

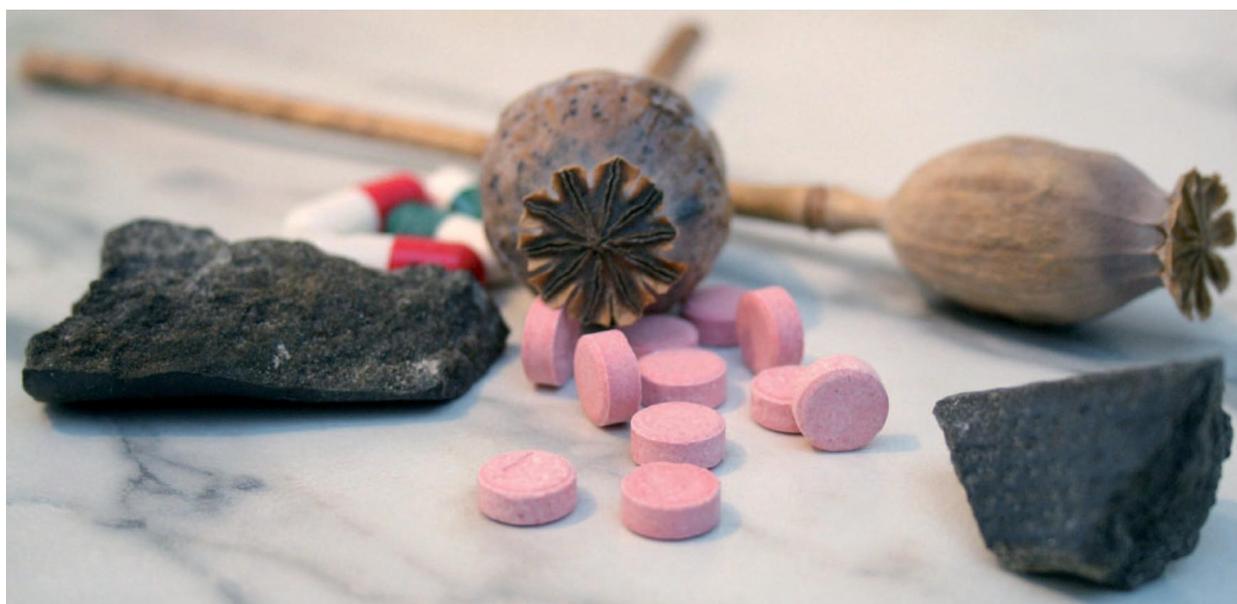
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European Monitoring Centre
for Drugs and Drug Addiction

SERVICE SURVEYS, LIFESTYLE
AND CHRONIC DISEASES



BELGIAN NATIONAL REPORT ON DRUGS 2014

NEW DEVELOPMENT AND TRENDS

.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
Julliette Wytsmanstreet 14 | 1050 Brussels | Belgium

Public Health & Surveillance | November 2014 | Brussels, Belgium

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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

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

www.wiv-isp.be

CHAPTER 9.

DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME AND PRISON

Plettinckx E.

- The number of trade-related drug law offences is increasing.
- Law enforcement data confirm the popularity of cannabis: in 2013, marihuana remains the most wanted drug.
- In 4 years, the proportion of mandates for electronic surveillance declined with over 10% compared to the total number of drug-related mandate assignments at the houses of justice.
- The prevalence of drug- or doping-related cases entering the youth prosecution system is twice as high as the cases at the level of the prosecutor of first line court.

1. INTRODUCTION

A new national safety plan was implemented in 2012 by the federal Minister of Home Affairs and Justice. This national safety plan prioritises different aspects of the competences of the local and federal police in Belgium. As the Belgian police is one of the most important actors regarding drug-related crime, these priorities are of high importance. For the period 2012-2015, drug dealing, import and export of cocaine, the production and trafficking of synthetic drugs and cannabis and driving under the influence of alcohol and drugs are put forward as leading topics (Turtelboom and Milquet, 2012).

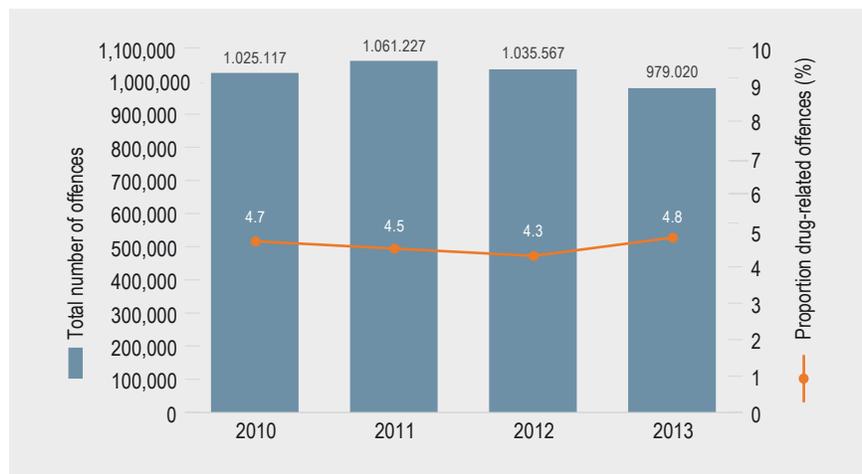
According to these priorities, this chapter provides an overview of the drug-law offences (section 2.1), offences related to driving under the influence of illegal drugs (section 2.2), the prevention of drug-related crime and reoffending (section 3), alternatives to prison (section 4.1) and drug-related cases at (youth) prosecution and court level (section 4.2). The last two sections examine the drug situation in prisons: section 5 covers information on the responses to drug-related health issues in prisons, while section 6 describes the services to improve reintegration of drug users after release from prison.

