

Netherlands National Drug Monitor (NDM) 2011 Annual Report

Below is an outline of the most striking developments from the 2011 Annual Report from the Netherlands National Drug Monitor (NDM). Tables 1a and 1b present an overview of the most recent figures on substance use and drug-related crime. Recent users are those who used a substance during the past year and current users are those who have used a substance during the past month.

Drugs: usage and treatment demand

Cannabis use among school-goers stable; demand for treatment in the general population still rising

Primary-school children (7th and 8th grade) have little experience of cannabis. In 2011 only 0.3% of them had ever smoked a joint. The percentage of current cannabis users among mainstream secondary school students (12-18 years) declined gradually between 1996 and 2003, and remained stable in 2007 and 2011. In 2011, 8% of this group were current cannabis users. However, a decline was found in the percentage of secondary-school goers using cannabis at a very young age (14 years): from 19% in 2003 to 11% in 2011. The percentage of cannabis use is lower among those of Moroccan origin, compared to native Dutch youngsters. No differences were found between the various school levels.

The rate of current cannabis use among Dutch school-goers aged 15-16 remains relatively high for 2011 compared to other European countries (14% versus a European average of 7% for 36 countries).

In 2007-2009 nearly 30,000 adults aged 18-64 were diagnosed with cannabis dependence. Compared to the general population this group more often suffers co-morbidity with other mental health disorders, such as anxiety, depression, ADHD and behavioural disorders.

The number of cannabis users seeking treatment from the addiction care services continues to rise. Between 2000 and 2010 the number of primary cannabis clients rose from 3,534 to 10,971. From 2009 to 2010 there was an increase of 7 percent. Four out of every 10 cannabis clients are younger than 25. The average age is 28 - the same as in 2001. By comparison, the average age has risen for clients seeking help for problems related to cocaine, opiates, ecstasy, amphetamine, or alcohol. For nearly 6 of every 10 cannabis clients, cannabis is the only substance involved; the remaining 40% have problems with one or more other substances. Still, few people are admitted to general hospitals with cannabis misuse or dependence as the main diagnosis. In 2010 there were 64 such admissions. The number of admissions citing cannabis problems as a secondary diagnosis is larger and continues to rise – from 520 cases in 2009 to 767 in 2010 (+48%). In nearly a quarter (22%) of admissions where cannabis problems were a secondary diagnosis, the main diagnosis involved psychoses. On the whole, no adequate explanation has been found for the rise in demand for cannabis treatment. This upward trend in seeking treatment may be indicative of a growing number of problem cannabis users, whether or not in connection with the relatively high THC content in Dutch-grown weed. It may equally reflect an improvement in treatment for cannabis problems or a growing awareness of the addictive properties of cannabis, leading users to seek help earlier. Besides, it is important to bear in mind that the numbers are likely to reflect a lag: it can take years before problem users seek help - if at all. It is therefore possible that a rise in treatment demand can be traced back to a much earlier increase in problem use in the population.

Stabilising treatment demand for cocaine addiction; slight rise in hospital admissions

In the school-going population aged 12-18 years in mainstream education, ever-use of cocaine declined slightly from 3% to 1.7% between 1996 and 2007, and remained at this level in 2011. Current use remained around 1 percent throughout that period (0.8% in 2011).

Cocaine, particularly when sniffed or snorted in powder form is relatively common among youth and young adults who are frequently 'out on the town', but is less popular than ecstasy. The smoked form of cocaine (crack cocaine) is much more common among opiate addicts; however, there are crack users in the hard drugs scene who do not use opiates. It is not known how many people suffer physical, mental or social problems on account of excessive cocaine use.

Up to 2004 the addiction care services registered a sharp increase in primary cocaine clients, from 2,500 in 1994 to 10,000 in 2004. Between 2004 and 2009 the number hovered around 10,000 (9,993 in 2009). For over half (52%) of the clients with a primary cocaine problem in 2009, smoking crack was the main problem. For 46%, snorting the drug was the most common method of use.

The number of hospital admissions citing cocaine misuse or dependence as the primary diagnosis is limited (114 in 2010). The number of admissions citing cocaine problems as a secondary diagnosis is larger and is gradually rising. In 2010 there were 756 such admissions, one fifth of which were related to respiratory illnesses.

