



# Chapter 1.

Drug policy: legislation, strategies and economic analysis  
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**Belgian national report on drugs 2012**

WIV-ISP/EPI REPORTS N°035

Depot number: D/2012/2505/70

## 1. Introduction

In 2011 and 2012, the implementation of the Communal Declaration of January 25<sup>th</sup> of 2010 of the Inter-ministerial Conference (B.S. 15.04.2010) continued.

In this Communal Declaration, the integral and integrated Belgian drug policy is grounded and institutionalized. This concept is the core of the Belgian drug policy. The global and integrated drug policy is based upon the following pillars: prevention (including early detection and early intervention), treatment (including risk reduction for problem drug users) and law enforcement for producers and traffickers.

The development of the Belgian drug policy is executed in close cooperation with the people in the work field, i.e. the bottom-up approach, and it is supported by objective data. These data are, among others, collected and provided by scientific research.

Finally, the Belgian drug policy is in line with the European drug policy.

## 2. Legal framework

In comparison to last year, only one new initiative was taken to implement a new. In February 2012, a draft of a third Royal Decree about the implementation of the law on the police about road traffic regarding oral fluid and blood analysis is discussed. Please refer to the annual report of last year for the most recent information on this topic in Belgium.

Nevertheless, a survey conducted by The Gallup Organization about the youth attitudes on drugs is worth mentioning. This survey reports on the perception of youth about the drug policy in Belgium. Most of the Belgian respondents (more than 90%) between the age of 15 and 24 have the opinion that illicit drugs (ecstasy, heroin and cocaine) should continue to be banned. However, the opinion of the respondents is more divided concerning the cannabis policy. 47.6 % of them want that cannabis stay illegal, compared to 43.7 % who thinks that cannabis have to be regulated. Those respondents were also asked about their perception about the appropriate way to handle new substances that imitate the effects of illicit drugs, the so-called 'legal highs'. 18% of the Belgian youth (between the age of 15 and 24) thinks that these substances have to be regulated. 43.8% thinks that legal highs have to be banned in case they pose a health risk and 32.5 % have the opinion that these substances have to be banned in any case (The Gallup Organisation. 2011).

According to the Belgian respondents of the 'youth attitudes on drugs' survey are 1) tough measures against drug dealers and traffickers (59.4%); 2) information and prevention

campaigns (53.1%); 3) tough measures against drug users (41.3%) and 4) treatment and rehabilitation of drug users (26.1%) the most effective strategies to reduce drug related problems. This survey shows that the perception of the Belgian population, between the age of 15 and 24 years respectively, do not always correspond with the Belgian drug policy (The Gallup Organisation. 2011). The current drug policy gives priority to prevention and treatment above law enforcement of drug users (Interministeriële Conferentie Drugs 2012a).

### **3. National action plan, strategy, evaluation and coordination**

#### **3.1. National action plan and/or strategy**

##### **3.1.1. Federal level**

During the meeting of the General Drugs Policy Cell of the 22<sup>nd</sup> of June 2011, the results of the 'First international multidisciplinary forum on new drugs', was discussed. This forum was organized by the EMCDDA on the 15<sup>th</sup> and 16<sup>th</sup> of May 2011 in Lisbon. The so-called 'new drugs' or 'legal highs' are indeed increasingly becoming an issue in Belgium as well. As is the case in other EU member states, this issue necessitates the adaption of the existing registration systems and changes in the legislation.

At the meeting of June 2011, the General Drugs Policy Cell decided to found an ad hoc working group 'legal highs'. The working group is made up of, among others, the Federal Agency for the Safety of the Food Chain, the Federal Agency for Medicines and Health products, the National Institute for Criminalistics and Criminology, the Scientific Institute of Public Health and the Board of Attorney-Generals and representatives of the Ministers of Public Health and the Interior. This working group developed a strategic note 'legal highs', which was approved unanimously by the General Drugs Policy Cell. Following this approval, the note was presented and approved by the Inter-ministerial Conference on May 15<sup>th</sup> of 2012 as well.

The approach for 'legal highs' is based upon three pillars.

