

The Netherlands Drug Situation 2010 - Summary

Developments in drug law and policies (chapter 1)

The intended new Dutch drug policy was delayed because the Dutch government fell in February 2010. The resigned government decided to sustain coffee shop pilot projects to combat public nuisance on the municipal level. In these projects all kind of measures will be tested for their effectiveness: to encourage small-scale coffee shops, to spread the coffee shops, innovative enforcement, to introduce a special identity card system for coffee shops, more requirements for coffee shops owners, traffic measures, tackling illegal selling points and communication with foreign drugs tourists.

An amendment of the Opium Act to forbid grow shops, where materials and equipment for cannabis cultivation are sold, has been prepared.

An expert committee was installed in 2010, which will work out scenarios for the ranking of drugs in the Opium Act.

With regards to traffic offences, a bill will be re-introduced to the Lower House to amend the Road Traffic Act; limiting values for drugged driving offences will be defined.

In certain Dutch regions a 'zero tolerance' drug policy is executed at clubs and dance events.

Developments in drug use in the population and specific target groups (chapter 2)

Drug use in the general population remained generally stable between 2001 and 2005. Data for 2009/2010 are not yet available. Several other (local) sources suggest no major changes in the prevalence of cannabis use. 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. Prevalence rates of drug use are appreciably higher among subpopulations of pupils from special education (depending on school type), residential youth care, judicial institutions for youth and in general among loweducated people.

A national survey in 2009/2009 showed that drug use was also relatively common among young people recruited in clubs and large-scale parties, with last year prevalence rates being about 4 to 15 times higher compared to young adolescents and adults in the general population (15-34 years).

In a psychiatric epidemiological survey in the general population of 18-64 years, 0.3% of the respondents fulfilled a 12-month DSM IV diagnosis of cannabis dependence, and 0.4% fulfilled a DSM IV diagnosis of cannabis abuse. This means that about one in nine last year cannabis users had a cannabis use disorder.

Various indicators strongly point at an increase in the (problem) use of GHB in some subpopulations (both in and outside the nightlife scene), but trend data are lacking so far. In 2008/2009, 7.8% of a sample of visitors of large-scale parties had used GHB in the last year. For visitors of clubs and discotheques the last year prevalence was 3.4%. For comparison, rates of recent cocaine use in these groups were 12% and 5%, respectively.

Developments in prevention (chapter 3)

The focus of preventive activities has been shifting towards the risk groups of young people and people with a low socio-economic status, although specific interventions for these groups are relatively scarce. Effective interventions are presented at a new website and a knowledge synthesis study has been conducted for prevention of substance use (problems) among youngsters as well as adults.

With regard to universal prevention, new modules have been added to the most popular prevention program the Healthy School and Drugs, the Centre Safe and Healthy Nightlife has been launched, and a Point of Support against Recreational Violence has

been initiated. With regard to selective prevention and indicated prevention, research has been conducted on the Cannabis Show, and new interventions like the MOTI-4 and ACCU have been launched or are piloted. The Drugs Information and Monitoring SystemTM (DIMSTM) has been supplemented by the Monitor drug-related emergencies, and the Drugs Information Line (DIL) has started the chat box Bzz.

Developments in problem use (chapter 4)

The number of problem opiate users has decreased in the past years. Using the treatment multiplier method, their number was estimated at about 18 thousand at national level in 2008. The number of opiate addicts in Amsterdam decreased strongly from about 9,000 in the late eighties till 2007 and stabilised at some 3,000 in 2009. There are indications that the size of the population of primary crack users who do not use opiates has grown in the past decade, but their number is not known. A field study shows that (problem) crack users are on average younger than problem opiate users and have a lower 'intreatment rate'.

A survey in 2008/2009 showed that one in five to one in ten last year users of cocaine, ecstasy or amphetamine recruited at parties and clubs is a problem user, according to self-reported symptoms indicative for dependence.

