"DO'S AND DON'TS IN AN INTEGRAL AND INTEGRATED DRUG POLICY"

Co-ordinator	Prof. Dr. B. De Ruyver (UGent)
Promotors:	Prof. Dr. A. Lemaître (ULg) Prof. Dr. M. Born (ULg) Prof. Dr. Paul Ponsaers (UGent) Dr. Wouter Vanderplasschen (UGent)
Reserachers:	Sara Van Malderen (UGent) Mathieu Chapeau (ULg) Filip Cammaert (UGent) Anne Moës (ULg) Sofie Vindevogel (UGent)

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I. INTRODUCTION

1. Objective.

Following the introduction of the Federal drug policy note of 2001, an integral and integrated drug policy was introduced in Belgium (Federal Government, 2001). With this note, a drugs policy with a purely criminal focus was replaced by a normalisation policy where the drug problem was considered in the first place as a problem of public health. Prevention and care were thus established as priorities in the treatment of the drug problem with repression as last resort. This research "do's and don'ts in an integral and integrated drug policy", sets out to examine to what extent we can talk of an integrated and integrated drug policy with the aim of identifying good policy and practice to develop such policy (further) in Belgium.

2. Research Questions and Methodology

In order to fulfil this objective an answer to following research questions has been formulated:

1/ Which policy actors, building blocks and pre conditions are necessary for the implementation of an effective integral and integrated drug policy in Belgium?

To answer this question, a literature search where evaluations or identification of effective forms of good practice or cooperation between the different policy domains (welfare, health sector, prevention, care, policing and judicial authorities) was carried out.

→ Firstly, this allowed us to examine `what works' – to see if there are interventions which have appeared effective on the basis of existing (inter) national evaluations. Secondly an answer is given to the 'how' question - how an intervention is implemented and which strong and weak points and preconditions there are.

2/ Are these policy actors, building blocks and preconditions for the implementation of an effective integral and integrated drug policy also present in Belgium?

To answer this question, actors, competent authorities, consultation forums and co-operative working arrangements between the policy domains and the different competence levels responsible for drug policy were inventoried. This exercise included both actors and co-operation arrangements which were of a formal/ institutional nature alongside less institutionalised arrangements located in the field..

→ On the basis of this data, we ascertained which actors, authorities and forms of co-operation already existed, and what possibilities existed for future co-operation in light of the practices identified in the literature search.

3/How do you set up an integral and integrated drug policy ? What are the do's and don'ts when implementing partnership working arrangements?

With this research question, the possibilities and problems associated with the implementation of an integral and integrated drug policy were mapped by means of interviews and focus groups.

→ In this way, it was possible to examine if it is feasible to implement cross-cutting interventions in practice and what sticking points and preconditions there might be for the realisation of an integral and integrated drug policy.

On the basis of the aforementioned research phases and in answering the research questions detailed above, policy recommendations have been formulated and a scenario for the establishment of good practice within the framework of an integral and integrated drug policy has been determined [1].

Extension of the research – can the policy directives be evaluated on the basis of social science criteria of reliability and validity methods and techniques ?

With regards to this additional research question, a methodology has been devised that allows lines of policy, such as ministerial directives, directives of the college of Chief-Prosecutors, federal policy notes and the national and local security plans to be evaluated. For this, existing (inter) national literature within the field of evaluating public policy, has been analysed. Thereafter, consideration was also given to contemporary methods and techniques within the social sciences.

→ In this way, an evaluation methodology or scenario for the implementation of evaluations has been formulated.

II. CONCEPTUAL FRAMEWORK: TOWARDS AN INTERPRETATION OF AN INTEGRAL AND INTEGRATED DRUG POLICY

1. Definition and demarcation of the research: to an interpretation of integral and integrated drug policy

Following the introduction of the Federal drug note of 2001 an integral and integrated drug policy was introduced in Belgium (Federal government, 2001). A health approach is emphasised as the core of Belgian policy documents this being also central at European level (European Monitoring Centre for drugs and drug Addiction, 2006, 2007; Council of the European Union, 2004, 2005).