The first pillar is aimed at removing the judicial and operational obstacles hampering a swift and efficient flow of information between each of the partners involved. Up till now, some laboratories invoke the secrecy of the investigation to send their information on legal highs either too late or not at all to the Early Warning System while the EWS is in particular aimed at notifying the authorized services instantly. A change in the law, as proposed in the strategic note, should put an end to this situation.

A second pillar is aimed at the criminalization of the production of and trafficking in legal highs. To this end, two judicial measures are taken. Firstly, the Belgian Drug law will be adapted: the production, offer, sale and provision, even without charge, for human consumption of substances with a psycho-active effect will be criminalized. Some legal substances with a psycho-active effect will stay out of the scope of the changes in the Drug law. This is for instance the case for alcoholic beverages, tobacco and some medicines. Secondly, some substances with a psycho-active effect will be prohibited based upon the basic structure of these substances. Consequently, possible changes in the molecules of these substances would still be prohibited. As such, for instance, the synthetic cannabinoids will fall under the prohibitions provided in the law.

Finally, the third pillar of the approach for legal highs will consist of the development of appropriate prevention strategies, to optimally inform potential users of legal highs about the health risks involved and to discourage their use. To achieve this goal, the Belgian authorities will cooperate with the EMCDDA.

### **3.1.2. Federate level**

On the 10<sup>th</sup> of June 2011, a ‘Consensus Conference in the matter of drug-addictions’ was held on the initiative of the minister of Health of the Wallonia-Brussels Federation (FWB). It was conceived as the extension of two former “round tables” held in the framework of the “common policy declaration” and the “concerted plan” in the matter of drug addictions between the French-Speaking federate entities. Political responsables, professionals and members of administrations were present at that working session.

Aiming to prepare that session, two working groups of professionals in the work field had been entrusted by the federate entities, respectively, to define the main guidelines of work of the different departments of drug-addictions: prevention, treatment, harm reduction (“Concept group”), and to realize an inventory of the available services, along with an introduction to a training implemented since January 2011 in the University Institute for Continuous Training – IUFC - (“Training group”).

The “Concept group” developed the issue of harm reduction, as that type of intervention often remains too poorly recognized to benefit of structural budgets, especially with emerging projects, seemingly difficult to endorse for political representatives. The specificity of the other sectors (treatment, prevention), the operators and their missions, was also stated in a recapitulation document. Lacking time, the “Training group” was not able to realize the

inventory as foreseen, and instead presented a complete inventory of the operator's demands.

On the political side, the cabinet of the minister of Health in FWB conceived a future coordination structure which would represent the three French-speaking federate entities: the "French-speaking political health and drug-addictions cell". The latter will pursue three aims: 1) the organization of priorities of the French-speaking federate entities to be presented at federal level; 2) the elaboration of actions to make the offer of services more visible and accessible; 3) the organization of increased complementarity and de-compartmentalization of resources between the community, regional, municipal and provincial levels. The first task of the cell would be to propose a concerted plan in prevention, harm reduction and treatment to the field. The strategies that ought to generate that plan are in course of elaboration through a broad construction with actors of the field, conducted by the Socio-Epidemiologic Observatory Eurotox in a 2-years process (12/2010-12/2012) funded by the FWB ("Concerted strategies in drug-addictions"). Moreover, the functioning of the cell would include the appointment of a coordinator, funded by all three entities. The latter could lean on a work-group composed of specialized actors of the field.

Furthermore, to pursue the consensus conference, the French-speaking federate entities presented a "common political framework", gathering various global or specific objectives, some of them shared by the three levels, some linked to one level only. One can quote the global and common objective "diminishing the consumptions", the specific and shared objectives "to delay the age of first consumptions" and "to encourage the complementarity of available resources, in an aim of networking".

## **3.2. Implementation and evaluation of national action plan and/or strategy**

### **3.2.1. Federal level**

In 2009, the General Drugs Policy Cell made up an inventory of the treatment offer for people with drug related problems. To this end, several hearings were organized with representatives of this sector. Based upon the information gathered during these hearings, an overview was developed including the most important bottlenecks with regard to the treatment of drug users. The most pressing problems identified were the lack of accurate treatment for people in a crisis situation that is linked to their drug use; the financing of alternative judicial measures; and a number of projects subsidized by the security and prevention plans (of the Federal department of internal affairs) and by the justice department.

