The social prevention of drug-related crime (SOCPREV)

Results & recommendations

DR/75

Supervisors
Prof. dr. Lieven Pauwels (coordinator)

Prof. dr. Freya Vander Laenen

Dr. Eric Maes

Researchers:
Charlotte De Kock

Dr. Benjamin Mine

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Abbreviations

CAPC	*Concertation Assetutudes du Pays de Charleroi*
CLPS	*Centre Liégeois de Promotion de la Santé*
CMO	Context – Mechanism – Outcome
EMCDDDA	*European Monitoring Centre for Drugs and Drug Addiction* (Europees waarnemingscentrum voor drugs en drugverslaving)
EUSPR	*European Society for Prevention Research*
MASS	*Maison d'Accueil Socio-Sanitaire* (MSOC)
MSOC	Medisch Sociaal Opvang Centrum
NERO	Normstelling En Responsabilisering naar aanleiding van Overlast
OCMW	Openbaar Centrum voor Maatschappelijk Welzijn
RASAC	*Réseau d'Aide et de Soins en Assuétudes de la région du Centre*
RASANAM	*Reseau d'Aide et de Soins en Assuétudes de la region Namuroise*
RELIA	*Réseau Liégeois d'aide et de soins spécialisés en Assuétudes*
SLIV	Federale Overheidsdienst Binnenlandse Zaken - Directie Lokale Integrale Veiligheid - Local Integral Safety Department
SOCPREV	Sociale Preventie van Druggerelateerde Criminaliteit en Overlast (Belspo project)
SSM	*Services de Santé Mentale* (CGG)
VAD	Vlaams expertisecentrum voor alcohol, illegale drugs, psychoactieve medicatie, gokken en gamen.
VIDA	Vroeg Interventie Drugs en Alcohol (kortdurend psycho-educatief programma binnen CGG Noord-West-Vlaanderen)
VIP	VroegInterventie Project (binnen De Sleutel)
VVSG	Vereniging van Vlaamse steden en gemeenten
CTC	*Communities That Care* (preventieproject)
PATHS	*Promoting Alternative Thinking Strategies* (preventieproject)
ProMeDro	*Programme of measures to reduce drug-related problems* (nationale strategie Zwitserland)

This document is a comprehensive summary of the SOCPREV study 'Social Prevention of Drug-related Crime. This study was funded by the Federal Science Policy Office (BELSPO). The purpose of this summary is to provide an overview of the most important results, conclusions and policy recommendations. The complete research can be found on the Belspo website: Pauwels, L .; Vander Laenen, F .; Maes, E .; Mine, B .; De Kock, C. (2018). 'The Social Prevention of Drug-related Crime'. (Unpublished report)

1. Introduction and research outline

The main objective of the SOCPREV research was to gain a good insight into a subject that has been rarely studied in Belgium, namely the content and the evaluation methods of good and promising practices aimed at the social prevention of drug-related crime in Brussels, Flanders and Wallonia (Strebelle 2002: 73). The research was conducted between August 2016 and December 2017 and was divided into five parts: (1) an international literature study, (2) semi-structured interviews with international experts, (3) semi-structured interviews with Belgian prevention officials[1], (4) the development of the SOCPREV Registration Guidlines and finally (5) a feasibility study to test the feasibility of the SOCPREV Registration Guidelines. The so-called "**realist evaluation philosophy**" was central to all research phases. This means that the research team not only studied whether projects were effective, but also **for whom projects work and under what specific circumstances** (Pawson, 2006). The emphasis was thus not only on a standard causal 'why', but also on a dynamic 'how'-question: which mechanisms make programmes work? How do entities work together to make a project work to reach their objectives?

The first phase of the research project was a literature review. The aim of this international literature review (carried out between August 2016 and December 2016) was twofold. It focused primarily on identifying good and promising practices of social (developmental or community) prevention of 'drug-related crime' and projects aimed at the prevention of both 'drug use and drug-related crime, delinquency or problem behaviour' in the international literature (27 EU Member States, UK, US, Switzerland or Canada). Secondly, it focuses on how, and on what basis, these projects were mainly evaluated. Only studies published between 1997[2] and December 2016 were included. This literature study was supplemented with **respondents' answers to a French and English language survey (n = 24) and semi-structured interviews with international experts (n = 10)** (January 2017 - February 2017) with a view to tracking new projects in countries around Belgium, particularly Germany, France, Luxembourg, Switzerland and the Netherlands.

The **survey of Belgian prevention officials and other practitioners** (April 2017 - May 2017) was primarily conducted by telephone. The aim was to examine which projects aimed at the social prevention of drug-related crime were carried out in Flanders, Brussels and Wallonia. Based on self-selection, we also conducted semi-structured interviews with prevention officials and other

[1] Belgium has about 100 municipal prevention officials (*preventieambtenaar*), alongside other prevention workers, such as street workers, outreach workers, youth workers and other types of social workers. The role of a prevention official was first introduced in the federal security and prevention contracts. The tasks of prevention officials vary greatly across municipalities, but they are generally responsible for overseeing the municipal prevention and security contract with the federal government. Municipalities without such a contract may have prevention officials appointed by the local municipality for overseeing and / or implementing broad prevention policy.

[2] The so-called Sherman report was published in 1997 and introduces the Maryland Scientific Methods Scale. This scale is often used for the hierarchical quality ranking of evaluation studies. This type of ranking was motivated by pragmatic and theoretical reasons: before the publication of the Maryland scale, evaluation studies were less systematic in nature and less well delineated because no shared ranking method was available. Thanks to this new ranking method, new evaluation methods were published. While these were initially considered as rival methods, they are increasingly understood as complementary evaluation strategies.

practitioners (30 in the Dutch speaking part of Belgium and 18 in Wallonia and Brussels[3]). These interviews dealt with the definition of drug-related crime, social prevention practices aimed at preventing the form of crime described by the respondents, registration and evaluation of these types of projects, indicators used, pitfalls and preconditions for implementation, and finally the needs and recommendations of respondents regarding registration and evaluation.

The collected information on international and Belgian good and promising practices and evaluation methods, existing Belgian projects and the needs and recommendations of prevention officials and other practitioners were used to create the **SOCPREV Registration Guidelines**. These guidelines are meant to support the development and registration of indicators for projects aimed at the social prevention of drug-related crime. The guidelines were tested by means of a feasibility study that consisted of a **test case** in the municipalities of Geraardsbergen and Etale (June 2017) and two **focus groups** (September 2017) with Dutch-speaking and French-speaking practitioners working in Belgian projects aimed at the social prevention of drug-related crime and / or nuisance.

In what follows, we look at the definition (drug-related crime and nuisance), good and promising practices, evaluation and registration practices based on the results in the literature study, interviews with international and national respondents and in the feasibility study. Then, we discuss the SOCPREV Registration Guidelines. We conclude with 19 recommendations resulting from this research project: 11 recommendations at federal government level, two recommendations at community level and six recommendations at local authority level.

2. Results

2.1 Defining drug-related crime (and nuisance)

We started from the fourfold definition of **drug-related crime** developed by the EMCDDA (2007) and which distinguishes between economic-compulsive, systemic and psychopharmacological offences and drug law violations. The types of crime sometimes overlap and cannot always be consistently distinguished from one another. Furthermore, this distinction is not evident in police reports, nor is it drawn when social prevention projects are evaluated.

There is little insight, therefore, into the prevalence of drug-related crime both in Belgium and in other countries. International studies show that drug-related crime consists mostly of psychopharmacological and economic compulsive crimes (Cauchy et al., 2015) and this was confirmed in Belgium (De Ruyver et al., 2008; De Ruyver et al., 2009). Moreover, in 2008, 30% of detainees in Belgium stayed in prison on remand for preventive reasons due to possession of illicit substances and trafficking of illicit drugs, compared to 6% in 1980 (De Man et al., 2009; Maes, 2010). Moreover, 11.7% of detainees indicate that they used illicit drugs for the first time in prison (Van Malderen, 2012). The number of drug-related convictions in Belgium also rose by 16.5% between 2005 and 2014 and this type of crime is now among the top five of all registered infringements (Plettinckx et al., 2017).

Social prevention can be implemented in various ways (Farrington, 2009). Many of these prevention types are based on the general ecological system theory coined by developmental psychologist Uri Bronfenbrenner (1979), who presented the interaction between individual and context in a dynamic way. This involves micro-contexts (such as neighbourhood, family, peers, subculture, etc.) in a macro context, such as structural inequalities. In the context of crime prevention, social prevention is often proposed as a counterpart to situational prevention. Social prevention mainly concerns preventive measures that are situated in the context of the life course (development) - and in the communities (both communities and social environments in a broad sociological definition). These preventive

[3] The difference between the number of respondents in Flanders, in comparison with Wallonia and Brussels, can be explained by the fact that in the Dutch-speaking part of the country, prevention officers were more often assisted by colleagues during the interviews (street workers, internal evaluators, project coordinators, etc.).

measures are aimed at reducing risk factors that ensure that people see crime as an action alternative and they stimulate protective factors. Social prevention thus precedes the 'situational decision process'. It concerns interventions that have an impact on mechanisms of human development (**depending on the stage of life**) and (the accumulation of) specific vulnerabilities in different life domains, such as socio-economic status, family or school problems and social capital. Social prevention also relates to (components of) interventions that increase the target group's knowledge. These enable the target group to be more resilient and can help them steer clear of crime. Finally, social prevention can focus on broad structural social improvements in living conditions, which cannot be seen exclusively in the interests of social prevention, but can generally be conducive to an inclusive society.

In the **literature review**, we found no studies exclusively and specifically aimed at **evaluating the social prevention of drug-related crime**. We did identify many evaluations of projects that focus on lowering risk and raising protective factors that can cause drug-related crime (Hawkins et al., 1992). However, these studies did not evaluate project outcomes related to 'drug-related crime'. In addition, we identified some projects (n = 9) that combine social and situational prevention to prevent specific drug- (and especially alcohol-) related crime. Due to this low number of identified evaluation studies of social-prevention projects, a second phase of the literature review also included a number of reviews of the effectiveness of harmreduction and drug treatment on drug-related crime.

In the introduction of all **semi-structured interviews with prevention officials and other practitioners**, the researcher asked how respondents define drug-related crime and how the city or municipality is confronted with it. The respondents indicated that they did not have a complete picture of the phenomenon (because of the scarce police and other data on this topic) and that they could, therefore, not give a definition of drug-related crime. The reason for this lies in the lack of proper monitoring of this phenomenon (in police statistics and in safety and drug monitors). The respondents did **focus on drug-related nuisance**, as a phenomenon. The reason for this is that drug-related social nuisance is explicitly included in the Belgian safety and prevention contracts between the municipalities and the federal government.

There is no internationally accepted definition for drug-related (social) nuisance (Decorte et al., 2004; EMCDDA, 2005)[4]. There are, however, some definitions that meet halfway. Respondents in this study mostly define it as problem behaviour under the influence of substances. Examples are auditory and visual nuisance manifested in nuisance-sensitive public places, hanging around in public spaces, aggression and intoxication in public spaces and signalled by citizens, municipal services, external partners or police. French-speaking respondents also report a series of crimes, such as domestic violence, rape, sexual abuse, growing cannabis, the sale and consumption of narcotics and prostitution.

