



FEDERAL SCIENCE POLICY

## MILD

“MONITOR INTEGRAL LOCAL DRUG POLICY”

SUMMARY

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## SUMMARY

### 1. INTRODUCTION

The present research, “*Monitor Integral (Local) Policy concerning Drugs*”, by order of the Belgian federal science policy office, is situated within the framework of the Research programme in support of the federal drugs policy document.

The research is the third phase of an integrated project and relies on earlier research concerning the drug-related nuisance phenomenon of research groups under the guidance of professors De Ruyver, Ponsaers, and Decorte.<sup>1</sup> This research showed a hiatus concerning the detection of nuisance in general and drug-related nuisance in particular. As a result of these findings, a second research project, the Metan-research project, opted to develop an instrument to fill this gap, the so called Monitor Integral Local Drug Policy. The aim of such a monitor is to receive signals for local government to adjust the policy or to develop a project in order to restrict the civil nuisance caused by the drug phenomenon.

The purpose of this research, as it is presented in the report, is to refine the Integral Local Drug Policy Monitor, apply it specifically in the pilot cities, and develop it into a generally applicable instrument for all Belgian cities and communes.

### 2. METHODOLOGY

*Rapid Situation Assessment (RSA)* is the methodological basis of the Monitor. This is a research method which combines various quantitative and qualitative methods and techniques in order to gather data. The data we’re dealing with is primary data (obtained in interviews, focus groups...with key informants or drug users) as well as secondary data (collected from existing sources and statistics).<sup>2</sup> This method is highly suitable for gathering the information quickly which is central to monitoring.<sup>3</sup>

The RSA is being applied to gain some insight into the *nature, size and trends* of a social or public health problem (such as drug abuse), and the *solutions* to these problems that are formulated from existing structures and services.<sup>4</sup>

The RSA can be part of a broader methodology, notably the *Rapid Assessment and Response (RAR)*. The RAR, apart from being a methodology to obtain insight into certain problems and the existing solutions (such as with the RSA), is also a methodology to develop one’s *own* propositions concerning approaches to problems.<sup>5</sup>

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<sup>1</sup> DECORTE, T., DE RUYVER, B., PONSAERS, P., BODEIN, M., LACROIX, A.C., LAUWERS, S. EN TUTELEERS, P., *Drugs en Overlast. Studie van het fenomeen, de beheersing en de effecten van druggerelateerde overlast en dit vanuit verschillende invalshoeken*, Gent, Academia Press, 2004, 335 p.

<sup>2</sup> United Nations Office for Drug Control and Crime Prevention – UNODCCP, *Drug Abuse Rapid Assessments and Responses – Guidelines*. Vienna: UNODCCP, 1999, 1.

<sup>3</sup> FITCH, C., RHODES, T., HOPE V., STIMSON, G.V. en RENTON, A., The role of rapid assessments methods in drug use epidemiology. In: United Nations Office on Drugs and Crime, *Bulletin on Narcotics – The science of drug abuse epidemiology*, New York, United Nations, 2002, Volume LIV, Nos 1 and 2, 61 en 66.

<sup>4</sup> United Nations Office for Drug Control and Crime Prevention – UNODCCP, *o.c.*

<sup>5</sup> STIMSON, G.V., FITCH, C. en RHODES, T. (eds.), *The Rapid Assessment and Response Guide on Injecting Drug Use (IDU-RAR)*, Geneva, World Health Organization – Substance Abuse Department, 1998, 7; DE JONG, W. en

### 3. THE MONITOR

The Integral Local Drug Policy Monitor contains three separate parts: a key informant survey, the phenomenon indicators and the structural indicators.

The *first part* of the Monitor includes the gathering of qualitative data concerning the drug (nuisance) phenomenon. These are collected systematically using a questionnaire that is propounded to several parties closely involved with the phenomenon. These stakeholders or key informants have current knowledge about the drug phenomenon because of their job, position or personal experience. The purpose of this survey is to acquire a periodical view of tendencies in the development of the drug (nuisance) phenomena.

The questionnaire aims at complementarity with existing registration systems. So, the questions address data that cannot be collected from existing sources.

To assist the processing of the questionnaires, the number of questions is limited and as many closed questions as possible are used. The questions in the questionnaire are divided into four themes: 'drug use',<sup>6</sup> 'the profile of drug users',<sup>7</sup> 'consequences of the drug phenomenon'<sup>8</sup> and 'actions related to the drug phenomenon'.<sup>9</sup>

In the *second part* of the Monitor, statistical data and figures are gathered from other sources. The phenomenon indicators put the data collected from the first part of the Monitor in context and can give an insight into developments and changes in the nature and size of the drug phenomenon. The phenomenon indicators are divided in four modules: general welfare and health work, prevention, assistance and security. In each of the modules, data from all other sources and statistical data within the module are collected.

