

Harm reduction services for young persons who use drugs (YPWUD) in Belgium

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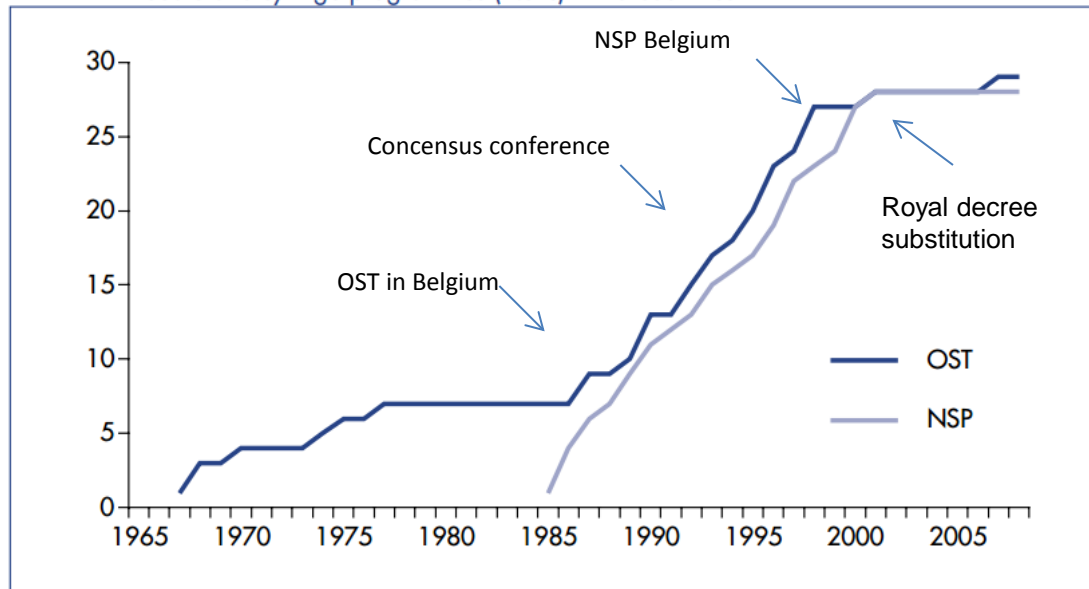
Introduction

- Belgium
 - Social diversity of the country
 - Different funding options
 - Different levels of policymaking



HR History in Belgium

Figure 2.1: Year of introduction of opioid substitution treatment (OST) and official introduction of needle and syringe programmes (NSPs) in EU countries



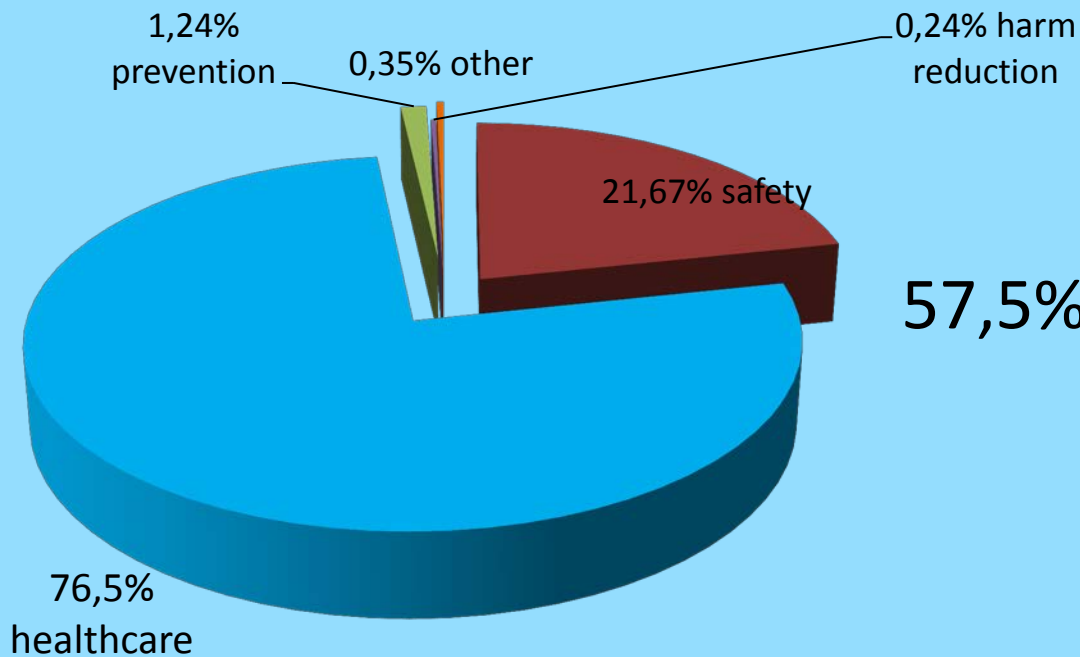
Note: The data represent the official introduction of OST, and the availability of publicly funded NSPs.
Source: Reitox national focal points.