All Dutch-speaking respondents criticized the terminology used in the safety and prevention contracts (the container term 'drug-related social nuisance'). Some Dutch-speaking respondents doubted the

[4] There is no common definition of public drug-related nuisance (EMCDDA, 2005). Usually it is related to deviant behaviours linked either to 'very codified and highly institutionalises rules, or less explicit to social norms and values' (French report in EMCCDA, 2005) or behaviours, activities and situations that 'are perceived as undesirable, unpleasant, annoying, threatening or harmful by a person or a community, which consider [themselves] not to be involved in its generation process' (Luxembourg report in EMCDDA, 2005: 10). In the few existing European studies concerning this type of nuisance it is noted that the feelings of insecurity and perception of this type of crime are not proportionate to the objective levels of drug-related nuisance (EMCDDA, 2005). Furthermore, interventions aimed at this type of nuisance are rarely evaluated exactly because of the flawed definition of the concept. In this context, the EMCDDA overview of public drug-related nuisance notes that Belgium is one of the few countries to have identified this type of nuisance as a key objective in their drug policy, together with Ireland, Luxembourg, the Netherlands and the United Kingdom. Contrarily, as quoted in this EMCDDA paper, an in-depth Belgian nuisance study (Decorte et al., 2004) noted that drug-related nuisance does not appear to be a separate phenomenon but exists in a context of general nuisance such as urban degeneration and vandalism, is subjectively perceived and does not necessarily correlate with objective drug-related crime statistics. Finally, the report concludes that no reliable indicators can be found in the European countries, making it difficult to measure this phenomenon objectively. After 2005, the EMCDDA did not publish any new publications related to the theme of drug-related nuisance.

benefit of focusing specifically on this type of nuisance, based on a real concern that other drug-related health and welfare phenomena might thereby escape the attention of policy-makers. At least four Dutch-speaking respondents indicated that 'drug-related social nuisance' falls under the denominator of general 'social nuisance' (defined as a separate phenomenon in the safety and prevention contracts).

The analysis of the interviews shows that the majority of French-speaking and Dutch-speaking respondents do not intend to reduce drug-related crime or nuisance in a direct way by means of social prevention. This is in line with (recent) literature on integrated crime prevention and aetiology: Tackling crime indirectly by influencing the risk and protection factors that could become the root causes for crime (such as the living conditions of specific target groups). The majority of both French-speaking and Dutch-speaking respondents share the perspective that working with vulnerable target groups (and especially **vulnerable problem users, party-goers and young people**) indirectly contributes to the reduction of problem behaviour, such as drug-related crime or causing nuisance. This is also confirmed in the **interviews with international respondents**. They note that the prevention of drug-related crime is often an indirect goal in prevention and harm-reduction projects and in national strategies such as the ProMeDro strategy in Switzerland (e.a. Arnaud et al., 2010; Cattaneo et al., 1993; Gervasoni & Dubois-Arber, 2008, 2012; Gervasoni et al., 1996; Gervasoni et al., 2000).

2.2 Good and promising practices

2.2.1 LITERATURE REVIEW: LITTLE EVALUATION OF SOCIAL PREVENTION OF DRUG-RELATED CRIME

The **literature review** uses Farrington's (2009) subdivision of prevention per setting, distinguishing between community (and coalition), school and family prevention. The identified studies focused on measuring the effects of projects aimed at reducing drug-related crime or drug use *and* crime or delinquency through social prevention in the 27 EU Member States UK, Switzerland, USA or Canada. More than 90% of the evaluation studies focus on the prevention of (the initiation of) substance use and delinquency among young people and not drug-related crime. It was decided to include harm reduction and drug treatment services because studies in this area are evaluating the impact on drug-related crime. Finally, we must report that very few evaluation studies can be found in the French prevention literature (EMCDDA, 2015). Part of the explanation is that the Anglo-Saxon-inspired evaluation culture (partly inspired by New Public Management) is less accepted in French-speaking regions (Wyvekens, 2005).

In the domain of community and coalition-based prevention, we identified *Communities That Care* (CTC) (Hawkins et al., 2008) and the Icelandic multi-domain Model (Sigfúsdóttir et al., 2009) as effective in the prevention of youngsters starting to use drugs. Both projects are inspired by the Bronfenbrenner model. These studies also indicate that the establishment of a coalition between partners in prevention in the framework of a well-defined organisation model and based on a baseline measurement of risk and protective factors enhances the probability that prevention workers apply evidence-based projects (provided that a database of evidence-based projects is available).

Furthermore, we identified studies of projects combining social and situational measures as effective measures for the prevention of alcohol-related crime by adolescents between 18 and 20 years old. A precondition for these projects is that they are implemented in medium-sized communities through concerted, organised efforts that build on previous research and experience and involve multiple interventions with a limited set of goals (Giesbrecht, 2007). A single study (Abdon, 2011) pointed out

the possible effectiveness of this same strategy for the reduction of drug-related crime in clubs (*Clubs Against Drugs*).

Focusing exclusively on the reduction of drug use in a community appeared not to be effective for reducing drug-related crime at neighbourhood level (Fighting Back, Ford & Beveridge, 2006). Finally, in the area of community-based prevention, one study demonstrated that adding community components to youth counselling was promising for at-risk youth and for youth not yet involved in criminal networks (Hanlon et al., 2002).

With regard to school-based prevention, programmes incorporated in the curriculum- have proved less successful than programmes that include family, child and community components in the prevention of substance use (initiation), delinquency and problem behaviour. Programmes that combine social development and social-norm approaches appear to be most effective in comparison with other projects (Farrington & Welsh, 2003; Gavine et al., 2016). In this literature review, no studies were identified that examined the impact of school prevention on drug-related crime.

Finally, a vast body of literature supports the relationship between parenting behaviours and delinquency and the success of family-based prevention in the general prevention of substance use and (related) crime (Fagan, 2013). Nonetheless, the relationship between family influences and offending is difficult to identify because multiple factors impact adolescent behaviour and it is difficult to isolate the impact of parenting practices. Presumably, it is the combination of measures that make projects successful. However, this complicates evaluability and thus pleads for the realist approach that was applied in the SOCPREV study. The ground-breaking Perry Preschool study (Schweinhart, 1993) indicates that home visits and guidance of young, at-risk children are effective for the prevention of crime in later life. In Europe, nurse-family partnership projects seem promising for the reduction of domestic violence, among other outcomes (Mejdoubi et al., 2013). Nevertheless, no studies are available to date that examine the impact on drug-related crime[5].

Harm-reduction strategies (needle exchange, substitution treatment, user rooms and controlled heroin provision) also aim to reduce drug-related crime, among other things (Favril et al., 2015). In their narrative review on the effectiveness of these harm reduction strategies, Favril, Vander Laenen and Decorte (2015) note that controlled heroin provision and drug substitution are more effective to reduce drug-related crime than referring patients to treatment waiting lists. Although indicated drug prevention is rarely studied in terms of criminal outcomes, there is promising evidence that drug treatment for drug-users (Holloway et al., 2008), psychosocial treatment for female drug-using offenders (Perry et al., 2015), substitution programmes for heroin users (Egli et al., 2009; Koehler et al., 2014) and medical prescription of heroin for heroin users (Killias, 2009) reduce criminal activity in these subpopulations, and, in the last case specifically, reduce economic–compulsive drug-related crime.

[5] Authors stress the need to combine educational and interactional components, as well as to involve both the child and the parent and to add family components to other types of preventive measures (e.g. in school and community prevention). Culturally adjusted projects also prove to be effective. This mainly concerns projects that focus on dealing with racism and discrimination, since these are also risk factors for problem behavior. When implementing family prevention, it is important to take into account the following aspects: (1) Projects focused on family factors are more successful to prevent violent behavior among young people than projects without family components when it comes to children between the ages of 4 and 16 (Matsjasko, 2012), especially projects that focus on home visits prove to be successful (Farrington & Welsh, 2007). (2) Projects aimed at groups at higher risk such as disadvantaged groups are more successful than universal family prevention to prevent criminality in later life (Foxcroft, 2003). (3) Parenting support and more specific behavioural training for parents is effective in preventing later criminal behaviour (Farrington & Welsh, 2003; Kumpfer et al., 2002; Kaminski et al., 2007).

Based on our literature review, and on the recently updated seminal work of Weisburd (2016) on what works in crime prevention, we conclude that, in terms of their content, family programmes, school programmes and community programmes were (in this order) found to be effective in preventing crime (Weisburd 2016: 317). Nevertheless, some caution is warranted. This hierarchy is mostly based on the quantity of available studies for each type of prevention. This is the case, because certain forms of prevention – such as community-based prevention – have been examined to a lesser extent since their outcomes are more difficult to evaluate. In addition, we should take into account that not all risk and protection factors for drug-related crime do, in fact, cause, or indeed prevent, this type of crime. An exclusive focus on risk factors has, therefore, been criticized in the literature.

We can conclude that universal interventions are the best choice when risk factors for the development of certain problems are not easy to identify (Foxcroft & Tsertsvadze, 2011). Furthermore, more vulnerable at-risk groups can be specifically approached by means of diversification within the framework of universal prevention projects. Finally, harm reduction measures as well as drug treatment for problem users can contribute to the reduction of drug-related crime.

2.2.2 THE CONTRIBUTION OF THE INTERNATIONAL EXPERTS: THE IMPORTANCE OF EUROPEAN COMPARATIVE STUDIES

During the survey and semi-structured interviews with key international informants, few new projects were identified. Respondents only pointed out five suitable projects: *Communities that Care* (Amato et al., 2017), *FreD* (Bosse, 2010), *ParentsSteps, PATHS* and *ProMeDro.* The CTC for Europe project has developed: 1) a definition of implementation standards 2) the 'What works in Europe? Developing a European CTC database of effective prevention programmes' report (Axford et al., 2016) and 3) a cross-national analysis of existing EU youth surveys to distinguish country-specific risk and protective factors. These instruments provide a good basis for a systemic implementation of evidence-based projects aimed at social prevention for youngsters. FreD is aimed at early intervention among first-time drug offenders and is evaluated positively in more than ten European countries according to a survey of the participants. In the case of CTC and FreD, we do not know (yet) what the long-term impact is in relation to drug-related crime and / or nuisance. Unpublished national reports do seem to indicate that FreD reduces drug-related reoffending.

For the European versions of *ParentSteps* (Skärstrand et al., 2008; Skärstrand et al., 2014) and PATHS (Novak et al., 2016), there was no positive impact documented in the identified studies. The authors report that changes in the deep structure and low implementation fidelity account for these outcomes. An expert further asserted that the outcomes of projects transferred from the USA to the EU might seem less promising because EU countries have a wider array of social support systems affecting the baseline characteristics and risk factors of the sample, compared with US samples. In line with this finding, survey respondents reported that contextual influences and target group reach are monitored (and thus evaluated) to a lesser degree when compared to general process monitoring.

In conclusion, we can say that, based on these interviews, we have obtained little additional information regarding the content of concrete projects aimed at the social prevention of drug-related crime. However, according to international comparative studies, they provide insight into the necessary preconditions for the implementation of, among others, early intervention (FreD) and parental support (ParentSteps, PATHS), but also *Communities that Care*, *Unplugged* and other

prevention projects. They also reveal that, if quality improvement is intended, standardised evaluation practices and comparative European studies are indispensable[6].

2.2.3 THE CONTRIBUTION OF THE BELGIAN RESPONDENTS: WORKING INDIRECTLY ON DRUG-RELATED NUISANCE INVOLVING VULNERABLE GROUPS

None of the identified projects in Flanders, Wallonia or Brussels were systematically evaluated based on registered outcome indicators related to drug-related nuisance or crime. However, during the interviews with Dutch-speaking and French-speaking respondents in Belgium, the majority of respondents explicitly stated that working with vulnerable target groups indirectly contributes to the social prevention of drug-related crime. Although these projects are, strictly speaking, not within the scope of this study (because they do not evaluate the impact on drug-related crime), the research team did describe them in the report, because their target group (first-time drug users, party-goers vulnerable families with or without drug-using parents), the goals they aim at (responding to knowledge, attitude and the risk and protective factors of the individual and the social environment) and their working methods (e.g. early intervention, family support and harm reduction) are similar to the school, family, community, harm reduction projects and treatment described in the literature review.

