FEDERAL RESEARCH PROGRAMME ON DRUGS

SUMMARY

EVADRUG

An evaluation of the Belgian Drug Policy

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1 Introduction

Evaluation studies are indispensable for making your policy 'smart'. The results of these studies can advise policy makers at every stage of the policy cycle - ex ante, ex nunc, ex post - on the evidence base of their policy choices, ensuring that policies have the desired effect, provide value for money and do not have negative unintended consequences (EMCDDA, 2017b). The importance of policy evaluation has been stressed at both the international (Sustainable Development Agenda 2030, UNGASS Outcome document 2016) and European level (EU Drugs Strategy 2020-2025, EU Drug Action Plan 2020-2025).

However, evaluating a national drug policy is not a simple task. A national drug policy like that of Belgium entails a broad range of themes and topics. It encompasses, amongst other efforts, 1) examining the prevalence and perception of performance-enhancing drugs in sports clubs, at work and in prison, 2) coordinating the Roes(t)- Te Gek Campaign to increase knowledge about alcohol, drug and gambling problems amongst the Flemish population and provide insight into their complexity, 3) reducing package-sizes of benzodiazepines and antidepressants in order to curb excessive use of these substances, 4) coordinating the expansion of the crisis units within some hospitals from treating people in crisis situations with a substance dependency to treating people in mental crisis situations within the framework of mental health care reform (art. 107), as well as 5) coordinating the Hazeldonk consultation between the public prosecutor's office, police, customs and involved ministries to ensure coordination and cooperation between Belgium, the Netherlands, Luxembourg and France.

In short, the Belgian drug policy is broad. The five examples above are just five of many possibilities. When evaluating it, the challenge is to achieve an overview of the entire policy, with its various objectives and actions, and to gain insight into its organisation and structure. Therefore, instead of zooming in on one specific action or intervention and analysing it in depth, this evaluation has a broad focus, i.e. the overall policy. The aim is to gain insight into the entire general Belgian drug policy.

This kind of evaluation has not been conducted before. In the past, the Belgian drug policy has been evaluated through routine indicator monitoring and specific research projects (Reitox National Focal Point, 2019). These research projects mostly consisted of **targeted evaluation research**, evaluating a specific intervention or a specific part of the drug policy or **evaluations of a specific criterion**, for example of the public expenditure[1]. Evaluation of the policy as a whole has been limited to the overview of implementation by De Ruyver et al. (2000) and the list of actions of the Joint Declaration of the Interministerial Conference Drugs (2010). De Ruyver et al. (2000) measured the extent of implementation of the recommendations of the parliamentary working group on drugs. The Joint Declaration in turn describes, to a certain extent, the state of affairs in 2010. However, to date, we lack a theory-based and up to date general evaluation of the Belgian drug policy. This is what we aim to provide here..

Our evaluation is a process evaluation. These are an essential part of evaluating policy. Although policy makers and practitioners might often focus on effect studies, we want to stress that evaluation is more than judging whether something "works or not" (Frechtling, 2007). When a policy fails to achieve its goals, the policy action might not be fully or correctly implemented, the policy might not have reached the target population, or the immediate expected outcomes might not have occurred (Komro et al., 2016). To assess this, a process evaluation is indispensable. It helps us to understand how the results of a policy have been achieved, whether the policy was fully and properly implemented and what the limitations of a policy strategy are.

[1] An overview of the evaluation projects financed by the Federal Science Policy can be found in the report.

Previous evaluation studies aiming to study "effect", at both European and national levels, have shown that attributing changes in the drug phenomenon (e.g. in drug using trends, in psychosocial harms, in negative consequences) solely to a national drug policy response are virtually impossible to conduct. Reasons are diverse and numerous: the oblique nature of the relationships between drug market trends and policy responses, the hidden nature of drug use and related problems, and methodological constraints such as lack of baseline data and limited monitoring hamper effect evaluations (Hughes, 2007; Hughes & Stevens, 2007). Ideally, we should be able to ascertain what would have happened if the intervention had not taken place. Only then can the observed changes be attributed to the intervention, and we could speak of an 'effect'. However, an experimental design in which a 'treatment group' is compared to a 'control group' is not feasible on a large scale (an entire country). The absence of a baseline measurement, a control group or other possibilities to check for interfering variables prevent a thorough effect evaluation (Farrington et al., 2002), These methodological constraints have also been demonstrated in Belgian studies (including amongst others SOCPREV, PROSPER, MATREMI and SUPMAP (De Kock et al., 2020; Pauwels et al., 2017; Smet et al., 2013; Vandevelde et al., 2016)).

The core of this EVADRUG research project is therefore to conduct a process evaluation of the Belgian drug policy in its entirety. In this process evaluation we explore how the Belgian drug policy works, how it is being implemented and whether it is still in line with the current problems and needs. However, in order to also gain insight into specific interventions, we have, additionally, conducted in-depth, targeted, evaluations of two interventions within the Belgian drug policy. These are the drug treatment projects in Belgian prisons and the CAO100/CCT100. As such, besides presenting a general evaluation of the entire Belgian drug policy, EVADRUG also offers insight into the process, output and outcome of these two specific interventions.

2 Research design

To conduct a general process evaluation of the Belgian drug policy and a targeted evaluation of specific interventions within it, EVADRUG entails a **fourfold aim**:

1. To develop a framework suited for the evaluation of the Belgian drug policy
2. To conduct a general process evaluation of the Belgian drug policy
3. To conduct a targeted process, output and outcome evaluation of two interventions within the Belgian drug policy
4. To formulate recommendations for conducting (systematic) drug policy evaluations in Belgium

These aims are translated into the following **research questions**:

Table 1 Overview of the research questions

Work package 1: To develop a framework suited for the evaluation of the Belgian drug policy	What are the identified aims, action points, intended outputs and intended outcomes of the Belgian drug policy?	General evaluation
	To what extent are the logic models of the pillars and transversal themes consistent and logical?	

Work package 2: To conduct a general process evaluation of the Belgian drug policy	To what extent and how have the actions set out in the Federal Drug Note (2001) and Joint Declaration (2010) been realised?	
	What barriers and facilitators have obstructed or facilitated the implementation of the actions set out in the Federal Drug Note (2001) and Joint Declaration (2010)?	
	To what extent are the objectives and actions set out in the Federal Drug Note (2001) and Joint Declaration (2010) in line with the current Belgian needs and problems?	
Work package 3: To conduct a targeted process, output and outcome evaluation of two interventions within the Belgian drug policy	What do we learn from the targeted process, output and outcome evaluation of two interventions within the Belgian drug policy?	Targeted evaluation
Work package 4: To formulate recommendations to conduct (systematic) drug policy evaluations in Belgium	What recommendations could be made regarding methodology and evaluation of the Belgian drug policy?	

3 How to evaluate the Belgian drug policy

3.1 Theory-based evaluation: the use of logic models

The general process evaluation as well as the targeted evaluations of the two interventions have relied on the philosophy of **theory-driven evaluations**. Theory-driven evaluations explicate the theory underlying a policy. This means that a theory-based evaluator perceives a policy as a theory that has to be tested against scientific evidence. If a policy does not deliver the desired results, a policy theory should be able to identify whether this can be attributed to a theory failure (flaws in underlying assumptions), an implementation failure or whether the context is not suited for the policy to work (Astbury & Leeuw, 2010; Coryn et al., 2011). A theory-driven evaluation thus explains how a policy causes certain (intended) changes (Coryn et al., 2011). After all, determining if a policy or programme works, depends on how it is implemented, how it is applied in practice and what outcomes were envisioned (Sridharan & Nakaima, 2012).

Taking into account the goals, resources and time-frame of the study, , we have opted for a **pragmatic approach** to theory driven policy evaluation, i.e. getting insight into the logical assumptions of the policy by describing how its components fit together through **logic models**. This method is based on previous evaluation research (Astbury & Leeuw, 2010; Galla et al., 2006; Home Office Government, 2017; van Laar & van Ooyen-Houben, 2009) and is recommended by the EMCDDA in the context of evaluating a national drug strategy (EMCDDA, 2017a, 2017b).

