Basic principles & components for effective local drug policy

As a public health
priority in new EU member states

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Jiri Richter
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| Local authorities are much needed to fine-tune drug policies.

Local authorities are a logical partner in dealing with drug-related problems. They are in the frontline in the fight against drug-related crime and in dealing with the social repercussions of drug use. Local decision-makers and professionals are thus much needed when it comes to fine-tuning drug policies.

Local authorities have to deal with an apparent conflict. On the one hand they are expected to help drug users, guiding them into treatment and making sure they have a certain quality of life. On the other hand, they need to protect the wider community against crime and public nuisance. From this perspective, local authorities always have to find the best compromise between law enforcement and social and healthcare interventions.

One challenge for local authorities that I see emerging is in the field of treatment. Treatment of drug addicts is pre-eminently the terrain of local authorities. Most of the time it is both managed and financed at local level. Treatment centres are now predominantly well-equipped and used to treating opiate use. However, currently the trend is that more users of cannabis and cocaine are seeking treatment. This will lead - and has already led to - extra pressure on treatment centres.

Resources are still limited. However, the human and financial resources for dealing with drug-related issues have increased tremendously over the last 25 years. This is a very positive development. Some of the new Member States, however, have to catch up. They have not yet allocated sufficient resources. At the same time, the new Member States are confronted with increasing requests on their drug treatment and harm-reduction services.

For the rest of Europe it is not so much a question of more resources, but improving the ways in which these resources are used. This can be done by making knowledge, scientific evaluation and best practice a leading concern. This means that the debate on how to deal with drugs and drug addiction should not be ideological or dogmatic, but based upon scientific evaluation of what works best.

Wolfgang Götz
Director of the EMCDDA

| The Drug Policy Alliance Mission statement

The Drug Policy Alliance envisions a just society in which the use and regulation of drugs are grounded in science, compassion, health and human rights, in which people are no longer punished for what they put into their own bodies but only for crimes committed against others, and in which the fears, prejudices and punitive prohibitions of today are no more.

Our mission is to advance those policies and attitudes that best reduce the harms of both drug misuse and drug prohibition, and to promote the sovereignty of individuals over their minds and bodies.

In our vision of tomorrow, people are not punished simply for what they put into their bodies but only for harm done to others. We fight for drug policies based on science, compassion, health and human rights. Our work spans issues from medical marijuana to youth drug education. We work to ensure that our nation's drug policies no longer arrest, incarcerate, disenfranchise and otherwise harm millions of nonviolent people, especially people of colour.

We do not believe that there is an ultimate solution to our drug problems, but we do believe that there are steps that can and should be taken soon to reduce the harms associated with both drug use and our failed policies.

Ethan Nadelmann
Executive Director
Drug Policy Alliance

INTRODUCTION

Not only the national but mainly the **local authorities should take** timely and **appropriate action to prevent** the rapid and **extensive spread or level of problem drug use, HIV infection** among injecting drug users, **thereby reducing the danger** of a vast epidemic in the general population and **prevent all possible consequences** in related health and social damage, raise of social costs and increased criminal behaviour.

It's even more important in countries with new or relatively new democracies established, as well as in the countries with historically low performance of balanced drug policy or those that were not very effective for whatever reason.

The objective of all European drug strategies is to reduce drug use and the damage that drugs can cause, both to those who use them and the communities in which they live. This policy objective can be simply stated, but it is important to recognise that drug use is a multifaceted and complex phenomenon and any attempt to evaluate the impact of policies in this area has to reflect this underlying reality.

A positive conclusion is that European drug policies are becoming more sensitive to the need to focus on specific activities and develop meaningful targets.

This is reflected in the general shift in Europe towards national drug strategies being accompanied by more specific and time-limited action plans, and, at the level of European coordination, in the annual review of the current EU action plan on drugs, with indicators being dropped or modified following review of their performance.

EMCDDA, 2007 Annual report on the state of the drugs problem

THE AIM OF THIS GUIDE

The aim is to identify common characteristics in the methods **employed by local communities to deal with drug problems**. Mentioned approaches are based on principles common to all urban policies:

- [·] **To promote a complete and coherent policy**, which will meet the aims of protecting health and ensuring security and social cohesion.
- [·] **To develop responses adapted to the local situation**, as much to the nature of the problems as to the resources available to respond to them.
- [·] **To strengthen cooperation and the sense of responsibility of the bodies involved**, such as local councils, county councils, the local government, public services and the private sector, NGOs and citizens.

The guidelines set out here **are intended to help cities** develop and implement a comprehensive policy framework that is appropriate to their own needs, priorities and resources. **This publication must be seen rather as brief guide than a sufficient operational manual for immediate delivery of the local drug policy.**

In tables shown under following chapters, you can find **some of the results from the "Rapid assessment study among representatives from new EU member countries"**, participating in the project Democracy, cities and Drugs.

As the level of development in participating cities (countries) vary from "any drug policy" to "sufficient local policy", **most of the statements presented are not valid over all the regions or countries, thus must be taken rather as an example than a typical situation**.

WHAT IS A LOCAL DRUG POLICY?

A local or **municipal drug policy** (thereinafter local drug policy) **could be seen as a commitment to a goal and a guide for action**. It expresses and prioritizes the medium – to long-term goals set by the local government for all involved sectors, and identifies the main strategies and actions for attaining them.

It provides a framework within which the activities of involved actors can be coordinated and must cover both, the public and the private sectors, and involve all the main actors acting on the field or influenced by drug use.

A local drug policy, **presented** and printed as an **official local government statement**, is important as:

[·] a **formal record of aspirations**, aims, decisions and commitments,

[·] a **general overview** of what is needed, required and seen as a priority areas,

[·] a **guide for planning, implementation and evaluation**.

The policy document should be **developed through a systematic process of consultatio**n and involved participation with stakeholders having power to change objectives. In this process the objectives must be defined, priorities must be set, strategies must be developed and commitment must be built.

WHY IS A LOCAL DRUG POLICY NEEDED?

A local drug policy is needed for many reasons. The most important are:

[·] to **present a formal record of values**, aspirations, aims, decisions and medium – to long-term government commitments;

[·] to **define the local goals and objectives** for all involved actors, and set priorities;

[·] to **identify the strategies and actions** needed to meet those objectives, and identify the various actors responsible for implementing the main components of the policy;

[·] to create a forum for local discussions on these issues.

The consultations and discussions preceding the drug policy document are very important, as they create a mechanism to bring all parties together and achieve a sense of collective ownership of the final policy. This is crucial in view of the local effort that will later be necessary to implement the policy. **The policy process is just as important as the policy document.**

The final definition of objectives and strategies depends on the level of economic development and resources, on cultural and historical factors, and on political values and choices.

A LOCAL DRUG POLICY IS AN ESSENTIAL PART OF OTHERS POLICIES

A local drug policy **must fit within the framework of a particular health care system and policy, a local social policy and be comfortable also with a local crime prevention programme**. The goals of the local drug policy should always be consistent with broader objectives, and policy implementation should thus help to achieve those broader objectives. It even does depend on the broader objectives. If for example the regional or national levels of governance favour an approach which is more authoritarian, it could be up to the local level to formulate a policy more in keeping with enlightened views, especially in relation to an issue like race equality.

