



UNITED NATIONS  
*Office on Drugs and Crime*

## **REPORT ON A REGIONAL MEETING (GLOK01)**

# **“Drug use prevention through family skills training programmes: Current status, steps forward and Perspectives for regional collaboration”**

***South East Europe***

**Belgrade, Serbia**

**October 2, 2014**

## **Background:**

UNODC Project GLOK01 “Prevention of drug use, HIV/AIDS and crime among young people through family skills training programmes” is the operational arm through which the Prevention, Treatment and Rehabilitation Section of UNODC promotes prevention of drug use that is based on scientific evidence.

It includes two main components:

1. On a Global Level: to develop and disseminate standards and guidelines
2. On a National and Regional Level: to consolidate and coordinate efforts to pilot and implement evidence-based prevention activities, focusing on the family and school, and based on the standards and guidelines.

As part of this project, since 2010, over 8,000 parents and children in 15 countries in West & Central Asia, Central America and South America and South Eastern Europe have participated in piloting evidence base family skills programmes (Fig 1). These have helped improve protective factors such as the way the family functions and the behaviour of both parents and children. Currently the main two family skills programmes implemented are Strengthening the Family Programme 10-14 (SFP 10-14) or Families and School Together (FAST).

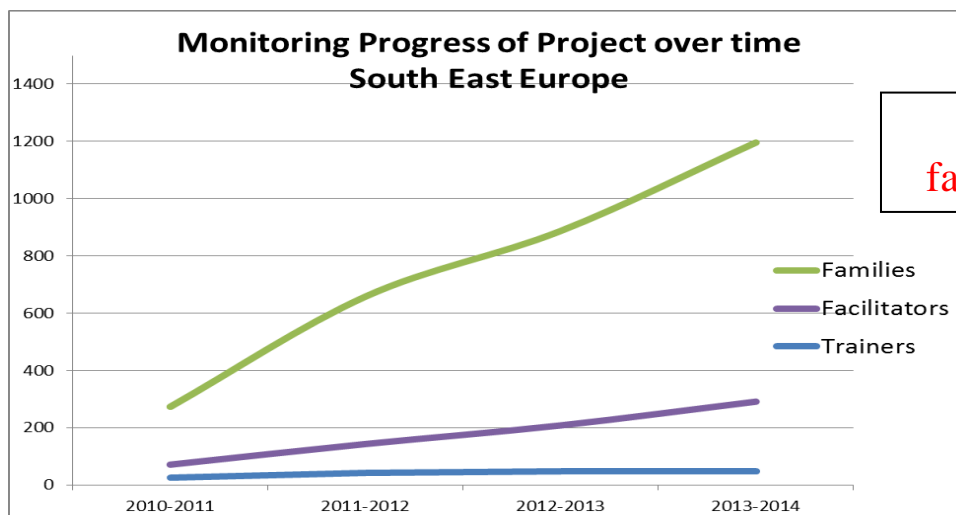


South East Europe has been a beneficiary for capacity building at the level of evidence based family skills prevention programming since 2010, starting with Serbia and Albania. The family skills prevention programme piloted in this region is (SFP 10-14).

Since 2010, the South East Europe piloting of family skills is now in operation in Serbia, Albania, The Former Yugoslav Republic of Macedonia, Montenegro and plans have been initiated in Bosnia Herzegovina. The implementation of these pilots are undertaken in close collaboration with the UNODC Regional Programme for S. E. Europe.

The family skills pilots for South East Europe have been made possible due to funds from: Sweden, Germany and France.

Given the progress made regionally on piloting evidence based family skills programmes, a regional meeting was planned to consolidate national efforts undertaken thus far, to discuss the results of the implementation of SFP 10-14 and to enhance the regional exchange of expertise on drug use prevention between policy makers, trainers from concerned countries. This regional meeting was planned in Belgrade, Serbia October 2, 2014.



**Over 3000  
family members**

In preparation for this regional meeting, national consultation meetings were undertaken to discuss the experience and results generated through SFP 10-14 piloting and discuss national needs to move forward in sustaining the programming nationally. These meetings were oriented by preparatory guiding tools on main topics of focus (Annex 1). The meetings were undertaken under the supervision of the UNODC office for Albania in Albania and the UNODC office for Serbia for the rest of the region.

