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HEALTH INFORMATION

THE DRUG SITUATION IN BELGIUM IN 2022

Annual report from the Belgian REITOX network

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WHO WE ARE

Sciensano can count on more than 950 staff members who are committed to health every day.
As our name suggests, science and health are central to our mission. Sciensano's strength and uniqueness lie within the holistic and multidisciplinary approach to health. More particularly we focus on the close and indissoluble interconnection between human and animal health and their environment (the "One health" concept). By combining different research perspectives within this framework, Sciensano contributes in a unique way to everybody's health.
For this, Sciensano builds on the more than 100 years of scientific expertise.

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Epidemiology and public health - Health information

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LIST OF ABBREVIATIONS

AOD	Alcohol and other Drug
ARIEC	Regional Information & Expertise Centres
BEWSD	Belgian Early Warning System on Drugs
BPS	Bruxelles Prévention & Sécurité
CGG	Mental Health Centres in Flanders
CNDC	Commissariat National Drogues – Nationaal Drugs Commissariaat
COCOF	French Community Commission
COCOM	Common Community Commission
DCR	Drug consumption rooms
DOP	Decision, Opinion and Policymakers
DTC	Drug treatment court
EBP	Evidence-based practice
EEA	European Economic Area
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EUPC	European Prevention Curriculum
FAMHP	Federal Agency for Medicines and Health Products
FPC	Forensic Psychiatric Centres
FPS	Federal Public Service
GDPC	General Drugs Policy Cell
GP	General Practitioner
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HRI	Harm Reduction International
INPUD	International Network of People who Use Drugs
IDPC	International Drug Policy Consortium
IMC	Inter-ministerial Conference
JEP	Jury for Ethical Practices
LMP	Last month prevalence
LTP	Lifetime prevalence
LYP	Last year prevalence
MSCC	Medical and Social Care Centres (MASS/MSOC)
NAAP	National Alcohol Action Plan
NAVAG	Dutch Association of Physicians for the Mentally Handicapped
NDC	National Drug Commissioner
NEP	Needle Exchange Programmes
NFP	National Focal Point
NGO	Non-governmental organisation
NICC	National Institute for Criminalistics and Criminology
NPS	New psychoactive substance
NSP	National Security Plan
OAT	Opioid agonist therapy
PREM	Patient-reported experience measures
PROM	Patient-reported outcome measures
PSSI	Integrated Social Health Plan
PWID	People who inject drugs
PWST	Plan Wallon sans tabac
PWUD	People who use drugs
QN	Quality Nights

SHC	Superior Health Council
SIPAR	Système Informatique parajudiciaire
SUD	Substance use disorders
TBC	Tuberculosis
TC	Therapeutic community
TDI	Treatment Demand Indicator
VAD	Flemish centre of expertise on alcohol and other drugs
VGC	Flemish Community Commission
VRGT	Vlaamse vereniging voor respiratoire gezondheidszorg en tuberculosebestrijding
WHO	World Health Organisation

INTRODUCTION

This report brings together the latest available information about drugs and drug use in Belgium in 2022. It is based on the annual reporting of the Belgian National Focal Point (NFP) at Sciensano to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). For this exercise the NFP submits every year by 31 October standardized drug-related data through standard tables and summarizes additional information received from many partners in 10 workbooks, each with a focus on a specific topic. A selection of the submitted information has been rearranged into a full report.

The information collected through the workbooks is primarily the result of a collaboration between the NFP and the regional sub-focal points Eurotox (Socio-epidemiologcial observatory on alcohol and drugs in the Walloon and Brussels-Capital Region) and Vlaams expertisecentrum Alcohol en andere Drugs (VAD). Particularly on topics for which the regions are responsible (such as prevention or regional legislation), the information has been fully provided or revised by the sub-focal points. Other partners from the drug field such as police, customs, prisons, treatment centers, low-threshold centers, harm-reduction organizations, academics, clinical laboratories and federal administrations have also provided data and information that was required to get a full overview of the drug situation in Belgium.

It is important to emphasize that the report is only a selection of the information provided to the EMCDDA. For instance, we decided not to include all the data that was submitted through the standard tables in the current report. The latest information on the standard tables is publicly available online in the EMCDDA statistical bulletin, where the reader has the possibility to evaluate the situation for Belgium over time and compare with other countries of the European Union.

We also tried to standardize as much as possible the terminology used in the report. However, when reporting results from published studies we decided to keep the terms used in these specific reports.

At the same time, the NFP is working on a new and continuously updated reporting system for Belgium. This reporting system will be an online interactive platform with all available data for Belgium. First steps, which have been initiated in 2023, are the dashboards for the Treatment Demand Indicator (TDI) and for the Websurvey on Drugs (Beta-version Drugvibes). Both dashboards show the latest data and trends over the past years. In the coming years, this way of reporting will be extended to other domains, with the objective to bring together all available information in a national drug monitoring website.

Please feel free to visit our website for more information on the activities of the NFP.

We would like to thank all partners for sharing their information with us.

I. DRUG POLICY

1. Highlights

- The federal drug policy of Belgium is expressed in two key policy documents, the Federal Drug Policy Note of 2001 and the Communal Declaration of 2010.
- The Federal Drug Policy Note was adopted as a long-term document designed to provide a comprehensive approach through its focus on illicit and licit substances, including alcohol, tobacco and medicines. The main goals of this document are prevention and reduction of risks for people who use drugs (PWUD), the environment and society as a whole. These goals are organized across 3 pillars: prevention and early intervention in drug consumption; harm reduction, treatment and reintegration; and enforcement. The five main principles of Belgian drug policy are stated in the Federal Drug Policy Note: (i) a global and integrated approach; (ii) evaluation, epidemiology and scientific research; (iii) prevention for non-(problematic) users; (iv) treatment, risk reduction and reintegration for problematic users; and (v) repression of producers and traffickers. Provision was made for the establishment of a system of coordination units at the federal level, integrating representatives of the federal state, the Regions and the Communities.
- The Communal Declaration of 2010 is a further statement and confirms the approach set out in the Federal Drug Policy Note. As such, it can be considered a more up-to-date elaboration of Belgian policy, rather than a replacement of the earlier document. In this sense, the action points stated in the Federal Drug Policy Note were assessed in the Communal Declaration in terms of the extent to which they had been achieved and which additional steps are to be taken. Overall, the Communal Declaration interprets the drugs problem as a public health issue.
- The evaluation of specific interventions and projects is one of the objectives of the Federal Drug Policy note. Nevertheless, a systematic evaluation of the key policy documents and actions was never applied. A process evaluation has been launched in 2019 and based on one of the recommendations of the final evaluation report; Belgium has recently updated the Belgian Drugs Strategy for the period 2024-2025. The documents are in line with both European and international drugs policies. They focus on an integral and integrated approach. In Belgium, the federate levels (Regions and Communities) have their own specific competences with regard to the drug phenomenon. Following the sixth state reform, an additional number of competences related to the drug policy were transferred from the federal to the federate levels. Each of the different federate governments holds responsibility for its own drug strategy/action plan. In the light of improving the consultation and collaboration between the Federal Government, the Communities and the Regions, specialized inter-governmental coordination committees have been established: the Inter-Ministerial Conference (IMC) of Public Health holds thematic meetings on different issues proposed by its members. Whenever needed, a Thematic Meeting on drugs is held for inter-cabinet interaction to explore certain drug-related topics in-depth. In addition to this, another fixed inter-cabinet group acts under the name of “General Drugs Policy Cell” and supports the IMC in the preparation and coordination of the work with regards to the Belgian drug policy. To this end, the permanent coordination of the GDPC is in the hands of a national coordinator, supported by members of the Federal Public Service (FPS) Health, Food Chain Safety and Environment.
- The law of 7 April 2023 on the establishment, assignment and composition of a National Drugs Agency (CNDC, Nationaal Drugscommissariaat – Commissariat National Drogues) was published and entered into force on 13 April 2023. The term of office is 5 years and may be renewed once.
- The FPS Health, Food Chain Safety and Environment is in charge for the biennial estimation of the public expenditures. The latest published numbers date from 2015. In 2015, public expenditures for psychoactive substances (alcohol, tobacco, psychoactive medication and illicit drugs) accounted for 1,378,609,831.67€. 840,121,488.68€ for treatment, 500,905,621€ for law

enforcement, 12,648,464.76€ for prevention and 5,115,644.34€ for Harm reduction. Illicit drugs comprised about 34% of this total budget.

2. National drugs strategies

2.1. SUMMARY OF THE CURRENT DRUG STRATEGY

- Although not including a defined timeframe, the 2001 Federal Drug Policy Note was adopted as a long-term document designed to provide a comprehensive approach through its focus on both illicit and licit substances, including alcohol, tobacco and medicines. The Policy Note's main goal is the prevention and reduction of risks for PWUD, their environment and society as a whole. The use of drugs is considered a problem of public health in the first place. The points of departure of this Policy Note were adopted from the parliamentary working group "drug policy". Three pillars are used to articulate the comprehensive approach, covering the areas of: (i) prevention of drug consumption of non-(problematic) users and nuisance related to drug use; (ii) evidence-based harm reduction, treatment and re-integration for problematic users; and (iii) repression for producers and traffickers. From this point of view, prevention is to have the highest priority, while repression is intended only to be used as a last resort (Interministeriële Conferentie Drugs, 2010). The objective of these three pillars is to avoid that PWUD would end up in prison (Van Espen and Vanthienen, 2016). Besides these three pillars, the Federal Drug Policy Note also consists of some action points related to (iv) a global and integrated approach and (v) evaluation, epidemiology and research. Essential domains - within this drug policy note - are education, social integration, wellbeing, security, justice and economy (Interministeriële Conferentie Drugs, 2010).
- A first step in the realization of a global and integrated drug policy was to deal with the fragmentation of the competences in Belgium. In order to integrate the different policy levels, a cooperation agreement between the State and the different federate levels was ratified in September 2002. This agreement was implemented in 2009 by founding the General Drugs Policy Cell (GDPC), which is responsible for the coordination of a global and integrated drug policy in Belgium. In addition, the IMC Drugs was also founded in 2009. The permanent coordination of the GDPC is in the hands of a national coordinator, supported by members of the FPS Health, Food Chain Safety and Environment (Cell Drugs). As the GDPC supports and advises the different governments, its composition includes the representatives of all competent authorities (Interministeriële Conferentie Drugs, 2010).
- One of the first tasks of the GDPC was to draft a common declaration, agreed on by the IMC Public Health in 2010. The 2010 Common Declaration provided a further statement and confirmation of the approach set out in the 2001 Policy Note. Therefore, the document can be considered a more up-to-date elaboration of the Belgian 2001 Drug policy note (Interministeriële Conferentie Drugs, 2010).
- This common declaration is still in use and has not been replaced by another policy document so far. Belgium has updated the Belgian Drugs Strategy for 2024-2025. The document is in line with both European and international drugs policies. They focus on an integral and integrated approach.

2.2. OTHER NATIONAL DOCUMENTS

2.2.1. A new governmental agreement and 5 specific priorities defined - 2020

In the perspective of the 2019 elections, the GDPC published recommendations (Cellule générale de politique drogues, 2019) for the new government, pointing out specific topics the Cell considers important for future drug policies, including:

- A more lasting framework for drug consumption rooms (DCR)
- Improving the BEWSD, e.g. by creating provincial testing services
- More research about gambling problems

- Enlarging the possibilities for prescribing and delivering therapeutic cannabis and cannabinoids
- Re-examining the legal framework of cannabis, accordingly to recent scientific research
- Strengthening prevention policies, e.g. by improving good practices exchange and investing more financial means
- Examining and improving data gathering and analysis
- Including civil society in the GDPC's work
- Continuing work on making a global and integrated alcohol policy

During the governmental formation, the following drug-related aspects were formulated:

- Focus on prevention, harm reduction and treatment with regard to minors and people with problematic drug use;
- The addiction problem (drugs, alcohol, etc.) is given due attention through inter-federal action plans;
- Generalization of the DTCs (see II.2.2);
- The provision of necessary resources (investment and staff) to complete the customs project of '100% scanning of high-risk containers/goods' in the port of Antwerp in relation to trafficking with a minimum objective to disrupt the logistics chain;
- The objective to check one in three drivers annually for speed, the use of alcohol or drugs, seat belt wear and mobile phones behind the wheel;
- To develop and strengthen specialised multidisciplinary drug investigation teams within the five large judicial divisions of the Federal Police in order to reach an integral and integrated fight against organised drug gangs and the international drugs trade. Specialised forensic investigators will be made available for this purpose;
- A strong foreign policy as a prerequisite for a vigorous security policy in preventing conflicts or combating hybrid threats, cyber-attacks, terrorism and trafficking in human beings, drugs and weapons.

With the installation of the new federal government, the inter-cabinet groups could also be reconvened, and an agreement was reached between the different (federal and federated) authorities on the retained priorities that would be dealt with by the GDPC during the current legislature. Working groups were appointed in 2021 to work on the following themes:

- An inter-federal policy on harmful alcohol consumption; after 15 years, the federal and federated ministers have landed on an agreement for this policy, resulting in an action plan approved in March 2023 by the IMC, thematic session on drugs.
- An inter-federal policy on tobacco: towards a smoke-free generation; resulting in an inter-federal strategy 2022-2028 for a smoke-free generation, published in December 2022.
- The implementation of DCR: resulting in a law; published on 21th of March 2023 which clarifies the legal framework for people working in DCRs (B.S./M.B. 21.03.2023). (see also II.2.11)
- Gambling and betting: an integrated approach, both on the supply and on the demand side; resulting in the inter-federal action plan on gambling 2022-2028.
- A preliminary discussion on a potential reform of the 1921 Act (no concrete outcome so far)

2.2.2. A federal framework memorandum on Integral Security 2022-2025: National Security Plan

The National Security Plan (NSP) is the police implementation of the integrated security policy, as defined in the National Security Strategy (Federal Framework memorandum on Integral Security 2022-2025). The NSP 2022-2025 of the integrated police is designed as an important strategic reference

framework as part of a sustainable security policy. This plan consists of 4 transversal themes and 15 security phenomena. One of these 15 security phenomena is dedicated to drugs. Within this national plan, the production (and import/export) of synthetic drugs (including precursors), the import/export on a large scale of cocaine, the professional and commercial production of cannabis and the large-scale import/export of cannabis and the import/export on a large scale of heroin are prioritized (see also X. Drug market and crime).

2.2.3. A National Police Plan on Drugs 2023

Given the drug situation in Belgium, the National Police Plan on Drugs is designed to take into account the challenges posed by the various manifestations of the drug problem and its different levels. A coherent approach therefore needs to consider small-scale trade (street dealing), the intermediate level (redistribution) and the higher and international levels (import, export, trafficking and large-scale production). The National Police Plan on Drugs is currently undergoing a revision process. It will aim to take action in particular in the following areas:

- Judicial: the police intend to contribute to an effective response by the judicial authorities following the commission of drug offences or related crimes;
- Administrative: the police aim to disrupt criminal activity by supporting the development of an administrative approach to crime, and also by implementing a variety of targeted police actions;
- Proactive (or even preventive): the police intend to be able to prevent or identify criminal acts based on improved management of the data and information in their possession;
- Reactive: the police intend to make effective use of the criminal acts committed and brought to their attention.

2.3. REGIONAL DRUG STRATEGIES

The Communities in Belgium are responsible for the personal matters in health. The competences are related to health promotion, including prevention. The Regions are responsible for the organisation of care in and outside hospitals (Inter-Ministeriële Conferentie Drugs, 2010). Consequently, the conceptualisation and implementation of the federal drug note are specified more into detail by the local/regional plans of Communities and Regions.

2.3.1. Flemish community

- Decree concerning the preventive healthcare 2003 ("*Decreet van 21 november 2003 betreffende het preventieve gezondheidsbeleid*"):
  Besides citizens, the government also has a responsibility for preventive health policy, including guidance and financing. The ultimate goal is a longer life and better quality of life for all citizens. The pillars are:
  - Improve health by engaging in a multitude of actions.
  - Choice of actions for a given life domain are guided by a health matrix that combines types of prevention strategies with possible entrance points.
  - Actions can be taken within preventive healthcare but also outside of it (Health In All Policies)
  - All evidence-based prevention interventions are accessible for citizens and intermediaries through an online platform
  - Proportional universalism is a guiding principle: prevention activities are aimed at all citizens but with different intensity for certain target groups

  The government works with health objectives, defined during health conferences and are pursued through strategic plans.

- Strategic Plan – "*De Vlaming leeft gezonder in 2025*" (2017-2025):
  Contrary to previous plans that were defined in different thematic action plans (e.g. tobacco, alcohol and drugs), this strategic plan includes a more uniform approach of the health promotion/prevention policy, aiming at the implementation in various settings regardless of the health topic. In 2022, the Strategic Plan was subject to an interim evaluation. Based on these findings, the intention is to adjust the policy where necessary or place new emphases

- "*Verslavingszorg. Conceptnota*" (2016) :
  This decree includes the existing regulations of the mental healthcare sectors. It also defines the outlines of the Flemish Action plan for Mental Health.

  The decree wants to step up the fight against stigma. Increasing the public knowledge about mental health becomes an explicit task of all organisations working in mental health. The decree also makes it possible to establish partner organisations.

  Experience experts get a role both in care and at the policy level. Also the involvement of the close social network of the person with a mental problem is now an explicit assignment for mental health care.

  The decree also provides a legal basis for the recognition, organisation and composition of the mental health networks.

  Finally, the decree provides for an unambiguous terminology to be used in these networks and also makes a distinction between levels of care.

  Policy note concerning welfare, public health, family and poverty reduction where some drug prevention and treatment related topics are mentioned. Prevention concerns different life domains and levels of governance. Health promotion and disease prevention not only lead to health gains and reduced morbidity but, in the long run, also to lower healthcare expenditures.

- Policy note: Welfare, public health, family and poverty reduction (2019-2024) ("*Beleidsnota 2019-2024. Welzijn, volksgezondheid, gezin en armoedebestrijding*"):
  The health objective "*De Vlaming leeft gezonder in 2025*" is aimed at citizens in various life domains. This health objective and the accompanying strategic plan are, where relevant, broadened and deepened.

  In terms of treatment, there is attention for addiction of pregnant women and mothers, improvement of the accessibility of drug care, early detection of drug addiction, creation of outpatient access points for drug care and new innovative drug care models and online treatment.

2.3.2. French-speaking community

- Health promotion in schools ("*Le Pacte pour un Enseignement d'excellence*") (2019) :
  This plans aims in :
  - Supporting 38 schools in evaluating demand and developing prevention actions
  - Instating a person in charge of "addiction" matters in each one of these schools
  - Offering support to stop using tobacco and/or cannabis (at the students' request)

2.3.3. Walloon region

- Prevention and Health promotion plan Wallonia (« *Plan de promotion et de prévention de la santé Horizon 2030* ») (2018-2030) :
  This plan aims in
  - Promoting healthy lifestyle and living conditions/environment
  - Promoting mental health and general wellbeing (which includes prevention and harm reduction related to licit and illicit drugs)
  - Prevention of chronic diseases
  - Prevention of infectious disease
  - Prevention of unintentional traumatism and promoting safety

2.3.4. Brussels

- The drug policy of the Brussels-Capital Region is similar in its objectives to the other Belgian regions but is different in its organisation. In very broad terms, the French Community Commission (COCOF) and the Flemish Community Commission (VGC) are in charge of implementing prevention, harm reduction policies and supporting part of the outpatient treatment centres, while the Common Community Commission (COCOM) is responsible for other aspects including treatment, data collection and research.
- The COCOF introduced a new health promotion plan which is entered into force in 2023 ("Plan bruxellois de promotion de la santé 2023"). In February 2016, a first phase of the implementation was finalised: a new Decree about health promotion was signed. This decree determines the global framework of the health promotion plan and its priority strategies (such as inter-sectoriality, networking, participation of the target audience, etc.). The health plan itself was completed by the beginning of 2017. The 2023-2027 health plan identifies 5 axes: a) promote health and health promotion strategies in all policies, b) strengthen public participation and community action in health, c) promote and support actions aimed at healthy environments and living environments, d) promote and encourage health-promoting skills and e) reorient services. The plan develops several specific objectives which include the prevention of legal and illegal drug use, and addictive behaviour and the promotion of harm reduction strategies taking into account social inequalities in health. This new health promotion plan is implemented for five years.
- In addition, the global security and prevention plan was introduced in 2021 in the Brussels-Capital Region and it will be updated in 2024 ("Plan Global de sécurité et de prévention de la Région de Bruxelles-Capitale"). One of its 10 key themes concerns "Drugs and addiction". The plan considers both legal and illegal psychotropic products. It highlights the vulnerability of people in precarious situations. Some environments also require a specific approach, including schools, prisons and virtual environments. Eventually, the plan states that the management of addiction issues must include measures relating to prevention, assistance, harm reduction, social inclusion and repression. 9 specific measures have been developed:
    - Strengthen mobile social support systems for PWUD suffering from social exclusion;
    - Establish an up-to-date directory of health promotion and addiction prevention structures for non-specialized services;
    - Continue the deployment and the reinforcement of the multidisciplinary training offer in order to capitalize on the existing expertise within the Region and to contribute to exchanges and experiences between field actors;
    - Organize communication and prevention campaigns, as well as develop and strengthen consumer awareness;
    - Improve the rapid detection and identification of producers (for example cannabis) on the territory of the Brussels-Capital Region;
    - Identify the needs for an approach to local drug markets via the Internet.
    - Continue networking Brussels drug research teams to develop expertise to guide policy and improve knowledge of products in circulation;
    - Set up and diversify the support offer for people suffering from addiction and strengthen support for people who use drugs;
    - Refine the knowledge and representation of addictions related to security and the feeling of security by collecting data, developing and monitoring indicators and developing analyses to identify appropriate responses.
- The Brussels health plan was officially published on 3/07/2019 (COCOM). It is entitled "Plan Santé Bruxellois. Grandir et vivre en bonne santé à Bruxelles". The plan is structured around

three main areas: reducing social inequalities in health, ensuring that each Brussels resident has an accessible and coherent care pathway according to their needs, and improving the conduct of health policy. These axes are divided into 44 measures to be carried out over the period 2019-2025.

- The security plan of the Police of Brussels-Capital Region ("Zonaalveiligheidsplan 2020-2025"), repeats some themes and phenomena from the NSP of which "Drugs". In particular the import and export of cocaine, the production and trafficking of synthetic drugs and cannabis and the sale of narcotics. In addition, following the objectives of the Canal Plan, the fight against the phenomena that support terrorism such as drugs, weapons, forged documents and illegal economy continues (Politie Brussel Hoofdstad Elsene, 2021).
- In June 2015, the Brussels federation of Institutions for Drug addiction (Féda Bxl), published a proposal for drug strategy and policy of the Brussels-Capital Region and their drug action plan 2021-2023 (Fedito Bxl, 2021). An annual evaluation of the progress of the actions is planned in order to update them or promote their implementation.

2.4. OTHER POLICIES

2.4.1. Reformation of care and mental health care in Belgium

- A clarification of the role of addiction in the broad sector of mental health has been launched in 2014. An important aspect on this topic is the improvement of the entries to (mental) health care. In the next steps of this development, it will be of great importance to shed light on specific necessities e.g., the treatment of cannabis problems. In addition, there is a growing concern that 'addiction' would be/is an exclusion criterion for treatment in general mental health facilities. For this reason, it is clear that including addiction-related issues into the mental health structure is a major challenge. It remains important not to reduce addiction-related problematics solely to mental health issues (General Drug Policy Cell, 2015).
- In 2021, a research project called SUMHIT was launched in which the NFP is contributing. The aim of the research is to evaluate the treatment offer of both specialized addiction settings versus general mental health care settings; as well as fulfilled needs of people who are in need of treatment in both types of settings.

2.4.2. Drug Policy at local level

- In Belgium, the Communities, Regions, municipalities and cities are concerned with the competences of well-being, health and safety of their citizens. The national drug policy plan sets out the framework and guidelines for the implementation of cities' own local drug policies. Consequently, local drug policies can heavily vary, depending on the local realities, but all aim to limit the addiction problem and related harms as much as possible through prevention, care, harm reduction, early intervention and repression. Polarization between the perspectives of repression and care should be avoided through cooperation agreements between all related actors.
- An 'internal state reform' in Flanders (between provinces and the Flemish Community) has put forward new challenges. From 2018 onwards, the provinces can no longer develop a specific policy on 'personal' matters. As a result, all projects that were related to health in general and drug policy (prevention and treatment) in particular and which were financed by the provinces, have been terminated by the end of 2017. In a cooperation agreement, some of the projects (and finances) have been taken over by the local level (cities and communes). The majority of the projects have been integrated into the Flemish policy on prevention, health, mental health and addiction (personal communication Flemish subfocal point, 2018).
- In a resolution of 5 April 2019, the Flemish government also provides structural financial support for cities and communes who want to reinforce their local drug policy. Different communes can together apply for the co-financing of a local prevention worker. Local health promotion workers

(LOGO) now have a supporting role towards local communities by providing coaching and expertise concerning local drug policies (B.S./M.B. 21.05.2019).

- The Brussels Region and the Walloon region have both decided to override the federal law, currently forbidding the establishment of DCRs in Brussels and in Liège, as their competences in health, prevention and harm reduction allow the management of such initiatives (B.S./M.B. 04.02.2022). The DCR in Liège opened in September 2018 (Såf Ti, 2023). The DCR in Brussels opened in 2022 (Transit, 2023).

3. Evaluation of national drugs strategies

3.1. Evaluation of the Belgian Drug policy

'EVADRUG' was a BELSPO funded research project, conducted by a multidisciplinary team of researchers from Ghent University, UCLouvain, KU Leuven and Trimbos Institute. The project was conducted between 2020-2021 and presented a general evaluation of the policy as defined by the Federal Drug Note of 2001 and the Joint Declaration of 2010. 'EVADRUG' is the first study evaluating the general Belgian drug policy based on logic models (Colman et al., 2021).

3.2. Evaluation of the strategic plan "De Vlaming leeft gezonder in 2025"

- The strategic plan "*De Vlaming leeft gezonder in 2025*" covers the period 2017-2025. An intermediate evaluation of the plan was carried out in 2022. Process indicators measure the setting-specific sub-goals that show to what extent a high-quality preventive health policy is implemented in a setting. Health indicators measure the effect of the pursued policy in the field of lifestyle, health risks and health and relate to one or more prevention themes (Agentschap zorg en gezondheid, 2022).
- The latest available measurements of health indicators largely date from 2018. Between 2013 and 2018, there is a decline in alcohol use. Last-year use of cannabis and other illicit drugs is stable. Specifically for youth, there is, however, a decline in last-year use of cannabis. There are often differences in function of education type and socioeconomic class. These results reaffirm the need for a basic offer of preventive health care that is accessible to all citizens, with the possibility of additional/different offers for specific groups for whom that basic offer is not sufficient (Agentschap zorg en gezondheid, 2022).
- For the process indicators, a survey on preventive health policy is organized every 4 years among organizations in settings including education, work and local governments. In 2019, more elementary schools achieved the quality criterion than in 2015. For secondary schools, there was no difference. 13% of companies achieved the quality criterion in 2015. In 2019, this was 18%. Among local governments, 52% achieved the quality criterion both in 2016 and 2020 (Agentschap zorg en gezondheid, 2022).
- Based on an analysis of evaluations of five prevention interventions, a number of recommendations were made that are important during the development phase of a methodology: attention to the target group, to the socioeconomic gradient of the target group and to the way to reach the target group. Other recommendations relate to the updating, the reach, the availability and the implementation of interventions (Agentschap zorg en gezondheid, 2022).
- Finally, the following recommendations are made concerning good governance within the preventive health care:
    - strengthening of the political commitment for a multi-faceted public policy;
    - anchoring of a setting-oriented work mode;
    - anchoring of proportional universalism;
    - needs-based intervention development and policy choices;
    - marketing of interventions through a sustainable, setting-specific marketing strategy;
    - intervention development tailored to the setting;
    - clear division of labour.

- Based on the National Health Survey of Sciensano, one composite health indicator was also developed that encompasses the overarching health goal "*De Vlaming leeft gezonder in 2025*". This composite indicator bundles 5 indicators for tobacco, alcohol, weight, nutrition, and exercise and allows to determine at a glance the evolution in health of the adult Flemish population with respect to the above-mentioned policy themes (Agentschap zorg en gezondheid, 2022).

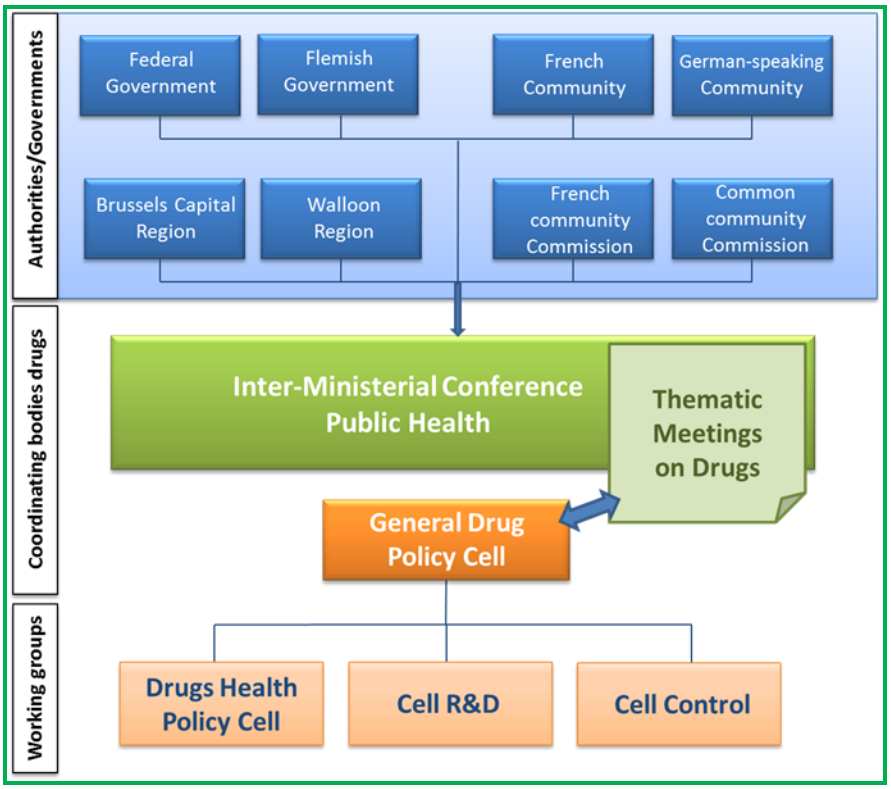
4. Drug policy coordination

The different governments of our country signed a cooperation agreement in 2002 for a global and integrated drug policy. In this agreement, the parties engage themselves in a way so to attune their policies on a) the prevention of drug (ab)use, b) the provision of care and treatment and c) the control of the production, trade and illicit trafficking in narcotic drugs and psychotropic substances (B.S./M.B. 02.06.2003).

This should be executed with respect to everyone's political powers/competences and on the basis of the following objectives:

- Acquiring a global insight on all aspects of the drug problem, taken into account personal, national, cultural and other peculiarities;
- The continuous prevention and dissuasion of drug use and limiting the damage associated with drug (harm-reduction);
- The optimization and diversification of the aid services and treatment facilities for PWUD;
- To suppress the illicit manufacturing of and trafficking in drugs;
- The development of policies with a view to a global and integrated drug policy;
- The preparations of any kind of consultation in the framework of the representation of Belgium at the European level and at international fora on drugs.

Figure I.1 | Overview on the actors and the coordination structure involved in the drug policy in Belgium.



4.1. The Inter-Ministerial Conferences (IMC)

The IMC are designed to improve the consultation and collaboration between the federal government, the Communities and the Regions. These types of policy bodies are composed of members of the Federal Government and the executive power of the Communities and the Regions, responsible for the matters in question (Figure I.1).

The IMC Public Health is to hold “Thematic Meetings” whenever required, with ‘Drugs’ being just one of the many topics that may be addressed. The Thematic Meeting on Drugs gathers, either acting on its own initiative or at the request of the Chairman or a member of the IMC. The members of the IMC decide

on the subjects that require attention and what ministers are concerned with the topic and hence should be invited. Whenever deemed necessary, the Thematic Meeting on Drugs can establish 'inter-cabinet working groups' to explore certain dossiers in-depth.

All agreements of the Conferences are published in the Belgian Official Journal. There are three kinds of documents in which the agreements are stated (FOD Volksgezondheid, 2015):

a) "Common declaration" - in which the various parties express their desire to achieve a certain common objective and the methodology or procedures that are ought to follow to obtain that goal.

b) "Protocol of Agreement" - in which the various parties document the consensus and the arrangements they have reached to implement a concrete policy in a specific domain. By signing this document, all parties are engaged to implement this within their jurisdiction.

c) "Cooperation Agreement" - on the development, implementation and common management of a service or an institution. It might also explain more on the joint handling of the competences or the common development of a certain initiative.

4.2. General Drugs Policy Cell (GDPC)

The drug phenomenon (demand and supply sides) requires an integral and integrated policy approach. This means that all governments (federal and regional levels) involved should be coordinated as much as possible in order to achieve a balanced policy. In order to do so, the Cooperation Agreement for a Global and Integrated Drug Policy (FPS health, food chain safety and environment., 2002) (further: the cooperation agreement) founded, amongst others, the GDPC.

The aim of the GDPC is to coordinate the Belgian integral and integrated drug policy on a daily basis. The activities of the GDPC relate to the demand and supply of illicit drugs, tobacco, alcohol, psychoactive substances, gambling and gaming. The GDPC supports the IMC in the preparation and coordination of the general national drug policy. While the preparation and coordination of the Belgian drug policy is done by the GDPC, it is the IMC that takes the final decision on the documents prepared by the GDPC. It is involved in the operational coordination and strategic management of Belgium Drugs Policy and has various responsibilities related to the implementation of the Belgium Drugs Policy. Whenever needed, the GDPC can establish inter-cabinet working groups to explore certain issues in depth.

The GDPC consists of representatives from all relevant ministers at the federal and regional levels. The GDPC is chaired by the National Drug Coordinator (not to be confused with the NDC – see below). The composition of the GDPC (federal-regional) is described in article 9 of the cooperation agreement.

The concrete assignments of the GDPC are:

- To establish a detailed, complete and updated inventory of all actors involved in the drug problem;
- To propose reasoned measures to align all taken or planned actions of competent public services, administrations, etc. to increase the effectiveness of those actions;
- To advice and recommend on the realization of the coordination of the drug policy;
- To evaluate, together with the Belgian Reitox NFP:
    - The quality of the data and information that is delivered by the signing parties, the public services and administrations to the General Drug Policy Cell
    - The information exchange between the governments, the competent advising or consulting bodies and the General Drug Policy Cell;
- To prepare cooperation agreements or protocols and to prepare proposals for the implementation of integrated actions;
- To prepare the necessary reports for the IMC and national authorities;

- To facilitate and stimulate the dialogue and to present the common Belgian position on the European and international drug fora towards the IMC;
- To formulate recommendations and proposals regarding the content and implementation of policy documents on drugs, developed by the signing parties.

In the light of the GDPC, three additional supporting working groups were set up:

(i) The Drugs Health Policy Cell; (ii) The Cell Research and Scientific Information ; (iii) The Cell Control. As mentioned in the Drug Strategy 2024-2025, the structure of the GDPC and its functioning is also under revision. At the moment, the three cells are put on non-active and will temporarily be replaced with ad hoc inter-cabinet working groups if deemed necessary. A new way of working, including a renewed structure and clear appointed tasks for working groups will be at hand in 2024.

4.3. CNDC

The CNDC entered into force on 13 April 2023. The term of office is 5 years and may be renewed once (B.S./M.B. 13.04.2023).

The CNDC's main role is to coordinate the global fight against drug production and trade in all of its forms at the national level. The CNDC is responsible for the following tasks:

- Advising the relevant ministers about the preparation of the National Plan on Drugs and a nationwide strategy in the crackdown on drug-related crime;
- Coordinating the implementation of the National Plan on Drugs and a nationwide strategy in the crackdown on drug-related crime;
- Submitting proposals for action to strengthen the operational approach to combating drug-related crime, reducing the benefits of illicit wealth and combating the organized money-laundering industry;
- Submitting policy recommendations to reduce the risk of relocation of drug-related crime;
- Facilitating, promoting and optimizing cooperation between the authorities, private services and partners;
- Providing coordination with the GDPC;
- Reporting to the Belgian National Security Council and the Strategic Intelligence and Security Committee.
- This cell has 4 current priorities:
    - Drawing up a global picture of the drug-related criminality (for example, with a focus on the ports in order to elaborate a specific action plan);
    - Strengthening communication concerning the Belgian initiatives against drug trafficking;
    - Amending the legal framework on information exchange;
    - Analyzing the possibility of improving the port workers' awareness in order to fight corruption.

5. Drug related public expenditure

In Belgium, the importance of research into public expenditure is emphasised in the federal policy document on drugs of 2001. The Federal drug note (2001) indicates that, in the framework of an integrated and comprehensive approach, it is indispensable to map the public expenditures of the several policy levels and sectors.

To this end, the research 'Drugs in Figures I' was carried out between 2001 and 2003 (De Ruyver et al. 2004). From 2005 until 2006, 'Drugs in figures II' performed a new measurement using a refined and updated methodology, to gain insight into the evolutions in public expenditure concerning the approach to the drug problem in Belgium (De Ruyver et al., 2007). This study was repeated between 2009 and 2011. This study 'Drugs in Figures III' refined and extended the method again to estimate legal drugs (tobacco, alcohol and psychoactive medication) (Vander Laenen et al., 2011).

The results of these three studies were reported previously. Drugs in Figures III elaborated also a scenario on how to estimate drug-related public expenditures in the future. This scenario is now used by the FPS Public Health in order to estimate the expenditure related to illicit drugs, psychoactive medication, alcohol and tobacco. The estimated expenditure is related to the expenditures of the governments directly related to the drugs phenomenon in Belgium.

The FPS Public Health conducted this monitoring for the first time for the year 2010 in 2012 and repeated the analysis for the years 2011, 2012-2013 and 2014-2015. The biggest part (about 60%) of the total drug-related expenditure can be linked to the health sector and more specifically the hospitals. The expenditures related to security amount up to 40%. Prevention and harm reduction received respectively 1% and 0.35% of the budget. Illicit drugs account for 30%. A breakdown of this drug related public expenditure cannot be provided for illicit drugs separately because the health departments in Belgium rarely make a distinction between licit and illicit drugs. The table below consists of expenditure data for alcohol, psychoactive medication and illicit drugs based on the Reuter's classification for the years 2012-2015. (See Table I.1) (FOD Volksgezondheid, 2018).

In addition, the National Bank of Belgium estimates the consumption expenditures of households. Within these estimates, the share of narcotics is estimated as well. The latest data available is estimated for the year 2019: 675.2 million of euros (National Bank of Belgium, 2023).

Table I.1 | Drug-related public expenditure, splitted by Reuters's classification between 2012 and 2015 (data: FPS Public Health, 2018, Belgium)

Year	Prevention	Treatment	Harm reduction	Enforcement
2012	11,584,557.17	722,000,397.40	4,105,440.24	298,604,712.27
2013	12,052,707.94	762,270,231.42	4,195,979.11	316,414,344.44
2014	12,261,167.71	797,195,443.20	5,071,780.4	507,951,977.4
2015	12,648,464.76	840,121,488.68	5,115,644.34	500,905,621

6. New developments

6.1. National security Council

At the meeting of the National Security Council of February 2023, 7 new measures were presented (see below) as a reaction to the drug-related violence in the Antwerp region. It can be emphasized that the National Security Council has sped up the discussions and decision making and the new measures were presented without the consultation of installed experts, e.g., the GDPC or national drug coordinator. According to the members of the National Security Council, the measures will help to fight the drug trade by making it physically more difficult, financially unprofitably and that should reduce the demand for drugs.

- The appointment of the NDC and the National Drug Agency.
- A "port security corps", a new police force within the maritime police that will physically guard and secure the port of Antwerp. In the short term, 100 officers will be deployed for this purpose, including from the Federal Police reserve. The aim is to actually double that number by the end of 2024.
- A measure that was already in place but is included in the presented plan: local governments will be given more clout against trafficking cases involved in drug money laundering.
- People who use cocaine will face heavier fines.
- More and better scanners will be purchased, to allow customs to check more suspicious containers at the port.
- Port staff across the country will be more rigorously vetted and screened. This will be done in a similar way to airport staff.
- Police in our country are trying to cooperate even more closely with foreign police forces and authorities, including with the United Arab Emirates. Several more treaties were signed with that country in the autumn, including on legal assistance and extradition.

Experts that work in the drug domain have strongly expressed concerns, especially regarding the measures on punishing PWUD as a strategy to reduce drug demand or supply.

The umbrella associations for most of the representatives working in the domain of alcohol and drugs, have published a common declaration on their concerns (IDA vzw, 2023).

6.2. Naloxone

In 2014, the World Health Organisation (WHO) recommended that naloxone be made widely available to people who use opioids and their environment to provide rapid treatment of overdose with opioids. In January 2022, the Deputy Prime Minister and Minister of Social Affairs and Public Health asked the Superior Health Council (SHC) to make recommendations related to managing opioid overdoses. An ad hoc working group was set up with experts in different disciplines as pharmacology, general medicine, neuropharmacology, neuroscience, psychiatry, psychology, law, emergency medicine. The experts of the working group completed a general statement of interest and an ad hoc statement. The Deontology Committee assessed the potential risk of conflict of interest. The advice is based on a review of the scientific literature, both from peer-reviewed scientific journals and reports of national and international organisations competent in the matter, as well as on expert opinion.

As naloxone is a safe and life-saving product with no risk of abuse, the SHC recommends that it should be available and easily accessible on the Belgian market (financially, geographically and in terms of the conditions to obtain it) to anyone who might need it. The nasal form is preferred because of its ease of use, but financial accessibility should remain a priority. To this end, the SHC advices that:

- the legal framework will be updated so that the use of naloxone is included in the list of activities that belong to everyday life and are not part of the practice of medicine, nursing, physiotherapy or a paramedical profession.
- the Belgian authorities take the necessary measures to administer naloxone for nasal administration to be made available in Belgium as soon as possible, by encouraging companies to bring the licensed drugs in Belgium (Nyxoid® and Ventizolve®) on the market or, if not, actively purchasing the drugs.

This should make naloxone available in vehicles providing transport for people who require urgent medical care. Moreover, ready-to-use naloxone kits (preferably in nasal spray form) free of charge, without a prescription (since it is not known in advance to which patient the naloxone will be administered) and without any further restrictions should be distributed through wholesalers and then hospital/public pharmacies, in risk reduction services, low-threshold centres, care centres for PWUD, mobile teams, hospitals, prisons, opioid prescribers, etc. Naloxone should be made easily available to the following groups:

- all people at risk of overdose: all people who use opioids (recreational or prescription use), with a particular focus on those coming out of detention, a hospital stay or withdrawal programmes;
- those close to people who use drugs (family, friends, colleagues);
- all professionals who may come into contact with PWUD (including emergency medical staff; prison guards; police forces, etc.).

The SHC agrees that training is important, but should not be a barrier to the accessibility of naloxone, as the benefits of its use always outweigh the risks. SHC therefore does not recommend requiring certified training to use naloxone, but to link the provision of naloxone kits to a detailed explanation. When handing out, time should always be taken to explain some key messages about:

- risk factors for overdose and prevention;
- signs indicating opioid overdose;
- what to do when naloxone administration seems necessary (calling emergency services, method of administration, first aid, monitoring, precautions and adverse reactions). Emphasis should be placed on the importance of always calling the emergency services, even if the person appears to be getting better: take home naloxone kits are not always sufficient (the duration of action of naloxone is shorter than that of the opiate);
- storage, expiry date and renewal of the kit.

The SHC advises that professionals who are authorised to administer naloxone (through initial training and continuing education; including online training) should be trained in the key messages that should be conveyed to recipients of the material (and how to convey). Educational materials that can be used or can be given to people who use drugs (flyers, posters, brochures with pictograms, videos, etc.) should be provided. Educational material provided by the licence holder can also be used.

All opportunities to interact with people who use opioids and their immediate environment (medical consultations, provision of substitution treatment, needle exchanges etc.) should be used to raise awareness of naloxone and convey those key messages. Peers can also be used to pass on those messages.

The SHC also recommends better monitoring of drug-related intoxications and deaths. To this end, Belgium could draw inspiration from the DRAMES programme set up in France (Hoge gezondheidsraad, 2022a).

The senate adopted a resolution on the availability of Naloxone in order to reduce the number of deaths related to overdose. (Sénat de Belgique, 2023).

In addition, a proposal for a decree was adopted in May 2023 in the Francophone Parliament of Brussels. This text modifies the decree relating to the provision of outpatient care services in the areas of social work, family and health in order to provide the essential medicines for their harm reduction mission. In particular, it concerns three medicines: injectable sterile water, injectable ascorbic acid (vitamin C) – used to dilute certain forms of heroin – and naloxone. This step will allow the harm reduction sector in the Brussels-Capital Region to be able, legally, to buy, store and distribute the essential medicines for the harm reduction mission. Subsequently, it could pave the way for the other Regions and expand the list of medicines concerned (Parlement francophone bruxellois, 2023). Nevertheless, this proposal is not yet implemented and the discussions on the topic are still ongoing. Consequently, Belgium has no programme that makes naloxone easily available to people using opioids (illegally or by prescription). The only naloxone product currently available in Belgium is: ampoules IM, IV (box 10 ampoules 0.4 mg/1 ml), available by prescription only and not reimbursed. Naloxone is not yet available for home use in Belgium.

6.3. OFF-LABEL USE OF PSYCHOPHARMACEUTICALS

In April 2022, the SHC published guidelines for the off-label use of psychopharmaceuticals in adults with intellectual disability. Starting from good practices in other countries, the SHC developed guidelines for the Belgian context with quality of life as the main indicator. The SHC selected guidelines through a literature review, discussed them in a working group and then submitted the results of these analyses via the Delphi method in several rounds to 39 Belgian and 19 international experts. The guidelines deal only with the off-label use of psychopharmaceuticals in adults with intellectual disability and problem behaviour and not with the prescription of psychopharmaceuticals for a diagnosis of a psychiatric disorder. The guidelines start from some basic principles:

- Why do I prescribe?
- When do I prescribe?
- How long do I prescribe for?

The result is a flowchart that represents the Belgian guideline. The flowchart is based on the 2019 model of the Dutch Association of Physicians for the Mentally Handicapped (NVAVG). The cyclical nature of prescribing and consequently the link to quality of life were added to the NVAVG model (Hoge Gezondheidsraad, 2022b).

6.4. PREVENTIEPLATFORM

"*Preventieplatform*" was established in 2021 on the initiative of 15 key figures. The platform aims to promote the health of everyone, contributing to a better quality of life and more healthy years of life. The platform aims a transformation from curative care to ensuring that people are born healthy and stay healthy (prevention). Specifically, the platform calls for:

- More focus on health promotion and disease prevention and providing related additional funding.
- Embedding a preventive health policy in other policy areas than health.
- Prevention plans for each government and an Inter-federal Prevention Agreement by the federal and state governments.
- Integration of health promotion in health care
- Public health approach in which all determinants of health should be addressed
- The following strategies are used for this purpose:
    - Advocacy at all policy levels and in all policy areas
    - Positioning as a privileged interlocutor on health promotion & disease prevention.
    - Formulating signals and policy recommendations

- Advocating for a 'Health in All Policies' approach and citizen participation initiatives.

The charter in support of the principles of the platform was signed by numerous organisations including VAD.

6.5. #STOP1921

In the light of the 100th anniversary of the Belgian drug law, "*#Stop1921*" together with "*Smart on drugs*" organised the campaign "Unhappy Birthday". This movement is supported by organisations, citizens and associations that want to raise awareness among policy makers and the general public of the need for rethinking the current drug policy. To this end, the "*#Stop1921*" draws public attention to the failure of prohibition and its consequences on public health. It calls for a pragmatic approach, which must be implemented in a coherent, decriminalizing drug policy. Its Dutch-speaking counterpart is Smart on Drugs (see below).

In addition, Féda BXL, with several of its members, published the "For a regulation of cannabis in Belgium" report in 2020 and was updated in 2023 (Féda BXL, 2023). It proposes an overview of the current situation and several keys to decriminalise cannabis use and create a legal and controlled cannabis industry in Belgium

6.6. SMART ON DRUGS

"SMART on Drugs" is a civilian movement that advocates the reform of Belgian drug policy and advocates a renewed, expert and human approach. The non-profit organization was founded in 2018. In the vision of Smart on Drugs, a health perspective, prevention and assistance should be the core pillar in drug policy. The punishment of people who use illegal drugs cannot be justified from this point of view and the initiative advocates a well-considered policy that includes both legal and illegal means. Its French-speaking counterpart is "*#Stop1921*".

6.7. "SUPPORT. DON'T PUNISH", THE BELGIAN CAMPAIGN

"*Support. Don't punish*" is a global campaign initiated by the International Drug Policy Consortium (IDPC), the International Network of People who Use Drugs (INPUD), the Harm Reduction International (HRI), and the International HIV/AIDS Alliance. The campaign calls for better drug policies that prioritise public health and human rights, and aims to promote drug policy reforms, as well as an adaptation of laws and policies that impede access to harm reduction interventions. In Belgium, the involved NGOs call for decriminalising drug use and for developed policies that are public health- and harm reduction-oriented.

II. LEGAL FRAMEWORK

1. Highlights

- The Drug Law of 24 February 1921 is the main document of criminal law on illicit drugs; with several additions/changes throughout the years. The Belgian drug law prohibits the import, export, production, trade, possession, sale and purchase, and facilitation of use of controlled substances. This includes as well the abuse of the prescription, the administration or the delivery of narcotics by a medical professional. Unlike selling and/or possessing controlled substances, the use of controlled substances is not mentioned as an offence in Belgian drug laws.
- Since 2003, a distinction has been made between cannabis and other controlled substances. To allow the lowest prosecution priority for an offence with regards to small amounts of cannabis, there can be no signs of dealing, selling, public disorder or aggravating circumstances.
- The law of 7 February 2014 added a second paragraph to article 1 of the 1921 drug law in order to allow the King to subject substances to the drug law on the basis of a new, generic classification. The new accompanying Royal Decree of 2017 prohibits or controls specific substances as well as a group of substances with a similar core chemical structure. All controlled variations to that chemical structure are described in the decree with the definition of chemical functional "R" moieties, an approach that eliminates the need to publish law updates every time a new psychoactive substance (NPS) is identified in Belgium. The main objective was to control all NPS in a generic manner by defining remaining functional groups substituted on the core chemical structure. Even substances that have not yet been identified can be scheduled in anticipation of their appearance on the market. Nevertheless, it is important to note that the Royal Decree needs adjustments in order to remain up-to-date in case entirely new classes of NPS appear. The classes of substances currently defined in the generic legislation include cathinones, amphetamine derivatives, tryptamines, synthetic cannabinoids, piperazines and fentanyl derivatives. Additionally, the preparatory acts for drug production and trafficking are sentenced as well in this new generic law. Moreover, the law of 7 February 2014 enabled the destruction of seized drugs and other materials - used for the offence or which contributes to the determination of the truth. This measure is not a sentence but allows preventing the re-use of materials for illegal purposes. Furthermore, the Royal Decree of 2017 specified that cannabis, cannabis resin, extracts or tinctures can only be imported, exported, produced, traded, possessed, sold and purchased in case the value of 0.2% THC is not exceeded (B.S/M.B. 26.09.2017). The food, cosmetics and pharmaceutical legislation, however, apply more strict conditions in order to avoid the presence of cannabis and consequently any psychoactive effect within such products.
- For illicit drugs other than cannabis, the Belgian law punishes possession, production, trade, import, export, or sale without aggravating circumstances with three months up to five years of imprisonment and an additional fine of 1,000€ to 100,000€. These penalties are also applicable in case of a) cannabis possession, trade, import, export or sale not for personal use, b) urging someone to drug use or facilitating drug use and c) misuse of narcotics permits.
- Besides the sentences specified in the drug law, judicial alternatives are applicable in various stages of the criminal justice system, such as mediation in criminal cases, electronic surveillance and community service. The prosecutor or judge is allowed to include additional conditions such as mandatory drug treatment.
- In 2023, a specific paragraph was added to the drug law of 24 February of 1921. This adaptation makes an exception to supervised DCR. DCR's are no longer considered by the application of the criminal sanctions referred to in this law.

2. Legal framework

2.1. Drug legislation and national guidelines

- On a national level, the legislation concerning illicit drugs in Belgium is in line with both the UN- and the EU-treaties, thereby acting as an addendum to these treaties. Royal Decrees determine the conditions and control measures relating to the availability of some of these compounds.
- The current Belgian drug legislation dates back to the law of 24 February 1921 B.S./M.B. 06.03.1921), adapted by the laws of 9 July 1975 (B.S./M.B. 26.07.1975); the law of 17 November 1998 (B.S./M.B. 23.12.1998); the law of 3 May 2003 (B.S./M.B. 02.06.2003); the law of 20 July 2006 (B.S./M.B. 28.07.2006), the law of 7 February 2014 (B.S./M.B. 10.03.2014) and the law of 27 December 2021 (B.S./M.B. 12.01.2022)
- The law of 1921 concerning the trade in poisons, sedatives and narcotics, disinfectants and antiseptics is a general law governing general principles, responsibilities and procedures (B.S./M.B. 06.03.1921). This law was complemented with the Royal Decree of 31 December 1930 (B.S./M.B. 10.01.1931). Additionally, the law of 1975 and 1998 and the Royal Decree of 22 January 1998 added all psychotropic substances to the law of 1921 (B.S./M.B. 26.07.1975; B.S/M.B. 23.12.1998; B.S./M.B. 14.01.1999). Consequently, the drug law prohibits the import, export, production, trade, possession, sale and purchase of poisons, sedatives, narcotics and psychotropic substances without a licence (including the growing of plants containing any of these substances). Unlike selling and/or possessing controlled substances, the use of controlled substances is not mentioned as an offence in Belgian drug laws.
- In addition to these offences, the law also specifies two specific situations, namely 1) inciting or facilitating drug use and 2) the misuse of prescription, administration or delivery of narcotics or psychotropic substances by a medical practitioner (Van Espen and Vanthienen, 2016).
- The common guideline made by the College of prosecutors-general in 17 April 1998 provided for adults a distinction between cannabis and other illicit drugs in order to decriminalise possession of cannabis for personal use. In 2003, this was defined by law. Nevertheless, this specification of the law was deleted in 2004 because the amount considered as personal use was not well defined. The Joint Directive of the Minister for Justice and the College of Procurators General on the recording, registration and prosecution of cannabis possession offences of 25 January 2005 called that possession of quantities less than 3 grams or 1 cannabis plant in total for personal use will be prosecuted with the lowest priority (COL15/2015).
- The Royal Decree of 1998 has been regularly updated by the addition of several new drug substances. Since November 1999, eight updates have been published. Because the rapid increase of detected NPS was not foreseen in the previous drug legislation, the nominative list of controlled substances required frequent updates and was no longer adequate to deal with the constantly changing chemical structures of NPS. For this reason, the law of 7 February 2014 added a second paragraph to article 1 of the 1921 drug law in order to subject substances to the drug law on the basis of a new, generic classification (B.S./M.B. 10.03.2014).
- The new accompanying Royal Decree of 6 September 2017 prohibits or controls specific substances as well as a group of substances with a similar core chemical structure (B.S/M.B. 26.09.2017). All controlled variations to that chemical structure are described in the decree with the definition of chemical functional “R” moieties, an approach that eliminates the need to publish law updates every time a NPS is identified in Belgium. Consequently, it abrogated the previous Royal Decrees of 1930 and 1998. Additionally, the preparatory acts for drug production and trafficking (e.g. grow lights for cannabis growers or a non-active lab) are sentenced as well in this new generic law. As a result, this Royal Decree made it possible to control e.g., GBL, which is a precursor for GHB but also a drug in itself, but which cannot be included in the regular drug legislation due to the widespread industrial use of GBL. Moreover, the law of 7 February 2014 enabled the destruction of seized drugs and other materials - used for the offence or which

contributes to the determination of the truth (B.S./M.B. 10.03.2014). This measure is not a sentence but allows preventing the re-use of materials for illegal purposes. This criminalization of preparatory acts for drug production and trafficking allows the prosecution of grow shops, which play a big role in enabling the installation of cannabis cultivation sites (Van Espen and Vanthienen, 2016). Furthermore, the Royal Decree of 6 September 2017 specified that cannabis, cannabis resin, extracts or tinctures can only be imported, exported, produced, traded, possessed, sold and purchased in case the value of 0.2% THC is not exceeded (B.S/M.B. 26.09.2017). The food, cosmetics and pharmaceutical legislation, however, apply more strict conditions in order to avoid the presence of cannabis and consequently any psychoactive effect within such products. CBD is prohibited to be used in food in case no prior authorisation has been obtained. Cosmetics can contain CBD but only when the extracts used in the cosmetics are not derived from the entire cannabis plant nor flowering or fruiting buds (B.S./M.B. 21.11.1997; B.S/M.B. 03.09.2012; B.S./M.B. 25.06.2015).

2.2. PENALTIES

Note: all fines mentioned here are original numbers as defined by the law, multiplied by eight to display the exact sum of the fine for offences committed since 1 January 2017.

- Penalties differ with regard to possession of cannabis by adults (Dangreau et al., 2012). Since 2003, the prosecutor can give the lowest priority to import, production, traffic, purchase, possession or cultivation of cannabis, THC, isomers and stereo-chemic variants for personal use (determined as quantities less than three grams or equal to one cannabis plant). In cases without aggravating circumstances, the police seize the substances, and the prosecutor can decide whether or not to prosecute with an additional fine of 120€ to 200€. Some local authorities decided that in these cases a certain amount of money must mandatorily be paid to the police, even if the prosecutor decides afterwards not to prosecute (VAD, 2018). The conviction can be higher in the case of an offence within one year of a previous conviction (from 208€ to 400€ for repetition within one year after the first conviction and from 400€ to 800€ and a prison sentence from 8 days up to 1 month for repetition in one year after the second conviction) (B.S./M.B. 06.03.1921). In case that the possession of cannabis occurs in a penitentiary setting, in (the neighbourhood of) schools or institutions active in youth protection, or in public buildings or public places, a penalty of three months to one year in prison and/or a fine of 8,000€ to 800,000€ can be assigned (B.S./M.B. 06.03.1921; COL15/2015).
- For illicit drugs other than cannabis (cocaine, heroin, ecstasy, amphetamines, ...), the Belgian law punishes possession, production, trade, import, export or sale without aggravating circumstances with three months up to five years of imprisonment and an additional fine of 8,000€ to 800,000€. The period of imprisonment may be increased to 10, 15 or even 20 years in the event of specified aggravating circumstances (B.S./M.B. 06.03.1921; COL15/2015).
- Aggravating circumstances relate to:
    - The presence of minors (towards minors of 16 years or older, imprisonment of 5 to 10 years is applicable; towards minors between 12 and 16 years old, imprisonment of 10 to 15 years is applicable and towards minors of 12 years or younger an imprisonment of 15 to 20 years is applicable),
    - The consequences of the offence (for an incurable disease, inability to work for more than 4 months, loss of sense (view, speech or hearing) and mutilation (loss of the use of one of the limbs) an imprisonment of 5 to 10 years is applicable and for death an imprisonment of 10 to 15 years is applicable),
    - The organised character of the offence (being a participant of an organisation is punishable with an imprisonment of 10 to 15 years, being a leader of an organisation is punishable with an imprisonment of 15 to 20 years)

- Specific repetition (repetition within 5 years of a conviction because of a violation against this law): criminal sentences will be doubled and in case of a crime, the maximum period of imprisonment of the first conviction (e.g., 5 to 10 years) becomes the minimum sentence (e.g., 10 to 15 years). In situations like this, the fine of 8,000€ to 800,000€ is facultative (except for the specific repetition). These penalties are also applicable in case of a) cannabis possession, trade, import, export or sale not for personal use (i.e., more than three grams or (cultivation of) more than one plant), b) urging someone to use drugs or facilitate drug use c) misuse of prescription, administration or delivery of narcotics or psychotropic substances by a medical practitioner (Van Espen and Vanthienen, 2016).

- Since 2013, the public prosecutor of Antwerp decided to implement an additional measure in the drug policy (by circular letter) for people who possess drugs in the form of a system of immediate court settlement. This measure is taken mainly in the light of security problems or nuisance, with the main purpose to disturb the local drug markets. For possession and use of cannabis a settlement of 600€ is implemented, whereas for other drugs a settlement of 1,200€ is foreseen. Persons with signs of health problems related to drug use are referred to treatment facilities (FOD justitie, 2013).
- The drug law also foresees specific administrative or legal reactions in addition to the sentences described above (Van Espen and Vanthienen, 2016):
  - The possibility to pronounce a deprivation or to prohibit to pursue a professional activity in relation to medical or paramedical professions and the exploitation of premises or venues as an additional sentence;
  - The possibility to close an institution or venue permanently or temporary;
  - Special confiscation: this is the confiscation of objects that were used in order to commit drug law offences (mentioned in article 2, 2°, 2bis, 2 quarter and 3 of the law); even when these objects are not the property of the offender/convict;
  - Suspension, delay and probation (Probation has a long history in the Belgian criminal justice system and can be imposed since 1964 (B.S./M.B. 17.07.1964));
  - Administrative closure of a venue as a preventive measure for maximum 6 months;
  - Administrative arrest for maximum 6 hours of a person under the influence of drugs in case nuisance or danger is caused in a public place. This measure is considered as a preventive deprivation of liberty and is not a sentence;
  - A port ban, to deny access to the port to known criminals who have already been convicted (period of validity of this ban: a maximum term of 20 years) (B.S./M.B. 26.10.2022).
- Deprivation, prohibition of pursue of professional activities and special confiscation are additional sentences that are not applicable for import, production, traffic, purchase, possession or cultivation of cannabis or products containing THC with or without public nuisance.
- Besides the sentences specified in the drug law, judicial alternatives are applicable in various stages of the criminal justice system, e.g., mediation in criminal cases, electronic monitoring and community service. Alternative sanctions in general and for drug-related crime in particular are encouraged amongst others by the IMC on Drugs (De Wree et al., 2009; nowadays known referred to as the 'IMC of Public Health, Thematic Meeting on Drugs') and the common circular of the Minister of Justice and College of prosecutors-general (Col15/2015; Van Espen and Vanthienen, 2016). A prosecutor or judge has the possibility to propose (at prosecution level) or impose (at court level) an alternative measure in certain circumstances (e.g. adult offender, maximum sentence of 5 years, …). They are also allowed to include conditions to be met by the offenders. These conditions may amongst others be related to drug treatment (Defillet, 2012). As a large number of homeless, low-educated and unemployed people are involved in drug-

related crime, the criminal justice system may also broaden their scope and insist on conditions related to work, housing or education (possibly in combination with drug treatment) (De Ruyver et al., 2008b). In the past years, three projects have been implemented in the criminal justice system that specifically target PWUD who committed drug-related crimes (organised drug-related crime excluded) with the aim to redirect them to treatment: i) 'referral to treatment' pilot projects at the prosecution level in the judicial districts of Liège ('Conseiller stratégique Drogue'), ii) a similar project in Ghent called 'Proefzorg', iii) the pilot project at sentencing level named 'Drug Treatment Court' (DTC) (De Ruyver et al., 2008a; Vander Laenen et al., 2012;Vander Laenen et al., 2013). This last pilot project was established in 2008 in the judicial district of Ghent and is identified as a valid alternative to prison for drug offenders.

- Moreover, in specific circumstances (in accordance with the directives of the public prosecutor), the police are allowed to immediately propose an amicable settlement. One of these specific circumstances specified by the directive is possession of drugs for personal use at festivals, during events or as a result of targeted actions. The amicable settlement should be reserved for offences that are certain, and therefore where little or no interpretation is possible. Moreover, the offender should acknowledge the facts, declare that he will compensate for the damage and, voluntarily relinquish the seized object. Payment of the immediate amicable settlement terminates the criminal action. Hypotheses where there is evidence of sale or where possession is accompanied by aggravating circumstances are excluded from the scope of immediate amicable settlements. This applies equally to heroin and opiates in general. Specifically for possession of drugs, the amicable settlement ranges between 75€ and 300€. An amicable settlement cannot be proposed when the amount exceeds 500€ (COL 09/2021).
- Minors are prosecuted by a juvenile justice system with a focus on overcoming further problems. The juvenile justice system does not pronounce sentences but takes measures (see also II 2.8.).

2.3. MORE SPECIFIC REGULATIONS

2.3.1. NPs

- Before September 2017, the Belgian drug legislation consisted of nominative lists that mentioned all controlled substances and hence required regular updating.
- Following the law of 7 February 2014, a Royal Decree was published (B.S/M.B. 26.09.2017) to include substances to the drug law on the basis of a new, generic classification. The main objective was to control all NPS in a generic manner by defining remaining functional groups substituted on the core chemical structure. Even substances that have not yet been identified can be scheduled in anticipation of their appearance on the market. The classes of substances currently defined in the generic legislation include cathinones, amphetamine derivatives, tryptamines, synthetic cannabinoids, piperazines and fentanyl derivatives. Compared to the previous approach where the drug legislation had to be updated every time a NPS was identified, the generic approach is much timelier and more proactive. Those needing access to these substances can apply for an import (chemical companies selling drug standards) or end-user licence (hospital, forensic and academic research needing drug standards for their routine analyses or for research purposes). It is important to note that even this approach is never perfect and – despite its benefits – has its inevitable disadvantages. E.g., the introduction of entirely new classes of NPS (such as the synthetic cannabinoids in 2018 or isotonitazene in 2019) required a thorough, time-consuming update of the legislation at the time. To curb this problem, legislators can still ban individual substances through a shortened procedure in attendance of their inclusion in the generic law. The last individual substances were added to the law on 27 December 2021 (B.S./M.B. 12.01.2022).

2.3.2. Workplace regulation

- The Law of 4 August 1996 obligates every professional organisation to analyse the risks related to the workplace and to promote the well-being of their workers, including harms related to the use of licit and illicit drugs (B.S./M.B. 18.09.1996).
- In addition, the social partners in the National Labour Council ('Group of 10') concluded in 2009 on the collective agreement about a preventive alcohol and drug policy in companies (declared generally binding by Royal Decree of 28 June 2009, published in the BS of 13 July 2009). As a result, since 1 April 2010, every organisation of the private sector is to have a preventive alcohol and drug policy. To this end, there are two phases to follow: a first mandatory phase for the development of a policy declaration; the second phase concerns the elaboration of a concrete policy (rules and procedures) which is facultative.
- Each preventive alcohol and drug policy has to focus on the consequences of the alcohol or drug use on the work-related performance of the employees rather than on the (problematic) alcohol or drug use itself. The purpose of this collective agreement is to discuss, prevent and remedy the malfunctioning of an employee because of alcohol or drug use as the consequences are harmful for both the employee and the employer. As much as possible, the first priority of the alcohol and drug policy at work must be the preservation of the job. Nevertheless, the collective labour agreement does not specify to what extent and in which way preventive alcohol and drug policies need to be developed by companies.
- The development of a concrete policy has to be done by both the employer and employees (trade unions). The inclusion in the collective labour agreement is mandatory. Drug tests can be part of the policy but are facultative. Due to very restrictive conditions, they are seldom performed in practice (Van Espen and Vanthienen, 2016).

2.3.3. Drugs and driving

- In addition to the Belgian drug law, the Belgian traffic law prohibits driving in case that regular use of substances or the amount of substances used might impair the driving skills of a person in a public place (B.S./M.B. 15.09.2009). Contrary to the drug law, the traffic law applies to alcohol, illicit drugs (cannabis, amphetamine, MDMA, morphine and cocaine) and (psychoactive) medicinal products. The law not only forbids driving itself, but also the act of initiating, challenging and giving permission to drive under the influence of drugs. Next to a fine and/or a prison sentence, a judge can additionally impose the loss of the right to drive when driving under the influence is proven (Dangreau et al., 2012).

- In the case of driving under the influence of drugs other than alcohol, a judge can impose a conviction of 1,600€ up to 16,000€ and has the possibility to impose a driving ban for a motorized vehicle of eight days up to five years (Dangreau et al., 2012; Meesmann et al., 2015, Leblud et al. 2019). In certain circumstances (e.g., causing a deathly accident under the influence of alcohol or drugs and recidivism) this driving ban is mandatory. The decision of a judge to reinstate a person's driving licence can depend on the result of exams and examinations (Dangreau et al., 2012). A driving ban will be imposed automatically if the offender holds a driving licence that is less than two years old, in which case the offender will be obliged to renew his/her theoretical and/ or practical driving exam (VAD, 2018; Leblud et al., 2019). In case of an accident that involves injured people or deaths, a judge has to enforce a driving ban of minimum 3 months. In every case where a driving ban is imposed, a judge has the possibility to additionally issue a temporary immobilisation of the vehicle when the offender is the owner of the vehicle or when the offender has the vehicle exclusively at his/her disposal. The immobilisation can be imposed only for the period of the driving ban. Moreover, the confiscation of a vehicle can be imposed if a driving ban of at least six months is pronounced and if the offender is the owner of the vehicle. The sentence of 1,600€ up to 16,000€ can be increased up to a fine of 3,200€ up to 40,000€ and/or a prison sentence of 1 month up to 2 years in case of recidivism within three years after the first conviction. The minimum driving ban in this case is 3 months. The fine, prison sentence and/or driving ban can be doubled again (6,400€ up to 80,000€, prison sentence of 2 years up to 4 years and/ or a driving ban of minimum 6 months)

in case another repetition occurs within three years after the second conviction. In case of a repetition within three years after the third conviction, the fine and/or prison sentence and/or driving ban can be doubled once more. This regulation of recidivism does not require the repetition to be of exactly the same offence. The restoration of the right to drive is in the case of recidivism dependent on the successful passing of a theoretical and practical exam as well as of a medical and psychological examination (Van Espen and Vanthienen, 2016).

- On 23 November 2021, a State's General on road safety was held (All for Zero, 2022). During this conference the federal road safety plan 2021-2025, the plans of the regions and the common strategy "All for zero: a shared vision of road safety in Belgium" were presented. Among the "new" road safety challenges for the future, driving under the influence of drugs and nitrous oxide was mentioned. In the road safety plans of Flanders, Brussels and Wallonia, driving under the influence of alcohol and/or drugs is stated among the objectives or concrete actions.

2.3.4. Drug testing

- Demonstrating drug use or intoxication by drug tests depends on many factors such as the time delay between suspected use and the collection of the sample and the drug tests that are used. Oral fluid tests are applied in workplaces and for drivers as these tests can accurately detect recent drug use (Wille et al., 2014).
- The collective labour agreement N°100 of 2009 about the preventive alcohol and drug policy in private companies provides the possibility for employers to test for alcohol and drug use when employees don't perform well and alcohol or drug use is suspected.
- If an employer wants to include the possibility of alcohol or drug testing in their preventive alcohol and drug policy, the following criteria need to be specified in the labour agreement in order to protect the privacy of the employee (Colman et al., 2021):
    - the type of tests they want to use: no biological or medical tests may be used. Only tests that give a simple positive or negative indication – such as breath tests or psychomotor skills tests – but do not provide an exact percentage of the intoxicant are permitted,
    - the target group(s) of employees that can be subjected to these tests,
    - the procedures to be followed: the testing can only be part of a package of policy implementation measures,
    - the people authorised to conduct the tests,
    - the moments on which the tests can be taken and
    - the consequences in case of a positive result.
- The inclusion of these criteria in the labour agreement is part of the facultative second phase in the development of a drug policy at work. A consensus between the social partners about the change of the labour agreement is required in order to introduce testing at the workplace. These tests (e.g., uncalibrated alcohol or drug test and psychomotor reaction tests), have to fulfil certain conditions (Colman et al., 2021):
    - They can only be used for prevention purposes (the test results cannot be used in a way that is incompatible with the prevention objective)
    - They are only valid when used together with a) other measures that can proof the inability to perform a profession (e.g., assessment of abnormal behaviour), b) formal written conclusions about the physical characteristics of the probable alcohol or drug use and the negative consequences of the use on the functioning of the employee and c) possible other evidence such as closed circuit television (CCTV), findings of the police or judicial officer, etc. In this context, it is important to keep in mind that the

alcohol and drug policy in companies are only meant to prevent or settle the malfunctioning of the employee. The fact that an employee has a certain content of drugs or alcohol in his/her blood or urine, does not automatically prove that this person is no longer suitable for the agreed work and thus this is not considered sufficient evidence in the framework of the preventive alcohol and drug policy. Consequently, the tests do not allow for sanctioning said employee;

  - The tests must be adequate, objective and proportional;
  - The employee in question has to consent to the test;
  - The processing of test results as personal data is forbidden.