All the Dutch-speaking respondents explicitly indicated that street workers are an important partner in prevention. They emphasise the signalling function of street work and outreach work in detecting drug-related issues, meeting the basic needs of, and reaching, vulnerable target groups, as well as reporting drug-related and other issues in these target groups to policy (without violating ethical principles such as professional secrecy). Respondents in small communities state that 'community guards'[7] also contribute to the signalling of problems. Several French-speaking respondents from small and large municipalities emphasised, like the Dutch-speaking respondents, the importance of street workers and community guards in identifying problematic situations. They also pointed out important improvements in the health domain since the implementation of harm-reduction strategies, such as needle exchange (Transit, Carolo Rue, Start-MASS), although it remains difficult to evaluate the outcomes of these measures on nuisance, as they themselves mention.

As mentioned above, none of the 16 identified projects in Wallonia directly aim at the social prevention of drug-related crime and / or social nuisance, nor are they systematically evaluated by means of outcome indicators related to this outcome. Practitioners believe that their interventions can influence drug-related crime / nuisance by working with specific target groups which they identify as the main perpetrators of drug-related social nuisances (such as problem users, youngsters and partygoers). Apart from the impressions that arise from satisfaction surveys with participants and partners and

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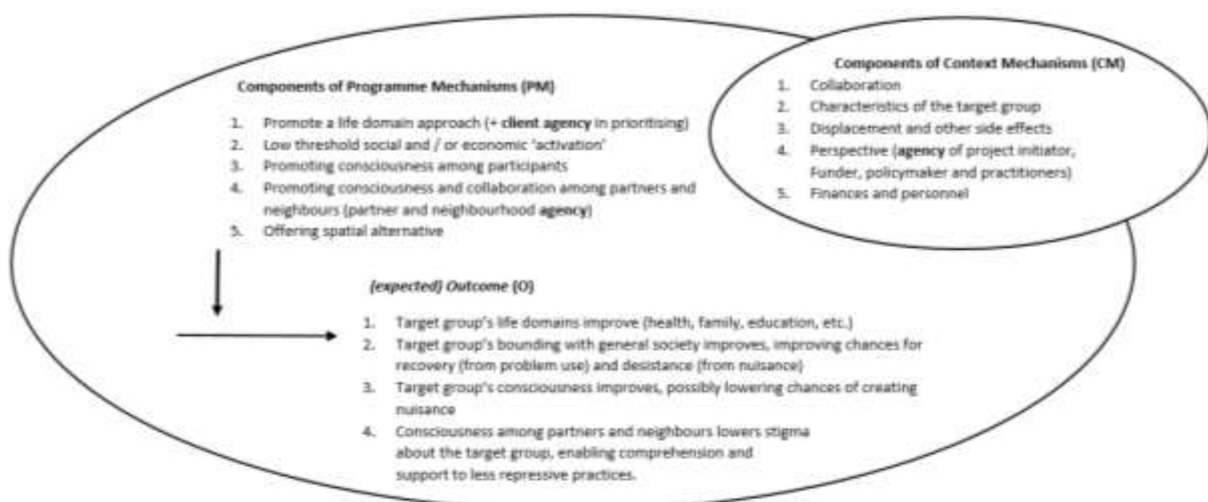
[6] During the interviews with international experts, several new evaluation methods and instruments were mentioned, five of which are referred to in the SOCPREV Registration Guidelines: the Instrument Barometer (Center for Crime Prevention and Security) (van den Hazel et al., 2005), Milestones and Benchmarks (Communities that Care) (Hawkins, 2007), the Key Leader Interview (Communities that Care) (Hawkins, 2007). Furthermore, all mentioned preconditions, pitfalls and success factors for registration and evaluation that were mentioned during the interviews were included in the SOCPREV Registration Guidelines.

7 The Belgian federal law of 15th May 2007 describes the function of 'community guards' in Belgian municipalities. Community guards are responsible for security- and prevention tasks and for increasing the feeling of safety of all citizens by preventing public nuisance and criminality by means of sensitizing citizens, signaling security, environmental and trafic issues to municipal policy, informing drivers of harmfull behaviour, accompanying school-going children, reporting infringements and by their presence in public spaces with the eye on dettering conflict.

practitioner observations, it remains difficult for the respondents to determine if the specific and / or general effects are a direct result of the intervention.

In the Dutch-speaking part of Belgium, only five projects were identified that are directly aimed at reducing drug-related nuisance (and not drug-related crime), among other things. In the problem analysis of the projects, drug-related nuisance is mentioned as a problem to be tackled, but during the practical implementation of the projects, reducing this type of nuisance is rarely a priority. The primary target group of these five projects are vulnerable multi-problem drug users (homelessness, psychiatric co-morbidity or other problems) who sometimes cause drug-related nuisance. The projects focus on basic societal or economic activation, life domain improvement, creating awareness among the target group and partners, cooperation with partners and offering a spatial alternative. They are, specifically, the Flemish projects OpStap (Gent), Winterhuis (Genk), Zomerpatio (Antwerp), Café Anoniem (Hasselt), R-ACT (Roeselare).

The realist synthesis conducted within the framework of this research intended to unveil "what works, for whom, under what circumstances, and how" (Gielen, 2017; Pawson, 2006) in these projects. The first step of realist evaluation consists of the synthesis of programme theories: how are projects 'intended' to work? Based on qualitative interviews with the project implementers, we developed a CMO model (figure infra). This model uncovers active ingredients of programme theory mechanisms (M), indispensable contextual elements during implementation (C), and what the expected outcome is (O). Given that little outcome data are available, we mention in the 'outcome' section only the expected outcome, as mentioned by respondents. However, this model allows us to evaluate these projects in the future and to support project implementers in terms of registration methods by linking the indicators from the SOCPREV Registration Guidelines with the ten contextual and programme theoretical elements.



Application of the CMO model (Pawson & Tilley 2006) for the social prevention of drug-related crime / nuisance in vulnerable problem users with or without multiple problems (e.g. homelessness, psychiatric comorbidity)

2.3 Evaluation and Registration

2.3.1 LITERATURE REVIEW AND INTERNATIONAL RESPONDENTS: FOCUS ON OUTCOME AND LITTLE ATTENTION FOR CONTEXTUAL ELEMENTS AND TARGET-GROUP CHARACTERISTICS

More than half of the evaluation studies included in the literature review are **outcome evaluations**. Very little attention is paid to the implementation context, programme fidelity, dosage (frequency and duration) and target group differentiation when discussing outcomes. The registration and evaluation of these elements, however, are very often recommended in the conclusions of the same studies. Most studies mention the context of implementation as background information in the introduction of their study, but these contextual issues are not systematically recorded during the course of the project. Consequently, the **influence of programme changes** cannot be accurately traced during impact evaluation.

The research team emphasizes that these data (changing target group characteristics, changes in the workforce, available funds for the project, new projects, etc.) can be very useful to impact evaluation, provided that they are systematically registered, based on relevant context indicators.

It is unclear how projects are adjusted by means of interim-process evaluation aimed at quality improvement and how this adjustment affects the outcomes of projects. We have not found any studies that explicitly discuss the distinction between process and outcome evaluation. However, a **systematic description and report of the (formative and summative) process evaluation** would be useful as a guideline for implementing and adjusting projects in new contexts. This shortcoming was also noted in the previous research (Vander Laenen et al., 2010).

The outcome of a project is often put forward as the most important evaluation standard in international studies, while **programme fidelity**, impact on context and target group relatedness are registered less systematically. This complicates the possibilities in **comparative studies**. The latter are important, because they can provide insight into how the implementation varies in different contexts or how sub-target groups can be better reached.

An additional limitation of most evaluation studies is that they only analyse outcomes for sub-target groups if the initially intended general outcome evaluation of a project did not yield any results. In other words, the specific outcome for specific target groups (such as women, people with a migration background, problem users etc.) is often not studied at all, unless the initial analysis did not produce any results across the entire target group. The **systematic implementation of this 'secondary analysis'** for sub-target groups would, however, provide more insight into the outcomes for these vulnerable target groups and into the implementation of projects in new contexts.

Most evaluation studies do not describe the main purpose of the project within the framework of an **operational social mechanism**. *Communities that Care, the Icelandic holistic model, Incredible Years* and *Triple P* are promising in that context. *Communities that Care* and the Icelandic holistic model are projects that are developed in different phases. At the start of the project, an evaluation is done of the presence of risk and protective factors in a specific target group or setting. *Incredible Years* and *Triple P* are school-prevention projects that include a similar risk assessment at the outset, used to provide indicated prevention at a later stage of the project. This is in line with the finding that prevention should not exclusively be based on crime rates at local level but also, and especially, on the evaluation of a specific situation, with a view to preparing a prevention project that targets specific risk and protective factors.

Cost effectiveness is rarely discussed in the evaluation studies. A cost-effectiveness study calculates the cost of a project in terms of the 'gained' life span or per year of life gained and what the monetary benefit is for society (Lievens et al., 2016). Only *for CTC, Incredible Years* and *Strengthening Families*,

we found evidence that these projects are cost-effective in the evaluated context. For *Incredible years* it was demonstrated that the assessed benefits exceed the costs in the Dutch context but without further monetary specification (Posthumus, 2009). *CTC* in the US would generate eight dollars for every dollar spent (Kuklinski et al., 2015) where *Strenghtening Families* would yield between seven and eleven dollars to society (Aos et al., 2004; Miller & Hendrie, 2008). It is no coincidence that variants of this family-oriented project (e.g. nurse-parent partnerships) are also included in the European XChange Prevention Registry[8] as good practices.

An important precondition for a cost-effectiveness analysis is that an outcome and impact measurement has taken place. As indicated in recent Belgian research (Lievens et al., 2016), there are many misunderstandings about what cost effectiveness really means in practice. Firstly, it is unclear which type of benefits should be included for what reasons. Cost reduction at one policy level (for example, Belgian federal policy level) is, for example, potentially uninteresting with respect to costs at another policy level (for example, community level). Secondly, it is not clear what type of positive outcomes (benefits) should be included. The direct effect on the target groups, peers or society as a whole (once again, this focus too often relies on subsidizers and certain policy competences or competences in a delineated area). Thirdly, it is unclear to what extent the benefits can really be measured. Will reduced risk behaviour continue to exist, under what circumstances and how can this be translated in terms of costs and benefits? The result of a cost-benefit analysis is ultimately determined by how the concepts of 'result' and 'impact' are defined.

Finally, various methodological shortcomings in the identified evaluation studies are also mentioned. The most common shortcomings include the lack of an **intent-to-treat analysis** (ITT)[9]. This results in the fast that thos of the target group who do not wish to participate or drop out - usually the most vulnerable - remain under the radar (Kumpfer et al., 2010). Other shortcoming are the **artificial homogenisation** of the control groups (by excluding, through all kinds of selection mechanisms, persons with a low socio-economic status and a migration background); not including the **impact of growing up** as a mediating factor (Kumpfer, 2010); evaluating on the basis of **self-reporting** (without e.g. qualitative triangulation with other data); programme loyalty not analysed (the extent to which the project was carried out as planned) as well as other **qualitative and contextual elements** related to **implementation**; and, specifically with regard to community projects, the **lack of an evaluation of each of the components** of those projects.

