

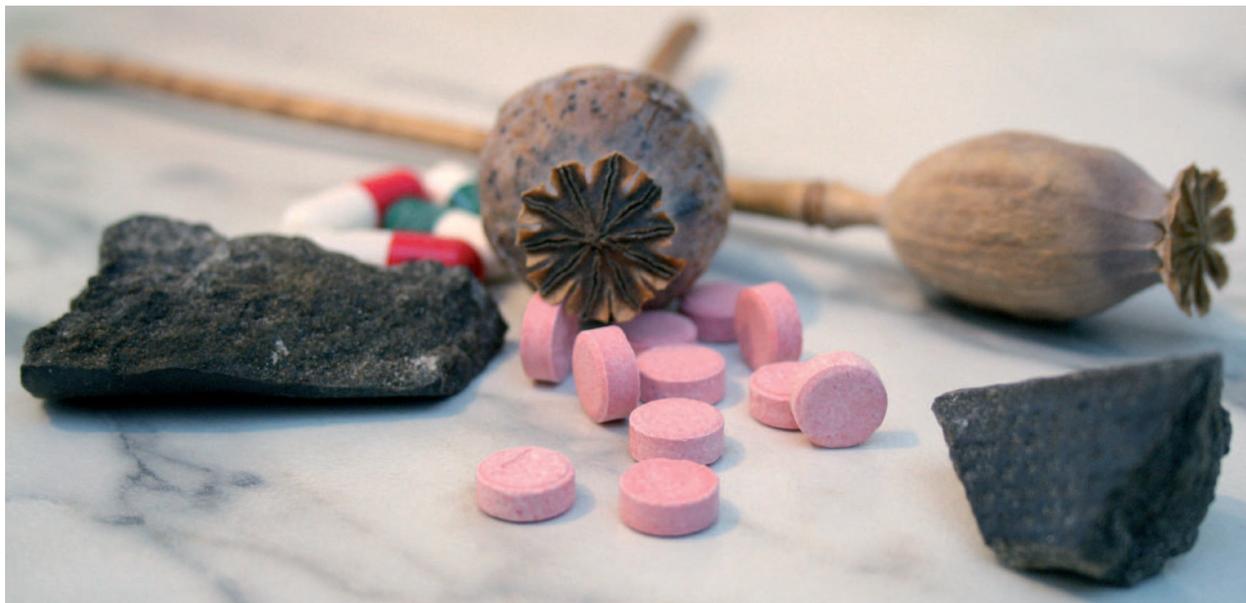


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European Monitoring Centre  
for Drugs and Drug Addiction

SERVICE SURVEYS, LIFESTYLE  
AND CHRONIC DISEASES



# BELGIAN NATIONAL REPORT ON DRUGS 2014

NEW DEVELOPMENT AND TRENDS

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BELGIAN NATIONAL REPORT  
ON DRUGS 2014 (DATA 2013)

NEW DEVELOPMENT AND TRENDS



**Scientific Institute Public Health (WIV-ISP)**

Operational Directorate Public Health and Surveillance

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# CHAPTER 3.

## PREVENTION

*Casero L. and Laudens F.*

- A large scale cannabis prevention campaign was launched in the Flemish Community, combining a mass media approach with promotion of didactic materials through professionals.
- In 2013, the specialised addiction sector and the harm reduction actors developed a "Harm Reduction Plan" in the Brussels Region. The implementation of the plan will be one of the priorities for the next years.
- Most of the prevention and harm reduction actions organised in the Wallonia-Brussels Federation are marked by the changeable institutional context of the sixth state reform.

### 1. INTRODUCTION

In Belgium, the Federal Government does not bear responsibility for the prevention policy of drugs. Specific drug prevention in the general population 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. Nevertheless, prevention initiatives with regard to general hospitals, medicines, hepatitis C and drug use within the army, have a Belgian coverage and national impact. Therefore, the Federal Government is thus still involved in the implementation of drug-related prevention activities.

The Association for alcohol and other drug problems (Vereniging voor Alcohol- en andere Drugproblemen, VAD) and the Association for Addiction Prevention and Coping with life (Arbeitsgemeinschaft für Suchtvorbeugung und Lebensbewältigung, ASL) are the co-coordinating structures in the Flemish and German community respectively. The socio-epidemiological observatory for alcohol and drugs in the Federation Wallonia-Brussels (EUROTOX) is the monitoring centre for alcohol and drugs in the French community (Wallonia-Brussels federation).

Prevention in the Flemish Community is regulated by a Flemish Action Plan on tobacco, alcohol and drugs (TAD) 2009-2015. Within this framework, attention is mainly given towards actors in the health and educational sector. Each year, different aspects of the action plan are implemented.

Although several prevention activities are organised within local communities and with police services, regional mental health centres received an additional structural funding in 2013 in order to target companies and local governments. As most of the private companies in Flanders and Brussels – surveyed in the framework of the action plan TAD – do not use an active policy for alcohol and drugs yet, improvements are highly required in these sectors.

The policy framework for alcohol and tobacco in the educational sector is better developed. A lot of secondary schools carry out a structural policy framework of good quality for alcohol and tobacco. Nevertheless, the action plan TAD is less implemented in primary schools. The topic of alcohol is only present in the curriculum of 58% of the primary schools. Moreover, in only one primary school in three attention is given to rules and clear standards for pupils. Schools also lack a specific legal framework for alcohol and drugs used by employees, given that the Collective Employment Agreement regarding ‘the preventive alcohol and drug policy in enterprises’ (CAO 100) doesn’t involve public institutions (Larmuseau et al., 2013).

Next to these general objectives in the health and educational sector, the Flemish TAD action plan identified secondary schools and public centres for social welfare as the two priority sectors for targeting people with a low socio-economic status.

Alcohol and drug prevention activities in the Flemish Community are monitored by the Ginger programme, which is coordinated by VAD (Rosiers et al., 2014). In 2013, 83 prevention workers took part in this annual registration. In total 6.065 valid alcohol and drug prevention activities were registered.

