*E*uropean *C*ities on *D*rug *P*olicy

Co-operation and Community Consensus -
The Multi-Agency Approach to
Effective Local Drug Policies

edited by
Susanne Schardt

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Preface

"Drug users live, for the most part, in large cities or gravitate to the cities because that is where they find the market, the drug scene and facilities for help. Consequently, it is the larger cities which are primarily affected, but their influence on drug policy is modest and stands in stark contrast to the burden they must bear"[1]

The problem of drug trafficking and drug abuse is a concrete and permanent challenge to institutions responsible at different levels. Although the major framework of drug policy is mostly being laid out at international and national levels, local authorities have begun to take more control over their drug policies during the last decade. As cities are, increasingly, becoming centres of drug trafficking and consumption, immediate and well-prioritised action to reduce a burdening of their citizens is needed. Responding to drug problems on a municipal level is part of a process to increasingly "municipalise" social problems in general and tackling them according to the community's needs, capabilities, and resources. The local community has the advantage that its members, including its drug users, can participate directly in an understanding of the phenomenon as well as in the development of common and well-tailored solutions to their problems that can find support by the community as a whole. In a democratic society the discussion with the public fulfils an important function in offering its citizens an opportunity to articulate both their discontent and demands towards the policy makers. The multidisciplinary approach and its discussion with the public can provide indicators for the effectiveness of the policy and generates possible solutions at the same time. Ideally, the discussion converges into a broad consensus and thus provides a democratic policy with a sustainable basis of public acceptance[2]

Cities experience social phenomena and the expression of tensions connected with them immediately. But it is also there that a true social dialogue can materialise and take influence on the situation that affects all citizens of the community more ore less directly on a day-to-day basis. Therefore, local approaches are important particularly on account of their proximity to the problem and the fact that responses may be implemented, experienced and understood immediately. Also, financial and personal resources can be applied more speedily and effectively at local levels, an argument that becomes more and more important as drug policy also has to be increasingly "cost-effective" and the enormous local budgets for drug policy we have seen in the early nineties are being cut down or redistributed.

But, the scope to shape communal drug policies that are able to cope with local requirements and characteristics is often also limited by legislation and guidelines decreed "at top down to bottom level", without sufficiently taking into consideration peculiarities at the communal level. National governments and international policy making bodies are usually looking at long term problems and solutions, but can be very slow in responding to the changing needs of the cities who have to play a *passive* role in this process, although they have to play a central and *active* role in trying to tackle and overcome emerging problems. What's more, governments should have a view toward solving problems for its entire population rather than special interest groups. This may be achieved all the better the closer the government is to the actual problem and the population - on the local level.

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[1] European Cities on Drug Policy: "Frankfurt Resolution", Frankfurt am Main, 1990
[2] see also: Hartwig, K.-H., Pies, I.: Rationale Drogenpolitik in der Demokratie, Tübingen 1995

Effective drug policy measures are dependent on a multitude of factors. However, many policy makers do not always recognise this. Neither do they appear to appreciate the significant contributions coming from various sources and disciplines which often hampers the progress of effective response within the drug policy field. Responding to problematic drug use in a community is a knowledge-based job that needs to take into account a large number of different aspects, skills, resources, and methods. Due to its diverse functions and responsibilities, a local government is one of the few entities that comprises a relatively wide range of specialists and concerned groups in a relatively small area. Unfortunately, response mechanisms are sometimes inadequately thought out and developed and therefore seldom put into action in a truly effective interdisciplinary approach. This is in most cases due to a lack of prioritisation, communication and co-operation.

Since politicians are often responsible for several different areas and generally do not have first-hand professional experience in these fields, it is likely that their decisions will be based on political (including party political), moral, populist and/or economic factors. However, in aiming at forming a realistic and effective response, they will need structures that enable them to access first hand information on the subjects they are responsible for. But, their different fields of responsibility often also leave only little time to study research findings. Therefore, developing networks that provide the necessary first-hand information as well as a platform for discussion of recent research findings, is a good tool to link up policy, practice and research.

"In addition to most politicians' lack of professional expertise in their subject, their limited access to the relevant information available, and the fact that they anyway have little time to research their subject matter, many local authorities do not have the opportunity to 'adapt' evaluation research to a specific political activity. (...) Yet evaluation can clearly enhance drug policy. It can be used to examine and, above all, legitimise drug policies, but will only very rarely give rise directly to new political decisions. (...) A crucial question in implementing as well as evaluating drug policy is whether the measure can actually change an existing problem." [3]

A democratic drug policy should take the interests of all citizens into account and not exclude any member of the community. This, however, generates the problem that those interests may stand in conflict to each other. One response to this conflict may be to exclude certain members of the community or neglect their interests - which is an undemocratic and discriminating approach. In drug policy practice today, these are often the drug users themselves which are on the other hand most directly afflicted by drug related problems. The other - more democratic - response would be to treat all citizens as equally entitled to formulate their interests despite the fact that they may not actually be perceived as experts by those groups who are already involved in the discussion and policy making process. It will certainly not be easy to distinguish between legitimate and non-legitimate interests of citizens. One solution for a democratic and multi-professional drug policy approach is to make sure that both legal and legitimate interests of citizens and officials in the community (and beyond) are being taken into account.

Through horizontal and vertical affiliations across all organisations and legitimately concerned groups in the community, local governments are - theoretically - most appropriate to develop and maintain multi-disciplinary co-operation on the one hand and prioritise clearly on a relatively limited set of problems on the other. In practice, lack of good partnerships and

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[3] Susanne Schardt: Communicating Research Findings to Policy - Makers, in: Evaluation: a Key Tool for Improving Drug Prevention, European Monitoring Centre for Drugs and Drug Addiction Monograph Series N° 5, Luxembourg, 2000

well-defined structures however, may well generate conflicts and create confrontations among the acting entities. Developing multi-disciplinary and multi-agency co-ordination structures is therefore another one of the sensitive areas where local governments assume a central role.

No single organisation can meet all the demands in a community on its own and experience shows that unbalanced approaches can overburden single entities to an extent where they themselves demand the implementation of a multi-agency approach from the policy makers of the community. But, it is one thing to have specialists in every conceivable technical field. Putting their knowledge to use at the right time and place, and making it available to other colleagues is something else. Only then can value for the concerned groups and the community as a whole be created. Multi-agency approaches require knowledge management which necessarily involves pooling individual knowledge, organising and evaluating it, and making it available across all concerned groups. Agencies may benefit from a multi-professional co-operation because it enhances the flow of information within and between organisations as well as interpersonal communication and confidence between individuals across organisational and jurisdictional lines. The articulation and acknowledgement of professional values, goals and norms used by participating organisations creates an environment where it becomes possible to access, select, and interpret information. Reflection and feedback among the participating organisations help to detect and correct areas that need to be developed and where professional performance needs to be adjusted to the changing demands of the field. Yet, inter-organisational co-operation requires a conceptual framework that extends beyond the routine experience of any single organisation. These processes are interactive and dynamic. As problems - and responses - in one area increase, they are likely to activate others. When one area of concern is neglected, it also tends to block others. Thus, the key question is how to establish - and maintain - a dynamic and satisfactory co-operation between concerned groups in the complex area of forming a common and community based response to a realistically assessed problem.

Another major barrier to a comprehensive approach are the preconceptions single agencies and policy makers may have about the other actors involved. If individuals or institutions have biases about the skills, know-how and agendas of the other actors involved they will tend to ignore or neglect their advice, which consequently limits the amount of knowledge and experience available in the community as a whole. This may even lead to situations where agencies work against each other rather than with each other and yet complain about a lack of effectiveness of drug policy and helping measures they have themselves contributed to. It is therefore important that each of the sectors attempt to understand - and credit - the capabilities of the others and to utilise those capabilities in the process of forming a common and well-balanced response. Achieving this balance will certainly be facilitated by a conscious design of a common approach, clear prioritisation, as well as a good understanding of the contribution of each actor to the larger process of inter-agency co-operation and problem solving.

Training the various institutions and agencies in co-operating for the benefit of their own agencies as well as towards a common response that forms synergy across institutional and hierarchy levels, disciplines and methods was therefore the major objective of our project in trying to form a link between policy, practice and research.

Susanne Schardt

The multi-agency approach to local drug policy

"In numerous exchanges of experience on drug policy we realised that many cities are currently experimenting with pragmatic approaches. A common set of instruments for a coherent partnership approach to a flexible local drug policy is, however, missing until this day."[4]

ECDP believes that cities should not be forced to re-invent the wheel in drug policy. They should be able to benefit from the experience and know-how in other communities. It is one of the network's major objectives to strengthen the role of cities in drug policy and support local authorities in developing pragmatic, feasible and effective strategies for their communities. Since ten years the ECDP have been developing strategies and methods together to cope with the reality in communities in an integrated and multidisciplinary approach. While most other networks and organisations prioritise in training workers in the field, the experience of the ECDP has shown that it was necessary to train local governments and policy makers to make better use of the expertise from various levels and fields in shaping effective and community based drug policies.

The idea of this project emerged from the 8th International Cities' Conference of the ECDP in Halle in June 1999 which was organised under the title *"Common initiatives in drug policy - an assessment of local drug problems, needs and strategies".* The Conference focused on the current situation regarding drug abuse (both licit and illicit) in cities in Central and Eastern Europe. Assessing the needs of the cities in the fields of prevention, therapy, harm reduction and repression and presenting and discussing existing models of how to develop coherent local strategies in meeting these needs have been the major objectives of this conference.

In April 2000, the ECDP and its project partners (UNAIDS; Transform, IHRA and EuroCities) launched an EU funded project that seeks to support local authorities in the drugs field in building multidisciplinary and multi-agency co-operations in their communities. The long-term experience of the ECDP city network has shown that a commonly and clearly defined approach to the drug problem in the cities is an excellent tool for the development of a coherent and yet flexible drug policy. At the same time, multi-agency co-operations enable communities to define the roles of the various concerned groups and to respond more efficiently and quickly to every-day drug problems arising in the community.