2.3.2 INTERVIEWS WITH BELGIAN PREVENTION WORKERS: EMPHASIS ON PRECONDITIONS OF REGISTRATION, OUTCOME AND PROCESS EVALUATION, AS WELL AS THE ABSENCE OF INDICATORS FOR REGISTRATION

During the interviews with Belgian prevention workers, much emphasis was placed on the necessity of a number of important contextual preconditions that allow proper registration prior to evaluation. These preconditions mainly concern enabling cooperation with partners in different sectors, such as safety (police), general welfare and health, as well as the wider civil society (including community and youth work), project perspective and financial resources for evaluating the project. Respondents

[8] XChange is an online database for evidence-based prevention projects (launched on 24 October 2017). The database provides information on evaluation studies but also on the experiences of practitioners in implementing these projects in different European countries (http://www.emcdda.europa.eu/best-practice/xchange).

[9] It is very important that participants are analysed in the group in which they were originally assigned to and that dropouts are also included in the analysis. We call this the 'intention to treat' analysis (ITT). If drop-outs are not taken into account, this generally leads to an overestimation of the effect, since it only compares the participants who have completed the entire prevention project.

mainly indicated that the partners should know, and respect, each other's goals within the framework of a project.

With regard to registration and evaluation, we note that in the Dutch-speaking part of Belgium, various registration systems are used to keep track of intake and referral numbers and for client progress in different life domains, such as health, work, family etc. (for example, in heroin substitution programmes and federally organised community mental health centres). Nevertheless, it seems that these data are rarely examined in the framework of specific project evaluation. Additionally, we note that **few indicators are systematically registered that can contribute to the evaluation of project goals linked to drug-related crime and / or nuisance at project level.**

Registration

Both French-speaking and Dutch-speaking respondents indicate that they register data using indicators they created themselves (including the number of activities that took place, the number of people reached during an activity, the number of distributed / collected syringes, number of meetings, number of distributed brochures, etc.) in the so-called 'board tables' that are provided by the Local Integral Safety Department (SLIV). Organizations that specifically target problem users appear to have developed the most extensive and systematic registration systems, particularly concerning intake, referral, personal client data (educational level, administrative situation, family situation, medical situation, living situation, etc.) and, in the context of individual follow-up, also the registration of evolution in different life domains.

In the five Flemish projects, we note that indicators concerning the active ingredients of programme theory (life-domain approach, low-threshold basic activation, target group and partner consciousness and participation, providing alternative space) and the effect of contextual factors (cooperation, project perspective, finances, personnel and infrastructure, characteristics of target group, unintended side effects) on implementation are not systematically recorded. Nevertheless, project partners do have some registration systems at organisation level that could contribute to this (e.g. life domain registration, the participation ladder of the PCSWs, intake and referral data). The respondents indicate that they receive insufficient support from the SLIV for this type of registration and they state that it is not their job to prepare this type of outcome evaluation on the basis of registration, because they are prevention experts and not registration or evaluation experts.

With the exception of a small Walloon municipality (where for one specific project, data were recorded during a baseline and end registration), in the majority of other small, and even large, French-speaking municipalities, no systematic registration of the different dimensions of implementation (dosage, intensity, participation and involvement of the target group, etc.) could be identified. A majority of French-speaking respondents also stressed the need for training and tools to diagnose phenomena (statistics, safety monitor, standardized questionnaires, coordination of data collection systems of different local and regional services), to improve registration / evaluation (good practice inventory, validated questionnaires, indicators, software, etc.) and to share their practices (list of sources, platform / network for sharing the practices of prevention officials).

Evaluation

In terms of evaluation, the Dutch and French-speaking respondents focus mainly on process evaluation, because, as they note, process evaluation allows for adjustments along the way. In small towns and villages, the person who also implements the project mainly carries out process evaluations, while in a number of larger cities, we notice that this task is carried out by an internal evaluator or project coordinator. However, the adjustment that takes place based on process evaluation is rarely

registered systematically and this registration differs considerably across municipalities. In some cities, an internal evaluator systematically supervises all ongoing prevention projects, allowing for more systematic registration and timely adjustments to project contents. In other cities, the prevention official regularly invites all project workers and partners to a meeting to tailor projects to changing needs. However, this type of follow-up is described only once in a report for the funding agency without any systematic registration of this adjustment process. More systematic client follow-up and registration often takes place at the level of partner organizations.

Systematic process evaluation and consequent adjustment was identified in some large cities and municipalities, but this is rarely recorded consistently. In addition, in smaller towns, adjustments are mainly performed on an ad-hoc basis. Consequently, it remains unclear how much is adjusted and what the impact is of certain specific adjustments. Participant numbers, but also the diversity of participants, fluctuations in attendance rates are qualitatively evaluated for the purpose of adjustments during implementation and are described in reports to the funding agency. However, it is seldom the case that a clear baseline, intermediate and final measurement takes place for outcome and process-indicator registration.

Both French-speaking and Dutch-speaking respondents indicate that it is difficult for them to evaluate their projects, because different funding bodies (large-city policy, Federal Government, Flemish Government, Walloon Government, etc.) apply different evaluation standards (and indicators), since they have different objectives in mind. In addition, the timing for reporting to the funding bodies on projects differs. For example, in regional capitals in Flanders, it is indicated that the objectives in the local management and policy cycles cannot always be matched with objectives of the federal safety and prevention contracts, because they have to be evaluated at different intervals. A French-speaking respondent argues in favour of the harmonisation of the cycles of the zonal safety plans and the strategic safety and prevention contracts, which would enable the police and the prevention officials to combine their efforts in order to meet their respective administrative requirements.

The sixth national state reform, which impacts different policy levels, such as shifts from the federal level to the regions, intermunicipal shifts (in Flanders) and the disappearance of the competencies for person-related matters at provincial level do not remain without consequences. These shifts create uncertainties about the continued existence of (subsidies for) projects and the fear of a loss of personnel and expertise. Consequently, project evaluation becomes less of a priority for prevention officials.

We can conclude that both Dutch-speaking and French-speaking respondents indicate that the absence or presence of sound registration and evaluation practices largely depends on good cooperation (between policy levels, competences and at project level), project perspective (e.g. on the desirability of an evaluation culture, but also a shared vision at project level), finances (available and sustained grants) and the availability and expertise of staff (and accompanying supporting staff, such as a drug coordinators, project coordinators, the availability of internal evaluators in urban or municipal administrations as well a clear-cut registration guidelines).

2.4 SOCPREV Registration Guidelines

The SOCPREV Registration Guidelines were developed to enable the registration of projects aimed at the social prevention of drug-related crime and nuisance. The criteria of usability, feasibility, deontology and correctness (Pauwels, 2015) were key in the development of the SOCPREV Registration Guidelines.

The framework of the SOCPREV Registration Guidelines draws on the QUALIPREV quality criteria (EUCPN, Rummens et al., 2016). The QUALIPREV quality criteria serve to evaluate a project evaluation

and associated registration. QUALIPREV is based on a systematic literature review of indicators used for the evaluation of crime prevention projects aimed at the social prevention of drug-related crime, among other objectives. The criteria and indicators used were tested and found workable by 13 members of the EUCPN network from 11 different EU countries. The QUALIPREV evaluation project defined five core components for registration:

1. Problem analysis and theoretical background
2. Planning of the evaluation
3. Process registration (and evaluation)
4. Outcome registration (and evaluation)
5. Dissemination and publication of the results

These five QUALIPREV registration / evaluation components are the basis for optimizing registration in the SOCPREV Registration Guidelines. The five QUALIPREV registration / evaluation components have been supplemented with two preconditions that must be taken into account during project development. These preconditions were developed, based on a realist evaluation (see annex 1: glossary & Pauwels et al. 2018) of projects that are aimed at the social prevention of drug-related crime, with specific attention to contextual factors and preconditions for registration. These preconditions are based on the first two of the five components and accompanying guidelines of the *Communities That Care* (CTC) model for the development of evidence-based community projects (Amato et al., 2017; Axford et al., 2016; Haggerty & Shapiro, 2013). These two CTC project components (1. Evaluating the willingness at the level of the community / city / municipality, 2. Organising / Mobilising the community / city / municipality) are translated into so-called SOCPREV '0-conditions') and mainly relate to the preparation and contextual preconditions for registration (and evaluation).

The SOCPREV Registration Guidelines consist of a short version that can be used to register a few minimum criteria at participant, target group and project level during baseline, intermediate and final measurements, while the long version offers detailed tips and example questions and refers to useful tools to develop, and register, additional indicators. We refer to the Belspo website where the SOCPREV Registration Guidelines, available in French, English and Dutch, can be downloaded free of charge.

3. Recommendations

3.1 Recommendations at federal level

3.1.1 INTEGRAL AND INTEGRATED *MULTI-AGENCY* DRUG POLICY

Defining drug-related crime and nuisance at the level of the General Policy Cell Drugs (ACD)

Prevention officials demand a more coherent vision, especially at the federal level, with regard to drug and alcohol policy and particularly regarding the interpretation of the phenomenon of 'drug-related social nuisance' in safety and prevention contracts, because this is a phenomenon that requires an integrated health, welfare and safety perspective. This is a question pertaining to the definition component that was also recommended in previous research (Strebelle, 2002). It transpires that the clearer the conceptual definition of all central concepts, whether it is a phenomenon, a target group or a measure, the greater the chance of developing a quality deployment and the greater the chance of success in developing, and further expanding, quality registration systems as guidelines.

It is paramount to focus on a definition of drug-related crime and nuisance in the General Policy Cell drugs (ACD) that takes into account the fact that these phenomena straddle safety, well-being and health domains. Consequently, the deployment of this definition in health, welfare and safety policy also needs clarification. The approach to these complex phenomena requires an alignment between these policy domains.[10]

The Decree on the allocation, application and control conditions of the strategic safety and prevention plans 2014-2017 (*Toekennings-, aanwendings- en controle voorwaarden van de strategische veiligheids- en preventieplannen 2014-2017* 2013) describes "drug-related infractions" as well as drug-related "violence, procurement crime, organized crime and road safety". The practitioners in this study find this definition too vague. A more concrete definition would allow a better registration (at police level) of this type of crime.

Based on this research, we propose a diversified definition of drug-related crime and nuisance phenomena that allows for an integrated approach of the phenomenon of drugs in society: "(1) adverse consequences for the user of problem use, (2) procurement crime and trafficking of small amounts of drugs to be able to provide for private use, (3) Negative consequences for citizens and society of problem use such as auditory and visual nuisance, and (4) drug-related systemic crime (the maintenance of drug markets) with a view to profit-making (in particular) in border and transit municipalities."

This definition would allow a delineation of competences and allows us to determine in which areas coordination is necessary to attain an integrated policy. Various forms of drug-related nuisance and crime and prevention approaches are, after all, situated on a continuum that includes individual consequences of problem use (well-being and health), that sometimes underlie perceived nuisance phenomena, such as behaviour under the influence of substances and procurement crime (welfare, health and safety) as well as systemic crime related to drug markets in border and transit municipalities (safety).

[10] The basis of the drug policy in Belgium is enshrined in the Cooperation Agreement of 2d September 2002 between the State, the Communities, the Joint Community Commission, the French Community Commission and the Regions for a global and integrated drug policy, and the Joint Declaration of the Interministerial Conference on Drugs of Drugs of January 25th, 2010 on a global and integrated drug policy for Belgium (Kadernota Integrale Veiligheid 2016: 64).

A multi-agency approach to drug-related criminality and nuisance requires an analysis and coordination of Royal and Ministerial decrees and other guidelines concerning the phenomena.