2. DRUG-RELATED CRIME

2.1. DRUG LAW OFFENCES

The Belgian federal police regularly publishes statistics to support policy makers in identifying priorities. These figures are based on reports of both the local and federal police and describe various crimes (Federale Politie - CGOP / Beleidsgegevens, 2013). Figure 9.1 illustrates the total number of offences in relation to the total number of drug law offences committed during the period 2010 to 2013. Drug use and possession are reported together as one offence since 2010, as individual drug use implies the possession of drugs. Before 2010, use and possession were often separately taken into account, which resulted in an overestimation of the total number of drug law offences. For this reason, numbers are only reported from 2010 on. In 2013, a total of 979,020 criminal offences were registered, of which 47,269 concerned drug law offences (possession (and use), trade, trafficking, or production of drugs). The proportion of drug-related offences raised to 4.8%. This was the first increase of prevalence in four years.

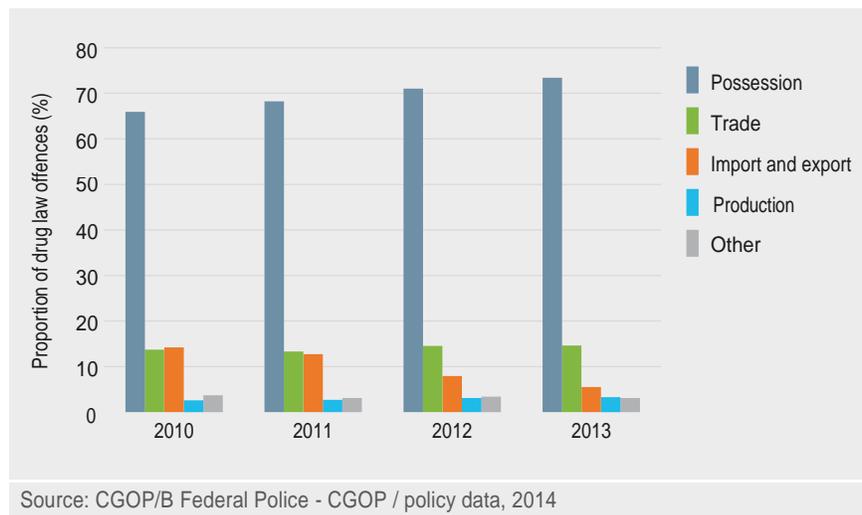
Figure 9.1 | Drug law offences in relation to the total number of law offences between 2010 and 2013



Source: CGOP/B Federal Police - CGOP / policy data, 2014

Every year, the Belgian federal police reports about drug law offences by specifying different categories such as use and possession, import and export, trade, production and trafficking of illicit drugs (Federale Politie - CGOP / Beleidsgegevens, 2013). Figure 9.2 describes the evolution between 2010 and 2013 of the drug law offences by category.

Figure 9.2 | Proportion of drug law offences by category between 2010 and 2013



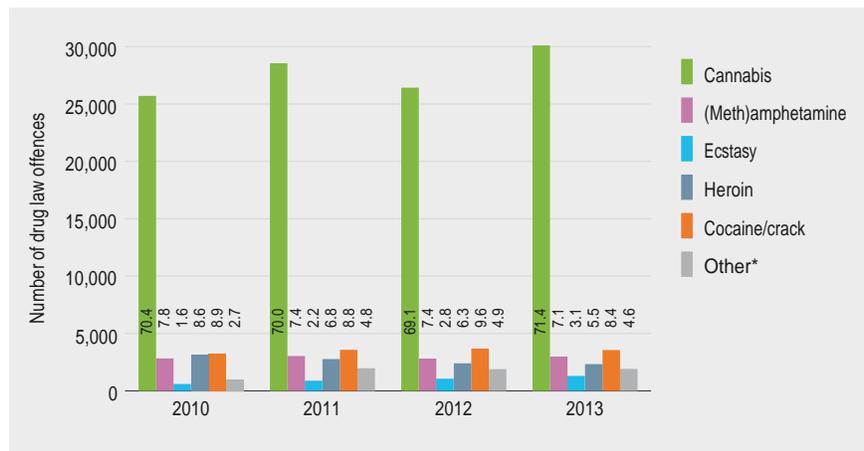
The observed increase of drug-related offences registered in 2013 (n=47,269) in comparison with 2012 (n=44,108) is mainly determined by the evolution in drug law offences related to the use and possession of drugs. In 2013, the prevalence reached a record of 73.4%. Also the prevalence of production of drugs is increasing and reached 3.3% in 2013. The proportion of drug law offences registered by police forces related to import and export is declining. The registered drug law offences related to trade are stable.

A case study about retail trade (the sale of user amounts) of cannabis, cocaine, amphetamines and ecstasy in Antwerp indicated that dealers are often carrying only very small amounts of drugs with them. They use this precaution as it is known that upon interference, when no evidence for dealing can be demonstrated, the police can only charge for possession of illegal drugs. However, the analysis of police charges and public prosecutor files revealed that dealers carry around more money in one's pockets than the average citizen. The presence of the money presumably refers to the illegal sale activities (Decorte and D'Huyvetter, 2014).

The strategic analysts of the federal police study drug law offences by type of drugs as well (Figure 9.3) and extract data from the national database every two months. Nevertheless, the local and federal police do not always know what kind of illicit drug is involved. As such, some seizures request additional analyses by a laboratory. Although in about 90% of the cases the federal police receives feedback on these results, this sometimes takes several months. For this reason, the total number of drug law offences mentioned in Figure 9.3 is lower than the total number of drug law offences in Figure 9.1 and 9.2.