Based upon the discussions at the Halle conference, the project group felt that it was important to build capacity for the development of new comprehensive drug policy approaches in tackling drug related problems in the communities. The aim of this project was to present existing models of multidisciplinary co-operation and to discuss them critically with regard to their possible transferability. At three workshops - in Frankfurt am Main, Bristol, and Leipzig - we developed key indicators together with local authorities from European communities that should make it easier for other cities to develop their own multidisciplinary working groups in the drug field and come up with a realistic assessment regarding the effectiveness of their policies. The main objective of the project was to provide local authorities with basic information and tools that can be used individually in building sustainable alliances to cope with drug related problems in different communities.

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[4] Burghard Jung, municipal councillor for youth and sports at the Leipzig workshop (translation by the editor)

Key Questions in a Multi-Agency Approach

To not only diagnose new developments as soon as possible, but also react to them adequately, local authorities are increasingly looking for co-operation. A better definition of the various roles to play in a mutually developed over-all strategy also makes it possible for the authorities to co-ordinate and use their resources more effectively. In general, we have experienced that multidisciplinary community based action can help to achieve the two major drug policy imperatives:

⇨ Keeping the level of problematic drug use as low as possible

⇨ Damming up the negative individual and social effects of drug trafficking and drug use

These two imperatives do not necessarily make a distinction between legal and illegal drugs. In fact, a comprehensive approach to drug policy should not only be multi-professional, but also multi-thematic. Concentrating on one aspect of drug use or abuse may not only lead to an exclusion and discrimination of certain concerned groups, it also neglects that problematic drug use and the control of supply of drugs is the actual target - independent of the question whether legal or illegal drugs are being consumed in that context. The two basic drug policy objectives mentioned above, indicate four major sets of questions or indicators when it comes to building a comprehensive strategy. In the discussions at the workshops it has become clear that it is crucial to answer as many of these questions as possible when forming a multi-agency approach. Often, unclear definitions of objectives and policy priorities can jeopardise the effectiveness of the common work and lead to friction or frustration rather than mutual support and satisfaction.

Very often the reason for implementing a multi-agency approach derives from the fact that the community as a whole experiences the burden of drug related problems and drug policy has become an issue of immediate public interest and concern. However, the workshop participants all agreed that the reaction to this situation should not be lead by emotional or populist decisions, but by a realistic needs assessment. In defining concerned groups, their expertise, their willingness to co-operate, and the possible benefit of a co-operation for each agency involved, it should be kept in mind to develop mutual trust, transparency and sustainability.

Why?

⇨ **Why is a multidisciplinary approach needed**
⇨ **Why would the agencies involved in tackling drug related problems want to co-operate**

⇨ **Why is a multidisciplinary approach needed**

The first question to answer is whether there is a need for concerted action regarding the drugs problem in a community. Why should there be a co-ordination of the activities and why should the various bodies, agencies or concerned groups want to co-ordinate their activities and follow a common strategy? In most cities, the drugs problem is more or less apparent and different actors on various levels have already taken some kind of action in tackling the problem. A multi-agency approach helps to bring all information and expertise to a table and make it widely available. It also helps to form a well-targeted response where the different expertise,

the individual approaches to the problem, and the different roles played by the groups involved may be co-ordinated. Or, as Peter Frerichs put it: *"after having established a multi-agency approach in the city of Frankfurt, we were all still pulling the same rope - but now we were also all pulling in the same direction."*[5]

⇨ Why would the agencies involved in tackling drug related problems want to co-operate

Of course, the concerns of the various actors involved will differ - sometimes greatly- and every actor has his own agenda. While politicians will probably be driven by political interests and by their responsibility to ensure safety for all citizens of the community, helping agencies will most probably consider it their task to "defend" both the needs of the drug users and their own need to keep their agencies running. Often, they are also financially dependent upon the politicians and municipal bodies. But street workers will be able to provide valuable information from their every-day work that would probably not be available through other sources. They can therefore contribute to a more efficient spending of the overall budget and may also have better chances to receive funding for their own agencies if decision makers and budget holders are being commonly approached. While single agencies may not have sufficient competencies and resources, forming multi-agency partnerships may enable them to build synergy and benefit also from the competencies and resources of their partners. This is all the more so, when the budget is being spent on a local level, because often national bodies and agencies tend to "protect" their resources also because they are not so close to the problem that has to be tackled and do not feel the immediate pressure for action. Taking influence on the budget spending is therefore certainly easier as a group than as an individual agency.

Police authorities will probably have public order as their first objective. However, in many cases police authorities have realised that solving the problem in one area of the city may just move the problem to another neighbourhood. Sometimes, police also realises that they are driving drug users away from help and that this makes a solution of the problem even less probable. The criminal justice system also begins to realise that their capacities are not sufficient to deal with drug users who would not receive adequate help in prison anyway and look for alternative solutions. Although services targeted at minors will have different major priorities most of the time, they will probably be interested to make use of the expertise of drug workers when they have to deal with drug use among the young people they work with. Drug users themselves will have an interest in an improvement of their situation, for instance in better access to services and treatment. And, if the problem is a matter of public concern, also the community's citizens will have a vital interest in safety for their homes, families, and property. Actors on the practical level will have an interest to present their view of the drug problem and their demands for improvement to the decision making bodies. And decision makers on the political and administrative level will have an interest in receiving first-hand information from experts in all areas of the drugs field to facilitate policy making.

Last not least, inter-agency co-operation may also help to get rid of misunderstandings about how other agencies work. This will enhance the understanding of different approaches and result in a better knowledge about the different aspects of the drugs issue. It is also fruitful to develop a common response that takes overlapping fields into account, because problematic drug use is often a sub-division of social welfare policy and therefore often a symptom rather than the underlying cause.

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[5] see also Peter Frerich's presentation in the chapter "multi-agency cooperation in practice"

But in order to decide whether there is a real need for a multi-agency approach, it is not enough to look only at the demands of the concerned groups, because these may be emotionally biased or driven by very individual motives. It is therefore necessary to conduct a realistic assessment of needs for the community as a whole and to have a good picture of the present situation regarding the use of drugs. The major questions to be asked in this respect will be whether there is a good balance between the above mentioned two objectives and whether activities in these fields support or hinder each other. Wherever possible, also scientific data should be used in assessing the dimensions of the actual problem and in evaluating the effectiveness of the response.

As mentioned before, there are numerous agencies and bodies involved in a multidisciplinary approach- and probably not all of them will be "experts" on drug issues. Different interests, different agendas, different levels of commitment and expertise in this field, different levels of influence on the public opinion or decision makers, as well as different access to financial resources might all be factors that provide ground for conflicts. But there will certainly be one common ground between all of them: nobody wants to waste energy and resources.

Who?

⇨ **Who are the concerned groups/agencies in the community**
⇨ **Who will represent the agencies involved (hierarchy)**
⇨ **Who should initiate such a working group**
⇨ **Who defines the objectives/priorities of a multi-agency approach**
⇨ **Who would benefit from a multi-agency co-operation**

⇨ **Who are the concerned groups/agencies in the community**

The first question that arose at the workshops was: who is a concerned group? You may answer: who isn't? But for a sustainable inter-agency approach you should identify those groups who have a legitimate concern and try to involve them as much as possible. In some cases, this might be a temporary involvement of some concerned groups that would later not be involved directly and continuously, i.e. residents of a certain neighbourhood who should be included when decisions concerning them directly have to be taken. As mentioned above, the "usual suspects" (statutory agencies that have already been involved historically) would certainly be involved, but this should not lead to an exclusion of other legitimately concerned groups that have had a less significant voice in the community's drug policy so far. It is important to create a platform and atmosphere where these groups can contribute according to their own expertise and are being credited despite the fact that they are not traditionally perceived as "experts" in the field.

The multi-agency approach to drug policy is a partnership approach. But for becoming a partner, it is first of all important to accept one's own responsibility within the overall response. At the Leipzig workshop it was often mentioned that certain agencies or government organisations could not be involved in the common approach because they did not see their responsibility in the drugs field. Having competence in the field is also an important prerequisite for entering into a multi-agency partnership. Competence here is not only legal competence, but also personal or professional expertise.

⇨ **Who will represent the agencies involved (hierarchy)**

The workshops have shown very clearly that multi-agency co-operation should also involve various levels (street level, administrative level, political level, as well as law enforcement and criminal justice levels), but that the internal hierarchy of such working groups is a rather delicate matter. The Frankfurt workshop showed that the hierarchy level of the representatives of the various agencies can have a major impact on the objectives, the influence on policy decisions, and the community involvement. Mutual respect towards the expertise of the agencies involved is a crucial factor for an open an honest exchange. As mentioned above, the different actors may be dependent on each other (i.e. helping services on administrators and policy makers) and this may cause friction within the group. A low-level consultancy level makes immediate concerted action possible, but on the other hand, chief executive officers will be in a better position to actually also influence their agency's strategies. It is sometimes also difficult to find and keep a balance between the necessary hierarchy levels and the vital interest in target oriented co-operation. Therefore, it might be useful to have different working groups with clearly defined objectives and levels of hierarchy. In general, three levels were mentioned:

1. a **"practice" network** with an internal exchange of different experiences, know-how and expertise where actors from the same hierarchy level and closely linked fields of work may exchange their experience and demands. One example is the building of co-operations between social workers from different areas, such as drug and youth helping services, where synergy may be achieved through an on-going information exchange.

2. **an operational network**, where concrete activities of the various agencies are co-ordinated. In this context, it is necessary to have representatives from the agencies who are entitled to decide on the activities and agenda of their agencies. The common decisions must then also be transported to the staff of the agencies.

3. **a strategic level** where common recommendations from the various actors are being developed and put forward to the political levels, such as municipal councils or parliaments. Co-operations on the strategic level need some form of official recognition from the political level to be more than a group of lobbyists.

⇨ **Who should initiate such a working group**

Who initiates these working groups may not be very important on the expert exchange level and the operational level, but an initiation - and clear endorsement - by the local politicians would certainly be important on the strategic level. The involvement of local politicians also signals that they take their political responsibility seriously. Therefore, even if the initial step to form an inter-agency co-operation may come from a comparatively "low" level (i.e. in Antwerp, it was the drug users themselves), ensuring some official and high level public involvement and endorsement from an early stage on would help making this network a fruitful and valued "institution" in and for the community. On the other hand, high-level initiation may sometimes also hinder the effectiveness of the network when no sustainable link is being formed between the network and that level and political responsibilities in tackling drug related problems are being shifted from the policy makers to the working group.