The health policy and the level of service provision in a particular city are usually important determinants of drug policy and define the range of choices and options. But not necessarily – local service configurations might be hopelessly out of date and not in keeping with local need. Local drug policies should be framework for reassessing need, re-evaluating service priorities and resource allocation. On the other hand, the drug situation also affects the way in which services are regarded. Thus the **implementation of an effective drug policy promotes confidence in and use of services**.


Data, statistics and evaluation
What works in prevention
Guiding principles of a local drug policy
Aims, objectives and tasks
Components of alocal drug policy
The local drug policy process
Formulating a local drug policy

DATA, STATISTICS AND EVALUATION... FENOMEN OF TODAY

Nowadays, over the all Europe we could recognize the **logical pressure and need for relevant data on drug use, trends in drug users behaviour, quality and effectiveness** of the services provided and of the policy measures or approaches.

Thousands of data are today collected, gathered and processed. Only some years ago we could hardly imagine that we could have to our disposal such a mass of reliable quantitative, but also qualitative data. **Are they used for the change and for the better and more valuable policies and services?** I dare to say that rarely, however over the Europe we could already find some very good examples to follow.

We definitely know much more on drug use and drug markets. On the other side **we usually still know very little on different policy measures and their effectiveness within drug policies**. And even if we know, there must be political will and settings, adequate financial, human and institutional recourses needed for the change. However true is that, **without basic facts, data or studies we could hardly change anything.**

Summary of selected data on European Union

At a glance – estimates of drug use in Europe

(Note that these estimates relate to the adult population and are the most recent estimates available. For complete data and full methodological notes see the 2007 statistical bulletin.)

Cannabis

Lifetime prevalence: at least 70 million, or one in five European adults
Last year use: about 23 million European adults or one third of lifetime users
Use in the past 30 days: over 13 million Europeans
Country variation in last year use: 1.0 % to 11.2 %

Cocaine

Lifetime prevalence: at least 12 million, or around 4 % of European adults
Last year use: 4.5 million European adults or one third of lifetime users
Use in the past 30 days: around 2 million
Country variation in last year use: 0.1 % to 3 %

Ecstasy

Lifetime prevalence: about 9.5 million European adults (3 % of European adults)
Last year use: 3 million or one third of lifetime users
Use in the past 30 days: more than 1 million
Country variation in last year use: 0.2 % to 3.5 %

Amphetamines

Lifetime prevalence: almost 11 million or around 3.5 % of European adults
Last year use: 2 million, one fifth of lifetime users
Use in the past 30 days: less than 1 million
Country variation in last year use: 0.0 % to 1.3 %

Opioids

Problem opioids use: between one and eight cases per 1 000 adult population (aged 15–64)
Over 7 500 acute drug deaths, with opioids being found in around 70 % of them (2004 data)
Principal drug in about 50 % of all drug treatment requests
More than 585 000

EMCDDA, 2007 Annual report on the state of the drugs problem

WHAT WORKS IN PREVENTION

Based on experience, verified data and good practice this document sets out the **basic principles and components for effective local drug policy**. Once planning or implementing local drug policy, we should know what's effective and what works.

Based on effective preventive work at the local level World Health Organization (WHO) sets out **basic principles** e. g. among injecting drug users. As the prevention of harm, related to risky behaviour could be recognised as one of the key elements of the successful local drug policy, there is a necessity to include it into each drug policy and once successfully developed we should continuously evaluate its effectiveness and reliability. **Key principles for harm reduction (HIV prevention) among injecting drug users at local level:**

[·] information, communication and education

[·] providing easy access to health and social services

[·] reaching out to injecting drug users

[·] providing sterile injecting equipment and disinfectant materials

[·] providing substitution treatment

These principles should not be seen in isolation from overall national drug strategies or national AIDS programmes. They are, however, valuable in guiding these national policies and programmes with regard to the specific goal of reducing HIV transmission among injecting drug users.

The principles described outline a model of comprehensive preventive action. International experience shows that no single measure can be expected to provide effective HIV prevention. A range of properly planned and consistently delivered interventions should be included in national and local prevention efforts.

A strong commitment and concerted efforts from national and **local policy-makers and public authorities are prerequisites for the creation of a coherent prevention strategy**. Appropriate coordinating bodies (including policy-makers, public authorities, service providers, experts and representatives of service users) should be established at national and local levels to develop prevention strategies and plans of actions based on the principles described in this document.

Furthermore, **mechanisms should be established to ensure the regular provision to these bodies** of up-to-date information on developments on the drug scene, recent scientific findings on effective HIV prevention measures and data from the monitoring and evaluation of prevention activities at national and local levels.

HIV transmission among injecting drug users can and should be prevented. **There is a sufficient evidence of what does and does not work in HIV prevention. It is vital to put these lessons into practice** especially in countries with emerging HIV epidemics among injecting drug users, as well in as those with a high prevalence of HIV risk

behaviour among injecting drug users. Other countries should set up mechanisms for regularly monitoring developments on the drug scene, considering the rapid spread of drug injecting practices in recent years (WHO, 2002).

However you have to bear in mind that **each city might have their own specificities**, specialities, historical roots, social, demographic, economical situation, political values etc., **which would need also specific approaches, measures and possibly also methods** to reach the typical expert objectives of the local drug policy.

And this is even **more important to take into account in new members states where was historically difficult to approach rational drug policy with effective up to date measures**.

GUIDING PRINCIPLES OF A LOCAL DRUG POLICY

A local drug policy should be based and build up **on already proved experience, scientific results** which showed essential principles needed for effective local drug policy. **Process of building** has to be infused with inclusive equality principles and lean on **basic process principles/phases of strategic planning**:

[·] **definition of visions**, aims and analysis of recourses

[·] **planning and formulating** local drug policy

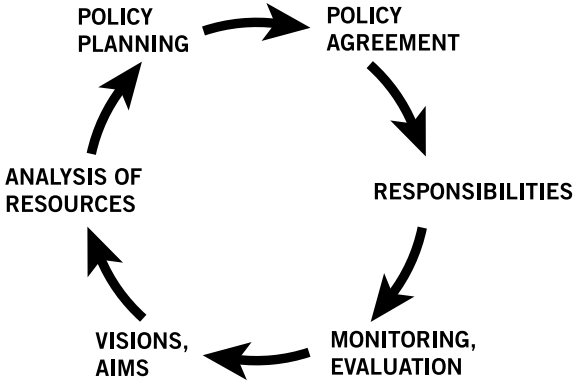
[·] local policy **government statement**/agreement

[·] **promotion**, common understanding

[·] **responsibilities and implementation**

[·] monitoring and **evaluation** of the drug policy

Local administration must understand and approve **protection of public health as the main principle of local drug policy**. This concept, defined by the World Health Organization, is based on comprehensive preventative, educative, therapeutic, social, regulatory, and control measures, including law-enforcement measures and other measures aimed at improving health, social, economic, safety, and criminal conditions that affect the health development of the individual and society.



The European Union's Amsterdam Treaty also adheres to a concept of protecting public health. The **key importance principles of the local drug policy** itself to be effective:

[·] **balanced approach** between law enforcement and prevention measures

[·] **pragmatic** and **focus oriented**

[·] **multi-sectoral**, resort and branch coordination approach with **focus on integrative and participative approach**

[·] clearly **defined adequate financial, human and structural sources**

[·] **quality oriented, measurable, rational and realistic**

[·] comprehensibly defined **concrete and attainable aims**, objectives and tasks

[·] **accessible** to all in need and defined as a target group

[·] based on **verified data and strategies**; effectiveness must be evaluated

A local drug policy should be also rise on existing effective practices. Nevertheless some existing local drug services might not be targeted at most in need e.g. because of history of drug provision. Over the new member states, there is lot of formalism seen as well as authoritarian approach instead of focus on action and involved participation.

