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CHAPTER 8.
SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Antoine J.

1. INTRODUCTION

Next to experiencing physical, psychological and social harms as a result of their substance use (see chapter 4), many problem drug users in Europe have unmet social needs concerning housing, education and employment (Sumnall and Brotherhood, 2012). Moreover, drug users can also meet structural barriers such as stigmatisation. Drug dependence is indeed associated with greater stigma than many other health and social conditions, partly because drug dependence is often believed to be the consequence of a lifestyle-related choice which users can control (Livingston et al., 2012).

Although ‘social reintegration’ is a key aspect of full recovery from drug dependency, it is not a term that is consistently used or defined across all EU Member States. The scope of social reintegration is wider than the traditional treatment focused on pharmacological and psychosocial outcomes. The EMCDDA defines this as ‘any social intervention with the aim of integrating former or current problem drug user into the community’ (Sumnall and Brotherhood, 2012). In Belgium, the practice of social reintegration with a focus on specific risk groups is stressed in the common declaration as part of the integrated drug policy (Interministeriële Conferentie Drugs, 2010).

With a focus on problems of housing, employment and educational level, this chapter will first look at social exclusion among drug-users registered through the Treatment Demand Indicator (TDI) in comparison with general population registers (section 2.1). Also, the substance use in different vulnerable, excluded groups such as homeless people, sex workers and prisoners will be presented
based on specific studies (section 2.2). A second part of the chapter will describe examples of initiatives supporting people from a social point of view (section 3).

2. SOCIAL EXCLUSION AND DRUG USE

Drug use could be considered as either a consequence or a cause of social exclusion. On one hand, drug use may cause a deterioration of living conditions, but on the other hand, the process of social marginalisation can be a reason for starting drug use as well. Nevertheless, the relation between drug use and social exclusion is not necessarily a causal one, as social exclusion does not apply to all drug users. Taking this complexity into account, it is possible both to analyse drug use among socially excluded populations and to study social exclusion among drug addicts (EMCDDA, 2003).

2.1. SOCIAL EXCLUSION AMONG DRUG USERS

The TDI registration (see also chapter 5) gathers information on every new treatment episode of patients with a problematic use of substances in contact with treatment centres. Social exclusion of these patients can be illustrated through three aspects collected by the indicator: the educational level, the working status and the housing situation.

2.1.1. Educational level

Education is a key factor in the development of social and economic wellbeing (Sumnall and Brotherhood, 2012). Moreover, international research shows a strong evidence linking school attendance and engagement in protecting against drug use (Edmonds et al., 2005).

Figure 8.1 plots the proportion of people with a low educational level in the general population (FPS Economy, 2014) and in the population of drug users in treatment (WIV-ISP, 2014). In 2013, 17.5% of the general Belgian population (15 years or older), has no degree or only a primary degree of education. For the population of people entering treatment for substance use, this percentage is 30.5%. This proportion is decreasing since 2011 in both populations.
2.1.2. Working status

Although there is a large amount of evidence describing the association between problematic drug use and unemployment, the exact mechanisms and direction of influence are insufficiently examined and thus not fully understood (Henkel, 2011).

In figure 8.2 both the general population and the treated population are compared on unemployment rates. The unemployment rate is representing the proportion of people actively looking for a job. This rate is 8.4% in the general population and 19.8% in the drug user population in treatment. This supports the idea that drug users in treatment are less integrated in employment. Since 2011, however, the proportion of unemployed persons in the general population is slightly increasing whereas this rate is slightly decreasing for persons who are in treatment.
Figure 8.2 | Evolution of the unemployment rate in the general population and in the drug-user population (15-64 years) between 2011 and 2013

Source: FPS Economy, 2014; WIV-ISP, 2014

2.1.3. Housing situation

There is a complex interaction between substance use, homelessness and other housing needs. These are seen as mutually reinforcing and often result from the same disadvantages and inequalities as experiencing family disruption in childhood, school exclusion, health problems or contacts with criminal justice system. It is also recognised that housing stability enhances the achieving of employment (Pleace, 2008; Sumnall and Brotherhood, 2012).

Based on the TDI database, the percentage of patients living in an unstable accommodation (including also homeless people) is 11.5%. Moreover, 5.5% of the patients are incarcerated or reside in an institution (hospital, etc.). There are no similar indicators in the general population to compare these numbers with.