Forming links between the three levels formulated above is one important factor for transparency and mutual trust. Building different working groups on different levels may also help to enhance the free and open flow of information between policy and practice. But, having

various inter-agency meetings on various strategic levels and issues can also be quite a burden for the agencies involved. At the Bristol workshop we discussed the problem of what we called the "meeting fatigue" which is bound to lead to a decreasing interest and commitment in the various working groups. It may therefore be wise to have inter-agency meetings that are also "inter-issue" meetings.

⇨ Who defines the objectives/priorities of a multi-agency approach

The definition of the objectives and priorities of a working group depends both on the hierarchy level and on the linkage to the political level. Of course, also government agendas influence this process to a considerable extend. However, with a good consensus within a well-established and credited network, these do not necessarily have to be taken for granted and should be challenged if the network agrees that there is good reason for it. This, of course, also depends on the strategic level the networks operate upon: whereas the expert level may only have experience and information exchange as an objective and the priority may lie with enhancing the every-day activities of the actors involved, the strategic levels will have different objectives, such as bringing drug policy decisions forward, an adjustment of the agencies' agendas and objectives, or promoting general political changes in the drugs field. Again, continuous feedback to and from the various levels is crucial to ensure that all networks and concerned groups will have a place where they can give their input on necessary drug policy changes. This process is a delicate one and it is wise to have a person to facilitate it.

Some objectives may also not be possible to put into practice because of legal boundaries. Therefore, including also the legislative and criminal justice system would help to discuss legal barriers and necessary changes. This can also be useful on a local level, as experience in Frankfurt has shown: when the *Monday Round* commonly stated that safe injection rooms should be established in the city, the state prosecutor, who is also part of this group, developed guidelines to implement these facilities in the city within the legal framework in Germany. Although these facilities were often opposed politically, the fact that this decision had been commonly endorsed by policy makers, politicians, police, helping agencies, and the state prosecutor, it was finally decided upon in the local parliament and a sustainable community consensus on the issue had been established firmly.

In some countries, justice authorities and the police can also come to agreements on how to enforce the law, if the national laws give some autonomy to the cities. These options can also be used when it comes to influencing "higher" political levels, such as legislators. For instance, city networks can be built that promote legal changes on a national level and follow a different law enforcement approach. And experience has shown that this may well be fruitful: in several countries in Europe, local initiatives that have been "bundled" in the network of the ECDP have become part of the national drug policy: The Netherlands, Switzerland, Germany, and recently also Belgium are prominent examples where innovative initiatives have been taken up by the national governments because the cities have commonly put pressure on the national level.

⇨ Who would benefit from a multi-agency co-operation

So, who is likely to benefit from a multidisciplinary approach? It is certainly the actors and decision makers on the different practical and operative levels, as long as their input is valued and conveyed also to the policy makers and politicians. Agenda setting by the co-operation network in the local drug policy can be of benefit for all decision makers on various levels, but

also to the citizens of the community. Co-operation does not derive from theory, it has to be satisfactory also in the sense that policy no longer "limps behind reality" but reacts to it as flexibly and fast as possible, as Thomas Kessler put it at the Frankfurt workshop.

Drug users will probably also benefit from co-operations, because their needs and demands can be put on the agenda through the helping agencies - or directly through user organisations involved in a multi-disciplinary approach. Politicians and policy makers benefit from the on-going first-hand information from various sources and fields involved. But the community as a whole may also benefit, because neighbourhood representatives will be heard (in many cities they have elected councils and considerable political influence). If a transparency of the decision making process on the various levels is ensured and decisions and recommendations of the working groups are also conveyed back to the public, pragmatic and flexible reactions to the drugs problem in the city become possible and sustainable. With regard to the community as a whole, a well-established and well known network may also contribute to a decrease in irrational fears towards drug users and related issues that often prompt defence reactions to new measures. A good network which also includes the public in a democratic way will be of benefit generally, because it can also be a "platform against isolation" that creates an infrastructure to put certain issues on the agenda of the policy makers that may otherwise be left untackled.

What?

⇨ **What makes the network work**
⇨ **What is the role of each agency involved**
⇨ **What is the status of the working group in the community**
⇨ **What can be commonly achieved by the network**
⇨ **What are the possible dangers**

⇨ What makes the network work

Experience shows that it is not complicated to bring the actors to a table - especially not, if the network is established by a high-ranking politician - but to keep them there and keep them committed. At our workshops, several models of co-operation were discussed and some have been working very well and continuously. For instance the Frankfurt Monday round has been established in 1989 and is still holding regular meetings. Other networks may still be working officially, but the common work is not fruitful for the different agencies involved and therefore the interest and commitment is rather low. It also seems to be important, that the responsibility of all actors involved really lies within the community and they are all "close to the problem".

There are different crucial ingredients that help to make a network work: mutual respect, an open and honest flow of information, a willingness to listen also to suggestions that may not be top priority in your field of work; the willingness to co-operate and accept others as partners in an overall common approach. Gary Wallace from Plymouth has clearly and simply summed up what makes a network work: *"Everybody must get their back scratched! If you want*

partnerships to work there must be give and take. It's all about compromise and co-operation. Be open about your agenda, its probably very similar to someone else's!"[6]

⇨ What is the role of each agency involved

Great care should be placed on defining the roles of the co-operation partners. Being a partner in a multi-disciplinary approach should be satisfactory for all actors involved and this is unlikely to be achieved if the actors don't know or accept their roles within the network. The *Monday Round* in Frankfurt goes back to an initiative from the police in 1988, when the police felt that the local approach of answering the emerging drug problem with police measures alone was failing. The police argued that this strategy was driving drug users away from help and that this overburdened the police officers, because drug users were asking for alternatives if sent away from their meeting places in the city. The problem that police officers are forced to take over tasks of the social workers can often be observed in cities and it leads to friction between the police and the helping system. Often, police authorities also feel that the social workers see themselves as advocates of the users - especially against the police. On the other hand, this understanding also leads to an overburdening of the helping services who feel they have to settle problems with problematic users in their facilities without the help of the police. Not to forget that this situation will also cause friction between social workers and their clients. So, the first task of such a working group is to define clearly the different responsibilities and roles of the different actors and to see where agencies are making it complicated for others (or perhaps even themselves) to fulfil their tasks. Of course, this is not merely a problem derived from strategies in the various agencies, but may also be the result of an overall policy that places more impact on repressive methods than on help and care.

Defining responsibilities and their limits as clearly as possible can help to achieve several goals: it can take the burden off agencies and give credit to their expertise and responsibilities. It also makes every-day work easier for the agencies involved, because they also know their limits and can concentrate on their unique agendas. But, on another level, this may also influence policy, because the limits and negative effects of an unbalanced approach become clear and changes in the over-all policy could be commonly advocated by all agencies involved.

⇨ What is the status of the working group in the community

This leads us to the question of the status of the co-operation network in the community. As we said before, there will probably be networks on different levels, but they should all have a possibility to put their common demands, inputs, comments, and observations forward to the policy making level. Involving central policy makers in this process will both enhance their expertise on the drugs issue and ensure better support and credibility of the working group. The participants of the Bristol workshop also mentioned that it may be useful to give the working groups a statutory status with a co-ordinator or facilitator. This may also help to ensure continuity of the common work. A network co-operation without a general policy framework makes little sense. So does having a political framework and no forms of co-operations to achieve the objectives. Multi-agency networks should therefore be designed to put policy into practice and add onto the political agenda where issues are being neglected by the policy makers. A positive example for agenda setting by a co-ordination network in a city is the

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[6] see also Gary Wallace's presentation in the chapter " multi-agency co-operation in practice"

experience of the *co-ordination circle* of the city of Halle which was also able to put innovative issues on the agenda of the regional government.[7]

To avoid an attitude of "them and we" between the concerned groups, structures should be developed that encourage exchange, criticism and consensus. It is true that structures need people and resources. It will therefore be wise to decide on a certain secure status of the people having to perform the multi-professional co-operation and to provide the necessary resources for them.

⇨ **What can be commonly achieved by the network**

For a better understanding of different roles and agendas it is important to achieve a better understanding about how the different agencies involved work and where their expertise and priorities lie. But this will probably be a long term process and misunderstandings about the different agendas and roles will have to be discussed frequently and openly. It may also be one of the outcomes of multi-agency work to redefine certain priorities and roles among the actors involved. Hidden agendas that are not being brought forward will certainly hinder this process. For an effective division of the various tasks it will be important to know about the agendas, expertise, and general approaches of the agencies involved. It is certainly not useful to force agencies to perform tasks that do not lie within their overall philosophy, their capacities and expertise. By dividing the different tasks according to the unique know-how of the actors involved, a truly multidisciplinary and well-targeted approach can be achieved by the network as well as an empowerment of all actors involved.

The "bottom up" approach can have a major impact in shaping drug policy when it also has some "top down" support and appreciation. If the members of the networks all have a clear and common conception of "the problem" that needs to be tackled and if the approach is mutually accepted it can also have an impact on drug policy beyond the community.

The Halle example presented by Christine Günther at the Leipzig workshop shows that it may be wise to have a common set of objectives or action plan for the working group and to evaluate whether aims have been met after a certain period. It certainly helps to avoid frustration: *"We produce an annual report about our work and have an annual action plan including the annual objectives and this gives me the possibility to see whether we have been working effectively and met our aims. Sometimes we sit together in our meetings and people complain that we do not achieve much. This is a bit dangerous, because such a feeling can impair the common work of the circle. The annual action plan and report can then help to make transparent what we have achieved - and how much this really is."[8]*

⇨ **What are the possible dangers**

We have already mentioned hidden agendas as a possible danger for a comprehensive strategy. Therefore, all agencies involved should have a possibility to express their concerns and needs openly - this also includes the issue of funding, which can have a major influence on the agency's agenda and capacities. Competition between the agencies will certainly play a part in the common work - and it should not be a taboo to discuss this issue. You may find out that

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[7] see also Christine Günther's presentation in the chapter "multi-agency co-operation in practice"
[8] Christine Günther at the Leipzig workshop. See also her presentation in the chapter "multi-agency co-operation in practice"

your own agenda might have to be adjusted and you're not ready for change. Also, your self understanding is being challenged by others, but this may well be a positive process. If problems, doubts, conflicts are not being brought forward, you may end up trying to fulfil tasks that you are not able - or willing - to fulfil. It is therefore crucial not to make premature judgements about the relative merits, skills and concerns raised by all groups involved.