So, there is **need to define 'what really works'** to reach objectives. For example – some wide-spread treatment programmes seem to work, but its service practices are probably undesirable; some opiate services work, but in limited way, some completely miss out visible minority drug users and have problems in relation to accessing women users.

AIMS, OBJECTIVES AND TASKS OF A LOCAL DRUG POLICY

In the broadest sense **a local drug policy should promote adequacy and sustainability of the system** as a whole with all necessary reliable parts on the side of demand reduction (primary prevention, treatment…) and supply reduction (control, crime prevention, law enforcement).

The general aims of a local drug policy are to ensure existence of:

[·] political, institutional and organizational **framework**

[·] **effective respond** to society needs

[·] **definition of responsibilities** and competences

[·] allocating necessary **financial sources** with **equal access**

[·] **guiding principles**, priorities and objectives

[·] **identification of needs and processes** to implement

[·] **coordination**, communication and necessary promotion

[·] **improving knowledge** of the drug use situation and trends

Key specific expert objectives of an effective local drug policy must include:

[·] **measures to answer all negative consequences** of drug use

[·] **adequate access** to all known effective health and social services

[·] **equal access** without any prejudices and limits related to race, sex, nationality etc.

[·] **quality of all services** provided with respect of human rights

[·] **cost-effective solutions** and clients valuable services

[·] clear **definition of** all stakeholders' **roles, tasks and responsibilites**

Specific tasks and possible outcomes of the actual municipal drug policy **might be to**:

[·] reduce the prevalence of drug use, particularly among young users under 18 years of age
[·] stabilize or reduce the number of problem drug users
[·] reduce substantially the incidence of drug-related health damage (HIV, hepatitis, TBC etc.) and the number of drug-related deaths
[·] increase the number of successfully treated addicts
[·] reduce the availability of illicit drugs
[·] reduce the risks related to experimental and recreational use of legal and illegal drugs
[·] reduce the number of drug-related crimes and
[·] contribute to reduce money-laundering and open drug market

There might be also many other different aims, objectives and tasks related to political ambitions, technical and organisational needs (e.g. cooperation, funding), necessary structural changes (e.g. need for more services, capacity building, quality of the services) or clients needs, however of the key importance is that they are realistic, measurable, clearly defined and respond to actual needs.

As in some of the cities, regions and also countries **we could still see formal policies** with no much relevancy to the actual needs, one of the **most important issues, once developing new policy, is accurate and correct prioritizing responding to most important society risks**.

New member states experience show that the **key words** in such a situation should be – **political motivation for change, definition of tasks and responsibilities, building coordination with involved participation, focus on action and subject, and process monitoring.**

COMPONENTS OF A LOCAL DRUG POLICY

A local drug policy must be a comprehensive framework in which **each component plays an important role in achieving one or more of the general objectives** of the policy.

The **policy should balance the various goals and objectives**, creating a complete and consistent entity. For example, access to services can only be achieved through range of available services (state, NGO, private), existence of basic spectrum of the types of the services, a capacity to change services which are not meeting needs, thus adequate and sustainable financing and reliable health and supply systems. Each of the components of presented framework is essential but not sufficient in itself to ensure effective local drug policy.

Policy components	
[·] **comprehensive, intelligence led needs' based approach** inclusive all communities	[·] **quality oriented** [·] **measurable** [·] **rational and realistic**
[·] **balanced approach**	[·] **attainable aims**, objectives and tasks
[·] **pragmatic** and **focus oriented**	[·] **accessible**
[·] **multi-sectoral** coordination	[·] **based on verified data**
[·] **integrative and participative approach**	[·] evaluated
[·] **adequate financial, human sources**	
Subject components	**Resources components**
[·] **commissioning on basis of needs**	[·] **political and administrative bodies**
[·] **coordination**	> local council
[·] **funding**	> drug coordinating council
[·] **primary prevention**	> drug administration
> specific primary prevention	[·] **service providers**
> education	> nongovernmental organisations
[·] **treatment and reintegration**	> state or municipal facilities
> outpatient programmes	> private organisations
> residential programmes	[·] **crime prevention and law enforcement**
> after care	> crime prevention departments
> social support services (employment, housing ...)	> municipal police
	> drug law enforcement
[·] **risk reduction**	[·] **research and education agencies**
> harm reduction	[·] **control agencies**
> substitution	[·] **media**
[·] **supply reduction**	[·] **service users and their organisations**
> control mechanism	[·] **community groups**
> crime prevention	[·] **supporters and donors**
> law enforcement	[·] **social and health care institutions**
[·] **research, education, information**	
[·] **monitoring and evaluation**	

Policy objectives components	Process components
[·] **measures to deal with negative consequences** of drug use	[·] definition of **visions**, aims
[·] **adequate access to health and social services**	[·] analysis of **resources**
[·] **equal access**	[·] **planning and formulating**
[·] **quality of all services**	[·] **implementation**
[·] **equal access**	[·] monitoring and **evaluation**
[·] **cost-effective solutions** and clients valuable services	[·] **condition for a change**
[·] clear **definitiion of roles, tasks and responsibilities**	[·] **participative decision making**

THE LOCAL DRUG POLICY PROCESS

| Overview of the local drug policy process

A local drug policy involves a **complex process of research, development, implementation and monitoring**. Policy development process results in the formulation of the local drug policy. Strategies and activities aimed at achieving policy objectives are implemented by the various parties.

Effect of these activities is monitored and the programme adjusted if necessary. **Throughout the process careful planning and the involvement of all parties are needed**, and the political dynamics have to be considered at all times

| Planning

Any drug policy without an implementation plan remains a dead document. Careful planning of the implementation steps and activities necessary to arrive at the expected outcome is important throughout the process.

There are various types of plans. The first is **the strategic** plan to **develop the policy itself**, which should specify the various steps in the development process, and especially plan for the involvement of as many relevant stakeholders as possible.

After the policy has been adopted, an **implementation plan**, or action plan, is needed, which typically covers a 3–5-year period. This **details the various activities for each component** of the policy.

The implementation plan spells out what needs to be done and who is responsible, estimates the budget and proposes a time frame. If resources are insufficient without external input, a set of priority activities should be identified that can be executed within the existing means. The master plan **can be broken down into individual annual work plans** for the various departments.

| Involving all parties

Throughout the policy process (and not only in the development phase) **there should be consultation, dialogue and negotiations with all interested groups and stakeholders**.

These include other departments (e.g. higher education, social issues, and housing), doctors, pharmacists and nurses, local drug and essential chemicals sellers, academia, nongovernmental organizations (NGOs), professional associations and consumer groups.

It is also important to consult with provincial and district medical and administrative personnel. Other municipal or regional agencies (municipal police), insurance companies, law enforcement and groups paying for prevention or health care must be involved. The media can be helpful, and support from interlocal organizations is important.

It is **recommended that the local drug policy committee meet regularly to review the implementation** of the policy with all interested parties in a local drug policy forum.

| Political dynamics

Formulating and implementing a local drug policy are **partially political and expert processes**. It is a highly political process, because such a policy usually **seeks to achieve balance approach, equity of access** to basic health care, **primarily by making the service providers sector more efficient, equality focused**, cost-effective and responsive to health needs.