Despite this, in (scientific) literature an 'integral and integrated drug policy' has assumed the status of a container concept. It is a fashionable term which is randomly used without the exact interpretation being entirely clear.

In this research, ***integral*** is taken to mean `comprehensive.` The drug phenomenon is multidimensional and, therefore, all its facets must consequently be tackled. The drug phenomenon is related to aspects of health, (social) economic security and also has an international dimension where both the supply and demand considerations can determine policy (De Pauw, 2007; De Ruyver, 2007; De Ruyver, Casselman, Meuwissen, Bullens, & Van Impe, 2000; Decorte et al., 2004). Where demand reduction derives from interventions with the goal of raising personal resistance to drug consumption, supply side reduction of the offer side has aimed to reduce access to and use of drugs (Pentz, 2003). For this reason, an

[1] The policy recommendations can be consulted in the final report. The `Scenario for establishing good practice within the framework of an integral and integrated drug policy' is an appendix of the research and can be found on the Internet site of the Federal science policy: www.belspo.be

integral drug policy is related to several policy domains as a result of which, welfare, health, prevention care and repressive elements are brought together.

Integrated has a direct link with an integral approach. An approach whereby all aspects of the drug phenomenon are addressed (integral) requires the involvement of all relevant actors and services which represent the different sectors (integrated). Co-operation and harmonisation between actors are therefore required. (Heed, 2006). Both a horizontal harmonisation between sectors and a vertical harmonisation between all competences is required tackle the drug phenomenon from several angles. The various competences (welfare, public health, policing and judicial authorities, environmental services,…) involved in the treatment of the drug phenomenon are located on both federal, regional and community level and on the provincial and local level.

In this research we consider drug policy to include the treatment of the drug phenomenon for both illegal or legal drugs. In all EU Member States the drug policy is, in the first instance, a health policy whereas the distinction between legal vs. illegal drugs is relevant in a legal-criminological context (European Monitoring Centre for drugs and drug Addiction, 2006).

It is often the case that an integral and integrated drug policy has not been aimed unilaterally to one particular aspect, but rather where several fields, policy domains and consequently several actors are united actively (COP coppel, 2008). An integral and integrated drug policy must form part of, therefore, a general social and welfare promotion policy (Roose, 2004; Van Cauwenberghe, 2004; Vandenberghe, 1998; Flemish government). Drug problems are a public health problem. The objectives of the different policy domains are, however, diverse and differing. An integral and integrated drug policy concerns, therefore, not only the objectives of a drug policy but also the manner in the drug policy attempts to fulfil the different objectives. The objectives are reached by means of an integral and integrated approach.

2. Identification of sectors

Since an integral and integrated drug policy covers several fields, in this research we consider four sectors. This classification reflects the different sectors involved in drug policy (cf. table set out below).

Sectors and subcategories				
Sector	Welfare and health	Prevention	Social work	Safety/Security
Subcategory	Not drug-specific	Drug-specific harm reduction Early intervention	Drug-specifc	Drug-specifc (interventions situated at the various levels of the criminal justice system)
Pretext	*Demand side*			*Supply side*

On the basis of the previous interpretation of integral and integrated drug policy, the involvement of a minimum of two sectors is required. The emphasis lies on cross-cutting interventions and interventions between several actors involved in drug policy.

III. RESULTS FROM THE RESEARCH PHASE

1. Literature Study

Interventions where several sectors cooperate and therefore several policy objectives are pursued are the most promising and effective (Kibel & Holder, 2003). Different cross-cutting interventions can be identified as examples of good practice. These are briefly discussed below.