To supplement the inventory made for drug treatment, the General Drugs Policy Cell instructed the Health Drugs Policy Cell to make an inventory of the needs with regard to drug prevention and harm reduction. To this end, the secretariat of the Health Drugs Policy Cell organized a number of hearings with representatives of both sectors and they analysed the relevant policy documents and discussion notes. This resulted in a note that was presented to the General Drugs Policy Cell. With regard to prevention, the following needs were identified: a lack of people working in the field, a lack of stability and continuity for these field workers; the need for better coordination on the policy level; the need for evaluation of the effectiveness of prevention strategies; the need for more attention for legal drugs, including alcohol; the need for evidence based practices and well trained field workers; the need for more attention for problems related to internet use, gaming and gambling; the need for a prosecution policy and more strict regulations regarding advertisements; the expansion of target groups; and the need for more support for the non-specialised sector.

With regard to harm reduction, the sector identified the following challenges: the need for an expansion of the regulation of needle and syringe exchange; the need to increase the attention in drug treatment for harm reduction and needle and syringe exchange; more attention for hepatitis B and C; the need for pill testing initiatives; and the need for user rooms and distribution machines for syringes.

On the 25<sup>th</sup> of January 2012 the Inter-ministerial Conference took note of the bottlenecks with regard to drug treatment. During their meeting of May 15<sup>th</sup>, 2012 the Conference took note of the bottlenecks with regard to prevention and harm reduction as well (which were presented to the Conference by the General Drugs Policy Cell).

In response to these notes, the Inter-ministerial Conference instructed an ad hoc working group 'demand reduction' to develop an action plan with coherent and structural measures with regard to prevention, treatment and harm reduction and to present this action plan to the Inter-ministerial Conference. This working group is part of the General Drugs Policy Cell and is made up of representatives of each of the competent Departments of both the federal and federate levels. The ad hoc working group 'demand reduction' will present its note in September of 2012.

Next to these initiatives, in 2011, the Belgian Federal Science Policy Office initiated and financed a number of scientific studies, to execute the Communal Declaration of January 25<sup>th</sup> of 2011. These studies are:

- 1) The production of cannabis in Belgium: evaluation of the nature, the harmful effects and implications for priority setting
- 2) Compulsive internet use: knowledge base in Belgium, a mixed approach
- 3) The drug treatment court in Ghent: a qualitative outcome evaluation
- 4) The use of alcohol, illicit drugs, sleep medication and tranquilizers. Prevention and treatment by general practitioners and the supervision of health on the job by the medical officer. Knowledge, needs and services
- 5) Indicators with regard to the offer of illicit drugs.

### **3.2.2. Federate levels**

The minister of Health of the French Community (today “Wallonia-Brussels Federation” – FWB) has ordered a private consortium, in 2010, to evaluate the Health Promotion monitoring system of the FWB. The evaluation report was published in march 2011. It pointed mainly the lack of a real planning of Health policy and its implementation, but also of a real evaluation of the effects of the policy and the program of Health Promotion. On that basis, the minister has presented the orientations of the reformed competences in June of 2011. Two main measures are emerging: the writing of a new Health Act aiming to give more transparency to the legal framework (note: the current decree governing Health Promotion was published in 1997), and the creation of an Organization of Public Interest (OIP) which will pilot the health policy in the FWB. The main competences to be transferred to the OIP are: research, data collection, evaluation, observation, documentation, communication, advising, recommendations, programs piloting, screening and vaccinations. These tasks are, at the present time, entrusted to various operators (Community Services for Health Promotion; Reference centres for Screening; thematic observatories; and some NGOs). The latter are supposed to disappear partially or totally, as their missions will be progressively integrated to the OIP. Notice that the volume and the framework of employment, according to the Minister, would be preserved, since not only the same volume of work will be funded, but also the responsible workers will be invited to pursue their tasks in the walls of the OIP.