Exclusion of legitimately concerned groups is another possible danger. At all workshops the problem of a certain arrogance of the professional community towards "non-experts" was discussed and all participants agreed that although very often this problem is not realised, it surely hampers satisfactory partnerships and community consensus. What's more, some of these actors my turn out to be what the participants of the Leipzig workshop called "secret experts" - one example that was mentioned are peer group organisations in the party scene that have provided valuable first-hand information to agencies and policy makers about a target group that is not easy to access and approach by the established helping system. Consequently, forming partnerships with actors who would not have dominated the professional agenda so far may also help to avoid self-satisfaction and broaden the perspective of the "usual suspects" involved in the field.

"Diplomatic can be problematic" - this is a truly delicate issue that arose at the Bristol workshop. Although it is, of course necessary to give all agencies respective credit for their unique share in tackling the problem, it may also be problematic to be too diplomatic. At the Bristol workshop we discussed examples of multi-agency working groups that obviously lack some common wavelength and common language. They usually "meet" on a communication level that is extremely abstract - and therefore often does not address the original concern at all. Rowan Miller mentioned two major obstacles for effective co-operation: the jargon and the very formal (and intimidating) atmosphere at meetings. Both can contribute to a lack of equity and exclusion. As Rowan Miller put it: *"equity is about the value of each sectors knowledge, skills and representatives. It is to do with respect and not power."*[9] Give yourself time to learn to speak the same language, keep learning from the other actors and share your expertise freely. It may take years of continuous work, but it is certainly the best tool to avoid wasting your time and energy.

We already mentioned the so-called meeting fatigue as a possible danger. The co-ordinators of such working groups should try to ensure that the process of discussing and decision making is facilitated as much as possible to avoid this effect. However, the co-ordinators should not be forced to become "animators" for the group. The danger is also that the partnerships may break apart when these highly committed individuals leave the group. Some form of compulsion may help to ensure continuity and commitment. Very often, members of these working groups are highly committed individuals who do not only represent their agencies, but are also personally involved in the over-all issue. Personal leadership is certainly important. Most of all it should be kept in mind that individuals and agencies will only be involved and committed as long as the common work is still fruitful for their every-day work.

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[9] see also Rowan Miller's presentation in the chapter "multi-agency cooperation in practice"

How?

⇨ **How can tasks be divided**
⇨ **How can policy decisions be influenced by this group**
⇨ **How can the community become involved**
⇨ **How can the work of the group enhance the every-day work of the agencies involved**
⇨ **How can effectiveness be evaluated**

⇨ How can tasks be divided

Experience shows that a division of tasks - based upon the unique agenda of every agency involved - is an important objective for multi-agency networks. To achieve this objective, paying respect to the tasks and achievements of each agency is as important as an open and honest discussion of the various interests of the agencies involved. Also, a general strategy should be commonly decided and tasks divided accordingly, although this may well be a long and challenging process, but it is also important to make policy work effectively. For example, police forces should co-operate in the realisation of the policy objectives. The staff's attitude should also be in line with the general objectives, therefore it is important to ensure transparency of the policy decisions and to forward these to the staff where every agency will develop there own strategies to help bring the policy into action. If policy makers decide to introduce a harm-reduction policy it should be made clear first that the police will not interfere with this policy with the risk of chasing users away from service facilities. This may need long discussions about the self-image of the police and its officers and it will not be easy not to cross the line to overburdening them. On the other hand, helping services should know their limits and be able to call the police in emergency cases without losing their reputation as services for the benefit of the users. Within a commonly developed response, helping services may also experience that their budget has to be reallocated to new projects. Sometimes, this may cause friction, if the services are not included in developing new projects. In this process, their expertise has to be taken seriously.

⇨ How can policy decisions be influenced by this group

This leads us to the question of the political influence of the group. Being credited as an agency within the network is a good and necessary first step, but during the process you will probably encounter common problems frequently. As we said above - and discussed at length in Bristol - such problems should be seen as "challenges" and, indeed, supposed or real limitations can be challenged by the network as a whole by trying to gain influence on policy decisions. On the strategic level, the influence is an objective from the very beginning. On the other levels mentioned above, this might not be the case. These groups should have a possibility to bring their common demands, ideas, or criticism forward to the strategic level. Also, clear - and feasible - short and medium term objectives are important and the group should measure regularly whether these have been reached sufficiently, with respective commitment from the agencies and also to their benefit.

⇨ How can the community become involved

Involvement of the community may be a bit more difficult. Most of the time, mainly complaints about certain developments reach the policy makers. Sometimes these are highly emotional and biased. It will help to report these complaints to the group and ask the police and helping

services about their opinion. If the network works well and "off-the-record" co-operations have been established, it may be possible to call a contact partner from a helping service or the police in a certain neighbourhood and ask whether they would judge the situation similarly. If so, these complaints should be taken seriously and measures should be developed to handle the situation.

Another way of involving the community is to make policy decisions public - i.e. through the media or through discussions with neighbourhood representatives. Experience shows that it is unwise not to involve a neighbourhood before establishing certain facilities there and explain the benefits and possible negative effects of such a facility. It may also be possible to come to an agreement between the helping services, the police and the neighbourhood about what to do if certain unwanted situations should occur.

The role of the media was discussed at length at the Bristol workshop and it seems to be a somewhat tricky one: Because "community attitudes" towards certain problems are often influential when it comes to policy decisions, it may be helpful to get the media involved to draw attention to certain issues that should be taken on to the political agenda. Informing the public about the multi-agency work in the community can also be done with the help of the media and will have the positive side-effect of "institutionalising" the network. It may also be a useful tool in "educating" the public about the drugs issue. However, some participants of the Bristol workshop stated that especially on the local level, the media tends to focus on "bad news" and extremes more than on policy achievements or a balanced discussion of the actual situation. Educating the media may be a worthwhile activity to consider in that respect.

It can also become problematic if agencies involved in a network put their drug policy demands forward via the media rather than through the network itself. Criticism should be expressed openly but not behind the network partners' backs. This will most probably cause friction within the group, but it is certainly also an indicator showing that the network does not give enough space for individual criticism to the involved groups.

⇨ **How can the work of the group enhance the every-day work of the agencies involved**

As mentioned above, a well working network of agencies will also have direct beneficial effects for the every-day work of the agencies involved and their staff. If the staff feels well represented in that group and is well informed about the decisions and what they mean for the every-day work, also "off the records" contacts and partnerships may be established between the agencies. It is positive for the staff to know the general framework of their tasks and of the tasks of the other agencies they have to co-operate with every day. For instance, if social workers know that also the police officers follow the same over-all strategy, it will be easier for them to co-operate with the police and vice versa. And all agencies have to know their limits and obligations as well as that of the others. It may also be fruitful to spend time and money on additional training of the staff to actually conduct the tasks expected from them. If a new drug policy is introduced, it is advisable to organise training and information meetings to inform everyone about this.

⇨ **How can effectiveness be evaluated**

Transparency and openness are important factors when it comes to evaluating the effectiveness of multi-agency working groups. All agencies involved should have the

possibilities to criticise the work of the network and to report about their problems in implementing the common approach. Of course, this is sometimes not easy, because it might be difficult to admit failure. It helps to have a body that organises and co-ordinates the activities of the network that is also open for "negative" inputs from the agencies involved and puts it on the agenda for the meetings. Depending on the way the network is embodied in the political decision making process, it may be fruitful if the politicians and decision makers ask for feedback on certain issues.

This also touches on the very interesting issue of measuring drug policy effectiveness as a whole. After all, multi-agency networking contributes to these issues more or less directly and every concerned group is - on the other hand - affected more or less directly by the policy. Like networking, policy making is an on-going process. Responding effectively to one problem may cause others and it is certainly not easy to accept that "the solution" will probably never be achieved. Shaping an effective drug policy is a continuous process that needs honesty, pragmatism, and flexibility. Therefore, a critical assessment of the effectiveness of the over-all drug policy should be a basic corrective for inter-agency co-operation on all levels and conducted regularly. After all - as Job Joris Arnold stated at the Bristol workshop - *"a good policy does not have to fear scrutiny"*. But, one should add, *"a bad policy definitely needs corrections as soon as possible."* Next, a brief set of questions to evaluate the effectiveness of the multi-agency partnerships is presented before elaborating on indicators for effective drug policies in the following chapter.

Evaluating the fruitfulness of the common work for the agencies involved

A wide range of social, financial, physical, and political factors affect the ways in which citizens, NGOs and governmental institutions are able to work alone or in partnership with others. Networking should not be a purpose in itself. Losing focus endangers partnerships and has to be kept in mind during the whole process of co-operating. This danger can be overcome by focusing on an area of concern that is not too wide - both regionally and thematically - and can actually be achieved. Achieving mutual respect and common responses is a long-term process - and hard work. Time and again, the fruitfulness of the working group for the agencies involved and the effectiveness of the common work with respect to shaping drug policy in the community should be evaluated honestly. We have listed some key questions and indicators for both that may be used in monitoring and evaluating the efficiency of the network for all agencies involved:

? do the agencies involved benefit from the common work
? does the work facilitate policy decisions
? do the agencies involved know about their tasks and are they able to fulfil them
? is the problem really addressed
? is the group flexible enough to cope effectively with new developments
? what is the reaction of the community (media)
? are the concerned groups involved
? is the budget spent wisely
? is there an atmosphere of equity and transparency

Indicators for effective local drug policies

"If this new way of working is to succeed it must be supported. This support must begin with explaining the full implications of using this method of policy development. They will have to honestly evaluate the success (or lack of it) of the present and past policies. They will then have to let go of some of their most fundamental beliefs and allow for a new process of policy creation to take place. Resistance to change is always great, particularly for government agencies.

If this process is not supported then inter-agency planning will remain either a paper exercise. Or the changes that are made, enable senior officers to feel better about their friends in other agencies, without actually changing things significantly for workers on the front line or the communities in which they work."[10]

Monitoring and honest evaluation are the key to an effective drug policy. So is setting clear - and achievable - priorities. If the objective is unrealistic, it will most probably not be achieved. Policy objectives such as eradicating (illegal) drug use from our communities completely are mainly oriented towards fulfilling certain societal values, but in a democratic society policy measures have to be subject to scrutiny both by experts and the society as a whole. In recent years there is an increasing loss of public acceptance for policies that reflect (sometimes overcome) social values rather than the actual reality and have objectives that are not perceived as realistic by a majority of the citizens. Consequently, the most important task in formulating a common policy objective is to base it upon social reality and a non-ideological assessment of the actual situation to make the policy also satisfactory. It is unlikely that a non-satisfactory policy based upon unachievable goals will receive consensus in the community. To enable the policy to be satisfactory, feasible and qualitative, it should be kept in mind that drug use - and often also problematic drug use - is an on-going reality in all cities.

