



Research program in support of the federal policy note concerning drugs

***Drug-related nuisances in the local context of eight
Flemish and Walloon municipalities.***

SYNTHESIS
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A. Introduction and research plan

The study “*Drug-related nuisances in the local context of eight Flemish and Walloon municipalities*”, financed by the Belgian Science Policy Office, is a part of the Research program in support of the federal policy note concerning drugs. The research has been conducted under the direction of the Professors Dr Paul PONSAERS (Onderzoeksgroep Sociale Veiligheidsanalyse) and Dr Brice DE RUYVER (Institute for International Research on Criminal Policy), supervisors at the University of Ghent, and the Professors Dr André LEMAÎTRE (Service de Criminologie) and Dr Claude MACQUET (Département de sciences sociales), supervisors at the University of Liege. This research project started in November 2003 and was completed at the end of October 2004. During the research, the research groups have been followed up and assisted by a follow up committee acting as a sound-board for the researchers, and enabling them to exchange standpoints and provisional results with other researchers and people on the field.

The purpose of the research was to examine the local measures and initiatives in order to prevent or restrict social drug-related nuisances. Therefore we have examined what place drug-related nuisances get within the projects and policy at municipal level. We had to learn how drug-related nuisances are approached in the local context of a number of cities and municipalities and if effects of possible projects about this thematic system are perceptible.

The thematic system of nuisances has a great presence in society¹, and that is why it obtains much attention at political level. There is also much interest for drug-related nuisances and the reactions on it. The fact that control of drug-related nuisances as objective receives a central place in the drug chapter of the Security and Prevention Contracts and in the Drugplans illustrates, among other things, the great importance that is attached to it.²

We have selected six Flemish – Alost, Antwerp, Genk, Ghent, Mechlin and Ostend – and two Walloon – Aywaille and Liege – cities and municipalities for the research. In each of these research locations, we have successively examined the place of drug-related nuisances within local projects, the local collaboration and the coordination between services and organizations, and finally the evaluation of these projects.

It is a qualitative research. We have used several research techniques. The first technique is a literature study that has been mainly executed during the first phase, but that has also been used during the whole research. Then, semi-structured interviews were conducted among various key figures in the selected cities. The continuous thread of the interviews concerned questions regarding the collaboration and the coordination in the local context, as well as the evaluation of projects and actions in order to prevent or restrict drug-related nuisances. By way of third research technique, we have used a document study. The consulted documents concerned, among other things, the Security and Prevention Contracts and the evaluation grids relating to it, political documents and others that could throw light upon the research theme. Combining the three research techniques enabled us to provide for a methodological triangulation.

¹ DECORTE, T., DE RUYVER, B., PONSAERS, P., BODEIN, M., LACROIX, A.C., LAUWERS, S., TUTTELEERS, P., *Drugs en Overlast. Studie van het fenomeen, de beheersing en de effecten van druggerelateerde overlast en dit vanuit verschillende invalshoeken*. Ghent: Academia Press, 149.

² The Federal policy note concerning drugs of 2001 phrased that the Permanent Secretariat for Prevention Policy is responsible for the fight against drug-related nuisances. Policy note of the federal Government relating to the drug problem, Brussels, January 19th 2001, 35. Analogous to the priority of the Federal policy note concerning drugs, the preamble of the contracts mentions now explicitly a new priority, namely the prevention of drug-related nuisances. Y. VAN DE VLOET, L. JAMOTTE, « Des Contrats de Sécurité aux Contats de Sécurité et de Prévention: évolution et perspectives », in, P. MARY (ed), *Dix ans de Contrats de Sécurité – Evaluation et actualité*, Brussels, Bruylant, 2003, 42.

During the research, and particularly during the interviews and their processing, and during the study of the available documentation, it became obvious that the original research plan could not be accomplished. At first, the purpose was indeed to execute a meta-analysis of the projects relating to drug-related nuisances in the selected cities and municipalities, on the basis of the available results' evaluations. Accordingly to a number of establishments³, the research teams have decided to *adapt the research* and to give up the track of the meta-analysis. We have chosen to develop the Monitor Integral Local Policy concerning Drugs.⁴

The *general conclusions* and the *policy recommendations* are commented hereafter.

