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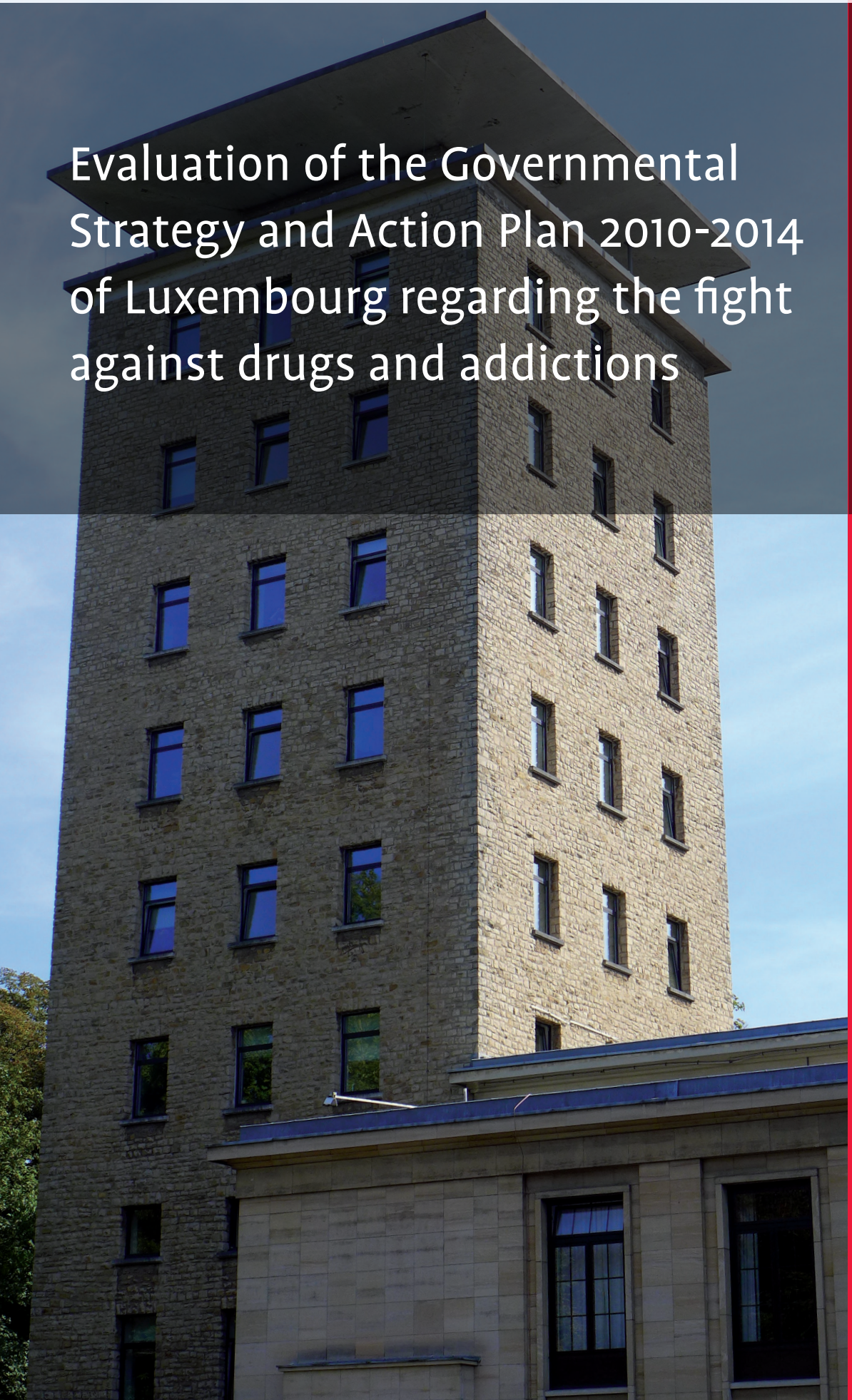
Evaluation of the Governmental Strategy and Action Plan 2010-2014 of Luxembourg regarding the fight against drugs and addictions



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1 Summary

On request of the Luxembourg Ministry of Health, the Trimbos Institute has conducted an evaluation of the Governmental Strategy and Action Plan 2010-2014 of Luxembourg regarding the fight against drugs and addictions.

This evaluation report starts with a summary, followed by chapter 2 with a short description of the objectives, the structure and the priorities of the Strategy and the Action Plan. Based on this we identified the key questions for the evaluation.

Chapter 3 describes the project methodology and activities.

In chapter 4 we present an assessment of what has been achieved in the period covered by the strategy and action plan based on a survey (questionnaires) and a face-to-face interview round among stakeholders. In Annex 4 we summarize these achievements in a balance sheet.

Chapter 5 describes the results of a SWOT analysis assessing the **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats of the Drug Strategy and Action Plan based on the findings from the questionnaires and the face-to-face interviews with stakeholders.

Chapter 6 follows with a discussion of findings based among others on the focus group with key stakeholders.

Finally, in chapter 7 we present recommendations for the new Drug Strategy and Action Plan.

2 Introduction

Background and contents of the Drug Strategy and Action Plan (2010-2014)
The Governmental Strategy and Action Plan 2010-2014 regarding the fight against drugs and addictions are built upon the results and evaluation of the National Drug Strategy and Action Plan 2005-2009, the first Drug Action Plan (2000-2004), and related data collected by the national drug monitoring system (EMCDDA focal point of Luxembourg) and targeted research results. In order to optimize its impact, the Strategy and the Action Plan 2010-2014 have taken into account relevant elements from EU and EC treaties, the EU Drugs Strategy 2005-2012 and the EU Action Plans on Drugs 2005-2008 and 2009-2012.

The **general objective** of the National Drug Strategy and Action plan is to contribute to a high level of protection in terms of public health, public security and social cohesion.

The Strategy and Action Plans are **constructed** on the basis of two 'pillars', i.e. demand reduction and supply reduction and four transversal axes, i.e. risk, damage and nuisance reduction, research and information, international relations and coordination mechanisms.

The Strategy formulates for the two pillars and (most of) the transversal axes the following **priorities:**

- **Demand reduction**: to enhance the efficiency and efficacy of primary prevention measures and information campaigns aiming at different target groups; to enhance the diversity, capacity and accessibility of prevention and treatment services nationwide (including the introduction of controlled administration of drugs); to improve cooperation between structures and stakeholders to allow for as good as possible management;
- **Supply reduction**: to enhance the efficacy of actions in the field of supply reduction; the improvement of the knowledge base upon which the policy measures against drug production and trafficking are taken, as well as the fight against money laundering and organised crime; the regional and international co-operation is a priority;
- **Risk, damage and nuisance reduction**: to enhance the capacity of low-threshold services and to make this complementary to the existing services, furthermore the reduction of drug related deaths and infectious diseases within the target groups;
- **Research and information**: the development of the infrastructure and means needed for research and collection of information; to frame drug-research into national and international networks; to improve the exchange of knowledge between researchers and policy makers; to improve the distribution of information to various target groups; to give special attention to the evaluation of the actions that have been undertaken;
- **International relations**: no specification of priorities;
- **Coordination mechanisms**: no specification of priorities. Luxembourg has a rather straight coordination structure: the activities in the field of demand reduction are a responsibility of the Ministry of Health and coordinated by a National Drug Coordinator; in the field of supply reduction and foreign affairs, the Ministries of Justice and Foreign Affairs and Immigration have their own responsibilities; Interministerial collaboration and coordination is ensured via the Groupe Interministériel Toxicomanie (GIT) in which all the relevant Ministries and other parties are represented and which is chaired by the National Drug Coordinator.

The **Drug Action Plan** is the translation of these priorities into specific actions, within the framework of the following criteria:

- The implementation of the actions must be based upon a multilateral consultation of experts and responsible authorities;
- The actions must be realistic and measurable;
- The action plan has to indicate the time frame, budgets and institutions responsible for the implementation;
- The actions must contribute to the realisation of at least one of the priorities of the Strategy;
- The National Drug Coordinator, jointly with the Groupe Interministériel Toxicomanie (GIT) must be able to supervise and secure the implementation of the Action Plan.

The Action Plan itself consists of 61 actions (16 on demand reduction; 19 on supply reduction and 26 on the four transversal axes), clearly formulated in terms of content, responsible institutions, budgets and time frames.

Contrary to the evaluation of the 2005-2009 Action Plan no mid-term evaluation was conducted during the 2010-2014 Action Plan. The final evaluation of the Strategy and Action Plan 2010-2014 is presented in this study.

3 Methodology

Scope of the evaluation: The envisaged evaluation is meant as a critical analysis of the implementation of the National Drug Action Plan of Luxembourg 2010 - 2014. The aim is to serve policy relevant information to the stakeholders involved in making and implementing drug policy in Luxembourg. This information should help to answer the following questions:

- ***Priorities:*** Does the Action Plan address in an appropriate way the priorities put forward by the different stakeholders, e.g. by clear problem definitions and clearly defined actions?
- ***Conditions:*** Were conditions sufficient to realise the actions formulated in the Action Plan, e.g. by serving the necessary instruments and resources, and by dividing and defining the responsibilities and by facilitating cooperation between the different stakeholders? Has the existing co-ordination structure proved to be appropriate and efficient?
- ***Results:*** Did the implementation of the National Drug Action Plan result in the realisation of the envisaged actions?
- ***Process:*** Did the process of policy formulation and implementation go well (managed appropriately, allowing and taking-up input from all stakeholders, etc.)?

Data triangulation

The evaluation was conducted with a relatively small budget and in a limited time frame. To overcome these limitations we have chosen for the method of data triangulation. Data triangulation is a scientific method that makes use of multiple indicators and data sources to get a reliable picture in a short period of time. It brings together various data sources, and combines various methods to collect this data. This helps to limit and correct biases of a single source of information that might cover only part of the phenomenon one is interested in. It gives a more complete picture, including the provision of context information, which facilitates a better understanding of a complex phenomenon. To incorporate as many different views as possible, stakeholders have been selected from different backgrounds, from the government and various other services and organisations involved in the implementation of the Drug Action Plan.

The methods for data triangulation used in this evaluation are the following:

- A survey, using questionnaires in which we asked stakeholders to assess **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats of the Strategy and Action Plan (a SWOT analysis) and the achievements of the implementation of the Action Plan;
- Follow-up face-to-face interviews with selected stakeholders, which centred on the SWOT analysis looking for further comments and for solving diverging answers;
- One focus group which helped us to check findings and to discuss recommendations/priorities for the new Drug Action Plan.

Survey

The first step in this evaluation was a survey, using a questionnaire to assess what was achieved in the process of implementing the Action Plan. The questionnaire included the following:

1. A SWOT Analysis to evaluate the **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats of the Drug Strategy and the Action Plan covering the following issues:
   - Strong points of the strategy and action plan, both regarding the text and the actual implementation (organisational structure, human and financial resources, etc.);
   - Weak points of the strategy and action plan, both regarding the text and the actual implementation;
   - External supporting factors;
   - External impeding factors;
   - Priorities for the future.

2. An assessment of achievements including questions regarding:
   - The state of implementation of all actions included in the Action Plan (Realised; Implementation started, work in progress; Not fully realised; Not realised at all; Don't know). Point of departure was an assessment of achievements by the National Drug Coordinator;
   - The personal judgment of the interviewee of the results/outcome (global judgment of the result, offering a scale from 1 to 7, from poor to excellent, asking the interviewee for comments on this rating);
   - The need for follow-up actions.

The survey questionnaire is included as Annex 2.

The questionnaire was sent by e-mail to a selection of twenty stakeholders from both the government (ten) and various services and organisations involved in the implementation of the Drug Action Plan (ten). These stakeholders were selected jointly with the Ministry of Health on the basis of their expertise in the field of and involvement in the making and implementation of the Drug Strategy and the Action Plan. Sixteen stakeholders completed and returned the questionnaire, seven from governmental organisations (Ministry of Health, Ministry of Justice, Ministry of Education, Childhood and Youth, customs, police, prisons and state prosecutor's office) and nine from health services operating in different fields such as youth care, low threshold and harm reduction services, drug treatment and prevention. A few respondents answered (almost) all the questions while others chose to fill in only questions concerning their own field of expertise.

