Drug policy in figures: a study into the actors involved, public expenditure and target groups reached

Promoters:

Prof. dr. B. De Ruyver (UG) (coordinator) – Prof. dr. I. Pelc (ULB) – Prof. dr. J. Casselman (KUL)

Researchers:

K. Geenens (UG), P. Nicaise (ULB), L. From (ULB), F. Vander Laenen (UG), K. Meuwissen (KUL), A. Van Dijck (KUL)

Principal:

The Belgian Federal Science Policy Office
Social Cohesion Programme

1. Introduction

During the past few years, the realisation dawned that policy had to be evaluated regularly. If a sound policy is to be achieved, it should be adapted to the various social and societal developments.
The **parliamentary workgroup** charged with studying the drug problem, concluded in 1997 that regular evaluation of the measures implemented is necessary.
A crucial part of this policy evaluation is the cost calculation. Public expenditure is after all an important indicator to assess the budgetary follow-up of the governments' commitments to dealing with the drug problem.
Also the **action plan of the European Union with regard to combating drugs 2000-2004** states that evaluation must be a part of the European approach to the drug phenomenon. However, it appears that the instruments required, of which cost effectiveness is part, for evaluating the drug policy are not sufficient and thus need to be developed further.

Research has already been done **abroad** into policy evaluation and cost calculation. However, the focus there usually lies on the evaluation of a subaspect of the policy conducted (for example the evaluation of the treatment programmes for problematic drug users) or only the cost estimate of one aspect of the drug policy is investigated (for example the costs related to drug treatment or prevention).
In contrast to the United States, and to a lesser degree Canada, the European countries have little experience in calculating public expenditure for the drug policy conducted.

At European level, the policy-supporting studies with regard to the social cost are promoted.
Since 2001 the **European Monitoring Centre for Drugs and Drug Addiction** (EMCDDA) has stated that studies into "public expenditure" with regard to dealing with the drug problem in the various EU countries are necessary to evaluate the commitment of the governments.
In 2003 the EMCDDA published a retrospective study, carried out by Kopp and Fenoglio, into public expenditure with regard to drugs in the European Union.

As far as our neighbours are concerned, only France (in 2001) and Luxembourg (in 2002) have carried out studies within this context.
Kopp calculated the social cost of illicit drugs in **France** and worked out a general methodology, commissioned by the **Pompidou group,** for calculating the social cost of illicit drugs.[i] In **Luxembourg** a study was carried out into public expenditure with regard to dealing with illicit drug use on the basis of Kopp's methodology.

The importance of this research project was also emphasised in the **federal policy document on drugs** of 19 January 2001. The Belgian drug policy is characterised by a multitude of players involved and a fragmented financing of these actors. The great diversity of sources of financing does not promote the clarity of the policy, the federal government wants to gain insight into who finances what.

2. Objectives of the study

The **first part** of the study identifies and takes stock of all the actors who are directly and/or indirectly involved in the approach to the drug policy. To this end, the research contract provides 5 clusters or sectors: "research/epidemiology", "prevention", "treatment", "security" and "policy". Although in this report these clusters or sectors are used, it should be noted that this subdivision is indicative and structuring in nature. The different reactions to the drug phenomenon can after all not be seen separately from each other but are complementary in nature.

In the **second part** of the study, it is calculated how much public expenditure (at federal, community, regional, provincial and local level) is connected to dealing with the problem of illicit drugs. As far as possible, the public expenditure related to the actors previously identified are calculated or estimated. The public expenditure is tested against the relevant policy documents. For the methodological support of the calculation of the public expenditure, use was made of the expertise of Prof. Pierre Kopp and Dr. Juan Tecco.

As far as the **third part** of the study project is concerned, namely the description of the target groups reached, the aim is on the one hand to give a quantitative description (how much) and on the other hand a qualitative description (profile) of the populations reached.

[i] KOPP, P., *Calculating the social cost of illicit drugs. Methods and tools for estimating the social cost of the use of psychotropic substances*, Pompidou Group, Council of Europe Publishing, 2001, 108 p.

3. Definition of the study and definitions

- The focus lies on **illicit drugs**, although it is not always easy to make a distinction between the approach to illicit substances and legal substances.
- **Public expenditure** means what the various authorities (the federal, community, regional, provincial and local authorities) invest in dealing with the drug phenomenon. The term **expenditure** is thus clearly distinguished from the term **cost**, that is a far broader term (cf. methodological framework).
- As far as the **demarcation of the time period** is concerned, the research team tried to indicate an historic framework of the drug policy. On the basis of **4 time measurements,** the evolution of Belgian drug policy is sketched. The time measurements 1993, 1995, 1998 and 2001/2002 were opted for. The choice of these time measurements is related to a number of important political and/or financial impulses which can be expected to have consequences for the Belgian drug policy (i.e. in 1993 the government gave the first important impulse to the Belgian drug policy by implementing the Global Plan (security fund) to finance the security and prevention contracts and the first guidelines pertaining to a common criminal law policy with regard to narcotic substances were issued; in 1995 the federal Action Plan Toxicomania-Drugs was approved by the government; in 1998 following the recommendations of the parliamentary workgroup on drugs, a new circular letter was issued; in 2001 the federal policy document on drugs was approved by the government, whereby 2002 is the last time measurement to show the financial repercussions of this). However, several times it turned out to be impossible to take the year 2002 as the last time measurement for all the actors involved (consider for example the figures of the Ministry of Justice which are published with a few years' arrears), so it is possible that the year 2001, or in some cases even 2000[i], is the last time measurement.

4. Methodology

4.1 Operational definitions of the various sectors

It was necessary to agree about operational definitions in order to clearly define what each of the sectors covers. These definitions are therefore operational only for this study, and cannot be used to position the concrete activity of the different actors or to intervene in the debates that such definitions could cause.

- the **"epidemiology-research"** (***E-O/R***) concept comprises: the sector which is made up of all the actors (institutions / services) which, in Belgium, have issued or received government money to achieve at least one study (whatever the methodology used) on illicit drugs, their use and/or a topic directly related to them, including the actors implicated in the systems of permanent epidemiological surveillance of use of illicit drugs, during the course of the reference period of the study (1993-2002) ;
- the **"prevention"** (***P***) concept comprises: the sector which is made up of all the actors (institutions / services) which, in Belgium, have issued or received government money to achieve at least one activity aiming in principle to prevent the use of illicit drugs, and/or to prevent any problem directly related to this use (e.g. epidemics, social / public nuisance, etc.), during the reference period of the study (1993-2002) ;
- the **"treatment"** (***A/H***) concept comprises: the sector which is made up of all the actors (institutions / services) which, in Belgium, have issued or received government money to achieve at least one activity aiming in principle to aid to users of illicit drugs, whatever the modality (individual, collective or community), the field (social, sanitation, therapy, education…), the disciplinary approach (social, psychological, medical, education, legal, etc.) is, during the course of the reference period of the study (1993-2002) ;
- the **"security"** (***S/V***) concept comprises: all the actors that react to the drug phenomenon and to people who commit drug and drug-related offences during the reference period (1993-2002), and received and/or spent government money for this from a security perspective, i.e. the criminal law system and a number of administrative authorities (cf. customs, Unit for Financial Information Processing). These actors can be located at the level of investigation, prosecution, determination of the punishment and punishment execution, and primarily make efforts to combat the supply side;
- the **"policy"** (***B-P/G***) concept comprises: the sector which is made up of all the actors (institutions / services) which, in Belgium, have issued, received or used government money to determine the objectives and/or the priorities in the field of the drug policy at various levels of political competence, as well as the actors acting as an umbrella for, or coordinating a sector of activity and subject matter during the course of the reference period of the study (1993-2002). From the perspective of public expenditure, the actors who

[i] In view of the police reforms that were implemented from 2001, 2000 is the last valid time measurement for the three former police forces.

have the possibility of unblocking public funds to execute the political decisions taken are part of the "policy" sector.