- ***Cross-cutting interventions in the context of social work referral from the police and judicial authorities:***

Evaluations also show that the above mentioned form of orientation for drug users who come into contact with the police or justice at each echelon of the criminal justice system is an effective means to diminish the use of drugs and drug-related crime (Barton, 1999a; De Ruyver, Ponsaers et al., 2007; Holloway, Bennett, & Farrington, 2005; Institute for Criminal Policy Research, 2007; Koeter & Bakker, 2007; Mazerolle et al., 2007; Scottish Executive Effective Interventions Unit, 2004; Seeling, King, Metcalfe, Tober, & Bates, 2001; Skodbo et al., 2007; Stevens. et al., 2005; van Ooyen-Houben, 2008). Voorbeelden van good practices zijn "arrest referral schemes", "Proefzorg", "drug courts", "Prison Throughcare Project", "CARAT").

In respect of social work, insufficient capacity and client focus are the biggest pitfalls. These practices mean an extra intake of clients thereby increasing the pressure on assistance centres. To overcome this without undermining the objective of co-operative working, the services must be augmented by the creation of more places with a clear focus specifically on the target group. Studies show that relapse prevention is more effective when not only drug problems are tackled, but when attention is also paid to improving other life fields: living and work situations, leisure etc.

- ***Cross-cutting interventions in the context of returning to or starting work***

These initiatives aim to provide assistance to drug users in returning to or starting work. They start from the premise that drug problems can be addressed by improving other life domains by means of getting people back to work. Here the Dutch "return to work project for people with an addiction background" is worthy of specific mention. The biggest sticking point of the initiative is the fact that care and treatment of drug addicts is only moderately embedded in the project.

- ***Cross-cutting interventions in the context of day and night care and referral to housing projects***

Day and night care interventions aim to provide drug users with an alternative way of spending their time in place of using drugs on the street. These programmes also offer (basic) drug supplies to users. This practice ensures a reduction of nuisance on the street, a reduction in heroin use in favour of methadone use the result being an improvement in the various life domains and a reduction in drug-related crime (Coppel, 2008; Wits, Biesma, Garretsen, & Bieleman, 1999). With regards to housing projects for drug users, help is given both in respect of accommodation but also in assisting users to address their problematic drug use and, latterly, by offering assistance in their search for work.

- ***Cross-cutting interventions in the context of harm reduction:***

This practice came about to tackle drug-related nuisance and to improve the health situation of the drug user by reducing the presence of drug users on the street and providing them with prescribed drug supplies and safe spaces in which they can be used. Drug users can call upon general medical supplies but also drug specific assistance such as opiate substitute prescription with accompanying advice and guidance. User spaces hold out the promise of tackling drug nuisance, contributing to an improvement in the health of drug users and harm reduction (Spijkerman et al, 2002; van der Poel et al, 2003; Zurhold, 2003; Bieleman, et al, 2007) . The resistance of people in a neighbourhood can prevent the installation or existence of such user spaces. Nevertheless, acceptance by local residents is possible if the advantages of user spaces (e.g. a reduction in drugs nuisance in public space) are experienced.

- ***Cross-cutting interventions in the context of prevention and early intervention***

Here the “Communities that Care” project and the “FreD goes net” project are examples of good practice. Such practices start from the growing belief in criminological sciences that the treatment of risk and protective factors is the best method of preventing problematic drug use and other social problems in the future. By means of school surveys and other research methods, risk factors are mapped, protective factors can be identified and a profile made up around which practical initiatives can be set up.

- ***Cross-cutting interventions with the involvement of sectors from other domains***

Beside the `traditional’ sectors involved in drug policy, sectors from other fields are also important partners if an integral and integrated approach to the drug phenomenon is to be realised. Thus for example the property market is an important player in the treatment of drug-related nuisance (J. Snippe, Bieleman, Kruize, & Naayer, 2005; J Snippe, Naayer, & Bieleman, 2006). Spatial management of places where (drugs) nuisance is identified can bring about a fall in such nuisance and reduced feelings of insecurity by itself. Beside repressive action with respect to drug dealers and users who cause a nuisance, the local administration must also be involved. Administrative sanctions are also a means to counter neighbourhood degeneration and can be used to close premises where anti-social behaviour takes place (Mazerolle et al., 2007) .

