



## o. Summary

This document contains a description of the latest developments derived from the 2019 Annual Report. Tables 1a and 1b provide an overview of the latest figures on substance use up to and including 2018 and drug crime also up to and including 2018.



### 0.1 Developments in legislation and policy

#### Developments in drug policy

##### *New Opium Act substances*

List I of the Opium Act contains a number of new substances: the substances 4-MEC; 5F-APINACA; acryloylfentanyl; butyrfentanyl; ethylon; ethyl-fenidate; furanylfentanyl; methiopropamine (MPA); MDMB-CHMICA; pentedrone; U-47700 and XLR-11 per 27 April 2018; the substances 5F-MDMB-PINACA, 5F-PB-22, AB-CHMINACA, AB-PINACA, ADB-CHMINACA, carfentanil, CUMYL-4CN-BINACA, cyclopropylfentanyl, 4-fluoroisobutyrfentanyl, methoxyacetylfentanyl, ocfentanil, tetrahydrofuranlylfentanyl and UR-144 per 19 July 2019.

##### *Widening of the powers to close drug premises*

Since 1 January 2019, mayors have the authority (based on extended article 13b of the Opium Act) to also shut down residential or other premises if illegal preparatory activities take place for the production or cultivation of drugs. Previously, mayors could only shut down premises when drugs were actually present. Illegal preparatory activities include situations in which objects or substances are present that are clearly intended for the production of drugs, such as specific equipment or chemicals.

##### *New Psychoactive Substances (NPS)*

New Psychoactive Substances (NPS) are substances that have a similar effect to 'traditional' illegal drugs, but are not (yet) covered by drug-related legislation. In most cases, NPS are produced to bypass the drug-related legislation. On 6 February 2019, a European directive was implemented in the Dutch Opium Act so that New Psychoactive Substances can be included in the definition of 'drug', making it possible for them to be declared illegal faster. At the European level, the existing early warning system, the risk assessment procedure and the control possibilities have been strengthened.

The Secretary State of Health, Welfare and Sport is working on a bill that will ban certain groups of NPS.

##### *Increased sentencing for trading in hard drugs/ role of suspect*

The guideline for the sentence imposed by the Public Prosecution Service for trading in hard drugs was raised on 1 May 2019. When deciding the sentence, more account must be taken of the role of the accused: is the person a minor player (e.g. a courier) or is he/she one of the leaders?

##### *Bibob Act*

The Bibob Act is the Public Administration Probity Screening Act. On 4 March 2019, a bill was sent to the House of Representatives to amend the Bibob Act in order to give authorities the opportunity to request judicial data concerning the business relationships of the person applying for a permit or subsidy.

### *Home-grown medicinal cannabis*

The growing of cannabis at home for a person's own medicinal use has made things unclear. According to the Public Prosecution Service guidelines, growing at the maximum five cannabis plants (whether or not for recreational or medicinal use), will not be prosecuted, but the plants can be seized. In individual cases, judges sometimes decide that a private individual can grow cannabis at home for his/her own medicinal use. There have been municipal initiatives to ensure that residents are allowed to grow at the maximum five plants for their own medicinal use. At the national level, the response is that the cultivation of cannabis by private individuals is not to be considered the cultivation of medicinal cannabis, because this is only the case if the Minister of Health, Welfare and Sport issues an exemption. Otherwise, growing cannabis plants for personal medicinal use is seen as growing for recreational use and is therefore legally prohibited.

### *Precursors*

Precursors are raw materials that are used for the production of drugs. Some substances are only used to produce drugs, others can also be used for legal purposes. Using the latter substances is prohibited without a permit. The precursors that can only be used to make drugs were not prohibited. This is also related to European legislation. At the national level, it will be legally regulated that the import and export of them and having them available will be punishable.

### *Controlled cannabis supply chain experiment*

A 'controlled cannabis supply chain experiment' will be carried out in which quality-controlled hemp and hashish will be supplied to coffee shops in a controlled cannabis supply chain. This experiment will be scientifically supervised and evaluated. The bill to make the experiment possible was adopted by the Upper House on 12 November 2019. In the summer of 2019, the municipalities that will take part in the experiment were announced.