Logic models are a pragmatic approach to theory-driven evaluations in the sense that they identify and describe how a policy fits together in a simple sequence, as is shown in figure 1.

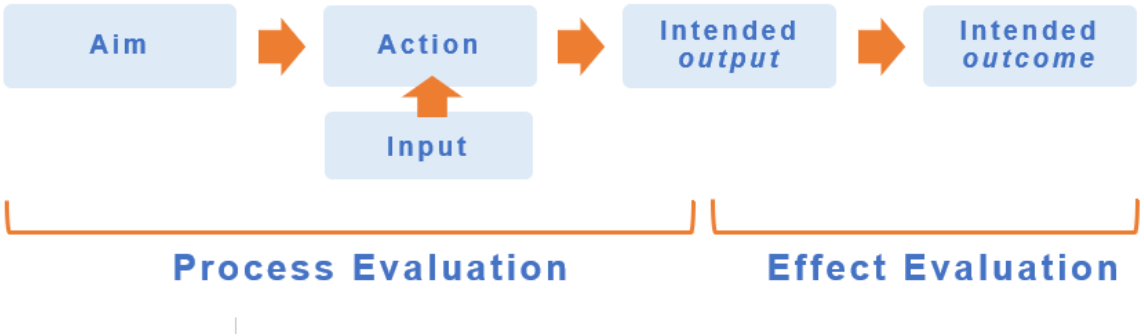


Figure 1 Visualization of a logic model, figure adapted from The Kellogg Foundation (2003)

The policy theory is defined in the following concepts (Coryn et al., 2011; EUCPN Secretariat, 2013a, 2013b; Frechtling, 2007):

1. Aim: What does the policy want to achieve?
2. Action: What actions or interventions are put in place to achieve this aim? It is instrumental to the aim.
3. Input: What (human, financial, organizational, and community) resources are needed to implement the actions?
4. Intended output: What immediate outputs (services, products, collaborations) result from the implementation of these actions? The output indicates that an action has taken place.
5. Intended outcome: What are the long-term results that occur directly or indirectly as a result of inputs, actions, and outputs? The intended outcome is an indication of the change that the policy intends to achieve.

3.2 Methods used to evaluate the Belgian drug policy

Many EU member states face challenges when evaluating their national drug strategy. The evaluations refer, for example, to the lack of high-quality indicator monitoring, difficulties establishing conclusions about causality, including unintended consequences, etc. (Morell, 2018; van Laar & van Ooyen-Houben, 2009).

The evaluation team responsible for the evaluation of the Belgian drug policy faced these challenges too (cf. state of the art). Therefore, we combined different methods for data triangulation, as data triangulation is intended to use multiple indicators and data sources to arrive at a more complete picture (Trautmann & Braam, 2014). Starting from the methodological insight of previous evaluation research, we chose a multi-methodological approach, i.e. combining quantitative and qualitative measures. As such, the weakness of one method could be overcome by the strength of another (Creswell & Clark, 2017).

The **general evaluation**[2] was based on the following methods:

- Mapping the policy intentions:
  - A document analysis of the two central policy documents of the Belgian drug policy: the Federal Drug Note and the Joint Declaration
- Assessing the policy intentions:
  - A document review to describe previous realisations of the Belgian drug policy
  - A survey to measure the perceived implementation of the policy intentions.
  - Semi-structured interviews to assessthe context in which the realisations took place
  - Focus groups with people with lived experiences
  - Focus groups with stakeholders from practice and administration

To get insight into the policy intentions and their subsequent implementation, we thus relied predominantly on qualitative research methods. These provide insight into how policy in shaped in theory (policy intentions), and how it works in practice (measurement), and allow for a comparison between "policy in the books" as opposed to "policy in practice".

The **targeted evaluation** of the two interventions used similar methods:

- Mapping the policy intentions:
  - A document analysis of central policy or legislative documents
- Assess the policy intentions:
  - Semi-structured interviews with stakeholders
  - Focus groups with stakeholders

For more information on the method of the general and targeted evaluations, we refer to chapter 2 of the final report.

4 Conclusion and recommendations

In this short summary, we present some of the main conclusions and recommendations of the EVADRUG study. We **focus** in this section **on the future,** meaning we highlight the recommendations rather than discuss the results in detail[3].

Our study mainly relied on qualitative research methods, aimed at obtaining and understanding how Belgian drug policy is experienced by respondents, practitioners, administrators, (scientific) experts, and people with lived experiences. We examined how these stakeholders shape the Belgian drug policy in daily practice, giving insight into "policy in practice", as opposed to "policy in the books". In other words, we mapped out what practitioners, administrators and people with lived experiences are confronted with, and what needs they identify for the future drug policy. Rather than presenting an inventory of what was realised in the past, the focus of this conclusion lies on what the past can tell us about the future.

In general, the evaluation of the Belgian drug policy has shown that in its current form it is in large part scattered and fragmented. Both the policy intentions ("policy in the books") and the measurement of the policy intentions ("policy in practice") show signs of a scattered and fragmented landscape. Concerning

[2] For more information on the method, we refer to chapter 2 of the final report.
[3] For a more in-depth overview of the results and the full conclusions of the EVADRUG research, we refer to the final report (results: chapters 4-9, conclusion: chapter 10).

"policy in the books", we found that the overarching drug policy framework is outdated and current drug policy initiatives are taken within specific policy levels or domains. Another example shows that for actions related to the competences of the Regions, the policy vision remains vague and hardly concrete. Concerning fragmentation in "policy in practice", we found that there is no follow-up of implementation of the drug policy, resulting in a list of realisations that are scattered across many policy domains and levels without a proper overview. Another example concerning "policy in practice" can be found in the lack of decisive integral and integrated cooperation (except for some examples at a local level). Even within the specific pillars (Prevention, Treatment, Enforcement, Integral and Integrated approach, Epidemiology and research), practitioners administrators, experts and people with lived experiences all refer to this scattered quality and fragmentation. Practitioners and experts, for example, cite no clear delineation of tasks amongst law enforcement partners and observe that the lack of financing for prevention leads to further fragmentation of the prevention field. People with lived experiences cite the lack of overview regarding the treatment offer. Therefore, addressing this fragmentation should be the starting point of a future Belgian drug policy.

Nevertheless, from a historical perspective, we do see an evolution in the attitude towards an integral and integrated approach. Before the establishment of the Federal Drug Note, the main focus of the Belgian drug policy was directed towards enforcement, with an instrumental use of prevention and treatment. The shift in policy perception with the Federal Drug Note, inspired by the Parliamentary Working Group on Drugs (and later acknowledged by the Joint Declaration), emphasised the drug phenomenon primarily as a public health issue. And although an integral and integrated drug policy in Belgium is difficult to realise in practice, today, most (policy) actors agree that the drug phenomenon is first and foremost a public health issue, and prevention, treatment, and enforcement have a role to play in drug policy.

We refer to the report (chapter 10) for a more elaborate discussion of the results and recommendations.

4.1 Recommendation 1: Draft a new Drug Strategy, accompanied by an action plan

A first recommendation relates to the development of a new Drug Strategy, accompanied by an action plan. This recommendation is based on several findings from the process evaluation. It is first of all based on the finding that the current drug policy framework defined by the Federal Policy Note and the Joint Declaration is outdated, having been drafted twenty and eleven twenty years ago respectively. More importantly, since those times,, Belgium has been subjected to a state reform process that led to a delegation of several prevention and treatment policy competences to the federated entities. This meant that some objectives set out in the above two documents eventually had to be endorsed and implemented by the Regions. On top of outdated policies, since 2010, several additional policy documents have been published relevant to the Belgian drug policy, none of which are drug-specific, nor do they include different policy domains and policy levels as the Federal Drug Note and the Joint Declaration do.

Moreover, the evaluation has shown that the structure of drug policy documents provides insufficient tools for their implementation. For example, there is a lack of a clear situation analysis giving a clear overview of the nature, scope and extent of what the policy aims to address. We also discovered that the policy documents often lack detail and guidance for implementation on both the policy aims and actions (especially in the Joint Declaration and the pillar 'Prevention'), as well as on (registered) outputs and outcomes, which are vague or implicit with no differentiation between short, medium and long term. Another example could be found in the fact that although the policy explicitly starts from clear and logical premises, the list of objectives and actions shows a number of imbalances, both within and between the diverse pillars.