- Drivers can be tested for drug use other than alcohol as of 1999. The substances tested today are THC, amphetamine, MDMA, morphine, 6-monoacetylmorphine, cocaine and benzoylecgonine. Police officers have the possibility to impose drug tests on people who potentially caused a traffic accident and on everyone who drives (or intends to drive) a vehicle (or mount) or supervises (or intends to supervise) a driver at a public place. A three-step process must be followed in order to detect drug use among drivers (Dangreau et al., 2012, Leblud et al., 2019). The first step consists of a standardised checklist containing seven categories: eyes, face, behaviour, state of mind, language, walking pattern and others. Police officers check whether a minimum of three characteristics from two categories can be checked, indicating recent drug use (Dangreau et al., 2012; Van der Linden et al., 2015). This first step is facultative in case the investigated driver potentially caused a traffic accident or in case it is impossible to perform the checklist (Dangreau et al., 2012; Meesmann et al., 2015; Leblud et al., 2019). The second step consists of an oral fluid test by wiping the tongue and cheeks. The results are available within 10 minutes (Van der Linden et al., 2015). Unlike blood and urine tests, an oral fluid test hardly affects one's physical integrity, can be carried out fairly easily by a roadside police officer and is less susceptible to fraud than urine tests (Laloup et al., 2009). Oral fluid samples have the same short detection window as blood samples and are therefore in principle suitable for determining recent drug use (Leblud et al. 2019). In case the result of the oral fluid test is positive, meaning that at least one of the substances is detected in an amount above the defined minimum limit, a driving ban of 12 hours is imposed immediately. The driver gets his driving licence back after the 12 hours only if a new oral fluid test is conducted and shows a negative result (Dangreau et al., 2012; Meesmann et al., 2015). In case the test is positive again, the driving ban is extended for another 12 hours (Leblud et al., 2019). The third step of the procedure is to be conducted in case the result of the oral fluid test(s) was positive. In this phase, the result of the oral fluid test has to be confirmed by a validated laboratory analysis. To this end, oral fluid is collected using a small proprietary device (Drug Intercept i2, OraSure Technologies, USA). The samples can be analysed by any of five certified laboratories. A blood test is only required when it is impossible to collect (enough) oral fluid or when the driver refuses an oral fluid test (B.S./M.B. 30.11.2015, err. 1.02.2016 and 28.03.2019). In this case, the presence of a physician is needed to perform the blood collection. Once more, the result will be considered positive when the substances are detected in an amount exceeding that of the defined minimum limit (Dangreau et al., 2012). No tolerance threshold exists for illicit drugs, as it is the case for alcohol (i.e., fines and penal consequences are proportional to the amount of alcohol per blood litre). The legal minimum limit for illicit drugs is actually a detection threshold under which one cannot scientifically assert that any drug was consumed (cut-off values are 1 ng/mL for THC, 25 ng/mL for amphetamines, 25 ng/mL for MDMA, 10 ng/mL for morphine or 6-monoacetylmorphine and 25 ng/mL for cocaine or benzoylecgonine (B.S./M.B. 15.09.2009)). Since the presence of THC in the human organism can persist for a few days, people who use cannabis can test positive even though they used cannabis hours or days earlier with THC no longer having any effect on their ability to drive. Because of this legal framework, also passive PWUD can be sentenced (Casero et al., 2010). This last, third step of testing is not to be conducted in case the driver only intended to drive a vehicle (or mount) or intended to supervise a driver. In this case the temporary driving ban of 12 hours is sufficient (Dangreau et al., 2012).

Moreover, an immediate withdrawal of the driving licence of 15 days can be imposed at the moment of the offence if the content of the prohibited substances described above is higher than the legal minimum limits. Specifically, for driving under the influence of drugs other than alcohol, the immediate 15-day withdrawal of the driving licence is also imposed in the following four situations (Van Espen and Vanthienen, 2016):

  - the driver refuses to do the oral fluid or blood test without a valid reason,
  - the standardised checklist was positive and the driver has a valid reason to refuse the test,
  - the standardised checklist was positive but it is not possible to collect sufficient oral fluid or
  - the result of the oral fluid test is negative but the driver shows clear signs of intoxication or a similar condition.

- The period of 15 days can be extended up to 3 months by the police court. This period of 3 months can be extended only once (Van Espen and Vanthienen, 2016; Leblud et al., 2019). The immediate withdrawal of the driving licence has an implication on all categories of vehicles for which an individual has a driving licence. It provides the possibility to protect the public interest pending the final conviction (which is described in the paragraph above). In case the offender refuses to hand in the driving licence, a prison sentence of 1 day up to 1 month and/or a fine of 80€ up to 4,000€ is imposed. When a motorized vehicle is driven during a period of immediate withdrawal of the driving licence, a prison sentence of 3 months up to 1 year and a fine of 1,600€ up to 16,000€ is imposed. A driving ban of at least 3 months is also mandatory in this situation (Van Espen and Vanthienen, 2016).
- In the Royal decree of 28 June 2019 (B.S./M.B. 04.07.19) concerning pleasure crafts, the same rules and testing procedures for driving under the influence of alcohol or drugs are now also applied on people commandeering in command of pleasure crafts.

2.3.5. Precursor control

- The subject of precursors is regulated by the Royal Decree of 26 October 1993 (B.S./M.B. 22.12.1993), as modified by the Royal decree of 4 April 2001 (B.S./M.B. 28.04.2001) and 16 May 2003 (B.S./M.B. 02.06.2003), establishing measures to block the diversion of certain substances for illicit manufacture of narcotic or psychotropic substances.
- The Royal Decree of 26 October 1993 was implemented under the Law of 24 February 1921 (B.S./M.B. 06.03.1921) concerning the traffic of poisons, sedatives and narcotics, disinfectants and antiseptics (B.S./M.B. 22.12.1993). Non-compliance with registration and documentation rules is subject to a fine of 8,000€ up to 40,000€ and/or 8 days up to 3 months in prison. Crimes regarding import, export, possession, manufacture, sale or purchase may result in imprisonment for 2 to 5 years and/or a fine of 24,000€ – 80,000€. Any use contrary to the conditions of use or authorisation of the EU community may be punished by a fine equal to the value of the goods concerned, and they shall be confiscated. General breaches of the Council Regulation and the General Law on Customs, if not covered by another sanction, may be subject to a fine of 1,000€ – 10,000€ and a confiscation of the goods.
- The Minister of Public Health is entitled to rescind an agreement or registration of a company if he/she considers this an appropriate sanction. Without prejudice to the powers of the officers of the judicial police, the agents of Customs and Excise, as well as inspectors and deputy inspectors of the General Pharmaceutical Inspectorate of the Ministry of Public Health are empowered to exercise their functions in the control of precursors. Other authorities with the competence to control precursor trade are defined in Art. 20 of the Royal Decree of 26 October 1993 (B.S./M.B. 22.12.1993). The most important change in legislation with an impact on precursor control was the Royal Decree of 7 March 2014 which established punishing preparatory actions with the intent of producing illicit drugs (B.S./M.B. 10.03.2014). In this way,

the government has been able to convict criminals that were importing large amounts of APAAN, a pre-precursor for (meth)amphetamine synthesis that was unscheduled at that time.

- In 2018, a working group was established containing experts from the Federal Agency for Medicines and Health Products (FAMHP), the National Institute for Criminalistics and Criminology (NICC), the NFP, Federal Police and customs. The aim is to provide continuous updates for the current precursor legislation, including the investigation of the feasibility of introducing a 'generic' precursor legislation in analogy with the current Belgian generic legislation that was developed to tackle the appearance of NPS. This aim was extended to other areas and topics in the next years.

2.3.6. Issues focussed on minors

- Minors are prosecuted by a juvenile justice system in which steps are taken to prevent further problems. The juvenile justice system imposes measures and does not pronounce sentences. All illicit drugs are prohibited and the measures do not differ between cannabis and other illicit substances. When a minor is caught for a drug-related offence by the police, a charge is sent to the prosecutor and the parents will be informed as well. The prosecutor can decide to send the case to juvenile court in case of sufficient indications of guilt. Nevertheless, the prosecutor can also propose to a) send an appeal of warning in order to conscript the minor and their parents, b) propose a mediation (this is only possible when a victim is identified) and c) dismiss the case. In case the prosecutor decides to list the offence without immediate consequence, a warning letter is sent to the minor and the minor will be directed to voluntary treatment. If the minor does not agree with one of the three proposals of the prosecutor, the case will be transferred to court as well. When the case is transferred to juvenile court, the judge might take a temporary measure in order to await the final protection measure. There are four temporary options of measures, namely a) a social investigation whether or not in combination with maximum of 30 hours of community service, b) a proposal for mediation (this is only possible when a victim is identified), c) the supervision by a social service or d) a placement in a foster home, a private service, an open or closed community institution or a federal detention centre. If the social investigation cannot find sufficient indications of guilt, the provisional measure will come to an end.
- In the case that sufficient indications of guilt are proven, a judge can impose a final youth protection measure:
    - Recovery mediation or recovery-oriented group deliberation;
    - Written project in which the youngster describes how he/she wants to make amends for the offence;
    - Outpatient measures such as a reproof, educative treatment or support, etc.;
    - Placement in a foster home, a private service, an open or closed community institution or a federal detention centre;
    - Placement in a closed unit of a community institution or the federal youth detention centre.
- These measures can always be adapted, cancelled or prolonged in case the measures are not completed yet. From the age of 16, the youth prosecutor has the possibility to relinquish a minor and to transfer the case to a general court for adults (De Druglijn, 2013). In this context, it is important to mention that minors are protected by the Convention on the Rights of the Child. Performing a search or urine test (for example at school or at home) can be considered as a violation of the right of privacy of the minor and can only be conducted if the minor cooperates voluntarily and gives his/her permission. The parents can only give permission in case the minor does not dispose of a judgement capacity yet. Coercion can only be used by police officers in case of serious indications in individual situations (Van Espen and Vanthienen, 2016).

2.3.7. Medicines containing active components of cannabis

- Up to 2015, the use of medicines containing THC was only allowed in the framework of scientific research (B.S./M.B. 19.07.2001). The new Royal Decree of 11 June 2015 replaces the old Royal

Decree of 2001 and allows the provision, sale and use of medicines on the basis of the active components of cannabis under strict circumstances. The distribution of cannabis plants for medicinal use is still prohibited in order to prevent misuse (B.S/M.B 25.06.2015).

- At this moment, only one cannabinoid-based medicine is licensed for use and sale in Belgium, Sativex®, a cannabinoid oral spray registered for treatment of spasticity associated with Multiple Sclerosis (MS) in adult patients that are not adequately responsive to other medications. It is available in public pharmacies and any Belgian physician has the 'therapeutic' freedom to prescribe Sativex® since March 2016. However, reimbursement of Sativex® is limited to purchases made through hospital pharmacies upon prescription by a neurologist for patients who suffer from spasticity due to MS (Leuckx, 2015; FAGG-AFMPS, 2019). In addition, licensed pharmacists are - since July 2019 - allowed to prepare and sell in-situ officinal preparations containing CBD under the condition of presenting a medical prescription. The CBD powder used by pharmacies may contain at most 0.005% THC (De Block, 2019; VAD, 2023).

2.3.8. Mental health

- In Flanders, the decree of 5 April 2019 on the organization and support of mental health services is in place (Agentschap Zorg en Gezondheid, 2019). This decree includes all existing regulations of the mental health care sectors. New concepts such as networks, functions and programs as well as peer mentors are key concepts in the decree. The new decree aims to step up the fight against stigma. Increasing public knowledge about mental health is therefore described in the decree as an explicit task of all organizations and institutions working within the domain of mental health.

- The decree clearly chooses to include peer mentors - people who have or have had mental health difficulties - both in care and at the policy level. Involving other persons close to the person with a mental health problem is now explicitly stated as a task for mental health care in the decree, for which it must set up clear and transparent actions. This framework decree also provides a legal basis for the recognition, programming and composition of mental health networks. All these changes, by definition, also apply to addiction care.

2.3.9. Harm reduction framework

- The adaptation of the Belgian drug law in 2000 avoids those providers of harm reduction material are punishable under the Drugs Act of 1921. The Royal Decree of 5 June 2000 defines which specific professional groups, besides pharmacists, are given the possibility to exchange or dispose harm reduction material and regulates the modalities of this type of initiatives (B.S. 07.07.2000). At the Flemish level, a Decree of 15 December 2000 defines additionally the tasks and financing of such initiatives. It defines that drug assistance initiatives can obtain an authorisation from the Flemish coordination centre for syringe exchange.

- The Walloon region implemented an additional resolution in 2018 to the federal regulation and the decree of addictions of 2009. This resolution allows the implementation of integrated harm reduction measures for addiction and drug use (such as DCR) to the existing range of responses in the largest cities of the Walloon Region (Région Wallonne, 2018). The Brussels Government adopted in 2021 a specific ordinance, authorizing and subsidizing harm reduction services (B.S/M.B. 10.08.2021). Authorized services can offer different activities, such as the provision of needles, inhalation pipes, water, bleach etc. and the management of a DCR. In order to avoid that these services can be considered as inciting or facilitating drug use, this regulation states that neither people (including social workers, health professionals, volunteers, students, peers) nor services who received such an authorization can be sued for violating the 1921 law. Following this specification by the Walloon Region and Brussels Government, a specific paragraph was added to the drug law of 24 February of 1921 in 2023. This adaptation makes an exception to DCR. DCR are no longer considered by the application of the criminal sanctions referred to in this law.

2.3.10. Tobacco

The minimum legal age to buy tobacco products has changed from 16 to 18 years old in 2019. Soon after, publicity for tobacco was totally banned (until then, there were still some exceptions) (B.S./M.B. 8.08.2019).

2.3.11. Nitrous oxyde

As of February 2021, the sale of nitrous oxide to minors also became forbidden via the law for the protection of PWUD' health with regard to food and other products (B.S./M.B. 23.02.2021)

2.4. NEW DEVELOPMENTS

- On 22 February 2021, i.e., for the centenary of the 1921 law, senators requested an information report on the general evaluation of the drug law. It was stated that “The Belgian Senate is a privileged forum to conduct a contemplative, documented, comprehensive and multidisciplinary research on the use of cannabis and its social consequences, and questioning whether the current criminalisation is still adequate“. To do so, a vast parliamentary reflection project has been launched. The work is in progress and several auditions have been taking place since February 2022. Actors from different sectors (including on the international scene) are heard: specialized researchers - particularly in criminal law, criminology, epidemiology, neurobiology and economics, as well as members of the police services, representatives of the AVIQ or the Féda Bxl.
- In September 2017, members of the socialist party (‘Parti Socialiste’) of the Walloon region introduced a proposal to the Belgian chamber of representatives to regulate the cannabis market. This proposal is still pending but aims for the regulation of the production, distribution and use of cannabis in Belgium. In this proposal, every Belgian citizen would be allowed to possess cannabis. The maximum amount is not specified and would be defined by the King. For the legal production and distribution, two channels are described. The first channel is individual production at home (principal residence or residential address) for personal use. The King will be responsible to define specific conditions related to the production, security and storage of the cannabis that is grown at home and which is only for personal use. The second channel is the legal implementation of cannabis social clubs. In this proposal, the cannabis social clubs are considered as a non-profit organisation. Any type of advertisement would be forbidden as would be the export of cannabis outside of the Belgian boarders. The adoption of a tax regulation and a VAT system is foreseen. This proposal suggests to define a regulatory body existing of a sanction commission, a direction committee and a supervisory committee. This regulatory body would be assigned to an independent administrative authority with legal personality in the Brussels capital region. An accreditation permit will be mandatory for every cannabis social club. In order to receive this permit from the regulatory body, cannabis social clubs would have to give information about 1) the location of the production site and distribution, 2) the identity of the growers and employees as well as a description of their tasks and responsibilities, 3) the manner of transportation of the cannabis from the production site to the location of distribution and 4) the production procedures and the guarantees for security and quality. The location where the cannabis plants are grown must not be accessible to the public. The proposal specifies that every cannabis plant grown in a cannabis social club must be the property of one or more people who are affiliated with the cannabis social club. Only Belgian citizens can become a member or grower of a cannabis social club. Every member can own one plant only and cannot be a member of more than one cannabis social club. The maximum llowed THC content of the cannabis plants, types of derivate products from cannabis (such as drinks, sweets, etc.) and maximum amount of cannabis provided per month to each member should be defined by the King. Accordingly, the amount of cannabis that is stored by the cannabis social club cannot exceed the amount that is allowed for all members together. This stockpile should be stored at a secured place and should be chosen in advance. The proposal also specifies that every grower should be trained, but the specific conditions should be further

defined by the King. The proposal further foresees the possibility to implement a consumption room within the cannabis social clubs. These consumption rooms would be supervised by an employee that received specific training. Alcohol cannot be used in the consumption rooms and minors cannot have access. The objective of the proposal is also to make vaporisers available to the members. The proposal also foresees a counselling committee in order to give advice to the federal government (Chambre des représentants de Belgique, 2017). The Walloon-Brussels federation referred to this proposal in their publication “vers une réglementation du cannabis en Belgique” in 2018 as well and stated that the city of Mons is developing a medical and scientific pilot project to test a cannabis social club model (Cornerotte et al., 2018).

- Beginning 2018, shops selling cannabidiol (CBD) products started to appear in major cities all over Belgium. These shops, which in most cases are vape shops where also supplies for electronic (nicotine) vaping are sold, state that they only provide cannabis flowers containing less than the legal limit for THC (which in Belgium is 0.2% THC, which is the official legal norm for industrial hemp used for fibre production). In most cases, these CBD products are sold under the guise of ‘incense’ or ‘aromatherapy’ to avoid sale for human consumption. Furthermore, CBD-containing e-liquids cannot contain nicotine. Increasing number of prosecutors seize such shops to analyse whether the products correspond to the legal THC limits; preliminary results suggest that a considerable number of products contains more than the legal THC limits (NICC, personal communication). Following these developments, a proposal to implement a cannabis agency was approved in February 2019. However, a Royal decree is still required in order to elaborate the legislation. The cannabis agency will be part of the organisational structure of the FAMHP. The law foresees that the cannabis agency will be responsible for three types of cultivation of cannabis:
    - For scientific/research purposes.
    - As a raw material for the pharmaceutical industry, meaning authorising the cultivation and extraction of active substances.
    - As medicinal cannabis which means that the cannabis agency controls the entire medical cannabis distribution chain in Belgium, organising the cultivation, taking possession of the cannabis and taking care of sale to patients. All this can be realised using public tenders and subcontracting.

  The FAMHP remains the responsible organ for all import and export licenses for narcotics. The law does not provide any changes to the ban on the delivery of medicinal cannabis to patients (FAGG-AFMPS, 2019). Though the topic has been mentioned and publicly communicated about, no further updates on related actions can be reported in 2023.

3. Implementation of the law

3.1. Actual sentencing practice

At prosecution level, the latest data available are from 2022. 33,745 new drug-related cases (or 6.0% of the total cases) were submitted for prosecution in 2022. 34,559 (or 5.9% of the total cases) drug-related cases were closed at prosecution level. Among them, 76% got a final judgement by the prosecutor. 14,166 cases were prosecuted without consequence. 2,786 immediate recoveries, 9 administrative sanctions and 6,986 out-of-court settlements were reached at prosecution level. In addition, 527 mediations or measures were completed and 1,632 cases received probation at prosecution level (OM-MP, 2023).

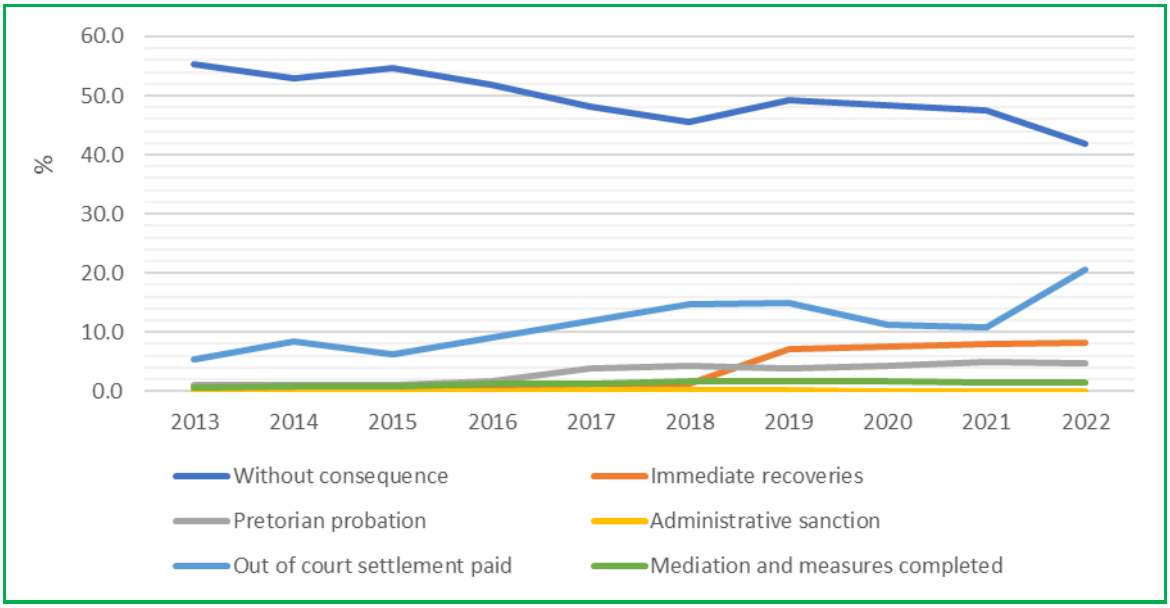
In the Belgian Courts of first instance, 7,553 new cases related to drugs were initiated in 2022 and 7,451 cases were closed (Support Service of the College of Courts and Tribunals, unpublished).

Alternative measures can be ruled by a prosecutor or judge when he/she has to decide on an appropriate sentence. In case an alternative measure is imposed, the offender is referred to a justice assistant of one of the 28 Houses of Justice who is responsible for the supervision and guidance of these alternative measures. All observed mandates of the alternative measures by Houses of Justice are recorded in a general database named 'SIPAR' (Système Informatique PARajudiciaire) (more information about the background of these alternatives is described in Plettinckx et al., 2018). The latest data available for Belgium are from 2022. 7,390 new alternative measures related to drugs were initiated and 6,941 were closed. These initiated cases related to drugs comprise about 17% of the total number of cases for 2022. Most of the clients who received an alternative sanction for drug-related offences had the Belgian nationality (73.8%), were male (89.3%) and were between 18 and 34 years old (58.4%).

3.2. Trends

Figure II.1 describes the evolution of certain final decisions at prosecution level between 2011 and 2022. The cases that are shown in Figure II.1 are no longer referred to court level. These decisions end the judicial procedure

Figure II.1 | Decisions at prosecution level that end the judicial procedure between 2013 and 2022 (data : Openbaar ministerie, 2013-2022, Belgium)



Most of the drug-related cases entering prosecution level are dismissed. However, the data show a decreasing evolution for the dismissed cases. Successful out of court settlements increased the past 10 years. Immediate recoveries started in 2015 and are increasing slowly. Cases classified as Pretorian

probation remain rather stable throughout the past years. Although the proportion remains low, mediation cases are increasing from about 200 cases in 2013 to 500 in 2022.

Based on the available data, the number of cases related to drugs submitted to the Belgian courts increased the past years (6,169 in 2019 till 7,553 new cases related to drugs in 2022). At the level of the houses of justice, we see a similar evolution: the total number of assignments in Belgium has increased the past 10 years (Figure II.2).

Figure II.2 | Number of total alternative measures related to drug offences at the houses of justice between 2011 and 2022 (data : Public Health and Family of the Flemish Community, 2023, Flanders ; Communauté française de Wallonie-Bruxelles, 2023, French-speaking community ; German community, 2023, German-speaking community)

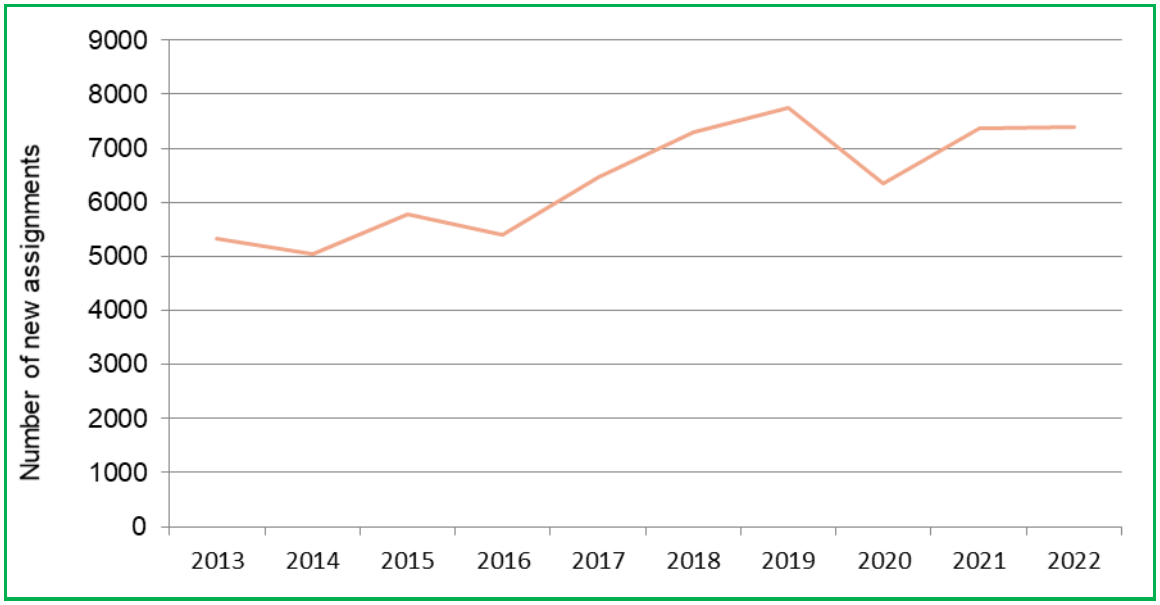
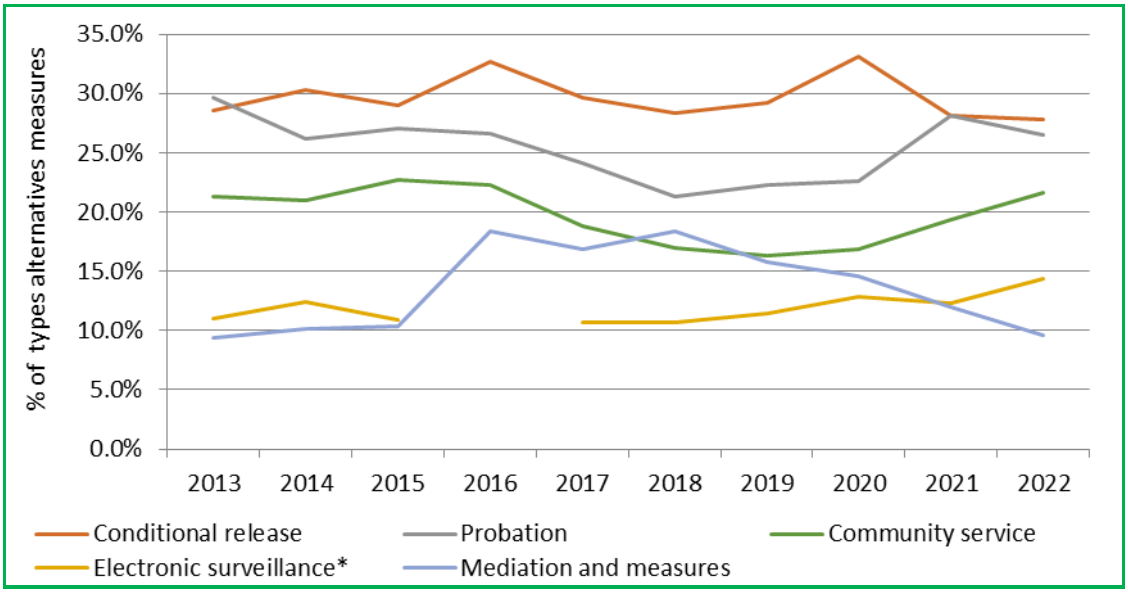


Figure II.3 | Proportion of the different types of alternative measures related to drug offences at the Houses of Justice between 2011 and 2022 (data : Public Health and Family of the Flemish Community, 2023, Flanders ; Communauté française de Wallonie-Bruxelles, 2023, French-speaking community ; German community, 2023, German-speaking community)

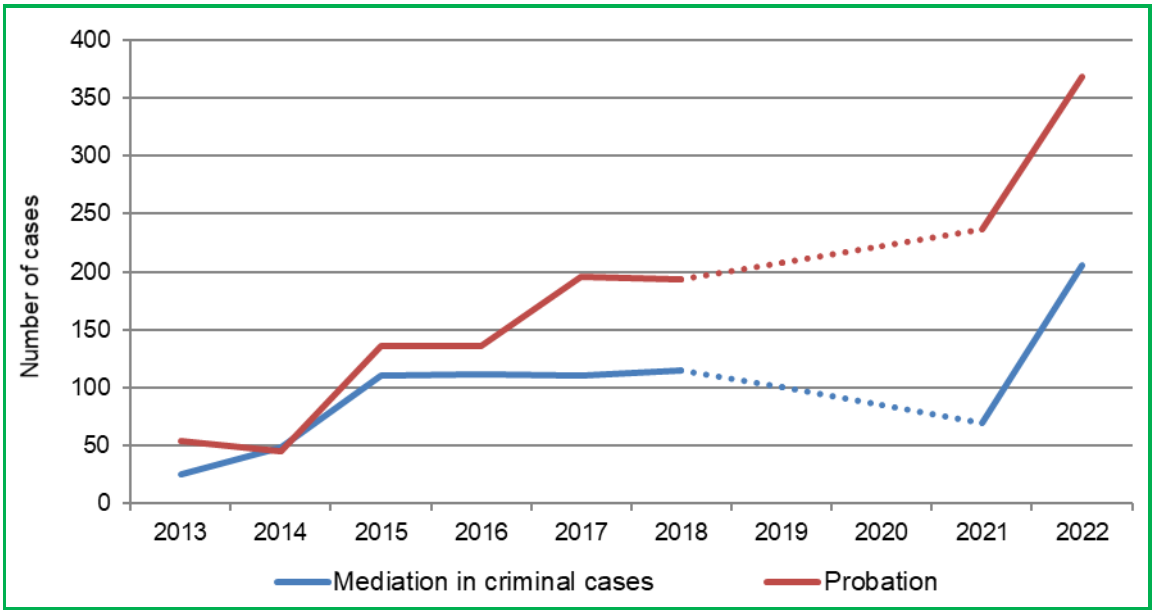


* Probation and electronic surveillance can be applied as an execution modality and an autonomous punishment. Data about electronic surveillance for the year 2016 is lacking.

Figure II.3. provides a description of the proportion of new assignments related to drug offences at the Houses of Justice between 2013 and 2022 per type of alternative measure. Over the years, condition

release is the alternative measure mostly implemented. On the second place, probation is listed and on the third place we see community service. Mediation in criminal cases started at the last place, but was listed on the fourth place between 2015 and 2021. Between 2013 and 2018-2019, a decrease in the number of new assignments concerning community service and probation can be observed. From then on, an increase is observed. In relation to electronic surveillance, we see a stable trend until 2019 from which we see an increase. Conditional release knows a rather stable trend in the past 10 years. Mediation in criminal cases increased between the years 2013 and 2018. From then, a decrease in the proportion of assignments was seen.

Figure II.4 | Number of referrals by the police courts towards the VIAS institute because of driving under the influence of drugs between 2013 and 2022 (data: Nieuwkamp en Slootmans, 2013-2018, Belgium ; VIAS Institute, 2021-2022, Belgium)



In relation to the alternatives described above, we would like to indicate that the police court can refer people towards the VIAS institute in the framework of mediation in criminal cases and probation for driving under the influence of drugs. VIAS provides special courses in the framework of alternatives to prison in order to make offenders aware of their behaviour and the related consequences. In this way, behavioural change is encouraging. Figure II.4 gives an overview of the total number of referrals towards the VIAS institute between 2013 and 2022. A global increase is noticed for both mediation in criminal matters and probation (Nieuwkamp & Slootmans, 2020; VIAS Institute, unpublished). Based on the data of last year, we see that cases related to illicit drugs contains 21% of all cases referred to VIAS institute. This means that 79% is referred in relation to driving under the influence of alcohol. 93% of the referrals related to illicit drugs are male and 7% female (VIAS institute, unpublished).

III. PREVENTION

1. Highlights

Policy and organisation

- In Belgium, the Federal Government does not bear responsibility for the prevention policy of drugs. Each specific Community and Regional government is authorized to implement an own prevention policy in order to respond to the specific needs of the Region. Still, some prevention initiatives (e.g., general hospitals, medicines, hepatitis C...) remain a federal matter.
- In the framework of the global health action plan in Flanders, an overall health objective has been chosen: "*De Vlaming leeft gezonder in 2025*". This general objective focuses on 'health in all policies' and integrates the different thematic scopes through different settings. In 2022 the action plan was subject to interim evaluation, which will be used to adjust the policy where necessary or place new emphases.
- In the Walloon Region, Prevention and Harm reduction actions are articulated around the concept of "health promotion" (WHO 1986). The Walloon Region has adopted a « *Plan de promotion et de prévention de la santé Horizon 2030* » (2018-2030) which aims to guide the actions and strategies to be implemented in the Walloon Region in terms of health promotion and prevention of diseases. The plan has a specific axis for addictions.
- In Brussels, several levels of governmental overlap exist over the territory of the Brussels Region. Each Community pursues its own policies with regard to healthcare on the territory of the Brussels-Capital Region. The Brussels Government is launching the "*Brussels Takes Care*" plan including the adoption in 2022 of a "*Plan social santé intégré*" (PSSI). The new five-year health promotion plan (2023-2027) has been integrated into the PSSI.

Prevention interventions

- In total 6,623 valid alcohol and drug prevention activities were registered in the Flemish Community. This registration sheds light on the relative importance of the different prevention settings and activities. Prevention is mainly oriented towards actors in the health (39.3%) and educational (26.2%) sector. A similar registration does not exist in the Brussels capital region or the Walloon region. Nevertheless, in Brussels, there are ongoing efforts for setting up a new reporting system for all sectors (including drug services). In the Walloon Region, a new project to set up an inventory of prevention and risk reduction actions is under construction. In the German-speaking Community, little attention is given to environmental prevention.

Trends

- Laughing gas is becoming increasingly common in the media. Recent surveys conducted among pupils and students show a rather low prevalence. A qualitative survey conducted in Flanders among intermediaries who are in contact with young people in socially vulnerable situations indicates that in this group the (sometimes problematic) use of laughing gas is not so uncommon. Consequently, VAD provides training and materials for intermediaries who are in contact with vulnerable young people and for their parents.
- Several organisations are working on the topic of (sexually) inappropriate behaviour. New prevention materials to be used in the nightlife setting were developed. These materials are used during Safe 'n Sound interventions and during the implementation of Quality Nights (QN) in clubs and at festivals.
- There is a clear trend towards professionalising drug prevention activities based on the latest findings of the prevention science. This is for a good part driven by the new European Prevention Curriculum (EUPC). In Flanders there are certified EUPC Masters trainers active. Each year a EUPC training is organized and educational movies about effective prevention are developed.
- Prevention stakeholders are increasingly confronted with a very precarious and weakened public. The first line social-health sectors (education, teaching, youth assistance, social, health,

medical care, youth, etc.) are increasingly represented, thus confirming the need to develop the prevention of addiction in the living environments of the people of Brussels and the Walloon Region.

- The development of "remote" prevention actions has developed since the Covid-19 pandemic (training, tools, box materials, etc). Although digitization offers new prospects for reaching the public and increasing coverage, we must not lose sight of its perverse effects and the need to keep in touch with people who use drugs, especially the most vulnerable.

New developments

- The VAD campaign "*Sport en weddenschappen: Vergok je sportplezier niet*" (Sport and betting: Don't gamble your sporting pleasure) aims to get sports clubs members, sports clubs management and sports federations to reflect on the close link between sports and gambling. The main objective of the campaign is to raise awareness, stimulate reflection and question the normalisation between sports and gambling. By the end of 2022, more than 100 sports clubs and sports federations have signed the charter to commit them to take action regarding this topic.
- Drinking alcohol is regarded as something completely normal and accepted in our society. That is why VAD developed in 2023 a seventh edition of the campaign "*Tournée Minérale"*, aimed at all Flemish people between the ages of 25 and 55. Through social media content and advertising, press coverage, influencers, flyering, postering, online bannering, and small local events, people were challenged not to drink alcohol for an entire month. The month without alcohol was to be February, which means the bulk of the advertisements ran in January and February 2023.
- As a result of COVID, the 2020-2021 period saw a switch to online meetings but also to online training (webinars and online courses). It is now clear that online training is a full and complementary offer. Online training lowers the threshold, allows more flexibility, contains interactive elements and allows larger groups to be reached. Online training can be a good introduction to more specialised onsite formations that are better suited to train skills or achieve deeper forms of interaction between participants.
- In both the Walloon Region and Brussels, women are more and more considered as a priority target group, in need of a specific approach. New projects are in place that will allow the implementation of appropriate responses to this population. A working group "*Femmes*, genre et assuétudes*" working group has been set up within The Feda BXL.
- The prevention of cyber dependence and the prevention of new technologies are becoming increasingly important in the Walloon Region and Brussels.
- In Brussels, since 2018, a European forum has been organized called "*Le FORUM Addiction & Société*" which brings together a large number of field stakeholders and experts (scientists, researchers and renowned specialists) to promote the development of knowledge, exchange and cooperation and promote the transdisciplinary approach.
- Modus Vivendi sets up a new project in Brussels to prevent sexist and sexual violence with a harm reduction approach.

2. Main prevention-related objectives

2.1. At Federal level

During the years 1996-1997, the parliamentary working group drugs made an inventory of, amongst others, the problems concerning preventing drug use and drug addiction in the Belgian community. Based on this inventory, the following points of interest were formulated in the Federal drug policy note of 2001:

- Prevention measures have to focus on education (family, school and youth work) as well as on socio-economic conditions;
- A combination of structural (urbanisation, social municipal policy, fight against deprivation) and individual (health promotion, stimulating social skills, managing risks) prevention is needed;
- The support of universal prevention has to go to young people but also to adults
    - Primary prevention should be focused on young people, but should also address adults
    - Prevention to young people in schools: there is a need for support of prevention projects (concerning tobacco and alcohol) especially in primary schools;
- The activities of selective and indicated prevention should increase;
- The attention to young age groups should be stimulated;
- Selective prevention has to focus on 1) youth within marginalised neighbourhoods, 2) hotel and catering industry and 3) detention;
- Outreach social work acquires attention;
- Harm reduction should be implemented in all echelons of treatment and prevention;
- The age of first use has to increase;
- Driving under influence has to decrease in order to increase traffic safety. To obtain this, different measures will be taken:
    - drug tests for drivers
    - awareness-raising and information campaigns
    - the use of alternative punishments;
- Attention is required to psychoactive medication: restriction of the production and advertisements of this medication to their value for public health. The focus is on prescription behaviour of doctors and including additional warnings on the instruction leaflets;
- People who use drugs need to be protected – as much as possible – for the deception of the nature, the effects and the composition of NPS;
- The delay or control of the use of psychoactive substances should be stimulated;
- Misuse of psychoactive substances has to decrease;
- A coordination structure at provincial and community level is necessary in order to guarantee the continuity of drug prevention strategies, types of work and competence promotion;
- There is a need for a full statute for professional prevention workers.

These points of interest were repeated in 2010 by the common declaration of the IMC Drugs for a global and integrated drug policy in Belgium. The objective of this global and integrated drug policy is to discourage the use of psychotropic substances (both for non-users and users). In order to reach this objective, specific health-related conditions, strategies, sectors and target groups were identified. The

common declaration of 2010 also gives attention to social prevention (e.g., drug policy at work) and the prevention of drug-related nuisance (Interministeriële Conferentie Drugs 2010).

Additionally, a working group was established in 2015 to design a new framework 'integral security', since the last framework dates back from 2004 (Dienst strafrechtelijk beleid, 2004). The new framework was officially launched in June 2016 and had a duration of 3 years (until 2019). It is a conceptual framework consisting of 5 transversal themes, 10 security phenomena and in addition the topics of monitoring & evaluation. One of these security phenomena is related to the subject of 'having an actualised integral and integrated drug policy'. Both demand and supply are addressed (Geens and Jambon, 2016). The following preventive priorities are identified in order to 1) dissuade drug use and harmful use of alcohol; 2) delay the first use of drugs and alcohol and 3) minimise the risks and harms of alcohol and or drug use:

- The enforcement of universal, selective and indicated prevention at schools, working spaces and places for leisure time;
- The enforcement of the use of instruments for early detection, early intervention and harm reduction.

2.2. IN THE FLEMISH COMMUNITY

In the framework of the health conference of December 2016, the Flemish administration formulated a proposition paper about the health objectives for the period 2017-2025. During the Health conference, the health objectives on nutrition, physical activity, tobacco, alcohol, drugs, psychoactive medication, gambling and gaming of 2015 were renewed and integrated as a part of a global health action plan. Instead of thematic health goals, an overall health objective has been chosen, entitled: Strategic Plan "*De Vlaming leeft gezonder in 2025*". This general objective focuses on 'health in all policies' and integrates the different thematic scopes through different settings. This strategic health plan was approved by the Flemish government on 8 September 2017. 16 process and 26 thematic indicators have also been formulated. For the evaluation both process and health indicators are used. The process indicators measure the setting-specific sub-goals of the strategic plan. Health indicators are a measure of the effect of the pursued policy in the field of lifestyle, health risks and health and relate to one or more prevention themes. Within the strategic plan, no targets are formulated for the health indicators. However, the intention is to monitor the evolution and to improve as many indicators as possible. One composite health indicator was also developed that encompasses the overarching health goal "*De Vlaming leeft gezonder in 2025*".

In 2022, the Strategic Plan was subject to an interim evaluation:

- the health situation at population level was mapped based on health indicators from existing registrations and surveys;
- the progress of the various process indicators was checked;
- five concrete prevention methodologies were examined;
- recommendations on good governance were formulated.

The findings were compiled in this report. The main recommendations of the interim evaluation are:

- There is a need for a political commitment regarding a Health in All Policies-approach
- The setting-oriented approach must be further embedded in the operations of partner organizations and organizations in the field.
- The social gradient plays an important role in health and welfare. Proportional universalism must be a guiding principle in the development and implementation of prevention interventions.
- The development of interventions and policy choices should be needs-driven.
- A sustainable, robust offer of interventions must be strengthened through a setting-specific marketing strategy.

- The development of interventions should be tailored to the needs of professionals in the alcohol- and drug field.
- The division of tasks between the different actors within the prevention chain must be clarified further.

VAD has renewed its agreement with the Flemish government as a partner organisation for the prevention of health damage by alcohol, drugs, psychoactive medication, gaming and gambling for the period 2021-2025. The organisation-wide objectives are 1) implementation based on cooperation, participation and co-creation 2) proportional universalism with extra attention for disadvantaged and risk groups and 3) online offer and digital reflex.

2.3. IN THE WALLOON REGION

Prevention and Harm reduction actions in the Walloon Region are articulated around the concept of "health promotion" (WHO 1986). Following the 6th state reform, the Walloon Government adopted on 18 January 2022 a new health promotion decree amending the Walloon Code of Social Action and Health (CWASS). The decree organises the sector and proposes a « Plan de promotion et de prévention de la santé Horizon 2030 ». The plan which covers the period 2018-2030 was only implemented when the decree was entered into force in 2022. This is divided into two parts, a "diagnostic part" (Plan was already published in February 2017) and a "reference for action" (operational plan). The operationalization of the decree through the designation of approved health promotion institutions was entered into force in January 2023. The different actors in health promotion and prevention are:

- 75 Health Promotion Operators: they implement actions that contribute to the implementation of the plan
- 9 Local Health Promotion Centres: they support health promotion stakeholders in their territory in the development of projects acting on the social determinants of health
- 8 Centres of Expertise in Health Promotion: they have five missions, research and data collection, providing information and scientific documentation, supporting evaluation in different forms in the sector, supporting pooling and capitalizing on field practices and contributing to the evaluation of the plan. Among the 8 centres of expertise, one specializes in addictions (Eurotox)
- the Walloon Health Promotion Federation: they carry out the mission of a federation, support its members and defend the sector.

In the Walloon Region, problems related to drugs including alcohol and tobacco are addressed through a continuum (prevention-promotion of health, treatment, and accompaniment).

Various local/provincial planning initiatives are being developed in consultation with all stakeholders. For example, in Charleroi, the public centre for social welfare has been developing a "Drug Plan" since 2017. This project brings together institutional and associative operators to define actions priorities to be carried out together over the next few years (2019-2024). The aim of the plan is to pursue a coherent and comprehensive drug policy, by facilitating cross-sectional approach and collaboration between sectors.

2.4. IN THE BRUSSELS-CAPITAL REGION

Several levels of governmental overlap exist over the territory of the Brussels Region.

Because of both French- and Dutch-speaking citizens, the Brussels-Capital Region is officially bilingual. Each Community pursues its own policies with regard to healthcare on the territory of the Brussels-Capital Region. Community responsibilities are exercised by three commissions: the COCOF, the VGC and the COCOM). In very broad terms, the COCOM addresses issues as they concern the population as a whole while the two other Communities are in charge of issues relating to individuals, including drug addiction prevention policies.

The Government of the Brussels-Capital Region is the executive body responsible for implementing the laws laid down by the Brussels Parliament.

The 2019 Government Policy Statement emphasizes the importance of providing universal health care access and fighting social inequalities. Most notably, with regard to prevention, the Government supports the development of a “0.5” line dedicated to the most precarious population: homeless people, migrants, sex workers, etc.

The Brussels Government is launching the “Brussels Takes Care” plan, developed with field operators and citizens. It resulted in the adoption in 2022 of a PSSI which integrates three existing plans:

- the Brussels Health Plan;
- the Brussels action plan to combat poverty;
- the Health Promotion Strategic Plan.

This plan aims for a fundamental shift in the articulation of social and health policies in Brussels:

- the plan aims to support the sectors in their development in order to best adapt to the needs of the population;
- the plan aims to break institutional silos (federal, COCOM, COCOF, etc.) The plan lays the foundations for territorial coordination of services, regardless of their subsidizing power;
- the PSSI is a plan that is intended to be scalable. It will be modified and/or adapted according to the needs identified by the field institutions.

A new health promotion plan has been developed for five years (2023-2027). It is an integral part of the PSSI plan. The plan was designed on the basis of the 5 intervention principles of the Ottawa Charter (WHO, 1986).

3. Organisational structure

3.1. STRATEGIC DECISIONS

- At Federal level

In Belgium, the Federal Government does not bear the responsibility for the prevention policy of drugs. Specific drug prevention in the general population and subgroups is a competence of the Communities and Regional governments. Each specific Community and Regional government is authorized to implement an own prevention policy in order to respond to the specific needs of the region. Still, some prevention initiatives remain a federal matter: e.g., initiatives with regard to general hospitals, medicines, drug use within the army and the control of the age limits for selling alcohol and tobacco. Therefore, the Federal Government is still involved in the implementation of drug-related prevention activities.

- In the Flemish Community

In the Flemish Community, the alcohol and drug policy is the responsibility of the Flemish minister of Wellbeing, Public health & Families together with the Department Care of the Flemish government.

- In the French-speaking Community

The French-speaking Community is competent for activities and services of preventive medicine intended for infants, children, pupils, and specifically for health promotion in schools.

- In the Walloon Region

The alcohol, tobacco and illicit drug prevention and health promotion policy is the responsibility of the Walloon minister of Health.

- In the Brussels-Capital Region

Since the Sixth Reform of the State and, in particular, the special law of 6 January 2014, the architecture of security in the Brussels Region has been redesigned. The Brussels Government is now responsible for prevention and security, including actions relating to drug use. The Brussels Government has set up a new Public Interest Organisation (OIP) called "*Bruxelles Prévention & Sécurité (BPS)*", which funds associations and prevention initiatives related to drug use.

The Minister-President of the COCOF is responsible for Health Promotion. The COCOF has 6 missions: psychological support, care and treatment, prevention, reintegration, training and coordination;

The COCOM Minister for Health is responsible for health and personal assistance: provision of care in and outside healthcare institutions, health education, preventive medicine, surveillance of infectious diseases and monitoring of notifiable diseases.

During the current legislature (2019-2024), a joint COCOM and COCOF cabinet has been set up. It deals with health issues (including prevention and health promotion) in the Brussels-Capital Region in a coordinated manner.

3.2. PREVENTION FUNDS

- At the federal level

As the Federal Government does not bear the responsibility for the prevention policy of drugs in Belgium, only three contributors are identified at federal level:

  - the FPS of Foreign Affairs is financing the Belgian contribution to the WHO;
  - the FPS of Interior contributes to the strategic security and prevention plans;
  - the FPS of Defence invests in the prevention of substance use through the implementation of a 'Cell Addict'.

- In the Flemish Community

For the organisation and execution of this alcohol and drug policy, the Flemish government collaborates with a number of partner organisations and organisations working in the field.

As the coordinating body and partner organisation of the Flemish government concerning alcohol and drug prevention, VAD, works on a structural base towards different settings using universal, selective and indicated prevention measures. VAD is responsible for a) the conceptual development of prevention initiatives, b) supports the network of regional and local prevention actors and local health promotion workers (*loco-regionaal gezondheidsoverleg en -organisatie LOGO's*) and c) to promote and disseminate prevention initiatives.

In the centres of mental health, prevention workers on tobacco, alcohol and drugs are recognized by the Flemish government as an 'organization working in the field'. They are responsible for the support and quality standards of the policy implementation through informing, training and coaching key persons and organisations in different sectors (schools, companies, recreational scene…).

For the realisation of the Flemish health objective "*De Vlaming leeft gezonder in 2025*" the Flemish Government rolled-out inter-municipal prevention workers (decree of 5 April 2019). Also, quite a number of local communities invest in the local implementation of prevention and early intervention.

There are 15 LOGO's in Flanders and Brussels. LOGO's work to reduce a broad range of health-related issues among others related to tobacco, alcohol and drugs. Their role is to promote and disseminate interventions and materials on the local level.

The Flemish government nominated two other organisations for specific aspects of the alcohol and drug policy: the Medical and Social Care Centre (MSCC) 'Free Clinic' that is responsible (together with 4 other MSCC organizations) for the Needle Exchange Programmes (NEP) in the Flemish Community and 'De Sleutel' that is organising interactive trainings for school personnel in primary and secondary schools on how to promote life skills among pupils.

Since 2021 there is a new partner organisation "PO OSW". Its purpose is to enhance the cooperation between all players within preventive healthcare, and to do so per 'setting'. After the start-up talks and kick-off, six network groups were launched in the autumn of 2021. In these, prevention partners work on joint action plans per setting. In this way, they streamline the prevention offer and increase their impact.

In the Flemish Community 7,401,131€ was invested in 2022 in alcohol and drug prevention through these organisations and some projects.

- In the Walloon Region

For the organisation and execution of its alcohol, tobacco and drug policy, the Walloon government collaborates with a number of partner organisations and organisations working in the field.

In the Walloon Region, prevention and harm reduction actions are mainly developed by associations which approach the addiction phenomenon in a global way (taking into account the social, cultural, ideological, economic and political context). These structures are active in health promotion, prevention, harm reduction, care and integration. The diversity of the interventions and their complementarity are part of a strategy that aims the continuum "promote-prevent-care-support". The Walloon-Brussels Federation finances actions related to health promotion at school. The Walloon Region is financing organisations working in care, prevention and harm reduction actions related to drugs. It supports as well certain projects which overlap with the ambulatory curative domain in the broad sense. Besides the ambulatory coverage, the elaboration or the support of initiatives of reintegration, risk reduction but also training and research are established. The Walloon Region finances services and specialized networks in addiction, including the federations which assure the coordinating role for their members.

The "*Agir en prévention*" consultation group was set up in 2020. This platform is composed of second-line services, specialised in training and support for professionals in the field who are in contact with young people or adults in the social, health and youth sectors (educators, trainers, carers, social workers, etc.). The interventions in addiction prevention are based on a positive, holistic approach to health, as defined in the Ottawa Charter for Health Promotion (WHO, 1986).

Eurotox, asbl has been appointed as a centre of expertise in addiction. Its mission is to develop the collection and analysis of data relating to drug use, make information available and provide support to those working in the field, to the administration and to policy-makers in the Walloon Region.

- In the Brussels-Capital Region

In Brussels, prevention and harm reduction interventions are mostly delivered by non-profit organisations financed mostly by the three commissions (COCOF, COCOM and Region). The COCOM finances the consultation body of Mental Health of the Brussels-Capital Region and care actions related to tobacco. The COCOF finances the prevention activities and the harm reduction activities of specialized drug services (e.g., Cap-ITI, Dune, Infor-drogues, Interstices CHU St Pierre, La Trace, le Lama, Le Pélican, Modus Vivendi and Prospective Jeunesse) and the health promotion projects related to drugs. The Brussels-Capital Region is financing organisations as well as municipalities.

Each organisation is responsible to coordinate with other actors involved with drug addiction (prison, homeless shelters, music festival, etc.) or other organisations participating in health prevention programs at large according to its strategy and objectives.

The above-mentioned "*Agir en prévention*" consultation group is also active in the Brussels-Capital Region.

The health promotion sector in Brussels also includes institutions specialised in prevention and harm reduction associated with drug use. Eurotox acts as a drugs support service in the Brussels-Capital Region.

The BPS aims to specifically coordinate actions from the health and justice sectors in general, and from the prevention and security fields in particular. Its strategy is two-pronged: risk reduction and social integration. Its goals are to reduce the trade, supply and sale of illicit drugs. Also, quite a number of local communities invest in the local implementation of prevention interventions.

In Brussels, as part of the new PSSI, new prevention and harm reduction initiatives may be launched in the coming years (financed by COCOM).

3.3. COOPERATION

The different governments signed a cooperation agreement in 2002 for a global and integrated drug policy. In this agreement, the parties engage themselves in a way to attune their policies on a) the prevention of drug (ab)use, b) the provision of care and treatment and c) the control of the production, trade and illicit trafficking in narcotic drugs and psychotropic substances.

The IMC are designed to improve the consultation and collaboration between the federal government, the Communities and the Regions. This type of policy bodies is composed of members of the Federal Government and the executive power of the Communities and the Regions, responsible for the matters in question.

The GDPC, which is created by law and consists of representatives of all relevant Ministers on the federal and regional level, supports the IMC in the preparation and coordination of the work on Belgian drug policy. The GDPC is supported by the FPS Health, Food Chain Safety and the Environment. It is involved in the operational coordination and strategic management of Belgium Drugs Policy and has various responsibilities related to the implementation of the Belgium Drugs Policy. Whenever needed, the GDPC can establish inter-cabinet working groups to explore certain issues in depth.

3.4. INVOLVEMENT OF LOCAL LEVEL

- In the Flemish Community

For the development of each intervention VAD starts with a research phase in which the concrete problems are identified (literature research, analysis of data, needs- and implementation surveys in settings and/or among target groups).

Collecting trends on the local level. The various settings continuously signal needs and formulate expectations in terms of intervention development. Collaborators of LOGO's, prevention workers and care providers also signal which tools, training or kind of expertise they need to realise their assignments effectively and efficiently. In addition, a number of bottlenecks and gaps in the existing intervention and materials are listed based on research and literature.

At least annually, VAD compiles these needs and expectations for the different target groups (young people, adults, seniors, risk groups, disadvantaged groups, but also the needs of the structural partners), the different themes and the different settings. Based on a global analysis, priorities are set.

On the basis of these priorities, VAD carries out a more in-depth needs analysis (both exploration of the formulated needs among the partners in the field, exploration of the possibilities of the setting, and testing against scientific literature). VAD also checks whether professionals and target groups involved support these priorities, whether the proposed intervention is the right answer to that identified need. In this phase, a needs survey of the target group or professionals is usually carried out.

The signals from the field and findings from research and scientific literature form the basis of an initial selection. Criteria which are taken into account are: existing offer and possible need for updating, size of the problem, effectiveness and efficiency considerations, feasibility and implementation possibilities.

- In the Walloon Region

Eurotox work consists of improving understanding of the phenomenon of drug use in the Walloon Region. The aim is to inform those working in the field, government departments, politicians and the media about the socio-epidemiological, health and legal aspects of drug use. Institutions in the field use the Eurotox diagnosis to implement and/or redirect actions.

As part of the development of the new health promotion plan, various working groups, made up of institutions in the field, have been set up in the Walloon Region. The objective was to identify priorities for action in terms of addiction for the next years.

In the case of tobacco, there is a "Walloon tobacco prevention and management scheme" which brings together all the players active in the field in the Walloon Region, the administration (AVIQ) and the cabinet. An action plan and strategies are drawn up in consultation, taking into account the specific realities on the field.

At the local level, a few initiatives exist: the Public Centre for Social Welfare of Charleroi has initiated collaboration with all the sectors involved in the issue of licit and illicit drugs, in order to develop an integrated and comprehensive "drugs and alcohol" plan. The project to build a "drugs" plan aims to identify issues to be addressed and imagine possible solutions, to intensify existing collaborations and to build synergies between these different players. One federation in relation to drug addiction is active in Walloon region, namely FEDITO Wallonne. It brings together 52 members and coordinates interventions, relating to alcohol, tobacco, psychoactive medicine, illicit drugs, games and cyber dependency). The FEDITO plays an interface and consultation role between political decision-makers and actors in the field.

A new platform of services working on the drug issue was established in the Walloon Region in 2018: the DAWA ("*Drogues Action Wallonie*"). Its ambition is to defend a global, transversal and progressive approach to prevention and harm reduction.

- In the Brussels-Capital Region

Eurotox has been designated as a "Drug Support Service" in Brussels. Among its mission is the identification of needs through the collection and analysis of information. An analysis of the adequacy of supply and demand is also carried out and made available to the public and political decision-makers.

The general policy statement of COCOM and COCOF for 2019-2024, describes that the "Government will initiate the Brussels Health and Social General States, in the prospect of drafting the Integrated Social-Health Plan". To this end, it "will be part of a co-construction approach between public actors and associations, beneficiaries and researchers". The idea is to articulate the three existing social and health

plans, which are the Program of Actions to Combat Poverty, the Brussels Health Plan (COCOM) and the Strategic Health Promotion Plan (COCOF). In order to implement the process of collective development of the plan, the participatory process is based on three participatory structures: a strategic committee, working groups and a citizen panel. Eight working groups have been set up, including a group dedicated to the (mis)use of drugs and addictive behaviour.

Similar to the situation in the Walloon region, a federation is active in the field of drug addiction in Brussels, called Féda BXL. It consists of 29 institutions.

3.5. DIAGNOSIS OF RISK FACTORS

- In the Flemish Community

In 2022, one municipality used the Planet Youth survey to identify risk and protective factors and to develop a drug action plan. However, since 1999, Flemish secondary schools have had the opportunity to evaluate their drug policy according to the input of their pupils. The school survey (in Dutch: '*Leerlingenbevraging'*) collects data of all the pupils of a school and renders a report with tips and tools to improve the school's drug policy.

VAD organises every four years a survey in all Dutch-speaking higher education institutions in Flanders and Brussels. The last wave dates from 2021. All participating institutions receive results for their own students which can be used to set priorities for their own drug prevention policy.

In 2021, VAD started a pilot project with the main objective of developing a new local analysis tool. The pilot is carried out in 3 different municipalities and combines existing local survey data with a new survey of citizens and stakeholders to map local risk/protective factors and to set priorities for a local drug policy.

- In the Walloon Region

Occasional studies on a theme and/or a territory are carried out in the Walloon Region. Thus, in 2022, Eurotox in partnership with the asbl Modus-Vivendi carried out a study on the impact of the health crisis and the consumption behaviour of young Walloon citizens (mainly in the province of Walloon Brabant) and changes in behaviour. The study claims to bring action solutions to field institutions working with young people in the festive environment.

In addition, rapid qualitative assessment methods (stakeholder meetings, key informants) are implemented.

The city of Charleroi has set up a drugs plan which involves all the sectors active in the field of drugs. The prevention and health promotion working group aims to carry out, in consultation, diagnosis of the situation, identify priority actions and follow up.

Eurotox regularly collects information from the field by participating in various consultation meetings and working groups. Eurotox also collects databases and information from the field (which are not representative because they do not use a sampling method) in order to give an overview of the issue at local and regional level.

- In the Brussels-Capital Region

By rapid qualitative assessment methods (stakeholder meetings, key informants): In Brussels, the identification of needs on a more local scale is in development since 2023.

The Féda Bxl regularly organizes working groups which report findings from the field and contribute to drawing up an analysis of the problem.

By having access to the sub-datasets of national surveys: Eurotox carries out the same data and information collection and analysis actions in Brussels as in the Walloon Region.

4. Prevention interventions

4.1. PREVENTION CULTURE, INTERVENTIONS AND DISCOURSE

- In the Flemish Community

The intervention culture in Flanders consists of informational approaches, developmental approaches and environmental approaches.

The vast majority of VAD's materials and interventions start from an approach of informing, raising awareness and education. Quite a number of these interventions (e.g "*Maat in de shit*", "*Nognito*", "*Vlucht naar Avatar*") also use skills and competence training and capacitating elements. Prevention programmes of *De Sleutel* focuses specifically on improving life skills in primary and secondary schools.

Environmental interventions are for most part restricted to the nightlife setting. But environmental prevention is one of the four pillars of the concept of a drug policy. This concept is used in all settings.

- In the Walloon and the Brussels-Capital Region

The intervention culture in the Walloon Region and Brussels-Capital Region consists of informational approaches, developmental approaches and environmental approaches.

Nevertheless, the environmental approach is predominant. In fact, the interventions of specialized addiction prevention services are based on a positive and global approach to health as defined in the Ottawa Charter for Health Promotion. Preventive actions do not only take into account individual choices or genetic characteristics. They are based on the result of the interaction between the individual and his environment. Skills and capacitation are included in addiction prevention training and in the support of actors in the field.

4.2. CERTIFICATION SYSTEM

- In the Flemish Community

There is no official certification system but the Department Care of the Flemish government manages a website where all prevention interventions are brought together. Only partner organisations have the possibility to add new interventions directly to the website. External organisations developing an intervention can have it assessed by a partner organisation. If the assessment shows that the intervention meets a number of quality requirements, the intervention can also be added to the website. The requirements are very broad and cover the following:

  - Needs assessment carried out
  - Scientific foundation
  - Rationale for the choice of target group
  - Intervention already evaluated
  - Disadvantages of intervention
  - Quality of implementation plan, mention of how the implementation will be evaluated

This system is a kind of guarantee for the quality of prevention interventions. The development and use of interventions outside this system is allowed too.

- In the Walloon and the Brussels-Capital Region

Currently there is no accreditation for the implementation of preventive actions. Institutions subsidized by the public authorities are subject to regular evaluations (which guarantees the quality of their actions). Private institutions can nevertheless carry out preventive actions without monitoring by the public authorities.

4.3. MANUALISED PROGRAMMES

- In the Flemish Community

Manualised programs are implemented by VAD through its structural partners (prevention workers of CGG and collaborators of LOGO)

- In the Walloon and the Brussels-Capital Region

The programs are implemented by institutions specializing in addiction prevention. A collective of associations active in the field of prevention have formed a platform called "*agir en prévention*". The objective is to make visible the place and role of the addiction prevention sector as support for front-line professionals.

4.4. ENVIRONMENTAL PREVENTION INTERVENTIONS AND POLICIES

4.4.1. General

- In the Flemish Community

In the Flemish Community, the development of an alcohol and drug policy is the starting point for every prevention activity or programme in all the sectors in which prevention is being developed. A drug policy includes 4 intervention lines. The first one is the structural approach, targeting the environment in which the prevention programs are implemented and the concept of environmental prevention is used. The other lines are education, rules/agreements and care/guidance.

More specifically, the measures to improve the protective school environment and enhance the school climate (for example through pupil participation) form an inherent part of most school-oriented prevention and health promotion programmes. The structural measures used in programmes tackling substance use outside the school environment, are more related to collaborations with external organisations concerning leisure and sports, for example free provision of water, provision of safe transport options.

In addition, there are numerous projects in different sectors (cultural, youth welfare, social economy, crime prevention, local community development…) which directly or indirectly improve the neighbourhood cohesion and climate. The activities of these projects focus on access to decent housing, access to the health system, access to education and professional integration.

- In the Walloon and the Brussels-Capital Region

Specialized addiction services work in collaboration with the school and its environment to create a supportive environment for health. The specialized services work, for example, in collaboration with the school, with the sector of social cohesion and the prevention and promotion services of schools and youth centres to create supportive health environments.

Within the specialised sector, there are many projects that work in collaboration with social cohesion actors, access to housing, administrative reorganization, the reduction of feelings of insecurity, etc.

4.4.2. Alcohol

- At Federal level

The law of 10 December 2009 prohibits the selling, serving or offering of any beverage which contains more than 0.5% of alcohol by volume to youngsters under the age of 16. Serving, selling or offering spirits is only allowed to persons having reached the age of 18 years.

Each person willing to buy alcohol can be asked to prove his/her age. Health inspectors of the federal administration and also the police reinforce this law and are allowed to fine offenders (B.S./M.B. 31.12.2009). An evaluation of this law was conducted by the research project 'ALCOLAW', funded by the Federal Science Policy Office. The results show that the law is not clear enough for sellers and other parties involved. In fact, there are still barriers that make it difficult to comply with the alcohol law. Almost all interviewees stressed that the application of the law would be much easier when it would become a habit in Belgium to show your identity card when you buy alcohol (BELSPO, Van Havere et al., 2018).

The number of laws regulating prices, penalties and age limits have a preventive goal. On 12 May 2005 the Federal Minister of Public Health signed a convention with the alcohol industry regulating the publicity for alcoholic beverages. The most important agreements of this convention are that the association between alcohol consumption and social, sexual or professional success or positive physical or psychological effects should be avoided. Alcohol-related publicity is banned in media targeting minors and may not target pregnant women or suggest the possibility of driving. Also, no publicity is allowed in social, health and professional settings. Each advertisement is also obliged to mention the baseline 'Enjoy, but drink in moderation'. A national council, with a self-disciplinary jury, can recommend to change or stop publicity when in violation of this convention.

In July 2017, the federal minister of Health requested the SHC to develop Guidelines for low-risk alcohol drinking. The advice 'Risks of alcohol use' was finalised in May 2018 and was made public via a press conference and publication.

The guidelines state the following:

- limit alcohol consumption, because alcohol always has a detrimental effect on health
- no alcohol consumption before the age of 18 years
- consumption of maximum 10 standard units a week, to distribute over several days
- provide more than 1 day a week without alcohol consumption
- women with a desire to become pregnant, who are pregnant or who breastfeed should not drink alcohol.

To announce the guideline, the federal ministry of health has made a folder that was distributed, among others, by general practitioners.

In 2019, the federal minister of Health tightens up the rules and controls for alcohol advertising. Since 2 September 2019 new rules are included in "the Covenant on practice and advertising for alcoholic beverages". The new rules have an impact on the control procedure of the Jury for Ethical Practices (JEP). The federal ministry of Public Health is consulted when dealing with complaints about alcohol advertising. Members of the Federation of Belgian Brewers and the Federation Vinum et Spiritus must obtain advice in advance from the JEP on national advertising campaigns for radio or television and on advertising for the cinema. For repeated violations of the advertising rules, the JEP imposes fines of up to 10,000 euros.

The research project ALMOREGAL (Decorte et all, 2019) performed a critical analysis of the regulation of alcohol marketing in Belgium and in 6 other European countries. The project funded by Belspo investigated which marketing regulation system can be considered as a "best fit design" for Belgium. One of the recommendations of the project is that alcohol marketing should be part of a comprehensive and integral national alcohol policy, including other measures that aim to reduce harmful alcohol use.

In April 2009, a collective labour agreement came into force which obliges private organisations to develop an alcohol and drug policy at work.

The Commission on Health and Equal Opportunities of the Chamber of Representatives organized a hearing in January 2021 regarding the restriction of the availability of alcohol and alcoholic beverages (no official feedback on the hearing had been made available at the moment of the reporting). The reason was a bill by Ms Jiroflée banning the offering of alcoholic drinks through drink vending machines and a bill by Ms Muylle to ban the sale of alcohol in night shops, petrol stations, points of sale along motorways and drinks vending machines. In addition, this proposal also wanted to ban advertising aimed at minors.

On 29 March 2023, 15 years after the first steps towards a National Alcohol Action Plan (NAAP) were taken, the federal and regional ministers reached an agreement on a NAAP. The various governments are launching 75 measures to combat excessive and harmful alcohol consumption in 2023, 2024 and 2025. The actions are part of the national strategy on harmful alcohol consumption 2023-2028.

The objectives of the action plan are:

- Raising awareness about the dangers of excessive alcohol consumption (e.g. cancer);
- Improving the detection of problems and faster referral to treatment;
- Strengthen prevention and health promotion;
- Fewer traffic accidents due to alcohol consumption.

To this end, concrete policy measures are being taken in the field of advertising and limiting availability.

With regard to advertising, a number of provisions from the self-regulatory convention with the alcohol industry will be transformed into legal regulations. Namely advertising for alcoholic beverages will be prohibited 5 minutes before and 5 minutes after a broadcast aimed at minors. In the cinema, advertising will be prohibited before films aimed at minors. Alcohol advertising will no longer be possible in newspapers and magazines aimed at minors. Furthermore, alcohol advertising will be banned in digital media that mainly target minors.

An independent supervisory body will be set up to monitor the regulations. In the future, alcohol advertising will contain a health message based on scientific evidence and prepared by the Ministry of Public Health.

Finally, there will be a ban on offering alcoholic beverages free of charge in the context of a promotional campaign for a non-alcoholic product, e.g., 'when you buy something for a certain amount, you get a bottle of wine for free'.

With regard to the availability of alcohol, the law will be changed. Only beer and wine can be sold, served and offered to young people between the ages of 16 and 18. All other (spirits) drinks, including fortified wines, may only be sold to persons aged 18 or older.

Alcoholic drinks will no longer be sold in vending machines, in gas stations between 10pm and 7am on highways (except in roadside restaurants) and in hospital shops.

The plan concretizes an integrated policy and also contains many other measures, such as:

- improving data collection,
- focus on prevention for the various sectors and target groups,
- improving the detection and early treatment of persons with (risk of) harmful alcohol use,
- improving access to and the quality of the (after) care,
- reduction of the number of victims as a result of alcohol (e.g., in traffic).

4.4.3. Tobacco

- At Federal level

In line with alcohol regulations, also different tobacco regulations came into force. The law of 10 December 1997 prohibits the advertising for tobacco and sponsoring by the tobacco industry. This law bans any communication or action which aims at promoting the sale of tobacco regardless of the place, the used media support or used techniques (B.S./M.B.11.02.1998). On 4/2/2020, World Day Against Cancer, the Health Committee of Chamber of Representatives voted unanimously in favour of the bill to make the advertising ban total, i.e., to cancel the exception rules for newsagents (it came into effect from 1/1/2021). In 2004, selling tobacco to youngsters under the age of 16 became prohibited. Each person willing to buy tobacco can be asked to prove his/her age (B.S./M.B. 10.11.2004). In 2019, the minimum legal age to buy tobacco products has passed from 16 to 18 years old (B.S./M.B. 8.08.2019). However, the use of tobacco by youngsters under the age of 16 is not specifically mentioned in the law.