Decline in the percentage of opiate users receiving treatment stagnating

Heroin use occurs little among the general population. Nor is it popular among the youth. In 2011 only 0.6% of school-goers aged 12 to 18 years in mainstream education had tried this drug, and 0.2% reported past month use.

According to the most recent estimate, which is for 2008, there are approximately 18,000 problem opiate users in the Netherlands - less than a decade earlier. The number of opiate clients receiving addiction care has likewise declined since the start of this century. Between 2002 and 2009 the total number of clients with a primary opiate problem fell by 24%, stabilising in 2010 at about 12,000 opiate clients.

The proportion of young opiate clients (aged 15-29 years) receiving treatment for addiction declined during the same period from 14 to 4 percent. The majority of opiate users are known to the Addiction Care services. In 2010, only 4% of cases were new. The rest were already registered for treatment with Addiction Care for a drug problem. After a slight decline in admissions to general hospitals citing opiate problems as a secondary diagnosis, the number has been rising gradually since 2006. In 2010, a total of 676 admissions were registered, 17 percent more than in 2009. In a quarter of the cases, respiratory illnesses and symptoms were the primary reason for admission. This is presumably due to smoking heroin, which is the most common method of using the drug in the Netherlands. The total number of hospital admissions with opiate problems as the primary diagnosis remains low (63 in 2010).

The number of newly notified cases of HIV and hepatitis B and C among injecting drug users has been low for years. The Netherlands has the lowest number of newly diagnosed HIV cases among drug users per million inhabitants (0.1 in 2009) in the EU-15. However, the number of existing infections, particularly of hepatitis C, is high – at least in municipalities that have data on this. The vast majority of regions in the Netherlands lack data on the prevalence of hepatitis C among drug users.

Percentage of ecstasy-related incidents at large-scale events increasing

Ecstasy and amphetamine use among secondary-school students declined between 1996 and 1999 and stabilised between 2003 and 2011. In 2011, 2.6 percent of school-goers had ever tried ecstasy, and 0.9 had used the drug during the past month. Somewhat fewer school-goers use amphetamine (ever use: 1.8% and current use: 0.6%).

After cannabis, ecstasy remains the most popular illegal drug among juveniles and young people in the social scene. Amphetamine use is more common in these groups

than in the general population, but is considerably lower than ecstasy use. It is not known how many people develop problems from ecstasy or amphetamine use. Few ecstasy users seek treatment from the Addiction Care services. The number of ecstasy clients as a percentage of all drug clients in Addiction Care has been low for years - less than 1% - and is declining slightly. In 2010, 177 clients with a primary ecstasy problem were registered and 281 with a secondary ecstasy problem. There is a greater number of people seeking help for problems related to amphetamine, and the number tripled from 501 in 2001 to 1,688 in 2010. Nonetheless, this accounted for no more than 5 percent of all those with a primary drug problem in 2010. Ecstasy plays a part in drug-related incidents chiefly at large-scale events. Between 2009 and 2011 an increase in incidents involving ecstasy as the only drug was registered. Amphetamine plays a relatively minor role in drug-related incidents. The number of admissions to general hospitals with a primary or secondary diagnosis of misuse and dependency involving amphetamine-like substances (including ecstasy) remains limited, but has shown an upward trend during the past decade. In 2010 amphetamine-related problems constituted the main diagnosis for 85 admissions, and a secondary diagnosis for 200 admissions.

Increase in GHB incidents

GHB use is relatively rare in the general population and among school-goers in mainstream education. In 2011 0.6 percent of school-goers aged 12 to 18 had ever used GHB. This drug is used relatively more often in the nightlife scene, but is also found in other settings, including among others marginalised groups and problem youth. 'Home usage' has been identified among people, who for various reasons use GHB together with friends and acquaintances in 'house party' settings; there are also dependent users, for whom use of the drug is no longer socially driven.

GHB use, particularly on a daily basis, can lead to dependence, and sudden cessation can result in rather severe withdrawal symptoms. Treatment demand on account of GHB addiction has increased in a number of Addiction Care organisations in recent years, but national data have only been available since 2009. In that year, 279 people with a primary GHB problem were registered, rising to 524 in 2010, with an average age of 28. GHB is difficult to dose accurately, and there is a high risk of overdose. It is estimated that the number of GHB victims receiving emergency hospital treatment tripled between 2005 and 2010 to over 1,000 cases. A Monitor attached to various medical services, operating in a number of regions registered a total of 3,652 reported drug-related incidents in 2011, of which 20% involved GHB. In nearly half of the GHB incidents alcohol had also been consumed. It is unclear how many deaths may be linked to GHB. In 2011 six cases were registered in the Causes of Death statistics with Statistics Netherlands (CBS). It is unknown, however, whether GHB was the actual cause, or a contributory factor in these deaths. In 2011 the Netherlands Forensic Institute (NFI) registered a total of five cases in which GHB was the primary cause of death and three cases in which GHB use played an indirect role in the death.