Additionally, the document review revealed that there is no structural follow-up of the implementation of the objectives and actions outlined in the Federal Drug Note and Joint Declaration, nor of other developments in the drug prevention field, the treatment field, the enforcement field or the transversal theme 'Epidemiology, research and evaluation'. For the pillar 'Integral and integrated approach', there is some follow-up for the objectives relating to cooperation and international engagement by the General Drug Policy Cell in their annual report, but they do not provide an overview of the entire transversal theme. This fragmentation and lack of overview was also confirmed by practitioners during the online survey and the semi-structured interviews.

Lastly, several respondents refer to a lack of a clear policy vision as an obstacle to an integral and integrated drug policy. The existing overarching policy vision defined by the Federal Drug Note and the Joint Declaration, for example as described by the Joint Declaration, is formulated in very broad terms to accommodate very different policy approaches, resulting in a vague policy text. Respondents describe this as "a compromis à la belge". As confirmed by our critical analysis of the policy intentions, the Joint Declaration consists of rather broad and vague actions without defining a clear outcome. This could lead to policy (a.k.a. policy in the books) and practice (a.k.a. policy in practice) growing further and further apart.

We therefore recommend the development of a new Drug Strategy, involving the different policy levels, and including all relevant policy domains, and a corresponding action plan. Drafting a new Drug Strategy is likely to be a very lengthy process. This was the case with the policy drafting process in 1997-2001, and the situation is even more complex today because policy competences are more divided than they were twenty years ago. We therefore recommend that the new Drug Strategy is accompanied by a corresponding action plan, which ideally should coincide with the term of office of the federal government and that of the regional governments. Specifically, a Drug Strategy could be developed every five years and concretised in an action plan over the same time span. Inspired by the EU Drug Strategy approach, a Drug Strategy clarifying the overarching vision and goals should be accompanied by an action plan that concretises this vision and provides tools for implementation. Considering the distribution of competences in Belgium, it is important that apart from the federal level, the Communities and Regions are actively involved in order to develop a global strategy.

Lastly, it is important that the overall vision and framework is shaped at the national level by means of a strategy, which can be given further substance by means of a concrete action plan. When drafting the Drug Strategy, attention should be paid to finding a balance, coherency and consistency in the framework between the national, regional and local drug policy. The national Drug Strategy will be a leading framework, and will include the need to implement a local integral and integrated drug policy, as is also highlighted in the Framework Note Integral Security. However, there should be room to adapt it to local needs. In other words, the framework should not lay down every detail in order to leave sufficient room for a local drug policy.

Table 2 General recommendation 'Draft a new Drug Strategy'

Conclusion	Recommendation
• Outdated drug policy documents • The structure of drug policy documents provide insufficient tools for their implementation • No structural follow-up of the drug policy • The lack of a clear policy vision is an obstacle to an integral and integrated drug policy	Draft a new Drug Strategy and Action plan • Need for a clear vision: (re)define the core premises of the Belgian Drug Policy • Drug strategy and action plan as part of a policy cycle

	• Be consistent and coherent: include distinct target groups, demand as well as supply actions, all substances as well as behavioural addictions • Secure budget for policy priorities • Take care with of the structure of the strategy: define SMART objectives, actions and outcomes and tools for implementation

4.1.1 Need for a clear vision: (re)define the core premises of the Belgian Drug Policy

In order to resolve clashing ideological viewpoints, it is necessary to create awareness about them, and to name and frame them in an open discussion. We therefore recommend a thorough situation analysis in order to (re)define and (re)affirm the core premises of the Belgian Drug Strategy. This analysis should comprise an accurate analysis of the existing situation which discusses the nature, extent and various features of the drug phenomenon, as well as a needs assessment across the different stakeholders (i.e. policy makers, practitioners and civil servants, people with lived experiences, academics). The situation analysis should also include a horizon scanning and try to have a foresight on upcoming aspects when talking about creating or finetuning a vision. In line with the EU Drug Strategy 2020-2025, there is a need to develop strategic foresight and a future-oriented approach to increase preparedness to identify and respond to potential future challenges. This also addresses the challenge identified in this study to face the ever-changing drug phenomenon. The situation analysis should thus consist of both data on the (current) evidence base and a foresight exercise. This situation analysis can in turn be the basis for (re)defining and (re)affirming the core principles for the Belgian Drug Strategy, for setting clear objectives and policy priorities.

There is a large body of international research and experiences abroad that can guide our efforts in conducting a situation analysis as a basis for a new policy strategy (Bartram et al., 1999; CICAD, 2009; Rajan, 2016; WHO, 2003; World Health Organization, 2001). Although this type of exercise has been done in the past by means of a Parliamentary Working Group, various practitioners and civil servants are reluctant to support the establishment of a new Parliamentary Working Group. Alternatively, there are international examples where a small team of experts from academia and practice are brought together to systematically summarise the situation in a report, that in turn is used as a basis for selecting the appropriate strategies (Rajan, 2016; WHO, 2003). A core team of experts managing thematic working groups can avoid the challenges intrinsic to a ponderous and elaborate parliamentary working group. This core team of experts has to ensure effective coordination of the thematic working groups, and should be tasked with preparing the situation analysis, constituting working groups, informing and sensitizing relevant stakeholders, and organising, managing and supporting the working groups (Rajan, 2016).It is recommended that the core team consists of academics, practitioners, civil society and people with lived experiences (Rajan, 2016), and that they should act as impartial advisers (WHO, 2003). Additionally, this core team could assure continuity throughout the different policy cycles, as well as provide senior knowledge to the execution of the procedure. The ‘Expert advisory panel’ (cf. infra, Recommendation 4.3.2) could play a role to that regard.

Regardless of format or constitution, the need for an exhaustive situation analysis is imperative. This analysis could be executed internally by the administration(s) or externally by academics. In any case, we would advise consulting and engaging academics, practitioners, civil society and experts-by-experience. Academics can provide an overview of the current evidence base, practitioners and civil society can outline how the policy actually works in practice and experts-by-experience can in turn provide insight into how existing policy initiatives are experienced.

4.1.2 Drug strategy and action plan as part of a policy cycle

A new Drug Strategy is not only an update of policy adapted to the evolving circumstances and challenges, but also an opportunity to introduce the Drug Strategy to a new policy cycle. We therefore recommend a new Drug Strategy be introduced as part of a policy cycle, consisting of four elements: (1) policy development, (2) endorsement of the Drug Strategy, (3) policy implementation and (4) policy evaluation.

The coordinating actor could be the General Drug Policy Cell, together with the support and input of the inter-administrative working group and the expert advisory panel (cf. infra).

(1) **Policy development**. As mentioned earlier, we advise drafting a situation analysis (cf. supra A) in order to arrive at a proper agenda for the development of a Drug Strategy. Based on this situation analysis and (re)defining and (re)affirming the core principles, objectives and priorities, a draft Drug Strategy should be developed. This draft Drug Strategy should stipulate the global, generic principles, should take feasibility into account, and indeed should, ideally, be accompanied by a full feasibility analysis. Once a draft has been developed, consultation and consideration of conflicting viewpoints among all stakeholders should be considered. Here again, academics, practitioners, people with lived experiences and civil society can be involved to fine tune the Drug Strategy in co-creation. This consultation process enables validation of a support base, stimulates commitment in the field and increases the knowledge of proven strategies (evidence) (Vander Laenen et al., 2010). it is not only beneficial for gaining legitimacy, but also ensures that the Drug Strategy is attuned to the needs and challenges of all the stakeholders. After all, a successful implementation of the Drug Strategy also depends on their support. Also, as this is a policy cycle, it is important to take previous evaluation into account, as is explained in the fourth step (cf. infra).

(2) The second step in the policy cycle comprises **the official endorsement of the Drug Strategy** by all relevant policy domains and levels. A draft strategy could be discussed and adopted at the level of the Interministerial Conference of Public Health, Thematic Meeting on Drugs, after a wider discussion with all relevant stakeholders.

