

European Crime Prevention Award (ECPA)

Annex I

Approved by the EUCPN Management Board in 2018

Please complete the template in English in compliance with the ECPA criteria contained in the Rules and procedures for awarding and presenting the European Crime Prevention Award (Par.2 §3).

General information

1. Please specify your country.

BELGIUM

2. Is this your country's ECPA entry or an additional project?

ECPA entry

3. What is the title of the project?

Action plan on drugs Kempen: a multidisciplinary and integrated approach

4. Who is responsible for the project? Contact details.

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5. Start date of the project (dd/mm/yyyy)? Is the project still running (Yes/No)? If not, please provide the end date of the project.

The project was launched on 01/01/2017 and is still running. The aim is to make this a permanent project that is continuously adjusted/monitored.

6. Where can we find more information about the project? Please provide links to the project's website or online reports or publications (preferably in English).

In recent years, all the preparatory work has deliberately been done behind the scenes. As of the autumn of 2019, the project group will make the project and the link between all these projects completely public in order to make the policy and the efforts behind the project clear to all stakeholders. Considering the pilot phase of the project, online reports and publications are not yet accessible or available to the public. This autumn, another publication will follow.

7. Please give a **one page** description of the project (**Max. 600 words**)

The **mission** of the Action plan is to ensure less problematic substance use and less individual and social damage in an efficient and humane way. To do this, a steering group was set up to work on an **integrated and innovative drug policy**. It was essential to have an integrated and ground-breaking vision statement which was drawn up together with all partners.

The **vision statement** allowed an unambiguous perspective and mutual trust in each other's functioning, which made an **integrated and continuous approach** possible. The partners worked on numerous initiatives and launched pilot projects within the framework of the Action plan. Very quickly new alternative legal measures were taken, the case discussion was set up, a chain-oriented approach was outlined with various partners, new resources were made available for a local prevention policy, a school platform was established, a toolbox was developed for public enforcement etc.

The following pilot projects specifically focus on youngsters:

1. **New prevention packages for schools:** Because of the different target groups, prevention packages in terms of addiction policy were custom-made for youngsters: primary prevention for youngsters who have not yet been confronted with drugs (assertiveness/point out the risks), raising awareness among youngsters who have already been confronted with drugs, deploy people who have had a problem with drugs themselves, support parents by teaching them how to deal with drugs, learn teachers how to recognize drug use and raising awareness at youth and sport clubs (e.g. Label "Sportivo's").
2. **Missing link:** For youngsters, feeling good is the main reason not to relapse into psychological problems or to turn to drugs or other substances. For that reason, we started to collaborate with the non-profit organisation Arktos. In this context, care workers give counsel to vulnerable youngsters, both in individual therapy as in group sessions. Using the Missing Link methodology, they try to reach young people who are difficult to reach and guide them towards work or meaningful leisure activities. To this end, they work together with the existing offer regarding assistance, services, free time and education.
3. **Alternative measures for minors:** The new juvenile delinquency law offers possibilities to prosecute juvenile drug offenders in an alternative way. Young people are held more accountable and get more opportunities to repair the damage. Much attention is paid to the recovery-oriented approach. The youngster has to take responsibility for his actions, understand the consequences and try to repair the damage to the victim and society. The magistrates have more possibilities to keep young people out of the realm of court and prosecution. However, this requires commitment from the youngster.

I. The project shall focus on prevention and/or reduction of everyday crime and fear of crime within the theme.

8. How does the project contribute to crime prevention and/or the reduction of crime or the fear of crime? Does it focus on raising citizens' awareness or does it apply other mechanisms? (**Max. 200 words**)

Prevention is one of the four pillars of the Action plan on drugs Kempen. According to research on drug treatment, aspects as primary prevention but also **early detection** in the beginning stage of the assistance spectrum, are important elements in a drug policy.

The prohibition of illegal drugs already implies a preventative value but a world without drugs will never exist. People need boundaries but sometimes they will try to cross these boundaries. An important aim of the Action plan on drugs is to firmly and, above all, **fully** tackle the problem (behaviour, nuisance, the impact on the individual, the social context and society).