The federal police reported 71% of these drug law offences to be related to cannabis, 7% to (meth)amphetamine, 3% to ecstasy, 6% to heroin, 8% to cocaine or crack and 5% to other drugs. These data show a slight increase of cannabis-related offences over the years. In 2013, a record number of 30,113 cannabis-related offences was reported. (Meth)amphetamine-related law offences remained stable in the past years. Regarding the same time, the registered ecstasy-related law offences show a slight increase. A similar trend is found for law offences regarding cocaine. Heroin-related law offences are decreasing over the past years. The category 'other drugs' shows a stable trend since three years.

Figure 9.3 | Drug law offences as main offence between 2010 and 2013, by type of drug



The figures indicate the proportion (%) in relation to the total.

* LSD, benzodiazepine, phenethylamine, codeine, GHB, ketamine, khat, methadone, morphine, opium and mushrooms

Source: Federal police

2.2. OTHER DRUG-RELATED CRIME

2.2.1. Driving under the influence of drugs

Driving under the influence of drugs increases the risk of severe injury accidents (Hels et al., 2013). The prevalence of psychoactive substances in the traffic in Belgium exceeds the European average of 7.4% (Houwing et al., 2012). Moreover, Belgium is considered as one of the countries with the highest prevalence of injured drivers that test positive for at least one psychoactive substance (Legrand et al., 2013). In this framework, the local police and Federal Highway Police set up control posts to screen drivers for drug use. The first step in this procedure is a visual checklist. In case of positive indications of illicit drug use, an oral fluid screening test is conducted. If this oral fluid test is positive as well, a blood sample is collected for further confirmation through analysis in a laboratory (Ricour, Personal communication, 2011). Most of these blood samples are analysed by the National institute for Criminalistics and Criminology (NICC). Table 9.1 gives a detailed overview of the results of the analyses conducted by the NICC. These results are considered as representative for the analyses performed by other laboratories, as these represent about 87% of the total analyses involved.

Table 9.1 shows that 9% of these samples were related to false positive oral fluid screening tests. Most analyses (74%) indicated only the use of one substance. According to these results, 48% of the drivers was under the influence of cannabis only, 14% used only amphetamine, 10% used only cocaine and 2% used only opiates. Nonetheless, some drivers also combined different substances. In total, cannabis was involved in 61% of the cases, amphetamine in 28%, cocaine in 21% and opiates in 4%. These figures indicate an increasing number of positive tests of driving under the influence of illegal drugs in the past three years. Only the combined use of opiates and cocaine is less observed. Proportionally, there's an increase of the group of persons of drivers under the influence of a combination of amphetamine and cocaine, amphetamine and opiates, and amphetamine, cocaine and cannabis.

Table 9.1 | Substances detected in blood samples after a positive oral fluid screening test between 2011 and 2013

Substances detected in blood	2011		2012		2013	
	N	%	N	%	N	%
Amphetamine	202	14.6	261	15.2	274	13.8
Amphetamine + cannabis	73	5.3	76	4.4	106	5.3
Amphetamine + cocaine	19	1.4	28	1.6	56	2.8
Amphetamine + opiates	1	0.1	4	0.2	5	0.3
Amphetamine + cannabis + cocaine	7	0.5	11	0.6	14	0.7
Amphetamine + cannabis + opiates	0	0.0	0	0.0	0	0.0
Amphetamine + cocaine + opiates	0	0.0	0	0.0	1	0.1
Amphetamine + cannabis + cocaine + opiates	0	0.0	0	0.0	0	0.0
Cannabis	726	52.5	777	45.2	956	48.2
Cannabis + cocaine	70	5.1	78	4.5	118	6.0
Cannabis + opiates	3	0.2	9	0.5	8	0.4
Cannabis + cocaine + opiates	2	0.1	5	0.3	2	0.1
Cocaine	124	9.0	181	10.5	203	10.2
Opiates	31	2.3	38	2.2	35	1.8
Cocaine + opiates	11	0.8	27	1.6	25	1.3
Total positive tests	1,269	91.7	1,495	87.0	1,803	91.0
Below legal cut-off value	115	8.3	223	13.0	179	9.0
Total blood tests	1,384	100	1,718	100	1,982	100

Source: NICC, Personal communication, 2014

3. PREVENTION OF DRUG-RELATED CRIME

In order to prevent drug-related crime described earlier in this chapter, it is of crucial importance to obtain further insight into the national and international dynamics of the drug markets. The information of the supply side is currently fragmented among various members of the law enforcement community. Moreover, the displacement of illegal activities is a side effect of successful law enforcement activities. Consequently, law enforcement experiences difficulties to respond to the ever changing drug market. As such, these actors often have insufficient knowledge about the drug markets in order to act proactively. Although information concerning arrests and seizures is available, much more detailed knowledge is needed on 1) the different actors involved, 2) the *modus operandi* and 3) the locations where these illegal activities take place (Smet et al., 2013).

In this light, the institute of international research on criminal policy (IRCP) of the Ghent University started the SUPMAP project in 2011 to indicate supply indicators (SUPMAP). These supply indicators ought to combine the fragmented information of the law enforcement community. In this way, these indicators would enable proactive acting and prevention of drug law offences (Smet et al., 2013).

Within this research project, attention was given to the classic drug markets, namely heroin, cocaine, amphetamines, ecstasy and cannabis. Next to a profound literature review on drug markets and drug-related crime, additional information was collected through interviews with different members of the law enforcement community and some actors active in the drug trade as well (Smet et al., 2013).

Law enforcement experts confirmed the importance of the police and the customs as a source of information. By combining this data with information from the public prosecutor, toxicological laboratories, hospitals and drug treatment, a better monitoring is enabled of the drug supply in Belgium. Nevertheless, customs and the airport police are currently the only two groups who are using indicators in daily practice (Smet et al., 2013).