(3) The third step is **policy implementation**. A policy without an implementation plan is destined to fail (World Health Organization, 2001). As a first move towards implementation, the Strategy should be translated into concrete (a) action plan(s) that explain(s) how the strategy will be implemented (translated into actions), defines targeted implementation measures and allocates financial and human resources. Within this action plan(s), there is a need for an implementation roadmap that details how the different actions will be implemented. This should define implementation priorities, as well as outline approaches and activities for each component of the drug policy plan and should incorporate flexibility so as to take into account variation in local needs (Singleton & Rubin, 2014). This step of the policy cycle should also be accompanied by a framework for systematic monitoring of the implementation of the different actions in order to avoid fragmentation, for example by defining specific evidence-based indicators. For this, a specific monitoring system should be developed, for example at the federal level[4], to follow-up on the extent of implementation and enables a continuous assessment of progress (World Health Organization, 2001). It is recommended that a coordinating body oversees the coordination and monitoring of the implementation. An option could be for Sciensano to play a leading role in that regard, possibly assisted by the inter-administrative working group (cf. infra recommendation 3 "Rethink the organisation and tasks of the General Drug Policy Cell"). Here again, other stakeholders - academics, administrators and practitioners, people with lived experiences and civil society should be involved to oversee implementation and in order to maintain support for the policy approach.

(4) A fourth and inherent step in the policy cycle is **policy evaluation**. Evaluation can comprise both the *ex nunc* monitoring of, for example, the implementation process (process evaluation) and also an *ex post*

[4] This system could for example be coordinated by Sciensano

evaluation at the end of the policy cycle. The *ex nunc* evaluation (also referred to as mid-term evaluation) allows for temporal adjustment where necessary and a quick response to obstacles encountered, and can be seen as a continuous review of the drug policy plan. The results of the *ex post* evaluation in turn address the overall performance of the drug policy plan and can feed into the development of the following policy plan. This evaluation could be conducted by an internal (e.g. by the different administrations) or external (e.g. by academics or a research institute) evaluation team. In any case, there is a need for an independent evaluation by a party with the necessary expertise for evaluation. There should also be adequate resourcing to allow for a thorough evaluation (EMCDDA, 2017a). Lastly, it is important to have an experienced evaluation team with expertise in conducting the evaluation on such large scale.

The policy cycle should be limited in time, so that it provides sufficient stability to develop a decisive drug policy, but also allows for timely adjustments according to the ever-changing drug phenomenon. We therefore recommend have the Drug Strategy coincide with the term of office of the federal government and the term of office of the Regional governments. More concretely, a Drug Strategy should be developed every five years and concretised in an action plan over the same time span.

4.1.3 Be consistent and coherent: include distinct target groups, demand as well as supply actions, all substances as well as behavioural addictions

Based on the results of our study, we stress that a new Drug Strategy must pay attention to consistency and coherence and must encompass all illegal and legal substances, behavioural addictions such as gambling and gaming and all different target groups. It must also balance actions between the supply side and the demand side. Lastly, we highlight the importance of avoiding the use of stigmatising language, for example when referring to people who use drugs.

4.1.4 Secure budget for policy priorities

It is important to secure a budget for the policy actions so that they can be realised. Additionally, a budget should be reserved for the monitoring and evaluation of the Drug Strategy, which has to be calculated separately from the budget to implement the action related to the Strategy. As such, monitoring and evaluation could become part of the entire policy process.

4.1.5 Take care with the structure of the strategy: define SMART objectives, actions and outcomes and tools for implementation

There are many possibilities to draft objectives, actions and outcomes. We propose to work with SMART objectives making it easier to measure and monitor them. When drafting a new Drug Strategy, it is advisable to identify SMART objectives, actions and outcomes. SMART objectives/actions/outcomes are specific, measurable, achievable, relevant and timebound.

Apart from a SMART defining of their different components, the Drug Strategy and action plan could also be structured in a logic model. The logic models were used in this study as a tool to measure the policy theory spelled out by the Federal Drug Note and the Joint Declaration, but they could also be used *ex ante*, to draft your drug policy. They allow for a clear overview of how the objectives are concretised in actions, and how these actions lead to change in the short, medium and long terms. They can also be the starting point for an implementation monitoring tool if, when the objectives/actions/outcomes are drafted, indicators are identified to measure them at the same time (see table 4 of how a logic model can assist in developing your Drug Strategy).

Table 3 Logic model to define a Drug Strategy and action plan

Objectives	Actions	Intended outcomes		
		Short term	Middle term	Long term
What do you want to achieve with the Drug Strategy?	What actions will you take to achieve the objective?	• Intended results and short-term changes • Lead • Timing • Indicators	• Intended results and middle-term changes • Lead • Timing • Indicators	• Intended results and long-term changes • Lead • Timing • Indicators

Lastly, it is essential for the new Drug Strategy to provide tools for implementation. This means that the Drug Strategy and action plan should clearly describe who takes the lead in implementation, define the roles and responsibilities of partners and stakeholders and provide a roadmap for implementation. There is a large body of international research and experiments and experiences that can guide efforts to draft and shape our Belgian Drug Strategy and action plan (CICAD, 2009; Vaslie et al., 2020; WHO, 2003; World Health Organization, 2001).

4.2 Recommendation 2: Develop an evidence-informed drug policy

First of all, the general process evaluation has shown that for the various pillars and transversal themes, there have been a considerable number of additional realisations not included in the Federal Drug Note or the Joint Declaration. The number and extent of these differs per pillar, with pillars where the competences are divided between the Regions/Communities and the federal level (i.e. 'Prevention' and 'Treatment, risk reduction and reintegration') accounting for considerably more than the other pillars and transversal themes. These additional realisations were often established bottom-up: initiatives or cooperations that were introduced by organisations or institutions, often at a local level, (sometimes) being structurally implemented and expanded through policy plans afterwards. Practice thus appears to play an important role in responding to the ever-changing challenges of the drugs phenomenon, and bringing innovation to the Belgian drug policy (De Ruyver et al., 2012).

Second, the general process evaluation revealed that although the Federal Drug Note and the Joint Declaration highlight an evidence-based drug policy, the respondents state otherwise. Both research and monitoring have evolved over the years, creating a solid evidence base alongside the extensive international evidence base. And yet, research results and recommendations only occasionally result in effective development or adjustments in Belgian drug policy. Too often, they are taken note of as a 'nice to know', without translation into (new) drug policy or adaptation to existing policy lines. Additionally, many pilot projects remain only pilot projects for several years, even after a positive evaluation. Well-functioning pilot projects thus continue to operate for years with uncertain resources, and their expansion to regions with similar needs often does not take place. An evidence-based approach also seems to apply mainly to the demand side rather than the supply side. Evaluation research mainly focuses on (parts of) the demand side, and less on the supply side.

Lastly, respondents criticised the lack in the evidence base of lived experiences and practice-based experiences in the policy process, despite the fact that involving lived experiences and practice-based evidence, besides scientific knowledge, promotes greater legitimacy, as embodied by the slogan "nothing

about us without us". It also reflects a pluralisation of knowledge by not only relying on evidence within a scientific context but also evidence based on both personal experiences and practice-based evidence (Lancaster et al., 2017; valentine et al., 2020).

We therefore recommend the development of an evidence-informed policy rather than an evidence-based one, in which a drug policy is informed about the best available evidence by taking into account the different sources of information, i.e. lived experiences, practice-based evidence and scientific evidence (Bowen & Zwi, 2005; Lancaster et al., 2017). The inclusion of the voice of people who experience drug policy and practice-based voices acknowledges the consideration of drug using subjectivities as multiple and emergent, and counterbalances the privileging of "objective" scientific knowledge within evidence-based policy (Lancaster et al., 2017; Ritter, 2015; Van Impe et al., 2021).

