

Evaluation of the Governmental Strategy and Action Plan 2015-2019 of Luxembourg regarding the fight against drugs and addictions



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Summary

Upon request of the Luxembourg Ministry of Health, the Trimbos Institute has conducted an evaluation of Luxembourg's Governmental Strategy and Action Plan 2015-2019 on drugs and addictions.

This evaluation is a critical analysis of the implementation of the current National Drugs Strategy and Action Plan. It assesses the extent to which effective policies, activities, and services aimed at reducing the negative consequences of illegal drugs were developed, and identifies areas of improvement and recommendations for the National Drug Strategy 2020-2024.

The evaluation report begins with a short description of the country's drug situation and context, the structure and priorities of the National Drug Strategy and Action Plan, and the purpose and scope of the present evaluation (Chapter 1).

The methodology of the evaluation process is outlined in Chapter 2.

Chapter 3 provides the findings of the desk research, followed by the findings of the interviews and questionnaires, which are presented together and structured according to the two pillars (supply reduction and demand reduction) and cross-sectional topics.

In the conclusions (Chapter 4) we summarise the key achievements from the National Drug Strategy 2015-2019, and point out problem areas that stakeholders encountered during the implementation period 2015-2019.

Finally, we offer some recommendations for the next National Drug Strategy in 2020-2024 (Chapter 5).

1 Introduction

1.1 Background and context

The Grand Duchy of Luxembourg is a state in Western Europe. The landlocked country is bordered by Belgium, Germany and France and has three official languages: Luxembourgish, German and French. Its capital, Luxembourg City, is one of the four official capitals of the European Union, and most financial and legal European institutions also have their headquarters in Luxembourg. Luxembourg is one of the smaller and least-populous countries in Europe, and foreigners make up nearly half of its population.

Luxembourg has a drug situation that is comparable to other countries in Western Europe. One of the main concerns was the substantial domestic opioid crisis in the 80s and 90s when Luxembourg ranked among the highest in Europe for the prevalence of problem (heroin) use, as well as disease and mortality. It has since developed into an integrated drug treatment system with a range of interventions and services, and succeeded in reducing the prevalence of problem drug use and the drug-related mortality rate. Nowadays, Luxembourg ranks relatively low on the use of cannabis, cocaine, MDMA, and amphetamines compared to other countries in the EU. It is also below the European average with regard to drug-induced mortality. However, it has a relatively high prevalence of high-risk opioid use and infectious diseases among injecting drug users.

1.2 National Drug Strategy and Action Plan

Luxembourg's National Strategy and Action Plan on Drugs and Addictions 2015-2019¹ addresses illicit drugs, alcohol, tobacco, psychotropic drugs and behavioral addictions such as gambling. It is built around the two pillars of drug demand reduction and drug supply reduction and the four transversal themes of (i) risk, damage, and nuisance reduction, (ii) research and information, (iii) international relations, and (iv) coordination mechanisms. The Action Plan itself consists of 47 actions (15 on demand reduction, 19 on supply reduction, and 13 on the four transversal axes), clearly formulated in terms of content, responsible institutions, budgets and time frames.

As the fight against drugs is multidisciplinary, a total of 11 ministries and 13 departments are involved to different extents in the enforcement of national drug policies. Luxembourg has the following coordination structure: activities in the field of drug demand reduction are the responsibility of the Ministry of Health and coordinated by the National Drug Coordinator, while the Ministry of Justice and the Ministry of Interior Security are responsible for activities in the field of supply reduction and international cooperation. The Drug Coordinator chairs the Groupe Interministériel Toxicomanie (GIT), in which all relevant Ministries and other parties are represented. The overall collaboration on drug policy has a strong emphasis on consultation and dialogue and on consensus and agreement in order to create ownership of the planned activities.

The current Drug Action Plan (2015-2019) is based on an external evaluation of the previous Drug Action Plan (2010-2014), as well as the first two Drug Action Plans (2000-2004 and 2005-2009), relevant data collected by the national drug monitoring system (REITOX National Focal Point to the EMCDDA), and results from targeted research studies. In order to optimise its impact, the Strategy and Action Plan 2015-2019 has also taken into account relevant issues from the EU and EC treaties, the EU Drugs Strategy 2013-2020 and the related EU Action Plans on Drugs 2013-2016 and 2017-2012.

The strategy formulates the following priorities for the two pillars and the transversal axes:

¹ <http://sante.public.lu/fr/publications/s/strategie-plan-drogues-2015-2019/index.html>

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

Supply reduction: to enhance the efficacy of actions in the field of supply reduction; to improve the knowledge base upon which policy measures against drug production, drug trafficking, money laundering, and organised crime are taken; to improve regional and international co-operation.

Risk, damage and nuisance reduction: to enhance the capacity of low-threshold services; to reduce drug related deaths and infectious diseases.

Research and information: to develop the infrastructure and means needed for research and for the collection of information; to frame drug-research into national and international networks; to improve the exchange of knowledge between researchers and policy makers; to improve the distribution of information to various target groups; to give special attention to the evaluation of the actions that have been undertaken.

International relations: no specification of priorities are mentioned in the Strategy.

Coordination mechanisms: no specification of priorities are mentioned in the Strategy.

1.3 Purpose and scope of the evaluation

The present evaluation is a critical analysis of the implementation of the National Drugs Strategy and Action Plan of Luxembourg 2015-2019. We assess the extent to which effective policies, activities, and services aimed at reducing the negative consequences of illegal drugs were developed, and identify areas of improvement and recommendations for the National Drug Strategy (NDS) 2020-2024.

The overall aim is to provide policy-relevant information for stakeholders involved in making the next NDS (2020-2024) in Luxembourg. We therefore also address issues, such as whether conditions were sufficient to realise the actions formulated in the Action Plan and whether the implementation process went well.

Finally, we provide recommendations for the next NDS (2020-2024), including suggestions for specific activities and the broader coordination structure and policy-making process.