4.2 Methods of classifying the actors

The classification of the actors was made by their sector of membership on the one hand, and by their geographical location on the other hand. The determination of their sector, as well as of the level of competence they respond to, was determined in view of the quantitatively most important **source of financing**. As this situation changed during the reference period of the study (1993-2002), it is the situation in 2002 which has been taken into account — or the most recent year if the data for 2002 were not available.
Nonetheless, there are situations in which the source of financing does not provide us with any indication of the object of the financing, notably because no distinction has been made between "prevention" and "treatment", or because the subsidies granted do not concern a policy specifically focussed on drugs, but a policy much broader. Consequently, in the second instance, there are the replies to a **questionnaire** sent to the institutions, by our efforts, for the sake of our study, which were then taken into account.
Finally, if the source of financing did not permit us to classify an institution, and the replies to our questionnaire were no more useful, the descriptions supplied by various **guides and directories** of institutions were used.

4.3 Calculation of the public expenditure

4.3.1 General methodological framework

The drug problem in all its aspects has negative consequences for both individuals and for society. These negative consequences comprise health, psycho-social and legal problems, security and economic problems. It is self-evident that these negative consequences and the approach to them, are accompanied by costs both at individual level and at the level of society.
The sum of these costs is named by Kopp as the "**social cost**" of the drug phenomenon. This concept falls into three main categories of costs, as specified below.

PUBLIC EXPENDITURE +	PRIVATE COSTS +	EXTERNAL COSTS	= SOCIAL COST
Sum of expenditure by the State and other authorities with regard to dealing with the drug problem. This expenditure is often clustered into 3 groups for research: prevention, treatment and security.	The expenses that drug users incur in connection with purchasing narcotics and the expenses that are not reimbursed (e.g. solicitor costs, certain medical expenses, etc.).	Sum of indirect costs borne by society (e.g. loss of productivity, absenteeism, premature death, etc.).	Total cost borne by society.

Calculating the social cost goes far further than the assignment of this research project. So it is extremely important to define and clearly demarcate the concepts used in this study.

4.3.2 Specific methodological framework

"Drug policy in figures" only analyses the **public expenditure** with regard to dealing with the drug problem and not the private and external costs. The methodology used with regard to **calculating the public expenditure in the context of the Belgian drug policy** is based on the methodological framework as worked out by KOPP and FENOGLIO by order of the Pompidou group.[i] Within the framework of this study, Prof. Kopp and Dr. Tecco were consulted as external experts. They offered methodological support for the calculation of the public expenditure.

The specific methodological framework of this study differs in two ways from the methodological framework elaborated by Kopp. In the first place, the calculation of the various forms of public expenditure in this research project goes further than the calculation in Kopp's methodology. After all, we also study the public expenditure at provincial and local level. Secondly, Kopp groups the public expenditure in only three sectors, namely "prevention", "treatment" and "security". In this study, analogously with the research assignment, two additional clusters are used, namely "policy" and "epidemiology-research".

[i] KOPP, P., *Calculating the social cost of illicit drugs. Methods and tools for estimating the social cost of the use of psychotropic substances*, Pompidou Group, Council of Europe Publishing, 2001, 108 p.

Were considered as **expenditure** amounts of money especially engaged within the framework of an activity of a service aiming to implement policies on the illicit drug problem - **public** expenditure being of course expenses engaged on public funds.
We made a distinction between specific and non-specific actors concerned with drug problem management. The detailed account of public expenditure linked to the activity of those actors, specific and non-specific, implies different approaches. The institutions taken stock of, were those that had a **specific activity** in illicit drugs. This includes "big institutions", such as for instance police forces or the hospital sector. Nevertheless, only activities concerning the drug problem have been taken into account.
The account of **public expenditure for specific services** does not pose many methodological problems since the drug-specific budgets do not need to be calculated.
The detailed account of **public expenditure for non-specific services** is more complex. Evaluating the specific activities of non-specific service is done with different distribution keys based on the Kopp research methodology. These keys are based on indicators which allow the representativeness of the time invested in specific activities of the drug problem to be shown.

4.3.3 The presentation of the research results

Given that the reference period of the study is a decade, it was necessary to take into account the evolution of the monetary value, translated in to **deflator of the gross domestic product**. During this period, the deflator was 1.8% per annum on average. That is why in the first instance the public expenditure was expressed in "current €" (i.e. at the monetary value at the time of the decision to finance or the execution of the budgets). In the second instance, the public expenditure was converted to "constant €" (i.e. at the monetary value of the reference year 2002[i]), this is represented by the symbol **k€$_{2002}$**. In this summary, we will limit ourselves to showing the budgets in k€$_{2002}$.
Finally, we would like to point out that the totals for the year 2002 should be taken with additional precautions. In effect, according to certain sources, the data for the year 2002 are not yet available when they were being collected. Certain financial data for 2001, or even 2000, have therefore been used as a substitute.

4.4 Data collection

The analysis of the public expenditure occurs on the one hand from a **budget perspective**, i.e. the **top-down approach**. To this end, the budget documents of the federal, community and regional and provincial authorities were viewed, in consultation with the respective budget responsibilities. As far as possible, the researchers take into account the "allocation credits", as they are an indicator of what has effectively been spent by the authorities. As it was practically not feasible to study the local budgets, all the mayors were questioned in writing via the bottom-up approach.

On the other hand, the research teams have opted to use a **bottom-up approach**. This occurs by contacting all the **individual departments**. The bottom-up methodology gives a more detailed picture of the relevant activities and the government budgets allocated them. What is more: the budgets, as they are listed on the budget items, are often described too generally. In this case it is not possible to determine which specific part of the budget was spent on the department or activity that concerns the study, unless the individual departments are questioned about this.
After identifying and taking stock of the actors on the work field (that occurred primarily by means of a library study and existing inventories), additional written, standardised questionnaires were used (the questionnaire for the individual services of prevention and treatment, the questioning of the chief constables[ii], of the public prosecutors and of the mayors).[iii] A number of key figures were interviewed, including the provincial drug (prevention) coordinators, responsible officers of the umbrella organisations and people with a broad overview of part or all of the different sectors. The objectives of these methods of questioning were to identify and take stock of the functional specialisations, to acquire indicators which permitted an estimate to be made of the time invested in dealing with the drug problem and to collect financial information.

[i] 1993 = total x 1.162; 1995 = total x 1.126; 1998 = total x 1.072; 1999 = total x 1.054; 2000 = total x 1.036; 2001 = total x 1.018; 2002 = total x 1
[ii] In view of the police reforms in 2001-2002, the timing of questioning the chief constables was far from ideal, the (completeness of the) data obtained was not satisfactory. To gain insight into the functional specialisations of the former police forces, all the morphological reports of the former General Police Support Department (APSD), now the Police Policy Support Department of the federal police were analysed.
[iii] After all the written questionnaires there was follow-up by telephone (after approximately one month) to increase the response.

4.5 Target groups reached

In the first place, the description of the groups reached occurred on the basis of **existing figures** as registered and processed by the departments themselves. To this end, the research teams in the first instance took stock of the existing **registration systems** per sector. Depending on the registered and thus available indicators, a description is given of the groups reached or public reached.
A second important source of information, which can contribute to the description of the profile of the groups reached or the public reached, are the **existing studies** on this matter. Despite the fact that these studies are rather **fragmented** in nature (i.e. limited in time and space and limited to discussing certain indicators), they still provide additional, relevant information.

