IT experts), seminars, workshops, conferences, study visits

- Preparing drug testing activities

Means: both personnel and laboratory facilities are operational (including IT equipments for the network, consulting)

- Testing drugs

Means: Sampling (both living and deceased people – on official demand of the law enforcement agencies or at personal demand as for living people), testing, collecting data

- Manage accreditation application

Means: Co-operation with the standardisation bodies who set internal and external standards

- Drugs data management

Means: Accurate collecting of toxicological data from all the beneficiaries in the Central DAD Lab. in the NILMB. Compatible European software.

- Export information to entitled recipients

Means: Co-operation with the Romanian Monitoring Centre for Drugs and Drugs Addiction (ORDT) and the National Anti-Drug Agency

The Technical Assistance should be in the form of two contracts (classical TA or Framework Contracts, as appropriate), each with a duration of 6 months, or one contract with two distinct implementation periods, one in the evaluation period (at the beginning of the project implementation period) and one after having the laboratory equipment delivered (for the training of staff)

### Supply:

(Conditionality: Investment tender dossier for National Legal Medicine Network can only be approved after an affirmative assessment of the role of the Network and the viability of the TD have been made by MS in the twinning light)

All IT equipment (corresponding to both *Component A* and *Component B* of the Project) will be procured through one sole contract from Component A Budget (see Provisional List, Annex 4A). Equipment shall be procured under two separate contracts. Co-financing shall be made available under the “joint co-financing principle”. This means that Phare and national funds will put together and tendered according to Phare rules and procedures. This requirement is meant to secure more transparency in the use of co-financing funds as recommended during the latest interim evaluation conducted in October-December 2002. The needed software products must be purchase with licence.

Activities will include:

- drafting 2 sets of technical specifications to be submitted for ex-ante approval
- drafting Tender Dossiers (CFCU) and submitting them for ex-ante approval
- publication of contract forecasts, procurement notices and tender dossiers after ex-ante approval
- organisation of clarification meetings (where deemed necessary as per tender dossiers)
- organisation of evaluation sessions as per the provisions of the tender dossiers
- contract award after ex-ante approval of evaluation reports.

### 3.5 Linked Activities:

**Phare 2000 Project RO-0006.17** - Measures to develop and implement a National Strategy to Combat Drug Abuse and Illicit Drug Trafficking. The main objective of the project was to develop a comprehensive National Strategy to Combat Drug Abuse and Illicit Traffic of Drugs (together with concrete plans for actions to be taken), complemented by sectorial strategies, in line with EU standards and best practices, based on a review of the current legislation on drug law enforcement, the existence of appropriate structures and systems to implement the formulated strategies and action plans and a strong inter- and intra agency co-operation and co-ordination. The project achieved its objectives upon conclusion in March 2003.

The **2002 Phare Programme** (follow-up on the project above), **RO 02/000-586.04.15** - "Modernisation and reform of law enforcement agencies and strengthening of anti-corruption structures" focuses on enhancing the overall conceptual and operational capability of MoI training functions, the capabilities of the Romanian Police supporting the implementation of a demilitarised and decentralised policing system in line with EU models, as well as the institutional capacity of the MoI to prevent and counter internal corruption according to EU standards in the field and the law-enforcement capabilities of the Romanian Gendarmerie in line with EU procedures and practices.

The Phare 2002 Phare Project relating to the strengthening of procedures in the fight against trafficking in human beings and drugs, the main beneficiary of which is the Romanian Border Police. The project is expected to start in January 2004.

The **2003 Phare Programme** - "Compliance with EU accession criteria on police co-operation and the fight against organized crime" focuses on creating a Resource Centre for countering Trafficking in Human Beings, developing a national DNA profiling database for use in the forensic identification of Romanian nationals perpetrating offences on the territory of EU Member States, in line with methodologies and quality management standards recommended by the European DNA Profiling Group, further strengthening of the institutional and operational capacity of the Romanian Police and Antidrug National Agency in preventing and fighting against drugs trafficking and abuse and setting up a EUROPOL Unit in line with EU standards.

