

Summary

Below follows a report of the latest developments from the 2015 Annual Report of the Netherlands National Drug Monitor (NDM). Tables 1a and 1b provide an overview of the latest figures on substance use and drug crime. Recent users consumed a substance in the past year and current users did so in the past month.

01. Developments in legislation and policy

Developments in the Opium Act and the Opium Act Directive

In 2015 a number of substances were put on List I (hard drugs) of the Opium Act. As of 1 March 2015, acts in preparation of or facilitating illegal cannabis cultivation have been made punishable in pursuance of a new section (11a) of the Opium Act. As a result of this growshops a.o. are forced to close down. The police targets the punishable acts where professional cultivation is concerned and farming by minors. If suspects are apprehended, detention follows and a claim of preventive custody is made.

Developments in coffee shop policy

Since 2013 the citizen requirement applies to coffee shops in the whole country. A major part of the 103 municipalities with coffee shops (70-78%) have included this criterion in their local coffee shop policy. In a minority of the coffee shop municipalities (around 30%) non-citizens were actively barred from coffee shops. Many coffee shop municipalities (76%) stipulate that coffee shops maintain a minimum distance of 250 meters or less to schools. Municipalities are encouraged for the public authorities to have the National Bureau for Integrity Assessment conduct a screening of the risk of use of criminal proceeds or other criminal offences with every application for an (extension of) a coffee shop license, to prevent the government from possibly facilitating criminal activities.

Illegal cannabis cultivation

Legalizing or decriminalizing cannabis farming for recreational purposes is not an option under current international law according to research. The Minister thinks the solution for the safety problems and (organized) crime surrounding illegal cultivation is counteracting the cultivation of cannabis. In 2015 two members of Parliament moved a motion to regulate cultivation for the benefit of coffee shops, but neither the Opium Act, nor the Opium Act Directive have been amended on this.

Better approach to driving under the influence of drugs

A new section (section 8 paragraph 5) was inserted in the 1994 Road Traffic Act, banning the use of a number of drugs and including the limit values. Saliva testing or an examination of the psychomotor, sight and speechfunctions can indicate whether a driver has possibly used too many drugs. The blood test remains valid as evidence. For drugs without limiting values the already existing article 8 paragraph 1 will stay in force.

Dealing with Opium Act offences

Import and export, professional production and large-scale drugs trafficking in especially heroin, cocaine, synthetic drugs and cannabis (hemp farming) take up priority in criminal investigation and prosecution. An integrated approach is used, combining measures pertaining to criminal law, administrative law, fiscal and private law. The Regional Information and Expertise Centres play a supporting role. In the south of the Netherlands, the dismantling of synthetic drugs production sites, the clearing of drugs waste dumping grounds and hemp nurseries are intensified. 'Subversive criminality' is especially targeted. In 2014 a total of 355.6 million euros was spent on fighting drug offences (nominal amount, as measured against security accounts). Most of the money was spent on the execution of hard drug offence sentences.

Drugs discouragement policy and addiction care in penal institutions

The prison system fights the availability of drugs in different ways, for instance by entrance checks, drug dogs and urine testing. This policy has been adjusted. A framework for sanctioning and saliva testing on recent use of drugs have been introduced. Penal institutions should -more than is now the case- pinpoint addiction problems among detainees and promote treatment. They need to cooperate with and facilitate the addiction care services. Cooperation between the addiction probation services and the prison system has been intensified.

Institution for Prolific offenders measure (ISD)

Application of the ISD measure is encouraged. The target group has been broadened and imposing the measure on young adult prolific offenders is promoted. The legal possibilities of an extension of the ISD-measure are investigated by the Government.

Developments in tobacco policy

Discouraging smoking is one of the spearheads of Dutch healthcare policy. The two key points of the Dutch smoking-discouragement policy were stated in a government letter to Parliament in April 2015. In it the government express their ambition to prevent young Dutch people from smoking. In order to achieve this goal a number of important measures and initiatives have been taken and developed in the past few years. As of 1 January 2014 tobacco products may only be sold to people of 18 years and older. The ban on smoking in all bars, restaurants and other catering establishments has been effective as of 1 January 2015 and has been accompanied by a campaign to inform both the public and the catering industry of this smoking ban. Besides, there is the NIX18 campaign which has the goal to further the new social norm that smoking and drinking under the age of 18 is unacceptable. In addition, the government support the ambition to create smoke-free school grounds for primary and secondary education. Furthermore, the Tobacco Products Directive (TPD) as required by the EU must be effective not later than 20 May 2016. This will coincide with the introduction of the age limit of 18 years for the e-cigarette containing nicotine. The temporary legislative decree of 24 November 2014 on the electronic cigarette in the Food and Drugs Act, which already imposes conditions on the safety and quality of the electronic cigarette with nicotine will be included in the implementation of the TPD. The government intend to apply the age limit of 18 years to the e-cigarette without nicotine as well.

Developments in alcohol policy

As of 1 January 2014 the minimum age for selling alcohol beverages to young people has been raised to 18 years. Moreover, young people under the age of 18 since that date are not allowed to carry alcohol at public places. All municipalities had to draw up a Prevention and Enforcement Plan for the regulations of the Licensing and Catering Act before 14 July 2014. In March 2015, 80% of all municipalities had drawn up such a P&E Plan. However, most of these plans were poor in quality. A national representative survey in 2015 showed that compliance had gone down since the former 2013 survey.