### *Nitrous oxide (laughing gas)*

In December 2019, the Ministry of Justice and Security and the Ministry of Health, Welfare and Sport announced that they intend to include nitrous oxide in List II of the Opium Act. This will be done in part based on the outcome of the risk assessment of the gas by the Coordination Centre for the Assessment and Monitoring of New Drugs (CAM).

### *Driving under the influence of alcohol and drugs*

The penalty for driving under the influence of alcohol and drugs has been raised from three months imprisonment to one year. This bill was adopted by the Upper House on 5 December 2019.

### *Forensic care*

The Forensic Care Act came into force on 1 January 2019. This act governs the extensive revision of the forensic care system, which started in 2007. The Compulsory Mental Health Care Act comes into force on 1 January 2020.

### *Combatting drug-related crime within the context of organised subversive crime*

To intensify the handling of organised crime that undermines society, an undermining fund has been established with a once-only amount of 100 million euro. Starting in 2018, a structural sum of 5 million euro has been made available, rising to 10 million from 2019. The focus will be on combatting the illegal drug trade, and its interconnectedness with legal sectors. In October 2019, an outline approach was sent to the House of Representatives containing plans to further reduce organised subversive crime. A sum of 110 million Euro will be made available to tackle this (up to and including the beginning of 2021).

'Undermining legislation' will be drafted that will not be limited to combatting the illegal drug industry. A bill that will focus on drug-related crime is the proposal to criminalise 'criminal intrusion': unauthorised access to secure areas (in particular ports and airports) to pick up drugs hidden there (in containers).

The police capacity of the synthetic drugs cluster of the National Police Unit will be increased.

According to the Netherlands government, the tolerant attitude towards (synthetic) drugs and drug use must change. This is because people underestimate the health risks and are not sufficiently aware of the fact that by using drugs they contribute to the criminal industry. More effort will be put into the prevention of drug use with the aim being to make the enforcement and prosecution policy for the possession of hard drugs during events more uniform.

### *Counteracting drug waste dumping*

Since the ruling of the Administrative Jurisdiction Division of the Council of State on 27 February 2019, a private individual on whose land drug waste has been dumped without his knowledge is no longer liable for the costs of disposing of the waste, unless there has been a violation of a legal obligation incumbent on that individual. A regulation will be introduced for the disposal costs, to replace the previous temporary regulation.

In 2018, the Ministry of Justice and Security and the Ministry of Agriculture, Nature and Food Quality drew up a plan of approach to improve supervision and enforcement in rural areas, including the dumping of (drug) waste.

### *Drugs in prisons*

Constant attention is paid to the presence of drugs and other prohibited contraband inside prisons. Since the beginning of 2019, the Custodial Institutions Agency (*Dienst Justitiële Inrichtingen*) has kept a record of finds of contraband (smuggled goods). New methods are used to detect drugs when people enter a prison, including equipment to detect traces of drugs on clothing and objects.

## **Developments in tobacco policy**

### *Smoking Prevention Agreement*

The most important development for tobacco policy was the conclusion of the National Prevention Agreement in November 2018 between the Ministry of Health, Welfare and Sport and 70 civil social organisations. The ambition of the partial agreement on smoking is to achieve a smoke-free generation by 2040.

The intention of the policy is to take the following measures in 2020: - the excise duty on tobacco products will be raised; - there will be a ban on the display of smoking products; - neutral packaging will be introduced; and - smoke-free school grounds will become compulsory.

### *Campaigns*

The national government is continuing the 'smoke-free pregnant' campaign and will support a long-term 'smoke-free growing up' campaign.

### *Quit-smoking care and smoke-free care*

The aim of the Prevention Agreement is to ensure that 50% of smokers make a serious effort to stop smoking in 2020. The first-line quit-smoking programmes will be exempt from the own risk from 2020. The Prevention Agreement states that by 2030 all of healthcare will be smoke-free. Institutions have a free hand in achieving this. Addiction care wants to be smoke-free as soon as 2020. The Mental Health Services (Geestelijke GezondheidsZorg - GGZ) as a whole aims to be smoke-free by 2025.