The assessment of achievements is presented in chapter 4 and the balance sheet is presented in Annex 4.

Interviews
The second step were open face-to-face interviews with nine key stakeholders, three from governmental organisations (Ministry of Health, Ministry of Justice and Police) and six from health services. Following up on the information collected through the questionnaires we focused here on clarifying diverging answers and on further detail of the SWOT Analysis.

The questionnaire for these interviews is included as Annex 3. The results of the SWOT analysis are presented in chapter 5.

Focus group
Lastly we organised a focus group with five key stakeholders with thorough inside knowledge on the various topics of the Action Plan. The aim of this focus group was to

check and fine-tune information from the survey and the face-to-face interviews and on recommendations and priorities for the future.

The results of the focus group are integrated in chapter 6 (Discussion of findings) and chapter 7 (Recommendations).

4 Assessment of the achievements

In this chapter we present the achievements of the National Drug Action Plan (2010-2014) of Luxembourg. The evaluation of the achievements is based on the questionnaires which were completed by sixteen stakeholders from the government and from various services and organisations involved in the implementation of the Drug Action Plan, and based on the face to face interviews with nine of them. The results were analysed and integrated in an evaluation balance sheet. The balance sheet in Annex 4 gives a detailed overview of the progress reported for the period from 2010 to 2014 and of the current state of affairs of the implementation of the 2010-2014 Drug Action Plan. The balance sheet follows the structure of the National Drug Action Plan, presenting the actions divided over two 'pillars', i.e. demand reduction and supply reduction, and four transversal axes, i.e. risk, damage and nuisance reduction, research and information, international relations and coordination mechanisms.

The respondents were also asked to give follow-up recommendation on the actions. These recommendations can also be found in detail in the balance sheet in Annex 4 and are discussed in chapter 6 together with the results of the interviews and focus groups.

Forty-five out of the 61 actions (i.e. 74%) from the National Drug Action Plan 2010-2014 were implemented and most of them were judged as 'positive' by the stakeholders. For three actions implementation has started and work is still in progress. Four actions were not fully realised, while seven actions were not realised at all. One action was fully implemented, but the facility was closed after a week due to external factors. One action was transferred to the HIV Action Plan 2011-2015.

4.1 Pillar one: Demand reduction

Demand reduction aims to enhance the efficiency and efficacy of primary prevention and information campaigns aiming at different target groups; to enhance the diversity, capacity and accessibility of prevention and treatment services nationwide (including the introduction of controlled administration of drugs); to improve cooperation between structures and stakeholders to allow for as good as possible management.

Three out of four actions on primary prevention were not or only partly realised due to a lack of financial resources. The development of a primary prevention concept for drug addiction in residential homes and socio-educational centres could not be realised because no budget had been allocated. Prevention programmes in primary schools and a training course on drug prevention were only partly realised due to a lack of funding. All three actions still have priority and need to be addressed in the next Action Plan.

The further development of prevention in night life was realised and judged as very good. There are on-site interventions. A drug testing pilot project (D.U.C.K.) was launched in April 2014 in the framework of the CePT-Party MAG-Net project in cooperation with the Ministry of Health and the Laboratoire National de Santé.

In the field of out-patient services the number of parenting training courses was increased. Financial resources were allocated to create more capacity. In the meantime demand has increased because of better access to treatment and services. Relocation of the services and expansion of staff are needed.

The creation of a unique referral system in collaboration with specialized out-patient hospital services (SSEH) has not been realised because there was no supplementary budget available. Setting up a referral system has high priority.

The extension of project CHOICE to school, education and leisure time was not further developed because only the Ministry of Health had allocated funding. The involvement of other ministries needs to be increased.

In the field of in-patient services the creation of a specialized service for stabilization of drug-addicted persons after detoxification in a regional psychiatric service was fully implemented, but closed already after one week because the involved hospital claimed the referred capacity for forensic patients without offering an alternative. The establishment of a sustainable service is thus still necessary.

In the field of reintegration the capacity of aftercare services was increased, but more staff is still needed.

The action on assistance for autonomous housing - expansion and diversification of the service to support clients to live on their own - of the Foundation Jugend- an Drogenhëllef (JDH) was only partly implemented because there was no agreement yet on a case-based financing model with the Caisse National de Santé (CNS), such as the model already in place for psychiatric patients.

The projects 'Niches' and 'Villa' in Esch have been implemented. The first supervised housing unit for elderly drug addicts is operational, but further development is needed.

Implementing a day programme for the clients of 'Niches' (possibly extending services for clients of the methadone programme and of low-threshold services) was not realised. JDH did not take a decision yet on the 'Neudorf house', which could be used to house the project or otherwise sold to finance the project.

'Stëmm vunn der Strooss', an NGO taking care of homeless people and financed by the Ministry of Health, successfully created a day service offering professional training and daily occupation for drug addicts and other persons with dependencies.

4.2 Pillar two: Supply reduction

Main aims are to increase the efficacy of actions in the field of supply reduction; the improvement of the knowledge base upon which the policy measures against drug production and trafficking are taken, as well as the fight against money laundering and organised crime; further development of regional and international co-operation are a priority.

In the field of public safety the capacity to control common routes of supply (by train, car and air) has been increased and judged as very good. Controls should be continued at least at this level.

Article 10 of the modified law of 19 February 1973 – concerning overdose - has been amended. Article 31 has not yet been rewritten in line with the decision 2004/757/JAI from 15th October 2004.

Planned internal improvements of the police (procedures, skills, organization) have been realised and judged as very good. The process of internal improvement should be continued.

Instruments in the fight against money laundering – collaboration between the money laundering section and the other investigation services and training of (new) investigators – have been improved according to plan.

Actions on National cooperation and administrative coordination are realised and judged as very good. The Ministry of Justice takes part in the Inter Ministerial Group on Drug Addiction and participates in the Steering Committee of drug consumption rooms.

The collaboration with Border Control in organizing exchanges between Police and Border Control has been improved and has been judged as very good to excellent.

Most actions on trans-regional and international cooperation have been realised and are judged positively. According to the respondents controls like 'Hazeldonk' have been carried out on a more intelligence-based approach. It is stated that the outcome of Hazeldonk operations was generally poor, but the prevention effect is more important than numbers of arrests and seizures. Operations like Hazeldonk should be continued.

Cooperation and participation to Focal Points and EMPACT projects have been judged as good to very good and should be continued.

There was no need for creating mixed international investigation teams. The legal framework exists but no Joint Investigation Team has been created, as foreseen in the Drug Action Plan.

The exchange between drug investigators and foreign Police units has been successful. A member of the Service de Police Judiciaire participated in the Joint Hit Team Maastricht. EUREGIO meetings were organised between investigators of Belgium, France and Luxembourg. Separate meetings were held with German colleagues. According to the respondents there was an extensive exchange of know-how and best practices and cooperation was improved. Exchange of investigators and EUREGIO meetings should be continued.

4.3 Transversal axe one: Risk, damage and nuisance reduction

Risk, damage and nuisance reduction aims to enhance the capacity of low-threshold services and to make them complementary to the existing services. Another important aim is the reduction of drug related deaths and infectious diseases within the target groups.

Most planned actions on low-threshold services have been realised and have been judged positively.

Further implementation of the activities of the drug consumption room and day/night centre TOXIN (Abrigado) has been realised successfully and a new and optimised building was constructed in Luxembourg City. The new facility is operational and conditions for clients and employees have improved. Follow-up for the always changing conditions and challenges for this kind of service is necessary.

Setting up a drug consumption room in Esch has not been finalised yet. Initially an integrated centre (day and night shelter and consumption room) was foreseen, but the municipality of Esch changed plans and caused delay. Finding an appropriate location also turned out to be time consuming. Finally, a day centre and supervised consumption room will be set up in Esch, for which money was earmarked. Conditions are fulfilled; the site for the drug consumption room and day shelter has been approved. Work for the construction of the centre has been scheduled to start at the beginning of 2015. Construction and opening of the centre is to be expected in 2016.

The screening and vaccination programme of various infectious diseases within the framework of the DIMPS project has been transferred to the National HIV/AIDS Action Plan 2011-2015, because this is not an addiction specific action, but addresses HIV testing for all vulnerable groups.

The capacity of the drug consumption room in Luxembourg City has been increased and a supplementary room for smoking and inhaling has been implemented. The action was judged as excellent.

More staff was allocated to the JDH-Kontakt 28 peer project.

The implementation of a heroin assisted treatment programme (HAT) is in full process. The concept was approved and a medical doctor was appointed. The budget has been earmarked. A location for a 'substitution house' including HAT was not found yet, although more than 5 possible sites were analysed. The budget for rental costs has been granted. The next step is to find a location, build up a team and start the project.

Extension of outreach work to promote safer-use, to reduce nuisance and to facilitate referral to care services has not been realised. No budget was allocated. According to some respondents this action is not necessary at the moment for the target group, because the existing services work well. The need of a follow up will have to be evaluated.

Due to the increasing number of clients, a better suited service of K28 (JDH) concerning the needs of a day centre (providing needle exchange, a room to relax and get some rest, discussion groups, occupational and interactive activities and counselling facilities) was realised. A new location has to be found since the proprietor of the building may not be willing to renew the rental contract.

A planned low-threshold service in the northern regions (Ettelbrück) is operational and judged as very good. Next step is the implementation of daily opening hours. Evaluation after two years is foreseen.

4.4 Transversal axe two: Research and information

Actions in the field of research and information are aiming at the development of the infrastructure and the means needed for research and collection of information. Aims are to frame drug research into national and international networks; to improve the exchange of knowledge between researchers and policy makers; to improve the distribution of information to various target groups; to give special attention to the evaluation of the actions that have been undertaken.

All the three planned actions on Research / Surveys were successfully conducted and are judged as very good to excellent.

The five main indicators of the EMCDDA were implemented. The General Population Survey indicator was only partly implemented, but a first general population survey (EHIS) is being conducted and first results will be available in 2015.

A multi-methods longitudinal prevalence study of problematic drug use was conducted and results were published in a peer-reviewed journal.

Consolidation of the monitoring system (RELIS) and integration of regional hospitals was realised and the results were appreciated positively. A number of hospitals collaborated.

The early warning system on synthetic drugs is functional and was judged as very good. Collaboration with the Department of Toxicology of the National Health Lab (LNS) was optimised.

The inventory on existing instruments or mechanisms for quality assurance was conducted and judged as very good.

Due to lack of financial means no mid-term evaluation of the Action Plan 2010-2014 was conducted. It has been replaced by a more frequent, flexible and proactive follow-up procedure within the GIT.

4.5 Transversal axe three: International relations

Is a responsibility of the Ministry of Foreign Affairs and Immigration and has been included in the action plan on the level of coordination.

No remarks were made here.

4.6 Transversal axe four: Coordination

The activities in the field of demand reduction are a responsibility of the Ministry of Health and are coordinated by a National Drug Coordinator; in the field of supply reduction and foreign affairs, the Ministries of Justice and Foreign Affairs and Immigration have their own responsibilities;

Interministerial collaboration and coordination is ensured via the Groupe Interministériel Toxicomanie (GIT), in which all the relevant Ministries and other parties are represented and which is chaired by the National Drug Coordinator.

The coordination is highly appreciated by the stakeholders. It is judged as very good to excellent. GIT functions well; there is a high level of collaboration. Sector-based action plans (e.g. alcohol, tobacco, addictions not related to substances) have been developed. The Tobacco Plan is implemented; the Alcohol Plan is close to implementation. The anti-drug strategy of the EU and the interventions at national level have been brought in line. The Luxembourg "Focal Point" of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is coordinated well. The Ministry of Health is well represented at, among others, the "Groupe Horizontal Drogues" of the European Council and the EMCDDA.

5 Findings from the SWOT

This chapter covers the results of the SWOT analysis in the survey and the face-to-face interviews. We structured this chapter along the lines of the structure of our expert consultation:

- Strong points of the strategy and action plan, both regarding the text and the actual implementation;
- Weak points of the strategy and action plan, both regarding the text and the actual implementation;
- External supporting factors;
- External impeding factors;
- Priorities for the future.

5.1 Strong points of Strategy and Action Plan - text and implementation

There is broad agreement between the experts interviewed regarding the strong points of Drug Strategy and Drug Action Plan 2010-2014.