The *third part* of the Monitor concerns the local policy level. The structural indicators refer to the conditions necessary for an integrated drug policy. In this part of the Monitor, three modules are distinguished: 'co-ordination', 'consultation' and 'collaboration'. The information is obtained by means of an interview with the local drug (prevention) co-ordinator or a similar key person.

### 4. RESULTS

To develop and refine the Monitor and to optimise the possibilities of applying it at local level, recordings were taken in four pilot cities: Ghent and Ostend in Flanders and Charleroi and Liège in Wallonia. Based upon two tests recorded by the Monitor in these pilot cities, both the content and the process were evaluated. The results of these evaluations have led to

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BOUCHIER, T., Van onderzoek naar interventies: Rapid Assessment and Response in het locale drugbeleid. *Kwalon 14*, 2000, jrg. 5, nr. 2, 24-29; RHODES, T., FITCH, C., STIMSON, G.V. en KUMAR, M.S., Rapid assessment in the drug field. *International Journal of Drug Policy*, 11, 2000, 1-11.

<sup>6</sup> The questions in the theme **drug use** refer to: (1) Drug use in general, (2) (non-) problematic drug use and (3) poly-drug use.

<sup>7</sup> The questions in the theme **profile of drug users** refer to: (4) socio-demographic characteristics and (5) profile developments.

<sup>8</sup> The questions in the theme **consequences of the drug phenomenon** refer to: (6) consequences for public health, (7) civil order nuisance and (8) criminal nuisance.

<sup>9</sup> The questions in the theme **actions related to the drug phenomenon** refer to: (9) preventive actions, (10) assistance actions, (11) police/justice actions and (12) collaboration and consultation actions.

the formulation of conditions necessary to facilitate the appliance of the Monitor at local level. After this, we give a short overview of these conditions.

- From the upper local level a financial compensation should be given from the upper local level in order to make sure the Monitor is applied qualitatively. It is recommended that the VSP takes responsibility for the financial coordination of the MILD.
- The cities and municipalities that wish to utilise the Integral Local Drug Policy Monitor have to assign an MILD coordinator, who is responsible for the integral application of the Monitor. An important condition is that the MILD coordinator must have a place within the network of the different sectors that deploy the Monitor so that the MILD-coordinator can explain the use of the Monitor to all the participants.
- It is necessary to appoint a responsible person for each participating sector. In cooperation with the MILD co-ordinator, this responsible person has to explain the purpose and surplus value of the key informants survey to the members of his or her sector, in order to increase involvement within one's own sector.
- In cooperation with the local authorities and the responsible persons per sector, the MILD coordinator has to set up a plan (define the territory, time interval) for the application of the Monitor.
- After the key informants survey, a focus group has to be organised and moderated by the MILD coordinator, and is composed of all the key informants and responsible persons per sector. During the focus group meetings, those present discuss the results of the survey for the different sectors.
- To enhance the usefulness of the different registration systems for the local level, it has to be made possible to refine the data of the different registrations up to local level.
- The gathering of the phenomenon indicators has to be carried out continuously. The data has to be brought together in a dossier which contains the most recent information of the registration systems at the beginning of the key informant survey.
- The data for the structural indicators is collected by means of an interview with the local drug coordinator or similar key person. This information ( like the data gathered from the registration systems) has to be brought together in a dossier, in order to visualise developments at structural level.
- At the final consultation between the MILD coordinator and the responsible persons for each sector, the report by the focus group has to be discussed together with the dossiers containing the phenomenon and structural indicators. In this way, all data can be put in context in order to indicate possible problems and how the local policy can react to them.
- Based upon the final consultation between the MILD coordinator and the responsible persons for each sector, the MILD coordinator edits a final MILD report, which contains the full list of results and indicated problems. The final report has to be discussed by the MILD coordinator and the local authorities and all the key informants.
- A national application of the Monitor in all cities and municipalities with a Safety and Prevention contract is recommended because the appliance of the Monitor is a stimulus for local communication and collaboration, which are essential conditions for arriving at an integral and multidisciplinary drug policy.

## 5. CONCLUSION

By means of the Integral Local Drug Policy Monitor it will be possible to refine an as yet fragmentary view on the drug phenomenon, and this can be done widely by integrating new

information from key informants as well as deeply by analysing data from registration systems at the local level. Such a broader and sharper view of the drug phenomenon offers opportunities to professionalise an integrated local drug policy. Through the Integral Local Drug Policy Monitor, an accurate view can be obtained at local level with the involvement of all partners. The application of the Monitor at local level is based on collaboration and dialogue between the different parties. The Monitor makes it possible to bring the sectors closer to each other to strive for an adequate control of the drug phenomenon.

*The full report can be consulted on*  
<http://www.belspo.be/belspo/fedra/proj.asp?l=en&COD=DR/22>