



WETENSCHAPPELIJK INSTITUUT
VOLKSGEZONDHEID
INSTITUT SCIENTIFIQUE
DE SANTÉ PUBLIQUE



European Monitoring Centre
for Drugs and Drug Addiction

SERVICE SURVEYS, LIFESTYLE
AND CHRONIC DISEASES



BELGIAN NATIONAL REPORT ON DRUGS 2014

NEW DEVELOPMENT AND TRENDS

.be

BELGIAN NATIONAL REPORT
ON DRUGS 2014 (DATA 2013)

NEW DEVELOPMENT AND TRENDS

Scientific Institute Public Health (WIV-ISP)

Operational Directorate Public Health and Surveillance

Service Surveys, Lifestyle and Chronic Diseases

Programme Drugs

Juliette Wytsmanstreet 14 | 1050 Brussels | Belgium

Public Health & Surveillance | November 2014 | Brussels, Belgium

EDITORS

Lies Gremeaux

Els Plettinckx

AUTHORS

Belgian Monitoring Center for Drugs and Drugs Addiction (BMCDDA) – Programme Drugs

Jérôme Antoine

Peter Blanckaert

Karin De Ridder

Lies Gremeaux

Els Plettinckx

EXTERNAL EXPERTS

Lucia Casero

EUROTOX asbl (socio-epidemiological observatory for alcohol and drugs in the Federation Wallonia-Brussels)

Fred Laudens

VAD (Association for alcohol and other drug problems)

Freya Vander Laenen

Department of Penal law and Criminology, Institute for International Research on Criminal Policy (IRCP), Ghent University

Contact

e-mail: bmcdda@wiv-isp.be

Website: drugs.wiv-isp.be

This document is available on the website of the Programme Drugs (drugs.wiv-isp.be) and the website of the Scientific Institute Public Health (www.wiv-isp.be).

Please use the following citation:

Plettinckx, E., Antoine, J., Blanckaert, P., De Ridder, K., Vander Laenen, F., Laudens, F., Casero, L. & Gremeaux, L. (2014). Belgian National Report on drugs 2014, New Developments and Trends. WIV-ISP, Brussels.

Lay-out

Nathalie da Costa Maya, CDCS ngo

© WIV-ISP, Brussels 2015
Responsible publisher: Dr. Johan Peeters
Depotnumber: D/2014/2505/66

www.wiv-isp.be

CHAPTER 4.

HIGH RISK DRUG USERS

De Ridder K.

- The prevalence of estimated ever-injecting drug use in Belgium has remained stable between 2002-2012 (3.4 per 1000 inhabitants).
- More than half of the injecting drug users was initiated to injecting drug use before the age of 21 and 14% was even younger than 15 years of age at the time of first injection.

1. INTRODUCTION

In this chapter, aspects of high risk drug use are presented following EMCDDA's current definition being 'recurrent drug use that is causing actual harm to the person or is placing the person at a high probability/risk of suffering such harms' (Thanki and Vincente, 2013).

Hence, high risk drug use (defined by EMCDDA) can be measured as the use of psychoactive substances by high risk patterns and/or by high risk routes of administration in the last 12 months. As consequence, prevalence data of daily substance use, polydrug use (patterns) and injecting drug use (route of administration) can be considered as an indication of high risk drug use. Polydrug use in particular is increasing the risk of overdose due to the synergistic effects of the different types of drugs combined. For the description of frequent or daily substance use please refer to chapter 2.

As the prevalence of injecting drug use (IDU) in Belgium is currently estimated by the use of the HIV multiplier method (combining data from the national HIV/AIDS register with estimates of the HIV-prevalence rate among injecting drug users), the presented prevalence is related to ever-injecting drug use.

The policies on prevention and harm reductions are competences of the Communities in Belgium. Activities in this framework are supported by the competent administrations and our regional focal points. As results are therefore not comparable, they are reported separately. Characteristics of the injecting population are investigated through a yearly survey by the needle exchange programme in the Flemish Community. Indications of high risk drug use, of which some do not strictly follow the EMCDDA case definition of high risk drug

use, among persons visiting recreational settings within the French Community were obtained through the survey 'Drugs risk less' ('Drogues Risquer Moins' of Modus Vivendi).

2. PREVALENCE OF AND TRENDS IN HIGH RISK DRUG USERS

2.1. ESTIMATION OF HIGH RISK DRUG USE PREVALENCE

2.1.1. National prevalence estimation of injecting drug use

Research strategy: HIV-multiplier method

The benchmark-multiplier method was applied to estimate the prevalence of ever-injecting drug users (aged 18-64 years) in Belgium using data from the national HIV/AIDS register and from a sero-behavioural study among injecting drug users (IDUs) (Plasschaert et al., 2005). However, the national HIV/AIDS register suffers from missing risk factor information and lacks follow-up of the non-AIDS cases, hampering its use as a benchmark. To overcome these limitations, statistical corrections were required, which allow avoiding seriously biased estimates of the size of the injecting drug using population. In particular, imputation by chained equations (van Buuren et al., 1999) was used to correct for the missing risk factor information whereas stochastic mortality modelling was applied to account for the non-AIDS mortality. Monte Carlo confidence intervals were obtained properly reflecting the uncertainty resulting from the statistical corrections. For a thorough overview on the methodology, the reader is referred to Bollaerts et al. (Bollaerts et al., 2013).

Data sources

- National HIV/AIDS register

In Belgium, HIV-screening is widely used with an average of 56 screening tests per 1,000 inhabitants per year during the period 2000-2010 (National Institute for Health and Disability Insurance (NIHDI)). All serums for which the screening test results were positive, are submitted for confirmation to one of the seven AIDS Reference Laboratories (ARLs) in Belgium. The registration results of the seven ARLs are validated for duplicate recording and included in the national HIV/AIDS register which exists since 1985-86 and is hosted by the Scientific Institute of Public Health (WIV-ISP). The register is deemed to be exhaustive as the seven ARLs are the only laboratories subsidized for performing HIV confirmation tests.

For each confirmed HIV-positive test, a standardized form is sent to the patient's clinician to collect additional information on nationality, residence, sexual orientation, probable mode of HIV transmission and CD4 count at time of HIV diagnosis. The response categories for probable mode of HIV transmission are homo- and heterosexual transmission, transmission through blood transfusion, through IDU and mother-to-child transmission. Unfortunately, the standardized forms are not always fully completed returned to the WIV-ISP, resulting in missing risk factor information. Cases which developed AIDS are subjects for follow-up; each year, data is collected on last consultation and possible death. The non-AIDS cases are no subject for further follow-up.

- Sero-behavioral prevalence study

In Belgium, a sero-behavioural study was carried out in 2004-05 among drug users in contact with drug treatment facilities or users who were imprisoned (Plasschaert et al., 2005). In total, 1,005 drug users in treatment and 117 incarcerated drug users (15-40 years) enrolled at 65 different drug treatment facilities and 15 different prisons geographically dispersed over Belgium. 57% (n=573) and 68% (n=80) of the drug users in treatment and in prison respectively, declared to have injected drugs at least once during their life. Intravenous blood samples were taken to determine the HIV- as well as the Hepatitis B (HBV) and -C (HCV) status of the participants. The HIV-seroprevalence among IDUs in treatment and in prison was estimated to be 2.8% (95%CI: [1.8;4.6]) and 5% (95%CI:[2.0;12.2]), respectively. These prevalence's were not significantly different (p-value=0.30), yielding an overall estimated prevalence of 3.1% (95%CI: [1.8;4.8]).

In addition to serological studies, the HIV prevalence rate among IDUs can be obtained from routine diagnostic testing. As these results are yearly available, this allows for the investigation of time trends. However, concerns remain regarding the (geographical) representativeness of the data. Similar to other observed (Western) European trends (EMCDDA, 2010), no significant time trends in HIV prevalence rates among IDUs were observed during the past 10 years in Belgium based on the results from routine diagnostic testing (Deprez et al., 2012). Therefore, the HIV prevalence rate from the sero-behavioural study conducted in 2004-2005 is assumed to apply to the entire period 2002-2012.

Results

Because of an update of the file from the national HIV/AIDS register, the estimates before 2012 are slightly different from the estimates in the previous editions of the Belgian Annual Report on Drugs (Table 4.1).