Drug Strategy and Action plan clearly formulated and comprehensive
Experts share the view that the Drug Strategy and the Action Plan are clearly formulated and serve as a useful guidance document, giving a good, well-structured general picture of the drug policy plans for the period it covered. It is seen as comprehensive, presenting a balance between all relevant areas: supply reduction, demand reduction (prevention and treatment) and harm reduction.

Good cooperation between stakeholders
According to all the interviewed stakeholders the cooperation between the different services and organisations in the drug field is good. This is particularly true for the health /demand reduction field. However, there are also examples that supply and demand reduction work together well. One example are the contacts between Abrigado, the consumption room in Luxembourg City and the police, and in particular the police responsible for the area around Abrigado. There are regular meetings to exchange information and there is a good understanding of the division of tasks and responsibilities.

Only one particular occasion was mentioned where the cooperation between supply and demand reduction services did not go well. In 2013 the police launched a cannabis prevention campaign without timely discussing the contents with prevention experts. The Minister of Health officially asked the police to closely collaborate with national, prevention actors to elaborate a coordinated campaign, but according to drug prevention services, they were informed and asked to provide their comments by the police only two weeks before the campaign was actually launched. This resulted in a campaign which, according to different stakeholders, was not tuned to the approach chosen by the drug prevention services. It was even seen as being not in line with the available evidence on effective prevention.

The regular meetings of Comité de Coordination des Services Sociaux Intervenants en Toxicomanie (COCSIT), a platform of specialised drug agencies with the objective to follow

up drug trends and to advice local authorities, play an important role in facilitating cooperation and consensus, and also in monitoring the implementation of the Action Plan. The latter is also true for the meetings of the GIT. The participants in COCSIT are aimed at involving relevant services and organisations which are not yet represented in this platform.

Interestingly, the changes in key staff – three key stakeholders have been replaced recently – do not seem to have had a negative impact on the quality of cooperation. According to several stakeholders these personnel changes even meant a positive change. It helped to improve cooperation between different services. The following remarks were made:

- A cooperative relationship between an increased number of stakeholders;
- A more pro-active cooperation, informing others of relevant developments;
- New ideas developed by the newly appointed staff, new impulses to the work, possibilities to change and innovations;
- Regular contact between the new key staff, consulting and supporting each other;
- An increased importance of COCSIT as it also took up advocacy, representing the interests of the participating services in discussions with Ministries, and it contributes to monitoring/evaluation of state of affairs of actions;
- An intensified cooperation between some organisations. One example is the cooperation of Abrigado with Jugend- an Drogenhëllef (offering counselling to clients to motivate them to take further steps e.g. towards treatment), with the Red Cross (offering rapid HIV and Hepatitis C testing) and, as already mentioned, with the police which refers drug users to Abrigado;
- An increased consensus between the different stakeholders. The new Action Plan will include fewer but broader actions (reflecting both a broader consensus and cooperation between the different stakeholders and promoting an optimised use of resources).

Overall, the cooperation according to all the interviewed stakeholders is still good, also between the old and the new staff. Despite differences contacts among stakeholders are valued as respectful. There is competition but no rivalry. Services are not trying to expand their territory. However, there is agreement that the borders between territories are not written in stone. Changes in drug use and the needs of target groups have to be reflected and discussed, which might lead to redefining territories.

Different stakeholders state that things have changed, but as can be taken from the changes listed above, these changes seem to be mostly for the better. There has been a slightly critical remark that despite an overall good cooperation services tend to work more independently, discuss less actively each other's work and focus more on reporting what they have done than on tuning in with the work of others. There is also a remark that it would be better to have more competition. This may be helpful as incentive to critically view one's own work and to improve quality. And finally, reference has been made to the budget limitations as a result of the economic crisis. This might fuel competition or even rivalry, e.g. in the search for private funding.

Well-functioning coordination

There is also general agreement that the drug policy coordination is working well. The National Drug Coordinator is said to be working as an intermediary, being committed and easily accessible for stakeholders in case of questions or problems.

5.2 Weak points of Strategy and Action Plan - text and implementation

Unlike the broad consensus among stakeholders concerning the strong points of Strategy and Action Plan the views on the weak points are quite diverse. Regarding this issue there is clearly less agreement among the interviewed experts. Most issues brought forward here were mentioned by only one or two stakeholders. Looking at the issues mentioned as strong and weak points we have the impression that the strong points mentioned refer primarily to general conditions, affecting all stakeholders in a similar way, while the weak points are more specific, affecting some services but not others. This seems to reflect the differences between specific needs and interests of the different stakeholders/services.

Overall we came across a modest number of critical remarks. The following points were brought forward:

- The focus of the Strategy and the Action Plan is seen as being too narrow. There is not sufficient thought for the broader addiction field including legal and illegal substances, but also psychopharmaceuticals and non-substance related addictions like gambling and gaming. Moreover, the focus is primarily on problem use. Experimental and recreational substance use do not receive sufficient attention;
- The Strategy and Action Plan is sometimes rather used as instrument to keep the government to its 'promises' than as a strategic document to give direction and plan the work;
- The long-term planning covering five years is seen as limiting choices and flexibility, e.g. in the case of changes in the drug situation;
- Regularly the initiative for more consultation with the Ministry of Health has to be taken by the services/organisations involved in the implementation of the Action Plan;
- Finally, several specific shortcomings were mentioned, such as:
    - Insufficient studies of the developments of the drug situation, like e.g. the increased prevalence of cannabis use, particularly among the young;
    - Lack of specialised hospital care for drug users, which is needed because general hospitals are not 'user friendly';
    - Too much emphasis on and budget for supply reduction.

5.3 External supporting factors

As with the strong points of the Strategy and Action Plan there was broad agreement on most of the external factors supporting the implementation of the Drug Action Plan. The supportive attitude of the Ministry of Health and the National Drug Coordinator seem to be the most important supportive factors here. In general the local authorities also have contributed to a successful implementation.

Overall, there is also broad political support for the implementation of the Action Plan.

Interestingly enough, the change of key staff is also seen as a supportive factor. Mention is made of the new staff being aware of the need to cooperate closely to successfully implement the Action Plan. These changes meant "cutting the ropes" of the very close cooperation in former years – one example mentioned was that staff of one organisation

had a seat in the board of another organisation – but helped at the same time to redefine cooperation between the different stakeholders.

Another important factor is that the lines of communication are short, not only because Luxembourg is a small country (services operate in each other's vicinity, which facilitates regular and informal exchange of information) but also because of the well-developed policy implementation structure. The positive atmosphere and good cooperation between the stakeholders and the organisations mentioned under strong points is an important contextual supporting factor.

5.4 External impeding factors

Here we found a similar picture as with the strong and weak points. There is more agreement among the interviewed experts about the supporting external factors than about the impeding external factors. The picture for the latter is again more diverse.

A widely shared issue concerned the budget and the financing system. One general problem is the impossibility of planning project budgets for a period longer than one (calendar) year. Due to the annual decisions on the budget services can face difficulties with planning the implementation of longer running actions. This is seen as a threat for the continuity of services, hindering the required structural investment in human and other resources. Stability and continuity contribute to efficiency.

Stakeholders also mention that the available budget is insufficient to (fully) realise all actions. Having an action included in the Action Plan is no guarantee that it will be realised. There is not sufficient budget to implement all actions.

In some cases it was the lacking financial support of Ministries other than the Ministry of Health (e.g. Ministries of Family, of Education, Childhood and Youth), which made that actions could not be realised. This can be explained partly by financial cuts due to the economic crisis. One statement was that the problems increased in the past years, while the available budget did not.

However, stakeholders also refer to lack of political will and support and to political opposition. The latter seems to be particularly true for harm reduction services. Harm reduction seems to be less popular among (local) politicians and the general population, in particular because they are seen as causing public nuisance. The second drug consumption room planned in Esch was mentioned as one example of potentially conflicting national and local interests. Also the recent change of the government was seen as interfering with the implementation of parts of the Action Plan.

This brings us to another impeding factor. Several stakeholders stated that the political decision making process is rather slow. It takes a long time to reach a decision, sometimes because of political opposition or lack of political will and support and sometimes because the focus is on deciding by consensus.

Finally, there is a specific problem of drug services that are part of bigger health organisations. Drug use is just one of the issues besides many others and therefore not the only priority for the (board of) directors.

5.5 Priorities for the future

The question what priorities should be included in the new Drug Action Plan left us with a list of rather diverse issues. The vast majority referred to general issues, only a few to specific needs. We decided to range the issues under the following headings:

- Issues regarding the new Drug Strategy and Action Plan;
- General issues regarding services / programmes;
- Specific issues regarding services / programmes.

General issues regarding the new Drug Strategy and Action Plan

We did not come across any fundamental criticism or proposals for major changes. The consulted stakeholders appreciated the opportunity to give input. They regularly discuss plans with the Ministry, in the meetings of COCSIT and in ad-hoc exchanges with other services and organisations. In particular COCSIT is said to play an important role in the process of finding consensus on priorities and preparing proposals for the Ministry of Health. Several stakeholders emphasise the need to strengthen cooperation between services, not only for writing the new Action Plan, but especially for implementing the new Action Plan. They would welcome an extension of COCSIT to allow for intensified consultation of services that are at the moment not represented in COCSIT. They also see the need for a better cooperation with and an increased commitment of the Ministry of National Education, Childhood and Youth, the Ministry of Family, Integration and Great Region and the Ministry of Internal Security.

A recurring theme in the comments of stakeholders was to further widen the scope of particularly the Strategy and to include also licit drugs besides illicit drugs, but also psychopharmaceuticals and non-substance related addictions like gambling and gaming, as already done in the 2010-2014 Strategy. The focus should not only be on problem use/addiction but also on non-problematic, recreational use. This is in fact the most wide-spread form of drug use, also involving serious health risks. Finally a broader focus on understanding drug use as just one element in the area of mental health and wellbeing would be helpful to realise more effective forms of prevention and treatment, e.g. by teaching life skills.

Besides making better use of available resources and services an increase of the budget is deemed necessary to allow for sufficient services. The success of the Action Plan depends on the available resources.

Another priority mentioned by different stakeholders is reviewing, and where appropriate and possible, updating the drug law. Reference was made that this law remained more or less unchanged for around 50 years. Suggestions included the decriminalisation of use and possession of small quantities of cannabis but also of other drugs. A public debate about a drug law reform is seen as welcome. In this context the protection of human rights of drug users is regarded to be important. They should have the same rights as all other citizens.

General issues regarding services / programmes

Various priorities were mentioned, touching general issues of drug services or programmes and reflecting for an important part issues mentioned under the SWOT headings:

- A broader cooperation of services, including all relevant services in COCSIT, is seen as important to improve quality and effectiveness. More discussions about improving cooperation, linking services and dividing work are seen as a priority;
- More involvement / commitment of other Ministries than the Ministry of Health. The Ministry of National Education, Childhood and Youth, the Ministry of Family, Integration and the Great Region and the Ministry of Internal Security have to increase their involvement in the field of drug policy;
- Decentralisation and regionalisation of services is another priority: developing services in the South and the North of the country besides in Luxembourg City;
- Creating and supporting commitment and responsibility of (boards of) directors of services and organisations to implement actions e.g. by having them sign letters of intent or any other form of agreement to declare their willingness to implement certain actions;
- More research is needed to get a better picture of (recent developments of) the drug problem in Luxembourg in order to create a solid evidence/information base for services. This research should also include qualitative studies, e.g. on recreational use in the nightlife setting, but also on cannabis use. The latter has not been studied since the 1990s despite the fact that there have been important changes in cannabis use;
- Social workers in the drugs field need solid additional training to be able to their job well. This can be done in additional educational programmes.