Nonetheless, a hearing on that evaluation report have been organized by the parliament of the FWB. Indeed, some deputies had been questioned by several NGOs of the field of Health Promotion, regrouped in a “Collective of the actors in Health Promotion” on the methodology of the evaluation study, on the fact that the study had failed to evaluate the needs of the clients (drug users), and on the fact that, according to them, too few of the concerned field services had been consulted (and mostly through a written questionnaire) to realize the study. The Collective also addressed a “Plea for an ambitious policy” in the matter of Health Promotion to the Minister, and published it in a professional review. One of the

concerns of the collective was to see that the Promotion of Health becomes increasingly defined from a strictly medical point of view, neglecting progressively the “fundamental determinants of Health”, as described in the Charter of Ottawa adopted by the World Health Organization (WHO). Moreover, the Superior Council for the Promotion of Health (Conseil Supérieur de Promotion de la Santé – CSPS) had also published a critical advice on the methodology and the context of the evaluation report.

Two successive auditions took place in the parliament. Questions were addressed, during the first audition, to the authors of the report, the president of the CSPS and the General Director of Health Administration in FWB. The second audition was the occasion for three representative of the field (one NGO, one “Community Service for the Promotion of Health”, and the services “Promotion of Health at School”) to meet the political representatives, to state the position of the field and to answer questions. It appeared that the field did not reject the evaluation report as a whole, and recognized the necessity of a reform, but pleaded for a contradictory evaluation and a large debate to guide it, to avoid a “top-down” reform. They also pointed that the current paths emerging from the study do not carry unanimous adherence.

Following this process, the minister invited four members of the CSPS to take part to a working group, along with a representative of the services “Promotion of Health at School” and the concerned members of the cabinet. The workgroup accompanies the writing of the draft project of the new Health Code (regular meetings). After the writing, the final version of the Code will have to be approved by the CSPS itself. The final text should be submitted to the government by the end of 2012, and to the parliament in the first semester of 2013.

## **4. Economic analysis**

### **4.1. Public expenditures**

The information on drug-related public expenditures originates from the research project ‘Drugs in figures III’ (Vander Laenen 2011), which contains the measurement of the public expenditures for the year 2008. The public expenditures of 2008 were compared in the last year annual report with the ones of 2004, derived from ‘Drugs in figures II’ (De Ruyver et al. 2007). For more detailed information about the recent trends of drug-related public expenditures and drug services, please refer to Chapter 12 of this annual report.

The General Drug Policy Cell decided in May 2012 to coordinate the analysis of drug-related public expenditure on a yearly basis. This agreement of the different governments and the public services in Belgium has the objective to monitor the public expenditures of the drug



policy. Each government proposes one responsible to provide the relevant information. Besides this, the Secretary of the General Drug Policy Cell has the possibility to appeal to experts or institutions who are specialised in the drug problem (Interministeriële Conferentie Drugs 2012b). The collection of this information is based on the same methodology and pillars as defined by 'Drugs in figures III' (Vander Laenen 2011). This will assure the comparability of the yearly collected information in an database. As such, more reliable data have to be available the next years.

#### **4.2. Budget**

In the framework of the Federal Drug Policy Note of 2001, it is important to know which projects are financed by the Federal government. In order to have a picture of the national implementation of the different initiatives, an overview is given about the new (pilot) projects financed by the Federal department of Health and the Federal Addiction Fund. This overview gives the possibility to indicate the projects which are continued over the years. Most of the projects are lasting though a few years.

The Federal department of Health is financing five pilot projects related as part of the Federal Drug Policy Note of 2001. Table 1.1 reports about the financing of the different projects for the years 2009, 2010 and 2011. The Federal department of Health was only financing the INCANT project in 2009 (217,922 €) and the first four months of 2010 (72,030 €). From May 2010 on, the Federal Addiction Fund is financing this project. The financing of these projects remains globally the same over the years. Only the financing of the TADAM project is fluctuating between 205,160 € and 296,742 €.