The study pointed out that quantitative data (such as number of seizures and arrests, currently collected for policy purposes) are less useful in order to reduce drug-related crime. As a result, both quantitative as well as qualitative (the so-called soft information) data should be involved in order to make the use of drug supply indicators of better interest (Smet et al., 2013).

Obtaining both qualitative and quantitative data in order to act proactively, requires general as well as echelon specific indicators. In Belgium, indicators are available on retail and production level, though sufficient indicators at

middle and international drug trade level are lacking. Systematic and efficient prevention of drug-related crime imposes to determine 1) the role of Belgium as a transition country and the connection with The Netherlands, 2) organised crime networks and 3) the role of facilitators (independently and within criminal networks) at different levels. Profound monitoring of this type of information showed to be feasible by slightly adapting an existing registration tool used by police forces. This tool gives the possibility to specify the context of committed crimes and consequently a better insight in the different types of crimes and the functioning of the (European) drug market. The SUPMAP study provided the initial impetus to strengthen the current efforts in preventing drug-related crime. For this, a first priority would be to improve the dataflow between different law enforcement services and laboratories. Subsequently, additional and more detailed information about the organization of drug markets can be collected (Smet et al., 2013).

4. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

4.1. ALTERNATIVES TO PRISON

Alternative sanctions are stimulated among others by the Inter-ministerial Conference Drugs (De Wree et al., 2009; Interministeriële Conferentie Drugs, 2010). Research has indicated that imprisonment does not have a deterrent effect on the commitment of crimes (Freiburger and Iannacchione, 2011; McGrath and Weatherburn, 2012; Nagin et al., 2009). Detention may not only risk the increase of drug use and crime, but can also give cause to negative effects on social, physical and psychic aspects of life (Hardy and Snowden, 2010; Liebling and Arnold, 2012; Nieuwbeerta et al., 2009; Schnittker and John, 2007). The positive effects of alternative sanctions on crime reduction and several life domains has been demonstrated (Cid, 2009; De Wree et al., 2008; De Wree et al., 2009; Spohn, 2007). As a result, alternative sanctions present a more adequate answer to offences than imprisonment (Cid, 2009; De Wree et al., 2008), including the advantage to fine-tune measures to the individual situation and needs of each offender (De Wree et al., 2008; De Wree et al., 2009). Research promotes alternatives to prison especially for drug users if drug treatment is part of the alternative sanction (Lurigio, 2000; Vorms et al., 2013).

Judicial alternatives are applicable in various stages of the criminal justice system and include conditions which have to be met by the offenders. These conditions may, among others, be related to drug treatment (Defillet, 2012). As a large number of homeless, low educated and unemployed people are involved in drug-related crime, the criminal justice system may also broaden their scope and insist on conditions related to work, housing or education (whether or not in combination with drug treatment) (De Ruyver et al., 2008).

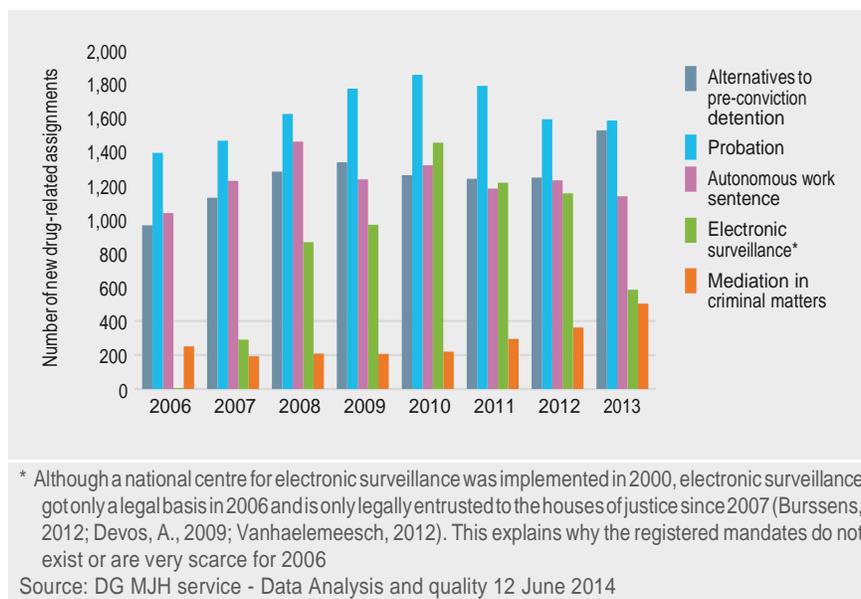
The prosecutor or judge has the possibility to propose (at prosecution level) or impose (at court level) an alternative measure in certain circumstances (e.g. adult offender, maximum sentence of 5 years,...). In this case, since 1999, the offender will be referred to a justice assistant who is responsible for the supervision and guidance of these alternative measures and works in one of the 28 houses of justice in Belgium.

All guided mandates of the alternative measures are recorded in a general database 'SIPAR' (Système Informatique PARajudiciaire) within the Directorate-General for Houses of Justice (Burssens, 2012). This registration is mandatory since 2005. In 2012, the data analysis and quality service of the Directorate-General for Houses of Justice extracted for the first time all mandates related to drug offences from the SIPAR database.

The analysis of new drug-related mandates between 2006 and 2013 show that most of the clients of justice houses who receives an alternative sanction have the Belgian nationality (77%). The majority of all clients is male and between 18 and 34 years old.