Since 1 July 2011, smoking is forbidden in all enclosed public places including schools, cafés, bars and nightclubs (B.S./M.B. 29.12.2009). Nevertheless, it is allowed to settle in a smoking room or to smoke

on the terraces outside. Health inspectors of the federal administration and also police reinforce the law and have the right to fine offenders.

Since 1 January 2021 only plain packages of cigarettes can be sold in Belgian shops. In addition, excise duties on tobacco products were significantly increased. As a result, a pack of cigarettes became 10% more expensive, and the price of roll-your-own tobacco rose by 15%. An additional - smaller - excise duty increase followed on April 1st, 2022 (+ 5% for cigarettes, + 12% for roll-your-own tobacco).

The launch of 'Generation Smokefree' introduces a framework for creating the first smoke free generation. Generation Smokefree started as a grassroots campaign, sponsored by Belgian Foundation Against Cancer and Stand Up Against Cancer. Nine Belgian NGOs joined their forces for this campaign that contributed to a new ambitious strategy from the governments to reach a smoke-free generation by 2040.

- In the Flemish Community

Tobacco is integrated in the strategic plan "*De Vlaming leeft gezonder in 2025*" (2017-2025) as 'action' in setting orientated (work, school, healthcare, family, ...) health and prevention goals. These actions also embody the prevention strategies of "education," "environmental change," "policy regulation and arrangement," and "care and guidance".

The Vlaams Instituut Gezond Leven collaborates with Logo's to implement different projects related to smoking cessation. In 2019, a project '*Bullshit Free Generation*" was launched in 150 secondary schools. Within this project, Vlaams Instituut Gezond Leven challenges secondary schools to awaken a critical, resilient and smoke-free generation among their students. The project provides innovative and high-quality educational packages and challenges, allowing schools to choose (mix-and-match method) and to shape a broader health policy at school. Additionally, a learning line has been developed to provide guidance on addiction prevention in education.

Furthermore, the '*Jouw huis, mijn werkplek*' campaign has been further implemented. This campaign aims to prevent secondhand smoke exposure among home care professionals working in private homes.

Work is currently underway to establish smoke-free hospitals and a smoke-free healthcare sector. '*Rookvrije Zorginstellingen*' assists hospitals to accomplish a smoke-free hospital. In 2021, a website was developed, where healthcare institutions can find a step-by-step plan to establish a comprehensive smoking policy and an inspiration guide with supporting materials. In 2022, a self-audit tool, mijnrookvrijezorg.be, was developed. This tool allows healthcare institutions to assess the implementation and execution of their smoking policy.

The initiative '*Rookvrije Start*' brings together healthcare professionals who interact with pregnant women through a dedicated taskforce. This taskforce provides support to these professionals in order to facilitate discussions about smoking cessation with pregnant women and their partners. By offering assistance and guidance, they aim to make the topic of quitting smoking more approachable in this context.

The "*Vlaamse vereniging voor respiratoire gezondheidszorg en tuberculosebestrijding*" (VRGT) educates Smoking Cessation Specialists (26 in 2021-2022), to provide evidence-based counselling to smokers who want to quit. In 2022 there were 206 active smoking cessation specialists, providing care and guidance in hospitals, multidisciplinary or private practices through individual, group or telephone counselling. To sustain the quality of care, VRGT provided continued education to smoking cessation specialists.

- In the Walloon and Brussels-Capital Region

The "*Plan Wallon sans tabac*" 2018-2030 (PWST) aims to reduce the prevalence of smoking and vaping, to reduce the exposure to smoke, and to reduce social inequalities in health related to tobacco. This plan was conceived in collaboration with field operators. The implementation of the plan is happening according to the principles of the Health Promotion: priority is given to the local declination of actions and local consultation with professionals. Actions are based on public participation; partnerships;

creating healthy environments; a person-centred approach in living environments that departs from a problem-based approach, etc.

In Brussels, a plan called “Without tobacco” has been integrated within the framework of the “Brussels plan of health” organized by the COCOM (2019-2025). The objective is to continue the efforts to reduce risks and strengthen the support for smoking cessation. The target population are the most socio-economically vulnerable people who use little tobacco cessation services.

4.5. UNIVERSAL PREVENTION INTERVENTIONS

4.5.1. Development of community drug plans

- In the Flemish Community

Every 4 years, a survey to measure the quality of health policies in schools, workplaces, local municipalities, kindergarten, higher education institutions and welfare and healthcare organisations is conducted by the Vlaams Instituut Gezond Leven. The survey is related to different health topics such as healthy nutrition, physical activity and sedentary behaviour, health and environment; a healthy indoor environment, suicide prevention, mental wellbeing, tobacco, alcohol and other drugs. VAD is responsible for the analysis and the assessment of the alcohol and drug data. The last measurement was carried out in 2022-2023.

The response rates were respectively 15,7% (primary schools), 21,7% (secondary schools) and 100% (higher education) for the education setting. For kindergarten response rate was 6,4% and for kindergarten of school going children it was 7,6%. 165 out of 319 local municipalities participated. Also 122 workplaces participated. No results will be published for the setting workplaces because of a too low response rate. Results will be available in 2024 and will be used in function of the evaluation of the strategic plan “*De Vlaming leeft gezonder in 2025*”.

The stepping-stone method, developed by VAD, has the objective to stimulate an integral and inter-sectoral-based policy of alcohol and drugs in Flemish communities and cities. This method uses the local network and partners and consists of seven steps (VAD 2016). A local analysis allows communities and cities to implement actions concerning 1) rules and regulation; 2) structural measures; 3) raising awareness and early intervention and 4) access to primary healthcare and welfare services. In 2016, a process evaluation tool (ELAD) was added to this method. It offers an extensive set of indicators to evaluate both the different steps to take in the policy making process as well as the policy making process as a whole.

Local prevention workers can also use a protocol to perform test purchasing in order to investigate whether or not sellers of alcoholic beverages (distribution sector and bars) cling to the legislation on selling alcohol to minors. The monitor can be used to check if sellers of alcoholic beverages are familiar with the legislation and put the legislation into practice. It can also be used to evaluate the effects of preventive actions on this theme. VAD prepares a tailored report for each city in which the test purchasing took place. In 2022, the monitor was only conducted in 10 municipalities or 3% out of all Flemish municipalities.

Two times a year, VAD disseminates a newsletter on local alcohol and drug policy related topics. This newsletter reaches over 1,000 local policy makers and others involved in developing and conducting a local alcohol and drug policy.

4.5.2. Family or parental meetings and evenings

Universal prevention initiatives for parents are mainly integrated in the setting and policy domain of parenting support, schools and at a local level. Several programmes are open to all parents (meaning not only parents with drug experimenting children) and have a broad objective to develop ‘life skills’ and “parental skills”.

- In the Flemish Community

The '*Als kleine kinderen groot worden*' program is organized around a parent evening on tobacco, alcohol and drugs or gaming (Peeters, 2013). Besides this, institutions such as schools and parenting support organisations, sometimes organize parental meetings concerning diverse parenting topics. The focusses are on improving protective parenting skills against different types of risk behaviour. These can be organised live or online.

There's a series of individual and group centred early interventions available for parents of children with early onset of use or risky experimenting.

4.5.3. Trainings (intensive and repeated, coaching) for families

- In the Flemish Community

In several Flemish regions parent groups are being held with focus on early intervention about alcohol, illegal drugs and gaming. These often consist of 4-5 sessions.

4.5.4. Manualised parenting programmes

- In the Flemish Community

VAD developed '*Als kleine kinderen groot worden*' (Peeters, 2013), an interactive one-session family-based prevention programme for parents of teenagers (10 to 15 years). The programme intends to improve parenting skills linked to the use of tobacco, alcohol and drugs by teenagers. The complete package (trainer manual, interactive material such as films, leaflets, postcards) is available online. Meetings can also be organised for groups of socially vulnerable parents. Specific guidelines towards this approach were added on the website. In 2014, the program was translated and culturally adapted for Turkish and Moroccan parents. In 2015, the programme was complemented with the topic gaming in response to a demand seen in practice.

In 2020, VAD launched an online interactive platform for parents of college or university students (+18). The opinions and expectations of their parents also remain an important frame of reference for students when it comes to dealing with alcohol and other drugs. The platform advises parents on how to take up this role, by offering videos and interactive tools. The videos show testimonials from students, parents and experts. The interactive tools ensure that the advice is tailored to the characters and parenting styles of the specific student and his or her parents. The information and tools are mainly based on the Self Determination Theory (SDT). The intervention was developed by using the Intervention Mapping Protocol.

4.5.5. Policy, legal and institutional framework for school-based drug prevention

A specific, separate action plan for drug prevention in schools does not exist in Belgium.

- In the Flemish Community

Nevertheless, in the Flemish Community, education is explicitly mentioned in the new global health plan as one of the five main settings with its own sub-goals (proportion of primary & secondary schools and higher education schools with a preventive health policy that meets minimum quality criteria).

- In the Walloon and the Brussels-Capital Region

In the Walloon Region and Brussels, interventions in schools are carried out under the concept of health promotion. These interventions are related to all addictions (including substance use) and taking into account all the determinants of health including the environment.

All schools, from kindergarten to the end of secondary school, are served by a psycho-medico-social centre (PMS) and School Health Promotion Services (PSE). Their missions are complementary and aim, among other things, to set up programmes to promote health and a healthy school environment, medical monitoring of students, setting up health points for students in non-university higher education, supporting students in the positive construction of their life project and their socio-professional integration. PMS centres are privileged partners of schools and families. Specialized addiction services work in collaboration with PSE and PMS services in schools.

In Brussels, several working groups are installed to bring together different types of actors. An intra-sectoral working group on addiction prevention, called "the intra" provides a forum for actors working together to address the demands of schools.

4.5.6. Supporting school-based prevention

- In the Flemish Community

The coordinating bodies offer a structural framework for drug prevention in secondary schools. There is a strong tradition in universal prevention in secondary schools in the Flemish Community. For many years, a structural policy framework for drug prevention in secondary schools has been developed and has known a very wide uptake. Each school develops its own global and structural framework, tailored to each individual school setting. Although the number of requests for prevention interventions in primary schools is less numerous than in secondary schools, a number of successful initiatives focussed on this audience. VAD and the Vlaams Instituut Gezond Leven developed a concrete guideline for alcohol- and drug prevention in the classroom, based on evidence-based prevention. The guideline describes the do's and don'ts for every grade in education. Schools use this framework and the guideline to develop a prevention strategy tailored to the individual school setting. Regional and local prevention workers coach and support schools and key persons with the goal of setting up such a structural drug policy. The schools choose from a broad range of prevention programmes developed by e.g. VAD for further action(s).

In the Flemish Community, schools can make use of the offer of De Sleutel which provides support for improving general life skills.

- In the Walloon and the Brussels-Capital Region

In the French-speaking Community, schools can also make use of the diverse offer of specialized services which provide support for specific questions related to drugs and general support for improving well-being at the school.

4.5.7. Drug policies in schools

Within the framework of the drug policy at school, there is a wide range of universal prevention interventions that are being used in principle by the teachers themselves.

- In the Flemish Community

De Sleutel is an organization that is financed by the Flemish government to train teachers in effective drug prevention and improving life skills in education.

"Life skills" are defined as psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others.

Life skills education is a structured program of needs- and outcomes-based participatory learning that aims to increase positive and adaptive behavior by assisting individuals to develop and practice psycho-social skills that minimize risk factors and maximize protective factors.

For primary schools, De Sleutel uses '*TOPspel*' since 2015. TOPspel is based on principles of the Good Behavior Game and is oriented towards training social and personal skills and limiting inappropriate behavior. For nursery/ infant school, De Sleutel uses the '*het gat in de haag*' to work on the same life skill goals. Both learning materials can be implemented by teachers.

Secondary schools can appeal to (inter)active training. Different methods and materials are used in the various grades, based on the criteria of effective drug prevention. The material that is being used in secondary schools is called '*Unplugged*' and consists of various activities for project days, and lesson activities. These programs fit in the general framework of the health promoting school, which serves as an umbrella for school alcohol and drugs prevention. These programs are systematically updated and

tested for their implement ability and effectiveness in order to remain relevant within and to the educational field. To this end, De Sleutel collaborates with (inter)national partners such as VAD, Trimbos Institute and colleges or universities (HoGent, for example). In addition, there are various training courses for teachers, including webinars.

VAD and Vlaams Instituut Gezond Leven developed a guideline for schools in the Flemish Community concerning tobacco, alcohol, gambling, gaming, cannabis and other drugs. This guideline helps to decide which topic can be tackled at what age, which objectives should be pursued and which didactic material can be used. It states what works (evidence based) and what doesn't work in prevention using a list of Do's and Don'ts.

Since 1999, Flemish secondary schools have the opportunity to evaluate their drug policy according to the input of their pupils. The '*Leerlingenbevraging'* collects data of all the pupils of a school and renders a report with tips and tools to improve the school's drug policy. From the beginning of the project in the school year 1998-1999 until the school year 2021-2022, 1,551 schools and 864,433 pupils participated in this survey.

- In Walloon and Brussels-Capital Region

In Brussels, in order to strengthen and coordinate the existing actions regarding prevention of addiction in schools, a "*Point d'appui assuétudes*" was created since 2007. They act as interfaces between the school actors and the specialized actors of addiction prevention. The aim is to mobilize all the first-line actors (directors of the schools, teachers, educators, parents, etc.), the specialized associations of prevention of the addictions and the local actors (health-promoting local centres).

In addition, in Walloon and Brussels-Capital region teachers are offered training in order to develop the skills to face the addiction problems in schools in the framework of "Prevention of addiction and health promotion". These trainings ought to offer a common language to schools in order to discuss the subject addiction with the pupils. The following additional trainings are organised within schools in the French-speaking Community:

- Basic training: prevention of the addictions and health promotion;
- Training in the use of educational tools;
- An educational approach about how to prevent risks connected to addiction (drugs, alcohol, internet, video games, etc.);
- The education on how schools can stimulate the well-being of pupils.

Since 2010, the NGO '*Univers Santé*' has developed an action plan for 10 years at UCL University, in association with the Students Help Service and the Housing Department targeting the alcohol problem in the student environment.

4.5.8. Total smoking bans in schools

- At national level

The national law of 22 December 2009 defines an arrangement for non-smoking closed places accessible for the public such as schools (B.S./M.B.29.12.2009).

- In the Flemish Community

Additionally, in Flanders starting from the school year 2018-2019, a general smoking ban is in effect in educational institutions. The ban applies to staff, students, parents, boarders, and visitors.

4.5.9. Drug testing (of pupils) in schools

- In the Flemish Community

VAD released a vision statement arguing against the use of trained dogs to detect drugs in schools (Bernaert, 2013). The results of this kind of drug control are very limited. Moreover, the use of dogs can lead to false positive and false negative results. Drug urine tests are more reliable but are only possible

on a voluntary basis. Law enforcement aren't legally allowed to communicate the results to the school and can't force youngsters into drug counselling. Finally, it was stated that drug testing and drug controls undermine the trust between pupils and the school.

4.5.10. MUSTAP programmes

- In the Flemish Community

VAD created '*Crush'*, a didactic package for third grade secondary school pupils on the topic of alcohol and cannabis, associated with relationships (Baeten et al., 2013). Crush was evaluated and updated in 2017.

In 2018, VAD developed '*Samen op stap*' (Coghe et al., 2018). This didactic package allows young people to think about ways of dealing in a responsible way with alcohol consumption during the celebration of the last 100 days of secondary school (also called Chrysostomos). How can they limit the potential negative consequences of alcohol? And how can they take care of each other while going out? The package consists of lessons of one hour each and is intended for third grade pupils.

'*Nognito*' (VAD, 2022) is a compilation of six interactive and playful conversation methods about alcohol, for third grade primary and first grade secondary education. These conversations make the topic of alcohol discussable in class, and encourage pupils to think about it. It is an age-appropriate methodology that presents pupils with realistic situations through interaction and play. Nognito aims to confirm pupils in the belief that not drinking at their age is the healthiest choice, and that it is best to postpone the first use of alcohol for as long as possible.

- In the Walloon and Brussels-Capital Region

In Walloon region and Brussels, 12 partners of the health, education and youth sector are involved in the project called "*Jeunes, alcool & société*". The project aims to promote less risky and more responsible consumption of legal and illegal drugs among young people. It pursues a process of dialogue, consultation, awareness and observation on issues related to alcohol consumption among young people. The group has chosen to act on two levels to address the complex issue of alcohol consumption: on the context of consumption and on representations.

4.5.11. Law enforcement agents visiting schools with prevention objectives

- At Federal level

In Belgium, some local law enforcement agents occasionally visit primary schools in the context of the M.E.G.A.-project which is based on the American D.A.R.E. (Drug Abuse Resistance Education) project.

4.5.12. Other external lectures in schools

- In the Flemish Community

Since 2005, the project *'Drugstories'* organizes drug prevention sessions on how to cope with alcohol and other drug issues targeting teachers, parents and pupils in the Flemish community. In 2022, Drugstories reached more than 10,000 people through 274 interactive sessions (a mix of information, pictures, movies and personal stories) in schools, as well live (in smaller groups) or online (webinars and movies). The team consists of 6 experienced experts. A few years ago, Drugstories also created another program called "*Digistories*", focusing on the use of smartphones (addiction, online bullying, gambling, gaming, sexting, privacy, fake news...). This last program reached about 1,500 pupils through 40 sessions. More information is available on drugstories.be.

4.5.13. Other drug prevention topics integrated into school curricula

- In the Flemish Community

Although most of the alcohol consumption among students does not take place at college and university campuses, these institutions play a significant role in preventive efforts. They can play a vital role in changing the persistent, but outdated image that alcohol consumption is an inseparable part of student

culture. Adjacent to their objective to prepare students for their future (professional) lives, they are in a key position to deliver guidance to students in responsibly handling alcohol and other substances later in life. Finally, higher education institutions provide a good safety net for those students who get off track as a consequence of their substance use. To support higher education institutions in these tasks, a manual is available to develop and implement an alcohol and drug policy towards students in higher education institutions.

To prevent negative consequences of alcohol drinking, while respecting the social meaning of alcohol for heavy drinking students, the promotion and normalisation of protective behavioural strategies was prioritized in 2023. The initial focus went to alternating alcoholic drinks with non-alcoholic drinks, also known under the concept of 'zebra drinking'. Other strategies will be further explored and will eventually be implemented later on.

- In the Walloon and Brussels-Capital Region

In Walloon region and Brussels, several actions on responsible behaviour among university (college) students concerning the consumption of alcohol are organised during the academic year. The aim of its addiction prevention actions is to address substance consumption among students through the principle of health promotion. This involves setting up activities with students taking into account the different determinants that influence consumption. Some examples are the Prevention plan at the 24 hours' bike race (A rest area open to the public from 9pm to 9am, a partnership with the road agency for a safe return home; 3 tents with water and information open from 5 p.m. to 5 a.m., The "stewards" operation to welcome, guide and inform the public throughout the festival), a specific preventive action at the end of the exams in the students' quarters, a campaign "Alcohol" and a Facebook page where Univers santé offers a lot of content to take care of yourself on a daily basis, with infographics, "well-being" checklists, sharing of external resources, etc.

4.5.14. Creative extracurricular activities

- In the Flemish Community

Schools and other organisations can choose between theatre plays for youngsters that tackle the topic of tobacco, alcohol and/or drugs.

- In the Walloon and Brussels-Capital Region

Since 2012, the NGO "*Prospective Jeunesse*" offers the "Art and Prevention" project to support schools in using an artistic practice to approach the questions of consumption of legal and illegal drugs. The project is based on the fact that the artistic practice meets the guiding principles of health promotion. This approach has the advantage of enabling the debate with young people without posing questions about addiction too directly. Prevention activities in the process of health promotion are organized during an artistic festival.

4.5.15. Events for parents

- In the Flemish Community

The prevention activities measured by the Ginger monitoring system carried out towards parent's organisations in schools are declining over the last years from 22 in 2017 over 12 in 2018, 9 in 2019, 4 in 2020, 6 in 2021 to 4 in 2022.

A majority of educational prevention activities were not "institutionalised" via parent's organisations, but were aimed directly at parents in a non-organisational context (30 in 2022). That is as high as in 2021, but much higher than in 2020 (9 activities). The drop in 2020 is probably due to scene restrictions during the first year of the COVID-19 pandemic. In 2019, there were 38 educational activities towards parents in a non-institutionalised context.

4.6. SELECTIVE PREVENTION INTERVENTIONS

4.6.1. Youth outside school (including early school leavers)

Outreach work in the Flemish and French-speaking Community uses an integral approach. Drug prevention activities can be part of this approach.

4.6.2. Pupils with social/academic problems

- In the Flemish Community

Manuals for setting up a drug policy during the apprenticeship (Bernaert and Claessens, 2009; Bernaert and Claessens, 2008) exists in the Flemish Community. VAD developed "*Friends & fun!*", which is a didactic package for 15 to 18+ year old youngsters who use alcohol and drugs in a risky way. The goals are to inform youngsters concerning risky use and user patterns, to help youngsters to identify risky situations, how to cope with these situations and how to take care of each other. The package consists of 5 sessions and takes around 8-9 hours.

4.6.3. Youth from ethnic groups

- In the Flemish Community

Specific actions towards youngsters from ethnic groups are rare and mostly limited to a few cities (e.g., Antwerp, Brussels and some in the province of Limburg). Most of those youngsters are targeted through non-specific actions in institutions such as schools and youth care institutions.

4.6.4. Homeless people

- In the Walloon and Brussels-Capital Region

The Walloon Region takes great pains to stimulate citizens to participate actively in prevention and harm reduction activities. Although not specifically targeting youth, a specific strategy, called "*Opération boule de neige*", is a peer prevention programme for homeless people. During a snowball operation a questionnaire is conducted. This allows them to make contact with people and to inform them about prevention and harm reduction-related information such as the consumption of psychotropic substances, risk behaviour linked to drug use and infectious diseases. Peers (people who might have experiences with drug use and know other people who use drugs; in French so-called 'jobistes') are involved in order to reach the target group. This method allows informing people who are not reached by general prevention initiatives ("hidden population"). The non-profit association Modus Vivendi coordinates the snowball operations. As drug use is more common among people who are homeless and people in prison in comparison with the general population, snowball operations are conducted on the street and in prison.

Three specific objectives have been defined by Modus Vivendi:

- To support the partners to guarantee the sustainability of the project at local level
- To use the collected information to know more about the current risk behaviours of the people who use drugs in order to adapt the strategies of prevention
- To guarantee the philosophy and the coherence of the project

In 2022, the Walloon partnership organized 7 operations among which we distinguish 3 "collection of information" and 4 "transfer of information" (9 operations in 2021, including 3 "collection of information" and 6 "information transfers"). The collections were carried out by 9 jobistes from the following associations: Le Comptoir (Charleroi), Drug's Care (Arlon) and Namur Entraide Sida (Namur). These 9 jobistes reached 85 PWUD. The 4 transfers of information were carried out by 12 jobistes from the following associations: Drug's Care (global "special women"), Le Comptoir (theme "cocaine, crack and inhalation"), Cap Fly (theme "hepatitis") and Icar Wallonie (specific "STI"). These 12 jobistes reached 57 PWUD. We can see that the most typical profile among the people taking part in the snowball operations is that of a man of about 38 years old, of Belgian nationality, with valid papers, a lower

secondary level diploma, who is fluent in French and who is single. Women make up a quarter of the sample.

In the Brussels capital region, the partnership has grown relatively in recent years and is made up of 6 partners: Transit Rue, Le Pilier, Dune, the Hepatitis C Network (SAMPAS), MASS BXL and the Lama project. These various associations organize the operations in multi-partnership. The Brussels partnership organized 3 operations; 1 collection of information and 2 transmission of information (1 theme and 1 alert). The operation (targeting young consumers) was carried out by 5 jobistes. These 5 jobistes reached 27 PWUD. A first thematic operation ("special women") was carried out by 6 jobistes. These 6 jobistes touched 21 people who used drugs. A second alert operation was organized ("good winter plans") with 12 jobistes but in a simplified version. In total, through the two operations carried out completely, 11 jobistes touched 48 people, but 23 jobistes were called upon in the snowball operations 2022.

The "snowball" operations partially reached the target population. On the one hand, they have reached hidden populations such as women and young people and people who find it more difficult to come into contact with specialized care services. People who answered the questionnaire in 2022 seem to live in less precarious conditions than the public usually reached by the actions. The most frequently consumed psychotropic products belong to the family of depressants. Cocaine is however also frequently used. These products with antagonistic effects are also consumed during the same session by a non-negligible part of the sample. The practice of consuming several psychotropic products is also adopted on a weekly or even daily basis by a majority of respondents.

In Brussels, the NGO DUNE has developed a specific project called "*Travail de rue*" since 2009. This project aims to reach out to people who are not in contact with first line services. The methodology of "outreaching" makes it possible to reduce the social and symbolic distances that exist between the street world and that of the institutions. The places for outreaching cover a large territory of the center of Brussels. These are chosen according to the known places of where people would go for (open scene) substance use: squares, parks, car parks, wastelands, subway stations and train stations. Since November 2013, the outreach work has been complemented by another project: the "*Médibus"* (in collaboration with Doctors of the World). It is a mobile home converted into a nursing room and a counter for information and harm reduction related to drug use. This outreach tool makes it possible to go to meet the people in a situation of great precariousness in their places of life. This Médibus-project is also available in the Walloon Region and more specifically in Charleroi. It is a partnership between Doctors of the World and 5 services from Charleroi: Le Relais Santé, Entre 2 Wallonie, SIDA IST Charleroi Mons, the public centre of public welfare CPAS de Charleroi and Le Comptoir ASBL. The provided activities in the Médibus are: Nursing care, HIV, Syphilis and Hep C rapid testing and counselling, harm reduction for people who inject drugs (PWID), prevention and orientation. Employeesand volunteers work together at the same time to facilitate a global approach. A similar mobile outreaching project with a van exists in Liège (e-BIS project).

4.6.5. Young offenders

- In the Flemish Community

VAD developed several prevention materials that can be used in open and closed facilities of Youth Care Institutions. These settings form part of a low threshold network which target youth who committed a crime or with a difficult parenting situation (offenders as well as non-offenders).

- In the Walloon Region

In order to optimize the actions of the non-profit sector operating in the prison environment, the CAAP "*Concertation des Associations Actives en Prison*" was created, which has 50 non-profit organizations (in the Walloon Region and in Brussels). In 2022, a "national prison day" was organized, with the aim to inform citizens and the political world in order to encourage them to reflect about prisons, which are too often forgotten or neglected.

Modus Vivendi also focuses on improving access to harm reduction information for people in prison, mainly through Snowball operations in partnership with specialized prison institutions (such as I-care).

- In the Brussels-Capital Region

“CAP-ITI” organizes prevention activities or collaborates in the organization of activities aimed at prevention. Prevention activities may include: 1. information, raising awareness and education of the population as well as socio-health, psychosocial, school and socio-cultural actors in terms of drug addiction and the prevention of damage incurred by people who use drugs; 2. specific prevention interventions for targeted groups, in particular for people confronted or likely to be confronted with drug addiction problems”

In 2022, 108 people in prison came into contact with the CAP-ITI prevention service (122 people in prison in 2019)

Transit, Modus-Vivendi and CAP-ITI collaborated in project “*8e Gauche*” which aims at raising awareness amongst people in prison from Forest about harm reduction and health in general.

4.6.6. Substance use problems (including alcohol) in family

There are networks for mental health care for children and youth in each region. They support professionals who often are in contact with children of parents who (ab)use substances. Training and experience exchange is organised for professionals who often are in contact with children of parents who (ab)use substances.

- In the Flemish Community

GOIA is a prevention project in Antwerp focusing on the problems of children of parents who (ab)used substances. The project offers comprehensive coordinated services to decrease the harmful effects of drug addiction on children, families and the community. The project provides case management to clients. The case manager assists families in identifying their needs, obtaining these services and developing their goals.

In a number of low threshold services for people who use drugs (MSCCs), in the Flemish Community the KIDO-projects provide support in developing the parental skills of parents who (ab)use substances.

Oudersonderinvloed.info is a website for professionals interested in and working with parents who (ab)use substances. In addition, VAD organised training for professionals who often are in contact with children of substance abusing parents.

There is an online tool on the De Druglijn website intended for parents, partners or children of people with a dependency problem. The exercises in this tool help to reflect on the impact of use on one's own life. This self-reflection increases the resilience of the young person.

In 2020 and 2021 VAD and “*Te Gek*” made a film (for an expo and TV) about addiction in the family. Parents and children talk about how an addiction stands between them.

  - “How can you deal with your mother when she can't get through the day without pills and seems like a mere shadow of herself?“
  - “Will there be enough love left to support your son unconditionally as he loses himself more and more in drink and drugs?“
  - “How hard is it to maintain trust between two people?”

- In the Walloon Region

Also in the Walloon region, attention is given to establish a harmonious relationship between parents who (ab)use substances and their children in order to prevent harm.

The START-MASS in Liège is starting a project in partnership with the other associations active in the field of parenthood (SOS family, ONE, foster homes, "Pouponnières", “Coala neonatal service” of the

Hospital Citadelle). They carry out, among other things, parenthood workshops (discussion of cases, intervisions, etc.) and the supervision of mothers.

Also, the drug addiction department of the PCSW of Charleroi developed a project in partnership with the "*Maison de l'adolescent*" NGO (MADO). On average, a permanence of two Thursdays per month is held at the House of Teenagers. Moreover, a group for parents of teenagers, "Adolescents mode d'emploi", is held every first Thursday of the month. This group brings together several parents who are experiencing difficulties with their children who have become teenagers.

4.6.7. Family conflict and neglect

- In the Flemish Community

The website kindreflex encourages counsellors to have a conversation with their adult clients about the theme of parenthood. Parents are given the opportunity to talk freely about the children and their concerns. Where necessary, counsellors support the parents in their role as mother or father. It also helps counsellors detect disturbing family situations in order to restore safety as quickly as possible.

In the Flemish Community, KOMPAS delivers outreach support to families in conflict with youngsters or young adults who (ab)use substances. The project targets families where people who use drugs do not accept any help. The service intervenes on request of parents by sending an outreach worker within a 24 h time frame. The outreach worker tries to establish communication within the family after a first safety assessment. The skill set of parents is taken into account before starting other interventions such as improving parental skills, early detection and brief intervention.

- In the Walloon and Brussels-Capital Region

The non-profit association NADJA (based in the province of Liège) has developed a specific project called "*Le Point Accueil Parents*". Relatives can make use of these so-called "meeting points" in case their children present a problematic consumption behaviour combined with alarming risks. The objective is to revitalize the communication between parents and teenagers through an adapted support and follow-up and to provide the required and tailored information to families. The welcome point helps the parents to perceive the substance use of their child as a behaviour pattern.

4.6.8. Ethnic families in marginalisation

- In the Flemish Community

VAD coordinated a prevention project oriented towards parents of ethnic minorities. The result are seven interventions to improve parental skills concerning tobacco, alcohol and drugs.

4.6.9. Prevention in recreational settings

- At national level

QN aims at reducing the risks (health, addictions, return at home, conflict/violence, noise pollution, sexually transmitted infections, etc.) related to recreational settings by collaborating with nightlife organizers, owners and their staff in the party environment. The objective is to boost the information and prevention activities in recreational settings in order to make young people aware of the risks related to nightlife and drug use. Club owners or event promoters are supported to make several services available in order to facilitate safer nightlife. The services described below are the most important when creating safer nightlife. The label was implemented in 2007 in Brussels. It was gradually expanded to the Walloon Region and Flanders in 2009 and 2012 respectively. Initially a strict and mandatory framework of certain services existed in order to implement in exchange for a label. Prevention workers indicated that this approach became a major barrier for some clubs and dance pubs. Prevention workers didn't always have the time to follow up and evaluate labels of smaller bars/ clubs. Therefore, a more flexible implementation and more autonomy among organisers and club or bar owners was initiated. Lowering the threshold gives venues the possibility to share the same vision. Also, in case that they don't have the time and resources to implement various services at once the possibility exists to create safer and healthier nightlife environments. It is mainly for this reason that the methodology was made more

approachable and accessible. Currently, it is more tailored to the venue and allows venues to share the same vision step by step, rather than imposing services in exchange for a label. Charters aren't used necessarily anymore, there are no more mandatory services and the methodology focuses on the intrinsic motivation of organisers and owners.

At present, the following services are identified:

- Availability of safe transport initiatives (new service);
- Training of staff (addictions, first aids, management of conflicts, noise pollutions and QN);
- Distribution of information about health, including information on the risks connected to the consumption of certain drugs, to the excessive consumption of alcohol, etc.
- free water;
- Condoms at reasonable prices
- Ear plugs at reasonable prices or free
- Chill-out rooms
- Air-conditioning
- First aid room
- Food
- Healthy food
- Cloakroom
- Access for disabled visitors
- Low sugar soft drink

The QN project targets principally the discotheques, recurring evenings and concert halls but the QN methodology can also be used as support in dance bars or punctual festive events. At the end of 2022, around 70 discotheques, festivals and concert halls received the QN label in Belgium, including 20 in the Walloon Region, 21 in Brussels and 34 in Flanders.

- In the Flemish Community

To increase the feasibility to train bar crew working at Flemish clubs within the QN framework, VAD developed an online training platform with 3 modules (QN services at the event, responsible beverage serving and handling incidents (first aid, sexual harassment and conflicts). Both the online training for festivals as the one for clubs will be adapted to be in line with the more flexible approach. In the past VAD developed together with Horeca Forma an online training for staff of bars. Due to the changes VAD will develop a new online training that can be used for bars and other (nightlife)-settings such as: youth houses, local events, …

Additionally, three other concepts exist in the Flemish Community:

- A first concept "*Feest Wijzer*", targets smaller, local (student)parties, events and festivals. An event can receive a Party Guide-label when it offers its visitors at least 4 services:
  - Staff briefing (focus on the legislation on selling alcohol to youngsters (-16/-18);
  - Coming up to the legislation on noise pollution and the availability of ear plugs;
  - Promotion of safe transport options;
  - The distribution of information about health, including information on the risks connected to the consumption of certain drugs, to the excessive consumption of alcohol, etc.

  9 other services are recommended but are not compulsory (e.g., availability of condoms, free water, climate control, chill-out room, cloakroom, availability of food, healthy food, access for disabled visitors …). Until 2022, approximately 390 local events used the Party Guide materials.

- The second concept "ATTENT" aims to reduce risks related to substance use in youth clubs (associations for and run by youngsters). In collaboration with "*Format*", the Flemish Federation for such youth clubs, a concept was created that intends to boost the information and prevention activities in youth clubs. The objective is to raise

awareness among young people about the risks related to substance use. To achieve those goals, youth clubs can register for nine different services: free water, health information, safe traffic, chill-out, earplugs, first aid, condoms, trained staff and alcohol- and drug policy. Each youth club chooses for which services they register. In this way they commit to take action for those services. In 2019, ATTENT was evaluated in cooperation with "Format". This evaluation made it possible to formulate actions to optimize the concept and make sure to improve the implementation. The most popular services are condoms, ear plugs and information. The least popular services are an alcohol- and drug policy, free water and chill out. VAD decided to invest more in these services by promoting them through a communication plan (social media and the website of "Format" and VAD). At the end of 2022, 184 of the 400 youth clubs participated in the ATTENT-concept, 82 of the 184 developed an alcohol and drug policy. To make sure that all volunteers have the possibility to train themselves, VAD and "Format" added a new service 'trained volunteers' combined with an online training. This online training will be developed at the end of 2023. At this moment the volunteers can participate in the same training that is made available for staff of bars.

Besides that, VAD invested a lot of manpower to organise a tailored programme (in cooperation with "Format") for the staff of youth clubs to learn how to develop an alcohol and drug policy. It exists out of four counselling and discussion sessions with prevention workers.

- In 2018, VAD developed another spin off from QN focussing on bars. This third additional concept is called Quality Bars. Quality bars provide similar services as QN venues. At present, the following five compulsory services are identified:
  - Availability of ear plugs at reasonable prices;
  - Staff training (addictions, first aids, management of conflicts, noise pollutions and QN);
  - Distribution of information about health, including information on the risks connected to the consumption of certain drugs, excessive consumption of alcohol, etc.
  - First aid
  - Safe transport options

  At the end of 2022, around 44 (dance)bars provided Quality Bars services in Belgium.

- In the Walloon and Brussels-Capital Region

Besides QN, also the "Backsafe label", exists in the French-speaking Community. This is a project to combat excessive alcohol consumption and to encourage safely returning home of their clients. In order to receive the label, clubs have to identify a "Backsafe Referent" who attended each year an awareness raising session on alcohol and its effects and the ability to drive organised by the Walloon road safety agency. In 2023, 23 clubs took part in the pilot project.

4.6.10. Educational interventions in recreational settings

- In the Flemish Community

Peer support was introduced in the Flemish region in the mid 2000 as a promising new method to work on risk minimization in nightlife, first by 2 separate organisations in three provinces, and since 2015 through one organisation named Safe 'n Sound, active in all off the five Flemish Provinces. In 2022 Safe 'n Sound was present at 45 events, counted as 68 event-days. Safe 'n Sound has a total of 190 active volunteers. Besides the presence in the nightlife environment Safe 'n Sound was also active via social media such as Facebook, Instagram and YouTube to provide harm reduction messages and an insight in their day-to-day work. The livestreams of Safe 'n Sound, made during the COVID-19 pandemic, are still being watched.

- In the Walloon Region and Brussels-Capital Region

In the French-speaking Community, peer support is performed by two different types of projects, namely "*Equipe mobile*" and "*Drogues Risquer Moins*".

Every year, the NGO Modus Vivendi is present at certain big summer festivals in the French-speaking region with a project called "*Equipe mobile*". The Mobile Team gets in touch with young people using psychotropic substances, including alcohol. The team consists of professionals and also people who use drugs (peers) who are trained in harm reduction principles. Peers receive two training sessions beforehand (a first training to become a peer and a second training on the specificities of the festival job). The following services are offered: Information and advice (harm reduction), distribution of brochures and material, "*Relax Zone*", needle exchange, flying team of peers to help the people who feel sick, water distribution and pill testing (when possible). In 2022, the Mobile team was present at two events: Dour (in Dour) and Esperanzah (in Floreffe). 174 people were welcomed in the relax zone in 2022 (252 people in 2019, no normal festival activities in 2020 and 2021). The average age of people visiting the Relax Zone in 2022 is 25 years old. This confirms the presence of problems among a relatively young public who are often less able to manage their consumption and know their limits. The majority of the public welcomed in relax zones are men (as previous years). People arrive most often at the Relax Zone via an orientation by the Red Cross (60 %). Over the years, the relay role of the Red Cross towards the Relax Zone has clearly strengthened and seems to be stabilizing (31% in 2017; 42% in 2018; and 71% in 2019). In 2022, 18% of the people went to the relax zone by themselves and 13% arrived through a friend. The reasons for admission are: for the majority of the people (45%) fatigue followed by anxiety (28%) and disorientation (26%). Concerning the product, alcohol is again the most frequently declared product. We find figures quite close to those observed before the health crisis. Note, however, the slight increase in people welcomed who declared having used cocaine or LSD and the more marked increase in people welcomed who declared having used ketamine.

"*Drogues Risquer Moins*" is a harm reduction information project at festive places organised by peers as well as professionals - from the psychological, medical and social sector. It has been implemented in the French-speaking Community since 2003. This participative prevention project has the objective to make sure that consumers can better handle their own health. The project aims to empower the people who use drugs. Information about all types of substances (legal and illegal) and different consumption habits (occasional, entertaining, regular, problematic, compulsive, etc.) is given to the general public via a desk at the festival, discotheque, bar or concert hall.

In the Walloon region, several "*Drogues Risquer Moins*" networks are active in the different provinces. They are mostly composed of different institutions active in the field of health promotion, youth assistance, prevention and/or treatment of addiction.

Following the Covid-19 pandemic, Walloon and Brussels prevention and harm reduction actors have developed a "*Party Box*". Field workers have noted that risk-taking has moved towards the private sphere (a phenomenon that pre-exists confinement but is amplified by it and all the measures linked to the covid-19 pandemic). The "Party Boxes" consist of equipment for reducing the risks associated with parties in private places. People who wish to obtain a Party Box are invited to make an appointment with the Center or on Facebook and Instagram. These boxes are filled after a personalized analysis of the risks linked to an event.

In Brussels, the "*Drogues Risquer Moins*" project is carried out by Modus-Vivendi. Data collected in the festive environment of Brussels in 2022 shows that the public met at the Modus Vivendi stand and who completed the questionnaire is young, with a representation of women slightly higher than that of men (although this difference is not significant), composed mostly of people residing in Belgium (but with a non-negligible number of people residing in France) and people who go out frequently. Among the illegal drugs most often used by respondents are cannabis, ecstasy/MDMA and cocaine.

4.7. INDICATED PREVENTION INTERVENTIONS

4.7.1. Brief interventions for young people in schools

- In the Flemish Community

In 2014, two interventions were developed (these are also mentioned in manualised indicated programmes for youth or children). The first is '*iedereen drinkt, iedereen blowt*' which is a single session brief intervention based on personal feedback to be used in schools, special youth care and other youth services. After a two-question assessment of their alcohol or cannabis use and norms, adolescents get personalised information on the risks, the social norms and guidelines for an acceptable use (Baeten et al., 2014). A digital version, available since 2017, makes this intervention more user-friendly and allows for an easier update in the future.

The second is called "*BackPAC*" which is an individual intervention of two sessions that targets personality specific risks of youngsters with early onset alcohol or cannabis use (Peeters and Claessens, 2014).

Those two interventions were pooled together amongst others into an inspiration box for youth care professionals ("*Praten over alcohol, drugs en gamen. Inspiratiebox voor jeugdhulpverleners*"). This inspiration box consists of a number of tools from which to choose in the different steps of a drug use counselling process.

A short screening questionnaire was implemented in September 2022: "*Gezond leven, check het even*". The questionnaire can be completed by every student in the third year of secondary school and covers various health topics, including alcohol, cannabis and gaming. Completion of the questionnaire is followed by a short intervention interview with a student counsellor (nurse or doctor), who tries to briefly discuss the topics with the riskiest indicators in order to encourage the young person to reflect and take any further counselling steps.

- In the Walloon and Brussels-Capital Region

The Walloon-Brussels federation has launched a new programme for the prevention and care of addiction in secondary schools. It provides for the possibility for secondary school pupils to benefit from addiction prevention programmes during school time, including an offer of assistance in managing tobacco and/or cannabis consumption. A call for applications is launched to enable forty secondary schools to benefit from support for the integration of a comprehensive prevention programme.

4.7.2. Brief interventions for young people in emergency rooms

There is a project in general hospitals on the integration of SBIRT (Screening, Brief Intervention and Referral to Treatment) intervention into a care pathway for patients (adults and young people) with hazardous or problematic alcohol use. The aim of the care pathway is to enhance the quality of care across the continuum by defining the roles of different health professionals and optimizing the use of resources. By developing a care pathway not only emergency department professionals are trained to deliver SBIRT but also other medical teams are taking part in the SBIRT process and further steps into prevention and treatment are defined. This project is subsidized by the federal government and runs in fourteen Belgian hospitals. VAD coordinates the project among the Flemish hospitals and organises intervisions.

4.7.3. Manualised indicated programmes for youth or children

- In the Flemish Community

In the Flemish Community, there's an increasing interest in indicated prevention and detection and intervention with hazardous substance misuse at an early stage. Youngsters are more sensitive to the risks of substance use and more vulnerable to develop drug problems. They are often not motivated to receive any kind of help because they don't experience their substance use as a problem. With 'early intervention', a process of motivation is started as an answer to concerns (of parents, school) or legal actions (police) of the environment.

The intervention of the group and individual brief intervention for adolescents, based on psycho-education, feedback and motivational interviewing is implemented through addiction treatment centres and CGGs. Counsellors are supported through training and experience exchange/peer-to-peer coaching. The referring services (schools, juvenile care…) can assess the risk level and the need for referral with the screening instrument SEM-J (Baeten et al., 2009). Community drug prevention workers are also important in providing early interventions for substance use.

4.8. WARNING CAMPAIGNS

- At federal level

The Federal campaign "*Slaap- en kalmeermiddelen, denk eerst aan andere oplossingen*", "*Somnifères et calmants, pensez d'abord aux autres solutions*" aims to make doctors, pharmacists and patients more aware of the risks of these drugs. It also aims to raise awareness of healthier alternatives. The key message of the campaign is that sleeping pills and tranquillisers do not offer a lasting solution and only act on symptoms. Moreover, they carry significant risks, such as addiction and concentration problems. The campaign should make it easier for doctors and pharmacists to start the conversation with patients. They can also call on a digital resource book containing numerous advice and practical tools on the correct use of the drugs and ways to withdraw after addiction. An e-learning module and awareness materials are also provided.

The VIAS institute responsible for road safety carries out the campaign called "*BOB*". In collaboration with the Belgian Brewers, the Vias Institute has been developing the "Bob" concept and campaign for more than twenty years ("*Quand on boit, on ne conduit pas !*" "*Wie drinkt, rijdt niet*"). Bob campaigns are carried out by combining prevention and repression or more precisely awareness raising and police checks. It started as an annual campaign around the holiday season, then biannual campaign in winter and summer.

- In the Flemish Community

The VAD campaign "*Sport en weddenschappen: Vergok je sportplezier niet*" aims to get sports clubs members, sports clubs management and sports federations to reflect on the close link between sports and gambling.

Drinking alcohol is regarded as something completely normal and accepted in our society. That is why VAD developed in 2023 a seventh edition of the campaign '*Tournée Minérale*', aimed at all Flemish people between the ages of 25 and 55.

The small prevention film "*Zorg voor een mooie start, drink geen alcohol tijdens de zwangerschap*" was launched by De Druglijn and the Flemish Perinatal Mental Health Expertise Network. The video is distributed via social media and in waiting rooms of healthcare facilities. The video targets pregnant women and calls on them to discuss questions and concerns with a healthcare provider or with De Druglijn.

- In the Walloon and Brussels-Capital Region

The Walloon road safety agency regularly organizes awareness campaigns on the dangers of driving on the effects of alcohol, drugs and medication. These advertisements addressing the dangers of drug use and driving under the influence appear on television.

Univers Santé has been coordinating the "*Tournée Minerale*" campaign in the French Community.

4.9. ADVOCACY CAMPAIGNS

- In the Walloon and Brussels-Capital Region

The "*Guindaille 2.0*" Campaign exists since 2013 and is a collaboration between the ASBL Univers Santé and representatives of student organizations. The campaign aims to promote good reflexes in a festive environment, particularly with regard to the consumption of alcohol, while reducing the risks and nuisances associated with the "party". During the campaign, pictograms are developed and panels are installed in the entertainment areas. These visuals illustrate several tips for partygoers to have a good

evening and limit the risks associated with excess alcohol. The campaign takes place at UCL University in the Walloon Region and is also available to collaborate with festivals in the province of Walloon Brabant.

Support Don't Punish Campaign: The Walloon and Brussels institutions participate in the global "support don't punish" campaign to advocate for drug policies based on health and human rights. The campaign aims to put harm reduction on the political agenda by building community mobilization capacity by opening dialogue with decision-makers and raising awareness in the media and the public. The 2023 slogan in Belgium was centred on the theme "alternatives to prison, the end of criminal proceedings against drug users".

- In the Flemish Community

VAD actively promotes materials on effective prevention. A mailing towards prevention workers, local health promotion workers and intermediaries in different settings was used to promote two small educational movies. The first movie outlines the theoretical framework and explains why we do what we do within prevention. The second video about 'the four pillars of an alcohol and drug policy' concretised what an alcohol and drug policy within an organization, operation, city or municipality actually entails.

SMART on Drugs is a civilian movement that advocates the reform of Belgian drug policy and advocates a renewed, expert and human approach. In the vision of Smart on Drugs, a health perspective, prevention and assistance should be the core pillar in drug policy. The punishment of people who use illegal drugs cannot be justified from this point of view and the initiative advocates a well-considered policy that includes both legal and illegal means. Its French-speaking counterpart is #STOP1921. In the light of the 100th anniversary of the Belgian drug law, "#Stop1921" together with Smart on drugs organised the campaign "Unhappy birthday" to raise awareness among policy makers and the general public of the need for rethinking the current drug policy.

4.10. REGISTRIES OF INTERVENTIONS

Alcohol and drug prevention activities in the Flemish Community have been monitored since 1996 by the Ginger programme, a specific prevention registration system in the Flemish Community, which is coordinated by VAD (Moernaut & Rosiers, 2022). In 2022, the Flemish Administration launched their own Ginger programme for communal prevention workers, based on the VAD programme. The data of both registration systems were merged for the reporting of the Flemish results. In 2022, 122 Flemish prevention workers took part in this annual registration. In total 7,244 valid alcohol and drug prevention activities were registered. This registration sheds light on the relative importance of the different prevention settings and activities. Prevention is mainly oriented towards actors in the health sector (45%), mostly prevention activities conducted in collaboration with the regional CGG (in 56% of the activities with the health sector). After the involvement of the educational sector dropped from 23% in 2019 to 19% in 2020, mostly due to the closing of schools during several months of that first year of the corona pandemic, the share was re-established to the former level (22% in 2022). A majority of the activities were addressed to secondary schools.

Flemish prevention activities mostly concern consultation (39%). The share of education dropped from 22% in 2019 to 13% during the COVID-19 restricted year 2020 but saw a revival in 2022 (18%). In recent years, expertise-focused advice and consult (17% in 2022) became more and more important. Alcohol- and drug-related prevention activities primarily take place on a local level (47%). One in four prevention activities are subject of evaluation (26%). Taking into account that the Ginger registration is monitoring single prevention activities and not prevention projects or processes, this is still a high.

4.11. OTHER INTERVENTIONS

4.11.1. Workplace prevention

- In the Flemish Community

Since 2010, following a Collective Labour Agreement (CLA n°100), all private organizations in Belgium must have a policy statement on alcohol and drugs in the workplace. This CLA also promotes the

development of an appropriate prevention policy. Such a multi-component policy is considered as an important tool to avoid or address work-related Alcohol and Other Drug (AOD) problems in an early stage. It includes rules on the availability and consumption of AOD in the workplace; intervention procedures in case of malfunctioning; assessment and referral of workers with an alcohol or drug problem; and information and education. Based on the evaluation of the CLA n°100, the concretization of the so-called phase 2 of the CAO, was emphasized. Further the extension of this policy framework to the public sector and the education sector was recommended.

In collaboration with a representative group of occupational physicians, a consensus guideline (2017-2018) regarding the screening of alcohol problems among employees was made. In this guideline, the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) is used. In 2022, the guideline was validated by CEBAM, and qualified as an evidence-based practice (EBP) source.

Further, the AOD-topic will be integrated more systematically in educational curricula of future intermediaries, as well as within existing training courses for prevention advisers. Finally, more (longitudinal) research on work-related AOD use, especially on the diversity of motives and situations in which workers use AOD, is needed. Specific initiatives are needed with respect to performance enhancing drugs, and concerning AOD use among vulnerable working people (e.g. young workers, workers with existing AOD problems, workers in non-commercial organisations). In 2023, a specific project on work related cocaine prevention was launched.

4.11.2. ICT-related addiction and gambling

- At the federal level

The gaming commission of the FPS Justice has a dedicated website to inform people about the role of this commission's applicable laws concerning gambling and how players of gambling games can be supported.

- In the Flemish Community

Alcohol and illegal drugs are by far the most common items in prevention activities, although gaming and gambling addiction is becoming increasingly popular as a topic in prevention. In various settings, the theme of gambling is included in the health policy in order to complete the pillar of education. VAD developed You Bet in 2016 (together with Integra Limburg), an online game concerning gambling oriented towards 16–18-year-old youngsters. Through this educational game young people are informed about the gambling law and the mechanisms of games of chance. Another goal is to reflect critically on gambling elements in games, gambling advertising, ... This game was updated in 2020 to incorporate recent changes in gambling related legislation and to accommodate new types of gambling (e.g., online virtual sports).

In 2020, VAD and Ghent University released the results of a joint study of gambling in sports clubs. This showed that people from sports clubs gamble 5 times more often on sporting events than the general population (15% vs. 3%). Moreover, 5% of the 817 respondents show clear manifestations of risky gambling as measured by the two highest risk categories in the Problem Gambling Severity Index (PGSI). This is 10 times more than in the general population (5% versus 0,4%). Based on these results, VAD encourages sports clubs and sports federations to actively work on gambling prevention and to elaborate a gambling policy.

VAD also has an online training module on its training platform and organizes basic training about gambling addressed to prevention workers and healthcare workers and in-depth training about gambling problems for healthcare workers every 2-3 years.

- In the Walloon Region

In the Walloon Region as in Flanders, gambling addiction is becoming increasingly popular as a topic in prevention. The new health promotion plan for the Walloon Region includes gambling as a priority. In the Drug Use report published annually by Eurotox, a specific chapter is devoted to the problem of gambling and ICT-related addictions.

The Nadja Center (in Liège) and the Mental Health Reference Center (in Namur) have created an awareness module on the use and problematic uses of ICT. It is aimed at professionals both at the therapeutic level and in the context of health promotion. The aim of this work is to equip them to address these issues with their target population.

4.11.3. Asylum seekers

- In the Flemish Community

In 2017, VAD developed a toolkit to be used with asylum seekers (both in the context of asylum centres and local refugee centres). The toolkit provides a number of educational and accompaniment tools. A manual was developed on how to develop a drug policy in asylum centres. In 2018 all asylum centres in Flanders were coached in order to develop a structural drug policy framework. VAD offered in 2022 a train-the-trainer for attendants working in open centres for asylum seekers. Another training targeted guardians of underage asylum seekers.

4.11.4. Alcohol and drugs in sport clubs

- In the Flemish Community

VAD developed a standardized prevention approach for community sports clubs, focusing on raising awareness and educational components, referral to treatment, club policy and procedures, and several structural/supportive measures. 'Sportivos: about alcohol and drugs in the sports club', is a three-phase prevention approach tailored to the specific capacity and goals of the sports club to create a comprehensive alcohol and drug policy.

Integra Limburg developed a website '*Sportwijs'*. This concept is compatible with the Sportivos concept developed by VAD. Sportwijs targets clubs, federations and sport services. The idea is to motivate these organisations to include the topic of tobacco, alcohol, drugs and gambling in their policy and to send prevention messages to reach their members. (see also III.4.11.10)

4.11.5. Persons with disabilities or special needs

- In the Flemish Community

In 2020, VAD sent an online questionnaire about psychoactive medication to ambulant and mobile services, day centres and residential support services for people with disabilities. The organizations surveyed identified a number of priority needs, including education and training of staff on the use of psychoactive medication. In addition, there is a demand for informative material to be given to the client or resident.

In collaboration with the research project "Research on Development and Application of Guidelines on the Use of Psychopharmaceuticals in Adults with Intellectual Disabilities and Problem Behaviour, from a Quality of Life Perspective," a brochure on psychoactive medication was developed in 2021 and added to the series "*Wat je moet weten over …*" These are 4 brochures which offer easy-to-understand product information on alcohol, cannabis, gaming and psycho-active medication tailored to adults with a disability. In addition, two fact sheets were developed for supervisors and family members of people with disabilities. In 2022, training on psychoactive medication was also developed and tested. The experiences were written in the guide "Training offer on psychoactive medication for caregivers of people with (mild) intellectual disabilities". Prevention workers can use this guide to develop customized training.

"*Mijn cliënt en middelengebruik, gamen en gokken*" was updated and expanded in 2022 to include more themes (gaming, gambling, psychoactive medication), concrete tools and background information. It offers a) general insights in assisting & counselling clients who use drugs, b) a stepped care approach to substance problems (noticing, discussing and estimating use, working on change and referral) combined with a motivational conversation style, c) concrete tools tailored to people with disabilities which can be used in each of the steps of the stepped care approach.

Slimkicken.be is an interactive website for persons with special needs who use alcohol, tobacco or cannabis. The website contains information, self-tests and a number of other tools.

The guideline on how to develop an alcohol and drug policy in organisations working with people with disabilities (De Paepe, 2014) will be updated in the fall of 2023. It will include a chapter on a policy-based approach to psycho-active medication.

4.11.6. Screening and brief intervention in primary health care

Primary health care and welfare services are in a unique position to identify and intervene with clients whose substance use is hazardous or harmful and are hence often an important actor for referral to treatment. The population that makes use of primary (health) care is more likely to show symptoms of harmful substance use than the general population. Nevertheless, hazardous and problematic use is often not detected in primary health care and welfare services.

- In the Flemish Community

For the Flemish Community, the online toolbox was developed to facilitate the screening process, early intervention and referral to treatment. This web-based toolbox provides general practitioners and social workers with several screening tools (ASSIST, AUDIT and CRAFFT). In 2020 the website was updated. It is still possible to screen patients and get more information.

A new group of intermediators in Flanders are the first line psychologists. VAD trained the first group of psychologists in 2018. They were trained in SBIRT (see III.4.7.2). VAD plans to offer more training for this group of intermediators to intervene on alcohol misuse.

During December 2021, the NODS-PERC screening tool was added to the me-assist. This 'National Opinion Research Center Diagnostic Screen for Gambling Problems - Preoccupation, Escape, Risked Relationships, and Chasing'-tool is a Four-Item Screen for Pathological and Problem Gambling. With the inclusion of the NODS-PERC in the me-assist, this web-based toolbox can be used to screen alcohol, tobacco, illicit drugs, psychoactive medication and gambling problems.

As general practitioners are seen to have a major role in reducing substance use related harms, an e-learning program was established in 2022. This program supports GPs in tackling alcohol problems by detecting risky and harmful alcohol behavior.

4.11.7. Women (and partners) before, during and after pregnancy

- In the Flemish Community

In 2019, VAD developed a leaflet containing information and tips on alcohol for couples who want to have children, are pregnant or breastfeeding. During the development process the professional federations of midwives, gynaecologists and general practitioners were consulted for feedback and later for implementation. The leaflet can be used by these health professionals during a consultation. It contains the following messages: not drinking alcohol is the safest option, the risks of drinking alcohol during preconception, pregnancy and breastfeeding, alternatives for drinking alcohol and a link to a knowledge test about alcohol and pregnancy on the 'Druglijn' website. This leaflet was evaluated in 2021 in a mixed method study with a qualitative section where the target group was interviewed and a quantitative section where a survey was administered to health professionals.

VAD is also part of a Flemish network of expertise on perinatal mental health (PERINET). This network gathers information, organises training for health professionals and exchanges expertise on mental healthcare and addiction treatment during the perinatal period. PERINET also formulates policy approaches to the government, in order to initiate and support projects on this topic (from prevention to health care).

4.11.8. Self-care and self-help

- In the Flemish Community

Youngsters and more and more adults are nowadays (more) easily reached through social media and online services. Bearing this in mind, the Flemish helpline 'De Druglijn' contains a section on their website with a number of online self–assessment tests. This section contains nine online self-assessment tests for adults (on cannabis, cocaine, ecstasy, amphetamines, alcohol, gambling, benzodiazepines, gaming and internet use) and three similar tests specifically for minors (on cannabis, alcohol, gaming). In addition, ten knowledge tests are available online. There is also a 'Drug and Alcohol Self-Help programme ('DASH') for people who use cannabis, cocaine, GHB and alcohol (Evenepoel, 2023). Furthermore, the helpline's website holds three online self-care tools named 'GRIP' for parents, partners and children of PWUD, respectively. Additionally, direct connections with online helplines of primary care are implemented in a range of Flemish websites. This makes it possible that clients of these primary care initiatives can be referred directly to the online programmes offered by 'De Druglijn'. The extent to which the online tools are used by the public peaked during the COVID-19 pandemic and declined since then. Still, 63,247 self-assessment tests and 10,082 knowledge tests were completed on the website in 2022. On top of that, 373 persons and a total of 11,655 persons worked with one of the three GRIP modules. The website had 992,018 visits resulting in a total of 1,813,005 page views (Evenepoel, 2023).

The Mental Health Centres (CGG) Integra (former CAD Limburg) and CGG Kempen run three online treatment programmes one specifically for cannabis, one for other drugs (ecstasy, amphetamines, cocaine, heroin, ketamine, NPS and GHB) and one for alcohol. In 2022, the cannabis-website counted 56,767 visitors of which 43,229 were unique visitors. This resulted in 102 persons that registered for online self-help and 55 for online treatment. The website for the other illegal drugs besides cannabis counted 124,434 visitors (of which 96,897 were unique visitors) which resulted in 155 registrations for the online self-help and 187 registrations for online treatment. The website for alcohol-related problems was implemented in both parts of the country. The websites are designed for both persons who are developing problematic alcohol use as well as their family and friends. The online programme allows people to set their own goals and provides the necessary tools to reach those goals. The Flemish website had 1,005,336 visitors (of which 702,777 were unique visitors), 653 registrations for treatment and 1.087 for self-help.

4.11.9. (Telephonic) help lines

'Infor-Drogues' and 'De Druglijn' are the drug helplines for respectively the French-speaking and Flemish Community (Evenepoel, 2023; Infor-drogues, 2023). These services do not only operate a telephone helpline, online counselling is also provided through their website via e-mail and chat. The annual figures for 2022 are presented in Table III.1.

- In the Flemish Community

The figures of 'De Druglijn' show a continuing increase in number of contacts (+540 contacts as compared to 2021) and for the third year in a row a record high number in the history of the helpline. The number of telephone calls (N=3,614) increased by 3%. The number of email enquiries (N=2,411) showed a decrease (-5%) but this was compensated by a huge increase in the number of online chat contacts (N=2,500 or +29%). Since the helpline decided to double the opening hours of the chat service at the start of the total lockdown due to COVID-19 pandemic in 2022 the amount of chat contacts has tripled. When all contacts (telephone, mail and chat) are taken into account, the number of enquiries has increased with 14% compared to 2019, which is the year before the pandemic. This evolution is in line with the fact that on a broader societal level, online contacts increased due to the COVID-19 pandemic. In previous years, more people over 50 years old contacted 'De Druglijn'. However, the chat and mail service mostly reach a younger public (35% of mailers and 43% chatters are younger than 20 years old) and since the number of chat contacts grew considerably, the overall number of younger contact persons increased. More people using drugs prefer online contact (via email or chat) as compared to the telephone. 46% of all contacts with the helpline were people using or having used in

the past (including alcohol, psychoactive medication and gambling). 15% were parents, 10% partners, 8% other relatives (e.g., sons or daughters, siblings) and 5% friends. Among all persons making enquiries via the telephone or online, 31% were mainly looking for information, 32% had questions focussing on help or wanted emotional support. 37% were looking for advice in order to cope with a situation. Due to the mental impact of the COVID-19 pandemic, these last two percentages saw a rise in the past years.

Table III.1 | Prevalence of calls by gender, substance and age (% and n) in 2022 (data: De Druglijn, 2022, Flanders; Infor-drogues, 2022, French-speaking community)

Characteristics	Infor-Drogues		Druglijn*	
	%	N	%	N
Total number of contacts	100	2,164	100	8,525
Gender				
Male	44	954	43	3,678
Female	56	1,210	51	4,380
unknown	/	/	6	467
transgender	/	/	/	/
Involved substance				
Cannabis	33	729	24	1,755
Cocaine	19	425	18	1,278
Ecstasy	<1	20	4	283
Heroin	2	62	2	130
Alcohol	14	320	32	2,311
Psychoactive medicines	7	158	10	736
Crack	5	110	/	/
Methadone	1	24	1	65
LSD	<1	6	1	83
Amphetamine	2	48	4	320
Ketamine**	1.5	29	3	189
Tobacco	<1	20	3	243
NPS & Research Chemicals	<1	2	4	264
GHB	<1	4	1	104
Volatile substances (nitrous oxide a.o.)	<1	19	1	49
Others	7	145	/	/
Not specified	<1	43	10	718
Age				
Under 18	6	146	14	1,206
18-25	18	402	18	1,495
26-35	25	549	18	1,548
36-49	31	680	21	1,803
50 and older	17	367	16	1,378
Unknown	<1	20	13	1,095

*'De Druglijn' is not an emergency helpline and therefore not operated 24 hours per day. Outside staffed hours (Mon-Fri 10 am to 8 pm), an interactive voice response system provides callers with the opening hours as well as basic emergency advice. In order to avoid a double counting of people calling within and outside the opening hours, the latter are not included in the number of calls above. 'De Druglijn' also received 1,189 hoax contacts (telephone and an increasing number of online chat hoaxes).

Since the helpline was launched in 1994, cannabis was long the most mentioned substance at 'De DrugLijn'. Since 2020 however the amount of contacts related to alcohol (N = 2,311 in 2022) outnumbers the inquiries related to cannabis (N = 1,755). This is due to the proportion of enquiries on cannabis falling back since 2014 and an increase in the number of contacts for alcohol on a longer term. The percentage of questions concerning cocaine showed a small increase in 2022. This may be influenced by the large public debate and media coverage on crime related to cocaine trafficking in Antwerp. For amphetamines, psychoactive medicines and ketamine the numbers remained stable or showed some decline. The same goes for ecstasy. For other drugs in Table III.1, such as GHB, LSD and even heroin and methadone, the numbers remain low and do not exceed 2%. Even though the percentages remain low, the last few years do show an increase in enquiries on ketamine and tobacco (vaping + snuss or nicotine pouches) and even more so on NPS. Regarding NPS there was a spike in enquiries on 3-MMC which stopped after the legal ban in The Netherlands.

Specific sections on the website of 'De Druglijn' are aimed at the role and concerns of relatives (parents, partners, children and siblings) as well as friends. At the beginning of the first lockdown (end March 2020) a whole new chapter was added to the website holding information and advice on COVID-19, alcohol and drug use.

In addition, also a specific website exists in relation to gambling. This website consists of information about gambling, selftests, online self-help and online counselling.

- In the Walloon and Brussels-Capital Region

In the French-speaking Community, the Infor-Drogues helpline received 2,164 calls during 2022 (2,346 in 2021). In 2022, there is a slight decrease in the number of calls compared to previous years. This is due to a lack of line workers and the length of calls. The helpline is operational from Monday to Friday from 8 am till 10 pm and on Saturdays from 10 am till 2 pm. To mitigate the lack of a 24 hours & 7/7 availability, Infor-Drogues has used a voice response system since September 2015. The response system does not allow you to leave a message. It provides information to callers and invites people who use drugs to call again during service opening hours. Calls are therefore not included in the telephone line statistics.

In addition, Infor-Drogues provides an "e-permanence" service. This service allows people who use drugs to formulate their questions and consult the answers from the website in a confidential way. There is no immediate. interaction nor reply, but upon receiving the message, Infor-Drogues ensures a response to it within a maximum of 72 hours. In 2022, 294 people made use of this "e-permanence" service (2021: 300 people). Unlike previous years, we observe for 2022 that almost two thirds of these people are aged 35 or under (64%). Compared to 2021, 45% of these people are consumers, the percentage of people that use drugs is stable (37%). The proportion of professionals and students contacting us in writing is also stable. Regarding products, cannabis is mentioned in 29% of situations (i.e. 7% less than in 2021), legal products in 26% of situations (percentage equivalent to that of 2021) and cocaine in 29% of situations (33% if we add its consumption in the form of crack), a slight decrease of 2% compared to 2021. The service was asked about a multitude of other products in a lower proportion which reflects the bursting the phenomenon of drug consumption (3MCC, nitrous oxide, CBD, ketamine, LSD, mushrooms, methamphetamine, GHB)

With regard to the telephone line, we have observed for a few years a significant increase in the average length of interviews which results in a greater saturation of the lines (21 minutes in 2022, 19 minutes in 2021 and 20 minutes in 2020).

Out of 2,164 calls, we have 1,210 female callers (56%), 954 male callers (45%). Three target groups are contacting the 'Infor-drogues' helpline, namely people who use drugs, relatives and professionals. Calls made by relatives represent 47% of the total calls. This category "relatives" can be divided into various subcategories: "mother", "father", "spouse", "relative's members" (other than father or mother), and "other". The percentage of those categorized as "people who use drugs" was 48% in 2022. 5% of the total calls were registered as being professionals in 2022. Concerning the geographical origin of the call, the statistics show that most of the calls to Infor-drogues are originating from the Brussels' Region

(2022: 56.15%; 2020: 47.5%; 2019: 58%), followed by the Walloon Region (2022: 41.7%; 2020: 19%; 2019: 40%) and the Flemish region (2022: 0.8%; 2020: 0.6%; 2019: 1%).

The non-profit organization “Le Pelican” has set up two anonymous and free online help sites:

- Aide alcool: intended for people experiencing difficulty with alcohol
- Aide aux joueurs: intended for people with gambling-related difficulties

Both sites include an information section where people take a test and assess the risk linked to their consumption. Besides, a self-help section of online help exists which can be done independently, in a private session accessible 24 hours a day. People can set their own goals and carry out the available exercises. The program is completed by a chat support session with a psychologist.

4.11.10. Other target groups

- In the Flemish Community

The VAD campaign “*Sport en weddenschappen: Vergok je sportplezier niet*" aims to get sports clubs members, sports clubs management and sports federations to reflect on the close link between sports and gambling. The main objective of the campaign is to raise awareness, stimulate reflection and question the normalisation between sports and gambling. On the campaign website a charter encourages sport clubs to take effective steps. Sport clubs can sign the charter, and put the topic on the agenda in the club. Sports clubs that sign the charter will be sent free posters and receive an email with prevention tips and digital campaign material. The campaign is a collaboration with Sport Vlaanderen, Gezond Sporten, de Vlaamse Sportfederatie, het Centrum Ethiek in de Sport and a number of sports federations (football, tennis…). Various supporting materials are available such as a communication guide, campaign films and posters, banners, sample posts for social media, … By the end of 2022, more than 100 sports clubs and sports federations have signed the charter.

Drinking alcohol is regarded as something completely normal and accepted in our society. That is why VAD developed in 2023 a seventh edition of the campaign ‘*Tournée Minérale’*, aimed at all Flemish people between the ages of 25 and 55. Through social media content and advertising, press coverage, influencers, flyering, postering, online bannering, and small local events, people were challenged not to drink alcohol for an entire month. The idea behind it is to sensitise people about how much alcohol they actually drink, to let them experience they might feel better when drinking less, and to give them the tools to say no to alcohol and to know which alternatives exist for alcoholic beverages. The month without alcohol was to be February, which means the bulk of the advertisements ran in January and February 2023.

Just as it has for the previous six years, the campaign became a national talking point, and was present on all media channels. According to a marketing research agency, there were even more participants than the previous years: approximately 1 in 4 Flemish adults participated (that number is slightly elevated because people who never drink alcohol often also indicate to ‘participate’ in the campaign). The campaign also has a broad social impact. Supermarkets, bars and restaurants have slowly embraced Tournée Minerale, by giving extra attention to non-alcoholic drinks in February. Supermarkets as well advertise in January/February with non-alcoholic drinks, with explicit reference to Tournée Minerale. The success can partly be explained by the positive vibe of the campaign (focussing on the experience, and the effects of drinking less alcohol on health and wellbeing, rather than on the risks of drinking).

As a result of COVID, the 2020-2021 period saw a switch to online meetings but also to online training (webinars and online courses). In 2022, onsite training was restarted. It is now clear that online training is a full and complementary offer. Online training lowers the threshold (less travel & more time saved), allows more flexibility (training according to own pace and needs), contains interactive elements and allows larger (inter)(national) groups to be reached. Online training can be a good introduction to more specialised onsite formations that are better suited to train skills or achieve deeper forms of interaction between participants. A similar evolution is also visible with regard to meetings and consultations.

- In the Walloon and Brussels-capital region

In both the Walloon Region and Brussels, women are more and more considered as a priority target group in need of a specific approach. New projects are in place to allow the implementation of appropriate responses to this population: e.g., specific trainings and symposiums on the theme of 'women and drug use' are organized by Prospective Jeunesse, the NGO "Le comptoir" has a specific service for women and Transit NGO created in 2017 a new project for women. Within this project, the women have the opportunity to take a shower, to take care of themselves, rest in a quiet and safe place, etc. Women use this space according to their desires and needs. etc.

In addition, to react to the emerging issue of Chemsex in Brussels, Modus Vivendi and Ex-Aequo have set up specific projects. There is a specific website "chemsex.be". There is also a monthly presence specifically dedicated to this public with the distribution of material, advice, counselling, product testing etc.

