

The Netherlands - Report on the drug situation 2006

Summary

Developments in drug use and related problems

Between 1997 and 2005, the percentage of last year users of cannabis, cocaine and am-phetamine remained fairly stable among the general population of 15-64 years (2005: 5.4%, 0.6% and 0.3%, respectively), although significant increases in the lifetime prevalence of the use of cannabis and cocaine were seen between 1997 and 2005 (cannabis: 19.1% and 22.6%; cocaine 2.6% and 3.4%, respectively). Both the lifetime and last year prevalence of the use of ecstasy gradually increased from 1997 to 2005 (lifetime from 2.3% to 4.3%; last year from 0.8% to 1.2%). There are no new national data on drug use among school-goers. The latest surveys indicated that drug use had stabilised or decreased among secondary school pupils between 1996 and 2003. A large-scale regional school survey in the south of the Netherlands revealed decreasing prevalence rates for all drugs between 2001 and 2005. Whether this trend is also evident at the national level remains to be shown. The previously reported stabilising or decreasing trend in drug use among youth is hard to explain. Effective prevention, ceiling effects in drug use, effects of policy measures, changes in youth culture or market factors may all have played a role. In contrast to the trend in drug use, the use of alcohol has increased among young people, including the very young.

Compared to the general and school population, drug use is more common among young people in the nightlife scene. Various local studies conducted throughout the country indicate that cocaine, especially in combination with alcohol, is clearly competing with ecstasy, which used to be the most prominent drug in the nightlife scene for years. Data from the Amsterdam Antenna Monitor suggest that drug use in several nightlife settings has peaked. Between 2001 and 2005 prevalence rates remained fairly stable among pubgoers, but qualitative data suggest that drug use has moderated in trendy clubs. Possible explanations pertain to a more strict policy of body-searching at the doors of clubs, a changing image (excessive use is not cool and is associated with being a loser) and a shift in music culture (less techno and more urban music). Quantitative trend data for other parts of the country are not available.

The number of problem opiate/crack users seems to have remained relatively stable in the past ten years (3.1 per 1000 people aged 15-64 years). In the past decade, local field studies among traditional groups of problem opiate users have shown a strong increase in the co-use of crack cocaine, a reduction in injecting drug use, and an increase in psychiatric and somatic comorbidity. Recent field studies employing observational methods and interviews among key informants point at new groups of (young) problem drug users, including those consuming crack as their first and main drug, and daily cannabis users (often polydrug users), who may be at risk of becoming problem hard drug users. Moreover, these studies confirm the increase in co-morbidity and polydrug use (including alcohol) among the ageing population of traditional hard drug users and suggest that the reduction in injecting drug use has now halted at a low level. Yet, treatment data still show decreasing injection rates. Data from Amsterdam point at an increased mortality rate among opiate addicts, which is probably related to the progressive ageing and pathology in this group.

No new data are available on the prevalence of infectious diseases among injecting drug users. The prospective Amsterdam Cohort Studies (ACS) suggest that the rate of new HIV infections among (injecting) drug users has sharply declined in the past years. This trend is accompanied by a reduction in injecting drug use and needle sharing. Sexual risk behaviour has continued, and the few new recent HIV seroconversions in injecting drug users are mainly related to unprotected heterosexual contacts. Notification data on hepatitis B show that injecting drug use is one of the least important transmission routes. In contrast, injecting drug use is still the most common route of infection with hepatitis C. In 2005, the Municipal Health Service (GGD) of Amsterdam detected hepatitis C virus antibodies in two-thirds of the tested injecting drug users. Hepatitis C prevalence was especially high in the oldest drug users and those with the longest history since first injecting. Although the risk of transmitting the hepatitis C virus through blood donations is extremely low, former injecting drug users have been identified as one of the major hepatitis C transmission risk groups.

For several years, the growing popularity of cocaine was paralleled by increases in other indicators (e.g. treatment demand, hospital admissions, deaths), but this trend seems to have halted. For example, the number of cocaine clients at outpatient drug treatment services rose steadily from 2,468 in 1994 to 9,999 in 2004 but stabilised at 9,824 in 2005. The increase in the number of hospital admissions where cocaine abuse or dependence is mentioned as a secondary diagnosis peaked in 2002 (562), and remained at more or less the same level in the following years (547 in 2005). Finally, 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.

As far as cannabis is concerned, a further increase in the number and proportion of clients seeking treatment due to a primary cannabis problem is noted. Currently, 27% of all new drug clients are cannabis clients (TDI data). The number of hospital admissions with cannabis abuse or dependence as a secondary diagnosis has also increased, although remaining at a fairly low level (193 in 2000 and 322 in 2004 and 299 in 2005). A gradual increase has also been reported in the number of cannabis-related non-fatal emergencies in Amsterdam and the number of information requests at the National Poisons Centre. Whether these developments signal an increase in problem cannabis use is not known, since no trend data are available on the number of problem cannabis users. There is often also a considerable time lag between the start of problem use and seeking help at treatment centres.

