



**REPORT TO THE EMCDDA
by the Reitox National Focal Point**

**THE NETHERLANDS
DRUG SITUATION 2014**

**FINAL REPORT AS APPROVED BY THE
SCIENTIFIC COMMITTEE
OF THE NETHERLANDS NATIONAL DRUG MONITOR
ON THE 19TH OF DECEMBER 2014**

Executive summary

Developments in drug law and policies (chapter 1)

Drug laws

This National Report reviews the developments in the drug policy of the Netherlands up to November 2014. The Dutch Opium Act places drugs with an unacceptable risk on Schedule I and places other drugs on Schedule II. The Opium Act, the Opium Act Directive and other drug-related Acts and Codes have been subject to changes:

- A new article to the Opium Act is approved by Parliament (article 11a), which aims at criminalization of activities that prepare or facilitate the professional and large-scale illegal cultivation and trafficking of cannabis. The article will come into force on 1 March 2015.
- The Residence criterion became part of the national criteria for non-prosecution in the Opium Act Directive of the Public Prosecutor. The enforcement of this criterion at local level may be implemented in phases.
- In 2011, an advisory committee advised to classify cannabis with a THC concentration of more than 15% as a hard drug. Implementation was announced in the plans of the new Cabinet (Rutte II) of November 2012. The procedure is still pending.
- A change in the Code of Criminal Procedure is in preparation which will make it possible for the police to apply compulsory tests of alcohol and drug use on suspects of violent crimes.
- The approaches of offenders with addiction problems, mental health problems or intellectual disabilities are in a process of change. The new Forensic Care Act aims at an improvement of the interconnection between the criminal justice system and the system of care and cure facilities outside prison. This Act is in parliamentary procedure.
- An amendment of the Road Traffic Act is approved by both Houses of Parliament by which the arrest and prosecution of driving under the influence of drugs and under the influence of a combination of drugs and/or alcohol is facilitated.
- The new Chronic Care Act will replace the existing General Exceptional Medical Expenses Act. Most of the treatment for clients with substance abuse problems should be reimbursed under the Health Care Act and the Community Support Act.

Drug Policies

- The priorities in investigation and prosecution lie with import and export, professional production, large-scale trafficking and organized crime in relation to drugs. The organized crime in relation to heroin, cocaine, synthetic drugs and cannabis/cannabis cultivation is qualified as a threat for the Dutch society and gets high priority in the period 2012-2016. Special teams were installed in 2014 to combat the so-called 'undermining criminality', the criminality in which there is interweaving of legal facilities and facilitators with the criminal underworld..
- The prison system should have more attention for the prevalence of addiction problems among detainees and co-operate intensively with addiction care outside prison. It is expected to present a plan for improvements on this theme per 1 January 2015.

- The Measure of Placement in an Institution for Habitual Offenders (ISD) is effective – with a small effect - and cost-effective. Placement of young adults (18-24 year old) will be stimulated in pilots. The government considers a longer duration (more than 2 years) of the Measure ISD.

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

There are no new data on drug use in the general population.

Data from several school surveys (including the HBSC study) showed a downward trend in cannabis use, albeit with fluctuations, since the middle of the nineties. The lifetime prevalence of cannabis use among pupils of 12-16 years from secondary education decreased from 16% in 2003 to 9% in 2013. For the other drugs (not included in the HBSC), prevalence rates of drug use peaked in 1996, decreased afterwards and seemed to stabilise between 2007 and 2011.

Ecstasy (after cannabis), remains without any doubt the number one illegal nightlife drug among young people and young adults, especially at dance events, and there are indications of an increase in popularity (or 'normalisation'). In Amsterdam, current use among clubbers and ravers in 2013 was 55% (43% for clubbers and 69% for ravers). In 2008 that was 21% for clubbers. A national survey in the same year found that one in three (35%) frequent partygoers, festivalgoers and clubbers (with a predilection for techno and house music) were current ecstasy users. The more often they attended parties or festivals, the greater the chance of ecstasy use. Reports on health incidents (see chapter 6) appear not to have affected the positive image of ecstasy in nightlife.

Amphetamine use is considerably more common in these club and party visitors than in the general population, but less often than ecstasy. Among Amsterdam clubbers and ravers, the popularity of this substance - after a drop in 2006 - rose sharply again.