In the Walloon Region, the "*Sporti futé*" project set up by the non-profit association La Teignouse aims to promote responsible and lower-risk consumption within the sports world. The label is aimed at any club wishing to promote this vision and to support strong sporting values such as surpassing oneself and the well-being provided by physical activity.

The proposed partnership is based on three formulas:

- Raising awareness of the risks to sporting practice linked to consumption in the broad sense (junk food, alcohol, tobacco, etc.).
- Awareness-raising among the waiters at the refreshment bar, accompanied by the implementation of various measures to reduce the risks of over-consumption and to promote consumption in connection with good sports hygiene.
- The provision within the club of a series of goodies to support the project ("Sporti Futé" posters, water bottles encouraging rehydration on and off the pitch, coasters with prevention messages). This can only take place if the club is committed to raising awareness.

"*Tournée minérale*" campaign takes place since February 2021. "Univers santé" NGO has been coordinating the campaign in the French community. The campaign targets the general population and proposes a month without alcohol (in the month of February). Its aim is to test its relationship to alcohol and its place in our private and/or social life. The campaign outlines the positive effects of stopping alcohol consumption for a month: more energy, quality sleep, saving money, fewer calories, better skin, better concentration. According to a study on the Tournée Minérale, 9 out of 10 participants felt at least one of the positive effects described.

In Brussels, innovative practices are also emerging. The non-profit association Le Pelican is developing an inter-association tool "ESCAPE GAME". A working group started in 2020 to create an innovative and attractive tool for young people aged 15 to 18 around the theme of addiction. This is an Escape Game that will put young people in the position of actors (cooperative game and experiential approach). A collaboration has been established with an organization specializing in the creation of escape games for scenario creation. In 2023, the tool will be produced and pre-tested with young people.

A new training is developed to meet new needs (both in Brussels and in the Walloon Region). There are training courses on gambling addiction and player assistance. They are intended for stakeholders in the psycho-medico-social sector. Goals:

- Approach excessive gambling and its consequences, as well as the different gambling
- Facilitate the detection of excessive gamblers
- Assess risk and protective factors
- Provide concrete tools for psycho-social intervention and reorientation for the affected person, as well as for his loved ones

In Brussels, since 2018, a European forum has been organized called "Le FORUM Addiction & Société" which brings together a large number of field stakeholders and experts (scientists, researchers and

renowned specialists) to promote the development of knowledge, exchange and cooperation and promote the transdisciplinary approach. The Forum has a duration of two days and is addressed to anyone from the fields of health: specialist and general practitioners, pharmacists, addictologists, nurses, social workers, street educators, sports/cultural organizers, associations, political leaders, journalists, general public, etc.

Modus Vivendi develop a new project in Brussels to prevent sexist and sexual violence with a harm reduction approach. The project is based on the desire to act on all elements that improve the health and well-being of partygoers. It is about promoting a responsible celebration, based on consent and respect. Modus-vivendi creates awareness tools about gender-based and sexual violence, as well as training for people who work in party environments.

5. Quality assurance of prevention interventions

5.1. RESPONSIBILITY

- In the Flemish Community

Partner organisations of the Department Care of the Flemish government are organisations with expertise in one or more domains of preventive healthcare. They develop prevention interventions that are evidence-based and tailored to the target group, thus guaranteeing the quality of these interventions.

The Department Care of the Flemish government manages a website where all these interventions are brought together

- In the Walloon and the Brussels-Capital Region

In the Walloon Region, the institutions carrying out preventive interventions funded by the Walloon government are evaluated annually by the AVIQ. Institutions must define the objectives, action strategies and indicators related to their actions. AVIQ has identified three types of evaluation indicators: achievement, process and outcome.

In Brussels, the evaluation of interventions depends on the subsidizing power. Thus, the administration of the COCOM (health branch) is competent to evaluate the projects it finances. Within the COCOF, two departments of the health unit are responsible for evaluating prevention interventions. On the one hand the ambulatory service and on the other hand the health promotion service. Annual field visits and assessments are carried out by the competent authority.

5.2. SCIENTIFIC GUIDANCE

- In the Flemish Community

VAD has an open research database. This contains more than 300 descriptions of current and completed research on substance use, gambling and gaming in Flanders since 2002. From 2016, the database also contains descriptions of a selection of international research.

VAD organises the following support, advice and guidance:

  - support a network of prevention workers who organise trainings and coach organisations on the regional and local level through meetings, working groups, intervision, mailings, newsletters (research and prevention)
  - promoting, through trainings (such as train de trainers) and materials, the competence and expertise of prevention workers and intermediaries in different settings

- In the Walloon and Brussels-Capital Region

In Brussels and in the Walloon Region there is a service specializing in health promotion training, called "*Repères*". Their mission is to support and assist health promotion actors and services through methodological and/or scientific support and a training program. As a training support service, Repères tends to promote the complementarity, synergy and consistency of training offers in the field of Health Promotion. Their offer is available for the entire health sector and not just for addictions.

There is also a database in both regions called "*Biblio-Drogues*". This database brings together, since 2008, the documents available in the three major documentation centers specializing in addiction in the Wallonia-Brussels Federation: Infor-Drogues, Nadja asbl, Prospective Jeunesse. The books, articles, educational tools, etc., cover the theme of addictions in general. It has more than 4,000 references.

The objective of the "*Agir en prévention*" website is to make visible the place and role of the addiction prevention sector, its tools and methodologies made available to first-line professionals in the problematic situations that they encounter with their public.

5.3. EU PREVENTION STANDARDS

- In the Flemish Community

VAD adheres to EUPC by:

  - organising each year, a 2 or 3 days EUPC training for DOP's (decision, opinion and policymakers) given by certified trainers. In this training DOP's will become acquainted with
    - Prevention as a Science and the Common Language: Aetiology, Epidemiology and Socialization;
    - Evidence-based prevention;
    - Effective European prevention programmes;
    - Tools for implementation and evaluation of prevention interventions;
    - Prevention at school, in the family and at work;
    - Principles of environment-based prevention, media-based prevention and community-based prevention
    - And teach DOP's to advocate for prevention (advocacy)
  - providing each year, a small financial incentive for DOP's who wants to follow the EUPC Master training
  - providing materials on its website such as small educational movies about effective prevention. The first movie outlines the theoretical framework and explains why we do what we do within prevention. The second video about 'the four pillars of an alcohol and drug policy' concretised what an alcohol and drug policy within an organization, operation, city or municipality actually entails.
  - providing online 6 in-depth training modules based on EUPC
  - promotion and dissemination of the EUPC handbook

- In the Walloon Region and Brussels-Capital Region

In the Walloon Region and Brussels there are not yet any specific EUPC training courses. A member of Eurotox followed the mandatory training but no on-site training could be organized.

5.4. FUNDING

- In the Flemish Community

The Department Care of the Flemish government supports scientific research. This research is organized in different manners:

  - through own scientific research
  - by outsourcing research through public tenders to scientific institutions
  - by subsidizing the "*Steunpunt Welzijn, Volksgezondheid en Gezin*"

To the extent that it is useful and possible (taking privacy issues into account), VAD tries to make primary research data available for research through an open data platform of the Flemish government.

5.5. EVALUATION

- In the Flemish Community

Since 2017, VAD organizes annually the campaign 'Tournée Minérale', aimed at all Flemish people between the ages of 25 and 55 (see III.4.11.10). The campaign was evaluated by UGent in 2017 using a combination of surveys and interviews. Financing was provided by VAD and the foundation against cancer (Stichting tegen Kanker). Besides this formal evaluation a marketing agency administers almost

every edition a questionnaire to a sample of participants. This helps to identify successes and bottlenecks that occur in the dissemination and implementation which can be taken into account for the next edition.

5.6. NATIONAL STAKEHOLDERS MEETING

During the period 2021-2023, a number of working groups were active under the responsibility of the GDPC. The working groups consist of representatives of the federal and regional cabinets and representatives of the federal and regional administrations and work around the themes of tobacco, alcohol and gambling. The aim of these working groups was to develop a federal policy plan. A fourth working group reviewed the existing drug legislation. These working groups organised consultation rounds with experts both from the field and academia. The umbrella organisations representing the field were also heard. Representatives of the alcohol, tobacco and gambling lobbies were not invited as experts. Though in the case of the alcohol lobby, they were consulted by means of a questionnaire.

5.7. QUALIFICATION OF PREVENTION WORKERS

- In the Flemish Community

No official credentials/qualifications are required. Experience does count, of course. At the UGent, there is also a Master's degree programme in health promotion. That can be an advantage when applying for the job of prevention worker. VAD provides numerous training opportunities to enhance basic as well as more advanced prevention expertise/skills. Background studies are very diverse (bachelor and master's degree): background in social human sciences and health sciences is common.

- In the Walloon Region and Brussels-Capital Region

No official credentials/qualifications are required. Each institution is free to hire the personnel responsible for preventive actions according to their qualifications and experience. Nevertheless, a series of training courses in addiction are available : "*Certificat inter universités en Alcoologie*" (ULB), "*Certificat d'Université en Approche clinique et prise en charge des consommateurs*" (ULG). Institutions specializing in addiction prevention provide training in prevention, harm reduction and health promotion for professionals in the sector. The background is similar to the Flemish Community (bachelor and master's degree): background in social human sciences and health sciences is common.

6. Trends

- In the Flemish Community

Laughing gas is becoming increasingly common in the media. Until 2020, figures on laughing gas were scarce. Recent surveys conducted among pupils and students show a rather low prevalence. A qualitative survey among intermediaries who are in contact with young people in socially vulnerable situations indicates that in this group the (sometimes problematic) use of laughing gas is not so uncommon. A broad campaign or universal prevention must be avoided in order to not normalise laughing gas which can work against health promotion. Therefore, VAD provides training and materials for intermediaries who are in contact with vulnerable young people and for their parents.

Several organisations are working on the topic of (sexually) inappropriate behaviour. VAD, in collaboration with Sensoa and Pimento, developed prevention materials to be used in the nightlife setting. The online training for staff of clubs and festivals addresses this topic. There is also an action protocol for venue owners and festival organisers on how to draw up a step-by-step plan to deal with sexually inappropriate behaviour. Posters and images are available to sensitise people in the nightlife scene to not ignore such behaviour. These materials are used during Safe 'n Sound interventions and during the implementation of QN in clubs and at festivals.

There is a clear trend towards the professionalising of drug prevention activities based on the latest findings of the prevention science. This is for a good part driven by the new EUPC (see III.5.3). In Flanders there are a number of certified EUPC Masters trainers active. VAD organizes EUPC training for DOP's (decision, opinion and policymakers) every year. VAD also provides a small financial incentive for DOP's who want to follow the EUPC Master training. VAD provides on its website materials such as about effective prevention and disseminates the EUPC handbook. Best practices in prevention based on EUPC also find their way into training for prevention workers and intermediaries in different settings.

- In the Walloon and Brussels-Capital Region

In the last ten years, addiction prevention interventions are gradually becoming part of the field of health promotion according to an approach that is not only focused on products, but rather on overall well-being and the creation of long-term supportive health environments while relying on public resources and a network of partners.

In this sense, in the Walloon Region the new health promotion plan has a specific focus on addictions which promotes intersectorality and networking. In Brussels, the new health promotion plan (2023-2027) is the basis of the "*Plan social-santé intégré*" of the Brussels-Capital Region. The new organization chart that is under construction aims to increase transversality and intersectorality.

The prevention sector has had to face, in recent years, a public that combines several vulnerabilities (due to the health crisis, economic crisis, energy crisis). Prevention interventions have thus adapted to the needs of the public (for example by developing more local actions). The aggravation of addiction and mental health problems (especially after de Covid-19 pandemic) within many social groups calls for a paradigm shift aimed at making addiction prevention a real pillar of Belgian public health policy, equal to care and security (Feda BXL, 2023). It is indeed necessary to support the prevention sector of addiction to be able to act in a systematic and generalized manner in order to unclog healthcare and emergency services. The principles of preventive actions are based on a positive and global approach to health. Particular attention is given to the notion of interaction between the individual and his environment. The main principles developed by prevention actors are: acting on representations, participation, no promotion of abstinence and no repression.

Prevention interventions have become more diversified and made available to a wider public of professionals. The first line social-health sectors (education, teaching, youth assistance, social, health, medical care, youth, etc.) are increasingly represented, thus confirming the need to develop the prevention of addiction in the living environments of the people of Brussels and the Walloon Region.

Prevention actions have adapted to the changing social and cultural context. The post-COVID era is reflected in strengthening remote interventions. In all activities (training, support, working groups, networking, accompaniment etc.), the digital platform has often allowed a gain of time and wider territorial coverage. Nevertheless, we must take into account the digital gap and ensure that they do not replace face-to-face meetings, which are essential for social cohesion, knowledge sharing and meeting certain public.

The prevention sector has worked for the past two years on the issue of reducing gender inequalities. Consultations and working groups on the question of gender have emerged with the aim of producing and pooling knowledge. The gendered approach has developed within institutions, practices, in the development of tools, and in training.

IV. DRUGS: CANNABIS

1. Highlights

- The latest general population survey shows a considerable increase in both the last year and last month use of cannabis in Belgium between 2013 and 2018. Moreover, these are the highest prevalence reported through this survey so far. These prevalence numbers have been confirmed by another survey in Flanders in 2022 (the prevention barometer).
- A more recent study among students in high schools and universities in Flanders shows in 2021 an increase in the last year use of cannabis and in the regular use of cannabis compared with 2017. On the contrary, among secondary school students the last year prevalence (LYP) of cannabis use is declining.
- Based on Drug Vibes, a Web survey on Drugs among PWUD conducted on a regular basis since the beginning of the COVID-19 pandemic, a decrease in the proportion of people who use cannabis on a daily basis is observed.
- In the general population, around one person in thirty has a high-risk cannabis use. In the Drug Vibes survey, more than half of the people who used cannabis in 2022 showed a high risk of cannabis use. This has also been reported by the survey among students where the most striking increase compared with 2017 is the proportion of students reporting regular use of cannabis.
- Cannabis remains by far the most commonly used illicit drugs in Belgium. Though marihuana is clearly dominating, the use of resin is also very universal. A new and fast rising phenomenon is the interest for cannabis products that are low in THC concentration but do consist of a certain CBD percentage. A vast majority of the people who used cannabis during the past month report using only cannabis. This is also in line with what is observed among people starting treatment for cannabis use. Nevertheless, some significant proportions of people who use cannabis are using cannabis in combination with ecstasy, cocaine or ketamine.

2. Prevalence and trends

2.1. The Relative Importance of Different Types of Cannabis

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine, 2023b; Sciensano, 2023):

  Among all treatment episodes for which one or more illicit substances were mentioned as a primary drug, 24% of them had marijuana as a problematic substance, 4% had hash and less than 1% another cannabis type. Among those mentioning a problem with cannabis, 12% are using both marijuana and hash.

  Of all treatment episodes with a cannabis-related problem as a primary drug and for which a specific substance is mentioned, in 2022, 95% were related to marijuana, 4% to hash and 1% to other forms of cannabis.

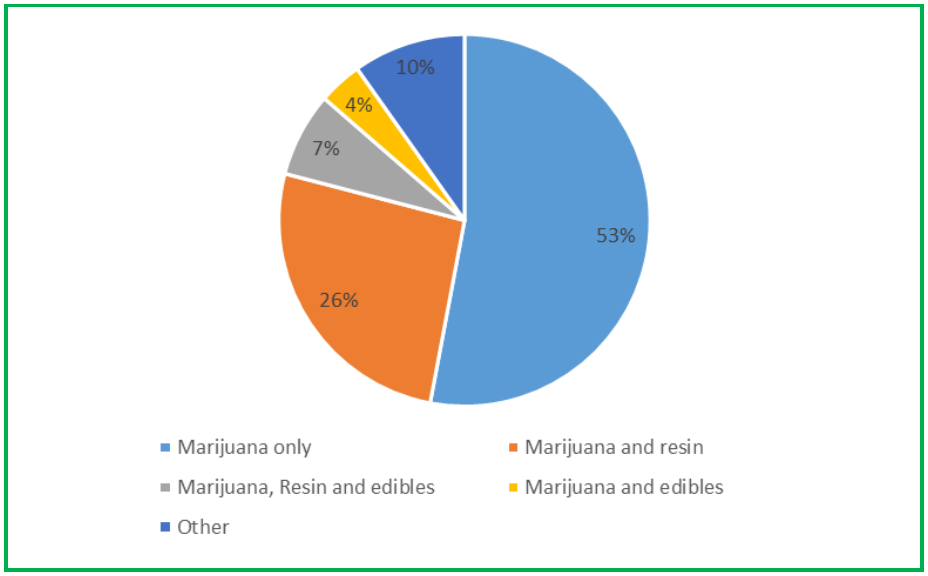
  Among the other forms of cannabis mentioned, cannabidiol or synthetic cannabis are reported.

- PWUD (data: Drug Vibes Survey, 2022, Belgium) (Damian, 2022):

  The results from the sixth wave of the survey (March 2022) reveal that the most popular product used among people who currently use cannabis (i.e. in the last month) is marijuana (98%), followed by resin (40%), edibles (15%), cannabis oils (7%), e-liquids (3%) and cannabis-based cosmetic products (1%).

  In terms of the concurrent use of cannabis products (see Figure IV.1), the findings reveal that 53% of the PWUD consumed only marijuana, 26% marijuana and resin, 7% marijuana, resin and edibles, 4% marijuana and edibles, and 10% other less popular combinations.

Figure IV.1 | Proportion of people who used cannabis during the past month by types of cannabis products used (data: Drug Vibes Survey, 2022, Belgium)



There are clear indications of the rising interest for cannabis products that are low in THC concentration but do provide a certain CBD percentage. This is confirmed by the personal communication with Belgian contacts of law enforcement: Shops specialized in low THC cannabis products have been popping up at increasing speed. Customers are offered oils, ointments and creams but also flower tops. The latter are sold as potpourri and are marked with a mention of 'no human consumption', while in reality, customers indeed use these herbs in joints and other modes of use. Also, most vaping shops are selling CBD-containing e-liquids.

2.2. CANNABIS USE IN THE GENERAL POPULATION

- People in Belgium (data: Health Interview Survey, 2018, Belgium) (Gisle & Drieskens, 2019a, 2019b)

  The use of cannabis in Belgium has increased considerably between 2013 and 2018.

  LYP (see Figure IV.2) increased clearly and significantly compared to previous waves of the survey from around 5% to 7%.

  Confer the traditional picture, more men than women reported to have used cannabis in the past year. Both groups show an increase in LYP compared to the 2013 wave, but this is much more pronounced for men (+4.4%) than for women (+0.8%).

  Similar to previous waves of the survey, the LYP is highest among the youngest respondents. The overall increase in LYP is not reflected in all age groups, only in the age group of 35-44 years.

  When breaking the results down by sex, it becomes clear that, between 2013 and 2018, the LYP has steeply increased for men in the age groups between 15 and 44. In these categories, there's a remarkable gap in cannabis use prevalence between men and women.

  The LYP of cannabis is significantly higher in the Brussels Capital Region than in Flanders and Wallonia. One difference that is remarkable in the Brussels Capital Region compared to the other regions is the higher percentage of people who use cannabis in the older age categories.

  In 2018, last month prevalence (LMP) increased significantly compared to the period 2001-2013. It now reaches 4% whereas before this proportion was around 3% (see Figure IV.3).

Figure IV.2 | Trends in last year prevalence of cannabis use in Belgium (15-64 years) by region, gender and age group (data: Health Interview Survey, 2018, Belgium)

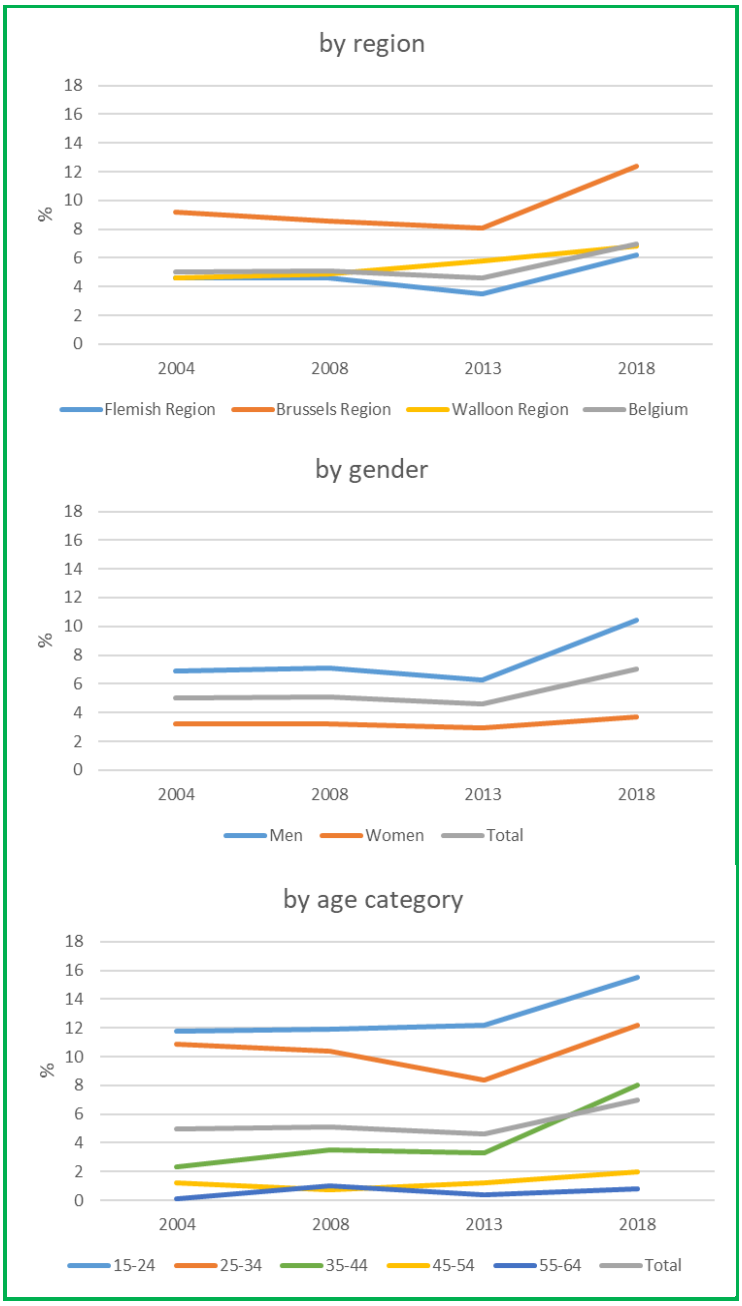
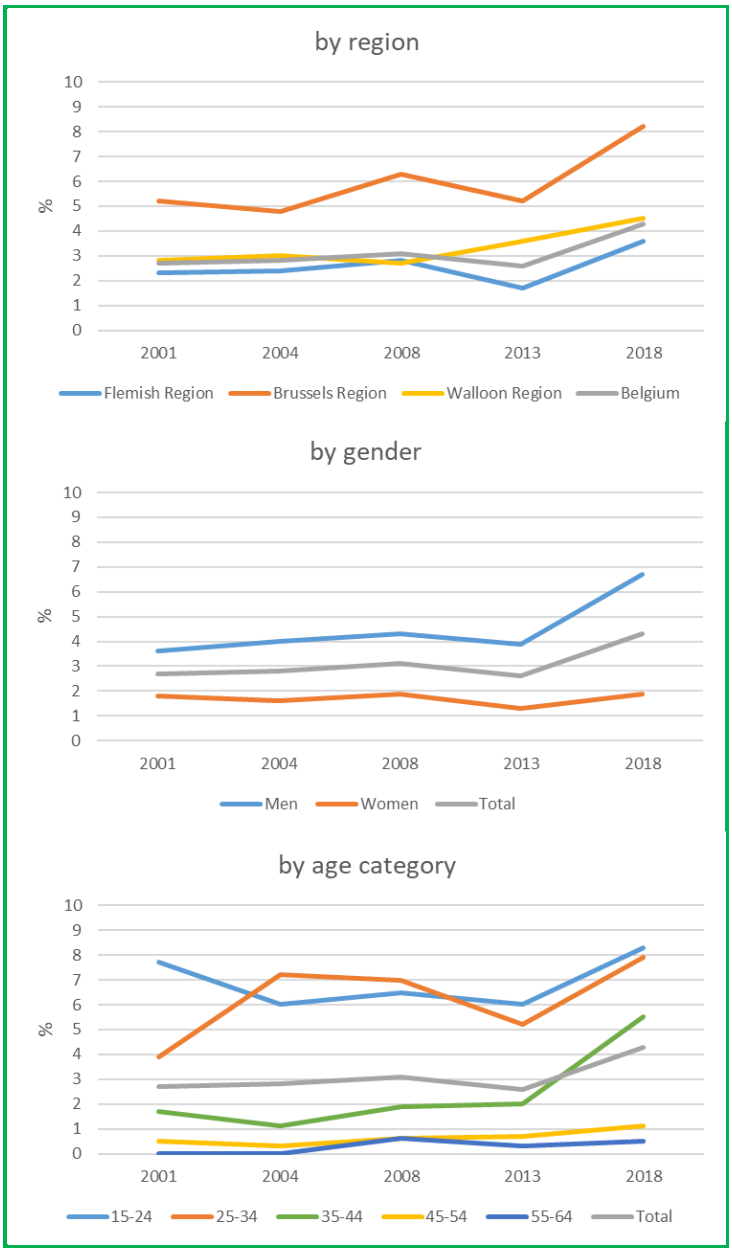


Figure IV.3 | Trends in last month prevalence of cannabis use in Belgium (15-64 years) by region, gender and age group (data: Health Interview Survey, 2018, Belgium)



At the national level, LMP cannabis use is more common among men than among women. Though LMP is more common among the youngest age category (15-34 years), the largest increase since 2013 is found in the 35-44 age category (+3.5%).

LMP was higher for people living in the Brussels Capital Region than for those living in Flanders or Wallonia.

- People in Flanders (data: Preventiebarometer, 2022, Flanders) (Braeckman & Fiers, 2022)

  In Flanders in 2022, 6.3% of the population aged 18 to 64 used cannabis in the 12 months prior to the survey. This result is comparable with the result from the Health Interview Survey in 2018 in Flanders (6.2%).

  Among the young men aged 18-24 years the LYP is 20.3% and among young women, 16.1%.

  2.3% of the population use cannabis on a monthly basis.

2.3. CANNABIS USE IN SCHOOLS AND OTHER ENVIRONMENTS

- School-aged children (data: Leerlingenbevraging, 2021-2022, Flanders) (Rosiers, 2023b)

  Cannabis remains the most used type of drugs among this subpopulation.

  10% of all students ever used cannabis, 7% did so in the previous year (which is comparable with the general population survey) and 2% at least once a week.

  A decline is observed between 2010-2011 and 2021-2022, both for ever use (from 17% to 10%), last-year use (from 11% to 7%) and regular use (from 3% to 2%). The decline between 2018-2019 and 2021-2022 is particularly remarkable.

  At the same time, the subjective availability of cannabis decreased.

  Its presence and acceptance in the living environment are quite high: 22% of students report to get cannabis easily (among 17-18-year-olds as high as 43%), 28% have at least 1 friend who uses cannabis, and the proportion of students who would approve of a friend's cannabis use has almost doubled in 10 years from 5% to 10%.

- School-aged children (data: HBSC Flanders, 2021-2022, Flanders) (Schrijvers et al., 2023)

  Compared to 2018, the prevalence of current cannabis use (at least once in the past 30 days) as well as the lifetime prevalence (LTP) remained stable among all adolescents. Cannabis use was most prevalent among the boys compared to the girls. For instance, among boys 8.4% reported last month use (LMP) and 15.8% ever use (LTP) whereas among girls it was 5.8% (LMP) and 12.3% (LTP).

  Differences by age were also noted. The prevalence of cannabis use (LMP and LTP) was lowest among 13- to 14-year-olds (2.0% and 3.2%, respectively) and highest among 17- to 18-year-olds (12.5% and 27.3% respectively).

  Cannabis use also differed by type of education. Both LMP and LTP cannabis use were highest among young people in vocational education (13.4% and 24.5%, respectively) and the lowest among people in general education (6.1% and 14.9%, respectively).

- School-aged children (data: HBSC, 2022, French-speaking community) (Sipes, 2023)

  At the time of the survey, 76.2% of students in 2nd and 3rd grades of secondary school in Brussels and Wallonia said they never used cannabis. A further 8.5% reported that they had ever used cannabis one or two days, 8% between 3 and 29 days and 7.2% more than 30 days.

  Overall, the proportions of girls (21.7%) and boys (25.8%) who said they had ever used cannabis at least once in their lives were comparable, regardless of the age group and regardless of their level of education.

  94.4% of the students of 2nd and 3rd grade of secondary school said they had never used drugs other than cannabis in their lives. The drugs they most often experimented with were: nitrous oxide, NPS, glue and ecstasy.

- Students in universities or high-schools (data: In hogere sferen, 2021, Flanders) (Van Damme et al., 2022)

  Cannabis is still clearly the most commonly used illicit drug. 44.4% of all students reported to have ever used cannabis; and 27% used it in the past 12 months.

  37% of the female students and 53.8% of the male students have used cannabis at some point in their lives. As far as the last year's use is concerned, we see a similar proportion: 20.1% of the female students and 35.7% of the male students used cannabis in the last year.

  Concerning the age of onset, about one in five students (18.5%) used cannabis before the age of 16. The largest group of PWUD ever in their life (42.2%) used cannabis for

the first time at the age of 16 or 17 years. This means that the majority (60.7%) of the students who ever used cannabis did so before they turned 18 years

The last year use of cannabis in 2021 (27%) is higher than in 2017 (24%). In this respect the increase in the regular use of cannabis is striking (25% in 2017 and 30% in 2021).

- People in nightlife settings (data: Drogues Risquer Moins, 2022, French-speaking community) (Eurotox, unpublished data)

  Cannabis is the first illicit substance cited by respondents in nightlife settings as a substance that they intend to use during the event (35.9%).

  One third of the respondents mentioned that they use cannabis sometimes (37.5%) and one fourth often (27.7%) when they go out. 34.8% mentioned that they never use this substance.

- People in nightlife settings (data: Het uitgaansonderzoek, 2022, Flanders) (Rosiers, 2023a)

  Cannabis is the most ever used illicit drug, but with a clear decreasing trend over a period of 20 years. The use of cannabis minimum once a week dropped from 31.5% in 2003 to 14.5% in 2022.

  The lifetime use prevalence of cannabis is 65.4% with a higher rate among males (77.9%) than among females (55.6%).

- People in nightlife settings (data : Enquête sur l'impact de la crise COVID-19 sur les pratiques festives et de consommation des jeunes wallons et wallonnes, 2022, Walloon region) (Hogge, 2023)

  Cannabis is declared to be ever used during nightlife events by 47.9% of the respondents. One fourth (25.4%) of the respondents declare using it sometimes, 11.9% often and 10.5% always

  It is more frequently cited by men (62.5%) than by women (37.7%)

  While almost one in two use cannabis during nightlife events, only one third of this population use it outside nightlife events (32.9%). This difference is less marked for regular use: 22.4% use cannabis regularly (often, always) during events and 18.2% outside events.

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  Cannabis use is frequent (63% use in the last year) among PWID.

  20% of the respondents reported to have used Synthetic cannabinoids in the past year.

3. Patterns, treatment and problem/high-risk use

3.1. Patterns of Cannabis Use

- People in Flanders (data: Preventiebarometer, 2022, Flanders) (Braeckman & Fiers, 2022)

  Among people who use cannabis who reported using cannabis at least monthly, around one fourth (25.3%) tried to stop using cannabis and the same proportion (23.9%) had the intention to quit using cannabis in the next year.

  People were also asked about the addiction potential of cannabis. Around three quarters (77.8%) were aware of this. When we asked them about the negative impact of cannabis on memory and concentration, seven out of ten (69.9%) were aware of this.

  On the legal aspect of using cannabis, only one third (37%) knows that it is illegal to use cannabis. A majority of them (43.3%) don't know the answer and one in five (19.7%) think that use of cannabis is legal.

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine, 2023b; Sciensano 2023):

  66% of the treatment episodes for cannabis as primary drug reported using only cannabis, 17% also use alcohol, 13% also cocaine and 9% also a stimulant other than cocaine.

  On average, people entering treatment for cannabis reported 1.6 different substances (including cannabis).

  6 people entering treatment for cannabis out of 10 use the substance on a daily basis.

  They used the substance for the first time when they were on average 15.9 years old.

- PWUD (data: Drug Vibes Survey, 2022, Belgium) (Damian, 2022):

  Below we detail the key findings about people who currently use cannabis (namely, respondents who reported to have used cannabis at least once in the past month).

  The results (see Figure IV.4) show that about two in five people who use cannabis consumed this drug on a daily basis (38%) in 2022. This is a decrease in daily use since 2020 (51% and 44% used daily in April and October 2020 respectively). The relaxation of the COVID-19 measures, the start of the vaccination campaign, and consequently the decrease in the number of infections is likely to play a role in the decrease of the proportion of PWUD daily.

  Polydrug use: Compared to 2020, an increase in polydrug use among people who use cannabis is noted (see Table IV.1). Specifically, in April 2020, 28% of people who use cannabis consumed two or more drugs. This percentage increased to 44% in March 2022

Figure IV.4 | Trends in the proportion of people who use cannabis by the frequency of use (data: Drug Vibes Survey, 2022, Belgium)

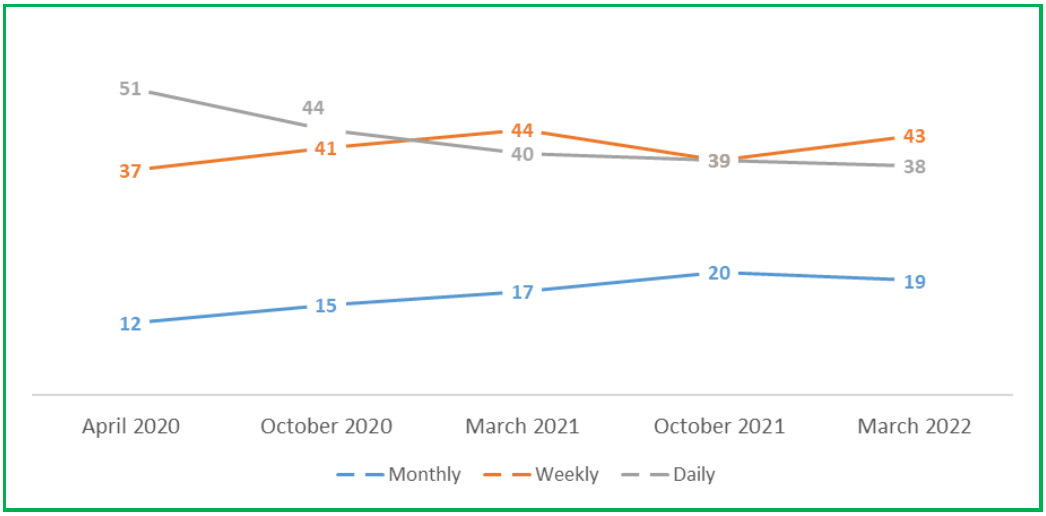


Table IV.1 | Proportion of people who use cannabis by the number of drugs consumed (data: Drug Vibes Survey, 2022, Belgium)

N drugs	April 2020	October 2020	March 2021	October 2021	March 2022
1 drug (cannabis only)	72.5	66.7	64.3	52.2	56.8
Cannabis + 1 other drug	16.0	18.3	19.3	22.8	22.7
Cannabis + 2 other drugs	7.4	9.5	9.5	15.5	11.4
Cannabis + 3 other drugs	3.2	3.1	5.2	7.7	6.0
Cannabis + 4 other drugs	0.9	2.4	1.7	1.8	3.0

Types of drugs used in combination with cannabis: About two in three people who use cannabis consume only this drug (57%) in March 2022 (see Figure IV.5). Ecstasy (8%), and cocaine (6%), or the two combined (2%) are the most popular drugs consumed by people who use cannabis.

Popular drug purchase channels: The most popular way people who use cannabis obtain their drug is from a drug dealer (41%) followed by purchase from a friend (22%), in a coffee shop (20%) or received freely from friends (21%). Only a small proportion grow it themselves (8%) or buy it online (5%).

Consumption location: A question about the location where this drug is usually consumed has been added to the Drug Vibes Survey (see Table IV.2). The results reveal that the majority (87%) of people who use cannabis during the last month report using the drug at home (alone or with other people). Less than 10% report using it in public spaces and 3% in commercial venues (bar, club).

Figure IV.5 | Proportion of people who use cannabis by the type of drugs combination consumed (data: Drug Vibes Survey, 2022, Belgium)

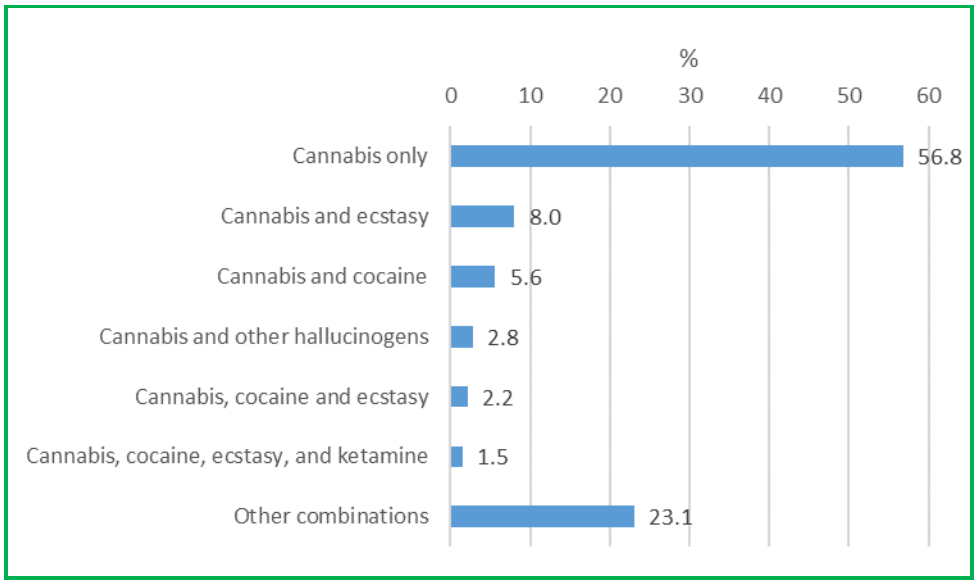


Table IV.2 | Proportion of people who use cannabis currently by the most popular consumption locations (data: Drug Vibes Survey, 2022, Belgium)

Consumption locations	%
At home (alone or with other people)	87
In a bar, club	3
On the street or in public places	10

Motivations for using cannabis: In March 2022, the most popular reasons for using cannabis were to feel better in case of depression (75%), to improve sleep (51%) and to stop worrying because of a problem (45%).

3.2. TREATMENT AND HELP SEEKING

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023):

  In 2022 almost one in two treatment episodes (47%) of all patients entering treatment for illicit substance use reported cannabis as being (one of) the problematic substance(s).

  3,884 treatment episodes were registered with cannabis as the primary substance (around 27% of the treatment episodes for illicit substance use). Among the first-time treatment entrants, cannabis as the primary drug represented about 44% of the total number of treatment episodes for illicit substance use.

  Around one in two people entering treatment for cannabis on two (49.9%) is entering for the first-time in their life. This is much higher than for other illicit drugs (23%).

  The proportion of cannabis as the primary drug is much more frequent in Flanders (30%) than in Wallonia (19%) or Brussels (17%).

  20% of all people entering treatment for cannabis as primary drug are women which is a bit lower than for other illicit drugs (23%).

  The average age for women is 29 years old and for men is 28 years old.

  The proportion of patients referred by justice to treatment for cannabis is high (30%) compared to other illicit substances (13%).

- Availability of specific treatment or harm-reduction programmes targeting people who use cannabis
    - There is one specific unit treating cannabis addiction in Brussels, namely at the Brugmann hospital and it is called Cannabis clinic. It was established in 2006 and has separate sections for adults and adolescents. The clinic uses individual cognitive behavioural therapy, group therapy as well as a multidimensional family approach to provide adolescents with support.
    - The CGG Integra (former CAD Limburg) and CGG Kempen run three online treatment programmes, one specifically for cannabis, one for other drugs (ecstasy, amphetamines, cocaine, heroin, ketamine, NPS and GHB) and one for alcohol. In 2022, the cannabis-website counted 56,767 visitors of which 43,229 were unique visitors. This resulted in 102 persons that registered for online self-help and 55 for online treatment.
    - The Flemish helpline 'De Druglijn' contains a section on their website with a number of online knowledge and self-assessment tests. This section contains nine online self-assessment tests for adults (on cannabis, cocaine, ecstasy, amphetamines, alcohol, gambling, GHB, Ketamine, benzodiazepines, gaming and internet use) and three similar tests specifically for minors (on cannabis, alcohol, gaming) (De Druglijn, 2023). There is also a 'Drug and Alcohol Self-Help programme ('DASH') for people who use cannabis, cocaine, GHB or alcohol (De Druglijn, 2012).
- Any other demand reduction activities specific for people who use cannabis
    - VAD created '*Crush'*, a didactic package for 3rd grade secondary school pupils on the topic of alcohol and cannabis, and the relationship between them. Crush was evaluated and updated in 2017 (VAD, 2017a).
    - *"Iedereen drinkt, iedereen blowt"* which is a single session brief intervention based on personal feedback to be used in schools, special youth care and other youth services. After a two-question assessment of their alcohol or cannabis use and norms, adolescents get personalised information on the risks, the social norms and guidelines for an acceptable use. A digital version, is available since 2017 (VAD, 2017b).
    - "*BackPAC*" is an individual intervention of two sessions that targets personality specific risks of youngsters with early onset alcohol or cannabis use. (VAD, 2014)
    - An inspiration box for youth care professionals ("*Praten over alcohol, drugs en gamen. Inspiratiebox voor jeugdhulpverleners"*) consisting of different intervention possibilities (such as "*Iedereen drinkt, iedereen blowt"* and "*BackPAC"*) was developed in addition. This inspiration box consists of a number of tools from which to choose in the different steps of a drug use counselling process (VAD, 2019).
    - A short screening questionnaire, rolled out from September 2022, for students in the third year of secondary school: "*Gezond leven, check het even*". The questionnaire covers various health topics, including alcohol, cannabis and gaming. Completion of the questionnaire is followed by a short intervention interview with a student counsellor (nurse or doctor), who tries to briefly discuss the topics with the riskiest indicators in order to encourage the young person to reflect and take any further counselling steps (VWVJ, 2022).
    - "*Zot op kamp*" provides a guide for youth movements to agree on alcohol and drugs at camp. It is a new section of drugsinbeweging.be. The package consists of a guide and a game fact sheet (VAD, 2020b).

- www.slimkicken.be is an interactive website for persons with special needs who use alcohol, tobacco or cannabis. The website contains information, self-tests and a variety of other tools (CAD, 2023).
- The Walloon-Brussels federation has launched a new programme for the prevention and care of addiction in secondary schools. It provides addiction prevention programmes during school time, including an offer of assistance in managing tobacco and/or cannabis consumption. A call for applications is launched to enable forty secondary schools to benefit from support for the integration of a comprehensive prevention programme (Ministère de la Fédération Wallonie-Bruxelles, 2022).
- "*Bijzonder zonder*" is a concept that allows local governments to raise awareness about cannabis among young people in their municipality. The concept includes a social media campaign, and educational methodologies for education, youth work, sports and youth aid. It combines an Instagram campaign with educational methodologies that can be used in schools, youth movements, sports clubs and in youth aid. This concept is aimed primarily at young people aged 15 to 17 who are not yet using cannabis. Young people are confirmed in their choice not to use by referring to the social norm: four out of five young people have never used cannabis (VAD, 2020a).
- "*Maat in de shit*" is a teaching package to work with second grade secondary school students around cannabis. The package is based on a question that appeals to a lot of young people: 'What can I do if one of my friends has problems?' The 'friendship and relationships' angle enables a bridge to be built between work on cannabis issues on the one hand and a broader approach, aimed at supporting norms and skills, on the other hand. The pupils learn to recognise problem situations and respond to them (VAD, 2017c).
- "*Als kleine kinderen groot worden*" is an interactive education intervention for parents to prevent tobacco, alcohol, other drug use and gaming among young people. The focus is on strengthening protective parenting skills. The aim is to give parents tips to help prevent or delay tobacco, alcohol and other drug use among their children, and to keep gaming behaviour healthy. Topics covered include open communication and setting boundaries. It is a single session for parents of teenagers (10-15 years), in which they discuss parenting questions in a group in an interactive way using videos and exercises. The session is led by a prevention worker and/or parenting support worker. Topics covered include open communication and setting boundaries (VAD, 2015a).
- "*Tieners opvoeden over alcohol, roken en cannabis*" is a brochure in different-language on parenting support, for parents from ethnic-cultural minorities. This brochure provides information and advice for parents of teenagers. In a nutshell, parents are given some tips on how to teach their son or daughter to use tobacco, alcohol and drugs responsibly (VAD, 2015b).
- "*Wat je moet weten over hasj en wiet*" is a brochure with product information about hash and weed which is fully tailored to people who want information about hash and weed in a simple way (people with a disability, people who learn differently, people with a limited knowledge of Dutch, ...). The functioning, effects, risks and legislation of hash and weed are clearly explained. Both counsellors from the VAPH, special youth care, teachers, pupil supervisors, pedagogical workers (CLB)... as well as professionals from addiction care professionals can use these leaflets (VAD, 2022).

3.3. HIGH-RISK CANNABIS USE

- People in Belgium (data: Health Interview Survey, 2018, Belgium) (Gisle & Drieskens, 2019a, 2019b)

  29.9% of people who used cannabis during the last month consumed this drug more than 20 days per month; and they are therefore considered high-risk people who use cannabis, according to the EMCDDA definition.

  In the 2018 wave of the survey, for the first time, the CAST scale has been included in the questionnaire for analysing problematic cannabis use (see Figure IV.6). The scale is asked to 15–64-year-olds who used cannabis in the past 12 months. The results show that 1.3% of the Belgian population between 15 and 64 years old has a moderate and 1.8% a high risk of (developing) problematic cannabis use.

  The risk of problematic cannabis use (combination of moderate to high) is particularly prevalent in men (5.5% versus 0.5% for women, significant difference) and in adults (men and women) younger than 45 in Belgium (from 4.3% to 5.7% in age groups 15-24 and 25-34 respectively). Figure 6 below indicates these proportions by age groups and sex.

  Among 15–44-year-olds, the most common problematic behaviour is the use of cannabis in a non-social context and, to a certain extent, the use of it in the morning. Few people who use cannabis have experienced problems due to their use, sometimes memory problems were indicated. A third of the people who use cannabis reported to have been advised to reduce their cannabis use, and more than a quarter admitted that they had failed.

  A moderate to high risk of problematic cannabis use is more frequent in the Brussels Capital Region (respectively 2.0% and 3.9%) than in Flanders (respectively 1.3% and 1.4%) or Wallonia (1.0% and 1.9%).

  The risk of problematic cannabis use is not evenly distributed among the various social classes. This prevalence is higher among those with the lowest educational degree (e.g., 7.1% of those with no or primary diploma) compared to those holding a higher educational degree (e.g., 2.3% of those with a higher education diploma).

  Table IV.3 provides an overview of the risk of problematic cannabis use by sex and split up by recent use (defined as use of cannabis in the past 12 months), current use (last month use) and intensive use (use in more than 20 days per month). The results indicate that a bit over half of the male people who recently used cannabis are at risk of problematic use compared to one in five for women. Higher frequency of use is correlated with higher proportions of people at risk: in general, almost all intensive users are at risk of problematic cannabis use.

Figure IV.6 | Proportion of the population (15-64 years) that showed problematic cannabis use, by sex and age categories (data: Health Interview Survey, 2018, Belgium)

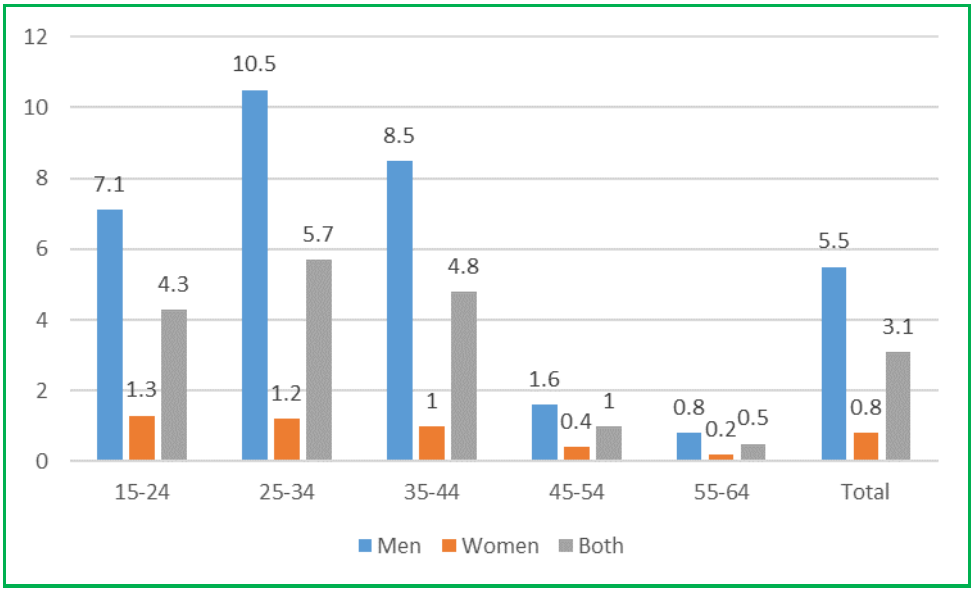


Table IV.3 | Proportion of people at risk for problematic cannabis use by sex and type of user (data: Health Interview Survey, 2018, Belgium)

Type of user	Men	Women	Total
Recent users (= during the last year)	52.4	20.6	43.9
Current users (= during the last month)	67.1	31.7	59.1
Intensive users (>20days in the last month)	98.8	95.0	98.3

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  60% of all treatment entrants for cannabis used this substance on a daily basis during the last 30 days and fall into the high-risk cannabis use category. Among the first-time treatment entrants, this proportion is 57%.

- Students in universities or high-schools (data: In high spirits, 2021, Flanders) (Van Damme et al., 2022)

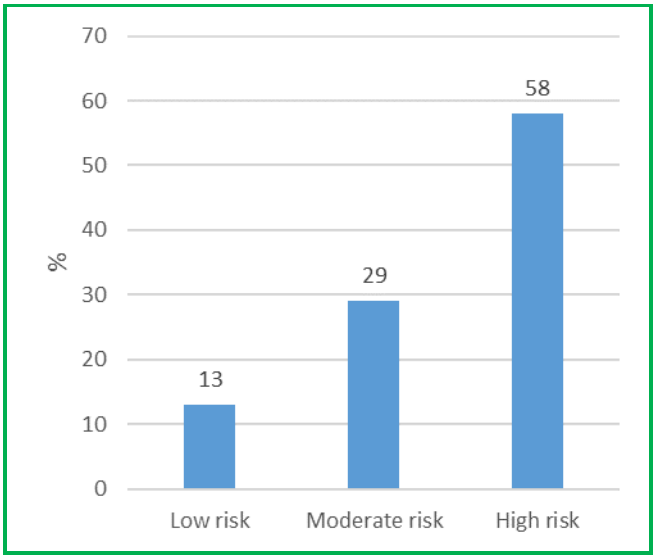
  Most students who used cannabis in the previous year experienced either few or no negative consequences. Specifically, 62.8% experienced no negative effects, 14.6% experienced only one, 9.2% experienced two, and 13.4% indicated more than two negative consequences from the list provided.

  The most frequent negative consequence reported is using more than intended or using the drug for longer than intended (29.5%). 19.3% felt the need to reduce their cannabis use or wanted to stop using it for more than a week, but failed to do so. The other negative consequences included in the questionnaire were indicated by about 1 out of 10 people who use drugs in the past year. Specific attention should be given to the 10.5% who indicated that they could not meet their work or study obligations as a result of their cannabis use.

- PWUD (data: Drug Vibes Survey, 2022, Belgium) (Damian, 2022)

  Figure IV.7 shows that more than half of the people who currently use cannabis are at high risk of problematic cannabis use.

Figure IV.7 | Proportion of people who use cannabis currently by risk of problematic use based on the CAST scale (data: Drug Vibes Survey, 2022, Belgium)



- Calls at Belgian poison control centre (data: Poison control center, 2022, Belgium) (Poison control center, unpublished)

  Among the 322 calls at the poison control centre in relation to people who became a victim because of a specific illicit substance in 2022, cannabis (including both plant based and synthetic cannabinoids) was reported in 15.5%.

- Emergency attendances (data: Euro-DEN, 2021, Flanders) (EMCDDA, 2023)

  Cannabis was mentioned in 31% of the reported emergency cases in Belgium, in 2021, among two participating Flemish hospitals. It's the second most reported drug in an emergency setting after cocaine. The proportion of cases where cannabis is mentioned has increased in 2021 compared with previous years where the proportion was around 26%.

- Road-side testing (data: Road-side testing, 2022, Belgium) (NICC, unpublished)

  Cannabis has been detected in 56% of all positive road-side tests. In three-quarters of these cannabis tests, cannabis was the only drug detected and in 15% of the cases cannabis was detected together with cocaine.

3.4. SYNTHETIC CANNABINOIDS

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  In the TDI database, in 2022, only 5 treatment episodes reported the problematic use of synthetic cannabinoids. As synthetic cannabinoids is not a specific substance category mentioned in the TDI protocol, there is no certainty that all cases have been reported.

- Belgian Early Warning System (data: BEWSD, 2022, Belgium) (BEWSD, unpublished)

  In 2022, 12 synthetic cannabinoids were reported to the BEWSD. This is much lower than the year before where 70 were reported.

  Most of them were delta-8-THC. We can also report the presence of ADB-BUTINACA, 5F-CUMYL-PeGACLONE, CH-PIATA and HHC.

V. DRUGS: STIMULANTS

1. Highlights

- The overall use of stimulants has increased in the general population. With regards to stimulant use, the classical substances such as cocaine, MDMA and amphetamine remain the most popular, while the prevalence of methamphetamine use is negligible. According to the results of Drug Vibes, only around 1 out of 10 people who use stimulants use only one substance in the last month. The vast majority used 2 or 3 substances. Information on the use of (free)base-cocaine (crack) is limited, but there are indications from treatment centres, Needle Exchange Programmes (NEP) and the DCR that crack use is increasing.
- Furthermore, high loads of cocaine, ecstasy and amphetamines are observed in wastewater in Antwerp and Brussels in 2022. Those two cities are ranked in the top five cities in Europe regarding these high loads among over 100 European cities.
- Among people in treatment (TDI data), the proportion of crack cocaine as primary drug is steeply increasing in Belgium. Synthetic cathinones are also more frequently cited as problematic substances although at a lower level than the traditional substances.
- Injecting as the main route of administration of stimulant drugs remains infrequent.

2. Prevalence and trends

2.1. The Relative Importance of Different Stimulant Drugs

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  Among all treatment episodes for all types of illicit substance as primary drug, 23% mentioned powder cocaine as a problematic substance, 12% crack, 16% amphetamines, 1% methamphetamines, 3% MDMA and 2% mephedrone.

  More specifically, among all treatment episodes in 2022 for stimulants-related problems as primary drug and where the specific substance is mentioned 39% were related to powder cocaine, 28% to amphetamines and 26% to crack.

- PWUD (data: Drug Vibes Survey, 2022, Belgium) (Damian, 2022)

  In March 2022, 25% of the people who used drugs and participated in the survey reported having used ecstasy in the past month.

  The same proportion of respondents (25%) reported to have used cocaine in the past month.

  8% of the respondents reported amphetamines and 2% crack cocaine use in the past month.

- Drug checking project (data: Testing database, 2022, French-speaking community) (Modus Vivendi, 2023b)

  Among all samples analysed in 2022 by the drug checking service of Modus Fiesta, 48% were MDMA, 16% cocaine and 5% amphetamines.

- Wastewater analysis (data: Wastewater monitoring campaign, 2022, Belgium) (EMCDDA & SCORE, 2023)

  Since 2020 in Antwerp and Brussels, the mean weekly cocaine, ecstasy and amphetamines metabolites from wastewater analyses have increased.

  For methamphetamines we observe a decrease in Antwerp but an increase in Brussels between 2021 and 2022.

2.2. Stimulant Use in the General Population

- People in Belgium (data: Health Interview Survey, 2018, Belgium) (Gisle & Drieskens, 2019a, 2019b)

  In general, the LYP for all stimulants has increased from 2013 to 2018 (see Figure V.1).

  Cocaine use:

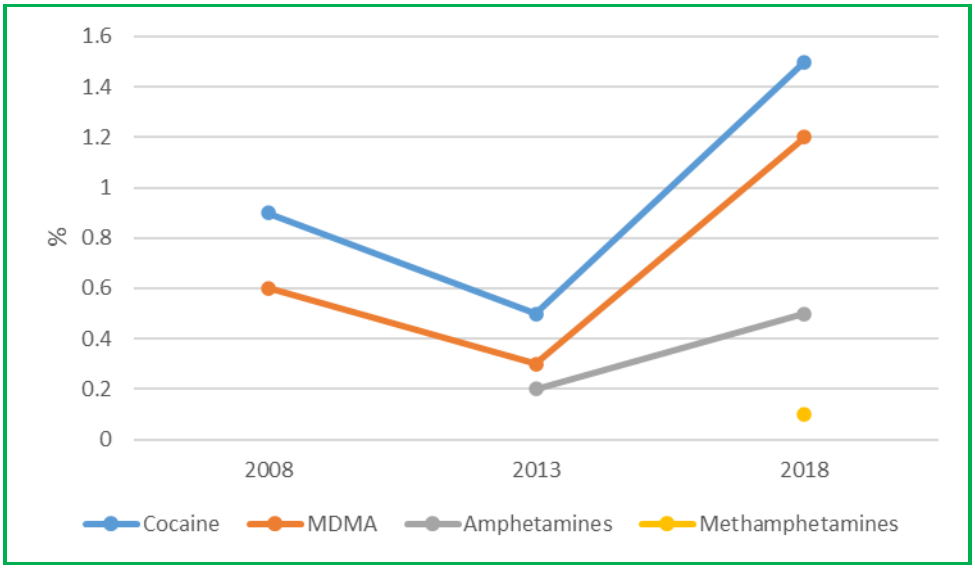
  In 2018, 1.5% of the Belgian population (15-64 years) used cocaine during the past 12 months. This is an increase of 1% and threefold compared to 2013 (0.5%); and the highest prevalence reported since the beginning of adding cocaine-related questions in the survey (0.9% in 2008). The increase is more pronounced for men (2.6%; +1.5% compared to 2013) and limited for women (0.4%; +0.2%).

  LYP is highest in young adults (25-34 years): 3.7%.

  There are clear regional differences: LYP was highest in the Brussels Capital Region (2.9%) compared to Flanders (1.7%) and Wallonia (0.7%).

  Cocaine powder and crack cocaine were examined separately. Only 1 person in the sample confirmed to have used crack cocaine in the last 12 months. This indicates that the use of freebase cocaine is rare in the general population.

Figure V.1 | Trends in last year prevalence of cocaine, MDMA, amphetamine and methamphetamine in the Belgian population (15-64 years) (data: Health Interview Survey, 2018, Belgium)



Ecstasy/MDMA use

In 2018, 1.2% of the Belgian population (15-64 years) used ecstasy/MDMA during the past 12 months. This is an increase of 0.9% and about three times the prevalence reported in 2013 (0.4%) and double when compared to 2008 (0.6%).

Similar to cocaine, the overall increase is mainly due to a larger increase among men (1.9%; +1.5% compared to 2013), while being more limited for women (0.5%; +0.2%).

LYP is highest in young adults (25-34 years): 3.0%.

There are clear regional differences: LYP was highest in the Brussels Capital Region (2.5%) compared to Flanders (1.3%) and Wallonia (0.6%).

Amphetamine use

In 2018, 0.4% of the Belgian population (15-64 years) used amphetamines during the past 12 months. This small increase doubled compared to 2013 (LYP = 0.2%) and is fully due to an increase of prevalence among men (0.8%) while the numbers for women remained stable (0.0%). Although there are too few people who use amphetamine that are captured in the survey to draw conclusions.

LYP is highest in young adults (25-34 years): 1%.

There are clear regional differences: LYP was highest in the Brussels Capital Region (0.6%) compared to Flanders (0.4%) and Wallonia (0.4%).

This category of amphetamines only refers to 'regular' amphetamines, and does not include any other amphetamine-type stimulants such as MDMA (see above) or methamphetamine (see below). This distinction is very important when questioning stimulant use in Belgium, since methamphetamine use is very rare and the user population for MDMA and amphetamines is overlapping but still different. The 2013 results did not make that differentiation yet and hence the numbers of 2013 and 2018 are not fully fit for comparison.

Methamphetamine use

In 2018, questions about methamphetamine use were asked for the first time. In the 2013 wave, there were no specific questions about this substance as it has always been almost absent in Belgium. Indeed, the reported LYP for this substance represented only 0.1% of

the Belgian population in 2018. These people were all male and mostly very young (15-24 years: 0.6%).

2.3. Stimulant Use in Schools and Other environments

- School-aged children (data: Leerlingenbevraging, 2021-2022, Flanders) (Rosiers, 2023b)

  Illicit drugs other than cannabis are used very exceptionally, with a lifetime use of all substances (ecstasy, amphetamines, hallucinogens and cocaine) below 1.5% and a last-year use below 1%.

- School-aged children (data: HBSC, 2022, French-speaking community) (Sipes, 2023)

  LTP of ecstasy is of (2.1%), followed by cocaine (1.6%) and amphetamines (1.0%).

- Students in universities or high-schools (data: In hogere sferen, 2021, Flanders) (Van Damme et al., 2022)

  LYP of cocaine is 5.3%, MDMA 7.5% and amphetamines 1.9%

  These values are significantly higher for males than females.

  These prevalences are also significantly higher for students living on their own than for those living with their parents or in a student room.

- People in nightlife settings (data: Drogues Risquer Moins, 2022, French-speaking community) (Eurotox, unpublished data)

  Ecstasy is the second illicit substance cited by respondents in nightlife settings that they intend to use during the event (32.1%), cocaine is the third substance (15.3%) and amphetamines (9.4%) the fourth substance.

  Four respondents out of ten mentioned that they use ecstasy sometimes (42.5%) and one in ten often (10.9%) when they go out.

  One fourth of the respondents use cocaine sometimes (26.6%) and one in ten often (9.8%) when they go out.

  Finally, one in five use amphetamines sometimes (19.9%) and one in twenty often (4.8%) when they go out.

- People in nightlife settings (data: Het uitgaansonderzoek, 2022, Flanders) (Rosiers, 2023a)

  Over 1 in 5 respondents used ecstasy in the past year (22.1%).

  Cocaine was used in the last year by 17.6% of the respondents.

  The LYP of amphetamines is 5.6% and of synthetic cathinones also 5.6%.

- People in nightlife settings (data : Enquête sur l'impact de la crise COVID-19 sur les pratiques festives et de consommation des jeunes wallons et wallonnes, 2022, Walloon region) (Hogge, 2023)

  16.4% of the respondents declare using MDMA during festive events, 12.4% cocaine and 6.7% amphetamines. Only 2% declare using synthetic cathinones.

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  PWID reported last year use of cocaine (75%), amphetamines (62%), MDMA (24%), methamphetamine (11%) and mephedrone (9%).

3. Patterns, treatment and problem/high risk use

3.1. Patterns of Stimulant Use

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  On average, people entering treatment for stimulants are using two substances.

  41% are using only stimulants, 26% are using stimulants along with cannabis, 29% with alcohol,10% with hypnotics and 4% with hallucinogens

  They use their primary substance (stimulant) on average 3.7 days per week.

  On average they used their stimulant substance for the first time when they were 21 years old.

- PWUD (data: Drug Vibes Survey, 2022, Belgium) (Damian, 2022)

  Below we detail the key findings about people who currently use ecstasy, cocaine and amphetamine (namely, respondents who reported to have used these stimulants at least once in the past month).

  Frequency of stimulant drug use: In 2022, about one in ten people who use ecstasy consumed this drug on a weekly basis (see Table V.1). Regarding cocaine almost one in three respondents use it at least on a weekly basis. For amphetamine use, one third use the substance on a weekly basis.

Table V.1 | Proportion of people who currently use stimulants by the frequency of use (data: Drug Vibes Survey, 2022, Belgium)

Frequency of use	Ecstasy	Cocaine	Amphetamines
Monthly	89	69	47
Weekly	11	28	31
Daily	0	3	23

Polydrug use: Table V.2 provides information about what types of drugs are consumed with different stimulants substances. People who use ecstasy consume cannabis as well (31%) and about 13% consume cocaine. Only one in ten (11%) use ecstasy alone. Similar patterns can be noticed among people who use cocaine; namely, 25% consume cocaine and cannabis and 12% consume cocaine, cannabis and ecstasy. One in five (21%) use only cocaine. Most people who use amphetamine consume only this drug (14%) or in combination with cannabis (19%).

Table V.2 | Proportion of people who currently use stimulants users by the type of drugs combination consumed (data: Drug Vibes Survey, 2022, Belgium)

Drug combination	%
Ecstasy	
Ecstasy and cannabis	31
Ecstasy, cocaine and cannabis	7
Ecstasy only	11
Ecstasy, cocaine, ketamine and cannabis	7
Ecstasy and cocaine	13
Ecstasy, cannabis and ketamine	7
Other combinations	24
Cocaine	
Cocaine and cannabis	25
Cocaine, cannabis and ecstasy	12
Only cocaine	21
Cocaine, cannabis, ecstasy, and ketamine	7
Cocaine, ecstasy	7
Other combinations	28
Amphetamine	
Only amphetamine	14
Amphetamine and cannabis	19
Amphetamine, cannabis, cocaine and ecstasy	5
Amphetamine, cannabis, and ecstasy	7
Amphetamine, cannabis, and ketamine	6
Other combinations	48

Popular drug purchase channels: The most popular ways people who use stimulants obtain their drugs are through a drug dealer (see Table V.3). Between one in five (amphetamines) and one in three (cocaine) don't buy it themselves but receive the substance for free. The online purchase is still very limited for every substance type (ranging between 1 and 6%).

Consumption locations: Table V.4 illustrates the most popular consumption locations among people who use stimulants. For people using amphetamines (60%) or cocaine (55%), the most common venue is at home whereas for people using ecstasy it is in a commercial venue (74%). The proportion of people using in public spaces is rather limited (3% or less) and we see a larger proportion of people using amphetamines at work (9%) than for other stimulant substances.

Motivations to use stimulants: The most popular motivation cited to use cocaine, ecstasy or amphetamines is to feel elated or euphoric (62%, 74%, 59%, respectively), to continue a night out with friends (65%, 57%, 45%, respectively) and to stay awake (46%, 34%, 74%, respectively). For ecstasy and amphetamines, the reason to enhance an activity (listening to music, playing a game or sport) is also frequently cited (69%, 50%, respectively).

Table V.3 | Proportion of people who use stimulants by the type of purchase channels (data: Drug Vibes Survey, 2022, Belgium)

Purchase channel	Ecstasy	Cocaine	Amphetamines
Bought it from a friend/acquaintance	35	16	23
Bought it from internet	4	1	6
Bought it from a drug dealer	36	52	50
People gave it to me	23	29	21

Table V.4 | Proportion of people who use stimulants by the type of consumption locations (data: Drug Vibes Survey, 2022, Belgium)

Consumption location	Ecstasy	Cocaine	Amphetamines
At home, alone or with other people	22	55	60
At commercial venues (bar, club)	74	44	24
On the street or in public spaces	1	1	3
At work	0	1	9

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  49.3% of the PWID respondents also smoked cocaine. Among them 6% do it on a daily basis, 24.3% on a weekly basis, 31% a few times a month and 21% a few times a year. The most common method to prepare their product is still by means of ammonia (64%). The proportion of PWID that purchase already prepared base cocaine from their dealer remained stable and is rather limited (17%).

  The combined use of heroin and cocaine or heroin and amphetamines during the past year is a common practice among the responding PWID (33.5% in 2022).

3.2. TREATMENT FOR STIMULANTS

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  In 2022, more than one in two treatment episodes (58%) of the patients entering treatment for illicit substance use reported a stimulant as being (one of) the problematic substance(s). (See Table V.5).

  5,767 treatment episodes were registered with a stimulant as the primary substance (around 40% of all treatment episodes for illicit substance use). There are more treatment episodes for crack (around 1,600) as primary substance than for powder cocaine (around 1,500) or amphetamines (around 1,200).

  Among the first-time treatment entrants, stimulants represent about 35% of the total number of treatment episodes for illicit substance use. Powder cocaine is more frequently cited as primary substance among first-time entrants (11%) than crack (7%) or amphetamines (5%)

  The proportion of episodes with stimulants as the primary drug is relatively similar in Flanders (34%), Wallonia (37%) and Brussels (39%). But there is a large variation when looking at specific substances, mainly for crack and amphetamines. Crack is much more frequently cited in Brussels and Wallonia than in Flanders whereas amphetamine is much more frequent as primary substance in Flanders and almost not present in Brussels and Wallonia.

  There are 22% of women entering treatment for stimulants as the primary substance. This proportion varies between 20% for powder cocaine to 28% for amphetamines. On average, women are 34 years old and men 35 years old when entering treatment. People are older when entering for crack and amphetamines than for powder cocaine.

Table V.5 | Characteristics of people entering treatment for stimulants (data: TDI, 2022, Belgium)

Characteristic	Stimulant category	Powder cocaine	Crack	Amphetamines
% of treatment episodes where the substance is reported as problematic substance	58	20	14	16
N of treatment episodes where the substance is reported as primary substance	5,767	1,470	1,604	1,191
% of treatment episodes where the substance is reported as primary substance, by region				
Belgium	40	10	11	8
Flanders	41	11	6	11
Wallonia	36	8	21	1
Brussels	42	8	27	2
% of first-time treatment epsiodes where the substance is reported as primary substance	35	11	7	5
% women	22	20	23	28
Mean age men	35	35	37	37
Mean age women	34	33	36	36

- Availability of specific treatment or harm-reduction programmes targeting people who use stimulants
    - De Kiem, a treatment centre in the area of Ghent, developed a specific outpatient treatment program using the Community Reinforcement approach + Vouchers aiming for the treatment of people who use cocaine. They are also trying to expand this method in other Dutch-speaking treatment centres and wrote a manual explaining the method (De Kiem, 2015).
    - In Belgium, the QN project is promoting prevention and harm reduction specifically in nightlife settings. Event locations (discotheques, concert halls, party organizers, festive bars and festivals) are rewarded with a “QN label” as a proof of their efforts in setting up a minimum of specific health services for their audience.
    - A small-scale drug checking facility is available in Brussels (Modus Fiesta, supported by the Cocof). A limited amount of (synthetic) samples is analysed in collaboration with the NFP and these mostly consist of ecstasy tablets and stimulant powders (in total a maximum of ~110 per year). From these data, we know that in Belgium the largest part of MDMA is sold/used in tablet format and contaminants are rarely found. MDMA in powder form is less prevalent but still easily available, while MDMA crystals are rather a rare phenomenon.
- Any other demand reduction activities specific for people who use stimulant
    - The Flemish helpline ‘De Druglijn’ contains a section on their website with a number of online knowledge and self-assessment tests on cocaine, ecstasy, amphetamines (De Druglijn, 2023). There is also a ‘Drug and Alcohol Self-Help programme (‘DASH’) for people who use cocaine (De Druglijn, 2012).

- The CGG Integra (former CAD Limburg) and CGG Kempen run three online treatment programmes, one specifically for cannabis, one for other drugs (ecstasy, amphetamines, cocaine, heroin, ketamine, NPS and GHB) and one for alcohol. In 2022, the website for the other illegal drugs besides cannabis counted 124,434 visitors (of which 96,897 were unique visitors) which resulted in 155 registrations for the online self-help and 187 registrations for online treatment.