Policy developments in the field of prevention

The National Prevention Programme (2014-2016) All is Health contains six spearheads: diabetes, obesity, smoking, excessive use of alcohol, depression and lack of exercise. In the first year the emphasis was on connection, on innovation in the second year and the third year (2016) is dedicated to deepening. Addiction Prevention Netherlands has developed a prevention model that provides an overview of various forms of prevention. The model ranges from universal prevention (for the whole population) to indicated prevention (for individuals with symptoms). In the intervention database of the Centre for Healthy Living 24 addiction prevention products received the qualification 'first indications for effectiveness'. In 2015, the government have formulated a new policy view on drug prevention, intending among others to break the trend that young adults consider the use of drugs in nightlife as normal. The long-term mass media campaign NIX18, aimed at socially embedding the norm that smoking and drinking under the age of 18 is not normal, was launched in November 2013. The impact assessment of 2014 showed a positive trend: even after one year of campaigning the acceptance of the social norm that smoking and drinking under the age of 18 is not right, has already increased.

Policy developments in the field of addiction care

An important development concerning the Mental Health Care sector is that as of 1 January 2015 both the Exceptional Medical Expenses Act (AWBZ) and the old Community Support Act (WMO) are repealed and – to some extent – replaced by the Chronic Care Act (Wlz) and the Community Support Act 2015 (WMO 2015). As of 1 January Mental Health Care, including the Addiction Care, has three new echelons: the General Practice Mental Health Workers (POH-GGZ) the Primary Mental Health Care (GB-GGZ) and the Secondary Mental Health Care (Gespecialiseerde GGZ). One of the aims of the new legislation and the new division of the Mental Health Care sector is to reduce inpatient capacity. As of 2013 inpatient capacity has indeed been decreasing. An effectiveness survey of Dutch addiction care shows that the sector provides professional and high quality care, that the costs of addiction care have gone down slightly and that there is still a lack of clarity as to the differences in actual practice.

0.2 Opium Act substances

Cannabis

Half a million current cannabis users

According to the latest 2014 survey among the general population from 15 to 65 years old, a quarter of all Dutch (24%) have used cannabis once in their lives, 8% did so in the past year. One in twenty Dutch (5%) has used cannabis in the past month, constituting 510,000 Dutch, converted to the total population. The major part (40%) used less than weekly (on 1-3 days), 28% used (almost daily), constituting 140,000 Dutch, converted to the total population. Highly educated people have used cannabis more often in their lives, but frequent use is more often found with lower educated people. 44% of current daily users is lower educated, compared to 24% of intermediate and higher educated users. Dutch-grown weed is the favourite type of cannabis. Over two thirds (69%) of current users mostly smoke Dutch-grown weed, 17% mostly hashish and 14% use both types equally often. The use of cannabis among secondary school pupils went down between 2003 and 2013, but remained stable between 2007 and 2011. In 2013, 9% of the 12-16 year old pupils had ever used cannabis and 5% were current users. In 2007-2009 almost 30,000 people from 18-54 years old complied with the diagnosis of cannabis dependency. More often than the general population they suffer from other psychological disorders, such as anxiety, depression, ADHD and behavioural disturbances. Another 40,000 people complied to the diagnosis cannabis abuse.

Stabilization of cannabis-related demand for help

After a steady increase since the nineties, the number of cannabis clients in addiction care has stabilized as of 2010. In 2014, 10,965 people were registered with a primary cannabis problem. The number of people admitted to general hospitals because of cannabis-related problems as primary diagnosis has been low for years: 74 of almost 2 million clinical admissions in 2012. However, cannabis problems as secondary diagnosis was more common with 735 admissions in 2012. Trend data on 2013 are not available because of changes in registration and reporting.

THC levels: Dutch-grown weed stable, hashish increasing

The average THC level (the major active ingredient of cannabis) of Dutch-grown weed, the most popular type of cannabis, has been relatively stable in the past few years. The average THC level of Dutch-grown weed was 15% in 2015 and fluctuated in the past ten years between 14% (2013) and 18% (2010). The average THC level of imported hashish of 18% in 2015 was slightly higher than in 2014 (15%) and fluctuated in the past ten years between 13% (2007) and 19% (2010). Imported weed contained the lowest THC level for years (5% in 2015). In 2015 THC levels of 15% or more were found in 58% of the (most popular type of) Dutch-grown weed samples and 79% of the imported hashish samples, but in none of the imported weed samples. The concentration of cannabidiol (CBD), another constituent of cannabis that possibly counteracts the effects of THC, is also monitored. The CBD levels were stable during the past years. In 2015 the median of the levels of CBD in Dutch-grown weed and in imported weed was 0.3% and in imported hashish it was 8%. After a gradual price increase since 2006, the price of one gram of Dutch-grown weed and of imported hashish have been stable since 2013. In 2015 the price of one gram of Dutch-grown weed was 9.81 euros on average and of imported hashish 8.91 euros.