### *Local tobacco policy*

The Association of Netherlands Municipalities (VNG) and municipalities with a Smoke-Free Generation policy are co-signatories of the Prevention Agreement. This agreement states that VNG would encourage municipalities to formulate a local or regional approach to discourage the use of tobacco.

### *Compliance research*

The smoking ban is mainly violated in bars and discotheques. The ban on areas where smoking is permitted will be enforced from 1 March 2020. Violations of the 18 year age limit have been observed particularly in cafeterias. The policy aims to abolish tobacco vending machines by 2022.

### *International developments*

One of the measures in the WHO Protocol to Eliminate Illicit Trade in Tobacco Products and of the European Tobacco Products Directive (TPD) is the introduction of a tracking and tracing system for tobacco products. In the EU, as of 20 May 2019, all tobacco products have been required to bear unique identification markings.

## **Developments in alcohol policy**

### *Prevention Agreement on Problematic Alcohol Consumption*

The objective of the National Prevention Agreement on Problematic Alcohol Consumption (NPA) is to reduce the damage to health resulting from problematic alcohol consumption and to extend the average number of years of healthy life. The actions and measures of the NPA focus on: Alcohol and the school and study environment; Marketing of alcoholic beverages; Awareness and early warning; A healthy sports environment; Compliance with and enforcement of the age limit and drunkenness.

### *New Alcohol Act*

The name of the Licensing and Catering Act (*Drank en Horecawet - DHW*) will be changed to the Alcohol Act. In addition to the NPA, a number of new measures are proposed: off license price discounts of more than 25% will be prohibited; there will be strict rules on the remote sale of alcohol; passing alcohol on to minors will be prohibited in public places.

National research into the compliance with the legal age limit of 18 for the sale of alcoholic beverages showed that the majority of underage adolescents hardly face any problems when buying alcohol.

### *Campaigns and prevention interventions*

In recent years, various national campaigns (NIX18, Ikpas, BOB) and short-term (online) alcohol interventions (Jellinek Online Self-help; Drinking Less) and community-based interventions (Icelandic approach, STAD approach) have been developed and offered to prevent and/or reduce problematic alcohol consumption.

### *Hybrid forms of catering and retail*

Commissioned by the Ministry of Health, Welfare and Sport, Berenschot investigated the effects of the 'Bill regulating hybrid forms of catering and retail', submitted by a member of parliament, on public health, public order, road safety and the economy. According to the Licensing and Catering Act, hybrid forms of catering and retail (blurring) are prohibited.

### *Driving under the influence of alcohol and drugs*

One of the objectives of the Strategic Plan for Traffic Safety 2030 is to strengthen and extend the social norm of not using substances in traffic.

### *International developments*

At the end of 2018, the WHO presented the SAFER action package to help governments reduce harmful alcohol consumption by 10% by the end of 2025. The action package consists of five 'high-impact' strategies.

## **Policy developments in the field of prevention**

### *National Prevention Agreement*

The government has released an extra 170 million euros for various prevention domains during the Rutte III government period. The National Prevention Agreement is an important focal point in this respect. The Prevention Agreement is a coherent package of measures, actions and ambitions that contribute to making the Netherlands healthier by 2040.

It focuses on the topics smoking, problematic alcohol consumption and obesity, because these are the major cause of the disease burden in the Netherlands, with 35,000 deaths and 9 billion euros being spent on health care every year.

### *New paradigm for prevention policy*

The WRR proposal is to give a new impetus to prevention policy by no longer focusing on health differences but on health potential. This approach first examines how to achieve the most health gain as possible, and how to prevent health loss as much as possible.

### *Prevention policy for nightlife drugs*

In April 2019, five additional interventions to prevent the normalisation of drug use by people in the nightlife scene were announced. Most importantly, the prevention approach is being revised by developing innovative interventions that prevent young people from starting to use drugs.