The Framework Document on Integral Safety (*Kadernota Integrale Veiligheid 2016-2019*, 2016) states that the development and implementation of integral and integrated aid and drug treatment strategies are a shared competence (across policy levels). Only in this way can full harmonization between a safety and welfare perspective (see FPS Home Affairs), a health perspective (see FPS Health, Safety of the Food Chain and Environment and regional competences) and welfare perspective (regional competence) be achieved within the framework of the Joint Declaration of the Interministerial Conference on Drugs (2010). The General Policy Document on Safety and Internal affairs (*Algemene beleidsnota Veiligheid en Binnenlandse Zaken*, 2017) supports this multi-agency approach.

It is recommended to translate this policy intention (an integrated aid and drug-treatment strategy and the necessary coordination between safety, health and welfare perspective) into a policy plan that clearly describes the coordination between competences and levels of authority (federal, regional, community). The General Policy Cell Drugs seems to be the most appropriate to initiate this policy plan. This coordination is particularly important for tackling complex phenomena, such as drug-related nuisance and drug-related crime, that are often linked to problem use.

An update of the 2010 Joint Declaration on Drugs is desirable, more specifically in at least three areas: 1) Including the policy shifts since 2010 (especially the sixth national state reform) and the clarification of competence agreements between the different policy levels; 2) Including the evolutions in the field of recovery-oriented drug treatment (Vanderplasschen & Vander Laenen, 2017), in accordance with Article 107 of the Hospital Act, and 3) taking into account the growing diversity in society.

Aligning evaluation cycles, zonal security plans and local drug policy, as well as safety and prevention contracts.

The fragmentation within policy that was identified in previous, policy-oriented research still forms an obstacle in the performance of prevention officials. Coordination of policy plans and policy areas is pursued in both the Framework Document on Integral Safety 2016 and the Joint Declaration of the Interministerial Conference on Drugs (2010). In addition, on 7 November 2013, the Association for Cities and Municipalities (VVSG) asked Home Affairs for the coordination of local policy plans and security plans (2020-2025) on local integrated policy (2019-2025) and the municipal multi-annual plans (management and policy cycles). This request is supported by the current research.

Harmonization of terminology used, of policy plans and of evaluation cycles at different policy levels (federal, regional, provincial, [inter] municipal) can improve the quality of evaluation and reduce the workload for local projects thanks to joint evaluation (measuring common goals) and shared evaluation (sharing evaluation of project-specific goals) and thereby support practitioners in meeting the administrative requirements of various subsidizing authorities.

3.1.2 REVISION OF THE ATRIBUTION REQUIREMENTS FOR FUNDS WITHIN THE FRAMEWORK OF THE SAFETY AND PREVENTION CONTRACTS (KB/2013/00765)

The respondents indicate that uncertainty surrounding the renewal of the safety and prevention contracts creates uncertainty among employees and puts the implementation of sustainable policy under serious pressure. Moreover, Dutch-speaking respondents claim that the subsidy allocation key could take account of rapidly changing urban contexts (influenced by, for example, migration flows

and changing economic contexts) and the socio-economic status of residents and sub-target groups, to name but a few. Some French-speaking respondents also propose that the installation of new subsidy rules should be preceded by a full analysis of the budget, because if the total number of financed projects increases, the subsidy for existing projects may decrease. Respondents also indicate that it is necessary to be aware of changing characteristics of target groups and sub-target groups during registration. It is, therefore, important that the regulatory frameworks consider these issues and do not require target-group descriptions that are too rigid.

The recommendations of Hardyns, Vander Laenen and Pauwels (2017) regarding the attribution criteria of the safety and prevention contracts are confirmed in this study. They propose to decrease the minimum population limit as an attribution criterion, to take into account a revised deprivation index, as well as an updated crime index in the spirit of the former VSPP crime index[11]. In this way, due account can be given to the needs of small cities and municipalities (including those who used to have a 'drug plan'). These indices may under no circumstances be used to 'make a hit parade' of cities with a lot or little crime, but are a factor in the discussion about the distribution of resources. An adjustment in the attribution criteria will have an influence on the distribution of resources between cities and municipalities. The question, therefore, arises to what extent the total budget must be adjusted in the context of new attribution criteria.

In addition, this study indicates that attention should be paid to changing drug phenomena when awarding subsidies by allowing a certain flexibility in subsidization or by installing a fund that allows new phenomena to be tackled quickly and effectively.

[11] The VSPP index was a crime index based on three serious forms of crime, including car theft, domestic burglary and intentional assault and battery related to the number of residents. An updated version was needed because of methodological reasons (numerator and denominator did not correspond - the denominator is not always the population, but the number of persons actually present, or the number of vehicles present, see methodological reading guide on the official crime statistics on the website of federal police or consult scientific references explaining the problems: Andresen & Jenion (2010), Oberwittler (2004), Pauwels, (2002), Stoop and Pauwels, (2001).

3.1.3 REGISTRATION

Reinvesting in a new measurement tool to establish better data-sharing between federal and local policy levels and broader risk and protective factors for problem behaviour.

In 2018, the Local Integral Safety Department intends to develop a new framework for 'safety diagnostics' specifically for cities and municipalities. The respondents from small (mainly transit and border) cities and municipalities in this study asked for more efficient federal data-sharing with regard to drug-related systemic crime (customs, justice). In addition, several Dutch-speaking respondents shared their positive experiences of the deployment of a drug monitor. These instruments can be included in the new 'safety diagnostics'.

In the development of new, integrated measurement instruments, such as 'safety diagnostics', attention must be paid to both permanent indicators (in the light of comparability) and an adapted version of the existing qualitative (drug) monitors, especially in small towns and municipalities. For example, offering methods for focus groups[12] with stakeholders and with target groups to replace the more time-consuming, individual surveys. The *United Nations Developmental Fund* (2015) advises to supplement this type of 'safety diagnostics' based in police and judicial data (and e.g. the *drug supply indicators* (EMCDDA, 2010)) with data on the root causes of inequalities that are especially detrimental to specific vulnerable groups. Existing drug monitors[13], in turn, offer a sound framework for mapping and understanding drug phenomena from both the respondents' and users' perspective in depth.

Providing binding registration indicators (at project level), as well as a clear-cut definition of strategic and operational goals in the new decrees concerning the allocation, use and control criteria of the financial allocation for the safety and prevention plans

It is necessary that clear guidelines are available about who has to register what to make evaluation possible. The minimum SOCPREV indicators ('short version' SOCPREV Registration Guidelines) can be included in these guidelines. In addition, the SOCPREV Registration Guidelines offer guidance about who, namely the municipal or regional (drug) coordinator or municipal administration, the project coordinator and the practitioner, should register what. Furthermore it seems necessary to clearly define the terms 'strategic objectives'[14] and 'operational objectives'[15] (mentioned in the Decree) when specific project objectives are determined, but also for the sake of successful implementation and elaboration of projects.

For the sake of quality improvement and comparability, it is necessary that the same indicators be used in the registration in different projects in cities and municipalities. In the framework of this research project, the SOCPREV Registration Guidelines were developed, offering a clear Indicator Sheet. The SOCPREV Registration Guidelines are subdivided into a short and a long version:

[12] Vander Laenen, F. (2016b) Focusgroepen (pp. 223-253). In: T. Decorte & D. Zaitch (2016). Kwalitatieve methoden en technieken in de criminologie, 3e, grondige herwerkte versie, Acco, Leuven/Den Haag.

[13] 'MILD' For more information see: De Ruyver, B., Ponsaers, P., Lemaître, A., Maquet, C.,Bucquoye, A., Surmont, T., et al. (2006). *Monitor integraal lokaal drugbeleid*. Brussel: Federaal Wetenschapsbeleid. For other monitors see Vlaemynck, M. & Decorte, T. (2016). *Drug Monitor Turnhout, Resultaten 2016*. Turnhout: Stad Turnhout. Decorte, T. & D'Huyvetter, E. (2013). *Lokale detailhandel in drugs in Antwerpen. Een exploratief onderzoek. Drugmonitor 2012-2013).* It is advisable, for the sake of comparability between cities, that the same monitor is used.

[14] Objectives based in previous practices (diagnostics and prior project-specific evaluations) and theory-based objectives within the framework of local and national safety and drug policy.

[15] Project components and project specific activities.

practitioners in small towns and municipalities can get started with the 'short version' of the Registration Guidelines, while practitioners in large(er) cities with an internal evaluator or drug coordinator can use 'the long version' of the SOCPREV Registration Guidelines. The indicators in the SOCPREV Registration Guidelines are based on a literature review on evaluation instruments and can be used for the registration of these projects aimed at the social prevention of drug-related crime.

Accommodating indicators in existing registration systems will allow for comparability of anonymised data in the framework of evaluation projects.

Many projects have similar, if not the same, goals, but do not evaluate the outcome based on the same indicators. Consequently, projects cannot be compared with each other to determine which contextual factors influence the outcomes of a project. In what follows, we focus on early-intervention indicators, because previous Belgian policy-oriented research has already made recommendations in this respect (De Ruyver et al., 2009). Obviously, these general recommendations also apply to other forms of registration of project-based services at the drug-treatment and prevention spectrum, such as harm reduction. For instance for harm reduction, the EMCDDA offers an internationally validated framework of indicators (Wiessing et al., 2017). These indicators are also included in the SOCPREV Registration Guidelines (Appendix 4, page 45).

It would be useful to examine to what extent it is possible to work with the same registration indicators in organisations at community, local or federal level, such as substitution treatment services.

There are various useful registration systems. In Flanders, for example, while CGG systematically report on pre-set indicators related to their early interventions, other early intervention projects are not necessarily registered in the same way, although it would be interesting to compare, for example, the differences between these projects across organisations by examining, for example, the type of intake, (mandatory / voluntary, number of sessions, referral, behavioural change etc.). The European FreD project sets an example for this type of comparative evaluation research (Bosse, 2010).

In Wallonia and Brussels, the so-called Féditos could encourage this registration and evaluation work for the sake of comparability between projects that are specifically aimed at problem users (syringe exchange, substitution treatment, etc.). The indicators developed by Transit and MASS (including life domain registration) can form a basis for this harmonization and for the evaluation of projects. Of course, the evaluation based on this registration will remain organisation-specific and it cannot be the intention to propose a one-size fits all evaluation model.

3.1.4 EVALUATION AND QUALITY IMPROVEMENT: WHO, WHAT & HOW?

Conducting impact evaluation of ongoing projects by means of an independent evaluator.

With reference to previous research (De Ruyver et al., 2008; De Ruyver et al., 2009; Decorte et al., 2004), a number of respondents from Flemish regional capitals welcome the establishment of an external knowledge and expertise centre for evaluation. French-speaking respondents do not mention the introduction of such a knowledge and expertise centre during the interviews. However, during the feasibility study, a respondent asked a question that is worth consideration, namely whether it is possible to achieve true independence in evaluation studies? In any case, it is paramount to clarify in such a knowledge and expertise centre how independence can be safeguarded and how the link between policy and research can be regulated (Vande Walle et al., 2010).

Evaluators cannot be biased on the basis of funding or their own involvement in a project. An important precondition for an evaluation that allows a project to be fine-tuned and enhanced in general is that this evaluation stimulates projects to grow into good practice and does not lead to a project being penalized financially based on one less favourable, or bad, evaluation.

In conclusion, Respondents ask for more support for registration and evaluation. They mention standardized and validated questionnaires, data collection systems, better safety, and drug monitors for their cities (this is also reflected in the recommendations of Hardyns and colleagues, 2017).