2 Methodology

A mixed method approach was applied in which quantitative and qualitative data was collected, analysed and integrated. This scientific method – also known as data triangulation – allows for the use of multiple indicators and data sources to get a reliable picture in a short amount of time. In the present evaluation we used three types of methods: desk research, questionnaires, and in-depth interviews.

2.1 Desk research

The aim of the desk research was to provide an overview of the current drug situation in Luxembourg as well as changes observed in recent years. The evaluators reviewed key documents, such as the annual Luxembourg National Drug Reports (2018 and 2017), past NDS reports of Luxembourg (2015-2019 and 2010-2014) and previous NDS evaluations. A list of the literature is in Annex 2.

2.2 Questionnaires

Questionnaires were sent by email to relevant stakeholders (a total of 18) from the government and various services and organisations to assess the achievements of the Action Plan 2015-2019. The stakeholders were selected together with the Ministry of Health on the basis of their expertise in the field and involvement in the creation and implementation of the Drug Strategy and Action Plan.

The first part of the questionnaire consisted of general questions on the strong and weak points of the creation and implementation of the Strategy and Action Plan. In the second part of the questionnaire, stakeholders were asked with regard to each action, (i) the extent to which the action was completed, (ii) what their personal judgment of the outcome is, rated on a scale from 1 (poor) to 7 (excellent), and (iii) whether any follow-up action is required. Next to each question was a free-response field where stakeholders could elaborate on their response if they wished. A sample of the questionnaire is in Annex 3.

Ten stakeholders completed and returned the questionnaire, four from governmental organisations and six from health services operating in different fields such as youth care, low threshold and harm reduction services, drug treatment and prevention. A few respondents answered (almost) all questions; most filled in only the questions concerning their own field of expertise.

2.3 Interviews

Face-to-face interviews were conducted with 12 representatives of 10 key stakeholder agencies from governmental organisations and health services in August and September 2019. This included representatives of the Ministries of Health, Ministry of Justice, Ministry of Education and Youth, the Reitox National Focal Point, CePT (Centre de Prévention des Toxicomanies), Customs Office, Police, and the NGOs Abrigado, Impuls, and JDH (Jugend-an Drogenhëllef). The list of interviewees is in Annex 4.

The interviews served to follow up on the information gathered through the questionnaires and the desk research. The evaluators therefore focused on clarifying diverging answers, getting more in-depth insight into current developments in drug use and related responses, and exploring areas that may need to be developed or strengthened in the next NDS. The interviews were audio-recorded for reporting purposes. Participants were assured that their responses would be treated with confidentiality and that the responses would only be reported in aggregated form.

2.4 Limitations to the evaluation

Limitations to this evaluation were that (i) the timeline and budget for the evaluation were tight; (ii) no site visits to agencies or services were conducted, and (iii) no in-depth interviews with actors such as parents or people who use drugs (PWUD) were conducted. Nevertheless, the evaluators believe that the use of quantitative and qualitative methods and the inclusion of a wide range of stakeholders helped to overcome these limitations. Many respondents elaborated on the planned reform to regulate recreational (non-medical) cannabis and we included the comments in the relevant sections in the report. However, we did not provide specific recommendations for the reform, as it is currently being prepared and was not part of the NDS 2015-2019.

3 Findings

The following section will provide an overview of the current drug situation in Luxembourg and the extent to which activities under the National Strategy and Action Plan 2015-2019 were carried out and completed. The findings will be described in two sections: (1) desk research and (2) questionnaires and interviews.

3.1 Desk research

3.1.1 Drug situation and recent developments

Drug market

The drug market in Luxembourg can be characterised as a typical Western European one. A range of different illicit drugs are available, with substances like cannabis and MDMA typically being consumed in recreational settings, and heroin and cocaine being associated with problem drug use. Drug use can be found across the population, from rich and privileged people to disenfranchised and marginalised groups.

Because of the country's small size, nearly every town is near a border, making Luxembourg a hub for international drug trafficking. It also lies along a drug-trafficking axis from the Netherlands/Belgium to France. In recent years an increasing number of organised crime distribution networks have developed nationally, contributing to a rise in drug availability, particularly of cocaine and cannabis.

A number of changes have been observed in the current drug market. There has been a decrease in heroin, but an increase in cannabis, cocaine, and MDMA (e.g. as reflected in drug seizures). There has also been a shift towards more online drug markets and more hidden places like bars and private houses, although the traditional open drug scene in Luxembourg city is also still present and visible.

General population and school populations

As part of the European Health Interview Survey (EHIS), Luxembourg conducted its first general population survey on illicit drug use at a national level. Overall, drug use patterns are similar to other Western European countries. The most frequently used substances are cannabis, followed by cocaine and MDMA. The prevalences of these substances are below the EU average. The first use of illicit substances typically occurs between the ages of 15 and 19, with the exception of heroin and cocaine.

Cannabis is also the most used illicit substance among youngsters aged 13 to 18 years in Luxembourg. The Health Behaviour in School-aged Children (HBSC) survey showed that life-time prevalence of cannabis use among students aged 13 to 18 years decreased slightly between 2006 and 2014, while last-year prevalence remained stable and last-month prevalence increased during this time period.

High-risk drug use populations

Luxembourg is a wealthy country that is flourishing economically, yet there are also substantial populations of marginalised high-risk drug users. According to the latest estimate from 2015, there are around 2,200 people exhibiting high-risk drug use (HRDU) in Luxembourg. Many are of non-native origin. The most common use pattern in HRDU is injecting heroin use associated with polydrug use (e.g. combining heroin with cocaine). Although HRDU and injecting drug use (IDU) has been decreasing since 2003 and 2009 respectively there are also indicators showing an increase in certain groups. Data from 2017 suggests a new increase in polydrug use (76% in 2017) after a decrease between 1994 and 2016.