Developments in drug-related treatment (chapter 5)

Activities increasing professionalization in addiction care treatment continued in 2009. New impulses during 2009 were given by a new Knowledge Centre for Care, a specialist study in addiction medicine and pilots with Routine Outcome Monitoring and performance indicators. Moreover, there have been improvements in care for chronic (complex) addicts, pilots for the treatment of cocaine problems and increases in online therapy. A four year follow-up of heroin assisted treatment showed positive health outcomes, with no illicit heroin use and substantial reductions in cocaine use.

The increasing demand for treatment at addiction care services as well as general hospitals related to cannabis use is continuing. In 2009, 39% of the newly registered drug clients (TDI definition) had a primary cannabis problem, thereby forming the largest group among the drug clients. The proportion of cocaine clients in addiction care decreased from 38% in 2003 to 31% in 2009, but still clearly exceeded the proportion of newly registered opiate clients (18% in 2009). (Note that these percentages do not reflect total treatment demand.) When taken separately, the ecstasy and amphetamine clients never accounted for more than 6% of the new drug clients. The slight increase in amphetamine clients in the past years seems to have halted in 2009.

Several addiction care services have reported an increase in the number of clients presenting with GHB dependence. There were 279 clients with a primary GHB problem in 2009 (non-TDI definition). This trend is consistent with signals pointing at an increased popularity of this drug. There is no consensus yet on the most appropriate methods for GHB detoxification. A guideline on this issue is in development.

Health correlates and consequences (chapter 6)

Several sources indicate that the incidence of HIV and hepatitis B and C among (ever) injecting drug users remained low in the past years. The reduction in HIV transmission in IDUs can be partly explained by the decline in injecting and needle sharing, although sexual risk behaviour is still occurring. The main route of HIV transmission in the Netherlands is sexual, both through MSMs and heterosexuals. Nonetheless, the number of chronically infected drug users and hence (future) disease burden is fairly high, especially with regard to hepatitis C. The registration of the HIV Monitoring Foundation shows that 91% of HIV-positive IDUs is also infected with HCV. A cross sectional serosurvey among male detainees found that 58% of the 19 ever-IDUs in the sample was infected with

HCV, which is in line with data from several drug treatment sources (Amsterdam, Heerlen). The number of health emergencies related to GHB use has strongly increased in the past, and there are indications that the number of emergencies related to hallucinogenic mushrooms has decreased, at least in Amsterdam, after they have been brought under control of the Opium Act. In absolute terms, cannabis is still the drug most commonly associated with emergencies (reflecting its relatively high prevalence of use), although the majority of cases refer to mild intoxications.

Quite some research studies addressed the association between cannabis use and mental disorders, especially psychosis.

Responses to health correlates and consequences (chapter 7)

Attention for hepatitis (both in general and for drug users as high risk group) has grown in the past years and many preventive and treatment interventions have been reported. In 2009, a national hepatitis C information campaign, among others targeted at drug users, was conducted. In 2010, the hepatitis B vaccination programme for drug users has been reassessed. Still, risk behaviour related to injecting is decreasing, among others suggested by the ongoing decline in exchanged needles and syringes.

Several initiatives have been taken to improve care for dual diagnosis patients and preventive interventions have been developed for substance using people with mild intellectual disabilities.

Social correlates and social reintegration (chapter 8)

The social state of the Netherlands in general shows positive signs by means of a low score on the misery index, more tolerance towards minorities, and more satisfaction with the government. However, there is dissatisfaction with the Dutch health care policy as there is a general feeling that the government should spend more on care. Moreover, there is a sizeable group in the Dutch society which has little or no trust in politics, and there are a number of groups who remain stubbornly distanced from society. Social exclusion

especially touches people with a low income, a low education level, members of ethnic minorities, and people with an impairment or disability.

Increased problem drug use among socially excluded groups has been noticed among homeless youth, especially among youngsters who cannot manage soft drugs, and who consider it rather normal to sell drugs. Social exclusion among drug users is indicated by a bad housing situation, especially during the winter, and less access to health care and addiction care. Moreover, due to the new local zerotolerance policies throughout the country, recreational drug users may now also experience social exclusion.