Treatment demand for sleeping pills and tranquilisers limited, but almost doubled

It is not only alcohol and illegal drugs that can lead to misuse and addiction, chronic use of sleeping pills and tranquilisers also incurs this risk. The majority of sleeping pills and tranquilisers belong to the benzodiazepine family. In 2009, 10 percent of the general Dutch population aged between 15 and 64 years had used these medications during the past year. Six percent had used them during the past month (current users). This translates into 1.1 million recent users and about 650,000 current users. The rate of use was twice as high among females compared to males, and rose with increasing age. People over the age of 65 years are not included in these figures. About a quarter of all benzodiazepine users are aged over 65, which means this age group is over-represented. In 2011 approximately 9 percent of secondary school pupils aged 15 and 16 years had ever used sleeping pills or tranquilisers prescribed for them by a doctor. Some 9

percent also reported having ever used these medications without a prescription. On the basis of data about the dispensing of medicines, it is estimated that about one third of benzodiazepine users are chronic users. Chronic use can lead to addiction. In 2007-2009, 0.3 percent of the population aged 18-64 years met the criteria for a diagnosis of misuse and 0.2 percent for dependence on sleeping pills or tranquilisers. These disorders are more common among females than males. The percentages account for 35,000 people who misuse these medications and 22,000 people who are dependent on them. Since 1 January 2009 benzodiazepines are only covered for specific indications within the basic insurance package. Since then, the amount of benzodiazepines used and the number of users had fallen. The number of users declined from 1.61 million in the second half of 2008 to 1.46 million in the second half of 2009 and 1.43 million in the second half of 2010.

The number of clients registered with the Addiction Care services for a primary problem with benzodiazepines, barbiturates or other psycho-pharmaceuticals virtually doubled between 2001 and 2010. During this period, the number of clients with a primary problem rose from 383 to 713. The number of clients with a secondary problem fluctuated between 2001 and 2010 without any clear trend, averaging some 1,650 clients.

Admissions to general hospitals with a primary diagnosis involving sleeping pills and tranquilisers showed an unpredictable pattern between 2001 and 2010. The annual average was about 78 admissions. Secondary diagnoses rose during the same period from 140 to 206 cases.

Alcohol and tobacco: usage and treatment demand

Decline in alcohol use among school-goers; number of alcohol-related hospital admissions in the population continues to rise

Alcohol use among school-goers aged between 12 and 18 years in secondary education declined between 2003 and 2011. In 2011, 43% of this cohort were past-month (current) drinkers, compared to 58% in 2003. The decline was most marked in the 12-14 age group. In 2011 nearly one in three (30%) school-goers had consumed 5 or more units of alcohol on at least one occasion during the past month (defined as binge drinking). However, this represents a decline between 2003 and 2011.

In 2003, 40 percent were binge drinkers and in 2007 the figure was 36 percent.

However, among current drinkers, the percentage of binge drinkers has not declined: 66 percent in 2003, 68 percent in 2007 and 68 percent in 2011.

Despite a decline in alcohol use, the percentage of Dutch school-goers aged 15 and 16 years who had consumed alcohol on ten or more occasions during the past month is still well above the average for 36 European countries (20% versus 9%).

The percentage of juveniles under the age of 16 years that had attempted to purchase alcohol declined sharply between 2001 and 2009. However, their chance of success has remained undiminished, despite a legal ban on selling alcohol to underage customers. Apparently, Dutch youngsters find it easier than any of their European peers to procure alcohol.

Heavy drinking occurred in 10% of the population over the age of 12 years in 2009, accounting for a total of 1.4 million people. This was less than in 2001 when the rate was 14%. Heavy drinking is defined as consuming at least 6 units of alcohol on one or more days per week.