Specific issues regarding services / programmes

The consulted stakeholders emphasised additional prevention efforts besides some suggestions for harm reduction and treatment:

- There is broad agreement that there should be more emphasis on drug prevention, both on universal prevention (in schools, etc.) and on targeted and indicated prevention for specific risk groups, in particular the increasing group of young regular users of cannabis and alcohol. For the latter a variety of interventions are seen as essential, from preventive group interventions focusing on life skills to a more therapeutic approach;
- Prevention programmes should be developed and implemented by health/prevention experts. According to some stakeholders, the police should concentrate on their core task;
- Universal prevention should go beyond drug education and focus on developing life skills, how to deal with setbacks, etc. Drug prevention should be just one element in a broader health education programme;
- Priority in targeted or indicated prevention should be to prevent drug use related health problems in nightlife (aiming at harm reduction/responsible use);
- Harm reduction is still high on the list of priorities: harm reduction services like consumption rooms in the South of Luxembourg have yet to be realised;
- Medical prescription of heroin, a service which is regarded by some as harm reduction, by others as treatment, is also seen as priority for the coming years;
- Specialised services for stabilization of drug-addicted persons after detoxification are still needed;
- There is also a need for services for elderly drug users, maybe not separate services but an adaption of currently existing services;

- Another priority are services working with children of drug using/addicted parents (and pregnant users), preferably as cooperation project with other organisations;
- Supporting drug using parents and pregnant users has also been mentioned as priority in treatment and care programmes.

6 Discussion of findings

The authors of this report were also responsible for the evaluation of the implementation of the National Drug Action Plan of Luxembourg 2005–2009[1]. This proved to be of added value for this evaluation, as it provided additional information to assess developments and achievements and to compare the situation of five years ago with the current situation. In particular in the SWOT, the discussion of findings and the recommendations of the earlier evaluation we found valuable input for the current evaluation. We therefore have decided to refer to the findings and conclusions of our 2009 evaluation when it contributes to a more complete picture.

6.1 The Drug Strategy and Action Plan: document and implementation

Like in 2009 in the current evaluation one can also find broad agreement between the experts interviewed regarding the strong points of the Drug Strategy and Drug Action Plan. Moreover, the 2010-2014 Drug Strategy and Action Plan are also judged as a document which gives a good, well-structured general picture of the drug policy. It is seen as a comprehensive policy paper, presenting a balanced approach covering all relevant areas: supply reduction, demand reduction (prevention and treatment) and harm reduction.

One remarkable difference is that this time there have not been many suggestions for improvement of the Strategy and Action Plan. such as a clear presentation of the general aims and objectives, the policy choices made and the motivation for making these choices, reflecting on the societal framework of the drugs problem. Looking into the 2010-2014 period we found some clear improvements, taking on board some of our 2009 recommendations, among others to formulate more specific deadlines, to define the required budget and human resources and to assign the organisation(s) responsible for implementing specific actions.

Like in 2009, the suggestion has been made to choose a more integrative approach and to widen the scope of particularly the Strategy and to include also licit drugs besides illicit drugs, especially alcohol, since problem use of some illicit drugs (e.g. opiates and cocaine) often goes together with problem use of alcohol. This would contribute to a more coherent and comprehensive policy planning. Poly-drug use is a widespread problem in Luxembourg. Experts also suggest a broader focus, including also non-substance related addictions, including problematic (addiction-like) forms of gambling, computer/internet use and gaming. All these forms of behaviour are seen as sharing essential features with problem substance use. Like in 2009, it is suggested to write a Strategy with a broader focus, which is translated into separate Action Plans for different areas, e.g. illicit drugs, alcohol and gambling which are explicitly reflecting this broader focus.

Stakeholders also emphasise the need to not only focus on problem use/addiction, but also on non-problematic, recreational use, covering mental health and wellbeing as framework of prevention and treatment (life skills). This should be addressed in the Strategy and also

[1] Trautmann, F., Braam, R (2009). Evaluation of the National Drug Action Plan (2005-2009) of Luxembourg. Utrecht, Trimbos-instituut.

in the Action Plan by reflecting, where appropriate, these common features in prevention and treatment actions.

Regarding the weak points the picture is rather diverse. Similar to what we found in the 2009 evaluation there is clearly less agreement among the interviewed experts on this point. In 2009 we concluded: "Quite a number of strong points and supporting factors seem to affect all stakeholders in the same way. This is an indication for a generally solid basis of drug policy making and implementation. Impeding factors and in particular the weak points are more specific, affecting some services but not others. They seem less linked to general characteristics of the Action Plan." The same seems to be true today.

The question what the priorities are for the new Drug Action Plan resulted in a much shorter wish list than five years ago. There were more general issues than specific wishes (see chapter 5).

6.2 Achievements

As in 2009, the vast majority of the actions presented in the Action Plan are reported as accomplished. In 2009 we found that forty-five of the fifty-five actions (82%) in the National Drug Action Plan were executed and most of these achievements were judged 'positive' by the stakeholders. Six actions (11%) were delayed and four actions (7%) suspended.

Forty-five of the sixty-one actions in the current Action Plan (i.e. 74%) were realised and most of them were assessed 'positive' by the stakeholders. Seven actions were not realised at all. For three actions implementation has started and work is still in progress. Four actions were not fully realised. One action was fully implemented but the facility was closed after a week due to external factors. One action was transferred to the HIV Action Plan 2011-2015. The lower percentage of realised actions may have to be explained by the impact of the economic crisis.

Most of the not or not fully realised actions are in the field of demand reduction (prevention, outreach work, clinical service for drug users). Most prominent reason seems to be insufficient financial resources and lack of political support / commitment.

6.3 The issue of cooperation

Another parallel between the 2009 and the current evaluation is the positive opinion of the consulted stakeholders about the cooperation between the different stakeholders from the different fields (supply reduction, prevention, treatment and harm reduction) and between the field and the Ministries (in particular the Ministry of Health). They praised the supportive atmosphere among professionals. In 2009 we concluded that "one of the major strong points of the drug policy practice in Luxembourg is the good cooperation between the different services, between the different fields (supply reduction, prevention, treatment and harm reduction) and between the field and the Ministries (in particular the Ministry of Health). All the interviewees make reference to this." It can be assumed that this contributed to effective and efficient policy making and implementation. We then saw as important factors contributing to this good cooperation the frequently mentioned

atmosphere of 'favourable consent' between stakeholders / services and the absence of rivalry and envy between the services / programmes. While our work in a number of smaller EU countries (long-term projects on drug service and policy issues in the Baltic States, Malta and Slovenia) showed that rivalry between services/programmes is rather common in smaller countries, this does not play any noticeable role in Luxembourg. We then also pointed at two financial factors which we thought of importance here: "One is that the financing system for treatment and care services in Luxembourg is not based on number of clients and/or and services provided but on a fixed (lump sum) budget calculated on the basis of a work plan. The relative wealth of Luxembourg might be a second factor which helps to avoid competitive rivalry." The first point still holds true. The second may have lost its effect due to the impact of the economic crisis.

Another factor mentioned then as contributing to this good atmosphere was an overall agreement about the necessity and complementarity of the various approaches and services and a shared understanding about who does what (dividing territories). Finally also a consensus on objectives was seen as contributing to a smooth coordination of drug policy. These two factors still apply to the current situation.

With regards to the extraordinary good atmosphere between the stakeholders we also concluded in 2009 that this might – partly – be explained by the chemistry between the people working in the field. The positive judgment of the cooperation between the different stakeholders and services still stands today. This cannot be seen as a matter of course, as there have been substantial personnel changes. Three key stakeholders were replaced during the implementation of the strategy in the past two years. This obviously also meant a change in the cooperation. However, the consulted stakeholders still unanimously consider the cooperation as very good. There seem to be primarily changes in emphasis, most of which are ascribed to the change of key stakeholders. These changes can best be summarised as opportunities to change or innovate the relationships and cooperation, both between individuals and organisations (see chapter 5).

In 2009 there was also some discussion whether the exchange regarding the work of the different health services and on policy issues in COCSIT, which was an initiative of the involved services, should be formalised by introducing mandatory meetings, chaired by the Ministry of Health. This platform for representatives of the majority of all prevention, treatment and care facilities in Luxembourg meets roughly every 6 weeks and plays an important role in the process of finding consensus on priorities and preparing proposals for the Ministry. In 2009 we concluded that "this bottom-up initiative, showing a high level of commitment of the services might have more potential and better results than a top-down approach forcing services to participate. For the time being it might be more appropriate to continue using the potential of the existing structure." From the current evaluation we take that this expectation was fulfilled. COCSIT is reported to play a more important role than five years ago. It took new roles. Currently it is more than a platform for the exchange of information on the work done, facilitating consensus on priorities and preparing proposals for the Ministry of Health. COCSIT also represents the interests of the participating services in discussions with Ministries and contributes to monitoring and evaluating the state of affairs of actions.

The participants also try to expand the platform by involving organisations that offer their services to, among others, drug users, like services for marginalised and homeless people. However, there is some discussion whether also services that address broader target

groups should be fully included in COCSIT or whether it would be better to organise separate regular meetings between COCSIT and services with a broader scope. An integration in COCSIT has the advantage that it acknowledges that drug use is an element of a broader problem, e.g. problem drug use as an element in marginalisation. However a broader focus might also lead to a less clear focus of COCSIT, due to the inclusion of possibly diverging interests. Besides this, there are 'broader' organisations which do not want to join COCSIT, because they do not share some of the views held by COCSIT.

The cannabis campaign launched by the police in 2013 (see chapter 5) is one issue which resulted in some discussion about who is responsible for what. Though there is understanding for the fact that the police took up a task which was not done by the services working in the field of prevention, it is seen as inappropriate that a prevention campaign is developed without taking on board required professional expertise at the conception phase of the campaign.

6.4 The issue of finances

The remarks made in 2009 regarding finances also resemble the views we recorded in the current evaluation. It is of course not a surprise that various stakeholders stated in both evaluations that the available budget was not sufficient. Tempting to say that this is the usual 'number one' of the threats named by stakeholders. However, in this case it is worth taking into account the effects of the financial crisis in Europe, which has also affected a rather wealthy Member State like Luxembourg. The most frequently stated reason why an action was not (fully) realised was not getting the necessary financial resources. This seems to be particularly true for the actions which were to receive funding not exclusively from the Ministry of Health but also from other ministries. Four of the eight actions which were reported as 'not realised at all' were annulled because the funding from other ministries failed, three of which were actions in the field of universal (primary) prevention. Being included in the Action Plan proves to be no guarantee for actual implementation.

In this context interviewed stakeholders refer to a 'latent' priority list which is said to exist in the heads of people and not on paper, which would help to get things moving. The visibility of a problem contributes to the sense of urgency that something has to be done, that a problem is important. This is seen as explanation for the fact that for instance harm reduction facilities like Abrigado, targeting homeless problem users or users hanging around in the streets received extra money for its work, while general youth work, covering issues of indicated or targeted drug prevention, did not receive extra funding in the past five years.

Another criticism brought forward in both evaluations is that the financing system used by the Luxembourgian administration does not allow budgets exceeding a calendar year. This limitation is seen as an obstacle for a solid planning and for the continuity of the implementation of programmes and services, which only make sense when a long-term perspective is guaranteed. Having to present these activities in the format of calendar year projects can hamper structural investment in human and other resources (see chapter 5.4). This is seen as being especially problematic for new initiatives. It seems to be easier to refrain from funding a new initiative than to stop the funding of an existing project.

On the other hand, annual planning allows for adaptations of a five years Action Plan to changing needs. Lack of flexibility was one of the criticisms on a five years strategy.

6.5 Support, lack of support/commitment and opposition

Political support is mentioned as supporting factor for some actions. At the same time lack of political support/commitment or even opposition have been mentioned as impeding factors for other actions. Though this might not be completely correct, for the implemented actions it can be concluded that they received sufficient political support or, in some case, they did not meet any political opposition. This means that the actions which have not been realised or which were/are realised after many years can be seen as the most interesting cases here.

The majority of consulted stakeholders see the lack of funding from other Ministries than the Ministry of Health as a sign of lacking commitment, of political agendas and sometimes including health political considerations. Some see it as lacking a sense of responsibility for the drug issue.

Stakeholders also refer to differences in national and local politics. There is for instance support for drug consumption rooms on national level. However, on local level it proved to be difficult to get support for such a service in Esch. Local politicians are said to be more under pressure from inhabitants who do not want to have such a service in their neighbourhood. There are also doubts if the new national government (Democrats, Socialists and Green Party) will be as supportive as the old one (Socialists and Conservatives). Furthermore, public order has become a more prominent issue on the political agenda, among others due to changes of local and national government. Finally, the drug problem has lost some of its urgency. Drug policy has a less relevant position on the political agenda than five years ago. The problem has changed. It is not so much, with periodic exceptions, a public order problem and therefore less visible.