In 2012, the prevalence of ever-IDU (per 1000 inhabitants, aged 15-64 years) was estimated to be 3.5 (95% CI: [2.4;4.7]) and the total number of ever-IDUs in Belgium to be 25,132 (95% CI: [17,352;33,959]). The estimated prevalence for 2013 was 3.5/1,000 inhabitants (95% CI: [2.5;4.8]) and the estimated total

number of ever-IDUs was 25,673 (95% CI: [18,135;34,987]). No significant time trends were recorded. Complementary information related to IDU is described in chapter 5.

Table 4.1 | Estimated number and prevalence of ever-injecting drug use (15-64 years) between 2002 and 2012

Year	Ever- IDUs alive		Prevalence ever-IDU	
	N	95% CI	n/1,000	95% CI
2002	21,200	[15,165;29,933]	3.1	[2.2;4.4]
2003	21,866	[15,539;30,101]	3.2	[2.3;4.4]
2004	23,175	[16,352;32,345]	3.4	[2.4;4.7]
2005	23,189	[16,067;32,886]	3.4	[2.3;4.8]
2006	23,237	[16,453;31,904]	3.4	[2.4;4.6]
2007	24,044	[17,146;33,603]	3.4	[2.5;4.8]
2008	24,525	[17,453;34,409]	3.5	[2.5;4.9]
2009	24,743	[16,975;34,026]	3.5	[2.4;4.8]
2010	24,869	[17,398;34,251]	3.5	[2.4;4.8]
2011	25,160	[17,577;34,528]	3.5	[2.4;4.8]
2012	25,132	[17,352;33,959]	3.5	[2.4;4.7]
2013	25,673	[18,135; 34,987]	3.5	[2.5; 4.8]

CI: Confidence Interval
Source: national HIV/AIDS register, WIV-ISP

2.1.2. High risk substance use among students

The 2011-2012 VAD School Survey assessed polydrug use among Flemish students in secondary education (Melis, 2013). Although an interesting aspect of multiple drug use, note that this report does not put a focus on concomitant use with tobacco or alcohol as they are not defined as illicit drugs and not part of our surveillance tasks (EMCDDA). Of the Flemish school students who had ever used cannabis, 20.6% had also used another illicit psychoactive substance (Melis, 2013). 45.1% of the regular cannabis users had ever used another illicit drug.

Problematic use of cannabis and other psychoactive substances among Flemish students in higher education was assessed in the third wave of "Head in the clouds?" survey (Rosiers et al., 2014). Problematic cannabis use was examined through six questions which were based on criteria for cannabis dependency of the diagnostic and statistical manual on mental health (DSM-IV) (Decorte et al., 2003). The questions were related to

- the use of cannabis longer than planned,
- feeling the need to reduce or stop cannabis use,

- not being able to keep up work or study obligations,
- the reduction or suspension of social activities because of cannabis use,
- sustained use of cannabis despite relational problems, psychological or somatic problems caused or worsened by cannabis use.

Only respondents with reported cannabis use the last 12 months were requested to answer the yes/no-questions. 15.8% did use cannabis more or longer than planned and 10.0% did feel the need to reduce or stop cannabis use. Three-quarter of the last 12 months users had never experienced one of the six expressions of problematic cannabis use. A higher risk for problematic use is correlated with more frequent use and a younger starting age of use. 90.6% of the female students reported no expressions of problematic cannabis use compared to 70.2% of the male students.

Problematic use of amphetamines, ecstasy and cocaine was assessed with the DAST-10 screening instrument (McCabe et al., 2006). The questionnaire is based on ten yes/no-questions related to possible experienced negative consequences of substance use the past year and breaks users down into three different categories: limited risk, increased risk and strongly increased risk of problematic drug use. In the survey, the number of respondents for DAST-10 was limited (N=138), so cautious interpretation of the results is required. Less than half of the respondents reported increased risk (34.1%) and strongly increased risk (11.6%) for problematic substance use. Certain symptoms were more frequently reported: using substances for non-medical reasons, polydrug use, involvement in illegal activity to obtain the substances, feeling bad or guilty about substance use, and having blackouts or flashbacks because of substance use. At the same time, nine in ten respondents of this user group reported that they expect to be able to stop using these substances if wanted. The report postulates that this observation could suggest two things: either it could confirm a difference between problematic drug use and dependency, or perhaps these substance users underestimate the difficulty to stop their substance use. Similar as the results on cannabis use, male students reported more problems related to these substances than female students.

2.1.3. High risk drug use within the party scene

In the French Community, indications regarding IDU and polydrug use can be obtained based on the annual survey within the party scene ("Drug risk less", Modus Vivendi, see also Chapter 2). The survey aims at verifying whether the harm reduction activities apply well to the targeted audience and is therefore not representative for the whole party scene. In 2013, the survey questions related to last month and lifetime drug use (in recreational settings and other) have been changed into the terminology "usual drug use in recreational settings". Of all questioned visitors, 4.3% (n=61) reported lifetime IDU *in recreational settings*. The mean age of those reporting IDU was 24.9 years. Of the 1,418 visitors, 1.0% (n=14) reported IDU during the event (see Table 4.2). 1.5% and

1.0% of the visitors reported respectively 'sometimes' and 'often' injecting drugs in nightlife, while 1.6% reported IDU outside nightlife. Polydrug use was reported much more in 2013 than in previous years. However, it is uncertain whether this is a true increase or rather a selection bias.

Table 4.2 | Prevalence (%) of injecting drug use and polydrug use within nightlife settings in the French Community between 2006 and 2013

Drug use pattern	2006	2007	2008	2009	2010	2011	2012	2013
Injecting (N)	2,402	2,618	3,917	2,969	2,111	2,778	3,155	1,418
Lifetime (%)	2.7	3.2	3.2	3.5	4.6	4.4	3.8	-
Last month (%)	1.7	1.3	1.1	1.5	2.1	1.7	1.8	-
During event (%)	-	0.6	0.7	1.1	1.2	0.9	0.9	1.0
Polydrug use* (N)	2,402	2,618	3,917	2,969	2,111	2,778	3,155	1,653
2 products (%)	18.6	16.9	23.0	18.7	17.3	17.0	13.2	22.2
≥3 products (%)	13.2	11.5	12.9	10.1	12.7	9.3	7.2	19.7
* not part of problematic drug use definition by EMCDDA, alcohol is taken into account when used together with an illegal substance								
Source: Drogues Risquer Moins, Modus Vivendi								

2.2. OBSERVED TRENDS

The estimated prevalence of ever-IDU in Belgium for the period 2002-2013 (see Table 4.1) and the observed prevalence of IDU during events within nightlife settings in the French Community for the period 2006-2013 (see Table 4.2) suggest a stable trend in the area of injecting drug use.

3. CHARACTERISTICS OF HIGH RISK DRUG USERS

3.1. INJECTING DRUG USERS IN CONTACT WITH NEEDLES EXCHANGE PROGRAMMES IN THE FLEMISH COMMUNITY

Data on IDUs frequenting the needles exchange programmes (NEP) located in the Flemish Community are collected through a structured, voluntary, anonymous questionnaire since 2001 (Windelinckx, 2013; Windelinckx, 2014). Yearly, a sample of IDUs contacting one of the NEP is asked to fill out a questionnaire, based on the Injecting Risk Questionnaire (IRQ) (Stimson et al., 1998) and additionally containing items on health status, drug use and access to health care. From 2006 onwards, a revised questionnaire is used. In 2009, 2010 and 2013, additional questions such as recent and ever used injection places, injection site abscesses, first product injected were added to the questionnaire. The results described below are self-reported and are not considered to be representative for all IDUs in the Flemish Community, as the number of IDUs not in contact with these programmes is believed to be substantial. 64% of the participants (N=264) to the study in 2013 indicated to know at least one injecting drug user not in contact with the syringe exchange programmes.

The age of the participants ranged from <20 to 50 years, with an average age of 35.2 years. The majority of the participants were male (79.6%). About 50% of the IDUs lived in an unstable environment (homeless or living with others). The vast majority of the participants reported non-concurrent polydrug use (on average 2.4 different types of drugs injected, on average 4 different types of drugs used). Opiates (80.8%) were the primary injected drug of choice, a substantial increase compared to last year (2012: 67.9%). Injecting opiates are followed by injecting cocaine (58.9%) and amphetamines (39.2%) which remained stable compared to 2012 (respectively 58.0% and 40.1% in 2012). Drug cocktails were more frequently injected (2013: 37.5%, 2012: 26.9%), and similar to previous year, injecting methadone has also again increased (2013: 11.7%, 2012: 8.0%, 2011: 8.7%, 2010: 4.6%).