Cocaine

Cocaine in nightlife less popular than amphetamine and ecstasy

In 2014 an estimated one in twenty Dutch (5.3%) among the general population of 15 to 65 years old had ever used cocaine, while 1.6% had used cocaine in the past year. Compared to the total population there were approximately 580 thousand ever users and 170 thousand users in the past year. The Dutch percentage of 5.3% ever use came close to the European average of 4.6%. Less than 2% of pupils (12-18 years) in 2011 had ever used cocaine and less than 1% was a current user, more or less the same number as in 2007. Cocaine, especially in powder form for snorting, is still a relatively common nightlife drug among young people and adolescents, but it has been gained up in popularity by amphetamine; ecstasy remained the most popular nightlife drug. There are signs that the popularity of cocaine has declined because of the relatively high price and the economic situation, and the advance of amphetamine. A national survey in 2013 among frequent partygoers, festivalgoers and clubbers of 23 years on average with a predilection for techno/house music, showed that recent use

and current use of cocaine amounted to 27%, 13% respectively. For two thirds of recent cocaine users, the use of cocaine, both at home and when going out, was limited to a few times per year. The smokeable variety of cocaine (crack) is most commonly used by opiate addicts, but there are also crack users in the hard drugs scene who do not use opiates. In the three biggest cities the total number of crack addicts (including opiate users) was estimated to amount to approximately 6,600, constituting 0.5% of the population of 15-64 years old. In 2009/2010 about 2,520 lived in Amsterdam, about 2,360 in Rotterdam and about 1,770 in The Hague.

Gradual decrease of demand for cocaine-related addiction care

Up to 2008 the addiction care services registered an increase in the number of primary cocaine clients. As of 2008 there was a steady decrease to 7,519 primary cocaine clients in 2014. The number of secondary cocaine clients went down as well, from 7,737 in 2008 to 6,478 in 2014. For almost half (45%) of the clients with primary cocaine problems, smoking (crack) was the preferred method of use and snorting for slightly more than half (53%). Only 1% injected cocaine. Also the number of clinical admissions to general hospitals involving cocaine abuse and cocaine dependency, did not rise any further in 2012. Trend data on 2013 are not available because of changes in registration and reporting. One in five registered deaths after drug intoxication in 2014 was primarily attributed to cocaine (24 cases in 2014).

Cocaine still often adulterated with pharmaceuticals

Most cocaine powders are adulterated with other substances. In 2014, 71% of cocaine powders of consumers contained levamisole (a dewormer for animals), while the average percentage of levamisole increased from 7% in 2012 to 11% in 2014. In the United States, human consumption of levamisole was linked to severe cases of hematologic and skin disorders. Two cases have been reported in the Netherlands. Nevertheless, its purity (cocaine level) is high. The average level of cocaine increased from 49% in 2009 to approximately 60% in 2013 and in 2014 and is very pure compared to previous years and to other European countries. However, the price remained on the same level. In 2014 cocaine cost an average of 53 euros per gram. The median was 50 euros per gram from 2008 up to and including 2014.

Opiates

Decrease of number of problem opiate users

Heroin use is uncommon with the general population. In 2014, 0.4% of the population of 15 to 65 years old stated that they had ever used heroin. Heroin is unpopular with young people. However, problem users of heroin are underrepresented in population studies. In 2012, this group was an estimated 14,000, based on other research methods. Fewer than the estimated 18,000 problem opiate users in 2008.

Steady decrease of the number of opiate users in addiction care; increased ageing

The number of opiate clients in addiction care has gone down in the past decade as well. Between 2005 and 2014 the number of clients with a primary opiate problem decreased by 33% to 9,606 clients. The group of opiate users is ageing: the average age rose from 42 to 48 years old between 2005 and 2014. In 2014 only 4% of the opiate users was under 30 years. The number of clinical admissions to general hospitals involving opiate abuse and opiate dependency increased between 2006 and 2010 and remained stable up to 2012. Trend data are not available because of the changes in registration and reporting.

Relatively many injecting drug users are infected with hepatitis C; increase in new cases is small

The number of new and reported cases of HIV and hepatitis B and C among injecting drug users has been small for years. The number of newly diagnosed HIV cases among injecting drugs users per million inhabitants (0.4 in 2013) is –as in Belgium- one of the lowest in the EU-15. However, the number of existing hepatitis C infections is high in cities that keep records on this. On a national level an estimated 7,752 of ever injecting drugs users would be infected with hepatitis C. The mortality rate of people dying of (hard) drugs is low, compared to deaths by alcohol and tobacco related disorders. In 2014, 123 drug users died of an overdose, where one in three overdoses could primarily be attributed to opiates (40 cases). The age at death is rising. In the early nineties 60% of deceased opiate users was under 35 years, compared to a mere 12% in the period from 2013 to 2014.

Ecstasy and amphetamine

Percentage of ecstasy users relatively high

Approximately 830 thousand Dutch from 15 to 65 (8%) have used ecstasy and 270 thousand people have used it in the past year (3%). In 2014 these percentages were so much higher than in 2009 that it is likely that use has increased, although it cannot be determined exactly how great the increase is, because the research methods have been changed. Amphetamine is used less often than ecstasy. 500 thousand Dutch (15-64) have ever used amphetamine (5%) and 140 thousand have used it recently (1%). Ecstasy use in the Netherlands is greater than in all other EU countries, although the differences between the countries need to be interpreted with caution because of differences in national research methods. 5.6% of young people and adolescents of 15-34 years old in the Netherlands, have used ecstasy once or more often, compared to 1.4% of the EU average. Recent amphetamine use in the Netherlands among 15-34 year old is 2.9%, also well over the EU average of 1%. There have been earlier indications of an increase in the use of ecstasy in nightlife. A national survey in 2013 showed that 61% of frequent visitors of parties, festivals and clubs (with a predilection for techno/house music) were recent ecstasy users. Over half of these recent users (58%) used a few times per year. Over one quarter (28%) used on a monthly basis, 12% used a few times per month and only 2% of the recent users more frequently than that. Amphetamine use was recorded less often: one in three (33%) of frequent partygoers, festivalgoers and clubbers had used the substance in the past year.