- ***Cross-cutting interventions within the framework of policy development and attunement***

These studies offer guidance for the development of a local integral and integrated drug policy irrespective of the type of partnership arrangements envisaged. Several steps (identification of partners to be involved in drug policy, installation of a steering group, local problem analysis, development of a local strategy and action plan, evaluation) must be followed up so that an integral and integrated policy can be delivered and interventions which stand the most chance of success are identified and implemented (Connolly, 2002; Coppel, 2008; De Ruyver et al., 2006; Doherty, 2007; Schardt, 2001).

2. Mapping actors and competent authorities

2.1 Institutional level

Different ministers are responsible for sub-aspects of the drug policy, both at federal and regional level. The minister of public health has important powers in this area. At national

and/or international level, the drug policy is, in the first place, a health policy, but other ministers are also responsible for tackling aspects of the drug phenomenon.

At the federal level, the following Ministers are important actors in drug policy (De Ruyver et al., 2004; De Ruyver, Pelc et al., 2007): Minister of Public Health, Safety of Foodstuffs and the Environment; Minister of Home Affairs, Minister of Justice, Minister of Social Affairs, Minister for Big Cities, Minister for Societal Integration, Minister of Mobility and Transport (traffic safety) and the Belgian Institute for Road Safety[2], Minister for Small Businesses, Self-Employed, Agriculture and Science policy. These federal Ministers along with the Ministers at regional level and other policy actors also combine in a consultative or co-operative capacity. The general drug policy unit, health policy unit and the central steering group on drugs are agencies where the policy is 'made.'

The general drug policy unit is comprised of representatives from federal, community and district levels and supports the inter-ministerial conference (IMC). The IMC unites all ministers at several policy levels with competence or part competence for aspects of the drug phenomenon. Its aim is to develop common policy objectives and harmonisation. The general drug policy unit was set up in 2002, but will only become fully operational in 2009.

A dedicated health policy (drugs) unit has also been set up and is now operational (Ministry of Social Affairs, Public Health and Environment, 2001). The inter-ministerial conference public health (IMC) deals with a variety of health matters, among which is the policy concerning (il) legal drugs. Whereas the general drug policy focuses on all aspects of the drug phenomenon, the health policy (drugs) unit is focused specifically on health aspects of the problem.

With the establishment of the Central Steering Group Drug Policy in 2006, the objective of an integral and integrated drug policy in the prisons with emphasis on prevention, care and repression was pursued (Ministry of Justice, 2006). The Steering Group's objective is to develop such a drug policy in all prisons (by means of the local Drugs Steering Group in each prison) and is comprised of representatives of the Flemish Community, the Departments of Welfare, Public Health and Families and the Federal Government, Justice Department and the Association for Alcohol and other Drug Problems (VAD).

At regional level, the Minister for Public Health also has important responsibilities in the realm of drug policy alongside other Ministers responsible for partial aspects of this policy (Minister for Education, Minister for Young People). The Communities and Regions also work together with partner organisations such as the VAD for the Flemish Community, Eurotox for the French Community or Fedito Wallone for the Wallonian Region.

On the basis of the aforementioned consultation and partnership working organs it can be seen that the Federal and Regional level come together to realise both a vertical and horizontal policy rapport.

The Provincial and local levels are also involved in drug policy. An integral and integrated is most concretely evident at the local level whereas the Provincial level can provide a platform to bring the respective actors together and facilitate the exchange of good practice.

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[2] The Belgian Institute for Road Safety is orientated toward the Ministry of Mobility and Transport but does not fall directly under its competence.

At provincial level the issue of drug use (legal and illegal) falls within the competence of the Provincial Deputy for Welfare and Health. In every province, a health and welfare service is established in the context of which initiatives which fit in with in this policy operate. For Brussels such initiatives are run by means of the bilingual association "Consultative Forum for Drug Use in Brussels" which are active within the framework of the commission charged with co-ordinating services across the two language communities in the city. The provincial drug policy is part of the provincial health policy. Despite this, drug policy initiatives and priorities differ widely between provinces.