3.3. High Risk Stimulant Use

- Calls at Belgian poison control centre (data: Poison control center, 2022, Belgium) (Poison control center, unpublished)

  Among the 322 calls at the poison control centre in relation to people who became a victim because of a specific illicit substance in 2022, stimulants were reported in 34.8%. Among them, 59.8% cases related to cocaine, 30.4% related to amphetamine and 9.8% related to cathinone.

- Emergency attendances (data: Euro-DEN, 2021, Flanders) (EMCDDA, 2023)

  Cocaine was related to 36% of the reported emergency cases in Belgium, in 2021, by the two participating hospitals. Amphetamines to 10%, MDMA to 5% and methamphetamine to only 1% of the cases.

- Road-side testing (data: Road-side testing, 2022, Belgium) (NICC, unpublished)

  Stimulants have been detected in 39% of all road-side tests which is rather stable over the past 10 years. Cocaine alone was found in 40% of these stimulant tests, cocaine with cannabis in 21% and amphetamine alone in 18%.

3.4. Synthetic Cathinones

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  344 treatment episodes reported (primary substance and other problematic substances) the problematic use of mephedrone; while 3 patients reported problematic use of alpha-PVP.

- Belgian Early Warning System (data: BEWSD, 2022, Belgium) (BEWSD, unpublished)

  In 2022, 242 samples contained cathinones. It's almost double the previous year. (128). The most often reported cathinones are x-MMC (122), x-CMC (60) and alpha-PHP (17).

3.5. Injecting and other Routes of Administration

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  On average, in 2021, 5% of the treatment episodes with stimulants as the primary drug reported injection as the current route of administration. This proportion is higher among people who use amphetamines (8%) compared to people using other stimulants.

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  Injection of cocaine (54%), amphetamines (55%) and snowball (36%) is clearly present in the population using needle exchange services in Flanders.

VI. DRUGS: HEROIN AND OTHER OPIOIDS

1. Highlights

- Based on the NEP in the Flemish Community and the treatment data, heroin seems to remain the opioid of preference among people who inject drugs (PWID) and is also the substance most commonly used intravenously.
- The presence of other synthetic opioids without prescription such as fentanyl remains relatively limited. This has also been observed by a study on retail drug quality on heroin where no samples including fentanyl have been found.

2. Prevalence and trends

2.1. The Relative Importance of Different Opioid Drugs

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  Among all treatment episodes for all types of illicit substance as primary drug, 17% mentioned heroin as a problematic substance, 3% methadone and less than 1% buprenorphine or fentanyl.

  Among all treatment episodes for opioid related problems as the primary drug where the specific substance is mentioned, in 2022, 87% were related to heroin and 7% to methadone misuse.

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  Heroin (82%), methadone (70%), and suboxone (21%) are the main opioids used in Belgium among PWID who access syringe exchange in Flanders.

2.2. Opioid Use in the General Population

- People in Belgium (data: Health Interview Survey, 2018, Belgium) (Gisle & Drieskens, 2019a, 2019b)

  After a stable trend between 2008 and 2013, there is a small increase (not statistically significant) regarding last year use of opioids in 2018 in the Belgian population, specifically from 0.2% to 0.7%. There is a statistically significant increase among men (0.6%).

  LYP of opioids is highest among older adults (35-44 years): 1.1%.

  LYP for heroin prevalence reaches 0.1%. Given that this survey is based on a household representative population and that the use of heroin is not very high in Belgium, the number of respondents who reported to have used heroin is too low to conduct further analyses and provide information by, for example, age or gender.

2.3. Opioid Use in Sub-populations

- People in nightlife settings (data: Drogues Risquer Moins, 2022, French-speaking community) (Eurotox, unpublished data)

  Heroin is not commonly used by people going out. Only 0.6% declare to intend to use it during the current event. 1.7% use heroin sometimes when they go out and 0.9 use it often.

3. Patterns, treatment and problem/high risk use

3.1. Patterns of Heroin/Opioid Use

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  On average, people entering treatment for opiates are using 2.1 substances.

  39% are using only opiates, 34% are using opiates along with cocaine, 21% with cannabis and 19% with alcohol.

  They use their primary substance (opioid) on average 5.0 days per week.

  The average age of first opioid use is 24 years old.

- Retail heroin quality (RADAR-heroin-23, 2023, Belgium) (Balcaen, 2023)

  When looking at consumption patterns, the survey points out that 64% smokes and 34% injects heroin. For this question there was a possibility to point out more than one answer, but this was never the case.

  Daily use of heroin is pointed out in 44% of respondents who inject heroin and 39% who smoke/ inhale heroin.

  The survey also questioned combined use and polydrug use. A question was asked if people sometimes mix (explained quite literal) substances to use them together at the same time. 70% pointed out having done this before. Cocaine scored the highest (56% of cases), followed by amphetamines (18%) and crack (10%).

  When going in depth on the question 'are you ever under the influence of other substances when consuming heroin', 8% points out never have done this. For the respondents that answered 'yes', opioids scored highest (20%), followed by cocaine (16%), cannabis (16%), sedatives (16%) and alcohol (16%).

  For the questions on the use of other substances in general, last month use scores the highest for alcohol (68%), cannabis (65%), powder cocaine (57%) and crack cocaine (45%).

3.2. Treatment for Heroin and Other Opioids

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  In 2022, a bit more than one in five treatment episodes (21%) of all patients entering treatment for illicit substance use reported an opiate as being (one of) the problematic substance(s).

  2,227 treatment episodes were registered with an opiate as the main substance (around 15% of the treatment episodes for illicit substance use). And among the first-time treatment entrants, opioids represent about 5% of the total number of treatment episodes for illicit substance use.

  The proportion of opiates as primary drug is much lower in Flanders (11%) than Wallonia (28%) or Brussels (23%).

  There are 18% of women entering treatment for opiates as the primary drug. On average, women are 39 years old and men 41 years old.

  On average, patients start using opioids at the age of 24 and enter treatment for the first time more than 15 years later, at the age of 39.

- Retail heroin quality (RADAR-heroin-23, 2023, Belgium) (Balcaen, 2023)

91% of the respondents point out having been treated for their drug use. 72% of them are currently in treatment and 91% undergo or already underwent opioid agonist therapy (OAT).

- Availability of specific treatment or harm-reduction programmes targeting people who use opioids
    - OAT is available in Belgium with methadone since 2002 and with buprenorphine since 2004.
    - Needle exchange programs targeting PWID have existed in Wallonia since 1994 and in Flanders since 2001.
    - The senate adopted a resolution on the availability of Naloxone in order to reduce the number of deaths related to overdose (Sénat de Belgique, 2023). The Brussels parliament also voted a decree proposal to allow the distribution of Naloxone in harm reduction services. Nevertheless, this proposal is not yet implemented and the discussions on the topic are still ongoing (Parlement francophone Bruxellois, 2023).

3.3. High Risk Opioid Use

- Calls at Belgian poison control centre (data: Poison control center, 2022, Belgium) (Poison control center, unpublished)

    Among the 322 calls at the poison control centre in relation to people who became a victim because of a specific illicit substance in 2022, opiates were reported in 2.8%. Among them, 88.9% was classified as morphine and the other 11.1% as synthetic opioids

- Emergency attendances (data: Euro-DEN, 2021, Flanders) (EMCDDA, 2023)

    The two participating hospitals reported that 7% of the registered emergencies were due to heroin or methadone in 2021.

- Road-side testing (data: Road-side testing, 2022, Belgium) (NICC, unpublished)

    Opiates have been detected in 2% of all road-side tests which is a decrease compared to 10 years ago.

3.4. Synthetic Opioids

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

    51 treatment episodes reported (primary substance and other problematic substances) a problematic use of fentanyl.

- Belgian Early Warning System (data: BEWSD, 2022, Belgium) (BEWSD, unpublished)

    233 synthetic NPS opioids were reported to the BEWSD in 2022. Most of the detected substances are Tramadol (155), fentanyl (59) and sufentanil (9)

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

    The use and availability of other opioids is much less prevalent, though not negligible: both Fentanyl (16%) as well as Oxycodone (14%) are mentioned to be used in the past year among PWID.

3.5. Injecting and other Routes of Administration

- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

    On average, in 2022, 13% of the treatment episodes with an opiate as primary drug report injecting as current route of administration. Furthermore 36% of those reporting opiates as the primary drug have injected a substance at least once in their life.

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  Among the participating PWID that have reported about last year heroin use, the majority (73%) confirmed to have consumed heroin by intravenous injection.

VII. DRUGS: NPS AND OTHER DRUGS

1. Highlights

- Synthetic cathinones, GHB/GBL and ketamine remain the largest subgroups of NPS found in Belgium in 2022. An increase in the last month use of ketamine is reported in Drug Vibes and among people entering treatment. The use of nitrous oxide is still a present phenomenon, mainly among youngsters. There have been many reports on discarded nitrous oxide canisters in urban streets and in the environment of parties. Yet, information on adverse events or incidents under influence remain limited.

2. Prevalence and trends

- People in Belgium (data: Health Interview Survey, 2018, Belgium) (Gisle & Drieskens, 2019a, 2019b)

  In 2018, 0.3% of the Belgian population (15-64 years) has used NPS during the past 12 months. This is a non-statistically significant increase of 0.2% compared to 2013 (0.1%). The use of NPS is present both among men (0.4%) and women (0.2%). Similarly, to cocaine, the increase from 2013 to 2018 is mainly due to an increase in the proportion of men indicating last year use of NPS. Mainly, 15–24-year-olds report NPS use (1.1%).

  There are few regional differences: LYP was very low in Flanders (0.1%), the Brussels Capital Region (0.1%) and Wallonia (0.2%).

- PWID (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders) (Windelinckx, 2023b)

  With regards to the recent use of NPS among the participating PWID, ketamine (33%), GHB/GBL (28%), mephedrone (9%), DMT (5%) and 2CB (10%) are the top five substances mentioned.

- Belgian Early Warning System (data: BEWSD, 2022, Belgium) (BEWSD, unpublished)

  Apart from GHB/GBL and Ketamine, the most reported NPS are x-MMC (117), x-CMC (60), x-F-(meth)amphetamine (42).

- A development that has become very visible mainly in the urban area, though only limitedly measured, is the use of nitrous oxide (N2O) by youngsters. There have been many reports on discarded nitrous oxide canisters in urban streets and around areas where parties take place. Canisters are cheap and sold in regular warehouses, e.g., canisters that are used for culinary purposes. In addition, there have been reports of complaints about nuisance due to youngsters that gather and use N2O (personal communication to NFP by several partners in the national network).

3. Trends and Harms related to Other Drug Use

- People in Belgium (data: Health Interview Survey, 2018, Belgium) (Gisle & Drieskens, 2019a, 2019b)

  For the first time, a separate question asking about the use of GHB/GBL was added in the 2018 wave. The LYP was very low: 0.4% with equal responses in men and women and the use ascribed to the 25+ age group.

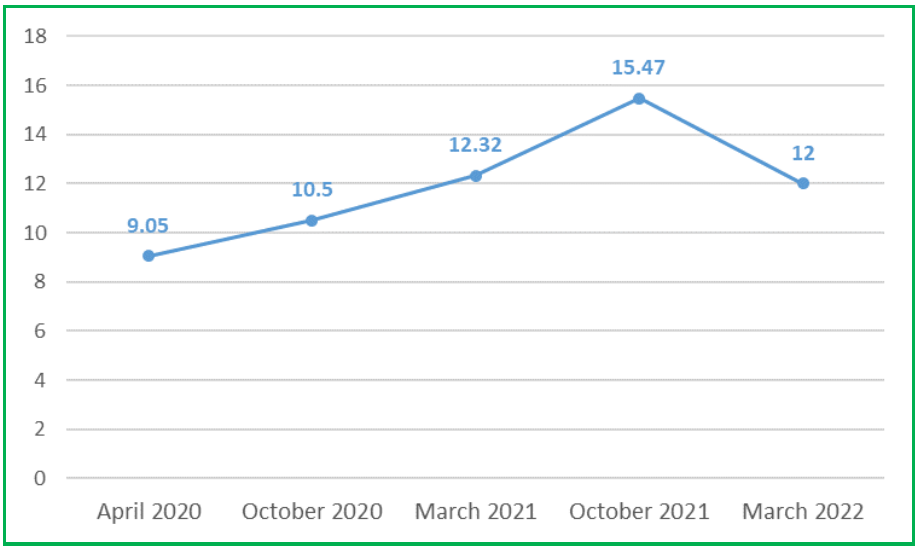
- People in treatment (data: TDI, 2022, Belgium) (Antoine, 2023a; Antoine 2023b; Sciensano 2023)

  Among all treatment episodes of people entering treatment for illicit drugs, 5% indicated a problematic use of ketamine and 3% a problematic use of GHB.

- PWUD (data: Drug Vibes Survey, 2022, Belgium) (Damian, 2022)

  The results presented in Figure VII.1 show an increase in the use of ketamine until October 2021 and then in March 2022 it came back to the level of one year ago.

Figure VII.1 | Proportion of PWUD who used ketamine in the last month (data: Drug Vibes Survey, 2022, Belgium)



- People in nightlife settings (data: Drogues Risquer Moins, 2022, French-speaking community) (Eurotox, unpublished data)

  Ketamine is used by 12.3% of the respondents during the current event. Research chemicals are used by 5.7% and GHB by 1.4%

  One fifth of the respondents mentioned that they use ketamine sometimes (20.8%) and 8.5% often when they go out. 15.5% of the respondents declare to use research chemicals sometimes and 2.5% often when they go out. 6% use GHB sometimes and 0.7% use GHB often.

- Students in universities or high-schools (data: In hogere sferen, 2021, Flanders) (Van Damme et al., 2022)

  LYP of ketamine among Flemish partygoers is 7.3%, for GHB it is 1.6% and for LSD it is 3.5%.

  LYP of ketamine is gradually increasing, from 0,9% in 2003 to 7,3% in 2022.

- Emergency attendances (data: Euro-DEN, 2021, Flanders) (EMCDDA, 2023)

The two participating hospitals reported that 5% of the reported emergencies were due to GHB/GBL, 4% to ketamine in 2021.

- Calls at Belgian poison control centre (data: Poison control center, 2022, Belgium) (Poison control center, unpublished)

  Among the 322 calls at the poison control centre in relation to people who became a victim because of a specific illicit substance in 2022, 46.9% of the calls was related to a different substance other than cannabis, stimulants or opiates. 26.1% was related to a dissociative substance such as ketamine, poppers or laughing gas. 11.8% was classified as an unspecified drug, 4.0% was classified as hallucinogens, 3.7% as sedatives and 1.2% as anabolic steroids.

- The Flemish helpline 'De Druglijn' contains a section on their website with a number of online knowledge and self-assessment tests on GHB and Ketamine (De Druglijn, 2023). There is also a 'Drug and Alcohol Self-Help programme ('DASH') for people who use GHB (De Druglijn, 2012).

VIII. TREATMENT

1. Highlights

- A large variety of services for addiction treatment is available throughout the country, both outpatient and residential, specialised or general, providing low-threshold support, different psychosocial, psychological and healthcare services, including opioid agonist therapy (OAT), social reintegration services and aftercare. Mobile teams offering psychological counselling in the patient's living environment are more and more developed sometimes with an addiction expertise. There are also different projects aimed at getting people into treatment by helping them with the steps and contacts needed to access the care system. For example, a project of this kind has been developed in the DCR in Brussels and another one in all Flemish prisons. Specialised treatment units have been developed in a few prisons.
- Although the availability of services remains relatively stable, there have been some minor changes, such as the closure of a centre in Wallonia, the opening of a new low-threshold centre in Flanders and the creation of a specific day centre for young people in Brussels.
- Around 28,000 patients are in treatment in Belgium. Cannabis and cocaine are equally cited as primary drug (29% of the persons in treatment) and opioids is the third group of substances (cited by 16% of treatment entrants). These 3 substances together represent 74% of the treatment demands.
- Among all treatment entrants, there is a significant decrease in the proportion of patients treated for opiates. A significant increasing trend is observed in the proportion of patients treated for hallucinogens. This concerns more specifically ketamine. The proportion of people in treatment for cocaine increased significantly up to 2018 and is stable since then. The proportion of all treatment entrants for cannabis remains stable over time.
- Among first-time treatment entrants, a significant decrease is observed in the proportion of patients in treatment for cannabis and an increase is observed for hallucinogens.
- The trend in the number of OAT clients is significantly decreasing since 2011.
- A research project is currently underway to assess the feasibility, desirability and conditions to develop a measurement system of patient reported treatment outcomes or experiences.
- Another project focuses on care needs of people with substance use disorders (SUD). Based on a cross-sectional survey they identified some profiles of patients regarding their needs and how these needs are related to other patient's characteristics.

2. Policies and coordination

2.1. TREATMENT RELATED-OBJECTIVES OF THE DRUG STRATEGY

The main treatment-related objectives of the 2010 common declaration of the Interministerial conference drugs (Conférence interministérielle Drogues, 2010) are:

- promoting a global and collaborative strategy for help, starting from an approach on health and integrating other dimensions (such as well-being and social integration);
- providing cure/treatment as well as care and support;
- providing a large choice of facilities, specifically dedicated to PWUD or global health care and services related to well-being;
- creating a balanced geographic spread of the settings based on the evaluation of the needs;
- guaranteeing the availability of various treatment programmes, including drug-free treatment, withdrawal treatment, substitution treatment, harm reduction initiatives, reintegration and aftercare;
- promoting integrative treatment with a focus on dual diagnosis, employment, housing, and psychosocial problems;
- developing a collaborative care/treatment network offering general and specific approaches;
- training of new health care workers in order to ward off waiting lists;
- promoting case management focused on individualized support in specific groups.

2.2. GOVERNANCE AND COORDINATION

The implementation of the treatment-related objectives of the national drug strategy is the responsibility of:

- At federal level: the FPS Health, Food Chain Safety and Environment;
- In the Flemish Community: the department Care of the Flemish government;
- In the Walloon Region: Portal of Social action and health from the public service of Wallonia;
- In the French-speaking Community in Brussels: Social affairs and Health from the Service of the Brussels French-speaking government;
- In the bilingual Community in Brussels: the Commune Community Commission;
- In the German-speaking Community: the government of the German-speaking Community.

2.3. FURTHER ASPECTS OF DRUG TREATMENT GOVERNANCE

- Recommendations from the working group “Asylum and migration” of the Brussels federation of addiction treatment centres (Feda BXL asbl, 2023a)

  This working group met 8 times in 2022 and invited associations in the field of addiction, health, and support. The members of this working group came to the conclusion that PWUD in an exile situation are not sufficiently supported in Brussels. There is a need to reduce the threshold to care and to adapt specific strategies related to these needs.

  The recommendations for the policy makers are:

  - To simplify and uniformize the procedures and the extension of the “Emergency Medical support”
  - To make the mobile teams working with PWUD in exile situations sustainable

- To strengthen and finance the low threshold treatment centres (reinforcement of translation, use of cultural peers)
- To reinforce pharmacies to be more inclusive towards PWUD / people in exile situations
- To improve epidemiological knowledge

The recommendations for care professionals are:

- To build a “migrant friendly” network of care by developing collaborations and reinforcing competences
- To develop common tools (information, coordination, collaboration)
- To finance the development of harm reduction tools (translation)
- To develop harm reduction strategies in places where this population can be welcomed

- Recommendations from the working group “Women” of the Brussels federation of addiction treatment centres (Feda BXL asbl, 2023b)

  This working group was set up in 2020 and has 10 people from different organisations. The recommendations are:

  - To stimulate the capacity of women to act and to obtain the support of their network.
  - To make women visible and integrate a gender perspective into the addiction knowledge.
  - To develop or adapt prevention campaigns integrating women’s matters.
  - To improve access to care.
  - To integrate the gender perspective in all facilities by improving the participation of women.
  - To support the development of a gender-based approach by the professionals on the field.
  - To develop a network approach to improve the support of women and the continuity of care.
  - To work on an institutional reflection on gender by opening discussion with policy makers.

- Political memorandum of the Brussels federation of addiction treatment centres (Feda BXL asbl, 2023c).

  In the light of the future elections, the federation of addiction treatment centres has elaborated some points to be taken into consideration by the political parties. Regarding drug related treatment, they point out:

  - The need to reinforce the structural financing of the specialised addiction sector.
  - The need to decriminalize people who use drugs and facilitate their access to care.
  - The need for a better collaboration between the addiction sector and the Addiction Treatment Chambers (alternative to prison) in the context of a generalization of these chambers.
  - To guarantee the prevention, harm reduction and continuity of care in prison and for every step of the people in contact with justice.

3. Organisation and provision of drug treatment

3.1. MAIN PROVIDERS

The information is collected through the websites of the umbrella organisations: Féda Brussels, Fedito Wallonne, Vlaamse vereniging verslaafdenzorg, VAD, Vind een psycholoog and Psy.be.

3.1.1. Specialised drug treatment centres

- Day-care centres organize individual or group activities on rehabilitation. The frequency of these activities can be adapted according to the patient. These centres are more indicated for patients that are relatively well integrated in their social and family environment or for patients previously treated in a residential programme but in need of a transition phase. These programmes are quite intensive at the level of the patient and ask him/her a certain structure in his/her timetable. Individual sessions are also foreseen to analyse the personal problems of the patient more into detail. Total abstinence is not mandatory; however, clients cannot be under influence during the activities. Substitution treatment is also available in these centres. There are 11 day-care centres in Belgium, mainly in Flanders.
- Consultation centres mainly offer individual care and thus can better respond to individual needs and motivations of every patient. These centres try to enhance their medical, psychological and social situation. An objective might also be to keep contact with the person. These services are used by a heterogeneous population ranging from new PWUD to people with a long history of substance use. The frequency of contact heavily depends on the personal situation of every patient. OAT is part of the therapeutic offer in these centres. Working with group sessions can also be organized. Some of these centres have a low-threshold access policy. The 25 consultation centres are mainly located in Wallonia and Brussels. One of these centres in Wallonia closed in 2023.

3.1.2. Low-threshold agencies

- MSCC are specialised low-threshold agencies offering social, psychological and health care services to marginalised patients with a substance-related disorder. Their main objective is to establish contact with people who tend to be excluded from the standard treatment facilities. A large part of their daily work comprises medical and social care, harm-reduction and substitution treatment. Some of them also offer needle exchange services. In total, there are 10 of these centres, six in Flanders, three in Wallonia and one in Brussels. A centre can also dispose of several satellite services. A new MSCC was created in Flanders in 2023 in the region “Kempen”.

3.1.3. General primary health care

- General practitioners are major actors in the diversified outpatient care offered for the detection and treatment of addictions because of their first line position in the health system. In 2022, 20,112 general practitioners (allowed to practise and candidates) were registered in Belgium. 4,781 GPs were prescribing OAT (24% of all GPs). GPs prescribe 93% of all OAT in Belgium. It is not possible to make the difference between GPs working in their practice and GPs working in specialised centres (OAT register, Pharmanet – RIZIV/INAMI, unpublished data, 2023). Nevertheless, a geographical difference is noticed: in Flanders, only a low proportion of GP in private practice is involved in the distribution of OAT whereas in Wallonia, 80-90% of the OAT is distributed by GPs in private practice.
- Medical health centres are multidisciplinary teams providing first line care. They are aimed at people living in a given district and rely on dynamic community participation. Their action targets a global approach to health in its physical, psychological and social aspects. They are also integrating health care prevention. There are 206 medical health centres in Belgium (103 in Wallonia, 66 in Brussels and 47 in Flanders).

3.1.4. General/Mental health care

- Centres for mental health are outpatient structures with a multidisciplinary approach responding to mental or psychological difficulties of patients. They work with a multidisciplinary team (psychiatrists, psychologists, social workers) in order to respond in an adapted and specific way to the demand. Some centres for mental health have a specific addiction unit but all centres for mental health are able to treat people with an addiction problem. A wide variety of treatments is available within these centres: from an individual approach to group, relational or familial therapy. In Flanders, there are 18 CGGs providing treatment for PWUD. In Wallonia, among the 65 mental health centres, 7 have a specific programme for patients with addiction problems. In Brussels, we can identify 8 centres of mental health dealing with addictions. Which gives a total of 33 in Belgium in 2022.
- Psychiatrists/psychologists in private practices: 2,493 psychiatrists are registered in Belgium, of which 450 (18%) prescribe OAT. In 2022, they prescribed 6% of all OAT in Belgium. For psychologists, it is a bit more difficult to estimate the number working on addiction problems. In Flanders, a total of 1,452 psychologists are registered on the largest online register and 313 (21.6%) indicate the competence of addiction treatment. In Brussels and Wallonia, 1,841 are registered and 262 (14.2%) indicate the competence of addiction treatment in the register (“Trouver Un Psy,” n.d.; “Zoek Je Een Psycholoog?,” n.d.).
- Psychiatric day hospitals are ambulant units within a hospital where a patient can be treated during the day, most commonly after a stay in a psychiatric hospital or another inpatient structure. They generally welcome a stabilized population. Group or individual therapy is performed and social, sports or cultural activities are also organised. There are 63 of these units in Belgium. Some of these units are also providing addiction treatment. The exact information on the provision of drug treatment is lacking but at least 8 (12.7%) of them are registered in TDI.

3.1.5. Prisons

- Health care services providing primary health care and OAT to people in prison are available in every 35 Belgian prisons. Regarding specific programs for PWUD, several projects exist such as the drug-free unit of the prisons of Bruges (D-side) and Hasselt and the B-leave project in Ruiselede which is a specific community-oriented regime for people in prison for whom drug addiction has led to their offending.
- Besides the intern health care services, there are also external organisations providing support and counselling inside prison to people in prison specific for drug addiction problems.

3.1.6. Hospital-based residential drug treatment

- General hospitals offer day and night medical care. Most of the clients with a problem of illicit drug or alcohol use are treated in psychiatric units of these hospitals. Most of the time, a psychiatric unit in a general hospital proposes short admissions caused by an acute somatic mental health emergency (which includes problems related to substance use). The treatment team comprises psychiatrists, psychologists, nurses and also other types of therapists (occupational therapists, physiotherapists) or social workers. In total, there are 72 general hospitals with a psychiatric unit. Among those, 9 are taking part in the pilot project on crisis units with a case manager. In 2021, among 56,102 stays in these psychiatric units, 2,925 (5%) concerned SUD as primary diagnosis and 9,110 (16%) concerned alcohol use disorder. (SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement, 2023).
- Psychiatric hospitals provide residential psychiatric day and night treatment. Contrary to the psychiatric units in general hospitals, these psychiatric hospitals are more focused on treatments with a long duration. Some psychiatric hospitals have specialised programmes with regard to addiction. Most psychiatric hospitals have various offers of therapy (individual or in group), training (such as social skill training or assertive training) and other treatments. In total, there are currently 59 psychiatric hospitals in Belgium. In 2021, among 51,898 diagnoses made

in these psychiatric hospitals, 9% concerned SUD as primary diagnosis (5th most commonly reported diagnosis) and 16% alcohol use disorders (first commonly reported diagnosis). (SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement, 2023).

3.1.7. Residential drug treatment (non-hospital based)

- Specialised crisis centres are set up to work with patients specifically in crisis situations and admit patients very rapidly. Besides taking care of the on-going crisis situation of the client, the objective is to start a physical withdrawal and prepare the patient for additional treatment. Individual or group sessions are provided and as withdrawal covers a large part of the treatment, these centres are medicalised (staff mainly composed of MDs and nurses). Although clients can participate in certain domestic tasks, the organisation of a community is rather difficult, as patients are only staying for a shorter admission period, in general, lasting for 4-6 weeks. The subsequent referral is mostly done to therapeutic communities (TC) but also to outpatient treatment or psychiatric hospitals. Nine specialised crisis centres are recognized as revalidation centres for the treatment of addiction. These centres are located in an independent structure outside hospitals.
- TC focuses on the guidance of clients in the final stage of the addiction treatment, with the objective to start the reintegration into the socio-family environment. These programmes have both an educational as well as a psychotherapeutic facet. The organization of a TC might vary. Nevertheless, a common characteristic of TCs is the group aspect within the treatment: patients are always involved in the organisation or development of a community. Therapy is most often in combination with creative therapy or sport or culture activities. There is most often a long procedure for admission. Patients must have experienced withdrawal symptoms in order to be able to enter this programme. In order to participate in the longer stay (several months) within TC programmes, one may no longer have withdrawal symptoms. This kind of treatment is rather high-threshold and therefore it is necessary that the client is very motivated to start such a programme in the first place. Currently, there are 16 TCs in Belgium.

3.1.8. Supervised housing

- Psychiatric care houses are collective housing facilities for people with a chronic psychiatric but stabilised situation or for persons with a mental deficiency. The necessary care is provided by a multidisciplinary team (psychiatrists, nurses, physiotherapists, occupational therapists, and social assistants). The support is much more intense than what's provided in sheltered houses and the main goal is to stimulate the capacities of the residents. Patients are no longer treated in psychiatric hospitals because their problem is assumed to be stabilised. In most cases, patients are staying permanently. Sometimes in case of relapse, they can be temporarily admitted to a psychiatric hospital. There are 41 psychiatric care houses in Belgium but information is lacking on the number of these facilities providing specific support for PWUD.

3.2. CLIENT UTILISATION

There is no information on the total number of clients in drug treatment centres. The registration systems currently available to have an indication about it are the TDI registration (data: TDI, 2022, Belgium) and the OAT register (data: OAT register, 2022, Belgium).

In 2022, a total of 7,442 clients started treatment for illicit drugs in the TDI outpatient reporting centres in Belgium (see Table VIII.1). These data are reported by the biggest and the most specialised treatment centres in Belgium. But TDI is not registered in some important treatment facilities such as in private practices of general practitioners or psychiatrists, in treatment units in prison, in medical houses or in some centres for mental health. Therefore, no information is available on the number of patients treated in these places. In prisons, a census was conducted in all 35 prisons in March 2022 and showed that 783 people in prison were receiving OAT on that specific day. Another useful information source on the number of clients in treatment is the agonist therapy register, even if it only pictures opioid clients. Therefore, the best estimation of the total number of clients in treatment in Belgian outpatient settings

is provided by adding the number of patients observed in the TDI registration (7,442), the number of patients receiving OAT in community (15,324) and those receiving OAT in prison (783), being 23,549. Unfortunately, there are no possibilities on controlling for doubles between these three information sources.

In total, 4,702 patients in residential settings were registered in the TDI registration system in 2022.

Table VIII.1 | Network of treatment facilities (total number of units and clients) (data: TDI, 2022, Belgium; OAT register, 2022, Belgium)

	Total number of units	National Definition (Characteristics/Types of centre included within your country)	Total-number of clients
Specialised drug treatment centres	36	Day-care centres and consultation centres	4,213
Low-threshold agencies	10	MSCC	2199
General primary health care (e.g., GPs)		GPs prescribing OAT, Medical health centre prescribing OAT	15,324
General mental health care	1,020	Centres for Mental Health specialised in addiction, psychiatrists prescribing OAT, psychologists mentioning addiction as one of their competence, psychiatric day hospital reporting in TDI	858
Prisons (in-reach or transferred)	40	Health unit in prison + External centres providing treatment in prison	172
Hospital-based residential drug treatment	131	Psychiatric and general hospitals	3,695
Residential drug treatment (non-hospital based)	9	Crisis centres	680
TC	16	TC or other long term residential centres	327

3.3. NEW DEVELOPMENTS

3.3.1. Financing problems

Recently, 1 ambulant treatment centres in Wallonia closed. The Walloon federation of addiction treatment centres wrote an open letter to the authorities to warn that 10% of the staff members of the ambulant specialised centres were lost because of a lack of financing (Fedito Wallonne, 2022). They pointed several factors being the source of financing problems:

- A record year in 2022 for salary indexation.
- Services financed on a fixed-price basis with no link to a core team and missions. These fixed amounts, which are different for each service, have not been increased for 13 years.
- Use of the “First-job support” system but with the reform of this financing system coming into force in 2022, the remuneration costs can no longer be met.
- Some services where recurring activities are financed by optional subsidies. The non-indexation of these subsidies and the slowness of the process for renewing and paying resources have added to the financial constraints that are now unbearable.
- An unprecedented energy crisis affecting people who use drugs, workers and care institutions.

Following this letter, the walloon minister of health has been questioned in the parliament. She announced some measures to secure the financing of the centres and the indexing of the salaries (Parlement Wallon, 2023).

3.3.2. Assessment of care needs

In the context of the research project SUMHIT (Nicaise et al., 2021) in which the NFP is involved, research has been conducted to assess care needs of people with substance use and mental health disorders. Users of generic mental health services and specialised addiction services were recruited to answer a self-report questionnaire aimed to assess whether their care needs are met or unmet. This will allow the identification of specific profiles who use rather the generic mental health care sector and/or the specialised addiction care sector, and to identify specific unmet needs.

They conclude that some domains of need are more problematic, and that not all care needs are met similarly. They identified three profiles: one with few reported needs, one with many reported met needs, and one with many reported unmet needs. The proportion of people reporting an unmet need in the domain of interpersonal relationships is very high (from 67% to more than 80%) while unmet needs in mental health care is lower than 30%.

They saw that the proportion of people reporting a need related to mental health, substance use, and socio-economic difficulties is always significantly higher in the population using the corresponding service type than in the population who does not use the service. Therefore, there is globally an adequate resort to services for the people who access them. In general, few significant other associations were found in predicting needs according to service utilization. Nevertheless, they noticed that using social services in the last twelve months was likely to significantly reduce the probability of reporting an unmet need related to substance use. Therefore, the role of social services for other needs should be further investigated. A significant association was also found between reporting unmet needs in substance use and in mental health: people reporting an unmet need in mental health are four times more likely to also report an unmet need related to substance use. In addition, interesting associations were found between unmet needs in mental health, social integration, and primary substance. A lower level of social integration as well as reporting an opiate as the main substance used significantly increased the probability of reporting an unmet need in mental health. This association was not found when reporting an unmet need in substance use. Therefore, using opiates and having a low level of social integration could indicate a possible barrier to access mental health care but not specialised addiction services. Further analysis could be performed in order to explore this hypothesis. More generally, poly-use of drugs and a problematic use of cocaine are vulnerability factors that predict higher probability to report many (unmet) needs.

3.4. KEY TREATMENT RELATED DATA

3.4.1. Last data available

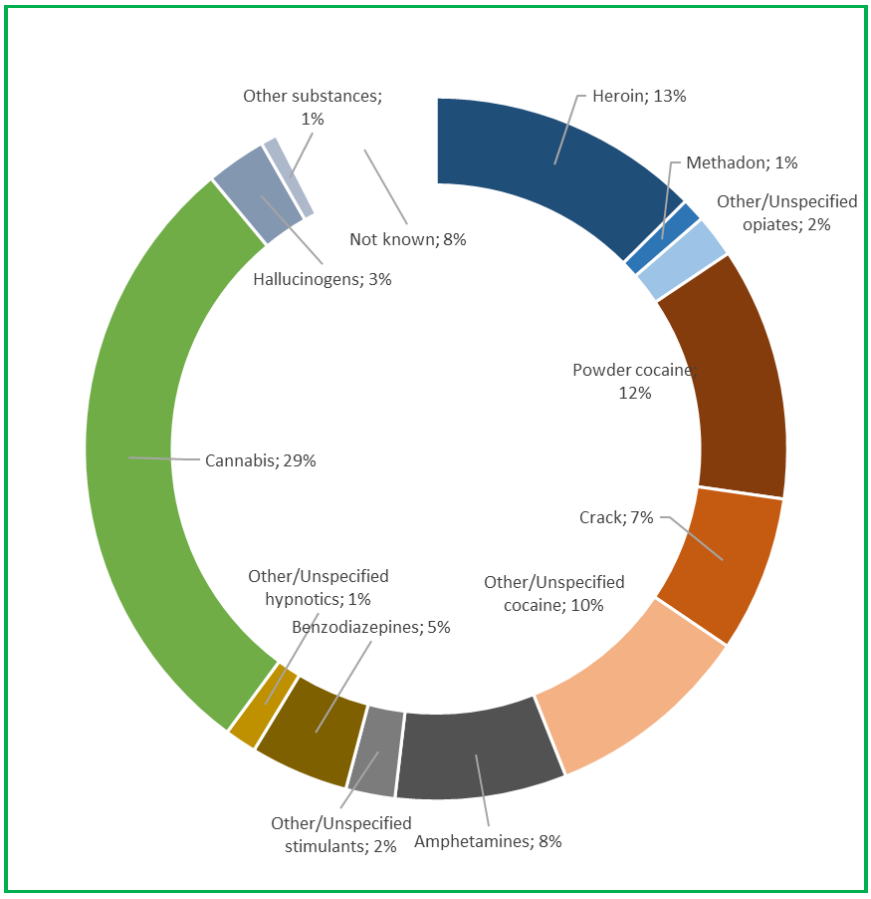
The estimated number of clients in Table VIII.2 is a rough estimate. We cannot control double registration between OAT, TDI and prison registers. It is just the sum of all 3 information sources (as explained in VIII.3.2).

Around the same number of patients are entering for cannabis and for cocaine (as category). Together they represent more than half of the clients (58%). Opioids is the third group of substances with 16% and other stimulants represent 10% of all treatment entrants. Important to note is that 47% of all TDI patients (n=10,573) registered in the Belgian TDI are not shown in Figure VIII.1 because they are patients mentioning alcohol as a primary drug. When ‘No primary substance’ is reported (about 8% of the clients), it corresponds to difficulties for the patients to identify a substance among the whole set of problematic substances used (probably also including alcohol). In the Belgian protocol, these patients are considered as a proxy for polysubstance use. The category “other substances” includes volatile inhalants and other substances which were mentioned only sporadically.

Table VIII.2 | Summary table - Clients in treatment in 2022 (data: TDI, 2022, Belgium; OAT register, 2022, Belgium)

	Number of clients
Total clients in treatment	12,144
Total OAT clients	16,107
Total All clients entering treatment	28,251

Figure VIII.1 | Proportion of all treatment demands by primary drug in 2022 (data: TDI, 2022, Belgium)



Characteristics of clients in treatment are described in the section drugs of this report and will be given in detail in the national TDI report. The latest French and Dutch versions concern TDI numbers of 2022:

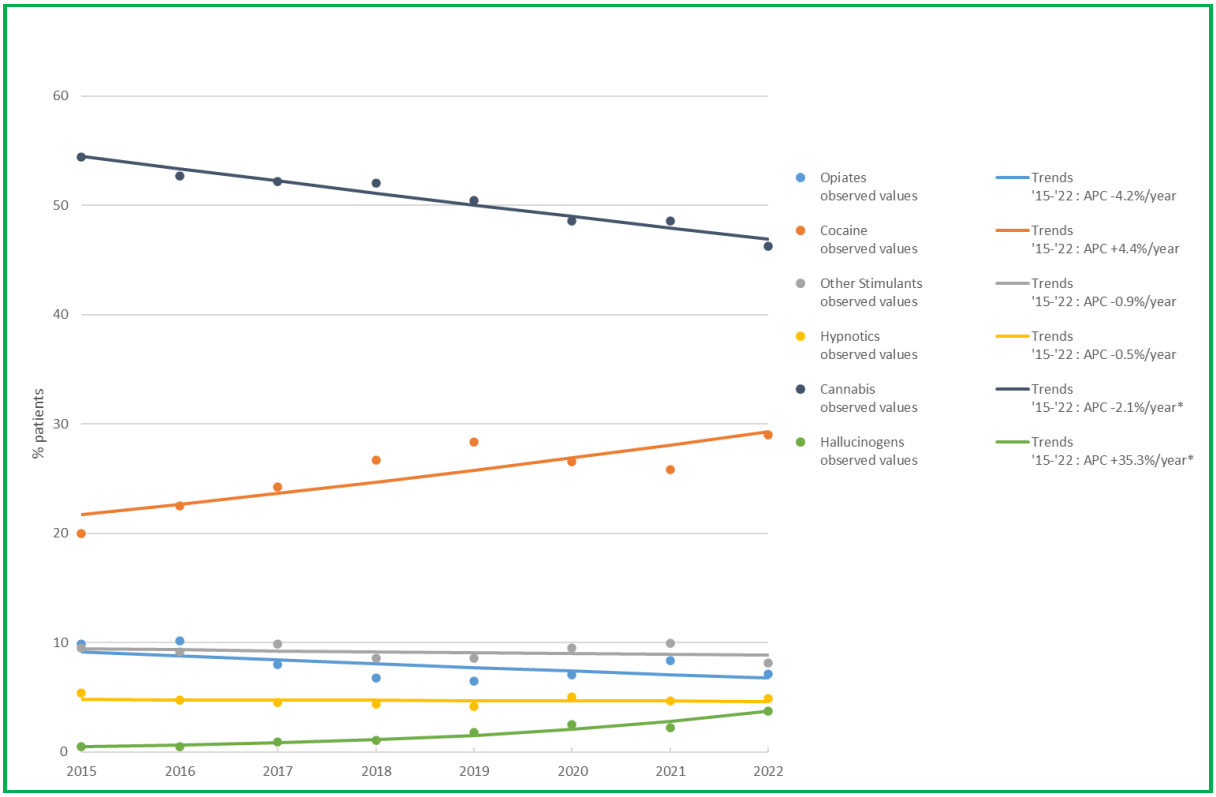
A dashboard has been developed in order to visualize TDI data since 2015

Figure VIII.2 and VIII.3 show trends in the proportion of primary drug among first-time and all treatment entrants in a group of stable centres reporting in a uniform way during the period 2015 and 2022. A joinpoint regression has been performed on these proportions to evaluate if trends were significant.

- There is a significant decrease in the proportion of cannabis among first-time (-2.1%/year) and all (-2.4%/year) treatment entrants between 2015 and 2022. Among this group of stable centres, cannabis remains the first substance among first-time treatment entrants, it is the second most frequently mentioned substance among all treatment entrants after cocaine.
- The proportion of opiates as the primary drug is decreasing between 2015 and 2022 among first-time entrants but not significantly. Among all treatment entrants, we observe a significant decrease between 2015 and 2022 by 4.7%/year.

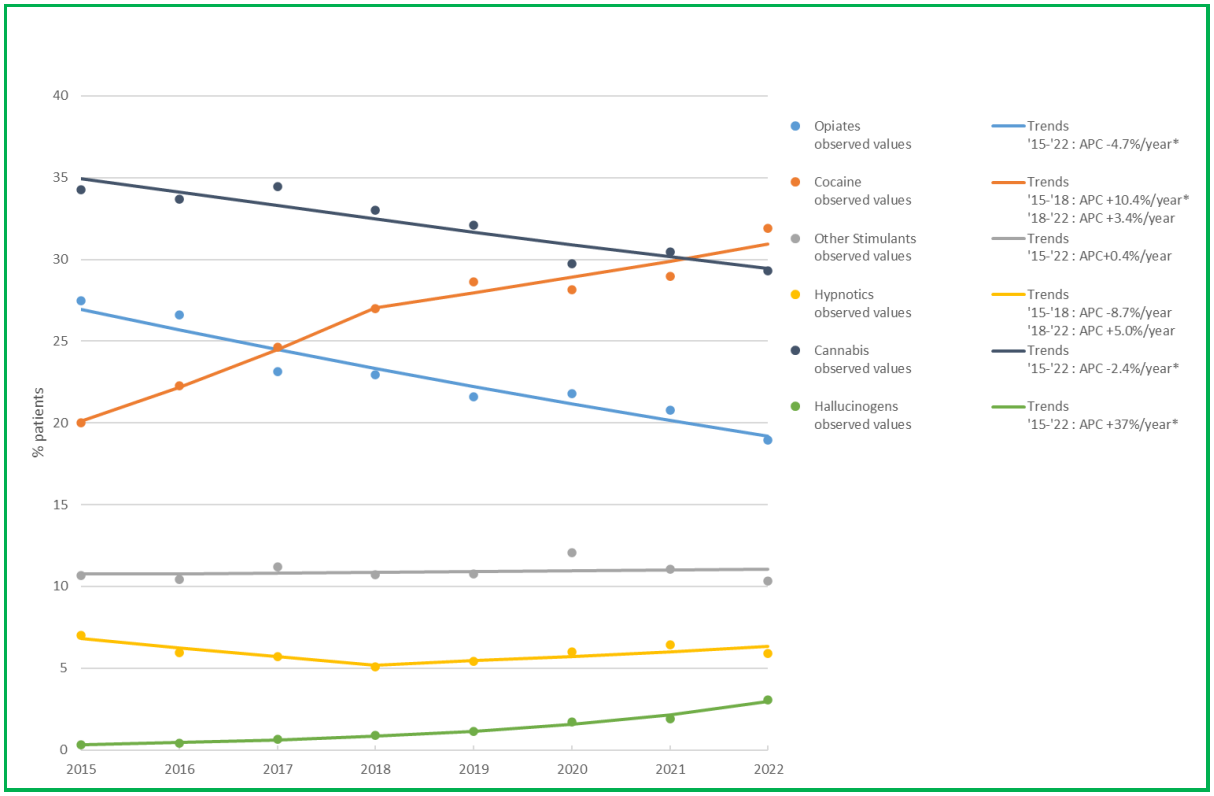
- The proportion of cocaine as primary drug among first-time entrants increased but not significantly. Among all entrants the increase in the proportion of cocaine as primary drug is significant between 2015 and 2018 (+10.4%/year) and is increasing between 2018 and 2022 but not in a significant way.
- The proportion of other stimulants is stable in time among all and first-time treatment entrants.
- The proportion of hypnotics among all and first-time treatment entrants is stable between 2015 and 2022
- Hallucinogens is the substance category for which the increase between 2015 and 2022 is the most important. The increase is significant among first-time treatment entrants (+37%/year) and among all treatment entrants (+35.3%/year).

Figure VIII.2 | Proportion of first-time treated patients reporting a primary substance category among a stable group of centres and annual percent of change and level of significance of the trends, 2015-2022 (data: TDI, 2022, Belgium)



*APC : annual percent change ; * : significant trend at 0.05*

Figure VIII.3 | Proportion of patients reporting a primary substance category among a stable group of centres and annual percent of change and level of significance of the trends, 2015-2022 (data: TDI, 2022, Belgium)



*APC : annual percent change ; * : significant trend at 0.05*

3.5. TREATMENT MODALITIES

3.5.1. Core interventions

Tables VIII.3 and VIII.4 are based on the perception of the NFP (Unit Illicit Drugs, Sciensano) as no treatment facility survey is yet available in the country in order to describe the services provided by the facilities.

VIII.3 | Availability of core interventions in outpatient drug treatment facilities, 2022 (data: expert opinion, Unit Illicit Drugs, Sciensano)

	Specialised drug treatment centres	Low-threshold agencies	General primary health care (e.g. GPs)	General mental health care
Psychosocial treatment/ counselling services	>75%	>25%-75%	>75%	>75%
Screening and treatment of mental illnesses	>75%	>75%	>75%	>75%
Individual case management	>25%-75%	<25%	>25%-75%	<25%
Opioid substitution treatment	>25%-75%	>75%	>25%-75%	<25%

Table VIII.4 | Availability of core interventions in inpatient drug treatment facilities, 2022 (expert opinion, Unit Illicit Drugs, Sciensano)

	Hospital-based residential drug treatment	Residential drug treatment (non-hospital based)	TC	Prisons
Psychosocial treatment/ counselling services	>75%	>25%-75%	>75%	>25%-75%
Screening and treatment of mental illnesses	>25%-75%	>75%	>75%	>25%-75%
Individual case management	>25%-75%	>25%-75%	>25%-75%	<25%
Opioid substitution treatment	>25%-75%	>75%	Not available	>75%

3.5.2. Targeted interventions for specific groups using drugs

The interventions listed here are not exhaustive but concern some specific examples.

- Older PWUD: In Flanders, 3 specific units of hospitals targeting older PWUD have been identified: PZ Onzelievevrouw, Afdeling 32, Brugge (PZ Onzelievevrouw, 2022); Sint-Jozef, Zorgpad ontwenning (Sint-Jozef Pittem, 2022), Pittem; PK Alexianen, Team Ouderen (Alexianen, 2022), Tienen. They treat people 60+. In total there are a bit more than 30 beds and one hospital also offers day-hospitalisations.
- Recent undocumented migrants (asylum seekers and refugees): In Brussels, Artha has been created in 2019 in order to support exile PWUD in vulnerable situations. Since its creation, 130 people have been supported. They offer harm-reduction services and refer these people to specialised centres. The team, composed of 7 workers (psychologists, nurses, and social worker), works together with the teams of Doctors of the World (Médecins du Monde, 2021).
- Women (gender-specific): In the research project "Towards gender-sensitive prevention and treatment for females in Belgium" a mapping at national level of all gender sensitive initiatives for female PWUD was made and is still relevant (Schamp et al., 2018).
- Under-aged children and adolescents:
    - In Flanders, Kompas has set up a program called "*Kompas crisishulp aan huis*" which offers intervention for families with a young person who uses drugs. It's a mobile intervention in a short and intensive way (3-5 days, start within 24h). They also offer counselling during a 6-week period where the acute situation is managed and a referral towards other specialised treatment is discussed (Kompas, 2022).
    - A short residential program for minors using drugs exists also in Eeklo by De Sleutel. The Residentieel Kortdurend Jongerenprogramma (RKJ) in Eeklo has a residential programme for young people from 12 to 18 years of age with accompanying aftercare with the possibility of short-term readmission in the case of a relapse. The RKJ also organises assessment interviews. One of the therapists will talk to the young person and his/her context (parents, referrer, social workers, etc.) in order to assess the seriousness of the addiction and to establish a bridge to appropriate treatment. Moreover, the RKJ has a crisis function with mobile interventions and short-term admissions (De Sleutel, 2011).
    - In Wallonia, at least three treatment centres, Trempoline (Quai Jeunes), Destination (Cap Jeunes) and Phénix (Service Jeunes) propose outpatient psychosocial and medical support to adolescents who use drugs from 14 to 21 years old and their families.
    - Recently a new day centre has opened in the treatment centre Enaden (Centre de jour pour jeunes) in Brussels for youngsters aged 15-25. They offer medical, psychological and social support in a community-based setting open on weekdays. They organise

different kinds of activities (cultural, artistic, sports) and work with the network of the youngsters. The stay can last 3 months to 2 years.

  - A new e-health website (Online psychische hulp voor jongeren) is launched in 2023 for youngsters aged 16-23 and offers support amongst others on substance use.

- Chemsex: Free-Clinic in Antwerp is offering via ChemMEN individual counselling with men who have sex with men (MSM) population who are engaged in Chemsex. They also organise discussion groups one day per month (Free-Clinic, 2022).

3.5.3. E-Health interventions

In 2022, the website cannabishulp.be had 56,767 visitors and 55 received an online treatment. On the website drughulp.be 124,434 visits were registered and 187 registrations for online treatment.

3.5.4. Treatment outcomes and recovery

Given the lack of outcomes research in alcohol and other drug (AOD) services in Belgium and the chronic, relapsing nature of AOD problems among treatment seeking persons, there is a need for longitudinal research on the variation in outcomes after treatment in various AOD services. The overall goal of the OMER-BE research project is (1) to test and prepare the routine measurement and monitoring of patient-reported outcomes and experiences and (2) to measure the effectiveness of various treatment modalities for diverse populations of AOD users. As most available treatment outcome studies have solely focused on clinical outcomes, the OMER-BE study will be one of the first to examine outcomes from a recovery and continuing care perspective, using Patient-reported outcome measures (PROMs) and Patient-reported experience measures (PREMs). The NFP involved in this project is in charge of the feasibility study of the implementation of PREM and PROM measurements in routine practice. In this objective, data collection in some treatment centres started in August 2023.

3.5.5. Social reintegration services

- Tremplin is a consultation space inside the Brussels DCR that enables individual follow-up. It organises access to care by adapting trajectories for PWUD often not integrated in the healthcare network. It started in August 2022. During the first five months of the functioning of the centre, 150 different patients have been followed (24% of the total number of clients of the DCR). One fourth of the clients of Tremplin are not followed anywhere else. These people have had 734 contacts with the centre mainly for nursing care (49.3%), social support (31.2%) and medical consultations (17.6%). Two third of the patients seen by Tremplin are not currently or have never been in drug treatment before. This proportion is much higher for people using crack (79%) or not having a health insurance (81%).(Antoine et al., 2023)

- For the sixth year in Flanders, the Tandem project aims to help all detainees with a mental health problem find appropriate care and assistance after their detention. In 2022 there were 1,473 requests for support among which 834 could be started. 57% of these requests concern addiction, 35% both addiction or mental health problems and 8% only mental health problems. The problematic substance was amphetamine (24%), alcohol (20%), cannabis (15%) and cocaine (13%). Among those started, 11% were referred externally to treatment centres. And 94% of these referrals were effective (Vanthuyne, 2023).

- The project Housing-first Belgium started in 2013 and after a positive 2-year test phase, a supporting team has been set up to further develop these kinds of projects. Currently, around 20 projects are existing in Belgium in different cities and regions. (SPP Intégration Sociale, 2023). More information is for example available on the project led by Smes in Brussels. In 2022, they accompanied 68 persons. 29% were women and their mean age is 48 years old. Among them 15% are abstinent, 28% use one substance and 57% use more than one substance. They note an increase in the proportion of people using crack (one in three). They also try to score the global functioning of every individual at the entrance in the project and after some time. Globally we see an increase in the score in time (Smes asbl, 2022).

3.5.6. Psychiatric comorbidity

Two units in psychiatric hospitals are specifically funded for the treatment of patients with dual diagnosis. Dual diagnosis refers here to a combination of psychotic or bipolar disorder on the one hand and problematic substance use on the other hand. These units were set up after finding that the existing supply of care could not adequately meet the care needs of patients with dual diagnosis. Indeed, practice has shown a more sequential approach (treatment of problematic substance use, follow-up of psychosis treatment or vice versa) rather than an integrated approach that is nevertheless preferable within these situations. Each unit has a multidisciplinary team (psychiatrists, nurses, psychologists, social workers, occupational therapists...). They offer an integrated treatment for a maximum of six months, which can be extended once. A case manager is responsible for preparing the care process that begins after the hospital stay. In 2022, 95 patients were admitted. The average length of stay was two months. Cannabis (45.5%) was most registered in these units, followed by cocaine (37.5%), alcohol (33.5%), amphetamines (32.0%) and opiates (16.5%) (Katia Huard, FPS Health, Food Chain Safety and Environment, 2023, unpublished).

3.6. OPIOID SUBSTITUTION TREATMENT

3.6.1. Main providers

Methadone has been legally available as OAT since 2002. Since 2004, buprenorphine has also been recognised as an OAT. Both methadone and buprenorphine are reimbursed by the health insurance system. The remaining cost to the patient is 1€ per module of methadone. Buprenorphine is about 4 to 5 times more expensive (Réseau Alto, 2023).

The law of 22 august 2002 (B.S./M.B. 01.10.2002) and the royal decrees of 2004 and 2006 (B.S./M.B. 30.04.2004; B.S./M.B. 21.11.2006) authorises any medical doctor to prescribe methadone and buprenorphine, and pharmacists are supported to dispense it. However, a GP prescribing a substitution treatment simultaneously to more than 2 patients is obliged to: 1) attend a specific course on the treatment of people with SUD (or have the expertise in this domain) 2) being registered in a recognised specialised addiction centre or addiction network and 3) not prescribing to more than 120 patients without being attached to a specialised treatment centre.

4,781 GPs and 450 psychiatrists provided OAT treatment in 2022. GPs prescribe 93% of all OAT medication and psychiatrists 6%. The rest is prescribed by other health professionals sometimes not in an agonist therapy context which is one of the limitations of the registration system (OAT register, unpublished).

3.6.2. Key data

In 2022, 15,324 people received a prescription for OAT, either methadone (13,265) or buprenorphine (3,087, Suboxone: 2,454 and Subutex: 633). Some people may receive different types of substances. These numbers are extracted from the Pharmanet register, used for statistics on medicines delivered by public pharmacies. This register doesn't include prescriptions from pharmacies within a hospital or within prisons. Based on the Pharmanet data, it's difficult to distinguish people receiving methadone as an OAT treatment and people receiving methadone for other reasons (e.g., pain relief).

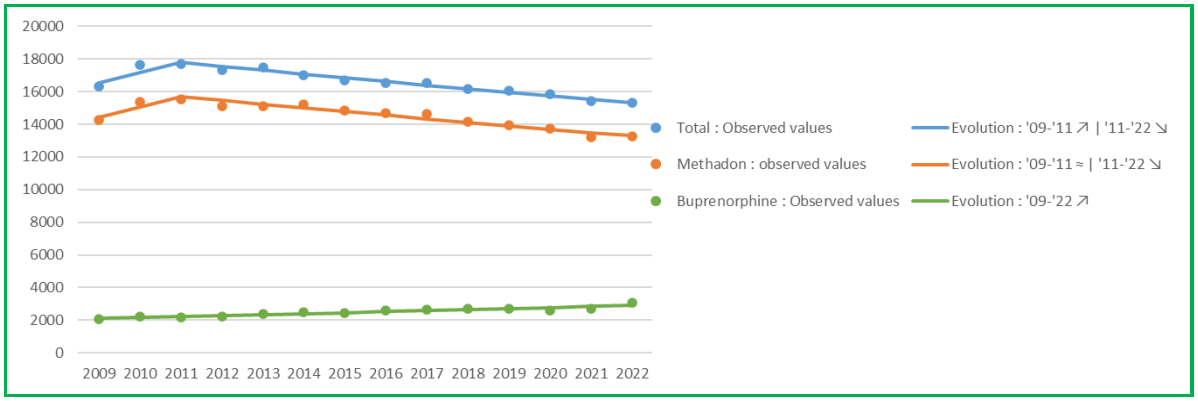
This represents 133 persons in OAT per 100,000 inhabitants. But this proportion is very different according to the regions. There are 220 persons in OAT per 100,000 inhabitants in the Walloon region, 78 in Flanders and 158 in Brussels.

Characteristics of clients in OAT differ slightly between regions. The proportion of women in OAT is lower in Brussels (19%) than in the two other regions (24% in Flanders and Wallonia). The mean age is also 4 to 6 years older in Brussels (50 years) compared with Flanders (46 years) and Wallonia (47 years). Regarding the type of OAT, Flanders has a higher proportion of persons in a buprenorphine treatment than in Wallonia or Brussels.

3.6.3. Trends

Based on the national register on OAT, the number of OAT clients is significantly decreasing since 2011. This is also the case for the number of people receiving methadone. On the contrary, the number of clients receiving buprenorphine increased significantly between 2009-2022 (See Figure VIII.4)

Figure VIII.4 | Trends in numbers of clients in OAT between 2009 and 2022 (data: OAT register, 2022, Belgium)



↗: significant increase ; ↘: significant decrease ; ≈ : stable trend

3.7. QUALITY INSURANCE

A case study (De Pourcq et al., 2023) on the implementation of quality measurement in Flanders has been published. The government aims to enhance the quality of the healthcare services provided, including the field of drug treatment and harm reduction, and make the quality transparent for its citizens by publishing the quality indicators on a central website. As patients and clients have a free choice when selecting their service provider, transparency in the quality of the services provided can help them in making a choice.

To map the quality of care in Flanders, the Flemish Institute for Quality of Care was founded as a partner organisation of the Flemish government that is responsible for the intersectoral development, validation, measurement, and public reporting of quality indicators. The Flemish Institute for Quality of Care has developed a standardised methodology to develop and implement quality indicators which consists of seven consecutive steps: 1. Compose the development group, 2. Review the current state of the scientific knowledge on quality indicators, 3. Select the indicators, 4. Prepare the indicators, 5. Pilot and evaluate the feasibility, 6. Evaluate the results and 7. Determine the reporting format.

They point out some challenges to measure and collect data. Among those are the fact that results are publicly available that might be considered inappropriate for some data providers, the limited amount of resources and doubts about the trustworthiness of the indicators. They conclude that by using a combination of different strategies, the Flemish Institute for Quality of Care succeeds in measuring and publicly reporting quality indicators. Building on an evidence-based methodology, several indicators in the field of drug treatment and harm reduction have been developed. As delivering data is a huge investment of resources for the organisations (e.g., personnel, time, technology), this study shows which strategies the Institute has developed to handle these challenges

IX. HARMS AND HARM REDUCTION

1. Highlights

Drug related deaths.

Based on the general mortality register, Belgium counted between 2011 and 2020 on average 1.26 drug related deaths (DRD) per 100,000 inhabitants. Breaking down this data by region, Flanders had the lowest mortality rate with 0.95 per 100,000 inhabitants, followed by Wallonia (1.62) and Brussels (1.95). The mortality rate was more than 3.5 times higher among men (2.2/100,000) than among women (0.6/100,000).

The BEWSD gives more detailed information about the substances involved. When we look at the 2022 data, we see that 40.0% of the death cases included a benzodiazepine, 38.2% an opiate and 35.7% cocaine. 50.4% of the cases reported only one substance category, 27.8% 2 substance categories and 21.7% 3 or more substance categories. When only 1 substance category is reported, it concerned mainly benzodiazepines (29.3%), cocaine (25.9%) and opiates (22.4%). When 2 substance categories are mentioned, it concerns benzodiazepine and opiates (21.6%), benzodiazepine and cocaine (15.6%) and cocaine and opiates (9.4%). Other less frequently reported substances related to the death cases are cannabis (in 19.1% of the cases), amphetamines (10.4%), cathinones (5.2%), ketamine (7.8%), GHB (5.2%) and MDMA (3.5%).

Drug related acute emergencies

The Belgian Poison Control Centre provides critical information in case of acute intoxications or health incidents. In total, the Belgian poison control centre was contacted by 322 persons of 14 years or older who had an incident related to drugs (alcohol and tobacco were excluded) in 2022. This is similar to the number of victims reported in 2018, in which the highest number of consultations was reported in relation to drugs. 34.8% of the contacts was related to stimulants, 26.1% to a dissociative substance, 15.5% to cannabinoids, 4.0% to hallucinogens, 3.7% to depressants, 2.8% to opioids and 1.2% to anabolic steroids. In 11.8% of the cases, the substance was not further specified.

Although there is no data available about non-fatal overdoses at the national level, a survey conducted by the NEP in Flanders among 224 respondents in 2022 provides some insights about non-fatal overdoses. 10.5% of the participants reported to have had at least one drug overdose in 2022; 3.2% even has had multiple overdoses during the same year. The numbers fluctuate year by year but have remained quite stable in the last 10 years. This survey also provides information about risk behaviour among PWID. Most participants of the survey were men (75.5%) and had an average age of 42. The majority of the respondents (67.1%) did not share any injection equipment. 33.5% of respondents have shared at least once paraphernalia (water, spoon, filter…). 12.7% have used at least once old syringes that had been kept in the same container as someone else's old syringes.11.8% of respondents used at least once in the last year a syringe/ needle used by other PWID.

Infectious diseases

HCV: A study focussing on estimating the prevalence of chronic HCV infection in EU/EE countries, pointed out that the prevalence of chronic hepatitis C infection among recent PWID and ex-PWID was 20.2% and 12.9% respectively. In total, it was estimated that 1,448 (95% CI:1,089-1,857) recent PWID and 1,815 (95% CI: 808-2,997) ex-PWID between the ages of 15-79 had a chronic hepatitis C infection in 2019.

HIV: Injecting drug use as probable cause of HIV infection is reported in 4% of the newly diagnosed infections in 2022 (n=23).

Tuberculosis: Of the 852 cases of tuberculosis registered in 2022, 1.2% (N=10) were associated with intravenous drug use. In five years', time, 52 persons were infected with tuberculosis in which intravenous drug use was identified to be associated with the infection.

Harm reduction services

The MSCC are key in delivering harm reduction services in Belgium. There are ten MSCCs in Belgium, six in Flanders, three in Wallonia and one in Brussels. These are low threshold ambulant centres that offer opioid agonist treatment and most of them offer screening for HBV, HCV and HIV as well. The Antwerp HCV C-Buddy project and the Limburg HCV case management are since 2019 and 2020 respectively part of the Flemish health promotion for injecting drug use. At national level, QN can be mentioned as a national initiative that focuses on harm reduction in the nightlife settings. In both the Flemish and French communities, mobile teams respond to drug related emergency situations and also provide information about illicit drugs at various public events.

Peer support in nightlife settings is coordinated through the project ‘Safe ‘n Sound’ in Flanders. In both the Walloon and Brussels region, harm reduction services are mostly provided by NGOs that receive financial support from the specific regions. They work directly with PWUD, support peer-to-peer harm reduction initiatives, and train non-specialized first-line health professionals or care providers.

The number of distributed and recovered syringes through the NEP services in the French community remained stable last year compared to 2021. The decline of distributed needles in the Flemish community went on (slightly) and the return rate went under 100% for the first time in 20 years. When looking at the annual survey of the NEP Flanders, we see that an increase is reported of people who dispose of their syringe in a plastic bottle or can and threw it away in a regular bin, which can explain the decrease in return rate of needles to the NEP.

The absence of a global legal framework in relation to supervised DCR in Belgium continues to hinder the implementation. Nevertheless, in 2023, a specific paragraph was added to the drug law of 24 February of 1921 in order to exclude DCR from the application of the criminal sanctions referred to in this law. Up to today Belgium has two DCR. The first facility, called Såf Ti ("Protect yourself"), is up and running in Liège since September 2018. The first DCR in Brussels and second DCR in Belgium, called GATE, opened in May 2022.

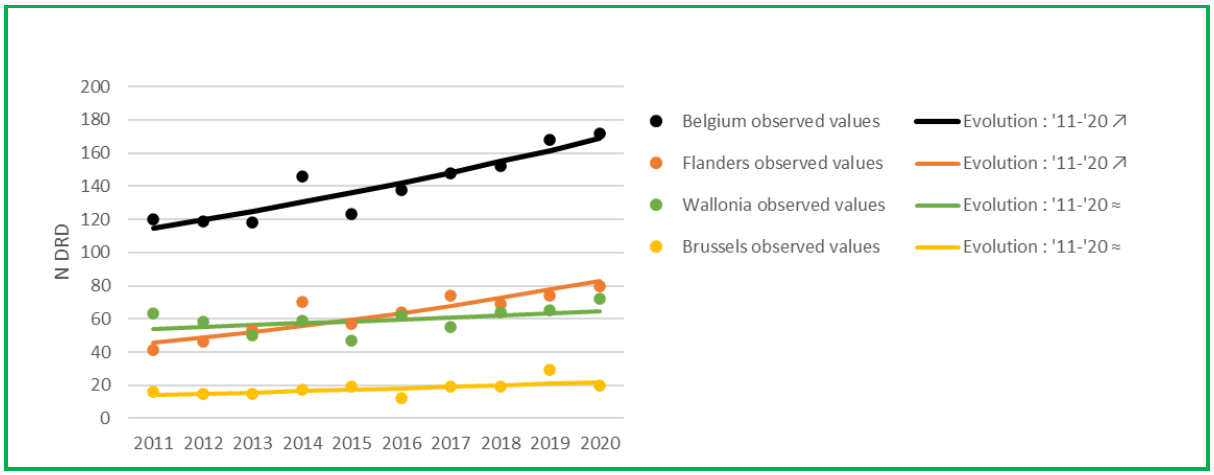
2. Drug-related deaths

2.1. OVERDOSE DEATHS

Figure IX.1 shows the yearly numbers of DRD between 2011 and 2020 (data: Mortality register, 2020, Belgium) (Statbel, unpublished). They vary from 118 to 172, with an average of 137. Flanders and Wallonia account for a relatively similar number of annual DRD in 2020 of 59 and 57, respectively. In Brussels, on average 21 DRD are registered. The trend analysis shows a significant increase during the period 2011 and 2020 in Belgium in general and in Flanders in particular. In Wallonia and Brussels, the trend is stable.

Belgium counts on average 1.26 DRD per 100,000 inhabitants. Flanders has the lowest mortality rate with 0.95/100,000 inhabitants. In Brussels this rate is twice as high, namely 1.95/100,000 inhabitants and in Wallonia the rate is 1.62/100,000 inhabitants. These rates show a similar trend during the period 2011-2020. The trend is significant in Belgium and Flanders but not in Wallonia and Brussels.

Figure IX.1 | Trends in the number of DRD between 2011 and 2020 by region (data: Mortality register, 2020, Belgium)



↗: significant increase ; ↘: significant decrease ; ≈ : stable trend

The mortality rate is 3.5 times higher among men (2.2/100,000) than among women (0.6/100,000). The average proportion of females among DRD over the 2011-2020 period is 24%. This proportion is stable during the period. A significant increase in the mortality rate among men has been observed since 2011 (+4.6%/year). The mortality rate among women is stable over time.

Only 0.8% of the DRD between 2011 and 2020 is younger than 18 years old and 7% is older than 64. The mean age of people over the period 2011-2020 is 42. A significant increase in the mean age is observed over the whole period (+4.4%/year).

2.2. TOXICOLOGY OF OVERDOSE DEATHS

The BEWSD collects additional data from toxicological laboratories about the substances connected with the drug-related deaths (BEWSD, unpublished). Unfortunately, this database is not covering all DRD in the country. In addition, toxicological screening is only conducted at the request of an examining magistrate.

Nevertheless, in 2022, 115 death cases were identified with a psychoactive substance. This is an increase compared with previous reporting but this is mainly due to an increase in the reporting to the BEWSD. 40.0% of the cases included a benzodiazepine, 38.2% an opiate and 35.7% cocaine. 50.4% of the cases reported only one substance category, 27.8% 2 substance categories and 21.7% 3 or more substance categories. When only 1 substance category is reported, it concerns mainly benzodiazepines (29.3%), cocaine (25.9%) and opiates (22.4%).

When 2 substance categories are mentioned, it concerns benzodiazepines and opiates (21.6%), benzodiazepines and cocaine (15.6%) and cocaine and opiates (9.4%). Other less frequent substances reported in the death cases are cannabis (in 19.1% of the cases), amphetamines (10.4%), cathinones (5.2%), ketamine (7.8%), GHB (5.2%) and MDMA (3.5%).

2.3. MORTALITY COHORT STUDIES

A study that linked the TDI database (years 2011–2014) with the databases from seven Belgian health insurance agencies (IMA) and then conducted an all-cause mortality rate analysis, revealed the following (Van Baelen et al., 2019): the overall mortality rate for cases (TDI clients) reached 15.6 per 1,000 person-years (95% CI, 14.8–16. 5) and 1.9 per 1,000 person-years (95%CI 1.8–2.1) for comparators – i.e., people with the same age, gender and place of residence but who were not registered in treatment for addiction.

There were no significant differences between men and women. Comparators were significantly older at the time of death (mean age 53.7, 95%CI 52.6–54.8) than the cases (47.3, 95%CI 46.6–47.9, $t(1984) = 10.5$, $p < .001$). This was the case both for illicit drugs (mean age cases 39.7 vs. mean age comparators 42.3) and for licit drugs (mean age cases 52.9 vs. mean age comparators 58.9).

People who were in treatment (TDI database) had an increased likelihood of a premature death (Hazard Ratio = 8.23, 95%CI 7.50–9.03). This likelihood was higher for people in treatment for illicit drugs (HR =11.19, 95%CI 9.54–13.12) than for people in treatment for legal substances (HR = 6.87, 95%CI 6.11–7.72).

3. Drug related acute emergencies

3.1. CRISIS AND CASE-MANAGEMENT CENTERS

Since October 2002 there are nine crisis and case management centres located in general hospitals (i.e., in Antwerp, Brussels, Ghent, Genk, Leuven, Bruges, Liège, Namur and Mons). These centres or units are placed in the proximity of the emergency rooms and admit patients who come to the emergency rooms with an acute somatic mental health emergency (including here illicit substance use problem) and need further care.

These units offer a total of 40 crisis beds with a maximum stay of five days. Within these five days, the objective is to stabilise, support, and refer the patients to other relevant services to start or continue the treatment/care trajectory. Every unit works with a case manager who offers support to the patients, and also draws-up an individual health care plan to continue their recovery.

The number of admissions to the crisis and case management centres have been recorded and reported since 2011. In 2022; about 2,600 admissions (including alcohol related admissions) were registered. The most often mentioned substance was alcohol (63%), followed by cocaine (8%), sedatives (6%) and cannabis (4%), (FPS Health, Food Chain Safety and Environment, unpublished).

3.2. BELGIAN POISON CONTROL CENTER

The Belgian Poison Control Centre provides critical information in case of acute intoxications or health incidents. This centre is a royal foundation of public utility subsidised by the FPS Public Health within the framework of urgent medical assistance. Its core tasks are to: provide information in case of acute poisonings, manage scientific documentation, and provide antidotes and toxicovigilance (Bekaert et al., 2022).