2.2. DRUG USE IN SOCIALLY EXCLUDED GROUPS

The most recent available numbers about drug use in different socially excluded groups in Belgium are presented below. Because such information is relatively scarce, the studies taken into account can be large scale studies at national level as well as more small scale studies at the level of a specialised centre working with these specific groups of people.

2.2.1. Homeless people

The results of a study in 2010 on homeless people in Belgium, showed that 81.7% of clients of the Flemish and 58.9% of the Walloon and Brussels public centres for social welfare were often confronted with a drug or alcohol addiction (De Boyser et al., 2010).
More recently, for the winter period of 2013-2014, ‘Samu social’ (an organization working with homeless people), listed in Brussels the observed causes of rupture that brought these people to a social emergency situation. Addiction (including both alcohol and illicit drugs) was given as the fifth most commonly mentioned causal reason (16.7%), right after finance problems, health or mental health problems and administrative problems (Samusocial asbl, 2014).

2.2.2. Sex workers
A study about drug use among sex workers took place in Belgium in 2011 (Decorte et al., 2011). The results showed that one in four (25.9%) of the 528 respondents had been using cannabis during the last month, compared to 16.7% for cocaine (also 3.4% crack), 7.2% for heroin and 3.8% for amphetamine. More recent results among 148 sex workers supported by the association ‘Espace P’ in Charleroi, show slightly higher results. 35.4% of the sex workers were using drugs or alcohol. The percentage of sex workers using cocaine was 18.3% and heroin 9.7% which is similar to the results of the study of Decorte et al. (Espace P, 2014).

2.2.3. Prison
Drug use is also an important issue among prisoners. From the biyearly survey in Belgian prisons on drug use (stopped in 2010), life-time prevalence use was around 60% while the prevalence of drug use in prison amounted to 30% (Van Malderen, 2011).

3. SOCIAL REINTEGRATION

Several initiatives targeting different risk groups are set up to improve social reintegration for drug users. To illustrate the concern and actions on this topic, different approaches are presented targeting the main social exclusion problems such as housing, education and training, employment and social life. The objective is to show the most recent, interesting or original initiatives in the different regions of the country. It is the intention of this report to illustrate the variety of developments on social reintegration specifically dedicated to drug users, rather than to provide an exhaustive list of projects. The presented overview is a collection of information generally obtained from the websites of the different organizations hosting these projects.
### 3.1. HOUSING

#### 3.1.1. Temporary housing and emergency accommodation

Many initiatives on housing aim at providing a temporary solution for those with the most pressing housing demands (see Table 8.1). Within these projects, the staff also supports clients in further orientation to more appropriate housing.

**Table 8.1 | Examples of temporary housing and emergency accommodation initiatives**

<table>
<thead>
<tr>
<th>Institution in charge; Name of the initiative; City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public centres for social welfare Antwerp; De Biekorf; Antwerp</td>
<td>54 beds available as a temporary housing solution for adult homeless people with an addiction or psychiatric problems (incl. shower, breakfast, soup) - €2.5/night.</td>
</tr>
<tr>
<td>Non-profit association Transit; Crisis centre; Brussels</td>
<td>21 beds available for drug users, providing a short term housing option until the person finds a long-term solution. Administrative support and orientation are also available; free of charge.</td>
</tr>
<tr>
<td>Non-profit association Comme chez nous and city of Charleroi; Ulysse night shelter; Charleroi</td>
<td>12 beds available for adults having an urgent housing difficulty, which is integrated in the network of support for homeless or addicted people, free of charge.</td>
</tr>
</tbody>
</table>

Source: Ville de Charleroi, 2014; Goessens, 2014; OCMW Antwerpen, 2014

Besides these three initiatives, in August 2013, a new national project was launched to be endured for 2 years in the five biggest cities of Belgium (Brussels, Antwerp, Gent, Liège, Charleroi) and based on the principles of Housing First (Housing First Belgium, 2014).

The Housing First model, launched in the USA in the nineties, is guided by the principle to provide housing as a primary action, to then subsequently combine this with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment. Housing is provided in apartments scattered throughout a community. A project of supportive housing such as Housing First removes the requirements for sobriety, treatment attendance and other barriers to housing entrance (Larimer et al., 2009).