The demographics of the HRDU population does not differ much from other EU countries. About 70% of high-risk drug users are male. Women are less involved in drug use, but they report more discrimination and barriers in access to care and support services. The mean age of the HRDU population rose from about 28 to 38 years between 1995 and 2017. This trend indicates an aging HRDU population, similar to other European countries. The health and social situation of these aging individuals is poor, as they face social marginalisation and a multitude of medical problems. Many individuals with HRDU are not native. While the proportion fluctuates between 40% and 65%, non-natives consistently make up a significant proportion of the population, with many coming from Portugal and France. The housing situation has improved significantly with about 65% of high-risk drug users having a stable accommodation compared to 31% in 1995.

The HIV prevalence in HRDU populations was high but stable until 2014, with only a few new cases per year. Between 2014 and 2016 there was an increase in HIV infections via IDU. An expert mission from the ECDC and EMCDDA assisted in assessing the situation and supporting a range of interventions. The number of new infections subsequently decreased in 2017. Part of the reason for the elevated infection rate seemed to be an increase in cocaine injections (e.g. due to more frequent injections than with heroin). The prevalence of Hepatitis C in injecting drug users is stable, but very high (76% in 2017). The number of fatal overdoses has been decreasing from 26 cases in 2000 to 4 cases in 2018.

3.1.2 Drug responses

The drug responses in Luxembourg are characterized by a combination of drug control via law enforcement (drug supply reduction), as well as health care and social responses (drug demand reduction).

Drug supply reduction

Criminal Justice and law enforcement

The basic national drug law from 1973 regulates the sale of controlled medications and addresses the fight against addiction. Over time several amendments have been made. In 2001, cannabis use was decriminalized, penalties for simple drug use were alleviated, penalties for drug offences were differentiated, and a legal framework was foreseen for treatment and harm reduction measures, including opioid substitution treatment, needle exchange, and drug consumption rooms. In 2018, legal access was granted to medical cannabis for specific medical indications (e.g. chronic pain, multiple sclerosis spasticity, nausea associated with chemotherapy) if patients are of Luxembourgish nationality, residents of Luxembourg, or covered by the national health insurance. Finally, with the emergence of new psychoactive substances (NPS), a number of substances have been added to the drug law over the years.

Recent figures show a modest decrease in the number of police records for drug law offences since 2015. Also the number of drug law offenders decreased since 2016. Around 80-90% of drug law offenders are male and around 50-65% are non-natives. National prison data from 2017 shows that 25% of new admissions were related to drug law offences. Cannabis remains the main drug involved in first drug offences. In 2018, the government announced that it will explore regulation or legalization of cannabis for non-medical use. The main objectives are to reduce the illicit market, to reduce the mental and physical risks associated with cannabis use, and to fight crime at the supply level.

Drug demand reduction

Prevention

The NDS and its action plans target the implementation of health and social responses. Prevention is considered one of the key intervention areas to reduce or delay the initiation

of drug use and encourage healthy lifestyles in the general population and at-risk groups. Prevention is mainly implemented in schools, although drug-related modules are not mandatory in school curricula. Recent progress includes the launch of the CePT Toolbox to assist with the implementation of school-based prevention activities, and the publication of recommendations for educational professionals on addressing cannabis in the school environment. Training modules for addressing young people in other settings are being developed. Moreover, major efforts have been made in the diversification and development of health care responses and harm reduction measures. In 2014, the new drug checking service DrUg CheCKing (which was integrated in the 4motion asbl/ PiPaPo's offer in 2016) was launched to check the quality of substances used in recreational settings (onsite checking).

Treatment and harm reduction

In Luxembourg, drug treatment is provided through specialized outpatient treatment facilities, low-threshold agencies, hospital-based drug treatment units, and a therapeutic community. The current national strategy and its action plans envisage further expansion of the national treatment system by adopting a more holistic approach to the treatment of substance dependence, covering both licit and illicit substances. Over the past years, counselling and specialized care networks have been developed further, which had a positive impact on drug users starting treatment at an earlier stage in their drug career. Most clients in drug treatment use opioids (61%), cocaine (22%) and cannabis (16%). Heroin assisted treatment (HAT) was introduced in 2017 as a pilot treatment. Moreover, a psychosocial and medical care program for PWUD is operational in national prisons including psychosocial care, detoxification treatment, opioid substitution treatment (OST), and the prevention of infectious diseases.

Harm reduction for PWUD was taken up in the national drug law in 2001 and has been an important approach in Luxembourg ever since. The first supervised drug consumption room (DCR) opened in 2015 in the city of Luxembourg. It is currently part of an integrated low threshold facility for PWUD and has an increasing number of visitors. In 2019, another DCR opened in Luxembourg in the city of Esch. The number of contacts at low-threshold agencies has been increasing over the past years, including an increasing number of exchanged syringes. Following the increase in HIV infections in 2014-2016, additional outreach services were implemented to reach out and support hidden drug using populations.

Research

The current National Drug Strategy and Action Plan (2015-2019) explicitly refers to research as an integrated part of the transversal axes of demand and supply reduction to support evidence-based drug policies. Recent research priorities included drug-related mortality, risk behaviours, genotyping HIV among HRDU, the EHIS, and supporting the first national hepatitis action plan. Summaries of the most relevant results are published annually in the national drug report.

Coordination

Coordination mechanisms have been reinforced between NGOs and national authorities. Evaluation mechanisms are in place. An evaluation of the national drug action plan was performed and outcomes were integrated together with recommendations from national expert groups and outcomes of user surveys to develop the Drug Strategy and Action Plan 2015-2019.

3.2 Interviews and questionnaires

General findings

Most activities in the current Drug Action Plan were carried out or are still in progress, and the majority of respondents mentioned no major obstacles in carrying out the planned activities. Respondents consider it a strength that the current Action Plan was drafted in close collaboration with specialised agencies. The Action Plan also acts as an important base for the implementation of activities and for further developments in the future.

Some weaknesses of the Drug Action Plan were identified. The lack of, or uncertainty of, finances for various (prevention and treatment) activities was mentioned the most. Some also argued that the activities and tasks were not defined well enough and that they were missing an ongoing evaluation and adaptation according to newly identified needs. Further, the implementation of the current Action Plan was sometimes hindered by limited collaboration with external partners, such as schools, communities, and the police. One planned action (pregnancy prevention through implants) was not implemented due to hesitations and resistance among the target group.