4.6 Division of tasks between the various research teams per policy level

The "epidemiology-research", "prevention" and "treatment" sectors were studied by the research teams of the KUL (the Flemish part of the country) and the ULB (the Walloon part of the country and Brussels), the "security" sector by the UG and the "policy" sector by the UG and the KUL (the Flemish part of the country) and the ULB (the Walloon part of the country and Brussels). As a number of sectors are linked to certain levels of competence (for example the "security" sector is largely located at federal level, the "prevention" sector is largely located at community level), the following division of tasks was used:

Federal level	
Cabinet and Services of the Prime Minister	ULB
Ministry of Social Affairs, Public Health and the Environment	KUL
Ministry of Justice	UG
Ministry of Home Affairs (including security contracts)	UG
Ministry of Foreign Affairs and International Cooperation	UG
Ministry of Defence	UG
Ministry of Economic Affairs and Scientific Research, charged with Urban Policy	KUL (Economic Affairs & Scientific Research) UG (Urban Policy)
Ministry of Budget, Social Integration and Social Economic Affairs	UG
Ministry of Finance	UG
Ministry of Mobility and Transport	UG
Ministry of Employment and Labour	ULB
Flemish Community/Region	KUL
French and German Communities	ULB
Walloon Region and Brussels Capital City Region	ULB
Provinces	
Flemish provinces	KUL (policy) UG (financial part)
Walloon provinces	ULB
Cities and municipalities	
Flanders	UG
Walloon provinces and Brussels	ULB

5. Conclusions and recommendations

This study is an initial attempt to estimate Belgian public expenditure with regard to dealing with the drug problem, and therefore applies as a **zero measurement**. As only the expenditure for the last time measurement (2002) is complete for all the sectors (policy, research, prevention, treatment and security), further follow-up study will be able to show the evolutions in this public expenditure.

In contrast to the study into the "**social cost**" of the drug policy, this study only focuses on the public expenditure at the various policy levels. So we cannot make any statements about the benefits of the drug policy conducted in terms of a reduction of the social cost (syringe exchange for example, aims to combat the spread of the HIV virus amongst injecting drug users, which could lead to a fall in the expenditure with regard to treatment in this respect).

We insist on warning the reader for the fact that the **nature of the results was affected by three crucial factors**. In the first place there are the diverging methods of financing the various administrations. The expenditure connected with the security sector, for example, is mainly located at federal level, whilst the expenditure connected with the prevention level is spread over various levels. So there is a real possibility that a **distortion** occurs in the calculation of the public expenditure. The above objection should be considered even more if we regroup the relevant public expenditure into investments in the supply and demand side. In the second place the **quality of the research results** depends directly on both the availability and the quality of the basic figures. What is more, it should not be forgotten that the availability and quality of the basic figures depends on the registration systems used by services and institutions. In this context we can regret that, uptill now, the services do not use uniform and comparable registration systems. In the third place we emphasise that the calculation of the public expenditure is based on **estimates and calculations**, whereby a certain **error margin** must be taken into account.

The conclusions are constructed around a number of observations, whereby the information relating to the identification of the actors involved (the first part of the study) and the calculation of the public expenditure (the second part of the study) are discussed together. Where useful, the link was also made with the target groups reached (the third part of the study).

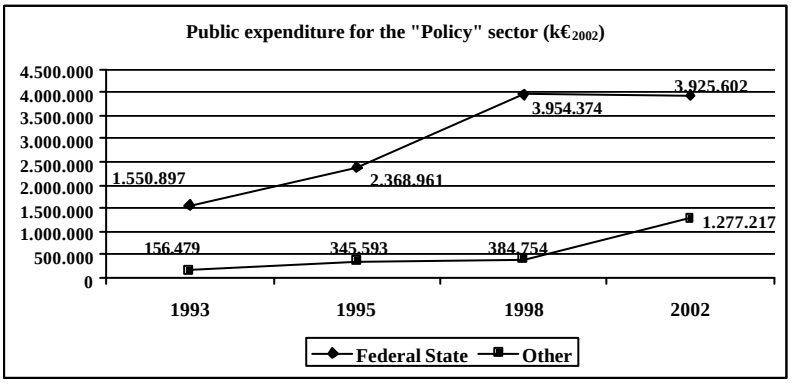
5.1 Conclusions per sector

5.1.1 "Policy" sector (B-P/G)

1. In Belgium, all the policy level have competences with regard to drug policy. In view of the federal structure of the country and the multidisciplinary nature of the drug problem, the political competences in this respect are very broadly spread. Despite the existence of various coordination bodies (in Flanders at community, provincial and local level, in the other parts of the country above all at local level), the **drug policy still remains very disparate**.

2. In principle the political competences of the federal state on the one hand and the federalised authorities on the other hand are **sufficiently differentiated** (the federal state has competence for the security sector and for the Public Health sector (hospital sector and RIZIV conventions), the Communities have competence for prevention and treatment, the Regions have territorial competences). **Nevertheless, the different levels of competence with regard to the drug policy are greatly involved in the various sectors**.

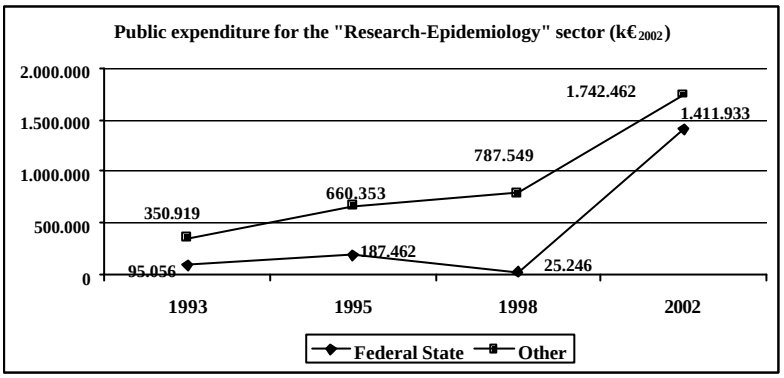
3. Since 1995 (Action Plan Toxicomania-Drugs), the federal state has considerably increased investments with regard to dealing with the drug problem in the various sectors. Since then, the number of actors involved has risen and **new coordination bodies** have been created (e.g. the Public Health Policy Drug Unit), which started gearing the policy of the federalised authorities. However, these federal investments are **not always geared to the policy developed by the federalised authorities** (e.g. the choice of the French Community or the Walloon Region to not separate the problem of drugs from other social and health problems versus the choice of Flanders or of the French Community Committee in Brussels to have a specific policy in this respect).



5.1.2 "Epidemiology / Research" sector (E-O/R)

4. This sector is made up of **4 categories** of activities: epidemiological monitoring, policy-supporting research into drugs, university research with proper funds and field research. These 4 categories of research each have their **own logic**, their **own sources of financing**, meet **different objectives** and **usually do not enrich each other**.

5. A clear **increase** can be seen in the budgets for the "epidemiology / research" sector, but this increase is above all related to policy-supporting research into drugs, which is dependent of the **federal state**.

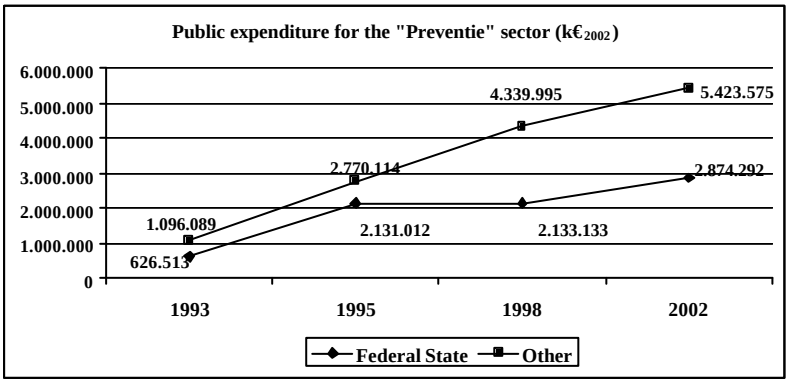


6. Whilst observing a budgetary increase for the "epidemiology / research" sector, it is to be regretted that this increase **does not always correspond to the scientific quality** of the work with regard to the drug problem: the lack of standardisation of the collections for the epidemiological monitoring, lack of independent psycho-social university research with proper funds, lack of scientific guarantee and coordination of field research.

5.1.3 "Prevention" sector (P)

7. This sector comprises at least **two different approaches** to drug prevention: the prevention of health problems and aimed at the welfare and the prevention of offences, crime and public nuisance from a security perspective. The first is financed by the federalised authorities, the second is above all financed by the federal state.

8. The **number of actors** in the prevention sector **rose** considerably during the reference period of the study, but this is primarily due to the investments by the federal state in prevention from a security perspective (security and prevention contracts) and the efforts of the Flemish community (cf. the appointment of the specific prevention workers). The specific prevention and the prevention that does not lie within the security perspective are, however, insufficiently developed.