Figure 9.4 illustrates the number of new assignments related to drug offences at the houses of justice between 2006 and 2013. A decrease of the total alternative measures is noticed since 2010, based on the number of new assignments concerning alternatives to pre-conviction detention, probation, autonomous work sentence, electronic surveillance and mediation in criminal matters. Alternatives to pre-conviction detention and mediation in criminal matters are the only alternative measures which deviate from this pattern: a slight increase of the number of new assignments related to drug offences for these two alternatives can be observed. Mediation in criminal matters, however, includes the smallest number of new mandates over the last years. The purpose of mediation in criminal matters is to facilitate the communication between the victim and the offender in order to repair the material or emotional harm of the offence. As such, both parties have to agree on this alternative measure before mediation in criminal matters can start. Moreover, active collaboration of both parties is required (FPS Justitie, 2014). Probation, although declining, remains the alternative measure with the highest number of new mandates each year. Probation has a long history in the Belgian criminal justice system and can be imposed since 1964 (B.S./M.B. 17.07.1964).

Figure 9.4 | Number of new assignments at the houses of justice for drug-related crimes between 2006 and 2013



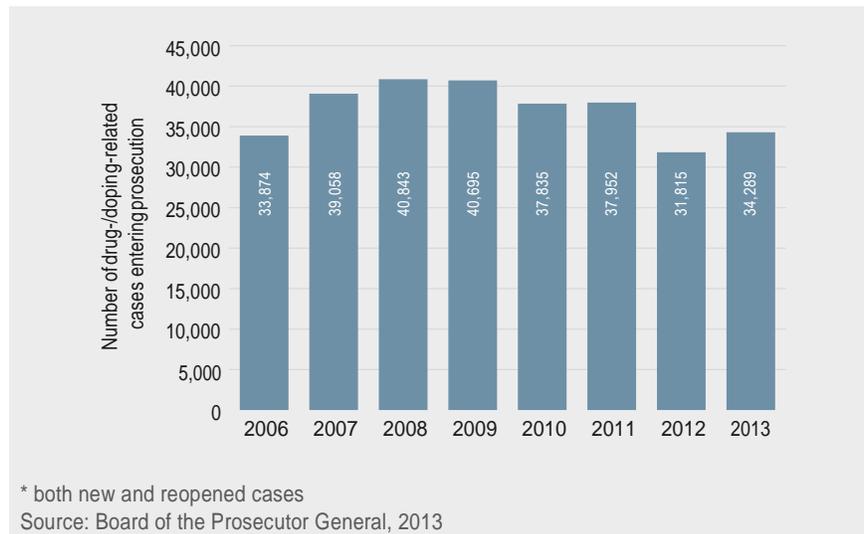
An Important pilot project on this topic is the Drug Treatment Court (DTC) Ghent (also described in chapter 1 of this report). It is an additional alternative to prison which was implemented in the judicial district Ghent in 2008. The DTC Ghent is specifically targeted at persons who committed crimes because of their drug use in order to redirect them to treatment. Drug using offenders are supported and supervised intensively by a judge, prosecutor and liaison. The past years, this pilot project was subject of different evaluation studies which proved the added value of a DTC as implemented in Ghent (Colman et al., 2011; De Keulenaer, S. and Thomaes, S., 2013; Vander Laenen et al., 2013). As described in chapter 1, DTC meets the deficits of probation and enables to focus more on the ‘person with a drug issue’ rather than to focus only on the ‘offender’. By focusing on different life domains, this individual approach creates the possibility to work towards reintegration. Moreover, an evaluation was performed by the service criminal policy of Federal Public Service Justice and indicated that persons who followed the DTC trajectory conducted less recidivism during the first 18 months after the trajectory in comparison to persons who answered to the classic judgement or probation. Nevertheless, recidivistic persons that followed the DTC trajectory, committed more frequently recidivism in comparison with probation clients. However in general, compared to probation, less drug-related offences are committed by persons who followed the DTC trajectory. Also, as the sample size was relatively small in this evaluation study, it is preliminary conclusion that persons who followed the DTC trajectory shows the largest progress. The

analyses pointed out that persons who followed the DTC trajectory, covers the largest group of respondents that do not longer commit any crime after the judicial intervention (De Keulenaer, S. and Thomaes, S., 2013).

4.2. OTHER INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

Approximately 34,000 drug- or doping-related cases entered the prosecution system of first line courts in Belgium during 2013. This represents almost 5% of all cases entering prosecution. Figure 9.5 illustrates the numbers about drug- or doping-related cases entering the prosecution level of the last 8 years and indicates a fluctuating trend in the drug- or doping-related cases. An increase of the prevalence was found until 2008, after which a declining trend is observed, with exception of a slight increase in 2013.

Figure 9.5 | Drug/doping related cases in comparison with the total amount of cases entering the prosecution system of first line court between 2006-2013



The prevalence of drug- or doping-related cases entering the youth prosecution system is twice as higher than at the level of the prosecutor of first line court in 2013 (see Figure 9.6). 11% of all cases entering the youth prosecution were related to drugs or doping. This is the highest prevalence reported in the last eight years.

Figure 9.6 | Proportion of drug/doping related cases entering the youth prosecution system in comparison with the adult prosecution system, Belgium, 2013