**Phare 2003 Project "Fighting against drugs trafficking and abuse"** (classical twinning and supply) **RO/2003/IB-JH-05**, which is expected to yield the following results:

- primary and secondary legislation on the licit circuit of psychotropic substances – drafted in line with EU standards and submitted for approval
- legislation on the licit circuit of narcotics – revised in line with EU standards and submitted for approval
- secondary legislation on laboratory operation norms drafted in line with EU standards and submitted for approval
- an awareness campaign against drugs run at national level
- Antidrug National Agency's staff adequately trained to monitor, coordinate and evaluate anti-drug activities carried out by national and international agencies and organizations
- Local prevention & counseling centers' staff appropriately trained to play their roles in preventing drug consumption
- staff (about 6 persons) from both the territorial drugs analysis laboratory in Cluj and the central laboratory in Bucharest adequately trained in the field of drugs methodology.
- staff trained (about 4 persons) in new methods for drug analysis used by drug analysis experts.
- staff trained (about 100 persons) in inspection methods related to sanitary units dealing with the delivery of medicine containing narcotic and psychotropic substances.
- equipment for the National Resource Centre on Drugs within the National Anti-Drug Agency – delivered.
- drug analysis equipment for the regional center in Cluj and for the center in Bucharest – delivered.

The National Legal Medicine Network of Drug Metabolites Analyse Laboratories, (DMAL) will link its activity to the twinning programme RO 00/IB/JH02. This project is a priority of this twinning programme because presently the toxicological facilities for drugs testing at a national scale being poor the drug-related death indicator (a basic indicator of NAN and of EMCDDA) is not fully operational.

### 3.6 Lessons learned:

We have learned especially from the experience that emerges from the Phare Twinning "Fight against drugs", Spain-Romania RO 00/IB/JH02. This programme has create a Romanian National Strategy to fight against drugs, a National Anti-Drug Agency and a National Focal Point on Drugs called Romanian Monitoring Centre for Drug and Drug Addiction (ORDT) within the National Anti-Drug Agency. The Romanian Government which proved political will and determination in implementing this programme has modified several laws and create new ones as Law no.300/2002 concerning synthetic drugs and precursors, etc.

This twinning Phare experience demonstrate that a strong determination, a governmental support and a valuable priority action plan which enable the Acquis could guarantee the success. Besides these essential aspects we must think at the decentralisation at the different administrative levels, an efficient university training (medical universities

etc.), before one could achieve the final outcome, strengthening the institutional capacity of police and health services of drug demand reduction and drug prevention.

However the programme showed the advantage of multi-disciplinarily and horizontally training of staff. An improved inter-ministerial co-operation between Romanian Monitoring Centre for Drug and Drug Addiction and official and civil organisations, which report data, can improve the timing and quality of data. Setting an accurate database is an essential tool of this programme.

To strengthen the Romanian institutional capabilities to counter the drug phenomenon from a comprehensive, integrative and sustainable approach, in order to solve several important issues for a better comply with EU drug standards, procedures and best practices is also a lesson to learn.

#### 4. Institutional Framework

The National Anti-Drug Agency will provide the leadership for the project. The Co-ordinator and responsible for *Component A* of the project will be the National Anti-Drug Agency. The Co-ordinator and responsible for the *Component B* will be the Ministry of Health.

The National Anti-Drug Agency will appoint a Project Steering Committee (PSC) that will meet quarterly or when needed. The PSC members will be representatives of the National Anti-Drug Agency, the Ministry of Health, the Ministry of Administration and Interior, representatives of the NILMB and other representatives of the structures involved in the project. A representative of the National Anti-Drug Agency will chair the steering Committee. The National Anti-Drug Agency will provide PSC with a secretariat.

The main beneficiaries of this project proposal are: the National Anti-Drug Agency within the Ministry of Administration and Interior and the Ministry of Health. All the other institutions participating in the implementation of the National Strategy on Drugs, such as Ministry of Education and Research, National Agency for Youth, National Authority of Customs, the Ministry of Labour, Social Solidarity and Family, Ministry of Justice, the National Office for Preventing and Countering Money Laundering, the Prosecutor's Office etc. are secondary beneficiaries.

The beneficiaries will support the implementation of the proposed project by assuring the necessary organizational environment, making available the necessary personnel and covering the cost of the national experts, the necessary building infrastructure, and the related running and administrative costs.