9. In **Flanders,** the prevention activities are **coordinated** by the Flemish Association for Alcohol and other Drug Problems (VAD). In the **Walloon region and Brussels** the competences of the various federalised authorities (French Community, Walloon Region, French Community Committee …) have **not been clearly** determined.

10. From a financing perspective, prevention remains the **least financed sector**, despite the policy statements which place the main focus on prevention activities.

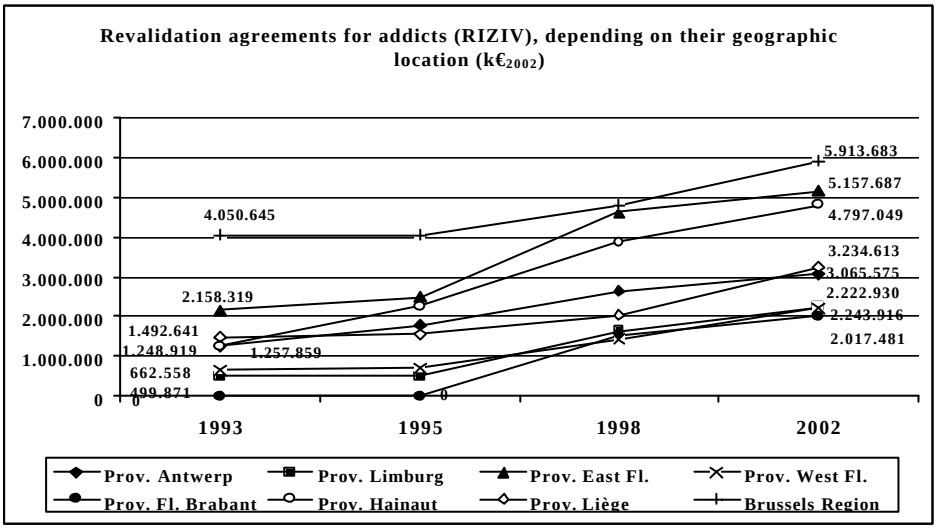
11. There is a problem with regard to the **specificity or the non-specificity of drug prevention**. On the one hand the French Community and the Walloon Region have decided to not separate the policy with regard to drugs from other social and health problems. This corresponds with the reality of the field in which the problems experienced by individuals usually overlap. However, this choice complicates the policy on this matter. On the other hand, Flanders and the French Community Committee have opted to implement a specific drug policy. It broadly clarifies the policy, also for the services in the field who since then find themselves in a more stable institutional and financial situation.

12. In fact, the **distinction** between certain forms of **prevention** and certain forms of **treatment** is difficult to make. It is necessary to clearly explain the approaches distinguished between.

13. Specific prevention continues to focus greatly on certain target groups (youth, ethnic groupings, etc.) or on certain sociological profiles (the addicts that depend on opiates), there is a **lack of general prevention of drug use** aimed at all use and for all target groups.

5.1.4 "Treatment" sector (A/H)

14. As far as the drug treatment is concerned, during the reference period above all a clear **rise** was seen in the public expenditure at **federal level** within the framework of the RIZIV conventions with regard to **categorial facilities** that above all focus solely on treatment of illicit drugs.



15. Within the **non-categorial treatment** only a **slight increase** in public expenditure was observed. Within this context it is also noticeable that although the treatment for minors is part of the specific competence of the Communities, the input in the area of public expenditure by the Communities has remained very limited.

16. Differences in **policy by different authorities** with regard to treatment for drug users have led to **differences in public expenditure**.
The **French-speaking and Walloon governments** do not distinguish between the addiction problem and other aspects of the (mental) health policy. The **Brussels governments** do not distinguish between prevention and treatment. Nevertheless, the facilities as far as the French Community Committee in Brussels is concerned, are recognised on behalf of the French Community Committee. This system seems to have contributed to a great degree to the clarification of the policy conducted of the relations between the facilities.
In **Flanders** there is a slightly more expressed tendency to develop categorial drug treatment. The Flemish government has awarded a more continuous basic allowance to one umbrella organisation for facilities that specifically deal with prevention and treatment with regard to users of (legal and illicit) drugs, namely the VAD. This umbrella organisation has increasingly become a privileged partner of the Flemish government for prevention with regard to illicit drugs, but the VAD also promotes the organisation of the treatment.

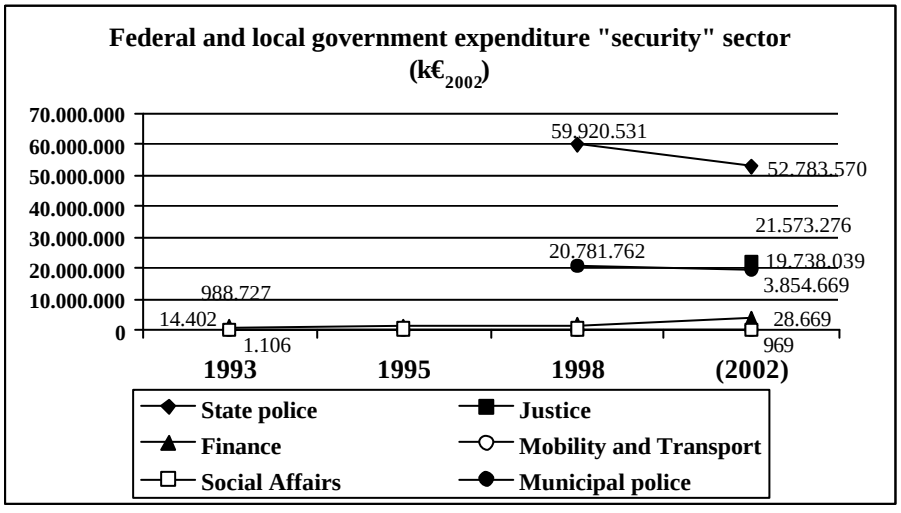
5.1.5 "Security" sector (S/V)

17. Despite the fact that all the actors within the security sector are non-specific departments, some actors at **investigation level** (i.e. the former police departments and customs) and the **prosecution level** (i.e. the public prosecutors) do have a certain form of **specialisation** in the area of drugs. This is an indication of the importance that is attached to the investigation and prosecution level in the approach to the drug problem. This is no longer the case in the other echelons of the criminal law chain.

18. The figures on the public reached show that approximately **60% of all the official reports** registered by the former state police and municipal police concern "**use and possession**" (compared to about 30% "drug trafficking" and about 5% "other"). It is also noticeable that over **70% of these official reports concern "cannabis"** and this share remains relatively stable during the time measurements. It can be expected that as a result of the new ministerial circular letter of 16 May 2003, more time and space will be released at investigation and prosecution level to deal with drug trade as adults will no longer be prosecuted for "possession of cannabis for personal use" (unless in case of public nuisance and problematic behaviour).

19. On the one hand the **minimum estimate** of the **number of detainees** in 2001 who committed a drug offence is **3%** (i.e. were locked up due to committing *only* a drug offence), whilst the **maximum estimate is 18%** (i.e. locked up for committing *amongst other things* a drug offence). The **maximum estimate rises** from 8% in 1993 to over 18% in 2001, whilst the minimum estimate **falls** from 6,6% in 1993 to almost 3% in 2001. The latter observation corresponds with the falling number of drug offences treated by the courts and courts of appeal. From this we can carefully conclude that the ultimum remedium philosophy is applied for people who only committed a drug offence.
However, neither the minimum nor the maximum estimate give an indication of the number of (problematic) drug users in the penitentiaries. When linking back to the **profile of the detainee**, it appears that the number of **drug users** is estimated at **50%**. To this information we link the **importance of drug treatment in the penitentiary environment**. We came to the conclusion that various initiatives have been taken in this context, but that they are financed with resources from the psycho-social services of the penitentiary medical department, whilst it is actually the Communities that are competent for this.