Potent ecstasy pills and serious and fatal ecstasy incidents

In 2014 the average level of MDMA in ecstasy pills has risen further to 138 mg MDMA and the proportion of highly dosed ecstasy pills (containing over 105 mg MDMA) has gone up to 59%. In some cases harmful substances were found in ecstasy pills, such as PMMA, which has been linked to a number of fatalities in the Netherlands in the past few years. In 2014, 1.9% of the pills sold as ecstasy contained PMMA, slightly less than last year (2.5%).

Not only the dosage of MDMA in ecstasy pills, but also the prevalence of ecstasy use has increased. Together with an underestimation of the health risks involved, this may have contributed to the increase in the severity of intoxication of ecstasy-related health incidents at big events. While in 2009 only 7% of ecstasy incidents were considered moderate to severe, in 2014 the percentage rose to 28%. The proportion of ecstasy incidents of the total number of drug incidents reported by first aid posts -after an increase from 39% in 2009 to 62% in 2013- did not rise any further and slightly went down to 56% in 2014. Drug incidents involving amphetamine only constitute 3% of the total number. In 2014, speed powders were pure with an average 49% content level of amphetamine, the same as in 2013 (47%). Before 2013, the amphetamine levels fluctuated considerably.

Ecstasy and amphetamine use play a minor role in drug-related deaths, although the exact number of deaths that were caused by these substances is unknown. According to data of the Netherlands Forensic Institute (NFI) on deaths in 2014 which involved forensic autopsy and toxicological research, MDMA was found in 7 cases; amphetamine was not detected in any case. In 2014, Statistics Netherlands (CBS) registered 14 accidental deaths by psychotropic stimulants, for instance ecstasy, amphetamine and other substances such as caffeine, ephedrine and khat. In 2013 there were 4 cases. It appears to increase.

Demand for addiction care of ecstasy and amphetamine users remains limited, but increase for amphetamine users

Ecstasy users do not often turn to the addiction care services for help. The proportion of ecstasy clients of all drug clients in addiction care has been low for years (under 1%) and has gone down since 2005. In 2014, 105 individuals were registered with primary ecstasy problems and 331 individuals with secondary ecstasy problems. More people seek help on account of amphetamine problems (1,671 primary and 888 secondary). Between 2005 and 2014 there was an increase, most sharply between 2005 and 2007. The proportion of amphetamine in the total demand for help with drug problems remains relatively low, but also rose from 3% in 2005 to 5% in 2014.

New Psychoactive Substances (NPS)

New market for NPS

New Psychoactive Substances (NPS) is a collective term for substances which in their effect can be compared to 'traditional' illegal drugs, but are not (yet) included in drug legislation and are often produced for the purpose of circumventing legislation. Sometimes these drugs are mixed with other

drugs (especially with ecstasy and amphetamine), without the user being aware. As far as we know NPS use is not widespread in the Netherlands and is often temporary. However, since 2012 there has been an increase in intentional use of a number of such NPS (4-fluoramphetamine or 4-FA, in particular). Data on Dutch NPS use are not available. Two studies among young people and adolescents who go out frequently, a high-risk group where substance use is concerned, suggest that also in this group NPS use is low. Exceptions concern 2C-B and 4-FA, which have recently been used by 9% and 14%, respectively, of young people and adolescents, which comes close to such 'traditional' substances as mushrooms, GHB and ketamine.]

Few health incidents, but rising numbers

Little is known about the risks of NPS. However, its use has gone up in the past few years (among certain groups) increasing the risk of (sometimes fatal) public health consequences. In 2014, the number of requests for information on NPS with the National Poisons Information Centre (NVIC) more than doubled, from 36 in 2013 to 77 in 2014. Most queries concerned the use of 4-FA and 2C-B. Also with the Monitor Drug-related Emergencies (MDI) the number of reports on 4-FA-related incidents increased: up to and including 2014 a total number of 75 patients with an acute request for medical assistance after (a suspicion of) use of 4-FA were registered, with an increase in the last few years. Most patients with a suspected 4-FA intoxication requested help at the first-aid stations at parties.

GHB

GHB has various user groups

The use of gamma hydroxybutyrate (GHB) is relatively uncommon with the general population and among secondary school pupils. In 2014, 1.5% of the population of 15 to 65 years old had ever used GHB. In 2011, 0.5% of pupils from 12 to 19 had ever used GHB. It is used relatively often by young people and adolescents who go out. In Amsterdam the image of GHB seems to deteriorate, because of the negative connotation of 'swooning' and a growing awareness of the addiction risks, although the substance appears to remain rooted in nightlife. GHB is also used outside nightlife. For instance by marginalised groups, such as street kids. In addition, GHB is used by 'home users' who use the substance with friends at 'home parties'. And there are home users who use GHB on their own, when it has stopped to be a social thing. Within the Netherlands there are regional differences in the prevalence of (problem) use, demand for help and health incidents. Dosing GHB is difficult and there is a great risk of overdose. Taking into account that the use of GHB among the population is small, the number of GHB incidents is high. Notably, there is a relatively large number of patients with severe intoxication after GHB use.

