# Substance use in Belgium : Prevalence and management

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## Abstract

**Substance use is emerging in Belgium. The 'typical user' starts at a young age. Polydrug use has become very common. Cannabis and alcohol are the most frequently used substances among the school population. Heroin and cocaine are the most frequently injected drugs.**

**Sharing of injecting material and paraphernalia is reported to happen in half of the subjects injecting drugs. Substance use causes a lot of adverse organic, social and psychiatric events. Management of substance use consists of information, drug-free treatment and harm reduction, including substitution and maintenance programs. The management of care in Belgium differs between the regions.** (Acta gastroenterol. belg., **2005**, 68, **46-49**).

**Key words** : substance abuse, substitution therapy, epidemiology.

## Introduction

Substance use is an emerging issue in the Western World. Also in Belgium, it has become relatively frequent (1). However, substance use causes a lot of adverse organic, social and psychiatric events (1-5). After starting intravenous drug use (IVDU) 40-43% of the cases stop drug use within 20 years, 20-23% die from drug use. Subjects continuing narcotics can start a substitution therapy with methadone or buprenorphine (2).

Moreover, during the preparation and administration of substances, viruses as hepatitis C (HCV), hepatitis B and HIV can be transmitted. In this population there is also a higher infection ratio of hepatitis A virus. Subjects are mostly infected by HCV during the first injections (6). The population most at risk is young and partly belongs to the school lifetime population (2).

## Prevalence of substance use in Belgium

Substance use in Belgium is summarised in Table 1 (1,7-10). The 'typical user' starts at a young age (younger than 18 or even younger than 15 years old). Polydrug use has become very common. Cannabis and alcohol are the most frequently used substances among the school population. The lifetime prevalence at 16 years was reported to vary from 24.7% to 29% in 2002. XTC, amphetamines, cocaine, heroin and LSD were at least ever used in between 3 and 5% of pupils. The lifetime prevalence of cannabis use in the general population (15-64 years old) is 10.8%, while the lifetime prevalence of XTC/amphetamines is around 2%, mainly young users. Last month prevalence of cannabis is reported by 2.8% of this population and in less than 1% for XTC/amphetamines. Lifetime prevalence of cannabis use is more frequent among people with a higher education (1).

Results differ between regions. Indeed, lifetime and last month prevalence of cannabis as well as last month prevalence of XTC/amphetamines are higher among people living in Brussels than those living in Flanders or Wallonia. For example, the lifetime prevalence of cannabis is 16.2% in Brussels, 10% in Flanders and 8.3% in Wallonia (1).

Mortality is high in the substance abusing group : it varies from 5 (11) to 35 (12) per thousand person-years in opiate addicts. Mortality ratio 24 years after HCV contamination is 12% (11). Main causes of death are overdosis (28%), suicide (17%), cancer (17%), cardiovascular disease (11%) and viral infections as hepatitis B, C (end stage liver disease) and HIV (AIDS). The number of cases dying due to overdose increased in Belgium in the beginning of the nineties, and remained stable in the second half of the nineties (1). Also in surrounding countries as France a decrease has been noted (13).

The proportion of all IVDUs among HIV cases (cases of HIV with intravenous drug use as risk factor) was amounted to 9.5% in 1986 and decreased to approximately 3% in 2002 (10).

In 2001, the prevalence of HBV infection among treated drug users varied between 11% for self-reported data and 16% for tested patients. The prevalence of HCV was 66% for self-reported results and 36% on the basis of biological testing. After an initial increase, prevalences of hepatitis among drugs users seemed to stay stable. However, hepatitis constituted one of the major public health concerns in intravenous drugs users (1).

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Table 1. — **Prevalence of substance use in Belgium (1)**

1. *CANNABIS*
- Cannabis is the most consumed drug, data on cannabis consumption show an increasing trend.
- In 2001, 10.8% of the Belgian population aged 15-64 years have experienced cannabis at least once.
- Studies in the school population indicate lifetime prevalence rates from 15% in 1994 up to 26% in 2002 (French Community).
- The lifetime prevalence among the 15-16 years old varies from 24.7% to 29% in 2002. Among the older ones (17-18 years old), this prevalence amounts to 40.6% and 43%.

2. *SYNTHETIC DRUGS*
- The National Health Interview Survey 2001 shows that the lifetime prevalence of XTC/amphetamines is 2.3% of the 15-64 years old.
- In order of preference, XTC is the second substance, particularly among youngsters.
- Among youngsters at schools (12-18 years), the lifetime prevalence of XTC is around 3.9% in 2002 ; in addition, the lifetime prevalence of amphetamines is reported to be around 3.5%.