Thanks to usual society prejudice and low level of knowledge about effective local policy, policy process sometimes solicitous not to be much visible.

On the other side **expert processes** usually **seeks to achieve adequate funding**, equal access according actual needs, **partnership, efficient services, society valuation**, high effectiveness, alternative approaches, and political acceptance, however those might be in contradiction with political ambitions or decisions

Given the diverse interests and the economic importance of the issues involved, opposition to the new policy and attempts to change it during implementation can be expected.

| Implementing a local drug policy

A policy, however carefully formulated, is worthless if it is not implemented. Every drug policy needs an overall implementation plan or "master plan"; each component of the policy needs a detailed strategy and specific action plans.

| Priorities for implementation

For each country and city the **priorities for implementation will be different**. Priorities for implementation should be based on the severity of the problems, and on the potential for success in achieving the objective and making an impact with available resources.

| Master plan and work plans

The local drug policy leads to an implementation plan or master plan, which may cover a 3–5-year period. This implementation **plan spells out for each component of the policy** what needs to be done and who is responsible, estimates the budget requirement and proposes a rough time frame. If resources are insufficient without external input, a set of priority activities should be identified that can be executed within existing means. Potential donor inputs should also be included, and gaps in funding can be identified as a guide for future donor support. **The master plan facilitates monitoring and follow-up, and it is important that it is communicated to all parties involved.**

The master plan should be broken down into annual action plans and work plans, which should be carefully developed with the various agencies involved in implementation. These plans should outline the approaches and activities for each component, specifying in detail who is responsible, listing the major tasks, and describing the target output, the detailed time frame and the exact budget.

| Responsibilities in implementation

As lead agency, the Mayor or the Local Drug Council should oversee and coordinate all activities, and monitor the extent of implementation and the achievement of targets. In some countries a separate unit within the administration, with its own budget and personnel, acts as the coordinating body.

Apart from the coordinating body, **it is recommended that a local consultative forum is created to oversee policy implementation**. This is essential to create and maintain wide support for the policy, and to ensure that the key stakeholders remain informed and involved. The same could be done for some specific policy components, for example, all activities dealing with quality assurance, services cooperation or trends in drug use.

Local institutions, such as service providers, crime prevention units, law enforcement, schools, academic, probation service and local prisons, and district or provincial health and social offices, are key players in drug policy implementation. But not only, very helpful might be to involve on certain stages also private and profit firms, health specialist, employment agencies, housing associations etc.

Given the multisectoral nature of drug issues it is important not only to obtain but also to maintain consensus on the policy objectives. This can be achieved by agreement on implementation plans and through regular progress reports, on going monitoring and review and evaluation processes.

| Financial resources

It is **important to match the strategies and action plans with available financial resources**. Allocations from government and local funds and revenue from health insurance are the usual funding sources.

The responsible agencies should have a mechanism for actively seeking funds and be able to secure regular funding from the national or local government. Contributions from interlocal and local donors are also possible sources. However, there should be no conflict of interest in accepting donor contributions, for example, when donors are interested in funding activities that are of low priority in the local drug policy.

Once on national level there is probably **no country without drug policy**, Rapid assessment study among representatives from new EU member countries, show **significant lack of drug policy on the local level**. This also very probably led to lack of local financial, institutional, and human recourses.

Even cities are crucial players in tackling drug problem, in some of the cities we could still see only declarative policies without answering actual needs, and sometimes supporting the activities and services not effecting the problem, but politically rewarding.

Some reports show also fact that **many local projects are still living only from international funds** and are sheltered in isolation. In such a situation **it's crucial to try to involve and to persuade local politicians to get involved**, and to change their attitudes. Media and citizens support could be very helpful in this case, however sometimes will be profitable to involve health authority

FORMULATING A LOCAL DRUG POLICY

| Organize the policy process

Both the local health administration or/and the Local Drug Council are the most appropriate local authorities to take the lead role in formulating a local drug policy. **The first step is to decide how to organize the development process that will identify the structure of the policy, its major objectives and its priority components.**

At this stage it is important to **identify all the interested parties** that need to be involved, the necessary resources, and how these can be obtained. The need for assistance from local experts, NGOs, WHO or countries with relevant experience should also be assessed. This stage can be carried out within the city administration with support from a small committee of selected experts.

| Identify the main problems

In order to set realistic objectives a thorough analysis and **understanding of the main problems are needed**. There are various ways of carrying out an initial situation analysis.

One successful approach has been to bring together a small team of experts, some of whom should have performed similar analyses on national level or in other countries. These experts should come not only from the health sector but also from other disciplines and backgrounds. They should be asked to examine the situation systematically, to identify the main problems, to make recommendations about what needs to be done and what can be done, and to identify possible approaches.

However, you probably won't get the needs' details of excluded groups by using 'experts'. **There is an obligation to involve local communities so affected either through dialogue or research based processes.** They should act as impartial advisers. Once they have formulated their recommendations, these can be discussed at one or more multidisciplinary workshops, in order to formulate consolidated advice to the local government.

| Make a detailed situation analysis

A more detailed situation analysis of the local drug use and market and its components may be needed. This **should further analyse the source of the problems, in order to identify potential solutions, choose the most appropriate strategies**, set priorities, and serve as a baseline for future systems of monitoring and evaluation.

| Set goals and objectives for a local drug policy

Once the main problems have been defined, goals can be set and priority objectives identified. For instance, if one of the priority problems is lack of data on local drug scene, one of the priority measures should be to invite experienced outreach programme to monitor actual situation, if other one priority problems is not known quality of the services, one of the priority objectives should be to develop quality standards in care.

The selection of appropriate strategies to achieve the objective is more complex, since it may involve choosing from among very different approaches. A workshop involving a small number of key policy-makers may be helpful. The situation analysis should justify the choices and serve as the basis for decisions. Once the main objectives and strategies have been outlined, they should be discussed with all interested parties. **Broad consultation and careful consideration of conflicting interests and structural constraints are necessary** to set achievable objectives and to formulate appropriate strategies to attain them.

| Draft the text of the policy

Once a thorough analysis of the situation and an outline of the main goals, objectives and approaches have been completed, a draft text of the local drug policy should be prepared. **It should set out the general objectives of the policy.** In most cities this will be **to ensure the existence of**: political, institutional and organizational framework, effective respond to society needs, clear definition of the responsibilities and competences, allocating necessary financial sources… as mentioned in chap. *Aims, objectives and tasks of the local drug policy*.

The specific objectives should also be described, followed in each case by the strategy to be adopted. Drafting of the policy can be done by a small group of experts who have been involved in the earlier stages of the process. Examples of local drug policy documents from other countries may be consulted.

| Circulate and revise the draft policy

The draft document should be widely circulated for comments, first within the health and social department, then in other local departments, and finally to relevant institutions and organizations outside the administration, including the private and academic sectors.

Endorsement by sectors responsible for planning, finance and education is important since the successful implementation of many elements of the policy will depend on their support as well. Once this wide consultation is complete, the draft document should be revised in the light of the comments received, and finalized.

| Secure formal endorsement of the policy

In some countries the document can then go to the City council or local government for endorsement. In others it will remain an administrative document that serves as a basis for implementation plans and changes in the law and regulations. In some countries the entire local drug policy document has become law.