Demand for help with GHB is small and stable, but risk of relapse is great

Frequent, especially daily use of GHB can lead to dependency and with abrupt discontinuation to violent and even life-threatening withdrawal symptoms. The number of clients in addiction care with primary GHB problems was 779 in 2014, about the same as in 2013, after an increase from 60 clients in 2007. Most clients (82%) were already known with the addiction care services and had been registered before. The risk of relapse after treatment is great. Within three months after detoxification, 70% is already being treated again. The Monitor drug-related emergencies (MDI), in which several medical services and a number of Dutch regions participate, registered a total of 3,797 reports of drug incidents in 2014, in 834 cases (22%) involving GHB. Compared to other drugs the proportion of GHB intoxications that can be classified as severe is high. The number of GHB-related deaths is not clear. In 2014 GHB was mentioned 4 times on a cause of death certificate with Statistics Netherlands (CBS). It remains unknown whether GHB was the cause of death or a contributing factor. In 2014 the Netherlands Forensic Institute (NFI) also registered 4 mortality cases in which GHB may have been involved. The cases with CBS and NFI overlap and may therefore not be added up. GHB is relatively cheap. Consumers paid approximately a maximum of 10 euros per quarter of a litre in 2013. GBL (gamma butyrolactone) is one of the ingredients of GHB, which in its pure form is even more potent than GHB. The risks of GBL are considered to be comparable to the risks of GHB, but the use of GBL appears to be not as widespread, as yet.

Sedatives and tranquillizers and other psychoactive pharmaceuticals

Benzodiazepine use relatively high among women and elderly

Not only alcohol and drugs may lead to addiction, but the prolonged use of sedatives and tranquillizers

also involves this risk. Most of the sedatives and tranquillizers are of the benzodiazepine variety. Recent figures on the number of users are not available. In 2009, 10% of the Dutch population of 15 to 65 years old had used sedatives or tranquillizers in the past year; 6% were current users (last month). Converted to the total population at the time that meant 1.1 million recent users and approximately 650 thousand current users. Use among women was about twice as high as among men. Approximately one quarter of all benzodiazepine users was over 65, which implies that this group is overrepresented. In 2007-2009, 0.3% of the population of 18 to 65 years were diagnosed with abuse of and 0.2% were diagnosed with dependency of sedatives and tranquillizers. These disorders are more common among women than among men. Converted to the total population, approximately 35 thousand people abused sedatives and tranquillizers and approximately 22 thousand people were dependent.

Limited and stable demand for help for problems related to sedatives and tranquillizers

The number of clients registered with the addiction care services with primary problems involving benzodiazepines, barbiturates or other psychotropic drugs between 2005 and 2014 is small (between 1% and 2% of all drug clients). However, their number increased in this period from 459 in 2005 to 697 in 2010, and went down again to 602 in 2014. More clients reported psychotropic drugs as secondary problem (1,086 in 2014). Their number decreased as of 2009. Between 2004 and 2012, the number of admissions in general hospitals with sedatives and tranquillizers as primary diagnosis increased from 46 to 90 and from 119 to 203 as secondary diagnosis. Trend data on 2013 are not available because of changes in registration and reporting. In 2014, 79 deaths by overdose of these substances were registered, 20 of which by benzodiazepines, 8 of which by (other) sedatives and 51 by barbiturates. Most of these cases were suicides. The developments in time (from 2005 to 2013) are erratic and do not show a clear trend. Between 2013 and 2014 the number of barbiturate cases increased from 31 to 51.

0.3 Alcohol and Tobacco

Alcohol

Current alcohol use among young people declined further

The percentage of ever and current alcohol users among secondary school pupils (12-18 years) dropped between 2003 and 2011, but only among the younger age group of 12 to 14/15 year olds. In 2013 the decrease in current use continued. Among 12 to 16 year olds, over a quarter (27%) were current drinkers, compared to 35% of pupils in this age group in 2011. In 2013, one in five (20%) of 12-16 year old pupils were binge drinkers (drinking five or more glasses on one occasion). This does not differ from 2011. However, between 2011 and 2013 the number of binge drinkers among pupils who drank in the past month increased from 64% to 75%. Since the minimum age for purchasing low-alcohol beverages was raised to 18 years, the legal ban on selling alcoholic beverages to young people has not been complied as strictly as it was before. More than three quarters of purchase attempt was successful.

Alcohol use among adults

In 2014, 77% of the Dutch population of 12 years and older sometimes drank alcohol in the past year. Because of a breach of method by Statistics Netherlands (CBS) there are no figures available on a possible increase or decrease of alcohol use among the adult population. Half of the non-drinkers have consumed alcohol at some time in their lives, the other half never have. According to Statistics Netherlands (CBS) 'heavy drinkers' are men who at least once a week drink 6 glasses of alcohol or more, and women who at least drink 4 glasses a day (definition as of 2012). In 2014, 13.2% of men and 9.7% of women complied with this definition. Young people between 20 and 30 years scored the highest. In 2014 the percentage of heavy drinkers in this age group was 18.6%. Comparing these figures to previous years is not possible because of the breach in method.