In 2022, the poison control centre was contacted by 48,039 victims in Belgium. 55,4% were older than 13 years old. Taking into account drug related incidents for which the poison control centre is contacted, the proportion remains low (1.2% of victims older than 13 years old) (Bekaert et al., 2023). It is important to mention here that the calls requesting only information related to illicit substances were excluded.

In total, the Belgian poison control centre was contacted by 322 persons of 14 years or older who had an incident related to drugs (alcohol and tobacco were excluded) (Belgian Poison Control Centre, unpublished). This is similar to the number of victims reported in 2018, in which the highest number of consultations was reported in relation to drugs. 34.8% of the contacts was related to stimulants, 26.1% to a dissociative substance, 15.5% to cannabinoids, 4.0% to hallucinogens, 3.7% to depressants, 2.8% to opioids and 1.3% to anabolic steroids. In 11.8% of the cases, the substance was not further specified. In relation to the specific substances for each category, we see that for stimulants, cocaine is the most reported substance, followed by amphetamine and cathinones. In relation to cannabinoids, mainly plant based cannabis is reported and only to a lesser extent synthetic cannabinoids. Opioids are mainly related to heroin and morphine. The dissociative substances contain in the first place poppers, followed by laughing gas and ketamine.

Across time, we see that most contacts related to drugs concern stimulants. In 2019 and 2020, the poison control centre was most often contacted in relation to cannabinoids. Overtime, we see an increase related to dissociative substances, which became the category second most mentioned in 2022 for the categories opioids and hallucinogens We see a rather stable trend. In regards to empathogens we see a decrease. Substances belonging to this category (such as ecstasy) were the past four years not registered by the Belgian poison control centre. It is also interesting to mention that, some victims of 13 years old or younger reported intoxications due to drugs. In 2022, 23 cases (or 7.0%) were reported. Most often cannabis was mentioned (about 50%), followed by amphetamines (about 20%) and poppers (about 10%). Ecstasy was last reported in 2020. Opioids have not been reported anymore since 2018.

3.3. EMERGENCY ROOMS OF TWO BELGIAN HOSPITALS

The emergency rooms of two Belgian hospitals that are part of the European Euro-Den network reported to have registered 738 cases with acute drug toxicity in 2021. Cocaine was detected in 36% of the cases, cannabis in 31%, amphetamines (including methamphetamine) in 11%, MDMA in 5%, GHB/GBL in 5%, Heroine in 5% and other drugs such as methadone and NPS in 8% (EMCDDA, 2023).

3.4. RADAR-HEROIN-23

RADAR-heroin-23 is a study that looked into the profile of street level heroin in Belgium. The respondents received questions on the experienced effects after consuming heroin.

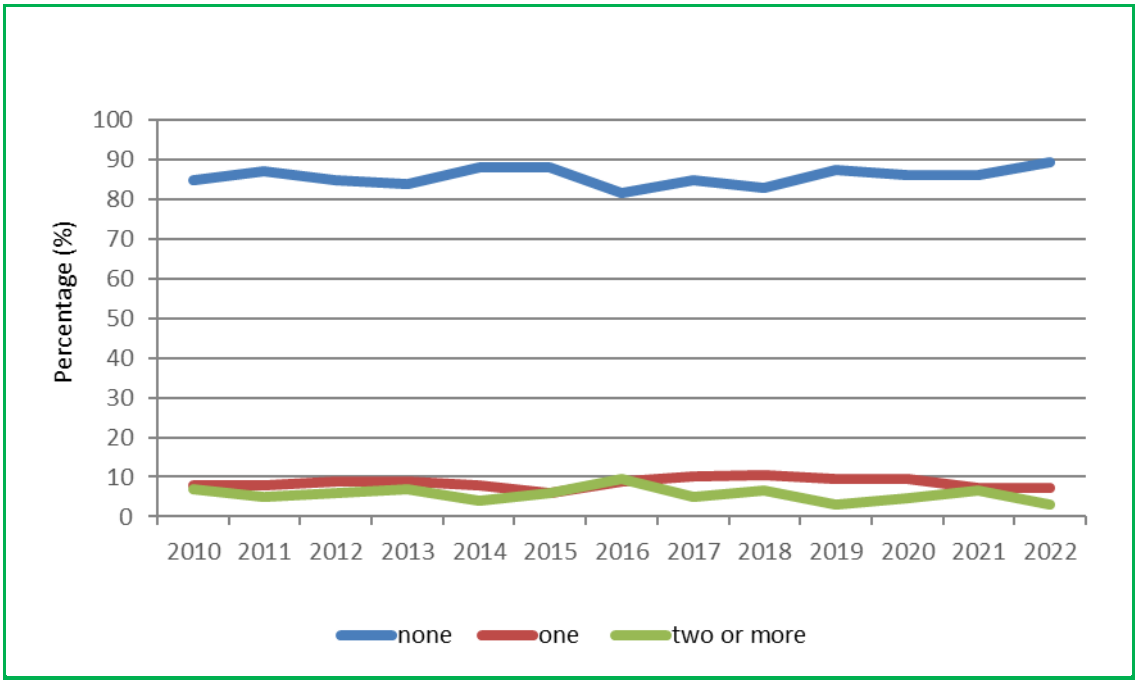
8% of those experienced an unexpected effect, including nausea (3 cases), vomiting (1), vertigo (1), extreme itchiness (1), local irritation (1), stronger than expected (3), weaker than expected (2) and no effect (1).

In sign of the experienced effects, we found it interesting to look into perceived quality. To the people who consumed the heroin prior to analysis, we posed the question: 'how do you rate the quality of the heroin out of 10?'. On average a score of 5.5 out of 10 was given for quality. When comparing the purity of samples, no significant relation between purity and perceived quality could be established (Balcaen, 2023).

3.5. NEEDLE EXCHANGE PROGRAMME FLANDERS

Although there is no data available about non-fatal overdoses at the national level, a survey conducted by the NEP Flanders among 224 respondents provides some insights about the non-fatal overdoses (Figure IX.2). In 2022, 10.5% of the participants reported to have had at least one drug overdose (drug overdoses are not specified per product in the questionnaire) in the last year; 3.2% even had multiple overdoses during the same year (Windelinckx, 2023b). The numbers fluctuate year by year but have remained quite stable in the last 10 years.

Figure IX.2 | Trends in the number of non-fatal overdoses experienced in the past year (2010-2022) (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders)



4. Drug related infectious diseases

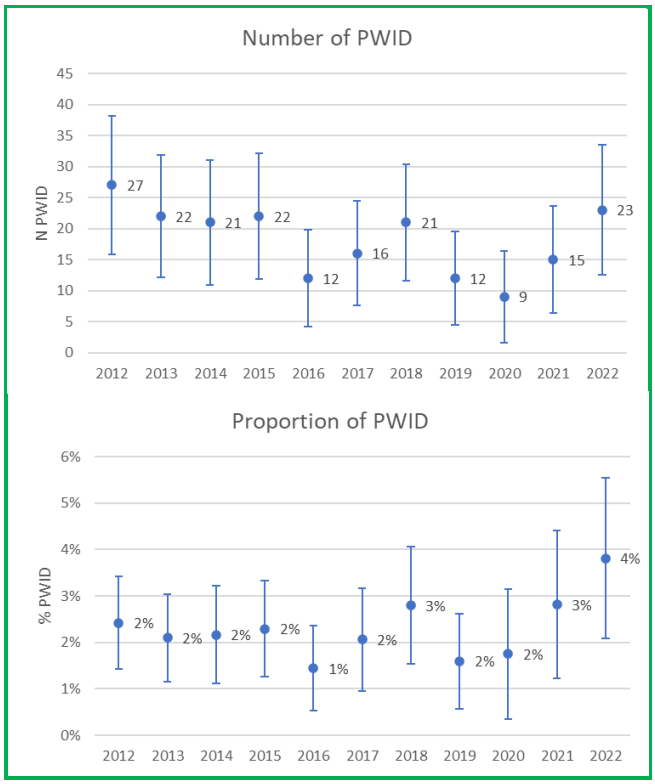
4.1. HCV

A study was conducted in 2022 in order to estimate the prevalence of chronic HCV infection in EU/EEU countries based on national data. In relation to the Belgian population aged 15-79 years old, the prevalence of chronic hepatitis C infection among recent PWID and ex-PWID was estimated at 20.2% and 12.9% respectively. In total, it was estimated that 1,448 (95% CI:1,089-1,857) recent PWID and 1,815 (95% CI: 808-2,997) ex-PWID between the age of 15-79 had a chronic hepatitis C infection in 2019 (Thomadakis, et al. 2023).

4.2. HIV

Figure IX.3 illustrates the number and proportion of HIV diagnoses related to intravenous drug use from the past decade. We can see that, among those newly diagnosed with HIV in 2022, there were 23 people (4%) reporting intravenous drug use as being the likely mode of transmission. We notice an increase in the proportion since 2019. Nevertheless, no significant trend is detected for both the number and the proportion of PWID based on a joinpoint regression analysis. In this group, 94% were men, the average age was 35 years old, 39% hold a Belgian nationality, 31% have another European nationality, and 27% had a non-European nationality (Sciensano, unpublished).

Figure IX.3 | Number and proportion of newly HIV diagnoses related to intravenous drug use (2012-2022) (data: HIV register, 2012-2022, Belgium)



4.3. TBC

Of the 852 cases of tuberculosis registered in 2022 in the national TBC register, in which 1.2% (N=10) of these cases were associated with intravenous drug use. In five years' time, 52 persons were infected with tuberculosis in which intravenous drug use was identified to be associated with the infection. 88.5% of the cases were male (data: TBC register, 2022, Belgium) (ULB, unpublished).

The median age of these persons was 42.5. 9.6% have already had a TBC infection before. On the basis of data between 2016 and 2020, we know that 61.5% of the patients (65) had a successful

treatment. This is lower compared to all patients diagnosed with TBC for this period. However, the registration of the identified risk factors is underreported and therefore these values need to be treated with caution.

This data indicates also that, since 2001, the national tuberculosis incidence has declined from 12.8 cases per 100,000 inhabitants to 7.4 cases in 2022. It also shows some regional differences, specifically among the people registered with TBC in 2022, 43.5% were living in Flanders, 31.9% in Brussels, and 24.5% in Wallonia. In Flanders 0.1% had TBC related to the intravenous drug use, compared to 0.1% in Brussels and 0.9% in Wallonia.

4.4. RISK BEHAVIOUR

Data on the risk behaviour is available for PWID who attended one of the NEPs located in the Flemish Community in 2022. 244 valid questionnaires were filled out. Most participants of the survey were men (75.5%) and the average age was 42. The majority of the respondents (67.1%) did not share any injection equipment. 33.5% of respondents have shared at least once paraphernalia (water, spoon, filter…). 12.7% have used at least once old syringes that had been kept in the same container as someone else's old syringes. 11.8% of respondents used at least once in the last year a syringe/ needle used by other PWID and 7.8% reported to have shared injection equipment with more than two persons (Windelinckx, 2022b).

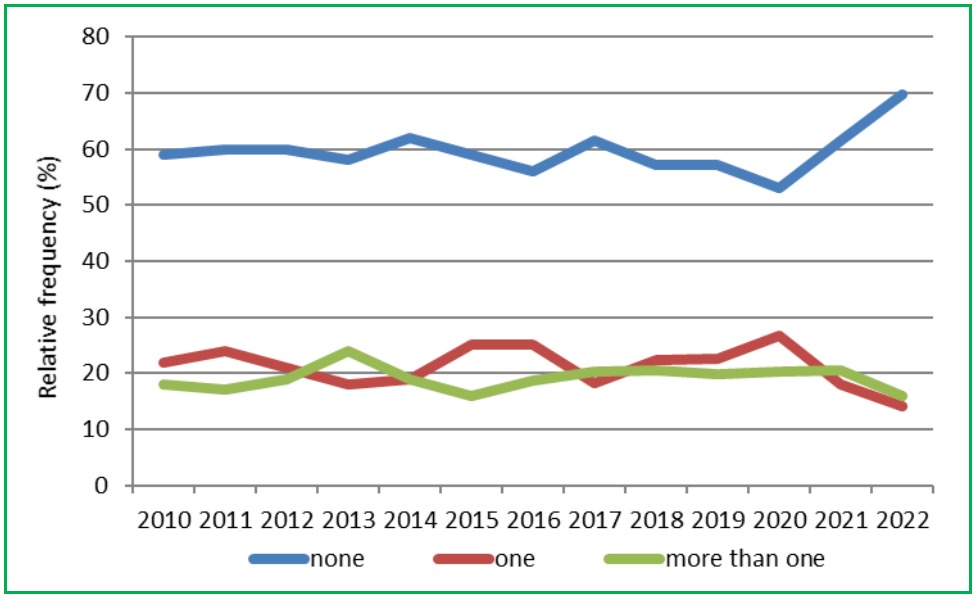
In the last few years, more and more people report to have never shared a syringe or paraphernalia; which means an increase in the number of people that followed the guidelines for harm reduction in the last years. In 2022, questions on sharing syringes and/ or paraphernalia were adapted slightly, e.g. sharing in the last year instead of the last 4 weeks. In 2022, 66.5% of people in contact with the Flemish NEP did not share paraphernalia. 87.6% never used syringes that had been kept in the same container as someone else's old syringes. 89.1% never shared used syringes with someone else and 90.5% never injected with needles/ syringes already used by someone else. 67.1% never shared injection material in general, including syringes, needles, spoons, filters and water (Windelinckx 2022b; Windelinckx 2023b).

5. Other drug-related health harms

5.1. INJECTION ABSCESSES

The prevalence of PWID visiting the NEP in the Flemish Community reporting injection abscesses has been fluctuating in the past years (see Figure IX.4). Nevertheless, compared to previous years, more respondents reported having had no abscesses in 2022. The prevalence of respondents reporting 2 or more abscesses is rather stable throughout the past years (Windelinckx 2022b).

Figure IX.4 | Trends in the number of abscesses in the past year between 2010 and 2022 (data: Evaluatie Onderzoek Spuitenruil, 2022, Flanders)



5.2. COMORBIDITY

No data were reported in 2020 due to the COVID-19 pandemic. Since 2021 only data on primary diagnoses are mandatory to report, so no data related to comorbidity are expected in the coming years. Data around primary diagnoses for 2021 are also not yet available.

6. Harm reduction interventions

6.1. Drug policy and harm reduction objectives

The Belgian national drug strategy is defined by the Federal Drug Policy note of 2001 and is confirmed by the Common declaration of 2010 (see I.2.1). The main aim of the Belgian drug policy is the prevention and limitation of risks for PWUD, their environment and for the society as a whole. Evidence-based harm reduction is consequently included in one of the three pillars of this drug strategy. The objective is to stimulate the development of harm reduction-related initiatives by strengthening zero (e.g., voluntary aid) and primary (e.g., general practitioner) care. Within this objective, priority is given to OAT programmes, medical and psychological support and programmes to stimulate social integration by means of employment and useful time allocation for ex-PWUD. Next to these priorities, needle exchange and controlled heroin provision are also mentioned in the drug policy note (Belgische kamer van volksvertegenwoordigers en senaat, 2001).

Besides action plans at national level, the Communities and Regions also define harm reduction objectives for PWUD in their regional action plans.

Additionally, a Walloon prevention and health promotion plan (WAPPS) was published in 2019. This plan covers amongst others harm reduction objectives related to the use of licit and illicit drugs. The main harm reduction objective is to improve the quality of life of PWUD and to mitigate related negative effects by 1) reducing stigma and discrimination related to the use of psychoactive substances; 2) promoting access to prevention, health promotion and health education services and support structures adapted to the needs in the different environments of life (including drug checking of substances in nightlife settings) and 3) encourage the participation of the target audience's relatives, including the adult peers and recognize their expertise. In addition, the plan considers PWUD also as a target group to be involved in the prevention of infectious diseases. More particularly to inform them specifically about prevention measures and to improve the sexual and reproductive health with regard to sexual orientation, gender identity and expression, gender policy, contraception, access to abortion and the fight against sexual violence. In 2022, a team of experts was instructed to update the WAPPS and provide strategic priorities for 2023-2027 programming. The decree of the ‘promotion of Health and Prevention’ was validated in July 2022 and the plan was operational from the beginning of 2023 (Aviq, 2022).

6.2. Organisation and funding

The MSCC are key in delivering harm reduction services. Ten MSCCs exist in Belgium (six in Flanders, three in Wallonia and one in the Brussels). The MSCC are low threshold ambulant organisations. Opioid agonist treatment is often delivered through the MSCCs.

In Flanders, the NEPs are coordinated by the Free Clinic in cooperation with four other MSCCs (one per province in Flanders). The GIG (Health promotion in injecting behaviour) includes the 5 NEP in Flanders and 2 hepatitis C projects – one in Antwerp (C-Buddy- peer project) and one in Limburg (case management).

The initiative QN is important because it provides guidelines for different public events and nightlife settings.

In both the Walloon and Brussels Region, harm reduction services are mostly provided by NGOs (for example Modus Vivendi) that receive financial support from the Walloon and/or Brussels Regional government. They work directly with PWUD, support peer-to-peer harm reduction projects, and train non-specialized first line health professionals or care providers. They also develop different types of projects in different environments such as nightlife settings, streets, prisons, etc.

6.3. INITIATIVES

- **Infectious disease testing**

Little is known about the systematic testing of PWUD. In Flanders, most low threshold centres (MSCC) offer a screening for HBV, HCV and HIV when people come for an intake. The objective is to screen every client at least once every two years. Clients are mostly screened on a yearly basis. The NEPs routinely test new clients after five to seven visits. Besides, during the Hepatitis C awareness week 'swab-to-know' in July, information and screenings for hepatitis C are provided in addition. Since 2017, a PCR screening is included in the swab-to-know week (Windelinckx, 2019a). Since the expansion of HCV care management, more HCV screenings and awareness moments are organised also to non-MSCC clients.

In the French Community, PWUD are routinely asked to be tested by low threshold centres. Furthermore, rapid tests are available for HIV and Hepatitis since 2017. In the Brussels capital region, SAMPAS also provides outreach services in first-line facilities, improves access to screening, offers hepatitis testing using the mobile Fibroscan and provides consultation with a hepatologist to make possible to build a care pathway and ensure continuity of care. Results of these tests are currently not registered in a systematic and coherent way (Reseau hépatite C, unpublished). Because of this reason we received the past years information on HCV screening only from the MSCC of the province of Flemish Brabant. In relation to HCV antibody tests, 64 people were tested in 2022. For 1 man between the age of 25-34 the presence of HCV antibodies could be confirmed. Concerning HCV-RNA, 21 people were tested and also one man between the ages of 25-34 had a confirmed test. These data have to be treated with caution and are not generalisable (MSSC Flemish Brabant, unpublished).

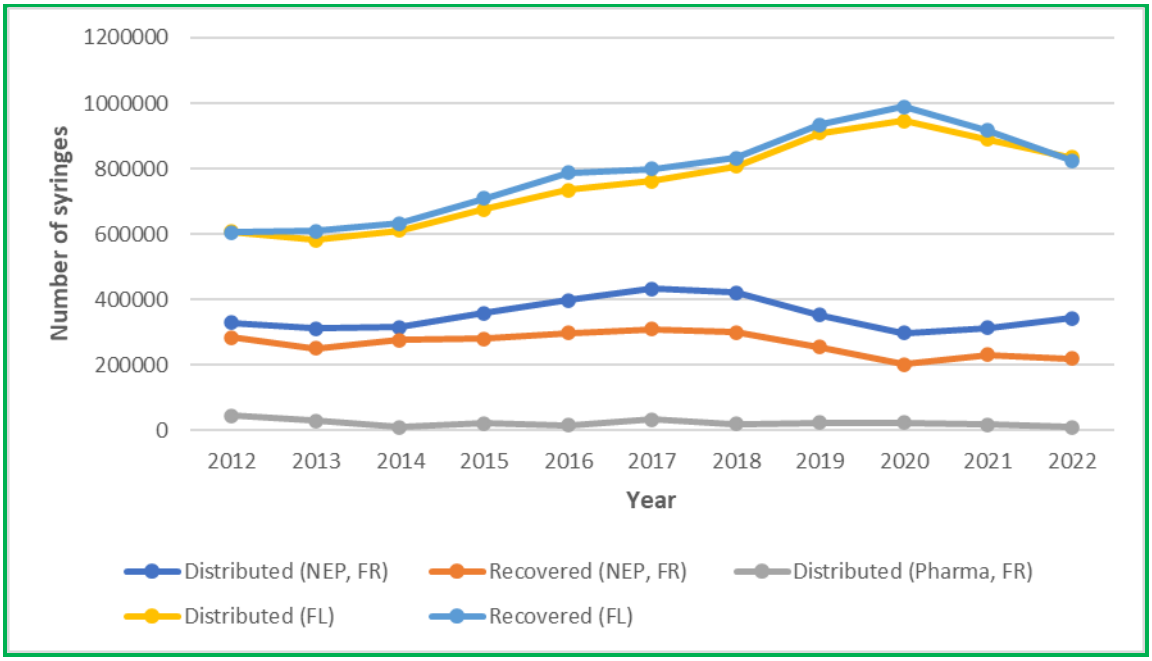
- **Syringe distribution**

NEPs distribute sterile injecting material and additional prevention material among PWID and collect used needles. In this way, these programmes aim to prevent the spread of infectious diseases and other health risks, such as overdoses and abscesses. NEPs can facilitate the referral of PWID to prevention services or treatment options. NEPs are a federate competence and is as such coordinated since 2001 by Free Clinic for the Flemish Community and for the French Community since 1994 by Modus Vivendi. Free Clinic is, amongst others, also one of the MSCC of Belgium and is located in Antwerp. In cooperation with five other needle exchange coordinators in the Flemish Community (one per province), the Free clinic implemented the NEPs in 2001. The provincial needle exchange coordinators create a network of health care professionals and pharmacists helping in the distribution of sterile injecting material, including syringes, filters, ascorbic acid, spoons (Exchange©), alcohol swabs, flasks of injectable sterile water, foil, bicarbonate and containers to recover used syringes. Since 2016, at least one collection container for used injection materials in public places is available in every Flemish province. In 2022, a total of 19 collection containers were available. These collection containers are also present at some places in the Brussels and Walloon Region. Results of the application of the annual questionnaire among people using NEPs in the Flemish Community show that PWID received in 2022 information about NEPs mostly through drug treatment (71%), friends (43.7%) and outreach workers (32.1%). The question on where people get their syringes wasn't asked in 2022, as not much difference was noticed in the latest year. In 2022, the NEPs in the Flemish Community reached 14.2% new clients, meaning that this proportion has only made use of these programmes for less than one year. Nevertheless, 42.1% of the respondents claimed to know PWID who do not make use of NEPs. Although minors are not reached by the NEPs, 5.4% of the respondents are in contact with minor PWID (Windelinckx, 2023b). In addition to NEPs, needle patrols are also active in various cities of the provinces (in Antwerp and East Flanders this is on a structural basis).

In the French Community, fixed and a few mobile NEP exist and additionally pharmacists are involved to distribute "Stérifix" kits to PWID at the cost of 0.5 euro. These kits include two syringes, two alcohol swabs, two dry post-injecting swabs, two spoons, two flasks of injectable sterile water and harm reduction information. There is no regular survey among people using NEPs in the French Community (Eurotox, unpublished). A recent survey addressing syringe exchange in Brussels pharmacy (n=374) recently established that 6% of the pharmacies sell the stérifix to PWID (Selis et Poulin, 2022).

As shown in Figure IX.5, the number of needles distributed and collected in the French Community remained stable compared to last year.

Figure IX.5 | Number of syringes distributed and collected by NEP and by pharmacists in the Flemish (FL) and French Community (FR) between 2012 and 2022 (data: NEP Flanders, 2012-2022 ; NEP French Community, 2012-2022)

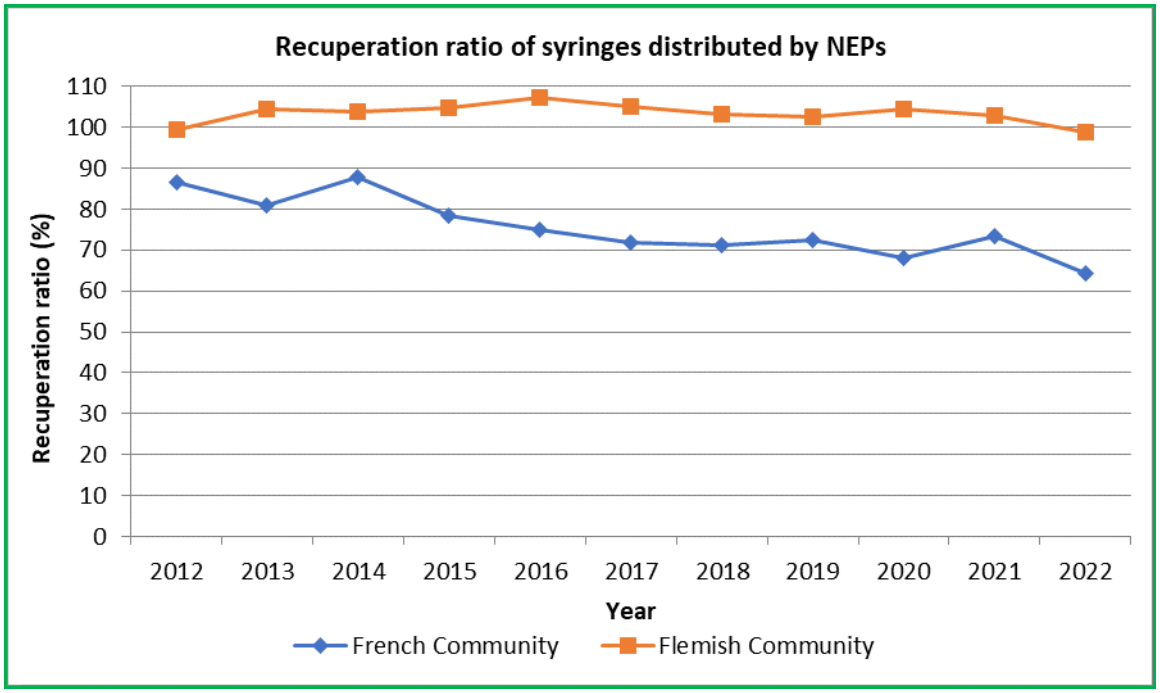


In the Flemish Community, the decline of distributed needles went on (slightly) and the return rate went under 100% for the first time in 20 years. The NEP is still reaching new PWIDs. Also, different groups of injectors are still reached, such as people who use amphetamine for example (Free Clinic, Windelinckx, T., personal communication, 2023). When looking at the results of the annual survey of the needle exchange program we see that an increase is reported of people who dispose their syringe in a plastic bottle or can and threw it away in a regular bin, which can explain the decrease in return rate of needles to the NEP (Windelinckx, 2023b) .

The differences in the amount of syringes and needles distributed and recuperated between the Flemish and French Community can be explained by the fact that the NEP in the Flemish Community are dispersed among a higher number of cities and villages. Therefore, this increases the number of distributed sterile syringes and consequently the NEP.

Regarding Figure IX.6, we need to specify here that only data from the NEP is taken into account in the Flemish Community. Pharmacists selling sterile equipment do not take part in the registration, nor the needles collected by the needle patrols. According to the outreach organisations, the number of syringes in the street has significantly decreased over the last couple of years (Windelinckx, 2019a; Windelinckx, 2020a, Windelinckx, 2021b, Windelinckx, 2022a, Windelinckx 2023a).

Figure IX.6 | Recuperation ratio of syringes distributed by NEP in the Flemish and French Community between 2011 and 2021 (data: NEP Flanders, 2012-2022; NEP French Community, 2012-2022)



The decreasing recuperation rate for the French Community can be explained by the two different systems that exist in the French Community. In Wallonia, PWIDs generally receive the same amount of sterile syringes as the number of used syringes they provide. In Brussels, there is no such system and PWID can have sterile syringes even if they don't give used syringes in return. So, in Brussels PWIDs still destroy syringes themselves. In addition, syringes are returned in containers which makes it difficult to count. Therefore, an underestimation of the recuperation rate is plausible for Brussels (Stévenot & Hogge, 2018).

- **Paraphernalia distribution**

The NSP Flanders distributes paraphernalia like spoons, aluminium foil, sniffing papers, ascorbic acid and sodium bicarbonate, but this is not registered (See Table IX.1).

Table IX.1. Summary of paraphernalia equipment availability (data: expert opinion, Unit Illicit Drugs, Sciensano)

Type of equipment	Routinely available	Available in limited number of settings	Not made available
pads to disinfect the skin	x		
dry wipes	x		
water for dissolving drugs	x*		
sterile mixing containers	x		
filters	x		
citric/ascorbic acid	x		
bleach			x
condoms	x		
lubricants	x		
low dead-space syringes	x		
HIV home testing kits			x
non-injecting paraphernalia: foil, pipes, straws	Foil, straws and brochures (in Flanders)	x (in Brussels and Wallonia)	
List of specialist referral services: e.g., drug treatment; HIV, HCV, STI testing and treatment	x		

**but in Flanders limited distribution due to funding resources*

- **Emergency response training**

Both in the Flemish Community (organised by Safe 'n Sound) and the French Community (organised by Modus Vivendi in collaboration with the medical team of the Red Cross), there are mobile teams who respond to emergency cases and provide information about illicit drugs at events. These mobile teams consist of professionals, but most of all of peers (who (have) use(d) illicit drugs) who received a specific training. In addition, Modus Vivendi organises training about harm reduction for professionals working with PWUD. The following subjects are discussed during the training: possible risks related to drug use, the role of professionals for harm reduction (related to injecting drug use), participatory prevention approaches and the promotion of citizenship of PWUD. Modus Vivendi also proposes, in collaboration with two NEPs partners in Brussels (Dune and Transit), a specific training for social workers who are in contact with PWID during outreach activities. This training focuses on how to meet/interact with PWID and how to pick up safely used material found in a public area (Eurotox, unpublished).

The Flemish NEPs also organise training regarding puncture accidents for, amongst others, the police, schools, city and community workers. In 2022, a total of 1,744 people were reached (including 56 PWID). During the past 5 years, the NEPs in the Flemish Community organised specific information sessions and co-trainings for organisations and services in several European cities together with Correlation (the European Harm Reduction network) about - the C buddy project. 52 sessions about needle injuries and accidents were organised in 2022 in the Flemish Community. These sessions were attended by a total of 365 people (Free clinic, unpublished).

- **Drug consumption rooms**

A first DCR, called Såf Ti ("Protect yourself"), opened in Liège in September 2018. This first facility is intended mainly for adult people who use heroin or cocaine in the street. It is open seven days a week by a defined schedule. It is a low-threshold service with 8 places for injection and 12 places that people can use to inhale. The health and education team is trained in risk reduction and emergency response

to overdose. Medical consultations are possible and assistance is offered to people who would like more information about certain procedures of use. In addition, Alfa (a specialized addiction service in Liège) provides psycho-social assistance during certain time slots. Såf Ti has also a partnership with Modus Vivendi to receive sterile equipment. Those who want to use the DCR have only to agree, respect and sign a document with the internal rules. During the period September 2018 - December 2021 (Såf Ti, 2023), 1,170 PWUD were registered (245 were registered in December 2018, 571 in December 2019, 811 in December 2020 and 984 in December 2021). In 2022, 520 different persons came to the room. This is 44,4% of all persons registered, meaning that 32,7% of registered persons at Såf Ti didn't come in 2022. A mean of 190 different persons visited the DCR each month resulting in a total number of 23,579 visits (18,946 attending for a drug use, for a total of 12,405 inhalations and 6,533 injections). Heroin was the product most often used (66%), followed by cocaine (34%), but sometimes (6,3%) the two products were mixed (i.e., speedball). Among the 520 PWUD in 2022, 19% came at least once a week, 24% came once or twice a month, and 38% came 2 to 11 times a year, and 19% came less often. Most of them (74%) are aged between 31 and 50 and are men (90%). In 2022, 38,956 needles were distributed and 26,157 were recovered by the programme. There are a total of 632 visitors to the NEP (about 30% are not registered to the consumption room).

The first DCR in Brussels (called GATE) opened in May 2022. It is situated in the city centre nearby open drug scenes. It is composed of a welcome desk (for registration and distribution of sterile equipment), a waiting room, an injecting space (7 places) and a smoking space (6 places). They also offer a place to rest after consumption and access to an outside courtyard. They also include an infirmary and drug treatment service (Tremplin). It is open from Monday till Friday from 10:00 till 17:00. In 2022, 629 PWUD were registered to GATE (for a total of 7,542 visits, with a mean of 72 visits per day) and 358 have visited the consumption room (for a total of 3,372 drug consumptions). Cocaine was the product most often used (74%), followed by heroin (21%). Most of the time (80%), the substance was inhaled (63% cocaine and 17% heroin). In case of injection, cocaine (11%) is more often injected compared to heroin (4%). Most of the clients are aged between 26 and 40 years old (47,3%) or between 41 and 60 (45,5%), and are men (88,6%) (Transit, 2023).

The opening of two other DCR, one in Brussels and one in Charleroi, are planned for 2024. In the meantime, a specific paragraph was added to the drug law of 24 February of 1921 in 2023 in order to exclude DCR staff from the application of the criminal sanctions referred to in this law (B.S./M.B. 21.03.2023).

Although the implementation of DCR is not planned yet in the Flemish Community, the Flemish NEPs include a question about DCR in their annual questionnaire. The results of the 2022 questionnaire indicated that 50.3% of the 245 participating PWID would consider making use of a DCR. 32% of them would use these DCR more than once a week (Windelinckx 2023b).

- **Vaccination campaigns targeted at PWID**

Since 1999, every child living in Belgium has been vaccinated against hepatitis B for free. Vaccination is also offered to people potentially exposed to the virus in their professional activity. However, there is no systematic vaccination campaign against hepatitis B targeting PWUD. In the French Community, there is a voluntary and anonymous vaccination campaign for sex workers. This is organized by, for example, the NGO Espace P, present in 7 cities (Liège, Brussels, Mons, Charleroi, Arlon, Namur, Tournai), and by NGO Alias. In 2022, 1,148 sex workers were followed and offered more than 2,700 medical consultations by the two organisations. Among them, 607 (52.8%) were new patients. Vaccination is offered to patients with a level of AcHbs below 10. In 2022, 14.9% (n=171) of the patients received at least one vaccine against hepatitis B (Eurotox, unpublished).

- **Infectious diseases treatment and care**

In Brussels, the NGO Réseau Hépatite C offers personalized social support to PWUD infected with hepatitis C. The reasons being, for instance, to increase compliance in the various stages of the healing process of the disease. It developed an approach with a network of various partners to better prevent, inform and respond to hepatitis C related issues and to facilitate healthcare trajectories. Since 2019, the Réseau Hépatite C has an ambulatory service (called SAMPAS), which engages a hepatologist, a nurse

and a social worker. SAMPAS offers consultations in the hospital CHU Saint Pierre and reinforce outreaching activities with partners. Such an initiative is also locally offered in Wallonia but to a lesser extent. Furthermore, they are generally driven to facilitate the diagnosis and the first steps of treatment. Since 2019, the refund for the treatment of hepatitis C has become more accessible in Belgium (Eurotox, unpublished).

In the Flemish Community - more specifically, in Antwerp - an integrated, multidisciplinary model of care with a strong peer-support programme exists to ensure continuum of HCV care including information, education, screening and diagnosis for PWID. A close cooperation is established between MSCC Free Clinic, needle exchange, the C-Buddy project and an hepatologist. The model can be adapted to the needs of the participants and the professional partners. Every member of the team is important and the peer workers are seen as colleagues. The peer workers are trained and supported extensively. They get into contact with PWID on the drug scene or they visit homeless shelters and other low-threshold facilities. They give support and guidance throughout the complete care cascade: from prevention, referral to screening and cure. In addition, the HCV nurse in Limburg applies a case-management approach and the HCV reference nurse of Roeselare has a specific focus on PWUD. In 2021, an additional pilot started in Oostende and in Ghent. These are temporary projects supported by pharmaceutical grants. An HCV nurse has started in both locations. The goal is to screen MSCC clients and direct them to treatment (Free clinic, Windelinckx, T., personal communication, 2022). In 2022 an extra HCV care management started in the “Kempen” region and Flemish Brabant (Free Clinic, unpublished)

A prospective, multicentre study among PWUD attending an addiction care centre in Belgium, between 2015 and 2018, evaluated the impact of an HCV care model on the HCV care cascade. Interventions within the care model consisted of pre-test counselling, on-site HCV screening and case management services. 90% out of the 441 PWUD that were registered at the addiction care centre were contacted. Among them, 88% were screened for HCV infection. The results showed that PWUD were more likely to be screened if they already had injected drugs. PWUD receiving decentralized OAT were less likely to be screened. Also, the number of specialist evaluations at the hospital was lower among the PWUD receiving decentralized OAT, PWUD with unstable housing in the 6 months before inclusion, or those who have been recently incarcerated. No independent factors were associated with the diagnosis of chronic HCV infection or the start of treatment (Busschots, 2021a). In addition, reimbursement data between 2008 and 2013 showed that 4.3% of the OAT group and 0.2% of the non-OAT group was screened for HCV RNA (Busschots, 2021b).

- **Sexual health counselling & advice, distribution of condoms**

Most drug-related harm reduction services offered advice and equipment in the field of sexual health. For example, in nightlife settings, free condoms and lubricants were offered at the harm reduction stands. Also, condom and lubricants are included in the Stérifix kits sold in pharmacies, and are also offered for free in NEPs. Both in the Walloon and Brussels Region various associations help prevent, diagnose and offer care for infectious diseases. Furthermore, they promote sexual health among sex workers or Men having Sex with Men (MSM) (e.g., Espace P, Violett, Ex Aequo, Icare, Alias). In this way, they also reach some PWUD. Some associations also provide prevention, harm reduction services and psychosocial help to MSM who engage in chemsex (e.g., Ex Aequo). In January 2020, Free Clinic started a small-scale harm reduction pilot project on Chemsex, called: ChemMen. Its aim is to reach MSM who engage in Chemsex and provide them with a platform where they can receive information and support on the topics of drug use and sexuality. Free Clinic organises talking platforms to provide and exchange information about drug use and sexuality with MSM on a regular basis; as well as a referral when needed and needle exchange. Even in the Covid-19 times and only being open two times a month, the ChemMen project reached several MSM for advice and counselling. The presence of different online apps is also one of the methods to reach out to MSM. Currently, an expansion of the services is foreseen: a) a weekly offer of the ChemMen project, b) daily online outreach and c) starting up of a (self-)support group (VAD, unpublished; Eurotox, unpublished).

Recently, there are increased concerns about drug-facilitated sexual assaults because of victims reporting possible needle spiking. These events are very difficult to substantiate by evidence. As a result,

several organisations and event organisers are proposing prevention guidelines to their networks to inform about the risk and how to take care of potential victims (e.g., Modus Vivendi, Plan Sacha). To date, it appears to be rather a social fear phenomenon (Eurotox, 2022), but drug-facilitated sexual assaults are not monitored and probably underestimated in our country.

- **Outreach work**

Outreach work is addressed among different groups including PWUD. The outreach teams look for socially excluded people in places where they are likely to be, such as in the street, in bars or at home, and they offer specialized help and advice. Some of the outreach organisations have been set up by low-threshold treatment centres. It is the most low-threshold form of help where people who are normally not in contact with treatment can be reached. Such outreach teams are available in every large city of the country. For example, in Brussels and Charleroi, outreach has also a “Médibus”. It is a mobile home converted into a nursing room and a counter for information and harm reduction related to drug use. A similar mobile outreaching project with a van exists in Liège (e-BIS project) (VAD, unpublished; Eurotox, unpublished).

- **Drug testing**

In Brussels, a small-scale drug checking project exists since 2005. It’s a free and anonymous drop-in service (organised by Modus Fiesta) which offers the possibility to test drug tablets or powders. Since 2011, the drug checking project has received 2,109 requests. Figure IX.7 gives an overview of the number of tests requested at the fixed location at festivals or mobile spots. Over time, we see that the number of requests is rising. Most requests for drug tests come from men. Over the years, we see a decrease in the proportion of women who request a drug test (see Figure IX.8). Nevertheless, in 2022, rising requests from women during festivals were noticed and additional efforts were made to target more women. The mean age of people requesting the testing of drugs in 2022 was 32 years old (min. 17 and max. 65 years old) (Modus Vivendi, unpublished).

Figure IX.7| Trends in number of drug testing requests by drug checking location (data: Drug testing, 2011-2022, Brussels) (Modus Vivendi, unpublished)

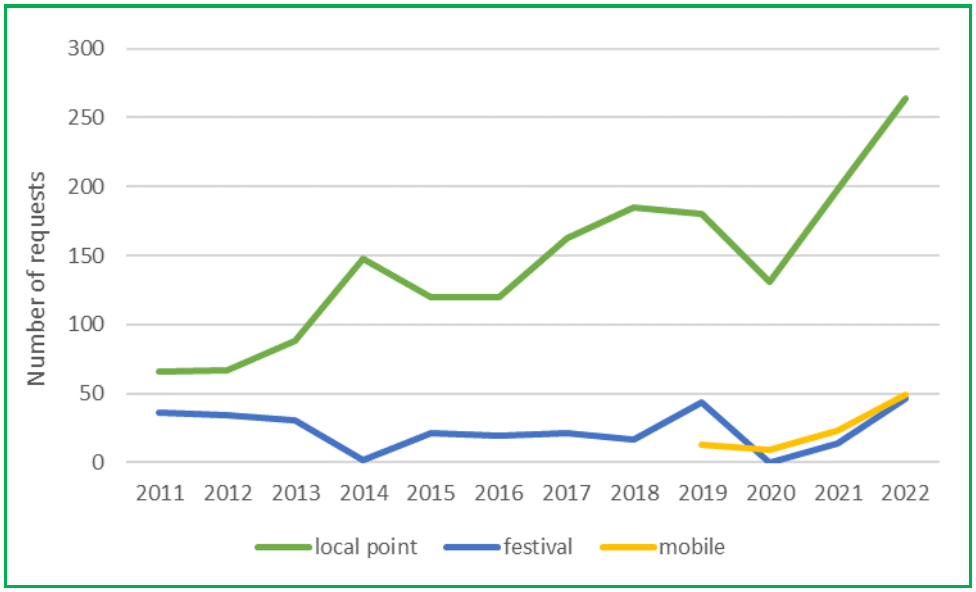


Figure IX.8 | Trends in the number of drug testing requests by gender (data: Drug testing, 2011-2022, Brussels) (Modus Vivendi, unpublished)

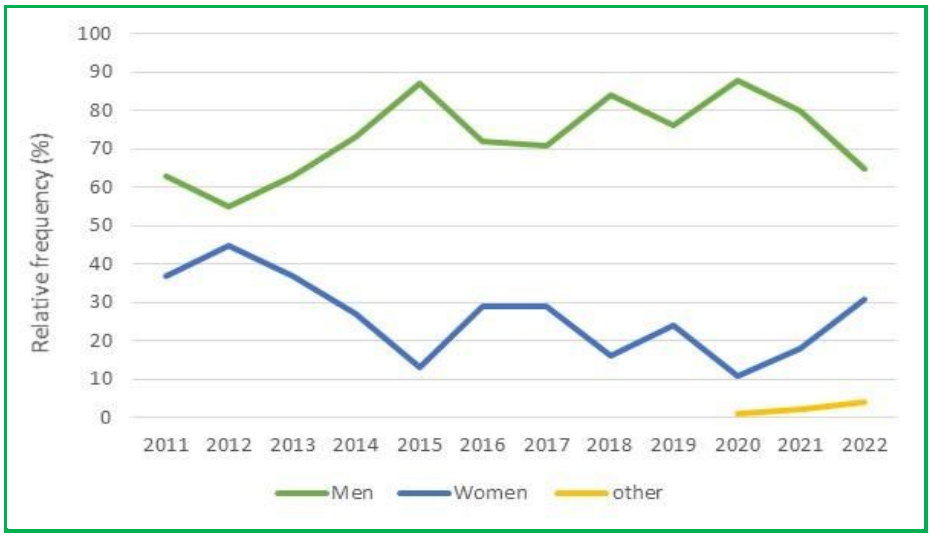
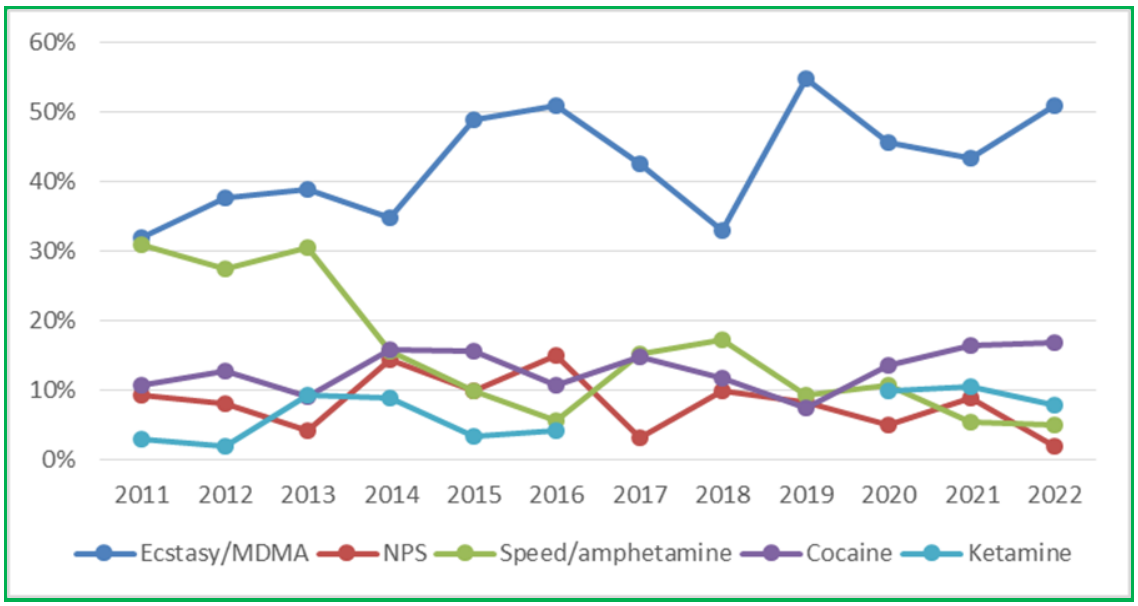


Figure IX.9 below shows that most of the tests concern MDMA/ecstasy (51% in 2022) followed by cocaine (17%), ketamine (8%), amphetamines (5%) and NPS (2%). Since 2011, the percentage of tests related to cocaine and NPS remained overall relatively stable. The percentage of tests related to speed/amphetamines shows overall a decreasing trend and the percentage of tablets/powders tested as MDMA/ecstasy show an increase (Eurotox, unpublished)

Figure IX.9 | Evolution of the proportion of MDMA, amphetamine, cocaine and NPS samples analysed by the drug testing project (data: Drug testing, 2011-2022, Brussels) (Modus Vivendi, unpublished)



In addition, collaborations were established in the framework of an integrated and balanced drug policy at two Flemish festivals in 2022. The results of on-site analysis were communicated to all stakeholders involved in the drug policy, such as: festival organisation, police, first aid, harm reduction. The drugs samples contained confiscated drugs found by police and drugs found by first aid services. On one festival, several public warnings on highly dosed ecstasy tablets were issued via led screens on site, the festival app and social media. When looking at both interventions, we see that 39% of all samples included MDMA, 25% cannabis, 13% cocaine and 6% ketamine. Other substances detected were 2C-B (1%), 3-MMC (1%), amphetamine (3%), GHB (1%) and mushrooms (1%) (BEWSD, unpublished).

X. DRUG MARKET AND CRIME

1. Highlights

- In 2022, 459 domestic production sites were registered for cannabis, ranging from < 5 plants (44%) to industrial scale (> 1,000 plants; 4%). 25 labs were also discovered, mostly of large capacity and linked to the production of various drug types: 60% to amphetamine, 48% to precursors, 20% to MDMA, and 8% to methamphetamine or cocaine. The latter were mainly packaging and extraction labs. Furthermore, 11 transport or storage locations and 42 dumping places were found. Again, most of these dumping places could be linked to the production of various drug types: 54% to MDMA, 39% to amphetamine, 20% to methamphetamine and 5% to cocaine.
- Belgium remains an excellent country for entry into, transit and further trafficking across Europe because of its location and infrastructure. Herbal cannabis was mainly cultivated in Belgium but resin was usually imported by road trafficking from Morocco, Spain and Lebanon. Cocaine was mostly seized in the port of Antwerp, predominantly shipping from Ecuador, Panama and Colombia and heroin from Iran, United Arab Emirates and Turkey. Amphetamine-type stimulants were mostly produced locally (in Belgium or the Netherlands, though some imported from Congo and Uganda) intended for both the local and the international drug markets. Similarly, hallucinogenic substances originated from Belgium and the Netherlands with shipping across the globe. The two principal substances exported from Belgium were ecstasy/MDMA and ketamine. Sea and air transport were the dominant routes, but road trafficking and postal parcels must not be ignored.
- Cocaine, cannabis and amphetamine-type stimulants remained the dominant substances on the Belgium retail market, however a strong but consistently growing trend of diversification in drug classes offered was seen. Obtaining drugs through a dealer at public places decreased compared to last year. Delivery at home or at a dealer's house increased. Crypto markets made up only a small share of the sales.
- Little socio-demographic information is available relating to drug-related crimes: 88% of offenders were male, 90% were adults and 60% had Belgian nationality. Out of the total number of traffic offences, 0.2% were drug-related. Based on self-reported data, 8% of participating drivers took illicit drugs prior to conducting a vehicle at least once per month.
- The NSP 2022-2025 of the integrated police was designed as an important strategic reference framework for drug supply reduction activities, existing of 4 transferal themes and 15 security phenomena, one of which is dedicated to drugs. The production (and import/export) of synthetic drugs (including precursors), the large-scale import/export of cocaine, cannabis and heroin and the professional and commercial production of cannabis are prioritised. The capacity of the Federal Police increased from 16% to 26% in terms of manhours over the past years. The main focus was on international collaborations. Citizens can report production/dumping sites and drug trafficking through anonymous hotlines.

2. Drug market

2.1. DOMESTIC PRODUCTION

- **Cannabis plantations**

With regards to cannabis, only herbal cannabis (flower tops, marihuana) is produced from the crops harvested in Belgium. Resin is not produced but imported. The official statistics are related to cannabis plants or cuttings that could be linked to a 'drug production' offence. In 2022, 459 cannabis production sites were registered with information about the size of the plantations. This resulted in 87,512 seized plants. The largest proportion (44%) consists of micro cannabis plantations which consist of 2 to 5 plants. 30% of the seized plantations consisted of 6 to 49 plants, 7% had 50 to 249 plants, 10% had about 500 to 999 plants and 4% could be classified as industrial plantations with more than 1,000 plants. The Federal Police estimates the dark number of cannabis plantations between 50% and 65%. The production of herbal cannabis extends over the whole Belgian area. The production process of professionally cultivated herbal cannabis is seldom organised by single independent offenders, but rather by groups or networks. The involvement of Albanian criminal groups in large scale cannabis cultivation in Belgium plays an important role (Federal Police, unpublished).

- **Labs**

In 2022, 25 labs were discovered, mostly of large capacity and linked to the production of various types of drugs (Table X.1). These labs are mostly of large capacity. With regards to cocaine (8% of the labs), these are mainly packaging and extraction labs. The year 2021 was exceptional in that numerous cocaine extraction and/or cutting sites (41%) were discovered following the decryption of communications (notably Sky ECC). In 2022, there was a sharp drop, with only 1 site for extraction and 1 for cutting and repackaging into blocks. (Federal Police, unpublished).

Concerning amphetamine-type stimulants (ATS), Belgium is assumed to be a top producing country worldwide together with The Netherlands. In 2022, 60% of the discovered labs were related to amphetamine, 8% to methamphetamine, 20% to MDMA and 48% to precursors (as several substances may be discovered at one site, the sum is greater than 100%). In total, where an estimate of production was possible on the basis of the investigations, it can be estimated that at least 3.9 tonnes of amphetamine paste were produced in the laboratories discovered in 2022. Moreover, it is estimated that a further 1.8 tonnes could still be produced on the basis of products that were left at the site. In relation to the production of MDMA, 5.9 tonnes of MDMA were estimated which can produce nearly 42 million ecstasy pills. Among these MDMA labs, one tablet manufacturing site was discovered in Belgium. MDMA powder was mixed with caffeine and a colouring powder before being passed through a tableting machine bearing a logo. Several types of tablets were found on site, each containing between 31% and 52% of MDMA (Federal Police, unpublished).

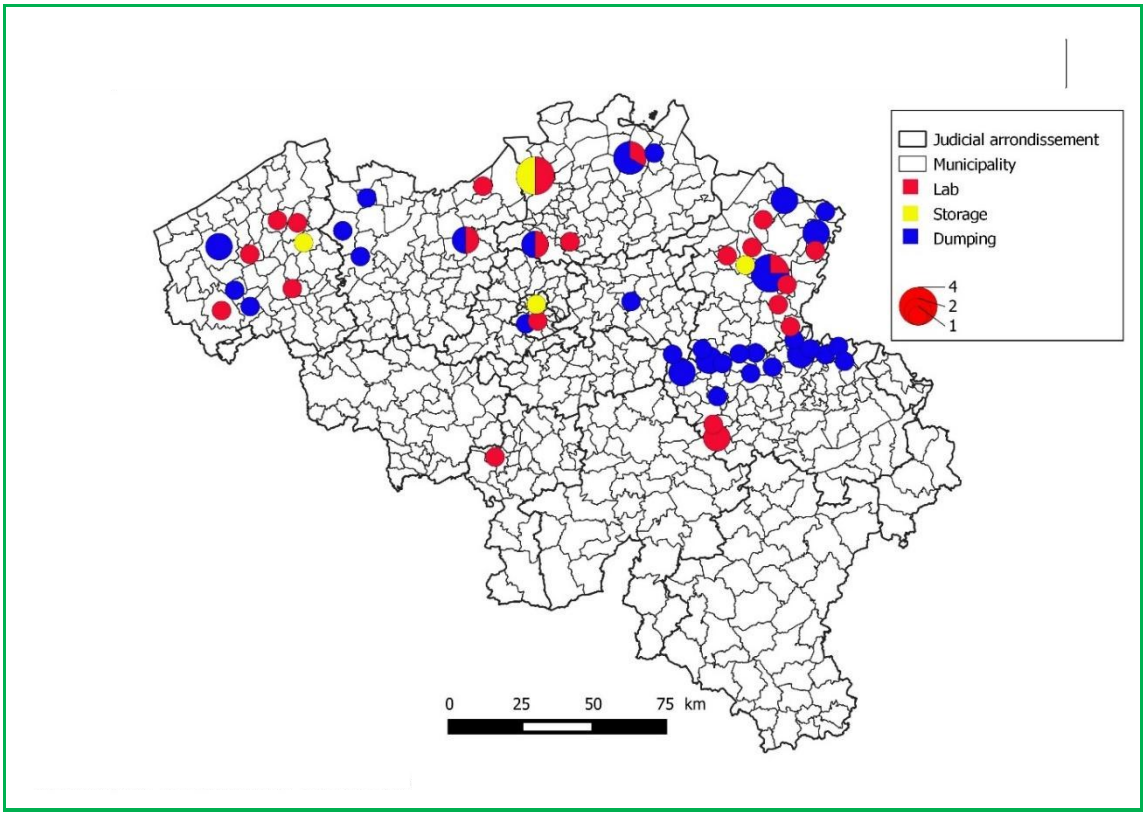
Table X.1 | Number and type of drug labs seized in Belgium in 2022 (data: Federal Police, 2022, Belgium)

Lab type	Number seized in 2022
Amphetamine	5
BMK - amphetamine	8
BMK – amphetamine – PMK – MDMA	1
Cocaine	1
Cocaine – methamphetamine	1
GHB*	1
MDMA	1
PMK – MDMA	2
PMK – MDMA – amphetamine – methamphetamine	1
Analysis did not return any results	4
Total	25

- **Transport, storage and dumping sites**

Besides the labs discovered in 2022, 11 transport or storage locations and 42 dumping places were found in Belgium (Federal Police, 2023a). 54% of the dumping places were (in total or partially) related to MDMA production, 39% to amphetamine, 20% to methamphetamine and 5% to the production of cocaine (as several substances may be discovered at one site, the sum is greater than 100%). The different sites were mainly discovered in the Flemish region (see Figure X.1), mostly located in the provinces of Antwerp and Limburg. In 2022, there was a decline in the number of reports in the province of Antwerp and a possible shift in activity towards the provinces of West- and East-Flanders. This shift could be linked to the preventive strategies put in place in Antwerp and Limburg. The number of dumping sites in the province of Liège, bordering Limburg, increased. However, given its proximity to the Dutch border, it is often difficult to determine the origin of this waste. Although more illegal waste dumps were detected in 2022, the overall scale of the problem seemed to be decreasing. The discovery of empty drums confirms the use of alternative methods, such as dumping in the ground/sewers, and therefore soil and water pollution are key environmental harms (Federal Police, unpublished). It is extremely difficult to identify the range of chemical waste materials and the range of environmental harms.

Figure X.1 | Geographical location of seized drug labs, storage locations and dumping places in Belgium in 2022 (data: Federal Police, 2022, Belgium)



2.2. ROUTES OF TRAFFICKING

Belgium remains a transit country and is an excellent entry point into Europe, because of its location and infrastructure. The sale of drugs through the internet or darknet generates important traffic via parcels and postal shipments. As several transportation companies have distribution hubs in Belgium, many drugs are seized in Belgium while in transit to other countries (in particular to The Netherlands). Nevertheless, some of the drugs produced or imported are also intended for local consumption. In the following paragraphs we try to describe the market of the different types of substances based on seizures of customs over 0.5kg. Therefore, the information is mainly related to seizures at ports and airports and less to road trafficking, and may not reflect the full picture.

- **Cannabis**

Most herbal cannabis is produced locally in Belgium. Herbal cannabis, including edibles with THC content, is also smuggled to (from Italy, Spain, USA & Canada) and from (mainly to France) Belgium. These seizures are predominantly made through postal shipments. Investigations have shown the involvement of Chinese perpetrators who import cannabis from Spain and redistribute ecstasy and cannabis by parcel (Federal Police, unpublished). Cannabis resin was usually imported in Belgium using road trafficking from Morocco because this is less risky: once in the European Schengen area, controls and therefore interceptions are less frequent. Besides Morocco, Spain and Lebanon are also indicated as countries of origin. 2,822kg of hash was seized in the port of Antwerp in 2022 (Federal Police, 2023a). In addition to Belgium, Italy is mentioned as a destination country in relation to cannabis resin seized in Belgium. However, for most of the cases the country of destination is unknown (Federal Police, unpublished).

- **Cocaine**

Cocaine is mostly shipped via the port of Antwerp. Concerning the maritime seizures, it was seen that 55% used the rip off method. The Trojan method to get into the port continued to gain popularity. In 30% of the cases, the drugs were smuggled during the loading process and 16% hide the drugs in the structure of the container. Concerning the seizures by plane, smaller amounts were seen. In 28% of the cases, the drugs were smuggled in the luggage. In 16% of the cases, the drugs were smuggled in the structure of the luggage and in 8% of the cases the drugs were transported on the body or clothes. The seizures by plane concern mostly cocaine (48%). Looking at the amounts of cocaine seized, most was smuggled through the luggage (67%), followed by the luggage structure (16%) and swallowing (12%). Curacao and the Dominican Republic were the most popular countries of origin to traffic cocaine by plane. The countries of origin most often mentioned in relation to the maritime routes, were Ecuador (27% of seizures), Colombia (21%) and Costa Rica (12%). When taking the amount of drugs seized into account, cocaine was mainly smuggled from Ecuador (52% of the total amount), Panama (8%) and Colombia (8%). Prices between 14,000€ and 16,000€ per kg were paid to the producers in South America. The country of destination was most often unknown. Of the known destinations, Belgium and The Netherlands were mainly indicated (Federal Police, unpublished). In 2022, 200,433kg of cocaine was seized on route to or within the port of Antwerp. 759kg cocaine was seized through ports elsewhere in Belgium (Federal Police, 2023a). Although traffic by sea and plane were important trafficking routes, cocaine was also smuggled by postal parcels and on land (in particular the use of vehicles with fitted hiding places, see also below).

- **Heroin**

Heroin was mainly trafficked by sea and to a lesser extent by plane. In 2022, 1,265kg of heroin was seized in the port of Antwerp (Federal police, 2023a). Belgium and The Netherlands were indicated as countries of destination. The countries indicated as countries of origin were Iran, United Arab Emirates (UAE) and Turkey (Federal police, unpublished).

- **Synthetic drugs**

Synthetic drugs such as amphetamine and MDMA were mostly produced in Belgium or The Netherlands by criminal organisations that were nearly always linked to Dutch criminals or criminal organisations. Belgium was mentioned as the country of origin for most of the seizures from which the trafficking route was known. Ecstasy was exported from Belgium mainly towards Ghana, Paraguay and New Zealand. Amphetamine types stimulants (ATS) were imported from Congo and Uganda. Nevertheless, Belgium also played a role as a country of origin. The substances seized in Belgium were mainly intended for export towards China, Australia and France. Hallucinogenic substances were predominantly indicated to be exported from Belgium and The Netherlands towards Australia, Ireland and France. The Belgian seizure of NPS was in 2022 mainly exported from Belgium towards Canada, Australia and the Unites States of America (Federal Police, unpublished).

- **Vehicle caches**

Contextual information regarding drug trafficking in Belgium, is not collected in a systematic way, with the exception of caches in vehicles. Sophisticated caches in vehicles are increasingly being discovered, often equipped with a mechanical and/or electrical opening device and requiring multiple operations to discover them (Federal Police, unpublished). In 2022, 95 hidden spaces in vehicles were discovered, in which 1,713,710€; 1,785kg cocaine; 95kg hash; 8kg marihuana; 4kg heroine; several weapons, mobile phones and luxury watches were found. In addition, 43 vehicles with a Belgian licence plate were found abroad with such concealed spaces. In these 1,136,880€; 507kg cocaine; 298kg hash; 36kg heroin; 2kg ketamine; 110 ecstasy tablets and several weapons were found. In addition, drugs were also trafficked through postal and courier services within Belgium. In 2022, 31 arrests had taken place in different parts of the country, during which a total of 44,586 ecstasy tablets, 4,420 doses LSD, 1,005 tablets of 2C-B, 20kg hash, 11kg marihuana, 6kg ketamine, 4kg amphetamine, 0.560kg methamphetamine and 0.520kg cocaine were seized (Federal Police, 2023a).

2.3. WHOLESALE DRUG AND PRECURSOR MARKET

- **MDMA**

The two principal substances exported from Belgium are ecstasy/MDMA (24kg and 87,110 tablets) and ketamine (410kg). Some South American groups are said to send cocaine as payment for ecstasy (e.g. 1kg of MDMA is exchanged for 3kg cocaine). Ecstasy/MDMA is mainly exported within Europe but seizures outside of Belgium also indicated countries such as Bolivia, Colombia, Laos, Israel, Japan and Australia as destinations. For ketamine, the United States and the United Kingdom are listed as important destination countries, and to a lesser extent also Japan, Taiwan, Switzerland, the United Arab Emirates, Australia and Mexico (Federal Police, unpublished).

- **Cannabis**

The professional cannabis production and distribution is mainly dominated by Dutch criminal organisations in several European countries, which have important expertise in the cultivation of cannabis and offer equipment, contacts of real estate agents or electricians and knowledge to groups who would like to start with the cultivation of cannabis. From Belgium, seized cannabis was mainly exported to the United Kingdom. Albanian networks plan an increasing role in the cultivation of cannabis, moving from a secondary (e.g. as caretakers of cannabis plantations) role to a more primary role as organisers. In some cases, they are thought to control the whole chain from source to destination (Federal Police, unpublished).

- **Cocaine**

The main destination countries for which cocaine was seized abroad and Belgium was indicated as country of origin, were the United Kingdom or The Netherlands. Other European (France, Malta, Greece and Italy) and non-European countries (Japan and Australia) were also registered, but to a lesser extent. The criminal organisations involved in the supply of cocaine are very occluded, which makes it very difficult to understand this level (Federal Police, unpublished).

2.4. RETAIL DRUG MARKET

The most important substances in Belgium at retail level are still cannabis, cocaine, amphetamine-type stimulants and to a lesser extent heroin. The offences in which at least one drug was mentioned for dealing, were mainly related to cannabis (64%). In 32% cases, the offence could be linked to cocaine. Amphetamine, ecstasy and heroin were registered in 7% of the cases. Besides these substances, ketamine (3%), hallucinogens (1%) and GHB (1%) were registered (Federal police, unpublished).

On the basis of the DrugVibes web survey among PWUD in Belgium, it can be derived that buying drugs via a dealer (> 38%) remains indeed the main source of supply for cannabis, cocaine, amphetamine and ketamine in 2022, followed by sharing drugs with each other for free or buying from friends. For Ecstasy, equal preferences of purchasing from both a dealer (36%) and from friends/acquaintances (35%) were reported. Few (≤ 5%) respondents reported the internet as a way to purchase their

substances. Specifically for cannabis, a small proportion (11%) of respondents reported growing their own (Damian, 2022).

An annual survey among people visiting NEP in Flanders, showed that 44.5% bought their drugs on the street; 50% of the people had the drugs delivered at the dealers' houses, 30% of the people met with their dealer in a public place and 38% bought the drugs to be delivered by the dealer at their home. Compared to last year, these results indicated that obtaining drugs at public places was less common. Drug delivery at home or at a dealer's house increased (Windelinckx, 2023b).

Additional Belgian research confirmed that the Belgian share on the crypto markets remained a small fraction of the global total. Only 1% of the total number of vendors, listings and transactions was Belgian. Belgian vendors on crypto markets tend to both sell domestically and ship across the EU or worldwide. Some vendors indicated not to ship to certain destinations such as The Netherlands or North America. The research further showed that most Belgian vendors shipped from Belgium only. The majority of the vendors in this research had more than one shipping origin, shipped from both Belgium and The Netherlands. Nevertheless, the collected data showed a strong and consistently growing trend, and that a diversity of drug categories is offered. The buyers were solely men of twenty or thirty years old. Most of them had a professionally active life and used drugs recreationally (to party, to relax or to experiment). Only some of the respondents reported functional use. The most frequently used drugs in the past 12 months indicated by the respondents were cannabis and ecstasy. However, most of the respondents used multiple substances combining cannabis, ecstasy, ketamine, amphetamines, LSD and/ or 2C-B. Most had also first bought their drugs offline prior to buying from crypto markets. The frequency of use did not change once they had accessed the crypto markets, but the range of the substances used by the respondents did increase. A majority of the respondents indicated to only purchase a few times from crypto markets in the past 12 months. However, 25% of the respondents reported to buy on at least a monthly basis. The reported mean amount that was spent was about 100€ to 250€. Half of the respondents spent more than 250€ and 20% more than 1,000€. Half of the respondents also bought for friends on crypto markets, primarily when going out. Joint purchases with a group of peers were also sometimes conducted. Lastly, 6% of the respondents also indicated to buy for clients. The respondents preferred to buy from local vendors or vendors from neighbouring countries such as The Netherlands or Germany as they perceived the risk of interception smaller when the shipment did not need to pass multiple international borders. The principal reasons to buy from crypto markets were the offer (easier to find certain types of drugs and higher quality), curiosity and price. Security concerns did not seem to be a principal drive to buy on crypto markets. The respondents further indicated that they preferred a vendor who specialised in one type of drugs rather than someone who offers a broad range of drugs. They also preferred vendors who had a detailed description of the product, including harm reduction information (Cryptodrug, 2020).

The RADAR-heroin-23 study indicated that 81% of the respondents purchased heroin through a dealer, with the others acquiring it through friends or sharing for free with each other. None of the respondents had bought their heroin online. When purchased via a dealer, more than 50% met up on the streets and one in three met up in a public space, such as a bar, café, restaurant. One in three respondents bought 1 gram of heroin and 11% bought equal to or more than 10 grams of heroin in one purchase. The price per gram was between 10€ and 83€, with a median price of 20€. The analysis of the samples pointed out that the purity lied between 0.2% and 57%, with an average of 13%. Six different impurities were found: codeine (25% of cases), papaverine (93%), morphine (94%), acetylcodeine (96%), noscapine (97%) and 6-mono-acetylmorphine (98%). 22% of the samples contained all 6 impurities described. Looking at the adulterants, 7 substances were found: acetaminophen (98%), caffeine (98%), diacetamate (96%), cocaine (2%), bromazepam (1%), pseudococaine (1%) and ketamine (1%) (Balcaen, 2023).

2.5. SEIZURES

As it is well-known that the seizures mostly reflect law enforcement efforts (and not drug supply as such), the following numbers are probably an underestimation. This is even more so the case for the data of 2022 as they are based on the database of customs only. In contrast to previous years, the Federal

Police was not able to extract reliable data from their database and these data are thus not taken up in this report.

Regarding the amount of drug seizures in Belgium, some careful conclusions can be drawn from Figure X.2. The most important substances seized in Belgium between 2013 and 2022 were ecstasy, cocaine and cannabis resin. Although fluctuating over time, an overall increasing trend is seen for ecstasy, cocaine and heroin. On a side note: six very large seizures originating from Iran were responsible for more than 4,200kg of heroin in 2018, illustrating how one or a couple of very large seizures can influence the data for an entire registration year. When comparing the 2022 data with 2021, we see a decrease in the quantity of seizures for all different substances except for cocaine (from 63,673kg in 2019 to 107,982kg in 2022). These decreases are likely due to the lack of data from the Federal Police, as explained previously, and needs a close follow-up in the next months and years in order to verify the actual trends (Federal Police, 2023a).

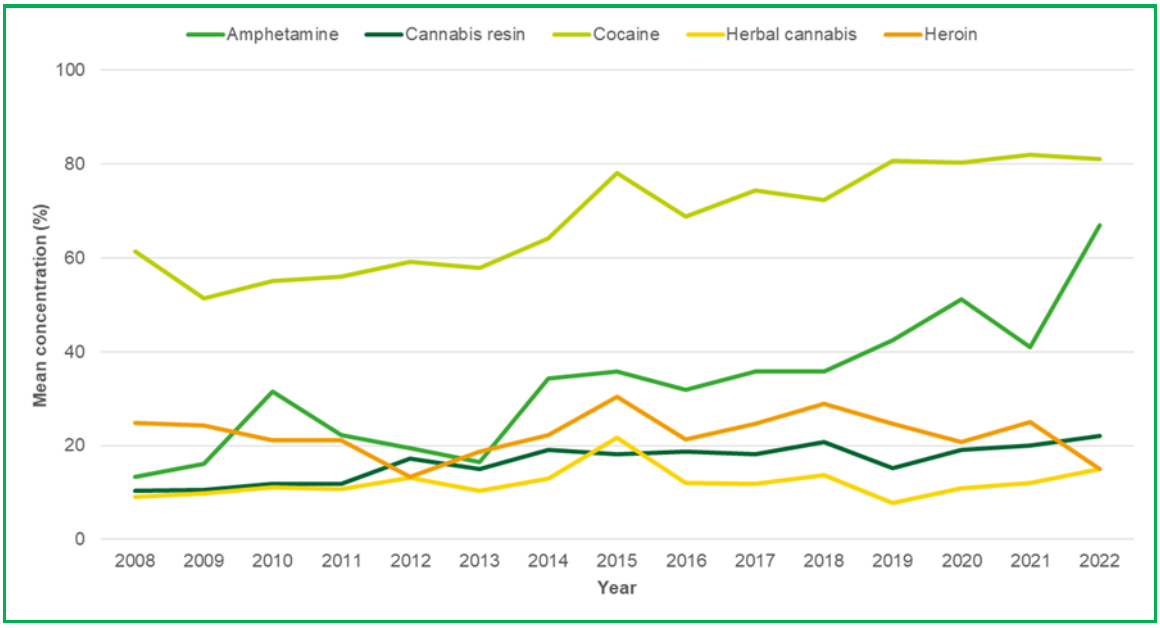
Figure X.2 | Quantity seizures by substance, in Belgium, 2013-2022 (data: Federal Police, 2022, Belgium)

2.6. PURITY

Purity is calculated based on the BEWSD database (Sciensano, unpublished). Concentration is not mandatorily reported by the laboratories, nor do all laboratories perform quantitative analyses on every seizure. As a result, sometimes only low numbers of data may be available, potentially skewing the results. Additionally, software problems at the time of writing the report may have caused not all available data to have been included in the calculations (up to an unknown degree). The mean THC concentration of herbal cannabis shows a relatively stable trend over a timespan of 10 years (Figure X.3).