Up to 54% of the participants reported to be initiated into IDU before the age of 21 years, which is an increase of 3.5% in comparison with last year. The mean age for starting with IDU is 21.8 years. 65% reported to be injected by someone else during first injection. Similar as previous years, the main concern of the researchers was the young age at initiation into IDU, with 14.3% of the participants being even younger than 15 years when injecting the first time. The age of the IDUs frequenting the NEP was much higher, indicating that the majority of the IDUs is already (unsafely) injecting for several years before getting in contact with risk and harm reduction programmes. Of the respondents, 76.6% is currently in treatment, but 18.7% (compared to 15.7% in 2012) reported never to have been in treatment.

3.2. DRUG USERS RECRUITED AT THE STREET IN THE FRENCH COMMUNITY

Data on risk behaviour among IDU in the French Community is collected by the use of 'snowball operations' ("Opérations Boule de Neige"), which have been organised by Modus Vivendi since 1993. The primary objective of these snowball operations is peer prevention and targeting hard-to-reach subpopulations. To this end, volunteering IDUs ('jobistes') receive a 15-hours training and are paid to disseminate information on AIDS and hepatitis prevention as well as other information on harm reduction among their peers. These results are not fully representative for IDUs on the street in the French Community, as the results are not corrected for dependence on the social network of the jobistes. Additionally, the questionnaire is mainly used as a contact tool, for which the completion is not truly standardized. Moreover, the geographic coverage of snowball operations may vary from year to year depending on the supply and demand of harm reduction activities at local level.

Of the 313 contacted drug users on the street in the 2013 survey, 279 persons (89.1%) reported to be a "current" drug user (defined as "having used drugs during the last month") (Hogge and Denoiseux, 2014). In total, 166 respondents reported lifetime IDU, which was 53% of all drug users or 59.5% of the "current" drug users (Table 4.3). Of the lifetime IDUs, 65.7% reported current IDU. Of the "current" drug users, 15.1% (n=42) reported current use of more than two products and 81.7% (n=228) reported the current use of three products or more. Among the current IDUs, the most popular injection drugs were heroin and cocaine, respectively 76.1% (n=83) and 73.4% (n=80). 11.9% reported the injection of methadone.

Table 4.3 | Lifetime injecting drug use and polydrug use among people recruited at the street in the French Community

Consumption profile	All drug users (N=313)	"Current" drug user (N=279)
	%	%
Lifetime IDUs	53.0	59.5
Current IDUs	34.8	39.1
Polydrug use		
2 products	.	15.1
3 products or more	.	81.7

Source: Opérations Boule de Neige, Modus Vivendi, 2013

4. CONCLUSIONS

The current available national data on high risk drug use is limited and therefore only an estimated prevalence of ever-IDUs in Belgium can be reported instead of last 12 months users. The additional reported results are geographically or situational limited (school populations, recreational settings and NEP in either Flemish or French Community) and are rather indicative than conclusive.

In general, the key indicator 'high risk drug use' has been revised during the last years. In an effort to support the development of theoretical definitions of subcategories in the revised key indicator, a literature study on the patterns of use and their relation to harm in users of opioids, cocaine and amphetamines was performed (Skafupova et al., 2014). The literature study pointed out some patterns that were more strongly associated with harms:

1. Route of administration: *injecting drug use* was the most risky route of administration, followed by smoking and inhaling. Although snorting and oral use were less risky routes, they could not be considered to be risk-free behaviours.
2. *Polydrug use* was an extremely significant confounding factor of any harm, as it indicates a particular level of compulsivity and is associated with higher levels of dependence and overdose risk.
3. Frequency: for cocaine and amphetamines, it appeared that *weekly and higher frequency of use*, and patterns of heavy periods of continuous use (bingeing) were related to higher risks of harm. It was less clear to define a cut off for opioid use as most studies were only based on heavy, dependent, daily users. Based on clinical experience that opioid use is not less harmful than the use of stimulants, a cut off on weekly (and more frequent) use of opioids seems reasonable.

Trends in injecting drug use both on a national level and in recreational settings suggest that the prevalence of IDUs has been stable during the last decade. The most alarming observation is the young age at which current IDUs were initiated to injecting drug use; more than half of the users were initiated under the age of 21 and even 15% was initiated under the age of 15 years. Additionally, the time lapse between initiating injecting drug use and frequenting needle exchange programmes is probably several years, which increases the risk of developing unsafely injecting habits and the associated risk for infectious diseases and other health problems. This young age of onset certainly supports the further development of selective prevention measures (EMCDDA, 2014).

Among the students in higher education, about one in five 'last 12 months' users of cannabis reported expressions of problematic cannabis use (DSM-IV), while more than half of the 'last 12 months' users of other psychoactive substances expressed (strongly) increased risk for problematic use (DAST-10).

Because of the low prevalence of illicit substances other than cannabis, these problems related to illicit drug use occur rather exceptional. Although clear indications of problematic use in the latter group, most of them assume that they would be able to stop using without any problems. Further longitudinal research with comprehensive questionnaires and interviews is needed to define whether these findings reflect the difference between dependency and drug abuse, or whether a part of the drug users underestimates the difficulty of ending the use of illicit substances. Although the prevalence of high frequent use of stimulants is rather rare in the examined school and student populations, any health care, pedagogic or judicial contact revealing this pattern of drug use should be handled with care. The assessment of relevance of a sudden increase in prevalence of polydrug use in recreational settings (French Community) requires follow-up data during the next years.

Another noticeable fact is that about one in ten IDUs in the NEP of the Flemish Community and on the streets in the French Community ('snowball operations') reported injection of methadone. In Belgium, heroin is still the most common opioid used for injection, but the gradual increase in prevalence of methadone injection should be followed carefully as is already the case in some other European countries (e.g. Estonia, Finland) alternatives such as illegal fentanyl or buprenorphine have become the most common injected opioids (EMCDDA, 2014).

Acknowledgements

The authors want to thank Mr Dom, Mr Hogge (Ph.D.), Mr Laudens, Mrs De Donder and Mrs Windelinckx for their contribution to the data collection and valuable feedback. Their essential involvement is gratefully acknowledged.

BIBLIOGRAPHY

- Anderson, P., Møller, L., & Galea, G., 2012. *Alcohol in the European Union, consumption, harm and policy approaches*, Denmark: WHO Regional Office for Europe.
- ASL, 2014. *Präventionsmaterial*. [Online] Arbeitsgemeinschaft für suchtvorbeugung und lebenbewältigung (ASL). Available at: <<http://www.asl-eupen.be/praeventionsmaterial-1>> [Accessed 18-9-2014].
- ASL, 2014. *Tätigkeitsbericht 2013 Arbeitsgemeinschaft für Suchtvorbeugung und Lebensbewältigung*, Eupen: ASL.
- Backmund, M., Meyer, K., Von, Z.M., & Eichenlaub, D., 2001. Treatment of hepatitis C infection in injection drug users. *Hepatology*, 34,(1), pp.188-193.
- Baeten, I., Bernaert, I., Claessens, J., De Paepe, N., & Raskin, K., 2009. *Individueel screeningsinstrumentervaringen met middelengebruik voor jongeren*, Brussel: VAD.
- Baeten, I., Bernaert, I., De Paepe, N., and Degryse, B., 2013. *Crush: werken met jongeren rond relaties, alcohol en cannabis*. [Online] VAD. Available at: <http://www.vad.be/media/1578812/vad_crush_a4_printversie.pdf> [Accessed 8-10-2014].
- Bekkering, G.E., Aertgeerts, B., Asueta-Lorente, J.-F., Autrique, M., Goossens, M., Smets, K., van Bussel, J.C.H., Vanderplasschen, W., Van Royen, P., Hannes, K., & for the ADAPTE-youth project group, 2014. Practitioner review: Evidence-based practice guidelines on alcohol and drug misuse among adolescents: a systematic review. *Journal of Child Psychology and Psychiatry*, 55,(1), pp.3-21.
- Belgian Research Aids&HIV Consortium, 2013. *HIV-Plan 2014-2017*. [Online] Belgian Research Aids&HIV Consortium. Available at: <<http://www.breach-hiv.be/media/docs/HIVPlan/NationalPlanDutch.pdf>> [Accessed 16-5-2014].
- Blancaert, P., Van Amsterdam, J., Brunt, T., Van den Berg, J., Van Durme, F., Maudens, K., & Van Bussel, J., 2013. 4-Méthylamphétamine: a health threat for recreational amphetamine users. *Journal of Psychopharmacology*, 27,(9), pp.817-822.
- Bohnert, A.S.B., Tracy, M., & Galea, S., 2012. Characteristics of drug users who witness many overdoses: Implications for overdose prevention. *Drug and Alcohol Dependence*, 120,(1-3), pp.168-173.
- Bollaerts, K., Aerts, M., & Sasse, A., 2013. Improved benchmark-multiplier method to estimate the prevalence of ever-injecting drug use in Belgium, 2000-10. *Archives of Public Health*, 71,(1), pp.10.
- Bruffaerts, R., Vanderplasschen, W., Van Hal, G., & Demyttenaere, K., 2010. *Crisisopvang voor middelengebruikers in België: een formele evaluatie en aanbevelingen voor een duurzaam beleid - De Evaluatie van Crisis en Case Management (ECCAM) - studie*
- Burssens, D., 2012. Bemiddeling in strafzaken. Een blik op de praktijk vanuit SIPAR, de databank van de justitiehuizen. *Panopticon Libri*, 2012,(5), pp.113-144.
- Centre bruxellois de promotion de la santé, 2013. *Evaluation du label quality nights auprès du public en Région de Bruxelles-Capitale*, Bruxelles : Eurotox.
- Cid, J., 2009. Is imprisonment criminogenic? A comparative study of recidivism rates between prison and suspended prison sanctions. *European Journal of Criminology*, 6,(6), pp.459-480.
- College van procureurs-generaal, 2013. *Jaarstatistiek van het Openbaar Ministerie. Opsporing en vervolging van strafzaken door de parketten van de rechtbanken van eerste aanleg*. [Online] Gegevensbank van het College van procureurs-generaal: Statistisch analisten. Available at: <http://www.just.fgov.be/statistique_parquets/start/n/home.html> [Accessed 3-10-2014].