In 2010 over 36,000 clients were treated for a primary alcohol problem by the outpatient addiction care services. While this is slightly less than in 2008 and 2009, it is one and a half times as many as in 2001. The rise in primary alcohol clients was apparent in all age groups, but was most pronounced among older people. In 2010 a quarter of primary alcohol clients were over the age of 55 years (26%).

The rise in alcohol-related hospital admissions also appears to be continuing. In 2010 a total of 6,145 admissions recorded a primary diagnosis of alcohol misuse or dependence. In 2009, 5,908 such admissions were registered, and in 2001 the

number was 3,880. Admissions with alcohol-related problems as a secondary diagnosis rose from 9,949 in 2001 to 14,785 cases in 2010.

Among juveniles under the age of 17 years, there was a further increase in the number treated by a paediatrician for alcohol intoxication, rising from 297 cases in 2007 to 762 in 2011. This number is an underestimate, because not all juveniles are admitted to hospital for alcohol intoxication or are seen by a paediatrician.

Decline in percentage of smokers in the general population; number stabilising among school-goers

The results of various surveys suggest that the percentage of smokers in the general population has declined slightly during the past two years. According to Statistics Netherlands (CBS), the percentage of smokers over the age of 12 years went down to 25.6 percent in 2010. The Continuous Survey of Smoking Habits by the Dutch Expert Centre for Tobacco Control (Stivoro) found that 24.7% of those over the age of 15 years were current smokers in 2011. This was down from 27.7% in 2009. Likewise, there was a drop in the percentage of heavy smokers (20+ a day) in the population over the age of 12 years: down from 6.3 percent in 2009 to 4.9 percent in 2010.

A long-term perspective shows that the decline in the percentage smokers is most pronounced among those with higher levels of education. Nonetheless, a fall-off in smoking was found among all levels of education in 2010 and 2011.

The percentage of school-goers aged 12-18 years in mainstream education that had ever smoked declined between 2007 and 2011 from 39% to 36%. During this period, the percentage of daily smokers stabilised at 19%. Smoking is much more common among pupils in the VMBO vocational stream than pupils in the more academic VWO. Likewise, juveniles in residential youth care and in youth detention centres are relatively much heavier smokers than their peers in mainstream education. Annually, about a quarter of smokers make an attempt to quit smoking. In 2011, 26% tried to kick the habit - about 900,000 smokers in total. In 2011, 37,540 smokers made a claim under their health insurance policy for participation in a smoking cessation programme. From 1 January 2012, only behavioural therapy for smoking cessation support will be covered by standard health insurance.

Deaths

Smoking still the main cause of premature death

In 2010, 19,214 people aged over 20 years died as a direct consequence of smoking. This was almost the same number as in 2009. Lung cancer is the main direct cause of smoking-related deaths. The death rate from this disease rose further in 2010, particularly among women. These figures do not reflect deaths due to passive smoking.

Globally, it is estimated that one in a hundred deaths are due to the consequences of passive smoking. The deaths are mainly caused by illnesses such as heart disease, respiratory tract infections, asthma and lung cancer.

The rising trend in total deaths from alcohol-related conditions from the early 1990s until around 2004 has not continued in the years since. In 2010 alcohol-related conditions were the direct cause of 686 deaths; in a larger number of cases (1,037), alcohol-related conditions were registered as the secondary cause of death. Since 2004, the total number of alcohol-related deaths has fluctuated around 1,750 cases annually.

The death rate from smoking and alcohol-related conditions is many times greater than the death rate due to (hard) drugs. In 2010, 94 drug users died from the consequences of drug overdose, fewer than in 2009, when there were 139 deaths. In the past ten years, this number has fluctuated between around 100 and 140 cases. Only one in five victims is aged between 15 and 34 years. At the turn of the millennium, as many as 47% of victims were in this young age group. By comparison with a number of other EU member states, the rate of acute drug-related deaths per

million inhabitants aged 15-64 years in the Netherlands is relatively low. In 2010, 35 deaths from medication overdose were registered. Of these cases, 25 were caused by benzodiazepines, 5 were due to other sedatives, and 5 cases were caused by barbiturates.

Market

“Purity” of ecstasy pills has increased further; purity of amphetamine fluctuates considerably

In 2008 and 2009 a number of indicators pointed to a temporary decline in the availability of MDMA. This was followed by a recovery in the ecstasy market in 2010 which continued in 2011. In 2011, 84 percent of samples analysed contained pure MDMA or an MDMA-like substance (MDMA, MDA, MDEA or MBDB); this was the same percentage as in 2010 but much higher than in 2009 (58%). The average MDMA content per ecstasy pill rose further in 2011: 100 mg, compared to 66 mg in 2009.