An external knowledge and expertise centre can develop registration tools for, and in consultation with, SLIV and, above all, cities and municipalities. Moreover, they can offer support for internal (process) evaluations and carry out external (outcome) evaluations based on pre-determined registration guidelines. This would lead to the dissemination of good and promising projects, support for expertise-sharing and an improvement in the quality of projects.

In a pilot phase, the knowledge and expertise centre for evaluation can ensure (1) the deployment of a standardized drug monitor that complements safety diagnostics; (2) Preparation of a database containing examples of evidence-based projects, with specific attention for European variants (as mentioned in the EMCDDA XChange database) (see infra). The tasks of the knowledge and expertise centre are preferably outlined in a declaration of commitment and could be managed by the General Policy Cell Drugs on account of its intersectional character (wellbeing, health, safety) of phenomena of drug-related nuisance and crime.

In its day-to-day functioning, the knowledge and expertise centre can focus on connecting and coordinating (prevention officials), as well as on quality promotion (of projects). With regard to connection and coordination, the task involves, among others (1) providing methodological tools for drug policy coordination in small towns and municipalities; and (2) making policy recommendations on a regular basis with a view to improving the organization of the integral and integrated drug policy, specifically with the coordination of competencies and the alignment of evaluation cycles in mind. With regard to quality promotion, the knowledge and expertise centre can provide:

1. Periodic outcome evaluation, independent of funding;
2. (Dissemination of) quality standards for registration;
3. Standardised registration instruments;
4. The organisation of supervision focused on knowledge-sharing and improved implementation, registration and evaluation;
5. Maintaining contact with European partners for knowledge-sharing and quality promotion.

The establishment of an external knowledge and expertise centre will have to take place in close consultation with, among others, SLIV (Home Office). Nevertheless, as indicated above, it is recommended that an independent partner carry out the evaluation itself.

Providing practitioners good and promising practices

Three evolutions in Belgium and Europe have driven the research team to promote the creation of a Belgian database of good and promising practices. Firstly, practitioners ask for more support in the development of interventions and in the registration and evaluation of their practices. There is also a willingness on their part to work more systematically. Secondly, funding agencies ask for proof of the impact of the implemented projects. Finally, the Council of Europe advises the Member States to grant practitioners access to good and promising drug prevention projects (DS 10371/1/15 REV1). Based on the recommendations of the Council of Europe on quality standards for drug prevention, the EMCDDA,

in collaboration with the EUSPR consortium, launched a new European platform with evidence-based & promising projects (XChange) in October 2017.

This is the perfect time to create a Belgian council of experts (representatives of both the umbrella organizations for cities and municipalities and centres with expertise on project evaluation, such as the VAD, the Scientific Institute for Public Health (WIV), the National Institute for Criminology and Criminalistics (NICC), the founders of e.g. projectpartage.be[16] and other existing platforms) to discuss the form and content of an open-project database. This council can be supervised and monitored by the external knowledge and expertise centre. Furthermore, the European EUSPR consortium[17] can advise the Belgian council of experts. Ideally, this council is integrated in an external knowledge and expertise centre (see supra), but the composition and follow-up can also be managed by SLIV if an external knowledge and expertise centre is not opted for.

The contents of the database could largely consist of the existing XChange database and could be supplemented by lowering the threshold for entering the Belgian database, based on the *Grüne Liste* inclusion criteria already applied in parts of Germany (Groeger-Roth & Hasenpusch, 2011). This would mean that theoretically well-founded, promising and good practices can be included (and not just those for which randomized controlled trials were conducted). The benefit of the Belgian database compared to its European counterparts could be that it includes not only projects aimed at substance use but also drug-related crime and nuisance outcomes.

Realist evaluation of projects (by SLIV and independent evaluators)

In literature, 'golden-standard' project evaluations based only on randomized controlled trials are sometimes criticized, because they often have low external validity. These studies do not predict whether a project will work in the future because the mechanisms and causal links, the diversity within the results and the context of projects are not discussed sufficiently (Sampson et al., 2013). Weisburd (2016) in turn, emphasizes that evaluation studies pay too little attention to providing guidelines for practitioners and policy makers and that evaluation studies are insufficiently descriptive when reporting on outcomes. We came to very similar conclusions in our literature review (see above).

Realist evaluation can partly solve these issues because it not only asks the question "what works?", But also "for whom?" and "in what circumstances?” Realist evaluation presupposes that at the start of a project, a schedule is developed (the so-called CMO model) that describes contextual elements (C) (such as finances, personnel, target group characteristics etc.) that have an impact, the project mechanism (M), and the expected outcome (O). Based on this CMO model, outcome indicators (as mentioned in the 'short version' of the SOCPREV Registration Guidelines) can then be identified, registered and evaluated.

The use of realist evaluation can compensate in Belgium for both the lack of evidence-based standards for good and promising practices and for the need for better evaluation of existing practices. Both SLIV, project coordinators and external evaluators can apply realist evaluations in order to improve the quality of projects based on outcome evaluations.

On the basis of this evaluation philosophy , we developed a theoretical Context-Mechanism-Outcome (CMO) model for five existing social-prevention projects focused on drug-related nuisance involving

[16] CLPS Walloon Brabant and CLPS Luxembourg have developed their own database with experiences in health promotion. Projects and activities are collected that are mainly carried out in these two but also in other areas in Wallonia.
[17] The XCHange review board is currently presided by David Foxcroft.

the primary target group of vulnerable problem users with multiple problems (e.g. homelessness, psychiatric comorbidity or other problems) (p. 15). By linking the components of this model to the indicators in the SOCPREV Registration Guidelines, consistent registration can be conducted, enabling future outcome evaluation. A precondition for this type of external outcome evaluation is, of course, the systematic and consistent registration of outcome indicators.

Investing in an implementation trajectory for the implementation of the SOCPREV Registration Guidelines

In recent years, high-quality implementation has gained importance in prevention science. Against this backdrop, the SOCPREV Registration Guidelines were developed based on a literature study and interviews with national and international experts about the implementation and evaluation of projects aimed at the social prevention of drug-related crime and nuisance. In addition, the Registration Guidelines input was gathered in two focus groups with the help of practitioners.

During the implementation trajectory, municipalities can be supported, the SOCPREV Registration Guidelines can be implemented and the SOCPREV Registration Guidelines can be tailored to the local needs, much like the PREVAL study (Goethals et al., 2003).

In addition, there is room to test the context-mechanism-outcome model for social prevention of drug-related nuisance in vulnerable problem users with multiple problems (homelessness and / or homelessness, psychiatric co-morbidity or other problems).

3.2 Recommendations at community level

3.2.1 CONDUCTING A TOROUGH ANALYSIS OF THE STATE OF AFAIRS OF DRUG POLICIES IN SMALL, MEDIUM AND LARGE MUNICIPALITIES WITHIN THE FRAMEWORK OF MULTI-AGENCY, LOCAL, INTEGRAL AND INTEGRATED DRUG POLICY

The need for locally integrated drug policy, as recommended in previous policy-oriented research (Permanent Coordination of the General Drug Policy Cell, 2010 and De Ruyver et al., 2008; De Ruyver et al., 2009; De Ruyver et al., 2004; Decorte et al., 2004; Lemaître et al., 2014; Ponsaers et al., 2006; Strebelle, 2002) and confirmed in our literature study on coalition-based projects (*Communities that Care*), has been well received and implemented in larger Belgian municipalities. Nevertheless, it seems that, mostly in smaller municipalities, horizontally and vertically integrated drug policy remains complicated because of subsequent state reforms and consequent competence shifts, such as drug treatment from the federal level down to the community level (Vander Laenen, 2016a), the disappearance of person-related competences at provincial levels, including drug prevention, and the lack of structural support for intermunicipal agreements.

These competence shifts lead to the fear among prevention officials and other practitioners that cracks will appear in drug-related service provision and broader drug policy, especially in smaller cities and municipalities. Therefore, all policy levels should analyse how perceived and actual cracks can be addressed in the new competence constellation. Respondents in this study indicate, for example, that it is unclear to them which policy level will fund universal and selective drug prevention in the school context and how the cooperation between municipalities and drug treatment facilities will be organised in Flanders. In Wallonia, we also see that there are many informal collaboration initiatives

and the question arises to what extent these networks can, or should, be formalized or how these networks can be better supported.

Prevention officials in small towns and municipalities also indicate that their discretionary space often depends on the composition of the municipal councils. For example, they sometimes label welfare goals for vulnerable target groups as ‘safety objectives’ in order to be able to receive funding. This finding is also confirmed in the previous study (Ponsaers et al., 2006).

Investing in a comparative analysis of the situation of drug policy in small, medium and large cities and municipalities with a view to mapping both good and bad practices as a result of the state reform at local and provincial level and to make this known to the supra-national level (that is responsible for coordination), is desirable. In concrete terms, there is a need for a thorough analysis of good practices regarding person-related and drug-related matters that were transferred from the provinces, regions and the federal state to the level of the community or local level. The sub-focal points could take a lead here to initiate such an analysis.

3.2.2 SUPPORTING SMALL MUNICIPALITIES IN CREATING INTERMUNICIPAL COLLABORATIONS WITHIN THE FRAMEWORK OF MULTI-AGENCY, LOCAL, INTEGRAL AND INTEGRATED DRUG POLICY

In small towns and municipalities, a locally integrated drug policy often requires an intermunicipal safety and drug policy based on partnerships. Respondents in this study emphasize that they need better support in elaborating these intermunicipal collaborations for an efficient, effective, integrated and integral drug policy. That is why it is necessary to meet the basic requirements for support mechanisms so that intermunicipal cooperation can be established by means of an action plan for creating multi-agency intermunicipal drug policies.

In Wallonia, there are recognized and specialized drug treatment and care networks that cover the entire territory of the Walloon Region (RASAC, RéLiA, Capc, Rasanam, etc.). Like the Brussels counterpart ('Brussels Local Drug Coordination'), these interdisciplinary and intersectoral networks promote the exchange of information, consultation and coordination between services and aim to promote care continuity through, among other goals, case management. Prevention officials often form part of these networks. An analysis of these existing, and former, intermunicipal collaborations can offer a starting point for drawing up action plans at intermunicipal level and for actively supporting intermunicipal collaborations.

Small towns and municipalities, in particular, need support in achieving the objectives of an integrated and integral approach, as described in the Joint Declaration of the Interministerial Conference on Drugs (*Een globaal en geïntegreerd drugsbeleid voor België. Gemeenschappelijke verklaring van de Interministeriële Conferentie Drugs*, 2010) including: 1) the creation of reliable safety diagnostics, 2) enabling structural consultation between all actors involved; 3) secondment of local employees (street workers, drug workers, prevention workers, ...) to health and welfare services; 4) coordination of cooperation agreements between services (2010: 21423).[18]

[18] The guidelines 'Together for a local alcohol and drug policy' developed by the Flemish expertise center for alcohol, illegal drugs, psychoactive medication, gambling and gaming (VAD) can be a useful tool for this. To our knowledge no similar instrument is available in French. Consequently, we recommend the development of a French version of these guidelines.

3.2 Recommendations at the local level

3.2.1 SELECTION AND REGISTRATION OF INDICATORS AT PROJECT LEVEL BASED ON THE SOCPREV REGISTRATION GUIDELINES

If indicators are not systematically recorded (during a baseline, intermediate and final measurement) and if it is unclear afterwards to which type of adjustment the project was subject, it is impossible to carry out an outcome evaluation. With the short version of the SOCPREV Registration Guidelines, it is possible to select some indicators that could be registered at project level during a predetermined baseline, intermediate and final measurement. Based on this registration, the outcomes of the project can be measured and described. The Registration Guidelines also distinguish who registers what: (1) the urban or regional (drug) coordinator or the city administration, (2) the project coordinator and (3) the practitioner.