It is also worth noting that under the same global project, a regional meeting for training policy makers on the UNODC International Standards on Drug Use Prevention was undertaken between September 29 and October 1, 2014. The regional meeting discussing family skills prevention came back to back to this meeting on October 2, 2014 in Belgrade, Serbia.



### **Organization of the meeting:**

Given the bridge with the UNODC International Standards on Drug Use Prevention, the meeting was opened by the Assistant Minister of education, science and technological development Prof Zorana Lužanin, Director of the Institute for public health of Serbia Dr Dragan Ilić, and Ms. Irena Vojáčková-Sollorano, UN Resident Coordinator

The meeting was also attending by delegates from the Delegation of the European Union, French and German Embassies in Serbia.

The countries participating were Serbia, Albania, The Former Yugoslav Republic of Macedonia, Montenegro, Bosnia Herzegovina and Croatia. The delegations were multi-disciplinary representing mid-to-high level authorities responsible of piloting (or interested in piloting) SFP 10-14. An average of 3 national delegates per country representing these national meeting discussion forums on family skills as well as those nominated to attend UNODC seminar on the International Standards on Drug Use prevention were there (Agenda – Annex 2).

The meeting agenda was structured in such a way to start by contextualizing the activities within the UNODC Standards on Drug Use Prevention as well as within the global progress undertaken.

The second item on the agenda was to specifically discuss the context of the work in South East Europe on a regional basis followed by a country by country presentation on the progress undertaken and the proceedings of their national meeting discussions on how to move forward. This included discussion time from other delegations to learn from each other's experience.

After this was undertaken a presentation was provided on the value of family based programme effectiveness beyond drug use prevention (going into violence, education, risky sexual behaviors and improvement of physical, mental and occupational health results). The aim of this presentation was to provide participants with advocacy tools for discussion with policy makers on scaling up beyond the value presented in the International Standards.

At the end of the second day a working group session was devoted to brainstorm the best means to enhance the regional exchange of expertise on drug use prevention. The participants were divided into groups to work on the following questions:

1. Is there a regional forum for South East Europe where such exchange could take place?
2. What sort of regional exchange of expertise opportunities need to be further undertaken ?
3. How could a regional network help in further advocating for family skills nationally and regionally?
4. Who could be the main counterparts (national and regional) to be involved in such a regional network?

The meeting was concluded by a video clip produced by UNODC Office in Serbia on the experience in Belgrade as an example of a tool to advocate for scale up.

*Certificates of participation were circulated to all participants as well as Certificate of Recognition for the lead agencies in each participating country that was key in availing SFP 10-14 to their respective families.*



## **Main Outcomes:**

### **Assessment of the tools (Suitability of the material as currently adapted)**

- Materials seem to be overall suitable for local context, nevertheless some adaptations still needs to be taken into account post-pilot namely on cosmetics (colors, videos, examples and games, etc...) to make it more suitable
- Exploring new areas/cities might bring more insight
- Parents/children/teachers/children seem to have a big liking on the material
- The tools are well accepted by parents, teachers and children although it was suggested that the training sessions be reduced to once a week and not two.

### **Assessment of training/trainees (Level of preparedness of facilitators / trainers)**

- Overall satisfaction with the quality of training of facilitators.
- There was a general satisfaction with the quality of training of facilitators in terms of materials across the board although the capacity to train more of them needs to be strengthened.
- Diversity at the level of trainers of facilitators:
  - Some have good/experienced trainers of facilitators
  - Some have non certified trainers yet
  - Some have not reached the level of training trainers
- Capacity to train new facilitators needs more work
- Centers (or mechanisms) for fidelity of the training delivery as well as for the sessions delivery (not in existence yet)
- There is still a general lack of centers/mechanisms for fidelity of training delivery as well as for session delivery

### **Assessment of the affinity**

- In areas where programmes have been implemented affinity seems to be very high
- Several countries have multi-site piloting in the country
- Most have a multi-sectoral implication in implementation (need on different outcome level)
- Political commitment seems to be at high level in most
- Programme still could use further promotion when going into scale in new areas (including rural ones)
  - videos produced are encouraging
- Awareness (and presence) of the evaluation results is needed in some countries to further encourage affinity
- Evaluation results would greatly contribute to further encouraging affinity.