Prevention actions in the Wallonia-Brussels Federation are performed with a focus on the concept of “health promotion” (WHO, 1986). The main objective is to improve the quality of life and the health of citizens. Due to reform of the federal state, the competence of “health promotion” is transferred to the responsibility of the Walloon Region and the Brussels Region (Commission of the French Community, COCOF) since July 1st, 2014. Most of the prevention and harm reduction actions organised in the Wallonia-Brussels Federation during 2013-2014 were marked by this changing institutional context.

During 2013 and 2014, efforts were made in the Wallonia-Brussels Federation to strengthen existing initiatives regarding help, care and harm reduction for injecting drug users by the mobilization of diverse actors.

Since 2013, a ‘French-speaking Health Addictions Cell’ is operational. This cell consists of representatives of Ministers for Health of the governments of the French Community (Wallonia-Brussels Federation), the Walloon Region and the COCOF. The cell works towards three main objectives: 1) to spread a

common political framework to favour the health of citizens and the integration of everyone in society, 2) to facilitate the integration of health policies, 3) to formalize functional political collaborations.

In 2014, three organizations, including the Brussels federation of Institutions for Drug addiction (Fedito Bruxelloise), the Local Coordination of Drugs in Brussels (CLDB) and Modus Vivendi, started to develop a joint harm reduction plan for Brussels. This plan will give a more formal framework to harm reduction strategies in the Brussels region in different environments such as care, prison, party and sport environments (Van Huyck et al., 2014).

Prevention activities in the German speaking Community are set up by ASL. This organization has the objective to prevent addiction and to stimulate a healthy life without drugs. Both legal and illegal drugs are addressed. Nevertheless, this report includes only prevention projects related to illegal drug use. ASL offers amongst others information, lectures, trainings, activities and counselling. In 2013, ASL reached a total of 6,740 people, of which 3,985 students (ASL, 2014).

In the following paragraphs an overview is given of a broad range of universal, selective and indicative prevention activities implemented in the Flemish and German speaking Community and the Walloon-Brussels Federation. Efforts are made to improve and enlarge prevention initiatives towards schools (section 2.1), families (section 2.2 and 3.2) and specific at-risk groups and settings (section 3.1 and 3.3). Citizens who have questions about drug use in general, have the possibility to consult a helpline. Helplines in the Flemish Community and in the Walloon-Brussels Federation provide online counselling as well (section 2.3.1 for more detail). Additionally, a framework to stimulate the implementation of a local drug policy in cities and communities is conducted (section 2.3.2). Moreover, the communities show an increasing interest in screening, detection and intervention of hazardous substance misuse at an early stage (see 4.1 - 4.3). During 2013 also several media campaigns were set up or prolonged (see section 5 for the description).

## 2. UNIVERSAL PREVENTION

### 2.1. SCHOOL

#### 2.1.1. Universal prevention in primary schools

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 VIGeZ developed a guideline for primary schools concerning TAD. This instrument helps to decide which topic (tobacco, alcohol and/or illegal drugs) can be tackled at what age (grade 1, 2 or 3) and which didactic material can be used.

In the last few years, more activities with a main focus on the delay of onset of drinking are introduced in Flemish primary schools. For example 'Fun without alcohol' is an intervention for youngsters aged 10-12 years to promote the non-use of alcohol and delay the age of onset. The intervention consists of 8 lessons to be integrated in the normal curriculum of 3rd grade primary school pupils. Pupils as well as their parents can find more information on the website (VAD, 2010).

Teachers can appeal on trainings organised by 'De Sleutel', which provides support in improving so-called 'general life skills' of pupils by using age appropriate materials. Improving life skills is one of the end terms in primary schools that are set by the Flemish government.

In the Wallonia-Brussels Federation, actions are based on the following five principles: 1) analyse the demand and clarify the situation, 2) adapt the action to the educational project and to the institution's resources, 3) recognize the role of prevention to the adults in connection with the young people, 4) act together and create dynamics of participation and 5) guarantee the respect for confidentiality.

In 2011, a pilot project called 'Well-being Cells' ('Cellules bien-être') was implemented in schools. This project combines the philosophic and theoretical continuity of the integrated approaches usually used in health promotion at school. Internal and external participants of the same school (directors, teachers, educators, members of the promotion teams, the pupils, etc.) are regularly consulted to support the director in defining the guidelines regarding well-being applied to an individual school.

### 2.1.2. Universal prevention in secondary schools

Secondary schools in the Flemish Community, the Wallonia-Brussels Federation and the German speaking Community are developing projects concerning the consumption of alcohol and drugs.

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 is developed and has a very wide uptake. Each school develops its own global and structural framework, tailored to each individual school setting.

Flemish secondary schools have the opportunity since 1999 to evaluate their drug policy according to the input of their pupils. The school survey ('Leerlingenbevraging'; see also chapter 2 and 4) collects data of all the pupils of a school and renders a report with tips and tools to improve the school's drug policy. Since the beginning of the project, 951 schools and more than 502,651 pupils were involved in this evaluation.

Within the framework of the drug policy at school, there is a wide range of universal prevention programmes that are being used in secondary education, in principal by the teachers themselves. They receive support from prevention workers and prevention organizations, mainly through training and consultation. 'De Sleutel' trains teachers in implementing drug prevention programmes, such as the European programme 'Unplugged', in their classrooms. This approach on education of life skills and social influences has shown effective outcomes in the delay of the onset of drug use in the age range of 12 to 14 years (first grade). 'De Sleutel' also developed a follow-up programme for the second (14 to 16 years) and third grade (16 to 18 years).

VAD created 'Crush', a didactic package for 3rd grade pupils on the topic of alcohol and cannabis, associated to relationships. The package uses five methodologies that focus on information concerning alcohol and cannabis, norms and values, coping with social pressure and setting boundaries (Baeten et al., 2013).

Specific support points are operational in the Wallonia-Brussels Federation to strengthen links between the specialised network regarding prevention of addictions on one hand and the school environment on the other hand.