3. *HEROIN OPIATES*
- The use of heroin among youngsters seems to remain stable. Since 1994, for example, in the Flemish HBSC study, for the age category 15-16 years, the lifetime prevalence is less than 1%.
- Injecting heroin among users starting treatment, in Charleroi, started to decrease after 1999.

4. *COCAINE CRACK*
- The lifetime prevalence of cocaine is higher in the age category of 17-18 years. In 2002, among the 15-16 years it is between 1.3%-2%, and is around 3% among the older group.
- The proportion of patients starting treatment when cocaine is reported as the cause of the main problems seems increasing.

5. *MULTIPLE USE*

Although multiple use is a reality in the country, few quantitative data are available on this issue at the moment. Information collected during the Rock Festival in the French Community seem to indicate an increasing trend of the use of 3 drugs or more. Almost 52% of the interviewed sample reported to use 3 drugs or more.

## Management of drug use in Belgium

Besides *information* on drugs in schools, in youth's programs outside schools, in the family, in recreational settings, by means of telephone help-lines, in mass-media campaigns and at the workplace, several management efforts are made in Belgium (1).

The Federal Public Service Public Health, Food Chain Safety and Environment provides the financing for a number of *Therapeutic Communities, Crisis Centres and Day Centres*, which were set up in the seventies and substantially expanded their capacities in recent years. They are recognized on an individual basis.

Recently *'treatment networks'* were proposed as organizational frame for the treatment of people with drug problems at a regional and/or provincial level : a psychosocial network – the "Overlegplatforms Geestelijke Gezondheidszorg" (1). The policy paper provides the set up of LCD (Local Co-ordination groups Drugs) in which case management and the development of circuits of care are promoted.

## Substance treatment

At a national level *"drug-free" care centres* are organised. Two types of centres are distinguished :

- Specialised inpatient treatment centres are crisis centres, therapeutic communities and drug units in psychiatric hospitals.

  Some of these centres have a specialised detoxification program. The main objective of this kind of treatment is to obtain a drug-free reintegration in the society.
- Outpatient centres are specialised centres for mental health, day centres and Medico- Social Care Centres (MSOCs). In these settings, objectives of treatment programs may vary. Some aim at abstinence, other aim at controlled drinking or stabilised/controlled drug use. In seven out of the 10 provinces of Belgium, at least one medico-social low threshold centre (MSOC : Medisch-Sociaal Opvang Centrum - MASS : Maison d'Accueil Socio-Sanitaire) is set up to deal with problematic drug users. The centres are located in the major city of the province and provide treatment, counselling and outreach. The centres are partly financed through the social security system or by the Security and Social Contracts. One centre (Limburg) uses a decentralised approach, building upon a previously existing network (14,15).

In addition to the specialised drug treatment centres, many drug addicts may seek help and assistance in general welfare centres, in general health services (general practitioners) and in the specialised self-help groups.

On several places after-care programs are organised in order to improve education, training, employment and housing possibilities (1).

## Harm reduction

Target groups are injecting drug users, young drug users in festivals, music events, rave and dancing, drug users in prison.

Several interventions are organised : Outreach work in recreational settings, prevention of infectious diseases, and prevention of drug related overdoses (1).

Table 2. — **Evaluation research of syringe exchange programmes in the Flemish and French communities (1, 16-17)**

