

**REPORT TO THE EMCDDA
by the Reitox National Focal Point**

THE NETHERLANDS

**REPORT ON THE
DRUG SITUATION
2005**

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As approved on 06-02-2006 by the
Scientific Committee of the NDM

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Summary

Developments in drug use

There are no new nationally representative prevalence data on drug use in the population in the reporting year. The latest figures suggested that drug use had generally increased (1997-2001) among the population above the school age, and had stabilised or decreased among secondary school pupils (between 1996-2003). Moreover, the increasing trend in cannabis use until 1996 was paralleled by a minor reduction in the age of first cannabis use.

Between 1996 and 2003, the age of first cannabis use remained stable. These trends among youth are hard to explain, since they may be due to, for example, effective prevention, ceiling effects in drug use, effects of policy measures, or market factors.

Local data from the club scene in Amsterdam suggest that the prevalence of the use of cannabis, amphetamine and ecstasy decreased between 1998 and 2003. Moreover, the amount of substances consumed per occasion or night also decreased. For ecstasy, the moderation of use might be related to changes in music styles and/or the awareness of the potential health hazards. Prevalence rates of cocaine among club visitors in Amsterdam had also dropped, but the average amount consumed per occasion had increased. It is not known whether similar trends have occurred elsewhere in the country since quantitative data are lacking. Nationwide *observational* data in the reporting year suggest that cocaine use is on the rise and has spread through the whole country and to all types of settings (clubs, discotheques, lounges, cafes and at home). The popularity of the combined use of cocaine and alcohol seems to be growing.

Local studies point at the still growing importance of crack in groups of problem hard drug users. Virtually all problem opiate users also consume crack and for a (probably growing) minority crack appears to be the main hard drug (without opiates). In spite of variations in estimation methods, the number of problem opiate/crack users seems to be relatively stable in the past ten years (3.1 per 1000 people of 15-64 years). There are no reliable estimates of the group of primary crack users who do not consume opiates.

The increased cocaine and crack use seems to be consistent with other indicators, showing a steady rise in the number and proportion of cocaine clients at outpatient drug treatment services (nowadays 37% of all new drug clients against 29% for opiates), and an increase in the number of hospital admissions where cocaine abuse or dependence is mentioned as a secondary diagnosis (377 in 2000 and 551 in 2004). However, the initial rise in the annual number of recorded acute cocaine deaths between 1996 and 2002 (10 and 34, respectively) did not continue in the past years. Overall, the total number of recorded acute drug-related deaths remained relatively low in the past ten years (between 100 and 140), although upward and downward fluctuations can be noted. The ageing of the population of the opiate/polydrug population is reflected in the further increasing proportion of overdose victims in the higher age groups. In the late eighties (1985-1989), 15% of the victims aged between 35 and 64 years, against 59% in the period 2000-2004.

As far as cannabis is concerned, the proportion of cannabis clients among the new clients at outpatient drug treatment centres has also increased over the years (25% of all new drug

clients today are cannabis clients). The number of hospital admissions with cannabis abuse or dependence as a secondary diagnosis also increased, although remaining at a fairly low level (193 in 2000 and 322 in 2004). Whether these developments correspond with an increase in the number of problem users and/or dependent users is not known, since no trend data are available on the number of problem cannabis users.

Market data show that the average THC concentration in Dutch home-grown cannabis decreased from 20% in 2004 to 18% in 2005, which might indicate a turning point after several years of a steady rise in the THC concentration. The results of research on the acute health effects of high doses of THC will be available next year.

Responses and interventions

Some drug policy measures have been taken recently, or in the past, in response to the developments mentioned above. In 2004, a national action plan was launched to discourage cannabis use, and to promote research on problem use of cannabis, especially in the field of its relationship with mental disorders. Moreover, a new research programme of the National Addiction Research Programme (“Risk behaviour and dependence”) of the Dutch Health Research and Development Council (ZonMw) will start in 2006. The themes include the epidemiology of and risk factors related to the initiation of drug use and chronic drug use, and the effectiveness of interventions, with special emphasis on problem use of cocaine and cannabis. Problem use of cocaine was also addressed in the first phase programme, which has resulted in various publications (for example a dissertation on outreach interventions for chronic crack users).

At a more general level, various initiatives focus on the improvement of the quality of addiction care, such as the five-year programme Achieving Results, which is now in its second phase. The impetus is on improving medical and nursing interventions, further development of protocols, and improving professional training and education. This longer term programme explicitly works on the quality enhancement of addiction care in general. Its focus is on the field of prevention and treatment.

Drug prevention is increasingly considered a part of public health prevention, targeting vulnerable groups or risk groups in society. The focus is on health in general, i.e. also covering legal drugs and food and sports. Organisations and tasks in public health prevention are being developed at this moment and the Collective Prevention Public Health Act (Wet Collectieve Preventie Volksgezondheid) delegates preventive activities mainly to the municipalities.

Several developments can be noted at the level of specific interventions. In the reporting year, the experiment with the co-prescription of medical heroin for a specific group of problem heroin addicts was shown to be cost-effective. National policy has now committed itself to continue and broaden this type of care to more cities, but funding this new arrangement still remains insufficient. Further, an American family-based prevention programme (Strengthening Families) targeting problem youth is being tested in three addiction care centres. Furthermore, a randomised clinical trial is currently running which deals with alcohol prevention and treatment via the web. This may also be realised for illicit drugs, such as cannabis and cocaine. Finally, some addiction care organisations started co-operation with self help groups because this is perceived as advantageous for clients, and existing barriers should be demolished between the different types of care.

Law enforcement and criminal justice system

The increasing trend in the number of reported Opium Act crimes during the first phases of the criminal justice chain continued in 2004. For example, in the reporting year the Public Prosecutor recorded 21,597 Opium Act cases against 17,087 cases in 2003. However, prison data, at the end of the chain, did not show such an increase in Opium Act cases. Other sentences did show some increase, like community service orders, financial transactions, fines and dispossessions. These developments are consistent with various policy programmes that were operational in 2004. These include a programme aimed to enhance the efforts to combat ecstasy production and trafficking; a programme aimed to combat cocaine trafficking via airplanes coming in at Schiphol Airport; and a programme to intensify enforcement on cannabis crimes. Moreover, two programmes affect prison sentences and crimes committed by drug users. The first involves the modernisation of the implementation of sanctions and efficient implementation of sentences in the Dutch prison system. Second, a comprehensive programme, running from 2002 up to 2008, aims to reduce crimes and public nuisance caused by, among others, drug users who are repeat offenders.