- Colman, C, De Ruyver, B., Vander Laenen, F., Vanderplasschen, W., Broekaert, E., De Keulenaer, S., and Thomaes, S., 2011. *De drugbehandelingskamer: een andere manier van afhandelen. Het proefproject geëvalueerd*. Antwerpen: Maklu.
- Commission of the European Union. 2012. EU Drugs Strategy 2013-2020. p.9 C402/01. 29-12-2012.
- Cornelis, E., 2013. *Persuasive effects of two-sided social marketing messages*, Leuven: KULeuven.
- Cornish, R., Strang, J., Vickerman, P., & Hickman, M., 2010. Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database. *British Medical Journal*, 2010,(341), pp.c5475.
- CPAS de la ville de Bruxelles, 2014. *Le service d'accompagnement psychosocial*. [Online] Available at: <<http://www.cpasbru.irisnet.be/fr/?ID=19>> [Accessed 29-9-2014].
- Crawford, S. & Bath, N., 2013. Peer support models for people with history of injecting drug use undertaking assessment and treatment for hepatitis C virus infection. *Clinical infectious diseases*, 57,(S2), pp.S75-9.
- De Boyser, K., Linchet, S., Van Dijck, L., Casman, M. T., Dierckx, D., & Vranken, J., 2010. *Onderzoek naar de OCMW-hulpverlening van dak- en thuislozen*, Brussel: POD Maatschappelijke integratie.
- De druglijn, 2014. *Aan de slag*. [Online] VAD. Available at: <<http://www.druglijn.be/aan-de-slag.aspx>> [Accessed 8-10-2014].
- De druglijn, 2014. *Student zijn en cannabis*. [Online] VAD. Available at: <<http://www.druglijn.be/omgaan-met-drugs/studenten/student-zijn--cannabis.aspx>> [Accessed 8-10-2014].
- De Hert, M., Roos, K., Gillain, B., Detraux, J., Sweers, K., van Werde, D., & Peuskens, J., 2010. Dual diagnosis among schizophrenic patients in Belgian psychiatric services: Prevalence and available treatment. *Acta Psychiatrica Belgica*, 110,(2), pp.43-50.
- De Keulenaer, S. & Thomaes, S., 2013, "De uitkomst van de Gentse drugbehandelingskamer rond recidive," In *Het pilootproject drugbehandelingskamer te Gent: een uitkomstenevaluatie*, F. V. W. Vander Laenen et al., eds., Gent: Academia Press, pp. 185-228.
- De Kiem, 2014. *Residentieel - Programma-aanbod*. [Online] Available at: <<http://www.dekiem.be/index.php/residentieel>> [Accessed 29-9-2014].
- De Ruyver, B., Colman, C., & Vandam, L., 2008. Drugs en criminaliteit: bestaat het ene zonder het andere? *De orde van de dag*, 2008,(44), pp.7-12.
- De Ruyver, B., Ponsaers, P., Lemaître, A., Macquet, C., De Wree, E., Hodeige, R., Pieters, T., Cammaert, F., & Sohier, C., 2007. *Effecten van alternatieve afhandeling voor druggebruikers*, Gent: Academia press.
- De Ruyver, B., Vander Laneen, F., & Eelen, S., 2012, "The long road to an integral and integrated policy in Belgium," In *Reflections on the concept of coherence for a policy on psychoactive substances and beyond*, R. Muscat, B. Pike, & members of the Coherent Policy Expert Group, eds., Strassbourg: Council of Europe Publishing.
- De Wree, E., De Ruyver, B., Verpoest, K., & Colman, C., 2008. All in favour? attitudes of stakeholders and drug users towards judicial alternatives. *European Journal on criminal policy and research*, 14,(2008), pp.431-440.
- De Wree, E., Pauwels, L., Colman, C., & De Ruyver, B., 2009. Alternative sanctions for drug us: fruitless efforts or miracle solution? *Crime, Law and Social change*, 52,(2009), pp.513-525.
- Decorte, T. & D'Huyvetter, E. 2014. *Lokale detailhandel in drugs in Antwerpen. Een exploratief onderzoek, drugmonitor 2012-2013* Antwerpen, Stedelijk Overleg Drugs Antwerpen.

- Decorte, T. & D'Huyvetter, E. 2014. *Lokale detailhandel in drugs in Antwerpen. Een exploratief onderzoek, drugmonitor 2012-2013* Antwerpen, Stedelijk Overleg Drugs Antwerpen.
- Decorte, T. & Paoli, L., 2014. *Cannabis production in Belgium. Assessment of the nature and harms, and implications for priority setting (CANMARKT)* Summary, Brussels: Belgian science policy.
- Decorte, T., 2014. Cannabis social clubs in Belgium: Organizational strengths and weaknesses, and threats to the model. *International Journal of Drug Policy*(0),
- Decorte, T., Mortelmans, D., Tieberghien, J., & De Moor, S. 2009. *Haalbaarheid van een repetitieve prevalentiestudie onder de algemene bevolking*. Gent.
- Decorte, T., Muys, M., & Slock, S. 2003. *Cannabis in Vlaanderen. Patronen van cannabisgebruik bij ervaren gebruikers*. Leuven: Acco.
- Decorte, T., Stoffels, I., Leuridan, E., Van Damme P., & Van Hal, G., 2011. *Middelengebruik onder sekswerkers in België: een kwantitatieve en kwalitatieve studie in vijf sectoren van de seksindustrie.*, Gent: Academia Press.
- Defillet, T., 2012. *Juridische handvatten beroepsgeheim voor hulpverleners.*, Brussel: VAD.
- Degenhardt, L., Larney, s., Randall, D., Burns, L., & Hall, W., 2014. Causes of death in a cohort treated for opioid dependence between 1985 and 2005. *Addiction*, 109,(1), pp.90-99.
- Demarest, S., Tafforeau, J., Van Oyen, H., & et al., 2001. *Health Interview Survey 2001: Protocol for the sampling design*, Brussels: Scientific Institute of Public Health.
- Demarest, S., Van der Heyden, J., Charafeddine, R., Tafforeau, J., Van Oyen, H., & Van Hal, G., 2012. Socio-economic differences in participation of households in a Belgian national health survey. *European Journal of Public Health*, 23,(6), pp.981-985.
- Demaret, I., Litran, G., Magoga, C., Deblire, C., De Roubaix, J., Quertemont, E., Van Caillie, D., Dubois, N., Lemaître, A., & Anseau, M., 2013. *Projet TADAM - Rapport final 2007-2013*, Liège : Université de Liège.
- Deprez, N., Antoine, J., Asueta-Lorente, J. F., Bollaerts, K., Van der Linden, T., & Van Bussel, J., 2012. *Belgian national report on drugs 2011, new developments, trends and in-depth information on selected issues*, Brussels: Scientific Institute of Public Health.
- Devos, A., 2009, "Balans van het tienjarig bestaan van de justitiehuisen en perspectieven voor de komende jaren," In *10 jaar justitiehuisen: balans en perspectieven*, A. Devos, ed., Brussel: Federale overheidsdienst Justitie, pp. 13-44.
- Dienst voor strafrechtelijk beleid, 2013. *Dienst voor strafrechtelijk beleid: statistiek*. [Online] Available at: <http://www.dsb-spc.be/web/index.php?option=com_content&task=view&id=28&Itemid=47> [Accessed 3-10-2014].
- Edmonds, K., Sumnall, H., McVeigh, J., & Bellis, M. A., 2005. *Drug prevention among vulnerable young people*, Liverpool, UK: National Collaborating Centre for Drug Prevention.
- EMCDDA, 2003, "Social exclusion and reintegration," In *Annual report on the state of the drug problem in the European Union and Norway*, pp. 65-68.
- EMCDDA, 2010. *Trends in injecting drug use in Europe. Selected issue 2010*, Luxembourg, Publication office of the European union: EMCDDA.
- EMCDDA, 2013. *European Drug Report. Trends and developments, 2014*, Luxembourg: Publications Office of the European Union.
- EMCDDA, 2014. *European Drug Report. Trends and developments. 2014*, Luxembourg: Publications Office of the European Union.