### **Assessment of M&E capacity**

- Process seems to be well documented in Serbia but could use more documentation from other countries to ensure systematic and standardized modalities
- Some countries have undertaken pre-post evaluation documentations – valuable for scaling up. Other still need to document further
- Qualitative studies on families could provide further insight
- Future research on the impact level could also be beneficial (Randomised Clinical Trials) – the need has been echoed by some– *regional experiment?*
- M & E is highlighted as importance, documentation exists in some, BUT no formal entity seem to identified on national level to undertake this process (particularly in period of scale up)

### **Assessment of resources for scale up**

- Political commitment seem to be very high
- Accreditation could need more work
- In most cases the program has been or is aimed to be integrated as a part of national strategy/policy/legislation.
- Infrastructure needs more work, in some need trainers certified, in others a supervisory infrastructure
- Financial resources remain an obstacle (some countries identified creative ways to explore nationally)
  - most prevention strategies have weakness in financing
- Readiness for scale up is at different level – some have ready plans for Phase I for scale up
- Matrices are prepared which is a good road map forward, UNODC engagement to see how we could help push the process further forward (specific ideas have been articulated)

## Results of the regional working group



### **1. Is there a regional forum for South East Europe where such exchange could take place?**

- No existing forum.
- Different regional networks exist but not one for prevention. Still, family based violence and education, can be discussed in one of these regional network.
- Example of such networks is Pompidou Group of the Council of Europe, UNODC Steering Committee for the Regional Programme of SEE.
- Still an additional platform could still be established, even if a web-based one where at a minimum materials and expertise could be shared.
- Further regional meetings like this one held by UNODC is also a good opportunity

### **2. What sort of regional exchange of expertise opportunities need to be further undertaken?**

- Web portals where we could access all the documents existing in a country and exchange experiences and resources.
- Regional seminars once or twice a year, but on an ongoing basis.
- Programme exchange, field visits on elective subjects.
- Exchange evaluation and research.
- Printing some publications and results.
- Attendance and presence in scientific forums such as European Society for Prevention Research
- Exchange of media related experiences, regional conference in bar exchange of media materials, even use this forum for sharing our work.
- *This was particularly deemed valuable by Bosnia Herzegovina given they are about to initiate the pilots there*

### **3. How could a regional network help in further advocating for family skills nationally and regionally?**

- The high quality through cooperation and exchange of expertise on programmes.
- Exchange of researches and studies conducted in this area.
- Added value of a potential regional forum.
- A regional strategy on this front could be produced. This could lead to a joint framework strategy for SEE on prevention
- Regional centres of excellence and knowledge could also be established
- This alignment of national plans with regional action plans will be useful for further advocacy.

- Experiences in one country can be motivation for other countries, and we can share trainers, joint media campaign, joint research.
- Add, joint strategy, political document, maybe joint professional standards and recommendations would be better (technical, not political)
- We need a network at regional level that would be a steering committee, but there are barriers with decision makers and policy makers, but the network could help.

#### **4. Who could be the main counterparts (national and regional) to be involved in such a regional network?**

- All institutions at the national level,, e.g. MoE, MoH, higher institutions of education, media etc. International organisations: UNICEF, Save the children, Council of Europe and so on.
- We would also involve the representatives of parents and youth associations.
- Regional Meetings of Prime Ministers of SEE could be an opportunity
- Cooperation with NGOs and professional associations: pedagogues, psychologists, committee of principles, they could meet at regional level, parents, students parliaments, donors or certain employers, use experiences at regional level.
- Sponsorship maybe not at the regional level, sustainability issues: what happens when the funding from UNODC ends?
- Business sectors as part of corporate responsibility or in forms of tax facilitation for sponsoring prevention and no media coverage.
- Prevention coverage does not have media coverage (shall we create one?). Experience from other prevention fields such as the network for autism, lead by Albania is a good example.



## **Proceedings by country delegation (related to the second item on the agenda - Strengthening Family Programme 10-14 implementation):**

### **Montenegro**



#### **Assessment of tools**

- Handbook and video materials were perceived needing further updates and the cultural setting of the Audio Visual materials was somewhat difficult to relate to. It is suggested to be further reworked to culturally fit the country it is given to.
- Project implementation resulted in parents becoming more involved in education and school life of their children and it is suggested that the induction phase should include more parents in order to motivate them to be even more involved in the program.
- A very slight raise in the budget would help cover expenses for printing materials.

