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EARLY WARNING SYSTEM ON DRUGS AT PUBLIC HEALTH LEVEL IN BELGIUM

Progress report
November 2002

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* ASL: Arbeitsgemeinschaft für Suchtvorbeugung und Lebensbewältung (Sub-Focal Point of the German Community)
CTB/ODB: Concertation Toxicomanie Bruxelles / Overleg Druggebruik Brussel (Sub-Focal Point of Brussels Capital City)
EUROTOX: Sub-Focal Point of the French Community
VAD: Vereniging voor Alcohol- en andere Drugproblemen (Sub-Focal Point of the Flemish Community)

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2C-B	4-bromo-2,5-dimethoxy-phenethylamine
4-MTA	4-methylthioamphetamine
ASL	Arbeitsgemeinschaft für Suchtvorbeugung und Lebensbewältigung
CTB/ODB	Concertation Toxicomanie Bruxelles / Overleg Druggebruik Brussel
DMT	Dimethyltryptamine
DOB	4-bromo-2,5-dimethoxy-amphetamine
DXM	Dextromethorphan
EMCDDA	European Monitoring Centre for Drugs and Drugs Addiction
EWS	Early Warning System
GHB	Gamma Hydroxy Butyrate
IPH	Scientific Institute of Public Health
JA	Joint Action
LSD	d-lysergic acid diethylamide
MBDB	N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethylamphetamine
NSD	New Synthetic Drug
PMA	Para-methoxyamphetamine
REITOX	Réseau Européen d'Information sur les Drogues et les Toxicomanies (European Information Network on Drugs and Drug Addiction)
UN	United Nations
VAD	Vereniging voor Alcohol en Andere Drugproblemen

1. INTRODUCTION

Since the progress report of 2001 on the first developments of the Early Warning System (EWS) in Belgium, many actions to improve and enlarge the system have been undertaken. The detection of PMA in human body fluids and in seized material and the resulting public alert and concern of politicians, have proven the necessity of an EWS and encouraged its further development.

This second progress report starts off with a brief introduction to the Joint Action (JA) on new synthetic drugs of June 16, 1997. This JA was the basis of the EWS at European level. Afterwards, the Belgian EWS, which does not only focus on new substances will be discussed.

Data of toxicological analyses performed in 2001 will be compared to the data of analyses performed in 2000.

A chapter is dedicated to PMA. Information is given on intoxications in 2001 involving PMA and on the characteristics of seized material containing PMA.

Further on, the developments in the field of EWS since last progress report up till now are discussed. The report ends with propositions for actions to be taken in the future.

2. DATA COLLECTION AND REPORTING

2.1. The Joint Action on New Synthetic Drugs

On June 16, 1997, the Council of the European Union adopted a Joint Action (JA) on New Synthetic Drugs (NSDs). This JA (full text in Appendix 1) aims at the creation of a mechanism for rapid exchange of information on NSDs, as soon as possible after their appearance on the market. NSDs are defined (JA 16/6/1997, Article 2) as drugs that are not listed in any of the Schedules of the UN Convention on Psychotropic Substances 1971, that pose a comparable threat to public health as the substances listed in the Schedules I and II thereto and that have a limited therapeutic value. These three conditions must be fulfilled. The information about these NSDs (production, traffic and use) and the assessment of their risks permit the application of a decision-making process at European level through which they may be placed under control in all Member States. Both Europol and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) were tasked with the collection of the needed information; the EMCDDA is responsible for the risk assessment of NSDs.

Being oriented to political decisions on whether or not control measures should be taken on NSDs in the shortest delay possible after their appearance 'on the market', the JA aims to prevent the spread of the use and the trafficking of potentially dangerous substances.

2.2. Early Warning System at Belgian level

The Belgian EWS has other objectives apart from the JA. Information on NSDs detected in Belgium, is immediately passed on to the EMCDDA, but at the same time also to all Belgian partners of the EWS (see under 2.2.2.). Furthermore, the Early Warning System (EWS) in Belgium does not focus on NSDs only; all potentially dangerous substances can be subject to an early warning. Information on all these substances is collected through the same network that is used for the NSDs.

2.2.1. Sources of information

There are several channels through which different kinds of information can be collected. These channels all have their plusses and shortcomings, but together they should give a quite good overview of the situation.

1) *Information on drugs*: Information can be supplied by Law Enforcement Services and by a laboratory network that consists of both forensic and non-forensic toxicological laboratories. These laboratories perform analyses on samples of drugs and/or biological samples such as blood, urine, … of drug users.

Analyses on (seized) drugs can provide chemical information on drugs and data on their physical characteristics (e.g. weight, colour, monogram when it concerns a tablet). Results of analyses on biological samples (originating from emergency wards, drug treatment centres, autopsies…) can provide clinical information on the symptoms and effects (including side effects) of drug use. Though the results of toxicological analyses are not collected immediately after analysis, the Focal Point is in general immediately informed on the detection of dangerous substances.

2) *Medical information and information on drug-related emergencies*. This kind of information can serve to assess health consequences of drug use and to monitor drug use trends. Sources for this kind of information are emergency departments and other hospital wards and to some extent, the Poison Control Centre and the drug telephone helplines. One of the problems encountered in this field is the fact that detailed information on the substance(s) involved in the intoxication is often missing.

3) *Social and cultural information on use of drugs*: The kind of information hereby meant, comes from the users and field workers, is not linked to specific cases and can be collected by the Focal Point and the Sub-Focal Points. Important sources are the Poison Control Centre and the drug telephone helplines that collect information from the phone calls they receive from people in distress or asking for information. It is however not easy to detect NSDs at users' level in an early stage, because drug users can seldom provide information on the chemical composition of the drugs they use. NSDs are presented in the form of tablets bearing logos that provide no clue to the chemical contents. This obviously complicates the exchange of information. Therefore the laboratory network and the social-cultural network should be complementary: chemical and clinical information can serve to identify NSDs more efficiently at users' level.

Information can also be found in the press. Although the press cannot be considered as a reliable source, since articles in newspapers can be based on rumours and do not ensure coverage of all intoxications in a certain region, it can be a starting point for further research.

2.2.2. Early warnings related to NSDs

When a NSD is detected for the first time in Belgium, the following information is gathered as soon as possible: the characteristics of the product, its availability, the place of the seizure and related symptoms. The toxicological laboratories, the emergency wards and the Sub-Focal Points are alerted through e-mail or phone. The toxicological laboratories are asked whether they have already detected this molecule and are urged to pay extra attention to it in the future.

The emergency wards are asked to provide information on the symptoms occurring in case of overdose and the Sub-Focal Points are asked whether they have received information through their drug telephone helplines (Druglijn and Infor-drogues), from prevention and treatment facilities.

After this first collection of information and a literature research on basic information, the Medical Cell of Vigilance and Evaluation of the Ministry of Social Affairs, Public Health and Environment, and the EMCDDA are informed. The EMCDDA can then alert the other European Countries. If it concerns a new synthetic drug as defined in the JA 16/06/1997, the EMCDDA can charge the other European Countries with the collection of more data about the substance concerned. On basis of the collected information, the EMCDDA performs a risk assessment that will serve to decide whether the product should be controlled by the UN 1971 Convention on Psychotropic Substances. The information in the form of a fact sheet is at the same time submitted to all **Belgian partners** of the EWS. These partners are the Sub-Focal Points, toxicological laboratories, Emergency Wards and Hospitals, and the Telephone Helplines. Also the Cabinets of the Ministers of Public Health and Justice, the Pharmaceutical Inspection, Judicial and Police Institutions, the Poison Control Centre, Administrations in charge of Public Health and the Belgian Representatives at the Management Board and the Scientific Committee of the EMCDDA are informed. Through the Sub-Focal Points, the information reaches prevention and treatment organisations and through this way also users. EUROTOX and VAD also spread messages on new synthetic drugs trough their newsletters (respectively 'Brèves de Comptoir' and 'EWS-newsletter').

2.2.3. Other early warnings

In case a warning does not concern 'new' synthetic substances, but for instance high dosages of already known drugs or dangerous additives, this information is also spread through the network. The pathway described in 2.2.2. is also followed in this case, apart from the first information collection and the risk assessment steps.

2.2.4. Other information spread through the Belgian EWS

Information on substances circulating in other European countries that reaches the Focal Point through the EMCDDA is also passed to the partners of the EWS network. When a substance is detected in another EU Member State, the Belgian Focal Point can ask the partners of the EWS network to provide information on the substance in question. Reports on the risk assessment of synthetic substances in the framework of the JA on NSDs are also disseminated in the national EWS network. Up to date risk assessments on MBDB, 4-MTA, GHB and ketamine were published.

3. RESULTS OF DATA COLLECTION IN 2001

3.1. Data collected by a network of toxicological laboratories

The results of analyses of drugs performed in 2001 and collected through the laboratory network will be discussed and compared to the data of 2000. The data of 1999 will not be taken into account because they are thought not to be complete. They were mainly collected during the first months of the year and not over the whole year, as is the case for the data of 2000 and 2001.

In 2001, only one laboratory has regularly transmitted its results of toxicological analyses to the Focal Point. The eight other laboratories that provided data for 2000 were contacted telephonically by the Focal Point in September 2001 and in February and March 2002 with the request to send results for respectively the first and the second half of the year. In most cases, the delay in data transmission was due to shortage of staff and time. In the end, **results on 718 analyses, performed by nine laboratories**, have been collected. Ten of those analyses were performed during a pill-testing session at a music festival; all the other analyses concern seized drugs. Some data are not included in the abovementioned number, such as incomplete data (description of a seized product accompanied by the message: no analyses demanded; N = 20), data of traces of drugs found in cars (in filters of vacuum cleaners; N = 26) and data of products found in clandestine laboratories (N = 4), since they do not represent the drugs circulating at users' level.

3.1.1. Evolution over time

Figure 1 gives the evolution in the number of analyses over time for 2000 and 2001. Unlike 2000, the number of records of analyses is lower during the first months of 2001 than during the last months. All nine laboratories have submitted records for the whole years, but not all of them had records for every month. In 2000, the highest monthly number of records is observed in May and might be induced by the fact that three laboratories performed that month far more analyses than usually. In 2001, June accounts for the highest number of records. This could be explained by the fact that eight laboratories had results for that month, while for the other months only 4 to 6 laboratories had records. Another explanation might be that people have speeded up the finalisation of on-going analyses before the start of the summer holidays.

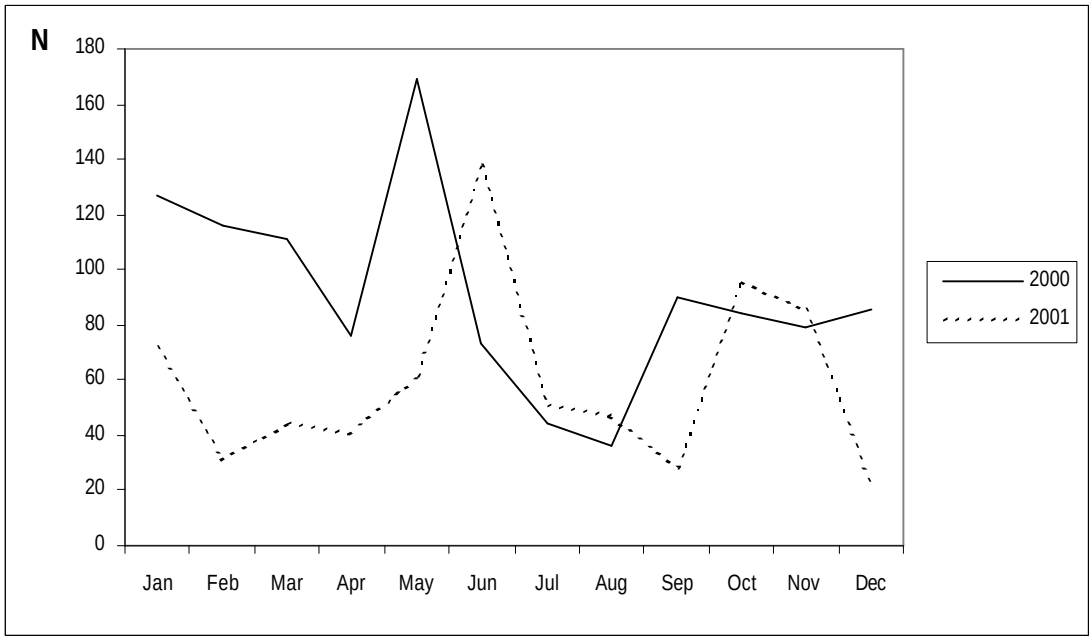


Figure 1. Monthly evolution of the number of records of analyses performed in 2000 (N = 1091) and 2001 (N = 718)

3.1.2. Geographical distribution of samples

For 2001, the judicial district of origin is known for 64 % (454) of the 708 samples, not counting the 10 analyses at the music festival. One seizure was performed in Germany near the Belgian border and analysed in Belgium. The judicial district is known for 52 % (570) of the 1091 samples analysed in 2000. Table 1 shows the geographical distribution of seized drugs for 2000 and 2001.

The geographical distribution is influenced by the fact that not all laboratories mention the place of seizure. In 2000, four laboratories mentioned the place of seizure, while in 2001 five laboratories did (the same laboratories as in 2000 plus another one). For both years, as far as can be concluded from the data at disposal, the majority of analysed drugs seem to have been seized in the province of Limburg (located in the North-East of Belgium, at the Dutch and the German border), Brussels Capital City, the province of Antwerp (located in the North of Belgium, at the Dutch border) and at the Brussels National Airport. It is however probable that all drugs seized by a certain office of the Public Prosecutor go to the same laboratory for analysis. This would induce an underestimation of some judicial districts and an overestimation of others, as not all laboratories mention the place of seizure.

Also note that these figures do not give any information on the quantities of drugs seized.

Table 1. Geographical distribution of analysed drugs seized in 2000 and 2001.