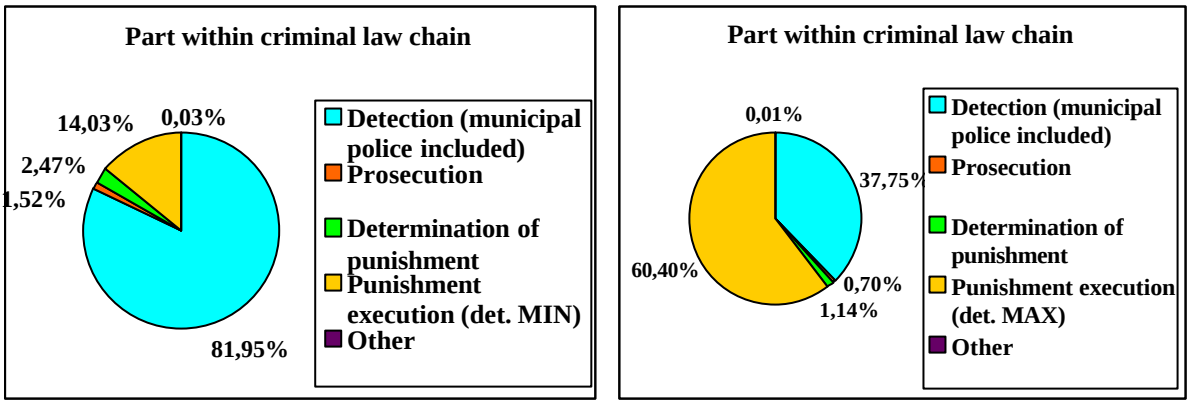
20. As only four ministers are competent for the security sector (Home Affairs, Justice, Finance and Mobility and Transport), this sector has the **least disparate financing** in comparison with the other sectors. With the exception of the former municipal police which is largely financed by the cities and municipalities, all resources come from the federal level. This is logical since repression is exclusively a federal competence. So there is evidence of **relative fine-tuning of the policy priorities** and the approach to the problem of drugs.



21. The resources spent in the security sector show an **hourglass effect**. This applies a fortiori when the maximum detention is charged (see point 19). This is related to the high expenditure connected with investigation of drug offences and the high detention costs and conversely to the evidently low expenditure at prosecution and punishment determination level.
If there is a minimum detention cost, in the last time measurement 81,95% of the public expenditure within the security sector (almost k€2002 98 million) was spent on detecting and processing drug offences (the lion's share of this goes on personnel costs of the former police forces, the other expenditure concerns the Central

Department for Combating Organised Economic and Financial Crime, the Financial Information Processing Unit, the National Institute for Criminology and Crime Statistics, the court costs in criminal cases and customs); 1,52% at prosecution level (court personnel (excluding the juvenile public prosecutors), examining magistrates and national magistrates); 2,47% at punishment determination level (courts and courts of appeal (excluding the juvenile courts) and legal aid); 14,03% at punishment execution level (the lion's share goes on the expenditure connected with detention, the other expenditure concerns the parole boards and the so-called "Houses of Justice"); 0,03% on "others" (a few projects within the security contracts that are located in the security sector).
If the maximum detention cost is charged, 37,75% of the public expenditure within the security sector (k€$_{2002}$ 212.7 million) was spent on detecting and processing drug offences; 0,7% at prosecution level; 1,14% at punishment determination level; 60,4% at punishment execution level; 0,01% on "others".

Visualisation part within criminal law chain, detention MIN and MAX



22. The **legal possibilities for alternative processing modalities** (linked to drug treatment) were **expanded** at the various echelons of the criminal law chain, but their **application**, and in particular the application of probation, remains **too limited**.
In this context we cannot make any statements about possible evolutions in the resources spent for the execution of the alternative sanctions, as we only have figures for the year 2001.

5.2 Cross-sector conclusions

23. The policy options in the drug-specific policy documents have an impact on the drug policy, **but other non-drug-specific policy themes also influence the drug policy.**

- Following the "Parliamentary Investigation into the way in which combating banditism and terrorism is organised" in 1990 the programme for maintaining order, safety of the citizens and curbing crime was announced, which is better known as the **Pinksterplan**. As a result of this place, the then Minister for Home Affairs developed a **prevention philosophy** whereby the local administrative authorities were held responsible for the expansion and implementation of an integrated, local prevention policy. The problem of feeling unsafe appeared on the political agenda all the more after the general elections of 24 November 1991, so-called b**lack Sunday**, with a successful result for the far right.
- From 1992 the then government gave shape concretely to the prevention philosophy by means of entering into security and partnership contracts, prevention contracts and drug plans. To finance all of this, in 1993 the then government implemented the "**Global Plan for employment, competitive competitiveness and social security**" and the then Council of Ministers approved a number of measures to promote the security and prevention that the Global Plan provided for. With the transition to security and partnership contracts in 1995 the **drug parts** appear in the contracts that comprise the projects with regard to drug prevention, treatment and local drug coordination. The analysis of the contracts indicated that the budgets for drug projects **increased** strongly during the time measurements (from 1,26 million k€$_{2002}$ in 1993 to 9,4 million k€$_{2002}$ in 2002). The content related analysis of the contracts illustrated that more then half of the budget goes to treatment, followed by prevention. The resources for policy and security are marginal, and for research no budget was reserved.
- In addition, in 1993 the then government approved the **Multi-year programme for Justice** to promote the safety of the citizen and improve the way the judicial authorities worked. Within the framework of this study we would also like to name two important achievements following this multi-year plan, namely the introduction of **mediation in criminal matters** to which medical treatment or education can be linked (i.e.

expanding the alternative treatment possibilities with a link to treatment) and the foundation of the policy-supporting **Department for Criminal Law Policy**.

- In 1995 the government compiled the **Action Plan Toxicomania Drugs** with which it wanted to offer a reply to the complex, multifaceted and changing drug phenomenon with the aid of 10 measures. **In the end, 6 of the 10 action points of the Action Plan Toxicomania Drugs were achieved** (namely improving the training of prison personnel with regard to the problem of drug addiction, the exchange programme for syringes, the foundation of social-sanitary shelters for drug users, the programme to combat recreational drug use, the scientific policy (epidemiological research and the scientific evaluation of the social-sanitary shelters for drug users) and research into the consequences of drug use for road safety). For the first time explicit attention will be paid to the problem of drugs as a **social and health problem,** whereby attention is also attached to **harm reduction** initiatives.
- The **recommendations of the parliamentary workgroup** (1996-1997) were **not met sufficiently**. The only important achievement is the **ministerial circular letter of 8 May 1998** which for the first time made a distinction between the prosecution policy with regard to cannabis and other illicit drugs, whereby possession of cannabis for personal use has the lowest prosecution priority. However, this circular letter did not result in a uniform investigation and prosecution policy and the application of the alternatives remained too limited.
- Within this context it should not be forgotten that the subject of drugs shifted to the **background** following the **Dutroux case** from 1996 and the **Octopus reforms** (that strived for drastic reforms of the judicial authorities and the police). These circumstances overshadowed all other policy subjects, such as the further elaboration of an integrated, global drug policy. The thread was not picked up again **until 2001** with the federal policy document.
- The federal policy document of 2001 then largely picks up the principles and recommendations of the parliamentary workgroup and links action points to them. An initial important achievement is the **adjusted criminal law reaction to drug use** via the Act of 3 May 2003 and the new ministerial circular letter of 16 May 2003. This ministerial circular letter fits in the predetermined standardisation policy and ultimum remedium philosophy.
  A second important achievement is the fact that for the first time an **annual envelope** (of € 12,4 million) is linked to the execution of the action points. These resources largely serve to support the prevention and treatment projects from the federal policy document. A budget was also provided for vertical fine-tuning, namely the Drug Policy Unit. Analogously with the recommendation of the workgroup, other fields then repression were invested in.

24. The **disparate financing** of the various sectors in the drug policy is **confirmed**, throughout the different policy levels (see also the following conclusion).

25. Since the parliamentary workgroup (1996-1997), **prevention** has the highest priority, followed by **treatment** and only then **repression** (ultimum remedium). However, most resources are spent on security/repression, then on treatment and in the last place to prevention. Considerably more resources are spent on dealing with the supply side (security sector), than on the demand side (prevention and treatment).