Pilot programmes in early 1990's:

- Some organizations worked in a grey area (e.g. 1994 consensus on methadone prescription)
- Research and lobby-work to make NSP and OST legal
- Since 2004 OST is regulated by federal drug law.
- 2010: 17.600 people in OST (15.400 Methadon, 2200 Buprenorphine)
- Since 2000 NSP is regulated by federal drug law
- 2014: +600 000 needles in Flanders

- Prof. Dr. Vander Laenen F., *Harm Reduction and social inclusion in Belgium, Brussels, 2014*

Government spending regarding illegal drugs, alcohol and psychoactive substances, 2008

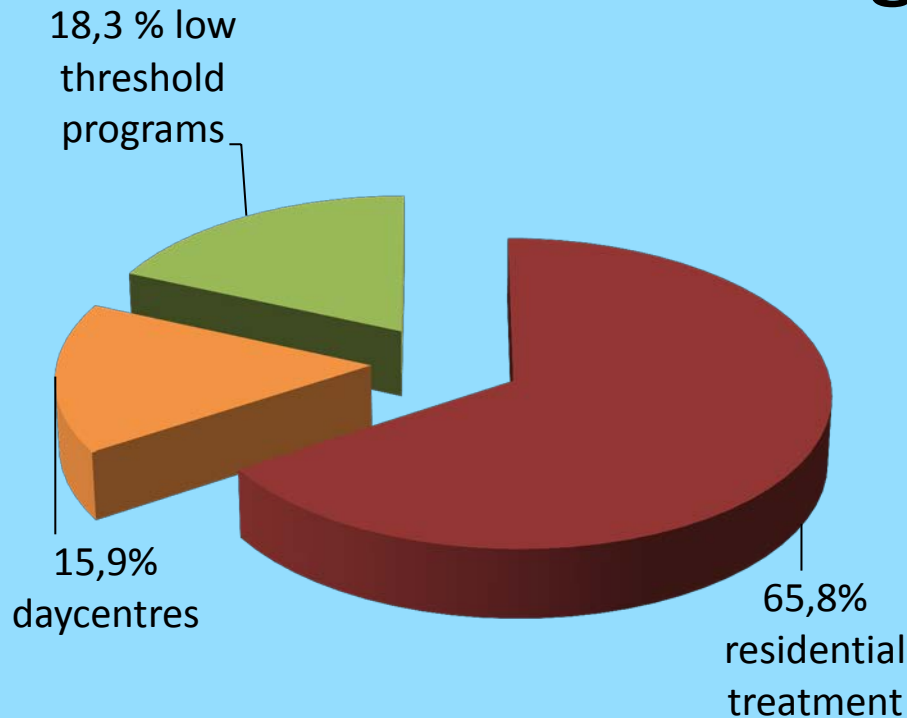


Total: € 963.568.682

57,5% of healthcare goes to treatment of Alcohol related health issues.

- Christiaens, De Ruyver, Lievens, Vander Laenen, *Drugs in Cijfers 3*, Belspo, Brussel, 2011

Drug related expenditures for “rehabilitation of people addicted to drugs”



Total: € 41.700.000

- Christiaens, De Ruyver, Lievens, Vander Laenen, *Drugs in Cijfers 3*, Belspo, 2011
- National Institute for Health and Disability Insurance (RIZIV, 2008)

Good practice examples of policy decisions regarding HR and PWUD

- NSP and OST
- Harm reduction needs assessment research Ghent (2014)
- TADAM project in Liège. Heroin assisted treatment with diacetylmorfine (2011-2013)
- Though, no youngsters included in these studies

Young PWUD's: What do we know?

- Vulnerable youngsters are underrepresented in drug prevention/research/treatment
- Homeless young people often start to experiment with illicit substances at an early age.
- 50% used first needle before 21 years old.

-Drugspreventie bij kwetsbare groepen, F. Vander Laenen, 2008

-Decorte, T. & Nachtergale, C. (2012). Antwerpse Monitor Jongeren, Alcohol en andere Drugs (AMJAD). Resultaten 2011. OCMW Antwerpen, Antwerpen.

- Evaluatie Vlaamse Spuitenruil, Windelinckx, 2014

Young PWUD's: What do we know?

- Being NEET (Not Employed Educated or Trained) is risk factor for being unemployed on the longrun.
- From what we know being young, unemployed and not educated is an increased risk factor for drug use.
 - Almost half of the youngsters who come to Plug-INN are unemployed
- Social support as preventing more harm with ypwud's

Good practice examples of policy decisions regarding HR and YPWUD

Harm reduction pilot project for youngsters in Antwerp 2012-2015: Plug-INN

- Open 3 times a week, 2 half time social workers, 4h doctor consultation a week
- Reached out to more than 130 ypwud.
 - 23% is below 18 years old
 - 55% poly-druguse
 - 25% injecting drug use.
 - youngsters in NEET:
 - 31% living wage
 - 27% unofficial work
 - 18% occasional sexwork.
 - 8% pregnant
- A lot of them are showing risk behaviour

Challenges for Belgium

- More evidence-based policies
- Looking for more different approaches and adopt examples from other countries
- Eg. Decriminalization of possession of drugs for personal use
- More projects and regular fundings for (youth) aimed HR organizations in Belgium
 - Plug-INN is two-year pilot study