	2000		2001	
Location	N	%	N	%
National Airport	103	18.1	38	8.4
Antwerpen	77	13.5	51	11.2
Brabant-Wallon	20	3.5	9	2.0
Brussels Capital City	78	13.7	130	28.6
Hainaut	21	3.7	34	7.5
Liège	10	1.8	34	7.5
Limburg	225	39.5	113	24.9
Luxemburg	9	1.6	1	0.2
Namur	2	0.4	0	0
Oost-Vlaanderen	28	4.9	20	4.4
Vlaams-Brabant	4	0.7	11	2.4
West-Vlaanderen	17	3.0	12	2.6
Other	0	0	1	0.2
Total	570	100	454	100
Not mentioned	521		254	

3.1.3. Composition of samples

In 80 % of the analysed samples (N = 565), one or more “controlled” substance of one category was found, sometimes combined with an adulterant (e.g. caffeine) or a diluent (e.g. sugar). A controlled substance is in this case defined as a substance listed in the UN 1971 Convention on Psychotropic Substances. In 5 % of the cases (N = 39), controlled substances of different types were found in combination in one analysed sample. In 15 % of the cases (N = 114), the analysed sample does not contain any substance controlled under the UN Schedules. Note that this class does not necessarily coincide with the category ‘other’. The category ‘other’ also comprises substances that are scheduled, such as hormones and psychiatric medicines. A list that clarifies the used categorisation is added in appendix 2. The category ‘other’ and the synthetic drugs will be discussed later on. Table 2 shows the composition of the analysed samples in 2000 and 2001.

Table 2. Composition of analysed samples in 2000 and 2001.

	2000		2001	
Substances	N	%	N	%
Amphetamines	109	10.0	72	10.0
Amphetamines + Cocaine	3	0.3	2	0.3
Amphetamines + Cocaine + Other Compounds*	1	0.1	5	0.7
Amphetamines + Ringsubstituted Amphetamines	19	1.7	5	0.7
Amphetamines + Ringsubstituted Amphetamines + Cannabis	0	0.0	1	0.1
Amphetamines + Ringsubstituted Amphetamines + Cocaine	0	0.0	1	0.1
Amphetamines + Ringsubstituted Amphetamines + Cannabis + Cocaine	0	0.0	2	0.3
Cannabis	131	12.0	84	11.7
Cannabis + Cocaine	0	0.0	1	0.1
Cannabis + Opiates	1	0.1	0	0.0
Cannabis + Other compounds*	0	0.0	3	0.4
Cocaine	171	15.7	74	10.3
Cocaine + Opiates	2	0.2	2	0.3
Cocaine + Opiates + Other Compounds*	1	0.1	2	0.3
Cocaine + Other Compounds*	48	4.4	11	1.5
Cocaine + Ringsubstituted Amphetamines	2	0.2	0	0
Gamma-hydroxybutyrate (GHB)	37	3.4	23	3.2
Hallucinogens	9	0.8	4	0.6
Hallucinogens + Other compounds*	0	0.0	1	0.1
Opiates	72	6.6	76	10.6
Opiates + Ringsubstituted amphetamines	2	0.2	0	0
Opiates + Other compounds*	1	0.1	2	0.3
Ringsubstituted amphetamines	312	28.6	210	29.2
Ringsubstituted amphetamines + Cocaine	0	0.0	5	0.7
Ringsubstituted amphetamines + Other compounds*	1	0.1	1	0.1
Other**	160	14.7	136	18.9
Total	1091	100	718	100

*Other compounds = compounds other than adulterants and diluents

**Other = also adulterants and diluents found as separate substances, i.e. not added to (a) controlled substance(s)

Table 3 presents the same data in another way. For each substance is indicated in how many samples it was detected. It is important to note that these percentages reveal nothing about the amounts of the seized drugs; they only give an indication of the frequency wherewith a specific drug was found in the samples received by the laboratories.

Table 3. Frequency of occurrence of each category of substances in samples of drugs seized in 2000 and 2001*.

	2000		2001	
	N	%	N	%
Amphetamines	132	12.1	83	11.6
Cannabis	132	12.1	91	12.7
Cocaine	228	20.9	100	13.9
GHB	37	3.4	23	3.2
Hallucinogens	9	0.8	5	0.7
Opiates	79	7.2	82	11.4
Ringsubstituted amphetamines	336	30.8	225	31.3
Other	221	20.3	156	21.7

* Percentages calculated on total amount of analysed samples. Sample sizes: 1091 in 2000 and 718 in 2001

Just as in 2000, the ringsubstituted amphetamines are the most represented category in 2001. Only the category cocaine represented a significantly bigger share in 2000 than in 2001. The proportion of opiates on the other hand is higher in 2001 than in 2000. For the other categories, the percentages in 2001 are comparable to those in 2000.

3.1.3.1. Synthetic Drugs

About 45 % (N = 324) of the samples analysed in 2001 contain controlled substances of synthetic origin, namely amphetamines, ringsubstituted amphetamines, GHB and some hallucinogens. This percentage is the same as in 2000 (N = 491).

Table 4 compares the frequency of occurrence of synthetic substances in samples of drugs seized in 2000 and 2001. Sometimes a sample is composed of a combination of an amphetamine and a ringsubstituted amphetamine or two types of ringsubstituted amphetamines are found in one sample. The total amount of synthetic substances is therefore higher than the sum of the numbers of amphetamines, ringsubstituted amphetamines, GHB and synthetic hallucinogens.

Table 4. Frequency of occurrence of synthetic substances in samples of drugs seized in 2000 and 2001*.

	2000		2001	
Substances	N	%	N	%
Ringsubstituted Amphetamines				
MDMA	311	63.3	217	67.0
a-PEA, piperonal, safrol, formyl-MDMA, PMK**	13	2.6	5	1.5
MDE (or MDEA)	9	1.8	4	1.2
MDA	14	2.9	3	0.9
2C-B (BDMPEA)	0	0	3	0.9
PMA	0	0	1	0.3
4-MTA	3	0.6	0	0
DOB	2	0.4	0	0
Amphetamines				
Amphetamine / methamphetamine	132	26.9	82	25.3
BMK***	0	0	1	0.3
GHB	37	7.5	23	7.1
LSD	4	0.8	2	0.6
Ketamine	1	0.2	0	0

* Percentages calculated on total amount of analysed samples containing controlled substances of synthetic origin. Sample sizes: 491 in 2000 and 324 in 2001

** Precursors or impurities of ring-substituted amphetamines (PMK = 3,4- methylenedioxyphenyl-2-propanone)

*** Precursor of amphetamine (benzylmethylketone or phenylacetone)

The ringsubstituted amphetamine MDMA, better known as XTC, is the most represented synthetic drug in 2000 as well as in 2001. Other detected ringsubstituted amphetamines less frequently found are MDE, MDA, 2C-B, PMA, 4-MTA and DOB. Sometimes a precursor or impurity of a ringsubstituted amphetamine was found alone.

In Belgium, PMA has been detected for the first time in analysed seized material in 2001. More information on PMA can be found in Chapter 4.

In March 2001, tablets containing 2C-B were seized. Some of them, with the logo “Jerry” (from Loony Tunes Tom and Jerry) or “Batman”, contained 2-3 % 2C-B and 3 to 4 % amphetamines. The other tablets had the logo “Butterfly” and contained 10 % 2C-B and 4 % amphetamines.

In 2001, amphetamines ('speed') and GHB ('liquid ecstasy') make up for respectively 24 and 7 %. These percentages are comparable to last years' percentages. BMK (benzylmethylketone), a precursor in the synthesis of amphetamines was detected once. LSD (lysergic acid diethylamide) was found twice, once on pieces of paper with logo biker/moon and once on stamps.

The Focal Point did not receive any information of seizures of ketamine for 2001, but there are indications that the substance is still used. One laboratory informed the Focal Point on the detection of ketamine in a urine sample of a person involved in a car accident.

3.1.3.2. Category 'Other'

Figure 2 compares the distribution of the most frequently found subcategories 'other' in 2000 and 2001.

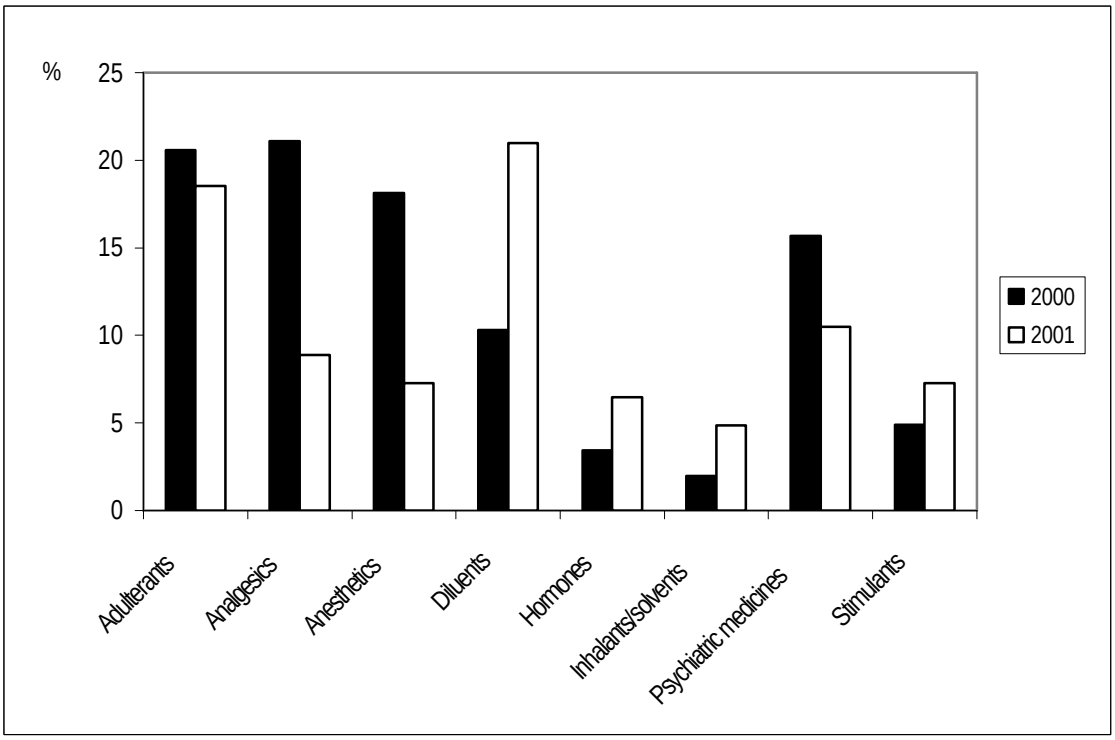


Figure 2. Distribution of the products in the category 'other' (N = 204 in 2000 and N = 124 in 2001)

In 2001, the percentage of adulterants (18.5 %) is not significantly different from the percentage in 2000 (20.6 %). The percentage of diluents on the other hand, has doubled (21.0 % in 2001 vs. 10.3 % in 2000).

Analgesics and anesthetics make up for respectively 9 % and 7 %. These proportions are significantly lower than those of 2000. Paracetamol is not counted as an analgesic, but as an adulterant since it is found very often, mostly in combination with caffeine.

In 2001, there were proportionally more seizures of hormones (6.5 vs. 3.4 %), inhalants/solvents (4.8 vs. 2.0 %) and stimulants (7.3 vs. 4.9 %) than in 2000, but the differences are not significant. The observed decrease in seizures of psychiatric medicines (15.7 vs. 10.5 %) is not significant either.

Tablets containing pemoline were seized on two different occasions and places and analysed in June. Pemoline is an amphetamine derivative that arouses vitality and promotes a sense of well-being. The first batch consisted of 78 blue tablets with logo 'yin/yang', dimension 9.1 x 4.9 mm and an average weight of 393 mg. In the second seizure, one pill containing pemoline was found. This pill was white, had the "$"-symbol printed on it, weighed 250 mg and measured 9.0 x 2.0 mm. Though pemoline is an amphetamine derivative, it is not included in the group of amphetamines. The reason for this is that pemoline is classified as a Schedule IV substance (substance used for medical treatment, with low abuse potential), whereas amphetamine and methamphetamine are Schedule II substances (substances with a high potential for abuse with severe or physical dependence liability).

Like last year, there were again seizures of batches of tablets that contained sugar and no illicit substance (N = 5). Some of these pills were white and had the 'Mitsubishi'-logo; others had no logo. There were also pills with logo "Flupke" and some red pills (no further details on these last pills available).

3.2. Other data

3.2.1. Data from the Druglijn (VAD)

The list beneath gives an overview of the early warning messages that the VAD, the Sub-Focal Point of the Flemish Community, has sent to the Focal Point and spread in its EWS network. Most of the information comes from professionals working in the drug field that call the Druglijn, the drug telephone helpline of the VAD. The messages do not only concern new substances, but also trends and dangerous illegal substances. This EWS network of the VAD consists among others of emergency care units, psychiatric hospitals and psychiatric units in general hospitals, outreach workers, centres for mental health care, low threshold services and prevention workers.

- Report from the province West-Vlaanderen on possible **mixes of cannabis with other products**, causing blackouts and sub-coma with hallucinations. There were no analyses of samples; the rumour is based on the experiences of users.
- Attempt to order one kilogram of **ammoniumcarbonate** at a pharmacist in the province Vlaams-Brabant. The use of the chemical is unknown but it can be used to adulterate drugs or produce crack.
- Report of the appearance of **DOB** (4-bromo-2,5-dimethoxyphenylethylamine) on strips. These strips were green and measured 15 mm x 15 mm and 15 mm x 13 mm. The dose of one strip was 8 mg.
- Chips of **boric acid**: the demand for chips of boric acid increased in the province of Antwerp all at once from January 2001 on. It is suspected that these chips are used to adulterate cocaine, because they have the same glittering effect. It might be used to adulterate other drugs too. Boric acid is said to be dangerous for the airways and to reduce fertility. Further medical consequences are unknown.
- Report of agitation in a 30-year-old female having taken a combination of amphetamines, alcohol and homeopathic drops **'Loco X 112'**. These drops should contain a harmless mix of a homeopathic solution, but instead it was proven to contain thyroid extracts and diethylpropione. It was bought at the pharmacist and seems to be popular in horeca and driver circles.
- Report of balloons with **laughing gas** (nitrous oxide) in circulation. This is not new, but has not been reported for many years. It arouses loss of consciousness and elevation of body temperature. During the high, the user is not approachable and cut off the outside world. Feeling of pain is switched off.

- The higher demand for **boric acid** has been confirmed by other pharmacists in the region of Antwerp.
- Report of **cannabis, enriched with LSD**. The product originated from Ireland and its effects were stronger than expected.
- A shop selling natural food received unasked a promotion sample of **'herbal XTC'**, named 'Bliss Extra', from the US. The selling of these products is prohibited in Belgium.