Although the percentage of tablets containing other pharmacologically active substances declined from 27 percent in 2009 to 3 percent in 2011, potentially harmful substances were sometimes found, such as PMMA.

The average amphetamine content in pills sold as amphetamine followed the same trend as for MDMA in pills sold as ecstasy (decline in 2008-2009, increase in 2010). However, a further decline set in during the course of 2011. There is an opposite trend for caffeine content. In 2010 and 2011 the substance 4-methylamphetamine (4-MA) was increasingly found in speed samples (117 times in 2011). In Belgium, the U.K. and the Netherlands, this substance is associated with a number of intoxications, a few of which had fatal consequences.

Gradual decline in the purity of cocaine

During the past decade, the average purity of cocaine in consumer samples has declined - from 68 percent in 2001 to 49 percent in 2011. The percentage of cocaine samples containing medicines remains high. In 2011, levamisole was found in 6 out of 10 samples. While levamisole was formerly a medicine, it is no longer registered for human medicinal use. It is not known what the precise health risks are of snorting or smoking cocaine that has been cut with levamisole. In the US, cases of serious blood disorders have been reported.

Relatively large amounts of THC and low CBD in Dutch-grown weed

The average THC-content (the main active substance in cannabis) in Dutch-grown weed declined from 20 to 16 percent between 2004 and 2007, stabilising at this level in the years following. In 2011 the average percentage of THC in Dutch-grown weed was 16.5%. The THC content in imported hashish in 2011 was 14 percent, having fluctuated in the preceding decade between 11 percent in 2000 and 19 percent in 2010. In 2011, 75 percent of the analysed samples of Dutch-grown weed and 43 percent of imported hashish had a THC content of over 15 percent. Dutch-grown weed contains relatively little or no cannabidiol (CBD) (on average 0.3% in 2011), a substance that is thought to counteract some of the unwelcome effects of THC, such as acute psychotic symptoms and anxiety. Imported hashish contains more CBD (6.7% in 2011), leading to the conclusion that it may possibly be less harmful to health.

Rising prices for ecstasy, amphetamine and cocaine

The price of amphetamine rose sharply between 2010 and 2011. In 2010, users paid on average 7 euro, in 2011 they paid 9 euro per dose. Ecstasy likewise went up in price, costing on average 3.7 euro per pill in 2011. Also in 2011, cocaine was trading at an average of 55 euro per gram, more than in 2010 (average 47 euro).

GHB is relatively cheap. In 2011 users paid around six euro per 5 ml dose of GHB. If it is home-made, a user only pays around ten cent per dose. After rising between 2004 and 2009, the price for a gram of Dutch-grown weed remained stable during the period 2009-2011 (averaging 8.3 euro per gram for the most popular variety). Imported hash rose gradually from 6.6 euro per gram in 2004 to 9.1 euro per gram in 2010, only to decline again to 7.8 euro in 2011. The price of drugs in Amsterdam and other large urban areas is often higher than in the remainder of the Netherlands.

Offences against the Opium Act

Investigations into serious forms of organised crime are mainly drug-related

The percentage of investigations into more serious forms of organised crime involving drugs rose slightly in 2010, standing at 77 percent. The percentages for hard and soft drugs respectively are unchanged. However, seen in a long-term perspective (since 2003) there has been a decline in the percentage involving hard drugs and a rise in the percentage involving soft drugs. Of the hard drugs involved, cocaine predominated in investigations into criminal organisations, although the percentage is showing a decline. In second place were cases involving synthetic drugs -an increasing percentage- and in third place cases related to heroin, which are on the decline.

Slight drop in Opium Act offences in the law enforcement chain

The overall picture for 2010 shows a drop in the total number of drug offences dealt with by the police and the Public Prosecutor and likewise a decline in the number of cases disposed of by the courts. Some 15,000 drug suspects were charged by the police and the Public Prosecutor in 2010. Over 9,000 were dealt with by the courts. Owing to changes in the registration system and the provisional nature of the 2009 data, it is difficult to compare these figures with those of earlier years.