Two consultation bodies have been institutionalised, namely the Provincial Prevention Platform Drug Use (in every Flemish province) and the Consultation Forum on Mental Health (Flemish and Walloon provinces, metropolitan area of Brussels, German-speaking community). Here local and provincial actors are brought together to consult on policy at a provincial level. The discussion forums on mental health care have harmonisation of care services as their main aim. The discussion forums also house the federal pilot project for "Care co-ordination for drug misuse".

As head of local government, the mayor alongside the committee chairs responsible for health care, welfare, youth, education and the committee chair for social affairs (who also acts as the chair of social work services) are the partners involved in local drug policy. Since drug policy figures strongly at local level, it also here that most of the services are located. These services include, for example, street workers, prevention services, medical/social care centres and differing echelons of the criminal justice system.

2.2 Inventory of consultation forums and co-operative working arrangements

Whilst there are already a variety of practices concerning referral from police and judicial authorities to drug services at differing stages of the criminal justice system, the desirability of extending these provisions should be contingent on their effectiveness. The involvement of the welfare and health sectors is also vital. A diverse approach whereby emphasis is placed on addressing both the drug problematic on improving other life domains is the most successful.

Several initiatives exist which aim to provide information around drugs for young people (and especially those at risk) in the school context. The police in particular are involved in such initiatives. Whilst the police can be a relevant partner in developing a drug policy at school level, scientific research shows that information provision from the police is not effective.

With regards to data evaluating the effectiveness of early intervention and interventions aimed at enhancing social and lifeskills it appears desirable to build on such initiatives. Moreover it is important to concentrate on social skills development during childhood as the effectiveness of such programmes is enhanced if delivered during the early stages of human development.

Drug problems are multidimensional and this becomes clear from inventory of interventions. Co-operative arrangements are centred around the drug problem itself alongside socio-economic aspects such as poverty and homelessness. In the light of effective practices, the extension of such initiatives is desirable.

Within the inventory, there were not many reports concerning illegal drug replacement programmes or the systematic supply of methadone. Illegal drug replacement programmes have proved in effective in terms of a reduced drug use and recidivism. On the basis of impact studies it appears desirable to incorporate such programmes within a wider package of care

paying attention to psychosocial support and ensuring access is to medical and social security provisions.

Finally, the development of a local integral and integrated drug policy must take into account the specifics of the local drug problem. Local advisory and steering groups have, therefore, sometimes been set up.

3. Feasibility Study

The feasibility study was carried out by means of interview and focus groups to sound out the possibilities and sticking points for the implementation of good practice in framework of an integral and integrated drug policy. The main findings are summarised below:-

3.1 Do's and don'ts and preconditions for differing forms of partnership working arrangements

Partnership working in the context of the pilot projects "proefzorg" and "praetoriaanse probatie"

- Identify a figure who can function as an intermediary between the security and the care provider
- Agree on and respect the conditions of professional confidentiality
- Ensure there co-ordinated care package with sufficient capacity involving both the health and welfare sectors

Partnership working in the context of care services to detainee

- Lack of assistance during the period of detention itself
- Need to clearly focus services on the target group

Partnership working in the context of early intervention

- Need to co-ordinate service delivery and ensure consultation between sectors which profile themselves as offering early intervention services

Partnership working in the context of developing an integral and integrated drug policy

- Develop a strategic or action plan with the involvement of all partners
- Necessity for a clear mandate

3.2 Cross sectoral do's and don'ts and preconditions common to all partnership working arrangements

- Lack of finance is a recurring difficulty
- In order to promote inter-sectoral partnership working, inter-sectoral consultations must be organised
- Clear task demarcation is recurring precondition to make partnership working possible
- Co-ordination is a precondition for the continuation of partnership working

IV. OVERARCHING CONCLUSION

It can be stated that Belgium is on the way towards realising its goal of an integral and integrated drug policy.