Generally speaking there is good collaboration between key stakeholders in the field. The Suchtverband (a network of specialised drug agencies specialised in the field of treatment and prevention of addiction, created in 2016 and chaired by JDH) meets frequently to discuss current issues. The GIT, chaired by the National Drug Coordinator, ensures coordination between all ministries involved.

A monthly meeting called "Monday round" is held at the premises of Abrigado and the recently opened Contact-Esch (DCR) to discuss and manage potential problems related to the functioning of the centres, as well as to address other issues related to harm reduction and care. Participants include the Ministries of Health and Justice, the City of Luxembourg, specialised NGOs, and a representative of each the Public Prosecutor Office, Police and Customs. These meetings are highly valued by participants and may be considered good practice, as it allows all relevant parties in the field to get around the table and talk.

3.2.1 Supply reduction

Almost all activities laid out in the Luxembourg Drug Action Plan under the pillar of supply reduction were carried out as planned.

Seizures

According to the Customs Office and Police, seizures in 2018 included mainly:
346 kg cocaine (mainly one large seizure of 300 kg, intended for the Dutch market)
214 kg cannabis
3 kg heroin
2 kg amphetamines
1500 ecstasy tablets

Traditionally, organized criminal groups from Africa sell heroin. However, the demand for and availability of cocaine increased significantly in recent years. It appears that cocaine is now mainly sold by people from Nigeria. Every morning they travel from nearby cities in Belgium, France and Germany to Luxembourg City, where they engage in street-level selling, and by the end of the day they go back. Law enforcement has not yet managed to reduce the supply of cocaine significantly.

National cooperation

Police, Customs, the Ministry of Justice and the Ministry of Interior Security take part in the previously mentioned Groupe Interministériel Toxicomanie (GIT). Respondents mentioned that, with the upcoming cannabis reform, the role of the GIT will become even

more important. Moreover, although collaboration is generally good, stakeholders mentioned that Police and Customs should work together more on criminal cases.

International cooperation/ joint actions

Luxembourg takes part in many international operations aimed at reducing the supply of drugs and works closely together with France, Belgium, Germany and the Netherlands. Respondents are not aware of any inland production of any drugs in any significant amount.

3.2.2 Demand reduction and prevention

Similar to supply reduction activities, most demand reduction activities were carried out as planned. A few items could not be carried out as either funding or other resources was lacking.

Coordination in prevention

A current obstacle in the field of drug prevention is the absence of an overarching prevention strategy and the lack of coordination in the prevention activities. Since 1994 CePT, the national drug addiction prevention centre, is key responsible of the prevention work in Luxembourg. Their tasks include the elaboration and the development of a national concept for a systematic and structured addiction prevention and to implement this concept with organisations at the national and international level as well as the coordination of drug prevention activities in Luxembourg. However, many respondents mention the lack of both such a national drug prevention concept and the required coordination

Respondents noted that while many different stakeholders (including NGOs, Ministries and the Police) are actively engaged in drug prevention, there is no joint action plan with a joint message that all stakeholders share and put into practice. For example, police officers are regularly engaged in drug prevention at schools, thereby spreading different messages than NGOs do. All relevant respondents expressed the need for coordination, which would set clear targets and priorities, guidelines and coordinate drug prevention activities across the parties involved.

Cocaine and NPS use

Cocaine use is on the rise in Luxembourg. As this is a rather recent national trend, information on the risks of cocaine, as well as on effective treatment, prevention, and harm reduction interventions targeting cocaine users have to be further developed. The use of NPS is very low in the general population (as in many other EU Member States), but some NPS are more commonly used in specific subgroups, such as people in nightlife settings. Little information is available on the risks and effects of these and other NPS. Respondents feel that users but also professionals would benefit from more education and evidence-based information.

Treatment

Respondents mentioned the need for a greater range of treatment options for PWUD. There is currently only a limited range of treatment options, which means that many PWUD fall between the current care systems and don't have access to suitable support. Respondents suggested an evaluation of the drug treatment options (according to criteria such as accessibility and quality) in order to identify needs and weaknesses, and to develop a full range of treatment options.

Specific treatment and support options are planned for the near future or have already been initiated:

OPTION is a project run by NGO IMPULS that collaborates with in-patient treatment communities in Spain, Italy, and the Netherlands, sending patients from Luxembourg to

those countries for treatment. Similar in-patient treatment opportunities are currently lacking in Luxembourg but there are plans to address this in the next Drug Action Plan. An outreach offer has been created under the current action plan (MOPUD, Prevention Mobile for drug users). A specially equipped van reaches out to drug use hot spots to provide safer use material, offer rapid HIV and hepatitis testing and motivate users to enter treatment. This offer should be further developed. HAT was implemented in Luxembourg in 2017 and will be evaluated at the end of 2019. The results of this evaluation will help decide on future developments of HAT at a national level.

Youth

Much effort has been put into preventing youth from (early) substance use and addiction. A program on responsible drinking has been completed, and a program for online consultation and prevention will begin at the end of 2019. The latter was delayed due to the prioritisation of other activities. Respondents mention the need to scale up treatment availability for young people.

Cannabis reform

The regulation of medical cannabis in 2017 is an advancement that considers the well-being of people in need. Currently Luxembourg is preparing for a major shift in its drug policy: the legalisation of cannabis for recreational (non-medical) use. Many respondents stated that a lot of work needs to be done, including the 'deconstruction of the current paradigm.' This entails that more up-to-date and objective information about cannabis needs to be made available to the general public and to specific groups such as teachers, pupils, and parents. Most respondents will be involved in this reform in one way or another, including the Ministry of Education, the Ministry of Justice, Customs, drug prevention and harm reduction services, and agencies working in recreational settings.

