

Summary

Developments in drug law and policies (chapter 1 and 9)

The Opium Act and the Directives for prosecution are subject to (planned) changes:

- The regulation of the coffee shop policy will be sharpened by adding the closed club criterion and the resident criterion to the existing criteria for exploitation (start in 2012). GHB will be added to Schedule I (hard drugs) of the Opium Act. Probably qat will be forbidden.
- An addition to the Opium Act is in preparation which penalizes preparation acts or facilitation of illegal large-scale cultivation of cannabis (Stc. 2011, nr. 13125). This amendment aims especially at grow shops, where materials and equipment for cannabis cultivation are sold and which function as a liaison between cannabis producers and coffee shops.
- An expert committee advised to keep two drug schedules (soft and hard drugs) in the Opium Act, but to consider cannabis with a THC-content of more than 15% as a hard drug (schedule I). The implementation of this advice is in preparation.
- The Opium Act Directives for prosecution were specified, to include all professional cultivation of cannabis, independent of the number of plants under cultivation.
- In the future, coffee shops will be not allowed within a distance of 350 metres from schools ('distance criterion').

With regards to other drug-related laws there are the following developments:

- Cut-off levels of drugs in blood for drugged driving offences will be defined in the Road Traffic Act. An addition to the Act is in preparation.
- The use of alcohol and drugs will be a reason for an aggravation of sentences in cases of violent offences. This amendment of the law is in preparation.
- A new Act for forensic care for detainees with addiction or mental health problems will be in force in 2013. This Act promotes systematic screening, diagnosis and diversion to care.

The combat of professional cultivation of cannabis and the investigation and prosecution of organised crime in relation to drugs (cocaine, synthetic drugs, heroin and cannabis) is a priority area for police and Prosecution, also in 2010 and 2011. 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.

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

The most recent survey on drug use in the general population was conducted in 2009. However, due to methodological changes, the data are not comparable with those of previous surveys (1997, 2001 and 2005). Hence, recent trends cannot be described. In 2009 last year prevalence of cannabis use in the population of 15-64 years was 7.0% and last month prevalence was 4.2%. Almost one-third (30%) of the last month users had used cannabis daily or almost daily in the past month. The percentage of recent users of cocaine and ecstasy was almost the same (1.2% and 1.4%, respectively). Amphetamine remained least popular with 0.4% recent users.

Cannabis use among pupils (12-16 years) from regular secondary schools showed a decreasing trend between 2001 and 2009. In 2009, 9% of the pupils had used cannabis in the past year against 14% in 2001. Four in ten recent users had used only once in the past year, and a minority was a frequent blower (40 times or more).

Prevalence rates of drug use are appreciably higher in (local) studies among various subpopulations, including pubgoers and nightlifers (cannabis, ecstasy, cocaine), neighbourhood and hang-around youth (cannabis, ecstasy, cocaine) and men who have sex with men (ecstasy, cocaine, GHB). However, no higher levels but even lower levels of drug use (cannabis, ecstasy, cocaine) were found among first-year students.

Various indicators strongly point at an increase in the (problem) use of GHB in some subpopulations both in and outside the nightlife scene. In 2009, 0.4% of the population between 15 and 64 years had used GHB and 0.2% reported use in the past month. These figures are comparable to those of amphetamine but much lower compared to ecstasy and cocaine. Higher percentages of GHB users are found among populations in the nightlife scene, although GHB is not by definition a club drug and use at home is also commonly reported.

Developments in prevention (chapter 3)

According to the Minister of Health, Welfare and Sports, healthy behavior is primarily the responsibility of individual persons thus not a responsibility of the national government. However, special attention is given to early identification of drug problems in vulnerable groups, especially young people. The responsibility and additional funding of prevention activities has been largely delegated to the municipalities. National preventive initiatives that are maintained are, among others, the project Healthy School and Drugs and database of effective youth interventions that also contains interventions for drug prevention. In the reporting year, two systematic review studies on alcohol and drug prevention for youth and for adults and a guideline on early identification of drug problems for professionals who work with young people were published. Several preventive activities targeting GHB use were started.

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. 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.

Developments in treatment (chapter 5)

The activities of several programmes for the improvement of the quality of addiction care are still running. The programme Scoring Results is continued in another organizational context. The second research programme on addiction of the Netherlands Research Organisation on Health Research and Development (ZonMw) ended in 2010. Four state of the art studies on the consequences of drug use will be written, which may be a prelude to a third research programme, although the availability of financial resources is unlikely. The introduction of Routine Outcome Monitor (ROM) in addiction care is further developed and a new instrument for triage and evaluation of treatment (MATE) has been introduced and evaluated. Treatment interventions have been enlarged by treatments via the internet, and programmes for specific target groups, especially young people, and other addictions (e.g. gaming). Furthermore there are experimental initiatives and studies to engage to a larger extent the individual client in decisions on treatment and rehabilitation. The Dutch results of the European INCANT study of the effectiveness of Multi Dimensional Family Therapy (MDFT) for cannabis dependent young people and their parents were published. Online therapies are currently being evaluated and an evaluation of several pharmacological treatment options for cocaine dependence is set up. Finally a experience-based protocol for the treatment of GHB dependence is developed.