Market data show that the average THC concentration in Dutch home-grown cannabis peaked in 2003 (20%) and levelled off in 2004 and 2005 (18% in both years). The increase in THC content has been linked to an increase in problem use, but this has never been substantiated by research data. Probably, a subgroup of relatively young cannabis users with a preference for potent marijuana is at risk for developing dependence problems. Recent research data suggest that persons with pre-existing cardiovascular diseases are at acute risk when consuming cannabis with a high THC content.

Finally, treatment data point to a rise in the number of amphetamine users applying for help. Also, the percentage of 'ecstasy' pills on the market containing amphetamines (alone or in combination with other substances) increased as did the

number of information requests at the National Poisons Centre. Whether these indications signal a new trend remains to be shown. So far, there are no signs of a major increase in the popularity of amphetamines, either in the nightlife scene or among the more marginalised hard drug users.

Responses and interventions

A number of 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 area of a relationship between cannabis use and mental disorders. In this context a third public nationwide cannabis campaign directed at young people was run in November 2006; an online self-help programme was developed; and a guideline was published on peer education targeting a reduction of cannabis use among youngsters. As problem cannabis users often also have other psychosocial problems, a more comprehensive strategy may be more effective. This approach is incorporated in a Dutch experiment evaluating the effectiveness of multidimensional family therapy in this group of problem cannabis users. Concerning problem cocaine use, no specific treatment options are available yet. However, several experiments are running, of which the incentive-based (vouchers) Community Reinforcement Approach (CRA) seems the most promising. For marginalised crack users, several outreach programmes are in place, with the aim to minimise harm.

Moreover, the new research programme of the National Addiction Research Programme (“Risk behaviour and dependence”) of the Dutch Health Research and Development Council (ZonMw) started in mid- 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, alone and in combination with alcohol.

Initiatives have also been taken in response to the increased comorbidity of substance dependence and other psychiatric disorders. Several review studies, guidelines and protocols for the treatment of these ‘dual diagnosis’ problems were published (or will be published soon) and a number of new facilities for integrated care of dual diagnosis patients have been planned. Professional skills and responsibilities in this field are generally insufficient because these are mainly focussed on either addiction care or mental health care, not on both working fields. Therefore, training courses are being initiated or developed for working with specific dual diagnosis patients.

At a more general level, various initiatives focus on the improvement of the quality of addiction care, such as the five-year programme ‘Scoring Results’, which is now in its second phase. The emphasis is on improving medical and nursing interventions, further development of protocols, and improving professional training and education. This long- term programme explicitly works on the quality enhancement of addiction care in general. Its focus is on the field of prevention and treatment. Moreover, a national action programme Quality Mental Health Care and Addiction Care was launched in 2006, aiming to improve patient registration systems, the safety of patients and the implementation of available Dutch guidelines, including those produced by the Scoring Results programme.

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 prescription drugs and food and sports. According to the database of the Prevention and Brief Interventions Centre (LSP), today some 250 drug prevention projects and programmes have been developed and implemented, and 180 of these are still run-ning. A minority of these activities has been evaluated although the number of evalua-tions is rising and evaluation quality is improving. A new development concerns preven-tive interventions via the Internet. It is assumed that e-interventions will become a common mode of prevention and treatment during the coming years.

Law enforcement and the criminal justice system

In 2005 and 2006, three special policy programmes were running in the Netherlands: (1) 'A combined effort to combat ecstasy in and from the Netherlands' which aims at a re-duction in production and trafficking of ecstasy, (2) the 'Plan to combat drug trafficking at Schiphol Airport', which aims at the reduction of cocaine imports and (3) intensified enforcement on cannabis cultivation and especially the organised crime behind it. In the context of these programmes, several changes in law enforcement and criminal justice system statistics were noted:

- In 2005, the total number of Opium Act cases registered by the Police (according to preliminary statistics 2005) and the Public Prosecution decreased, after four consecu-tive years of increase. This drop concerns hard drug cases only. Soft drug cases in-creased. In 2005 hard drug cases made up 48% of all Opium Act cases; cannabis cases accounted for 46%.
- Especially in cases of hard drug trafficking at Schiphol Airport, the prosecutor decided more often not to prosecute in 2004, within the framework of the so-called temporary substance-oriented approach to drug traffickers at Schiphol. In 2005 the effects of this policy seem still present but to a somewhat lesser extent: the number of cases prosecuted increased again.
- With regard to cannabis, the number of cases of preparation, production and traffick-ing has risen substantially in comparison to 2004.
- As in 2004, the number of prison sentences and detention years imposed for Opium Act cases decreased substantially in 2005.
- Between 2000 and 2005 the proportion of investigations concerning organised drug crime seems to be increasing. In 2005, 72% of these investigations concern drugs, mainly hard drugs and especially cocaine and synthetic drugs. For cocaine, the Neth-erlands appears to be mainly a transit country.

Another programme running from 2002-2006 ('Towards a safer society') targets, amongst others, prolific offenders, of whom about three-quarters are hard drug users. They undergo systematic screening and assessment, supervision and guidance. In 2004, a special judicial measure was introduced, which facilitates imprisonment for a maximum of two years, even for minor crimes, given the fact that these crimes are committed repeatedly.