Table 4 General recommendation 'Develop an evidence-informed Drug Strategy

Conclusion	Recommendation
• There have been several additional realisations, mostly established bottom-up • The evidence-based drug policy has reached its limits • There is a lack in the evidence base of personal experiences and practice-based evidence in the policy process	Develop an evidence-informed Drug Strategy: • Involve civil society and people with lived experiences in different stages of the policy cycle • Strive for quality and transparent data • Shared responsibilities between academics and policy makers • Structural implementation of positively evaluated pilot projects

4.2.1 Involve civil society and people with lived experiences in different stages of the policy cycle

There should be an ongoing dialogue between policy makers and civil society stakeholders so that the latter are involved in the policymaking process. Using the slogan 'Nothing about us without us', civil society and people with lived experiences are increasingly involved in the policymaking process (EMCDDA, 2013). The importance of engaging these stakeholders at all levels of policymaking is widely recognised. When (un)intended impacts of a drug policy affects them, there is great value of engaging them in evidence-informed policy development (Oxman et al., 2009). By involving civil society in the policymaking process, expert knowledge shaped by professional experiences, and also personal experiences, can provide proper connection with practice. It allows a light to be shed on how policy is translated into practice, and can also provide insight into (perceived) unintended consequences (Bardell, 2020). This is not only beneficial for gaining legitimacy for a drug policy approach, but also for attuning the Drug Strategy to the needs and challenges of the different stakeholders. After all, a successful implementation of the Drug Strategy also depends on the support of those who implement it.

There are many degrees of citizen participation in policy, ranging from non-participation, through 'tokenism' to genuine citizen power (Arnstein, 1969; Oxman et al., 2009). To avoid tokenism, (i.e. symbolic involvement without a proper role or opportunity to have an actual impact), civil society and people with lived experiences should get a proper mandate. Limiting the involvement of civil society to the lower level of the table (i.e. "Information"), should therefore be avoided. There could be structured consultation on decisions, advisory committees or forums that engage a range of civil society organizations in discussion of policy (World Health Organization, 2001).

We therefore recommend that, as well as scientific evidence, civil society and people with lived experiences be involved in every stage of the policy cycle. Civil society should be defined in a broad way, referring to the associational life operating in the space between the state and market, including individual participation and the activities of non-governmental, voluntary and community organisations (European Commission, 2006). Civil society and people with lived experiences should be consulted both in the situation analysis and when a draft Drug Strategy is developed. They should also be engaged in both the Drug Strategy's implementation and its evaluation. There is a large body of international research and experiments and experiences abroad that can guide our efforts of involving civil society and people with lived experiences into the Belgian drug policy (Council of Europe, 2009; Lancaster et al., 2018; Lancaster et al., 2013; Madden et al., 2021; Oxman et al., 2009; World Health Organization, 2001).

This recommendation is strongly supported by the different respondent groups involved in this study. Expert centres and member organisations (like Fedito, VAD) should keep investing in their role as representatives of specialized organisations and practitioners and as such, should be given a specific role in the different stages of the policy process.

4.2.2 Strive for quality and transparent data

Qualitative monitoring of key indicators forms the basis of monitoring the drug phenomenon in Belgium. However, this evaluation has reported on several issues with current monitoring. While there is also room for improvement in the monitoring of the demand side, it is the monitoring of the supply side which is clearly lagging behind. The monitoring of this side relies on police and judicial statistics, but also includes partners such as customs, FAGG, Sciensano and the National Institute for Criminalistics and Criminology (NICC) in order to get a better overview. However, among other things, problems with misclassification during registration often appear and skew the data. We therefore recommend that monitoring be strengthened, including of supply-side indicators (Vaslie et al., 2020). This involves both collecting additional indicators and further strengthening the existing ones. We need an overview of the drug phenomenon, which includes both health, security and lifestyle/wellbeing.

An important precondition for adequate monitoring is the willingness of all partners involved to contribute to it. Monitoring is based on the input and proper registration from different government agencies, organisations and practitioners. These actors often indicate that registration 'takes a back seat to all the other work'. Efforts should therefore be made to find a win-win to increase willingness to give registration a higher priority and convince actors of its added value (Lievens et al., 2016; World Health Organization, 2001). Registration and monitoring takes time and this requires means should be ear-marked within the budget specifically for these tasks (Lievens et al., 2016; World Health Organization, 2001).

Apart from these recommendations for the further development and support of the monitoring of both the demand and the supply sides, attention should also be paid to the transparency and valorisation of the data results, with both practice and the wider public in mind. Summaries, overviews and analyses that describe the results as well as give detailed descriptive information about the context should be publicly available, and adapt it to all the different audiences. Creating a return for monitoring is important, as well as an attractive format tailored to the target audience. Good example are for instance the website of the Trimbos Institute, that summarises an up-to-date picture of the use of drugs, alcohol and tobacco in the Netherlands, adapted to the wider public (https://www.nationaledrugmonitor.nl/) or working with an interactive platform to focus on societal impact creation.

Centralising the available data is crucial in this regard, as is also centralising the best practices, following the example of the EMCDDA best practice portal. For this, a clear mandate for Sciensano could be established.

4.2.3 Shared responsibilities between academics and policy makers

We recommend that both academics and policy makers facilitate mutual exchange of evidence. First of all, valorisation can be expanded by making it an indispensable and structural part of BELSPO projects. Implementing valorisation as the last work package of a research project would present it as an integral part of the research, rather than an option after the research report is published.

Next, although societal valorisation is already happening alongside scientific valorisation, academics should invest more in valorising their research results tailored to the specific target groups they are approaching. To do this, there is no one-size-fits-all. It is therefore advisable to develop a communication plan before the start of a study, preferably as part of a research proposal, which includes when and how the research results will be communicated, and also clarifies the different target groups and what messages should be conveyed to which. This way, summaries of the research project are translated for the audience (Benneworth & Jongbloed, 2010; Hladchenko, 2016). Other examples of dissemination could be providing a TED talk, designing interactive dashboards, fact sheets or short report overviews , writing blogs, sharing expert opinions through newspapers or podcasts to disseminate research results to a broader audience. In addition, the idea of an annual national conference on 'drugs', or a conference which brings together all domains, regions, political levels and experts (incl. debate) has also been mooted. These initiatives should be organised independent from specific funding organisations or a specific university, as this could limit an integral and integrated view. The organisation could be coordinated by the expert advisory panel (cf. infra).

Lastly, by introducing evaluation as part of the policy cycle, research and policy are more strongly interlinked. On the one hand, this ensures that even when designing a Drug Strategy, policymakers already take future evaluation into account, and thus pay attention to setting up monitoring indicators from the outset. On the other hand, it challenges evaluators to summarise research results more concisely so that they are accessible and ready to use to properly inform new policy initiatives.

4.2.4 Structural implementation of positively evaluated pilot projects

We recommend a procedure be established whereby pilot projects are closely monitored and evaluated after a specific period of time. The evaluation framework of logic models can be used as a means to monitor them and evaluate their process, output and/or outcome, in a manner similar to that which has been applied in the targeted evaluation part of this EVADRUG project (cf. infra). If the pilot project is evaluated positively, it should be linked to long-term structural funding.

4.3 Recommendation 3: Rethink the organisation and tasks of the General Drug Policy Cell

The general process evaluation has shown that the integral and integrated approach, one of the central principles of the Belgian drug policy, encounters many obstacles. First, many respondents find it difficult to define what an 'integral and integrated approach' entails. They describe it as a catch-all concept that is hardly operationalised on a federal or state level. Second, there is an integral and integrated way of cooperation is on a more local level, contrary to the higher policy levels. Several respondents refer, for example, to the lack of political consensus and agreement between different policy actors in discussions such as the development of an alcohol policy, the implementation of drug consumption rooms or other risk-reduction initiatives.

Additionally, this evaluation has shown the important role of the General Drug Policy Cell as an open forum for discussion. However, respondents also doubt that the current Cell has sufficient clout to promote the necessary integral and integrated coordination. Several factors, such as the lack of continuity in its members, the large number of members, the fragile balance between competences and a lack of clear

management, jeopardise a stable and sustainable drug policy. The research findings further show the limited room for input of practice and lived experiences in the General Drug Policy Cell. In addition, the division of the competences between the federal government and the Regions/Communities, together with

We therefore recommend a rethink of the organisation and tasks of the General Drug Policy Cell. After all, integral and integrated cooperation and coordination is essential in a federated state like Belgium, where divided and shared interest should be balanced, taking into account the competences of the federal government and Regional/Community governments and the great level of interdependence.

