

# Summary

## Developments in drug law and policies

In preparation of the new Dutch drug policy white paper, the Dutch drug policy of the past thirty years has been evaluated, and a 'drug risk ranking' study and a risk assessment of cannabis were performed. These studies aimed to support the Advisory Committee on Drugs Policy, which made recommendations for improvements to drug policy, as requested by the Minister of Health, Welfare and Sport, the Minister of Justice and the Minister of the Interior and Kingdom Affairs. Following publication of these reports on 2 July, 2009, a letter outlining Dutch drug policy was published on 11 September 2009 taking the recommendations of the Advisory Committee into account. The most important proposals for changing the drug policy are: use of drugs and alcohol by minors must be tackled far more rigorously; coffee shops should become points of sale for local users only; more consistent measures against organized crime are needed. The classification system used in the Opium Act will be reviewed. This proposal will be discussed in the first quarter of 2010 in the House of Representatives, before a more comprehensive policy document will be drafted.

On 1 December 2008 all hallucinogenic mushrooms were put on Schedule II of the Opium Act.

## Developments in drug use and related problems

### Drug use

Drug use in the general population remained generally stable between 2001 and 2005. Data for 2009 are not yet available. Drug use among pupils (12-18 years) from regular secondary schools generally stabilised between 2003 and 2007, although the overall trend since 1996 is decreasing. In 2007, last month prevalence of cannabis use was 8% (6% for girls and 10% for boys). Last month prevalence rates for other drugs were below 1%. New surveys showed that prevalence rates of drug use are appreciably higher among subpopulations of pupils from special education (depending on school type) and residential youth care.

Drug use is also more common among young people recruited in the nightlife scene. For example, among Amsterdam visitors of clubs the last month prevalence of ecstasy and cocaine were 21% and 14%, respectively. Drug use remained generally stable between 2003 and 2008. However, as Amsterdam may have an important role in 'trend setting', trends in drug use may be different elsewhere in the country. Market factors may also play a role in explaining regional differences. There are indications that the (problem) use of GHB has increased in some subpopulations (see paragraphs below), although the drug is not very popular in the general population.

### Treatment demand

The increasing demand for treatment at addiction care services related to cannabis use is continuing. In 2007, 37% of the newly registered drug clients (TDI definition) had a primary cannabis problem. Registrations of general hospitals also showed a continuing increase in admissions related to cannabis use disorders as secondary diagnosis.

The proportion of cocaine clients in addiction care slightly decreased between 2003 and 2007 (38% and 32%, respectively), now clearly exceeding the proportion of opiate clients (20% in 2007). When taken separately, the ecstasy and amphetamine clients never accounted for more than 6% of the new drug clients. However, the proportion of amphetamine clients is on the rise in the past years, from 1.5% in 2001 to 5.9% in 2007.

Whether increasing or decreasing trends in treatment demand reflect changes in problem use remain to be seen. There are some signals from qualitative studies that amphetamine use had gained popularity, at least in some subpopulations in rural areas but figures are lacking. Several addiction care services have reported an increase in the number of clients presenting with GHB dependence in 2008 and 2009, but national figures are lacking. This trend is consistent with signals pointing at an increased popularity of this drug.

### Health correlates and consequences

Several sources suggest that the incidence of HIV and hepatitis B and C among (ever) injecting drug users is low. For illustration, in 2008 injecting drug use was the most likely source of transmission of HIV in only 0.3% of the individuals newly registered at HIV treatment centres. Nonetheless, the number of chronically infected drug users and hence (future) disease burden is fairly high. In the Amsterdam Cohort Studies, the prevalence of HCV among injecting drug users is 84%. Also the prevalence of HCV in 6% of the never-injectors is much higher than prevalence rates in the general

population, but several analyses suggests that there is underreporting of injecting in this group. Treatment data also show that more than three-quarters of the HIV infected injecting drug users is co-infected with hepatitis B or C. This contrasts with the much lower prevalence (less than 10%) of co-infections among heterosexuals or men having sex with men.