Within the framework of the Strategy Plan for Social Relief and underscored by the Charter of Maastricht, the social reintegration of (former) problem drug users has been boosted by means of programs to prevent homelessness, outreaching treatment, Assertive Community Treatment (ACT), Community Reinforcement Approach, Multi Dimensional Family Treatment (MDFT), Supported Living, expertise by experience, time-out services, work projects, schooling projects, activation projects, and co-ordinated probation and treatment. The results of the Strategy Plan for Social Relief have been evaluated in the four largest cities.

Drug-related crime, prevention of drug-related crime and prison (chapter 9)

The majority of recorded more serious forms of organised crime is drug-related. The fraction of cannabis related cases increased, that of hard drug related cases decreased.

The investigation and prosecution of organised drug related crime is a priority for Police and Prosecution for 2008-2012. A combination of administrative and preventive measures,

judicial approaches and international co-operation is applied, with a strong focus in a combat on the local level.

The absolute number of Opium Act offences in the criminal justice chain – police, Public Prosecutor, Courts – appears to be decreasing. This is in line with a general declining trend in criminal justice cases in the Netherlands. The fraction of hard drug cases shows a decreasing trend; that of soft drug cases a clear increasing trend.

Recorded property crimes committed by drug users show a decreasing trend, but drug users commit more violent crimes.

Referrals to care facilities outside prison as an alternative to imprisonment are increasing.

A new law for forensic care for detainees with addiction or mental health problems will be in force in 2011. The minister of Security and Justice has budget to buy care outside prison. Detainees with triple problems – addiction, psychiatric symptoms and mild learning disabilities – are addressed with priority.

The judges convicted over 1,800 prolific offenders, most of whom are problematic polydrug users, to the measure of placement in an Institution for Prolific Offenders from October 2004 until June 2010. The number of convictions is decreasing.

Male adolescents in juvenile justice institutions have high levels of alcohol and drug use prior to their detention, especially the age group of 13-14 years. The ministry of Security and Justice announced more stringent controls and preventive activities in the institutions.

Drugs markets (chapter 10)

The number of coffee shops where the sale of cannabis is tolerated further decreased from 700 in 2008 to 666 in 2009. In 2010 pilot projects started in ten municipalities to further regulate coffee shops and reduce public nuisance.

Potency of cannabis samples sold in coffee shops, as measured by THC concentration, varied in the past years between 15% and 19% for Dutch marihuana, which is the most popular type of cannabis used in the Netherlands. The slight upward trend in 2010 might be associated with the change to a new laboratory for conducting the chemical analysis. Cannabidiol (CBD) content in Dutch marihuana is low. Scientific knowledge on the importance

of CBD relative to THC content in cannabis in causing adverse effects (mental disorders, dependence) is growing.

In 2008/2009 various indicators (seizures, purity) pointed at a reduced availability of precursors PMK and BMK synthesising for ecstasy and amphetamine, respectively, which resulted in a lower purity of these drugs on the retail market. In 2009, substances like mCPP and mephedrone seemed to some extent to replace MDMA in tablets sold as ecstasy, and speed samples were to a large extent adulterated with caffeine. In 2010 the purity of ecstasy and amphetamine seems to have returned to prior levels (or even higher purity), which might be related to drug producers switching to other precursors to synthesis these drugs.

The data also showed that the proportion of cocaine samples containing medicines continued to increase. In the first half of 2010, 25% of analysed samples delivered by consumers to prevention services contained phenacetin and 70% 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.

National treatment guidelines (chapter 11)

Between 2003 and 2009 nine guidelines for addiction care have been published, while several additional guidelines are forthcoming. Topics include co-morbidity, compulsory discharge from treatment, detoxification, methadone maintenance treatment, case management, client profiles, pharmacological treatment in prison, treatment of cannabis

problems for young people and diagnosis and treatment of alcohol use disorders. Six of these guidelines have been initiated or are co-funded by the Program Scoring Results, which is since 1999 funded by the Ministry of Health to improve the quality of addiction care.

Several factors have been reported which hamper the use and implementation of guidelines in daily practice.