This is a powerful demonstration of political commitment but it can also cause problems, as future adjustments to the policy may become difficult. It is therefore recommended that only certain enabling components of the policy would be incorporated into law, without too many operational details.

l Launch the local drug policy

Introducing a local drug policy **is much more than a technical task. To a large extent the policy's success will depend on the level of understanding** of different sectors of society, and on their support for its objectives. The implications and benefits for all interested parties should therefore be stressed.

The policy **should be promoted through a clear and well-designed information campaign**. Public endorsement by respected experts and opinion leaders can be very useful. Information should be disseminated through a variety of channels to reach different target groups. The media can play a major role in ensuring public understanding and support for the policy. Some countries have organized high profile launches.

The action plans could be drawn up in a following structure:

Component	Characteristics
Analysis of situation	a description and an analysis of the present situation, with identified problems, requirements, and priorities
Main objective	a general objective which the drug policy aims for
Specific objective	more specific descriptions of the situation the drug policy wants to achieve through its activities; they support the general goal
Indicators	each specific objective should have an indicator of the achievement of the objective and a defined method on how to verify the attainment of the objective
Strategy	approaches used with a view to achieving the principal and specific objectives
Activities	each strategy is composed of a number of various activities which are planned and implemented in a logical sequence
Coordinator	the responsible ministry or other public administration authority
Output	the final products of individual activities
Milestones	as a rule, these should be reached at a certain date and in a certain order; they verify whether the planned measures and interventions are progressing in the right direction
Results	changes compared with the original situation

Policy implementation

Practical aspects of policy implementation

Considering the aims of social cohesion

Building partnerships for local policy

Forms of participation

Analysis of the local drug situation

Knowledge of the local situation

Monitoring and evaluation

POLICY IMPLEMENTATION

Key words in any urban policy implementation are: definition of tasks and responsibilities, building leadership and/or coordination, partner's role and involvement, focus on subject, and process monitoring.

| Organization of steering commitee

Steering committee is in the charge of defining how the policy scheme is organised, as well as everyone's tasks and responsibilities. One of the first steps is **to define partners** (number, sector representatives) and **to appoint a coordinator**.

Coordinating the partnership will take a lot of time, and cannot be incorporated into the services' normal duties. **Managing the partnership demands the capabilities of a project manager.** It is not just a technical post.

Coordination will be even more effective if the coordinator knows on the one hand the logistics of the policy measures and services, and on the other hand the character of the problems. It is also helpful when the coordinator has management skills and is able to be a partner for the relevant politician appointed to the drug policy. The coordinator must be in a position to mobilise the partners. He must be able to oversee the whole policy project. He must take into account the different logistical differences of everyone involved without favouring one approach. Coordinator tasks must be carefully defined.

| Definition of the partners' responsibility

Decision-making should be separate from implementation, which will need a specific implementation committee or different working groups to deal with different tasks and objectives.

Co-ordination is not necessarily consistent, but centres upon assembling decision-makers and people who know the local drug situation in order to help, make the involved people aware of the issues. **Decisions must be made as part of a strategy for change.** The partners must be made aware of events in the project in which they are participating. They must be in a position to take decisions and negotiate with their organisations. Time devoted to partners must be established.

| Working groups and implementation

This specific implementation committee or working groups (e.g. on harm reduction services cooperation, data monitoring, school prevention programmes, public nuisance etc.) assembles the people working for the scheme on the streets, in the specific field of drug policy or for specific policy tasks. These meetings must be regular, in order to maintain the effectiveness of the scheme.

Everyone's role must be defined, and everyone must be informed of the different elements of the scheme, difficulties encountered and changes to be made. Managing

relations between different services or different areas is not a waste of time: it is in itself important for the policy development or project implementation.

| The question of leadership

The Mayor must affirm his leadership as he represents the general interest of the local citizens and administration. His leadership will be better recognised if he:

[·] explains why he is in charge and clearly defines his role

[·] faces the reality of the problems: conflicts must be confronted, not hidden away

[·] provides the partnership with the resources it needs

The involvement of local elected representatives is necessary for the partnership to work well and for the enforcement of measures in local government. Working well is not a prerequisite to a scheme: it is a consequence. **The running of a network of services and associations must be seen as a project.**

PRACTICAL ASPECTS OF POLICY IMPLEMENTATION

A drug policy can be successfully implemented only if the government, the Local Drug Council or at least some authorities involved are committed and proactive. Some successful strategies are:

[·] Prepare the relevant legislative structure to enable the development and implementation of the local drug policy at an early stage.

[·] Start implementing the policy in relatively easy subject areas, in order to ensure initial high visibility and success, and support for the policy at the critical early stage.

[·] Seize a window of political opportunity, such as a specific political change or developments in neighbouring countries, to advance policy development or implementation.

[·] Adopt a flexible approach; be prepared to postpone an activity if more time is needed to prepare for it, to explain it and to build consensus for it.

[·] Have local experts and respected political figures publicly express support for the policy and vouch for its technical soundness. It is important that the public feels confident about the policy.

[·] Mobilize key groups in society to support the policy. Consumer organizations, trade unions, religious organizations and the media, for example, can be important in building such support.

[·] Anticipate shifts in opponents' positions, and identify strategies to involve them and to win their support. For example, the prohibitionists may oppose harm reduction services and the introduction of an essential drugs list, but will usually support strategies to strengthen drug regulation and improve drug prevention.

[·] Create constituencies that support the policy both inside and outside the government. This is crucial to the policy's long-term success and sustainability.

Stakeholders' organisations have to demonstrate their buy in and synergy by ensuring that decisions made at the local drug policy board/committee level **have resource and service change priority level** in their respective organisations. **Otherwise local drug policy committees become talking shows, instead of decision making platform.**

As shown in Rapid assessment study, **policy formulation and implementation process in new EU member countries vary from very formal involvement** (if any) on the one side to **very extensive partnership and participation**.

What is a common there is that **usually NGOs are a main engine of changes**. Their effort is sometimes incredible, as some of the individuals are even willing to be put into prison for the change or shifting the law on human rights.

In opposite, **in some cities we could find NGOs as key and proactive partners in policy planning, implementation and evaluation**. This does not mean that they agree with everything brought by city administration or policy makers. There are always e.g. lacks of finances or not enough space for alternative solutions politically sometimes hardly acceptable. Such an ideal setting probably does not exist.

However, what we could learn there is that **politician, experts, and citizens could bring a change** and work together even when they disagree on many things, **once they have common objectives and aims**.

CONSIDERING THE AIMS OF SOCIAL COHESION

Prioritising objectives within a local programme must be done in accordance with the importance of each problem. Security, on the one hand, and health on the other, has their own indicators to evaluate the extent of the problems.

It is important for cities to take into account the effects of health and security problems on social cohesion. Integrating drugs policy in a social cohesion policy would be in everyone's interest, with an equal access to available resources, a respect for diversity, autonomous groups and citizen participation.

Taking social cohesion into consideration has shown itself to be particularly important in local programmes confronting public conflicts. Finding a balance between individual rights and those of the community takes place through discussion with residents and the police, but more importantly through the development of community schemes.

The aims of social cohesion must be taken into account when harm reduction schemes are created. Thus local policy should:

- **consider clients' social needs**; access to housing can lead to drug users not squatting in private areas at night; finding a job gives marginalised drug users a real alternative,
- **assure easy access to substitution treatment**. Once stabilised, drug users can re-establish relationships with their families and their environment.
- **take into account individual clients' situations**: young pregnant women or mothers, minorities, male and female prostitutes, homeless young people, and squatters.