In line with the school survey in the Flemish Community, a survey called "And the young people, what do they think of it?" was elaborated in 2013 in the schools of the Wallonia-Brussels Federation. The results were communicated in all schools. In addition, teachers are offered trainings as well in the framework of "Prevention of addiction and health promotion". These trainings ought to

offer schools a common language to discuss the subject addiction with the pupils.

In the French Community, thirteen partners of the health, education and youth sector are involved in the project called “Young people, alcohol and society”. The project aimed at promoting less risky and more responsible consumption among young people.

The exhibition “Hooked, not me either” is an interactive exhibition about addiction addressing young people and is developed by Young Latitudes (a service developing several actions of prevention and sensitization). In order to animate the debates with the young people that participated in the exhibition, the NGO “Prospective Jeunesse” organised six debates with pupils and one with social speakers who discovered the exhibition. Next to this, the “Prospective Jeunesse” also created the project “Art and Prevention” in 2013 to support schools in using an artistic practice to approach the questions of consumption. This approach has the advantage to enable the debate with young people without posing questions about addiction too directly. The “Art and Prevention” project also proposes a health promotion training of the adults relay. In 2013, the initiative concerned five interventions (three in schools and two in municipal departments).

The following additional trainings are organised within schools in the French 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.

In the German speaking Community a global approach is used to discuss drug use with school students. Together with police agents, ASL give lectures in secondary schools about rights, duties and risks in society. Several topics such as violence, vandalism, theft, etc. are discussed during these information sessions. Legal drugs are attended in the first secondary school year, while illegal drugs are only discussed in the secondary school year. After the session, students are asked to participate to a quiz (ASL, 2014). Another project is introduced in the first year of secondary school, making the subject addiction discussable. Students are asked to sort cards on which words are written such as smoking, relax, dependency, etc. On the basis of the classification of the words the students made, the prevention worker starts a discussion. ASL also organised EuPrevent, a two-days adventure at the sports centre of Eupen. This project gives students the opportunity to experience a ‘kick’ without using a drug. Besides these adventurous activities, information was given about cannabis and the risks related to cannabis use (ASL, 2014).

### 2.1.3. Universal prevention in higher education

In Flanders, the DrugLijn-website has a dedicated section for university (college) students (De druglijn, 2014). The highlighted topic changes during the course of the academic year. At the start of the academic year, alcohol or cannabis are the main focus. At the end of the academic year, the use of medication (in relation to exams) is highlighted.

Since 2010, the NGO 'Univers Santé' has developed an action plan for 10 years at UCL, in association with the Students Help Service and the Housing Department and targeting the alcohol problem in the student environment. In September 2013, five groups – consisting of students, academic authorities, departments and institutions – were created to develop different priority axes of the operational plan.

Several actions on responsible behaviour concerning drinking alcohol, such as a preventive plan of 24 hours bike, a new campaign "Alcohol" and a Facebook page, are organised during the academic year.

Another project on alcohol use among students in Brussels was developed in 2013 by Modus Vivendi. The experimental project "Alcohol Harm Reduction in student environment" is subsidised by the COCOF for the academic year 2013-2014. The project intends to study the drinking situation in 2 campuses in Brussels, namely the Lucia de Brouckère College and the Saint-Louis University. By testing and estimating certain tools, concrete harm reduction actions will be developed.

## 2.2. FAMILY

### 2.2.1. Improving parental skills

Universal prevention initiatives for parents are mainly integrated in programmes of adult education organizations and at a local level. Several programmes are open to all parents (meaning not only parents with drug using children) and have a broad objective to develop 'life skills'.

Starting from December 2011, VAD developed an interactive one-session family-based prevention programme for parents of teenagers (10 to 15 years) in the Flemish Community. This prevention programme intends to improve parenting skills linked to the use of tobacco, alcohol and other drugs by teenagers. After a pilot project and a controlled pretest-posttest evaluation, the implementation of the programme started in September 2013. Five trainer sessions (with a total of 71 participants) were organised aiming at both professionals in the alcohol or drug sector and professionals active in parenting support. The complete package (trainer manual, interactive material such as films, leaflets, postcards) is available online (VAD, 2014).

This approach is also implemented in the German speaking Community. For several years, ASL is organising education trainings for the general population. Several gatherings were arranged during 2013 concerning themes chosen by interested parents. In total, 16 evenings with 201 participants were organised. Additionally, one gathering for families about 'fit children' was organised (ASL, 2014).

A specific Flemish website on e-learning for parents of teenagers was launched by the end of 2013 after executing a product- and effect evaluation. This universal prevention project, developed by VAD and VIGeZ, focuses on five health themes in parenting namely alcohol, tobacco, cannabis, motion and nutrition (Vigez, 2014). In order to promote the implementation, the site was announced through channels of diverse public health organizations and made subject to training of professionals active in parenting support.

Parents who have questions about possible drug use of their children, can consult online information. A separate page on the website of the Flemish helpline the DrugLijn is paying special attention to parents and parental skills. Also the frequently asked questions on the website of the French helpline 'Infor-Drogues' are dealing with this topic (See also 2.3.1).

## 2.3. COMMUNITY

### 2.3.1. Helplines

'Infor-Drogues' and 'the DrugLijn' are the drug help lines for respectively the French and Flemish Community. These services do not only operate a telephone helpline. Since a few years, online counselling is also provided through their website.

The annual figures for 'the DrugLijn' in 2013 (N=6,197) are presented in Table 3.1 and show a decrease of 364 contacts or 6% as compared to 2012 (Evenepoel, 2014). These contacts consisted of telephone calls and online enquiries via e-mail, Skype and chat service. However, there are differences in the way the number of contacts per medium evolve. The number of telephone calls (N=3,124) decreased similarly to previous years (-5%). The number of e-mail enquiries (N=2,523) saw its first substantial decrease since the e-mail service was launched in 2004 (-19%). This was however for a large part compensated by the online chat service which was launched in the fall of 2012 and had its first full operational year in 2013. The number of online chat contacts (N=385) is expected to rise further in the future. Despite the increases and decreases in the different 'channels' offered by the helpline, the overall balance between telephone calls and online enquiries remains at an approximate 50/50-ratio.