B. General conclusions

Conclusion 1.

An obvious field of tension still shows up between the public health and welfare perspective on the one hand and the security perspective on the other hand.

The use of the *term (drug-related) nuisances* is still considered by some actors of welfare and public health as being a fundamental problem. In their opinion, the term implicates that it is mainly some excluded groups, such as chronic drug users (but also homeless persons and illegal immigrants) that cause nuisances.⁵

Most of the actors on the field consider the drug problem in the first place as being a *health problem*, that must be approached in the (welfare and) public health perspective. The welfare and public health actors fear that the orientation towards wider social objectives – such as the raise or improvement of society's quality of life and the restoration of the social fabric – may disappear with an approach too narrow in the security perspective.⁶ A conception too narrow includes the risk that a policy conducted in the security perspective is conducted according to the need of rapidly visible results, and that the fight may thus degenerate (only) in a treatment of symptoms.

Although it is commonly admitted that there are problems concerning insecurity, the welfare actors don't want to restrict their engagement towards the persons having a drug problem into a narrow interpretation of security consisting in the prevention of social drug-related nuisances. Besides, one attaches *much credit* to the (in)direct influence of the promotion of general welfare on the prevention of some behaviours that are getting worse and that can be perceived as nuisances.

The *field of tension* between the security perspective on the one hand and the public health and welfare on the other hand, expresses itself in the consultation and in the fact of starting (or not) a collaboration. Where the development of a structured consultation opened the door to an intersectoral approach, a certain incomprehension remains towards each other's objectives, uniqueness and approach. That makes the collaboration more complicated. We could establish a *problematic relation* between the security actors and the welfare actors in various cities. This situation is caused on the one hand by *fundamental differences at the objectives and structural insertion level*. On the other hand, the actors at both side of the spectrum seem too little aware of the specificities and limits of each other's working, what may reveal a *lack of communication*.

³ For this, see conclusions 2 and 3.

⁴ For this, see recommendation 5.

⁵ See also the establishments of DECORTE, T., DE RUYVER, B., PONSAERS, P., BODEIN, M., LACROIX, A.C., LAUWERS, S., TUTTELEERS, P., *Drugs en Overlast. Studie van het fenomeen, de beheersing en de effecten van druggerelateerde overlast en dit vanuit verschillende invalshoeken*. Ghent: Academia Press, 2004.

⁶ J. DEKLERCK, *Luisteren naar de echo. Samenlevingsopbouw en de roep om een veiliger samenleving*. In: H. BAERT, M. DE BIE, A. DESMET, M. VAN ELSLANDER, L. VERBEKE (eds.) *Handboek samenlevingsopbouw in Vlaanderen, Bruges, Die Keure, 2003, 338-356*.

Conclusion 2.

The decrease or the prevention of social drug-related nuisances as objective doesn't have the same place in the projects in the practice as in the policy documents.

The prevention of social drug-related nuisances is ***a general objective*** in most of the local projects within the chapter devoted to drugs of the Security and Prevention Contracts and of the Drugplans. This is connected to *the orientation* given by the federal authorities to the general framework of the Security and Prevention Contracts' objectives. The preamble of the Security and Prevention Contracts and of the Drugplans explicitly mentions since 2002 that the prevention of drug-related nuisances is a priority.⁷ A central place is thus assigned to the decrease of drug-related nuisances within the projects framework of objectives.

On the basis of the Federal drug note, the Permanent Secretariat for Prevention Policy is responsible for the prevention of the social drug-related nuisances and the fight against it.⁸

In spite of the formal orientation of the objectives' framework given by the federal level, we hardly find actions in the practice that really make concrete or operational the prevention of drug-related nuisances. Other objectives occupy a central place within the projects: the reintegration of the target group, the reduction of the prejudicial consequences of drug consumption, and the improvement of the drug user's health and welfare.

These ***other objectives*** determine in the first place the interpretation of the priorities and the daily working of the services and projects. In consequence of this, drug-related nuisances obtain at the most *a secondary place* within the projects. The unanimity concerning the idea that working at the health and at the social, financial, professional and psychological welfare of the drug user and his surroundings – indirect but undeniable – has a positive influence on the decrease of drug-related nuisances prevails nevertheless among the actors concerned by the research. It appears however that in the present situation, it is not possible to detect in what measure these actions produce results. The causes of this problems are treated in conclusion 3.