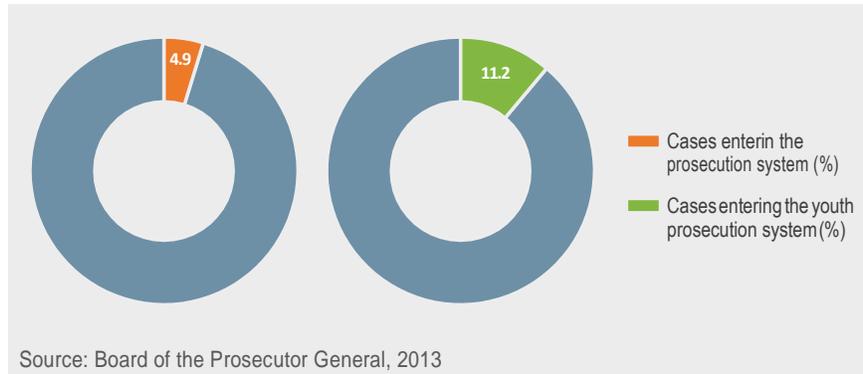
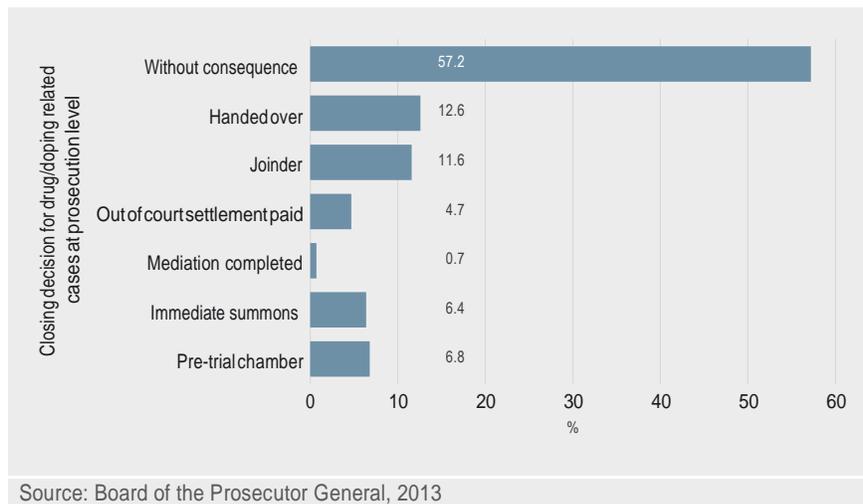


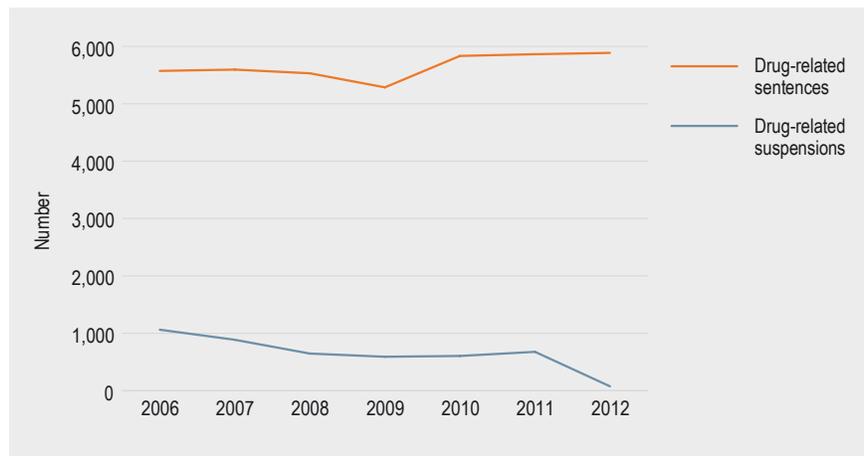
Figure 9.7. illustrates the closing decisions for drug- and doping-related cases at prosecution level (youth prosecution is not included). The greater part of the cases at the prosecution system of first line court (57%) were still closed without consequences in 2013, while 13% of the cases were handed over. Joined drug- or doping-related cases are less common. The prosecutor redirected 7% of the drug- or doping-related cases to a pre-trial chamber. 6% of the cases were summoned immediately. An out of court settlement was paid in 5% of the cases and a mediation was only completed in 1% of the cases. These two last closing decisions turn out to be more often completed successfully in the recent years. The immediate summons seem to slightly increase over the years.

Figure 9.7 | Number of closing decisions for drug/doping-related cases at prosecution level of first line court in 2013



The Service for Criminal Policy collects the information about the final judgements in all Belgian courts. The established database was updated in 2014 and was published online (Dienst voor strafrechtelijk beleid, 2013). Due to a delay of the registry of the 'judgement extractions' from the courts to the central criminal registry, the most recent data available are those from 2012. Figure 9.8 describes the evolution of sentences and suspensions for narcotic drugs, sleeping pills and psychotropic substances judged in Belgium in the years 2006 until 2012.

Figure 9.8 | Sentences and suspensions for narcotic drugs, sleeping pills and psychotropic substances between 2006 and 2012



Source: Service for Criminal Policy: sentences and suspensions, 2013

Based on the central criminal registry, drug-related sentences have increased slightly from 2006 to 2012. Nevertheless, a dip of 5,284 drug-related sentences is noticeable in 2009. Drug-related suspensions, on the contrary, have decreased over the last seven years. This trend is confirmed when looking at the drug-related suspensions and drug-related sentences in relation to the total suspensions and sentences.

5. RESPONSE TO DRUG-RELATED HEALTH ISSUES IN PRISONS

In Belgium, prison health care is a competence of the Minister of Justice. In Belgian prisons, there is a clear division between providing health care to prisoners (health perspective), which is the responsibility of the central service for health care, and providing medical and psychosocial advice as part of security measures and probation (security perspective), which in its turn is the responsibility of the psychosocial service.

In each Belgian prison a single service for health care is installed for executing the health policy as formulated by the central service for health care in prisons. Providers of care are bound by professional secrecy. A minority of the staff members in prisons are medically or paramedically trained. Therefore, the provision of treatment by this physician in the prison setting is only possible on reasonable grounds and upon agreement by the head of the prison health care service.

Within the Belgian prison system only basic medical services exist. However, transferring a prisoner to a specialised prison (e.g. with a section functioning as outpatients' clinic performing hospital assignments to a limited extent), hospital or health care institution is possible. Special care for detainees using illicit drugs is consequently limited. Nevertheless, the objective is to adjust the drug policy in prison as much as possible to the drug policy outside prison, as services and treatment for drug users may prevent re-offending. This implies that attention ought to be given to the four pillars of the drug policy (prevention, reduction of harm, treatment and enforcement) in prisons as well. To this end, two regional coordinators were assigned.