Respondents stress the need (and unique opportunity) to conduct high quality research on the impact of the cannabis reform on factors, such as the prevalence of use, incidents, availability, treatment demand, and changes in the black market. It is also an indispensable opportunity to compare the impact of the cannabis reform of Luxembourg to that of other countries, such as Canada.

3.2.3 Cross-sectional axes

Many of these activities were started in 2015-2019 and will continue and further implemented.

Housing First

Under the current Action Plan, a start has been made with the introduction of Housing First facilities. Stakeholders have undertaken study visits to learn from experiences from other countries, such as Woodstock in The Hague in the Netherlands. Luxembourg has an ongoing issue with a significant number of homeless persons, mainly problem drug users, who do not (want to) use the low-threshold facilities of Abrigado and instead live just outside of the fences of Abrigado under very poor conditions. The local authorities condone this situation more or less. Guiding these individuals to (small scale) housing where drug use is permitted to some extent will take the people and the nuisance, caused by living on the streets, off the streets. Many respondents are in favour of this. Currently, 24 Housing First units for marginalised people are run by the CNDS and a community offer has been set up for ageing drug users. Under the current national hepatitis plan, resources have been granted by the Ministry of Health to further develop housing first offers for marginalised and homeless people with serious medical needs. An operational concept has been elaborated recently and meetings with the City of Luxembourg are currently held in order to jointly implementing the concept.

Small scale facilities/ decentralisation of services

Respondents call for the decentralisation of current services. They consider Abrigado too big and therefore unable to address all different client needs. Suggestions have been made

to separate some services, such as the day and night shelter, and to include other services instead, such as a gender-specific facilities and low-threshold OST. OST clients are (formally) not allowed to use Abridado's drug consumption room.

There has been some discussion about the previously addressed MOPUD van for drug users. Some argue that the mobile van needs to be allowed to stop in suitable places around the city, but this request is met with resistance from the city of Luxembourg. The expansion of the mobile van has started, including the introduction of the van's needle and syringe exchange service. MOPUD should be expanded across the country, including to more remote locations. This is currently taking place only after an agreement with municipal authorities.

TABA is a low-threshold employment for older drug users that helps structure their lives and reintegrate. It has been very successful, but more funding is needed, for example to cover staff costs. Moreover, the project needs to expand to meet the growing demand of aging drug users.

Gender-specific issues

Respondents mentioned the need to support drug-using women who are particularly marginalised and vulnerable. The current Action Plan had planned special services for women and the facilities have been opened. For example, Kangaroo house offers specialised care for drug using women and their children. It works in close collaboration with the service for parents, Parentaliité of the JDH, which provides housing and care. Despite these improvements, more targeted facilities, such as a low-threshold facilities that are only accessible for women, are needed.

Drug consumption rooms (DCRs) and Needle and Syringe Exchange programmes

Respondents mentioned the limited number of DCRs as an area of improvement. There is currently just one in Luxembourg City and one that recently opened in the city of Esch. Experts believe that the number of DCRs needs to be increased and also cover the north of the country. The Ministry of Health has therefore mandated the JDH to perform a needs assessment in the Northern region of Luxembourg. Conclusions of the assessment will be included in the 2020-2024 national drugs action plan.

Similarly, the number of outlets for needle and syringe provision should be increased. Moreover, the '1 new for 1 used' needle exchange is insufficient, especially in light of the current increasing trend of injecting cocaine, as this involves more frequent injections. This needle exchange policy will quickly lead to shortages and consumers will essentially have no other choice but to re-use and share needles – especially outside opening hours of Abridado. This restrictive policy also likely contributed to the increase in HIV infections in 2014-2016.

Drug checking service

In 2014, a drug checking service (DUCK) was launched to check the quality of drugs used in recreational settings. This service was integrated in 2016 in the offer of a new organisation 4motion asbl, under the name PIPApO. In 2018, only 37 drug samples were collected and analysed. This number is too low for a reliable insight into the current drug market or to provide meaningful harm reduction to drug users. Many respondents support drug checking and consider it valuable for understanding the drug market and for providing harm reduction to (recreational) drug users. They argue that the service needs to be improved and include more onsite and office-based testing. In 2019, a structured substance-monitoring project, elaborated jointly by the Laboratoire National de Santé, 4motion and the Ministry of Health and financed by the national Fund against certain forms of criminality has been launched. Its primary aim is to increase sample sources (including DCRs for instance) in order to get a more complete picture of substances and their quality at the national level.

Research and information

All research planned in the Drug Action Plan 2015-2019 was performed. The EHIS was conducted and the next round should include a baseline measurement for the cannabis reform. The Luxembourg Information Network on Drugs and Drug Addiction (RELIS) survey was carried out and each year a report was published that described the state of affairs of drug use in Luxembourg. The plan is to make this data collection electronic. Also data support to the Early Warning System of the EMCDDA was carried out as planned.

4 Conclusions

The overall drug policy was developed in a relatively short amount of time, 20 years, but it has proven to be effective in addressing its key objectives. It grew from a tailored response to the domestic opioid crisis in the 80s and 90s and has since developed into an integrated drug treatment system with a range of interventions and services. A balanced approach of comprehensive and integrated health and social services for vulnerable and marginalised individuals is considered 'good practice'. The latest NDS (2015-2019) also includes other potentially addictive behaviour such as gambling and gaming. Furthermore, the NDS is in line with EU Drug Strategy 2013-2020 and with the international standards and current policy documents like UN Sustainable Development Agenda, UNGASS Outcome document.

The overall conclusion of the evaluation is that the vast majority of planned actions, as described in the Action Plan 2015-2019, have been realized. Nearly all activities were implemented or are currently in the process of being implemented. Substantial steps were made to improve the drug situation in Luxembourg and clear progress has been made since the first NDS in 2001.

No major financial constraints are mentioned in 2015-2019 at a national level, unlike in the previous period of 2010-2014 during the financial crisis and domestic austerity measures. Yet insufficient financial resources appear to be allocated to some drug-related prevention and treatment activities.