Table 5 General recommendation 'Rethink the organisation and tasks of the General Drug Policy Cell'

Conclusion	Recommendation
• It is difficult to define what an 'integral and integrated approach' entails and it is described as a catch-all concept • Integral and integrated way of cooperation is much less common at the (higher) policy level. • The General Drug Policy Cell acts as an open forum for discussion, yet lacks clout	Rethink the organisation and tasks of the General Drug Policy Cell • The role of the President as coordinator, liaison and initiator for the Belgian drug policy • Multidisciplinary working groups in support of the General Drug Policy Cell • Strengthen the administration of the General Drug Policy Cell with SPOC's

4.3.1 The role of the President as coordinator, liaison and initiator of the Belgian drug policy

The respondents assert the role of the president as a coordinator, a liaison, an initiator as a precondition for the good functioning of the General Drug Policy Cell

The president should oversee the consistency and transparency of drug policy initiatives, while taking the initiative in pressing for prioritising central issues in need of coordination. S/he should also facilitate contact between different policy domains and policy levels and mediate between the different parties in order to seek consensus and cross-departmental support (Singleton & Rubin, 2014; Tieberghien, 2015), therefore strengthening the link between the General Drug Policy Cell and the Interministerial Conference on Drugs. Furthermore, the president should act as an initiator for the further development and coordination of the Belgian drug policy. The president has, in that sense, also a symbolic value in creating visibility for the drug issue (Stolz, 1995).

As such, the president of the Drug Policy Cell must have a strong connection with the political domain as well as with those of practice and science. S/he is therefore preferably familiar with scientific research or has a close link to the scientific community, in order to facilitate interaction between drug policy development and the existing evidence base. In addition, it is important that the president has a good understanding of, and connection with, the field of practice, and can call on a broad network of practitioners in the field of both drug demand and drug supply. Finally, it is also important for this chairperson to have experience of the political context in which policy development takes place. This feeling for the field, the scientific community and the political context, will ensure closer connections and therefore more harmonisation in drug policy initiatives, and also facilitate the bringing together of the different perspectives on specific problems.

Lastly, the president has an important role in strengthening the link between the General Drug Policy Cell and the Interministerial Conference on Public Health (Thematic Meeting on Drugs).

As it is difficult to combine all these characteristics in one person, it may also be interesting to appoint a co-president who complements the profile of the president. In this way, the president and co-president share the coordination and fulfil the necessary roles of a strong president together.

4.3.2 Multidisciplinary working groups in support of the General Drug Policy Cell

Based on an analysis of literature and good practice in other countries, we propose the following reconstitution of the General Drug Policy Cell.

- An **expert advisory panel** should be appointed, consisting of people with expertise in (specific domains of) drug issues, as well as practitioners and people with lived experiences, to support the functioning of the General Drug Policy Cell. This has also been proposed by our focus group respondents.
  A number of working groups should be established from within this expert advisory panel to provide expert advice or identify the necessary information needed for the development of the drug policy. Halligan (2008) argued that working groups or topic-specific taskforces aimed at resolving particular issues can provide more innovative answers to divisive issues (Hughes et al., 2010). With a multidisciplinary composition, they allow for the involvement of stakeholders outside of government, and thus provide specific insider/outsider perspectives. Moreover, they allow for accountability and transparency.
- Additionally, an **inter-administration working group** (including both the federal level and the Regions and Communities), comprising health and law enforcement civil servants could oversee the implementation of the drug policy, as well as liaising with other governmental actors and the non-government sector (Hughes et al., 2010). This idea too was mentioned by our focus group respondents. The inter-administration working group would facilitate information exchange. This way, the General Drug Policy Cell can focus on strategic, controversial and long term issues, whereas more technocratic issues can be handled by the inter-administration working group (Hughes et al., 2013). The inter-administration working group could also act as the secretariat of the General Drug Policy Cell (i.e. an extension of the current secretariat with all SPOC), in order to further stimulate an integral and integrated drug policy (cf. infra Figure 2).

It remains important that the various stakeholders are informed about their specific roles clear expectations for the different structures are defined. A clear demarcation of responsibilities could in turn facilitate responsiveness (Hughes et al., 2013). Within the context of the Belgian state structure, as well as the different perspectives and logics inherent in the drug debate, there will always be a need for improvement of coordination. The reconstitution of the General Drug Policy Cell should therefore consider the way in which better coordination is achievable given its context.

4.3.3 Strengthen the administration of the General Drug Policy Cell with SPOC's

We recommend that the public services behind the central policy domains, who are responsible for preparing and implementing policy within their policy areas, be strengthened and specialised.

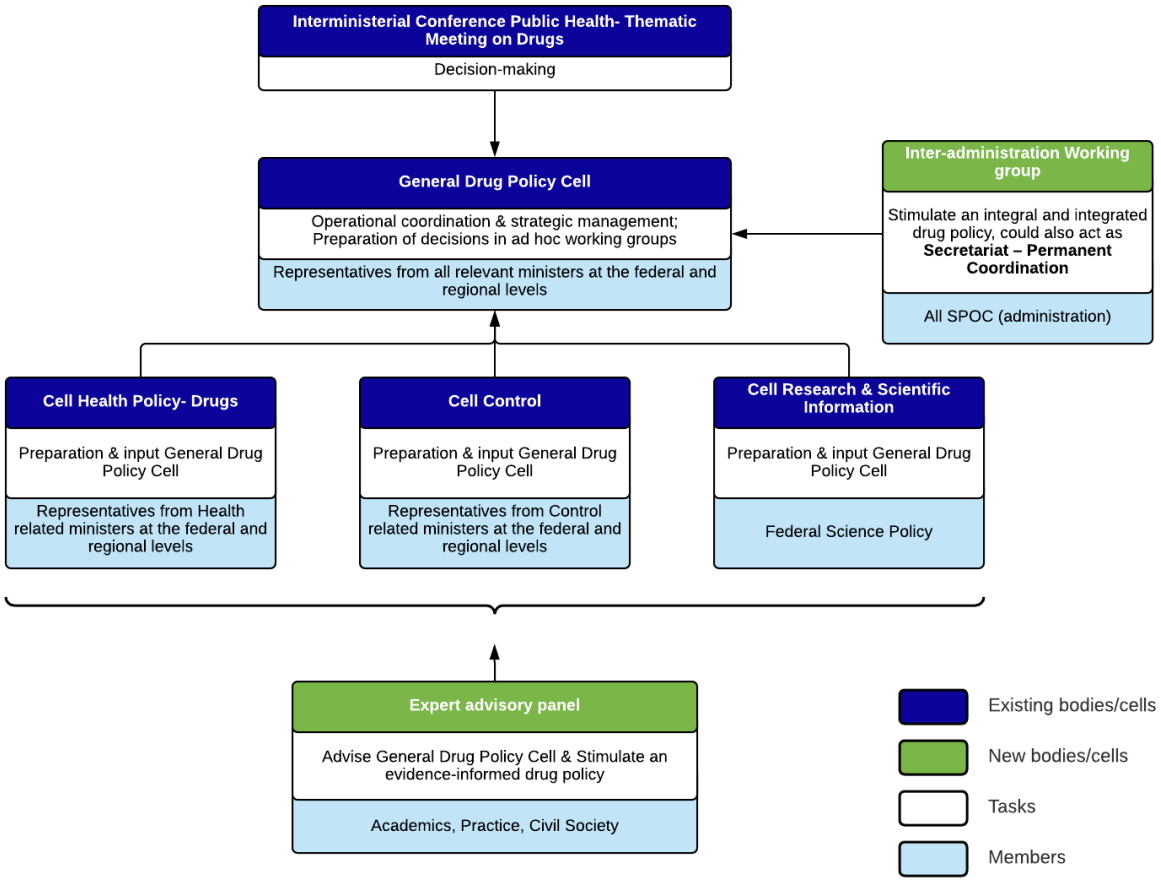
Specifically, we recommend that an attaché or Single Point of Contact (SPOC) be appointed in each administration (federal and regional) with a central role in preparing and implementing (parts of) the Belgian drug policy. There are already SPOC's in some of the central administrations, but not in a systematic way. This SPOC can lobby to put a drugs theme on the political agenda within their policy domain, and thus build towards more political commitment for developing a coherent drug policy. Previous research has consistently stressed the importance of political commitment to the effective coordination of a drug policy

(EMCDDA, 2003, 2017b; Hughes et al., 2010; Singleton & Rubin, 2014; Vandam et al., 2010; Vander Laenen et al., 2010). At the same time, a SPOC allows for a specialised drug theme within each administration. This way, one does not have to start from scratch during each discussion, and it is possible to build on a long-term plan.