Establishment of a co-ordinating and decision making body…

The installation of co-ordinating and decision making body that provides for both a vertical and horizontal policy rapport is a precondition for an effective integral and integrated drug policy (Kenis, 2006,). In 2003, the general drug policy unit was set up as recommended in the Federal drug note of 2001. If this unit can start to co-ordinate activities (rather than the continuation of isolated initiatives at the different competence levels) , we can start to talk of a coherent integral and integrated drug policy for Belgium. With the unit becoming fully operational in 2009, Belgium can really pursue its objective of an integrated and integrated drug policy.

… and the realisation of a vertical and horizontal policy rapport where policy is made via both top-down and bottom-up processes
The general drugs unit provides for vertical policy rapport by way of representation of ministers with the federal and regional governments who are responsible for various sub-aspects of the drug policy. The horizontal policy rapport is guaranteed by developing policy to address both supply and demand side questions and where the interests and compatibility of all sectors are considered and pursued.

Horizontal harmonisation is necessary at each competence level (federal, regional, provincial, room). Thereby the input to policy from below can take place (bottom-up). Moreover policy `made' by the Federal and Regional government must be translated into concrete measures at the local level. The policy must thus also come about in a bottom-up manner .

At present, the Federal and Regional governments can call on umbrella organisations, alliances or actors from the provincial level in connection with questions concerning the local level. In this respect we can refer to, for example, care co-ordinators or the discussion forums on mental health care. The VAD as an umbrella organisation is a partner organisation of the Flemish community and is a part of the provincial prevention platforms “Middelengebruik” established in every Flemish province. On the basis of these structures, new developments on the ground can flow through to higher levels of government. Despite this, there are indications from some partners that policy is only representative of one part of the sector. There is no body that represents all the sectors. Such a platform with representation from all sectors in function of the federal and regional governments is nevertheless significant within the framework of a drug policy which is developed in a bottom-up manner. The installation of such a platform could contribute consequently to a thorough horizontal policy rapport where account is taken of developments in the area for policy development at the local level and above.

On a local level, there has, however, been investment in structures within the framework of policy development and harmonisation such as discussion forums, drugs steering groups or advisory bodies. Platforms such as these where sectors can meet each other are preconditions for cross-cutting cooperation. Smaller municipalities sometimes have more difficulty in developing an integral and integrated drug policy. A lack of resources frequently lies at basis of this problem whilst the establishment of inter-municipality drug councils increases the possibilities for addressing it.

Intra-sectoral organisation as a facilitating factor for inter-sectoral partnership working
Partnership working sometimes extends beyond an individual sector to co-operation with other sectors. The extent to which a sector is organized is, moreover, a strong facilitating factor for development of inter-sectoral partnership working and co-operation. This way both organisations which belong to the sector and their supporters can be informed and involved in

cooperation which exists between other sectors. Inter-sectoral partnership working can result in greater support and work outside of the sector is stimulated.

The need for better organised structural consultation with a focus on co-ordination
On the ground, there is no pressing need to establish more consultation bodies: rather, emphasis should be placed on better organisation, more structured consultation bodies alongside structural and systematic partnership working links between sectors. It is not sufficient to purely bring sectors together as there is also a need for structured partnership working links. Coordination is thus a precondition. There are, however, already incentives for coordination but these are still insufficient. In French-speaking regions in particular, there are clearly less provincial and local drug co-ordinators.

Formalisation of partnership working
A clear task demarcation is a recurring precondition for ensuring that partnership working is possible. It is desirable for the roles and responsibilities as well as the cooperation procedures to be formalised. This is a useful instrument which can be used to monitor the borders and possibilities from each partner agency.

Lack of durable and structural sources of finance and unbalanced allocation of resources for all policy domains
An on-going sticking point is the lack of durable and structural source of finances. In the current environment, reliable structural sources of finance are essential for the development of an integral and integrated drug policy. This has its implications for the approach taken in the long term and limits the development of interventions between sectors. A shortage of resources is a threat to the continuity of partnership working between sectors.