**Table 1 1:** Budget pilot projects financed by the Federal department of health for the years 2009, 2010 and 2011

Pilot Project	Years		
	2009	2010	2011
Project 'International Cannabis Need of Treatment (INCANT)'	217,922 €	72,030 €	From May 2010 on, these projects are financed by the Federal Addiction Fund.
Project 'coordination and care'	374,177€	374,177 €	374,177 €
Project 'crisis intervention units and case-management'	3.534,303€	3,536,890 €	3,536,890 €
Evaluation of the project 'medically controlled supply of diacetylmorphine (TADAM)'	247,062 €	205,159.6 €	296,742.04 €
Project 'dual diagnosis'	923,700 €	927,090 €	927,090 €

Source: Federal Public Health Service

Previous Belgian National Report reported on 22 projects which were financed in 2008-2009, by the Federal Addiction Fund. For this period, the budget amounted to a total of €1,909,363. This year, it is the purpose to give an overview about the budget of the Federal Addiction Fund of three years, namely 2009 (table 1.2), 2010 (table 1.3) and 2011 (table 1.4). In 2009, the Federal Addiction Fund financed 14 projects focussing on the treatment of (illicit) drug addictions. For this period the budget amounted to a total of € 1,401,204.

**Table 1 2:** Funded projects by Federal Addiction Fund 2009

Institution	Title of the Project	Budget
Centre ALFA	Projet CAMELEON	31,000 €
Centre Autrement	Familles et assuétudes: prise en charge et sensibilisation	77,186 €
D.U.N.E.	Renfort de l'offre de soins du comptoir d'échange de seringues et travail de rue de Bruxelles-Capitale	57,494 €
DE KIEM	Ambulante hulp aan drugverslaafden binnen de regelgeving van Alternatieve Gerechtelijke Maatregelen, proefzorg en drugsbehandelingskamer	55,000 €
DE SLEUTEL	Versterken van kwantiteit en kwaliteit in de preventie, vroegdetectie en hulpverlening	99,640 €
FREE CLINIC	Buddysysteem voor ondersteuning van druggebruikers bij hepatitis C- behandeling	49,466 €
IDA	Campagne Alcool	673,118 €
IDA	Ontwikkeling van richtlijnen voor vroegdetectie en kort advies met betrekking tot de risico's van alcoholgebruik bij conceptie, zwangerschap en borstvoeding	51,175 €
INFOR-DROGUES	Base de données en ligne bibliodrogues spécialisée dans les assuétudes	35,295 €
Interstices CHU St Pierre	Projet Liaison Alcools	62,600 €
KATARSIS	Begeleiden en/of aanleren van het ouderschap bij verslaafde personen die in behandeling zijn in Katarsis	32,462.18 €
KOMPAS	Crisishulp aan huis	46,768 €
VAD	Ontwikkeling van Good Clinical Practice in de herkenning en behandeling van ADHD bij (jong)volwassenen met verslavings problemen	67,500 €
VAD	Kwaliteitsbevordering in de verslavingszorg	62,500 €
<b>Total</b>		<b>1,401,204 €</b>

Source: Federal department of Health, Food chain safety and Environment

In 2010, the Federal Addiction Fund financed 25 projects focussing on the treatment of (illicit) drug addictions. For this period the budget amounted to a total of € 1,415,450.50. In comparison with 2009 we see an increase in the number of projects while the budget stays quite stable.