These SPOC's would thus have a central liaison function, by connecting expertise between the different policy levels and policy domains, liaising not only between governmental actors, but also with the non-governmental sectors. They could also play a role in the day-to-day coordination of the implementation of the Drug Strategy within their domain. These SPOC would form the inter-administration working group, and could act as the secretariat of the General Drug Policy Cell (cf. B). It is important that there is consistency in these SPOC's. Given their central liaison role, it is important to limit turnover to avoid loss of expertise. For example, it is advisable to appoint more than one SPOC within an administration, or to organise a significant overlap period for the transfer of expertise when there is a change of personnel. And lastly, taking into account the need for clear roles, tasks and responsibilities mentioned in the conclusion, specific attention should be paid to a clear definition of tasks, and communication of the mandate of each member. Meaning that, if these SPOCS are implemented, attention must be paid to defining their tasks and responsibilities related to other partners, including the General Drug Policy Cell and the proposed Expert advisory panel.

As such, the organisation of the General Drug Policy Cell could be summarised as follows:

Figure 2 Overview of supporting working groups to the General Drug Policy Cell



4.4 Recommendation 4: Create opportunities for innovative projects to respond to the ever-changing reality of the drug phenomenon

Within both the prevention field and the treatment field, as well as within enforcement, respondents mentioned that they were confronted with the challenge of an ever-changing drug-phenomenon. The emergence of new trends is a characteristic of the drug phenomenon.

We therefore recommend that opportunities be created for innovative projects to respond to the ever-changing reality.

Table 6 General recommendation 'Create opportunities for innovative projects to respond to the ever-changing reality of the drug phenomenon'

Conclusion	Recommendation
Practice is confronted with the challenge of an ever-changing drug-phenomenon and the emergence of new trends.	Create opportunities for innovative projects to respond to the ever-changing reality of the drug phenomenon:

In order to support bottom-up innovation, opportunities should be created to develop innovative projects. This was the case in the past with the former Addiction Fund (established in 2006, discontinued in 2014 after defederalization). This Fund should be revived, and can be expanded to address not only innovative projects on the demand side but also those on the supply side.

Innovation projects allow for natural experiments, adapted to a local context or specific phenomena, and address urgent and temporal challenges as well as specific needs.

In line with the importance of evidence-informed policy and taking into account that evaluation should be part of the policy process, and monitoring and evaluation must be integrated into these innovation projects, embedded from the start of the process, to allow for a baseline measurement, as well as proper monitoring of the project.

Attention should also be paid to securing a budget for these innovative projects. Additionally, a budget should be reserved for their monitoring and evaluation, which must be calculated separately from the budget of the Drug Strategy or specific intervention. The research programme on drugs of the Federal Science Policy could play a role in this regard.

4.5 Recommendation 5: Support the development of structural and sustainable forms of cooperation (including financial support)

Respondents describe various well-defined initiatives at the local level where an 'integral and integrated' approach was applied. This needs-based approach generates integral and integrated cooperation, both locally and regionally. Often, these collaborations are not institutionalised or structural, but rather initiated by individuals or specific organisations. This makes cooperation dependent on the available network of individuals and/or organisations and on the existing contacts between people from different policy areas

and levels (see also (Vander Laenen et al., 2010)). We therefore recommend that support id given to the development of structural and sustainable forms of cooperation (including financial support).

Table 7 General recommendation 'Support the development of structural and sustainable forms of cooperation'

Conclusion	Recommendation
There are various well-defined initiatives at the local level where an 'integral and integrated' approach was applied, although they are not institutionalised or structural, but initiated by individuals or specific organisations.	Support the development of structural and sustainable forms of cooperation (including financial support)

A balance must be found between securing the freedom and flexibility to take initiatives for cooperation on the one hand and looking for formalised cooperation with no room for initiative on the other hand. We therefore recommend that these initiatives be structurally support by guaranteeing continuity. So, instead of merely cheering on the consultation between different actors of different domains, which limits cooperation to a mutual understanding between the particular actors or domains involved, cooperation should be structurally supported, for example by introducing a structure for the funding of the organisations or actors for their cooperation.

4.6 Recommendations related to the specific pillars

Throughout the general process evaluation, it became clear that different actors have different visions about what 'Prevention' and 'Risk reduction' should entail. While prevention entails a broad range of types, partners in the police and criminal justice field, as well as (some) policy makers, focus mainly on the discouragement of drug use in the general population; when they focus on specific target groups, they mostly target young people, for example by warning them about the harmful consequences of drug use. The respondents with lived experiences also had a narrow perception of what prevention should entail, primarily focused on education ("educate young people"), a vision which differs from the proscriptive vision that (some) policy makers and law enforcement apply (Geirnaert, 2002). This narrow view on prevention does not acknowledge the importance of safe use messages or harm reduction initiatives, nor does it support early intervention. Moreover, several respondents within the prevention and harm reduction sector deplore the current (lack of a) legal framework to allow for the elaboration of current harm reduction initiatives, for example concerning drug consumption rooms and drug testing (Vander Laenen & Favril, 2018).

In addition, the lack of funding for the prevention pillar is a common thread throughout the general process evaluation. Because of the limited financial resources invested in it, this pillar faces many limitations. Prevention workers are forced to provide a demand-driven rather than a proactive service. The lack of funding also creates internal competition, with the result that one setting might be prioritised over another. Due to the uncertainty about funding, there are also few opportunities for structural expansion.

Among other findings regarding the treatment pillar is, that there is a lack of a clear vision or approach to the growing needs of the treatment offer. There are many blind spots in the current treatment offer, an observation emphasised by both practitioners and people with lived experiences. Several issues were highlighted. For instance, the provision of treatment is concentrated around the bigger cities and there is a

need for the expansion and better geographical distribution of (mainly) outpatient centres to fill the gaps. Another example is that access to treatment is jeopardised by long waiting lists (which increased during covid-19) or there is a limited treatment offer for some specific target groups (e.g. people with poly drug use, older people, people with dual diagnosis, etc.). Deficits are also reported in the development of aftercare, as well as in crisis and emergency treatment. In addition, the fact that the many different network structures are often not aligned, which means that networking with new actors requires a large investment of time and effort, is deplored by respondents. Nevertheless, the people with lived experiences also emphasise that, apart from the blind spots, there is already a large, diverse and extensive treatment offer, although a proper overview it for the wider public is lacking.

Lastly, the findings showed several examples of how diverse law enforcement actors work well together. However, barriers could be found. These barriers, often related to cooperation, are often linked to a lack of clarity in the delineation of tasks. Different actors have different roles, but when these roles are not clear or not structurally attuned to each other, it can cause problems. For example: federal police and the federal public prosecutor work across borders, whereas local police and local public prosecutors focus on the local level. When these boundaries are blurred, and actors enter into each other's territory, cooperation tends to be compromised. Problems in access to information (no shared databases), capacity shortages and technological deficiencies contribute to this tendency, as confirmed by previous studies (Colman et al., 2020). Throughout the general process evaluation, several examples were listed. Taking into account that every actor has priorities that are not necessarily the same as those of others (e.g. because, even though there is a Framework Note Integral Security, respondents mention there are no “actual” shared actions plans between all different enforcement actors to facilitate sufficient cooperation and common goals), structural cooperation is even more challenged.

