



## DEVELOPMENTS AND TRENDS ON DRUGS - 2015

Synthesis Report by the Belgian Reitox National Focal Point

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# INTRODUCTION

One of the core tasks of the European Monitor Center for Drugs and Drug Addiction (EMCDDA) is to collect, analyse and disseminate information on drugs and drug addiction in Europe. In order to fulfil the above, the EMCDDA relies on the collaboration with the European information network (Reitox), consisting of all national drug observatories in the EU Member state plus Turkey, Norway and the European Commission. Each of these Reitox National Focal Points collects information and produces comparable and scientifically sound data on the national drug situation.

Up to 2014, Reitox national reports were provided to the EMCDDA on an annual basis to feed the monitoring of the situation across Europe. In addition, national reports were most often also used for additional national purposes on drug monitoring. In 2015, the EMCDDA changed strategies concerning the transfer of the national drug-related information, which allows the Centre to better address the needs for information of European and National Stakeholders. In a phase of transition, the newly implemented reporting tool does not yet result in a standalone document that can be used for other national objectives.

In anticipation of a new European format for the presentation of national information, the Belgian focal point presents this synthesis report compiling the main developments and trends of the Belgian drug situation, edition 2015. This document is in line with the EMCDDA's new reporting package and constructed of 5 themes and including a total of 10 different workbooks. Full details on the discussed topics can be obtained by contacting the national focal point.

## Where to find or request full information

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This document is available on the website of the national focal point ([drugs.wiv-isp.be](http://drugs.wiv-isp.be)) and the website of the Scientific Institute of Public Health ([www.wiv-isp.be](http://www.wiv-isp.be)).

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#### NATIONAL PROFILE

The Belgian drug policy is to be integral, integrated and evidence-based as is expressed in two key policy documents: the Federal Drug Policy Note of 2001 and the Communal Declaration of 2010. Overall, the Note and Declaration interpret the drugs problem mainly as a public health issue. An Inter-ministerial Conference and the General Drug Policy Cell remain the main coordinating bodies for the realisation of a global and integrated drug policy.

Policy evaluation is one of the objectives mentioned in the Federal Drug Policy Note 2001. At the end of 2013, an *ad hoc* working group was established by the General Drug Policy Cell to report on the global state of affairs on the Belgian cannabis policy. By the end of 2014, the first conclusions and a draft of a technical report were finished which indicates deficiencies and points of attention that are relevant for future policy developments. The General Drug Policy Cell also holds responsibility for the monitoring of the Belgian drug-related public expenditures, for which a strategy was further developed in 2014.

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#### NEW DEVELOPMENTS

In Belgium, the Communities and Regions each hold their own specific competences related to the drug problem. As a result of the sixth state reform, several competences of the Federal Government were transferred to the federate entities. In July 2014, the regional Governments decided on the exact repartition of the drug-related competences to the various policy domains, which will have an impact for further implementation of the Federal Drug policy. Due to difficulties that have already been encountered with this institutional reform and the regionalisation of processes, the organisations Fédito BXL, FEIAT and CLDB published an argument in 2015 for a renewed drug policy and a corresponding drug action plan for the Brussels capital Region.

### NATIONAL PROFILE

The Belgian legislation is an addendum to the EU-treaties. It dates back to the law of February 24, 1921, adapted by the law of July 9, 1975; the law of November 17, 1998; the law of May 3, 2003; the law of July 20, 2006 and the law of February 7, 2014. The drug law prohibits the import, export, production, trade, possession, sale and purchase of poisons, sedatives, narcotics and psychotropic substances without a license (including the growing of plants containing any of these substances). Moreover, to incite or to facilitate drug use and the misuse of prescription, administration or delivery of narcotics or psychotropic substances by a medical practitioner are also prohibited. The law comprises a nominative list of substances that are placed under control, which implies that every substance which is not on the list, is not controlled and therefore not illegal. In addition, substances that can be used for the illegal preparation of narcotics and psychotropics (precursors) as well as preparatory acts for drug production and trafficking are punishable. A regulation came into force for the destruction of seized drug materials as well.