4.1 Key achievements

Overall there was a positive development of a wide range of policies and services during the NDS period of 2015-2019. Some positive outcomes and achievements are highlighted:

- First and foremost, **high-risk drug use (HRDU)** was prioritized, with a focus on public health and order problems that arise from problem drug use and dependence. Data on first-time treatment entrants and the overall number of people in treatment for opioid use disorders demonstrates a continuing decrease in treatment demand and opioid-related problems, and there is a steady population of ageing opioid users in OST. Also HRDU and IDU has been decreasing, although caution is advised as there are recent signs of a new increase in cocaine injecting and polydrug use in certain subpopulations.
- In line with international good practices, **the treatment and harm reduction system** in Luxembourg offers inpatient and outpatient services, including psychosocial interventions, detoxification programs, OST, HAT, and a range of harm reduction services, such as needle and syringe exchange programs (also in prison), drug checking, and supervised drug consumption sites. In terms of the availability of treatment and harm reduction services, Luxembourg ranks among the most advanced countries in Europe.
- The work of the **Drug Coordination Unit**, in coordinating and facilitating the implementation of the NDS and Action Plan, is crucial and well-recognized in the country. Additionally, the establishment of the Suchtverband has made interagency cooperation more effective and contributed to government-civil society consultation and collaboration. It also contributed to consensus-based public policies. Finally, an ongoing and structural process of data collection and scientific research is in place for European reporting purposes as well as to investigate specific issues.
- Tangible results have been achieved with regards to some **critical issues**, such as the HIV outbreak 2014-2016 and the ageing population of opioid users. National and international expertise was quickly consulted in order to address these pressing

priorities. Effective responses were developed for both issues, reducing the rate of newly diagnosed HIV infections among injecting drug users and offering new support services for ageing drug users.

- The ongoing modernisation in the **judiciary and criminal system** is a positive observation. The legalization of medical cannabis is an advancement that considers the well-being of people in need. There have been changes in the criminal code. Besides avoiding the pressure on the prison system, this also helps (young) people avoid a criminal record. Moreover, the availability of OST program in prisons improve the continuum of care from before to after incarceration.
- **Quality assurance systems** have been expanded. Ongoing training and capacity building was performed with regard to good practices and standards. More meetings with different stakeholders were organized to improve information exchange and decision making. The collaboration with the EMCDDA, Pompidou Group and participation in international projects is productive and contributes to the ongoing process of improving the quality control and improvement of services.

4.2 Less developed areas

Only a few activities from the Drug Action Plan 2015-2019, were not completed. The reasons for that were typically a lack of finances, organizational challenges, and implementation issues. These activities require special attention or prioritization in the next NDS and are listed in the chapter Recommendations.

The stakeholders also mentioned a number of (new) issues that they noticed during the implementation period 2015-2019:

- Although there are many activities for drug prevention, there is a lack of an adequate **overarching prevention strategy** under which the activities of the different stakeholders are coordinated and unified. With the current absence of a clear direction and unified vision, different actors enter the arena with different approaches and messages, which can have counterproductive effects in practice. For instance, the practise of police-led prevention activities is not considered an evidence-based good practise to conduct drug prevention.
- The need of a unified strategy will also be important with regards to the planned cannabis reforms. Stakeholders believe that the current information and prevention activities, and particularly the lack of coordination between activities, is inadequate to meet the upcoming demand for effective cannabis prevention programs. A modern, robust and overarching prevention plan is needed. The national drug prevention centre CePT is mandated to play a coordinating role in this. Respondents mentioned the need for a preparatory external assessment of the current prevention activities, especially in light of the upcoming revisions of the drug (cannabis) policies.
- Experts expressed concern about emerging patterns of drug use (such as cocaine injecting) and the **limited diversity in drug treatment options**. Drug treatment in Luxembourg largely focuses on opioid use. However, 42% of treatment entrants go into treatment for problems with drugs other than opioids (e.g. cannabis, cocaine). Treatment offers are limited. Part-time programs and online e-health interventions are scarce, but might become more important in the future, especially in light of the upcoming cannabis reform. Another issue is the gap between mental health care and addiction care. Many HRDU and other PWUD have a high comorbidity and fall between the two systems of care.
- Although **harm reduction** services are diverse, their national coverage is insufficient. A stakeholder noted that the steps that have been taken to reach the

required levels are “too limited and too slow.” Examples are the number of DCRs in the city of Luxembourg and the country as a whole, the number of housing facilities, and the restrictive and potentially harmful regime of 1-to-1 needle exchange.

- **Drug-related nuisance** in the city of Luxembourg continues to be a matter of serious concern. A so-called ‘open drug scene’ is concentrated in the direct vicinity of Abridado and appears to be the result of police actions, the presence of low-threshold services in the area, and active drug dealing. Despite considerable attention from public health and law enforcement, there continues to be an area where homeless people dwell, many of which are active (cocaine) users. This is a public health and public security issue, that causes a range of social and public costs, and that indicates the increasing marginalisation of certain subgroups in Luxembourg. The inability to resolve this problem is also affecting the image and credibility of stakeholders and hampers the general public’s willingness to support further health and social responses for PWUD. Joint efforts from municipal authorities, law enforcement forces, the Ministry of Family and Integration and the Ministry of Health need to be further developed to address this problem.
- Finally, although the overall drug policy system is working, **the coordination management process** is complex and bureaucratic. Currently, all activities are planned, financed, and coordinated by the National Drug Coordinator’s Office. The new era in Luxembourg’s drug responses will require more and intensified coordination work at all levels (international, national, regional, and municipal). This is expected to make serious increase in demands for the National Drug Coordinator’s Office, as not enough staff is available at the moment.

5 Recommendations

In light of the findings and conclusions, we identified a number of recommendations for the Luxembourg National Drug Strategy 2020-2024 and the underlying Action Plan.

Overall, we recommend Luxembourg to continue the current approach and direction of the NDS and to maintain the basic principles of evidence-based policies, with a balanced approach and focus on health and human rights. The stakeholders have been successful in addressing the majority of issues that were set at the beginning of the NDS period. Luxembourg is therefore encouraged to set ambitious goals to set itself apart as one of the most advanced and well-organised countries in Europe in terms of its drug situation.