'The DrugLijn' is not an emergency helpline and therefore not operational 24 hours per day. Outside staffed hours (Mon-Fri 10 am to 8 pm), 1,942 callers reached the interactive voice response system, which provides information on the opening hours as well as basic emergency advice. Apart from these figures, the 'DrugLijn' also received 601 hoax calls.

Cannabis is the drug which has always been the most mentioned substance at 'the DrugLijn', however the proportion of enquiries on cannabis remains stable (see Table 3.1). The figures on alcohol show a decrease in 2013 after a remarkable increase in 2012. The number of questions concerning cocaine remained fairly stable as they have done for years. The number of enquiries about psychoactive medicines continues to decline. The proportion of enquiries remained stable for Ecstasy and showed a small increase for LSD. The number of contacts related to amphetamines also increased in 2013, whereas those related to heroin or methadone show a decrease. For other drugs that are not mentioned in Table 3.1. like GHB, ketamine or other new psychoactive substances, the numbers remain low. Nevertheless, taking several years into account, the number of questions concerning GHB seem to increase.

**Table 3.1 | Number (N) and prevalence (%) of calls substance in 2013, DrugLijn and Infor-drogues**

Characteristics	Infor-Drogues		Druglijn*	
	N	%	N	%
Total number of contacts	2,539	100.0	6,197	100.0
Involved substance				
Cannabis	1,008	40.3	1,935	35.4
Cocaine	431	17.2	792	14.5
Ecstasy	49	1.9	297	5.4
Heroin	142	5.7	156	2.9
Alcohol	327	13.1	1,475	27.0
Psychoactive medicines	204	8.1	492	9.0
Crack	48	1.9	N/A	N/A
Methadone	109	4.3	73	1.3
LSD	29	1.1	97	1.8
Amphetamine	61	2.4	460	8.4
* Figures include telephone calls & enquiries by e-mail. Percentages for 'involved substances' are calculated on total number of persons that mention at least 1 drug (5,486 persons)				
Source: Infordrogues, 2012; Druglijn, 2013.				

The figures for 2012 already indicated that the 'DrugLijn' reaches more young people now than a few years ago. This evolution is confirmed in 2013 and is due to the success of the online services the helpline is providing. The telephone service traditionally reaches older age groups and also more women. Often this

involves partners and even more mothers of drug users. The online services – especially the chat service – seem to appeal to young people: 64% of them is younger than 25 years. The chat service also reaches somewhat more men and more drug users than the telephone or e-mail service. The combination of those findings lead to the conclusion that the chat service succeeds in reaching young male drug users, who are a valuable target group for self-tests, self-care and early interventions (see 4.2 and 4.3 for a detailed description).

It is noted with caution (because of the high percentage of unknown data), that 'Infor-drogues' reaches less young people in comparison with the 'Druglijn'.

In the Wallonia-Brussels Federation, the Infor-Drogue helpline received 2,539 calls during 2013. This figure represents a strong decrease as compared to previous years (3,422 calls for 2012 and 4,347 calls for 2011). Doubtless, phones are replaced by other types of information and communication channels (such as internet and chat services). Since 2005, Infor-Drogues has an "e-permanence" service. The "e-permanence" service allows users to ask their questions and to consult the answers from the web site in a confidential way. The team receives the message and indicates among its two members who will handle this question and will answer it within a maximum of 72 hours. In 2013, the "e-permanence" service received 190 mails. 59% of mails are made by women. 60% of mails are sent by users. 61% of questions concern cannabis and a quarter of the people contacting the e-service is less than 25 years old.

The decrease of calls can also find complementary explanation in longer processing durations of calls, caused by the increasing complexity of the approached situations. Among the total number of received calls, it is important to distinguish the notion of "call" and "request". Indeed, every received call is not generally limited to a single request. So, it is common that a single caller asks for several things during the same call (e.g. the information about a product, the explanations on the functioning of detoxification centres, councils, etc.).

In 2013, 'Infor-Drogues' still had only one unique connection for all incoming calls, which makes double or triple calls impossible. The average duration of phone calls has been 13 minutes (one minute more than 2012 and three minutes more than in 2011). In addition, since July 2013, the telephone line of Infor-drogues is no longer available 24 hours a day and 7/7 days. There is an interruption of the line from 10 pm till 8 am as well as during the weekend (a single time slot on Saturdays from 10 am till 2 pm remains available). This decrease had an impact on the number of received calls as well.

Three target groups contacted the 'Infor-drogues' helpline: users, relatives and professionals. The percentage of callers categorized as "users" was 36% in 2013 compared to 37.3% in 2012. Therefore, a constancy in the user calls is observed in spite of the difficulties described above. Users are essentially men from 26 to

50 years old. Calls made by relatives are lower in number than those of the last year (47% of the total calls for 2013 and 52.2% for 2012). Mothers of users represent a little less than 50% of these calls. This proportion remains stable over the years. 16% of the total calls are made in a professional framework. The following professions are included into the professional category: health care professionals (46.6%), the educational sector (27.4%), professionals of the justice sector (5.3%), journalists (18.7%) and public authorities (1.9%).

Regarding the age of users that are contacting Infor-drogues, the group of 26-35 year continues to be the most presented (31.5%) followed by the 36-50 year old group (21.1%) and by the 18-25 year old group (13.7%). Among all age groups, males are overrepresented. This observation is a continuing trend from previous years.

Concerning the geographical origin of call, the statistics showed that the origin of most calls are Brussels (1,247), the Walloon region (741), Flanders (19) or elsewhere (34).

Cannabis (40.3%), cocaine (17.2%) and alcohol (13.1%) are the most often evoked products during calls in the Wallonia-Brussels Federation.

### 2.3.2. Other forms of community based prevention

Belgian citizens can attend lectures about illegal drugs in order to know more about these substances. ASL e.g. organises lectures about cannabis, heroin and co-addiction. Another project gives the opportunity to experience how it feels to be under the influence of drugs by wearing special glasses. This project intends to improve the self-awareness of children and adolescents and to prevent driving under the influence in the future (ASL, 2014).