In terms of prevention, the Action plan on drugs will appeal to all **actors**. For example, it has joined forces with the CGG¹, a new prevention policy has been established at local level (for which all 16 municipalities have decided to participate), a work group "prevention" has been set up with schools and the police and, finally, the project group has also created an adapted offer together with sports and youth clubs.

II. The project shall have been evaluated and have achieved most or all of its objectives.²

9. What were the reasons for setting up the project? Was this context analysed before the project was initiated and in what way (How, and by whom? Which data were used?)? In what way did this analysis inform the set-up of the project? (**Max. 150 words**)

In the war on drugs, the city of Antwerp and the Southern Netherlands have launched various action plans, pushing the drugs problem in the direction of the Kempen. This fact has been confirmed by police statistics, figures from aid services, CPAS³ files and policy makers and also became clear in interviews with drug users, schools, doctors and aid workers.

The increase in cases involving youngsters, the lack of capacity for this target group and the need to respond quickly at that early stage, are major concerns for local policy makers.

Therefore they took matters into their own hands and **worked for two years on an integrated/innovative drug policy**. This has clearly resulted in more capacity, more assistance, more drug actions, new prevention packages in

¹ Centrum Geestelijke Gezondheidszorg (Centre for Mental Health Care)

² For more information on evaluation, see Guidelines on the evaluation of crime prevention initiatives (EUCPN Toolbox No.3): <http://www.eucpn.org/library/results.asp?category=32&pubdate>

³ Centres Publics d'Action Sociale (public social services centres)

schools, actions in hotels, restaurants, cafés and associations,... and a clear reduction of the nuisance in the statistics.

10. What were the objective(s) of the project? Please, if applicable, distinguish between main and secondary objectives. (**Max. 150 words**)

The Action plan on drugs Kempen aims for a more multidisciplinary approach to the drugs problem, namely:

- to work more chain- and partner oriented;
- to have more information sharing between partners and prioritizing the individual instead of the organisation.

The mission of the Action plan on drugs is to ensure less problematic substance use and less individual and social damage in an efficient and humane way. By means of the plan, we want to decrease:

- the number of addicted citizens;
- the chronic issue;
- the individual physical and psychosocial damage of substance use;
- the negative consequences for society like for example safety risks, nuisances and crime.

11. Has there been a process evaluation? Who conducted the evaluation (internally or externally?) and what were the main results? Which indicators were used to measure the process? Did you make changes accordingly? (**max. 300 words**) - *for more information on process evaluation, see EUCPN Toolbox No.3, p.9-10 & part 2 - section 2A*

There has been a process evaluation. The steering group continuously guarantees an internal process evaluation. Concretely it coordinates the whole project, monitors the overview and provides an umbrella vision statement. Furthermore, the group draws up the strategic outlines and contributes to the start-up of a learning network through the annual action plans per sub-domain (prevention, assistance and enforcement) and guide them where necessary. In this way, it tries to make sure that the initiatives focus on the right target group and that the action plan is properly executed.

Because all partners and stakeholders (dozens) were directly involved at an early stage of the project and still are involved, the process evaluation is carried out **automatically and for the most part internally**. Cooperation, dialogue and mutual trust are paramount. The annual congresses and annual action plans are landmarks or more precisely the benchmarks that allow the steering group to continuously improve, evaluate and implement the Action plan on drugs in a well-considered way but also make adjustments where necessary in the meantime. As this is a pilot project, the process indicators and best practices will be clearly

identified, described and defined in the course of the next few months. This is only possible after the whole set of alternative tools, developed and experimentally evaluated by the steering group over the past few months, are established even more clearly.

12. Has there been an outcome or impact evaluation? Who conducted the evaluation (internally or externally?), which data and evaluation method were used and what were the main results? Which indicators were used to measure the impact? (**Max. 300 words**) - for more information on outcome or impact evaluation, see EUCPN Toolbox No.3, p.7-9 & part 2 - section 2A

The enthusiastic pioneering work of the past two years is currently being thoroughly evaluated by the steering group and - thanks to the excellent results - is currently implemented in all policy plans that are being drawn up this year (new public prosecutor's policy plan, local policy plans and zonal security plans). In the context analyses carried out prior to the project, a preliminary outcome-evaluation was made, as in the EUCPN toolbox n° 3. In doing so, we concretely looked for changes in the target group that were a result of the pilot project (by focusing on the pillars prevention, assistance, enforcement but also by evaluating the well-being and the welfare in society). Tools that had no or insufficient effect in this beginning phase were abandoned, other tracks were thoroughly explored and a number of (innovative) initiatives in this field were launched.