The Drug of Abuse and Metabolites Analyse Laboratories within the Legal Medicine Institutes are entitled to collect data and to report to the Central Drug Analyse and Detection Laboratory in the NILMB, which co-ordinate their activity. NILMB is entitled to report specific information to the Ministry of Health, on one hand, and to the National Anti-Drug Agency within the Ministry of Administration and Interior, on the other hand. The data are transferred to the entitled international recipients by the National Anti-Drug Agency.

We do not expect that the results of our project would have to initiate changes in the hierarchical structure as presented.

#### 5. Detailed Budget

	EU Support (million Euro)					
	Investment Support	Institution Building	Total EU (=I+IB)	National Co-financing*	IFI*	TOTAL
<b>Component A - INTER-AGENCY APPROACH IN DRUG DEMAND REDUCTION</b>	<b>0.52</b>	<b>0.50</b>	<b>1.02</b>	<b>0.30</b>	-	<b>1.32</b>
Contract 1 - Classical twinning	-	0.50	0.50	0.10	-	0.60
Contract 2 - Supply	0.52	-	0.52	0.20	-	0.72
<b>Component B - GENERAL ASSESSMENT OF FORENSIC SERVICES AND SETTING UP THE NATIONAL LEGAL MEDICINE NETWORK OF DRUGS OF ABUSE AND METABOLITES ANALYSE LABORATORIES (LMNDAMAL)</b>	<b>0.65**</b>	<b>0.35</b>	<b>1.00</b>	<b>0.38</b>		<b>1.38</b>
Contract 1 – Twinning Light	-	0.10	0.10	0.02	-	0.12
Contract 2 – Technical Assistance	-	0.25	0.25	-	-	0.25
Contract 3 - Supply	0.65**	-	0.65	0.36	-	1.01
<b>Total</b>	<b>1.17</b>	<b>0.85</b>	<b>2.02</b>	<b>0.68</b>	-	<b>2.70</b>

\*\*Conditionality: Investment tender dossier for National Legal Medicine Network can only be approved after an affirmative assessment of the role of the Network and the viability of the TD have been made by MS in the twinning light

\*Co-financing:

The co-financing for the *Component A* will be assured from governmental funds (the budget of the Ministry of Administration and Interior). These funds shall be included in the new budget for 2005, 2006 and eventually 2007 of the Ministry of Administration and Interior.

The co-financing for the *Component B* (contract 3 - Supply) will be assured from governmental funds (the budget of the Ministry of Health). These funds shall be included in the new budget for 2005 (or 2006, if appropriate) of the Ministry of Health.

The co-financing for the *Component B* (contract 1- Twinning Light) will be assured from governmental funds shared between the beneficiaries institutions of the contract which are involved in the forensic services (Ministry of Health, Ministry of Justice and the Ministry of Administration and Interior).

## **6. Implementation Arrangements**

### 6.1. Implementing Agency

The Central Finance and Contracting Unit (CFCU) within the Ministry of Public Finance is the Implementing Agency, having responsibilities for procedural aspects of tendering, contracting and payments.

The Central Finance and Contracts Unit  
Ms Jeana BUZDUGA, Director, PAO  
Ministry of Finance / CFCU;  
6-8 Magheru Blvd., 5<sup>th</sup> Floor, Bucharest, District 1  
Tel: (4021) 301 93 01  
Fax: (4021) 210 64 56  
e-mail: [bjeana@ansit.ro](mailto:bjeana@ansit.ro)

The Implementing Authority for the current project will be the Ministry of the Administration and Interior.

The Programme Implementation Unit (PIU) within the National Anti-Drug Agency will be responsible for the day-to-day management of Component A. The PIU within the Ministry of Health will be mainly responsible for a proper implementation of Component B. The PCU within the MoAI will act as overall coordinator of the programme implementation process. The role of the PIUs will be to manage and solve, according to the Decentralized Implementation System (DIS) procedures, all issues concerning the management of the project, including planning and identification of tasks, reporting, preparation of project documentation, participation in tendering, monitoring and evaluation of activities. The PIUs will directly report to the Phare PCU within the Ministry of Administration and Interior, Directorate for European Integration and International Relations.