Activities from the Action Plan 2015-2019 that were not (fully) completed:

We identified (incomplete) activities for vulnerable populations that are likely to have a large impact and should therefore be addressed in the next NDS:

- Supported/supervised housing offers should be consolidated and developed further.
- Services for elderly drug users should be consolidated and expanded.
- The mobile van (MOPUD) should be expanded in order to conduct better outreach and referral for people out of treatment, including in remote areas.
- Online consultation opportunities for youth and drug checking services should be expanded.

Other recommendations for the NDS 2020-2024 derived from the present evaluation:

Strengthen prevention and education

Stakeholders mentioned the lack of unified guidance and coordination in drug prevention activities. This is especially important in light of the planned cannabis reform, as this new policy will need to be introduced in an organised and congruent manner to not alienate or lose trust of the general public. Specific recommendations in this respect include:

- Develop an overarching prevention strategy that describes common objectives and goals, as well as agreed-upon methods, and in which partners are appointed to well-defined tasks. The prevention strategy should involve multisectoral and multiagency activities within the framework of a common approach. This may be done for drug prevention in general and for the cannabis reform in particular. As CePT has been mandated to coordinate its implementation, it should fulfil its responsibility accordingly, in collaboration with the Division of preventive medicine of the Directorate of Health. An external assessment of the current prevention approach may be a good starting point for developing such an overarching prevention strategy.
- Continue the modernisation towards more holistic prevention methods, for example by addressing the individuals' consumer competencies. This includes providing objective information to enable people to make informed decisions on their drug use.
- Stimulate innovation in the prevention sector by inviting stakeholders (e.g. young people themselves) to develop new approaches, and make funding available for this. The important role of social media in information dissemination, especially among young people, should be acknowledged.

Diversify treatment options

Stakeholders mentioned that Luxembourg is currently lacking certain treatment options. We recommend that a greater range of alternatives be offered, including early interventions, in order to create a full Continuum of Care. Treatment options should be expanded to include all substance dependencies. New treatment options might include:

- Treatment for users of stimulants, including cocaine (particularly in light of the trend of increased cocaine use in Luxembourg)
- Lighter treatment options, such as e-health interventions, peer support and (the expansion of) day programs for at-risk drug users.

Comorbid substance use disorder and mental illness is very common. A recommendation is therefore to develop more synergy and to strengthen multi-sectoral collaboration between the mental health sector and substance dependence sector. Collaboration between the two is in line with modern insights and is likely to have benefits, such as enhanced referral and treatment capacity, improved access to services, improved continuum of care, and potential for earlier intervention.

Especially in light of the upcoming cannabis reform, special attention should be paid to (early) interventions and treatment options for cannabis use disorders.

To gain a full understanding how the continuum of treatment options can be strengthened, it is recommended to conduct a comprehensive assessment of the treatment system in Luxembourg. This assessment should examine the availability, diversity and quality of treatment services and evaluate whether they meet current and future needs.

Strengthen the overall coordination and policy making process

The coordination responsibility involves a large range and amount of planning, coordination, and implementation tasks at national and international level, which are carried out by a small team; often this is just the national drug coordinator. In order to be able to address the numerous developments that lie ahead, we recommend increasing the organisational capacity and human resources of the National Drug Coordinator's Office. Other recommendations are:

- Works towards a sufficiently staffed coordination structure, which clearly describes the roles and responsibilities of all agencies and actors involved in the implementation of the NDS and Action Plan. This will support agencies in better understanding their tasks and their position in the team as a whole. It will also enable the coordinating body to provide more direct and proactive guidance to the agencies.
- Greater and more active involvement of the municipalities in addressing the needs of PWUD in their communities. Municipalities should take responsibility and support the well-being of their inhabitants, including marginalised individuals. Local support will reduce the unnecessary burden to people who otherwise have to leave their city to receive support elsewhere.

Assess the needs of beneficiaries of the treatment system

In order to improve treatment services, an assessment of the clients' satisfaction and needs is recommended. Evidence shows that greater patient satisfaction improves treatment outcomes and adherence to treatment. Such an investigation might examine patients' needs, experiences, perspectives, attitudes, and satisfaction to provide insight into whether services are effective and meeting actual needs. Clients in both in-patient and out-patient treatment, as well as former clients, should be interviewed to gain a better understanding of the strengths and weaknesses of the current treatment system. A good example is the recent needs and satisfaction survey conducted with clients of Abrigado. The results of this assessment will be used to improve services where needed.

Intensify activities to address the public health and order issues in Luxembourg City

Although much work has been invested in addressing the open gathering of high-risk drug users and other marginalised people in Luxembourg City, more efforts are needed. The evaluators acknowledge the social and political complexity of the matter and that there is no simple solution. Yet this ongoing situation deserves urgent attention. It is an issue that should be addressed with multiple stakeholders, at different levels (municipal and city) and with relevant ministries (e.g. Interior Security, Social Affairs, Family and Integration). A committee dedicated to prevention, including drug prevention and harm/nuisance

reduction aspects in Luxembourg City, has been established by the City of Luxembourg and is an important step forward in this collaborative effort.