Poly drug use remains popular, which may contribute to the occurrence of health emergencies. Research data showed that cannabis may enhance the positive subjective effects of MDMA, but may also cause an increase in heart rate, which may be harmful for sensitive subjects. Between 2003 and 2008 there was an estimated fourfold increase in the number of GHB emergencies at emergency departments of hospitals (on estimate 980 in 2008). In over one-third (36%) of these cases concomitant alcohol use was involved and in 20% use of another drug was reported. In the past five years the total number of acute drug-related deaths fluctuates between around 100 and 130 (129 in 2008). In 2008, 52 drug-related deaths could be attributed primarily to opiates and in 22 cases cocaine use appeared to be the underlying cause of death. The decreasing proportion of relatively young victims ( $\leq 34$  years) continues (34% for 2001-2008). Standardised mortality rates among methadone clients are decreasing (4.7 per 1,000 person years in 2007). Probably, the majority of (ever) injecting drugs users who are at highest risk of dying have died already and current risk ratios tend to decrease to the level among non-injecting drug users.

### **Market changes**

In 2008 and the first half of 2009 some remarkable changes were found on the ecstasy and amphetamine markets. The proportion of pills sold as ecstasy containing only MDMA like substances decreased (71% in 2008), while the proportion of ecstasy pills containing miscellaneous substances increased (18% in 2008). This was mainly due to an increase in pills containing mCPP but in 2009 also other substances were found, such as mephedrone and 4-fluoramphetamine. Moreover, in the course of 2008 the concentration of amphetamine in the amphetamine samples decreased, and the concentration of caffeine increased. These developments point at a reduced availability of the precursors used to manufacture ecstasy and amphetamine.

The data also showed that the proportion of cocaine samples containing medicines continued to increase. In the first half of 2009, 42% of the analysed samples delivered by consumers to prevention services (also) contained phenacetin and 50% (also) contained levamisole. Use of levamisole adulterated cocaine has been associated with serious blood diseases in the US, but no cases have been identified in the Netherlands so far. Chronic use of high phenacetin doses may cause kidney damage.

### **Developments in prevention and treatment**

#### **Prevention**

Some outlines of a new national drug policy were sent by the responsible ministers to Parliament. According to these outlines, the main focus in the coming years will be on drug (and alcohol) prevention among young people. Measures are considered that discourage drug use, support early detection, facilitate referral to regular treatment and reduce drug-related health risks. The oldest and most widely implemented universal school-based prevention programme (the Healthy School and Drugs) is supposed to pay more attention to the perceived 'normalisation' and risks of alcohol and cannabis use, and several selective and indicated prevention efforts will probably be enforced.

Mass media campaigns become more focussed on general health prevention. Existing interventions or materials of other universal prevention programmes were and are regularly updated and new ones added, for example in *Going Out and Drugs* and in *Clubs, Alcohol and Drugs*. The First Aid services of *Educare* during large dance parties still exists and so does the anonymous drug test service of the *Drug Information and Monitoring System*. Both are examples of activities that try to prevent or reduce drug-related health risks. The frequency of contacts through the website, e-mail and chat services of the national alcohol and drug information lines increased. For preventive and treatment interventions in general, the National Institute for Public Health and the Environment (RIVM) has established the *Centre for Healthy Living* (Centrum Gezond Leven) which "focuses on strengthening the impact of local health promotion activities". Among others, the Centre for Healthy Living "assesses the quality and effectiveness of interventions using a national certification system with an independent council" ([www.rivm.nl](http://www.rivm.nl)).

Several selective and indicated prevention programmes are targeting behavioural and/or drug-related problems in young children (childhood or adolescence) and/or their parents. Another selective prevention example is a peer-based cannabis project using entertainment and discussion. Evaluations

of these programmes show promising results. Awareness of the risks of drug use among mentally retarded people has grown and interventions for this target group are currently evaluated.

Several initiatives aim to limit the negative health consequences of drug use, including needle and syringe exchange programmes and drug consumption rooms. In September 2009 a national hepatitis C information campaign has been launched targeted at the general population and at 'at risk' individuals, including drug users. Further, research showed that the coverage of the vaccination B programme for risk groups is too low to be effective (12 % of all risk groups, 39% of drugs users, with broad ranges). Therefore universal vaccination will be reconsidered.

## **Treatment**

Enhancing the quality of addiction care was the goal of the program Scoring Results. The responsibility of this program for the coming years has been granted to the Netherlands Mental Health Care Organisation. The attention is now focussed on inpatient treatment because in many aspects this treatment appeared to be diverse and largely unregistered. National standards for registration of inpatient treatment are underway. An increase in the quality of treatment is also stimulated by benchmarking and performance indicators. Evaluations of a benchmarking pilot in four treatment centres did not show exclusively positive results. For instance those concerning participation and implementation were mixed. A set of performance indicators was currently tried out and suggestions for improvements were reported.