A different policy exists for users of cannabis in comparison to users of other illegal drugs. Cannabis possession remains illegal, though it has the lowest priority for prosecution in case an adult person is in possession of cannabis for personal use and for whom problematic use and public nuisance is ruled out. Consequently, penalties differ with regard to the possession of cannabis by adults. For illegal 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 EUR 1,000 to 100,000. Nevertheless, alternative sanctions in general and for drug users in particular are stimulated amongst others by the Inter-ministerial Conference on drugs.

Next to the Belgian drug law, the Belgian traffic law prohibits driving in case that regular use of substances (alcohol, illicit drugs and medicines) or the amount of used substances might cause negative consequences to the driving skills of a person. The law prohibits not only the driving itself but also to initiate, challenge and give permission to drive under the influence of drugs. Next to a fine and/or a prison sentence, the judge can additionally impose the loss of the right to drive when driving under the influence is demonstrated. In case of driving under the influence of drugs other than alcohol, the judge can impose a conviction of EUR 200 up to 2,000 and has the possibility to lay on a driving ban of eight days up to five years. Oral fluid tests are used to detect recent illicit drug use.

Minors are tried by a juvenile justice system in which steps are taken to overcome further problems. The juvenile justice system imposes measures and does not pronounce sentences. All illegal drugs are prohibited and the measures do not differ between cannabis and other illegal substances.

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## TRENDS

The proportion of drug-related sentences is stable or even increasing slightly over time. Looking to the relation between the total number of final suspensions and the drug-related suspensions an opposite trend is noticed. The number of new assignments related to alternative measures concerning drug offences at the houses of justice shows a decrease since 2010 for autonomous work sentences, electronic surveillance and probation. Alternatives to pre-conviction detention and mediation in criminal matters are the only two alternative measures which deviate from this pattern.

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## NEW DEVELOPMENTS

In June 2015, the Minister of Public Health has signed a new Royal Decree to legalise the provision of medicines containing THC through pharmacies. At this moment, only one medicine – Sativex® - is qualified for use and sale.

In Antwerp and (in a lesser extent) in Brussels, the local government decided to prosecute every case of cannabis possession. This evolution is in conflict with the general prosecution policy in the country.

## DRUGS OVERALL SITUATION

### WORKBOOK 2. DRUGS

#### NATIONAL PROFILE

Cannabis is the most widely used illicit drug in Belgium: 4.6% of the population (aged 15-64) are recent users (past 12 months), half of which reported having taken cannabis in the past 30 days (current users). In comparison, less than 1% of the population recently used an illicit drug other than cannabis (0.8% in the past 12 months).

The classical stimulants (cocaine, MDMA and amphetamine) remain the most popular ones in Belgium. Although more and more attention is drawn to the current developments of new synthetic drugs, the prevalence and use of NPS is still difficult to assess. Nevertheless, each year, increasing amounts of NPS are being seized by the Belgian customs service, including mostly synthetic cannabinoids or cathinones. These substances most often enter Belgium *in transit* to other European member states. The NPS are most frequently sent as pure products (mainly powders). China remains the most frequent reported country of origin.

#### TRENDS

With regard to the evolution of cannabis use in the population, the trends point towards a certain stability in time. There is an indication that the intensity of cannabis use among the current consumers has declined in 2013 compared to earlier times (2004-2008). A matter of concern is the fact that the average age of cannabis initiation has shifted from 19 years to 18 years. The prevalence of recent users of other illicit drugs is decreasing (1.5% in 2008 against 0.8% in 2013).

#### NEW DEVELOPMENTS

Occasionally the Belgian Early Warning System Drugs receives reports of intoxications or deaths as a result of the consumption of novel psychoactive substances. However, the reported number of these messages remains low. A new trend in stimulant use that has appeared in 2014 is the rapidly gaining popularity of 4-FA in Belgium. Although 4-FA is already a controlled substance in Belgium, increasing quantities of the substance are found through seizures or indicated in research projects on drug use. 4-FA is readily available for sale on the internet and occurs mostly in powder form. Furthermore, ecstasy tablets containing 4-FA have also been reported in 2014.

#### NATIONAL PROFILE

Drug prevention in the general population is a competence of the Communities and Regional governments. Nevertheless, the Federal drug policy note of 2001 formulated several prevention-related objectives. This policy note wants to discourage the use of psychotropic substances by measures which are both individually and structurally oriented and which were focused on education as well as socio-economic conditions.