Harm reduction schemes aimed at drug users improve public health. The general aim is to protect the users' health. Even if users continue taking drugs, they must have access to prevention tools, and they must be able to treat themselves.

This objective of improving public health may contribute to greater security and social cohesion, since the relationship established with the user as part of this approach may lead to him receiving help from institutions and being reintegrated back into his community.

Protecting drug users' health must be an integral part of each scheme, of which each stage has its own different objectives:

1) **Improving our knowledge of the situation:** adapting the health responses to the current risks involves knowing the users' background, the different user profiles, the different risks and the interaction between the health service and social services. A scheme adapted to the context would involve knowing the people themselves as well as their relationship with their environment.

2) **Improving the services offered:** according to analysis of the problem, local schemes should be improving the quality of the services, developing professional skills, creating links between the different services so resources can be shared, and developing the concept of network priorities.

3) **Developing new alternative services aimed at drug users:** these new services will complement the existing services. They are necessary to protect the drug users' health or even to come into contact with users who are excluded from treatment. Experimenting with new responses may be necessary for the needs not yet covered.

4) **Developing the participation and responsibilities of the people involved:** families, teenagers, neighbours or residents, local associations – all of these people can help identify problems and look for ways to respond.

In each dimension of the scheme, **the general objectives must be adapted into objectives unique to that dimension** and with specific targets.

In some of the new democracies, but not only there, we could recognise that **the client or public health is not as focus priority, even formal declaration exists.**

But it's not only where myths, fears and ambitions dominate, **it very probably could occur also once social cohesion in society is missing**.

BUILDING PARTNERSHIP FOR THE LOCAL DRUG POLICY

Multi-partnerships are vital for the scheme of the local drug policy. **The first stage of the scheme is to identify partners and build partnerships.**
To initiate the scheme, the City Council or administration must:

[·] **Identify relevant actors:** relevant actors are those who are directly or indirectly connected with drug use and/or affected in any way by drug use, and those who want to improve situations or related negative consequences.

[·] **Build partnerships:** the City Council must decide which people and representatives to involve and what roles, responsibilities and task they should perform.

| Partnerships evolve at every stage of the project

Constant analysis of the situation can lead to new people becoming involved. The people responsible for taking decisions are not the same as the people responsible for implementing them. Specific work groups might be necessary for precise objectives, such as preventing re-offending, providing housing and protecting mothers and children.

| Building partnerships as part of a strategy for change

Listening to everyone's point of view, entails assembling them all together. Each service realises the impact of its actions on other services. When partnerships work well, the people involved learn from each other. Everyone understands how other people work, they make a joint evaluation of the problem and they look together how they can solve it.

The credibility of the approach **depends on the involvement of the council**, an involvement defined by the decisions it makes.

Building partnerships requires a considerable amount of effort, but **the effectiveness of the scheme depends on the complexities of the system being confronted**. Each partner holds information on the situation, each has developed their own expertise in their own fields. **It is using experts' knowledge in their own fields that will lead to the development of new practices and expertise adapted to the local situations.**

| Possible partners for local drug policy

Some of the partners will be involved in only certain stages for specific reasons, where as others will be involved throughout the whole of the project. Some of them will take a part in advisory boards, and some has to take huge responsibility to represent others' interests and needs in the decision-making bodies as well as in the Local Drug Council. **Be aware that bringing together all the institutional actors runs the risk of making the scheme very formal.**

Among key formal partners should be identified representatives of: local government and council, relevant health, social and educational authorities and institutions, service providers, schools, crime prevention and law enforcement agencies.

However for effective planning, implementation and evaluation, **it's very important to include** for variety of reasons (information on specific problems with drug use, public nuisance, possible supporters, data on trends… etc.), **also other relevant actors for example**: health specialist, city rescue service, hospital management, drug services neighbours, citizens affected by drug market and drug use, probation service and justice institutions, drug users and /or their associations representatives, private and profit sector interested in supporting or affected by drug use, property owners, shopkeepers...

In most countries and cities, as reports the Rapid assessment study, **cooperation is one of the most criticized and critical points mentioned by NGOs service providers**. Partnership seems to be a not very accepted approach, as administrations usually oppose that responsibilities would lie on their shoulders.

However, there must be a lot of done also on the side of NGOs with regard to the respect of administration decision-making responsibility and policy liability, as well as on learning of understanding and sense for others needs or using correct, however powerful arguments.

FORMS OF PARTICIPATION

Considering the disastrous consequences of exclusion for society is nothing that can be done spontaneously. **Different participation schemes must build the framework** for a negotiation that takes into account everyone's needs – their needs for safety, health, and their social needs, in a perspective that strengthens social cohesion but where the local authorities' margin for manoeuvre is small.

The demand for security is not unique to security policies. Security is dependent on the entirety of policies at the local level. The aims of social cohesion determine the choices for the ways the schemes operate. **The schemes call on for all tools that promote local democracy.**

| Public information

Information released to the public on the action carried out is a condition of the dialogue with residents. **Information must take all forms of communication** – the local media, city newspapers, and city structures, in particular participative structures such as neighbourhood committees.

The partner services and associations must also use their own internal and external communication channels.

| Information from local authorities and the partnership

The rise in information must help the management of the partnership scheme. The consequences for the residents of drug abuse and dealing as well as their perceptions can be learnt through scheduled or regular surveys, by collecting complaints from the police stations or local elected representatives' offices, and finally by launching an observatory (e.g. the drug abuse barometer in Liege).

| Consultation

Residents may be consulted by already existing groups such as neighbourhood committees. Bodies such as urban workshops and the city youth council or users' representatives from public services may be called upon.

Consultation can also lead to frameworks specifically dealing with the issue of drugs, as well as work groups or commissions. Some countries or regions may also decide to hold a referendum.

| Public debate

Debates may be held at different stages of the schemes to submit to the residents of a quarter the progress of the partnership in the analysis of local problems, in the choice of priorities, in the effects and impacts of the schemes.

| Mediation

Mediation, which may or not be particular to the issue of drugs, reacts to different mechanisms of neighbourhood feed-back. Associations can take on a mediatory role between the local elected representatives and the residents. Specific associations can take on this role for a particular group of residents.

| Negotiation

Negotiation can tackle the choice of priorities for the scheme or a precise action such as the launch of a service. If residents become important actors in their own right from as soon as the scheme begins (resulting from negotiation), action must be negotiated in exchange for guarantees.

Negotiation takes place in a more or less formal manner. Negotiation can take place with people from associations considered as representing the predominant point of view. Citizen juries composed of residents have also been used.

Some very **useful examples** could be found also **in new member** states. Budapest **Hungarian Civil Liberties Union** has extremely **good results in law changes thanks to close work with media**.

Prague **Agora mediation work has led to a commonly shared understanding** in local community and the periodical **Drug Forum** organised by city administration together with NGOs **has established a new dimension of partnership** and experience sharing and finally has led to a much better cooperation among all stakeholders.

ANALYSIS OF THE LOCAL DRUG SITUATION

Although local analysis is always recommended in urban policies, it is rarely put into practice. The complexity of the issue must be considered as the first obstacle. The fact that drug consumption and dealing is illegal makes the situation even more difficult. However, important progress has been made these last few years.

| Analysis as the base for formulating policy objectives

As it was mentioned previously, to be effective, local drug policies must be based on verified data and strategies. To build up and formulate adequately the aims and objectives **we must be aware of the extent and type of concrete problems with possible impact on society health, security and economy**. Once we know exact data, then we are also able to calculate possible costs of intervention on one side and costs if the problem is left as it is.