The methodology which is primarily used at this stage of the project, is pre-post design. Hereby the project wants to take a constructive approach to the drug problem in the region with all its partners. That is why the steering group started with a thorough analysis of the current situation, functioning and initiatives with all partners.

The detailed report of the situation and the result of the first constructive actions/subprojects on the field, in turn, led to the -now- definitive implementation of pilot projects and a strategy/vision for a better, more integrated and multidisciplinary drug policy in the Kempen.

For the time being, the main focus of the outcome-evaluation will be on the project promoters and the steering group (internal).

Later, when the policy plan becomes more definitive and more thoroughly determined, the well-being of the target group in the field (externally) will also be given a more prominent role in the evaluation.

III. The project shall, as far as possible, be innovative, involving new methods or new approaches.

13. How is the project innovative in its methods and/or approaches? (**Max. 150 words**)

Innovation is one of the most important pillars of the project. The steering group has been given a clear mandate to step 'out of the box' and to test new methodologies. Several innovative pilot projects were launched:

- Medical Assistance and follow-up as an alternative to legal prosecution;
- Specifically for minors, three systems of alternative prosecution and counselling were developed;
- New prevention packages that were developed together with schools;
- Family and community liaison officers that are used as a bridge between schools/CLBⁱ and assistance.

What is unique about the project is that small municipalities in a rural context took the initiative to set up a successful project together with all partners, and this on the basis of a social need! They show that they are able to work in an integrated and multidisciplinary way. New tools that have been developed are also very effective.

IV. The project shall be based on cooperation between partners, where possible.

14. Which partners or stakeholders were involved in the project and what was their involvement? (**Max. 200 words**)

Many actors joined the project which resulted in a lot of spontaneous actions and projects:

- **Social services:** Public Social Assistance Centre (e.g. counselling/dealing with clients, intervention in an advisory group)
- **Assistance:** Youth Advice Centre, Centre on General Work on Wellbeing, Medical Social Relief Centre (e.g. guidance)
- **Centre for Mental Health Care** (e.g. prevention packages, content-based nutrition)
- **Flemish expertise centre for children and youngsters** " (e.g. group functioning for vulnerable youngsters, family and community liaison officer, "missing link" project)
- **Residential day care** (e.g. reception in farm, co-financing of local authorities)
- **Schools** (e.g. prevention packages, contact persons/teachers, problem recognition)
- **Student Guidance Centres** (e.g., referral to YAC, task in new decree to make link between welfare and education)
- **Police** (e.g. new action plan in zonal security council, continuous work)
- **Municipalities** (e.g. approach to youth clubs, awareness-raising)
- **Youth services/youth welfare consultations**
- **District Information and Expertise Centre ARIEC/administrative enforcement** (e.g. hotels, restaurants and cafés)
- **Law enforcement/ public prosecutor** (e.g. professional secrecy - pilot project case discussion, alternative circuits, chain-oriented approach)
- **"Huis van het Kind"** (e.g. parenting support)
- **"Primary care regions"** (e.g. multidisciplinary approach, coordination of who takes care of the 1st line)
- **General practitioners** (e.g. conference 16/06/2018)
- **Welfare services** (e.g. residential day care, learning network)

V. The project shall be capable of replication in other Member States.

15. How and by whom is the project funded? (**Max. 150 words**)

The project is a co-production between all mentioned partners. Local authorities, together with the regional organisation "Welzijnzorg Kempen", were responsible for the management of the project. For the first time in the history of the region, the authorities considered co-financing for a cross-sector/regional problem. In terms of the drugs issue, a consensus was reached throughout the region. Everywhere staff members were made available, contact points and drug workers were appointed and files were drawn up together with the assistance. In addition, all prevention tools were also combined in the region. As a result, a team of new prevention workers was set up. Finally, the 27 municipalities of the Kempen also co-financed their own residential drug treatment centre. The assistance partners, the hospitals, the police and the public prosecutor also used large personnel resources in the fight against drugs.