| | Flemish community | French community |
|---|---|---|
| 1. Socio-demographic | • 78% are male ;<br>• 85% are older than 25 ; amongst those 37% are older than 35 ;<br>• 45% live alone, 8% are homeless. | • 6% are female ;<br>• they are all aged between 20 and 40 years ;<br>• the mean age is 32 years ;<br>• 21% are homeless/squat ;<br>• 3% are employed ;<br>• 79% had at least one experience with prison. |
| 2. Drug use | • polydrug use is common : on the average they use 5 illegal substances ;<br>• heroin is the most injected drug in 88% of the cases, followed by cocaine (74%) ;<br>• the combined use of heroin and cocaine becomes more and more prevalent (49%). | • heroin is the most consummated drug (94%) and 94% inject it ;<br>• 61% are using cocaine, 90% of them inject cocaine ;<br>• 9% are using amphetamines, 33% of them inject it ;<br>• 73% are using methadone, 55% of them are injectors . |
| 3. Risk behaviour | • a majority (55%) of the IVDUs interviewed didn't share injection materials in the past month ;<br>• sharing occurs more easily with sex partners and friends than with strangers ;<br>• sharing of syringes occurs very seldom (20% or less) ;<br>• sharing of water, filters and spoons happens between 40% and 55%, although not with a high frequency ;<br>• 35% of the IVDUs interviewed still used the 1 cc syringes for more than one injection ;<br>• 70% used the extra alcohol pads regularly to clean their spoons. | • More than a half (55%) of the IVDUs interviewed didn't share injection materials in the past month ;<br>• sharing of syringes occurs very seldom (10%) ;<br>• the interviewed IVDUs report to inject on average 3 times a day. Each syringe is used for two injections ;<br>• 10% declare using a syringe from another person and 10% gave their syringe to a friend. |
| 4. Evaluation syringe exchanges | • syringe exchanges, pharmacists and drug services are most commonly used to get syringes ;<br>• 30% also get syringes for friends, 25% for their sex partners ;<br>• used syringes that are not brought back to syringe exchanges or drug services are mostly discarded by using a plastic bottle, breaking of the needle or flushing it down the toilet. None of the IVDUs interviewed threw them on the street ;<br>• 88% had no problem in procuring syringes through pharmacists ; | • pharmacies are the most common places to get syringes. 30% buy "kits", 45% syringes. Twelve % syringes came from syringe exchange places ; |
| 5. Health | • 65% had been tested for HIV in the previous year ; 5% tested positive ;<br>• 77% had been tested for HCV in the previous year ; 62% tested positive. 67% of those over 25 years old tested positive compared to 33% of those younger than 25 ;<br>• 46% had been tested for TBC in the previous year ; 3% tested positive ;<br>• from the 35 IVDU's who had injected in prison 44% had done it more than 10 times ;<br>• 75% of the IVDU's interviewed already had drug treatment in the past. On the average they followed 3 different, mostly residential programmes ;<br>• 75% of the VIDU's interviewed were still in drug treatment while contacting the syringe exchange : | • A large majority (80%) of the IVDUs interviewed had already been tested for HIV and hepatitis ;<br>• 85% (lifetime prevalence) had been tested for HIV ; none of them reported to be tested positive for HIV ;<br>• 80% have been tested for HBV ; 15% reported a positive result ;<br>• 80% have been tested for HCV, 42% said the result positive. |

In the French Community, needle exchange programs are implemented since 1994. In July 2000 in Flanders, the necessary legislative adaptations were made and in 2001 syringe exchange programmes were also officially implemented.

The main objectives are to increase the health awareness, to offer a range of alternatives to high-risk behaviour and to reinforce risk-reduction measures.

## Evaluation research of syringe exchange programmes

Needle exchange programs are one of the interventions used to stop the HCV transmission in IVDU. In 2002, both in the Flemish (16) and French (17) communities, evaluations of some syringe exchange projects were done (Table 2) : 145 IVDUs and 33 IVDUs respectively frequenting needles exchange facility were interviewed. In these groups, heroin was most frequently used (88 and 94%), although polydrug use was common. Four percent were HIV positive and around 62% were HCV positive. Around 55% declared not to share injection materials. Sharing of syringes was reported around 10-20% during the last month but almost 50% shared other materials (water, filters, and spoons).

## Substitution and maintenance programs

A substitution treatment aims to prescribe, administer and dispense drugs delivered as medicines to an

addicted patient, with the objective, within the frame of the treatment, to improve health, quality of life and if possible to attend abstinence (18-20).

Substitution treatments received a legal basis in 2002 (Law 22 August 2002). Methadone is being prescribed throughout Belgium, through consensus reached amongst partners concerned. In the Flemish region, most methadone (maintenance) programs are being provided by low threshold drug services. In smaller towns and rural areas, if existing at all, methadone is being prescribed by general practitioners under the supervision of drug services. In certain urban areas the demand outweighs the availability of methadone (maintenance) programs. In the French Community, a broad range of services (low threshold services, general practitioners, outpatient's specialised units, mental health facilities) offer access to methadone (1).

## Conclusion

Substance use is emerging in Belgium. The 'typical user' starts at a young age (younger than 18 or even younger than 15 years old). Polydrug use has become very common. Cannabis and alcohol are the most frequently used substances. Heroin and cocaine are the most injected substances. Sharing of injecting material and paraphernalia happens in half of the subjects injecting drugs. Management of substance use consists of information, drug-free treatment and harm reduction, including substitution and maintenance programs.

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