As drug problems are often a symptom for underlying social issues, these should also be taken into consideration when it comes to evaluating the effectiveness of drug policies. Certainly health issues are important to address in general, because it is crucial for the target group itself as well as for the community citizens as a whole. As public order and a low crime level is a high priority in all communities, these issues play a role in an over-all response and should be evaluated critically. It is likely that they will touch on the important field of controlling drug markets and the access to drugs.

We have also included two other issues in our list of indicators which are sometimes neglected, but considered equally important in a multi-disciplinary and community based approach: one of them is the issue of equity and the social inclusion of the target group, which covers the whole range of questions concerning an inclusion of drug users in the process of formulating a common response, respecting and ensuring their civil rights and treating them as equal members of the community and fellow citizens. The other important issue is the question whether the policy is satisfactory also in the view of the community as a whole and based upon facts rather than ideological considerations.

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[10] Danny Kushlick: Forming successful multi-agency drug policy using effectiveness as an indicator, presentation given at the European Cities on Drug Policy Conference – Halle, Germany - June 1999

Probably the most important thing to keep in mind is to keep asking whether <u>all</u> the indicators mentioned here - which may, of course, be further extended - are addressed in a balanced way. An unbalanced response is not only likely to cause friction and frustration among the agencies involved in it, it will also be ineffective in the sense that it neglects certain important issues for the benefit of others. Peter Frerichs illustrated the negative effects of an unbalanced approach (and the benefits of a balanced one) in his presentation of the policy changes in Frankfurt am Main, where the situation only improved after a better equilibrium between repressive and help oriented measures had been achieved.

? are underlying social issues being addressed

- employment
- mental health
- housing
- youth
- families
- education
- health care
- migration
- quality of life
- civil rights
- is the drugs issue included in other arenas
- are priorities/policies determined locally or nationally

? what is the health status of the target group

- HIV/Hepatitis prevalence
- drug related deaths
- forms of consumption (risky or less risky)
- level of consumption (controlled or uncontrolled)
- range of treatment options available
- longevity of users
- poly substance use

? what is the crime level related to drugs

- value of international / domestic illicit market
- drug crime level / drug related crime level (to purchase drugs / under the influence of drugs)
- corruption / white collar crime
- drug seizures in relation to level of police activities
- police resources
- spending on enforcement and arrests
- drug using prison population

N.B: drug trafficking in itself is not necessarily an indicator, because it depends very much on how active the police is in this field. Therefore, it may look as though there is "no problem" with drug trafficking, whereas this is only due to little police action in this field.

? is the supply regulated and controlled

    - control of access to drugs
    - control of purity and quality of drugs

**? are the rights and responsibilities of users addressed
  and is inclusion and equity ensured**

    - level of involvement of user forums in policy making
    - level of support for user groups
    - user's attitude towards service provision
    - inclusion of visible minorities in services in relation to demographic racial profile
    - demographic profile of prosecutions with regard to visible minorities and others
    - school exclusions
    - denial of treatment
    - restrictions on child care
    - availability of information on drugs to users
    - self images of drug users

? is the policy qualitative and satisfactory

    - public understanding of drugs and drug users
    - sense of security in the population
    - economical aspects (spending of budget on drug related issues)
    - impact of scientific research on policy making
    - room for policy experimentation
    - evaluation of the effectiveness of the policy
    - community consensus/support for policy measures

? is there a good balance between the indicators

To ensure the effectiveness of drug policy, none of the above mentioned indicators should stand alone. Focusing too much on one of the indicators may result in negative effects in another. Generally speaking, an effective and just drug policy takes **all** of the following indicators into account:

    - regulation and control of the drug trade
    - reduction of drug related harm (ill health, crime, social exclusion, etc.)
    - provision of open and honest drug education and information
    - protection of the civil rights of all citizens - whether drug users or not
    - inclusion of all concerned groups in shaping drug policy
    - effective spending of resources in the drugs field

Multi-agency co-operation in practice

"Plymouth is not an exceptional place, it is not populated by people blessed by the partnership fairy, it really is just like your town and if we can do something good so can you!"[11]

With the various indicators mentioned above we have tried to build a framework for the complicated task of achieving community consensus in local drug policies. However, formulating key performance indicators for a multi-disciplinary approach may all be very nice in theory, but - as we have also frequently mentioned the importance of an honest and realistic assessment of what is, compared what should be - we felt that concrete examples from existing multi-agency approaches should also be included in these guidelines. This chapter therefore includes models of existing multi-agency co-operations in European cities as they have been presented at the workshops.

It is sometimes difficult to say why some multi-agency networks work and some don't. And it is certainly not possible to come up with the ultimate recipe for making them work. In this chapter, people involved in a multi-agency approach present their individual, first-hand experience - both positive and negative - with putting theory into practice. Sometimes, the practical experience presented and discussed during the workshops sounded rather hopeless, sometimes too good to be true. What became clear however, was that drug policy is a very complex field in which formulating a comprehensive approach and achieving community consensus can be even more complex - and is definitely on-going hard work.

We hope, that both the indicators - which have been developed out of the practical experience of the workshop participants - and the practice examples in this chapter will help local authorities, agencies, and other concerned groups to avoid serious failures in the future.

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[11] see also Gary Wallace's presentation in this chapter

Multi-agency co-operation in Plymouth

by Gary Wallace,
Plymouth Health Action Zone

Before I launch into this I want to add a note of caution. It is inevitable in a short talk like this that some areas are glossed over and the enterprise as a whole is presented in a good light. I do think that we have done some really good things in Plymouth but we have also made mistakes and it has been and continues to be hard work. It is also a 'work in progress' and there is still time for the wheels to fall off!

I thought I'd give you a bit of background about myself and about Plymouth, then Ill tell you about some of the things we have done in the past 18 months and what we've learned from the process.

I started out as a psychiatric nurse, went on to become a probation officer and between 1993 and 1999 was operational manager of a large street level non statutory drug agency in Plymouth. Late in '99 I was appointed Plymouth Health Action Zone programme board lead for substance misuse. Health Action Zones were set up by the New Labour government with an agenda to, amongst other things, modernise services and reduce health inequalities. There was also an expectation that this would be achieved by involving front-line staff and communities and through identifying local priorities. They are essentially test beds for new ways of working which can then be 'mainstreamed' into services.

Late last year I was also appointed acting Drug Action Team (or DAT) Co-ordinator. DAT's are strategic bodies and the major conduit for delivering drug policy.

Plymouth is a city of about 250000 people in the far south west. It is a former naval base and dockyard which has experienced a major decline in its fortunes as the navy has withdrawn. Consequently it has major areas of deprivation. It has a sizeable drug and crime problem and the services both NHS and NGO are struggling to meet demand. Relations between the services were competitive and there was at best tokenistic involvement of service users or communities. The Drug Action Team felt remote and inaccessible.

I would suggest this was a not untypical picture right across the country.

So what have we done?

We started with a widespread and inclusive consultation process. We involved planners, providers, service users, carers, community groups, the police, probation, housing, health, social services, anybody who had an interest, no matter how slight, was consulted. After a lengthy period of argument and discussion (it went on for about 3 months) we identified some priorities and a structure within which to address them. Though the group is now smaller, all organisations that wish to participate do so at every level from front-line staff to strategic planning. We have funded and facilitated the setting up of a service users action group. Service users now have an independent voice and are involved at every level including the DAT.

We are merging the NHS (National Health Services), Social Services and street agency into a single charity. It means one assessment, one confidentiality policy and multiple points of entry for service users. It allows the combined service to maximise the use of its resources, it adds a

social dimension to the medical model, and it is seen as less stigmatising than psychiatry by service users. The merger also makes relationships with partner agencies and commissioners simpler. The merger process was supported by the staff, by the commissioners and by the service users.

We have set up an outreach service to get alongside young people who are 'excluded' and engage them with services in their own locality. The service is managed by a partnership of local drug, health and social agencies.

We have plans to fund day services, again delivered and managed by a consortium of agencies, to complement treatment covering employment, education, sport, leisure etc. in an attempt to sustain any treatment gains and prevent relapse. We have also run pilots in non 12 step relapse prevention and detox support groups.

We also have projects around hepatitis C, tenancy support and drug driving on the stocks.

Furthermore, there are now very good relationships across all sectors and a shared commitment that all future developments must be part of an agreed plan of priorities.

How did we do it - what did we learn?

I think that commissioners must create a climate of safety and honesty. It is only then that people will really participate.

Make the processes transparent as good policy has nothing to fear from scrutiny. Have inclusive structures - it gives people a stake in the enterprise. For example allowing a providers representative on our DAT has made the services much more disciplined in their approach to strategy.

Focus on common ground not on differences. When we did this we found we all agreed on things like safer communities, harm reduction etc. We found for example, that the police were able to agree with pro cannabis legalisers that we should target those drugs that cause most harm in our communities i.e. heroin and cocaine.

Establishing common ground enables the partners to develop a sense that we are engaged in a shared endeavour. For example, we found the service users group agreeing with the probation service and our senior judge that Drug Treatment and Testing Orders must include amphetamine prescribing.

Everybody must get their back scratched! If you want partnerships to work there must be give and take. It's all about compromise and co-operation. Be open about your agenda, its probably very similar to someone else's!

Partnerships are hard work, the temptation to revert to type when you don't get your way can be very strong. They are also never finished, rather they are a dynamic process.

Lastly, expect and encourage views to be challenged, debate is healthy and in my experience leads to better policy making.

I would conclude by saying that Plymouth is not an exceptional place, it is not populated by people blessed by the partnership fairy, it really is just like your town and if we can do something good so can you!

The Frankfurt Monday's Round -
a Decade of Interdisciplinary Co-operation in Local Drug Policy

by Peter Frerichs, [12]
Chief Constable Western Hessen, Wiesbaden (Germany)

First of all, I should like to thank you very much for the opportunity to make some observations on the experience we have gathered in Frankfurt in interdisciplinary co-operation between various institutions focusing on solving drug-related problems.