Based on these findings of the general process evaluation, the following recommendations were made related to the specific pillars:

Table 8 Recommendations related to a specific pillar

Conclusion	Recommendation
• Different actors had different visions about what ‘Prevention’ should entail (cf. recommendation 1) • Prevention and early intervention lacks funding	Structurally fund prevention and early intervention
• Different actors had different visions about ‘Risk reduction’ (cf. recommendation 1) • Lack of clear legislative framework for several risk reduction initiatives	Strengthen the legislative framework to support risk reduction initiatives
• A lack of a clear vision and an approach to growing needs regarding the treatment offer • Several gaps in the current treatment offer	Increase access to diverse and quality treatment, both geographically and by eliminating barriers to access
• Barriers to cooperation between law enforcement actors related to a delineation of tasks not being entirely clear. • Problems in access to information position (no shared databases), capacity shortages and technological deficiencies	Implement an overarching coordinating framework between the different enforcement partners to facilitate infoflux and to promote cooperation

Targeted intervention: Rely on a theory-based framework to evaluate interventions

4.6.1 Structurally fund prevention and early intervention

In order to develop a long-term vision and structural approach towards prevention, there is a need for funding. This need has been noted by various research reports over the years (Algemene Cel Drugs, 2015; De Ruyver et al., 2004; Lievens et al., 2016; Vander Laenen et al., 2011), and by practitioners from the sector, but has remained unaddressed so far. Although the sector has proved to be innovative with its limited resources, there are many unresolved bottlenecks related to this issue of underfunding. Since the pillar is put forward as the first and most important pillar in drug policy, its proper financing is appropriate. Structural funding is needed to develop not only a demand-oriented but also a proactive prevention offer, without having to compromise on quality. In this way, continuity of prevention, but also early detection and intervention can be guaranteed for the various target groups. Structural financing also makes it possible for prevention initiatives to monitor quality better and to focus on quality standards (Vaslie et al., 2020).

4.6.2 Strengthen the legislative framework to further support risk reduction initiatives

Although risk reduction is not a separate pillar in the Belgian drug policy, we discuss it separately from the 'Prevention' and 'Treatment' pillar so as to be able to emphasise the theme of reducing the harms associated with drug use. As with the final evaluation of the EU Drug Strategy, this general process evaluation has shown the increasingly key role of harm reduction in drug policy (Vaslie et al., 2020).

Strengthening the legal framework is a fundamental precondition for the elaboration and structural expansion of harm reduction initiatives. Several risk reduction initiatives run up against the current legislative framework, which limits what they can do. This is not only the case regarding drug consumption rooms, but also for syringe exchange, substitution treatment and drug testing. An adaptation of the legislative framework remains politically sensitive (Smith et al., 2019). During this general process evaluation, respondents stressed the (purported) moral ambiguity that harm reduction might entail (Zampini, 2018). There is a need for a fundamental and open debate regarding this theme, allowing input from research, practice and lived experiences to increase policy legitimacy and outcomes. In order to break through these ideological positions, it is necessary to name and frame them in an open debate. After all, the expansion of various already existing and new risk reduction initiatives requires a legal framework that clearly expresses a focus on the health and welfare of people who use drugs, a need that is raised by both practitioners, (scientific) experts (Alistar et al., 2011; Marlatt & Witkiewitz, 2010; Ritter & Cameron, 2006) and people with lived experiences (Leonard & Windle, 2020). This would allow for innovation in the field of harm reduction, and could facilitate structural funding (Vaslie et al., 2020). One suggestion could be to allow experimental frameworks, possibly transcending the legal framework, when initiatives have been taken and are supported by evidence elsewhere, as was previously the case with TADAM (Van Caillie, 2013).

4.6.3 Increase access to diverse and quality treatment, both geographically and by eliminating barriers

Based on the research results, we recommend increasing access to diverse and quality treatment.

We suggest expanding the treatment offer geographically by tailoring it to the setting and needs of both the geographical region and the clients. Urban areas have different needs from those of rural areas and the treatment offer must be adjusted accordingly.

We also propose the elimination of identified barriers in the area of access to (evidence-based) treatment. (e.g. waiting lists, eligibility criteria, cultural sensitivity, continuity of treatment). The research results have shown a lack of a clear response to the growing needs regarding the treatment demand. Additionally, there

are many blind spots in the provision of treatment for certain target groups (e.g. older people, people with poly drug use, people with double diagnosis,) and in the treatment offer in more rural areas, and various obstacles in the current treatment offer, an observation that has been emphasised by both practitioners and people with lived experiences.

The accessibility of treatment should also be addressed. The current barriers must be tackled in order to make the treatment offer more accessible. For instance, increasingly strict inclusion criteria mean that certain target groups (older population of people with drug and addiction problems, people with children, people with a migration background, people with poly drug use, etc.) are increasingly excluded.

Attention should also be paid to the supply of services for the ageing population of clients. Stigmatisation of people with drug problems (especially illegal drugs) within the provision of treatment and financial accessibility are two major themes within the context of treatment.

Furthermore, we also recommend further development and broader promotion of aftercare and the crisis care services.

Lastly, although our findings do not specifically refer to the involvement of direct social environment and immediate social context and their experience as partners in mental health care, the current literature does recommend their involvement (Vander Laenen, (in press)).

The emphasises throughout these recommendations should be on the continuity of care and developing an integrated approach.

4.6.4 Implement an overarching coordinating framework action between the different enforcement partners, to facilitate infoflux and to promote cooperation

The research results have shown several obstacles to the coordination between different enforcement partners, amongst others with infloflux, as well as with cooperation. Today, tackling drug supply and especially high-level drug production and drug trafficking requires (international) coordination, harmonisation, information sharing and the necessary capacity – qualities in which the current security architecture does not always excel, as this general process evaluation has shown us. We therefore recommend more coordination between the different enforcement partners in order to bring them closer together and facilitate cooperation.

For example, at present, the Framework Note on Integral Security is the engine of the broader security policy, which is the competence of the Ministers of the Interior and Justice. However, the drafting of the Framework Note on Integral Security is done with input from various actors, including other Federal Ministries, the National Security Council (NVR), the Board of Prosecutors General, and since the Cooperation Agreement of 2014 also with the Communities and Regions. In addition, the chairmen of the Council of Mayors, the Federal Police Council and the Permanent Commission of Local Police and a representative of the Federal Police have been involved (Colman et al., 2020). In this implementation, it is the police and the judiciary that play the dominant role. In other words, the link from the Framework Note to local security policy is largely made by the police and the judiciary, with other actors, such as inspection services or customs, not playing a significant role (Colman et al., 2020). We therefore recommend involving all enforcement actors in the translation into practice of the Framework Note on Integral Security and also as much as possible in other necessary policy frameworks and working groups. Shared priorities across domains and a clear definition of responsibilities and tasks can contribute to closer cooperation and allow different domains to tackle the phenomenon together. In other words, this recommendation emphasises a more pronounced and operationalised 'common direction'.

Parallel to the establishment of this 'common direction', the will must be developed to cooperate and to tackle illicit drug trafficking in a complementary manner. In this way, joint monitoring of illicit drug trafficking can also be built up, in order to acquire a good mapping of the various crime phenomena (Colman et al., 2018). There is less agreement on how this improvement should be concretised. Whereas most

respondents supported the need for a shared approach and shared priorities towards drug supply in order to facilitate the infoflux and promote cooperation, there was no consensus regarding how to operationalise it. There is agreement about the fact that information must be shared but not about what kind and how much and how. There is, for example, a European trend towards shared workspaces with actors from different law enforcement domains, as a way of increasing multidisciplinarity and information sharing. This idea, proposed by some law enforcement partners, is strongly opposed by others, on the grounds of legal obstacles and the sensitivity of confidential information.

Additionally, there needs to be a clear demarcation of responsibilities regarding the various enforcement partners. An overlap in tasks currently causes actors to enter onto each other's operational domain, which can jeopardise cooperation and trust between different enforcement partners.

4.6.5 Targeted interventions: Rely on a theory-based framework to evaluate interventions

Based on the results of the evaluations of the two targeted interventions, it is recommended that drug interventions be consistently evaluated and that the evaluation relies on theory, such as the logic model theory. This kind of evaluation not only promotes programme and service improvement, quality assessment and administrative control; it also helps us to understand whether novel (treatment) approaches or methods are effective and who benefits by the interventions (EMCDDA, 2007). The logic model theory supports the identification of expected outcomes of the intervention and thus the development and implementation of monitoring and evaluation activities. But it should be borne in mind that the logic model theory assumes cooperation among all stakeholders to the intervention as an inherent feature of evaluation.

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