## **Policy developments in the field of addiction care (part of Mental Healthcare - GGZ)**

### *Changes in the GGZ system since 2014*

The GGZ system was changed in 2014. From that year onwards, the GGZ consisted of the following echelons: general practitioner care, including General Practice Mental Health Worker (POH-GGZ), General basic Mental Health Care (GB-GGZ) and Secondary Mental Health Care (*gespecialiseerde GGZ*). In line with the policy objective, the total number of patients in the Secondary GGZ fell while the number in the GB-GGZ rose. The number of POH-GGZ patients also rose. There has been a rise in the number of addiction admissions.

### *Reforms and financing of the GGZ*

Between 2012 and 2017, almost 20% of the clinical 'beds' were phased out. The number of Sheltered Housing 'beds' has fallen by approximately 6.5% in the period 2012-2017. The total expenditure within the GGZ framework, including government-funded judicial care (including TBS: involuntary admission to a forensic psychiatric hospital), youth care and the Community Support Act (*Wet Maatschappelijke Ondersteuning - Wmo*), based on data from Statistics Netherlands (CBS), was 6.75 billion euro in 2017, a fraction more than in 2016 (6.67 billion euro).

### *New GGZ funding system*

In April 2019, the Dutch Healthcare Authority (NZa) presented a new funding model for the GGZ and forensic care (FZ): the care performance model. The government intends to adopt the care performance model under certain conditions. Possible start in 2021.

### *People displaying disturbed behaviour*

Every year, there are 80,000 incidents involving a person displaying disturbed behaviour, according to the police records. These people usually suffer from a combination of psychiatric problems, addiction problems, mild intellectual disabilities or dementia. By 2018, almost all municipalities had developed an approach for people displaying disturbed behaviour. A nationwide non-acute reporting telephone number will be introduced.



## 0.2 Developments in the use of substances covered by the Opium Act

### Cannabis

#### *More than a third of the adult population who have used cannabis in the last month have used it (almost) every day*

In 2018, approximately 1.02 million Dutch people aged 18 and older had used cannabis in the past year (7.5% of this age group). Last-year use is highest among people aged between 18-19 and 20-24, (21.4% and 23.7%). The figure for last-month use among people aged 18 and older is 4.6%. More than a third (35.0%) of the last-month users smoked dope (almost) every day.

The percentages of people who had ever smoked dope (23.7%) and those who smoked dope (almost) every day (1.6%) were higher in 2018 than in previous years (21.1% and 1.2% in 2015), but it is still too early to speak of a trend.

The percentage of last-year cannabis users among 15-64-year-olds in the Netherlands was, at 9.6%, higher than the European average (7.4%).

Of cannabis users aged 18 and older, 83.5% used cannabis recreationally, 5.8% used cannabis only for medical reasons, and 10.7% used cannabis both as a medicine and recreationally. Of those who (also) used cannabis as a medicine, 90.6% did so without a doctor's prescription.

Among secondary school pupils between 12 and 16 years old, there was a fall in last-year use between 2003 and 2015 (from 13.1% to 8.2%), but last-year use remained at the same level in 2017 (7.9%).

#### *Approximately 170 thousand Dutch people have an increased risk of problematic cannabis use*

In 2018, 1.2% of the population aged 18 and older had an increased risk of problematic cannabis use (according to the Cannabis Abuse Screening Test, CAST; see appendix A2). This amounts (rounded off) to 170 thousand Dutch people. More men than women, more older (25+) than young people (18-24 years), and more lower-educated than medium or higher educated people had an increased risk of problematic use.

#### *One in five drug incidents is due to cannabis use*

In 2018, cannabis use played a role in 25% of all drug incidents reported by medical services of the Monitor Drug-Related Incidents; in 19% of all incidents cannabis was the only drug used. The proportion of incidents with cannabis as the only drug used is lower at first aid posts at large-scale parties and higher in ambulances and emergency care departments in hospitals, where they often involve tourists in the Amsterdam region.