### **Contacts:**

#### **Ministry of the Administration and Interior**

Mr. Corneliu Alexandru, General Director  
General Directorate for European Integration and International Relations  
Str. Eforie nr. 3, corp A  
Sector 5, 70622 Bucharest, Romania  
Tel.: 00-40-21-312 4102  
Fax: 00-40-21- 314 74 22  
E-mail: [diri@mi.ro](mailto:diri@mi.ro)

#### **National Anti-Drug Agency**

Mr. Pavel ABRAHAM, LL.D., President  
37 Unirii Bd., sector 3, Bucharest  
Phone: 004021 - 326 44 00, Fax: 004021 - 326 67 27  
e-mail: [pavel.abraham@ana.gov.ro](mailto:pavel.abraham@ana.gov.ro)  
Phone: 004021 - 326 44 11, Fax: 004021 - 326 44 11  
e-mail: [dumitru.licsandru@ana.gov.ro](mailto:dumitru.licsandru@ana.gov.ro)

**Ministry of Health**

Phare Projects Implementation Unit  
1-3 Cristian Popisteanu Str., Sector 1 Bucharest  
Phone/Fax: 004021 - 3121433, Phone: 004021 - 3072620  
e-mail: [ltronu@ms.ro](mailto:ltronu@ms.ro)

**National Institute of Legal Medicine “Mina Minovici” Bucharest (NILMB)**

Sos. Vitan Birzesti 9, 75669 Bucuresti-4, Romania,  
Tel: 004021 - 3325008, Fax: 004021 - 3346260,  
e-mail: [gcurca@pcnet.ro](mailto:gcurca@pcnet.ro), [cristi.curca@pcnet.ro](mailto:cristi.curca@pcnet.ro), [danderme@rnc.ro](mailto:danderme@rnc.ro)

**6.2. Twinning (Classical and Light)****Contacts:****Ministry of the Administration and Interior**

Mr. Corneliu Alexandru, General Director  
General Directorate for European Integration and International Relations  
Str. Eforie nr. 3, corp A  
Sector 5, 70622 Bucharest, Romania  
Tel.: 00-40-21-312 4102  
Fax: 00-40-21- 314 74 22  
E-mail: [diri@mi.ro](mailto:diri@mi.ro)

**National Anti-Drug Agency**

Mr. Pavel ABRAHAM, LL.D., President  
37 Unirii Bd., sector 3, Bucharest  
Phone: +4021 - 326 44 00, fax: + 4021 - 326 67 27  
e-mail: [pavel.abraham@ana.gov.ro](mailto:pavel.abraham@ana.gov.ro)  
Mr. Dumitru Licsandru, Ph.D.,  
Head of International Relations Directorate  
37 Unirii Bd., sector 3, Bucharest  
Phone/Fax: +4021 - 326 44 11  
e-mail: [dumitru.licsandru@ana.gov.ro](mailto:dumitru.licsandru@ana.gov.ro)

**Ministry of Health**

Phare Projects Implementation Unit  
1-3 Cristian Popisteanu Str., Sector 1 Bucharest  
Phone/Fax: 004021 - 3121433, Phone: 004021 - 3072620  
e-mail: [ltronu@ms.ro](mailto:ltronu@ms.ro)

**National Institute of Legal Medicine “Mina Minovici” Bucharest (NILMB)**

Sos. Vitan Birzesti 9, 75669 Bucuresti-4, Romania,  
Tel: 004021 - 3325008, Fax: 004021 - 3346260,  
e-mail: [gcurca@pcnet.ro](mailto:gcurca@pcnet.ro), [cristi.curca@legmed.ro](mailto:cristi.curca@legmed.ro), [danderme@rnc.ro](mailto:danderme@rnc.ro)

**6.3. Non-standard aspects**

**The Practical Guide to Contract Procedures Financed from the EC general Budget will be strictly followed.**

**6.4. Contracts**

The Implementing Authority shall take all necessary steps in order to ensure a minimum number of tenders, preferably with several lots.

The *Component A* of this project includes a Classical Twinning Contract and a Supply Contract (which will provide needed support to Project Purposes I, II and III).

The *Component B* of this project includes:

- a Technical Assistance component, which will be materialised into two contracts (classical TA or Framework Contracts, as appropriate), each with a duration of 6 months, or one contract with two distinct implementation

- periods, one in the evaluation period (at the beginning of the project implementation period), and one after having the laboratory equipment delivered (for the accreditation support and continuing the training of staff),
- a Twinning Light Contract under the Component B will be developed according to the 2004 revised Reference Manual on “Twinning” Projects and will have as beneficiaries all institutions involved in the forensic services, this are the Ministry of Health for the forensic medicine field and the Ministry of Justice and the Ministry of Administration and Interior for the forensic sciences field
- and a Supply Contract (which will provide support to Project Purpose VI).