The key lesson from other European cities that dealt with similar issues is that a long-term strategy is recommended. This involves the long-term investment of resources, and the combination of harm reduction (to provide adequate support) and law enforcing measures (to reduce public nuisance). Some recommendations for addressing the situation are:

- More sheltered housing facilities ('Housing first'), adjusted to the needs of the currently homeless population, including more rooms where (personal) drug use is allowed. Expanding this concept will allow substantial numbers of people to get off the streets and to stabilise their lives.
- It is crucial that the City of Luxembourg actively contributes to finding and co-financing housing premises, as well as financing the integrated support services in the housing programmes.
- Strengthen case management to provide tailored support and ultimately guide individuals towards social and (mental) health care. Clients need to understand that these support offers can provide a genuine opportunity for improving their quality of life. Establishing trust to the individuals will be key.
- Active involvement of law enforcement forces is required. They need to maintain public order and safety in the area for the citizens and specialised agencies, and collaborate closely with the public health and social support services such as Abrigado.
- The Ministry of Family and Integration may have an important role in the coordination of measures for homeless people.
- Increase the coverage of harm reduction services to improve health outcomes.
 - Increase the coverage of health/social services by decentralising (mobile and stationary) services, increasing the number of (small-scale) DCRs and needle and syringe exchange programs, and expanding HAT if the pilot is successful.
 - Provide take-home naloxone to support the prevention of lethal overdoses (an evidence based harm reduction strategy recommended by the EMCDDA)
 - Provide 'open access' to needle and syringe exchange (instead of one-for-one exchange), as that has been found to be the most effective strategy for preventing infections. This recommendation was already listed in the 2018 ECDC/EMCDDA report on the HIV crisis in Luxembourg.
 - Provide adequate information and services for non-native/immigrant drug users (in their language), considering about half of problem drug users are not Luxembourgers.
- Increase gender-specific health and social support services for women.
- Also more broadly speaking, cities in Luxembourg with problem drug users should develop municipal strategies for people with difficult, complex social situations living on their territory in order to take responsibilities for their citizens.

In conclusion, over the last 20 years, Luxembourg has made remarkable achievements in addressing the national drug situation in their country, but some areas still require more attention. The next NDS (2020-2024) will be crucial in shaping the future response to the drug situation in the country. It is an excellent opportunity to continue to strengthen this process of modernisation and to potentially become the frontrunner in Europe with regard to state-of-the-art drugs policies. In the words of one of the contributors to this evaluation: *"We need to get ready for the next 20 years."*

Annexes

Annex 1: Abbreviations and terminology

Abbreviations

CePT	Centre de Prévention des Toxicomanies
CNDS	Comité National de Défense Sociale
DCR	Drug Consumption Room
ECDC	European Centre for Disease Control
EHIS	European Health Interview Survey
EMCDDA	European Monitoring Centre For Drugs and Drug Addiction
GIT	Groupe Interministériel Toxicomanie
HAT	Heroin Assisted Treatment
HBSC	Health Behaviour in School-aged Children
HIV	Humane Immunodeficiency Virus
HRDU	High-Risk Drug Use
IDU	Injecting Drug Use
JDH	Jugend- an Drogenhëllef Fondation
MDMA	3,4-methylenedioxymethamphetamine
NDS	National Drug Strategy
NGO	Non-Governmental Organisation
NPS	New Psychoactive Substances
OST	Opioid Substitution Treatment
PWUD	People Who Use Drugs
REITOX	European Information Network on Drugs and Drug Addiction
RELIS	Luxembourg Information Network on Drugs and Drug Addiction

Terminology

This evaluation report uses the same terminology as the EMCDDA, WHO and other international agencies. Other terms are used if they are part of an organisations' name or used in other official documents.

Annex 2: Literature

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Project 'Better Treatment for Ageing Drug Users (BeTrAD)'. www.betrad.eu

Annex 3: Questionnaire (sample)

Questionnaire evaluation of the National Strategy and Action Plan 2015-2019 of Luxembourg regarding the fight against drugs

Introduction

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

Please fill out the questionnaire digitally in English or if not possible, in French or German.

In the tables below, you will find the following response options:

Yes: action completed

Implementation started, work in progress: Actions for which conditions for implementation have been created, resources are available and full implementation is in progress.

Not fully realised: action is partly implemented; (more) resources are needed but are currently not available

Not realised at all: the action has been cancelled or not implemented for whatever reason

Do not know: please tick this option in case you are not in the position to give an informed opinion, e.g. when it is not related to an area of your expertise.

Please do not forget to fill in your name. The information provided by you in this questionnaire will be treated as confidential and not shared with the Ministry and other stakeholders. Only the staff of Trimbos Institute and the Luxembourg Centre for Addiction Research involved in this evaluation will have access to this information. Also the data collection and data storage will take place following the General Data Protection Regulation (GDPR).

I. General questions

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

According to you, what were the strongest points of creating the Strategy and Action Plan?

According to you, what were the weakest points of creating the Strategy and Action Plan?

What are according to you priorities regarding the creation of the new Strategy and Action Plan?

Judgement of the implementation of the Action Plan

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

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

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

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

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

II. Detailed questions per action as mentioned in the Action Plan

See the next page for a sample of the first 2 items

PILLAR 1: DRUG DEMAND REDUCTION

Sector:

I.1 Primary prevention

Intervention area and target population:

I.1.1 Youngsters, youngsters in school settings and educative assistants, school services and teachers

Action:

I.1.1.a. MENJE - SCRIPT

Prevention, protection of youth. teacher training, members of the SPOS and educative services.

Interactive theatre; instruments and methods of prevention provided by different external partners. Cooperation with KomPass, CePT, Police etc.

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

Sector:

I.1 Primary prevention

Intervention area and target population:

I.1.1 Youngsters, youngsters in school settings and educative assistants, school services and teachers

Action:

I.1.1.b. CePT

Prevention in elementary school and in out of school setting mentoring services (maisons relais) (cycles 1 – 4).

CONDITION : Co-financement of MISA et MENJE.

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

Annex 4: Interviewees

Name	Institution
Carlos Paulos	4motion asbl.
Rene Meneghetti	IMPULS
Fabienne Gandini	Administration des Douanes et Accises- Customs Administration
Yves Lentz	Administration des Douanes et Accises- Customs Administration
Claudia Allar	Abrigado
Nathalie Keipes	Ministry of Education and Youth
Nadine Berndt	Reitox National Focal Point
Laura Mossong	Ministry of Justice
Sophie Hoffmann	National Police Luxembourg
Jean-Nico Pierre	Jugend- an Drogen Hëllef Fondation
Roland Carius	Centre de Prévention des Toxicomanies
Jean-Paul Nilles	Centre de Prévention des Toxicomanies
Alain Origer	Ministry of Health