Finally, there is one more common element in both evaluations. Already in 2009 we mentioned the following: "One disadvantage of a strongly consensus-based policy is a time-consuming, slow political decision making process. This is especially true when a required agreement involves a substantial number of different stakeholders, e.g. national and local politics, field organisations and the general public, driven by different interests. One example is the slow political decision making on (geographical) spreading of drug consumption rooms (see chapter 5.4)." Now five years later the second drug consumption room has still not opened. However, there is agreement regarding the premises in Esch. So the general expectation is that the facility will open in 2016.

However, this is an extreme example, which cannot solely be explained by the slow decision making process. The above mentioned political opposition and lack of political will which seem to particularly affect harm reduction services has most likely also played a prominent role here.

7 Recommendations

Based on the findings presented in chapter 4 and 5 and the discussion in chapter 6 a number of recommendations can be made. We have chosen the following structure:

- Issues regarding the new Strategy and Action Plan;
- Issues regarding conditions for successful implementation of actions;
- Issues regarding actions.

7.1 Issues regarding the new Strategy and Action Plan

As in 2009 there is broad agreement among the consulted stakeholders that there is no need for radical changes. The new Drug Strategy and Action Plan should provide a continuation of the comprehensive drug policy developed in the past years. The consulted stakeholders appreciate the continued involvement of all relevant stakeholders in the preparation and implementation of the Action Plan.

Based on the remarks made by the stakeholders we think that a more integrative approach and a wider scope of particularly the Strategy should be considered. Many stakeholders would consider a general, inclusive strategy to be more appropriate than separate strategies for, among others, drugs and alcohol. This inclusive strategy should include licit and illicit substances, but also psychopharmaceuticals and non-substance related addictions, including problematic (addiction-like) forms of gambling, computer/internet use and gaming. This point has already been taken on board in the 2010-2014 Drug Strategy, but has not been addressed satisfactorily.

The new Strategy and Action Plan should also more explicitly focus on non-problematic, recreational forms of drug use besides problem use. Recreational use is in fact the most wide-spread form of drug use, which can also involve serious health risks and which in some cases is developing into more problematic forms of substance use. One important issue here to be taken on board is the prevention of drug use related health problems in nightlife, aiming at harm reduction and supporting less risky forms of use.

Finally it should be considered to use a broader mental health and wellbeing framework for a more appropriate drug prevention and treatment approach. Research shows that drug prevention is more effective when integrated in a broader health education approach, aiming at the development of skills among others how to deal with 'negative' emotions, frustrations, disappointments, anger and grief.

Based on the comments of the consulted stakeholders we suggest to elaborate the broader focus in more detail in the new Strategy, which is then translated in separate Action Plans for different areas, e.g. illicit drugs, alcohol and gambling. Where appropriate, these individual Action Plans should take into account these broader features in prevention and treatment actions. The different Action Plans should also, where possible, reflect the overlap between the different fields. One relevant example is for instance poly-substance use involving both licit and illicit drugs.

Different stakeholders pointed at the need for more research for planning and designing relevant, appropriate and effective interventions. It might be worthwhile to make an

inventory of research priorities for the coming years. According to some stakeholders this does not only mean quantitative research, but also more qualitative research on new trends and developments, which can be done for instance by rather inexpensive approaches, such as outreach workers using so-called action research or rapid assessment methods.

7.2 Issues regarding conditions for successful implementation

It is interesting to see that the very positively judged cooperation between services and stakeholders is not the result of a plan or action financially supported by the government. COCSIT plays a central role in this cooperation. This platform is the initiative of the participating organisations, all specialised drug agencies. As mentioned above, the organisations represented in COCSIT are working on an extension of that platform by also involving organisations which offer their services to a broader target group including among others drug users, like services for marginalised and homeless people. Particularly for monitoring all services targeting drug users, for getting a picture of the quality of the cooperation and of the need for improvements or adaptations, a more inclusive platform might be useful. Strengthening a wider cooperation can also help to improve the implementation of actions defined in the Action Plan. Further developing the cooperation and exchange between all relevant services and organisations seems to us an important issue for the future. The decision how this more inclusive approach should be organised will have to take into account the issues discussed in chapter 6.

As in 2009 some actions were not implemented because of lacking financial support (and commitment) of Ministries other than the Ministry of Health (Ministries of Family, of Education, Childhood and Youth). Again it seems that stakeholders can refrain from facilitating the implementation of actions without further discussion, despite the fact that their support has been agreed upon in the Action Plan. In 2009 we recommended the following: "To avoid these problems, a covenant between the Ministry and the organisation appointed as responsible for an action, or at least a letter of intent – among others specifying how to act in case the realisation of an action is facing problems – should be considered. Another option would be a letter of intent by the organisation which is foreseen as implementing agency for a specific action. This letter of intent should state among others the preparedness of the organisation to realise a specific action (under the condition of funding as agreed in the Action Plan) and the obligation to report to the Ministry about any changes in the plans." This recommendation still stands. Consulted stakeholders see a so-called 'Verbindlichkeitserklärung' (statement of liability) as a useful tool, exercising some moral or psychological pressure to make the Ministries and stakeholders, responsible for an action, keep their word in case required financial means for its implementation have been made available.

7.3 Issues regarding services / programmes

Prevention

As mentioned in chapter 5 there is broad agreement among the consulted stakeholders that drug prevention, both universal prevention (primarily in schools) and targeted and indicated prevention for specific risk groups deserve more attention. One priority we see for the coming years is to develop a solid drug prevention programme in schools, preferably

based on an integrative approach, as described above, going beyond drug education and focusing on developing life skills. Drug prevention should be just one element in a broader health education programme.

There is also a clear need for increased indicated prevention efforts targeting young regular users of cannabis and alcohol. These efforts should include the range from individual and group preventive interventions to a rather therapeutic approach.

This requires a cooperation agreement with and an increased commitment of particularly the Ministry of National Education, Childhood and Youth to ensure the required financing for a successful implementation. A pilot project could be considered to develop a comprehensive prevention programme integrated in a broader school health curriculum.

As in 2009, stakeholders emphasised that drug prevention should not only focus on young people, the actual target group of most prevention programmes, but also address / involve other stakeholders. There is again general agreement that especially parents play a key role here. Key notions in the discussions in the 2009 evaluation how to do address / involve parents still stand:

- Support parents in their education efforts;
- Address their responsibility as parents;
- Inform parents about risk factors in the family;
- Discuss with parents how they can address substance use with their children;
- Discuss with parents how to deal with starting substance use of their children (including alcohol use).

Also today it is still an issue how to address and involve parents. We would like to suggest to organise an expert meeting or conference, presenting options or best practice examples from different countries, offering the opportunity to discuss different options and approaches like outreach work to families, sensitisation and awareness raising campaigns, addressing the responsibility of parents, the role of parents when faced with substance use among their children, etc. One can also consider cooperation projects involving schools, drug and health services, general practitioners and other relevant actors which support parents in their tasks here.

Combining and attuning drug education efforts (preferably in the broad sense as discussed at the beginning of this chapter) in all life areas of young people (family, school and leisure time) is another key priority. The information provided and the approaches chosen have to be geared to each other and support each other.

A successful integrative prevention approach requires well-coordinated information, support and training for professionals (teachers, youth workers, etc.). Additional, specialised training in professional education for among others social workers is a priority to assure that the chosen interventions are based on research evidence or on best practices.

To assure high quality and effectiveness prevention programmes should be developed and implemented by well-trained health and prevention experts. An agreement on a division of responsibilities and tasks between the different drug, social and health services and between, on the one hand, health professionals and, on the other hand, police and justice seems to us an important issue on the agenda for the coming years.

As already emphasised in the 2009 evaluation, there are more stakeholders to be addressed by prevention programmes, among others school personnel and police, but also owners and staff of pubs, discotheques, etc. For these target groups too information, support and training are of importance. There are useful best practice examples from other countries for training of bar and discotheque personnel on how to detect drug (and alcohol) (ab)use and how to avoid and handle cases of intoxication. Prevention efforts in nightlife settings should also focus on the nightlife environment. Reducing health risks by providing chill-out rooms, free access to tap water, availability of trained health staff and reducing the risks of injuries of people under influence due to inappropriate facilities and furnishing are important elements here.

Treatment / social rehabilitation

In 2009 we concluded that a service which links detoxification in a hospital (one to three weeks) to aftercare and social rehabilitation would be a priority. This service, included in the Action Plan 2010-2014, was indeed realised, but closed again after one week and was used for forensic patients. Such a specialised service for stabilization of clients after detoxification is still needed to offer clients the possibility to explore their future options. This would also help to avoid that clients stay in hospital for a longer period than required for their detoxification.

Harm reduction

Further development of harm reduction services is still a priority. More low-threshold services (with a better geographical coverage) are required, like among others consumption rooms in the South of Luxembourg. Also the medical prescription of heroin, a service which is taken by some as harm reduction, by others as treatment, still has to be realised in the coming years.

As in 2009, it remains important to stimulate municipalities to be more actively involved and take their responsibility in realising harm reduction services.

Special target groups

There are three special target groups which deserve more attention in the coming years. One are drug using parents and pregnant users for which a specialised treatment and care programme is required. This programme should start with offering support during pregnancy followed by supporting the parents with raising and educating their children. The second target group are the children of these drug using or addicted parents. Youth work has started to work with this group also targeting the parents.

Finally, there is the need for services that address the needs of ageing drug users, again not so much as separate services but as an adaption of existing services. This service should include supervised living (to improve living conditions) and temporary support programmes (to improve the quality of life and the general health conditions of elderly drug users).

All these services could best be realised in cooperation between different existing services. They might also require special training of the personnel working in these existing services. Realisation of these specialised services might be rather complex due to the existing rules of the financing system.

Annexes

Annex 1: Abbreviations

CePT	Centre de Prévention des Toxicomanies
CHNP	Centre Hospitalier Neuro-Psychiatrique
CNDS	Comité National de Défense Sociale
CNS	Caisse National de Santé
COCSIT	Comité de Coordination des Services Sociaux Intervenants en Toxicomanie
DIMPS	Dispositif d'Intervention Mobile pour la Promotion de la Santé
EHIS	European Health Interview Survey on the resident population of Luxembourg
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EMPACT	European Multidisciplinary Platform against Criminal Threats
GIT	Groupe Interministériel « Toxicomanie »
HAT	Heroin Assisted Treatment programme
JDH	Fondation Jugend- an Drogenhëllef
LNS	Laboratoire National de Santé
RELIS	Réseau Luxembourgeois d'Information sur les Stupéfiants
SSEH	Services Spécialisés Extra Hospitaliers

Annex 2: Structure of the Survey questionnaire

Questionnaire evaluation of the Governmental Strategy and Action Plan 2010-2014 regarding the fight against drugs and of Luxembourg

Name of interviewee:

Introduction

Please only answer the questions which are in your field of activity.

We would appreciate it if you could fill out the questionnaire digitally in English or German.

In the tables below for your answers you will find the following options:
Yes: action completed
Implementation started, work in progress: Actions for which conditions for implementation have been created, resources are available and full implementation is in progress.
Not fully realised: action is partly implemented; (more) resources are needed but are currently not available
Not realised at all: the action has been cancelled or not implemented for whatever reason
Do not know: please tick this option in case you are not in the position to give an informed opinion

Please do not forget to fill in your name. The information provided by you in this questionnaire will be treated as confidential and not shared with the Ministry and other stakeholders. Only the staff of Trimbos Institute and the Centre for Addiction Research involved in this evaluation will have access to this information.

General Questions

Judgement of the process of creating the Strategy and the Action Plan

What were according to you the strong points of creating the Strategy and Action Plan?

What were according to you the weak points?

What are according to you priorities for the new Strategy and Action Plan?

Judgement of the text of the Strategy and the Action Plan

What are according to you strong points of the Strategy and Action Plan?

What are according to you their weak points?

What are according to you priorities for the new Strategy and Action Plan?