To begin with, some personal remarks: By now, I have been a police officer for 36 years; that's to say, I have grown up in the police administration, having joined the police forces immediately after school. I had been active, for many years, as a civil servant of the detective police of the Land of Hessen. Maybe I should note that Hessen - like every Land of the Federal Republic of Germany - has a state police. Formerly, I had been active also in the Hessian Ministry of the Interior, as head of the Hessian detective police. This period was followed by my displacement, in 1987, to the Frankfurt police headquarters as vice chief constable. Since July, 1999 I am now chief constable in Wiesbaden. Since January this year l am also chief constable of the region of Western Hessen. We have reorganised the police structure in Hessen and now have 7 police headquarters responsible for very large regions - which has tripled my region of responsibility since January 1.

When I came to Frankfurt in 1987, I was confronted with a drug situation that was almost unable to control: Since the late sixties, Frankfurt had an open drug scene. Since that time, Frankfurt police repeatedly tried to break up these scenes, but never succeeded in doing so. The police forces only managed to dislocate the scenes within the municipal territory. This rather poor success was partly attributable, among other reasons, to changing political responsibilities in the city of Frankfurt during the seventies. Governed by a CDU municipal government, police administration had been given clear instructions to break up the drug scene, but this approach turned out to be unsuccessful. This failure was not at all surprising, considering the fact that the police had been rather left alone.

Then, in 1987, when I joined the Frankfurt police administration, we stated: This situation is no longer acceptable. Whenever we were confronted with a problem relating to the drug scene and tried to address one of the municipal offices to achieve a solution, we were told that the office we had contacted did not feel in charge. They told us: we at the youth welfare office is not responsible at all, you should contact the social welfare office, and the social welfare office told us to contact the municipal Public Affairs office. This was a permanently repeated game inducing us to conclude in 1988: this cannot go on any longer, we can no longer tolerate this situation. The police administration then decided to contact the Lord Mayor (CDU) in office at that time, telling him that we needed a Roundtable group to take binding common decisions in respect of some concerted measures to solve drug-related problems. I frankly confess: at that time, the objective pursued by the police authorities - and also by myself personally - consisted in repression and nothing else. We thought we were going to carry out repression and everybody had to help us in this. But, we also realised very soon that this approach was ineffective. I shall revert to this subject later on.

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[12] translation by the editor

Considering the fact that police forces are concerned with this drug problem around the clock, we claimed to install a responsible round table uniting all people and bodies concerned, in one was or another, with drug related issues. I had already contacted the offices in charge. The municipal social welfare office, the public health office - the municipal drug policy co-ordination office did not yet exist, it has been opened later - the supervisory school authority of the Land, the municipal school supervisory authority, as well as the municipal public affairs office. Representatives of these offices have been the core of this so-called Monday's round since. Soon we observed that we needed a fixed date for the meetings - preferably at weekly intervals. And we need a chairperson, i.e. a politician who would be able - as the responsible politician - to actually implement the results of our round table discussions. We insisted on a municipal councillor to be elected chair of this Monday's Round and we succeeded in doing so. The round started in 1988 chaired by the then municipal councillor for social affairs - as already mentioned, at that time still under a CDU government - with the objective of jointly practising repression, addressing drug-related problems by mere repressive means. Bodies and authorities not yet represented in this round had been the Public Prosecution office of Frankfurt, the Chief State Prosecutor of Hessen, representatives of drug helping services and representatives of institutions closely connected. However, we managed to bring about a relatively speedy change of the situation.

In 1989, the Frankfurt municipal government had changed again. The former CDU government had been followed by a Red-Green coalition that also restructured responsibilities in municipal drug policy. In the course of this reorganisation, a so-called *Drogenreferat* (municipal drug policy co-ordination unit) was set up and responsibilities for drug-related issues were shifted from the municipal councillor for social affairs to the municipal councillor for health, a woman. To be honest, this reorganisation started with a lot of trouble: we entered the stage, assuming loftily our ability and determination to solve the problem by repressive means, but then we suddenly felt confronted with a much more stronger accentuation of the idea to stress the aspect of help. In addition, we had to face the fact that the so-called *Trägerrunde* (round of representatives of drug helping services) had appointed delegates to join the Monday's Round. Perhaps I should also give you an explanation here: There are many drug helping agencies connected with the municipality of Frankfurt who have taken over, in principle, the municipal part of the drug-aid system. This is, because of the perception that an NGO can work more speedily and flexibly than municipal offices and institutions. It's true that this does not exactly happen in the manner expected, but, in fact things developed pretty well. The NGOs have their so-called *Trägerrunde* (which is still existing) and elected delegates sent to join the Monday Round, to participate in discussions. But, initially, not at all with a view to reaching decisions. These delegate were allowed to discuss with us. But whenever a decision had to be reached and we were asking them to express their view, they replied: "We cannot do so. We are only delegates not being allowed to vote in this round." But this situation has changed as well. The circle of participants has been complemented by representatives of the Department of Public Prosecution at the Frankfurt *Landgericht* (regional court) as well as by a representative of the Chief State Prosecutor the body responsible at the level of the whole Land of Hessen. I am sure, the representative of this institution is well-known also to most of you. I am talking about Harald Körner, senior public prosecutor and the author of a report commenting legislation on narcotic substances. It was also his legal opinion that has established the essentials for installing so-called consumer rooms in Frankfurt.

As already indicated, this new composition of representatives initially did not give rise to any great satisfaction on our part. We were still fairly much opposing each other. In addition, we also encountered some problems relating to press activities: the city councillor, our chairwoman, engaged in press activities of her own, ignoring the intentions of the Round. We were not pleased at such a practice. We have raised objections and the Department of Public Prosecution and the police also threatened to leave the Round if this should continue. Nobody was happy about such a prospect. We have also has our share of fights with the drug-aid system, which intended to place its range of aid services offered in the open drug scene in 1992 - a practice known from Zurich. We finally agreed on opening service structures not in the scene, but in its immediate environment..

The situation we had to face at that time was the following: Every day, hundreds of addicts used to stay in a public park in the centre of the city consuming drugs and quasi living there. Sometimes, the number of people gathering in this place totalled up to 800 through 1000, when the weather conditions were good. I am talking about a park that could, in practice, no longer be used by the citizens of the city. This was a similar situation as in Zurich at the *Platzspitz* and later also at the station of *Letten*.

Now, I would like to deal briefly with the Frankfurt Resolution, with ECDP. The Frankfurt Resolution was adopted in 1990. Our colleagues from the Zurich police and we - the Frankfurt police, too - had enormous difficulties with the text of this Resolution, I must admit. In fact, we believed that we could not expect our superior governments to accept this text. But, then we resolved, nevertheless, to plead in favour of the Resolution, a perhaps rather courageous action on account of the fact that we did not approach our superior politicians and also the police administration. Finally, we decided to accept and endorse this approach, and this has been the beginning of the work of police representatives in the large ECDP network which has now also been working for about a decade.

As I said before, the open drug scene did really exist, delinquency developed very rapidly in the municipal area of Frankfurt. In particular, certain forms of criminality that influenced the city of Frankfurt for a very long time. I am talking about robbery in the open street, breaking into vehicles, burglary, etc. These criminal offences reached a level that could no longer be tolerated. Also, in 1991, we had to register the highest drug mortality rate ever registered in Frankfurt or even in the Federal Republic of Germany, I think. In only one year we had to register in Frankfurt 147drug related deaths. This induced us to discuss a feasible approach how to tackle this unpleasant situation in the Monday Round. We discussed several approaches, including the following steps: should we move the open drug scene to a so-called unlegislated area somewhere out of the city, a place where drug users would not attract attention of or molest people? We had to reject such a solution, the Department of Public Prosecution as well. Then we discussed about a break-up of the scene, but we also stated that this would be rather unrealistic, because our previous ten-year experience had shown that a break-up would only lead to a displacement, while the problems would continue to exist. That's why we came to the following conclusion. We must tie up a common package helping us reduce this scene - and we never pretended to be able to really break up the drug scene. A city like Frankfurt with its existing infrastructure like airport, railway and "autobahn" junctions will always be confronted with drug-related problems. This has been, so I believe, the first important step that had to be taken to implement this insight with the police administration, politicians as well as all other levels involved.

Secondly, we, the police, had also to accept that drug addiction is not a criminal offence, but a disease. And we had to accept that the police did not have the means to get this disease under control. We took the view that these people did not belong in a police cell, but had to be taken care of by a helping service. That's why we - the police and the Department of Public Prosecution - felt compelled to jointly attempt to keep these people, as much as possible out of criminalisation, referring them to the helping services instead. That was the approach that gave us the direction to follow. Also the drug helping sector recognised - or had to recognise - that drug policy without repression does not work either. Both approaches must be concerted; and that has been the basis for the Frankfurt approach we deemed successful as well as for continuing the work in our Monday's Round.

We managed to concert our action rather soon - co-operation between the service system, the Department of Public Prosecution and the police administration. And in 1992 already we could recapitulate: Today we are all still pulling the same rope - but now we are also all pulling in the same direction.

Thereupon, in 1992, the city of Frankfurt has made tremendous efforts to meet the requirements necessary to considerably extend the network of drug helping services, because we had commonly arrived at the following conclusion: When we decide to take action against the drug scene by repressive means, the police officer must be able to tell the addicts staying there: You may go to this certain place where you will get help, you'll be offered sleeping facilities or possibilities to stay, so that you are not forced not stay in the street. That has been our basic idea.

When talking about repressive action to be taken against the drug scene I don't mean only criminalising measures. Sure, such measures had been necessary as well, because in Germany we have the so-called principle of legality, that's to say, we must prosecute criminal offences, whenever they come to our knowledge. As regards respective action taken by the Department of Public Prosecution, it's up to their discretion. The Department of Public Prosecution may stay proceedings, suspend criminalisation in the case of minor offences. But, when mentioning repressive means, I also mean that it was possible for the uniformed police to expel drug addicts from public ways and places without criminalising them. We in Hessen - like in every Federal Land - have a police law which allows us to expel people and to undertake measures preventing drug addicts from staying in streets and other public places.