#### *THC content: stable in Dutch-grown weed, but continues to rise in imported hashish*

From 2013 to 2016, the average level of THC in Dutch-grown weed (the most popular variety) has risen gradually, but since then it has remained at the same level (16.7% in 2018). For years, imported hashish contained about the same amount of THC as Dutch-grown weed. However, the THC level in imported hashish has been rising since 2015 and in 2018, at 24.8%, it was more potent than Dutch-grown weed and the highest since the start of the monitor.

Dutch-grown weed contains low levels of cannabidiol (CBD), another constituent of cannabis, that possibly counteracts some of the psychoactive effects of THC. In 2019, the median CBD level in Dutch-grown weed was 0.3%, 0.3% in imported weed, and 6.1% in imported hashish (a decrease compared to 8.4% in 2018). The average price of one gram of Dutch-grown weed (the most popular variety) gradually rose from 6.20 euros in 2006 to 10.31 euros in 2018, and dropped for the first time in 2019 (9.90 euros). The price of imported hashish has fluctuated since 2009, the price per gram (9.97 euros) in 2019 was comparable to that in previous years (2017 and 2018).

## Cocaine

### *Indication of a rise in cocaine use (in Amsterdam)*

In 2018, approximately 1.6% of the Dutch population aged 18 and older had used cocaine in the past year. This equates to approximately 220 thousand people (rounded off to the nearest ten thousand). The percentage of adults who had ever used cocaine rose from 4.3% in 2015 to 5.4% in 2018, but last-year use and last-month use remained stable.

The percentage of secondary school pupils aged 12-16 who had used cocaine in the past year fell from 1.5% to 0.9% between 2003 and 2015.

The use of cocaine, especially in powder form for snorting, is still relatively common among adolescents and young adults in the nightlife scene. There are indications that the popularity of cocaine is rising, in particular in Amsterdam. There is no insight into local developments elsewhere. Among Amsterdam pub visitors, the percentage that had used cocaine in the past month rose from 15% in 2014 to 22% in 2018. Analyses in wastewater from sewers also suggest that use has increased, particularly in Amsterdam; no distinction can be made between tourists and residents.

In 2016, a national nightlife survey among adolescents and young adults aged 15-35 showed that 25% had used cocaine in the past year and 12% had done so in the past month.

The smokeable variety of cocaine (crack) is in common use among opiate addicts, but there are also crack users in the hard-drug scene who do not use opiates. No national estimate of the number of crack users is available.

### *No further rise in registered cocaine-related deaths*

In 2018, inhaled coke was recorded in 987 (16%) of the total of 6,108 acute drug incidents reported to the Monitor Drug-Related Incidents. In 448 cases (7% of the total) cocaine HCl was reported as the only drug (with or without alcohol). Compared to other medical services, forensic physicians relatively often see cocaine incidents (more than one in five drug incidents).

The registered cocaine-related deaths doubled from 24 in 2013 and 2014 to 55 in 2017, however, in 2018 there was a slight decrease to 40 cases. It is still unknown whether this was due to actual changes or due to a change in the method of detection and registration. In 2018, one in six registered deaths related to drug intoxication was primarily attributed to cocaine. Among the cocaine-related deaths, the proportion of older users has risen.

### *Cocaine less often cut with levamisole*

Most cocaine powders are adulterated with other substances. However, there was a striking reduction in the proportion of consumer cocaine powder that contained levamisole (an animal anthelmintics (dewormer)), from 71% in 2014 and 2015 to 34% in 2018. Human consumption of levamisole was linked to severe cases of haematological and skin disorders.

In spite of being adulterated, the purity of the cocaine is high. Here, purity is understood to mean the proportion of cocaine in cocaine powders. The average level of cocaine rose from 48.7% in 2011 to 68.3% in 2017 and 65.5% in 2018. This means that the cocaine is very pure, also when compared to other European countries. The consumer price of cocaine remained stable (on average 49 euro per gram in 2018).

## Opiates (or opioids)

### *Increase in (medical) opioids*

The group of opioids includes 'traditional' drugs, such as heroin and methadone, as well as (other) medication, such as oxycodone and fentanyl. These substances are used by different groups.