16. What were the costs of the project in terms of finances, material and human resources? (**Max. 150 words**)

The project was executed within the budgets of the municipalities, the assistance partners and the police/the public prosecutor's office. The total deployment of finances and human resources is therefore very extensive.

A few examples:

- Setting up a steering group with project leaders who really spend a significant part of their time on new methodologies, developing the action plan, stimulating actors/partners, ... This steering group included the public prosecutor (court), a specialist-general practitioner, the management of "first aid" and mental health care, a mayor, the president of the regional organisation of social services.
- Within Welfare Care: three employees are working on the follow-up of this project.
- Local prevention policy: recruitment of a group of prevention workers in collaboration with the local authorities, Centre for Mental Health Care and LOGO Kempen (co-financing 122,386 euro).
- Co-financing a residential drug treatment centre: the municipalities (annually) pay for the cost of 3.25 staff members.

17. Has a cost-benefit analysis been carried out? If so, describe the analysis, including how and by whom it was carried out and list the main findings of the analysis. (**Max. 150 words**)

Before the Action plan on drugs Kempen was elaborated, the drug policy up until 2017 and the position of youngsters and minors in this policy was thoroughly analysed. This analysis clearly showed that the partners did not work together.

So it was time for a very powerful and confronting signal to indicate that it was no longer possible to work like that... with a few poignant cases as an example. These examples were a wake-up call for the partners and made them realise that 1) the theme had to become more of a PRIORITY, 2) MORE RESOURCES had to be made available 3) and that they had to work TOGETHER. For the partners, this meant that they had to abandon their own procedures and frameworks and work constructively together in a different, sometimes also trial-and-error way.

18. Are there adjustments to be made to the project to ensure a successful replication in another Member State?

The Action plan on drugs is perfectly transferable and applicable to (regions of) other Member States. After all, it continues to focus on three traditional pillars: prevention, assistance and enforcement, but it also takes it a step further by adding structural and social elements, namely the well-being and welfare in society.

Various pilot projects such as alternative measures to help youngsters at a very early stage and to work with them (early detection, adapted assistance network, family and community liaison officers), new prevention methods and the alternative follow-up via a general practitioner/assistance (instead of legal prosecution) are also perfectly transferable.

19. How is the project relevant for other Member States? Please explain the European dimension of your project.

"Drugs remain a constantly evolving, diverse threat to our society, affecting the lives of millions of citizens around the world. Unfortunately, the European Union is no exception." This is how European Commissioner Dimitris Avramopoulos started the presentation of the annual **European Drug Report 2019**. In the Drug Report, the EMCDDA identifies the rise of cocaine in the European drug market and the health problems it causes. Poisons and deaths from synthetic opioids are also a cause for concern.

These findings show that there is a need for a **multidisciplinary approach** to the drugs problem in each Member State.

The results of the various innovative **pilot projects** of the Action plan on drugs Kempen are promising and can be communicated to other Member States. In this way, we can exchange good examples and practices and learn constructively from each other.

Fourteen **project sheets** (two per partner) have been drawn up explaining the pilot projects and the methodologies used in schools, local authorities, in the assistance service, in (mental) health care (general practitioners, hospitals) and in the police and court.

Please provide a short general description of the project (abstract for inclusion in the conference booklet – **max. 150 words**).

The Action plan on drugs Kempen is based on the fact that the drug problem is expanding and transcends the regional problem. At the same time, a new, innovative approach was needed in the region. The steering group brings all relevant partners together so that interorganizational pilot projects can be launched (local authorities, social services, prevention work, doctors, assistance, police, public prosecutor's office, ...). These pilot projects are innovative and different, but also allow new methodologies to be tested.

The Action plan on drugs Kempen strives for less problematic substance use in an efficient and humane way and by extension also less individual and social damage in the long term. By means of the plan, the project group wants to decrease:

- the number of addicted citizens;
- the chronic issue;
- the individual physical and psychosocial damage of substance use;
- the negative consequences for society (safety risks, nuisances and crime).