## **7. Implementation Schedule**

*7.1. Start of tendering/call for proposals - January 2005*

*7.2. Start of project activity –September 2005*

*7.3. Project completion – not later than the expiry of the disbursement period pursuant to the Financing Memorandum 2004.*

## **8. Equal Opportunity**

The Ministry of Administration and Interior and the Ministry of Health will ensure equitable gender participation in the project. Equal participation in the project by women and men will be assured and women’s participation will be enforced at the start of the project. All periodical progress review reports and other interim reports will include a specific explanation on measures and policies taken with respect to this equal opportunity for women and men and will provide measurements of achievement of this goal.

All the statements above meet the EU Dir. 86/613/11.12.1986 regarding the principle of equal treatment for man and women engage in an activity protection of employed women during pregnancy and motherhood and EU Dir. 92/8519.10.1992 regarding introduction of measures to improve safety and health of work for pregnant workers who have recently give birth or are breath feeding.

## **9. Environment**

**Not applicable**

## **10. Rates of return**

Not applicable

## **11. Catalytic effect**

Although the MoAI and Ministry of Health allocate from their own funds resources for implementation of the project (see co-financing at item 5 - Budget), these resources are drastically limited, so that only the Phare contribution will make possible an accelerated process.

## **12. Co-financing**

The Romanian Government provides 25% of the project funds as stated in paragraph 5. The co-financing for Component A will be assured from governmental funds - the Budget of the Ministry of Administration and Interior, which shall be included in the budget for 2005 and/or 2006, if appropriate. The Co-financing for the Contract 3 – Supply of Component B is assured from governmental funds - the budget of the Ministry of Health, which shall be included in the budget for 2005 and/or 2006, if appropriate. Co-financing shall be made available under the “joint co-financing principle”. This means that Phare and national funds will be put together and tendered according to Phare rules and procedures. This requirement is meant to secure more transparency in the use of co-financing funds as recommended during the latest interim evaluation conducted in November - December 2003.

The co-financing for the *Component B* (contract 1- Twinning Light) will be assured from governmental funds shared between the beneficiaries institutions of the contract which are involved in the forensic services (Ministry of Health, Ministry of Justice and the Ministry of Administration and Interior), which shall be included in the their budgets for 2005 and/or 2006, if appropriate.

## **13. Additionality**



**In conformity with the nature of the project, the implementation of *acquis communautaire*, no other financing agency is involved. This project is complementary to the programmes listed under item 3.5.**

**PHARE grants shall not displace other financiers, especially from the private sector or IFIs.**

Legal medicine in Romania has not a private sector. All the Legal medicine and legal medicine facilities are in the State control. Legal medicine expertise is performed mainly at the demand of the judicial system as a compulsory penal procedure and seldom and restricted at people request (drug detection in biological samples, expertise of some injuries in alive people, etc.).

#### **14. Project readiness and size**

The conditions for the project implementation are ready. The investment funds required by the project implementation comply with minimum project size requirements.

#### **15. Sustainability**

The beneficiary institutions will take responsibility to include the running costs and related maintenance costs in their budgets starting from 2005.

The investment will be sustainable in the long term, i.e. beyond the date of accession and will comply with EU norms and standards. They have no adverse effects on the environment.

This will be also the case for the Institutes (including Central laboratory from the NILMB) that will form the National Legal medicine Network of Drug Metabolites Analyse Laboratories. By the end of 2006 Legal medicine toxicology will meet EU standards due to this project.

#### **16. Compliance with state aids provisions**

**An association of Europe Agreement is hereby established between the Community and its Member States on the one part, and Romania on the other part, Official Journal L 357, 31/12/1994 P. 0002 – 0189. Such possible investments do respect the state aid provisions of Romania.**

#### **17. Conditionality and sequencing**

Conditionality: Investment tender dossier for National Legal Medicine Network can only be approved after an affirmative assessment of the role of the Network and the viability of the TD have been made by MS in the twinning light.