Heroin use is uncommon in the general population. In 2018, 0.5% of the population aged 18 and older reported having ever used heroin. Heroin is also unpopular among young people.

However, problem heroin (and other hard-drug) users are underrepresented in population studies. Based on a different method than a regular population study, in 2012, the size of this group was estimated to be 14,000, which is lower than the estimated 18,000 problematic opiate users found in 2008. How this developed after 2012 is unknown, but there are no indications of a rise in new users. Moreover, the addiction care figures indicate a further fall, at least until 2015.

However, according to data from health insurers, the number of medical opioid users rose from 650,864 users in 2010 to 1,010,474 users in 2017. An important medical opioid is oxycodone. The rise in the number of oxycodone users did not continue in 2018 (454,500 users). A tour of five addiction care institutions shows that, taken together, the number of clients with a severe painkiller problem tripled from 92 to 292 over the past six years.

It is unknown to what extent oxycodone and other (new) synthetic opioids (such as fentanyls) are used non-medically.

### *Minor rise in new cases of HIV and Hepatitis B and C among injecting drug users*

The number of new and reported cases of HIV and Hepatitis B and C among injecting drug users has been low for years. The number of newly diagnosed HIV cases among injecting drug users per million inhabitants is one of the lowest in the EU-15. In 2018, only two new cases were registered in the Netherlands. However, the number of existing Hepatitis C patients in the Netherlands is high in cities that keep records of them. Together, HIV-positive and HIV-negative drug users (more than 3,400) account for 15% of all chronic Hepatitis C patients. However, Hepatitis C treatment using Direct Acting Antivirals (DAAs) is extremely cost effective, also for drug users.

### *No continued rise in registered deaths*

The registered general drug-related deaths rose from 123 in 2014 to 262 in 2017, however, they fell in 2018 to 224 cases. The proportion of opiate-related deaths rose from 30% in 2014-2016 to almost 50% in 2017 and 2018. The probability is that the actual proportion of opiate-related deaths is higher, in view of the fact that opiates are also found in the category 'other drugs'.

The age at which these people die is rising. In the period 1996 up to and including 2000, 47% of opiate users who died were younger than 35, compared to only 20% in the period from 2016 through 2018. However, between 2011-2015 and 2016-2018, the proportion in the 15-34 age group rose from 13% to 20%. This may have (partly) resulted from deaths due to medical opioids.

The registered increase up to 2017 is difficult to interpret. Factors that could play a role in an actual rise include the increasing age of the drug users, and an increase in the use of medicinal opioids including oxycodone and fentanyl. However, an increase in the number of toxicological studies (which has caused more cases to be detected) can play a role, and a registration effect could have occurred because more information is provided on the electronic forms used to register the cause of death.

## Ecstasy

### *Relatively high percentage of ecstasy users*

In 2018, 2.8% of the Dutch population aged 18 and older had used ecstasy in the past year. This equates to approximately 380 thousand people. Ecstasy use in the general population aged 18 and older has

remained at approximately the same level since 2015. However, there had been an increase in use in the previous years (between 2009 and 2014 and between 2014 and 2015).

Among students aged 16-18 studying at the intermediate and higher vocational education levels, ecstasy is the most frequently used hard drug: in 2017, 8.4% of these students had used ecstasy sometime and that is comparable to 2015. In the nightlife scene, ecstasy is still by far the most important drug.

In the Netherlands, the percentage of adults who have taken ecstasy in the past year is (far) above that of other European countries, the percentage of inhabitants who have ever used ecstasy is one of the highest in Europe.

### *Increased proportion of ecstasy incidents*

Ecstasy users do not usually request addiction care. More often they end up at a provider of medical services because of acute health problems.

The proportion of ecstasy incidents seen at first aid posts rose from 39% in 2009 to 62% in 2013; this trend was paralleled by the increase in the potency of ecstasy pills (see below). This was followed by a decline to 39% in 2016 and 2017. In 2018, the proportion of ecstasy incidents seen at first aid posts had risen again to 46%. The results seem to correlate with the proportion of incidents related to 4-FA (4-Fluoramphetamine), which fell again in 2018, after having risen for a number of years. The degree of intoxication in 2018 remained the same as in 2017 (21% of the patients were moderately or severely under the influence).