In Belgium, Housing First is still a pilot project. In order to evaluate the impact of this initiative, a research project was launched. A total of 300 people were recruited in 3 groups: 1) an experimental group participating in the Housing First project, 2) a control group living on the streets and 3) a control group living in a fixed accommodation. Among those people, 50% had an addiction problem; mainly with alcohol (40.0%) but also with heroine (18.8%), cannabis (12.5%) and medicines (12.5%) (Housing First Belgium, 2014).
The results which will describe the obstacles and mark guidelines for good practice of Housing First in Belgium, are foreseen for June 2015.

3.1.2. **Supported housing, halfway houses and supported living**

Housing services provided to target clients who are not yet able to live completely independently, including transitional housing as well as supported living are described in Table 8.2.

**Table 8.2 | Examples of supported housing, halfway houses and supported living initiatives**

<table>
<thead>
<tr>
<th>Institution in charge; Name of the initiative; City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Kiem; Halfway house; Ghent</td>
<td>Drug users that have completed the therapeutic community programme can benefit from a 6-8 months residential aftercare. Accent is put on working situation, education, development of a social network and financial support.</td>
</tr>
<tr>
<td>Non-profit association Transit; Supervised flats; Brussels</td>
<td>8 individuals flats are available for renting for 3 months (period can be extendable). Clients are required to be independent and able to pay the rent. While benefitting from a social accompaniment, they should actively look for new housing.</td>
</tr>
<tr>
<td>Non-profit association Thais; Welcome house; Liège</td>
<td>9 individual places are preferably allocated to families. A psychosocial support is provided to generally improve the social, housing, health and family situation of the drug user or sex-worker.</td>
</tr>
</tbody>
</table>

Source: De Kiem, 2014; Goessens, 2014; Thaïs asbl, 2014

3.1.3. **Support in finding long-term accommodation**

Support for drug users that require assistance in finding long-term accommodation is provided through several services (Table 8.3).

**Table 8.3 | Examples of initiatives in finding long-term accommodation**

<table>
<thead>
<tr>
<th>Institution in charge; Name of the initiative; City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public centres for social welfare Brussels; Psychosocial support service; Brussels</td>
<td>Service aiming at helping drug-users in their administrative, social, medical and day-to-day initiatives. One of the main objectives is to help in finding a housing solution.</td>
</tr>
<tr>
<td>Projet Lama; ‘Hestia’; Brussels</td>
<td>Besides from the studios available for short term housing, Hestia is also working at helping the patient with administrative tasks, creating a personal project together and reintegrate them in society.</td>
</tr>
<tr>
<td>Non-profit association Thais; Association for the promotion of housing; Liège</td>
<td>A new initiative in Wallonia which promotes social reintegration through decent housing, administrative, technical and judicial support. As from 2014, the first houses will be available for a 9 years lease.</td>
</tr>
</tbody>
</table>

Source: CPAS de la ville de Bruxelles, 2014; Le Projet Lama asbl, 2014; Thaïs asbl, 2014
3.2. EDUCATION & TRAINING

Table 8.4 focuses on vocational training and education interventions for unemployed problem drug users. Education refers to formalized education whereby the client are faced with examinations and other forms of assessments to gain nationally recognised qualifications. Vocational training incorporates a wide variety of programmes that support employment strategies, increase self-efficacy, improve commitment to work, etc.

Table 8.4 | Examples of education and training initiatives

<table>
<thead>
<tr>
<th>Institution in charge; Name of the initiative; City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public centres for social welfare Ghent; ‘Perspectief’; Ghent</td>
<td>Persons with a current or previous addiction problem can benefit from an evaluation of their actual situation, a proposition of possibilities for their work situation and guidance and follow-up of new perspectives</td>
</tr>
<tr>
<td>Trempoline; Programme for psychological; Social and professional reintegration; Charleroi</td>
<td>This programme offers an opportunity for drug users from the therapeutic residential programme to follow training in informatics, language and mathematics or horticulture. They are also prepared for work by a mapping of their competences or possible difficulties, etc.</td>
</tr>
<tr>
<td>Non-profit association Free-clinic; ‘Buro Actief’; Antwerp</td>
<td>Buro Actief provides the possibility for drug users to engage anyway on a low-threshold level in small work assignments. This initiative is part of an integrated care programme.</td>
</tr>
</tbody>
</table>