- Espace P, 2014. *Espace P.. vers une société "prostitution admise"*. [Online] Available at: <<http://www.espacep.be/>> [Accessed 29-9-2014].
- Evenepoel, T., 2014. *Jaarverslag 2013 van de druglijn*. [Online] VAD. Available at: <http://www.druglijn.be/media/17359/jaarverslag_dl_2013.pdf> [Accessed 8-10-2014].
- Favresse, D. & de Smet, P. 2008. *Tabac, alcool, drogues et multimédias chez les jeunes en Communauté française, résultats de l'enquête HBSC 2006*. Bruxelles, ULB-SIPES.
- Federale Politie - CGOP / Beleidsgegevens, 2013. *Politionele criminaliteitsstatistieken, België, 2000-2013*. [Online] Available at: <http://www.polfed-fedpol.be/crim/crim_statistieken/2013_trim4/pdf/nationaal/rapport_2013_trim4_nat_belgie_nl.pdf> [Accessed 3-10-2014].
- Fédito Bruxelles, FEIAT, and CLDB, 2014. *Mémorandum*. [Online] Fédito Bruxelles ; FEIAT ; CLDB. Available at: <http://www.feditobxl.be/files/documents/2014/doc_36.pdf?CFID=6926821&CFTOKEN=651797aad04635f3-842BB75C-045B-144E-E142D5807E3B7937&jsessionid=843036bad2186ed20c8d25344038407a1b4c> [Accessed 1-10-2014].
- Ferri, M., Allara, E., Bo, A. G. A., & Faggiano, F., 2013. *Media campaigns for the prevention of illicit drug use in young people*, London: The cochrane collaboration.
- Fountain, J., Hartnoll, R., Olszewski, D., and Vicente, J., 2000. *Understanding and responding to drug use: the role of qualitative research*. Belgium : Office for Official Publications of the European Communities.
- FPS Economy, 2014. *Statistics Belgium* (be.STAT). [Online] Available at: <http://statbel.fgov.be/fr/statistiques/webinterface/beSTAT_home/> [Accessed 29-9-2014].
- FPS Justitie, 2014. *Bemiddeling in strafzaken*. [Online] FOD Justitie. Available at: <http://justitie.belgium.be/nl/binaries/BemiddelingStrafzakenNL_tcm265-138422.pdf> [Accessed 10-10-2014].
- FPS Justitie., 2014. *Substitutie in de gevangnissen*.
- Free Clinic, 2014. *Activering harde kern druggebruikers Atheneumbuurt*. [Online] Available at: <<http://free-clinic.be/free-clinic/activering/>> [Accessed 29-9-2014].
- Free Clinic, 2014. *Buro Aktief - Sociale activering door samen korte opdrachten uit te voeren*. [Online] Available at: <<http://free-clinic.be/free-clinic/buro-atief/>> [Accessed 29-9-2014].
- Freiburger, T.L. & Iannacchione, B.M., 2011. An examination of the effect of imprisonment on recidivism. *Criminal justice studies*, 24,(4), pp.369-379.
- Gisle, L., 2010, "Het gebruik van illegale drugs," In *Gezondheidsenquête België, 2008. Rapport II - Leefstijl en Preventie*, vol. 2010 L. Gisle et al., eds., Brussel: Operationele Directie Volksgezondheid en surveillance - Wetenschappelijk Instituut Volksgezondheid, pp. 307-384.
- Gisle, L., 2010, "L'usage des drogues illicites," In *Enquête de santé, 2008. Rapport II - Style de Vie et Prévention*, vol. 2010 L. Gisle et al., eds., Bruxelles : Direction Opérationnelle Santé publique et surveillance. Institut Scientifique de Santé Publique, pp. 307-384.
- Godin, I., Decant, P., de Smet, P., Favresse, D., & Moreau, N., 2011. *Health behaviour in School-Aged Children 2010*. Lifetime, last 12 months and last 30 days prevalence tables., Brussels: ULB.
- Godin, I., Decant, P., Moreau, N., de Smet, P., & Boutsen, M. 2008. *La santé des jeunes en en Communauté française de Belgique, résultats de l'enquête HBSC 2006*. Bruxelles, ULB-SIPES.
- Goessens, M., 2014. *Rapport d'activité 2013 - asbl Transit*

- Hannes, K., van Bussel, J. C. H., Aertgeerts, B., Vanderplasschen, W., Van Royen, P., and Geirnaert, M., 2011. *Adapting best practice guidelines for the detection, prevention and treatment of substance abuse in children and youngsters to a local Belgian context (ADAPT_YOUTH)*. [Online] Belgian Science Policy. Available at: <<http://www.belspo.be/belspo/fedra/proj.asp?|=en&COD=DR/59>> [Accessed 11-8-2014].
- Hannes, K., van Bussel, J. C. H., Aertgeerts, B., Vanderplasschen, W., Van Royen, P., and Geirnaert, M., 2013. *Adapting best practice guidelines for prevention, screening and treatment of substance misuse in adolescents to the Belgian context (ADAPTE-youth)*, Final unpublished report.
- Hardy, T. & Snowden, M., 2010. Family impact of imprisonment and the community specialist practitioner. *Community practitioner*, 83,(10), pp.21-24.
- Hels, T., Lyckegaard, A., Simonsen, K.W., Steentoft, A., & Bernhoft, I.M., 2013. *Risk of severe driver injury by driving with psychoactive substances. Accident analysis and prevention*, 59,(2013), pp.346-356.
- Henkel, D., 2011. Unemployment and Substance Use: a review of the literature (1990-2010). *Current Drug Abuse Reviews*, 4, pp.4-27.
- Hogge, M. & Denoiseux, D., 2014. *L'usage de drogues en Fédération Wallonie-Bruxelles. Rapport 2013-2014*. Eurotox ASBL.
- Housing First Belgium, 2014. *Mise en place de l'expérimentation Housing First Belgium*. Septembre 2013 - Février 2014
- Houwing, S., Legrand, S.A., Mathijssen, R., Hagenzieker, M., Verstraete, A.G., & Brookhuis, K., 2012. Prevalence of psychoactive substances in dutch and belgian traffic. *Journal of studies on alcohol or drugs*, 73,(6), pp.951-960.
- Hublet, A., De Bacquer, D., Valimaa, R., Godeau, E., Schmid, H., Rahav, G., & Maes, L., 2006. Smoking trends among adolescents from 1990 to 2002 in ten European countries and Canada. *BMC.Public Health*, 6, pp.280.
- Interministeriële Conferentie Drugs, 2010. *Een global en geïntegreerd drugsbeleid voor België. Gemeenschappelijke verklaring van de interministeriële Conferentie Drugs*. [Online] Available at: <http://health.belgium.be/eportal/Healthcare/Consultativebodies/Interministerialconferences/Drugs/18038733#VDKQq_mSyQs> [Accessed 6-10-2014].
- Jackson, L.A., McWilliams, S., Martin, F., Dingwell, J., Dykeman, M., Gahagan, J., & Karabanow, J., 2014. Key challenges in providing services to people who use drugs: The perspectives of people working in emergency departments and shelters in Atlantic Canada. *Drugs: Education, Prevention and Policy*, 21,(3), pp.244-253.
- James, R. K., Gilliland, B. E., and James, L., 2013. *Crisis intervention strategies*. Belmont: Brooks/Cole, Cengage Learning.
- Kinable, H., 2010. *VAD-leerlingenbevraging in het kader van een drugbeleid op school. Syntheserapport schooljaar 2008-2009*, Brussels: VAD.
- Kinable, H., 2011. *VAD-leerlingenbevraging in het kader van een drugbeleid op school. Syntheserapport schooljaar 2009-2010*, Brussels: VAD.
- La Trace asbl, 2014. *Centre d'accueil et d'accompagnement psycho-social par le sport-aventure*. [Online] Available at: <<http://www.latrace.be/>> [Accessed 29-9-2014].
- Lambrecht, P. & Andries, C., 2013. *Het Vlaamse Schoolonderzoeksproject naar alcohol en andere drugs - VLASPAD 2010. EMCDDA ST2*, Brussels: VUB.