The equipment foreseen under this project proposal will be absorbed and used effectively in order to achieve project objectives and the objectives stated in the Ministry of Administration and Interior as well as in the Ministry of Health's strategies, which are in line with the provisions of AP and NPAA.

PHARE support for drugs demand reduction crime should be provided subject to progress with the legislative and institutional reforms in this field, including successfully implementation of the PHARE 2003 police co-operation drug - related projects.

#### **ANNEXES TO PROJECT FICHE**

1. Logical framework matrix in standard format (compulsory)
2. Detailed implementation chart (compulsory)
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period) (compulsory)
4. List of equipment needed, with budget details
5. Provisional Terms of Reference of the National Drug Assessment & Study Center
6. The List of the existing equipment in the local Drug Prevention and Counselling Centers

## Annex 4.A

## PROVISIONAL LIST OF EQUIPMENT

## NECESSARY EQUIPMENT FOR THE COMPONENT A: STRENGTHENING THE INSTITUTIONAL CAPACITY OF THE ROMANIAN AGENCIES IN THE FIELD OF DRUG DEMAND REDUCTION

<b>No</b>	<b>Item</b>	<b>Units</b>
	<b>I. National Drug Assessment and Study Center</b>	
	<b>Central Unit (within the National Anti-Drug Agency)</b>	
1	Computer Server	1
2	PC working station	6
3	Scanner	1
4	Videoprojector + screen	1
5	Photocopier	1
6	Color Laser Printer	1
7	Black /White Laser Printer	1
8	InkJet Printer	3
9	Notebook	1
10	tel/fax	2
11	software	7
	<b>Local structures</b>	
12	PC working station	47
13	InkJet Printer	47
14	tel/fax	47
15	photocopier	47
16	software	47
	<b>II. EMCDDA Key indicators' implementation</b>	
	<b>(drug infectious diseases, drug related deaths)</b>	
17	Screening Tester (3000 units per each of HIV/AIDS, VHB, VHC)	9000
18	Confirmation Testers	3000
19	Security System for Data transmission	1
20	PC working station	6
21	PC working station (for the 3 Laboratories of the Legal Medicine of Drugs of Abuse and Metabolites Analyse network)	3
22	PC Server connecting Legal med network labs with EMCDDA - NAA	1
	<b>III. 15 Ambulatory Centers for Addictive Behaviours</b>	
	<b>within the Drug Prevention and Counselling Centers</b>	
23	Fast identification drug kit (in urine)	3500
24	Fast identification drug kit (in saliva)	1500
25	Fast identification drug device (in saliva)	15
26	Fast identification drug kit (in chemical compounds)	1500
27	Safe locker (for data file, drug testers protection)	45
28	Medical bed	15
29	First Aid Medical Kit	15
30	Liquid Methadone dispenser	15

## Annex 4.B

### PROVISIONAL LIST OF EQUIPMENT

#### NECESSARY LABORATORY ENDOWMENT FOR LEGAL MEDICINE DETECTION DRUG ANALYSE LABORATORIES.

This is to create 6 separate laboratories in 6 different Institutes in Romania: Bucharest (main unit), Iassi, Craiova, Timisoara, Targu-Mures, Cluj-Napoca, subordinated to the **National Institute of Legal Medicine “Mina Minovici”**, Bucharest