Conclusion 3.

There are few impact and results evaluations available concerning drug-related nuisances.

Evaluation

In the second conclusion, we phrased that the decrease or prevention of drug-related nuisances as objective is failing or has a secondary character. The fact that there is no evaluation concerning this objective is a logical consequence of it. Because of the place they obtain within the projects framework of objectives, it is *difficult* to isolate *social drug-related nuisances* as a distinct objective and to *evaluate them such as it is*.

Impact and results evaluation

Furthermore, there ***is few or no impact evaluation***. Considering that the prevention of drug-related nuisances isn't a part of a specific project, it is no wonder to establish that there are neither impact evaluations in this domain. Although we suppose that there is a *positive influence* on the decrease of drug-related nuisances (by way of working towards the drug user's health and welfare), it is *yet not possible to detect in what measure these actions produce results*.

⁷ Y. VAN DE VLOET, L. JAMOTTE, « Des Contrats de Sécurité aux Contrats de Sécurité et de Prévention: évolution et perspectives », in, P. MARY (ed), *Dix ans de Contrats de Sécurité – Evaluation et actualité*, Brussels, Bruylant, 2003, 42.

⁸ Policy note of the Federal government concerning the drug problem, Brussels, January 19th 2001, 35.

The existing results evaluations are situated at the individual level of a patient, namely the results evaluation (in a wider sense) of a treatment or therapy within the assistance to drug users.

With the *Preval evaluation grid*, the Permanent Secretariat for Prevention Policy wanted to offer an instrument for the projects evaluation of the Security and Prevention Contracts and Drugplans. The *evaluation grids* must enable the projects evaluation on *relevance* and *impact*.⁹

The reasons of the nearly total absence of evaluations (of the impact), denounced by the actors, are situated in the *lack of means, staff and appropriate instruments* offered by the present limited possibilities, and for that reason it is impossible to execute a results evaluation. The evaluation of the executed actions would be done to the detriment of other tasks.

Process evaluation

On the other hand, there is a process evaluation, namely by executing a follow up of the working of a project and by verifying whether the contemplated target groups are reached. The process evaluation is coupled with all sorts of registration and conservation of the figures concerning the proper working.

From the standpoint of the projects, we think that there isn't enough attention paid to the *process evaluation* and to the effort to reach the contemplated target groups. The interest for the process evaluation can partly be explained by a retroaction: by insisting too much on the impact of a project or an action (which we are told is difficult to measure), we may lose sight of the provided efforts. This reaction is logical, considering that in the present circumstances, it is almost impossible for the actors on the field to execute serious results evaluations because of the lack of means, staff and evaluation instruments.

Attitude of the actors towards the evaluation

The establishments concerning the place of drug-related nuisances in the local projects and those concerning the consultation, collaboration and coordination are concurrent in Wallonia and in Flanders, but we can notice a *difference* concerning the *attitude towards the evaluation*.

In *Flanders*, an attitude more positive towards the evaluation is perceptible. The questioned actors estimate the evaluation as being moderately positive and consider that a minimal evaluation is useful and essential to the working of the projects. A positive aspect of the evaluation that is often repeated is that it stimulates thought on the proper objectives. It appears however that because of the multitude of evaluations that has to be executed in behalf of the different financing instances, the pressure related to the evaluation and the charge for the services become very high.

In *Wallonia*, the culture of the evaluation seems less present among the questioned actors. The reserves towards the evaluation are more fundamental. The evaluation is often considered as an useless task that takes time, which is useless beforehand because the necessary secondary conditions are lacking. In the present situation, one prefers an intuitive image of the projects impact, build by practical experience. The opinion dominates that the evaluation can't bring much more than an inventory of a project process. This last point has been often illustrated by referring to the *Preval evaluation grids*.