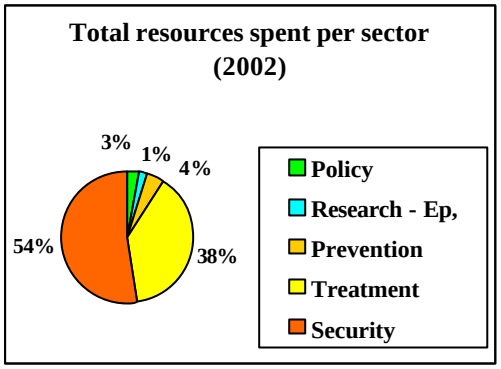
Resources spent on the drug policy for all the actors, by the various policy levels in 2002[i]:

k€$_{2002}$	**B-P/G**	**E-O/R**	**P**	**A/H**	**S/V**
Federal state	*3.925.602*	*1.411.933*	*2.874.292*	*64.039.091*	*78.241.153*[ii]
Flemish Community/Region	*324.113*	*139.142*	*1.499.936*	*3.580.625*	*0*
French Community	*20.476*	*867.709*	*1.248.393*	*328.339*	*0*
German Community	*1.735*	*123.272*	*0*	*137.218*	*0*
Walloon Region	*20.476*	*0*	*1.664.393*	*1.333.258*	*0*
Common Community Committee	*105.000*	*105.000*	*0*	*0*	*0*
French Community Committee	*145.873*	*0*	*604.876*	*1.982.488*	*0*
Flemish Community Committee	*356.521*	*0*	*43.000*	*0*	*0*
Provinces	*303.023*	*63.516*	*362.977*	*317.304*	*0*
Cities and municipalities	*not available*	*not available*	*not available*	*not available*	*19.738.039*
Total	***5.202.819***	***2.710.572***	***8.297.867***	***71.718.323***	***97.979.192***

[i] The detailed overview table with the four time measurements was included in the appendix.

[ii] Important remark: in the security sector, the maximum detention cost of drug delinquents was kept at federal level in function of the comparability of the data (cf. the methodology as elaborated by Kopp). It is after all important that throughout the criminal law chain the same measuring unit is used, namely the drug offence as primary offence.

Visualisation resources spent per sector in 2002



A noticeable conclusion is the fact that **over half** (54%) of the resources spent on dealing with the drug problem goes to the **security** sector. However, this fact is inextricably connected to the high personnel costs of the police forces with regard to the investigation of drug offences and the high detention cost of drug delinquents (even if the minimum estimate is used).
The **treatment** sector spends **38%** of the public expenditure with regard to dealing with the problem of drugs. Here, too, we can note that this high public expenditure is inextricably connected with the fact that the treatment, and in particular the residential treatment of drug addicts is an expensive matter.
The investment in the **prevention** sector only amount to **4%**. However, we would like to point out that in view of the uniqueness of the method of the prevention work, it automatically generates less expenditure than the security and treatment sectors.
The investments in the **policy** (3%) and **research** (1%) sectors are **marginal**.

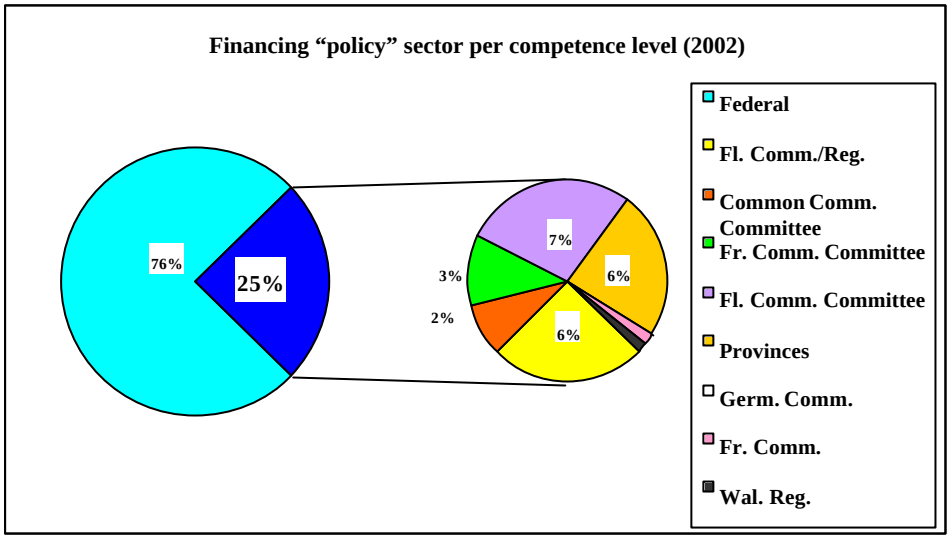
If we link this fact to the relevant policy documents, we can only conclude that the way in which the budgets are spent for the various sectors **does not correspond sufficiently with the policy options taken.**

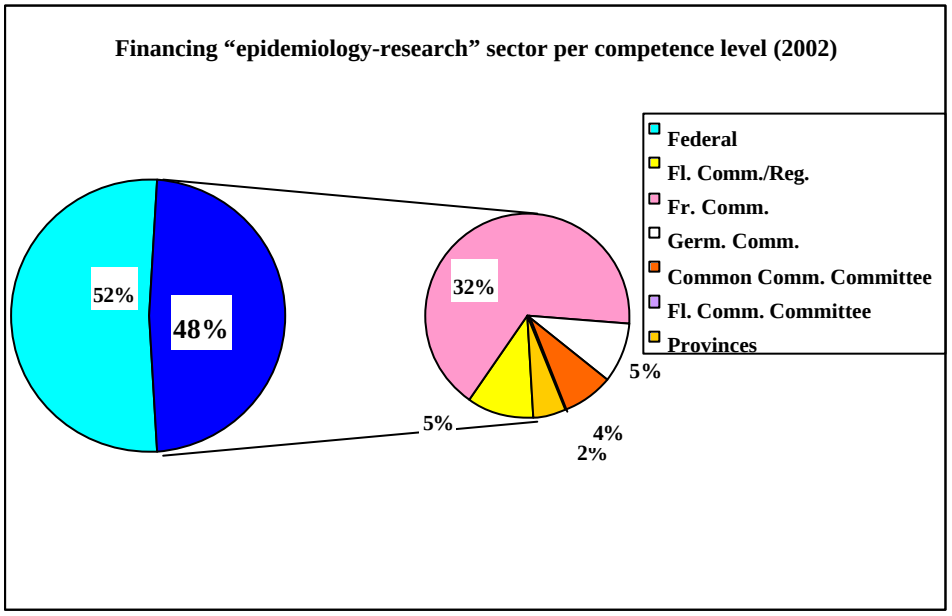
26. Throughout the time measurements, **more is being invested in the drug policy**. This increase applies for every sector, except for the security sector, about which we cannot make any statements in this context. **Research** is the fastest growing sector (times 6,7), followed by the **prevention** sector (times 4,7), the **policy** sector (times 3) and finally the **treatment** sector (times 2). Taking into account the fact that the policy, research and prevention sectors were started practically from scratch at the beginning of the nineteen nineties, we can observe that arrears are being removed.

27. In 2002 **most of the resources** to finance the sectors come from the **federal level**, with the **exception of the prevention sector**.