Alongside the need for durable and structured sources of finance, policy intentions must (cf. federal policy note) also be reflected in the financial structures. If prevention is at the top of the agenda, resources for this must be made available. On the basis of a study into government expenditure on drug policy, it was determined that less was invested in the prevention sector and that the most government expenditure was in fact focused on security (De Ruyver et al., 2004; De Ruyver, Pelc et al., 2007). Moreover the distribution of responsibilities entails that every competence level is also responsible for the financing of those policy aspects for which it is competent. However it has been shown that current financing arrangements do not always follows this logic.

Inter-sectoral partnership working
An approach whereby all aspects of the drug phenomenon are considered (integral) requires the involvement of all relevant actors and services which represent the different sectors (integrated). Partnership working and a good rapport are necessary. Interventions where several sectors cooperate and therefore several policy objectives are pursued most promising and most effective (Kibel & Holder, 2003). The research shows that sectors engage in partnership working with divergent objectives. Sectors work in partnership around specific topics where a good relationship exists between them but also where responsibility for the finalisation of objectives from each sector is the basis of partnership working this being a precondition for reaching the objectives.

Orientation to care services within the diverse levels of the criminal justice system
Orientating drug users that come into contact with the police or justice agencies to care services is an effective practice in reducing drug use and drug related criminality (Barton,

1999a; De Ruyver, Ponsaers et al., 2007; Holloway et al., 2005; Institute for Criminal Policy Research, 2007; Koeter & Bakker, 2007; Mazerolle et al., 2007; Scottish Executive Effective Interventions Unit, 2004; Seeling et al., 2001; Skodbo et al., 2007; Stevens. et al., 2005; van Ooyen-Houben, 2008). This practice has gained in importance in Europe and beyond and is also now increasingly implemented in practice. (Beynon et al., 2006; Hunter et al., 2005). In Belgium too, partnership working between care providers, police and justice agencies has received increasing attention. Alongside the various possibilities at differing levels of the criminal justice system for alternative disposals, several working arrangements have been established with the objective of embedding systematic and structural partnership working between care providers, police and justice agencies.

The practice where police force and care workers undertake outreach work together and conduct initial intake interviews with drug users in police stations is desirable. In this way, a larger target group can be reached and, moreover, the chance of recidivism is reduced if intervention takes place at an early stage (Hunter et al, 2005; Scottish Executive Effective Interventions Unit, 2004; Seeling et al, 2001).

With regard to the effectiveness of the orientation to care services within the justice system, the extension of this is desirable but must also systematically involve the welfare and health sector systematically as a full, third partner. Effectiveness studies show that a plural approach which works around the drug problem and includes attempts to improve several life domains is the most successful. Efforts must be made therefore to systematically involve the welfare and health sector as a partner in practices where a referral to the assistance agency is initiated from the justice system. Consideration must also be given to a systematic system of second referral from care providers to the welfare and health service providers to assist with getting people back to work or with housing well-being and foresee health supplies in getting people back to work or finding them accommodation.

The same observation applies all the more to orientation to care provision from the prison service in pursuance of the objective of social reintegration and aftercare. In this respect an initiative like the `Central Registration Point' is praiseworthy: however, systematic partnership working with, for example, employment agencies or housing support initiatives is also desirable. Moreover a Central Application Point has not yet been established in all Belgian Prisons. Another hiatus is the limited assistance which is available during the period of detention alongside the presence of a drug problem within the prison itself. Moreover the detention period creates an opportunity to work on an individual's drug problems and can contribute to the objective of social reintegration.

Day and nightcare

The establishment of day and nightcare services has brought about a reduction of nuisance on the street, a reduction in drug-related criminality and a decrease in heroin use in favour of methadone as a consequence of improvements to life domains (Coppel, 2008: Wits et al., 1999). Such initiatives are, however, still rare in Belgium.