#### **Assessment of training/trainees**

- Satisfaction with the provided education of training of trainers and facilitators is very high, however the importance of training experts from specific fields such as pedagogues and psychologists has been underlined.
- Low cost training venues should be considered such as local offices for drug use prevention or community/school premises to conduct the courses in.

#### **Assessment of affinity**

- The program has been approved by the Ministry of Education but so far has only been promoted at a local level and is still to be accredited.
- The two sessions per week model is proving to be less effective than expected and it has been suggested to reduce the sessions to one.
- The National drug office and the media should be used more to promote the program both to educational institutions as well as to the general public.

#### **Assessment of M&E**

- Evaluation of the programme at the national level might be useful to determine project outcomes and behaviour change. Results of the clinical trial would be very useful instrument for the policy makers, leveraging the integration of the family based programme into the national curriculum.
- No local institution to take over the M&E has been identified

#### **Assessment for resource for scale up**

- SFP 10-14 should be recommended as a program with a preventive character.
- Despite its positive results, the program is still perceived as difficult to implement into the educative process because it is considered expensive and currently financially not viable.
- The UNODC is asked for further support by providing materials for media promotion as well as more detailed evaluation of the project results with a focus on behaviour change and benefits.



## **The Former Yugoslav Republic of Macedonia**



### **Assessment of tools**

- The quality and comprehensiveness of the materials received positive reviews, highlighting the clear presentation and well balanced methodology.
- An improvement would be if the material had an electronic format for cost effectiveness.
- The video material was regarded as useful although if it were specific to the country it would be more effective
- Procedures suggest that the program would also be useful for children between the ages 10-14 and if another 30 minutes discussion time was included overall.

### **Assessment of training/trainees**

- Facilitator training was competently performed and they are qualified enough to implement the program across the country.
- Additional training for trainers is required and in particular the training of specialized personnel.

### **Assessment of Affinity**

- The national promotion of the program has not been very successful so far. Dissemination or the program results, promotion through the ministries of Health and Interior and adding it to recently approve national programs will ensure its national dispersion.

### **Assessment of M&E capacity**

- Evaluation is conducted verbally and through standardized questionnaires.
- Local community education institutions and expert department from schools, as well as clinical research should be conducted in order to improve the level of monitoring and evaluation.

### **Assessment and resources for scale up**

- The program is not ready for promotion on a national and local level.
- Due to already existing similar programs, the proposal could be met with resistance.
- Suggested actions for expansion include a systematic action plan, a merger of the program with an already existing one of a similar nature and the development of a sustainable political solution.
- UNODC could assist financially by supporting the organization of fundraisers and media promotion.

## Serbia



### **Assessment of tools**

- Now that an extensive experience exist post-piloting, the material package should be culturally adapted which will increase its effectiveness.
- The preparatory material would be more useful if a digital version of it was also provided. Furthermore, technical support would be helpful as some of facilitators were technologically illiterate.
- A session could be filmed and used as a teaching material to demonstrate education atmosphere.

### **Assessment of training/trainees**

- Overall the education process is regarded as a success, with facilitators who had not attended previous workshops benefiting from it and showing qualitative results.
- Further expansion of the program could be directed through psychological-pedagogical section in schools as the number of practitioners in Serbia is enough to cover the available education institutions.

### **Assessment of affinity**

- The program has been promoted on a local level however it needs to be expanded to be adopted on a national basis.
- Greater usage of media, increased communication with health centers/NGOs and closer interaction with the ministries (health, education, science) would ensure its further promotion.
- Furthermore, the effect of the program on drug use related programs should be further underlined since this is the topic which is currently at the center of attention.

### **Assessment of M&E capacity**

- Evaluation was comprehensive and conducted as suggested by the program developers but would be more useful if shared with them as well.
- School departments could be asked to assist in further evaluation as well as conduction of clinical trial studies.