Services for drug users are delivered both by experts that are part of the prison health teams and by external providers. Cooperation with external drug service providers exists with intention to work towards community drug treatment upon release. Prison health teams are also supported by experts who are specialised in a specific drug-related field, such as physicians that function as a reference for the opiate substitution treatment. Unfortunately, due to the economic crisis and the associated savings, the capacity of the (drug-related) treatment services in prisons has been decreasing over the past years.

5.1. DRUG TREATMENT

Drug treatment is gradually put into practice in Belgian prisons. Different drug-related health services, such as cognitive-behavioural interventions,

opiate substitution therapy (OST), therapeutic communities (TC) and drug-free programmes are available.

5.1.1. Cognitive behavioural interventions

In 2012, a first 'short duration drug programme' of six weeks was installed in the prison of Bruges. This programme was developed on the occasion of the experience of the British prison system with cognitive behavioural therapy for drug using offenders. This drug programme of short duration is based on the trans theoretical model of change of Prochaska and DiClemente (Prochaska and DiClemente, 1984). An existing manual is used as reference in order to develop a prison-oriented, standardised manual, based on practical experience.

5.1.2. Opiate substitution therapy

Methadone and buprenorphine are used for opiate substitution therapy in Belgian prisons. In August 2012, almost 4% of the total Belgian prison population received OST. Methadone is used for 74% of those treated with OST and buprenorphine is prescribed in the other 26% of the cases (FPS Justitie, 2014). Detoxification as well as maintenance programmes are available in prison in order to enhance the social and personal functioning of the clients. A technical protocol as a strict procedure on OST is used as a quality assurance of service. In prisons for remand prisoners, addiction specialists are assigned as a reference.

The pressure from the prisoner's environment is experienced as an obstacle for detoxification, as well as the lack of health care staff and former prosecution of prison physicians in cases of overdose where methadone was involved.

5.1.3. Therapeutic communities

Within the pre-therapeutic drugs programme ('B.Leave') of the prison of Ruiselede, efforts are made towards a TC-oriented approach. The prison of Ruiselede has an open regime excluded from many security provisions, providing an intense programme oriented towards reintegration and education. Detainees are compelled to work and to live as a community.

5.1.4. Drug-free Programmes

Only two Belgian prisons, namely the prison of Ruiselede and Bruges, are offering a drug-free programme to their detainees.

In the open prison of Ruiselede, the use of medication to treat mental illness, alcohol and illegal drugs are not allowed.

In this perspective, a high intensity, cognitive behavioural programme of eight months (from the beginning of October to the end of May) is offered to 16 prisoners for whom drug addiction has led to their offending. Due to financial reasons, the capacity of this programme was forced to decrease from more or less 50 prisoners to 16 in 2012. This pre-therapeutic drugs programme, called

'B.Leave' (also mentioned in section 5.1.3.), was implemented in 1995 with objective to cram drug using prisoners for a drug-free life through education, therapy and sport. Prisoners have to take a drug test before they can participate to the programme. By means of therapy, they learn to develop personal, social and life skills through a strict day structure of work and leisure activities. Once the programme is finished, the continuation of care is provided by offering a follow-up of relapse prevention and social skill training. Finally, also the release of these prisoners is assisted in Ruiselede.

In 2009 a new drug-free wing was set up in the Bruges prison which in time proved to be successful. One drug-free section was initially available for a maximum of 20 prisoners. Despite the economic crisis, the capacity of this drug-free wing increased to 44 prisoners. Standardised procedures for screening, intake of prisoners and voluntary drug testing (a condition for admission) were developed as well as clearly defined in- and exclusion criteria. Prisoners within this programme are living together, but are separated from the other prisoners. Next to relapse therapy, the service aims at the development of prisoner's social, personal and other life skills in order to increase personal functioning. Similar as the programme in Ruiselede, the daily structure with obliged working and leisure activities is of great importance.

5.2. PREVENTION AND REDUCTION OF DRUG-RELATED HARM

To prevent and reduce drug-related harm in prisons several initiatives were implemented the past years. This paragraph describes the medical consultation and information available for prisoners who are using drugs.

5.2.1. Medical consultation, screening and assessment of drug use upon entry into custody

The law of principals of 2005 (B.S./M.B. 01.02.2005) and the Royal Decree of 8 April 2011 (B.S./M.B. 21.04.2011) foresees a medical consultation within 24 hours upon entry into custody. As standard procedure, a medical intake is executed with attention for drug use and psychopathological disorders.

Prison staff is informed on risk behaviour, drug use, drug policy, effects of different drugs and drug users' behaviour by offering training.

5.2.2. Drug prevention and harm reduction information

Flyers, brochures, and posters to inform prisoners on the effect of different drugs, are available in every prison.

A booklet on drug-related health problems and risk behaviour in prison is made by and for prisoners, in collaboration with Modus Vivendi and is financed by the Federal Public Service (FPS) Justice. This booklet is available in the French prisons

since 2009, and since 2011 in the Flemish prisons. In 2011, a new information campaign oriented on hepatitis C has been launched in Belgian prisons.

Peer support projects are installed in French speaking prisons. Snowball operations (see chapter 3 for more details) and prisoners' health contact ('Détenus contact santé') are two projects with aim to train prisoners on health-related topics. Prisoners can contact these people to receive more detailed information if wanted. This will help prisoners on being informed about drug-related health risks, such as sharing needles and communicable diseases.

5.3. PREVENTION, TREATMENT AND CARE OF INFECTIOUS DISEASES

In order to prevent the spread of infectious diseases among prisoners treatment is provided in the Belgian prisons.