The number of alcohol-related hospital admissions keeps rising

The number of clients in addiction care with a primary alcohol problem fluctuated between 2005 and 2014 around 31,300 clients. Alcohol addicts still constitute the biggest group of addicts in addiction care. In 2014, 46% of all requests for help with the addiction care services was related to alcohol. The proportion of elderly increased. The proportion of 60 years old and older increased from 11% in 2005 to 15% in 2014. According to the Netherlands Research Centre for Paediatrics (NSCK) in 2014, 783 young people up to 18 years old were admitted to hospital on account of excessive use of alcohol, slightly more than in previous years. In 2014, the average blood alcohol levels were also higher than in

previous years. In 2013, an estimated 5,200 people were treated for alcohol intoxication in hospital emergency rooms, 43% of which were admitted for further treatment. In addition, an estimated 12,000 individuals were treated for injuries on account of accidents or violence while under the influence of alcohol. Both figures have shown a strong upward trend in the past 10 years. The increase in the total number of deaths by alcohol-related disorders (primary and secondary cases of death combined) from the early nineties to around 2004, did not continue in the following years and have remained stable up to and including 2012. However, the 2013 figures cannot be compared to previous years because of a breach in method. In 2013, 844 deaths were directly attributed to alcohol-related disorders and in 2014 to 882 deaths. With respect to secondary alcohol-related causes of deaths, no reliable figures can be reported as of 2013. In 2013, according to an estimation, the number of traffic deaths caused by alcohol was somewhere between 60 and 135.

Tobacco

A quarter of the Dutch (sometimes) smoke

The Continuous Monitor Smoking Habits (COR) among the population of 15 years and older was carried out for the last time in 2014. The results showed that the percentage of smokers decreased between 2013 and 2014. From 2015 onwards, the Health Survey/Lifestyle Monitor CBS, in cooperation with Trimbos Institute, will serve as primary source for the prevalence of smoking in the Netherlands. In 2014, a quarter of Dutch of 12 years and older (sometimes) smoked, and 19% daily. In 2010 and 2014, data aggregation was affected by breaches in method, so pronouncements on trends cannot be made. A general conclusion is that the prevalence of smoking has decreased in the past 10 years, but that the decline is levelling out. The percentage of smokers among young people has been declining steadily. In 2013, 22% of the pupils of 12-16 years had ever smoked, compared to 46% in 2001. The percentage of daily smokers among 12-16 year old pupils went down as well, from 13% in 2001 to 4% in 2013. Yet, one in seven 16 year olds (14%) is a daily smoker. Pupils of lower secondary education (VMBO) smoke the most and pupils of pre-university education smoke the least. Compared to 2012, the sales of both cigarettes (-25%) and of rolling tobacco (-20%) dropped in 2013. In 2014 the sales of cigarettes and rolling tobacco increased again (+18%). In the longer term a decrease both in the sales of cigarettes and of rolling tobacco occurs.

Many smokers intend to quit, but only a minority makes an attempt

According to the Continuous Monitor Smoking Habits (COR), 65% of the current Dutch smokers of 15 years and older have ever made a serious attempt to quit smoking. In 2014, 29% of the smokers make an actual attempt to quit smoking. In 2014, 40% of the smokers who made an attempt to quit in the past year used some sort of aid. That is significantly more than in the previous period.

Smoking is still the number one cause of illness and premature death

According to the 2014 Public Health Status and Forecasts (PHSF) smoking still is the most important cause of illness and death in the Netherlands: 13.1% of the total burden of disease is caused by smoking. Smoking is the major cause of premature death in the Netherlands. In 2013, 19,594 people of 20 years and older died of the immediate effects of smoking, approximately the same as in 2012. Lung cancer is the major smoking-related cause of death. Actual smoking-related mortality is higher, because the effects of passive smoking have not been discounted yet.

0.4 Alcohol- and drug-related crime

Opium Act Offences

Considerable proportion of drug-related criminal investigations of organised crime

Almost three quarters of the criminal investigations into the more serious forms of organised crime involve drugs. In the majority of cases (three quarters of the cases), this (also) concerns hard drugs. Two thirds of the investigations (also) concern soft drugs, mostly Dutch-grown weed.

Indications of increased production of synthetic drugs

Since 2010, there seems to have been an increase in the number of dismantled laboratories, storage facilities and waste dumps. More pre-precursors (instead of precursors) have been seized. Furthermore, new psychoactive substances have been produced. The National Facility for the Support of Dismantlements (LFO), which is involved in most cases of dismantlements of laboratories, dumpings and storage locations, signals the (re)introduction of (new) production processes, pre-

precursors and production and processing of new psychoactive substances.

More hemp nurseries cleared out

In 2014 over six thousand nurseries were cleared, more than in 2013.

Intake and settlement of Opium Act offences by the police, Public Prosecution and the courts

The proportion of Opium Act offences in the criminal justice chain has increased: almost 9% of all suspects with the police, intakes with the Public Prosecution and cases settled by the judge concern Opium Act offences, which is not only more than in 2013, but is also higher compared to previous years. In 2014, the proportion of soft drug cases increased and exceeded that of hard drug offences, just as in recent previous years. Hard drug offences in the registration of the Public Prosecutor mostly concern possession of a hard drug. With only a very small proportion the manufacture of hard drugs is concerned (i.e. production of synthetic drugs). The remainder concerns import and export, transport or trafficking. With soft drug offences (usually cannabis) this is quite different: this mainly concerns production (cannabis cultivation). Possession of soft drugs is second and only in one tenth of all cases the suspect has imported or exported, transported or trafficked.