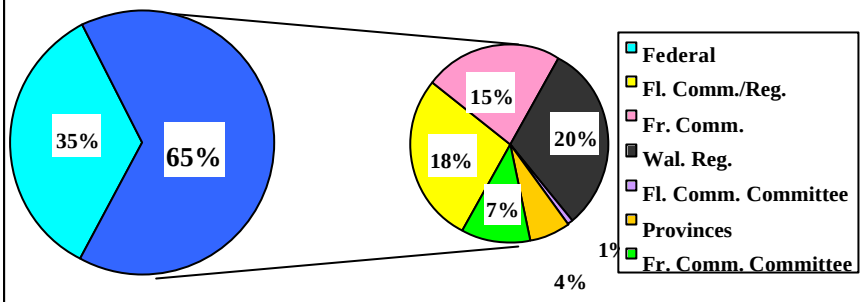
The **policy sector** is financed for **76%** by the **federal level**. The other 24% primarily comes from the Flemish Community (VAD), from the provincial level and the Flemish Community Committee. The investments in policy by the French Community committee and the Common Community Committee are marginal.
The **epidemiology-research** sector is financed for over **52%** by the **federal level**. The other 48% primarily comes from the French Community. The Flemish Community, the German Community, the Common Community Committee and the provinces also invest in research, but the resources for this are limit.
The **prevention** sector is financed for about **35%** by the **federal state**. This implies that the other 65% comes from the other policy levels. The Walloon Region, the Flemish Community and the French Community are the most important sources of finance; it is noticeable that the Walloon Region spends a larger budget on prevention than the Flemish and French Communities. The provinces spend rather limited budgets on research.
The **treatment** sector is financed for **almost 89%** by the **federal level**, despite the fact that Health is also a community competence. Extremely limited budgets come from the Flemish Community, the French Community Committee and the Walloon Region.
The **security** sector logically only has two sources of financing, namely federal and local level. The financing by the **federal state** amounts to **80%** (this above all comprises the resources spent by the former state police, the customs and the entire judicial sector with regard to drugs), the financing at local level amounts to 20% (this includes the resources spent by the former municipal police with regard to drugs).

Proportion of financing per sector by the federal state and the other competence levels anno 2002

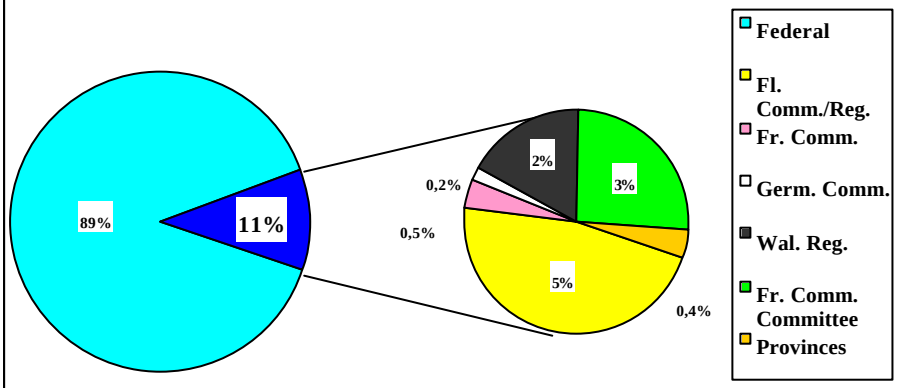




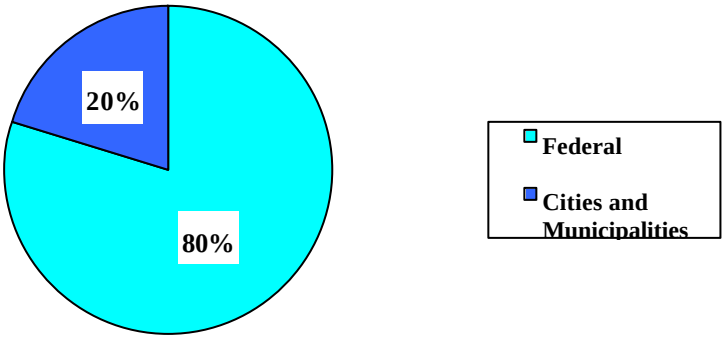
Financing “prevention” sector per competence level (2002)



Financing “treatment” sector per competence level (2002)



Financing “security” sector per competence level (2002)



28. The **legal possibilities** for alternative processing modalities have been expanded, investments have been made in the **structural framework** for the perpetrator counselling (i.e. the foundation of the so-called "Houses of Justice" in 1999), but the **treatment services** which **execute the alternative sanctions** are relatively **supported insufficiently financially**.

29. The **short-term contracts** in the research sector, in the security and prevention contracts and the policy for the large cities **mortgage the continuity and long-term vision** of the projects. In addition we would like to point out that with regard to the security and prevention contracts, this was already largely fulfilled by entering into the contracts from 2002 for two years with the cities and municipalities. The 2003 Coalition Agreement furthermore states, that the security and prevention contracts will be entered into for several years in the future.

30. In 2002, the total public expenditure for the drug policy was estimated at € 185.908.773 for all the sectors. Op 1 January 2002, the population of the Kingdom was 10,309,725. This means that the public expenditure for the drug policy in 2002 was € **18,03 per inhabitant**.[i] So it can be concluded that the public expenditure with regard to the drug policy is relatively **limited** and is inferior to the expenditure to other social and health problems such as home care, medical and social aid, etc. By way of comparison, the public expenditure for the drug policy in the Grand Duchy of Luxembourg in 1999 was € 54 per inhabitant.

31. In 2002 the Gross Domestic Product (GDP) in Belgium was € 260,011,000,000 which means that the public expenditure with regard to drugs is **barely 0,071 % of the GDP**.

5.3 Recommendations

1. The **social costs are an indication of the effectiveness of the policy conducted**. To get a picture of the effects of the public expenditure with regard to dealing with the drug problem, following this study an **additional study** should be carried out into the "social costs".

2. **Following the policy priorities** for the drug policy, namely prevention followed by treatment and only then repression, it is necessary to work on a **more balanced financing of the different sectors** of the drug policy.
We came to the conclusion that only 4% of the public expenditure goes to prevention, 38% goes to treatment and 54% to security. When reading these figures, it should however be borne in mind that that the treatment and security sectors logically are the "most expensive" sectors. The lion's share of the public expenditure within the security sector concerns the high personnel costs of the police forces connected with investigating drug offences and the high detention cost of drug delinquents. Reducing the resources for security is in any case not an option since international commitments oblige Belgium to invest in combating the drug trade and production. Within the treatment sector, the residential treatment of drug addicts is the most substantial public expenditure. Here we would also like to point out that ambulatory and outreach treatment is still underdeveloped. With regard to prevention we want to point out the imbalance between prevention from the perspective of security and prevention from the perspective of health and welfare; the latter still does not get enough chances and receive sufficient support.
As this public expenditure is naturally necessary, **it is absolutely impossible to reorientate the financial resources**, however an **additional investment** in this respect is necessary.
We formulate two concrete proposals to right the current imbalance in the budgets for prevention, treatment and security, namely to invest **confiscated drug money in drug treatment and drug prevention** (in accordance with the action plan Toxicomania Drugs of 1995 and the federal policy document) and to **increase the budgetary input of the Communities in the prevention and treatment sectors** (with the exception of the RIZIV) for which the Communities are also competent.

3. The **treatment services** that take care of the concrete **execution of the alternative sanctions** must be **supported better and structurally**.
As discussed above, it is generally assumed that about 50% of detainees are drug users. In view of the high detention cost on the one hand and the fact that penitentiaries can only play a limited role in taking care of people with addiction problems on the other hand, it would be better to reorientate the expenditure connected to the detention of these people on the alternative processing modalities. Most judicial alternative sanctions provide for the involvement of drug treatment. After all, it appears from this research that despite the support from the

[i] For the sake of completeness, we mention that if the maximum detention cost in the security sector is taken into account (see observation 19), the total public expenditure for the drug policy amounts 300.629.598 €, or 29,16 € per inhabitant.

Global Plan in this context, most of the treatment services receive no or insufficient financial resources to support clients who are referred to them by the judicial authorities.

4. As all the policy levels are involved in the drug policy, it is essential to develop a **clear and extended coordination structure** for all the policy levels (federal, provincial, community / region and local) in which **clear assignments and mandates** are worked with, which are recognised by the different authorities and sectors. The integrated, multidisciplinary approach of the drug problem is only effective when there is both horizontal and vertical policy fine-tuning. The foundation of the General Drug Policy Unit at federal level, which will soon start to function, can be a start to this, on condition that the unit has clear assignments and a mandate of the matter that is also recognised by the various policy levels and sectors. The foundation of such a coordination structure should also occur at the other policy levels. Above all in the Flemish-speaking part of the country initiatives were taken for coordination both at community, provincial and local level, cf. the VAD, the provincial coordinators, the local coordinators) but the lack of clarity about the assignments and mandates remains.