Early Intervention

It is important to pay attention to the effectiveness of early intervention and interventions designed to enhance social and life skills (Artheur et al., 2003): it is also desirable to extend such services further. It is moreover important to work on social skills in childhood given that the effects are of such interventions are more favourable the earlier in a person's development

they are delivered. Early intervention is concept that can gain in importance in Belgium and one which can be worked into the delivery of existing services and new initiatives.

Belgium is on the way to realising an integral and integrated drug policy but nevertheless there is still talk of first steps or taking a step in that direction. There is, after all, more talk of `co-operation' than `partnership working'. There is already talk of harmonisation of initiatives and referral but there must still be a strong investment in structural and systematic partnership arrangements where from a common, shared objective a common action ensues.

V. EXTENSION

1. Introduction and problem definition

This extension is situated within the research "do's and don'ts in an integral and integrated drug policy". The objective is to develop a methodology which can evaluate policy directives on drug policy, according to the problem definition `*can science provide reliable and valid social science criteria, methods and techniques so that policy directives can be evaluated?'*

The development of such a methodology fills a long existing hiatus namely the attempt to identify a single methodology, develop it and attempt to scientifically test it. The general research question is as follows: "It is possible to develop a general methodology which can act as a framework for evaluating policy directives?"

Alongside this general question some more detailed composite questions can be asked:
- What criteria must be satisfied for directives for to be evaluated?
- Which methods and techniques are available for the evaluation of directives?
- Which methods from the methodological toolbox are useful or not for the evaluation of policy directives? If methods are not useful why not?
- What is the exact definition of `evaluation of a drug directive'?
- Is it possible to ascertain the central meaning of constituent elements of the various drug directives and thereafter establish a link between such concepts and the operationalisation of the policy?

2 Methodology

Initially, drug directives and evaluations of drug directives were considered. Thereafter the maximum available information was collected on existing literature concerning evaluation of public policy that related to both Belgium and foreign countries. After evaluations of Belgian directives were assessed, it was clear that there were very few evaluations and that none fitted the description of evaluation envisaged by the current research.

Then it was decided to consider the initial set-up of this study. Before assessing methods and indicators with relevance for the evaluation of Belgian drug directives, we looked at failings in Belgian drug policy in the execution of evaluations. The objective was to formulate useful recommendations for future evaluations. Afterwards an inventory of the differing quantitative and qualitative methods and techniques acceptable in social sciences was made to look at what was good, what is good and what can be improved. Finally we looked to see which forms of evaluation one could apply given a certain directive.

3. Results and recommendations

Recommendations concerning the introductory requirements of the evaluation

It is first of all important for certain of:
- intrinsic qualities of the directive (are the contents and objectives clear, exact, concise?)
- feasibility (taking into account the available time, available resources, realities on the ground)
- legitimacy of the measures and the procedures for the directive (this last point demands a thorough knowledge of the area and precision in the description of the procedures concerned)
- degree of focus on the **target group**
- **visibility and reach** of the directive (the directive must aimed at the general public as well as at the drug users)
Furthermore, it is essential:
- to take advantage of the **experience** and knowledge of the professionals in this field and
- to ensure that an **impartial expert** undertakes the evaluation.
Finally, account must be taken of the evaluation of the directive from the moment it is established so as to guarantee the integrity of any future evaluation.
Recommendations: indicators and methods
- It is important to see evaluation as a **cyclical** process and it is therefore recommended that use is made of the recommended framework for evaluating directives.
- The choice of indicator for the evaluation of directives should be informed by the principles of **validity** and **reliability**.
- Indicators should be chosen that are sufficiently **sensitive, specific, accessible** and **acceptable.**
- Thorough evaluations should be made of the **different usable designs** and the choice based on these evaluations
- Have an in-depth knowledge of the possibilities en restrictions of the differing (**quasi-experimental**) designs. It is preferable to triangulate using several different methods. The discussion of the evaluation cannot be separated from research into the **validity** of the **applied data or databases.**