Sanctions for Opium Act offences

Most Opium Act cases are brought before the judge by the Public Prosecution. The proportion of this number has declined the last few years, because the Public Prosecution have been settling more cases by means of penal orders. An increasing number of Opium Act cases ends in acquittal in court, especially where soft drugs are concerned. If a sanction is imposed, it usually is a community service order. Secondly there are the financial sanctions by the Public Prosecution and (partly) unconditional imprisonment. Community service orders are mainly imposed with soft drug cases, unconditional imprisonment especially with hard drug cases. In 2014, 16% of all inmates were imprisoned on account of Opium Act offences. Over one quarter of the Opium Act offenders again come into contact with the police and the justice system within ten years after the first prosecution or sentence. This is low compared to other offenders.

Offences by alcohol and drug users

Driving under the influence decreases

The number of drivers apprehended by the police with alcohol levels of 0.5% or more is dropping. The number of sober drivers or drivers who have consumed very little alcohol is increasing. The Educational Measure Alcohol and Traffic (EMA) is imposed most often in cases of driving with too high blood alcohol concentrations. Approximately 2% of the drivers in a Dutch study test positive for drug use, especially cannabis and cocaine. Developments are unknown, but improved investigation (using the saliva tester; see § 0.1) may shed some light on this in future.

Drug-related nuisance

One quarter of Dutch inhabitants indicated that they experienced some form of drug nuisance in their neighbourhood at some point in 2014. A small proportion (4%) experienced serious nuisance, the same as in 2013. Nuisance caused by drunk people in the streets, which occurred at some point according to one quarter in 2014 and a lot according to 3%, has not changed significantly. In 2014, over half of the coffee shop municipalities did not report any coffee shop related nuisance. Where nuisance was reported it usually concerned traffic and parking problems and loitering youths in busy neighbourhoods. The nuisance was most considerable in the southern provinces. One third of the neighbours of coffee shops in the southern provinces also experienced nuisance caused by dealing in the streets at the end of 2013.

Addiction Probation Services

The addiction probation services had fewer clients at the end of 2014 than in 2013. These services mainly monitor justiciables and advise judicial authorities on their clients.

The Institution for Prolific Offenders (ISD)

In 2014, 4% of all prisoners have the ISD-measure. This number has remained more or less stable since 2007. In 2014 the occupation of ISD was lower than in 2013, although there was more inflow in 2014. 95% of ISD inmates have addiction problems. Most ISD inmates had behavioural interventions in the course of their detention or received therapy outside detention in the final stages of ISD. The

latter was less often the case in 2014, compared to 2013. ISD is (slightly) effective in reducing criminal recidivism.

0.5 Table 1a, part 1 Key figures substance use: Opium Act substances

							
	Cannabis	Cocaine	Opiates ^I	Ecstasy	Amphetamine	GHB	Sedatives and tranquilizers
USE GENERAL POPULATION (2014)							
- Percentage of recent users, 15-64 years ^I	8,0%	1,6%	<0,1%	2,5%	1,3%	0,4%	10,1% (2009)
- Percentage of current users, 15-64 years ^I	4,6%	0,6%	<0,1%	0,7%	0,5%	0,1%	5,9% (2009)
- Trend recent use ^{II}	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
- International comparison ^{IV}	Above average	Above average	Low	Above average	Above average	Unknown	Unknown
USE YOUNG PEOPLE, PUPILS (2011)							
- Percentage of current users, 12-18 years	7.7%	0.8%	0.2%	0.9%	0.6%	0.1%	Unknown
- Trend	Decrease (2003-2013) ^V	Stable (2003-2011)	Decrease (2003-2011)	Stable (2003-2011)	Stable (2003-2011)	Unknown	Unknown
- International comparison, 15/16 years (2011) ^{VI}	Above average	Average	Average	Above average	Below average	Average	Above average
NUMBER OF PROBLEM USERS							
	2007-2009	2009/2010	2012				2007-2009
	29.300 (dependency) 40.200 (abuse)	Unknown ^{VII}	± 14.000	Unknown	Unknown	Unknown	22.000 (dependency) 35.000 (abuse)
NUMBER OF ADDICTION CARE CLIENTS (2014)^{VIII}							
- Substance as primary problem	10.965	7.519	9.606	105	1.671	779	602
- Substance as secondary problem	4.880	6.478	2.167	331	888	217	1.086
- Trend (2005-2014)	Increase up to 2011	Decrease from 2008	Decrease	Decrease	Increase	Increase 2007 to 2013	Increase up to 2010
NUMBER OF HOSPITAL ADMISSIONS (2012)							
- Abuse/dependency as primary diagnosis	74	88	47	67		Unknown	90
- Abuse/dependency as secondary diagnosis	735	774	663	196		Unknown	203
- Trend (2004-2012)	Increase up to 2011	Increase up to 2011	Increase up to 2010	Increase up to 2010		Unknown	Increase up to 2011
REGISTERED DEATHS (2014)^{IX}							
	Virtually no primary cause of death	24 (primary)	40 (primary)	14		4	79