Rising long-term trend in the percentage of soft drug offences

As a proportion of drug crimes, offences involving soft drugs are, overall, greater than those involving hard drugs. The percentage of soft drugs offences has been rising for some time. However, the percentage of hard drugs cases before the police and the Public Prosecutor rose slightly between 2009 and 2010, whereas the trend had previously been downward.

Drug offenders usually end up in court

Summonses are issued for the majority (67%) of all drug offences, and the percentage rose in 2010. Hard drug cases appear before the court more often than soft drug cases. The latter are more often disposed of without a summons, for example by way of a financial transaction. Cases involving both hard and soft drugs constitute a clear minority, but are relatively more often pursued through the courts.

In 2010, the court imposed the same number of community service orders in the first instance as (partly) suspended detention orders - unchanged from 2009. The average duration of a community service order was 97 hours, compared to an average of 303 days for a detention order - virtually the same as 2009. Other sanctions, though less common, include fines, with a median amount of € 420 imposed.

Detainees held for drug offences

According to the survey conducted on 30 September 2010, almost 2,000 offenders were serving a custodial sentence for a drug crime. This represents 20 percent of the total prison population and is slightly lower than in 2009.

Recidivism among drug law offenders

Some seven percent of offenders convicted of a drugs offence are found guilty of re-offending within a year. Over a ten-year period, this number rises to 28%. Recidivism in general (including for other crimes) is several percentages higher among hard drug offenders than among those convicted of offences involving soft drugs. Serious criminal recidivism is also somewhat more common among hard drug criminals.

Drug users in the law enforcement system

Drug-using suspects mainly held for property crimes and crimes involving violence

The category "drug-using suspects" who are known to the police comprises chiefly males. In 2010, the average age was 41 years. The majority have a sizeable criminal record, and are mostly arrested in connection with property crimes and crimes involving violence. The percentage of these crimes is more or less stabilising.

Drink-driving offences down

Suspected cases of drink-driving show a downward trend.

Highly active prolific offenders less likely to be addicts

Two thirds (67%) of highly active prolific offenders are registered with the Probation services as addicts. This number dates from 2008, the most recent year surveyed. The percentage of addicts among highly active prolific offenders is declining.

Domestic violence and substance use

Substance use, particularly alcohol is often involved in incidents of domestic violence. The violence is more serious if substances have been used by the perpetrator, and the victim often suffers injuries in these cases.

Drug-related public nuisance

According to the National Safety Monitor of 2010 and 2011, close to five percent of the Dutch population reports having experienced public nuisance related to drugs. This is virtually unchanged from 2009. However, drug-related public nuisance is relatively rarely regarded as the most urgent problem in a neighbourhood.

Increasing use of Probation and Aftercare for addicts

In 2010, Probation and Aftercare for addicts undertook activities for over 20,000 convicted offenders. This represents an increase on 2009. Most of the activities involved supervision or compiling advisory reports on behalf of the Public Prosecutor, the courts or the prison authorities.

Care as an alternative to detention

Increasingly, activities are aimed at directing convicted addicts to extra-mural care programmes. In 2010, there were over 5,000 such instances. Most cases are directed to non-clinical or part-time psychiatric or addiction care.

Institutions for Prolific Offenders

Eighty percent of offenders who receive a court order for Placement in an Institution for Prolific Offenders (ISD) are problem drug users. The majority of these participate in a programme involving behavioural interventions either while in custody or extramurally. The number of ISD participants in 2010 was virtually unchanged from 2009, and has been more or less stable in recent years, averaging 493 participants monthly in 2010. Besides a reduction in crime due to offenders being kept off the streets, the ISD has resulted in less recidivism than a standard custodial sentence. This effect has been found to be small-to-medium in size.