### 2.3.3. Local alcohol and drug policy

With the objective to stimulate an integral and inter-sectoral-based policy of alcohol and drugs in Flemish communities and cities, VAD updated in 2013 the stepping-stone method which was launched in 2011. This method uses the local network and partners and consists of seven steps (VAD, 2014). A local analysis has to allow the 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. Next to this theoretic stepping-stone method, an online, interactive exchange platform for regional and local prevention workers was launched in 2014. On this platform, prevention workers can exchange information on new, locally developed campaigns or policy initiatives. They can also communicate with each other and post questions on things they are struggling with in developing a local alcohol and drug policy. Currently, 72 prevention workers are registered for this platform.

Local prevention workers can also use a protocol to perform test purchasing in order to investigate whether or not sellers of alcoholic beverages cling up 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 or whether they need more information on the legislation on selling alcohol to minors. It can also be used to evaluate the effects of preventive actions on this theme. VAD prepares a tailored made report for each city in which the test purchasing took place.

Since 2014, all Belgian cities have to work within a new framework of rules to compose their policy plans for the coming legislature (the so-called policy and management cycle for cities and social welfare organizations). In order to stimulate and assist cities to include the topic of alcohol and drugs in these plans, VAD developed three information sheets: one on alcohol, one on cannabis and one on other illegal drugs.

### 3. SELECTIVE PREVENTION IN AT-RISK GROUPS AND SETTINGS

The Flemish Community disposes of a specific action plan on TAD, while the Wallonia-Brussels Federation works within the concept of 'Health promotion'. Therefore, the selective prevention approaches in both regions differ from each other.

#### 3.1. AT-RISK GROUPS

The focus in the Flemish Community regarding selective prevention activities towards at-risk groups is directed to people with special needs and ethnic minorities. The Wallonia-Brussels Federation, in its turn, has a broader scope and is investing more in peer prevention towards people with an unstable living situation.

##### 3.1.1. Selective prevention for people with special needs

Two Flemish prevention programmes are targeting youngsters with special needs. The first didactic package 'Alcohol and cannabis, no nonsense' ('Alcohol en cannabis zonder boe of bah') is a package tailored to young people with a mild mental disability. It offers an effective way to make them more aware of the effects, risks and consequences of alcohol and or cannabis use. The second programme is developed by CAD Limburg, which operates exclusively in the province of Limburg. 'Hard steps' ('straffe stappen') is a programme targeting youngsters in special needs education. CAD has also a programme for people with a mental disability.

### 3.1.2. Selective prevention for ethnic minorities

Specific actions for ethnic groups are mainly implemented in the Flemish Community. Until January 2013, VAD coordinated a pilot project 'drug prevention for ethnic minorities' (Laudens, 2013). The general objective was to develop a methodology to set up future preventive actions towards ethnic minority youth. Youngsters with a Turkish background were chosen in the province of Limburg and the city of Antwerp and youngsters with a Moroccan background in the city of Ghent. In each of these 3 regions prevention activities were carried out after a Rapid Assessment and Response (RAR) was undertaken. In the three regions together 13 preventive actions were carried out.

In December 2013, VAD started with a new prevention project oriented towards parents of ethnic minorities. The main goal of this project is to improve parental skills concerning tobacco, alcohol and drugs. VAD coordinates this project while VIGeZ is the partner organization bringing in expertise on tobacco. The project is carried out with the help of six pilot regions. In each region, an existing intervention for autochthonous parents is adapted to be used with parents of ethnic minorities or a completely new intervention is developed. The local development of each intervention is carried out by a prevention worker and a professional working with ethnic minorities. Testing and evaluation of the interventions is foreseen from April till September 2014. Implementation of the final versions of the six interventions will take place early 2015.

### 3.1.3. Drug prevention for people with unstable living situation

The Wallonia-Brussels Federation take great pains to stimulate citizens to participate actively in prevention and harm reduction activities. A specific strategy, called "snowball operations", is a peer prevention programme to spread prevention and harm reduction related information about AIDS, hepatitis and other risks linked to drug use. The non-profit association Modus Vivendi coordinates these snowball operations.

This project has the objective to reach drug users and prevent them from risk behaviour through the environment where they are living. As drug use is more common among homeless people and prisoners in comparison with the general population, snowball operations are conducted on the street and in prison. The main goal is to spread harm reduction messages through people who might have experience with drug use and know other drug users. This method allows to inform people who are not reached by general prevention initiatives ("hidden population"). Specifically for the snowball operations within prisons, this project intends to make professionals aware of the need for harm reduction projects in prisons.

During the last year, six snowball operations have been organised on the street: 2 operations were made in Charleroi, 1 in Liège, 1 in Brussels, 1 in Namur and 1 in Luxembourg (Modus Vivendi, 2014). One out of the six operations was specifically

organised for women (in Liège, with the cooperation of a local partner: Espace P). Additionally, two exploratory snowball operations were organised in Arlon and Sambreville. The operation in Arlon aimed to enhance the name of the needle exchange site. The operation in Sambreville intended to measure the behaviour of injecting drug users who are living far from needle exchange sites. In 2013, also two snowball operations were done in prison. One in the prison of Berkendael in Brussels (women prison) and the other one in the prison in Luxembourg (men prison).

During a snowball operation a questionnaire is conducted; which is at the same time a tool of contact and information. The anonymous questionnaire is composed of about fifty questions (mostly multiple choice) and approaches a variety of themes such as the consumption of psychotropic products, risk behaviour and screening of infectious diseases. This survey is administered by peers (so-called 'jobistes').

In total, 428 questionnaires were collected during street snowball operations in 2013. The quantitative analysis of the questionnaires confirms that the snowball operations reach the target group. In particular, a consumer public who uses substances by injecting and sniffing (during the last 6 months) was contacted. Although this group mostly lives in precarious conditions and are socio-economically vulnerable, the results show that they have contact with psychological, medical and social professionals.