### *Increase in the proportion of highly potent ecstasy pills continues*

In 2018, the average concentration of MDMA in ecstasy pills rose once more and this coincides with ever larger tablets. Between 2017 and 2018, the average concentration of MDMA rose from 164 mg to 171 mg. The percentage of tablets bought as ecstasy that only contained MDMA-like substances fell, from 87.6% in peak year 2017 to 70.7% in 2018.

Psychostimulants such as ecstasy appear to play a limited role in registered drug-related deaths, although the exact number of deaths caused by these substances is unknown. In the Causes of Death Statistics created by Statistics Netherlands (CBS), the number of recorded deaths in which psychostimulants played a role doubled from 14 in 2015 to 28 in 2016, but then fell again to 6 cases in 2017 and 4 in 2018. These cases could concern ecstasy, amphetamine and other psychostimulants. It is unknown to what extent changes in the detection and registration of deaths have played a role in these trends (also see Opiates).

## **Amphetamine**

### *Amphetamine use in the Netherlands is the highest in Europe*

In 2018, 1.1% of the Dutch population aged 18 and older reported to have used amphetamine in the past year, approximately 150 thousand adults. In the past month, 0.5% had used amphetamine.

Among young adults in the nightlife scene, the use of amphetamine is higher, in general at the level of that of cocaine. Research in Amsterdam indicates that amphetamine use has stabilised, after rising for years. Among visitors to Amsterdam pubs, the percentage that had ever used amphetamine rose from 18% in 2010 to 38% in 2018. The percentage that had used amphetamine in the past month rose from 2% to 12% in this period.

The percentage of secondary school pupils aged 12-16 that had used amphetamine in the past year fell from 1.4% to 0.9% between 2003 and 2015. Use in the past month was 0.6%.

An international comparison reveals that Dutch adolescents aged 15 and 16 who have ever used amphetamine is in the middle range. With respect to the (young) adult population who have ever used amphetamine and have used it in the last year, the Netherlands ranks highly compared to the other European countries.

### *Indications of a rise in methamphetamine use in the 'men who have sex with men' (MSM) subgroup*

Although the use of methamphetamine (a highly potent variety of amphetamine) in the Netherlands is a niche activity, there are indications of a rise in its use in a small group of men who have sex with men (MSM), in a sexual setting (chemsex). Sometimes the substance is injected (slamming). This increases the risk of hazardous sexual behaviour and the transmission of infectious diseases. However, there are no national figures concerning the scope of the problem.

### *Amphetamine plays a minor role in acute drug incidents*

Health incidents following amphetamine use (only) were reported relatively infrequently in 2018. However, amphetamine is the drug most often used in combination with other drugs in health incidents. The most intoxications where amphetamine is used with other drugs are when it is combined with ecstasy (39%) and/or with GHB (40%).

## **New Psychoactive Substances (NPS)**

'New Psychoactive Substances' (NPS) is a collective term for substances that have a similar effect to the 'traditional' illegal drugs, but which are not (yet) included in drug-related legislation and, in most cases, are produced for this purpose. They are often substances that – often after disappearing for a few years - reappear on the drugs market. Little is known yet about the risks posed by most NPS.

### *4-FA and 2C-B are the most used NPS*

Various studies have shown that 4-fluoramphetamine (4-FA) and 2C-B are the most used NPS. In 2018, 0.9% of the adults in the Netherlands had used 4-FA in the past year (comparable to amphetamine, but lower than cocaine and ecstasy). The second most used substance in the past year is 2C-B (0.6% of the adult population in the Netherlands). In special groups of young people and young adults in the nightlife scene, such as visitors to clubs and parties, the use of NPS is considerably higher.

There are indications from other sources (see DIMS and the Monitor Drug-Related Incidents) that there has been a fall in the use of 4-FA since risk warnings were published at the end of 2016 and its inclusion in List I of the Opium Act in 2017 (see below). The use of other NPS (mephedrone, synthetic cannabis, methoxetamine and 6-APB) with 0.1-0.2% is considerably lower than that of 4-FA and 2C-B.