The local analysis **should deal specifically with drug consumption and its consequences** at the local level. What we need to know is data on users' profiles, the products taken, the types of use, the risks taken, access to treatment, social/legal responses, and relations with their environment, i.e. their family, neighbours and their community.

Once we plan intervention or changes in specific areas (prevention, treatment, crime), we should need to have specific data from this field (number and effectiveness of the preventive programmes, capacity of various types of treatment, number of needles exchange, number and type of offences and crime committed…etc.).

Without that basic knowledge we are not able to define adequate objectives corresponding to clients or society needs and with lack of the data we could also hardly measure the outcomes and changes. Finally, the data are important arguments for any measures and decision taken in the drug policy.

| Analysis as the base for change

As for drugs, **everyone involved has a different point of view**, such as the specialist doctors, the police and the drug users themselves. Their opinions are vital to help analyse the scheme.

We must not forget the families, the residents, the schools and other experts, each of whom approach problems differently and help analyse the scheme. They all contribute to what sociologists call 'building the problem', that is to say the way in which the community interprets the issue and what the consequences are.

| The first source of information in a partnership is always the experience of each of the partners

Analysing statistics from the participating institutions, associations and services needs the participation of experts from these services. Evaluation of the institutions' resources

and capacities demands further participation from the experts. When residents' associations take part in evaluating, they take residents' daily lives into account.

Shared analysis is necessary in order that schemes are accepted by all the involved bodies and experts consequently comply with the new objectives. **When little is known on city's drug users, local analysis should be less ambitious.** The objective must be realistic: the link between resources and needs must be identified.

Proper or **adequate analyses are also rare in most cities participating on the Rapid assessment study**. Little bit different situation seems to be on the country level, where thanks to National Focal Points established with the support of EMSDDA **an information network was carefully build**.

It's very probably mainly due to financial but also cause of human and expert lack. Nevertheless, also on this field we could find some examples of local drug policy issued of and built up strictly on good practise, serious data and analysis.

KNOWLEDGE OF THE LOCAL SITUATION

Each region, each city and even each neighbourhood has its own unique drugs record. The diversity of myths, individual opinions, and problems makes a specific analysis of the local needs and resources necessary.

A specific knowledge of the local situation must consider all dimensions of the problem, but the needs of the basic research and of the operational research that accompany the scheme are not the same. **The operational research doesn't try to find out every detail, but tries to gather all information necessary to make decisions.**

| Knowledge of the local situation deepens as schemes develop

Knowing about the population is a result of the scheme. As groups visited informally the neighbourhoods, they were able to get to know the profile of casual drug users and the risks they take. **Very first overview or study should focus on:**

[·] **economic, social and cultural background** of the area

[·] **local or regional characteristics** of drug use:
> processing statistics from the repressive and health services
> drug use surveys of the general population
> specific research dealing with ways of taking drugs, risks taken, drug users' health, delinquency linked to drug use, drug trafficking rings and imprisonment of drug users.

[·] **history** of drugs in the area

The city's drug history is another factor that determines the context in which the city measures are introduced. **Local history partly determines the opinions and attitudes, and it also determines the current resources** as some of those that can be called upon.

In most cities the main sources of information currently are:

[·] statistics from the services

[·] health surveys

[·] drug use surveys of the general population

At a local level, the **existing information primarily originates from activity summaries of services involved in drugs care and treatment**. Analysing information from the services has a dual role: it gathers together and consults information available on known drug users, and identifies gaps in the information, and identifies services and their limitations (the difficulty of accessing treatment, requests not considered, identifying reasons why people end their treatment etc.).

Each service is in contact with people who take illegal drugs in a given area. **This group of people is not generic, and information on their needs is incomplete.** To interpret

this information, you must know how the services, their missions and their practices work.

Local analysis or basic knowledge of the local drug situations **is not enough to determine the priorities for local schemes, but it does help identify the nature of the problems** and how the resources available can respond to this. The importance remains to be seen relative to these problems in terms of security, health and social cohesion.

Little or none knowledge on drug use, local situation and possible risks or related costs **are the essential problems once they will appear among policy representation** or administration. It is providing **space for decisions based on myth and fantasy**. So service providers, health care expert and NGOs must be in the front-line in teaching, information and knowledge availability as well as in relevant data promotion.

Some presented experience show that **this kind of investment might be crucial for further success** and possibility to build up common understanding in policy development.

MONITORING AND EVALUATION

| Why are monitoring and evaluation important?

Monitoring and evaluating the impact of a local drug policy are challenging. Apart from a lack of time, human resources and budget, **there is often a basic lack of understanding of the value** of monitoring in the first place, and even a certain resistance to objectively or critically reviewing the effects of activities formulated in the master plan.

Monitoring is a **form of continuous review** that gives a picture of the implementation of planned activities and indicates whether targets are being met. It can be carried out using a combination of various methods, including supervisory visits and both routine and sentinel reporting.

Evaluation is a way of analysing progress towards meeting agreed objectives and goals. It should build on, and use, monitoring systems. At the start of a programme it is used to provide a clear need assessment. A mid-term evaluation can provide valuable information about whether the programme is working, and if not, why not. Final evaluation allows a complete review of programme achievements from which lessons can be drawn for the future.

A system for **monitoring and evaluation is a constructive management tool that enables a continuous assessment of progress, and helps to make the necessary management decisions**. It also provides transparency and accountability, and creates a standard by which comparisons can be made between countries and areas and over time. All of this **may produce the necessary evidence that progress is being made** (or not), in order to support the policy in discussions with interested parties and policy-makers.

| Indicators for monitoring local drug policy

To determine **whether adequate progress is being achieved it is helpful to set realistic targets or performance standards**. Indicators can be selected and used **to measure changes**, make comparisons and assess whether the targets are being met. If indicators are used they should be clear, useful, measurable, reliable and valid.

| Routine reporting or sentinel reporting

A routine reporting system, as part of a drug management information system, can provide much of the information needed to monitor the drug policy's implementation. However, in reality much of the routine information is not collected systematically and whatever is collected is rarely used.

With a sentinel reporting system a selected sample of health facilities is regularly surveyed. **Some cities have successfully used a sentinel reporting system to collect, every two years, standard information about the status, strengths and weaknesses of the local services** and situation in drug use. This has proved to be a very useful management tool.

| Practical aspects of monitoring local drug policy

Apart from being used by district or provincial health managers, the **aggregated results should flow back to the local central policy and management level**, and be used for management decisions at the central level. If the data are used to prepare a monitoring report, the **report should be shared with all those who contributed to it, including those who collected the data**.

Identify the right questions: focus on questions with **answers** that are relevant **for management decisions**. **Limit data collection to data that are relevant and are likely to be used.** If too many data are collected the process will become expensive, and data analysis will become too complicated and probably less accurate.

Establish a reliable data collection system; remember that the **data will be reliable only if they are also of relevance** to the people who collect them. Wherever possible, build on and strengthen existing systems; data collection should as much as possible be built into the routine functioning of the system. This requires staff to be trained and resources to be allocated. Rapid feed-back of results is important.

| Periodic evaluations of the local drug policy

The local drug policy should be periodically evaluated, for example every four years. Independent consultants or professionals from other cities, national level or countries may be invited to complement a local evaluation team. **Such evaluations should form an integral part of the master plan**, with the necessary resources allocated from the start.