Finally, the project "Synersanté" in Brussels, aims to create a mobile health unit to follow homeless people with problems of substance use. This unit has the objective to coordinate non-specialised prevention, medical and social interventions as this desolated group is often locked out of these services. One of the reasons is that this group are often confronted with multiple problems.

### 3.2. AT-RISK FAMILIES

Prevention initiatives pay also attention to at-risk families giving them extra support to prevent (extra) harm to (ex) drug dependent families (both children and parents).

#### 3.2.1. Selective prevention for drug using parents and their children

"Bubbels & Babbels" is a prevention project in Antwerp focusing on the problems of children of (ex)drug dependent parents. 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 drug users in the Flemish Community the KIDO-projects provide support in developing the parental skills of drug-using parents.

Within the Flemish Community, VAD coordinated trainings in 2013 for professionals who often are in contact with children of substance abusing parents. During this project, collaborators working for 'The DrugLijn' and the 'Children and Youth telephone' ('Kinderen en Jongeren Telefoon') were trained, as well as professionals working in low threshold youth welfare organizations. Also in the Wallonia-Brussels federation, attention is given to establish a harmonious relationship between drug using parents and their children in order to prevent harm. The "Parenthood" Service of the non-profit association ALFA (based in Liège province) presents on the one hand a global and integrated care for drug using parents and on the other hand an innovative therapeutic care for a young public. The objective of this project is to strengthen the parents' role and to give children a psychological follow-up. In 2013, 126 patients were followed by the service (66% women, 24% men and 10% children). An increase in the number of followed patients was noticed with regard to the previous years. The majority of the patients are between 26 and 44 years. 30% of the persons return voluntarily to the service during a new pregnancy or during a new stage of their parenthood.

The non-profit association NADJA (based in the province of Liège) closely followed 34 relatives of young people in 2013. These relatives made use of the so-called 'welcome point of relatives' because their children often present a problematic consumption combined with alarming risk behaviours. Symptoms such as absenteeism and unhooking (68%), degradation of the relation with the parents (60%), isolation, withdrawal (58%) and small criminal behaviour (fights 18%, dealing 12%, harassment, verbal threats 12%, and violence 12%) are mentioned by parents as a motivation for a request. Besides this 'welcome point of relatives', NADJA is offering parental coaching as well, through an open group which meets once a month. These coaching sessions intend to provide parental guidance and have both an informative and therapeutic aim.

The drug addiction department of the mental health of Charleroi developed a parenthood-addictions project. This project aims at allowing (ex-)drug using parents to take care of the well-being of their child(ren). Social, educational and psychological support is offered as well in order to improve the reintegration with the social network.

The "Parenthood-Addiction" ("Parentalité-Addiction") project of the public hospital of the Public Centre of Welfare, Saint-Pierre in Brussels, specifically targets pregnant women who are using drugs, future addicted parents and other members of the parenthood. A multidisciplinary team offers a coherent and reassuring framework for the future drug using mother. Care and

postnatal follow-up is given to the family. A separate environment “the Alizes” has to allow families to meet each other. It gives an opportunity to parents and children to get used to the new composition of the family. In 2013, the Parenthood-addiction team followed 71 families which represent 187 people and accompanied a total of 17 births.

Drug using parents living in the German speaking Community can consult ASL that offers two programmes to drug using parents with young children. The first programme is oriented towards parents with young children up to 3 years old and supports parents during three months in order to increase the confidence of the parents in nursing their children. In 2013, three sessions of the parent-child programme took place. The second programme offers a short (four days) family holiday which is based on pedagogic principles. The objective of this type of holiday is to improve the parental skills and to create a pleasant family event. Additionally, it gives the opportunity to children and youngsters to escape the daily grind (ASL, 2014).

### 3.3. RECREATIONAL SETTINGS

As opposed to other settings described in this chapter, the activities and projects in the recreational setting show quite some collaboration and exchange of expertise between the different Regions and Communities in Belgium or even between different countries.

#### 3.3.1. Quality Nights

The Belgian Label “Quality Nights” aims at reducing the risks (health, addictions, return at home, conflict/violence, noise pollutions, sexually transmitted infections, etc.) related to recreational settings by collaborating with the evening organizers, the owners and their staff in the party environment. The project was implemented in 2007 in Brussels. Since 2009 it was gradually dispersed to the Walloon Region, where the label works in association with seven local operators. Following this expansion, the label (called ‘charter’ in Flanders) was adapted to the specificities and habits of the Flemish party scene in 2012. In October 2012, the Quality Nights Charter was officially launched in Antwerp starting with nine new clubs. From 2013 on, the Quality Nights charter was implemented in an increasing amount of venues and festivals. By the end of the year a cooperation with 15 club owners and 10 event promoters was established in the Flemish Community.

Quality Nights intends, among others, to boost the information and prevention activities in recreational settings in order to make young people aware of the risks related to drug use. Club owners or event promoters are supported to make several services available in order to facilitate safe night life. When the services described below are met, the club or event receives the Quality Night label.

At present, the following six compulsory services are identified:

1. The availability of free water,
2. The availability of condoms at reasonable prices,
3. The availability of ear plugs at reasonable prices,
4. The distribution of alerts (early warnings – in collaboration with the BEWSD),
5. The staff training (addictions, first aids, management of conflicts, noise pollutions and Quality Nights),
6. 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.

To guarantee the coherence of Quality Nights, a global plan of evaluation was developed and set up in association with the local operators in Walloon region. It allows the collaborative settings to access all important information, such as the contacted and certified places, the implementation of the compulsory and optional criteria, and the dates and results of controls.

In order to estimate the knowledge, the perception and the use of the Quality Nights label (or its services) by the festive public, an evaluation was realized by the CBPS NGO and Eurotox in November 2013. 601 questionnaires were collected in 14 certified places. The evaluation underlines the usefulness of the label for the festive public. Additionally, it results in recommendations to strengthen this label in the future, such as increasing the visibility of the label and the services, improving accessibility of these services so that the beneficiaries do not have to look for them, improving the explanation on the harm reduction policy of the label via the internet site, etc. (Centre bruxellois de promotion de la santé, 2013).