The SOCPREV Registration Guidelines can be used to make a selection of process and outcome indicators to be registered during a baseline, intermediate and final measurement.

3.3.2 ALIGNING PROJECT PARTNER REGISTRATION AND AVAILABLE DATA ACROSS PROJECT PARTNERS

Many organisations that are partners in projects dispose of data that can be useful for municipalities to evaluate projects aimed at the reduction of drug-related crime or nuisance.

In the project’s steering group, one can decide to systematically, but anonymously, share relevant information at project level, such information already available in partner organisations. If there is no steering committee, the practitioner, drug coordinator or project coordinator can consult with these organisations on an individual basis. A precondition for this information sharing is that the goals of the project do not jeopardize the goals of the participating organisations and, for example, do not use information about a client in one organisation for curtailing or limiting the client's freedoms in another organization. (For example in the case of employment objectives of PCSW, police safety objectives and health goals of heroin substitution programmes).[19]

3.3.3 DISTINGUISHING BETWEEN EVALUATION AT TWO LEVELS: PROCESS EVALUATION AT PROJECT LEVEL AND OUTCOME EVALUATION BY AN INDEPENDENT EVALUATOR

The goal of process evaluation is to continuously monitor the progress of the process in order to adjust it when necessary. Outcome evaluation assesses the project afterwards or based on the analysis of a baseline, intermediate and final measurement. The distinction between process and outcome evaluation is of great importance for the quality of each of these types of evaluation. Too much focus on process evaluation alone can result in not being able to evaluate project adjustments when it comes to evaluating the outcome.

Outcome evaluation (based on a baseline, intermediate and final measurement) is necessary for measuring and describing the outcome of a project. It should be distinguished from the process

[19] With regard to the indicators to be registered at individual level, the statutory requirements for anonymising personal data (e.g. GDPR) must be taken into account. In addition, the Patients' Rights Act must also be taken into account if data are also recorded in the legal and health domain and with the requirements of the European Union's General Regulation on Data Protection (AGV) that came into force on 24 May 2016.

evaluation (during the project), because the latter mainly aims to adjust the project for reaching the project goals, whereas the former will allow project outcomes to be analyzed.

3.3.4 INTEGRATED, INTEGRAL, SCIENCE AND KNOWLEDGE-BASED CRIME PREVENTION AT LOCAL POLICY LEVEL

An integrated crime policy consists of a combination of both situational prevention and social prevention and considers target group-oriented prevention among the most vulnerable, such as young people and problem users, when it comes to drug-related crime and nuisance (Cauchy et al., 2015). In addition, prevention, early detection and intervention, harm reduction, treatment, aftercare and social integration are essential mainstays of drug policy that, in turn, is also important in safety policy (as mentioned in the Framework Memorandum on Integral Safety 2016: 65).

Integrated policy to reduce drug-related nuisance and crime starts with good coordination between the safety policies and the drug policy and focuses on welfare, as well as health and safety issues.

The United Nations Developmental Fund (2015) states that the evaluation of the general drug policy should include root causes of supply and demand, such as socio-economic factors and inequalities that mainly affect specific target groups (see also UNODC, 2017).

With regard to the implementation of projects aimed at the social prevention of drug-related crime and nuisance, it remains important to prioritize projects that have shown to work in the past, either based on theoretical studies on implementation and outcome, or by practice-based knowledge. At best, new projects combine these two elements.

A broad evaluation of crime and drug policy and the common goals should not only consider police and judicial data, it should also take into account contextual factors, such as the socio-economic background of specific target groups that are risk factors for problem behaviour, such as problem use and / or drug-related crime and nuisance.

3.2.5 LOW-TRESHOLD TREATMENT AS WELL AS SOCIAL ACTIVATION WORK AMONG PROBLEM USERS

The leading drug-related crime report (Cauchy et al., 2015) emphasizes that drug-related crime prevention must focus on young people, harm reduction and the prevention of recidivism. Sumnall & Brotherhood (2012) also indicate that a focus on individual recovery of problem users is not sufficient and that a policy towards drug users, and certainly ex-prison drug users, should focus on social inclusion and reintegration, with attention for the position of the individual in society and to all life domains.

Continuing efforts in favour of the low-threshold activation and participation of problem users in society is, therefore, important, given the complexity of problems associated with problem use in different life domains such as health, general well-being, housing, social network, employment and the financial situation. It is therefore important to focus on these different life domains during treatment.

A focus on drug treatment (Holloway et al., 2008), psychosocial support for female drug-using detainees (Perry et al., 2015), substitution treatment for heroin users (Egli et al., 2009; Koehler et al.,

2014) and medical prescription of heroin (Killias, 2009) can be successful in reducing crime among problem users (Favril et al., 2015), and in the latter case for reducing economic-compulsive drug-related crime.

3.3.6 THE IMPORTANCE OF EARLY INTERVENTION IN DIFFERENT PHASES OF LIFE

Although forms of pre-pressure[20] have to be avoided, the use of early-intervention methods among young experimental problem users or among people who come into contact with police because of drug-related issues (especially young people), is effective in preventing later problem use, a risk factor for drug-related crime (Cauchy et al., 2015). Nevertheless, early intervention in Belgium is haphazard and conducted by various actors, which hampers comparative outcome analysis of these varying methods.

Focusing on sharing expertise about early intervention between cities and municipalities can improve early-intervention methods and, thus, reduce risk factors that can lead to drug-related crime and nuisance at different stages of life.

[20] "Proactive repression that prematurely suppresses certain forms of life and attempts to shift in the direction of desired life forms" (Schinkel, 2009; Burssens et al. 2014).

References

Abdon, J. G. W., E.; Andreasson, S. (2011). Long-term effects of a community-based intervention: 5-year follow-up of 'Clubs against Drugs'. *Addiction, 106*(11), 1997-2004.

Algemene beleidsnota Veiligheid en Binnenlandse Zaken. (DOC 54 2708/008). (2017). Brussel: Kamer. Retrieved from http://www.dekamer.be/doc/FLWB/pdf/54/2111/54K2111007.pdf.

Amato, L., Mitrova, Z., Davoli, M., Ferri, M., Burkhart, G., Bo, A., Costa, C., Axford, N., De Kock, C. & Faggiano, F. (2017). Communities That Care (CTC): a comprehensive prevention approach for communities *EMCDDA papers*: EMCDDA.

Aos, S., Lieb, R., Mayfield, J., Miller, M. & Pennucci, A. (2004). Benefits and costs of prevention and early intervention programs for youth: Olympia: Washington State Institute for Public Policy.

Arnaud, S., Gervasoni, J.-P. & Dubois-Arber, F. (2010). *Monitorage national des dépendances (amis): Rapport module 1* (no 09.007029/204.0001/-704). Lausanne: Centre hospitalier universitaire vaudois Département universitaire de médecine et de santé communautaires

Axford, N., Sonthalia, S., Wrigley, Z., Webb, L., Mokhtar, N., Brook, L., Wilkinson, T., Hunt, A., Timmons, L., Raja, A., Rawsthorn, M., Goodwin, A., Ohlson, C., Price, H., Whybra, L., Jamison, K. & Morpeth, L. (2016). *What works in Europe? Developing a European Communities that Care database of effective prevention programmes*. Dartington: Dartington Social Research Unit.

Bosse, A. (2010). Together we are succesful, FrED *Coordination Office for Drug-Related Issues*. Westfalen-Lippe.

Bronfenbrenner, U. (1979). *Ecology of human development: Experiments by nature and design*. Harvard: Harvard University Press.

Cattaneo, M., Dubois-Arber, F., Leuthold, A. & Paccaud, F. (1993). Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie, phase I: bilan initial 1990-1992. *Lausanne: Institut universitaire de médecine sociale et préventive*.

Cauchy, D., Madriaza, P., Monnier, C., Martel-Perron, R., Robert-Colomby, J., Benzacar, N. & Modica, C. (2015). *Prevention of drug-related crime report*. Montreal: International Centre for the Prevention of Crime (ICPC).

De Man, C., Maes, E., Mine, B. & Van Brakel, R. (2009). *Toepassingsmogelijkheden van het elektronisch toezicht in het kader van de voorlopige hechtenis – Possibilités d'application de la surveillance électronique dans le cadre de la détention préventive, Eindrapport - Rapport final* Brussel: Nationaal Instituut voor Criminalistiek en Criminologie, Operationele Directie Criminologie.

De Ruyver, B., Lemaître, A., Born, M., Colman, C., Pirenne, C. & Vandam, L. (2008). *Definiëring en meting van druggerelateerde criminaliteit*. Gent: Academia Press

De Ruyver, B., Lemaître, A., Ponsaers, P., Born, M., Pauwels, L. & Vander Laenen, F. (2009). Do's and don'ts in een integraal en geïntegreerd drugsbeleid. Gent: Academia Press.

De Ruyver, B., Ponsaers, P., Lemaitre, A. & Macquet, C. (2004). *Meta-analysis on the impact of local projects on drug-related nuisance (METAN)*. Gent: Academia Press.

Decorte, T. & D'Huyvetter, E. (2013). *Lokale detailhandel in drugs in Antwerpen: een exploratief onderzoek: drugmonitor 2012-2013* (9081710826). Antwerpen: Stedelijk Overleg Drugs Antwerpen (SODA).

Decorte, T., De Ruyver, B., Ponsaers, P., Bodein, M., Lacroix, A. C., Lauwers, S. & Tuteleers, P. (2004). *Drogues et nuisance*. Ghent: Academia Press.

Draft Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union. (2015). Brussels: Presidency of the Council of Europe.

Een globaal en geïntegreerd drugsbeleid voor België. Gemeenschappelijke verklaring van de Interministeriële Conferentie Drugs. (2010). Brussel: Interministeriële Conferentie Drugs.