#### *Different regions, different profiles*

The Flemish Action Plan on Tobacco, Alcohol and Drugs 2009-2015 regulates prevention in the Flemish Community. As the coordinating body and partner organisation of the Flemish government, VAD participated in a number of preliminary meetings in the preparation of a new Flemish Action Plan that will be launched by the end of 2016. The Flemish Government nominated two other organisations for specific aspects of the alcohol and drug policy: 'Free Clinic' and 'De Sleutel'. Alcohol and drug prevention activities in the Flemish Community are monitored since 1996 by the Ginger programme. Prevention is mainly oriented towards actors in the health and educational sector. Three quarters of the prevention activities aim at intermediary target groups. One in four prevention activities are subject of evaluation.

The approach of the French Community aims to improve the quality of life and the health of the citizens of the Community. In the light of the sixth state reform, the competences of health promotion (including prevention) were regionalized. These were transferred from the Community level to the level of the Regions (Cocof and Walloon Region). The only exception is the health-promoting services at the school which remain the competence of the French Community. A new decree "Health promotion" is under construction in Brussels.

Prevention activities in the German-speaking Community are set up by the Association for Addiction Prevention and coping with Life.

*Universal prevention interventions* targets risky behaviour and life skills in general. Didactic materials for secondary schools mostly target the topics of alcohol and cannabis. At the level of community-based drug prevention, an online, interactive exchange platform for regional and local prevention workers was launched in the Flemish Community to exchange information on new, locally developed campaigns or policy initiatives. Drug Telephone helplines are available in both the French and Flemish Community and Online counselling is also provided through their website by means of e-mail, Skype and chat.

*Selective prevention activities* towards at-risk groups in the Flemish Community is directed towards people with special needs and ethnic minorities. The French Community, in its turn, has a

broader scope and is putting more attention to peer prevention towards people with an unstable living situation. Additionally, attention is given to drug using parents in order to develop parental skills and to establish a harmonious relationship with their children to prevent harms. In the Flemish Community, an increasing interest is shown for indicated prevention and detection and intervention with hazardous substance misuse at an early stage.

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## TRENDS

More activities with a main focus on the delay of onset of drinking are introduced in Flemish primary schools and in society as a whole.

ICT-related addiction is becoming increasingly popular as a topic in prevention. Also older people become a more important target group as they prove to be more vulnerable to the misuse of alcohol.

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## NEW DEVELOPMENTS

The peer prevention organisations of the Flemish Community (Breakline and Vitalsounds) were forced to close down because of budgetary reasons, but both projects got the opportunity to merge into one new project, baptised Safe 'n Sound in 2015. The goal is to establish a local division of Safe 'n Sound in every province of Flanders.

A light version of 'Quality Nights', a health promotion label which aims at reducing risks pertaining to nightlife scenes, started in 2014. This new concept will aim at smaller, local (student)parties, events, youth clubs and festivals.

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### NATIONAL PROFILE

Drug treatment-related objectives are described in the document from the Inter-ministerial Conference drug of 2010. Competences concerning treatment are split between the Federal and Federate governments but are coordinated on a national level. A new State Reform is progressively applied in the country and will impact organization of drug treatment institutions. Outpatient drug treatment in Belgium is provided by specialized, low-threshold or general health care professionals offering a large choice of treatment modalities as well as harm-reduction or social reintegration services. The population of patients entering outpatient treatment is displayed through the TDI but misses still a large group of patients being those in treatment at private practices. Inpatient drug treatment can be provided in psychiatric or general hospital as well as in specialized crisis centres or in long-term residential treatment programmes. TDI gathers a better insight on the number of patients in these facilities thanks to a mandatory registration in hospitals and specialized centres. Cannabis is the most frequently mentioned substance for entering treatment, followed by opiates and cocaine. Characteristics of patients are differing in terms of gender, mean age or patterns of use between primary drug. Opioid substitution treatment, either with methadone or buprenorphine, is provided since 2004 in the country.

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### TRENDS

Long term trends in the number of patients entering treatment for the first time for an opioid-related problem is declining since 2011. On the contrary, an increase is seen in the number of patients entering treatment for cocaine or stimulants other than cocaine. The proportion of patients receiving a prescription for buprenorphine is also increasing although the proportion remains low in comparison with methadone.