5.3.1. Diagnosis and treatment of drug-related infectious diseases

In Belgian prisons, treatment is possible upon the diagnosis of HIV, hepatitis B and C. Antiretroviral treatment is offered for HIV and interferon therapy for hepatitis B and C. Moreover, a cooperation exists with Aids resource centres.

5.4. PREVENTION OF OVERDOSE-RISK

In every prison, a booklet on health in prison is distributed through internal and external collaborators. A range of health- and drug-related topics are discussed, such as drug-related infectious diseases, as well as information on what to do in case of an overdose with a fellow prisoner.

6. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON

6.1. SOCIAL SERVICES FOR DRUG USERS IN PRISON

The Belgian regional governments encourage organizations and services that support prisoners in the development of skills in different life domains. The appointed staff is not employed by the prison authorities, but is represented by the social services of the community. The Flemish Government has implemented a strategic plan for providing services including vocational training, education and cultural activities in every prison. The government of the French Community supports several prison projects according to local needs.

In general, these services are not oriented specifically towards drug users. Nevertheless, as these services focus on general life domains such as education, employment, housing and social-cultural skills, they also have an impact on drug use. As a matter of fact, a balanced lifestyle might help people to avoid drug use or relapse. Specific programmes for drug users to strengthen the different life are rare. Although in some prisons, such kind of services exist, but the type of service and service provider show a great variety. An example of such a service is the option of therapeutic group sessions for drug using detainees in the prison of Hoogstraten. Also in the prison of Verviers, prisoners can receive not only training, but also the opportunity to attend sociocultural and sport activities.

6.2. CENTRAL INTAKE UNITS

A Central Intake Unit (CIU), intended for drug using prisoners within the prospect of their release, was installed in 2011 in every prison to facilitate a referral to treatment in the community.

These units are run by external social drug workers. Prisons are pragmatically divided into several (geographical) clusters in order to link each drug worker to one prison cluster. Based on an assessment of the prisoner's need, the social drug worker defines a proper treatment programme. The social drug worker arranges the contact with external drug treatment organizations, and a referral to health care and treatment services outside the prison is realised after release. Since prison health care and drug policy is a competence of the FPS Justice, the CIU is financed by this authority. Nonetheless, the drug workers of the CIU are working from a health care perspective and do not formulate advice concerning risk taxation or recidivism.

The advantage of such a team lies within the preparation of an efficient referral to specialised treatment and services by one specialised person. Moreover, in this way, a fixed team of external drug workers are in contact with different drug treatment providers in the region.

7. CONCLUSIONS

Based on the analysis of law enforcement, the vast majority of drug law offences is related to the demand side. Drug law offences related to possession reached a record in 2013. The prevalence of production and trade is increasing over the years as well. This may be a result of law enforcement forces setting priorities. Since 2012, drug dealing, smuggling of cocaine, driving under the influence of drugs as well as the production and traffic of synthetic drugs and cannabis are prioritised in the national safety plan of 2012-2015. The observed firm action of police forces and customs are a possible reason why drug dealers often only carry a very small amount of drugs. Without exact evidence of the act of dealing, the police can only charge for possession of illegal drugs. This might explain the record charges for possession of drugs. Caution is needed as well when interpreting the increasing number of positive tests of driving under the influence of illegal drugs. As this is a set priority for the law enforcement authorities, it is possible that more resources were reserved to tackle this phenomenon. Therefore, it cannot be concluded that more people are driving under the influence of illegal drugs in comparison with the past years. Nevertheless, the increased prevalence of amphetamine use in combination with cocaine, cannabis or opiates suggests a real increase in the involvement of these substances while driving.

This chapter shows amongst others that the situation of the middle and international drug trade level has been quite unparalleled. A better understanding of the national and international dynamics of the Belgian drug market is needed to allow the prevention of drug-related crime by law enforcement. In this light, the research project SUPMAP identified several supply indicators, to combine existing qualitative and quantitative information from different sources. The triangulation of contextual information – not only about the supply side, but also about the demand side – is shown to be one of the key elements to act proactively and to assess fast changes in the drug market. Improved detailed qualitative data and amending the dataflow between services should stimulate actors in using this kind of indicators. This profound monitoring of the Belgian drug market is bound to increase the strength of drug supply reduction.

The observed firm actions of police forces and customs towards drug-related offences are also noticed in the criminal justice system. More drug-related sentences are reported at court level. Moreover, the drug-related suspensions are

slightly decreasing. Although alternative sanctions are a more adequate answer to offences than imprisonment, the number of probations, alternative work sentences and electronic surveillance at the houses of justice are declining as well. Despite the fact that prisons are confronted with overpopulation, more and more drug-related detentions are registered in recent years. Research revealed that the type of judicial settlement has a significant effect on whether or not to reoffend. Detention may risk the increase of drug use and crime. Additionally, detention may cause negative effects on social, physical and psychic aspects of life. Nevertheless, health care (specialised drug treatment in particular) is limited in prison. Moreover, the capacity of (drug-related) treatment services in prisons decreased over the past years due to the economic crisis and the associated savings. Although this is a general objective, prisoners are not provided with the same health care service as they would have in society. As a reaction to this evolution, professionals advocate the transfer of the competence of healthcare in prisons to the Minister of Public Health. In conclusion, further progress of these challenges in the prevention or reduction of drug-related crime will rely on heavy investment in evidence-based policy.

Acknowledgements

The authors want to thank Mr Hogge (Ph.D.), Mr Laeremans, Mr Pire, Mrs Denoiseux, Mrs Ovaere and Prof dr. Decorte for their contribution in the data collection and their valuable feedback. Their essential involvement is gratefully acknowledged.

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

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