New psychoactive substances are used appreciably less often among partygoers than 'classical drugs, but that nonetheless there are "small clusters of people with a curiosity for these NPS". Among clubbers and ravers in Amsterdam, the lifetime prevalence of use is 15% for 4-fluoramphetamine, 9% for mephedrone¹, 5% for 6-APB ("BenzoFury"), 4% for methylone, and 3% for methoxetamine.

Developments in prevention (chapter 3)

Drug prevention activities aim to discourage drug use, support early detection, facilitate referral to regular treatment and reduce drug-related health risks. Dutch drug prevention policy is part of a broader scope of public health prevention, co-ordinated by the Ministry of Health, Welfare, and Sport (VWS) and implemented by local government. In the latest National Prevention Program (NPP) 2014-2016, formulated in 2013, the focus regarding substance use remains on prevention among young people and on healthy and safe nightlife with regard to alcohol, drugs, and tobacco.

- An additional school doctor/nurse visit in adolescence is being implemented to facilitate early identification of problems, including substance abuse.

¹Strictly speaking, mephedrone is not a new psychoactive substance after its listing on May 2012 on Schedule 1 of the Opium Act.

- The minimum age to buy alcohol and tobacco, and to consume alcoholic beverages in public spaces increased from 16 to 18 years as of 1 January 2014.
- This was accompanied by a campaign to strengthening the social norm to 'not smoke and drink under eighteen' (Nix18).
- In addition, the general smoking ban in hotels, bars and restaurants (now including small bars with no personnel but the owner) was effectuated on 10 October 2014.

Drug prevention policy is developing in the context of more general health care reorganizations, towards decentralization and transition to less intense forms of care. Prevention is still mainly undertaken by local authorities and include interventions for schools, nightlife, youth care, and education of teachers, youth care professionals, GPs and personnel in nightlife settings to improve early identification of substance use problems. How reorganizations will affect universal prevention activities of Public Health Services and Addiction Care is yet to be established, though social neighborhood teams will play a larger role in selective prevention. Indicated prevention is now a task for GPs and General Practice Mental Health Workers (POH-GGZ), rather than prevention departments of institutes for addiction care. Relapse prevention remains part of specialized addiction care.

All municipalities had to draw up a prevention and enforcement plan for the regulation of the Licensing and Catering Act before July 1, 2014. They may link age restrictions to opening hours, impose restrictions on happy hours and special alcohol offers, and regulate sales of alcohol in sport club canteens and other such venues by local ordinance. The website "www.loketgezondleven.nl" provides information on effective public health interventions to support municipalities in providing coherent and effective local health promotion. A recent survey among the municipalities (66% response rate) indicated that 44% had formulated such policy in time and most others expected to complete it in 2014.

The Healthy School and Drugs (HSD) is the oldest school-based drug prevention program, which was recently evaluated at secondary schools. As it is currently implemented, it was found ineffective and is therefore being revised. First Aid services at large dance parties still exist, as well as the national alcohol and drug information lines. The anonymous drug test service of the Drug Information and Monitoring System (DIMS), as well as the monitor for drug-related emergencies (MDI, using data from First Aid services) directly communicate public health risks within their networks to enable fast prevention responses. These sources report an increased number and severity of ecstasy-related health emergencies at first aid posts (MDI) and an increased proportion of ecstasy tablets with high MDMA concentration (DIMS). Together with indications of a high prevalence of ecstasy use among partygoers and other subpopulations of young people and young adults in the nightlife scene (chapter 2), this contributed to the initiation of several preventive actions and research activities, including the assessment of factors that contribute to (reckless) alcohol and drug use among contemporary youth (in night life).

Developments in high risk use (chapter 4)

The number of problematic opiate users has been estimated in 2013 at 14,000, implying a decrease of 21% compared to the previous estimate for 2008-2009. This decrease is consistent with other indicators, including a decrease of opiate users in treatment and overall ageing population with low levels of new users recruited.

A very rough national estimate of the number of (dependent) crack users, based on extrapolation of data from three cities to national level, arrives at a number 17 and 24 thousand. This population may overlap to a considerable extent with the population of opiate users as 50% to 80% of the crack users may also consume opiates.

While health and treatment indicators point at an increase in the number of problem (dependent) GHB users, the size of this population is not known.