### 3.3.2. Peer support in recreational settings

Peer support was introduced in Flanders in the mid 2000 as a promising new method to work on risk minimization in the nightlife in Flanders, first by Breakline and later by Vitalsounds. During the years both projects became stronger, more experienced, better equipped and they managed to develop a crew of experienced and motivated peers. In 2010, Vitalsounds and Spiritek (Lille, France) started an interregional project, funded by the European commission. Due to this project, Vitalsounds expanded its working area to the province of West Flanders and half of the province of East Flanders. In 2011, both Breakline and Vitalsounds developed a new website to inform party people on health risks in nightlife settings. Both project are also active via social media such as Facebook and cooperate closely with Quality Nights (see 3.3.1) to create a healthy and safer nightlife in Flanders. By the end of 2013, the funding of the city services ceased which lead to a shutdown of the interregional cooperation between Vitalsounds and Spiritek. However, new funding was applied with the Flemish government and granted for one year (until the end of 2014).

Peer support in recreational settings in the Wallonia-Brussels Federation are performed by two types of projects, namely "Mobile Team" and "Drugs, taking less risks" ("Drogues Risquer moins").

The Mobile Team gets in touch with young people using psychotropic products, including alcohol. This population has little contact with the socio-sanitary sector. A mobile team is constituted of both professionals and peers. This last group are often users themselves and receive two trainings beforehand (a first training to become jobiste and a second training on the specificities of the festival job). The activities of the Mobile Team took place in 2013 at five festivals: Couleur Café, Tribe Gathering, Dour, 'Espéranzah and Doudou. During these festivals, a mobile team was working in the relax zones and gave advice to people in case of bad consumption experiences. More than 80% of the people welcomed in a relax zone (N=235) in 2013, declared to have consumed at least one psychotropic substance (and more than a third even two products or more). Alcohol was the product most frequently declared (60.5%), followed by ecstasy (39.5%) and cannabis (28.1%). 47.9% of the people went to the relax zone by themselves. A third of the people was sent by Red Cross (32.7%) and only a small minority arrived through a friend (8.1%) or through a peer (4.2%). The average age of the party goers taken care in the relax zones is 21.5 years (min. 15 years - Max. 50 years). By comparing the results of previous years, the average age was 23.5 year old in 2012, 22 year old in 2011 and 2010 and 21 year old in 2009. These results confirm the presence of problems for a relatively young public, who are often less used at managing their consumption. The majority of the public welcomed in relax zones are men. The women's proportion reached 27%, almost identical to previous years. The reasons for admission are rather similar in proportion to those in 2012: for the majority of the people (83%) fatigue is the reason to come to the relax zone.

"Drugs, taking less risks" is a harm reduction information project at festive places which is set up by peers as well as professionals coming from the psychological, medical and social sector. It is implemented in the Wallonia-Brussels Federation since 2001. Information about all types of products (legal and illegal) and different consumption habits (occasional, entertaining, regular, problematic, compulsive, etc.) is spread to the general public via a desk at the festival, discotheque, bar or concert hall (specific results about substance use of respondents participating this project are described in chapter 2 and 4 of this report). In total, 118 interventions (excluding the interventions in Liège) were realized in 2013. Particular attention was paid to the development of the project in the Walloon Brabant province (a few interventions are developed on this territory).

## 4. INDICATED PREVENTION

### 4.1. SCREENING AND BRIEF INTERVENTION

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 to refer to treatment when necessary. The population that makes use of primary (health) care is more likely to show symptoms of harmful substance use than the general population (WHO, 2010). However, hazardous and problematic use is often not detected in primary health care and welfare services.

To facilitate screening and early intervention the online toolbox 'me-assist' was developed in the Flemish Community. This toolbox provides general practitioners with a web-based instrument that exists of a screening tool (modified electronic ASSIST), help with a brief intervention based on FRAMES, referral guides on alcohol, tobacco and other drugs, patient leaflets, guidelines, scientific reports and information for relatives (children, partners or parents from users). This web-based instrument is free of charge for all general practitioners and social workers that want to use it.

Additionally, staff of emergency departments (ED) were provided with (new) tools to deliver the 'Screening, Brief Intervention and Referral to Treatment' (SBIRT) for clients whose alcohol use may put them at risk of health problems. After evaluating the former SBIRT intervention on acceptability and usability, the intervention was changed to a brief feedback and the provision of a patient leaflet. The literature review and the results of the pre-test stage were disclosed to ED. Furthermore, a guide was made on how ED can implement SBIRT.

Within the framework of Saint Pierre public hospital in Brussels, the Interstice NGO has a project called "Emergencies-drug addiction". A psychologist of the association is closely involved in the service of the psychiatric emergencies. This allows the awareness raising of and informing the medical teams. These teams feel indeed often deprived and/or exhausted in front of drug using patients. Another project called "Connection-drug addiction" aims to make doctors and nurses qualified in the treatment and care of mainly opiate users.

### 4.2. EARLY INTERVENTION

In the Flemish Community there's an increasing interest in indicated prevention and detection of, 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 determine 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 screening instrument SEM-J allows organizations in contact with young people to assess the risk level of drug use and the need for referral to treatment of youngsters (Baeten et al., 2009). Next to schools and juvenile care communities, drug prevention workers are also important in providing early interventions for substance use. A training programme was developed and successfully implemented.

In addition to the screening instrument, also an interactive psycho-education tool 'Mighties' was developed. With this tool, professionals in drug treatment and early intervention are able to analyse experiences and behaviour in different situations together with their young clients. This will visualize how behaviour (drug use) results from a competition between rational and conscious considerations as well as automatic, greatly unconscious processes in the brain. The tool was tested and the implementation was initiated. In a next phase the tool will also be used in drug prevention.

In 2013, a short research on best practices showed the feasibility to develop a two session intervention for juvenile care. This intervention has the objective to target personality specific risks of youngsters with early onset alcohol or cannabis use.

