Abstract: This article is focused on prevention of drug abuse in Dutch-speaking countries of Europe, the Flemish part of Belgium and the Netherlands. It is based on the information and knowledge that I gained last year during my internship at the Ghent University in the Dutch-speaking part of Belgium and also from the study of literary sources. In this article, I would like to introduce the system of prevention of drug abuse in these countries and describe the individual types of prevention together with some concrete preventive activities and organisations involved in prevention programmes.

Keywords: Primary Prevention, Drug Abuse, Preventive Activities, Organizations.

1. Introduction

In this article, I would like to introduce the basic principles of prevention of drug abuse in the Flemish part of Belgium and the Netherlands. Last year, I passed internship at the Gent University, in the Dutch-speaking part of Belgium; therefore, my information is based especially on this experience and on the study of Dutchwriting authors. In the field of drug prevention, the Flemish part of Belgium and the Netherlands have great influence on each other, because of the language proximity.

The topic covered by this article was marginally mentioned in Pavla Lejčková’s article (2005) in the journal Adictology. She mentions there some web pages of European countries concerning prevention of drug abuse in these countries. Among the others there are also the web pages of Belgium and the Netherlands. Furthermore, we can find some information about drug situation in Europe, so also in Belgium and the Netherlands, in Robert Macháň’s bachelor thesis (he is writing about drug legislation in European countries) or Lucie Schafferová (she is writing about drug abuse in European countries). On the web pages of the National monitoring centre for drugs and drug addiction (www.drogy-info.cz), it is possible to search out and also download publications about these countries, for example the Annual reports on drug situation in Europe or the National reports on drugs from these countries, which is also possible to borrow from the local library.

2. Belgium

The prevention policy is under the responsibility of the so-called "Community Government", thus, not the Federal Government. The most important official bodies that coordinate prevention policy in the Flemish Community is the VAD organisation (Vereiniging voor Alkohol- en andere Drugproblemen), which cooperates very closely with the government. One of the major organisations in Flanders which is focused on the concrete preventive work in practice is De Sleutel. De Sleutel also works on the international level (EMCDDA - Belgium, 2008).
Evaluation is seen as a very important aspect of drug prevention in Belgium. There was a registration programme created in the Flemish Community in 1996 called "Ginger", which monitors most of the prevention activities in Flanders (EMCDDA, Belgium, 2008).

2.1 Classification and notions of drug prevention

The traditional division of preventive activities into three main groups is the same in Belgium as in other countries: primary, secondary and tertiary prevention (Kreeft, 2005).

In recent years, there is a new terminology based on Mrazek and Haggerty (1994; in Kreeft, 2005):

- universal prevention (the aim is to reach general population without special risks)
- selective prevention (this prevention is focused on groups of people with higher risks of occurrence of risk behaviour)
- indicated prevention (this is prevention for people with higher risks or people suspected of having some serious problems with drugs)

All these kinds of prevention belong to primary 'prevention' activities. Instead of 'secondary prevention', the term 'early intervention' is now being used and instead of 'tertiary prevention', we use the term 'rehabilitation' (Van der Stel, 2004).

2.2 Universal prevention

2.2.1 School

Prevention activities in schools are identified in the Federal Drug Policy Note and they are considered to be essential.

The approach in nursery and primary schools is integrated within the framework of health education and health promotion. The most important element is the development of life skills and class- and school environment. Secondary school education is based on the same framework, but it is already focused on more specific activities concerning drug problems.

Drug policy should be set up together with all the involved partners: parents, students, teachers and other school staff, school health service, etc. The methods of evaluating the school drug policy should be established (EMCDDA - Belgium, 2008; Kreeft, 2005).

In the Flemish community, there is a project called Maat in de shit (Friends in troubles), which focuses on children in the age from 14 to 16 years and is dealing mainly with marihuana. The objective is to give information to young people as well as methods of how to help their friends, who have problems with the use of cannabis (EMCDDA – Belgium, 2008).

Another project, which is now being realized in Flanders is a European project 'Unplugged'. The project is lead by De Sleutel. 'Unplugged' is based on the notion of the so-called 'comprehensive social influence programme' and is intended for pupils in the age from 12 to 14. The programme consists of 12 lectures and is taught by a teacher in the period of one school term (Jurystová, Gabrhelík, Miovský, 2009; Faggiano et al. 2008; Kreeft, 2005).

2.2.2 Family

There exist informative publications and brochures focusing on 'parents' as a target group. They offer them advice and tips how they can lower the probability of their children using alcohol and drugs and they inform parents about drugs and drug addiction in general, etc. These brochures are the most frequently produced by VAD.
The organisation Dr Sleutel hold lectures and workshops for parents. There also exist 'Homeparties' organised for parents, when the hostparents invite friends, relatives and neighbours and they talk about problems concerning drugs, and parenting-skills.

There are also plenty of web pages dealing with drug prevention which are focused on parents, children, teachers etc. One of the most often used is www.DrugLijn.be, with loads of information, e.g. how parents can discuss the topic with their children, what they can do to help them and so on (EMCDDA - Belgium, 2008).