### **Assessment of resource scale up**

- The program is not ready for a scale up. Involving celebrity figures and utilizing libraries and other local community premises for promotion would greatly contribute towards scaling up.
- The Minister of education, science and technological development has accredited the program.
- Number of trainers and parents involved should be increased – higher involvement would draw the attention of the Government which in turn would lay the foundations for scaling up.
- Fundraising initiatives are appreciated both on national and regional level with potential support from UNODC

## **Albania**



### **Assessment of tools**

- The content of the training materials was conceived as good, interactive and very handy. It was concluded that there is no need for further change and adaptation of the materials.

### **Assessment of training/trainees**

- Trainers and facilitators are performing their duties in a qualified manner.
- Overall satisfaction was expressed at the level of facilitators and trainers

### **Assessment of affinity**

- These programmes are very well liked, in need and in demand in the areas where pilots were undertaken and other regions in Albania are interested in benefiting from them
- The Affinity was noted at the level of school principals, Ministry of Education, parents and youth.

### **Assessment of resource scale up**

- Resources for scale up remain limited and further assistance from UNODC if possible was sought to continue momentum.





## Annex 2 Agenda

### Monday, September 29<sup>th</sup> 2014

- 08:00 – 08:30 Registration
- 08:30 – 10:30 Welcome and opening remarks by the Host Country
- 08:40 Welcome address by the Ministry of education, science and technological development **Ms Zorana Lužanin, Assistant Minister**
- 08:50 Address by **Mr Dragan Ilić**  
Institute of public health of Serbia, Director
- 09:00 Address by **Ms. Irena Vojáčková-Sollorano**,  
UN Resident Coordinator, Serbia
- 09:10 Keynote Address:  
*“Prevention Strategy and Policy Makers”*, **Ms Giovanna Campello, UNODC Prevention, Treatment and Rehabilitation Section**
- 09:45 *“Results of ongoing evidence based programming in South East Europe – the way forward”*, **Mr Wadih Maalouf, UNODC Prevention, Treatment and Rehabilitation Section**
- 10:30 – 10:45 *Break and photo session*
- 10:45 – 12:00 Etiology of drug use and substance abuse
- Outcomes:  
Participants will understand the main factors in the etiology of drug use and substance abuse.
- Group work, presentation, question and answer session.
- 12:00 – 12:30 Methodology of the International Prevention Standards
- Outcomes:  
Participants will understand the methodology utilised to review the scientific evidence on which the International Prevention Standards are based.
- Group work, presentation, question and answer session.
- 12:30 – 13:30 *Lunch*
- 13:30 – 14:15 Methodology of the International Prevention Standards (continued)
- 14:15 – 15:30 Evidence-based interventions and policies (including a break)
- Outcomes:  
Participants will understand the interventions and policies that have been found by the scientific evidence to be effective in preventing drug use, substance abuse, as well as other risky behaviours.
- Group work, presentation, question and answer session.
- 15:30 – 16:45 Using media for the prevention of drug use and substance abuse
- Outcomes:

Participants will understand the conditions under which media can be an effective preventive tool for drug use and substance abuse.

Group work, presentation, question and answer session.

16:45 – 18:00 Experience-sharing session

Outcomes:

Participants will have an additional opportunity to show case best practice from their countries and to learn about best practices from other countries in the region.

Participants will have the opportunity to show and present to each other the materials and/or the results of one particularly good drug prevention strategy ongoing in their country. Priority should be given to the presentation of interventions and policies that are based on theory and that include a scientific evaluation component. Given the possible amount of speakers, this will not be a series of formal presentations. Rather, a display area will be organised for materials and posters and participants will have the opportunity to describe them to each other.

## **Tuesday, September 30<sup>th</sup> 2014**

08:30 – 09:00 Re-cap of previous day and introduction to the day and to the following activity

09:00 – 10:30 Development of a draft national strategy for the improvement of drug prevention responses targeting the prenatal, infancy and early childhood<sup>1</sup> age group at country level. Outcomes: Participants have a more in-depth understanding of the etiology of drug use and substance abuse in this age group, as well as effective interventions and policies. Participants will have appraised the situation in their countries with regard to the situation and the existing responses targeting this age group and planned some improvements.

A presentation (app. 20 minutes) will cover more in-depth the etiology of drug use and substance abuse in this age group, as well as effective interventions and policies. Following the presentation, participants will break into national working group and undertake a series of tasks designed to guide them through a process of appraising to the situation and the existing responses targeting this age group and planning improvements.