- Lambrecht, P., Andries, C., Engels, T., Senterre, C., Piette, D., & De Smedt, P., 2004. *ESPAD03: Outline for Belgian Report 2. Results Belgium 2003.*, Brussel: Vrije Universiteit Brussel.
- Larimer, M.E., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Tanzer, K., Ginzler, J., Clifasefi, S.L., Hobson, W.G., & Marlatt, G.A., 2009. Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of the American Medical Association*, 301,(13), pp.1349-1357.
- Larmuseau, C., Moens, O., Steenhuyzen, S., Bernaert, I., and Lambrechts, M-C., 2013. *Verslag van de indicatoren meting 2012 van het gezondheidsbeleid in Vlaamse scholen.* [Online] Vlaams instituut voor gezondheids promotie en ziektepreventie. Available at: <<http://www.vigez.be/uploads/document/enbank/32e75b2e2f0f28d2d876cad6f295f083.pdf>> [Accessed 8-10-2014].
- Laudens, F., 2013. *Drugpreventie bij jongeren uit etnisch-culturele minderheden. Draaiboek voor het uitvoeren van een lokale verkenning en het opzetten van preventieve acties.* [Online] VAD. Available at: <<http://www.vad.be/media/1227545/draaiboekcm.pdf>>
- Le Projet Lama asbl, 2014. *Présentation générale.* [Online] Available at: <<http://www.projetlama.be/>> [Accessed 29-9-2014].
- Legrand, S.A., Isalberti, C., Van der Linden, T., Bernhoft, I.M., Hels, T., Simonsen, K.W., Favretto, D., Caplinskiene, M., Ferrara, S.D., Minkuviene, Z., Pauliukevicius, A., Houwing, S., Lillsunde, P., Langel, K., Blencowe, T., & Verstraete, A.G., 2013. Alcohol and drugs in seriously injured drivers in six European countries. *Drug testing and analysis*, 5,(3), pp.156-165.
- Lewis, S. & Roberts R., A., 2001. Crisis assessment tools: the good, the bad and the available. *Brief treatment and crisis intervention*, 2001,(1), pp.17-28.
- Liebling, A. & Arnold, H., 2012. Social relationships between prisoners in a maximum security prison: violence, faith and the declining nature of trust. *Journal of criminal justice*, 40,(2012), pp.413-424.
- Lievens, D., Vander Laenen, F., & Christiaens, J., 2014. Public spending for illegal drug and alcohol treatment in hospitals: an EU cross-country comparison. *Substance Abuse Treatment, Prevention, and Policy*, 9,(26),
- Livingston, J., Milne, T., Lan Fang, M., & Amari, E., 2012. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction*, 107,(1), pp.39-50.
- Lombaert, G., 2011. *Middelengebruik bij 12 tot 18-jarige scholieren in Brugge*, Gent: De Sleutel.
- Luisetto, S. and Hensgens, P., 2014. *Mémorandum de la Fédito Wallonne.* [Online] Fédito Wallonne. Available at: <http://www.feditowallonne.be/documents/Memorandum_2014-19062014-20162.pdf> [Accessed 1-10-2014].
- Lurigio, A.J., 2000. Drug treatment availability and effectiveness: Studies of the general and criminal justice population. *Criminal justice and behavior*, 27,(4), pp.495-528.
- Macarthur, G., van Velzen, E., Palmateer, N., Kimber, J., Pharris, A., Hope, V., Taylor, A., Roy, K., Aspinall, E., Goldberg, D., Rhodes, T., Hedrich, D., Salminen, M., Hickmann, M., & Hutchinson, S., 2014. Interventions to prevent HIV and Hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness. *International Journal of Drug Policy*, 25,(1), pp.34-52.
- McCabe, S.E., Boyd, C.J., Cranford, J.A., Morales, M., & Slayden, J., 2006. A modified version of the Drug Abuse Screening Test among undergraduate students. *J.Subst.Abuse Treat.*, 31,(3), pp.297-303.
- McCambridge, Hawkins, B., & Holden, C., 2014. Vested interests in addiction research and policy. The challenge corporate lobbying poses to reducing society's alcohol problems: insights from UK evidence on minimum unit pricing. *Addiction*, 109,(2), pp.199-205.

- McGrath, A. & Weatherburn, D., 2012. The effect of custodial penalties on juvenile reoffending. *Australian and New Zealand journal of criminology*, 45,(1), pp.26-44.
- Melis, S., 2013. *VAD-leerlingenbevraging in het kader van een drugbeleid op school. Syntheserapport schooljaar 2011-2012.*, Brussels: VAD.
- Melis, S., 2013. *VAD-leerlingenbevraging in het kader van een drugbeleid op school. Syntheserapport schooljaar 2010-2011*, Brussels: VAD.
- Modus Vivendi, 2013. *Devenir "jobiste"*. [Online] Available at: <<http://www.modusvivendi-be.org/spip.php?rubrique10>>
- Modus Vivendi, 2014. *Rapport d'activités 2013*, Brussels: Modus Vivendi.
- Nagin, D.S., Cullen, F.T., & Jonson, C.L., 2009. Imprisonment and reoffending. *Crime and Justice*, 38,(2009), pp.115-200.
- Nieuwbeerta, P., Nagin, D.S., & Blokland, A.A.J., 2009. Assessing the impact of first-time imprisonment on offenders' subsequent criminal career development: a matched samples comparison. *Journal of quantitative criminology*, 25,(3), pp.227-257.
- OCMW Antwerpen, 2014. *Nachtopvangcentrum De Biekorf*. [Online] Available at: <<http://ocmw.antwerpen.be/Overig-OCMW/ik-zoek-hulp/ik-zoek-hulp-Wonen/Opvangcentra/Nachtopvangcentrum-De-Biekorf.html>> [Accessed 29-9-2014].
- OCMW Gent, 2014. *Trajectbegeleiding voor mensen met een drugsprobleem*. [Online] Available at: <<http://www.ocmwgent.be/OCMW/Opleiding-en-werk/Begeleiding-mensen-met-drugsprobleem.html>> [Accessed 29-9-2014].
- Palmateer, N., Hutchinson, S., McAllister, G., Munro, A., Cameron, S., Goldberg, D., & Taylor, A., 2014. Risk of transmission with sharing drug injecting paraphernalia: analysis of recent hepatitis C virus (HCV) infection using cross-sectional survey data. *Journal of Viral Hepatitis*, 21, pp.25-32.
- Pardo, B., 2014. Cannabis policy reforms in the americas: a comparative analysis of Colorado, Washington and Uruguay. *International Journal of Drug Policy*, 25,(4), pp.727-735.
- Plasschaert, S., Ameye, L., De Clercq, T., Walckiers, D., Sartor, F., Micalessi, I., Jossels, G., Tods, S., Goubau, P., Plum, J., Vranckx, R., & Van Oyen, H., 2005. *Study on HCV, HBV and HIV seroprevalence in a sample of drug users in contact with treatment centres or in prison in Belgium, 2004-2005*, Brussels (Belgium): Scientific Institute of Public HealthEpidemiology Unité.
- Pleace, N., 2008. *Effective services for substance misuse and homelessness in Scotland: evidence form an international review*, Edinburgh: Scottish Government Social Research.
- Prochaska, J. and DiClemente, C. C., 1984. *The transtheoretical approach: towards a systematic eclectic framework*. USA: Dow Jones Irwin, Homewood IL.
- Raes, V. & Lombaert, G., 2004. EuropASI: A standard in De Sleutel, Belgium. *Journal of substance abuse*
- Raes, V., Lombaert, G., & Keymeulen, R., 2004. *De Nederlandse vertaling van de handleiding voor training en afname van Europasi vraaggesprekken, aangepast voor België-Vlaanderen*. Versie 2004., Gent: De Sleutel.
- Rigter, H. and Dekker, M. M., 2014. *INCANT Study*. [Online] Erasmus Medical Center Rotterdam. Available at: <<http://www.incant.eu/>> [Accessed 23-10-2014].