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. Since years, 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. Data from the hepatitis B vaccination campaign show that chronic carriage of hepatitis B is relatively low, which has been one of the arguments to stop the campaign for the risk group

injecting drug users as of 1-1-2012.

The number of health emergencies related to GHB use has strongly increased in the past years.

A roadside survey (2007-2009) showed that 1.67% of the drivers tested positive for THC (cannabis), followed by benzodiazepines (0.40%), cocaine (0.30%), multiple drugs (0.35%), alcohol and drugs (0.24%) and amphetamines (0.19%). The prevalence of drivers testing positive for alcohol was highest. GHB was detected in 3% of a sample of seriously injured car drivers who had been admitted to hospital, which is more frequently compared to other illegal drugs, such as cocaine or THC.

The number of acute drug-related deaths was lower in 2010 compared to 2009 (94 against 139) but similar fluctuations have been noticed over the past decade. The proportion of young drug users who died continues to decrease.

Responses to health correlates and consequences (chapter 7)

Since 2008, acute drug-related health problems are monitored in the "Monitor drug-related emergencies". The findings from the monitor are used for feedback to medical professionals in the field, to increase their expertise on current trends and pollutions of drugs and the associated medical risks, but findings may also attribute to evidence-based policy. The monitor works in close collaboration with the Drugs Information and Monitoring System (DIMS), which generates information on the chemical composition and toxicological risks of drugs on the market.

With regard to the prevention and treatment of infectious diseases and drug related deaths, no major changes have been observed. The number of exchanged needles and syringes in the two largest cities has continued to decrease, in line with the decreasing popularity of injecting drugs. A recent inventory showed that there are currently 37 drug consumption rooms throughout the country, and that they have specialized in certain consumption patterns. Some are still exclusive for injectors, but many drug consumption rooms focus on smokers and alcohol consumers.

Prevention and treatment of hepatitis C is still only available on a small scale. Data from an effectiveness study of the national hepatitis C information campaign (2009-2010), showed that the implementation of the campaign was limited, but that it significantly increased knowledge about the disease and treatment options.

Social correlates and social integration (chapter 8)

Compared to other European countries, the Netherlands is doing fairly well on social cohesion, which implies that the level of social exclusion is relatively low. Nonetheless, social exclusion has been observed among adolescent cannabis users, opiates addicts, and drug-using neighbourhood and hang-around problem youth, migrants, and prostitutes. To tackle the social exclusion of problem drug users and to support their social reintegration, the Dutch institutes for addiction treatment have consolidated their participation in the Strategy Plan for Social Relief. This Strategy Plan has now entered its second phase. The Dutch Master in Addiction Medicine (MiAM) also pays attention to the social reintegration of problem drug users.

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

As in previous years, most of the police investigations in 2010 into more serious forms of organized crime concern drugs. The proportion of investigations into cases with soft drugs/cannabis is increasing, that of cases with hard drugs is decreasing, although hard drugs still form the majority. Cocaine is the hard drug that is most often involved. The absolute number of reported Opium Act cases in the criminal justice chain – police, Public Prosecutor, Courts – decreased. Between 2003 and 2010, the number of Opium Act reports by the police decreased from 18,877 to 15,772; the number of Opium Act cases registered by the Public Prosecutor decreased from 18,233 to 14,865; and the number of court sentences for Opium Act cases decreased from 12,708 to 9,391. The number of

suspects classified by the police as drug users decreased in this period from 10,823 suspects in 2003 to 5,960 suspects in 2010. This is in line with a general decreasing trend in criminal justice cases in the Netherlands. Police reports and court cases involving hard drugs show a decreasing trend (in proportion), while the proportion of reports and cases with soft drugs is increasing. The Public Prosecutor, on the contrary, handled a higher percentage of hard drug cases and a lower percentage of soft drug cases in 2010. Most Opium Act cases are submitted to court and a substantial proportion is convicted to a community service order. In 2010 (30 September) 18% of the prison population was convicted for an Opium Act. This is a relatively large proportion, second in rank after violent offences.

The combat of professional cultivation of cannabis still is subject of intensified coordinated efforts of police, taxes, housing corporations and electricity companies. A Task Force with regards to organised crime in relation to cannabis cultivation was installed. The investigation and prosecution of organised drug related crime (cocaine, synthetic drugs, heroin and cannabis) is still a priority area 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. According to the recent policy plans, organised crime with regards to drugs will stay a priority area in the next years.