5. The lack of comparable information about the target groups reached makes it necessary to implement **uniform and comparable registration systems** in the prevention, treatment and security sectors. To this end, the necessary budgets must be provided. It is after all noticeable that little information is available about the various careers that drug addicts do through in the administration of justice and the treatment in order to conduct adequate financing policy in the prevention, treatment and security sectors. Longitudinal research could make a very useful contribution to this.

6. A **follow-up study** is required to get a picture of the evolution in the intended balance in public expenditure with regard to dealing with the problem of drugs (analogously with the policy priorities).
This research on the public expenditure with regard to dealing with the drug problem is a zero measurement. As the last time measurement concerns the year 2002, the effects and the budgetary consequences of the policy options and action points could only be partly mapped. In order to map further evolution in this context, follow-up research is recommended.

Appendix: Overview table public expenditure for the drug policy at the different levels of competence (in k€$_{2002}$)

	1993	1995	1998	2002
"Policy" Sector				
FEDERAL STATE				
Science policy: Federal Office for Scientific, Technical and Cultural Affairs	*0*	*0*	*0*	*83.000*
Public Health – Social Affairs: Health Policy Drug Unit, security contracts (via security funds at Federal Social Affairs)	*0*	*219.116*	*369.913*	*830.924,14*
Justice: Department for Criminal Law Policy, UNDCP, Interpol, Europol, penitentiary drug coordination	*78.136*	*221.603*	*242.772*	*(2001/2002) 352.318*
Home Affairs: Permanent Secretariat for Prevention Policy	-	*217.720*	*207.279*	*371.840*
Foreign Affairs: drug unit, Pompidou, UNDCP	*91.390*	*89.825*	*85.939*	*115.232*
International Cooperation: relevant multilateral, non-governmental and indirect bilateral cooperation	*576.105*	*582.540*	*427.047*	*(2001) 50.471*
European Union	*805.266*	*1.038.157*	*2.621.424*	*(2001) 2.121.817*
FLEMISH COMMUNITY/REGION				
Association for Alcohol and other Drug problems, Health Policy Drug Unit	*63.420*	*155.424*	*206.111*	*324.113*
FRENCH COMMUNITY				
Health Policy Drug Unit, National Fund for Scientific Research	-	-	-	*20.476*
WALLOON REGION				
Walloon Federation of Institutions for Drug Addicts, Health Policy Drug Unit	*6.643*	*6.643*	*6.643*	*20.476*
COMMON COMMUNITY COMMITTEE (COCOM)				
Brussels Drug Addiction Coordination Brussels, Health Policy Drug Unit	*86.415,5*	*108.162*	*75.039*	*105.000*
FRENCH COMMUNITY COMMITTEE (COCOF)				
Minster for Health, Brussels French-speaking Federation of Institutions for Drug Addicts, Health Policy Drug Unit	-	-	*91.646*	*145.873*
FLEMISH COMMUNITY COMMITTEE	*0*	*0*	*0*	*356.521*
PROVINCES	*0*	*75.364*	*5.315*	*303.023*
CITIES AND MUNICIPALITIES	*not available*	*not available*	*not available*	*not available*
"Epidemiology research" Sector				
FEDERAL STATE				
Science policy: Federal Office for Scientific, Technical and Cultural Affairs	*0*	*109.027,44*	*0*	*910.000*
Public Health – Social Affairs: Scientific Institute for Public Health, Belgian Information REITOX Network	*0*	*0*	*0*	*486.763*
Home Affairs	*81.804*	*0*	*0*	*15.170*
Transport and Infrastructure	*0*	*78.435*	*25.246*	*0*
FLEMISH COMMUNITY/REGION				

Association for Alcohol and other Drug problems, Scientific Institute for Public Health, Belgian Information REITOX Network, Fund for Scientific Research Flanders	*10.570*	*204.683*	*234.528*	*139.142*
FRENCH COMMUNITY				
Sous-Point Focal National REITOX, National Fund for Scientific Research	*176.159*	*272.143*	*292.662*	*867.709*
GERMAN COMMUNITY				
Sous-Point Focal National REITOX	*77.774*	*75.365*	*93.674*	*123.272*
COMMON COMMUNITY COMMITTEE (COCOM)				
Sous-Point Focal National REITOX	*86.415.50*	*108.162*	*75.039*	*105.000*
FLEMISH COMMUNITY COMMITTEE	*0*	*13.957*	*0*	*0*
PROVINCES	*0*	*75.364*	*0*	*63.516*
CITIES AND MUNICIPALITIES	*not available*	*not available*	*not available*	*not available*
"Prevention" Sector				
FEDERAL STATE				
Social Affairs: security contracts (via security fund at Federal Social Affairs)	*626.513*	*2.131.012*	*2.039.099*	*2.821.392*
Former state police	-	-	*94.034*	*0*
Transport and Infrastructure	-	-	-	*52.900*
FLEMISH COMMUNITY/REGION				
Association for Alcohol and other Drug problems, prevention workers, prevention coordinators and cooperation	*415.862*	*875.372*	*1.324.213*	*1.499.936*
FRENCH COMMUNITY	*363.370*	*520.481*	*731.138*	*1.248.393*
WALLOON REGION				
Optional interventions, security contracts	*288.052*	*1.031.560*	*1.630.618*	*1.664.393*
FRENCH COMMUNITY COMMITTEE (COCOF)	-	*267.728*	*553.883*	*604.876*
FLEMISH COMMUNITY COMMITTEE	*0*	*41.869*	*45.400*	*43.000*
PROVINCES	*28.805*	*33.104*	*54.743*	*362.977*
CITIES AND MUNICIPALITIES	*not available*	*not available*	*not available*	*not available*
"Treatment" Sector				
FEDERAL STATE				
Social Affairs: hospitals, revalidation institutions for drug addicts (Institute for Health and Disability Insurance) and security contracts (security fund at Federal Social Affairs)	*36.382.049*	*43.471.491*	*54.879.240*	*62.639.755*
Social Integration	-	-	-	*1.240.732*
Policy for the large cities	-	-	-	*158.604*
FLEMISH COMMUNITY/REGION				

Association for Alcohol and other Drug problems, Centres for Mental Healthcare, De Sleutel and De Kiem	*612.745*	*890.465*	*2.073.512*	*3.580.625*
FRENCH COMMUNITY	*99.378*	*41.462*	*189.396*	*328.339*
GERMAN COMMUNITY				
Mental Health Centre	*25.925*	*25.122*	*31.225*	*137.218*
WALLOON REGION	*100.530*	*495.509*	*912.646*	*1.333.258*
FRENCH COMMUNITY COMMITTEE (COCOF)	-	*125.608*	*1.846.406*	*1.982.488*
FLEMISH COMMUNITY COMMITTEE	*0*	*39.078*	*0*	*0*
PROVINCES	*20.164*	*43.265*	*132.871*	*317.304*
CITIES AND MUNICIPALITIES	*not available*	*not available*	*not available*	*not available*
"Security" Sector				
FEDERAL STATE				
Former state police	*not available*	*not available*	*59.920.531*	*(2000) 52.783.570*
Justice: former Criminal Investigation Department, Central Department for Combating Organised Economic and Financial Crime, National Institute for Criminology and Criminalistics, court personnel (excluding juvenile public prosecutors), examining magistrates, national magistrates, courts and courts of appeal (excluding juvenile courts), legal aid, detention (minimum), other than detention (training staff, psycho-social services and medical services), parole boards, the Houses of Justice	*incomplete*	*incomplete*	*incomplete*	*(2000/2001) 21.573.276*
Finance: customs	*988.727*	*1.301.537*	*1.634.949*	*(2001) 3.854.669*
Transport and Infrastructure: Financial Information Processing Department (indirectly via Belgian Post Office)	*1.106*	*1.072*	*1.021*	*(2001) 969*
Social Affairs: security contracts (via security fund at Federal Social Affairs)	*14.402*	*359.726*	*300.155*	*28.669*
CITIES AND MUNICIPALITIES				
Former municipal police	*not available*	*not available*	*20.781.762*	*(2000) 19.738.039*