I. Mainly heroin (and methadone). II. Recent use indicates use in the last year; current use indicates use in the last month. III. No figures available for 2010-2013, the research methods of collecting data in 2014 cannot be compared to methods used in 2009, as a result of which no recent trends can be determined. IV. Compared to the weighted average of recent use in European Union member states (EMCDDA). V. Percentage of current cannabis use among pupils of 12-16 years 4,6% in 2013. VI. Compared to the unweighted average in 36 European countries (ESPAD). VII. 0,5% in the three major cities is addicted to crack. VIII. Addiction care anonymously registered in the National Alcohol and Drugs Information System (IADIS). For all institution that participate in IADIS, see appendix G. IX. Primary cause of death: substance as primary (underlying) cause of death. Secondary cause of death: substance as secondary cause of death (contributing factor or complication).



0.6 Table 1a, part 2 Key Figures Substance Use: Alcohol and Tobacco

		
	Alcohol	Tobacco
USE GENERAL POPULATION (2014)		
- Percentage of recent users of 12 years and older	77%	25% ^I
- Trend in use	Minor increase (2010-2013)	Determination of recent trend not possible; decreasing trend in past ten years
- International comparison	Above average	Below average
USE YOUNG PEOPLE, PUPILS (2013)		
- Percentage of current users, 12-16 years ^{II}	27%	4% (daily)
- Trend (2001-2013)	Decrease	Decrease
- International comparison, 15/16 years (2011) ^{III}	Above average	Above average
NUMBER OF PROBLEM USERS		
	2007-2009	2014
	82,400 (dependency) 395,600 (abuse)	±627.000 ^{IV}
NUMBER OF CLIENTS IN ADDICTION CARE (2014)		
- Substance as primary problem	30.764	449
- Substance as secondary problem	4.721	3.579
- Trend (2005-2014)	Stable	Increase
NUMBER OF HOSPITAL ADMISSIONS (2012)		
- Abuse/dependency as primary diagnosis	6.362	Unknown
- Abuse/dependency as secondary diagnosis	16.899	Unknown
- Trend (2004-2012)	Stijging	Unknown
REGISTERED DEATHS (2014)^V		
	882 (primary) ^{VI}	19,594 (2013) (direct result of smoking) ^{VII}

I. This is the percentage of smokers according to the Statistics Netherlands (CBS) Health/Lifestyle Monitor. II. Cannot be compared to use by pupils in table 1a part 1, which reports the use of drugs among 12-18 in 2011. No data are available on current smoking among pupils in 2013. This table reports on the percentage of daily smokers among pupils. III. Compared to the unweighted average in 36 European countries (ESPAD). The comparison for smoking concerns the percentage of current smokers (30%). IV. Based on heavy smokers (20 or more cigarettes per day) of the population of 12 years and older. V. Primary cause of death: substance as primary (underlying) cause of death. Secondary cause of death: substance as secondary cause of death (contributing factor or complication). VI. Not included here are deaths caused by traffic accidents and cancer. Figures about the number of deaths for which alcohol-related diseases were registered as a secondary cause of death are not available for 2014. VII. See attachment D for the method to estimate the tobacco-related mortality.



0.7

Table 1b, Key figures drug crimes: Opium Act offences in the criminal justice system

Stage	Criminal investigation of the more serious forms of organised drug crimes ^I	Number of suspects police/RNLM ^{II}	Number of cases Public Prosecution Intake	Settlements by judge in the 1 st instance	Detainees ^{III}
Number Opium Act					
- Total	193 (2012: 222)	17,675 (2013: 18,849)	18,506 (2013: 17,265)	9,501 (2013: 931)	1,397 (2013: 1,600)
- Hard drugs	34% (only hard drugs)	7,454 (2013: 7,766)	7,886 (2013: 7,301)	4,021 (2013: 4,256)	Unknown
- Soft drugs	24% (only soft drugs)	9,001 (2013: 9,251)	9,872 (2013: 9,213)	4,987 (2013: 4,735)	Unknown
- Both	42% (hard+soft)	1,214 (2013: 1,830)	748 (2013: 748)	493 (2013: 538)	Unknown
- Development 2013-2014 absolute	2013-2014 unknown 2012-2013: decrease	Decrease (probably due to the provisional nature of the data)	Increase	Constant	Decrease
- Global trend 2005-2014	2006-2008 higher numbers than in period afterwards, downward trend in 2011-2013	Decrease up to 2011, then increase/stable, decrease in 2014	Decrease up to 2011, then increase, with the exception of the drop in 2013	Decrease up to 2012, then increase, constant in two most recent years	Decrease ^{IV}
% Opium Act on total	72%	8.7%	8.8%	8.9%	16%
Development 2013-2014 % Opium Act	2013-2014 unknown 2012-2013: Increase (69% → 72%)	Increase (8.2% → 8.7%)	Increase (8.2% → 8.8%)	Increase (8.8% → 8.9%)	Decrease (17% → 16%)

I. Figures up to and including 2013, 2014 not available. II. 2014 figures are preliminary. III. Reference date 30 September 2014. IV. Period 2006-2014. Sources: National Police Unit, National Information Service Organisation, HKS, OMDAM/RACmin WOOC, Kaldien en De Haer-De Lange, 2015.