3.2.2. Data from Law Enforcement Services

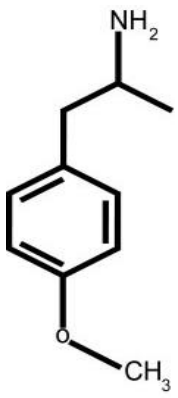
Data from Law Enforcement Services reach the Focal Point through the Head Quarters of the Federal Police. In 2001, the Focal Point was through this way informed on the following overdose and seizure:

- Non-fatal overdose in a 17-year-old girl at a mega dancing: loss of consciousness after ingestion of **GHB**.
- Seizure of 69 tablets with 'xTc'-logo, containing **PMA**. Dimensions: 8.2 x 4.0 mm.

4. PMA

In April 2001, the Focal Point was informed on the circulation of PMA in France through the EMCDDA. The laboratories in the network and later on the emergency units were notified of this. On the 18th of April 2001, the substance was thought to have been detected in a urine sample of a 17-year-old girl brought to an emergency ward in Antwerp. The laboratory that performed the analysis immediately informed the Focal Point. After analysis with different techniques, the presence of PMA was confirmed to the Focal Point on May, the 7th. The day afterwards, an Early Warning was sent to the national network of partners (see under 2.2.) and the EMCDDA. On August the 3rd, another laboratory notified the finding of PMA tablets in the close neighbourhood of a deceased person.

4.1. Chemical and physical description



PMA

The PMA molecular formula is $C_{10}H_{15}NO$. The full chemical name for 4-methoxyamphetamine (4-MA or the acronym PMA for para-methoxy-amphetamine) is: 1-(4-methoxyphenyl)-2-aminopropane. PMA is a methoxylated amphetamine derivative (Europol-EMCDDA, 2001). The distinguishing feature of the drug is a closer structural resemblance to mescaline, which bestows increased hallucinogenic properties to the drug (Martin, 2001).

4.2. Possible risks associated with PMA

PMA is considered to be more harmful than MDMA, as its effects are stronger. It can cause hypertension and a sudden increase in body temperature up to 44 °C and higher. It is effective at lower doses and there is a longer delay between the intake of the pill and the sensation of its effects. A 50 mg PMA tablet induces a “high” by increasing the pulse rate and blood pressure and by giving the user a feeling of well-being. Doses as low as 60 mg can cause a significant increase in blood pressure, body temperature and pulse. Larger doses can cause irregular heartbeats, heart attacks, breathing difficulty, kidney failure, convulsions, coma and death (Europol-EMCDDA, 2001).

Blood concentrations of more than 0.5 mg/l seem likely to be associated to toxic effects and may be lethal, especially in combination with other amphetamines. Death generally occurs when body temperatures rises so high that the central nervous system shuts down. Felgate et al. (1998) described body temperatures ranging from 41.2 to 46.1 ºC for victims of PMA intoxication.

PMA is not a drug of abuse sought-after by users. It is rather an example of a misrepresentation of a street drug, typically MDMA, and is purportedly sold under the guise of this last one (Kraner et al., 2001). In comparison with MDMA short-term physiological response, PMA however produces a delayed onset of action (around one hour). As a possible consequence, users may take several tablets if the expected effects are delayed or are deemed to be weaker than those of MDMA (Europol-EMCDDA, 2001).

4.3. Intoxications with PMA in Belgium in 2001

4.3.1. Non-fatal cases

PMA has been detected at an emergency ward in the urine sample of a 17-year old girl in April 2001. Apart from PMA, MDMA and MDA were found. A friend took the girl to the emergency ward, though she had no alarming symptoms. She stayed at the emergency ward for observation during twelve hours and left the day afterwards on her own initiative. There were no indications on the products that the girl has used.

Another case occurred in June 2001. It concerned a 30-year-old man brought into emergency care with the following symptoms: uncontrolled movements of facial muscles, tachycardia, light hypertension and diminution of consciousness. Chromatographical analysis of the urine sample of this man revealed the presence of amphetamines, PMA and 4-hydroxyamphetamine. The man claimed to have ingested five tablets while going out in a dancing, but there was no further information available on these tablets. The symptoms cleared up after four hours.

4.3.2. Fatal overdoses

The Focal Point was informed about five fatal cases and reported them to the national EWS partners and the EMCDDA.

The first death in which PMA was involved occurred in February 2001 in the province of Oost-Vlaanderen. A forensic analysis of a blood sample revealed MDA (0.39 μg/ml), amphetamine (0.22 μg/ml) and PMA (1.43 μg/ml). The report concluded that the subject died due to a cocktail of several amphetamines. In August 2001, the Focal Point learned about this case from the laboratory that performed the analysis.

A young man from the region of Leuven used XTC regularly according to his friends and ingested seven tablets on the evening of his death (July, 2001). The analysis of the blood revealed MDMA, MDA, amphetamine and PMA. Traces of cannabis, codeine (possible due to medical treatment with Dafalgan codeine) and alcohol were detected as well. The laboratory that performed the analysis informed the Focal Point in August 2001.

Two deaths occurred in the region of Antwerp (July, 2001). The analysis of the blood samples yielded PMA (1.7 μg/ml blood) and traces of norephedrine in the first case, and PMA (3.4 μg/ml blood) and MDMA (0.4 μg/ml blood) in the second case. Five pills (for description: see under 4.4.) containing PMA were found nearby the first person. Though these were not the first PMA involving fatal cases, they were the first cases the Belgian Focal Point learned about in August 2001. The following media attention and growing concern of politicians induced by these two cases resulted in the notification of the previously occurred fatal cases mentioned above.

A fifth death occurred in December. According to the urine analysis, this death can be attributed to an intoxication of amphetamine-like substances, PMA being the most abundant substance. Nearby the deceased person, a powder containing PMA was found. This powder was brown and did not contain any other psychoactive substance apart from PMA.

4.4. Characteristics of tablets containing PMA seized in Belgium

The Focal Point has been informed of the seizure of tablets containing PMA at different occasions. A first batch of tablets with PMA concerned 6 tablets that contained PMA and MDA. The tablets had following characteristics: they were round, light brown in colour and scored with a “Superman”-logo. They measured 7.7 mm in diameter and 4.7 in height and had an average weight of 303 mg.

Five pills containing PMA with ‘xTc’-logo (the T in the middle is bigger than the two other letters) were found nearby the young man who died in Antwerp in July 2001. These tablets weighed 240 to 280 mg and measured 7.9 mm in diameter and 4.2 mm in thickness.

A second seized batch contained 69 tablets. These pills had similar characteristics to the ones described above: they were beige and scored and carried the ‘xTc’-logo. They had 8.2 mm in diameter and 4.0 mm in thickness.

A third batch of similar tablets “xTc”-tablets consisted of 25 tablets. They weighed 266 mg on average and measured 8.4 mm in diameter and 4.2 in thickness. A quantitative analysis revealed 21 % PMA per tablet (i.e. 56 mg) and sugars.

In October 2001, an undercover journalist bought drugs on the street in the framework of a television programme. The drugs were shown on TV and the programme makers sent the drugs to a laboratory of the EWS-network for analysis. Among the drugs, there was one brown-beige tablet containing PMA with Mitsubishi-logo or flower (the logo was not very clear). The Police confiscated the drugs after analysis.

5. DEVELOPMENTS IN THE FIELD OF EWS

5.1. Council of Ministers on communication and the Early Warning System

On August 31, 2001, a Council of Ministers was held on the subject of communication of messages in relation to drugs by the department of Public Health. At the Council, it has been decided to set up an Intercabinet Workgroup, composed of representatives of the Prime Minister and the Ministers of Public Health, Internal Affairs and Justice. This Intercabinet Workgroup had the mandate to:

1) come to a consensus in order to be able to inform the general public on dangerous drugs in circulation without obstructing any on-going judicial research;

2) direct guidelines to refine and improve the functioning of the Belgian Early Warning System;

3) carry out the measures needed to start as soon as possible the project to assess the composition of drugs in circulation (see under 5.1.3. and 5.3.).

The resulting report (see Appendix 3a and 3b) of the Intercabinet Workgroup was presented to the Council of Ministers on November 21, 2001, and approved. In this report, the set up of a Coordination Cell for synthetic drugs in addition to the already existing Health Policy Cell Drugs (both should later on be integrated in the future Cell Drugs) was suggested. The Intercabinet Workgroup has also put forward some suggestions for the improvement of the Early Warning System.

The Coordination Cell for Synthetic Drugs has to be a policy tool for the Belgian policy concerning synthetic drugs. The Cell has to focus on the proposition and preparation of measures to coordinate the actions taken by the different Federal Public Services and governments. Another goal of the cell is the increase of the efficiency of these actions.

In regard to the improvement of the functioning of the Early Warning System, some proposals for actions to take have been made. Among these are the enlargement of the network, the structuring of the information exchange and the set up of a collaboration project between the Departments of Justice and Public Health. Each of these proposals is discussed separately below.

5.1.1. Enlargement of the system

The Early Warning System should not focus on NSDs only (see also Chapter 2). Any dangerous substance can and should be detected through the network and could be subject of an Early Warning.

5.1.2. Structuring of information exchange

The proposition was put forward to structure the information exchange between the Departments of Justice and Public Health, in order to improve and accelerate this exchange. A difference should be made between essential, useful and contextual data to be communicated on an incident (being a seizure, an overdose, an admission to an emergency ward etc.):

- Essential data is specific information provided by a laboratory and relevant for Public Health as well as Justice Departments. These data are:
  (1) *Location*: district and kind of the place (dancing, private etc.);
  (2) time;
  (3) *nature* of the sample(s) received for analysis: human sample or drug product and appearance of drug product (i.e. shape, dimensions, colour, weight, logo);
  (4) *composition* of drug product (active components, adulterants, concentration);
  (5) *the Office of the Public Prosecutor* that has demanded the analysis;
- Useful information is general information at disposal of the REITOX Focal Point that is relevant for public health, like information on health risks of the product, symptoms of use and guidelines for treatment in case of overdose;
- Contextual information is specific information at disposal of the Office of the Public Prosecutor, like for instance the circumstances of the seizure. The revelation of this kind of data might obstruct the judicial investigation; they therefore have to be handled with care.

A first step ahead in the facilitation of information exchange is the approval of the Council of Procurators-General of the simultaneous transmission of essential information on drugs from the laboratory performing the analysis to the Office of the Public Prosecutor demanding the analysis and the REITOX Focal Point.

It has to be clarified to whom, when and which information has to be or can be communicated in case a dangerous drug is detected on the market. A decision tree was drafted in order to describe the different steps to be taken.

The decision on the distribution of an early warning depends on different criteria (source of information, new substance, time passed since last alert for the same substance, toxicity of the substance, place of seizure/overdose,…).

During the last semester of 2002, the Federal Minister of Public Health has contracted external experts in order to assess guidelines. The assessment of these guidelines are expected by early 2003. In the meantime, the provisory guidelines defined in the report of the Intercabinet Workgroup have to be followed.

5.1.3. Collaboration between Departments of Justice and Public Health

The Intercabinet Workgroup also recommended establishing a closer relationship between the Departments of Justice and Public Health. The possibility was suggested to set up a cooperation project on seized drugs that are not analysed on demand of the Court in the framework of a judicial case. These drugs are normally temporarily stored before being destructed, but instead of being destructed, they would be analysed at the laboratory of the Section "Medicines" of Scientific Institute of Public Health. Every six months a synthesis report of the results of these analyses would be drafted and send out to the partners in this project, being the Public Prosecutors and the laboratories, the Sub-Focal Points and the Cabinets of the Ministers of Public Health and Justice.

The aim of the project would be to give an overview of the composition of circulating drugs and to detect new drugs. The project is seen as part of a more proactive approach of EWS. Instead of "waiting" for information, this project wants to search actively for information where it could be available (see under 5.3.).

5.2. Database for results of analyses of drug samples

At present, a Royal Decree is being developed that will regulate the transmission of anonymous data on results of analysed drugs from the laboratory to the Focal Point. This Royal Decree will specify which data the laboratory can communicate to the Focal Point without danger of obstructing any on-going judicial research. The Royal Decree will also apply to medical doctors in order to obtain clinical data related to overdoses.

In 2002, the Focal Point has hired an office specialised in information technology services to develop a website that allows the laboratories to report all their results on drug analyses (not only on new synthetic drugs) in an easy and not too much time-consuming way immediately after analysis. The tool is ready for use and will be installed in the laboratories in the course of 2003.

The tool shall be used together with a personal key to assure the security of the transferred information. This will allow the Focal Point and the laboratories to be informed in real time of the composition of drugs analysed by the network of laboratories. Identification of the laboratory from which the information emanates, will only be possible for the Focal Point, in order to guarantee the anonymity of the source.

A workgroup to be set up by the Office of the Minister of Public Health will discuss on the issue of who will be given access to the database and to which extent.

5.3. Project "Composition of drugs in circulation"

As already mentioned under 5.1.3., a cooperation project between the Departments of Justice and Public Health was set up. A pilot study is expected to start in 2003 on drugs seized in the Judicial District of Antwerp.

In the meantime, the Office of the Public Prosecutor of Tournai has developed a close working relationship with the Provincial Institute of Public Health of Mons, that analyses all seizures performed by the Prosecutor. Data of this project are communicated to the Focal Point. The Office of the Public Prosecutor of Antwerp has also started a project in collaboration with the National Institute of Criminalistics and Criminology (NICC) in order to assess the composition of tablets seized in the judicial district of Antwerp. This study will be included in the pilot study in Antwerp foreseen for 2003 and will serve as a model for the working procedure.

5.4. Reference samples at disposal of laboratories

Another initiative taken by the Focal Point, suggested by the laboratories while interviewed last year, is to work on a solution for the difficulty to obtain reference samples of synthetic drugs. Whereas scientific literature can help to identify a new substance, a reference sample is still needed to assess the amount of substance.

As things are at the moment, the laboratories have to follow a long and complicated procedure to get only small samples of these drugs. There is a great delay between the placement of the order and the delivery of the samples. Furthermore, it is very difficult to obtain reference samples of new substances that are not under control, which means a major obstacle for an effective functioning of the EWS.