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### NATIONAL PROFILE

In Belgium, efforts have been made to develop an integrated, balanced and evidence-based drug policy, in line with the requirements of the EU drug strategy and the consecutive EU Action plans. For this reason, the research programme on drugs of the Belgian federal science policy office (BELSPO) annually supports funding for several projects that contribute to the evaluation of the global and integrated Belgian drug policy. Research projects are implemented to evaluate the prevention, treatment and harm reduction initiatives. Additionally, VAD promotes evidence-based practice in alcohol and drug prevention in the Flemish region. A specific academic curricula for professionals working in the field of demand reduction does not exist, but several organisations provide specific continued education and specialization courses.

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### DEVELOPMENTS

- A new TDI protocol has been adopted in 2013 and published in the Belgian official journal.
- Recommendations for the implementation of a centre for the treatment with Diacetylmorphine were published in 2013.
- A research about consensus building on minimal quality standards for drug demand reduction in Belgium was conducted in 2014-2015.
- A two-year project (2014-2015) about Integrated Care for patients with Alcohol Use disorders (ICArUS) is to improve continuing care for patients with alcohol use disorders.

## NATIONAL PROFILE

### *Drug-related deaths (DRD)*

In 2011 and 2012 the General Mortality Register had registered respectively 94 and 72 drug-related deaths (B selection). For Belgium, the DRD from 2009 and later on have been manually corrected by adding the appropriate T-code (Walloon Region). Based on the toxicology report of 32 death cases, we note that the large majority (87.5%) was associated with the “classical” drugs (opioids, cocaine and/or cocaine). In one in 5 cases, methadone was detected and in a very limited number (3.25%) the presence of NPS and GHB was proved.

### *Drug-related infectious diseases (DRID)*

The available data on HIV and hepatitis among IDU suggest no changes in prevalence nor outbreaks. In 2014, we observed no change in reported risky behaviour among injection drug users (NEP, Flemish Community): sharing paraphernalia is still a larger problem than sharing needles.

### *Drug-related acute emergencies*

The admissions of the crisis intervention centres (CIC) are registered by the TDI register and are mainly related to opioids (44%), followed by stimulants (25%) and cocaine (21%). In addition, a pilot project with crisis and case management for patients with joint substance use and a mental health crisis is implemented since 2011. The mean length of stay in a crisis intervention centre was 3.6 days in 2014. 43.4% of the admissions were related to illegal drugs. 5,6% of them were related to double diagnosis.

About one in ten injecting drug users frequenting the Needle Exchange Programmes (NEP), reported to have had at least one intoxication during the last year. The number of contacts with the Belgian National Poison Centre directly related to an intoxication was limited (0.6%) and the most important products mentioned were cannabis and stimulants.

In 2014, a project that monitored NPS use (and its adverse effects) among persons with a clinical intoxication on a festival was conducted. The results of this project indicate that indications of NPS use was often found in combination with “classic” drugs, such as MDMA and LSD.

### *Harm reduction interventions*

The Belgian national drug strategy includes evidence-based harm reduction initiatives with priority to opioid substitution therapy (OST), medical and psychological support and social integration programmes. Additionally, the Communities and Regions have defined harm reduction as one of the principal objectives. Drug-related health risks are targeted by the implementation of OST, NEP and peer-to-peer programmes. Key players for delivering harm reduction services are the Medical and Social Care Centres.

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## TRENDS

### *Drug-related deaths (DRD)*

The DRD peaked in 2008-2009 and decreased again in 2010-2012, comparable with the trend in many other European countries.

### *Drug-related infectious diseases (DRID)*

For HIV and hepatitis among IDU the situations seems to be stable and unchanged compared to the previous years.

### *Drug-related acute emergencies*

There were more patients admitted in CIC in 2014 compared with the past 4 years (2011-2013). There was an increase of admitted patients among all kind of substance users (cannabis, cocaine, opiates) and ever-injecting drug users. More (daily) cannabis use, more polydrug use and more injecting drug use among stimulant users were registered.