Judgement of the implementation of the Action Plan

What are according to you strong points of the implementation of the Action Plan?

What are according to you weak points of the implementations?

Can you name some external factors supporting the implementation of the Action Plan?

Can you name some external factors impeding the implementation of the Action Plan?

What are according to you priorities for the implementation of the new Action Plan?

Questions on the Action Plan

According to the Ministry of Health most actions were completed. What is your assessment on these actions?

Action: …

Was this action completed?	**What is your personal judgment of the result/outcome?** Please mark your judgment below on the scale from 1 (poor) to 7 (excellent).	**Are follow-up actions required?**
☐ Yes ☐ Implementation started, work in progress ☐ Not fully realised ☐ Not realised at all ☐ Don't know	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ Yes ☐ No
Comment:	Comment:	If yes, what actions are required?

According to the Ministry of Health a number of actions were not carried out because no budget was allocated or other financial conditions were not fulfilled. What is your assessment on these actions?

Action: …

Do you have any comments?	**Are follow-up actions required?**
	○ Yes ○ No
	If yes, what actions are required? What is their priority?

On some actions we do not have any information regarding achievements. What is your assessment on these actions?

Action:

What is the state of the action at the moment?	**What is your personal judgment of the result/outcome?** Please mark your judgment below on the scale from 1 (poor) to 7 (excellent).	**Are follow-up actions required?**
☐ Implementation started, work in progress ☐ Not fully realised ☐ Not realised at all ☐ Don't know	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ Yes ☐ No
Comment:	Comment:	If yes, what actions are required?

Annex 3: Questionnaire face-to-face interviews

1. Questions of clarification (regarding the information we obtained from documents and the questionnaires).

2. SWOT

- Strong points of Strategy and Action Plan text, implementation (organisational structure, human and financial resources, etc.)
- Weak points
- External supporting factors
- External impeding factors
- Priorities for the future.

3. A comparison between the Drug Strategy 2005-2009 and the Drug Strategy 2010-2014 regarding text, implementation (organisational structure, human and financial resources, etc.).

Annex 4: Balance sheet

Annex 4: Balance sheet National Drug Action Plan (2010 – 2014) of Luxembourg					
Champ d'intervention	**Questionnaire: actions**	**Budget: Estimation des besoins; Echéance**	**Commentaires**	**EVALUATION**	**FOLLOW-UP**
I. REDUCTION DE LA DEMANDE					
I.1 PREVENTION PRIMAIRE					
I.1.1 Formation de base au travail de prévention des toxicomanies	**I.1.1.a. CePT** Constitution, formation et accompagnement d'un groupe de formateurs externes, afin d'assurer les formations de base en prévention primaire	*MIN SAN* *F.P.* ***1 ETP UNIVERSITAIRE*** 2011	Les demandes de formation émanent essentiellement des domaines scolaire, péri- et extrascolaire, des services médicaux scolaires, du domaine de l'éducation institutionnalisée, des parents, du monde du travail, du domaine médical et des soins de santé, etc.	**NOT FULLY REALISED** Due to a lack of financing this action has only partly been implemented.	Reflect on a future course of drug prevention, organised by the University of Luxembourg.
I.1.2 Enseignement fondamental[2] ***CONDITION :*** *Cette offre devrait prioritairement être soutenue par le Ministère de l'Education nationale (…)*	**I.1.2.a. CePT** - Développement de projets de prévention auprès des plus jeunes. - Initiation de projets, recherche de partenaires éventuels. - Elaboration de nouveaux matériels pédagogiques. - Formation de multiplicateurs. - Soirées thématiques pour les parents.	Collaboration avec le MEN **2012**	Pour être efficace, le travail de prévention doit commencer dès le plus jeune âge et s'étendre sur toute la durée de la scolarité. Il s'agit de développer les projets de prévention avec l'école fondamentale, pour former et accompagner le personnel enseignant en la matière, pour	**NOT FULLY REALISED** Actions partly implemented but lack of financial contributions from Ministry of Education.	New and specific actions are required for the implementation of school practices (trainings, educational materials and courses, etc.). High Priority

[2] Les actions marquées sont conditionnelles. Leur inclusion dans le plan d'action et dés lors leur exécution sont soumises à la condition décrite.

			informer et impliquer les parents le plus tôt possible.		
I.1.3 Foyers d'accueil/homes ***PRIORITE I*** *Il existe un potentiel d'initiation aux comportements addictifs manifeste dans ces groupes cibles et l'offre actuelle est insuffisante.*	**I.1.3.a. CePT** Développement d'un concept de prévention primaire des toxicomanies dans les homes, foyers d'accueil et centres socio-éducatifs : - contacts et échanges avec des institutions similaires d'autres pays. - adaptation des projets existants à la situation nationale. - initiation de projets concrets. - formation continue spécifique pour le personnel des homes et centres socio-éducatifs. - accompagnement. - évaluation des projets.	*MIN SAN* *F.P.* ***1 ETP UNIVERSITAIRE*** 2012	La population cible constitue un groupe à risque. Les projets de recherche qui étudient cette population de manière plus intensive concluent à l'importance d'un travail préventif renforcé au sein de ce groupe cible. Il existe également un besoin important en matière de formation des éducateurs, travailleurs sociaux et pédagogues dans ce domaine, ainsi qu'un besoin de communication et de collaboration avec les parents, éducateurs et puériculteurs.	**NOT REALISED** No supplementary budget allocated. Apart from the conventional CePT activities, no additional measures were implemented.	New and specific actions are required for the implementation of prevention practices in day-care and nurseries/crèches (trainings, educational materials and courses, etc.).
I.1.6.Développement du travail « night-life » cf. projet MAG-Net **CONDITION :** *Interventions sur site au-delà des réflexions purement théoriques*.	**I.1.6.a. CePT** Interventions en milieu festif	MIN SAN F.P. **0.5 ETP UNIVERSITAIRE** 2012	Elaboration et exécution d'une stratégie de prévention en milieu festif	**REALISED** Judged as very good. There are one-site interventions and a drug testing pilot project (D.U.C.K) was launched in the framework of the Mag-net programme.	Further development of the project.
I.2 OFFRES DE PRISE EN CHARGE					
I.2.1 Prise en charge non axée sur la prescription de substances psycho-actives.					

I.2.1.1 Struct. ambulatoires : ***PRIORITE I*** *Besoin croissant en raison d'une plus grande espérance de vie des personnes toxicomanes.*	**I.2.1.1.a. JDH** : Extension de l'offre de parentalité.	MIN HEALTH F.P. **0.5 ETP INF. pediatric 2012** F.P. **0.5 ETP INF. pediatric** 2012 IM. Locaux à louer avec service niches	Diversification et spécialisation de l'offre et relocalisation du service à un site approprié. Réduction de la liste d'attente par l'engagement de personnel supplémentaire	**REALISED** Positively judged. More human resources and financial resources were allocated and more capacities created.	Meanwhile the need has increased because of better access to treatment and services. Relocation and more human resources necessary.
I.2.1.1 Struct. ambulatoires : ***PRIORITE I*** *Projet issu des recommandations du groupe de travail CT du Ministère de la Santé. Meilleure utilisation des ressources, amélioration du suivi et économies à moyen terme*	**I.2.1.1.c. CHNP** Alternative Berôdungsstell : Mise en point d'un système de référents uniques en collaboration avec les services spécialisés extrahospitaliers (SSEH)	MIN SAN F.P. **1 ETP ED. DI. / INF** **2011** **0.5 ETP ED. D / INF** 2012	Projet issu des recommandations du groupe de travail CT du Ministère de la Santé	**NOT REALISED** Not developed, because there were no supplementary budgetary means available.	Increase resources. High Priority
I.2.1.1 Struct. ambulatoires : ***CONDITION :*** *Une extension du projet CHOICE est envisageable mais sur un modèle de cofinancement avec notamment le Ministère de la Famille et Ministère de l'Education Nationale. Les négociations sont à initier par le gestionnaire.*	**I.2.1.1.e. STSJ (Jongenheem asbl)** - Développement et expansion du projet CHOICE. : élargissement aux cadres scolaires, éducatifs de loisirs (ECHO) et du CSEE	F.P. **0,5 ETP PSY. 2013** **0.5 ETP ED. G 2014.**	La demande pour des interventions précoces de groupe pour mineurs consommateurs de drogues est en hausse de la part des écoles, des foyers d'accueil, des maisons de jeunes etc. L'idée est donc d'élargir le concept opérationnel CHOICE vers ces populations cibles sous le nom ECHO Intervention systématique selon le modèle CHOICE / ECHO auprès de la population de mineurs à haut risque placés au CSEE.	**NOT REALISED** Not further developed because there were no supplementary budgetary means allocated by ministries other than the Ministry of Health.	Involvement of other ministries necessary. High Priority

I.2.1.2 *Struct. résidentielles :* ***PRIORITE I*** *Projet issu des recommandations du groupe de travail CT du Ministère de la Santé. Meilleure utilisation des ressources, diminution des listes d'attente, amélioration du suivi et économies à moyen terme*	**I.2.1.2.a CHNP** : Création d'une structure spécialisée de stabilisation pour personnes toxicomanes. L'offre de cette unité s'adresse à des personnes ayant terminé une phase aiguë de désintoxication dans un service psychiatrique régional	CNS/CHNP 2010-2012	Projet issu des recommandations du groupe de travail CT du Ministère de la Santé. (Concept voir rapport CT)	**IMPLEMENTED BUT CLOSED AFTER ONE WEEK** The action was fully implemented but closed after one week because the involved hospital urgently needed the 'beds' for forensic patients.	Establishment of a sustainable service necessary.
I.2.1.2 *Struct. résidentielles :* ***PRIORITE II*** *Responsabilité du CHNP*	**I.2.1.2.b CHNP** : Délocalisation du BU-5, structure thérapeutique « Moyen terme »	CHNP 2010-2012	Délocalisation prévue dans le plan stratégique du CHNP	**REALISED** Replaced by another structure which is functioning now in Schoenfels. See action I.3.2.a 'Stemm vun der Stroos'.	
I.2.1.3 *Prise en charge axée sur la prescription de substances psychoactives*. ***PRIORITE I*** *Lutter contre la diversion de produits de substitution sur le marché noir, implication de la méthadone dans les décès par surdose, non respect de la réglementation par certains prescripteurs, Manque d'outils de gestion et de surveillance en 'temps réel', préparation du programme de distribution d'héroïne.*	**I.2.1.3.a Ministère de la Santé** : Amélioration des mécanismes de contrôle du respect des modalités du traitement de substitution en accord avec les dispositions du règlement grand-ducal du 30 janvier 2002	p.a. 2011-2012	e.g. Révision du fonctionnement du Comité de surveillance, notification des traitements de substitution, registre national des traitements de substitution, évent. domiciliation des bénéficiaires auprès de médecins ou pharmacies.	**REALISED** Judged as very good. New legislative framework, register fully operational, less multiple prescriptions and black market diversion and new regulation.	Evaluate the impact of the new actions and regulations.
I.2.1.3 *Prise en charge axée sur la prescription de substances psychoactives*. ***PRIORITE I***	**I.2.1.3.b Ministère de la Santé** : Création d'un service mobile d'intervention médicale	*MIN SAN / CNDS F.P* ***0.5 ETP MED 2011*** ***0.5 ETP MED 2012***	Afin d'éviter la multiplication non coordonnée de micro-services médicaux au sein de différentes	**REALISED** Judged as very good	Further development necessary.