A proposal to change the present situation has been drafted and a Royal Decree is in preparation. The aim is to give the laboratory of the section “Medicines” of the Scientific Institute of Public Health the mandate to purify seized drugs in order to obtain nearly pure reference samples. Thus a collection of reference samples, available to the laboratories, would be constituted at national level.

5.5. Meeting for all EWS partners

A meeting for all EWS partners, in particular the laboratories, is planned to be organised at the Scientific Institute of Public Health. At this meeting, the functioning of the EWS at European and Belgian level will be explained and the abovementioned projects will be presented. The partners will have the possibility to comment these initiatives and make suggestions for the future development of the system.

6. CONCLUSIONS AND PROSPECTS FOR THE FUTURE

As already mentioned in the introduction, the discovery of PMA has clearly shown the need for a well-developed EWS and clear guidelines regarding communication of collected information.

In the course of 2002, preparations were made to facilitate information collection and exchange: real-time input of results in an on-line database by the laboratories, the improvement of the availability of reference samples, cooperation project between the Departments of Public Health and Justice.

The prospects for the future continue in the same direction. A Royal Decree that has to give a legal framework to the communication of information related to illegal drugs from clinicians / laboratories to the Focal Point is in preparation.

Meetings with the EWS partners will be organised more frequently. A first meeting that is planned to be organised in December 2002 will hopefully yield a lot of suggestions for actions to be taken in the further elaboration of information exchange in the framework of the Early Warning System.

7. REFERENCES

Eindrapport van de interkabinettenwerkgroep ter uitvoering van de beslissing van de ministerraad (2001A71760.118) van 31 augustus 2001 betreffende: “PMA - drugs en communicatie vanuit Volksgezondheid” (21 november 2001).

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Rapport final du groupe intercabinets visant à mettre en oeuvre la décision du Conseil des ministres (2001A71760.118) du 31 août 2001 portant sur: **“**les drogues PMA et la communication de la Santé Publique” (21 novembre 2001).

97/396/JHA: Joint Action of 16 June 1997 adopted by the Council on the basis of Article K.3 of the Treaty on European Union, concerning the information exchange, risk assessment and the control of new synthetic drugs

Official Journal L 167, 25/06/1997 p. 0001 - 0003

Text:

JOINT ACTION of 16 June 1997 adopted by the Council on the basis of Article K.3 of the Treaty on European Union, concerning the information exchange, risk assessment and the control of new synthetic drugs (97/396/JHA)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on European Union, in particular Article K.3 (2) (b) thereof,

Having regard to the initiative of the Netherlands,

NOTING that the Dublin European Council welcomed the progress report on drugs on 13 and 14 December 1996 and endorsed the action proposed in that report, including the proposal to tackle the problem of synthetic drugs at three levels, namely, through legislation, practical cooperation against production and trafficking and international cooperation,

REFERRING to the Joint Action 96/750/JHA of 17 December 1996, adopted by the Council on the basis of Article K.3 of the Treaty on the European Union, concerning the approximation of the laws and practices of the Member States of the European Union to combat drug addiction and to prevent and combat illegal drug trafficking (1),

REFERRING in particular to Article 5 of the said Joint Action, which provides that the Member States shall endeavour to draft convergent legislation to the extent necessary to make up legal ground or fill legal vacuums as regards synthetic drugs. In particular they shall promote the establishment of a rapid information system to enable such drugs to be identified as substances liable to be prohibited as soon as they appear anywhere in a Member State,

CONSIDERING that the particular dangers inherent in the development of synthetic drugs require rapid action by the Member States,

CONSIDERING that when new synthetic drugs are not brought within the scope of criminal law in all Member States, problems may arise in the international cooperation between the judicial authorities and law enforcement agencies of the Member States owing to the fact that the offence or offences in question are not punishable under the laws of both the requesting and the requested State,

(1) OJ No L 342, 31. 12. 1996, p. 6.

CONSIDERING that from an inventory drawn up since the adoption of the said Joint Action it can be concluded that new synthetic drugs have appeared within the Member States,

CONSIDERING that common action can be taken only on the basis of reliable information on the emergence of new synthetic drugs and the results of expert assessment of the risks caused by the use of the new synthetic drugs and implications of submitting such drugs under control,

CONSIDERING that it is therefore necessary to set up a common mechanism permitting expeditious action, in taking necessary measures or introducing controls on new synthetic drugs, on the basis of a rapid exchange of information on new synthetic drugs emerging in the Member States and the common assessment of the risks thereof,

WITHOUT PREJUDICE to the powers of the European Community,

HAS ADOPTED THIS JOINT ACTION:Article 1

Purpose

This Joint Action aims at the creation of a mechanism for rapid exchange of information on new synthetic drugs and the assessment of their risks in order to permit the application of the measures of control on psychotropic substances, applicable in the Member States, equally to new synthetic drugs. This mechanism will be jointly implemented in accordance with the procedures established hereunder.

Article 2

Scope

This Joint Action concerns new synthetic drugs which are not currently listed in any of the Schedules to the 1971 United Nations Convention on Psychotropic Substances, and which pose a comparable serious threat to public health as the substances listed in Schedules I or II thereto and which have a limited therapeutic value. It relates to end-products, as distinct from precursors in respect of which Council Regulation (EEC) No 3677/90 of 13 December 1990 laying down measures to be taken to discourage the diversion of certain substances to the illicit manufacture of narcotic drugs and psychotropic substances (2) and Council Directive 92/109/EEC of 14 December 1992 on the manufacture and the placing on the market of certain substances used in the illicit manufacture of narcotic drugs and psychotropic substances (3) provide for a Community regime.

(2) OJ No L 357, 20. 12. 1990, p. 1. Regulation as last amended by Commission Regulation (EEC) No 3769/92 (OJ No L 383, 29. 12. 1992, p. 17).
(3) OJ No L 370, 19. 12. 1992, p. 76. Directive as amended by Directive 93/46/EEC (OJ No L 159, 1. 7. 1993, p. 134).

Article 3

Exchange of information

1. Each Member State shall ensure that its Europol National Unit and its representative in the Reitox network provide information on the production, traffic and use of new synthetic drugs to the Europol Drugs Unit (EDU) or to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), taking into account the respective mandates of these two bodies. The EDU and and the EMCDDA shall collect the information received and then communicate this information in an appropriate manner immediately to each other and to the Europol National Units and the representatives of the Reitox-network of the Member States, to the Commission and the European Agency for the Evaluation of Medicinal Products.

2. The information referred to in paragraph 1 shall include:
(a) - a chemical and physical description, including the name under which a new synthetic drug is known,
- information on the frequency, circumstances and/or quantities in which a new synthetic drug is encountered,
- a first indication of the possible risks associated with the new synthetic drug,
and, as far as possible:
(b) - information on the chemical precursors,
- information on the mode and scope of the established or expected use of the new synthetic drug as a psychotropic substance,
- information on other use of the new synthetic drug and the extent of such use,
- further information on the risks of use of the new synthetic drug, including the health and the social risks.

Article 4

Risk assessment

1. At the request of one of the Member States or the Commission, the EMCDDA shall convene a special meeting under the auspices of the Scientific Committee extended with experts nominated by the Member States and to which representatives of the Commission, the EDU and the European Agency for the Evaluation of Medicinal Products shall be invited. This committee shall assess the possible risks, including the health and social risks, caused by the use of, and traffic in, new synthetic drugs, and possible consequences of prohibition.

2. The risk assessment shall be carried out on the basis of information provided by the Member States, the Commission, the EMCDDA, the EDU of the European Agency for the Evaluation of Medicinal Products and taking into account all factors which, according to the 1971 United Nations Convention on Psychotropic Substances, would warrant the placing of a substance under international control.

3. On completion of the risk assessment, a report will be drawn up on the findings. In the report all aspects shall be addressed. All opinions on these aspects shall be reflected in the report.

Article 5

Procedure for bringing specific new synthetic drugs under control

1. The Council may, on the basis of an initiative to be presented within a month from the date on which the report of the results of the risk assessment pursuant to Article 4 (1) is established and acting in accordance with Article K.3 (2) (b) of the Treaty, adopt unanimously a decision defining the new synthetic drug or drugs which are to be made subject to necessary measures of control.
If the Commission deems it not necessary to present an initiative to have the new synthetic drug or drugs submitted to control measures, it shall present a report to the Council explaining its views.
The Member States undertake, in accordance with the decision taken by the Council, within such delay as that decision may specify, to take the necessary measures in accordance with their national law to submit these new synthetic drugs to control measures and criminal penalties as provided under their legislation complying with their obligations under the 1971 United Nations Convention on Psychotropic Substances with respect to substances listed in Schedules I or II thereto.

2. Nothing in this Joint Action shall prevent a Member State from maintaining or introducing on its territory any national control measure it deems appropriate once a new synthetic drug has been identified by a Member State.

3. The Presidency shall each year submit a report to the Council on the implementation of the decisions adopted by the Council on the basis of paragraph 1.

Article 6

Publication and entry into force

This Joint Action shall be published in the Official Journal.
It shall enter into force on the day of its publication.

Done at Luxembourg, 16 June 1997.
For the Council
The President
H. VAN MIERLO

APPENDIX 2. CLASSIFICATION USED FOR THE SUBSTANCES

A	Amphetamines	Amphetamine (whizz, billy) Methamphetamine (ice, chrystal meth, speed) Dextroamphetamine	
CA	Cannabis	D-9-THC	
CO	Cocaine	Cocaine (coke, charlie, snow)	
GHB	Gammahydrxyobutyraat	GHB	
HA	Hallucinogens	Ketamine LSD (lysergic acid diethylamide) Psilocine	
OP	Opiates	Codeine Heroin Methadone Morphine Propoxyphene	
RA	Ringsubstituted amphetamines	4-MTA (4-methylthioamphetamine) 2C-B (bees) 2C-T-2 (2,5-dimethoxy-4-ethylphenethylamine) DMA (2,5-dimethoxyamphetamine) DOM or STP (4-methyl-2,5-dimethoxyamphetamine) DOB (4-bromo-2,5 dimethoxy-amphetamine) MBDB (N-methyl-1-(1,3-benzodioxol-5-yl)-2-butanamine) MDA (3,4-methylenedioxyamphetamine) MDE or MDEA (N-ethyl-methylendioxyamphetamine) MDMA (ecstasy, E, M, adam) (3,4-methylenedioxymethylamphetamine) MMDA (3-methoxy-4,5-methylenedioxyamphetamine) PMA (4-methoxyamphetamine, paramethoxyamphetamine) PMMA (phenylisopropylamine)	
OTH	Other	Adulterants	Caffeine* Magnesium stearate = anticaking agent Paracetamol* Sodiumnitrate

		Analgesics	Aminophenazone Aminopyrine Antipyrine Aspirin Buprenorphine Ibuprofen Loratidine Methylsalicylate Metamizole Naproxene Nimesulide Paraaminophenol Phenacetine Pyrido-benzothiazine Tiaprofen acid Tilidine Tramadol
		Anesthetics	Lidocaine
		Diluents	Cacao or milk powder Flour Oil Salt Starch Sugar, saccharose, mannitol, dextrose, sorbitol
		Hormones	Clenbuterol Melatonine Methandienone (methandrostenolone) Methandrolone Methandrostenolone 17-Methyltestosterone Nadrolone decanoate Prostaglandine E2-dinoprostone Testosteron

*Paracetamol and caffeine are respectively not counted as analgesic and stimulant. They are both counted as adulterants because they are found very often in combination with drugs

		Inhalants/Solvents	Acetone Amylnitrite Isobutylalcohol Isobutylnitrite Methylethylketone (butanone) Petrol Toluene Trichloroethylene Tetrachloroethylene
		Psychiatric drugs	Anxiolytics, hypnotics and sedatives • Acepromazine (used in veterinary) • Alprazolam • Bormetazepam • Bromazepam • Chlordiazepoxide • Diazepam • Flunitrazepam • Flurazepam • Loprazolam • Lorazepam • Lormetazepam • Nitrazepam • Nordazepam • Nordiazepam • Oxazepam (Serexid) • Prazepam • Temazepam • Zolpidem hemitartrate • Zoplicone Antidepressants: • Dosulepine • Trazodone Barbiturates • Brallobarbital • Phenobarbital • Secobarbital

			Antipsychotics • Clothiapine • Haloperidol • Levomepromazine • Prothipendyl Antimanics • Carbamazepine
		Stimulants (structurally different from amphetamines and cocaine)	Amfepramon Diethylpropione Ephedrine Epinephrine Fenethylline Norephedrine (phenylpropanolamine) Pemoline Piracetam Theofylline
		Vitamines	Nicotinamide (Vit. B 3) Vitamin B 6 Tocoferol (Vit. E) Vitamine C

		Other Medicines	Allopurinol Amoxicilline Ampillicine Atenolol Clindamycine Chloroquine Chrysophanol Cisapride Diclophenac Diphenhydramine Elanapril Furaltadone Glyburide Griseofulvin Isopropamide Levamisole Lovastatin Metoclopropamide Penicilline Propanolol (or propranolol) Ranitidine Sodium valproate Terpine Trimetazidine
	Use unknown		Aldicarb (pesticides) Isocarryophyllene Linalyl propionate 2-nitro-p-toluidine acetoacetanilide Piperine Rhodanine Trimethylbicyclohepta-2-ene

Impurities / Precursors:

Opium	Acetylcodeine Cotarnine Dihydrocodeine Hydrocodone Meconine 6-monoacetylmorphine Narcotine Noscapine Papaverine
Ringsubstituted amphetamines	Alpha – PEA Formyl-MDMA 3,4-methylenedioxyphenylaceton Methyl-PEA Piperonal PMK Safrol
Cocaine	Anhydromethylecgonine Cis/transcinnamoylecgonine Ecgonine (or ecognine) Isoborneol Norcocaine Procaine Trimethoxycocaine Truxilline
Cannabis	Cannabinol, cannabidiol, cannabigerol, carboxy-THC, D-8-THC
Amphetamine	Benzoic acid, BMK (precursor)
Methamphetamine	Ephedrine and norephedrine, benzenemethamphetamine
GHB	GBL (gammabutyrolactone)

Eindrapport van de interkabinettenwerkgroep ter uitvoering van de beslissing van de ministerraad (2001A71760.118) van 31 augustus 2001 betreffende :

"PMA-drugs en communicatie vanuit Volksgezondheid"

Deelnemers aan de interkabinettenwerkgroep:

- Alain Lescrenier: Kabinet Justitie
- Erik Van Goidsenhoven ; Kabinet Binnenlandse Zaken
- Jan Van Emelen; Kabinet van de Premier;
- Bob Cools; Kabinet Volksgezondheid;
- Denise Walckiers; Wetenschappelijk Instituut Volksgezondheid
- Pascal Garlement en Charles Dewinter; Federale Politie

In antwoord op de vraag van de ministerraad worden door de interkabinettenwerkgroep twee voorstellen geformuleerd:

1. OPRICHTING VAN EEN COÖRDINATIECEL SYNTHETISCHE DRUGS

1.1. Opdrachten van de coördinatie cel synthetische drugs (CSD)

De Coördinatiecel Synthetische Drugs is een beheersinstrument voor het Belgische beleid inzake synthetische drugs. In afwachting van de oprichting van de Algemene Cel Drugbeleid, wordt de CSD beperkt tot het beleid van de federale overheden en diensten. De CS D wordt opgericht naast de Cel Gezondheidsbeleid Drugs. De twee cellen vormen de aanloop tot de Algemene Cel Drugbeleid die werd aangekondigd in de federale drugsnota.