That was the bundle of concerted measures. The municipal administration had extended its helping measures by autumn 1992 to such an extent that we were able - in November 1992 - to declare: the drug scene is to be closed with immediate effect. That surely was a somewhat utopian announcement. We have entered the scene and told the drug users there: as of tomorrow, nobody will be here and you are no longer to come here either. There are sleeping places there and there, but nobody will be allowed to stay here any longer. Frankly, we did not believe people would comply with this order, but, on the next day actually nobody was staying there any more. An inconceivable situation. Certainly there have been attempt later to re-establish some form of a drug scene in that park again, but these attempts have been prevented. And we really managed to induce a large multitude of drug addicts to undergo treatment offered by respective aid structures. We ourselves have offered the city a building we have formerly used as sleeping facility for strategical police units employed against demonstrations. This building could now be used as an accommodation facility for drug addicts, because we no longer needed it, the construction of *Startbahn West* of the Frankfurt airport

having been finished in the meantime; the time of large demonstrations had ended. And the city took over the building. Nowadays, this building is hosting, as you know perhaps, the well-known "Eastside" in Frankfurt, a drug helping service point well-known far beyond the borders of Germany. There the-first pilot tests of allowing drug addicts to inject in the facility also was made - an approach that, however, first entailed preliminary proceedings instituted by the Department of Public Prosecution process. I shall refer to that perhaps later on, in the course of the discussion.

Thus, the "Eastside" project and further aid-service points have been opened in the main station area, in the former centre of the drug scene. These projects offered room for staying, sleeping places, contact point and medical help as well. All this resulted in a lasting change of the Frankfurt drug scene. We also sent home non-resident drug addicts, i.e. people not living in Frankfurt This practice has worked too, although we did not think so at the beginning. Our former lord mayor had written letters to all his colleagues - we knew, after all, the figure as well as the origin of the people - and he warned them: Frankfurt is not the city that is able to solve the drug-related problems of Germany, we shall make our police forces send your drug addicts home. For the moment, nobody thought that we could do so, but we did so and, then, problems were laid on the shoulders of the cities. Following a period until 1992, till the break-up of the scene, when about 77% of the drug addicts staying in Frankfurt were non-resident people, this situation has been reversed, the percentage having declined to approximately 20%. Following this action, only a few hundred of addicts were staying in the main station area, about 20% of them non-resident people. That result seems, at a first glance, to be relatively positive. But, in the meantime, the situation has shifted somewhat - in particular also considering Crack-related problems - but I don't wish to state further details in this respect. The measures initiated in 1992 also resulted in a clear decline in criminality and in a drug mortality rate: in 1997, only 22 people (as against 147 in 1991) died of drugs in the city. By now this rate is oscillating between 25 and 30, but this is likely to be the permanent level.

In the following years we had, so to speak, a remainder of the former drug scene. Then discussions continued. How to reach this group? Thereupon, we opened a discussion, in the Monday's Round, on how to enable these drug addicts to consume drugs under control, because we were sure that this would be a chance to reach them. As I mentioned already before, Harald Körner has given two legal opinions on this issue. The Monday's Round dealing with them formulated further basic regulations for such measures. The Chief State Prosecutor for Hessen accepted the feasibility of such basic regulations in the aspect of criminal law - and the municipal politicians accepted this view. Thus, the City of Frankfurt opened the first consumer rooms (meanwhile 4 in Frankfurt) which are also suited for addressing seriously addicted people and offering them adequate help.

The next discussion opened in the Monday s Round was - a relatively well-known fact - a discussion on the controlled administration of heroin. We believed that with such a project we would be able to set a further mosaic stone for addressing still more people. In 1993, the city of Frankfurt has formulated an application sent to the then Federal Public Health Office. This application has been rejected, followed by judicial revision. Meanwhile, the Federal Government has changed and the new national policy makers provided the legal essentials for such an approach. But, unfortunately, Frankfurt is still failing to offer a project of controlled heroin administration. Many years have passed in the meantime and I have to say quite honestly that it could perhaps even be too late for such a project now, since the practice of

drug consumption has changed inasmuch as people are hardly only consuming heroin. Therefore, people originally addressed by such programmes hardly exist in our times nowadays. Nevertheless, we decided to follow this direction, because every small mosaic stone that helps at least one person leave the scene is to be considered helpful. That's why I believe - now as before - that this approach would be effective and expedient.

The Monday Round still exists today. As I already mentioned, about 1 1/2 years ago, I left this Round. And by now the group no longer meets every Monday, but only at two weeks' intervals. That is possible also on account of the fact problems are, by now, adequately defined and dealt with in a responsible way. Even a new political change in Frankfurt did not result in any fundamental change of the municipal drug policy initiated by the former Red-Green government. The over-all drug policy is continued by the new CDU government in an absolutely identical manner. As I see it, discussion about drug related problems has been -widely taken out from policy. Thank God. The present lord mayor stated publicly - and also in TV discussions, before having been elected - that the Frankfurt drug policy is a good policy and shall be continued. This observation also proved a special phenomenon: considering the fact that, at that time, we had a conservative Federal Government, legislation on drug policy makes its job relatively easy for itself, when it is remote from drug-related problems. The city however, having to master the problem in its own streets, might be-governed by politicians of whatever colour, the problem nevertheless needs to be solved. Perhaps a Federal Government that is not so close to the problem might take relatively low interest in such issues. This is an experience we also had to make unfortunately. Meanwhile, things are under way promisingly, and I hope that the work of this Round will be continued.

Because I still live in Frankfurt I have to observe with certain sadness that the work of the Monday's Round is "hovering" somewhat. We tried to massively tackle Crack-related problems, a phenomenon that is fairly new for us. The police administration is working at this at present, so are the drug-aid services (also in close co-operation with each other). But, nowadays, I am no longer in a Position to precisely evaluate the fundamental work done in the Round. I suspect that this work is no longer done in the same purposive manner than in former times. Meanwhile, both of us - Mrs. Schardt as well as I myself - are somewhat removed from the work of that group, but yet we both hope that this inter-agency work will continue. The police, the drug-aid service system and the administration of justice have got the message ~ meanwhile, all of us are closely co-operating in a trustful atmosphere, problem faced at the beginning, have largely been solved as well. Today, the Frankfurt Monday's Round is an institution and the local drug policy unthinkable without its work which attracted world-wide attention. That may seem perhaps somewhat exaggerated, but it's the mere truth. We have been had visits by TV teams from as far away as Korea, China, and Japan informing themselves about the work of this Round. And, so I believe, the local policy makers would not take any fundamental drug policy decision prior to consulting the Monday Round. This has been a very fast development and therefore drug issues are no longer determined by political (and party-political) factors as much as they used to be. I sincerely hope that this promising development will go on.

Experiences from a Drug Action Team in Bristol

by Rowan Miller
community drug and alcohol project, Barton Hill (Bristol)

I work as a project development worker for a community drug and alcohol project called CAAAD which stands for community action around alcohol & drugs - please note: that's not against alcohol & drugs but around it.

A very brief history of how CAAAD started

The project is in an area of Bristol called Barton Hill which has a high unemployment rate and is dominated by quite brightly coloured tower blocks. The level of drug use has risen quite dramatically in the last ten years and many people in the community felt that it was not being addressed. Community development workers in the area were being told more and more about the problems and so after trying top get services into the area and not being successful they commissioned some research top look at the viability of a drugs and alcohol project being set up locally. The response from the community was positive and then they discovered a group of local women who were meant to be converting old clothes into glad rags but all they wanted to talk about was drugs. This group of women - many of whom were parents or partners of people using heroin or had personal experiences of problematic drug use, namely tranquillisers over the next 10 months worked incredibly hard and started getting a local drugs project with a harm minimisation and supportive philosophy into shape. 8 months go they were in a position to employ a development worker and that is when I came along.

One of my tasks was to establish links with city wide forums and organisations and attend meetings such as the Drug Action Teams (DAT) sub groups and the Drug Reference Groups (DRG). I was also to nurture working relationships with other agencies working directly and indirectly with drug and alcohol users, their friends and families.

Luckily being a drugs worker for the last 8 years I knew that DAT stood for Drug Action Team and that DRG stood for Drug Reference Group. If you'd asked me back then what they do I would have struggled to give you an answer. If you ask me now what they actually do as opposed to what they are supposed to do I am still struggling to give you an answer.

Before I get into the nitty gritty I need to make it clear that this is mine and CAAAD's experience of trying to integrate a community project into the policy making strategic grouping multidisciplinary joined up thinking (not) meetings in Bristol.

This is what made it difficult:

JARGON, JARGON, JARGON - I've never heard such a lot in my life Its like learning a whole new language. While I was preparing this little speech I asked some of the CAAAD workers for their reactions to certain jargon words that are so often used like strategic meetings, multidisciplinary co-ordination and drug action teams - some of the reactions are too rude to say here but one that I thought was particularly pertinent was a reaction to the word commissioner - someone who stands outside posh hotels.

VERY FORMAL MEETINGS - often in intimidating situations like council board rooms with cups and saucers that make a hell of a lot of noise just at the moment when you don't want them to.

VERY PROFESSIONAL MEETING GOERS - who knew what language to use, what clothes to wear and what look to give you as you were about to say something.

HEAVILY AGENDERED MEETINGS - with a lot to get through.

NO EXPLANATION OF ROLES - The meetings had obviously been going on for some time and I felt like walking into the middle of something which I then did not want to ask about because everybody - except me - obviously knew what was going on. Everybody was trying to get through a long agenda as quickly as possible in order to get back to their real jobs.

A feeling that these meetings have to take place but nobody really wants them to. They are a bit of a waste of time and virtually no action comes out of them.

VERY UN-WELCOMING TO NEWCOMERS - particularly small community projects who I am sure in their eyes have no real influence or power and are ultimately perhaps only going to be asking for money or highlighting the fact that services in Bristol are not adequate or we should not be there in the first place. I should point out that there are now 5 new community drug and alcohol projects that have been set up in Bristol within the last 7 years. CAAAD is the newest.

From our point of view there is definitely an ivory tower situation in Bristol where the people with the power and decision making capabilities are not in touch with what is going on in the community.

There is no discussion about what the community wants to hear about - what is being done about the heroin problem here. Why is there only one central project that has a needle exchange attached; why do people have to wait months for an assessment for any kind of funding and how are we going to cut waiting lists let alone how can we empower communities to improve the drug and alcohol situation in a positive way.