OUTCOMES FROM RAPID ASSESSMENT STUDY

The tables presented here show some of the results from the **"Rapid assessment study among representatives from new EU member countries"**, participating in project Democracy, cities and Drugs. Based on SWOT analysis, participants' task was to identify specificities related to basic components of national and local drug policy.

Legislation	Funding
[·] more repressive criminal law [·] no, missing, delayed legislation on HR, care, treatment [·] no legal definition of drug services [·] missing clear responsibility drug care policy [·] law, policy often only formal [·] drug use defined as criminal issue, not public health issue [·] human rights of drug users are often violated [·] legislation does not integrate the NGO needs and specificities	[·] no stable, continual funding system for NGOs who provide services [·] the funding procedure is bureaucratic and complicated [·] no balanced approach between government spending on criminal justice system and health care system [·] poor funding leads to instability and lack of strategic planning [·] big funding institutions/donors are moving out from the region (e.g. OSI, Ford Foundation) [·] NGOs from the region have no access to EC grants – these grants usually only for networking, hard to find co-funding, no capacity to apply [·] local NGOs from the region are not able to participate in international networking
Care system, services	**Historical heritage and experience**
[·] marginalized groups have less access to health and social services (general and specific services as well) [·] system of care is chaotic [·] missing standards, evaluation and professional control [·] little attendance to specific needs of target group and specific group [·] access to services – missing services, capacities [·] lack of professionals, specific trainings, addiction is not a part of high education [·] negative professionals' attitudes towards HR [·] no comprehensive care for drug users in prisons (lack of HR) [·] HIV/AIDS, Hepatitis B, C – counselling and prevention of infectious diseases is not integrated to in drug services [·] lack of specific programs for drug users for improving adherence of drug users in HIV/AIDS treatment (specific problem in Baltic countries) [·] lack of holistic approach in the care of the clients [·] law enforcement practices and treatment interventions are often contradicting	[·] heritage of the totalitarian regime – illicit drug use is a new phenomenon [·] the rapid increase of drug use caused a cultural shock – at the first stage policy reflected only with law enforcement strategies [·] treatment system was focused only on legal drugs (e.g. alcohol) – illicit drug use was not targeted by the system [·] in some FSU countries it is more difficult to implement Western practices and easier to adopt Russian experiences – the drug user communities follow the Russian patterns [·] there are no integrated strategies to prevent the abuse of licit and illicit drugs [·] the social-economical situation of society and community is one of the key factors of risk taking behaviour

Policy (coordination, management, planning)	Public opinion, approaches, attitudes, myths
[·] no multidisciplinary approach to drug problems [·] policy makers and other key stakeholders do not have insight to drug phenomenon as a global problem [·] less NGO and target group involvement – missing partnership and the voice of civil society and clients in policy implementation [·] implementation of policy and coordination is often too hierarchical, formal – need for bottom to the up approach [·] missing policy evaluation – especially in the implementation of national drug strategies [·] strategic planning is often missing in the local level – no municipal drug strategies and coordination [·] no transparency of policy making and implementation – no communication between stakeholders [·] knowledge gained from field work and research is not reflected by policy	[·] general attitudes to drug use and users are more dismissive/negative [·] neighbourhoods do not tolerate services in the local level [·] police is not trained how to deal with drug users – no practical skills (e.g. how to deal with used needles) [·] lack of knowledge and education among professionals who often come into contact with drug users [·] media attitudes are more stigmatizing toward drug users

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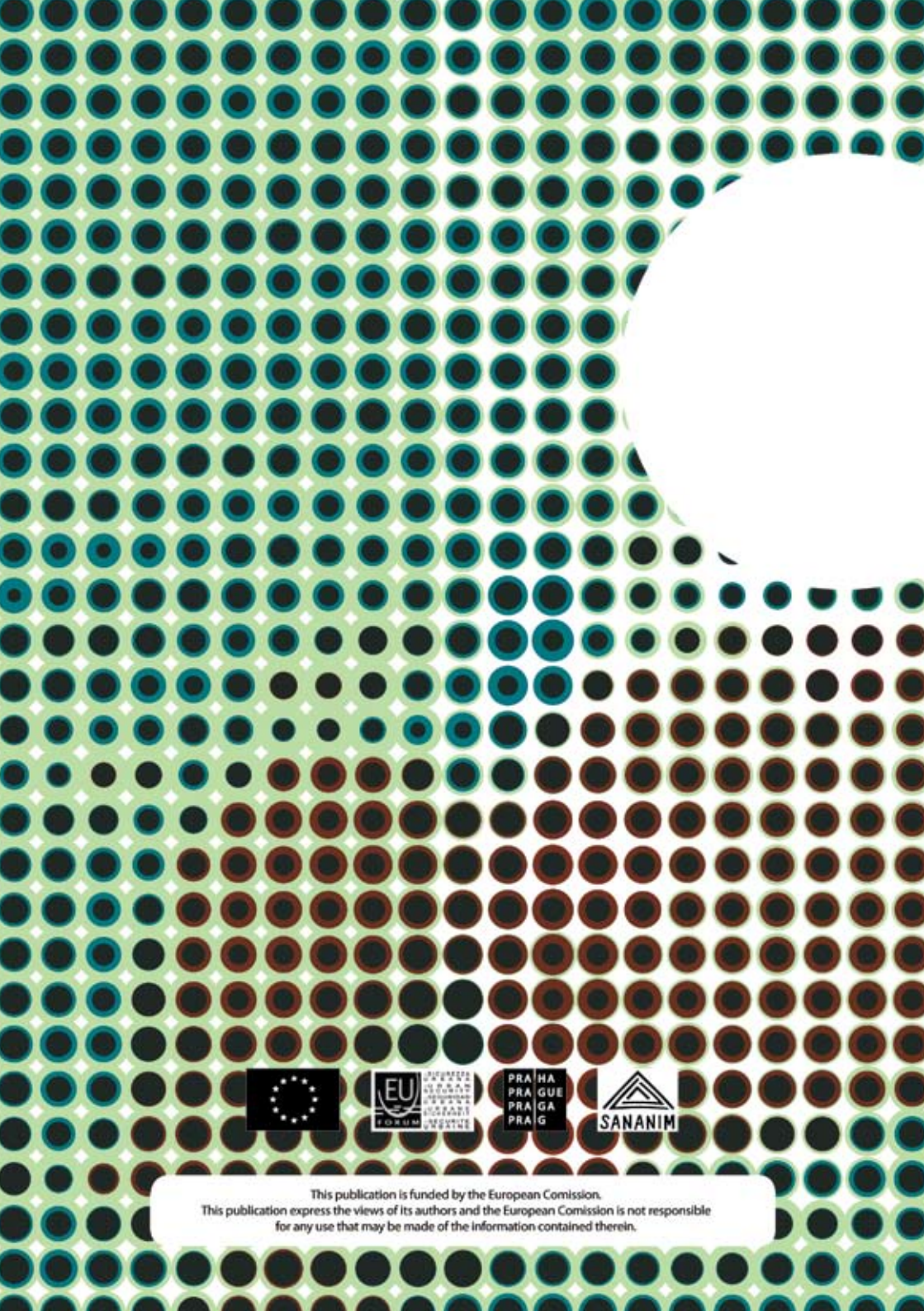

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