De CSD moet zich focussen op het voorstellen en voorbereiden van gemotiveerde maatregelen :

- om door de bevoegde federale openbare diensten en overheden gevoerde of voorgenomen acties op elkaar af te stemmen;
- die de effectiviteit van deze acties te verhogen.

1.2. Deelnemende diensten

De CSD zal bestaan uit permanente vertegenwoordigers van een aantal federale diensten, zijnde het programma drugs van de federale politie en vertegenwoordigers van de Ministeries van Justitie, Volksgezondheid en Binnenlandse Zaken. In functie van de op te volgen projecten kunnen andere experten worden uitgenodigd. Voor de administratieve ondersteuning wordt, op het budget van de Algemene Cel Drugbeleid die reeds voorzien werd in de begroting 2002 bij de minister van Volksgezondheid, één permanente full-time coördinator aangeworven die aansluit bij de reeds bestaande logistieke ondersteuning van de Cel Gezondheidsbeleid Drugs.

1.3. Ministeriële afhankelijkheid

De binnen de CSD met consensus besloten voorstellen worden voorgelegd aan de Ministers van Binnenlandse Zaken, Volksgezondheid en Justitie .

1.4. Het strategisch plan

1. Goedkeuren van de oprichting van de cel door de betrokken Ministers via een samenwerkingsakkoord, aanduiden van vertegenwoordigers door de Ministers en communiceren van het mandaat van de cel naar de verschillende federale diensten en overheden;
2. Identificeren en oplossen van mogelijk dubbelwerk en ambiguïteiten van deze cel met andere diensten (b.v. Federale politieraad);
3. Identificeren van doelstellingen en/of acties met betrekking tot synthetische drugs binnen de federale drugsnota en het nationale veiligheidsplan;
4. Identificeren van bijkomende doelstellingen;
5. Formuleren van prioriteiten in functie van punten 3 en 4 hierboven;
6. Bij de bevoegde overheden bevestiging krijgen van de prioriteiten;
7. Identificeren van de bevoegde diensten;
8. Initiëren van de nodige acties;
9. Opvolgen van deze acties en verbeteringsvoorstellen in overleg met de bevoegde diensten;
10. Evalueren van het Belgisch Early Warning System (BEWS) door de CSD.

2. VERBETERING VAN HET EARLY WARNING SYSTEM

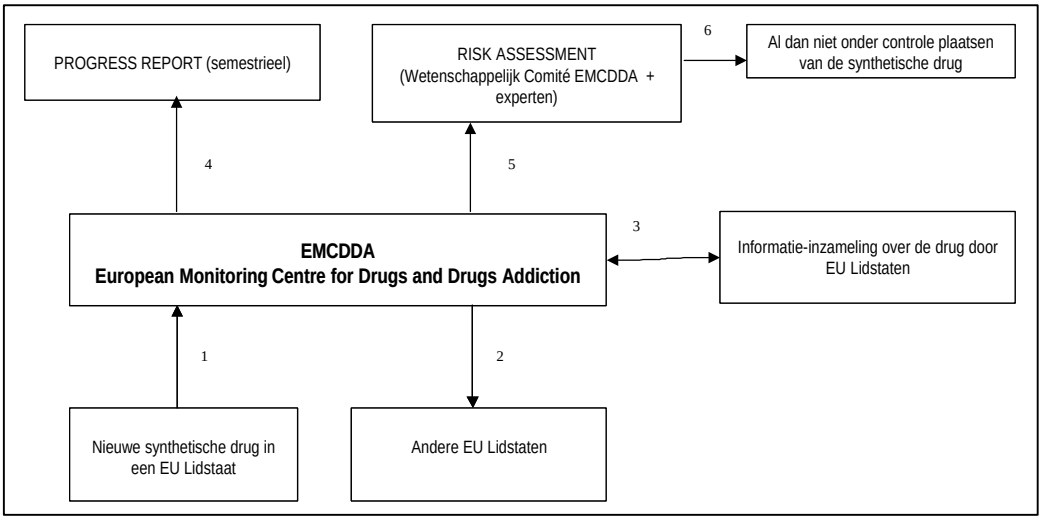
Het Early Warning System (EWS) veronderstelt een snelle verspreiding van informatie over nieuwe of bijzonder gevaarlijke drugs. Door het opzetten van een meer performant Belgisch EWS, zal de Belgische bijdrage tot het Europese EWS ook verbeteren.

2.1. Omschrijving van het EWS begrip

2.1.1. Het Europese EWS

Het EWS werd opgericht naar aanleiding van de Joint Action van 16 juni 1997. Deze Joint Action is gericht op een snelle, systematische informatieverzameling over nieuwe synthetische drugs. **Nieuwe synthetische drugs** worden gedefinieerd als drugs die aan volgende drie voorwaarden voldoen:

1. de drugs komen niet voor op de lijsten van psychotrope substanties van de UN Conventie over Psychotrope Drugs van 1971;
2. zij vormen voor de volksgezondheid een risico vergelijkbaar met de substanties die wel in deze lijsten zijn opgenomen;
3. ze hebben een beperkte geneeskundige waarde.

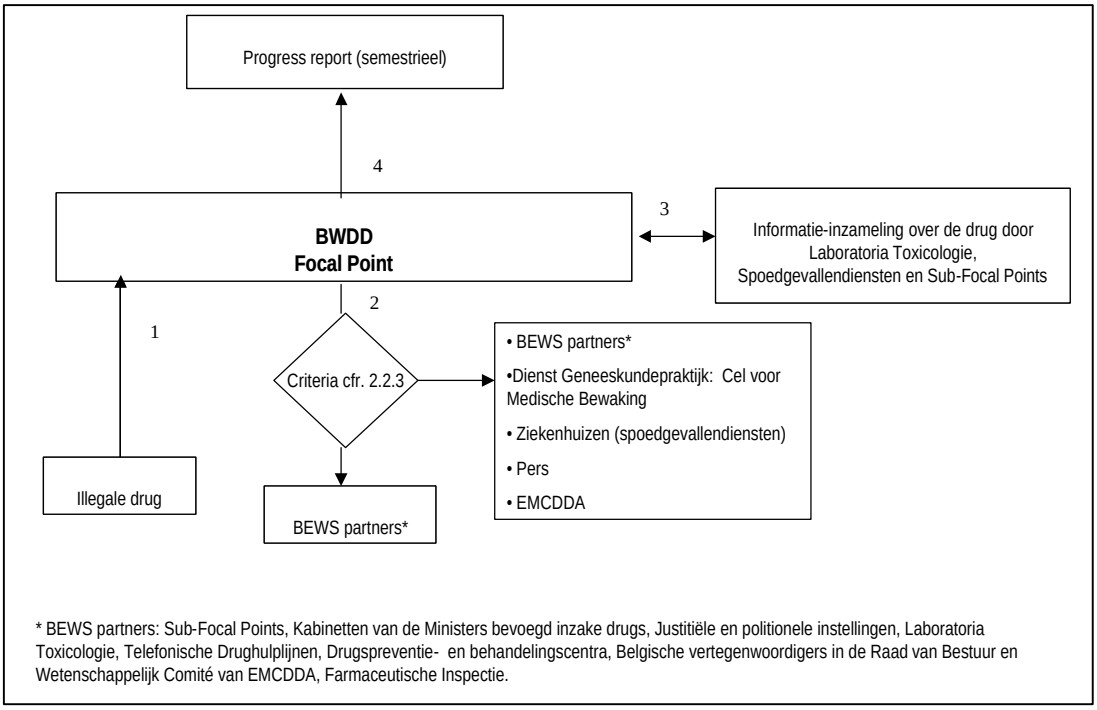


Stroomdiagram 1 : informatiestroom bij melding van een nieuwe synthetische drug in een EU land

2.1.2. Het Belgische EWS

Om bij te dragen aan het Europees systeem, moet het nationaal EWS in staat zijn nieuwe synthetische drugs op te sporen. In België heeft men er feitelijk voor gekozen niet alleen nieuwe synthetische drugs, maar ook **alle gevaarlijke illegale drugs** in omloop op te sporen. Het Belgisch Waarnemingscentrum voor Drugs en Drugverslaving (BWDD) is met deze taken belast. Er wordt hierbij getracht om de beleidsverantwoordelijken, de professionelen die werkzaam zijn in de drugsector, de bevolking, elk op een aangepaste wijze te informeren over de ontwikkelingen op de illegale markt en over specifieke bedreigingen voor de volksgezondheid.

Stroomdiagram 2 : informatiestroom bij melding van een gevaarlijke illegale drug in een België



2.2. Verbeteringsvoorstellen

2.2.1. Bredere doelstelling van het Belgisch Early Warning System

De feitelijke keuze bij het opstarten van het BEWS om niet alleen nieuwe synthetische drugs op te sporen, maar ook alle gevaarlijke illegale drugs in omloop, wordt formeel bekrachtigd.

2.2.2. Structureren van de communicatie tussen Justitie en Volksgezondheid

Door drie verschillende types van informatie te onderscheiden en duidelijk aan te geven welk type van informatie wanneer, door wie en aan wie gecommuniceerd moet of mag worden, wordt de communicatie beter gestructureerd en versneld. De drie types van informatie zijn de volgende:

1. Essentiële informatie is specifieke informatie die verkregen wordt in een **laboratorium** en die relevant is voor de volksgezondheid en voor justitie, het betreft:

1. de plaats (arrondissement en type locatie: bv. dancing, privé-woning,….);
2. het tijdstip van het incident;
3. de aard van de humane staal of van het drugproduct alsook de presentatie** ervan (vorm, afmetingen, kleur, gewicht, logo);
4. de aard van het ontdekte product (actieve stoffen, versnijdingsproducten, concentratie);
5. het bevoegde parket.

2. Nuttige informatie is algemene informatie waarover het **Waarnemingscentrum voor Drugs en Drugverslaving** beschikt en die relevant is voor de volksgezondheid, het betreft:
1. het gevaar van het product voor de gezondheid;
2. de symptomen bij gebruik;
3. richtlijnen voor behandeling.

3. Contextuele informatie: is specifieke informatie waarover het **parket** beschikt (bv. de omstandigheden van een inbeslagname) en waarvan bekendmaking het gerechtelijk onderzoek zou kunnen belemmeren.

Het College van de Procureurs-Generaal heeft principieel goedgekeurd dat het gevorderde analyselaboratorium de **essentiële informatie** over drugs rechtstreeks en gelijktijdig aan het BWDD en aan de bevoegde magistraat communiceert.

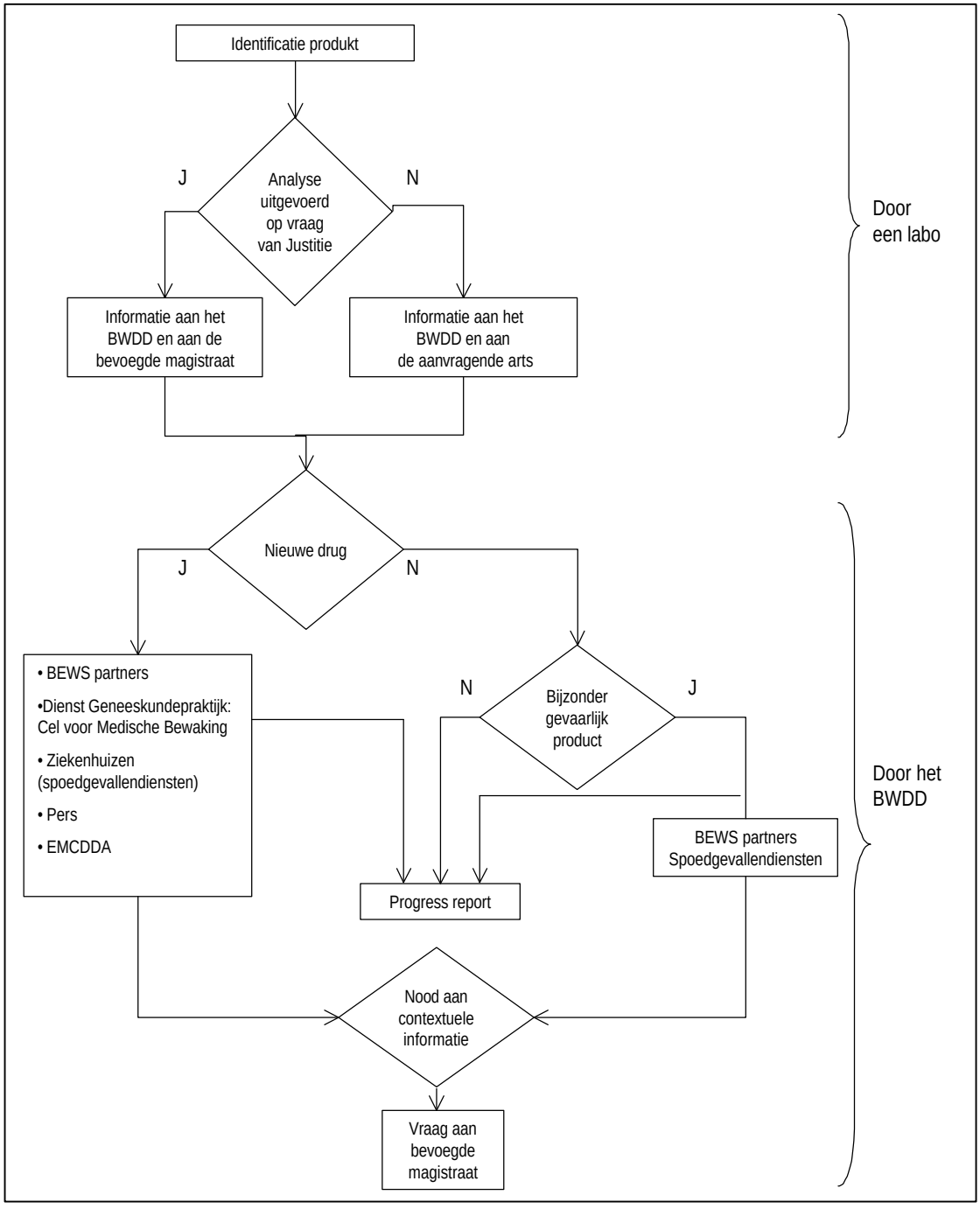
Het BWDD zal deze essentiële informatie, desgevallend aangevuld met **nuttige informatie**, verspreiden volgens de criteria vastgelegd in de beslissingsboom onder punt 2.2.2.. Het communiceren van informatie naar de pers gebeurt volgens de criteria vastgelegd in de beslissingsboom onder punt 2.2.3..