Service mobile d'intervention médicale	spécialisée dans le domaine des addictions	***0.5 ETP MED 2013 PSYCHIAT.*** **1 ETP INF.**	associations spécialisées et de garantir l'utilisation rationnelle et paritaire des ressources en matière d'offres de prise en charge médicale il est opportun de créer une offre centralisée. Le(s) médecin(s) à engager sera(ont) également mis à profit au moment de la mise en place du programme de distribution contrôlée d'héroïne.	A medical doctor was employed fulltime. According to the respondents the action is operational and functioning very well.	
I.3 REINTEGRATION PSYCHO-SOCIO- PRO-FESSIONNELLE					
I.3.1 Logement					
CONDITION : *La gestion et la coordination de l'offre de post-cure devraient toutefois être assurées dans le cadre du système des référents uniques dont la création est jugée prioritaire.*	**I.3.1.a CHNP-CTM** Service de post-cure	*F.P.* ***1ETP ED DIPL.*** (ou forfait CNS) 2011	Implantation d'un concept global de l'offre post-cure en collaboration avec le Ministère de la Santé, le CTM, la fondation JDH et le service de consultation et d'orientation « centre Emmanuel ». Développement des foyers de logement supervisés par le CTM	**NOT FULLY REALISED** Offers were increased but more staff is still needed.	Increase of resources. High Priority
CONDITION : *Afin d'assurer le financement des actions sous 1.3.1. il est jugé nécessaire d'instaurer préalablement la prise en charge forfaitaire des logements encadrés par la CNS à l'image du mécanisme en place dans le domaine de la psychiatrie*	**I.3.1.b JDH** : Aide au logement autonome Extension et diversification de l'offre de logement du service « niches » de la fondation JDH.	F.P. **1 ETP ED. DIPL.** ***IM. Locaux à louer avec service niches (ou forfait CNS)2012***	Augmentation du nombre des logements disponibles compte tenu de la longue liste d'attente. Augmentation des capacités d'encadrement	**REALISED** Assistance for autonomous housing - expansion and diversification of the housing service « niches » of the JDH foundation was realised but no agreement on financing model.	Decision to be taken in mutual agreement by Min Health, CNS, COCSIT and JDH.

extrahospitalière. DECISION A PRENDRE					
PRIORITE II	**I.3.1.c JDH** Création de structures de vie long terme (2-3 personnes) pour une population avec passé toxicomane et à besoins spécifiques	forfait CNS 2012	Encadrement socio-éducatif et paramédical pour une population présentant une ou plusieurs des caractéristiques suivantes: âge avancé, double diagnostic, isolement social, autonomie restreinte.	**REALISED** Judged as good. Projet 'Niches' and 'Villa' in Esch for elderly drug addicts implemented. First supervised housing unit for elderly drug addicts operational.	Further development needed. Evaluation of the entire programme desired.
PRIORITE II	**I.3.1.d JDH** *Création d'une structure de jour pour les clients niches (avec extension possible aux clients du programme méthadone, des centres de consultation et du bas seuil)* **OU (alternative)** *Projet « Transitions »* *Transformation du foyer de postcure Neudorf en une structure résidentielle de stabilisation et d'orientation.*	*F.P.* ***0.5 ETP ED DIPL.*** ***F.P.*** *0.5 ETP ED DIPL****.*** (or forfait CNS) 2013	*Structure de jour offrant :* *contacts sociaux et/ ou de structuration de la journée par le biais d'activités communes pour des clients sans travail.*	**NOT REALISED** JDH did not take a decision on the 'Neudorf house' that could have been used for the project or sold to finance the project.	JDH has to make a decision to sell or renovate that structure/building
I.3.2 Mesures de formation et de mise au travail					
PRIORITE I **Projet approuvé**	**I.3.2.a Stëmm vunn der Strooss** : Création d'une structure de jour offrant des possibilités de formation professionnelle et des occupations journalières (rémunérées) aux personnes souffrant d'une maladie de dépendance.	MIN SAN Postes négociés et à négocie 2012	Le projet s'implantera en milieu rural et proposera des formations et occupations professionnelles adaptées aux différents degrés et champs de compétence des bénéficiaires. Une offre d'hébergement est prévue à moyen terme Capacité : 30 personnes	**REALISED** Judged as very good. Fully operational.	

II. REDUCTION DE L'OFFRE					
II.1 SECURITE PUBLIQUE					
II.1.1 Renforcer les moyens d'action	**II.1.1.1** Contrôle commun accru des voies d'approvisionnement (rail-route-air) par Police et Douanes.			**REALISED** Judged as very good.	Continue controls.
II.2 RENFORCER LA REPRESSION DES INFRACTIONS A LA LOI MODIFIEE DU 19 FEVRIER 1973					
II.2.1 Modification de l'alinéa 3 de l'article 10 de la loi modifiée du 19 février 1973 afin de rallonger à 10 ans la prescription des affaires de surdose visées à la première phrase de l'alinéa 2 de cet article	**II.2.1.1** Besoin à analyser par le Ministère de la Justice et les Parquets			**REALISED** Judged as excellent. Article 10 of the modified law of 19 February 1973 has been amended, action completed.	
IL2.2. modifier l'article 31 point 2 de la loi modifiée du 19 février 1973 afin de la mettre en conformité avec la décision-cadre 2004/757/JAI du 15 octobre 2004.	**II.2.1.2** Besoin à analyser par le Ministère de la Justice et les Parquets		Réduction de peine rend la poursuite des infractions inopportunes	**NOT REALISED** Article 31 has not yet been amended.	The law needs to be passed.
II.3 AMELIORATIONS INTERNES POLICE (PROCEDURES, COMPETENCES, ORGANISATION)					
II.3.1 Améliorer la collecte et la centralisation de renseignements et d'informations en matière de stupéfiants	**II.3.1.1** Police			**REALISED** Judged as very good.	Continuous process of internal improvement.
II.3.2 Revoir le concept de police judiciaire et la répartition des missions en matière d'enquête	**II.3.2.1** Police		Continuer les discussions avec les Parquets	**REALISED** Judged as very good.	Continuous internal process of reviews of mission distribution.
II.3.3 Organiser des formations axées sur les besoins des enquêteurs	**II.3.3 .1** Police			**REALISED** Judged as very good.	Trainings are organised internally and externally on a

					yearly, thus regular basis.
II.3.4 Evaluer la répercussion de la loi « méthodes particulières de recherche » sur le travail des enquêteurs en matière de stupéfiants	**II.3.4 .1** Police		Bilan sur l'applicabilité est à dresser > 2 ans	**REALISED** Judged as very good to excellent. The legal framework exists.	
II.4 INSTRUMENTS ADEQUATS EN MATIERE DE LUTTE CONTRE LE BLANCHIMENT D'ARGENT					
II.4.1 Renforcer la collaboration entre la section anti-blanchiment et les autres services d'enquête	**II.4.1.1** Police			**REALISED** Judged as very good.	Continue cooperation. Asset recovery has been stated as vital part of any drug investigation. Trainings have been given in this respect.
II.4.2 Renforcer la formation des enquêteurs affectés à la lutte contre le blanchiment	**II.4.2.1** Police/Ministère de la Justice			**REALISED** Judged as very good. .	Continuous trainings, especially for new arrivals.
II.5 COOPERATION NATIONALE ET COORDINATION ADMINISTRATIVE					
II.5.1 Continuer à participer au groupe toxicomanie				**REALISED** Judged as very good. Continued participation of the Ministry of Justice.	Continue participation.
II.5.2 Continuer à participer au groupe de suivi de la structure des salles d'injections				**REALISED** Judged as very good to excellent. Continued participation of the Ministry of Justice.	Continue participation.

II.5.3 Améliorer continuellement la collaboration avec la douane, en organisant notamment des échanges de personnel (stages d'hospitations) entre Police et Douanes.				**REALISED** Judged as very good to excellent .	
II.6 COOPERATION TRANS-REGIONALE ET INTERNATIONALE					
II.6.1 Améliorer l'efficacité du concept de la lutte contre le tourisme de la drogue – contrôle accru des avoies d'approvisionnement (rail-route-air)	**II.6.1.1** Police/Douanes			**REALISED** Judged as good. According to the respondents there is good cooperation.	Continue regular controls.
II.6.1 Améliorer l'efficacité du concept de la lutte contre le tourisme de la drogue – contrôle accru des avoies d'approvisionnement (rail-route-air)	**II.6.1.2** Opérations Hazeldonk			**REALISED** Judged as good to very good. Good cooperation. Hazeldonk controls for instance. Controls have been fulfilled on a more intelligence-based approach. The outcome of Hazeldonk operations is generally poor. The prevention effect is more important than figures of arrests and seizures, although figures of 2014 controls are more than satisfactory.	Good cooperation. Continue Hazeldonk cooperation.
IL6.2 Participer à des opérations européennes (Europol, Cospol)	**II.6.2.1** Police/Douanes			**REALISED** Judged as good to very good.	Good cooperation. Continue Hazeldonk cooperation. Continue cooperation and participation to

				Good cooperation. To continue Hazeldonk cooperation Police cooperation and information exchange is of highest importance. Europol and EMPACT (formerly Cospol) are therefore important tools for us.	Focal points and EMPACT projects.
II.6.3 Mettre en place des équipes mixtes d'enquête	**II.6.3.1** Ministère de la Justice		Faisabilité à analyser, concertations avec Parquet à initier, formations communes à organiser	**NOT REALISED** There was no need for creating mixed international investigation teams. The legal framework exists but no Joint Investigation Team has been created as foreseen in the Drug Action Plan.	
II.6.4 Echanger des enquêteurs stupéfiants avec des corps de Police étrangers afin de participer à des événements, manifestations à l'étranger/au Luxembourg en tant que renfort	**II.6.4.1** Police		Prévu dans traités de coopération (p.ex. Benelux) Une continuation de la coopération policière internationale est à soutenir !	**REALISED** Judged as very good. Participation in the Joint Hit Team Maastricht by a member of the Service de Police Judiciaire, drug enforcement. Great exchange of know-how and best practices. Inter human cooperation improved.	Repeat the exchange of investigators.
II.6.5 Organiser des échanges de personnel (stages d'hospitations) avec des corps de Police étrangers	**II.6.5.1** Police		Prévu dans traités de coopération (p.ex. Benelux) Une continuation de la coopération policière internationale est à soutenir !	**REALISED** Judged as excellent. Members of the JHT have come to Luxembourg for punctual operations. Great	Repeat the exchange of investigators.

				exchange of know-how and best practices. Inter human cooperation improved.	
II.6.6 Améliorer et intensifier l'échange d'informations policières et judiciaires en matière de stupéfiants avec la Belgique, les Pays-Bas, la France et l'Allemagne (similaires aux initiatives EUREGIO par exemple)	**II65.6.1** Police		Prévu dans traités de coopération (p.ex. Benelux) Une continuation de la coopération policière internationale est à soutenir !	**REALISED** Judged as very good. EUREGIO meetings are organised between investigators of Belgium, France and Luxembourg. Separate meetings are held with the German colleagues. Important information is anyhow transmitted to foreign authorities based on Schengen treaty (article 46).	Continue EUREGIO meetings.
III. AXES TRANSVERSAUX					
III.1. REDUCTION DES RISQUES, DOMMAGES ET NUISANCES					
III.1.1. Structure bas-seuil					
PRIORITE I *Au vu du succès de l'offre auprès des bénéficiaires et de l'état de l'infrastructure d'accueil provisoire, la situation risque de devenir ingérable à court ou à moyen terme**.***	**III.1.1.a Ministère de la Santé** : Consolidation du centre d'accueil jour/nuit pour toxicomanes à Luxembourg-Ville.	MIN SAN F.P. : acquis F.F. : acquis 2012	Implantation des activités du centre TOXIN au sein d'un site définitif à Luxembourg-Ville.	**REALISED** Judged as very good. New infrastructure operational and improved conditions for clients and employees. Increase of allocated resources.	Follow-up the ever-changing conditions and challenges for this kind of service.
PRIORITE I *Décentralisation prévue au plan gouvernemental. Déchargement des structures à Luxembourg Ville.*	**III.1.1.b Ministère de la Santé** : Création d'une offre jour/ nuit et salle de consommation supervisée pour personnes toxicomanes à Esch/A.	MIN SAN / Ville d'Esch/A Budgétisation en fonction de la stratégie et de l'organisme gestionnaire retenus 2012/2013	Dans le cadre de la décentralisation retenue au niveau du plan gouvernemental la création de cette offre est nécessaire et urgente. La mise en place s'effectuera progressivement à	**IMPLEMENTATION STARTED, WORK IN PROGRESS** Delayed. For 2nd injection room in Esch money was earmarked but the municipality of Esch changed plans and caused	Getting started under the best conditions, human resources to be planned. Construction and opening of centre in 2016.