##### 1. National Institute of Legal Medicine “Mina Minovici” Bucuresti

<b>A. Analytical Instruments</b>			
<b>No.</b>	<b>Item and Brief Specifications</b>	<b>Brief Justifications</b>	<b>Units</b>
1A.	<b>GC-MS</b> (quadrupole mass spectrometer, 2 ÷ 800 amu, ±EI / ±CI ionization mode, GC with split-splitless injector, sample autoinjector, autosampler, Instrument operating and data processing software, NIST MS library, PC with color printer and multimedia kit)	Useful to confirm presence for drug of abuse and their primary metabolites screening in urine, blood (or plasma) and internal human organs extracted samples (already tested with other techniques). Also use in trace analysis and creating analytical methods.	1
1B.	<b>GC-MS</b> (quadrupole mass spectrometer, 2 ÷ 800 amu, ±EI ionization mode, GC with split-splitless injector, sample autoinjector, Instrument operating and data processing software, NIST MS library, PC with color printer and multimedia kit)	Useful to confirm presence for drug of abuse and their primary metabolites screening in urine, blood (or plasma) and internal human organs extracted samples (already tested with other techniques).	2
2.	<b>FTIR-Microscope</b> (FTIR with dynamic alignment interferometer, 375 – 7500 cm <sup>-1</sup> , Golden Gate diamond single reflection ATR, transmission / reflection mode IR microscope with CCD video camera, Micro ATR, 15 and 32X objectives, DLATGS and MCT-B detectors, Instrument operating and data processing software, Canadian Forensic IR spectra library, PC with color printer and multimedia kit)	Suitable to find presence of abused drugs (and their primary metabolites) in (or on the surface) of solid analytical samples: hair, skin, nails. Very useful in cases when a very small quantity of sample is available, and to estimate with relatively good precision the time of drug addiction (hair micro-IR map).	1
3A.	<b>UV-VIS Densitometer</b> (UV-VIS Reflection / fluorescence mode TLC densitometer, 200 ÷ 800 nm wavelength domain, Instrument operating and data processing software, PC with color printer and multimedia kit)	Very useful to analyze a large number of samples in the same time. Some useful structure correlation in UV-VIS reflection mode and very good sensitivity in fluorescence mode. Can give quantitative information also. Positive results must be confirmed by a GC-MS or LC-MS analysis.	1
3B.	<b>UV-VIS Spectrophotometer</b> (Diode array automated spectrophotometer, scanning 190 ÷ 900 nm wavelength domain, 2 nm bandwidth, thermostated cell holders, time scanning, 10 x10 mm UV silica cuvettes, cuvettes support, Instrument operating and data processing software, PC with color printer and multimedia kit)	Almost indispensable for all kind of analytical lab's. Will be used to verify and control sampling steps, to perform colorimetric analytical methods and to obtain and confirm UV-VIS spectra for some sample extracts, solvents, aqueous tampons etc.	3
4A.	<b>LC-MS</b> (Low pressure quaternary gradient high pressure pumping system with dynamic mixer, degasser, autosampler, Peltier controlled column oven, Diode-array UV-VIS detector with 200 ÷ 950 nm wavelength domain, / Mass Spectrometer – ion trap – with 50 ÷ 4000 amu domain, electrospray and APCI source, instrument operating and data processing software, spectral comparing software suitable to create and use UV-VIS and MS spectral databases, PC with color printer and multimedia kit)	Use into solve two kind of major analytical problems: qualitative and quantitative studies for drug of abuse (and his metabolites) in sample extracts, and to solve analytical determinations for the samples who contains drugs and metabolites who's not able to be analyzed by GC (high mass or high polar compounds). Also, the MS give structural information and is able to create analytical qualitative and quantitative methods.	1
4B.	<b>HPLC</b> (Low pressure quaternary gradient high pressure pumping system with dynamic mixer, degasser, autosampler, Peltier controlled column oven, Diode-array UV-VIS detector with 200 ÷ 950 nm wavelength domain, in series with MS detector –quadrupole mass separator – with 50 ÷ 2000 amu, electrospray and APCI source, instrument operating and data processing software, spectral comparing software suitable to create and use UV-VIS spectral databases, PC with color	Use into solve two kind of major analytical problems: qualitative and quantitative studies for drug of abuse (or/and his metabolites) in sample extracts, and to solve analytical determinations for the samples who contains drugs and metabolites who's not able to be analyzed by GC (high mass or high polar compounds).	2