Het Parket kan de essentiële informatie verspreiden, alsook de vragen beantwoorden met betrekking tot de **contextuele informatie**, voor zover deze het geheim van het onderzoek niet schaden.

De Justitiële diensten worden toegevoegd aan de partners op de vaste mailinglist van het BEWS zodat ze ook systematisch de nuttige informatie krijgt alsook de informatie over geanalyseerde producten buiten het justitiële circuit.
Contextuele informatie die vrijgemaakt wordt door het Parket, wordt automatisch ook aan het BWDD gemeld.

Eén specifiek onderdeel van de essentiële informatie, met name de presentatie** van het product wordt geregistreerd in de databank van het EWS, maar wordt in principe niet verder gecommuniceerd. Het argument hiervoor is dat de bekendmaking hiervan een vals gevoel van veiligheid geeft ten aanzien van andere gelijkaardige producten.
In uitzonderlijke gevallen moet dit wel gecommuniceerd worden. In die gevallen heeft Justitie de opdracht dit te communiceren op eenvoudige vraag van Volksgezondheid.

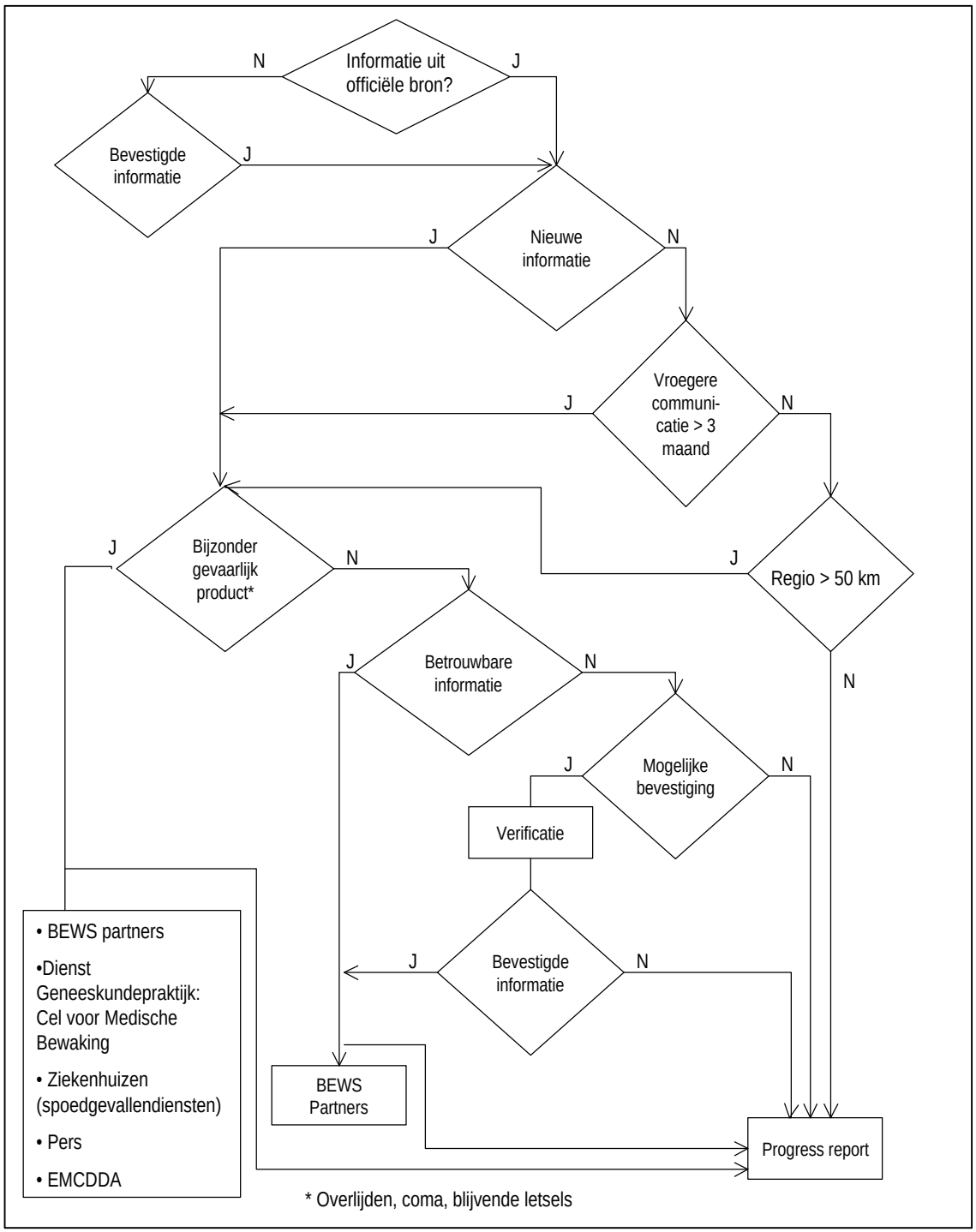
Beslissingsboom voor communicatie van resultaten van laboratoriumanalyse door het laboratorium en door het BWDD



2.2.3. Voorlopige criteria voor de externe communicatie

Er is nood aan duidelijke criteria die vastleggen welke stappen moeten worden ondernomen in het communicatieproces.

Voorlopige beslissingsboom voor externe communicatie in België door het BWDD



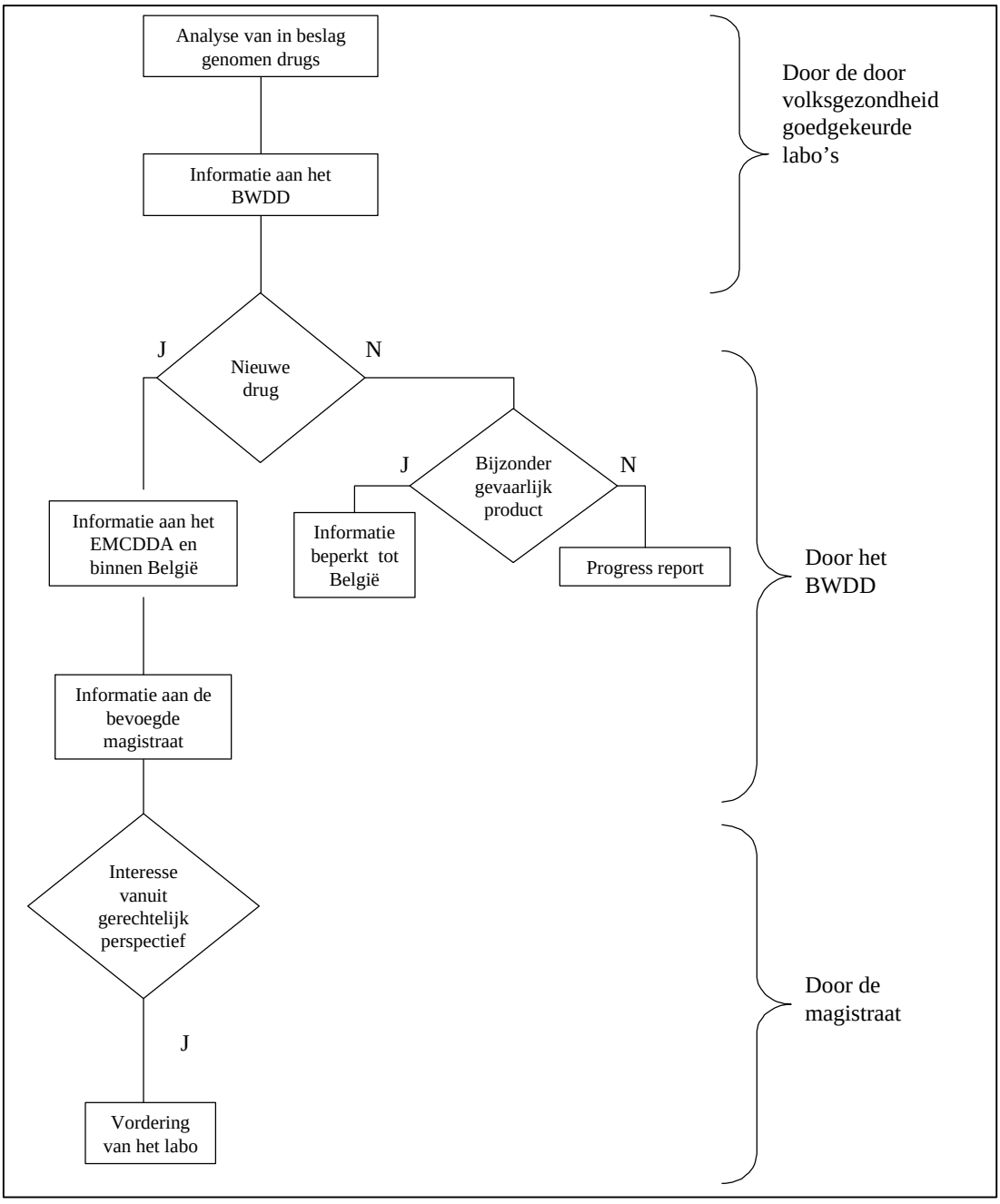
De verdere verfijning van deze criteria moet gebeuren door een multidisciplinair team van experts. Zij moeten antwoorden formuleren op een aantal vragen, waaronder :

- Wanneer is het risico dermate groot dat er een waarschuwing moet gebeuren ? Het risico is moeilijker te bepalen dan in het geval van bv. infectieuze ziekten, aangezien het hier meestal gaat om de gevolgen van het gebruik van cocktails en niet van één drug;
- Welk evenwicht moet er worden gevonden tussen een vroegtijdige melding en de zekerheid en juistheid van de informatie ? Bevestiging van informatie vraagt immers tijd;
- Wie moet waarschuwen ?
- Welke kanalen moeten worden gebruikt voor de waarschuwing ?
- Hoe moet een waarschuwing er inhoudelijk uitzien om doeltreffend te zijn? Er is dikwijls geen causaal verband tussen de inname van één drug en een overlijden. Correcte waarschuwingen moeten daarom genuanceerd zijn.

2.2.4. In beslag genomen drugs ter beschikking stellen van Volksgezondheid.

Naast overdosissen kunnen de in beslag genomen drugs een bruikbare bron van informatie vormen. Toch worden de in beslag genomen producten meestal niet geanalyseerd. Het College van de Procureurs-Generaal heeft principieel goedgekeurd dat deze niet geanalyseerde en in beslag genomen producten ter beschikking zouden worden gesteld van het departement volksgezondheid dat, op eigen kosten, deze producten zal laten analyseren. De resultaten zullen ter kennis worden gebracht van Justitie en federale politie. Voor de communicatie over de in beslag genomen drugs wordt volgende beslissingsboom gevolgd.

Beslissingsboom voor communicatie door het BWDD van resultaten van analyse van in beslag genomen drugs



2.2.5. Verder te ondernemen acties

De voorgestelde procedure verder uitwerken door:
- Het opstellen van een samenwerkingsprotocol tussen Justitie en Volksgezondheid;
- Het verzenden van een omzendbrief van de Minister van Justitie naar het college van Procureurs-Generaal;
- Het verplicht maken van een dagelijkse melding van de analyseresultaten door labo's en diagnoses door artsen aan BWDD;
- Het onderzoeken door een multidisciplinair team van experts om criteria voor de externe communicatie te verfijnen (op budgetten van de Algemene Cel Drugbeleid).

Rapport final du groupe intercabinets visant à mettre en œuvre la décision du Conseil des ministres (2001 A71760.118) du 31 août 2001 portant sur :

«les drogues PMA et la communication de la Santé publique»

Participants du groupe intercabinets :

- Alain Lescrenier ; Cabinet de la Justice
- Erik Van Goidsenhoven; Cabinet de l'Intérieur
- Jan Van Emelen; Cabinet du Premier ministre
- Bob Cools; Cabinet de la Santé publique
- Denise Walckiers; Institut Scientifique de la Santé Publique
- Pascal Garlement et Charles Dewinter; Police fédérale

En réponse à la demande du Conseil des ministres le groupe de travail intercabinets a formulé deux propositions :

1. CREATION D'UNE CELLULE DE COORDINATION DROGUES DE SYNTHESE

1.1. Missions de la Cellule de Coordination sur les Drogues de Synthèse (CDS)

La Cellule de Coordination sur les Drogues de Synthèse est un instrument de gestion pour la politique belge sur les drogues de synthèse. En attendant que soit créée la Cellule générale «Politique en matière de Drogues», la CSD se limite à la politique des autorités fédérales et des services fédéraux. La CSD sera créée en plus de la Cellule «Politique de Santé en matière de Drogues». Les deux cellules forment le préambule de la Cellule générale «Politique en matière de Drogues qui a été annoncée dans la note de politique fédérale sur les Drogues.