Source: Free Clinic, 2014; OCMW Gent, 2014; Trempoline asbl, 2014

3.3. EMPLOYMENT

In theory, problem drug users could access the employment market through traditional means. However, in practice there are significant barriers. Table 8.5 focuses on special interventions that provide a supportive work environment for drug users.
Table 8.5 | Examples of employment initiatives

<table>
<thead>
<tr>
<th>Institution in charge; Name of the initiative; City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WeerWerk; Ghent and Antwerp</td>
<td>‘Weerwerk’ gives the opportunity to current or former drug users to reintegrate slowly in a social enterprise business. Participants receive additional support to address drug use, financial and other social problems</td>
</tr>
<tr>
<td>Modus Vivendi; Peer support; Brussels</td>
<td>The expertise and cooperation of drug users is useful for harm-reduction projects, prevention programmes or expertise meetings towards their peers. Drug users are recruited for a short period and are obliged to follow a training to be allowed to provide peer support at different places.</td>
</tr>
<tr>
<td>Trempoline; Programme for psychosocial, social and professional reintegration; Charleroi</td>
<td>This programme offers job opportunities (administrative, gardening or construction tasks) for a maximum of 1 year. The target group are drug users in treatment in Trempoline.</td>
</tr>
</tbody>
</table>

Source: Modus Vivendi, 2013; Trempoline asbl, 2014; Weerwerk, 2014

3.4. LEISURE ACTIVITIES

Research has shown that physical and social recreation play an important role in improving the quality of life (Fountain et al., 2000). This can benefit at different levels and may result in improved physical health, improved self-esteem, improved mood, increased energy and activity levels, reduced side effects of medication (e.g., weight gain), reduced depression and anxiety and distraction from stressful situations. Table 8.6 describes some of the projects set up in Belgium in order to improve involvement of drug users in social life activities.

Table 8.6 | Examples of employment initiatives

<table>
<thead>
<tr>
<th>Institution in charge; Name of the initiative; City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Clinic; Activation project; Antwerp</td>
<td>This project provides opportunities of social activities (music, sport, meetings) allowing drug users to participate to free projects in order to activate them and to force them to be involved in small events</td>
</tr>
<tr>
<td>La trace; Brussels</td>
<td>This centre organizes hiking tours of several days at different locations for a reasonable cost to drug users. The objective is to create a common challenge, to stimulate mutual assistance and to provide psycho-social follow-up around these activities.</td>
</tr>
<tr>
<td>Medical social care centre Start-MASS; Liège</td>
<td>The treatment centre organizes sports, cooking sessions or artistic activities with their patients in order to motivate them to other activities than their substance use.</td>
</tr>
</tbody>
</table>

Source: Free Clinic, 2014; La Trace asbl, 2014; Start-MASS, 2014
4. CONCLUSIONS

Social exclusion can be defined as problems of housing, education, employment and social isolation encountered by drug users. Although this information is often only available for the subgroup of users entering treatment, it provides an overview on socio-economic characteristics of drug users.

The drug using population in treatment has a much higher risk on social exclusion. When looking at the education level and working status situation, the drug using find themselves twice as much in a socially problematic situation in comparison to the general population. Furthermore, a non-negligible proportion of the drug users in treatment are living in an unstable accommodation or on the streets.

as the condition of drug consumption in (a few) socially excluded groups in Belgium are only recently been studied and therefore, the available the information is fragmented. Nevertheless, drug consumption is frequently mentioned among homeless people, sex workers or prisoners.

Among all set up initiatives concerning social reinsertion, housing initiatives are the most common ones. Their objective varies from finding temporary housing solutions in an emergency situation to more long-term accommodation solutions. The newly started “Housing first” project of 2013 aims at finding unconditional accommodation solution for homeless people.

Next, employment initiatives allow people who use drugs to regain access to work through small paid jobs or trainings on specific topics. In addition, there is also a strong interaction between different types of needs. For example, education may improve access to work and regular employment may also help in finding a stable accommodation.

Finally, specific leisure initiatives targeting drug using people have also been set up to provide opportunities and challenges for (ex-)users to reintegrate a social life.

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