Retrieved from https://www.belspo.be/belspo/organisation/Call/forms/drug2011/IMC%20drugs-algemene%20verklaring%2025%20januari%202010.pdf.
Egli, N., Pina, M., Skovbo Christensen, P., Aebi, M. & Killias, M. (2009). Effects of drug substitution programs on offending among drug-addicts. *Campbell Systematic Reviews*(3).
EMCDDA. (2005). Drug-related public nuisance - trends in policy and preventive measures. *Annual Report: Selected Issues*.
EMCDDA. (2007). Drugs and crime - a complex relation. *Drugs in focus, 16*.
EMCDDA. (2010). *Key conclusions.* Paper presented at the First European conference on drug supply indicators, Lisbon.
EMCDDA. (2015). *European Drug Report 20*. Lisbon: EMCDDA.
Fagan, A. A. (2013). Family-Focused Interventions to Prevent Juvenile Delinquency A Case Where Science and Policy Can Find Common Ground. *Criminology & Public Policy, 12*(4), 617-650.
Farrington, D. P. (2009). Prevention. In J. Miller (Ed.), *21st Century criminology: A reference handbook* (pp. 628-637). Thousand Oaks: SAGE Publications.
Farrington, D. P. & Welsh, B. C. (2003). Family-based prevention of offending: A meta-analysis. *Australian & New Zealand Journal of Criminology, 36*(2), 127-151.
Favril, L., Vander Laenen, F. & Decorte, T. (2015). *Schadebeperkende maatregelen voor de stad Gent. Een onderzoek naar de lokale noden en prioriteiten*. Antwerpen: Maklu.
Foxcroft, D. R. & Tsertsvadze, A. (2011). Universal multi-component prevention programs for alcohol misuse in young people *Cochrane Database of Systematic Reviews*: John Wiley & Sons, Ltd.
Gavine, A. J., Donnelly, P. D. & Williams, D. J. (2016). Effectiveness of Universal School-Based Programs for Prevention of Violence in Adolescents.
Gervasoni, J.-P. & Dubois-Arber, F. (2008). *Indicateurs de résultats du Promedro III, Situation à fin 2008*. Lausanne: Institut universitaire de médecine sociale et préventive
Gervasoni, J.-P. & Dubois-Arber, F. (2012). *Indicateurs de résultats du Promedro III, Situation à fin 2011*. Lausanne: Institut universitaire de médecine sociale et préventive
Gervasoni, J.-P., Dubois-Arber, F., Benninghoff, F., Spencer, B., Devos, T., Paccaud, F., Boller, B., Coray, R., Fahrenkrug, H. & Ferron, C. (1996). Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie. *Deuxième rapport de synthèse, 1996*.
Gervasoni, J.-P., Kellerhals, C. & Zobel, F. (2000). *Evaluation des mesures de la Confédération destinées à réduire les problèmes liés à la toxicomanie: troisième rapport de synthèse 1997-1999*: Institut universitaire de médecine sociale et préventive (Lausanne).
Gielen, A.-J. (2017). Evaluatie van de bestrijding van geweldadig extremisme. In L. Colaert (Ed.), *'Deradicalisering' Wetenschappelijk inzichten voor een Vlaams Beleid*. Brussel: Vlaams Vredesinstituut.
Giesbrecht, N. (2007). Community-based prevention of alcohol problems: addressing the challenges of increasing deregulation of alcohol. *Substance use & misuse, 42*(12-13), 1813-1834.
Goethals, J., Vervaeke, G., Wyseur, L., Biquet, V., Hougardy, L. & Doutrelepont, R. (2003). *Preval 1: evaluatie van de veiligheids- en preventiecontracten* Leuven: KUL Leuven.
Groeger-Roth, F. & Hasenpusch, B. (2011). *Grüne Liste Prävention Auswahl- und Bewertungskriterien für die CTC Programm - Datenbank*. Landespräventionsrat Niedersachsen: CTC Communities that care.
Haggerty, K. P. & Shapiro, V. B. (2013). Science-based prevention through Communities That Care: A model of social work practice for public health. *Social work in public health, 28*(3-4), 349-365.
Hanlon, T. E., Bateman, R. W., Simon, B. D., O'Grady, K. E. & Carswell, S. B. (2002). An early community-based intervention for the prevention of substance abuse and other delinquent behavior. *Journal of Youth and Adolescence, 31*(6), 459-471.
Hardyns, W., Vander Laenen, F. & Pauwels, L. (2017). *Onderzoek naar de toekenningscriteria voor de strategische veiligheids- en preventieplannen*. Brussel: FOD Binnenlandse Zaken. AD Veiligheid en Preventie (opdrachtgever).

Hawkins, J. D., Brown, E. C., Oesterle, S., Arthur, M. W., Abbott, R. D. & Catalano, R. F. (2008). Early effects of Communities That Care on targeted risks and initiation of delinquent behavior and substance use. *Journal of Adolescent Health, 43*(1), 15-22.

Hawkins, J. D., Catalano, R. F. & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64.

Holloway, K. R., Bennett, G. G. & Farrington, D. P. (2008). *The effectivenes of treatment in reducing drug-related crime.* Stockholm: Swedish Council for Crime Prevention, information and publications.

Kadernota Integrale Veiligheid 2016-2019. (2016). Brussel: Federale Overheidsdienst Binnenlandse Zaken. Retrieved from https://www.besafe.be/sites/besafe.localhost/files/u19/2016-06-07_kadernota_integrale_veiligheid_nl.pdf.

Killias, M. A., Marcelo; Pina, Miriam; Egli, Nicole; Christensen, Pernille Skovbo. (2009). Effects of Drug Substitution Programs on Offending Among Drug-Addicts: A Systematic Review. *Campbell Systematic Reviews, 5*(3).

Koehler, J. A., Humphreys, D. K., Akoensi, T. D., de Ribera, O. S. & Losel, F. (2014). A systematic review and meta-analysis on the effects of European drug treatment programmes on reoffending. *Psychology Crime & Law, 20*(6), 584-602.

Kuklinski, M. R., Fagan, A. A., Hawkins, J. D., Briney, J. S. & Catalano, R. F. (2015). Benefit-cost analysis of a randomized evaluation of Communities That Care: monetizing intervention effects on the initiation of delinquency and substance use through grade 12. *Journal of Experimental Criminology, 11*(2), 165-192.

Kumpfer, K. L., Whiteside, H. O., Greene, J. A. & Allen, K. C. (2010). Effectiveness Outcomes of Four Age Versions of the Strengthening Families Program in Statewide Field Sites. *Group Dynamics-Theory Research and Practice, 14*(3), 211-229.

Lemaître, A., Anseau, M. & Demaret, I. (2014). Projet TADAM: Conclusions scientifiques et recommandations. *Lettre du RESPADD*(18), 2-4.

Lievens, D., Vander Laenen, F., Verhaeghe, N., Schils, N., Putman, K., Pauwels, L., Hardyns, W. & Annemans, L. (2016). *The social cost of legal and illegal drugs in Belgium* (Vol. 51). Antwerpen: Maklu.

Maes, E. (2010). Evoluties in punitiviteit: lessen uit de justitiële statistieken. In I. Aertsen, K. Beyens, T. Daems, & E. Maes (Eds.), *Hoe punitief is België?* (Vol. Panopticon Libri, nr. 2 pp. 43-83). Antwerpen / Appeldoorn: Maklu.

Mejdoubi, J., van den Heijkant, S. C., van Leerdam, F. J., Heymans, M. W., Hirasing, R. A. & Crijnen, A. A. (2013). Effect of nurse home visits vs. usual care on reducing intimate partner violence in young high-risk pregnant women: a randomized controlled trial. *PLoS one, 8*(10), e78185.

Miller, T. & Hendrie, D. (2008). Substance abuse prevention dollars and cents: a cost-benefit analysis. *Center for Substance Abuse Prevention (CSAP), SAMHSA. DHHS Pub*(07-4298).

Novak, M., Mihić, J., Bašić, J. & Nix, R. L. (2016). PATHS in Croatia: A school-based randomised-controlled trial of a social and emotional learning curriculum. *International Journal of Psychology*.

Pauwels, L. (2015). *Geïntegreerde, theoriegestuurde criminaliteitspreventie. Mechanismen, Interventies en evaluaties*. Gent: Docunet.

Pauwels, L., Vander Laenen, F., Maes, E., Mine, B. & De Kock, C. (2018). *Social crime Prevention (SOCPREV): An evaluation of initiatives to reduce drugrelated crime*. Brussels: Belspo (unpublished report).

Pawson, R. (2006). *Evidence-based policy: A realist perspective*. New York: Sage.

Perry, A. E., Neilson, M., Martyn-St James, M., Glanville Julie, M., Woodhouse, R. & Hewitt, C. (2015). Interventions for female drug-using offenders. *Cochrane Database of Systematic Reviews*(6).

Plettinckx, E., Antoine, J., Gremeaux, L. & Van Oyen, H. (2017). *Alternatives to prison for drug Offenders*. Paper presented at the Lisbon Addictions, Lisbon.

Ponsaers, P., De Ruyver, B., Lemaître, A., Macquet, C., Bucquoye, A., Surmont, T. & Simays, C. (2006). *Monitor integraal lokaal drugsbeleid*. Gent: Academia Press.

Posthumus, E. A. (2009). *Preventive effects and cost-effectivenenss of the Incredible Years program for parents of preschoolers with aggressive behavior.* (Doctor), Universiteit Utrecht, Utrecht.

Rummens, A., Hardyns, W., Vander Laenen, F. & Pauwels, L. (2016). *Criteria for the evaluation of crime prevention practices*. EUCPN (European Crime Prevention Network and IRCP): Prevention of and Fight against Crime Programme of the European Union.

Sampson, R. J., Winship, C. & Knight, C. (2013). Translating causal claims. *Criminology & Public Policy, 12*(4), 587-616.

Schweinhart, L. J. (1993). *Significant Benefits: The High/Scope Perry Preschool Study through Age 27.* (0929816579). Ypsilanti: Educational Research Foundation (ERIC).

Sigfúsdóttir, I. D., Thorlindsson, T., Kristjánsson, Á. L., Roe, K. M. & Allegrante, J. P. (2009). Substance use prevention for adolescents: the Icelandic model. *Health Promotion International, 24*(1), 16-25.

Skärstrand, E., Larsson, J. & Andréasson, S. (2008). Cultural adaptation of the strengthening families programme to a Swedish setting. *Health Education, 108*(4), 287-300.

Skärstrand, E., Sundell, K. & Andréasson, S. (2014). Evaluation of a Swedish version of the Strengthening Families Programme. *The European Journal of Public Health, 24*(4), 578-584.

Strebelle, C. (2002). Quel bilan peut-on tirer des contrats de sécurité? *Journal du Droit des Jeunes*(202).

Sumnall, H. & Brotherhood, A. (2012). Social Reintegration and Employment: Evidence and Interventions for Drug Users in Treatment. *EMCDDA Insights, 13*.

Toekennings-, aanwendings- en controle voorwaarden van de strategische veiligheids- en preventieplannen 2014-2017 (2013). Brussel: Federale Overheidsdienst Binnenlandse Zaken. Retrieved from http://www.vvsg.be/veiligheid/gemeentelijkveiligheidsbeleid/Documents/KB%20SVPP%20en%20gemeenschapswachten%202014-2017.pdf.

UNDP. (2015). *Adressing the development dimensions of drug policy*. New York: United Nations Developmental Programme.

Van Malderen, S. (2012). *Drugs in de gevangenissen: Een blik op het penitentiair drugbeleid*. Paper presented at the Studiedag 35 jaar De Kiem - Uitdagingen voor de toekomst, Gavere.

Vande Walle, G., Wayenberg, E., Dormaels, A. & Easton, M. (2010). De plaats en betekenis van evaluatie in de interbestuurlijke veiligheids-en preventieplannen. *Panopticon, 31*(3), 40-57.

Vander Laenen, F. (2016a). De communautarisering van de drughulpverlening : herstel centraal. *Panopticon, 37*(4), 275-289.

Vander Laenen, F. (2016b). Focusgroepen. In T. Decorte & D. Zaitch (Eds.), *Kwalitatieve methoden en technieken in de criminologie, 3e, grondige herwerkte versie*. Leuven / Den Haag: Acco.

Vander Laenen, F., Vandam, L. & Colman, C. (2010). Met velen aan de tafel: goede voorbeelden van een integraal en geïntegreerd drugsbeleid. *Verslaving, 6*(4), 54-71.

Vanderplasschen, W. & Vander Laenen, F. (2017). *Naar een herstelondersteunende verslavingszorg*. Leuven: Acco.

Vlaemynck, M. & Decorte, T. (2016). *Drug Monitor Turnhout, Resultaten 2016*. Turnhout: Stad Turnhout.

Weisburd, D., Farrington, D. P. & Gill, C. (2016). What Works in Crime Prevention and Rehabilitation.

Wiessing, L., Ferri, M., Běláčková, V., Carrieri, P., Friedman, S. R., Folch, C., Dolan, K., Galvin, B., Vickerman, P. & Lazarus, J. V. (2017). Monitoring quality and coverage of harm reduction services for people who use drugs: a consensus study. *Harm reduction journal, 14*(1), 19.

Wyvekens, A. (2005). What works in crime prevention. *Champ pénal/Penal field*.