A *modification of mentalities* seems essential to us. There lies an important task for the authorities who demand an evaluation. These must see to it that the actors on the field obtain the necessary feedback concerning the presented evaluation forms. Concerning the *Preval evaluation*, the Permanent Secretariat for Prevention Policy has an important responsibility. The fact that there is no feedback

⁹ Circular letter *PREV 20* of June 30th 2003 concerning the evaluation of the Security and Prevention Contracts and of the Drugplans for the period between January 1st 2002 and June 30th 2003. URL: www.vps.fgov.be/nl_index.asp?choixLangue=en [September 22nd 2004].

concerning the presented Preval grids would give a wrong signal to the actors on the field. We go into this point in the policy recommendations.

Conclusion 4.

The integrated fight against the drug phenomenon is mortgaged by the voluntary character of the consultation and collaboration at local level.

Since the parliamentary working group drugs opted in its report for a *global and integrated approach* of the drug problem at all levels, we can no longer omit the coordination, the consultation and the collaboration between the different sectors of the local policy.¹⁰ Yet the execution of the integrated fight is made difficult by three concrete problems: the limits of the local drug coordination in its present form, the fact that there is neither a clear mission nor a mandate for the local drug coordinators, and the fractionation of the competences and financing sources.

The limits of the local drug coordination in its present form

The ***development of a local drug coordination*** and the structured consultation formalize and widen the existing cooperation that became informal, and stimulate the communication and consultation between the different local partners. At the beginning, there was a great unanimity among the local actors concerning the advantages of a structured consultation. The result of the rise of the communication's intensity is that there is a growing mutual respect between the actors towards each other's specificities, and that they conclude agreements allowing to canalize conflictual relations.

Yet the collaboration and consultation in their present form – i.e. based on voluntariness – seem to have reached their ***limits*** in some cities having a longer tradition in terms of drug coordination. In spite of an increased communication between the actors of the local consultation, a certain incomprehension subsists towards each other's specificities and objectives, what makes the collaboration difficult.

As it is mentioned above, the ***(purely) voluntary and informal character*** hinders the consultation and the collaboration. The collaboration and the coordination are based on the *goodwill of the local actors* and in that sense they are dependent of the voluntary engagement of the concerned partners. The choice to work or not with other local actors is *in theory* determined by the fact of knowing which are the actors that can (and want to) provide an appropriate contribution to the elaboration of a common action or project. *In the practice*, the collaboration seems to happen rather because of the presence of a *reciprocal analogy* between the actors (as for example between the instances that provide for the residential reception of drug users) than because of the presence of formalized consultation structures. In that sense, the choice of the partners is determined by the fact of having non-conflictual objectives, by previous experiences regarding collaboration, and by the personal and informal contacts that have been developed in the past.

Furthermore, the choice of the partners depends of the number of possible partners in the local context. In situations where many actors are active on the field, we may *prefer* a collaboration with partners with which we have a good relationship. ***Privileged cooperations*** may thus emerge.

The existence of these cooperations based on the analogy and on the personal and informal contacts is inevitable but *isn't problematic in itself*. The voluntary character yet seems to be the tendon of Achilles of collaboration: if the collaboration only relies on this kind of contacts, it becomes very vulnerable.

The ***structural character of collaboration*** is the condition for an integrated fight. Beside this, the structural collaboration offers the advantage that one can keep up regular contacts and work in an intersectoral way.

¹⁰ Report on behalf of the parliamentary working group in charge of the study of the drug problem, June 5th 1997, *Gedr. St. Kamer*, 1996-97, 1062/1, 994.

there is neither a clear mission nor a mandate for the drug (prevention) coordinators

The second problem making the integrated fight difficult is that *there is neither a clear mission nor a mandate for the local drug coordination*. A clear description of the tasks and the competences accruing to it would allow to remedy to a part of the problems concerning the mortgaged consultation and collaboration. In his support of the policy concerning drugs, the drug (prevention) coordinator is in the present situation always *dependent of the goodwill* of the three other actors (the local authorities, the sectors and the higher level) with who the policy concerning drugs must be executed.

the fractionation of the competences and financing sources

The *fractionation of the competences and financing sources* concerning the drug theme between the different policy levels (federal, regional, provincial and local) constitutes a third important problem.

Though the fragmentation of the competences at all policy levels allows a fight that is better adapted to the local needs and situations¹¹, it also causes important problems.