#### 4.3. SELF-CARE AND SELF-HELP

Nowadays, youngsters are easily reached through social media and online services. Bearing this in mind, the help line 'The DrugLijn' (See also 2.3.1) contains a section with a number of online assessment-tests and online self-help programmes on their website (De druglijn, 2014). This section contains nine online assessment tests (on cannabis, cocaine, ecstasy, amphetamines, alcohol, gambling, benzodiazepines, gaming and internet) for adults and three similar test (on cannabis, alcohol, gaming) for minors. In addition, six knowledge tests are available online. In 2013, 42,827 self-assessment test and 13,984 knowledge tests were filled out on the website. Finally, 365 persons (+12% compared to 2012) registered for the online self-help programmes for cannabis and cocaine users at the helpline's website. In total, the website had 476,101 visitors (+56% compared to 2012) resulting in a total of 1,567,534 page views. The centres for alcohol and drug problems (CAD) and Drug aid Kempen (Drughulp Kempen) run an online treatment programme specifically for cannabis, ecstasy, speed, cocaine and GHB. In 2013, the website counted 78,993 visitors (of which

49,058 were unique visitors). This resulted in 126 persons that registered for treatment. This website counted 34,936 visitors (of which 24,844 were unique visitors) which resulted in 44 registrations for treatment.

A specific website for alcohol-related problems was implemented in both parts of the country. The Flemish and the French 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 website guarantees anonymity and consists of 3 parts:

- Information (for users and relatives),
- Support for self-help,
- On-line support with a therapist.

The German speaking Community organises self-help groups in order to exchange experiences and getting support to take further steps in treatment (ASL, 2014).

## 5. NATIONAL AND LOCAL MEDIA CAMPAIGNS

As human behaviour is a very complex thing, a mass media campaign will not necessarily result in changed behaviour. A recent review of mass media campaigns of illicit drug use could not affirmatively conclude on the effectiveness of reducing (the intention to) the use of illicit drugs amongst young people (Ferri et al., 2013).

Though, campaigns can attract attention and encourage the development of a critical attitude. In order to make mass media campaigns effective, they have to be conducted in parallel with other preventive actions. Consequently, more intensive prevention initiatives have to be encouraged.

The development of a mass media campaign is not an easy task. A recent PhD dissertation at the Ghent university concluded that the use of two-sided messages, which recognize both the perceived advantages and disadvantages of a health issue, is not always sufficient to obtain an effect (Cornelis, 2013). The effect depends on the processing level. When the target audience is expected to process the message in a profound way more attention is to go to the message content. On the other hand, when the target audience is expected to process the message in a peripheral way, the framing of the message in particular becomes more important.

The cell 'General health policy drugs' of the Federal Public Service Health, Food chain safety and Environment is involved in awareness campaigns related to sedatives, Hepatitis C patients and alcohol use in hospitals. The cell 'Addictions' of the Federal Public Service Defence and Security is regularly organising awareness campaigns for illegal drug use among soldiers.

On November 5th 2013, the Flemish Minister for Welfare, Public Health and Family launched a large cannabis campaign. Target groups were parents and youngsters aged 14 till 25 years. The main aim was to reinforce and encourage the non-use of cannabis. The campaign message "don't fool yourself" ('Laat je niet vangen') was spread using a variety of communication channels. The campaign website, built around a quiz and a referral tool, was advertised using Facebook, print ads, online banners, posters, internet, radio- and TV-commercials.

The public campaign ran until April 2014 and was heavily supported by professionals working in the alcohol and drugs-field. During the campaign a large number of existing didactic materials for targeting youngsters and parents was distributed for free. In order to promote the campaign among professionals and to present all these materials, VAD organised a kick-off event for prevention workers and local health promotion. An independent evaluation of the campaign revealed a high penetration among the target groups. The appreciation was considerable higher among non-users of cannabis than among youngsters who already use cannabis.

In the Walloon-Brussels region an alcohol campaign was implemented for the same age group (15 to 25 years old). The brochure "The effectomètre: alcohol or not, how to make a success of the evening" has the objective to raise awareness towards the consumption of alcohol. This brochure includes advice to reduce the risks of alcohol use and pays attention to the responsibility of young people for their own alcohol use.

Additionally, the "-16 no alcohol, -18 no liquor" campaign is a national initiative to inform retail, youngsters and parents concerning the new law and to instruct retail personnel how to enforce the new law. In 2013, 65,000 stickers with the message "-16 no alcohol, -18 no liquor" were distributed in retail shops. 10 mobile booths delivering the campaign message on events were used for a total of 142 days in 2013. During 2013, the information campaign "-16, no alcohol" was re-launched in Brussels. A postal package was sent to the state employee of prevention of the municipalities, containing an explanatory mail, stickers "-16 years no alcohol; -18 years no liquor", a poster and a card of instruction.

## 6. CONCLUSIONS

In Flanders the Ginger registration sheds light on the relative importance of the different prevention settings and activities. Prevention is mainly oriented towards actors in the health and educational sector. In the educational sector, secondary schools participate in three-quarters of the activities. In the health sector, more than half of the prevention activities take place in the regional mental health centres. Two third of the prevention activities aim at intermediary target groups, such as professional prevention workers, health experts or teachers. One in four prevention activities are subject of evaluation. Taking into account that the Ginger registration is monitoring single prevention activities and not prevention projects or processes, this is a high percentage.

Alcohol and illegal drugs are by far the most common items in prevention activities, although ICT-related addiction (e.g. internet addiction, video game addiction) is becoming increasingly popular as a topic in prevention.

In 2013, a number of activities (compilation of memorandum by VAD and Fedito's (Brussels and Wallonia) and compilation of the Green book in Flanders) were linked to the elections of May 2014 and especially the sixth state reform which is in effect from July 1st 2014 (see also chapter 1). The transfer of the Health Promotion sector (which includes a big part of the addictions projects in Federation Wallonia-Brussels) to the Walloon Region and the COCOF is one of the most important stakes for 2014. An important part of the activities realized during 2013 were intended to raise awareness of the government on the importance of keeping the concept of "Health promotion".

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