Tout les efforts de la CSD doivent se concentrer sur la proposition et la préparation de mesures motivées :

- pour harmoniser les actions prises par les services publics fédéraux et les autorités fédérales compétentes;
- qui renforcent l'efficacité de ces actions.

1.2. Services qui interviennent

La CSD comprendra des représentants permanents d'un certain nombre de services fédéraux, à savoir le programme drogues de la police fédérale ainsi que des représentants des ministères de la Justice, de la Santé publique et de l'Intérieur. D'autres experts pourront être invités en fonction des projets à suivre. Un coordinateur permanent temps-plein sera engagé sur le budget de la Cellule générale «Politique en matière de Drogues» qui a déjà été prévu dans le budget 2002 de la ministre de la Santé publique. Cette personne sera chargée du soutien administratif et viendra renforcer le soutien logistique dont bénéfice déjà la Cellule «Politique de Santé en matière de Drogues».

1.3. Dépendance ministérielle

Les décisions qui font l'objet d'un consensus et sont adoptées au sein de la CSD seront soumises aux ministres de l'Intérieur, de la Santé publique et de la Justice.

1.4. Le plan stratégique

1. Faire approuver par les ministres visés la création de la cellule et cela, grâce à un accord de coopération, faire désigner des représentants par les ministres et communiquer aux différentes autorités fédérales et services fédéraux le mandat de la cellule;
2. Identifier et résoudre avec d'autres services (p.ex. le Conseil de police fédéral) les éventuels problèmes de double emploi et les ambiguïtés de cette cellule;
3. Identifier dans la note de politique fédérale sur les drogues et le plan national de sécurité, les objectifs et/ou les actions relatives aux drogues de synthèse;
4. Identifier les objectifs supplémentaires;
5. Formuler les priorités en fonction des points 3 et 4 ci-dessus;
6. Recevoir confirmation des priorités par les autorités compétentes;
7. Identifier les services compétents;
8. Lancer les actions nécessaires;
9. Suivre, en concertation avec les services compétents, ces actions ainsi que les propositions visant à améliorer le système;
10. Faire évaluer le système belge d'alerte précoce (SAP) par la CSD.

2. AMELIORATION DU SYSTEME D'ALERTE PRECOCE

Le Système d'Alerte précoce (SAP) suppose une diffusion rapide de l'information sur les nouvelles drogues ou sur les drogues particulièrement dangereuses. En mettant au point un SAP belge plus performant, la Belgique contribuera également à améliorer le SAP européen.

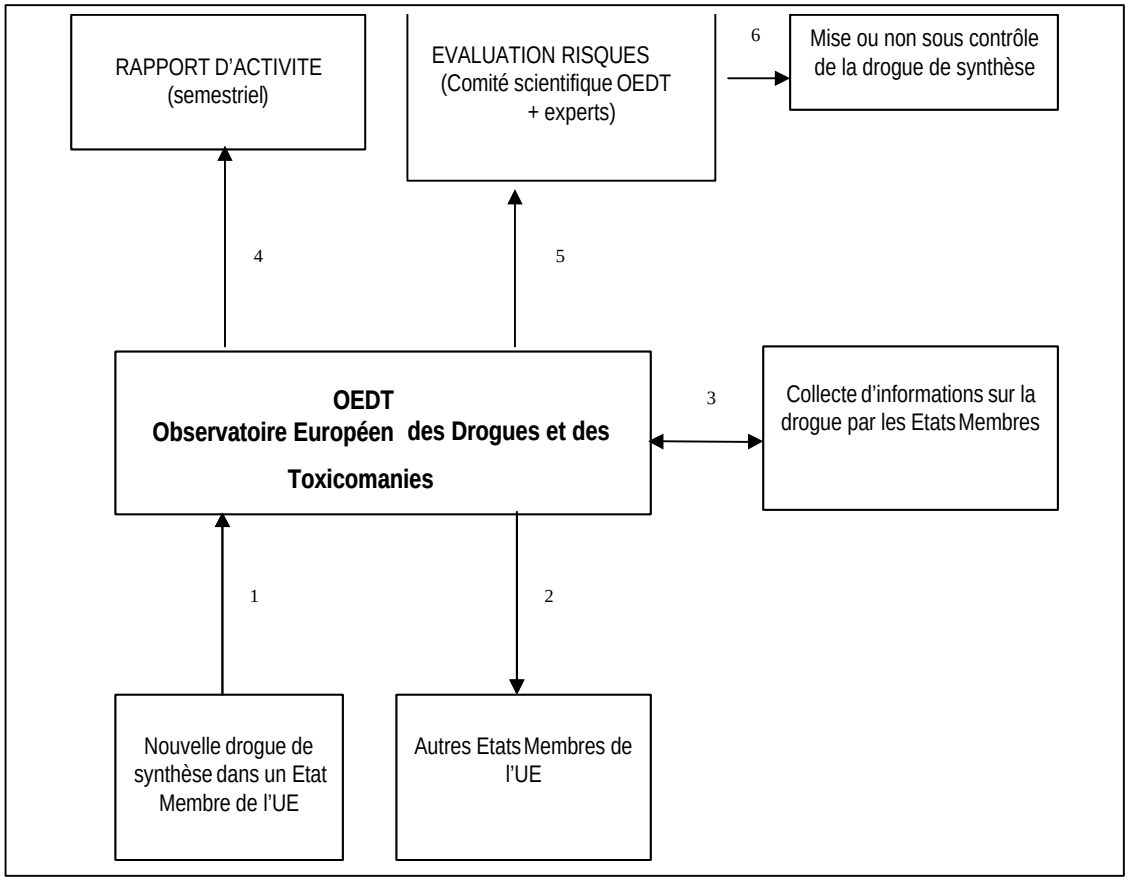
2.1. Description du concept de SAP

2.1.1. Le SAP européen

Le SAP a été mis au point à l'occasion de l'"Action Commune relative à l'échange d'informations, à l'évaluation des risques et au contrôle des nouvelles drogues de synthèse" du 16 juin 1997. Cette dernière vise une collecte rapide et systématique des informations sur les nouvelles drogues de synthèse. **Les nouvelles drogues de synthèse** se définissent comme des drogues qui répondent aux trois conditions suivantes:

1. elles ne sont pas reprises dans les listes des substances psychotropes de la Convention des N-U sur les drogues psychotropes de 1971;
2. elles présentent pour la santé publique un risque comparable aux substances reprises dans ces listes;
3. elles ont une valeur médicale limitée.

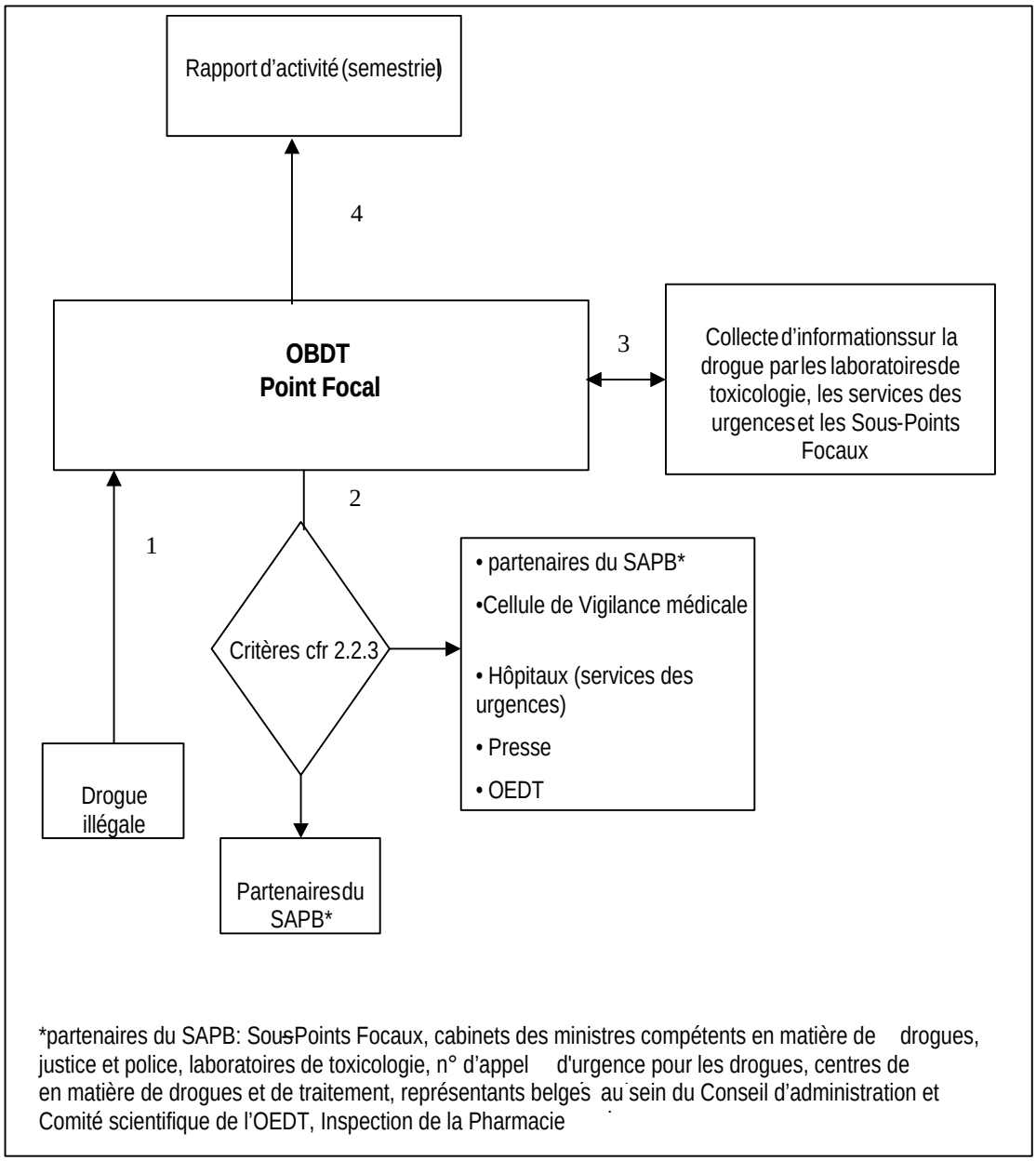
Schéma 1 : circulation de l'information lors de l'annonce de l'apparition d'une nouvelle drogue de synthèse dans un pays européen



2.1.2. Le SAP belge

Pour pourvoir contribuer au système européen, le SAP national doit être en mesure de dépister les nouvelles drogues de synthèse qui sont sur son propre territoire. En Belgique, on a en fait choisi de dépister aussi bien les nouvelles drogues de synthèse que **toutes les drogues illégales** particulièrement dangereuses (drogues qui provoquent des lésions persistantes, un coma ou le décès) en circulation. Cette tâche incombe à l'Observatoire belge des Drogues et des Toxicomanies (OBDT).
Ce faisant, l'on essaie d'informer de manière adéquate les responsables politiques, les professionnels qui travaillent dans le secteur de la drogue ainsi que la population sur ce qui se passe sur le marché illégal et sur les menaces spécifiques pour la santé publique.

Schéma 2 : circulation de l'information lors de l'annonce de l'apparition d'une drogue illégale en Belgique



2.2. Propositions en vue d'améliorer le système

2.2.1. Objectif plus large du Système d'Alerte précoce belge

La décision de fait qui a été prise lors du lancement de l'OBDT et qui consiste à recueillir des informations non seulement sur les nouvelles drogues de synthèse mais sur toutes les drogues illégales en circulation, a été formellement confirmée.

2.2.2. Manière dont se structure la communication entre la Justice et la Santé publique

En distinguant trois types différents d'informations et en indiquant clairement quel type d'information doit ou peut être communiquée quand, par qui et à qui, la communication s'en trouve mieux structurée et accélérée. Les trois types d'informations sont les suivants :

1. Informations essentielles : informations spécifiques obtenues dans un **laboratoire** et qui sont pertinentes pour la Santé publique et pour la Justice. Elles concernent :
1. le lieu (arrondissement et type d'endroit: p.ex. dancing, habitation privée,….);
2. le moment où l'incident s'est produit;
3. la nature de l'échantillon humain ou de la drogue, de même que sa présentation** (forme, dimensions, couleur, poids, logo);
4. la nature du produit trouvé (substances actives, agents diluants, concentration);
5. le parquet compétent.

2. Informations utiles : informations générales dont dispose **l'Observatoire des Drogues et des Toxicomanies** et qui sont pertinentes pour la Santé publique. Elles concernent:
1. le danger que présente le produit pour la santé;
2. les symptômes en cas de consommation;
3. des directives pour le traitement.

3. Informations contextuelles: informations spécifiques dont dispose **le parquet** (p.ex. circonstances de la saisie) et dont la divulgation pourrait entraver l'enquête judiciaire.

Le Collège des Procureurs-Généraux a approuvé le principe selon lequel le laboratoire d'analyse réquisitionné communique directement et simultanément **les informations essentielles** sur les drogues à l'OBDT et au magistrat compétent.

L'OBDT diffusera ces informations essentielles, complétées, le cas échéant, par des **informations utiles**, selon les critères fixés dans le schéma de décision (cfr point 2.2.2). La communication des informations à la presse se fait selon les critères fixés dans le schéma de décision (cfr point 2.2.3).