The number of arrestees registered by the police as a drug user is decreasing (5,960 in 2010). The proportion of addicts amongst very active prolific offenders is also decreasing. The number of very prolific offenders who get a measure of placement in an Institution for Prolific Offenders shows a slightly decreasing trend. There is a connection between drug (and alcohol) use and intimate partner violence amongst perpetrators in a forensic setting and in the criminal justice system.

Several services are available for problematic drug users in the criminal justice system, ranging from advice in the pre-trial phase to aftercare after imprisonment and diversion to forensic care. There is an increase in the number of clients of addiction probation services (more than 18 thousand in 2010). There is a trend towards more diversions to forensic care outside the prison system by addiction probation services. The minister of Security and Justice has budget to buy forensic care outside prison. A new Act for forensic care for detainees with addiction or mental health problems will be in force in 2013. This Act promotes systematic screening, diagnosis and diversion to care.

Drug markets (chapter 10)

The number of coffee shops shows a steady decrease, but there are no indications that this has affected the availability of cannabis. With the new measures to be implemented (e.g. licence for residents; distance criterion to schools; ban of cannabis from coffee shops with more than 15% THC) it remains to be seen whether cannabis availability will change and/or whether there will be a shift from legal selling points to illegal sources.

In 2010, there were more seizures of MDMA than in 2009 and 2008, but the quantities do not compare to the large quantities in the years before 2008. There is a substantial decline of seizures of amphetamine in 2010 compared to 2009, and the amphetamine is more often in the form of paste instead of powder. New types of pre-precursors and precursors were detected by the police, amongst which GBL, PMK-glycidate and APAAN, of which some are not forbidden in the Netherlands. There are indications that there are new types of designer drugs on the market, according to the police.

In 2010 and the first half of 2011 the purity of ecstasy and amphetamine samples bought by consumers had returned to prior levels and exceeded purity levels in earlier years. For example, average MDMA concentration in ecstasy tablets was 114 mg in the first quarter of 2011 (against 66 mg in 2009). These trends might be related to drug producers switching to other precursors to synthesise these drugs and renewed availability of BMK. However, although both ecstasy and amphetamine samples tend to contain less adulterants or

replacement substances, occasionally (potentially) dangerous substances are detected (e.g. PMMA/PMA, 4-MTA).

The majority of the cocaine samples from consumers still contain medicines, especially levamisole (64% of the samples in 2010). So far no cases of agranulocytosis, associated with the use of levamisole, have been reported.

Between 2000 and 2004, the percentage of THC in Dutch-grown weed increased significantly from 9% to 20%. Between 2005 and 2011 the average concentration stabilized and fluctuated on average between 15% and 18%. In 2011, 72% of the samples of most popular Dutch weed and 43% of the imported hashish contained more than 15% of THC, the limit proposed to classify cannabis as a hard drug (see chapter 1).

Selected issue: drug-related health policies and services in prison (chapter 11)

This chapter describes the Dutch prison system and the policies and services in relation to addiction care in the broader sense (including mental health care, somatic care and behavioural interventions). The prison system aims to ensure continuity of care before, during and after imprisonment. The size of the drug using population in the penitentiary institutions is only known from research. There are no central databases collecting information on drug use before or during imprisonment. The available studies suggest that 30-40% of the adult Dutch prison population suffer from addiction problems prior to their entry into the prison system. The majority of problematic substance users also suffers from psychiatric or somatic co-morbidity. In the Dutch prison system, there is a Policy of determent of drug use and the central aim is a drug-free detention situation, although experience over the years has learned that it is virtually impossible to keep the penitentiary institutions actually drug-free. The leading principle in general health care for prisoners is that the Services of Penitentiary Institutions take care for an effective, efficient and client-oriented health care in the institutions, of which the quality is equivalent to the health care in the free society, taking into account the special situation of the imprisonment. In this chapter an overview is given of the interventions targeting prevention, treatment, rehabilitation and harm reduction of addicted prisoners, measures for quality assurance and it is discussed where the principle for equivalence of care is violated.

Selected issue: drug users with children (addicted parent, parenting, child care and related issues) (chapter 12)

In the Netherlands, special attention for the children of parents with problematic drug and alcohol use exists since decades. The induced harm is usually complex and requires action on multiple aspects. As children of addicted parents are an hidden population, only estimates on the size of the problem are available. Based on several sources, rough estimates indicate that it concerns more than 300,000 children in the Netherlands. The problems that children of addicted parents face resemble in many aspects those of children of parents with a psychiatric disorder. Many interventions therefore target this broader group. The central aim in all the activities is the optimisation of the development of the child. An increase in health, wellbeing and pedagogical skills of the parents is pursued as well. Also the Dutch legal and policy framework focus on the wider population of children at risk instead of directly targeting drug using parents with children.