Table 1a Key Data on Substance Use

	Cannabis	Cocaine	Opiates ^I	
General Population Usage (2009)				
- Percentage of recent users, 15-64 yrs ^{II}	7,0%	1,2%	0,1%	
- Percentage of current users, 15-64 yrs ^{II}	4,2%	0,5%	0,1%	
- Trend recent use (2001-2005) ^{IV}	Stable	Stable	Stable	
- Trend recent use (2005-2009/2011) ^{IV}	Unknown	Unknown	Unknown	
- International comparison ^V	Average	Average	Low/medium	
Use among juveniles, school-goers (2011)				
- Percentage of current users, 12-18 yrs	7,7%	0,8%	0,2%	
- Trend (2003-2011)	Stable	Stable	Decline	
- International comparison, 15/16 yrs (2011) ^{VI}	Above average	Average	Average	
Number of problem users				
	2007-2009		2008	
	29 300 (dependence) 40 200 (misuse)	Unknown	± 18 000	
Number of addiction care clients (2010)				
- Substance as primary problem	10 971	9 437	12 313	
- Substance as secondary problem	5 746	7 351	1 925	
- Trend (2005-2010)	Rise	Slight decline	Decline (stable since 2008)	
Number of hospital admissions (2010)				
- Misuse/dependence as primary diagnosis	64		63	
- Misuse/dependence as secondary diagnosis	767		676	
- Trend (2005 – 2010)	Rise	Rise	Rise	
Registered deaths(2010)^{VIII}				
	Virtually no primary deaths	14 (primary)	37 (primary)	

I. Chiefly heroin (and methadone). II. Recent use: in the past year; current use is in the past month. III. For tobacco (smoking) the most recent data from various sources are shown. The measure shown is the 'percentage of daily smokers' in 2011 in the population aged over 15. IV. Owing to differences in research methods, the data for drug use in 2005 and 2009 are not comparable. The same method was used for the measurements conducted in 2001 and 2005, which means a trend can be determined for this period. For alcohol, the research methods were the same in 2005 and 2009, which means a trend can be determined for use in this period.

	Ecstasy	Amphetamine	GHB	Alcohol	Tobacco
					2011
	1,4%	0,4%	0,4%	84%	-
	0,4%	0,2%	0,2%	76%	19% ^{III}
	Stable	Stable	-	Stable	Decline
	Unknown	Unknown	-	Slight decline	Decline
	Above average	Below average	-	Average	Average
	0,9%	0,6%	0,1%	43%	19%
	Stable	Stable	-	Decline	Stable
	Above average	Below average	Average	Above average	Average
				2007-2009	2010
	Unknown	Unknown	Unknown	82 400 (dependence)	±700 000 ^{VII}
				395 600 (misuse)	
	117	1 688	524	36 203	-
	381	985	97	5 486	-
	Decline	Rise (stabilised in 2008)	-	Rise (decline in 2009)	-
	85		-	6 145	Unknown
	200			14 785	
	Rise		-	Rise	Unknown
	<5		5	686 (primary) ^{IX}	19 214 (primary and secondary)
				1 053 (secondary)	

V. Compared to the weighted average in EU member states (EMCDDA). VI. Compared to the unweighted average in 36 European countries (ESPAD). VII. Based on heavy smokers (20 or more cigarettes a day in the population aged over 12 in 2010). VIII. Primary deaths: substance as primary (underlying) cause of death. Secondary deaths: substance as secondary cause of death (contributory factor or complication). IX. Not taking account of road deaths or cancer-related deaths.

Table 1b Key Data Drug Crime: Opium Act Offences in the law enforcement chain, 2010

Phase in the chain	Investigations into more serious forms of organised drug crime	Number of police/Royal Constabulary suspects ^I	No. Of public prosecutor cases	Disposal by the courts in the 1 st instance	Detainees ^{II}
Number of Drug Offences					
- Total	Unknown	15 772	14 865	9 391	2 107
- Hard drugs	32% (only hard drugs)	7 134	6 880	4 363	Unknown
- Soft drugs	27% (only soft drugs)	7 393	7 338	4 556	Unknown
- Both	41% (hard+soft)	1 236	578	465	Unknown
- Development 2009-2010 absolute		Decline	Decline	Decline	Slight decline
- Global trend 2003-2010	Unknown	Increase until 2004, since then declining Decline in hard drugs more marked than decline in soft drugs	Increase until 2004, since then declining Decline in hard drugs more marked than decline in soft drugs	Increase until 2006, since then declining Decline in hard drugs since 2003 Soft drugs first rising, then declining since 2007	Decline ^{III}
% Opium act of total	77%	6,7%	7,0%	7,8%	21%
- Development 2009-2010 in %	Slight rise in total drugs (75%→77%)	More or less stable (6.6 %→6.7 %)	Slight decline (7.3 %→7.0 %)	Slight decline (7.6%→7.8%)	Slight decline (22%→21%)

I. Data for 2010 are provisional. II. Survey date 30 September 2010. III. Trend 2006-2010. Sources: KLPD/ IPOL, HKS, OMDATA, Kalidien & De Heer-de Lange, 2011.