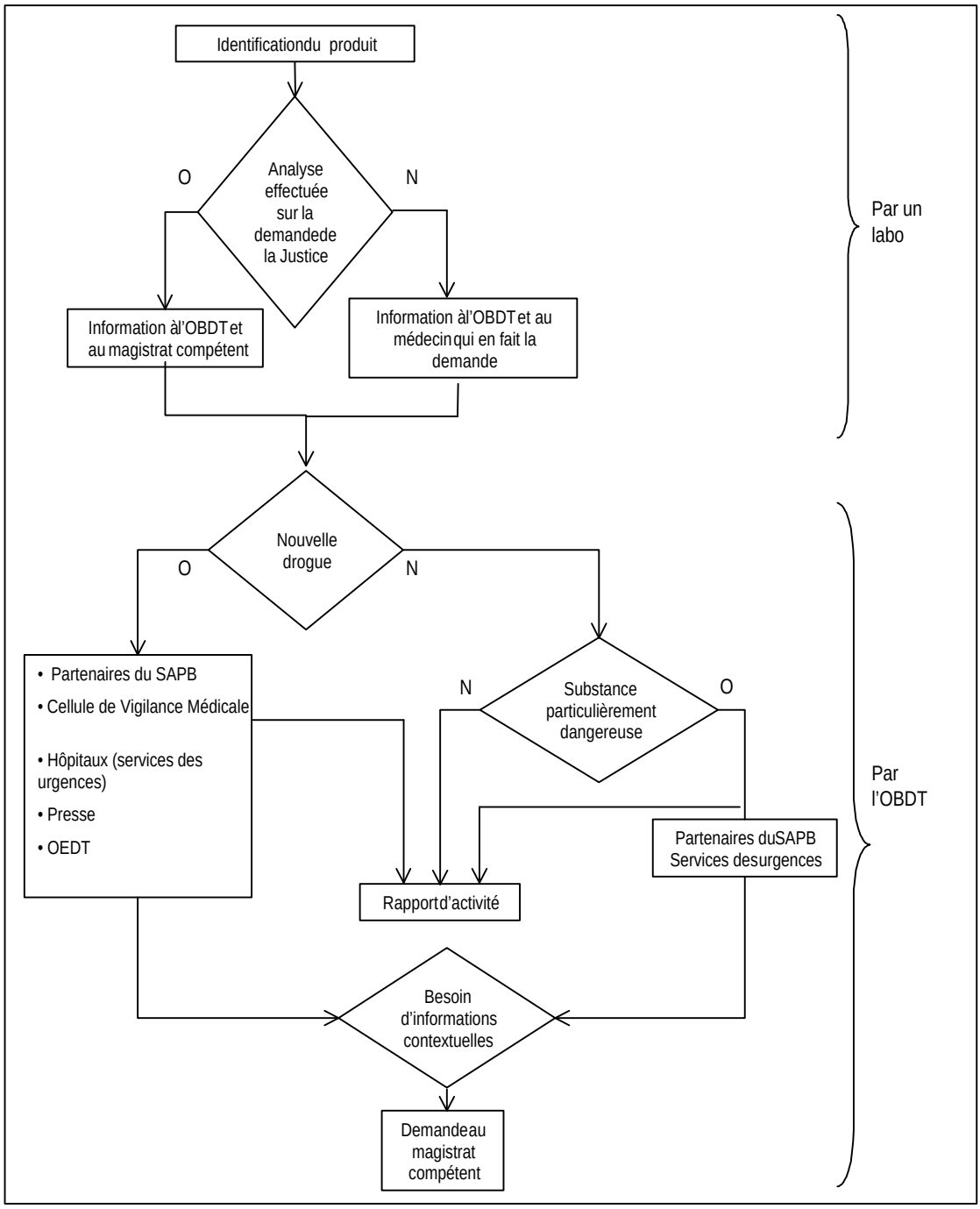
Le Parquet peut diffuser les informations essentielles et répondre aux questions relatives aux **informations contextuelles**, pour autant qu'elles ne portent pas atteinte au secret de l'enquête.

Les services de la Justice viennent s'ajouter aux partenaires figurant sur la liste d'adresses permanente du SAPB de sorte que ceux-ci reçoivent eux aussi de manière systématique les informations utiles de même que les informations sur les produits analysés en dehors du circuit

de la justice. Les informations contextuelles diffusées par le Parquet sont également automatiquement transmises à l'OBDT.

Une partie spécifique des informations essentielles, à savoir la présentation** du produit sont enregistrées dans la banque de données du SAPB mais en principe, elles ne sont pas communiquées à des tiers. Cela se justifie par le fait que leur publication donne une fausse impression de sécurité par rapport à d'autres produits similaires. Dans des cas exceptionnels, elles peuvent tout de même être communiquées. Dans ce cas, la Justice à la tâche de communiquer cette information sur simple demande de la Santé Publique.

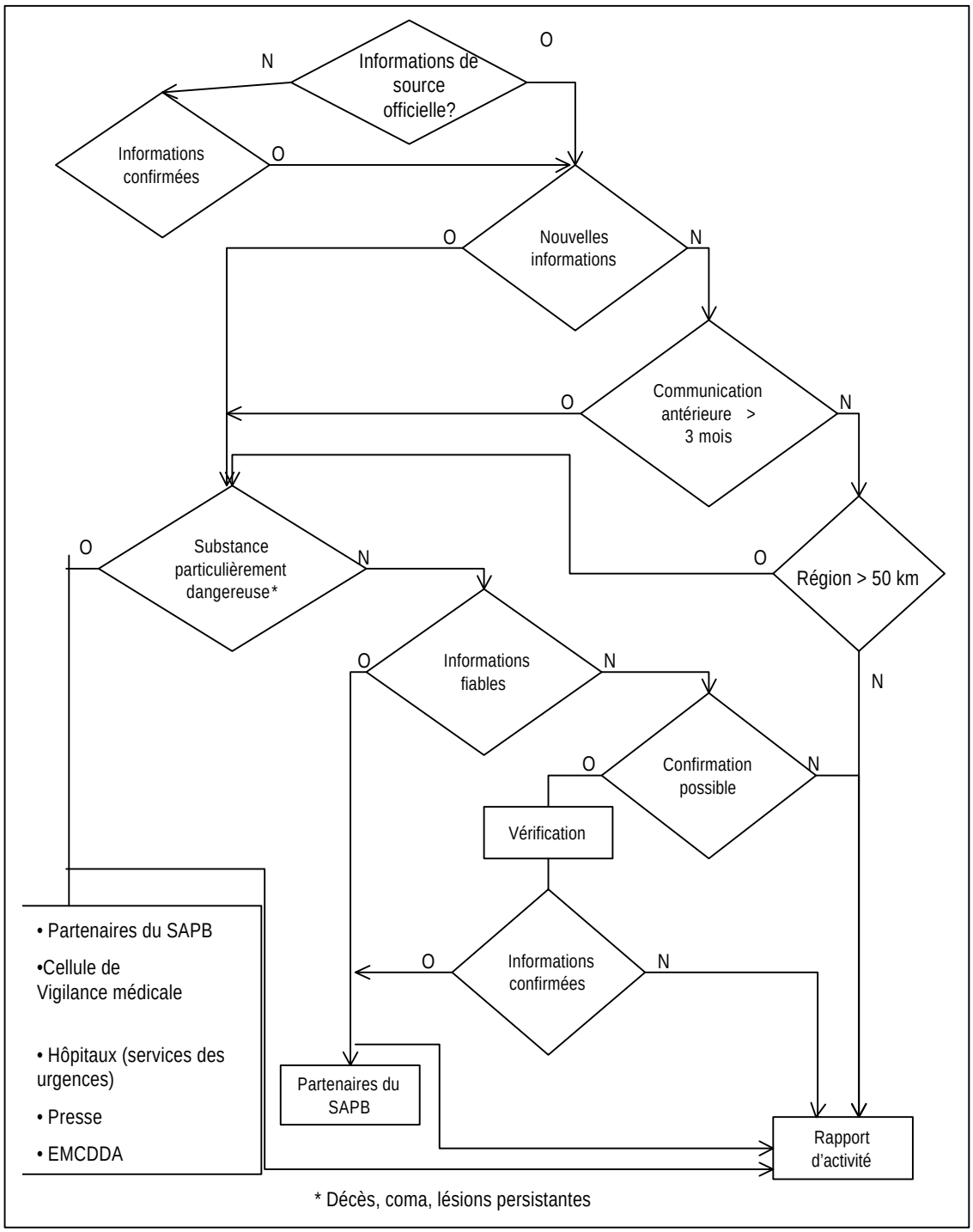
Schéma de décision pour la communication des résultats d'analyses par le laboratoire et par l'OBDT


Identificationdu produit
Analyse effectuée sur la demandede la Justice
O
N
Information àl'OBDT et au magistrat compétent
Information àl'OBDT et au médecinqui en fait la demande
Par un labo
Nouvelle drogue
O
N
• Partenaires du SAPB
• Cellule de Vigilance Médicale
• Hôpitaux (services des urgences)
• Presse
• OEDT
N
Substance particulièrement dangereuse
O
Partenaires duSAPB Services desurgences
Rapportd'activité
Besoin d'informations contextuelles
Demandeau magistrat compétent
Par l'OBDT

2.2.3. Critères provisoires pour la communication externe

Il est nécessaire de définir des critères précis qui fixent les mesures à prendre dans le processus de communication.

Schéma provisoire de décision pour la communication externe en Belgique par l'OBDT



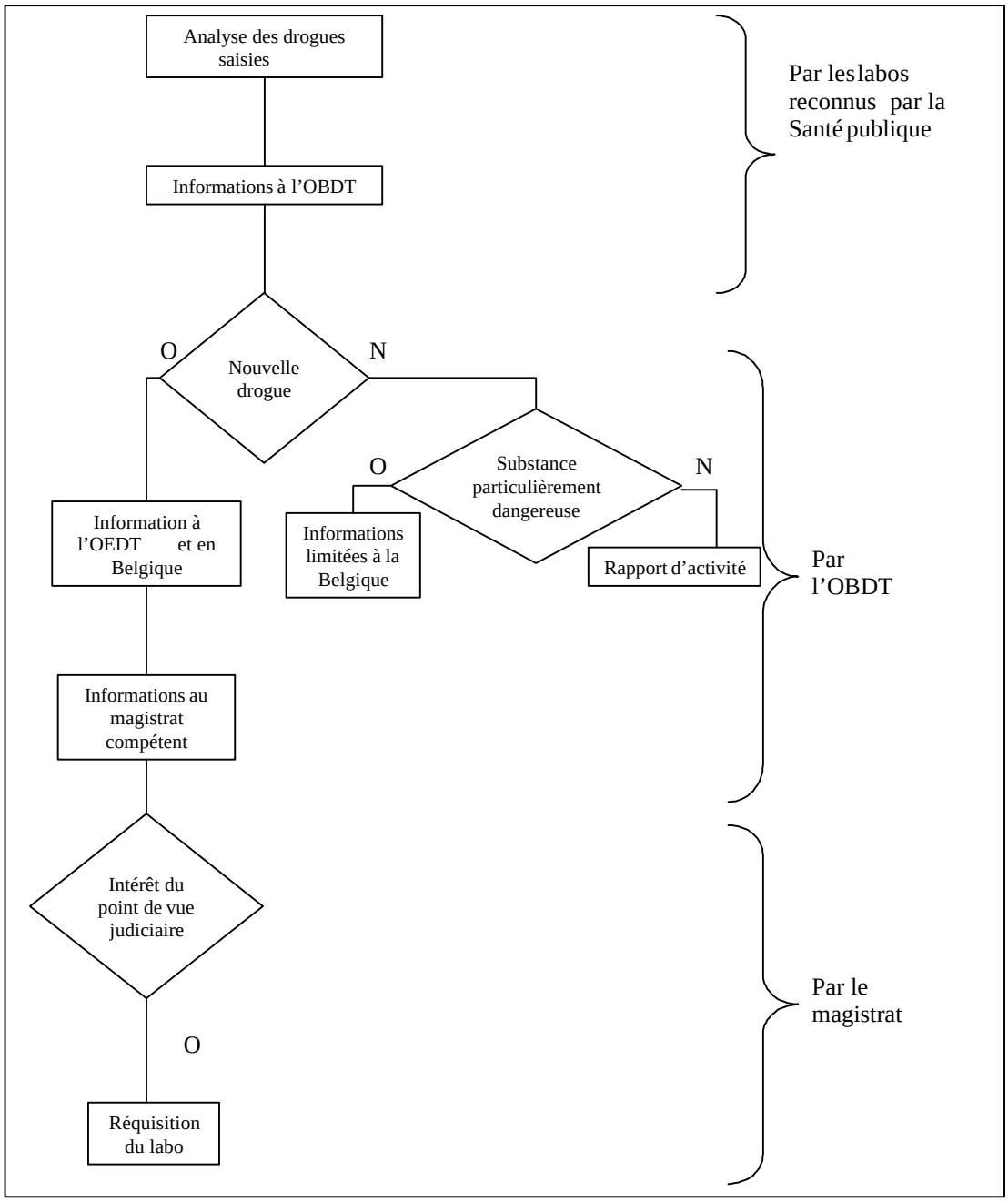
Une équipe multidisciplinaire d'experts doit s'atteler à affiner ces critères. Ils doivent apporter une réponse à un certain nombre de questions parmi lesquelles :

- Quand le risque est-il à ce point sérieux qu'un avertissement est nécessaire ? Il est plus difficile ici que dans le cas de maladies infectieuses, par exemple, de définir le risque étant donné qu'il s'agit, la plupart du temps, des conséquences de la consommation de cocktails et non d'une drogue;
- Quel équilibre trouver entre une annonce rapide et une information sûre et correcte ? Confirmer l'information prend, en effet, toujours du temps;
- Qui doit faire l'avertissement ?
- Quels canaux utiliser pour avertir ?
- Pour être efficace, quel doit être le contenu d'un avertissement ? Souvent, il n'y a pas de relation de cause à effet entre la prise d'une seule drogue et un décès. Des avertissements corrects doivent par conséquent être nuancés.

2.2.4. Mise à la disposition de la Santé publique des drogues saisies

Outre les overdoses, les drogues saisies peuvent être une source utile d'informations. Cependant, les substances saisies ne sont, la plupart du temps, pas analysées. Le Collège des Procureurs-Généraux a approuvé le principe selon lequel les substances saisies et qui ne sont pas analysées devraient être mises à la disposition du département de la Santé publique qui les fera analyser à ses propres frais. Les résultats d'analyse seront portés à la connaissance de la Justice et de la police fédérale. Pour la communication sur les drogues saisies, le schéma de décision suivant sera suivi.

Schéma de décision pour la communication par l'OBDT des résultats d'analyse des drogues saisies



2.2.5. Actions à entreprendre

Poursuivre l'élaboration de la procédure entre autres en :
- rédigeant un protocole de coopération entre la Justice et la Santé publique;
- envoyant une circulaire du ministre de la Justice au collège des Procureurs-Généraux;
- obligeant les labos à communiquer quotidiennement les résultats d'analyse à l'OBDT et les médecins, à communiquer les diagnostics,
- faisant examiner par une équipe multidisciplinaire d'experts comment affiner les critères pour la communication externe (sur le budget de la Cellule générale «Politique en matière de Drogues »).

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