For partnerships of any kind to work - and that is what they are meant to be doing - there are 3 vital ingredients:

EQUITY - this is not equality particularly in terms of finances or public authority - equity is about the value of each sectors knowledge, skills and representatives. It is to do with respect and not power.

TRANSPARENCY - all people and organisations need to be honest and open in the areas of common concern with no hidden agendas.

MUTUAL BENEFIT - There are many mutual benefits to policy makers working with community projects. For example:

- When policy makers get PR opportunities - community projects get media opportunities.
- Policy makers know statistics - community projects know local knowledge.
- Policy makers know about legal issues - community projects know about social conditions
- They both benefit from training and project development

I believe the other things that would help not just community projects but the majority of newcomers or non professional meeting-goers are:

- Informal meetings with drug action team members maybe with as little as three people present
- visits to different projects
- meetings held in less formal environments

- a welcome pack - induction explaining what DATs do and how they can be supportive and particularly containing a dictionary of the jargon
- a community projects liaison person who represents them all on the DAT seeing as there are no community or voluntary sector DAT members
- A less top heavy approach reversing the current system so policies are made from the bottom up from needs assessment , service provider through to commissioners
- Interactive days - a couple of questioned that are worked on throughout the meeting in more of a workshop way
- Combination of community members and professionals working together can be immensely powerful - can both learn a lot from each other - this needs to be recognised and acted on
- Drug users are very much part of the community and should be essentially involved in policy making
- Bigger picture is still a subjective point of view - nobody has a completely objective stance even though they claim to.
- Advisors would be useful - personal contacts

Community projects can go a long way to improving the community for people with problematic drug use - they can be powerful politically in changing what is available in the area. They can also be creative, follow best practice and be effective for drug and alcohol users, their friends and families and the community as a whole.

The *"Co-ordination Circle"* of the city of Halle

by Christine Günther, [13]
Drugs Co-ordinator of the City of Halle/Saale (Germany)

The problems in Halle have developed in a similar way as in Leipzig and at a certain point in time we felt that some concerted action was urgently needed. In Halle the initiative for this co-operation circle did not come from the practice, but rather from the political level. One fraction of the Halle city council put the issue on the agenda and demanded that some immediate response should be formulated in the city. They demanded the establishment of the network against drugs. I was then - still during my time at the youth department of the municipality - asked to establish some co-ordination. At that time no one was working full-time on the issue of drugs at the municipality. As I was personally interested in the issue and had been working in the field of outreach work before, I accepted this task and presented a concept which was officially passed by the city council at the end of 1998. The concept included - among other things - also the proposal to install a drugs co-ordinator for the city of Halle. Later, I was asked to take over this position, which means that I have not been drugs co-ordinator for very long. Together with this position, also the co-ordination circle of the city of Halle has been established which is the steering committee of the so-called network against drugs. This circle also has a statutory status which is binding for the partners involved. Meetings are being held regularly and scheduled one year ahead., so everyone has the opportunity to plan ahead.

The political objectives are the development of a liberal and flexible system of activities that is based upon a needs assessment - a harm reduction or acceptance oriented approach. It also takes the needs of the different target groups into account and seeks to damn up the effects of drug abuse in the city. I think, that with this political objective, good work is possible. Of course, at first it is only purely theoretical, and this has to be filled with life. The co-ordination circle that steers the common approach is based upon three pillars: the field of prevention, helping services for drug addicts, and repression. All in all, 12 people belong to this circle - apart from me, as the secretary of the circle. We also have included two representatives from the prisons. This has been logical, because we have external services in prisons and there have been harsh discussions with the justice system on this issue in the beginning of these activities. Through their inclusion in the circle - which in itself is already positive - we have been able to achieve some positive changes in this area. Also, a representative of the medical system, a doctor who works with drug addicts is included in the circle. In the beginning also the federal school office had been included, but, unfortunately, they retreated from the common work which we all regret very much. I think, this also shows the big difficulties we have with the area of schools in Halle. The co-operation with the police for instance has always been very much better than with the school system. Yesterday, I heard with some astonishment and envy the report from Leipzig and that at your federal school office there is one person responsible for prevention. We can only dream about this on Halle. I don't want to give any judgement on the policy guidelines of the land of Sachsen, but there is not even some guidance for teachers in it on how to tackle the field of prevention and drug use among pupils in schools. I think, Sachsen-Anhalt is even the last of the Lands that does not have any guidelines on that issue so far. We regret this very much, and we truly hope that the Ministry is going to take some more action in this area. There

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[13] translation by the editor

is some beginning co-operation - at least in the prevention committee, they are now represented, but at school level there is practically nothing in this field in the city of Halle so far. Like all co-operation circles in the drugs field in Halle, the prevention committee is also part of the over-all network against drugs of the city.

So, what have we been able to achieve? Of course, also what Susanne Schardt mentioned yesterday: the informal co-operation and exchange level has definitely improved. It is now possible to just pick up the phone and discuss certain problems with your partners without having to discuss this in the co-ordination circle. We also frequently changed the members of the circle according to the problems discussed. We also changed the meeting rhythm to meeting every fortnight only, but at the same time we have formed focused sub-groups on certain issues. In these, also expertise from other levels can be included by inviting experts for certain sessions. For example we have established a new concept for involuntary treatment for minors, because there had been a case where one girl had been taken into treatment involuntarily from one place to another under very bad circumstances and a violent intrusion by the police into the counselling service where she was at the time. A very regrettable incidence that lead us to commonly define a better framework for such cases in the future. This process also went very fast: we sat together one evening and developed the draft of a response concept with all concerned groups. In this concept we defined the responsibilities for every step within the helping system which were also agreed upon by all agencies and authorities involved. Since formulating this response, we have been able to avoid any similar situations.

The second problem in this context was that the police had forcefully intruded the counselling service and had taken away the client. This also lead to the common development of a framework for handling similar situations in protected areas - such as the helping agencies. Basically, there is no law that forbids the police to intrude such protected areas. Therefore, we had to come to a common agreement on how to handle such cases. This was also not a complicated process. Again, we only met once and agreed upon the major objectives, the target groups and the protected areas. In Halle these were the drug helping services and the drop-in service for street-kids. These protected areas have also been accepted by the police and after having discussed some individual cases where the co-operation had not worked well, we were also able to define guidelines for future cases of that sort in which we also included three examples of "bad practice" in the past. In addition, we also installed a crisis telephone helpline at the police and municipal office for public order, because all these measures have to be implemented by human beings and it may happen that in some cases this strategy does not work to the satisfaction of the agencies, individuals and authorities involved. In my point of view, these are good examples for the way in which problems have been carried into the co-ordination circle and where a common solution has been found. The co-ordination circle is not necessary always the committee which has to deal with all practical aspects of the problem, but with the system we have established we can also come to common solutions with the experts who also have to respond to the problems on a day-to-day basis. We want to continue this form of co-operation and co-ordination in Halle. At the moment we are developing another concept for the co-operation between youth help and drug help to reduce the irritations and friction that have derived from the sometimes very different philosophies and approaches which we do not want to have a negative effect on the individual client. Within this task, we plan to define clearly the conditions for forming another conference of helping services, especially because there is a concrete problem with the issue of professional discretion between these two areas. This next step will probably not be taken by the co-ordination circle,

but on the more practical level between agencies and staff workers who are directly involved in implementing this new consensus in their every-day work. I often also take over the task to convene and moderate these working groups.

As I already mentioned yesterday, the co-ordination circle also reacted to the drug policy development and the criticism that has come from the community - especially concerning drug dealing in public transport where we have publicly described the possibilities and limits to react to such developments in the community. Through all this, we have gained a good and credited position towards the political and administrative level in the municipality. You may say that to an extent of 80 to 90% we are being taken seriously in our efforts, proposals and statements. One difficulty we had was the discussion about installing a safe injection room in the city. The co-ordination circle held several meetings on this issue which was controversially discussed and in the end, all but one member of the circle agreed to vote for the installation of safe injection rooms in Halle. However, when the vote was forwarded to the mayor and in the discussion that followed this recommendation the conservative fractions in the city parliament ran amok against this issue. At this point, there was no more space for any expert inputs and the fractions even went as far as demanding from the regional authorities not to tackle this subject at all. Things have calmed down more or lees in the meantime and we have taken a small step backwards in the co-ordination circle where we decided to install a contact centre at first. This will offer all services - including medical care - except the possibility to use drugs on the premises. The regional government has agreed that this project should now run for about one or two years and we will then assess whether it was fruitful and/or whether additional services would be necessary. You see, small steps forward are indeed possible and although the issue of safe injection rooms was turned down, it was not possible to wipe it off the agenda completely, because of the strong position of the co-ordination circle towards the political decision makers and the public. And the fact that so many people from so many different fields voted in favour of such a measure, the regional authorities at least had to consider the issue and was not able to turn it down completely as it had tried in the past.

I realise that the co-ordination circle has been quite well established within a relatively short time and it plays a crucial role in the local drug policy. Another situation is not as easy: we do hear that we are too exclusive and I think - although we do include as many concerned groups and experts as possible in our discussions on various levels - it is a criticism worth considering, because, indeed, the members of the circle still are not active enough in putting their issues on the agenda of the meeting directly and proactively. This has yet happened only in one case where the municipality also reacted immediately, but usually it is my task to draw up the agenda for the meetings - although in close contact with the participants. The problem is that if issues are not being put on the agenda of the co-ordination circle, they will not be taken seriously and experience has shown that where problems have been discussed there, it was usually possible to come up with pragmatic and fast solutions for these issues. I don't want to miss the co-ordination circle any more. We produce an annual report about our work and have an annual action plan including the annual objectives and this gives me the possibility to see whether we have been working effectively and met our aims. Sometimes we sit together in our meetings and people complain that we do not achieve much. This is a bit dangerous, because such a feeling can impair the common work of the circle. The annual action plan and report can then help to make transparent what we have achieved - and how much this really is. I have just been rather pleased to see again that we have met almost all our objectives in the group. What we have not achieved, is to involve the prevention committees and the neighbourhoods more

in our over-all prevention strategy. This is a bit sad, indeed, because we approached the neighbourhoods for three quarters of a year to involve the neighbourhood initiatives more than before. Also, the issue of involving schools in the drug abuse prevention strategy more actively is certainly an important objective for the future.