			l'image de l'approche adoptée pour la Ville de Luxembourg.	delay. Conditions are fulfilled; site for injecting room and day shelter implemented; night shelter is still to be implemented. Work for the construction of the centre is planned to start by the beginning of 20015.	
PRIORITE I *Recommandations issues de travaux de recherche et concept opérationnel dont la faisabilité à été prouvée entre autres par le projet DIMPS*	**III.1.1.c Ministère de la Santé** / **Aidsberôdung Croix - Rouge**: Extension de l'offre de dépistage rapide et vaccination de certaines maladies infectieuses dans le cadre du projet DIMPS	MIN SAN F.P. **0.5 ETP PSY** Vaccins fournis par la Direction de la Santé	Actuellement le dispositif DIMPS offre le dépistage rapide gratuit d'HIV et de l'hépatite C. Il s'agira d'étendre cette offre au dépistage de l'hépatite B et en cas d'indication médicale à la vaccination gratuite des hépatites A/B.	**TRANSFERRED** Action transferred to the national HIV action plan 2011-2015 because this action addresses HIV testing for all vulnerable groups - Not an addiction specific action and therefore included in the HIV plan.	
PRIORITE I *Demande croissante et pas de nécessité d'agrandir l'équipe encadrante*	**III.1.1.d CNDS/TOXIN** Augmentation du nombre de places dans la salle d'injection	2010	Justification: Demande croissante	**REALISED** Judged as excellent. Increase of capacities and implementation of a supplementary blowing/inhalation room.	
PRIORITE I *Projet pilote modèle déjà en place. Diminution des conflits et économie en personnel qualifié qui sera partiellement déchargé des tâches de surveillance. Il s'agira de consolider le projet (actuellement une personne est engagée sur un poste de remplacement)*	**III.1.1.f JDH – Kontakt 28** Peer projet	MIN SAN F.P. **0.5 ETP Aidant social** et éducatif » resp. «aide-éducateur » 2012	Le projet-pilote lancé en 2009 avec le support du Ministère de Santé montre que l'intervention d'un pair aux permanences du Kontakt 28 devra permettre de faciliter le contact entre les toxicomanes et le reste de l'équipe intervenante, de	**REALISED** Judged as very good. More human resources were allocated.	Survey about emerging needs.

			diminuer le niveau d'agressivité et de gérer les conflits dans les locaux et de décharger l'équipe psychosociale des tâches de maintien de l'ordre.		
PRIORITE I *Projet approuvé*	**III.1.1.g Ministère de la Santé JDH** Mise en place d'un programme de traitement assisté à l'héroïne cadre de l'extension du programme de traitement de substitution.	MIN SAN P.P. : **0,5 ETP 2010 MED/PSYCHIAT.** **1 ETP PSY** 2012 **4,5 ETP INF** 2012 **0.5 ETP SEC** 2012 F.F. **100.000.-**	Cette action a été retenue par le plan d'action 2005 – 2009 mais n'a pas encore abouti pour diverses raisons. Un rapport d'opportunité et de faisabilité a été présenté au Ministre de la Santé en mai 2003. Le concept opérationnel a été finalisé en 2008. En 2009, la Fondation JDH a donné son accord de principe de figurer comme organisme gestionnaire	**IMPLEMENTATION STARTED, WORK IN PROGRESS** Judged as fair up to good. Concept approved, medical doctor employed, budget earmarked. Budget for rental costs has been allocated.	Find a location, build up a team and start the project.
PRIORITE I *Le travail de rue dans ce domaine est sous-développé au Luxembourg*	**III.1.1.h JDH – Kontakt 28** Travail de rue (Streetwork)	MIN SAN F.P. **0,5 ETP A.S.** 2013 **0,5 ETP ED. DIPL** 2014	Promouvoir le safer-use dans la rue, Intervenir au niveau de la réduction des nuisances (éducation), Orientation vers les services de prise en charge. Travail en collaboration et en complémentarité avec les services déjà existants	**NOT REALISED AT ALL** No budget allocated. According to some respondents not necessary at this moment for this population, because the existing offer works at a good level.	Evaluate the need of following up.
PRIORITE II *Réaménagement des locaux existants*	**III.1.1.j JDH – Kontakt 28**	MIN SAN/JDH 2010	Au vu de l'augmentation du	**REALISED**	Find another location since the proprietor

			nombre des visiteurs, un local mieux adapté aux besoins d''une offre de jour polyvalente (échange de seringues, salle d'accueil, salle de repos, groupes à thème, activités occupationnelles et interactives, bureaux pour entretiens individuels) est nécessaire.	Judged as good.	of the building may not renew the rental contract.
PRIORITE I *Décentralisation prévue au plan gouvernemental et déchargement des autres structures régionales et demande existante pour ce genre d'offre dans le nord du pays*	**III.1.1.kJDH – Kontakt 28** offre bas.seuilEttelbrück/région nord	MIN HEALTH F.P. **0,5 ETP ED.GRAD.** 2010 **0,5 ETP ED.DIPL.** 2013	Décentralisation : Extension de l'offre actuelle (Consultation) sur une offre bas seuil, avec échange de seringues, accueil bas seuil, evtl. travail de rue selon le modèle de la JDH Esch	**REALISED** Judged as very good. Service operational in new location.	Evaluation after 2 years. Implementation of the every-day opening of the action.
III.2. RECHERCHE ET INFORMATION					
III.2.1 Etudes/Enquêtes					
PRIORITE II *Obligation contractuelle*	**III.2.1.a Ministère de la Santé/PF OEDT** Implantation et/ou développement des 5 indicateurs clés OEDT	Continue	Il s'agit d'un engagement contractuel entre l'état Luxembourgeois, représenté par le Ministère de la Santé et l'OEDT sur base du contrat annuel REITOX.	**REALISED** Judged as very good. All indicators have been implemented. The General Population Survey indicator was only partly implemented but a first GP survey (EHIS) is being conducted and first results will be available in 2015.	Follow-up and consolidation of the key indicators.
PRIORITE II *Etude sérielle également nécessaire dans le cadre du bilan*	**III.2.1.b Ministère de la Santé**	2012	Etude multi-méthode, sérielle et comparative	**REALISED** Judged as excellent.	

intermédiaire de l'état d'exécution du plan d'action drogues en 2012	Etude de prévalence de l'usage problématique de drogues			Multi-methods serial prevalence study was conducted and results published in peer-reviewed journal.	
PRIORITE I *Manque de données véritablement représentatives et comparatives permettant un suivi adéquat des tendances en population générale. De préférence à intégrer dans une étude plus large sur les comportements de santé pour des raisons de coût.*	**III.2.1.c** Enquête sur l'usage de drogues et comportements addictifs au sein de la population générale.	2011-2012	Cette enquête permettra de combler le manque de données représentatives sur les comportements d'usage de drogues en population générale et d'honorer les engagements contractuelles au niveau de l'indicateur clé « Population générale) de l'OEDT.	**REALISED** Judged as very good. See EHIS survey at answer III.2.1.a Ministère de la Santé/PF OEDT.	Ongoing.
III.2.2 Système de monitoring épidémiologique					
PRIORITE II *Obligation contractuelle*	**III.2.2.a PF OEDT/CRP-Santé** Consolidation du système de monitoring des contacts institutionnels pour usage illicite de drogues. (RELIS). Intégration des hôpitaux régionaux dans le dispositif.	2010	Harmonisation de la méthodologie de documentation des contacts « drogues ». Les services spécialisés participent actuellement au dispositif RELIS sur base volontaire. Il s'agira de faire évoluer le dispositif vers un système de surveillance et d'évaluation unique faisant partie intégrante des prestations des services concernés.	**IMPLEMENTATION STARTED, WORK IN PROGRESS** Judged as good. Collaboration of some hospitals.	Collaboration of all hospitals.
III.2.2 Système d'alerte précoce en matière de drogues synthétiques et de nouvelles tendances (SAP)					
PRIORITE II *Obligation contractuelle*	**III.2.2.a MIN SAN/GIT** Consolidation du système de surveillance des nouvelles	continue	Le GIT suivra les tendances nouvelles en matière de produits et	**REALISED** Judged as very good.	Increase and optimize data collection.

	tendances et d'alerte précoce		de comportements de consommation. Les correspondants permanents continueront à transmettre toute information relative aux drogues synthétiques et aux nouvelles tendances de consommation au coordinateur national drogues. Il s'agira de créer un cadre réglementaire en la matière afin de constituer un réseau formel de transmission de données et ce dans l'intérêt de la Santé Publique. Par ailleurs, il conviendrait de légiférer en matière d'interventions au sein des milieux festifs (e.g. testing anonyme des comprimés en circulation) afin de pouvoir disposer d'informations plus fiables sur la qualité des produits consommés.	Optimised collaboration with the Department of Toxicology of the national health lab (LNS) and see also project D.U.C.K.	
III.2.3 Evaluation et assurance qualité					
PRIORITE I *Recommandation de l'évaluation externe*	**III.2.3.a MIN SAN** Assurance qualité	MIN SAN 2012	Ensemble avec les services spécialisés, effectuer un état des lieux des instruments ou mécanismes d'assurance qualité existants des	**REALISED** Judged as very good. Report available.	

			prestations fournies par les services spécialisés Recommandations en vue du développement ou de l'amélioration de ces mêmes mécanismes.		
PRIORITE I *Obligation contractuelle*	**III.2.3.a MIN SAN** *Bilan intermediaire de plan d'action 2010-2014*	2013	Bilan intermédiaire d'exécution du plan d'action 2010 – 2014.	**NOT FULLY REALISED** Judged as very good. There was no money for this action. The intermediate progress report has been replaced by a more frequent, flexible and proactive follow-up procedure within the GIT.	
PRIORITE I *Obligation contractuelle*	**III.2.3.b** Evaluation du plan d'action	2014	Evaluation finale externe du niveau d'implantation et de l'impact (e.g. Trimbos-instituut)	**REALISED**	
III.4 COORDINATION					
a. Le Groupe Interministeriel Toxicomanies (GIT) est l'organe central de coordination des stratégies et plans d'action en matière d'actions au niveau inter-compétences et sur le plan national. La présidence du GIT est assurée par le Coordinateur National «Drogues» auprès du Ministère de la Santé				**REALISED** Judged as very good up to excellent.	
b. Le GIT veillera à suivre les tendances actuelles en matière de substances psychoactives et de comportements de consommation et a déclencher des alertes publiques en cas de besoin suite à l'accord du Ministre de la Santé.				**REALISED** Judged as very good up to excellent.	
c. Le GIT et le Coordinateur National « Drogues » soutiennent l'élaboration de plans d'action sectoriels (e.g. alcool, tabac, addictions non liées à des substances) par les instances compétentes en la matière afin de promouvoir une politique holistique et diversifiée de lutte contre les addictions indépendamment de leurs formes ou déterminants.				**REALISED** Judged as very good	Further integration of all aspects of addiction needed.

Une concertation et coordination au niveau de ces plans d'action connexes avec le Coordinateur National est de mise.	Tobacco plan implemented. Alcohol plan close to implementation.	
d. Le GIT constitue également le mécanisme de consultation et de concertation permettant de déboucher sur des positions communes dans les dossiers internationaux.	**REALISED** Judged as very good.	
e. Les mécanismes de coordination devront garantir la cohérence entre la stratégie anti-drogue de l'UE et les interventions au niveau national.	**REALISED** Judged as very good.	
f. Lors de l'élaboration et l'évaluation de plan d'action une large concertation avec les ONG est souhaitable.	**REALISED** Judged as very good.	
g. La cellule « coordination drogues » ainsi que le coordinateur national « drogues » de la Direction de la Santé sont formellement investis d'un mandat reconnu au niveau national et disposeront de moyens suffisants pour mener à bien leurs tâches.	**REALISED** Judged as excellent.	
h. Le coordinateur national « Drogues » assure la supervision des activités du Point focal luxembourgeois de l'Observatoire européen des drogues et des toxicomanies (OEDT) et en définit le cahier des charges annuel.	**REALISED** Judged as excellent.	
i. Le coordinateur national « Drogues » représente le Ministère de la Santé, entre autres, auprès du Groupe Horizontal Drogues du Conseil de l'UE, du Groupe Pompidou du Conseil de l'Europe et de l' l'Observatoire européen des drogues et des toxicomanies (OEDT).	**REALISED** Judged as excellent.	

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