2.3 Selective and indicated prevention

One project in this field is developed by the VAD. It is a global prevention programme dealing with out-going and nightlife, which is called 'Partywise'. 'Partywise' tries to teach young people how to party in a safe and healthy way and actually does not deny nor promote the use of illegal drugs in night life. The heart of the project is the web page, where there is possible to find a lot of information concerning nightlife and drug use. Basic information is available also in English and French. One of the parts of this project is a special campaign called 'Partyfriend'. It is focused on group of peers going out. According to the VAD survey, friendship can be an important protective factor as far as drug use on parties is concerned.

The project 'Partywise' also provides direct advice and distributes informative leaflets at music festivals and dance-parties in Belgium (EMCDDA - Belgium, 2008).

2.3.1 Minority groups of inhabitants

Concrete activities for minority inhabitants are organised for example by De Eenmaking in Ghent or Centra voor Alkohol en andere Drugproblemen (CAD) in Limburg or Antwerp. These organisations cooperate with other associations focused on arabic inhabitants, they publish leaflets in their mother languages etc. 'Tuppercare' is an very interesting project. It is a low treshold project focusing on Moroccan and Turkish women. The target group are women that usually cannot be reached and addressed by any other way. Within the social network of these women, one key figure is found who functions like a hostess who invites friends and relatives. In this way it is possible to inform these women about drug-related topics. Sessions are organised in the womens’ own mother language and pay attention to specific values and norms of different cultures(EMCDDA – Belgium, 2008; Boukbir, 2005; Noens, 2008b).

3. The Netherlands

The main document in the Netherlands concerning drug policy is the 'Preventie Note'. It describes main activities in the field of health prevention including prevention of drug abuse. It was published by the Ministery of Health, Welfare and Sports, covers the period of four years (2007-2010) and defines five priorities of prevention: smoking, alcohol abuse, overweight, diabetes and depression. It focuses mainly on young people. Growing attention is receiving by more vulnerable or at-risk groups, e.g. people with mental disability (EMCDDA - Netherlands, 2008; Rigter, 2006).

3.1 Classification and notions of drug prevention

Terms used in the field of drug prevention are the same in the Netherlands as in Belgium.

3.2 Universal prevention

An important official body to coordinate prevention policy in the Netherlands is Trimbos Institute – Netherlands Institute of Mental Health and Addiction. Trimbos Institute cooperate
closely with the Ministry of Health, Welfare and Sports. The ministry also partially funds this
organisation. Trimbos Institute organize lot of concrete programmes, for example Healthy
School and Drugs programme, which belongs to the oldest school-based drug prevention
programmes and is focused mainly on alcohol abuse, smoking and cannabis abuse by children
attending primary and secondary schools. One of the new programmes is an Alcohol and
Education programme, which is focused on parents and their awareness of the risks of alcohol
abuse for their children.

3.3 Selective prevention

There exists a service in some lower vocational schools providing the students that have
drug problems with advice in this field. It has a form of an ambulatory clinic, which is
established directly at school.

One of the other programmes organized in the Netherlands is The Home Clinic. It is a new
type of prevention at home. Anti-drug team can come to the family when contacted by the
parents who are suspicious of drug abuse in their family (concerning either children or their
partner). The team will teach them how to recognize drug abuse and what is possible to do
against it.

The other programme is called The Dutch Strengthening Families Programme and is
focused on children of parents or parents themselves with addictive problems. The aim is to
improve family atmosphere and to strengthen the family bonds.

The Netherlands is a country with a long experience with immigrants and allochthonous
inhabitants. For instance, the programme mentioned above, Tuppercare, originates in the
Netherlands. There is also another programme focused on minority inhabitants and that is
‘Chebbah’ realized in Nijmegen. Young Moroccan boys inform the others about the risks of
marihuana use. This programme is based on cultural and peer principle.

Since 1996, the Trimbos Institute is running the National Drugs Information Line (Drugs
Info LIjn), which offers objective information, leaflets and counselling service on drugs and
drug abuse. Since 2002, they have also a website.

4. Conclusion

This overview article tries to present the course contemporary drug policy in Flanders and
the Netherlands and the concrete projects which are realized there. These two countries are of
a great influence on each other regarding drug policy and anti-drug activities.

Drug policy is framed in a similar way in both countries: there exist two major
organisations cooperation with government which are also partially funded by government –
VAD in Belgium and Trimbos Institute in the Netherlands. Both of these countries use the
same terminology, which is also typical for the most of European countries. In both of these
countries, the same project Tuppercare takes place. The project originated in the Netherlands
and was later adopted by Belgium.

On the other hand, there are plenty of projects which run only in one of these countries, e.g.
Chebbah or The Home Clinic etc. However, the amount of influence of both countries on each
other is more than evident.
References:


Contact address:
Kateřina Šrahůlková
Department of School and Educational psychology
Myslíkova 7, 116 39 Prague 1
Email: katerina.srahulkova@gmail.com
Phone: +420777851835