The higher mean concentration of herbal cannabis in 2015 might be due to an exceptionally low sample number skewing the data. For cannabis resin, the mean THC concentration has remained rather stable since 2014. Compared to herbal cannabis, the mean concentration of cannabis resin is higher. In the period 2008-2022, an overall increasing trend of the cocaine concentration is noticeable. Consequently, cocaine purity reached a record level in 2021 and has the highest concentration compared to the other substances. The mean amphetamine concentration showed large variations prior to 2014. For the past years, the mean amphetamine concentration in seized samples has increased from 36% (2014) to 50% (2020), then dropped to 40% (2021). For 2022, a significant increase to 67% has been noticed again. However, the results are based on 46 samples only, which might have skewed the results. Between 2012 and 2015 and between 2016 and 2018, two increases in the mean heroin concentration can be seen, followed by a small decrease between 2018 and 2021.

Figure X.3. Mean concentration in seized samples, 2008-2022 (data: BEWSD, 2008-2022, Belgium)



2.7. COMPOSITION

Information about adulterants, contaminants or diluents is available on the basis of the seized samples that were analysed (Sciensano, unpublished). Only the adulterants, contaminants or diluents with a known concentration are shown in Table X.2. Due to a review of the BEWSD, the available data has increased. It should be noted that not all labs analyse the present adulterants. This may explain the low numbers for some of the substances. Caffeine remains the cutting agent most frequently found in amphetamine and heroin. In cocaine, levamisole, phenacetin, lidocaine, paracetamol, procaine and tetracaine were found. In heroin, next to caffeine, MAM, noscapine, papaverine and paracetamol were found.

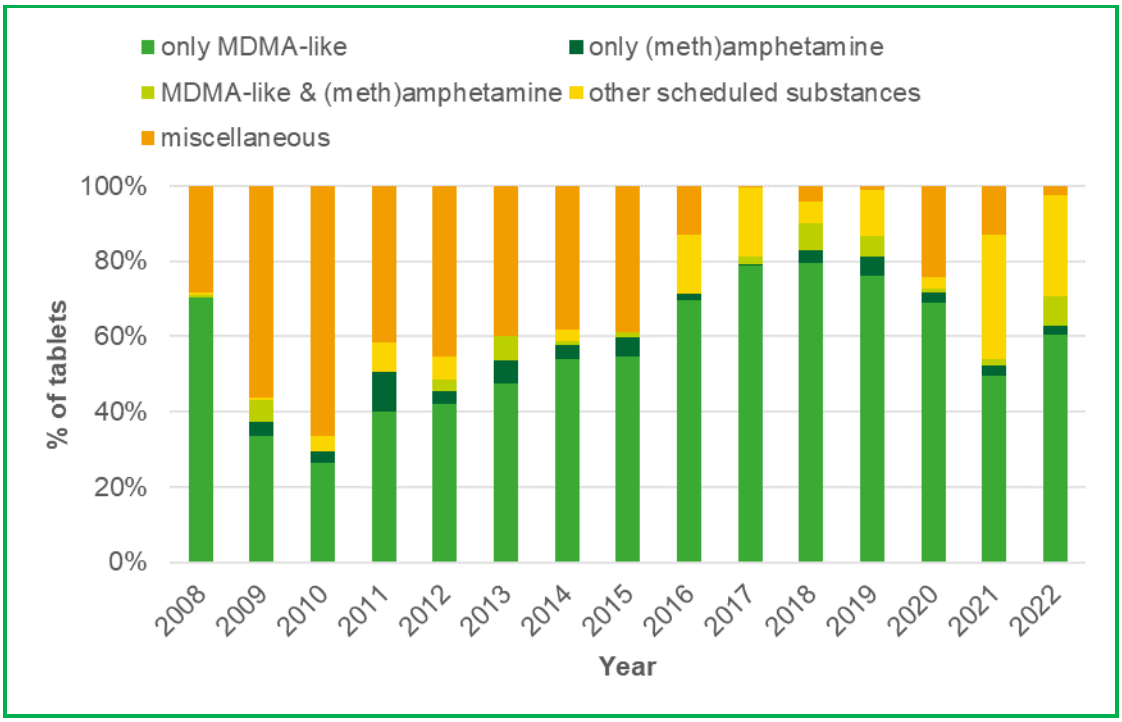
The composition of drug tablets that were analysed between 2008 and 2022 is displayed in Figure X.4. Seized tablets that did not contain any psychotropic substances (e.g., tablets containing only lactose or inert fillers) were not included in these calculations. The percentage of tablets containing only MDMA showed an increasing trend between 2010 and 2018. Since 2019, the share of the category ‘other

scheduled substances' (eg: 2c-b, 3/4-mmc, 3-CMC, (designer)benzodiazepines, methylphenidate) has increased, likely as due to the instalment of a generic legislation in 2017, scheduling more substances. This might also explain the smaller share of the category 'miscellaneous' in the past years.

Table X.2 | Mean concentration of adulterants, contaminations or diluents found in seized drugs in 2022 (data: BEWSD, 2008-2022, Belgium)

Substance	N samples	Adulterants, contaminants or diluents	% of samples	N samples with known concentration	Mean concentration (%)
Amphetamine	177	Caffeine	36.2	39	38.8
Cocaine	1,076	Levamisole	24.3	149	12.4
		Phenacetine	3.7	26	20.8
		Lidocaine	0.9	5	20.8
		Paracetamol	0.7	1	14.7
		Procaine	1.7	7	13.9
		Tetracaine	0.5	4	7.1
Heroin	379	Caffeine	49.1	111	23.3
		MAM	47.8	105	3.4
		Noscapine	48.8	107	7.9
		Papaverine	28.8	72	0.6
		Paracetamol	48.0	108	45.4

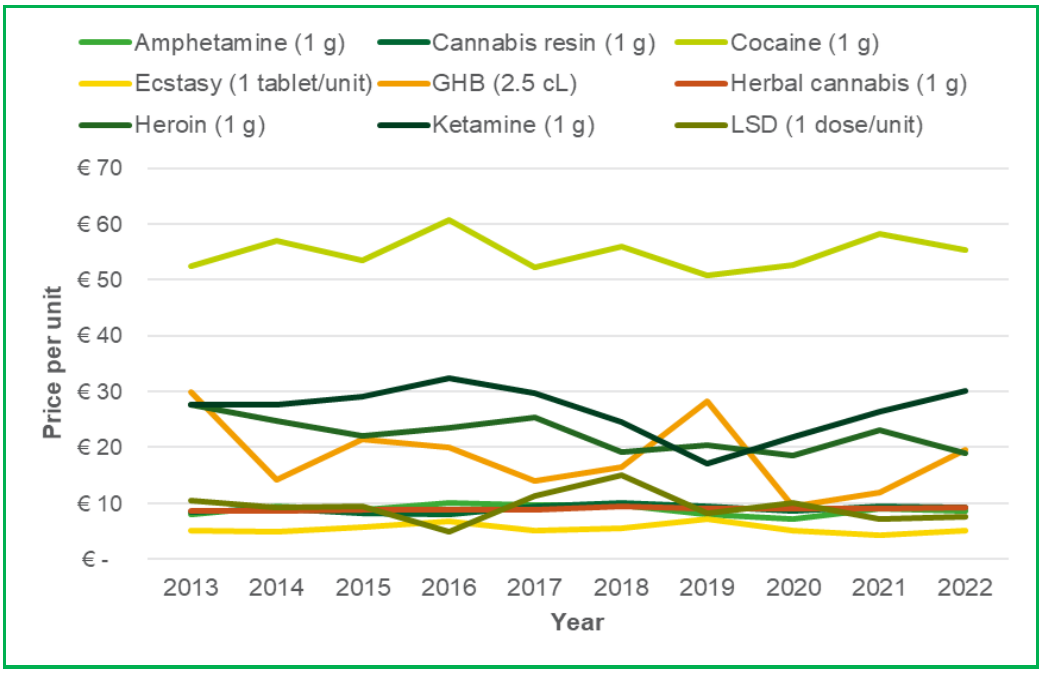
Figure X.4 | Composition of illicit drug tablets 2008-2022 (data: BEWSD, 2008-2022, Belgium)



2.8. STREET PRICES

Over the past 10 years, rather stable trends were seen for amphetamine, cannabis (both resin and herbal), cocaine and ecstasy (Figure X.5). GHB and heroin showed a decreasing trend. The price of LSD fluctuated more but overall, a small drop was seen. Lastly the price of ketamine dropped between 2016 and 2019, and since has risen back to prior 2016-levels. Despite the recent inflation of prices, price ratios have remained largely stable over time. Cocaine remains the most expensive drug (mean price of 55€ per gram) while ecstasy remains the cheapest drug available (mean price of 6€ per tablet). Amphetamine and cannabis have a similar price around 9€ per gram. LSD evolved from fourth to second lowest price (8€ per dose).

Figure X.5 | Street prices per type of illicit drugs between 2013 and 2022 (data: Federal Police, 2022, Belgium)



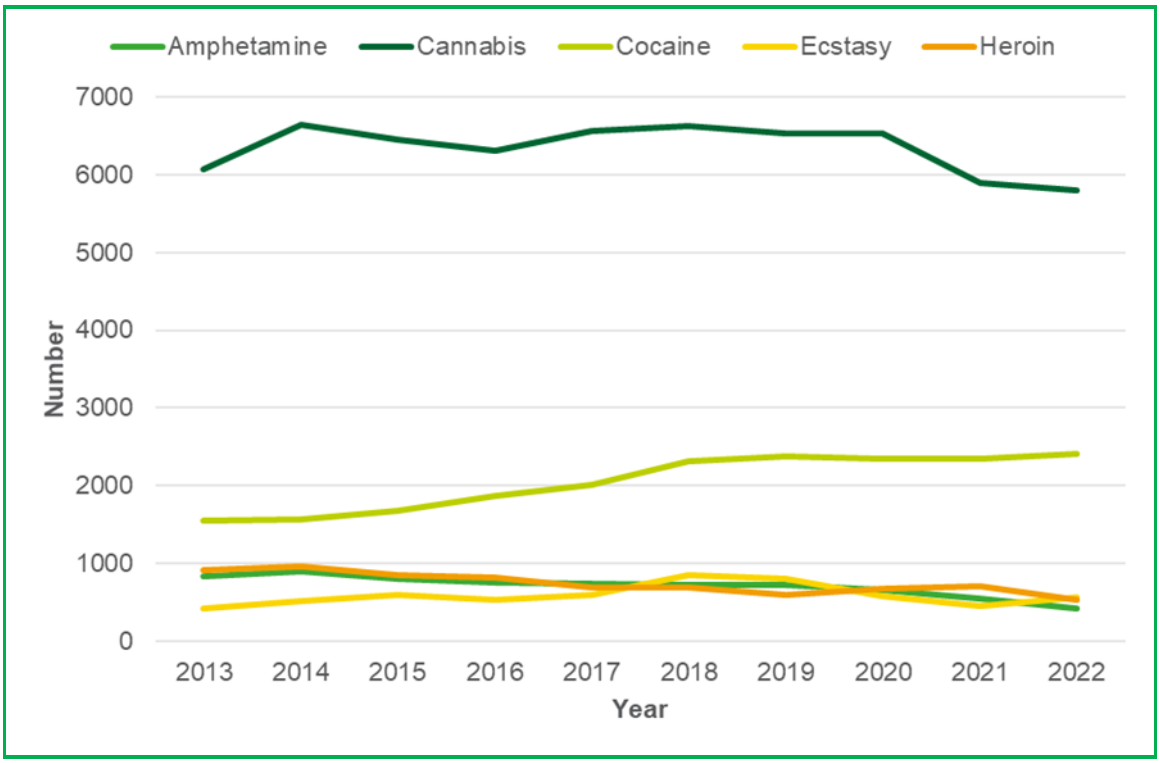
3. Drug-related crime

3.1. SUPPLY

Within the supply-related law offences, a distinction between trafficking, cultivation/production, wholesale, retail, and other supply offences cannot be made.

A global increasing trend is seen over the past years for cocaine and ecstasy (Figure X.6). In relation to ecstasy, the offences increased until 2018 (since 2019 a slight decrease has been observed). Related to cannabis, heroin and amphetamine, supply-related offences are decreasing. The decreasing trend related to cannabis has only been observed during the past three years. From 2014 until 2020, a stable trend was observed.

Figure X.6 | Supply-related law offences between 2013-2022 (data: Federal Police, 2022, Belgium)



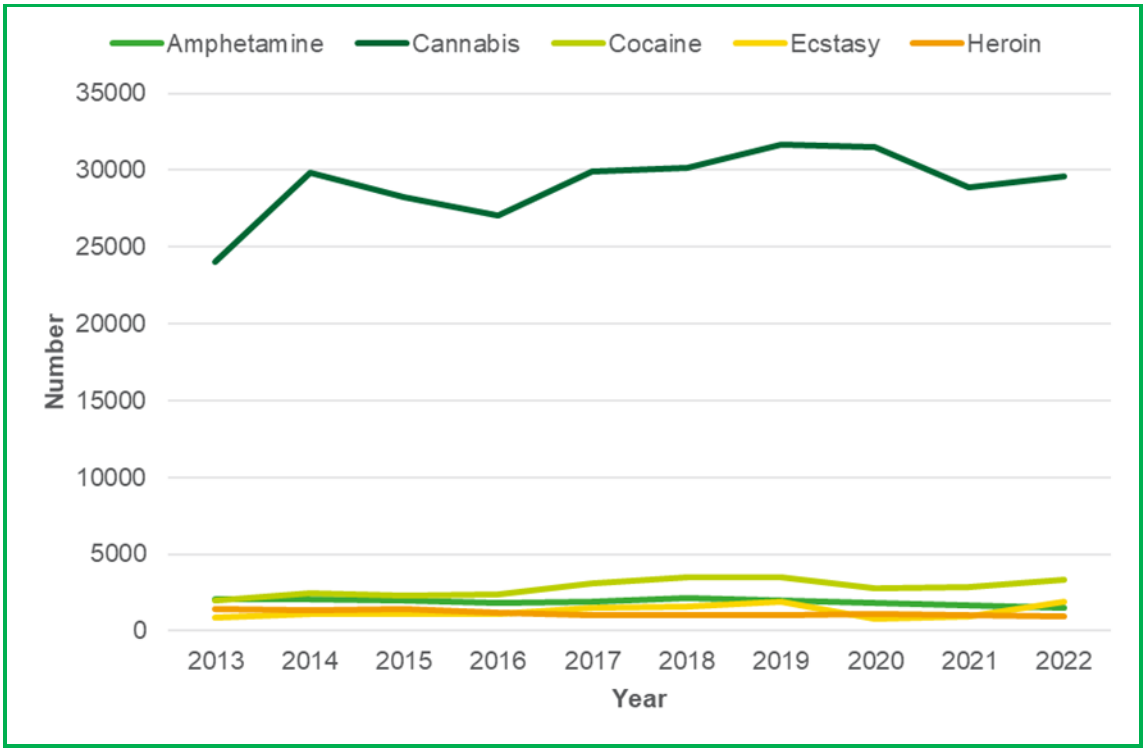
The increasing trend in cocaine-related law offences might be related to the fact that Belgium is more and more the preferred country for import of cocaine in comparison with The Netherlands (because of the high productivity related to container processing, the central location in Europe and the extensive area of the port of Antwerp). In addition, the imported cocaine is more and more stored first in Belgium (in so-called safe houses) before being transferred to The Netherlands. As cocaine is present for a longer period on the Belgian territory, there is a bigger chance for the Belgian authorities to seize the cocaine in Belgium (De Middeleer et al. 2018).

3.2. POSSESSION / USE

Although scientific valorisation for the explanation of certain trends shown in Figure X.7 is lacking, the overall increasing trends of cannabis and to a lesser extent cocaine can be explained by traffickers sometimes not hiding user amounts of drugs in the hope that the police will not search for the bigger amounts smuggled. An increasing trend is also seen in relation to ecstasy, with a drop in 2020 and 2021. As ecstasy is mainly used in recreational settings, the observed drop might be explained by the COVID-19 pandemic during which parties and other meetings or events were restricted. However, compared to before the pandemic, waste-water based research in a limited amount of cities in Belgium indicated no changes in amphetamine and benzoylecgonine (selected as representative compounds for overall stimulant use) during the first lockdown period, during the following exit strategy and during relaxation

between waves (Boogaerts et al., 2022). The global decreasing trends in possession of heroin and amphetamine reflect respectively the popularity of the drugs amongst PWUD in Belgium.

Figure X.7 | Possession-related law offences between 2013-2022 (data: Federal Police, 2022, Belgium)



3.3. DRUG RELATED TRAFFIC OFFENCES

The total number of drug-related traffic offences registered in 2022 was 12,079 or 0.2% of the total number of traffic offences (Federal Police, 2023b). The most recent self-reported figures on drug-related driving in Belgium are from the 10th edition of the National Road Safety Survey conducted in 2022. 8% of the Belgian participating drivers reported driving at least once a month after taking illicit drugs. In Brussels, the self-reported prevalence (16%) was higher compared to Wallonia (10%) and Flanders (5%). The self-reported prevalence was twice as high among men (10%) compared to women (5%). Finally, self-reported risk behaviour was most commonly seen among young drivers: 19% of the drivers between 18 to 34 years old reported driving at least once a month after taking illicit drugs compared to 7% among people in the age group of 35-54 years old and 1% for people above 55 years old (Vias Institute, 2022).

The total number of drug-related traffic offences increased in the past 10 years from 3,394 in 2013 to 12,079 in 2022. Nevertheless, when comparing with the total number of the different types of traffic offences, we see an increase from 0.07% in 2013 to 0.22% in 2021. In 2022, the percentage dropped to 0.16%, which is comparable to the years 2017-2018. An explanation is currently lacking (Federal Police, 2023b).

4. Drug supply reduction activities

4.1. KEY PRIORITIES OF SUPPLY REDUCTION

The following three priorities were assigned to supply reduction within the Federal Drug Policy Note of 2001:

- Collaboration of the education system, social-medical actors and the justice system in order to guarantee the public security and to restore the social order;
- Applying a consistent policy for supply-related crime by the police, prosecutors, judges and the prison system;
- An offender-driven approach.

In 2021, the minister of Justice announced his policy statement (Team justitie, 2021). The theme of drugs emerges clearly within crime reduction, at court level, and in relation to the prison sentences. The fight against drug related crime remains a priority. Additional efforts are foreseen for international co-operation. With the 'Flow Plan' (stroomplan) XXL, the cocaine trade in our ports is being countered. This plan wants to address the limitations of the previous plan which were identified as:

- Better coordination by means of a port prosecutor and an operational consultation platform (private partners can be included as well);
- More resources for staff, multidisciplinary research teams, equipment and sanctions: New initiatives such as a professional ban and place or port bans are planned to be elaborated;
- International cooperation.

At court-level, the ambition is to implement a DTC within each court of first instance. The DTC will handle cases of unorganised drug crime and drug-related crime where drug use is the underlying cause. The DTC does not pronounce an immediate sentence, but suggests a treatment trajectory. In the prisons, the minister states to increase the efforts to reduce the availability of drugs. The aim is to increase the number of drug tests within prisons and to improve the controls. Efforts will also be increased in order to provide specific drug treatment programs within prisons. Lastly, the use of alternative forms of dispute resolution in prison will be investigated.

The police are an indispensable and essential partner in the security chain. Therefore, a NSP 2022-2025 of the integrated police is designed as an important strategic reference framework as part of a sustainable security policy. This NSP fits into the more global framework memorandum on integral security and national security strategy 2022-2025. It identifies 6 security dimensions: personal security, societal security, economic security, ecological security, security of public space and protection of democratic values and digital security.

The NSP consists of 4 transversal themes and 15 security phenomena. One of these 15 security phenomena is dedicated to drugs. Within this plan, the production (and import/export) of synthetic drugs (including precursors), the large-scale import/export of cocaine, cannabis and heroin and the professional and commercial production of cannabis are prioritised.

Based on the current state of affairs and the already existing measures taken, some new developments are defined (Federal Police, 2022):

- On knowledge and expertise:
    - developing a "barrier model" in order to describe and discover barriers among partners. The objective would be to arrive at a smart multidimensional approach;
    - harmonising the guidelines and processes concerning the dismantling of production sites on the Belgian territory to ensure greater consistency and better use of financial resources.
- On (international) cooperation and partnerships:

- optimising the sector responsible for combating drug supply through better integration of its services;
- initiating more thorough consultation between major police zones to coordinate the approach to retail and redistribution networks on the Belgian territory;
- reviving international co-operation on drug tourism to take up the fight against redistribution networks and provide more effective support;
- organising a consultation between the different key components of the private sector in order to shape cooperation and support repressive actions;
- ensuring more active participation by Belgium in international projects of interest for the supporting judicial investigations;
- operationalising collaborations with the main countries of origin of drugs entering Western Europe through the Belgian territory, to ensure more ambitious transnational investigations.

- On project and plan approach:
  - evaluating the current approach with a view to possible adjustment and to evolve towards an effective approach;
  - detecting new approaches in combating the phenomenon to evolve towards an innovative approach;
  - integrating Dutch and Belgian (strategic and operational) security policies on drugs in a better way and integrating and promoting joint actions;
  - developing the administrative approach to support judicial investigations with a view to breaking the links between civil society and criminal environments;
  - strengthening the information position of the devolved services of the Federal Judicial police to allow for larger-scale judicial investigations;
  - organising an anonymous national hotline on drug production on the Belgian territory to increase the detection of production sites and raise awareness around this;
  - strengthening controls on the importation and trafficking of precursors to reduce sources of supply limit and disrupt drug production;
  - developing high-performance monitoring of drug trafficking through new technologies, particularly via the internet, to improve imaging and conduct specialised judicial investigations by carrying out high-performance tactical analysis of criminal groups active in drug trafficking and production on the Belgian territory in order to initiate and support;
  - conducting investigations on the local narcotics market in accordance with the local crime picture.

4.2. AREAS OF ACTIVITY OF SUPPLY REDUCTION

In the border region between Belgium and The Netherlands (province of Limburg), several initiatives were taken in relation to raising awareness of citizens about drug production in the region. An anonymous drug hotline has been launched to allow them reporting suspicious cases that might be related to illicit drug production or dumping sites (Pardal, Colman & Surmont, 2021). In addition, the province of Antwerp has implemented a similar hotline in collaboration with prosecution and the Belgian police. Notifications can only be made via these two websites. In total, 748 notifications were registered in 2022, 8% of which led to the discovery of a drug-related offence. In addition, several tips are given on the website in order to recognise plantations, labs or dumping locations.

The trafficking of cocaine through the ports has negative consequences on the economy and safety. For this reason, the ports of Antwerp, Ghent and Bruges would like to involve citizens in order to counteract drug trafficking. The port company in collaboration with the Federal Police have initiated two specific anonymous hotlines specifically aimed at the many employees and companies that operate in the ports of Antwerp, Ghent and Bruges. However, people living in the neighbourhoods or a passer-by can also report through the anonymous hotlines. This allows the police to work more vigorously and in a more targeted way. The hotline for the port of Antwerp also has a phone number that can be used (Federal Police, 2023a).

The Federal Police organised specialised awareness trainings on trends, developments and risks in relation to cannabis production (20 sessions, 407 participants, targeted for a Belgian audience), to the production of synthetic drugs (13 sessions, 223 participants, targeted for a Belgian audience) and to drug trafficking by post and courier services (international audience in the framework of CEPOL) (Federal Police, 2023a).

Additionally, the police concluded several strategic agreements (Memorandum of Understanding type) with various strategic source countries for cocaine import such as Brazil, Colombia and Peru. Also continued specialised international co-operation on drug tourism exists with the Netherlands, Luxembourg and France (Federal P olice, 2023a).

Moreover, local (in Limburg and Antwerp) co-operations exist with utility providers (water, electricity). They performed a general monitoring of the evolution of the situation regarding "grow shops" on the Belgian territory as well (Federal Police, 2022).

In total, the research capacity of the Belgian Federal Police increased the past years from 428,756 (or 15.9%) in 2019 to 722,952 (or 26.0%) hours in 2022. The main focus was on international police collaborations through different international fora. Two specific collaborations are the Hazeldonk collaboration between Belgium, the Netherlands, Luxembourg and France, on the one hand, and the doperunner actions focused on freeway controls, on the other hand. The Hazeldonk collaboration was organised 5 times in 2022. Belgium was responsible for the seizures of 61.7kg of cocaine, 78,749 ecstasy tablets, 56.1kg hash, 13.5kg marihuana, 3.1kg amphetamine, 0.2kg heroin, 87 weapons and 208,082€. The doperunner actions resulted in 2022 in the seizure of 60kg cocaine, 35kg marihuana, 20kg amphetamine, 360,000 ecstasy pills, 3L GHB and 700,000€ (Federal Police, 2023a).

4.3. ORGANISATIONAL STRUCTURES/COORDINATING BODIES

The central service for the fight against serious and organised crime of the Federal Police is involved in a three-monthly dialogue between the Belgian federal and the Dutch national public prosecutor. Other partners involved are the Dutch national criminal police, the Dutch tax authority and the Cell precursors of the FAMHP. The aim is to have common approaches to cope with problems principally related to cannabis and synthetic drugs, but cases related to cocaine can be discussed as well (De Middeleer et al. 2018).

In addition, regional Information & Expertise Centres (ARIEC) exist in Antwerp, Limburg and Namur in order to support the administrative enforcement in the fight against serious and organised crime on a regional level. Organised crime manifests in a municipality/city or police zone. Malefice (legal) people possess illegal assets and appeal to the legal market in order to obtain e.g., licences, financial support and housing. This can lead to abuse of legal structures, which ARIEC aims to prevent.

The objective of ARIEC is:

- to foresee coordination, support and expertise in creating awareness, refusing permits, closing properties, imposing conditions and fines, organising mediation sessions, etc. upon request of the zonal security council by joining forces with specific partners.
- to centralise all available information.

ARIEC aims a proactive administrative and multidisciplinary approach, complementing the reactive penal approach (Federal Police, 2023a). ARIEC provides support in the handling and coordination of

individual cases that require an integrated approach to organised crime. It brings together all actors involved so that all available information can be integrated, provides legal advice in the development of local legislation and provides in-depth additional pre-screening of permit applications in the framework of a morality study. Finally, ARIEC wishes to provide a forum for the exchange of good practices by means of scripts or information fiches or by organising information sessions and study days (ARIEC Antwerpen, n.d.). ARIEC Antwerp and Limburg are currently investing heavily in drug-related crime, which leads to an increased focus on the drugs problem in these regions by different actors. ARIEC Antwerp is part of the coordination and support service of the Federal Police Antwerp and collaborates thoroughly with a specialised police team responsible for the judicial approach of drug-related crime. In 2022, ARIEC Antwerp organised information sessions about addiction prevention in collaboration with the centre for mental health (CGG). Furthermore, road books on laughing gas and on drug labs and dumping were developed (Federal Police, 2023a). In collaboration with ARIEC Antwerp, the Federal Police also developed a brochure for building owners to raise awareness about renting to suspicious persons ("how to safely rent your premises"), renewed awareness of the distribution sector of precursors and chemicals, and implemented a project (screening and raising awareness) relating to the use of hardware manufacturers in the context of the production of synthetic drugs. ARIEC Limburg created a flyer in order to inform local governments and associations about subversion (what they are, how they work, how to recognise signals and what to do). ARIEC Antwerp and Limburg invested principally in the monitoring of properties, car rental companies, taxi companies, telecommunications and the screening of dung cellars (mainly in the province of Limburg where there is still a lot of agricultural activity) (De Middeleer et al. 2018).

In 2023, the CNDC entered into force (see also I. Drug Policy).

XI. PRISON

1. Highlights

- Belgium currently counts 35 traditional prisons. In addition to these traditionally organised prisons, detention houses were recently implemented. These are specifically designed to hold people who have been sentenced to a maximum of 3 years imprisonment. The first detention house opened in September 2022. Moreover, the first transition house exists since 2019. Forensic Psychiatric Centres (FPC) have existed since 2014 in order to treat internees with high-risk and high-security profiles. In total, 7 FPC's exist in Belgium. They can admit 997 people in total. Internees with a lower risk profile can be treated in the medium security or other units of regular psychiatric facilities, in psychiatric care homes, in sheltered housing initiatives and through outpatient care in Belgium. Nevertheless, 730 internees were still held in prison on the 31th of January 2022 because of the insufficient availability of places for this group outside prison.
- 70.3% of the 280 respondents of a survey among adult people in prison conducted during 2021-2022, ever used alcohol, illicit drugs or prescription drugs that were not prescribed by a doctor outside prison, before the current imprisonment. 58.0% of the respondents reported the use of illicit drugs (including the misuse of prescription drugs). In total, half of the respondents in prison used two or more different licit or illicit drugs outside prison, before the current imprisonment. Taking only into account the use of illicit drugs outside prison, before the current imprisonment, 40.2% of the respondents indicated the use of two or more different illicit substances. The respondents pointed out their social environment as the main instigator for substance use. A few respondents also reported that they started using after a traumatic situation such as losing his partner in a car accident or an abusive home situation. During the current imprisonment, inside prison, 32.3% of the respondents ever used alcohol, illicit drugs or prescription drugs that were not prescribed by a doctor. 28.6% of the respondents reported using illicit drugs (including the misuse of prescription drugs). In total, 19.4% of the respondents used two or more different licit or illicit drugs during their current imprisonment. Taking only into account the use of illicit drugs inside prison, during the current imprisonment, 16.2% of the respondents indicated the use of two or more different substances. Among the respondents who indicated the use of any drugs inside prison, during the current imprisonment, 55.8% indicated to have started the use of a specific substance inside prison (either during the current or any previous imprisonment). 48.2% indicated to have started the use of an illicit drug (including the misuse of prescription drugs). Next to cannabis, non-prescribed sleeping pills or sedatives are indicated by the respondents as the second most used substance inside prison when alcohol is not taken into account. Injecting drug use outside prison seems more prevalent (16.8%) compared to during the current imprisonment (4.8%). Nevertheless, a higher proportion of respondents who have injected drugs inside prison shared injection equipment for non-medical purposes (66.7%). The prevalence of having been a victim of physical violence, severe symptoms of depression or suicide attempts during the current imprisonment was significantly higher among persons who have used drugs inside prison compared to those who did not use drugs inside prison. In addition, the respondents who reported drug use during the current imprisonment received significantly more mental health medication during detention (respectively 52.9%) compared to the respondents who did not report drug use during the current imprisonment (respectively 34.7%). Moreover, 26.9% of all respondents who indicated the use of drugs inside prison during the current detention reported that they are/have been in treatment for issues related to drug use during current imprisonment.
- The Federal Minister of Justice is responsible for the physical health and safety issues, infrastructural security and medical health care. The Communities are responsible for providing psychosocial support and education. This implies that the federal and federate ministers have to closely collaborate on any aspects of drug-related health in prison.
- The Federal Drug Policy Note of 2001 states that any possible actor is to be involved in solving problems of both legal and illegal drug use within prison. Health care in prison has to meet the

standards of the health care system outside prison. Consequently, external caregivers should be able to provide preventive measures and care inside prison. Furthermore, health care has to be adjusted to the specific needs of people in prison when needed. The importance of the active detection of drug use and related health and psychiatric problems is stressed. Medical staff should proactively question people in prison with a higher risk for infectious diseases to get tested. If necessary, they should have the possibility to be vaccinated and treated. Since 1 January 2023, medical care for people in detention is integrated into the mandatory health insurance system as is the case for people living in the community.

2. Organisation

Belgium currently counts 35 traditional prisons.

In addition to these traditionally organized prisons, Belgium invested recently also in the implementation of detention houses. Detention houses are specifically designed to hold people who have been sentenced to a maximum of 3 years imprisonment. The people eligible for detention houses also have a low security risk. Sex offenders or those convicted for terrorism offences are excluded. Detention houses are closed facilities, but the people have more freedom of movement within the establishment. They are small facilities that allow small groups of 20 to 60 people and provide essential reintegration services. The people in detention are expected to help with household chores (washing, cleaning, ...), looking for a job, volunteering, training, arranging their administration, etc. In case these obligations are not met, there is a possibility that they are sent back to a traditional prison. Within these facilities, the word 'prisoner' is no longer used. The people living here are called 'residents'. In a detention house, the resident is allowed to make (video)calls using his own device (mobile phone, smartphone, laptop, tablet ...) and can thus also receive calls. There are no fixed rules that apply as to when the inmate is allowed to make phone calls, as long as they respect the peace and quiet of their fellow residents. The first detention house opened in September 2022 in Kortrijk. The former women's prison of Brussels 'Berkendael', has become the second detention house. Both have a capacity for 57 people (Directoraat-generaal Penitentiaire Inrichtingen, 2023). The government's aim is to have at least one detention house in each province in order to have room for 720 residents in Belgium (Regie der gebouwen, 2023a).

Moreover, transition houses have been implemented since 2019. The objective is to create 100 places in these facilities. Each transition house has room for 12 to 17 persons. The first transition house is located in Mechelen and a second one opened by the end of 2023 in Gentbrugge.

Besides, FPC has existed since 2014 in order to treat internees with high-risk and high-security profiles. Internment is a legal security measure for people with a mental disorder who committed a crime that threatens the physical or psychological integrity of third parties and who, according to the court, were unable to control their behaviour. Furthermore, internment is only possible when a risk exists to commit such crime again in the future (Jeandarme et al., 2020; Sciensano, KCE, Inami-Riziv, FPS public health, 2021; B.S./M.B. 09.07.2014). In total, 7 FPC's exist in Belgium. They can admit 997 people in total: 466 in Flanders and 531 in Wallonia (Sciensano, KCE, Inami-Riziv, FPS public health, 2021). The admission to a FPC cannot be refused by the FPC nor the internee as the judge's decision is part of the legal security measure. These FPC consist of four departments: i) observation and orientation; ii) intensive treatment, iii) nursing and iv) re-socialisation to avoid keeping these people in prison without any treatment possibilities (Jeandarme et al., 2020). A FPC is a closed facility, which is similar to a psychiatric hospital, but with a higher degree of security. There are strict requirements on the security of the immediate surroundings of the centre. It is similar to a new prison. From the moment an internee arrives at the FPC, he is treated as a psychiatric patient. At the centre, each patient receives adapted therapy and psychological counselling, as in a regular psychiatric hospital. A crisis unit is also available. The FPC therefore collaborates with regular psychiatric hospitals to exchange knowledge and experience. The ultimate goal is for patients to be cured and reintegrated into society. Some patients still need special care after treatment because they have a permanent high-risk profile. In the future, these patients will be accommodated in the long-term care facility in Aalst (Direction of buildings, 2023b). It is estimated that this long-term facility will be ready to be used by 2026. Internees with a lower risk profile can be treated in the medium security or other units of regular psychiatric facilities, in psychiatric care homes, in sheltered housing initiatives and through outpatient care in Belgium. Most recent data about the inpatient facilities shows that 1,287 places are available (Sciensano, KCE, Inami-Riziv, FPS public health, 2021). Nevertheless, 730 internees were still held in prison the 31th of January 2022 because of the insufficient places available for this group outside prison (Aebi, et al., 2023).

Moreover, two closed federal centres for minors who committed an offence according to criminal law (age 14-18) exist in Belgium. One closed federal centre is located in Wallonia and the other one is in Flanders.

3. Drug use and related problems among people in prison

In 2019-2020, a study was conducted among 226 detained adolescents. This study revealed that dealers reported significantly more substance use during their life compared to non-dealers for all different substances. 93.9% of dealers indicated to have ever used marihuana, compared to 64.6% of the non-dealers. Amphetamines were used by 36.7% of the dealers and 11.4% of the non-dealers whereas cocaine was used by 28.6% of the dealers and 7.6% of the non-dealers. On average, dealers had tried between two and three types of substances. Non-dealers had ever tried between one and two types of substances. Moreover, a significant difference in polysubstance use between non-dealers ($M = 1.65$, $SD = 1.00$) and dealers ($M = 2.74$, $SD = 1.22$); $t(211.43) = -7.25$, $p < 0.001$, Cohen's $d = 0.95$) was found. Results also showed that drug dealers of cocaine, amphetamines or other unspecified substances were significantly more likely to have used more types of drugs followed by drug dealers of marihuana and non-dealers (Bisback et al., 2022).

The latest survey of 2021-2022 within 4 Belgian prisons revealed that cannabis, cocaine, amphetamine and non-prescribed sleeping pills or sedatives were indicated by the respondents as the most used illicit drugs inside prison (Plettinckx et al., 2023). This is similar to the results of screenings conducted by medical services of the prisons (Debaere, & Schils, 2020). In comparison with previous research conducted during 2015-2016, it seems that the use of heroin is replaced by the use of cocaine (Favril & Dirkzwager, 2019; Favril, 2023). An additional interesting finding of the latest survey is that non-prescribed sleeping pills or sedatives are indicated by the respondents as the second most used substance inside prison when alcohol is not taken into account. Overall, the female respondents indicated to use significantly less drugs compared to male respondents, which is in line with results among the general population (Drieskens et al., 2018; Schamp et al., 2018). However, it is in contrast with earlier Belgian research in prison in 2015-2016, that did not find an association between drug use and gender (Favril, & Dirkzwager, 2019; Favril, 2023).

3.1. Drug use prior to imprisonment

In tota,l 70.3% of the 280 respondents of the survey among adult people in prison ever used alcohol, illicit drugs or prescription drugs that were not prescribed by a doctor outside prison, before the current imprisonment (Plettinckx et al., 2023). 58.0% of the respondents reported the use of illicit drugs (including the misuse of prescription drugs) and 46.5% of the respondents reported the use of illicit drugs other than cannabis outside prison, before the current imprisonment. In total, half (52.0%) of the respondents in prison used two or more different licit or illicit drugs outside prison, before the current imprisonment. Almost one in four (24.5%) used five or more different drugs.

Taking only into account the use of illicit drugs outside prison, before the current imprisonment, 40.2% of the respondents indicated the use of two or more different illicit substances and 20.5% reported the use of 5 or more different illicit substances outside prison, before the current imprisonment.

The respondents pointed out their social environment as the main instigator for substance use. Most respondents started using it as an experiment with a group of friends. The interviews revealed that most of the respondents started using cannabis with friends between the age of 13 to 25 years old.

Cocaine was often mentioned by respondents in the context of going out. A few respondents also reported that they started using after a traumatic situation such as losing a partner in a car accident or an abusive home situation. Some respondents explained during the interviews that their substance use outside prison got incorporated at a certain point into their lifestyle and that since then they needed substances both to function or to relax. In this respect they explained the need to use one substance in order to level out the effect of another one they took earlier, which subsequently led to poly drug use. LTP of drug use was the highest for alcohol, followed by cannabis, cocaine, ecstasy, amphetamine and non-prescribed sleeping pills or sedatives. During the past 12 months and 30 days before the current imprisonment, the situation differs from the LTP of drug use in which the use of amphetamine was more prevalent compared to ecstasy.

The LTP of illicit drugs or prescription drugs that were not prescribed by a doctor outside prison, before the current imprisonment was significantly higher among men than women. The LTP of anabolic steroids was also significantly higher among men compared to women. For crack cocaine in particular, the prevalence was significantly higher among women compared to men. Although we see differences between men and women as well in the prevalence of lifetime use of other substances, these differences were not statistically significant. The prevalence of lifetime use of alcohol, illicit drugs or prescription drugs that were not prescribed by a doctor outside prison, before the current imprisonment was not significantly different among the age group of 18-34 years old compared to the age group of 35-70 years old. Nevertheless, we found significant differences in relation to the prison history. The prevalence of lifetime use of these illicit drugs or prescription drugs was higher among respondents who were in prison already two times or more compared to the respondents who were in prison for the first time.

3.2. DRUG USE INSIDE PRISON

In total, 32.3% of the respondents ever used alcohol, illicit drugs or prescription drugs that were not prescribed by a doctor during the current imprisonment, inside prison (Plettinckx et al., 2023). 28.6% of the respondents reported using illicit drugs (including the misuse of prescription drugs) and 17.6% of the respondents reported using illicit drugs other than cannabis during the current imprisonment, inside prison. In total, 19.4% of the respondents used two or more different licit or illicit drugs during their current imprisonment, and 5.9% used five or more different drugs. Taking only into account the use of illicit drugs inside prison, during the current imprisonment, 16.2% of the respondents indicated the use of two or more different substances and 4.8% reported the use of 5 or more different substances inside prison, during the current imprisonment. The use of alcohol during 20 days or more of the past month (further indicated as intense use) inside prison, during the current imprisonment was not reported among the respondents. 8.4% of the respondents reported intense use of illicit drugs (including the misuse of prescription drugs) and 2.6% of the respondents reported intense use of illicit drugs other than cannabis during the current imprisonment, inside prison. Intense use of drugs inside prison, during the current imprisonment was mainly reported for cannabis (7.3%) and non-prescribed sleeping pills or sedatives (1.5%).

Among the respondents who indicated the use of any drugs inside prison (n=89), during the current imprisonment:

- 55.8% indicated to have started the use of a specific substance inside prison (either during the current or any previous imprisonment). 48.2% indicated to have started the use of an illicit drug (including the misuse of prescription drugs) and 30.6% indicated to have started the use of an illicit drug excluding cannabis.
- The substance most often initiated was cannabis. Alcohol (including both alcohol brought into or produced within prison), cocaine (including both powder cocaine and crack cocaine) and opiates (including heroin and other opiates) were mentioned by 14.1% of respondents respectively. The initiation of the use of amphetamine and methamphetamine within any prison was mentioned by 12.9%. During the interviews, it became clear that respondents were sometimes forced to use less desirable substances due to fluctuations in the availability of certain types of substances. For example, respondents of the interviews reported using psychopharmaceuticals as a substitute when other substances were not available or became too expensive.

During the interviews, various reasons were mentioned for using drugs, including the obvious reason of a previous drug dependency. Some of them explained that they use more drugs inside prison because they were more easily available compared to outside prison. This was specifically mentioned in relation to the use of psychotropic drugs. Respondents mentioned that psychotropic drugs were easily available through the prison medical services. Moreover, respondents mentioned that neither the possession nor the use of prescribed medication ever led to any disciplinary sanctions. In their understanding, this explains why some of them prefer to (mis)use prescribed substances over illicit drugs. Conversely, others talked about their decrease in use because of high prices and lack of outside contacts to bring in the substances they needed. The main motives for use were a lack of meaningful activities, a means to

escape the reality of prison and a way to induce sleep and passing the time. Respondents mentioned mulling thoughts, suicidal thoughts, loneliness, anxiety, sleep deprivation, feelings of depression and boredom as important motives for drug use.

The LTP of illicit drugs or prescription drugs that were not prescribed by a doctor inside prison, during the current imprisonment was significantly higher among men than women. The LTP was also significantly higher among men compared to women for specifically alcohol, cannabis and powder cocaine. The prevalence of lifetime use of alcohol, illicit drugs or prescription drugs that were not prescribed by a doctor inside prison, during the current imprisonment was not significantly different among the age group of 18-34 years old compared to the age group of 35-70 years old. Nevertheless, we found significant differences in relation to the prison history for different substances. The LTP of drug use, except for GHB/GBL, volatile inhalants, NPS and other substances was higher among respondents who were in prison already two times or more compared to the respondents who were in prison for the first time. The results also showed significant differences in lifetime drug use (any illicit drug, alcohol, cannabis, powder cocaine and opiates) inside prison, during the current imprisonment, in relation to the duration of the detention. Fewer respondents who were in prison for less than one year reported the use of these drugs during their current imprisonment, inside prison, compared to respondents who were already more than one year in prison. The interviewees also felt that the lack of information and the many uncertainties at the time of prison entry such as on the length of their sentence, contributed significantly to reinforcing drug use. Among the respondents who indicated using drugs during the current detention (inside prison), we did not find significant differences among specific sub groups of respondents (such as by gender, age, education level or prison history) in relation to the initiation of specific drugs inside prison (during the current or any previous imprisonment).

3.3. DRUG-RELATED PROBLEMS

The abovementioned study (Plettinckx et al., 2023) that was conducted between 2021 and 2022 shows that during the current imprisonment 39.0% of the respondents in prison have experienced some type of violence: 8.9% of people in prison was victim of theft or robbery, 26.0% experienced verbal or psychological violence, 17.5% experienced physical violence and 1.5% was victim of sexual violence. The prevalence of having been a victim of physical violence during the current imprisonment was significantly higher among persons who have used drugs inside prison (37.2%) compared to those who did not use drugs inside prison (8.3%). The prevalence of having been a victim of physical violence during the current imprisonment was also significantly higher among persons who have used specifically cannabis, powder cocaine, opiates, volatile inhalants and alcohol during the current imprisonment, inside prison. Respondents of the interviews described several incidents of physical violence such as stabbings and fistfights between people in the prison, often while walking in the courtyard. These respondents often related these events to arguments about drugs.

The results showed a very high prevalence of self-reported symptoms of depression and/or anxiety in prison settings. In total, 68.1% of the prison respondents were identified as having symptoms of anxiety and/or depression. Mild to severe symptoms of both were reported by 51.5% of all respondents. Overall, the prevalence of symptoms of only anxiety or depression was less present among the respondents. More respondents who have recently used drugs inside prison, during the current imprisonment report severe symptoms of depression compared to those who did not. Among those respondents, persons who specifically used alcohol, cannabis and opiates reported more often severe symptoms of depression compared to those who did not.

9.5% of the respondents have attempted suicide during the current imprisonment, inside prison. Among the respondents who ever used drugs during their current imprisonment, this was 17.5%. This was significantly higher than the 5.9% suicide attempt rate among the respondents who did not use drugs inside prison, during their current imprisonment. The prevalence of suicide attempts during the current imprisonment among respondents who used specifically cannabis and powder cocaine during the current imprisonment, inside prison was also significantly higher compared to respondents who did not use these substances.

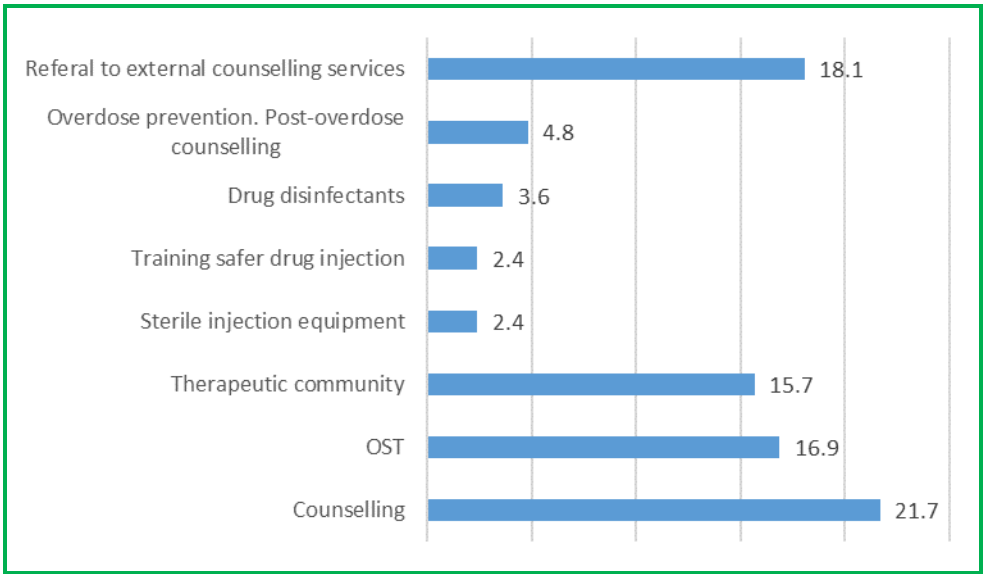
The results showed that the respondents with symptoms of severe loneliness received significantly more mental health medication during detention (respectively 47.9%) compared to the respondents who did not report symptoms of loneliness (21.7%). In addition, the respondents who reported drug use during the current imprisonment received significantly more mental health medication during detention (respectively 52.9%) compared to the respondents who did not report drug use during the current imprisonment (respectively 34.7%). In particular, feelings of loneliness were associated with drug use during the interviews. Respondents explained how loneliness led to behavioural change and loss of social skills, especially during long periods of detention. In order to stop using drugs, respondents indicated that their social environment was the main factor for succeeding. Rebuilding their social circle within prison was then most often required. However, due to the high prevalence of drug use and a wide availability of drugs in prison, respondents described that they preferred to avoid contact with other people in prison when trying to stop using drugs within prison. Respondents indicated that returning to their former living environment outside prison can also lead to relapse. Feelings of loneliness, the lack of social support or attention to broader needs, can undo the attempts to stop the use of drugs or can evoke that substance use starts again after a period of abstinence (Mjåland, 2016; Jamin et al., 2021).

26.9% of all respondents who indicated the use of drugs inside prison during the current detention reported that they are/have been in treatment for issues related to drug use during current imprisonmen (Plettinckx et al., 2023).. During the interviews, respondents related their drug use in prison to various needs in the physical, mental and social health domains. Respondents who use drugs indicated that they are at greater risk for certain physical and psychological health problems, and suggest that better, specialized follow-up is needed. They emphasised the need for a comprehensive screening on arrival in prison, including physical, mental and drug related aspects. Most respondents indicated during the interviews that mental health issues are almost exclusively treated medically, with, for example, sleep medication, antidepressants, and neuroleptics. Other treatment options, such as psychological therapy, were barely mentioned. Respondents argued that drug treatment should not be based on medication alone. Instead, a psychotherapeutic programme should be available as standard. Respondents particularly mentioned the benefits of group therapy and the added value of experts by experience. Respondents also reported difficulties in accessing mental health care in prison due to long waiting times. Respondents also linked the lack of treatment to an increased likelihood of suicide. One respondent suggested during the interviews that the presence of a psychologist at night could be of added value, especially during severe crises. According to her, the toughest mental period starts in the evening when the doors close for the night. It is when bad feelings arise and drug use often increases.

The use of various types of health care services inside prison during current imprisonment was assessed as well. 21.6% of people in prison received a health check-up at prison entry (including assessment of drug use and drug related problems). A need for an improved follow-up and evaluation as part of drug treatment was expressed by respondents during the interviews. For example, a respondent mentioned she was receiving OAT with methadone before entering prison. She had to wait several days to receive further treatment in prison due to a lack of communication between healthcare workers in- and outside prison. 11.6% of the respondents made use of a drug free unit. Drug-free units are often mentioned during the interviews when asked about help available in relation to substance use. Respondents mentioned the limited number of places and that access is often denied for unclear reasons. It was specifically mentioned that a drug free unit was not available for women. Respondents called for these units to be expanded, allowing more people to access the program. Others asked for separate units for PWUD, those who want therapy and those who are drug free already. The respondents were convinced that this would help prevent the start of substance use. Urine tests could help establish eligibility for drug free units. Respondents associated drug-free units with an environment that supports abstinence. 22.4% of the respondents received infectious disease interventions (testing, vaccination and/or treatment) and 8.5% received free condoms. 31.7% of all respondents in prison received educational and/or vocational training during their current imprisonment. In general, interviewees agreed that employment, daytime activities, courses, etc. motivates them to decrease their drug use. They believed that these are necessities, not only in the prevention of drug use, but also as part of rehabilitation. 26.3% received interventions of social reintegration, including housing and employment and 12.0% had referrals to external drug services. Respondents stressed the importance of the continuity of support during

reintegration, not only to prevent crime recidivism but also to avoid relapse to substance use. Some of them indicated that direct referral to residential care for their drug use problems was made possible through the Tandem project. Three respondents mentioned this service and are generally positive about its outcomes, but they explained that they again faced long waiting times. Some interviewees, who did not relapse or continue their drug use, attributed this to the follow-up or drug treatment they received on release. The needs for reintegration support are varied, but respondents identify that housing and employment are the most pressing needs. Nevertheless, initiatives such as transition houses or the penitentiary agricultural centre were mentioned in relation to help facilitate reintegration. The use of drug treatment services specifically related to drug use is described in Figure XI.1.

Figure XI.1 | Prevalence (%) of having used drug-related health care services inside prison during current imprisonment among PWUD inside prison (n=89) (data: PRS-20 study, 2023, Belgium)



In general, respondents asked for better access to healthcare in prison. In the first place, they suggested abandoning the outdated written notification procedure that is still in use in order to be replaced by a more modern and efficient registration system. This change could also benefit people who cannot write or speak the language. In addition, the current system of written notification procedure does not guarantee privacy and confidentiality, as prison staff can open and read them at any time. Respondents suggested during the interviews that a specialized team working closely together with the healthcare workers in prison and better training of prison guards could help people who use substances extensively. Respondents indicated that the available help related to drug use in prison is currently inadequate. More information for people in prison about the available support related to substance abuse was mentioned as a need. Respondents argued that health workers and prison guards have to increase their efforts to reach PWUD in prison, rather than placing the responsibility solely on the people using drugs.

3.4. RISK BEHAVIOUR AND HEALTH CONSEQUENCES:

Among the respondents who indicated using drugs outside prison, before the current imprisonment (n=192), 16.8% also injected drugs in the same period (Plettinckx et al., 2023). Among the respondents who indicated the use of drugs inside prison, during the current imprisonment (n=89), 4.8% also injected drugs during the same period and 4.8% reported that their first drug injection happened in prison. A question about the specific substances that were injected was not included in the questionnaire.

Before their current imprisonment, 32.3% (n=10) of the respondents who indicated to have injected drugs shared injection equipment for non-medical purpose: 32.3% (n=10) shared a needle or syringe and 16.1% (n=5) shared other equipment such as spoon/cooker, filter, cotton, acid/lemon juice, rinse water, etc. to inject drugs. Although injecting drug use during the current imprisonment was not common, 66.7% (n= 2) of the respondents who have injected drugs inside prison shared injection equipment for non-medical purpose: 66.7% (n=2) shared a needle or syringe and 33.3% (n=1) shared other equipment to inject drugs.

Out of the 154 respondents to whom a HCVab rapid test was offered, 88.3% agreed with the test. 4.4% (n=6) of the tests indicated antibodies for HCV. The indication of antibodies for HCV seemed to result significantly higher among persons who have been 2 times or more in prison (11.4%; n=5) compared to the respondents who are in prison for the first time (2.0%; n=1). Among the respondents who received the self-reported question about HCV, 92.1% answered this specific question. Among them, 8.7% (n=10) self-reported to have been infected by HCV ever in life. Although the prevalence of HCV infection is higher among respondents who indicated the use of (licit or illicit) drugs before and/or during the current detention compared to respondents who did not report drug use, we did not find that the difference was statistically significant.

14.2% of respondents who used drugs outside prison before the current imprisonment reported an overdose outside prison (5.1% - caused by opioids, 9.1% - caused by other substances). Only one (1.3%) respondent who used drugs inside prison, during the current imprisonment, experienced an overdose during the same period.

3.5. DRUG SUPPLY IN PRISON

Respondents of the interviews that were conducted between 2021 and 2022 reported that any type of drug was available, although at higher cost than in society. They explained how illicit drugs are smuggled through various channels, such as prison guards, people with furlough and visitors. Some respondents also mentioned drugs being thrown over the prison walls into the courtyard. Alcohol is produced in prison cells using smuggled yeast or fruit. Within the female wards, respondents indicated that there is much less circulation and trafficking of drugs. They explained that they had to buy them from the men in prison or again through visitors. Several respondents indicated as well that psychotropic drugs, received from the medical service, were also used as a means of payment between people in prison (Plettinckx et al., 2023).

4. Drug related health response in prison

4.1. STRATEGIC DOCUMENTS

Penitentiary drug policy is mentioned as one of the most important issues within the Federal Drug Policy Note of 2001. This Drug Policy Note states that any possible actor is to be involved in solving problems to both legal and illegal drug use within prison. Priority should be put to the measurements for tackling the import of drugs into prison as well as for the counselling and support of PWUD. Qualitative health care and intensive prevention policy are defined in order to support PWUD inside prison. Health care in prison is to meet the standards of the health care system outside prison. Consequently, external caregivers should be able to provide preventive measures and care inside prison (Belgische kamer van volksvertegenwoordigers en senaat, 2001). This framework of the penitentiary drug policy was confirmed in the Communal Declaration of 2010 (Interministeriële Conferentie Drugs, 2010).

In addition, the law of principles concerning the prison system and the legal position of people in prison of 2005 (B.S./M.B. 01.02.2005) describes the basic principles of health care in prison and therefore has its repercussions on the approach toward PWUD in prison. The Ministerial Circular Letter of July 18 2006, regulates the principles of an integral and integrated penitentiary drug policy according to the logic of the Federal Drug Policy Note of 2001. This Circular Letter includes both health and security-related issues. The document emphasizes that health care for people in prison is based on the principles of equivalence, continuity and specificity of care. Inherently, this means that the available health care before imprisonment is to be continued during detention. Furthermore, health care is to be adjusted to the specific needs of people in prison when needed (Dangreau et al., 2012). The Circular Letter stresses the importance of the active detection of drug use and related health and psychiatric problems. The medical staff is to provide information about drugs, drug-related infectious diseases and treatment options to every person entering prison through an extended file of information tools (videos, pamphlets, etc.). Also, the medical staff is to check whether a person in prison was treated prior to detention and if so, needs to contact the doctor or therapist of the earlier treatment in order to maximally adjust further treatment in prison (continuity of care). The penitentiary medical services need to be informed directly when a person in prison is caught with (a user amount of) drugs. Medical staff should proactively question people in prison with a higher risk for infectious diseases to get tested. If necessary, they should have the possibility to be vaccinated and treated. The Circular Letter stresses as well that condoms and bleach tablets should be available for the people in prison. People in prison who are motivated to participate in activities related to drug prevention or treatment should be able to do so. Also, overdose prevention is activated by this Circular Letter. Substitution treatment can be initiated or continued during detention at every moment and without any restriction in time (Directoraat-generaal uitvoering van straffen en maatregelen, 2006).

At regional level, the Flemish government developed the strategic plan 2020-2025 about assistance and provision of services in the prisons of the Flemish community, which specifies the implementation of a care trajectory which is adapted to the needs of people in prison in order to enlarge the chances for reintegration (general life domains such as education, employment, housing and social-cultural skills, that might have an impact on drug use among people in prison are considered). People in prison with psychological and psychiatric problems including people experiencing problems related to drug use or addiction are defined as a specific group of attention within this strategic plan (WVG, 2021). Similar strategic plans aren't yet available for the prisons of the French-speaking part of Belgium.

4.2. ORGANISATION

The Federal Minister of Justice is responsible for the Belgian prison system. Nevertheless, as a result of the latest state reform, some aspects of the Belgian prison system have become competence of the Regions. The federal government is responsible for the safety issues, infrastructural security and medical health care within these centres, while the Communities are responsible for providing psychosocial support and education (Directoraat-generaal Penitentiaire Inrichtingen, 2022). This implies

that the federal and federate ministers have to closely collaborate on any aspects of drug-related health in prison.

Since 2015, the Federal Minister of Justice and the Federal Minister of Public health are discussing and planning a transfer of the competence of penitentiary health care from the Justice department to the Public health department in order to entirely integrate penitentiary medical health care into the "regular" health care system (Geens, 2017). Also, the Flemish Minister of Welfare, Public Health and Family indicated the ambition for bridging the gap between the care regulations that are now part of the Justice department and the regular health care by improving the cooperation, agreements and expertise in addiction care (De Sleutel, 2017). The consultations on this matter at the national level are still ongoing. Nevertheless, since 1 January 2023, medical care for people in detention is reimbursed. Consequently, these people are integrated into the mandatory health insurance system. All people in detention are affiliated and insured within a health insurance fund.

The FPS Justice consists of three Directorate-generals, of which one of them is the Directorate-general of Penitentiary Institutions. This Directorate-general is responsible for the execution of penalties and all measures of deprivation of freedom within all prisons. A clear distinction is made between providing healthcare to people in prison (health perspective), and providing psychosocial advice as part of security measures and probation in prisons (security perspective), respectively being a responsibility of the central service of health care and the psycho-social service (Dangreau et al. 2012). The psycho-social service, on one hand, is responsible for social, psycho-social, juridical and familial support of the people in prison mainly concerning risk assessment. Based on contacts with the people in prison, the service provides advice about the grant of execution modalities of punishment, the regime of the people in prison and the plan of after-care and rehabilitation. The central service for health care, on the other hand, is responsible for the organisation, funding and delivery of care and drug-related health services to people in prison. To this end, a Central Steering Group Drugs was installed for the implementation of the penitentiary drug policy. For the actual implementation, coordination and application of the proposed initiatives, two Regional Coordinators of Drug Policy are appointed. Additionally, a local steering group has been installed in each prison for the execution of a multidisciplinary drug policy (Van Mol, 2013; Directoraat-generaal uitvoering van straffen en maatregelen, 2006).

Only a minority of the staff members in prison are (para-)medically trained. The (para)medical services available for PWUD are delivered partly by members of the penitentiary medical services and mostly by external caregivers (Van Mol, 2013). These external providers are not employed by the prison authorities, but by the Regional Governments (Directoraat-generaal uitvoering van straffen en maatregelen, 2006). They are responsible for ambulatory health care and preventive health care, ranging from vaccination programmes to suicide prevention (Dangreau et al., 2012). All of these care providers are bound by professional confidentiality. Cooperation with external drug service providers is available amongst others in drug free programmes and also in the light of preparing community drug treatment upon release. The penitentiary medical services also receive support from experts who specialise in a specific drug-related field, such as physicians that function as a reference for opiate substitution treatment (Dangreau et al., 2012).

The federal government is responsible for the safety issues and infrastructural security aspects within these centres, while the Communities are responsible for providing psychosocial support and education (Directoraat-generaal Penitentiaire Inrichtingen, 2022).

4.3. INTERVENTIONS

- **OAT**

In 2022, a census on OAT was conducted in March. At that moment, 783 clients received OAT in prison of which 37% received methadone and 63% buprenorphine (Suboxone or Buvidal). Although buprenorphine is generally more used in prisons, OAT clients received methadone in the Flemish prisons more often (52%) in comparison with clients in the Walloon prisons (29%). These findings are stable compared to previous years (FPS justice, unpublished).

- **Follow-up of PWUD**

Within the Flemish prisons as well as for the Flemish-speaking people in the Brussels prisons, the Tandem project is weekly or bi-weekly available during several hours. As this project is available in the Flemish region, it is possible to follow the people throughout their stay in various prisons. Within the prospect of their release, people in prison (excluding internees) with a mental health problem can ask for a consultation with the Tandem team through the existing services of the prisons. A direct contact by the person in prison himself is no longer possible. The Tandem team makes a status quo of the situation of the person and provides information about the treatment possibilities after release. In consultation with the person in prison, a referral is made towards an appropriate treatment offer outside the prison where inmates are welcome upon release. In 2022, Tandem received 1,473 demands in 2022 among which 834 could be started. 92.4% of those who started in 2022 concerned men and 70.7% had a Belgian nationality. 57.3% of these demands were related to addiction and 35.3% was related to both addiction and mental health concern. The related substance was amphetamine (24%), alcohol (20%), cannabis (15%) and cocaine (13%). 7.4% was related to a mental health concern only. Together with ongoing cases from previous years, 1,211 cases were treated by the Tandem team in 2022 in total. 192 referrals could be organised and 162 persons have successfully started a trajectory after release (Vanthuyne, 2023).

Similar projects restricted to drug use exist in the prison of Lantin (Step-by-step) and for the French speaking people in the Brussels prison (Transit asbl). Transit provides care to people in prison in case they are on prison leave, released on parole or released at the end of their sentence. In many cases, these people do not have accommodation or a place to stay. Therefore, Transit reserves some beds that are available at all hours, allowing to avoid a brutal return to undesirable living conditions. Transit performed 10 visits in the Brussels prisons, which is a drastic decrease compared to previous year. 49 individual people were directly taken care of after release: 34.4% as part of a release, 47.9% as part of a prison leave and 17.7% as part of a special release. These people account for 8% of the total number of clients of the crisis centre (Transit, 2023).

- **Drug Treatment Court (DTC)**

The court of Ghent took the initiative to redirect people who committed a crime which was related to drug use towards treatment by implementing the DTC in 2007-2008. In 2014 a similar project started in Bruges. The court of Antwerp implemented a similar project in 2016. In 2017, the court of Mechelen joined. Since 2020, a project exists in Charleroi and the court of Turnhout implemented a similar project in 2021. The court of Kortrijk, Ieper and Veurne started a project in 2022 (De Kamer van Volksvertegenwoordigers, 2023). These projects have similar objectives but all work within their own framework and available resources. Together, these projects are called ‘rehabilitation programmes’. The houses of Justice are responsible for the supervision and guidance of the persons included in these projects. As a legal framework is currently lacking, the houses of justice collaborate on these projects on a voluntary basis (Agency Justice and enforcement, unpublished).

- **Drug-treatment pilot project**

The federal Minister of Public Health initiated in 2017 a drug treatment pilot project in 3 Belgian prisons. During the working year of 2022 (started 1/8/2021 and ended 31/7/2022), 383 requests were submitted to the project in the prison of St-Gilles, 225 people were met and for 148 people a specific support was provided. In the prison of Lantin, 726 screenings were conducted in relation to drug use within the project and 184 in Hasselt. In the meantime a decision was made to enlarge this project to 7 other prisons: Leuze, Andenne, Jamioulx, Anvers, Dendermonde, Gent and Leuven-Centraal. For these projects 14 additional psychologists will be recruited (FPS public health, unpublished).

4.4. QUALITY ASSURANCE STANDARDS

In 2019, a central supervisory board and supervisory committees were implemented in order to ensure respect for the rights and human dignity of people in detention. These newly implemented supervisory bodies perform independent supervision over prisons and the treatment of detained people on the basis of the law of principles concerning the prison system and the legal position of people in prison as of

2005. A strategic plan 2019-2024 and accompanying action plans help to determine how this legal assignment will be implemented in practice. The ten identified values to focus on are: independence, impartiality, conscientiousness and reliability, discretion, transparency, cooperation, determination, credibility, appreciation and accessibility. No further quality assurance standards related to treatment are currently specified (Centrale Toezichtsraad voor het Gevangeniswezen, 2021). Recent research in the framework of the drug-treatment pilot projects in 3 Belgian prisons has highlighted that more concrete guidelines on cooperation are indispensable. An overall vision of drug treatment and its implications in the penitentiary context is missing. A complete problem description of the drug situation in prison is lacking as well. Without such a description, it is not possible to assess aims, resources, activities, outputs and outcomes. Recent research recommends the development of a local and supralocal cooperation model with clear responsibilities and a quality framework with quality indicators that would improve the implementation of an effective drug treatment programme in every Belgian prison (Colman et al., 2021).

Concerning the internment measure, there is also a lack of clear criteria and procedures for correctly assessing the level of security required (Jeandarme et al., 2020).

XII. BEST PRACTICE

1. Highlights

- The Belgian drug policy is defined to be integrated, balanced and evidence-based, and is hence in line with the requirements of the EU drug strategy and the consecutive EU action plans. In this light and since the publication of the Federal policy Note on Drugs of 2001, the Belgian Science Policy Office (BELSPO) is in charge of organising research calls in order to support Belgian research in the domain of drugs.
- In Flanders, the strategic plan "*De Vlaming leeft gezonder in 2025*" formulates an overarching health goal, setting-specific sub-goals (e.g., for education, businesses, local governments) and prevention strategies to be achieved by 2025. Several indicators are used to measure progress. In order to measure the evolution in the health of the Flemish people in terms of tobacco, alcohol, weight, nutrition and exercise, an overarching health indicator was developed in collaboration with Sciensano. This indicator shows how many people have a healthy lifestyle with respect to the above-mentioned policy themes. Process indicators measure the setting-specific sub-goals that show to what extent a high-quality preventive health policy is implemented in a setting. The process indicators are calculated using data from the quadrennial indicator survey of the Vlaams Instituut Gezond Leven.
- Besides BELSPO and the Vlaams Instituut Gezond Leven, several organisations support best practices in Belgium. The non-profit organisations Eurotox and VAD provide, via their websites, links to documents, resources and tools (literature reviews, state of the art background information on specific topics, vision statements, …) related to best practices in prevention, harm reduction and treatment in order to support field workers and other key stakeholders.
- The Vlaams Instituut Gezond Leven and VAD developed e.g., a guideline for schools in the Flemish Community concerning tobacco, alcohol, gambling, gaming and drugs. This guideline helps to decide which topic can be tackled at what age, which objectives should be pursued and which didactic material can be used. So, these guidelines state what works (evidence based) and what doesn't work in prevention using a list of Do's and Don'ts.
- The Brussels federation of institutions specialised in drugs and addiction also propose several recommendations or best practice overviews developed by specific working groups and the Belgian association of pharmacists provides information and good practice tips for their members in the context of methadone delivery. In addition, Ebpracticenet is a digital database with evidence-based guidelines for Belgian professionals working in health care. A number of guidelines concern the treatment of alcohol and drug problems.
- Although an accreditation system for intervention providers, and a specific academic curriculum for professionals working in the field of drugs demand reduction doesn't exist, there are several organisations that provide specific continued education and specialisation courses. These courses can be dedicated to different types of professionals such as GPs or other professions in the field of harm reduction, treatment or prevention.

2. Policies and coordination

2.1. QUALITY ASSURANCE-RELATED OBJECTIVES

The Belgian drug policy is defined to be integrated, balanced and evidence-based, and is hence in line with the requirements of the EU drug strategy and the consecutive EU action plans. In this light and since the publication of the Federal policy Note on Drugs of 2001, the Belgian Science Policy Office (BELSPO) is in charge of organising research calls in order to support Belgian research in the domain of drugs (including both licit and illicit substances). This federal research programme fully subscribes to the Belgian Strategy and up to now, has funded almost 95 scientific research projects on the demand and supply side.

In Flanders, the strategic plan *"De Vlaming leeft gezonder in 2025"* formulates an overarching health goal, setting-specific sub-goals (e.g., for education, businesses, local governments) and prevention strategies to be achieved by 2025. Several indicators are used to measure progress.

In order to measure the evolution in the health of the Flemish people in terms of tobacco, alcohol, weight, nutrition and exercise, an overarching health indicator was developed in collaboration with Sciensano. This indicator shows how many people have a healthy lifestyle with respect to the above-mentioned policy themes.

Process indicators measure the setting-specific sub-goals that show to what extent a high-quality preventive health policy is implemented in a setting. The process indicators are calculated using data from the quadrennial indicator survey of the Vlaams Instituut Gezond Leven. The mid-term evaluation based on these process indicators took place in 2022. The final evaluation is planned in 2025, with the expiration of the strategic plan "*De Vlaming leeft gezonder in 2025*".

Health indicators measure the effect of the pursued policy in the field of lifestyle, health risks and health and relate to one or more prevention themes. It is to be expected that (given the long latency period between exposure to the risk factor/protective factor on the one hand and the occurrence or absence of disease on the other hand) the evolution in that area for a number of indicators will only become visible after 7-10 years at the earliest. An interactive tool was developed to provide an overview of the evolutions.

2.2. BEST PRACTICE PROMOTION

CEBAM (Belgian Center for Evidence-Based Medicine – Cochrane Belgium) is the institution recognized by the federal government for the promotion of Evidence-Based Medicine for care providers in Belgium. They are in charge of several courses or seminars. CEBAM also publishes scientific articles and spreads the knowledge via their online library.

Best practice recommendations are developed in Belgium by:

- Domus Medica - Support association of General Practitioners in Flanders ;
- SSMG - Support association of General Practitioners in the French-speaking part of the country and more specifically its section dedicated to general practitioners working with people who use drugs (ALTO network) ;
- KCE – the Belgian Health Care Knowledge Center;
- The research programme on drugs of the Belgian federal science policy office (BELSPO) periodically supports and provides funding for several projects that contribute to the development and evaluation of the global and integrated Belgian drug policy. They are active in the area of treatment provision, prevention, harm reduction and social integration.
- Ebpracticenet is a digital database with evidence-based guidelines for Belgian professionals working in health care. A number of guidelines concern the treatment of alcohol and drug problems.