**Table 1 3:** Funded projects by Federal Addiction Fund 2010

Institution	Title of the Project	Budget
ASL	Verslavingsspreekuur	24,956 €
CAAT	Exploration du besoin de considération du toxicomane	29,000 €
CAD LIMBURG	CANNABISHULP: een website met informatie over cannabis en online begeleiding bij cannabisproblemen.	50,175 €
Centre ALFA	Projet CAMELEON	30,000 €
CGG KEMPEN	CRA methodiek en een buurtwerking	30,000 €
CHU BRUGMANN	Evaluation, prise en charge et soutien à la prise en charge des adolescents souffrant d'une assuétude: approche familiale multi dimensionnelle	120,000 €
D.U.N.E.	Renfort de l'offre de soins du comptoir d'échange de seringues et travail de rue de Bruxelles-Capitale	72,000 €
DE KIEM	Ambulante hulp aan drugverslaafden binnen de regelgeving van Alternatieve Gerechtelijke Maatregelen, proefzorg en drugsbehandelingskamer	60,000 €
DE SLEUTEL	Versterken van kwantiteit en kwaliteit in de preventie, vroegdetectie en hulpverlening	88,729 €
DE SPIEGEL	Handleiding "drugs-drugsgebruik-behandeling" ten behoeve van ouders en partners in contact met de drugshulpverlening	41,190,96 €
FREE CLINIC	Buddysysteem voor ondersteuning van druggebruikers bij hepatitis C- behandeling	44,500 €
IDA	IDA-web: uitbreiding van vlaams en ontwerp van franstalig interactive platform voor professionelen en intermediairen	110,430 €
Interstices CHU St Pierre	Projet Liaison Alcools	68,800 €
KATARSIS	Begeleiden en/of aanleren van het ouderschap bij verslaafde personen die in behandeling zijn in Katarsis	27,984.54 €
KOMPAS	Crisishulp aan huis	49,235 €
LA CAHO asbl	Implémentation d'un projet de sevrage à domicile de personnes alcoolo-dépendantes	35,500 €
Le RESSORT	Service Plan drogues commune de Tubize	89,500 €
MSOC OOSTENDE	Outreachende, geïntegreerde en pro-actieve begeleiding van	76,640 €

drugafhankelijke ouders met jonge kinderen via A(ssertive) C(ommunity) T(reatment)		
NAMUR ENTRAIDE SIDA	Développement d'un pôle infirmier et médical dans le comptoir l'Echange	65,450 €
PopovGGZ	Optimalisatie van de zorg voor mensen met een verstandelijke beperking en een verslavingsprobleem	71,000 €
Psychiatrisch Centrum OLV	Psychiatrische thuisbegeleiding voor jongeren (16-35j) met een psychotische stoornis in combinatie met middelenmisbruik (alcohol, drugs)	52,600 €
THAIS	Soutien à des personnes toxicomanes dans leur fonction parentale	28,000 €
VAD	Ontwikkeling en implementatie van screeningsinstrument ASSIST en bijhorende kortdurende interventie voor alcohol- en drugproblemen in de eertslijns welzijns- en gezondheidszorg	39,650 €
VAD	Kwaliteitsbevordering in de verslavingszorg	73,135 €
VAD	Ontwikkeling van Good Clinical Practice in de herkenning en behandeling van ADHD bij (jong)volwassenen met verslavingsproblemen	36,975 €
<b>Total</b>		<b>1,415,450.50</b>

Source: Federal department of Health, Food chain safety and Environment

In 2011, the Federal Addiction Fund financed 35 projects focussing on the treatment of (illicit) drug addictions. For this period the budget amounted to a total of € 2.932.391. In comparison with 2009 we see both an increase in the number of projects and an increase of the budget (52%).

**Table 1 4:** Funded projects by Federal Addiction Fund 2011

Institution	Title of the Project	Budget
CAD Limburg	alcoholhulp.be + CANNABISHULP	185.000 €
Centre ALFA	Jeunes et consommation	55.300 €
Centre Autrement	Approche psychothérapeutique pour des clients en démarche d'insertion	32.450 €
CGG KEMPEN	CRA methodiek en een buurtwerking	30.000 €
CHU BRUGMANN	Evaluation, prise en charge et soutien à la prise en charge des adolescents souffrant d'une assuétude: approche	170.000 €

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familiale multi dimensionnelle