At the level where all domains of competences converge, i.e. at the local level, there are confusions about the attribution of the different competences to the different policy levels. But even when there is clearness concerning the different levels and competences, there are problems all the same. The different competent and/or financing instances lay stress on different things, and it is not always simple to unite these within a project or operation. This hinders the integrated and global fight at the local level.

C. Policy recommendations

1. THE FRAMEWORK OF THE POLICY RECOMMENDATIONS

The necessity of an integrated local policy concerning drugs

It appears from this research that, for the different services, operations and projects, it is very difficult and undesirable to integrate the notion of drug-related nuisances in a specific working .

A previous research has proved that drug-related nuisances, and the experience and approach of it are complex matters that have to be approached in an integrated way. It is a matter of local phenomena and it is better to approach them via a local policy, with the necessary support of the higher level.¹²

This is why we have to work *transgressing the projects* at the development of an *integrated policy* through the different pillars of the policy: welfare, health and security. A constructive consultation between all the concerned sectors and the policy is necessary. Drug-related nuisances are thereby considered as an element of the drug phenomenon, without neglecting the interdependence with the management of nuisances in the wide sense.

It is better to develop this policy *at the local level*. A reaction at this level allows indeed to react in time to the fast changing social reality. Besides, the local policy level is the ideal level for a reaction, for it allows to develop an approach made to measure for the specific local situation.

¹¹ B. DE RUVYER, I. PELC, J. CASSELMAN, K. GEENENS, P. NICAISE, L. FROM, F. VANDER LAENEN, K. MEUWISSEN, A. VAN DIJCK, *Drugbeleid in cijfers. Een studie naar betrokken actoren, overheidsuitgaven en bereikte doelgroepen*, Ghent, Academia Press, 2004, 382.

¹² DECORTE, T., DE RUYVER, B., PONSAERS, P., BODEIN, M., LACROIX, A.C., LAUWERS, S., TUTTELEERS, P., *Drugs en Overlast. Studie van het fenomeen, de beheersing en de effecten van druggerelateerde overlast en dit vanuit verschillende invalshoeken*. Ghent: Academia Press.

The framework conditions for a local and integrated policy

A local and integrated policy concerning drugs can't be done without the necessary **infrastructure and support**. It is a question of a certain number of framework conditions whereby the most important starting-point is the '**evidence-based**' character of the policy.

An 'evidence-based' policy relies on **two essential aspects**. First, the policy is *based on proved facts* concerning the drug phenomenon and on the solution or reaction to it, and it is necessary *to have a notion of the tendencies and evolutions* related to the drug phenomenon. Secondly, it must be possible to justify oneself regarding political choices; in other words, there must be a serious evaluation of the policy as well as of the services and projects. The success of an 'evidence-based' policy depends on the professionalization of the policy makers at the different levels and of the actors on the field and on making them responsible, but an evidence-based policy will also *contribute* to more professionalization and making people responsible.

However, an 'evidence-based' policy can't be realized without the indispensable **support framework** including *a financial chapter, a structural chapter with regular character, and a scientific chapter*. Before it may be question of a true evidence-based policy, this support framework must at first be developed at the higher level, while the interpretation takes place at the local level.

The framework conditions for a local and integrated policy in the light of the conclusions

Before we enter upon the concrete policy recommendations, we cite here a few establishments from the research that have a direct influence on the realization of the local integrated policy in the practice.

In the practice, the **integrated policy is mortgaged by the voluntary character of the consultation and collaboration**. The collaboration depends almost exclusively on the (vulnerable) personal and informal contacts and the choice of the partners occurs in a very pragmatical way.

This problem can't be solved via the local drug coordination, considering that a **real mandate and concrete competences** for the **drug (prevention) coordinator are still lacking**. In the execution of his task, this one is for that reason entirely dependent on the goodwill of the different actors.

The evaluation of the policy as well as of the concerned services and sectors is **still problematic**. The actors themselves explain the nearly total absence of impact evaluation by the lack of means, staff and serious instruments to execute an evaluation of the results. In the present situation, the evaluation of the executed actions means that we have less time to devote to the execution of the proper objectives. It appears however that sensitization concerning the evaluation is still needed, to thus demonstrate the necessity and usefulness of it.