- Robaey, G., Grebely, J., Mauss, S., Bruggmann, P., Moussalli, J., De, G.A., Swan, T., Arain, A., Kautz, A., Stover, H., Wedemeyer, H., Schaefer, M., Taylor, L., Backmund, M., Dalgard, O., Prins, M., & Dore, G.J., 2013. Recommendations for the management of hepatitis C virus infection among people who inject drugs. *Clin.Infect.Dis.*, 57 Suppl 2, pp.S129-S137.
- Roberts, A. R. ed. 2005. *Crisis Intervention Handbook: Assessment, Treatment and Research*. Oxford: Oxford University Press.
- Roegiers, J. [4-4-2014] *Senaat schriftelijke vraag nr. 5-11368*.
- Rosiers, J., De Bock, M., De Donder, E., De Maeseneire, I., & Geirnaert, M., 2014. *Ginger. Preventie van alcohol en andere drugproblemen. Rapport 2013. monitoring van activiteiten.*, Brussel: VAD.
- Rosiers, J., Hublet, A., Van Damme, J., Maes, L., & Van Hal, G., 2011. *In hogere sferen ? (volume 2) Een onderzoek naar het middelengebruik bij Vlaamse studenten*, Antwerp: University Antwerp.
- Rosiers, J., Van Damme, J., Hublet, A., Van Hal, G., Sisk, M., Mhand, Y. S., & Maes, L., 2014. *In hogere sferen ? volume 3. Een onderzoek naar het middelengebruik bij Vlaamse studenten*, Brussel: VAD
- Rowe, C., Rigter, H., Henderson, C., Gantner, A., Mos, K., Nielsen, P., & Phan, O., 2013. Implementation fidelity of Multidimensional Family Therapy in an international trial. *Journal of substance abuse treatment*, 44,(4), pp.391-399.
- Rwubu, M. and Hogge, M., 2013. *L'usage de drogues en Fédération Wallonie-Bruxelles. Rapport 2011-2012*. [Online] Eurotox. Available at: <http://www.eurotox.org/images/stories/docs/eurotox2011-2012_usage_drogues_fwb_inthd_imprimeur.pdf> [Accessed 23-10-2013].
- Sabbe, B., Malone, M., Van Ham, S., & De Wilde, B., 2008. *Onderzoek naar de effectiviteit van de residentieel geïntegreerde behandeling voor patiënten met een dubbeldiagnose*
- Samusocial asbl, 2014. *Dispositif hivernal 2013-2014. Rapport d'activités*, [http://www.samusocial.be/files/FR/Rapport_hiver_2013_2014\(1\).pdf](http://www.samusocial.be/files/FR/Rapport_hiver_2013_2014(1).pdf)
- Sasse, A. & Defraye, A., 2009. HIV infections and STI co-infections in men who have sex with men in Belgium: sustained increase in HIV diagnoses. *Euro.Surveill*, 14,(47),
- Schaub, M., Henderson, C., Pelc, I., Tossman, P., Phan, O., Hendriks, V., Rowe, C., & Rigter, H., 2014. Multidimensional family therapy decreases the rate of externalising behavioural disorder symptoms in cannabis abusing adolescents: outcomes of the INCANT trial. *BMC Psychiatry*, 14,(26),
- Schnittker, J. & John, A., 2007. Enduring stigma: the long-term effects of incarceration on health. *Journal of health and social behavior*, 48,(2), pp.115-130.
- Skafupova, K., Zabransky, T., & Mravcik, V., 2014. *Literature review. The levels of use of opioids, amphetamines and la cocaïne and associated levels of harm: summary of scientific evidence*, Luxembourg: EMCDDA.
- Smet, V., De Ruyver, B., Colman, C., Surmon, T., Pauwels, L., Vander Beken, T., and De Moor, A., 2013. *Het aanbod van illegale drugs in België: wat weten we ? Een haalbaarheidsstudie van betrouwbare indicatoren voor het drugsaanbod*. Gent: Academia press.
- Spohn, C., 2007. The deterrent effect of imprisonment and offenders' stakes in conformity. *Criminal justice policy review*, 18,(1), pp.31-50.
- Start-MASS, 2014. *Activités*. [Online] Available at: <<http://start-mass.isosl.be/activites.htm>> [Accessed 29-9-2014].
- Stimson, G.V., Jones, S., Chalmers, C., & Sullivan, D., 1998. A short questionnaire (IRQ) to assess injecting risk behaviour. *Addiction*, 93,(3), pp.337-347.

- Sumnall, H. and Brotherhood, A., 2012. *Social reintegration and employment: evidence and interventions for drug users in treatment*. Luxembourg: Publications Office of the European Union .
- Sylvestre, D.L., 2002. Treating hepatitis C in methadone maintenance patients: an interim analysis. *Drug and Alcohol Dependence*, 67,(2002), pp.117-123.
- ter Bogt, T.F., de, L.M., Molcho, M., Godeau, E., Hublet, A., Kokkevi, A., Kuntsche, E., Nic, G.S., Franelic, I.P., Simons-Morton, B., Sznitman, S., Vieno, A., Vollebergh, W., & Pickett, W., 2014. Do societal wealth, family affluence and gender account for trends in adolescent cannabis use? A 30 country cross-national study. *Addiction*, 109,(2), pp.273-283.
- Thais asbl, 2014. *Maison d'accueil pour personnes et familles en difficulté sociale en lien avec les assuétudes ou la prostitution*. [Online] Available at: <<http://www.asblthais.org/spip.php?rubrique2>> [Accessed 29-9-2014].
- Thanki, D. and Vincente, J., 2013. *PDU (Problem Drug Use) revision summary*. [Online] EMCDDA. Available at: <<http://www.emcdda.europa.eu/activities/hrdu>> [Accessed 20-10-2014].
- TNS Political and social, 2014. *Flash Eurobarometer 401 young people and drugs*. [Online] European Commission. Available at: <http://ec.europa.eu/public_opinion/flash/fl_401_en.pdf> [Accessed 20-10-2014].
- Trempline asbl, 2014. *Rapport d'activités 2013*, Available at: <<http://www.trempline.be/documents/ra2013vfinale.pdf>>
- Turtelboom, A. and Milquet, J., 2012. *Nationaal Veiligheidsplan 2012-2015 Samen zorgen voor een veilige en leefbare samenleving*. [Online] Federale politie. Available at: <http://www.polfed-fedpol.be/org/org_pns_nl.php> [Accessed 6-10-2014].
- Uchtenhagen, A., 2010. L'héroïne assisted treatment in Switzerland a case study in policy change. *Addiction*, 105,(1), pp.29-37.
- UNODC, 2013. *The challenges of new psychoactive substances. A report from the global SMART programme*. [Online] United nations office on drugs and crime. Available at: <http://www.unodc.org/documents/scientific/NPS_2013_SMART.pdf>
- VAD, 2010. *Lol zonder alcohol*. [Online] VAD. Available at: <<http://www.acoolworld.be/>> [Accessed 8-10-2014].
- VAD, 2014. *Aan de slag met een lokaal alcohol- en drugbeleid: stappenplan*. [Online] VAD. Available at: <<http://www.vad.be/sectoren/lokaal-beleid/een-beleid-opzetten/aan-de-slag.aspx>> [Accessed 8-10-2014].
- VAD, 2014. *Als kleine kinderen groot worden. Draaiboek*. [Online] VAD. Available at: <<http://www.vad.be/materiaal/draaiboekenrichtlijnen/vormingsmap-als-kleine-kinderen-groot-worden.aspx?from=1171>> [Accessed 8-10-2014].
- Valdiserri, R., Khalsa, J., Dan, C., Holmberg, S., Zibbel, J., Holtzman, D., Lubran, R., & Compton, W., 2014. Confronting the emerging epidemic of HCV infection among young injection drug users. *American Journal of Public Health*, 104,(5), pp.816-821.
- van Bussel, J. C. H. & Antoine, J., 2012, "Chapter 2. Drug use in the general population and specific targeted-groups," In *Belgian National Report on Drugs 2011. New developments, trends and in-depth information on selected issues*, N. Deprez et al., eds., Brussels: WIV-ISP, pp. 35-59.
- van Buuren, S., Boshuizen, H.C., & Knook, D.L., 1999. Multiple imputation of missing blood pressure covariates in survival analysis. *Stat.Med.*, 18,(6), pp.681-694.
- Van der Heyden, J., Gisle, L., Demarest, S., Drieskens, S., Hesse, E., & Tafforeau, J., 2010. *Enquête de santé, 2008. Rapport I - État de santé*, Bruxelles