The distribution of syringes through the NEP in Flemish and French Community remain stable. The distribution through the pharmacies of the French Community decreased because of decreased financial support. The recuperation of syringes is maximal in the Flemish Community. This is not yet the case (about 90%) in the French Community, although an improvement is clearly noticed in comparison with 2013.

### *Other drug-related harms*

In 2014, the prevalence (54.5%) of psychiatric comorbidity among patients entering a treatment facility for substance use was the highest since 2006.

In general, injecting drug users have the risk of health complaints: NEP confirmed that 2 in 5 injecting drug users reported injection abscesses, while 1 in 10 reported an overdose during the last year (2014).

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## NEW DEVELOPMENTS

Most often, drug-related deaths are related to polydrug use. However, in 2014, the Early warning system reported on two cases of pure MDMA intoxication and several cases where only PMMA were noted.

Flemish harm reduction programmes are currently preparing new projects for injecting drug users, such as the taking home of Naloxone kits and Buddy support for those who use start up treatment for hepatitis C.

#### NATIONAL PROFILE

Belgium has an important position with regard to the production for cannabis and synthetic drugs (mostly amphetamine and MDMA). Domestic production was reflected in the increased amounts of drug seizures of herbal cannabis and ecstasy tablets in 2014. Methamphetamine remains relatively undetected – and assumed unpopular - in Belgium. The number of seized synthetic drug production laboratories equalled the record that was abolished in 2013. Remarkably, strong connections can be found between the Belgian drug production and the one in The Netherlands. Plantations or drug laboratory activities are most often concentrated in the border region and the several steps in production are often spread over the two countries. The lack of precursor material that was observed before 2011, now seems to be resolved by an increased availability of new precursors and the switch to pre-precursors for synthesis. This was reflected in the low seized quantity of precursors such as APAAN and PMK that was replaced by the presence of PMK-glycidate.

In addition, as a result of the easy existing access points such as the large port of Antwerp and the national airports, Belgium remains an important import and transit country for other narcotics for which no cultivation takes place in Belgium, such as cocaine. The past years, Belgium has also taken a role in the production and distribution of NPS. Due to the easy availability and high drug production capacity, drug prices in Belgium tend to be low compared to other EU member states. No significant changes in price were observed in 2014 in comparison to previous years.

#### TRENDS

With regard to the overall drug purity in Belgium in 2014, small differences with previous years were observed. The main concern still remains the observed tendency of increasing MDMA levels found in ecstasy tablets; absolute record amounts of MDMA were found in ecstasy tablets circulating on the street and it is no longer uncommon that the current amount of MDMA in ecstasy tablets approach toxic levels. In addition, the Belgian Early Warning System on Drugs has increasingly been sending out warnings on ecstasy tablets that contain other hazardous psychoactive substances than MDMA. Remarkably, while the amount of MDMA per tablet keeps increasing, the price of ecstasy tablets remain stable or even show small decreases. As a result, the market is currently booming with cheap ecstasy pills. Most probably the increased availability of (new) precursors plays a major role in this.

The quality of other synthetic drugs remains quite high: adulterants used as cutting agents in powders were detected in similar concentrations as observed before. For herbal cannabis, a slight increase in THC content was observed in 2014, however, this trend was not consistent over the past years.

Hence in general, the THC concentration in cannabis is high for the Belgian crops, but hasn't significantly changed over the past 5 years.

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## NEW DEVELOPMENTS

Although the total numbers of reported NPS-related incidents or intoxications remains very low, there are indications that point towards the gaining popularity of NPS in Belgium, e.g. 4-FA.

A new trend is also observed with regard to GHB and its precursor GBL: there are indications of users that skip the hydrolysis of GHB and consume GBL just as is.

Finally, due to the lasting phenomenon of highly dosed MDMA-tablets, the threshold for sending out an alert by the BEWSD was recently increased in 2015 from 125mg to 150mg to concur better with the actual situation on the streets.

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#### NATIONAL PROFILE

The 32 Belgian prisons mostly hold places for both persons in custody and sentenced persons. Only few of these prisons have a medical centre, a drug free wing, a department for special individual security or a psychiatric department. The latest available study on drug prevalence data in prisons dates from 2010 and indicates a prevalence of 71% of ever illegal drug use prior to imprisonment and 60% during imprisonment. 25% of the prisoners who used illegal drugs at least once during imprisonment indicated to use almost daily inside prison.