Developments in treatment (chapter 5)

On the 18th of June 2012, the Ministry of Health, Welfare, and Sport (VWS) and the providers of mental health care and addiction care signed an agreement aimed to secure the future of mental health care and addiction care in the Netherlands. To keep the mental health care and addiction care affordable in the near future, it was agreed to reduce the number of inpatient units (slots) by a third in 2020 compared to 2008. A third of the inpatient care will then have to be replaced by outpatient care, which will require more self-management from the clients. To put the agreement with the ministry into practice, the National Branch Organization for Mental Health Care and Addiction Services (GGZ Nederland) has issued a vision document that targets a more assertive prevention of drug use; focuses on youth, vulnerable groups, and neighbourhoods at risk; and aims to consolidate the care for chronic addicts.

In 2013, the regular addiction care was provided by thirteen institutes and registered anonymously in the National Alcohol and Drugs Information System (LADIS). During the past decade, about half of the institutes for addiction care had merged with an institute for general mental health care. With regard to the number of treated clients, the fusions have had no large impact on substance abuse treatment. The number of new drug clients in the addiction care (TDI definition) increased with 3% from 10,801 new drug clients in 2012 to 11,129 new drug clients in 2013. But from 2011 to 2012 there was a decrease of 5%. These small fluctuations in the addiction care parallel the stabilization of the number of drug patients in the hospitals during the past three years. The decrease in the number of drug clients in the addiction care in 2012 could have resulted from the own private contribution which the clients would have to pay initially in this year. However, no such own private contribution was announced for the hospital care. All in all, these findings might point at a stabilization of the number of problem drug users.

By 2011, the quality management program Scoring Results had established 27 products, and for 24 of these products it was found that the implementation rate was high for 10 products, moderate for 7 products, and low for 7 products. Based on cognitive behavioral therapy, the protocols for the life-style trainings reached an implementation rate of not less than 100%. Several products which Scoring Results in 2013 added to its quality management products are the "Practice-based recommendations for GHB detoxification", the advisory report "Elderly and addiction", and the quick scan "Scoring results around recovery".

Health correlates and consequences (chapter 6)

The incidence of HIV and hepatitis B and C among (ever) injecting drug users remains low since many years. Risk behavior (injecting and exchange of injecting material) is (very) low.

In the Netherlands, HIV is mainly transmitted through sexual contact (both through men who have sex with men (MSM) and heterosexuals) and drug users only play a marginal role in new infections. The disease outcome of HIV in IDUs is however worse than in the other risk groups and the proportion of AIDS patients dying is highest in the risk group IDUs. Also the burden of chronic hepatitis C infection stays high among (current and former) IDUs.

Data on drug-related health emergencies show that the sharp increase in ecstasy-related emergencies at large parties, described in the previous national report, now seems to be levelling off. This is despite the finding of a still increasing proportion of ecstasy pills with high MDMA concentration. Also for GHB, an increase in emergencies has been observed in hospitals and forensic doctors, up to 2012, which did continue in 2013, but on a much lower level than in the previous years, also indicating a possible leveling off. Emergencies after use of new psychoactive substances are hardly reported and there are no indications for a substantial underreporting of serious events with these new drugs.

New data are presented in this national report on the high co-morbidity of several mental health disorders, mainly ADHD, and drug use or drug use disorders.

The number of acute drug-related deaths remained low. Between 1996 and 2012, the annual number of recorded drug-related deaths among residents fluctuated between a minimum of only 94 cases in 2010 and a maximum of 144 cases in 2001. In 2012, 118 cases were recorded, including 28 cases relating to opiates, 22 to cocaine and 68 to unspecified substances. The latter category mainly includes death due to multiple substance use, commonly including illicit substances as well as combinations with alcohol and/or medicines. The ageing of the population of problem drug users is reflected in a decreasing percentage of the deceased aged under 35 years, from 60% during the period 1991 up to including 1995 to 29% during the period 2006 up to including 2012.

Responses to health correlates and consequences (chapter 7)

In response to the acute emergencies after (recreational) drug use, the monitor for drug-related emergencies (MDI) collects since 2009, in a standardized format, information on acute emergencies related to drug use, and uses this information as direct input for preventive measures, both at the level of the professionals in the field as for policy makers. In recent years, the close collaboration with the Drugs Information and Monitoring System (DIMS) has proven to be very fruitful in identifying the recent disturbances on the ecstasy market (high MDMA concentrations) and the monitoring of new psychoactive substances. Based on the monitoring information collected, prevention workers develop interventions directly targeting drug users or increasing knowledge and skills of professionals working with drugs users. Recently, a training was developed addressing aggression and violence under the influence of drugs.