2. THE POLICY RECOMMENDATIONS

The policy recommendations are divided into two general recommendations and five concrete recommendations.

2.1 The general policy recommendations

Recommendation 1.

The horizontal integration of the policy concerning drugs

Although the necessity of an integrated policy concerning drugs is admitted by everyone, it hasn't still entirely penetrated into the policy. The policy concerning drugs (prevention) still exists too often as a distinct domain near other domains of competence (welfare, health and security) or falls under one of these domains. Although attention is being paid to the drug phenomenon in these different domains,

we rather lead an 'isolated policy concerning drugs' within the proper pillar, without harmonization with the other pillars. An integrated policy concerning drugs requires an insertion **through** the different pillars or domains of the policy, and thus requires a minimum coordination at the different policy levels.

Recommendation 2.

The vertical integration of the policy concerning drugs

An integrated policy requires not only an horizontal integration, but also a vertical integration through the different policy levels. There must *be an harmonization of the competences between the federal, community, provincial and local policy*. Though there is at the higher level at least on paper a distribution of the tasks between the policy levels¹³, it appears in the daily practice that the local actors are still losing sight of the forest for the trees. The harmonization between the policy levels must not be only a pure policy question, it must also be communicated on the field. This means that the vertical policy coordination must not proceed no further than the big policy declarations, but that it must be turned into concrete distributions of tasks useful in the daily practice. We can thus avoid that the actors on the field remain in the future with questions to which we don't know clearly who will be able to give an answer.

Concerning the harmonization between the federal level and the communities and regions, the *General Cell of the Policy concerning Drugs* may be an important beginning for the coordination. This Cell will become operational before long. If this Cell wants to contribute to the policy coordination, it will be necessary to define its tasks in a way sufficiently clear and it will have to rely on sufficiently acknowledgement from the different policy levels.

2.2 Concrete recommendations

Recommendation 3.

The support of the function of the drug (prevention) coordinator

It appears from the conclusions that the drug (prevention) coordinator still doesn't have neither a real mandate nor concrete competences. Furnishing such a mandate and the competences accruing to it is decisive for the insertion of the policy concerning drugs in the big and medium cities.

The structural support of the function of this coordinator can't be done without the necessary financial support: to develop (further) a durable policy concerning drugs, the coordinator must have proper means and a clear status at his disposal.

The proper means are insufficient, the drug coordinator must also receive a ***mandate of full value*** that allows to stimulate in an active way the local harmonization and the collaboration. This mandate and the competences accruing to it must provide him with the necessary elbow room to associate all the actors to the local policy concerning drugs.

Recommendation 4.

Provide against the voluntary character of collaboration

¹³ The federal authorities are competent in the Security sector (Justice and Home Affairs) and in the Public Health sector (hospital sector and conventions of the National Office for Social Security). The competences of the communities are defined in the articles 127 to 129 of the coordinated Constitution and are developed in the articles 4 and 5 of the special law of August 8th 1980 concerning the institutional reforms. The regional competences are enumerated in article 6 of the special law of August 8th 1980.

As mentioned above¹⁴, the local consultation and the collaboration in the present situation are mortgaged by their voluntary character. Actually, the fact that the collaboration and consultation rely on a basis with a voluntary character is not a problem, but when the voluntary collaboration is furthermore informal, it becomes very vulnerable.

The federal, community and provincial authorities can foresee by regular way that all local actors active on the field are really involved in the collaboration. The *collaboration* must be valorized *as an essential part of the function's profile* of the local actors and not as being without engagement and accessory, and it must not be a means to preserve the proper working. An integrated policy can indeed not be made concrete by a pure collaboration with the 'privileged partners', if this implicates that one only chooses partners with non-conflictual interests.

A clear mandate for the drug (prevention) coordinator is also essential. Such a mandate must allow to associate all the actors to the local policy concerning drugs, and to act the part of mediator in delicate contacts.

Recommendation 5.

View on the affairs: monitoring of the drug phenomenon at the local level

The first condition for the development for an effective policy concerning drugs is to have a clear view of the *extent and evolutions of all aspects of the drug phenomenon*. Until now, the necessary instruments are lacking. For a great number of aspects of the phenomenon, quantitative data are available, but this information is fragmented and is not brought together in a political context. Furthermore, these quantitative data only present an imperfect image of the phenomenon, because it is only a matter of (standardized) registered data and because some aspects of the phenomenon are not represented.