Increasing attention is paid to young people, especially for cannabis dependence but also for dependence on GHB (protocol for detoxification). The number of web-based treatments, especially for problems related with the use of cannabis and party drugs is increasing, but studies in the effectiveness of these sites are still rare. A guideline and protocol and an exercise book for professionals working with young people with cannabis problems were published. The evaluation of Multi Dimensional Family Therapy in European countries for young cannabis dependents will be finished at the end of this year. Although the first results are yet to be published, Dutch experiences with training professionals for this therapy are positive.

The success of the experiment with medical heroin prescription among a selected group of opiate addicts, resulted in a policy directive that marks the transition of this experimental treatment to a formal medical treatment. Because there are no effective medications, nor vaccines for dependence on other illegal drugs, drug-free treatment is still the only evidence-based option.

Both dual diagnosis patients and chronic drug users usually have complex problems. Low-threshold intensive community-based care for dual diagnosis patients already exists many years. In daily practice the diversity of this type of care is considerable and its effectiveness is currently evaluated. Case management is considered to be highly relevant for patients with complex drug-related problems. A guideline focuses on how to perform case management for this target group and a literature review gains more insight in the effectiveness of different models of case management.

## **Developments in the field of law enforcement and the criminal justice system**

### **More soft drugs involved in investigations into serious forms of organised crime**

Most of the serious organised crime that is subject to police investigations involves drugs, mostly hard drugs. Cocaine is the most prevalent drug involved. The fraction of cases with hard drugs shows a decreasing trend, whereas that with only soft drugs – cannabis – and both hard and soft drugs increased.

### **Decreasing number of Opium Act offences**

The general picture is one of slight or very slight decreases in the number of Opium Act offences in the criminal justice system. 2004 was a 'peak year', since 2005/2006 there is a slightly decreasing trend. The decrease holds true for hard as well as soft drug offences. In 2008, less cannabis plantations were dismantled than in 2007 and the years before. The percentage of Opium Act offences of the total number of all offences at the Public Prosecutor and the Courts is reasonably stable (7–8%), which indicates that Opium Act cases follow a general decreasing trend in offences in the criminal justice system in the Netherlands.

### **Sanctions in cases with Opium Act offences**

Most cases with Opium Act offences are brought to court in 2008. The fraction, however, decreased. There are remarkable differences between hard and soft drug cases: when hard drugs or both soft and hard drugs are involved, the rates are much higher than in cases with only soft drugs. Sanctions

consist mainly of community service orders and prison sentences. 20% of all detainees in 2008 (reference date 30 September) committed an Opium Act offence.

### **Cannabis markets and cultivation (selected issue)**

The cannabis market in the Netherlands is dominated by home-grown cannabis ('nederwiet'). Small-scale independent growers as well as larger-scale growers and operators and criminal cooperatives are involved in production and trafficking of cannabis. Most production sites are professionally installed and operated. A considerable amount is exported. The role of criminal cooperatives seems to be increasing recently. Coffee shops are the main retail outlets for cannabis, but there are other outlets as well. The separation of the markets of cannabis and hard drugs, which is at the core of the coffee shop system, is well realized in coffee shops, but not so much at other outlets and certainly not at the level of criminal cooperatives. Law enforcement aims at production and trafficking, using a combination of different approaches.

### **Drug users in the criminal justice system commit less property crimes but more violent crimes**

According to victim surveys and police statistics, there is a general decrease in criminality in the Netherlands. The decrease concerns property crimes in particular. This development is (partly) due to a reduction of inflow of addicts for whom opiates are their primary problem. This group committed a lot of property crimes. Violent crimes committed by drug users show an increasing tendency.

30 to 38% of the Dutch prison population contend with an addiction in the year before their imprisonment. There are a lot of problematic drug users amongst the prolific offenders.

### **More clients in Addiction probation services**

Addiction probation services have an increasing number of clients, more than 18,000 in 2008. Supervision of clients under probation, diagnosing clients' problems and writing advisory reports for the courts and the penitentiary institutions are activities with the highest growth rates. The number of referrals to care programmes – as an alternative for imprisonment - also shows a remarkable increase.

### **Placement in an Institution for Prolific Offenders (ISD)**

In 2008 there were per month a mean of 607 delinquents under this measure. Most of them participate in behavioural interventions in prison (56%), some do not participate in such interventions (24%), and 20% was referred to interventions (care facilities, training programmes etc.) outside prison.