- The non-profit organisation VAD promotes EBP in alcohol and drug prevention, treatment and harm reduction in the Flemish region. VAD produces a variety of products (literature reviews, state of the art background information on specific topics, vision statements, …) to support field workers and other key stakeholders. Through an internet library these different documents as well as other international references are made available for every scientist or clinician working in the field.
- The Flemish Institute for Quality of Care measures the quality of care in mental health care facilities. Psychiatric hospitals, psychiatric departments of general hospitals, centres for mental health care, sheltered housing initiatives, psychiatric care homes, mobile teams, rehabilitation centres for drug abuse treatment and psychosocial rehabilitation centres can measure their quality on the basis of quality indicators. These measurements provide useful information for the care providers and the care facilities themselves, for the government and also for the patient. The facilities can closely monitor and compare those aspects of their quality: on which points do they score well, on which less (Ghekiere, 2018).
- The non-profit organisation Eurotox provides, via their website ("Best Practice" section), links to documents, resources and tools related to best practices in prevention, harm reduction and treatment. In addition, they also published three booklets on this topic.
- The Belgian association of pharmacists provides information and good practice tips for their members in the context of methadone delivery.
- In 2017-2018, the people responsible for the Flemish TC have worked on setting out quality standards for the TC. This was inspired by already developed TC standards in Europe and Australia. These standards have been translated by the heads of the Flemish TCs, thoroughly discussed and finally rewritten within the current framework of the guidelines for mental health care: recovery-oriented work, empowerment, power-oriented work and knowledge of experience. The quality standards summarise the essence of the TC model and can form a framework of reference for evaluation by using a peer review system and adjusting one's own functioning (Bonroy et al, 2018).
- Féda Bxl also proposes several recommendations or best practice overviews developed by specific working groups. The working group "Women, gender and addiction", for example, recently published a document with 8 recommendations coming from both a literature review, observations from workers, and a focus group with both professionals and non-professionals. Each recommendation is completed by several action proposals. The recommendations are: 1) Stimulate the empowerment of women who use drugs, and facilitate support from relatives; 2) extract women who use drugs from invisibility and implement a gender approach in the production of knowledge on addictive behaviours; 3) Develop and/or adapt prevention campaigns by integrating specific difficulties encountered by women who use drugs; 4) Improving access to services specialised and non-specialised in addiction by tackling organizational gaps and obstacles related to stigmatization; 5) Integrating a gender dimension in each service and promote participation of women who use drugs in the processing; 6) Support the development of a gender approach at the level of professionals; 7) Promote networking to improve support, guidance and follow up for women who use drugs; 8) Promote the debate around a gender approach at institutional level and bring advocacy at political level.
- VAD and Vlaams Instituut Gezond Leven developed a guideline for schools in the Flemish Community concerning tobacco, alcohol, gambling, gaming and drugs. This guideline helps to decide which topic can be tackled at what age, which objectives should be pursued and which didactic material can be used. So, these guidelines state what works (evidence based) and what doesn't work in prevention using a list of Do's and Don'ts.
- Since 2016, VAD has developed the me-ASSIST website for GPs and social workers ('modified electronic – Alcohol, Smoking and Substance Involvement Screening Test'). The website provides automatic, electronic versions of the screening instruments ASSIST, AUDIT and CRAFT. The toolbox aims at supporting professionals in detecting substance-related problems,

provides a forum to exchange about the topic and gives guidelines for intervention. Amongst others, it contains an automatized questionnaire with short intervention but also folders, information about referrals and factsheets. In 2020, the website was updated, VAD decided to provide less tools in the toolbox. It is still possible to screen patients and get more information. The support with the brief interventions and newsletters are no longer available.

- VAD adheres to EUPC by:
    - organising each year a 2 or 3 days EUPC training for DOP's (decision, opinion and policymakers) given by certified trainers. In this training DOP's will become acquainted with:
        - Prevention as a Science and the Common Language: aetiology, epidemiology and socialization;
        - Evidence-based prevention;
        - Effective European prevention programmes;
        - Tools for implementation and evaluation of prevention interventions;
        - Prevention at school, in the family and at work;
        - Principles of environment-based prevention, media-based prevention and community-based prevention
        - And teach DOP's to advocate for prevention (advocacy)
    - providing each year a small financial incentive for DOP's who wants to follow the EUPC Master training
    - providing materials on its website such as small educational movies about effective prevention. The first movie outlines the theoretical framework and explains why we do what we do within prevention. The second video about 'the four pillars of an alcohol and drug policy' concretised what an alcohol and drug policy within an organization, operation, city or municipality actually entails.
    - providing online 6 in-depth training modules based on EUPC
    - promotion and dissemination of the EUPC handbook
- Guideline for prevention of alcohol and drug misuse by adolescents and guideline for screening, assessment and treatment of youngsters with drug misuse (Bekkering et al., 2014)
- Guidelines for managing ADHD and SUD (Matthys & Crunelle, 2016).

The guideline of 2010 for recognizing and treating adult ADHD in patients with SUD was updated in 2016, in cooperation with caregivers, of the addiction centres in Belgium and based on research literature and clinical experience. The English translation is discussed by an international group of clinicians and experts to result in a consensus statement via ICASA (International Collaboration on ADHD and Substance Abuse). This consensus presents a useful guide for the diagnosis and treatment of ADHD and SUD. Due to the lack of scientific evidence on some of the topics, the guide is a combination of evidence based and practice-based recommendations.

2.3. SPECIFIC EDUCATION SYSTEM

There is currently no specific academic curriculum on the drug topic.

Several organisations provide specific continued education and specialization courses:

- ALTO asbl is providing a basic course (8h) mainly oriented towards general practitioners which composes five modules: first meeting and anamnesis with drug using clients, substitution treatment, associated somatic pathologies, associated psychiatric pathologies and networking.

- The Réseau Soutien Addictions (Résad asbl) is offering 3 courses, 1) a course dedicated to general practitioners in order to teach them how to better welcome drug patients (9x2h), 2) a basic module with general information about use, products, effects (8x3h) and 3) a specialized module to go more into depth about people who use drugs, dependence and related care provision (10x2h).
- Modus Vivendi asbl is offering different short courses throughout the year (mostly of 2 days each) focussing on harm reduction (e.g. harm reduction for party goers, harm reduction for PWID,…).
- Prospective Jeunesse is providing courses (2-3 days) that focus more on topics related to prevention and which are oriented towards educational professionals or social workers.
- Le Pélican provides training focusing on gambling disorders, drug addiction in general and/or on psychological and therapeutic support of people with problematic drug use; the training is oriented towards psycho-medical-social professionals. Le Pélican also provides support for drug prevention projects in secondary schools and at work or in working places.
- VAD is officially recognized by the Flemish government to provide educational events and products for professionals working in the field of demand reduction. VAD offers formations on a broad range of topics in prevention, treatment, harm reduction and early intervention. Most formations take between 0,5 and 1 day. On the topics of prevention and treatment, VAD also offers basic courses of three to four days. For treatment professionals, there is also a 40 days-course which in total takes two years to complete.
- Eurotox provides several formations on topics related to epidemiology of drug and alcohol use, but also related to trends in drug use and addiction, on cannabis and CBD, and on NPS. They target both people working in the field of drug use and addiction and people working outside (e.g. general practitioners, nurses, psychologists, social workers working, for example, in a hospital or in a medical house).
- The university “Université Catholique de Louvain” (UCL) organizes a course on « Clinical psychology of addictions » (30h – 4 credits) in the Master in psychological sciences.
- Nadja asbl is providing different courses in order to promote the active role of workers in the fieldwork of addiction, to acquire basic knowledge in addiction and to manage the different components in the field of addiction.
- Zorggroep Zin is providing a course for general practitioners: “Alcohol and other drug problems in the GP practice” as well as a course for social services
- University of Liège, Faculty of Psychology, Logopedics and Educational Sciences organised for the first time in 2018-2019 an interdisciplinary certificate on clinical approach and care for alcohol, drug and gambling users, consisting of 100h of courses, 30h of clinical seminar, and 70h of personal work. The certificate is intended for psychologists, criminologists, doctors, educators, social workers, nurses... and more generally for health and social professionals wishing to develop their skills in this field. A second edition was scheduled for 2020-2021. Currently no prolongation for 2023-2024 was foreseen because the coordinator left her position at the University.
- Inter-university certificate in alcohology: this training course is organised by ULB HeLSci & its partners. It has been very successful with (para)medical professionals due to its multidisciplinary character & its specialized & diversified program. Each year, a new edition is organised from October to May. It consists of 8 modules covering the problem of alcohol misuse in its various dimensions, with the aim of integrating theoretical notions into field practice.
- In the Brussels-capital region, a cycle of formations (6 days) coordinated by The Projet Lama and Interstices CHU Saint-Pierre (and funded by the FPS Public Health) is proposed to workers from the mobile team 107 to improve their knowledge and abilities to work with PWUD and people with addictive behaviours. The first cycle was organised in 2023. In total, 170

registrations were made for this cycle, which represented 87 different people. At this stage, we don't know whether the cycle will be repeated.

XIII. REFERENCES

1. Legal texts

Date	FR	NL	B.S. / M.B.
24.02.1921	Loi concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, psychotropes, désinfectantes ou antiseptiques et des substances pouvant servir à la fabrication illicite de substances stupéfiantes et psychotropes.	Wet betreffende het verhandelen van giftstoffen, slaapmiddelen en verdovende middelen, psychotrope stoffen, ontsmettingsstoffen en antiseptica en van de stoffen die kunnen gebruikt worden voor de illegale vervaardiging van verdovende middelen en psychotrope stoffen	06.03.1921
31.12.1930	Arrêté royal réglementant les substances soporifiques et stupéfiantes, et relatif à la réduction des risques et à l'avis thérapeutique	Koninklijk besluit houdende regeling van de slaapmiddelen en de verdovende middelen en betreffende risicobeperking en therapeutisch advies	10.01.1931
29.06.1964	Loi concernant la suspension, le sursis et la probation	Wet betreffende de opschorting, het uitstel en de probatie	17.07.1964
16.03.1968	Loi relative à la police de la circulation routière « Loi de la circulation routière »	Wet betreffende de politie over het wegverkeer. (genoemd "de wegverkeerswet")	27.03.1968
09.07.1975	Loi modifiant la loi du 24 février 1921 concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, désinfectantes ou antiseptiques	Wet van 9 juli 1975 tot wijziging van de wet van 24 februari 1921 betreffende het verhandelen van giftstoffen, slaapmiddelen en verdovende middelen, ontsmettingsstoffen of antiseptica	26.07.1975
26.10.1993	Arrêté royal fixant des mesures afin d'empêcher le détournement de certaines substances pour la fabrication illicite de stupéfiants et de substances psychotropes	Koninklijk besluit houdende maatregelen om te voorkomen dat bepaalde stoffen worden misbruikt voor de illegale vervaardiging van verdovende middelen en psychotrope stoffen.	22.12.1993
04.08.1996	Loi relative au bien-être des travailleurs lors de l'exécution de leur travail	Wet van 4 augustus 1996 betreffende het welzijn van	18.09.1996

		de werknemers bij de uitvoering van hun werk	
29.08.1997	Arrêté royal relatif à la fabrication et au commerce de denrées alimentaires composées ou contenant des plantes ou préparations de plantes	Koninklijk besluit betreffende de fabricage van en de handel in voedingsmiddelen die uit planten of uit plantenbereidingen samengesteld zijn of deze bevatten	21.11.1997
10.12.1997	Loi interdisant la publicité pour les produits du tabac	Wet houdende verbod op de reclame voor tabaksproducten	11.02.1998
22.01.1998	Arrêté royal réglementant certaines substances psychotropes	Koninklijk besluit tot reglementering van sommige psychotrope stoffen	14.01.1999
17.11.1998	Loi modifiant la loi du 24 février 1921 concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, désinfectantes ou antiseptiques et l'arrêté royal n° 78 du 10 novembre 1967 relatif à l'exercice de l'art de guérir, de l'art infirmier, des professions paramédicales et aux commissions médicales	Wet tot wijziging van de wet van 24 februari 1921 betreffende het verhandelen van de giftstoffen, slaapmiddelen en verdovende middelen, ontsmettingsstoffen en antiseptica en het koninklijk besluit nr. 78 van 10 november 1967 betreffende de uitoefening van de geneeskunst, de verpleegkunde, de paramedische beroepen en de geneeskundige commissies	23.12.1998
05.06.2000	Arrêté royal portant exécution de l'article 4, § 2, 6° de l'arrêté royal n° 78 du 10 novembre 1967 relatif à l'exercice de l'art de guérir, de l'art infirmier, des professions paramédicales et aux commissions médicales	Koninklijk besluit tot uitvoering van artikel 4, § 2, 6° van het koninklijk besluit nr. 78 van 10 november 1967 betreffende de uitoefening van de geneeskunst, de verpleegkunde, de paramedische beroepen en de geneeskundige commissies	07.07.2000
04.04.2001	Arrêté royal modifiant l'arrêté royal du 26 octobre 1993 fixant des mesures afin d'empêcher le détournement de certaines substances pour la fabrication illicite de stupéfiants et de substances psychotropes	Koninklijk besluit tot wijziging van het koninklijk besluit van 26 oktober 1993 houdende maatregelen om te voorkomen dat bepaalde stoffen worden misbruikt voor de illegale	28.04.2001

		vervaardiging van verdovende middelen en psychotrope stoffen	
04.07.2001	Arrêté royal déterminant les conditions pour la délivrance des médicaments contenant un ou des tétrahydrocannabinol(s)	Koninklijk besluit tot bepaling van de voorwaarden voor het afleveren van geneesmiddelen die één of meer tetrahydrocannabinolen bevatten	19.07.2001
22.08.2002	Loi visant à la reconnaissance légale des traitements de substitution et modifiant la loi du 24 février 1921 concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, désinfectantes ou antiseptiques	Wet strekkende tot de wettelijke erkenning van behandelingen met vervangingsmiddelen en tot wijziging van de wet van 24 februari 1921 betreffende het verhandelen van de giftstoffen, slaapmiddelen en verdovende middelen, ontsmettingsstoffen en antiseptica	01.10.2002
11.05.2003	Loi portant assentiment à l'Accord de coopération entre l'Etat, les Communautés, la Commission communautaire commune, la Commission communautaire française et les Régions pour une politique de drogues globale et intégrée	Wet houdende instemming met het Samenwerkingsakkoord tussen de Staat, de Gemeenschappen, de Gemeenschappelijke Gemeenschapscommissie, de Franse Gemeenschapscommissie en de Gewesten voor een globaal en geïntegreerd drugsbeleid	02.06.2003
03.05.2003	Loi modifiant la loi du 24 février 1921 concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, désinfectantes et antiseptiques	Wet tot wijziging van de wet van 24 februari 1921 betreffende het verhandelen van de giftstoffen, slaapmiddelen en verdovende middelen, ontsmettingsstoffen en antiseptica	02.06.2003
16.05.2003	Arrêté royal modifiant l'arrêté royal du 31 décembre 1930 concernant le trafic des substances soporifiques et stupéfiantes, et l'arrêté royal du 22 janvier 1998 réglementant certaines substances psychotropes, en vue d'y insérer des dispositions	Koninklijk besluit tot wijziging van het koninklijk besluit van 31 december 1930 omtrent de handel in slaap- en verdovende middelen alsmede van het koninklijk besluit van 22 januari 1998 tot reglementering van	02.06.2003

	relatives à la réduction des risques et à l'avis thérapeutique, et modifiant l'arrêté royal du 26 octobre 1993 fixant des mesures afin d'empêcher le détournement de certaines substances pour la fabrication illicite de stupéfiants et de substances psychotropes	sommige psychotrope stoffen, teneinde daarin bepalingen in te voegen met betrekking tot risicobeperking en therapeutisch advies, en tot wijziging van het koninklijk besluit van 26 oktober 1993 houdende maatregelen om te voorkomen dat bepaalde stoffen worden misbruikt voor de illegale vervaardiging van verdovende middelen en psychotrope stoffen	
19.03.2004	Arrêté royal réglementant le traitement de substitution	Koninklijk besluit tot reglementering van de behandeling met vervangingsmiddelen	30.04.2004
19.07.2004	Loi modifiant la loi du 24 janvier 1977 relative à la protection de la santé des consommateurs en ce qui concerne les denrées alimentaires et autres produits	Wet tot wijziging van de wet van 24 januari 1977 betreffende de bescherming van de gezondheid van de verbruikers op het stuk van de voedingsmiddelen en andere producten	10.11.2004
12.01.2005	Loi de principes concernant l'administration pénitentiaire ainsi que le statut juridique des détenus	Basiswet betreffende het gevangeniswezen en de rechtspositie van de gedetineerden	01.02.2005
25.01.2005	Directive commune de la Ministre de la Justice et du Collège des procureurs généraux relative à la constatation, l'enregistrement et la poursuite des infractions en matière de détention de cannabis	Gemeenschappelijke richtlijn van de Minister van Justitie en het College van procureurs-generaal omtrent de vaststelling, registratie en vervolging van inbreuken inzake het bezit van cannabis	31.01.2005
20.07.2006	Loi portant des dispositions diverses	Wet houdende diverse bepalingen	28.07.2006
06.10.2006	Arrêté royal modifiant l'arrêté royal du 19 mars 2004 réglementant le traitement de substitution	Koninklijk besluit tot wijziging van het koninklijk besluit van 19 maart 2004 tot reglementering van de behandeling met vervangingsmiddelen	21.11.2006
31.07.2006	Loi relative à l'introduction des tests salivaires en matière de drogues dans la circulation	Wet tot invoering van speekseltesten op drugs in het verkeer	15.09.2009

10.12.2009	Loi portant des dispositions diverses en matière de santé	Wet houdende diverse bepalingen inzake gezondheid	31.12.2009
22.12.2009	Loi instaurant une réglementation générale relative à l'interdiction de fumer dans les lieux fermés accessibles au public et à la protection des travailleurs contre la fumée du tabac	Wet betreffende een algemene regeling voor rookvrije gesloten plaatsen toegankelijk voor het publiek en ter bescherming van werknemers tegen tabaksrook	29.12.2009
17.07.2012	Arrêté royal relatif aux produits cosmétiques	Koninklijk besluit betreffende cosmetische producten	03.09.2012
07.02.2014	Loi modifiant la loi du 24 février 1921 concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, psychotropes, désinfectantes ou antiseptiques et des substances pouvant servir à la fabrication illicite de substances stupéfiantes et psychotropes	Wet tot wijziging van de wet van 24 februari 1921 betreffende het verhandelen van gifstoffen, slaapmiddelen en verdovende middelen, psychotrope stoffen, ontsmettingsstoffen en antiseptica en van de stoffen die kunnen gebruikt worden voor de illegale vervaardiging van verdovende middelen en psychotrope stoffen	10.03.2014
05.05.2014	Loi relative à l'internement des personnes	Wet betreffende de internering van personen	09.07.2014
11.06.2015	Arrêté royal réglementant les produits contenant un ou plusieurs tétrahydrocannabinols	Koninklijk besluit tot het reglementeren van producten die één of meer tetrahydrocannabinolen bevatten	25.06.2015
27.11.2015	Arrêté royal portant exécution de la loi relative à la police de la circulation routière, coordonnée le 16 mars 1968, en ce qui concerne l'analyse salivaire et le prélèvement sanguin dans le cadre de la conduite sous l'influence de certaines substances psychotropes ainsi que l'agrément des laboratoires	Koninklijk besluit tot uitvoering van de wet betreffende de politie over het wegverkeer, gecoördineerd op 16 maart 1968, wat betreft de speekselanalyse en de bloedproef bij het sturen onder invloed van bepaalde psychotrope stoffen en de erkenning van de laboratoria	30.11.2015
06.09.2017	Arrêté royal réglementant les substances stupéfiantes, psychotropes et soporifiques	Koninklijk besluit houdende regeling van verdovende middelen, psychotrope stoffen	26.09.2017

23.03.2019	Arrêté royal portant exécution de l'article 28 de l'arrêté royal du 27 novembre 2015 portant exécution de la loi relative à la police de la circulation routière, coordonnée le 16 mars 1968, en ce qui concerne l'analyse salivaire et le prélèvement sanguin dans le cadre de la conduite sous l'influence de certaines substances psychotropes ainsi que l'agrément des laboratoires	Koninklijk besluit houdende uitvoering van artikel 28 van het koninklijk besluit van 27 november 2015 tot uitvoering van de wet betreffende de politie over het wegverkeer, gecoördineerd op 16 maart 1968, wat betreft de speekselanalyse en de bloedproef bij het sturen onder invloed van bepaalde psychotrope stoffen en de erkenning van de laboratoria	28.03.2019
05.04.2019	Arrêté du Gouvernement flamand modifiant diverses dispositions de l'arrêté du Gouvernement flamand du 30 janvier 2009 relatif aux Logos	Besluit van de Vlaamse Regering tot wijziging van diverse bepalingen van het besluit van de Vlaamse Regering van 30 januari 2009 betreffende de Logo's	21.05.2019
28.06.2019	Arrêté royal relatif à la navigation de plaisance	Koninklijk besluit betreffende de pleziervaart	04.07.2019
12.07.2019	Loi modifiant la loi du 24 janvier 1977 relative à la protection de la santé des consommateurs en ce qui concerne les denrées alimentaires et les autres produits afin d'interdire la vente de tabac et de produits similaires à des mineurs	Wet tot wijziging van de wet van 24 januari 1977 betreffende de bescherming van de gezondheid van gebruikers op het stuk van de voedingsmiddelen en andere producten, wat betreft de verkoop van tabak en soortgelijke producten aan minderjarigen	08.08.2019
11.02.2021	Loi modifiant la loi du 24 janvier 1977 relative à la protection de la santé des consommateurs en ce qui concerne les denrées alimentaires et les autres produits, visant à interdire la vente de cartouches métalliques contenant du protoxyde d'azote aux mineurs	Wet tot wijziging van de wet van 24 januari 1977 betreffende de bescherming van de gezondheid van de gebruikers op het stuk van de voedingsmiddelen en andere producten, teneinde de verkoop aan minderjarigen van metalen patronen met distikstofmonoxide te verbieden	23.02.2021
22.07.2021	Ordonnance relative à l'agrément et au subventionnement des services actifs en matière de réduction	Ordonnantie betreffende de erkenning en subsidiëring van de diensten die actief zijn op het vlak van de beperking van de aan	10.08.2021

	des risques liés aux usages de drogues	druggebruik verbonden risico's	
27.12.2021	Arrêté royal modifiant l'arrêté royal du 6 septembre 2017 réglementant les substances stupéfiantes et psychotropes	Koninklijk besluit tot wijziging van het koninklijk besluit van 6 september 2017 houdende regeling van verdovende middelen en psychotrope stoffen	12.01.2022
20.01.2022	Arrêté du Collège réuni de la Commission communautaire commune portant exécution de l'ordonnance du 22 juillet 2021 relative à l'agrément et au subventionnement des services actifs en matière de réduction des risques liés aux usages de drogues	Besluit van het Verenigd College van de Gemeenschappelijke Gemeenschapscommissie tot uitvoering van de ordonnantie van 22 juli 2021 betreffende de erkenning en subsidiëring van de diensten die actief zijn op het vlak van de beperking van de aan druggebruik verbonden risico's	04.02.2022
11.02.2022	Loi modifiant la loi du 24 janvier 1977 relative à la protection de la santé des consommateurs en ce qui concerne les denrées alimentaires et les autres produits, visant à interdire la vente de cartouches métalliques contenant du protoxyde d'azote aux mineurs	Wet tot wijziging van de wet van 24 januari 1977 betreffende de bescherming van de gezondheid van de gebruikers op het stuk van de voedingsmiddelen en andere produkten, teneinde de verkoop aan minderjarigen van metalen patronen met distikstofmonoxide te verbieden	23.02.2021
13.10.2022	Loi modifiant le Code belge de la Navigation concernant la sûreté maritime	Wet tot wijziging van het Belgisch Scheepvaartwetboek betreffende de maritieme beveiliging	26.10.2022
21.03.2023	Loi modifiant la loi du 24 février 1921 concernant le trafic des substances vénéneuses, soporifiques, stupéfiantes, psychotropes, désinfectantes ou antiseptiques et des substances pouvant servir à la fabrication illicite de substances stupéfiantes et psychotropes	Wet tot wijziging van de wet van 24 februari 1921 betreffende het verhandelen van giftstoffen, slaapmiddelen en verdovende middelen, psychotrope stoffen, ontsmettingsstoffen en antiseptica en van de stoffen die kunnen gebruikt worden voor de illegale vervaardiging van verdovende middelen en psychotrope stoffen	31.03.2023

07.04.2023	Loi relative à la création, aux missions et à la composition d'un commissariat national drogue	Wet houdende de oprichting, de opdrachten en de samenstelling van een nationaal drugscommissariaat	13.04.2023

2. Other references

Aebi, M. F., Cocco, E., & Molnar, L., (2023). SPACE I - 2022 – Council of Europe Annual Penal Statistics: Prison populations. Council of Europe and University of Lausanne.

Aebi, M. F., Cocco, E., Molnar, L., & Tiago, M. M. (2022). SPACE I - 2021 – Council of Europe Annual Penal Statistics: Prison populations. Council of Europe and University of Lausanne.

Agentschap Zorg en Gezondheid (2019). Decreet van 5 april 2019 betreffende de organisatie en ondersteuning van het geestelijke gezondheidsaanbod. Available: https://www.zorg-en-gezondheid.be/publicaties-en-documenten/decreet-van-5-april-2019-betreffende-de-organisatie-en-ondersteuning-van-het-geestelijke [accessed 22.09.22].

Agentschap zorg en gezondheid (2022). Tussentijdse evaluatie van het strategisch plan de Vlaming leeft gezonder in 2025 [online]. Available: https://publicaties.vlaanderen.be/view-file/53990 [accessed 24.10.2023].

Alexianen. (2022). Team ouderen. Alexianen. [online]. Available: https://www.alexianentienen.be/department/team-ouderen [accessed 24.10.2023].

All for Zero (2022). All for Zero. Een gedeelde visie over verkeersveiligheid in België. 23 november 2021. Available: https://all-for-zero.be/storage/minisites/all-for-zero-nl.pdf [accessed 16.09.22]

Antoine, J. (2023a). De TDI-registratie in België. Jaarlijks rapport. Registratiejaar 2022 (D/2023.14.440/90; p. 108). Sciensano. [online]. Available: https://www.sciensano.be/sites/default/files/report_tdi_2022_nl.pdf [accessed 22.12.2023].

Antoine, J. (2023b). L'enregistrement TDI en Belgique. Rapport annuel. Année d'enregistrement 2022 (D/2023.14.440/89; p. 108). Sciensano. [online]. Available: https://www.sciensano.be/sites/default/files/report_tdi_2022_fr.pdf [accessed 22.12.2023].

Antoine, J., Clapuyt, V., Henkes, H., Hogge, M., & Verduyckt, P. (2023). Tremplin MASS Bxl—Rapport 2022 (p. 25). MASS de Bruxelles.

Antoine, J., De Ridder, K., Plettinckx, E., Blanckaert, P., & Gremeaux, L. (2016). Treatment for substance use disorders: The Belgian Treatment Demand Indicator registration protocol. Archives of Public Health, 74, 27. https://doi.org/10.1186/s13690-016-0139-7

ARIEC Antwerpen (n.d.). Bestuurlijke aanpak van georganiseerde criminaliteit en ondermijning [online] Available: https://sway.office.com/vwSN1x20uDgIDrEa?ref=Link [accessed 12.09.2022].

Aviq (2022). Programmation Wallonne en Prévention et Promotion de la Santé [online] Available: https://www.aviq.be/sites/default/files/actualites/2022-09/220817_PRW-278_Programmation_Promotion_Pre%CC%81vention_Sante%CC%81_23-27.pdf [accessed 30.10.2023].

Baeten, I., Bernaert, I., Claessens, J., & De Paepe, N. (2014). Iedereen drinkt, iedereen blowt? Kortadvies over alcohol en cannabis voor jongeren, VAD, Brussel.

Baeten, I., Bernaert, I., Claessens, J., De Paepe, N., & Raskin, K. (2009). Individueel screeningsinstrument ervaringen met Middelengebruik voor Jongeren, VAD, Brussel.

Baeten, I., Bernaert, I., De Paepe, N., and Degryse, B. (2013). Crush: werken met jongeren rond relaties, alcohol en cannabis, VAD, Brussel.

Balcaen M. Een profielschets van heroïne in België –Samenvatting van de resultaten van RADAR-heroin-23,Registratiejaar 2023. Brussel, België: Sciensano. Wettelijk depotnummer:D/2023.14.440/62.

Bekaert, E., De Cock, P., De Leener, K., Desmaele, S., De Smet, E., Moens, J., Van Baelen, J., Wallemacq, P., Vandijck, D., & Descamp, A. (2022). Rapport annuel 2021 (1. CAP/2022/00; p. 8). Centre antipoisons.

Bekkering, G. E., Autrique, M., Mobiüs, D., Smets, K., Goossens, M., Aertgeerts, B., Van Royen, P., Geirnaert, M., & Hannes, K. (2014). Guide de bonne pratique pour la prévention de l'abus d'alcool et de drogues chez les adolescents (Révision de la version finale)/ Richtlijn voor de preventie van alcohol en drug misbruik bij adolescenten (herziening van de finale versie). Belspo, Brussels .

Belgische kamer van volksvertegenwoordigers en senaat (2001). Beleidsnota van de Federale Regering in verband met de drugproblematiek [online]. Available: https://www.senate.be/www/webdriver?MItabObj=pdf&MIcolObj=pdf&MInamObj=pdfid&MItypeObj=application/pdf&MIvalObj=33576073 [accessed 22.12.2023].

Bernaert, I. & Claessens, J. (2008). Draaiboek drugbeleid voor centra DBSO. Handleiding voor de coach, VAD, Brussel.

Bernaert, I. & Claessens, J. (2009). Draaiboek drugbeleid in de leertijd. Handleiding voor de coach, VAD, Brussel.

Bernaert, I. (2013). Zijn drugcontroles op school zinvol?, VAD, Brussel.

Bisback, A., Vanderplasschen, W., & Colins, O. (2022). Differences in offending behaviors, aggression, substance use, and mental health problems between male drug dealers and non-drug dealers in Belgian youth detention centers. International journal of environmental research and public health, 19(24). https://doi.org/10.3390/ijerph192416390

Bonroy, J.; Schillebeeks, A.; Buttiens, J.; Temmerman, I.; Coghe, G.; De Wit, L.; Lemaitre, C.; Littera, L.; Vandevelde, D. (2018). Kwaliteitsstandaarden voor de therapeutische gemeeschap [online]. Available: http://www.dekiem.be/documents/spreadkwaliteitsstandaarden [accessed 22.12.2023].

Boogaerts, T., Quireyns, M., De Prins, M., Pussig, B., De Loof, H., et al. (2022). Temporal monitoring of stimulants during the COVID-19 pandemic in Belgium through the analysis of influent wastewater. International Journal of Drug Policy, 104, pp. 103679. DOI: https://doi.org/10.1016/j.drugpo.2022.103679

Braeckman, E., & Fiers, S. (2022). Preventiebarometer: Methodologie. (D/2022.14.440/54). Sciensano. [online]. Available: https://www.sciensano.be/sites/default/files/styles/medium/public/pdfpreview/19a45873155535da0986c33215735833.jpg?itok=3_aR_v68 [accessed 22.12.2023].

Bruxelles prevention et sécurité (2017). Plan Global de Sécurité et de Prévention de la Région de Bruxelles-Capitale [online]. Available: https://fedabxl.be/site/wp-content/uploads/2017/03/GRBC-17.02.02-Plan-global-se%CC%81curite%CC%81-Plan-FR.pdf [accessed 8.10.2019].

Busschots, D., Bielen, R., Koc, Ö. M., Heyens, L., Dercon, E., Verrando, R., Janssens, F., Van den Bergh, L., Van Lint, P., Bruckers, L., Nevens, F., & Robaeys, G. (2021a). On-site testing and case management to improve hepatitis C care in drug users: A prospective, longitudinal, multicenter study in the DAA era. BMC Public Health, 21(1), 1574. https://doi.org/10.1186/s12889-021-11608-9

Busschots, D., Arain, A., Bielen, R., Koc, Ö. M., Bruckers, L., Rakhmawati, T., Corten, K., Lebbe, C., Cornelis, K., Mathei, C., Buntinx, F., Hens, N., & Robaeys, G. (2021b). Uptake of hepatitis C virus screening and treatment in persons under opioid substitution therapy between 2008 and

2013 in Belgium. Acta Gastro Enterologica Belgica, 84(2), 311–316. https://doi.org/10.51821/84.2.311

CAD. (2023). Slimkicken. [online] Available: http://www.slimkicken.be/index.php [accessed 22.12.2023].

Casero, L., Hogge, M., Rwubu, M., Bastin, PH., Dal, M. & Van Huyck, C. (2010). L'usage de drogues en Communauté française. Rapport Communauté française 2010, Eurotox asbl, Bruxelles.

Cellule générale de politique drogues (2019). Réalisations 2014-2019 et recommandations pour la prochaine législature. [online]. Available : https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/20190325_rapport_cgpd_2014-2019_fr_def.pdf [accessed) 22.12.2023].

Centrale toezichtsraad voor het gevangeniswezen (2023). CVT Tongeren Jaarverslag [online]. Available: https://ctrg.belgium.be/wp-content/uploads/2019/08/RA-2022_Tongeren.pdf [accessed 31.07.2023].

Centrale Toezichtsraad voor het Gevangeniswezen, (2021). Jaarverslag 2020 [online]. Available: https://ctrg.belgium.be/wp-content/uploads/2021/09/CTRG_Jaarverslag_2020-2.pdf [accessed 29.07.2022].

Chambre des représentants de Belgique (2017). Proposition de loi-cadre instaurant un marché réglementé du cannabis [online]. Available : http://www.dekamer.be/FLWB/PDF/54/2660/54K2660001.pdf [accessed 21.08.2018].

Circulaire N° 09/2021 Elargissement de la procédure de transaction immédiate [online]. Available: https://www.om-mp.be/fr/savoir-plus/circulaires [accessed 31.10.2023].

Circulaire N° 15/2015 Circulaire commune du ministre de la Justice et du Collège des procureurs généraux relative à la constatation, l'enregistrement et la politique des poursuites en matière de détention et de vente au détail de drogues illicites [online]. Available: https://www.om-mp.be/nl/node/1449 [accessed 21.08.2018].

Cocom (2015). Plan santé Bruxellois - Brusselse Gezondheidsplan [online]. Available: https://gezondheidsplansante.wordpress.com/ [accessed 8.10.2019].

COCOM (2019). Plan Santé Bruxellois [online]. Available: https://www.ccc-ggc.brussels/sites/default/files/documents/graphics/rapports-externes/plan_sante_bruxellois_def_fr.pdf [accessed 23.07.2020].

Colman, C., Blomme, E., Nicaise, P., Vander Laenen, F., Decorte, T., Godderis, L., Makola, V., De Pau, M., & Lambrechts, M.-C. (2021). An evaluation of the Belgian Drug Policy. Final Report. Brussels: Belgian Science Policy Office 2021, 486 p. (Federal Research Programme on Drugs) (p. 486). Belgian Sciense Policy Office. Brussels. Conférence interministérielle Drogues. (2010). Une politique globale et intégrée en matière de drogues pour la Belgique. Brussels.

Cornerotte, C., Legrand, O., Liesse, A., & Meur, B. (2018). Vers une réglementation du cannabis en Belgique [online]. Available : https://stop1921.be/site/wp-content/uploads/2018/07/Vers-une-reglementation-du-cannabis-en-Belgique-IEV-02.05.2018.pdf [accessed 21.08.2018].

Damian, E. (2022) Het gebruik van drugs in België. De voornaamste resultaten uit DrugVibes – de Belgische drugsbevraging, registratiejaar 2022. Sciensano, Brussel.

Dangreau, J., Deben, L., De Greve, K., Delbrouck, L., De Waele, H., Lambrechts, M.-C., Meese, J., Plets, I., Rogiers, I., Serlippens, A., Van besien, L., Vander Laenen, F., Vanderplasschen, W., Van Hende, F., Van Lishout, E., Van Malderen, S., & Van Steenbrugge, W. (2012). Larcier wet en duiding: Drugwetgeving 2012, Larcier, Brussels.

De Block (2019). Medicijnen met cannabis: Wat is er nu veranderd? [online]. Available: https://www.maggiedeblock.be/medicijnen-met-cannabis-wat-is-er-nu-veranderd/ [accessed 24.07.2020].

De Druglijn (2013). Drugs en de wet. De meest gestelde vragen [online]. Available: http://www.vad.be/assets/975 [accessed 20.10.2016].

De Druglijn. (2012). DASH: het online zelfhulpprogramma van De Druglijn. [online]. Available: https://dash.druglijn.be [accessed) 22.12.2023]

De Druglijn. (2023). Test jezelf. De Druglijn. [online]. Available: https://www.druglijn.be/test-jezelf [accessed) 22.12.2023].

De Kamer van Volksvertegenwoordigers (2023) Schriftelijke vraag en antwoord nr 55-1507: De drugopvolgings- en drugbehandelingskamers. [online]. Available: https://www.stradalex.com/nl/sl_src_publ_div_be_chambre/document/SVbkv_55-b100-1188-1507-2022202317543 [accessed 22.12.2023].

De Kiem (2015). Ambulante behandeling cocaïnegebruikers. De Kiem, Gavere. [online]. Available: http://www.dekiem.be/documents/tekst/2015Folder%20coca%C3%AFne [22.12.2023].

De Middeleer, F., Van Nimwegen, S., Ceulen, R., Gerbrands, S., Roevens, E., Spapens, T., Paoli, L., et al. (2018). Illegale drugsmarkten in België en Nederland : Communicerende vaten? Belgian Science Policy Office (BELSPO), Brussel.

De Paepe, N. (2014). Een alcohol- en drugbeleid in de gehandicaptenzorg, VAD, Brussel.

De Pourcq, K., Deneckere, S., & De Wachter, D. (2023). Implementing Quality Measurement in the Field of Drug Treatment and Harm Reduction: A Case Study in Flanders. ADIKTOLOGIE Journal, 2/2023. https://doi.org/10.35198/01-2023-002-0005

De Ruyver, B., Colman, C., De Wree, E., Vander Laenen, F., Reynders, D., van Liempt, A., & De Pauw, W. (2008a). Een brug tussen Justitie en drughulpverlening. Een evaluatie van het proefzorgproject. Maklu, Antwerpen.

De Ruyver, B., Colman, C., & Vandam, L. (2008b). Drugs en criminaliteit: bestaat het ene zonder het andere? De orde van de dag 2008 (44) 7-12.

De Ruyver, B., Pelc, I., Casselman, J., Geenens, K., Nicaise, P., From, L., Vander Laenen, F., et al. (2004). Drugbeleid in cijfers. Een studie naar betrokken actoren, overheidsuitgaven en bereikte doelgroepen. Academia Press.

De Ruyver, B., Pelc, I., De Graeve, D., Bucquoye, A., Cornelis, L., & Nicaise, P. (2007). Drugs in cijfers II: studie naar betrokken actoren, overheidsuitgaven en bereikte doelgroepen: vervolg studie. Wetenschap en maatschappij. Gent: Academia Press.

De Sleutel (2017). Justitie en welzijn/zorg: het verhaal van de lamme en de blinde…? De Sleutel magazine, 49(1) 4-5.

De Sleutel. (2011). Welkom bij het Residentieel Kortdurend Jongerenprogramma (RKJ). De Sleutel Mensen Kansen Groeien. [online]. Available: https://desleutel.be/professionals/residentieel/residentieel-kortdurend-jongerenprogramma-rkj-eeklo/ [accessed 22.12.2023].

De Wree, E., Pauwels, L., Colman, C., & De Ruyver, B. (2009). Alternative sanctions for drug users: fruitless efforts or miracle solution? Crime, Law and Social change 52 (2009) 513-525.

Debaere, V. & Schils, E. (2020) RECOvery in PRISon (RECO-PRIS): Evaluatie van het pilootproject in drie Belgische gevangenissen: Onderzoeksrapport. FOD Volksgezondheid, veiligheid van de voedselketen en leefmilieu. Brussel.

Decorte, T., Kramer, R., Vlaemynck, M., De Donder, E. & de Duve, M. (2019). Assessment of alternative models for regulation of alcohol marketing in Belgium. Belspo, Brussel.

Defillet, T. (2012). Juridische handvatten beroepsgeheim voor hulpverleners. VAD, Brussel.

Dienst Strafrechtelijk Beleid (2004). Kadernota integrale veiligheid 2004, [online]. Available: http://www.dsb-spc.be/doc/pdf/kiv2004NL.pdf [8.01.2016].

Directoraat-generaal Penitentiaire Inrichtingen (2022). Belgische gevangenissen, Federale OverheidsDienst Justitie, Brussels, [online]. Available: https://justitie.belgium.be/nl/themas_en_dossiers/gevangenissen/belgische_gevangenissen [acessed 29.07.2022]

Directoraat-generaal Penitentiaire Inrichtingen, (2023). Belgische gevangenissen, Federale OverheidsDienst Justitie, Brussels, [online]. Available: https://justitie.belgium.be/nl/themas_en_dossiers/gevangenissen/belgische_gevangenissen [accessed 31.07.2023]

Directoraat-generaal uitvoering van straffen en maatregelen (2006). Ministeriële omzendbrief nr.1785 van 18 juli 2006 met betrekking tot de drugproblematiek in de gevangenissen. Federale overheidsdienst Justitie, Brussel.

EMCDDA. (2023). Statistical Bulletin 2023—Hospital emergencies data [dataset]. [online] Available: https://www.emcdda.europa.eu/data/stats2023/hospital-emergencies_en [accessed 22.12.2023].

EMCDDA & SCORE (2023). Wastewater analysis and drugs — a European multi-city study. [online] Available: https://www.emcdda.europa.eu/publications/html/pods/waste-water-analysis_en [accessed 22.12.2023].

Eurotox (2019). RDR: Bonnes pratiques en Réduction des risques. Livret Thématique N°4 (2e édition). Eurotox asbl, Bruxelles.

Eurotox (2022). La phénomène des piqûres sauvages (neelde spiking): que savons-nous réellement – Euroto asbl, Bruxelles.

Evenepoel, T. (2023). Jaarverslag 2022 van de Druglijn, VAD, Brussel.

FAGG-AFMPS (2019). FAQ Cannabis [online]. Available: https://www.fagg-afmps.be/nl/MENSELIJK_gebruik/bijzondere_producten/speciaal_gereglementeerde_stoffen/verdovende_middelen/faq_cannabis [accessed 17.05.2019].

FARES, asbl 2023. Rapport d'activités 2022. Fares, Brussels.

Favril L. (2023). Drug use before and during imprisonment: Drivers of continuation. Int J Drug Policy.115:104027. doi: 10.1016/j.drugpo.2023.104027. Epub 2023 Apr 14. PMID: 37060886.

Favril, L., & Dirkzwager, A. (2019). De psychische gezondheid van gedetineerden in België en Nederland: Een systematisch overzicht. Tijdschrift Voor Criminologie, 61(1), 5–33. https://doi.org/10.5553/TvC/0165182X2019061001001

Féda Bxl (2023). Pour une réglementation du cannabis en Belgique. [online]. Available: https://fedabxl.be/fr/pour-une-reglementation-du-cannabis-en-belgique/ [accessed 25.10.2023].

Feda BXL asbl. (2023a). « Exil et migration »—Recommandations de la Feda BXL. [online]. Available: https://fedabxl.be/fr/2023/04/exil-migrations-recommandations-de-la-feda-bxl/ [accessed 25.10.2023].

Feda BXL asbl. (2023b). Femmes* genre et assuétudes—Synthèse des constats de terrain et recommandations de la Feda BXL. [online]. Available: https://fedabxl.be/site/wp-content/uploads/2023/04/Femmes-genre-et-assuetudes-Recommandations-de-la-FEDITO-BXL-asbl-Mai-2023.pdf [accessed 25.10.2023].

Feda BXL asbl. (2023c). Mémorandum politique du secteur spécialisé drogues et addictions. [online]. Available: https://fedabxl.be/fr/2023/04/memorandum2023/ [accessed 25.10.2023].

Feda BXL (2023). Rapport quinquenal (2017-2021). Feda BXL, Brussels.

Federal police (2022). Nationaal veiligheidsbeleid 2022-2025 [online]. Available: https://www.politie.be/5998/nl/over-ons/geintegreerde-politie/het-nationaal-veiligheidsplan [accessed 28.10.2022].

Federal police (2023a). Annual report 2022 of the federal police [online]. Available: https://rapportannuel.policefederale.be/ [accessed 12.09.2022].

Federal police (2023b). statistics [online]. Available: https://www.politie.be/statistieken/nl/verkeer/verkeersinbreuken/tabel?year=2013,2014,2015,2016,2017,2018,2019,2020,2021,2022 [accessed 12.09.2022].

Fedito BXL (2021). (Més)usages de drogues et conduites addictives Plan du secteur spécialisé de la Région de Bruxelles-Capitale (2021-2023) [online]. Available: https://fedabxl.be/fr/2021/06/mesusages-de-drogues-et-conduites-addictives/ [accessed 24.10.2023].

Fedito Wallonne. (2022). Services ambulatoires assuétudes en manque ! [online] Available: https://www.codef.be/actualite/wallonie-les-services-ambulatoires-assuetudes-en-manque/ [accessed 22.12.2023].

FOD justitie (2013). OMS DRUGS – opstart September 2013 [online]. Available: https://www.om-mp.be/fr/uw-om/parketten-procureur-konings/antwerpen/drugs [accessed 23.08.2019].

FOD Volksgezondheid (2015), Algemene Cel Drugsbeleid Jaarverslag 2014 [online]. Available: https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/thematische_vergadering_drugs/activiteitenrapport_acd_2014.pdf [accessed 8.10.2019]

FOD Volksgezondheid (2018). Public expenditure on drugs 2014-2015 [online]. Available: http://overlegorganen.gezondheid.belgie.be/nl/documenten/public-expenditure-drugs-2012-2013-nl [accessed 8.10.2019].

FPS health, food chain safety and environment (2002). Accord de coopération du 2 septembre 2002 entre l'Etat, les Communautés, la Commission communautaire commune française et les Régions pour une politique de drogues globale et intégrée. [online]. Available: https://organesdeconcertation.sante.belgique.be/sites/default/files/documents/interministeriele_conferentie_volksgezondheid-fr/2002-09-02_protocole_-_politique_globale_et_intgre_en_matire_de_drogues_fr.pdf [accessed 24.10.2023].

Free-Clinic. (2022). Aanbod. ChemMEN. [Online]. Available: https://chemmen.be/aanbod/ [accessed: 22.12.2023]

From the alley to the web. The rise of illicit drug trade on crypto markets and the involvement of Belgian buyers and vendors [CRYPTODRUG]. Summary. Brussels: Belgian Science Policy Office 2020 – 24 p. (Federal Research Programme on Drugs)

General Drug Policy Cell (2015). 'Cannabisbeleid in België: analyse en aandachtspunten. Technisch rapport van de werkgroep cannabisbeleid' (unpublished).

Geens, K. (2017). De gezondheidszorg van de gedetineerden in de gevangenissen [online]. Available: https://www.koengeens.be/news/2017/10/19/de-gezondheidszorg-van-de-gedetineerden-in-de-gevangenissen [accessed 9.10.2018].

Geens, K. and Jambon, J. (2016). Kadernota integrale veiligheid 2016-2019 [online]. Available: https://justitie.belgium.be/sites/default/files/downloads/2016-06-07_kadernota_integrale_veiligheid_nl_0.pdf. [accessed 22.12.2023].

Ghekiere A. Resultaten VIP2 GGZ - Sectorresultaten metingen 2017 . Brussels: Zorg en Gezondheid; 2018 p. 48. [online] Available from: https://www.zorg-en-gezondheid.be/sites/default/files/2022-04/SECTORRESULTATEN%20KWALITEITSMETINGEN%20GGZ%202017.pdf [accessed 22.12.2023]

Gisle, L., & Drieskens, S. (2019a). Enquête de santé 2018: Usage des drogues (D/2019/14.44/68; p. 96). Sciensano. [online]. Available: https://www.sciensano.be/en/biblio/enquete-de-sante-2018-usage-des-drogues [accessed 22.12.2023].

Gisle, L., & Drieskens, S. (2019b). Gezondheidsenquête 2018: Druggebruik (D/2019/14.440/59; p. 96). Sciensano. [online]. Available: https://www.sciensano.be/en/biblio/gezondheidsenquete-2018-druggebruik [accessed 22.12.2023].

Hoge gezondheidsraad (2022a). Advies 9695 – Beschikbaar stellen naloxon aan opioïdengebruikers [online]. Available: https://www.health.belgium.be/nl/advies-9695-beschikbaar-stellen-van-naloxon-aan-opioidengebruikers [accessed 25.10.2023].

Hoge gezondheidsraad (2022b). Advies 9695 – Beschikbaar stellen naloxon aan opioïdengebruikers [online]. Available: https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/20220408_hgr-9657_psychofarmaca_vweb_2.pdf [accessed 25.10.2023].

Hogge, M. (2023). Enquête sur l'impact de la crise COVID-19 sur les pratiques festives et de consommation des jeunes wallons et wallonnes. Synthèse du volet quantitatif. Bruxelles : Eurotox asbl.

IDA vzw (2023). Straffen van mensen die drugs gebruiken is geen effectieve maatregel. [online]. Available: https://www.vad.be/artikels/detail/straffen-van-mensen-die-drugs-gebruiken-is-geen-effectieve-maatregel [accessed 25.10.2023].

IMC (2016). Salles de consommation à moindre risque. Décision. Réunion du 24 octobre 2016, IMC, Bruxelles.Infor-drogues (2023). Rapport d'activités 2022, Infor-Drogues, Brussel.

Interministeriële Conferentie Drugs (2010). Een global en geïntegreerd drugsbeleid voor België. Gemeenschappelijke verklaring van de interministeriële Conferentie Drugs [online]. Available: https://www.belspo.be/belspo/organisation/Call/forms/drug2011/IMC%20drugs-algemene%20verklaring%2025%20januari%202010.pdf [accessed 8.10.2019].

Jamin, D., Vanderplasschen, W., Sys, O., Jauffret-Roustide, M., Michel, L., Trouiller, P., Neisa, A., Homen, M., Mendes, V., & Stöver, H. (2021). "My first 48 hours out" : Drug users' perspectives on challenges and strategies upon release from prison. Harm Reduction Journal, 18(1), 32. https://doi.org/10.1186/s12954-021-00480-w

Jeandarme, I., van Heesch, B., De Boel, L., Dikkers, I., Gokhan, G., & Verbeke, G. (2020). High security geïnterneerden: Wie zijn zij? Waar komen ze vandaan? Waar gaan zij (niet) naartoe? Panopticon, 41(5), 448–466.

Kompas. (2022). Kompas crisishulp Aan Huis. Kompas Vzw. [online]. Available: https://www.kompasvzw.be/kompas-aan-huis/ [accessed 25.10.2023].

Leblud, J., Meesmann, U., Houwing, S. en Opdenakker, E. (2019). Themadossier Verkeersveiligheid nr. 4 Drugs en geneesmiddelen. Vias institute – Kenniscentrum Verkeersveiligheid, Brussel.

Leuckx, S. (2015). De aflevering van medicinale cannabis in de Belgische officina's: huidige stand van zaken, Algemene pharmaceutische bond [online]. Available: https://www.klav.be/klavinfo/files/Nieuwsitems/2015/NL/201506_KB_medische_cannabis_CWOA.pdf [accessed 19.08.2015].

Matthys, F. & Crunelle, C. L. (2016). Good clinical practice in the recognition and treatment of ADHD in adults with substance use dependence. VAD, Brussels.Médecins du Monde. (2021). Artha: Accompagner les usagers de drogues en situation d'exil et de vulnérabilité. [online]. Available: https://medecinsdumonde.be/actualites-publications/actualites/artha-accompagner-les-usagers-de-drogues-en-situation-dexil-et#undefined [accessed 25.10.2023].

Meesmann, U., Houwing, S. & Opdenakker, E. (2015). Drugs en geneesmiddelen in het verkeer. Themadossier verkeersveiligheid n°4, Belgisch Instituut voor de Verkeersveiligheid – Kenniscentrum, Brussel.

Ministère de la Fédération Wallonie-Bruxelles. (2022). Appels à projets 2022 – 2023 à destination des écoles (Circulaire 8676). [online]. Available: http://www.crie-mariemont.be/static/upload/1/2/FWB_-_Circulaire_8676_(8931_20220714_161545).pdf [accessed 25.10.2023].

Mjåland, K.(2016) Exploring prison drug use in the context of prison-based drug rehabilitation, Drugs: Education, Prevention and Policy, 23:2, 154-162, DOI: 10.3109/09687637.2015.1136265

Modus Vivendi (2023). Rapport d'activités 2022, Modus-Vivendi, Brussel.

Modus Vivendi (2023b). Testing 2022 – Fact sheet (Chiffres clés), Modus-Vivendi, Brussel.

Moernout, J. & Rosiers, J. (2023). Ginger – rapport 2022. Monitoring van activiteiten. VAD, Brussel.

National Bank of Belgium (2023). Final consumption of households by category of expenditure. Online statistics [online]. Available: https://stat.nbb.be/Index.aspx?DataSetCode=NADETP3 [accessed 25.10.2023].

Nicaise, Pablo, De Maeyer, J., Gremeaux, L., Vanderplasschen, W., Vander Laenen, F., & Delespaul, P. (2021). SUMHIT - Substance Use and Mental Health care InTegration, a study of service networks in mental health and substance use disorders in Belgium, their accessibility, and the user's needs. Belspo. [online]. Available: https://www.belspo.be/belspo/fedra/DR/DR89_SUMHIT_StateOfArtReview.pdf [accessed 25.10.2023].

Nieuwkamp, R & Slootmans, F. (2020). Statistisch Rapport 2019. Handhaving: controles en sancties, Vias institute – Kenniscentrum, Brussel.

OM-MP (2023). Jaarstatistiek 2022 [online]. Available: https://www.om-mp.be/stat/corr/jstat2022/n/home.html [accessed 4.08.2023].

Orde van Advocaten te Kortrijk - departement Vorming en Beroepsopleiding (2008). Recente ontwikkelingen in het strafrecht, Larcier, Brussel.

Pardal, M., Colman, C. and Surmont, T., (2021). Synthetic Drug Production in Belgium – Environmental Harms as Collateral Damage?. Journal of Illicit Economies and Development, 3(1), pp.36–49. DOI: http://doi.org/10.31389/jied.84

Parlement francophone Bruxellois (2023) Rapport - Proposition de décret visant à modifier le décret relatif à l'offre de services ambulatoires dans les domaines de l'action sociale, de la famille et de la santé afin de leur permettre de fournir les médicaments nécessaires à leur mission de réduction des risques [online] Available:

https://www.parlementfrancophone.brussels/documents/rapport-proposition-de-decret-visant-a-modifier-le-decret-relatif-a-l2019offre-de-services-ambulatoires-dans-les-domaines-de-l2019action-sociale-de-la-famille-et-de-la-sante-afin-de-leur-permettre-de-fournir-les-medicaments-necessaires-a-leur-mission-de [accessed 25.10.2023].

Parlement Wallon. (2023). Séance publique de commission. Commission de l'emploi, de l'action sociale et de la santé (Compte-Rendu Avancé CRAC n°131).

Peeters, H. & Claessens, J. (2014). BackPAC. Persoonlijkheidsspecifieke interventie voor jongeren die vroeg experimenteren met Alcohol en Cannabis, VAD, Brussel.

Peeters, H. (2013). Als kleine kinderen groot worden. Een vorming over tabak, alcohol en drugs voor ouders en tieners, VAD, Brussel.

Plettinckx E, Crawford FW, Antoine J, Gremeaux L, Van Baelen L. Estimates of people who injected drugs within the last 12 months in Belgium based on a capture-recapture and multiplier method. Drug Alcohol Depend. 2021 Feb 1;219:108436. doi: 10.1016/j.drugalcdep.2020.108436. Epub 2020 Nov 24. PMID: 33310486; PMCID: PMC7856246.

Plettinckx, E., Antoine, J., Gremeaux, L. and Van Oyen. H. (2018). Alternatives to prison for drug offenders in Belgium during the past decade. International Journal of Law and Psychiatry, 61, 13-21.

Plettinckx, E., Harth, N., De Smet, S., Gremeaux, L. and Dirkx, N. (2023). Health, wellbeing and drug use among persons in prison. Belgian results of the PRS-20 project 2021-2023, Brussels, België: Sciensano. Legal depotnumber: D/2023.14.440/75.

Politie Brussel hoofdstad Elsene, 2021. Zonaal veilihgeidsplan 2020-2025 [Online]. Available: https://polbru.be/wp-content/uploads/2021/11/pzs-nl.pdf [accessed 24.10.2023].

PZ Onzelievevrouw. (2022). Residentiële behandeling voor ouderen (afdeling 32). PZ Onzelievevrouw. [Online]. Available: https://www.pzonzelievevrouw.be/node/190 [accessed 31.07.2023].

Regie der gebouwen (2023a). Detentiehuizen [online]. Available: https://www.regiedergebouwen.be/nl/detentiehuizen [accessed 31.07.2023].

Réseau Alto (2023). Questions les plus fréquentes. Réseau Alto, Mons [online]. Available: https://www.reseaualto.be/faq.html [accessed 31.07.2023].

Rosiers, J. (2023a). Uitgaansonderzoek, 2022. VAD [online]. Available: https://www.vad.be/assets/uitgaansonderzoek_2022 [accessed 29.10.2023].

Rosiers, J. (2023b). VAD-Leerlingenbevraging in het kader van een drugbeleid op school. Syntheserapport schooljaar 2021-2022 (p. 64). VAD. [online]. Available: https://www.vad.be/assets/4786 [accessed 29.10.2023].

Saf Ti (2023). Rapport d'activités 2022, Saf Ti.

Sasse, A. & Defraye, A. (2009). HIV infections and STI co-infections in men who have sex with men in Belgium: sustained increase in HIV diagnoses. Euro.Surveillance 14

Schamp, J., Simonis, S., Van Havere, T., Gremeaux, L., Roets, G., Willems, S., & Vanderplasschen, W. (2018). Towards gender-sensitive prevention and treatment for female substance users in Belgium (GEN-STAR): Final Report (DR/00/73; p. 145). Belspo.

Schrijvers, K., Dierckens, M., & Deforche, B. (2023). Studie Jongeren en Gezond- heid, Risicogedragingen: Alcohol, roken, drugs, gamen en gokken (p. 43) [Factsheet]. [online]. Available: https://www.jongeren-en-gezondheid.ugent.be/wordpress/wp-content/uploads/2023/08/8_Factsheet_Risicogedrag.pdf [accessed 29.10.2023].

Sciensano, KCE, Inami-Riziv, FPS public health, (2021). Internering [online]. Available: https://www.gezondbelgie.be/nl/blikvanger-gezondheidszorg/geestelijke-gezondheidszorg/forensische-zorg/internering [accessed 29.07.2022]

Sciensano (2023). The Belgian Treatment Demand Indicator Dashboard. [online]. Available: https://healthinformation.sciensano.be/shiny/TDI/ [accessed 29.10.2023].

Selis M. , Poulin J., transit ASBL, (2022) Disponibilité et gestion du matériel d'injection dans les pharmacies – enquête auprès des officines de la région de bruxelles-capitale.

Sénat de Belgique. (2023). Résolution relative à la mise à disposition de la naloxone en vue de réduire le nombre de décès liés aux surdoses et la mise à disposition d'eau pour préparation injectable afin de diminuer les risques sanitaires liés aux injections (7-346/5). [online]. Available: https://fedabxl.be/site/wp-content/uploads/2023/01/resolution-naloxone-senat-2023-7-346-5.pdf [accessed 29.10.2023].

Sint-Jozef Pittem. (2022). Zorgpad Ontwenning. [online]. Available: https://www.sintjozefpittem.be/zorgaanbod/zorgprogramma-ouderen/zorgpad-fase-en-middel/ [accessed 29.10.2023].

Sipes. (2023). Enquête HBSC 2022. Service d'Information Promotion Éducation Santé - Sipes-ULB. https://sipes.esp.ulb.be [accessed 31.10.2023].

Smes asbl. (2022). Rapport d'activités 2022. [online]. Available: https://smes.be/wp-content/uploads/2023/03/230329_Rapport-dactivites-du-Smes-2022-numerique.pdf [accessed 31.07.2023].

SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement. (2023). Prévalence des pathologies dans les établissements psychiatriques. [online]. Available: https://www.health.belgium.be/fr/prevalence-des-pathologies-dans-les-etablissements-psychiatriques [accessed 31.07.2023].

SPP Intégration Sociale. (2023). Housing First Belgium. [online]. Available: http://www.housingfirstbelgium.be [accessed 31.07.2023].

Stévenot, C. & Hogge, M. (2018). L'usage de drogues en Wallonie et à Bruxelles, Rapport 2017. Bruxelles: Eurotox

Stimson, G.V., Jones, S., Chalmers, C., & Sullivan, D. (1998). A short questionnaire (IRQ) to assess injecting risk behaviour. Addiction 93 337-347.

Team justitie (2021) Beleidsverklaring justitie 2.0: sneller, makkelijker en straffer [online]. Available: https://www.teamjustitie.be/wp-content/uploads/2021/02/plan-voor-justitie-ZI.pdf [accessed 12.09.2022].

Thomadakis, Gountas, Duffell, Gountas, Bluemel, Seyler, Pericoli, Kászoni-Rücker, El-Khatib, Vanwolleghem, Klamer, Plettinckx, Van Beckhoven, et al. (2023) National estimates of prevalence of chronic HCV infection in EU/EEA countries using multiparameter evidence synthesis. The Lancet Regional Health Europe. DOI:https://doi.org/10.1016/j.lanepe.2023.100792 .

Transit (2022). Rapport d'activités 2021 (p. 54). [online]. Available: Transit. http://fr.transitasbl.be/wp-content/uploads/2022/06/FR-transit-asbl-ra-2021.pdf [accessed 31.07.2023].

Transit (2023). Rapport d'activité 2022 [online]. Available: http://fr.transitasbl.be/wp-content/uploads/2023/07/TRANSIT-asbl-Rapport-dactivitie-2022.pdf [accessed 31.07.2023].

Transitiehuizen (2022). Transitiehuis [online]. Available: https://transitiehuizen.be/ [accessed 29.07.2022].

Trouver un psy. (n.d.). Psy.Be. [online] Available: https://www.psy.be/fr/psy [accessed 28.10.2022].

VAD. (2014). BackPAC - In gesprek met jongeren die experimenteren met alcohol en cannabis. VAD. [online] Available: https://www.vad.be/catalogus/detail/backpac---in-gesprek-met-jongeren-die-experimenteren-met-alcohol-en-cannabis [accessed 31.10.2023].

VAD. (2015a). Als kleine kinderen groot worden. VAD. [online] Available: https://www.vad.be/artikels/detail/als-kleine-kinderen-groot-worden [accessed 31.10.2023].

VAD. (2015b). Tieners opvoeden over alcohol, roken en cannabis. VAD. [online] Available: https://www.vad.be/catalogus/detail/tieners-opvoeden-over-alcohol-roken-en-cannabis [accessed 31.10.2023].

VAD. (2017a). CRUSH - Werken met jongeren rond relaties, alcohol en cannabis. VAD. [online] Available: https://www.vad.be/catalogus/detail/crush---werken-met-jongeren-rond-relaties-alcohol-en-cannabis [accessed 31.10.2023].

VAD. (2017b). Iedereen drinkt, iedereen blowt? VAD. [online] Available: https://www.vad.be/catalogus/detail/iedereen-drinkt-iedereen-blowt [accessed 31.10.2023].

VAD. (2017c). Maat in de Shit. VAD. [online] Available: https://www.vad.be/artikels/detail/maat-in-de-shit [accessed 31.10.2023].

VAD. (2018). Wetgeving over cannabis [online]. Available: https://www.druglijn.be/drugs-abc/cannabis/wetgeving [accessed 21.08.2018].

VAD. (2019). Praten over alcohol, drugs en gamen. Inspiratiebox voor jeugdhulpverleners. VAD. [online] Available: https://www.vad.be/catalogus/detail/praten-over-alcohol-drugs-en-gamen-inspiratiebox-voor-jeugdhulpverleners [accessed 31.10.2023].

VAD. (2020a). Bijzonder zonder. VAD. [online] Available: https://www.vad.be/catalogus/detail/bijzonder-zonder [accessed 31.10.2023].

VAD. (2020b). Zot op kamp. VAD. [online] Available: https://www.vad.be/catalogus/detail/zot-op-kamp-gratis [accessed 31.10.2023].

VAD. (2022). Wat je moet weten over hasj en wiet. VAD. [online] Available: https://www.vad.be/catalogus/detail/wat-je-moet-weten-over-hasj-en-wiet [accessed 31.10.2023].

VAD. (2023). Mag cannabis als medicijn [online] Available: https://www.druglijn.be/drugs/cannabis/mag-cannabis-als-medicijn/ [accessed 28.10.2023].

Van Baelen, L., Antoine, J., De Ridder, K., Plettinckx, E., & Gremeaux, L. (2019). All-cause mortality rate of people in treatment for substance use disorders in Belgium: A register-based cohort study. Journal of Substance Use, 24(5), 481–486. https://doi.org/10.1080/14659891.2019.1604841

Van Baelen, L., Plettinckx, E., Antoine, J., & Gremeaux, L. (2020). Prevalence of HCV among people who inject drugs in Brussels-a respondent-driven sampling survey. Harm reduction journal, 17(1), 11.

Van Damme, J., Thienpondt, A., Rosiers, J., Tholen, R., Soyez, V., Sisk, M., Van Hal, G., & Deforche, B. (2022). In hogere sferen Volume 5 (p. 100). VAD, Brussel. [online]. Available: https://www.vad.be/assets/In_hogere_sferen_Vol_5_rapport [accessed 31.10.2023].

Van der Linden, T., Wille, S.M.R., Ramírez-Fernandez, M., Verstraete, A.G., & Samyn, N. (2015). Roadside drug testing: Comparison of two legal approaches in Belgium. Forensic Science International, 249 (2015), 148-155.

Van Espen, H. & Vanthienen, S. (2016). Duiding Drugs. Praktijkgids 2016. Larcier, Brussels.

Van Havere T, Deforche B, Vanderlaenen F, Mathys C, Lemaître A, Dirckx N, Van der Kreeft P, De Clercq B, Buijs T, Van Damme J, van Praet S, El Houti A. (2018) ALCOLAW: The Law of 2009 concerning the selling and serving of alcohol to youths: from state of the art to assessment [online]. Available: http://www.belspo.be/belspo/fedra/DR/DR71_ALCOLAW%20End%20report_en.pdf [accessed 30.10.2018].

Van Mol, F. (2013). De gezondheidszorg in de Belgische gevangenissen. Dienst gezondheidszorg gevangenissen, Brussel.

Vander Laenen, F., De Keulenaer, S., Colman, C., & Thomaes, S. (2012). Drugbehandelingskamer, de Gentse ervaring. Panopticon: Tijdschrift voor strafrecht, criminologie en Forensisch welzijnswerk 33 (1) 80-84.

Vander Laenen, F., De Ruyver, B., Christiaens, J., and Lievens, D. (2011). Drugs in cijfers III, Onderzoek naar de overheidsuitgaven voor het drugsbeleid in België, Academia Press, Gent.

Vander Laenen, F., Vanderplasschen, W., Wittouck, C., Dekkers, A., De Ruyver, B., De Keulenaer, S., & Thomas, S. (2013). Het pilootproject drugsbehandelingskamer te Gent: een uitkomstenevaluatie, Academia Press, Gent.

Vandeurzen, J. (2017). Vlaams Actieplan Geestelijke Gezondheid 2017-2019. Available: https://docs.vlaamsparlement.be/pfile?id=1272142 [accessed 27.07.2022].

Vanthuyne, K. (2023). Tandem—Inhoudelijk Verslag 2022. Tandem. [online]. Available: https://2ec6983246.clvaw-cdnwnd.com/cfca6c213006a8265e4fec76232ecbc4/200000076-9a4949a497/2022_Inhoudelijk%20verslag%20TANDEM.pdf?ph=2ec6983246 [accessed 31.10.2023]

Vias institute (2022) Briefing “Rijden onder invloed van drugs”. Vias institute, Brussel, [online]. Available: https://www.vias.be/publications/Briefing%20-%20Rijden%20onder%20invloed%20van%20drugs/Briefing%20-%20Rijden%20onder%20invloed%20van%20drugs.pdf [accessed 31.10.2023].

VWVJ. (2022). Wat is “Gezond leven? Check het even!” VWVJ. [online]. Available: https://www.vwvj.be/nl/wat-gezond-leven-check-het-even [accessed 21.08.2018].

Walloon Parliament (2018). Propositions de resolution relative à la mise en place d’expériences-pilotes de maisons d’accueil socio-sanitaire (MASS) pour les usagers de drogues dans les grandes villes wallonnes [online]. Available: http://nautilus.parlement-Wallon.be/Archives/2017_2018/RES/1035_2.pdf [accessed 21.08.2018].

WHO (1986). Ottawa charter for health promotion [online]. Available: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/ [accessed 12.07.2023]

Wille, S., Baumgarter, M., Di Fazio, V., Samyn, N., & Kraemer, T. (2014). Trends in drug testing in oral fluid and hair as alternative matrices. Bioanalysis 6 (17) 2193-2209.

Windelinckx, T. (2011). Evaluatie Onderzoek Spuitenruil Vlaanderen 2010. Free Clinic, Antwerp.

Windelinckx, T. (2012). Evaluatie Onderzoek Spuitenruil Vlaanderen 2011. Free Clinic, Antwerp.

Windelinckx, T. (2013). Evaluatie onderzoek project spuitenruil 2012. Vlaamse spuitenruil, Free clinic vzw, Antwerp.

Windelinckx, T. (2014). Rapport evaluatie onderzoek spuitenruil Vlaanderen 2013. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2015). Rapport Evaluatie Onderzoek Spuitenruil Vlaanderen 2014. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2016). Rapport evaluatie onderzoek spuitenruil vlaanderen 2015. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2017a). Eindrapport partnerorganisatie Spuitenruil Vlaanderen Werkjaar 2016. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2017b). Rapport evaluatie onderzoek spuitenruil vlaanderen 2016. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2018). Rapport evaluatie onderzoek spuitenruil vlaanderen 2017. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2019a). Eindrapport partnerorganisatie Spuitenruil Vlaanderen Werkjaar 2018. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2019b). Rapport evaluatie onderzoek spuitenruil vlaanderen 2018. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2020a). Verslaggeving doelstellingen en acties gezondheidsbevordering bij injecterend gebruik – GIG 2019. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2020b). Rapport evaluatie onderzoek spuitenruil vlaanderen 2019. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2021a). Rapport evaluatie onderzoek spuitenruil vlaanderen 2020. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2021b). Verslaggeving doelstellingen en acties gezondheidsbevordering bij injecterend gebruik – GIG 2020. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2022a). Verslaggeving doelstellingen en acties gezondheidsbevordering bij injecterend gebruik – GIG 2021. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2022b). Rapport evaluatie onderzoek spuitenruil Vlaanderen 2021. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2023a). Verslaggeving doelstellingen en acties gezondheidsbevordering bij injecterend gebruik – GIG 2022. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Windelinckx, T. (2023b) Rapport evaluatie onderzoek spuitenruil Vlaanderen 2022. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

WVG (2021). Hulp- en dienstverlening aan gedetineerden: Strategisch plan2020-2025 [online]. Available: https://assets.vlaanderen.be/image/upload/v1640285646/strap_2020_2025_li6zom.pdf [accessed 29.07.2022].

Zoek je een psycholoog? (n.d.). Vind Een Psycholoog. [online]. Available: https://www.vind-een-psycholoog.be/psycholoog-zoeken.html [accessed 22.12.2023].

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