	printer and multimedia kit)		
<b>B. Laboratory Apparatus</b>			
No.	Item and Brief Specifications	Brief Justifications	Units
5.	<b>Drug of Abuse Immunoassay Rapid Kit</b> (simple, cheap and rapid immunoassay rapid tests for all major classes of abused drugs, 300 single tests of each)	Useful for preliminary analysis for different classes of abused drugs. Results must be confirmed by TLC-UV-VIS, GC-MS or HPLC-DAD-(MS) analytical methods.	3
6.	<b>Automated System for Sample Concentration / Evaporation under Nitrogen Current</b> (patented system, 6 x 200 ml samples, 1 ml final fixed volume, optical sensor)	After obtaining sample extracts, this apparatus is very useful to concentrate this at a small and precise volume without losses of analytes. Also, is an advantage to process 6 samples in one analytical step.	3
7.	<b>Automated System for Multi-Sample Solid Phase Extraction</b> (programmable eluting pump and valves for different eluting solvents, fully programmable sampling steps [i.e. SPE cartridges conditioning, eluting, cleaning], multi SPE cartridges and multi sample processing system, Instrument operating and data processing software, PC with color printer and multimedia kit)	Very useful in modern analytical sampling is able to perform reliable and reproducible sample extractions, with finally analytical correct sample extracts. Able to develop and put on work specific SPE extraction methods, with thorough knowledge and control of chemically and statistically extraction parameters.	3
8.	<b>Vacuum Samples and Solvents Filtration System</b> (single stage vacuum pump, filtrating holder, cartridges)	Any analyst knows that is crucial to obtain a clear sample extract and a very pure and clear eluting solvent (in all chromatographic techniques).	3
9.	<b>Water Purifying Equipment</b> (will be contains an reverse osmosis / ion exchange system coupled with an water ultrapurifier system, final debit: 4 ÷ 6 l/h, final water quality: 18.2 MΩ/cm, <1ppb TOC)	The water obtained after first purification step is to be use in almost all generally laboratory procedures (including glassware cleaning) and the water obtained after ultrapurifying step will be able to use in HPLC methods.	3
10.	<b>pH/mV/conductivity Meter</b> (-2 ÷ 16 pH scale for electrode and apparatus, 0.01 pH precision, able to measure conductivity for simple distilled and ultrapurified water)	Will be use to measure parameters in water solutions, tampons etc. Useful to prepare elution water solvents and to verify water and water solvents quality.	3
11.	<b>Laboratory Oven</b> (electronic, programmable, 50 liters minimum volume, glassware door, chemically resistant surfaces, ambient to min. 200°C)	To be use for known generally laboratory (i.e. drying) procedures. Is a generally use laboratory apparatus.	3
12.	<b>Laboratory Centrifuge</b> (swing-out rotor at max. 5000 rpm with possibility to adapt sample tubes form 7 to 100 ml volume, fixed angle rotor at min. 12000 rpm for min. 12 x 10 ml sample tubes, programmable, electronic digital display, easy and safe to use)	To perform separation or cleaning procedures for biological samples (urine, blood) and sample extracts. Is a generally use laboratory apparatus.	3
13.	<b>Electronic control Pipettes / Electronic control Pipettors / Electronic control solvent Dispensers</b> (easy to use, electronic digital display, programmable [for pipettes and pipettors], high precision measurements)	Will be used to precise volume measuring for solvents (pipettes, pipettors, dispensers) and sample extracts (pipettes).	3
14.	<b>Magnetic Stirrers</b> (variable rotation speed 100 ÷ 1000 rot/min.)	Used in sampling steps for mixing procedures.	3
15.	<b>Thin Layer Chromatography accessories</b> (TLC plates, sprayer, eluting chamber, spotters)	Necessary for TLC analytical procedures. The list with all pieces will be submitted on request.	1
16.	<b>Laboratory Glassware</b> (class A analytical borosilicate glassware and other generally use laboratory glassware)	Practically no necessary to justify this needs. The list with glassware types and number of pieces will be submitted on request.	3

## **Annex 5**

### **PROVISIONAL TERMS OF REFERENCE OF THE NATIONAL DRUG ASSESSMENT & STUDY CENTER**

- to evaluate periodically the impact and effectiveness of the measures set up through local/sectoral /national Action Plans and to develop reports that allow all involved institutions/organizations to adapt the strategies and improve the quality of actions carried out, consequently,
- to develop different studies on drug abuse and to disseminate their conclusions to those interested,
- to develop surveys and to assess the public attitude on drug problem,
- to develop and/or validate proper methodologies for assessing/evaluating illicit drug abuse in a manner that allows comparison studies carried out in different years;
- to map out different trends in drug abuse,
- to develop specific indicators regarding drug abuse (different from EMCDDA indicators, which are the object of the National Focal Point on Drugs' activity).

## **Annex 6**

### **The List of the existing equipment in the local Drug Prevention and Counselling Centers**

- 47 PC working stations (1 for each of the local centers)
- 47 jet ink printers (1 for each of the local centers)
- 47 telephones with fax machine (1 for each of the local centers)
- minimum endowment with furniture