With regard to the prevention and treatment of drug-related infectious diseases, the number of exchanged needles and syringes has been rather stable since a couple of years. The available signs indicate that those drug users in need of these harm reduction measures have access to them. Injecting drugs is no common practice in the Netherlands at the moment. Drug and alcohol consumption rooms are available in some cities, but not in all. The number of drug consumption rooms has been reduced in the last couple of years, among others because other projects have substantially reduced the number of homeless people and therefore the need for a quiet place for drug use is less, as many drug users are now also able to use in their own home.

Treatment for HCV in IDUs is not yet common practice, but a project run in 2013 and 2014 showed again that treatment is feasible. This so called “break through” project gave a boost to hepatitis C screening and treatment in the 10 participating teams. The project collected best practices which will be spread through other locations in addiction care in the coming years.

Social correlates and social reintegration (chapter 8)

In the Netherlands, the social reintegration of (former) addicts is part of the more general Strategy Plan for Social Relief that has targeted all kinds of vulnerable people. The results of this Strategy Plan are monitored each year by the Strategy Plan for Social Relief Monitor (Monitor Plan van Aanpak Maatschappelijke Opvang). It was found that in 2012, similar to 2011, about 3,500 adult homeless people demanded social relief in the four largest cities given by Amsterdam, Rotterdam, The Hague, and Utrecht. However, the proportion of homeless people who were actually offered an individual care trajectory had decreased from 56% in 2011 to only 41% in 2012.

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

Opium Act offences

- There is a slight decrease in the number of suspects of Opium Act offences reported by the police in 2013. In 2012 there were 18,851 and in 2013 18,268. The Public Prosecutor also registered less cases of Opium Act offences: 18,200 in 2012 and 17,130 in 2013. The decrease in numbers is in line with the general decrease in the number of criminal cases in the justice system. The proportion of Opium Act cases, however, increased: from 7.6% in 2012 to 8.3% in 2013 of all suspects in the police reports; and from 8.0% in 2012 to 8.2% in 2013 of all cases registered at the Public Prosecutor.
- The decrease in absolute numbers concerns mainly hard drug offences. The number of soft drug offences stabilized more or less (8,985 in 2012 and 8,966 in 2013). The increase of soft drug related offences in police arrests and cases registered at the Public Prosecutor, which was observed in recent years, stopped in 2013.
- 22% of the cases is sentenced by the Public Prosecutor and 20% of the cases is dismissed (for policy or technical reasons). Most Opium Act cases are submitted to court (57% in 2013). Cases with hard drugs are more often submitted than cases with soft drugs.
- In 2013 the number of court sentences in Opium Act cases is almost 9,800. There is an increase compared to 2012, of hard drug cases as well as of soft drug cases. The judge applied more community sentences in Opium Act cases (more than 3,600) than (partly) unconditional prison sentences (about 3,300) in 2013. Prison sentences are applied more in cases with hard drugs, community sentences more in cases with soft drugs. The proportion of Opium Act cases handled by the judge increased (from 8.5% to 8.8%).
- 17% of the detainees is imprisoned for an Opium Act offence (on 30 September 2013). This percentage does not differ from 2012.
- Criminal recidivism (after a sentence) of Opium Act offenders with a new Opium Act offence is 7% after one year and 28% after ten years.

Offences committed by drug users

- Drug-using offenders commit mainly property crimes (without violence) and violent crimes. Most of them are male and 35-54 years old. This pattern is quite constant over the years.
- Of the very frequent offenders 65% suffers from addiction problems. Although this proportion is decreasing, it is still the main problem among this group.
- There are several interventions available for offenders with drug problems in the criminal justice system. They are subject of multidisciplinary case meetings in the Safety Houses, where trajectories are planned for them. Diversion to care facilities outside prison as an alternative for imprisonment or additional to imprisonment is one of the core elements in the approach. More attention for addiction problems and case finding among detainees is stimulated, in addition to continuing preventive policies toward drug possession and drug use in prisons. There are specialized addiction probation services available and accredited behavioural interventions. Addiction probation services registered more clients (more than 21,000 in 2013 and about 17,700 in 2012). Offenders with drug problems also belong to the target group of the ISD-measure; a majority of the ISD-population has addiction problems.