Comptoir	Consultations médicales gratuites et dispensaire de soins infirmiers pour usagers de drogues	72.100 €
D.U.N.E.	Renfort de l'offre de soins du comptoir d'échange de seringues et travail de rue de Bruxelles-Capitale	72.000 €
DE KIEM	Ambulante hulp aan drugverslaafden binnen de regelgeving van Alternatieve Gerechtelijke Maatregelen, proefzorg en drugsbehandelingskamer	59.516 €
De Kiem	Implementatie van een cocainespecifiek behandelingsprogramma CRA + vouchers	89.465,86 €
DE SLEUTEL	Versterken van kwantiteit en kwaliteit in de preventie, vroegdetectie en hulpverlening	89.000 €
Ellipse	CASA : Projet d'accompagnement à domicile de personnes souffrant ou ayant souffert d'assuétude(s)	135.470 €
Het Verhuis-Siddhartha (MSOC Vlaams Brabant	Opvoedingsondersteuning aan druggebruikende ouders en hun kinderen in Vlaams-Brabant en deskundigheidsbevordering van de laagdrempelige hulpverlening aan druggebruikende ouders en hun kinderen in Vlaanderen	57.780 €
IDA	IDA-web: uitbreiding van vlaams en ontwerp van franstalig interactive platform voor professionelen en intermediairen	47.000 €
IDA	Projet national d'information et sensibilisation : -16 pas d'alcool	78.825 €
IDA	Intervention spécifique sur les problèmes d'alcool dans les services des urgences	79.410 €
Interstices Bruxelles	Bruxelles-cannabis ... Vers la formation d'un réseau spécialisé	34.800 €
Interstices CHU St Pierre	Projet Liaison Alcools	70.000 €
KOMPAS	Crisishulp aan huis	57.720 €
LA CAHO asbl	Implémentation d'un projet de sevrage à domicile de personnes alcoolo-dépendantes	95.500 €
MASS Bxl- Fédasil	Projet de collaboration FEDASIL et LAMA - M.A.S.S. - Interstices C.H.U. Saint-Pierre	90.051,98 €

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MSOC Gent	Opvang van opiaatafhankelijken in de eerstelijnsgezondheidszorg	87.050 €
MSOC Gent	Klinisch Casemanagement en intervisie voor hulpverleners voor drugverslaafde zwangeren en drugverslaafde ouders met jonge kinderen	69.150 €
MSOC OOSTENDE	Outreachende, geïntegreerde en pro-actieve begeleiding van drugafhankelijke ouders met jonge kinderen via A(ssertive) C(ommunity) T(reatment)	79.950 €
NAMUR ENTRAIDE SIDA	Développement d'un pôle infirmier et médical dans le comptoir l'Echange	75.450 €
Petits-Riens	Synersanté	90.000 €
PopovGGZ	Optimalisatie van de zorg voor mensen met een verstandelijke beperking en een verslavingsprobleem	75.200 €
Psychiatrisch Centrum OLV	Psychiatrische thuisbegeleiding voor jongeren (16-35j) met een psychotische stoornis in combinatie met middelenmisbruik (alcohol, drugs)	51.350 €
PZ Sint Camillus	Projectvoorstel intensieve outreach voor het opvolgen van personen met een alcoholafhankelijkheid	127.954 €
Relais Social Urbain Namurois	Cellule assuétudes intégrée au relais santé	77.718,15 €
Réseau Hépatite C	Accompagnateur social au profit de l'asbl Réseau Hépatite C – Bruxelles	39.636 €
ULB & Collaborateur (5 partenaires)	Benzodiazépines : Formations de médecins généralistes et d'autres intervenants de santé	158.669 €
VAD	Screening van riskant of problematisch middelengebruik via online 'zelftest'-vragenlijsten	55.930 €
VAD	Ontwikkeling en implementatie van screeningsinstrument ASSIST en bijhorende kortdurende interventie voor alcohol- en drugproblemen in de eertelijns welzijns- en gezondheidszorg	63.230 €
VAD	Kwaliteitsbevordering in de verslavingszorg	75.715 €
VAD	Vroeginterventie door middel van groepswerking met jongeren die riskant of beginnend problematisch gebruiken	204.000 €
<b>Total</b>		<b>2.932.391 €</b>

Source: Federal department of Health, Food chain safety and Environment

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**Acknowledgements:**

The authors want to thank Mrs. Katia Huard (Federal Service Public Health) and Mr. Miguel Rwubusisi (Eurotox) for their contribution of the data collection and their valuable feedback. Their essential involvement is gratefully acknowledged.