- Van der Heyden, J., Gisle, L., Demarest, S., Drieskens, S., Hesse, E., & Tafforeau, J., 2010. *Gezondheidsenquête, België 2008 - Rapport I: Gezondheidstoestand*, Brussel: Operationele Directie Volksgezondheid en Surveillance, Wetenschappelijk Instituut Volksgezondheid.
- Van Hal, G., Rosiers, J., Bernaert, I., & Hoeck, S., 2007. *In hogere sferen? Een onderzoek naar het middelengebruik bij Antwerpse studenten*, Antwerpen: Universiteit Antwerpen.
- Van Havere, T., Lammertyn, J., Vanderplasschen, W., Bellis, M.A., Rosiers, J., & Broekaert, E., 2012. Illicit drug use in the Flemish Nightlife scene between 2003 and 2009. *European Addiction Research*, 18, pp.153-160.
- Van Havere, T., Vanderplasschen, W., Lammertyn, J., Broekaert, E., & Bellis, M.A., 2011. Drug use and nightlife: more than just dance Music. *Substance Abuse Treatment, Prevention, and Policy*, 27,(6), pp.6-18.
- Van Huyck, C., Bédoué, C., Noel, L., & Baufay, F., 2014. *Plan bruxellois de réduction des risques liés à l'usage de drogues*, Bruxelles : Modus Vivendi asbl et FEDITO bruxelloise.
- Van Malderen, S. 2011, Monitoring drug use and related problems in Belgian prisons as a tool for policy making: difficulties and challenges, In *Reitox Academy: Drug use among prison population. Scope and responses*.
- Vander Laenen, F., De Ruyver, B., and Vanderplasschen, W., 2011. *Drug treatment court Ghent, qualitative outcome evaluation*. [Online] Belspo. Available at: <<http://www.belspo.be/belspo/fedra/proj.asp?l=en&COD=DR/61>> [Accessed 3-7-2014].
- Vander Laenen, F., De Ruyver, B., Christiaens, J., and Lievens, D., 2011. *Drugs in cijfers III, Onderzoek naar de overheidsuitgaven voor het drugsbeleid in België*. Gent: Academia Press.
- Vander Laenen, F., Vandam, L., & Colman, C., 2010. Met velen aan de tafel: goede voorbeelden van een integraal en geïntegreerd drugbeleid. *Tijdschrift verslaving*, 6,(4), pp.54-71.
- Vander Laenen, F., Vanderplasschen, W., Smet, V., De Maeyer, J., Buckinx, M., Van Audenhove, S., Anseau, M., & De Ruyver, B., 2013. *Analysis and Optimization of Substitution Treatment in Belgium (SUBANOP)*, Gent: Academia Press.
- Vander Laenen, F., Vanderplasschen, W., Wittouck, C., Dekkers, A., De Ruyver, B., De Keulenaer, S., & Thomas, S., 2013. *Het pilootproject drugsbehandelingskamer te Gent: een uitkomstenevaluatie*, Gent: Academia Press.
- Vanderplasschen, W., 2014. *'s Werelds grootste drugsonderzoek: de Belgische resultaten*. [Online] Available at: <<https://www.ugent.be/nl/actueel/persberichten/global-drug-survey-onderzoek.htm>> [Accessed 2-10-2014].
- Vanderplasschen, W., Vandevelde, S., & Broekaert, E., 2014. *Therapeutic communities for treating addictions in Europe. Evidence, current practices and future challenges*, Luxembourg: Publications Office of the European Union.
- VandeWalle, G., Wayenberg, E., Dormeals, A., & Easton, M., 2010. De plaats en betekenis van evaluatie in de interbestuurlijke veiligheids- en preventieplannen. *Panopticon*, 31,(3), pp.40-57.
- Vanhaelemeesch, D., 2012. Leven met een uurrooster... een persoonlijke ervaring met een enkelband. *Fatik*, 2012,(134), pp.4-9.
- Vanheule, S. & Bogaerts, S., 2005. The factorial structure of the GHQ-12. *Stress and Health*
- Vanhove, W., Surmont, T., Van Damme, P., & De Ruyver, B., 2014. Filling in the blanks. An estimation of illicit cannabis growers GÇÖ profits in Belgium. *International Journal of Drug Policy*, 25,(3), pp.436-443.

Vigez, 2014. *Gezond opvoeden*. [Online] Vlaams Instituut voor Gezondheidspromotie en Ziektepreventie. Available at: <<http://www.gezondopvoeden.be/>> [Accessed 8-10-2014].

Ville de Charleroi, 2014. *Ulysse, abri de nuit*. [Online] Ville de Charleroi. Available at: <<http://www.charleroi.be/node/166>> [Accessed 29-9-2014].

Vorma, H., Sokero, P., Aaltonen, M., Turtiainen, S., Hughes, L.A., & Savolainen, J., 2013. Participation in opioid substitution treatment reduces the rate of criminal convictions: Evidence from a community study. *Addictive Behaviors*, 38,(2013), pp.2313-2316.

Weerwerk, 2014. *Weerwerk - Sterk in maatwerk*. [Online] Available at: <<http://www.weerwerk.net/>> [Accessed 29-9-2014].

WHO, 1986. *Ottawa charter for health promotion*. [Online] World health organisation. Available at: <http://www.euro.who.int/data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf?ua=1> [Accessed 8-10-2014].

WHO, 2010. *Brief intervention. The ASSIST-linked brief intervention for hazardous and harmful substance use. Manual for use in primary care*. [Online] World Health Organisation. Available at: <http://whqlibdoc.who.int/publications/2010/9789241599399_eng.pdf?ua=1>

WHO, 2012. *Prevention and control of viral hepatitis infection: framework for global action*, Geneva: World Health organisation.

WHO, 2012. *Social determinants of health and well-being among young people. Health behaviour in school-aged children (HBSC) study: international report from the 2009/2010 survey*, Copenhagen: WHO Regional Office for Europe.

WHO, UNODC, & UNAIDS, 2012. *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*, Geneva: WHO.

Wilms, B., 2014. *Adapte-youth: adaptation of existing, international guidelines on the treatment, screening and prevention of alcohol and drug misuse in youngsters to the Belgian local context (2011-2013)*. [Online] KULeuven. Available at: <<http://ppw.kuleuven.be/home/english/research/mesrg/publications-of-research-projects>> [Accessed 8-10-2014].

Windelinckx, T., 2011. *Evaluatie Onderzoek Spuitenruil Vlaanderen 2010.*, Antwerp: Free Clinic.

Windelinckx, T., 2012. *Evaluatie Onderzoek Spuitenruil Vlaanderen 2011.*, Antwerp: Free Clinic.

Windelinckx, T., 2013. *Evaluatie onderzoek project spuitenruil 2012*, Antwerp: Vlaamse spuitenruil, Free clinic vzw.

Windelinckx, T., 2014. *Rapport evaluatie onderzoek spuitenruil vlaanderen 2013*. Vlaamse Spuitenruil, Free Clinic vzw, Antwerpen.

Winstock, A, 2014. *The Global Drug Survey 2014 findings*. [Online] Available at: <<http://www.globaldrugsurvey.com/facts-figures/the-global-drug-survey-2014-findings/>> [Accessed 2-10-2014].

Wittouck, S., Vander Laenen, F., Dekkers, A., Vanderplasschen, W., & De Ruyver, B., 2013. Uitkomsten en recidiveonderzoek van de Gentse drugbehandelingskamer. *Therapeutisch programma voor druggebruikers*, 21,(4), pp.3-10.

WIV-ISP. 2014. Belgian Treatment Demand Indicator Register (BTDIR).

© WIV-ISP
SERVICE SURVEYS, LIFESTYLE AND CHRONIC DISEASES
Juliette Wytsmanstreet 14
1050 Brussel | Belgium

www.wiv-isp.be

Responsible publisher: Dr. Johan Peeters
Depotnumber: D/2014/2505/66