Two national groups will present the results of their work in plenary and receive feedback.

10:30 – 10:45 *Break*

10:45 – 12:30 Development of a draft national strategy for the improvement of drug prevention responses targeting the middle childhood age group at country level. Outcomes and format: See previous session.

12:30 – 13:30 *Lunch*

13:30 – 15:00 Development of a draft national strategy for the improvement of drug prevention responses targeting the early adolescence age group at country level.

Outcomes and format: See previous session.

15:00 – 15:15 *Break*

15:15 – 17:30 Development of a draft national strategy for the improvement of drug prevention responses targeting the adolescence and adulthood age group at country level, with a particular emphasis on adolescents and youth adults.

Outcomes and format: See previous session.

### **Wednesday, October 1<sup>st</sup> 2014**

08:30 – 09:00 Re-cap of previous day and introduction to the day and to the following activity

09:00 – 09:30 Critical components for implementation

Outcomes:

Participants will understand a number of critical components of a national drug prevention system.

This session will consist of presentation covering the critical components of a national drug prevention system that are needed to support the implementation of evidence-based interventions and policies. Topics to be covered include: involvement of different stakeholders at different levels, development of a strong delivery infrastructure including: adequate financial and human resources, including ongoing training and a supportive regulatory framework, the delivery of interventions and policies based evidence, including data collection, monitoring and evaluation.

09:30 – 13:00 Improvement plan (including a break)

Outcomes:

Participants will prioritize at least one short-term and one long-term goal for the improvement of the prevention response with regard to each of the age groups. Realistic plans for the improvement of the prevention response in each country will be presented and receive feedback.

Each national group will review the work undertaken during the previous day and identify at least one short-term and one long-term goal for the improvement of the prevention response with regard to each of the age groups. Furthermore, they will identify key development goals on the national level system relating to each of the prioritized goals. The national groups will analyse which steps in developing the national funding structures, capacity building systems, supportive regulatory frameworks, data-collection systems, evaluation and coordination in the prevention field would be the most critical ones for reaching the identified development goals. These national development plans will be briefly presented to plenary and receive feedback.



13:00 – 14:00 *Lunch*

14:00 – 15:00 Where do we go from here? And closing of the Meeting

Brief presentation and discussion on the follow-up to the meeting. UNODC will be in contact with the country teams to review the progress in implementation of the plan for the improvement of the drug prevention system in the country developed during this Seminar, offering additional technical support if necessary.

## **Thursday, October 2<sup>nd</sup> 2014**

09.00 – 09.30 Overview and results of UNODC Global Project on Strengthening Family Programme 10-14

Overview of Strengthening Family Programme 10-14 in South Eastern Europe

**Mr Wadih Maalouf, Programme Coordinator, UNODC, DHB PTRS**

**Mr Milos Stojanovic, Regional Project Officer, UNODC Programme Office Serbia**

09.30 – 10.00 Country presentation of Strengthening Family Programme 10-14 results and future steps – *Albania (including discussion)*

10.00 – 10.30 Country presentation of Strengthening Family Programme 10-14 results and future steps – *The Former Yugoslav Republic of Macedonia (including discussion)*

10.30 – 11.00 Country presentation of Strengthening Family Programme 10-14 results and future steps – *Montenegro (including discussion)*

11.00 - 11.30 Country presentation of Strengthening Family Programme 10- 14 results and future steps – *Serbia (including discussion)*

11.30 - 12.00 *Coffee break*

12.00 - 13.00 The benefits and outcomes of evidence-based family skills programmes

- Different level of effectiveness of family skills intervention

- Cost Assessment

- Cost benefit vs. Cost Effectiveness

- The value of evaluation undertaken so far and potential venues of evaluations

- Discussions

*Mr Wadih Maalouf, Programme Officer, UNODC, DHB PTRS*

13.00 - 14.00 *Lunch*

14.00 – 15.00 Group work: Identification of sustainable solutions for the expansion of the preventive evidence based programmes

15.00 – 15.30 *Coffee Break*

15.30 – 16.30 Group deliberations and discussion

16.30 – 17.00 Summary and closing

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