Consequently to this establishment, the outline of a *Monitor Integral Local Policy concerning Drugs* took shape in this research. The objective of this monitor is to *reveal the evolutions of the drug phenomenon at the local level and to detect some problematic situations*. In this way, the monitor provides the necessary information to construct a policy and to follow up the evolutions of the phenomenon.

The monitor includes three parts where *the quantitative as well as the qualitative data* are brought together.

In the first part, the qualitative data about the drug phenomenon are brought together by means of the *interrogation of the concerned persons*. We probe here the information on the non-registered aspects of the phenomenon on the one hand, and the subjective impressions about the tendencies and evolutions on the other hand. During the interrogation, we use (as much as possible) closed questions to bring together information on three themes: namely consumption and traffic¹⁵, the drug user¹⁶, and the assistance^{17 18}.

Quantitative data are associated in the second chapter, these provide the necessary contextualization to the first series of data, on the basis of existing registrations and statistical data. The data are divided in

¹⁴ See conclusion 4.

¹⁵ More precisely: the evolutions of the visible consumption (1), the evolutions of the (open) traffic or the drug traffic (2), the evolutions of multiple addiction (3), the evolutions of recreative consumption (4) and the emergence of new drugs (5).

¹⁶ More precisely: the evolutions regarding the age (6) and the sex (distribution after the sex) of the drug user (7), and the appearance of new groups of drug users (8).

¹⁷ More precisely: the reached and not reached drug users (9), the evolutions of the offer regarding the assistance (10).

¹⁸ The interrogation of the drug users is extended with an open question concerning the evolution of their environment (11).

four modules: general policy concerning welfare and public health, preventive policy, assistance and security.

Lastly, the data of the first two parts of the monitor are connected to the local policy level with the help of the *structural data* about *the insertion of the policy concerning drugs*. The information of this last part is brought together on the basis of an interview with the drug (prevention) coordinator or – if such a function is lacking – with an equivalent key figure.

The monitor like it has been developed in this research is only an outline and must be improved and tested.

Because this instrument enables to obtain a clear image of the local drug problem, it offers precious information to define the policy. For the development of an evidence-based policy, it is indeed essential to acquire at first an image of the phenomenon.

Recommendation 6. Stimulate the evaluation

The establishments concerning the evaluation in this research reveal that there *is few or no impact evaluations of the undertaking actions or projects*. This is partly due to some practical problems, but it appears also that the culture of evaluation didn't penetrate everywhere.

To lead an 'evidence-based' policy, it is yet necessary to be able to verify what approach is working and to be able to justify the accomplished political choices. The evaluation must thus be stimulated and must be inserted *in the permanent tasks* of the actors on the field, of the financing instances and of the policy-makers.

A serious evaluation however can't occur without a *financial and structural support* by the local level and the higher level.

In terms of contents, the higher level must give a support by offering evaluation tools, and it must make the support concrete through an assistance during the execution of the evaluations. The *feedback* after the evaluation proper is an important part of the support and must obtain enough attention from the financing instances. In this context, it is essential that the Preval evaluation grids of the Permanent Secretariat for Prevention Policy mentioned above be followed by a feedback to the actors on the field. The fact that there is no feedback would give a false signal.

Beside the framework relating to the contents, the financial and structural framework must also be foreseen, by the higher level as well as by the local level. The projects must have enough staff and working means at their disposal, so that the evaluation wouldn't take place to the detriment of other tasks.

Recommendation 7. Associate the drug users to the policy

During the development of a policy concerning drugs, it is essential to give a say in the matter to all the concerned persons. Until now, the part of drug users in the Belgian policy, both at local level and higher level, is however almost non-existent. Though the drug users are listened to concerning their needs, they are scarcely involved in the construction and evaluation of the policy. And this while we have already insisted on several occasions on the importance of this point. This is why we have foreseen an active role for the drug users in the outline of the monitor, but this role can't be limited to the monitoring of the phenomenon, the drug users must be involved in the development of the general policy concerning drugs, both at local level and higher level.