Drug markets (chapter 10)

Coffee shops

The Opium Act Directive of the Public Prosecutor contains criteria for non-prosecution of coffee shops (no advertising, no sale or presence of hard drugs, no nuisance, no sale or presence of youngsters under the age of 18, no transaction to customers of more than 5 grams and no more than 500 grams in stock). Since 2013, the residence criterion was added (and the private club criterion was abolished). The residence criterion forbids entrance to the coffee shops for non-residents of the Netherlands. Its actual implementation is subject to local decision making. Most municipalities did include the residence criterion in their policy, but decided not to enforce it actively in practice. Some did not include it in their policy. Other do enforce it in practice, but the intensity of enforcement varies a lot. Most of them take a lenient approach and permit exceptions to a limited extent.

In 2012, many residents turned away from the coffee shops, when the private club criterion was in force. They returned largely to the coffee shops in 2013, after the private club criterion was abolished. The recovery, however, certainly falls short of 100%.

Illegal cannabis sales, which increased significantly in 2012 after the introduction of both the private club and the residence criteria, was tempered in 2013, but remains greater than before the introduction of both new criteria.

Cannabis cultivation and 'quality'

In 2013, 5,962 cannabis cultivation sites were dismantled, more than in 2012, when there were an estimated 5,773. The perceived availability of cannabis (by cannabis users) in the Netherlands is high, cannabis is easy to obtain.

Legal options for regulation of cannabis cultivation for the supply of the coffee shops were subject of political debate and discussion in 2013 and 2014. The Government announced not to change the law in this respect. A study concluded that international treaties leave no

room for legalization or regulation of cannabis cultivation, besides for medical and scientific purposes.

The average levels of THC (the major active ingredient of cannabis) of Dutch-grown weed and imported hash has been relatively stable these last few years. The average THC potency of Dutch-grown weed in samples sold in coffee shops was 14.6% in 2014 and fluctuated between 13.5% (2013) and 17.8% (2010) in the last five years. For imported hash this was 14.9% in 2014, varying between 14.3% (2011) and 19.0% (2010). THC levels of 15% or more (to be forbidden if an amendment proposing that cannabis with 15% or more THC will be placed on Schedule I), were found in 50% of Dutch-grown weed samples and 56% of samples of imported hash, but in none of the imported weed samples.

The export of Dutch cannabis was estimated using multiple mathematical models for the production and consumption of cannabis. On the basis of these models, the total production of cannabis in the Netherlands amounts to between 53 and 924 tons (when the consumption of Dutch cannabis by non-residents is defined as domestic consumption) and to 92 to 937 tons (when the consumption of non-residents is defined as export). In percentages this is 31% to 96% and 54% to 97% resp. A Monte Carlo-simulation was performed to estimate a 95% confidence interval in addition to the lower and upper limits of the mathematical models. This method relies on additional assumptions regarding the within-variable distribution of values. The Monte Carlo-simulation produced a most likely range for the estimated export of Dutch cannabis, taking into account the assumptions and uncertainties. On the basis of this method, the most likely range is 206-549 tons or 78% to 91% (when the consumption of Dutch cannabis by non-residents is defined as domestic consumption) and 231-573 tons or 86% to 95% (when the consumption of non-residents is defined as export).

Synthetic drugs

In 2012 and 2013, the National Facility for the Support of Dismantlements was active in more dismantlements of production locations for synthetic drugs than in 2011. Mostly the dismantlement concerned amphetamine laboratories or APAAN-conversion laboratories. But there was also an increase in the number of MDMA-related production locations. The Facility signals the (re)introduction of (new) production processes and pre-precursors, and the production and operation of new psycho-active substances. Yields are enlarged by optimization of the processes and production hardware. APAAN and pre-precursors for PMK were seized. Furthermore, more dumpings of waste from production of synthetic drugs were reported.

On the consumer market, the increase in the average quantity of MDMA in ecstasy pills between 2010 and 2012 continued in 2013. In 2013 a laboratory-tested MDMA pill contained an average of 111 mg. The highest measured dose was 366 mg. The amphetamine content of speed powders fluctuated considerably between 2008 and 2012. From 2012 to 2013 a strong rise was reported in the average content of amphetamine from 27% to 47%. The caffeine levels showed a downward trend.

The price users had to pay for a gram of amphetamine in the past few years has gone up, but appears to have stabilised between 2012 and 2013 (approximately 8 euros per gram on average). The price of ecstasy pills appears to have gone up too and amounted to an average of 4 euros in 2013, which is more than in 2008 and 2009 (2 and 3 euros, respectively).