The law of principals of 2005 - concerning the prison system and the legal position of prisoners - describes the basic principles of health care in prison and repercussions concerning the approach towards prisoners having a drug problem. This includes the need for health care in prison to meet the standards of the health care outside prison.

The central service for health care of the Directorate-general of Penitentiary Institutions of the Federal public service of Justice is responsible for the organisation, funding and delivery of care and drug-related health services to prisoners. For the actual implementation and coordination of the proposed initiatives, two Regional Coordinators of Drug Policy were appointed. Additionally, a local steering group is installed in each prison for the execution of the local drug policy of a prison. As only a minority of the staff members in prison are medically and paramedically trained, services for drug users are delivered both by physicians that are part of the prison health teams and by external caregivers outside the prison system. Despite a Ministerial Circular Letter of 2006 describing the desirable drug policy for the Belgian prisons, special care for detainees using illicit drugs remains limited. Actual practice shows that the (amount of) initiatives are insufficient in order to fulfil the principles of the Circular Letter and to extort the prisoner's rights. The current financial and human resources are not sufficient to answer to the complete amount of requests. As such, drug treatment is often still restricted to exclusively medicinal treatment.

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#### NEW DEVELOPMENTS

In order to stimulate the discussion on the insufficient amount of drug treatment options for prisoners, a multidisciplinary working party wrote a note in June 2014 with recommendations and concrete solutions to improve the Flemish penitentiary care policy. This working party made a distinction in types of drug treatment for people with a short stay in prison and people who remain imprisoned for a long(er) period.

### NATIONAL PROFILE

The federal drug strategy provides a budget for scientific research in the drugs field, which is managed by the Belspo through a research programme to support federal policy. Most studies funded through this programme are executed by networks of researchers, and the emphasis is mainly placed on drug treatment and on drug-related crime and nuisance. The national focal point collects information on ongoing and completed studies through its network of partners; recent studies mentioned in the 2014 Belgian national reporting to the EMCDDA mainly focused on aspects related to responses to the drug situation, prevalence, incidence and patterns and consequences of drug use. Studies covering methodology, mechanisms of drug use and effects and determinants of drug use have also been reported. It is a constant challenge for the national focal point to connect research platforms and disseminate information on drug-related research findings to audiences through a variety of channels.

## ANNEX: LIST OF ABBREVIATIONS

ABBREVIATION	EXPLANATION
4-FA	4-fluoro-amphetamine
APAAN	Alpha-phenylacetoacetonitrile
BELSPO	Belgian Federal Science Policy Office
BEWSD	Belgian Early Warning System on Drugs
BMCDDA	Belgian Monitoring Centre for Drugs and Drug Addiction
CICs	Crisis Intervention Centres
CLDB	Coordination Locale Drogues Bruxelles ( <i>Local Coordination of Drugs, Brussels</i> )
COCOF	Commission communautaire française ( <i>Commission of the French Community</i> )
DRD	Drug-Related Deaths
DRID	Drug-related infectious diseases
EMCDDA	European Monitoring Centre for drugs and drug addiction
EU	European Union
FEIAT	Federation of the Employers of the Ambulatory Institutions for Drug addiction
GBL	Gamma-butyro-lactone
GHB	Gamma-Hydroxybutyric acid
HIV	Human Immunodeficiency Virus infection
ICArUS	Integrated Care for patients with Alcohol Use disorders
ICT	Information and communications technology
IDU	Injecting Drug Use
LSD	Lysergic Acid Diethylamide
MDMA	3,4-methylenedioxymethamphetamine
NEP	Needle Exchange Programme
NPS	New Psychoactive Substances
OST	Opioid Substitution Treatment
PMK	Piperonylmethylketon
PMMA	para-Methoxymethamphetamine
TC	Therapeutic Community
TDI	Treatment Demand Indicator
THC	Tetrahydrocannabinol
VAD	Vereniging voor alcohol en andere drugproblemen ( <i>Association for alcohol and other drug problems</i> )
WIV-ISP	Wetenschappelijk Instituut Volksgezondheid – Institut Scientifique de Santé Publique ( <i>Scientific Institute of Public Health</i> )

(*Italics*): English translation

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