At the European level, data on the use of NPS were collected structurally for the first time between 2015 and 2017. A major European study in six countries showed that last-year use in the Netherlands was highest for NPS stimulants and lowest for synthetic cannabinoids.

### *Health incidents involving NPS limited, reduction for 4-FA*

With the exception of 4-FA, the Monitor Drug-Related Incidents sees few incidents involving NPS. The proportion of 4-FA incidents rose considerably between 2012 and the first half of 2017, and then halved in the second half of 2017, after the ban. In 2018, the proportion of 4-FA incidents halved once more. In a large proportion of the registered incidents, in addition to 4-FA another drug was also used, usually ecstasy. The proportion of ecstasy-related incidents rose once more (see Ecstasy), a trend that may be related to the decrease in 4-FA incidents.

### *NPS: a dynamic market; 4-FA on its way out, but a rise in 4-FMA*

In 2018, for the second time there was a reduction in the number of NPS that consumers submitted to the DIMS. This reduction was mainly caused by 4-FA. Since 2017 (after 4-FA was put on the Opium list), more samples have been seen that had been sold as 4-FA, but that contain another active ingredient (such as 4-FMA). In 2018, the trends continued: the purity of 4-FA fell, the proportion of samples bought as 4-FA fell, and the proportion of other NPS, in particular the 4-FA-related substance 4-FMA, rose.

In recent years, consumers submitted samples containing 6-APB to the DIMS with some regularity. In 2018, this concerned 56 samples that contained 6-APB (and usually 5-APB as well). Moreover, 3-MMC was found relatively frequently in 2018, 39 times. This is increasingly the drug of choice (54%, compared to 33% in 2017), but also occurs as a substitute in mephedrone (33%) or ecstasy (4%). The very potent (new) synthetic opioids (in particular the fentanyl-like drugs) that are causing many casualties in the US and Canada, are only found occasionally on the Netherlands user market. This is also the case for synthetic cannabinoids.

## GHB

### *GHB used by wide range of groups*

The use of gamma hydroxybutyrate (GHB) is relatively uncommon among the general population and among regular secondary school pupils. In 2018, 0.4% of the population aged 18 and older had used GHB in the past year, an estimated 60 thousand people. Last-month use was 0.2%, a lower percentage than that of ecstasy (1.1%), cocaine (0.7%) or amphetamine (0.5%). GHB use is relatively uncommon among adolescents. In 2015, 0.4% of 12-16-year-old secondary school pupils had ever used GHB.

GHB is used relatively often by adolescents and young adults who participate in the nightlife scene. According to a 2016 national survey, 14% of the population who participate in the nightlife scene aged 15-35 had tried GHB or GBL, gamma-butyrolactone, one of the ingredients of GHB. In Amsterdam, GHB's image appears to be worsening, because of the negative connotation of 'fainting' and a growing awareness of the risk of addiction, although the substance remains firmly rooted in the nightlife scene. Some clubs have now introduced a zero tolerance policy for GHB.

GHB is also used elsewhere, other than in the nightlife scene. It is, for instance, also used by vulnerable groups, such as teenage loiterers and 'home users' who use the drug together with friends during 'home parties', or who use GHB on their own, when taking the drug is not (no longer) a social affair. There are regional differences in the Netherlands in the prevalence of (problematic) use, requests for help and health incidents.

### *There is a considerable risk of relapse after detoxification*

Frequent, especially daily, use of GHB can lead to dependency and, if use is stopped abruptly, to severe and even life-threatening withdrawal symptoms. The number of clients in addiction care with a primary GHB problem rose from 60 in 2007 to 837 in 2015 (the latest available data). Most clients (78%) were already known to, and already registered with, the addiction care services. There is a considerable risk of relapse after treatment. Within three months after detoxification, 70% were already once more receiving treatment.

### *Acute GHB incidents often serious*

GHB is difficult to dose and the risk of overdose is high. Considering that the use of GHB is minor within the total population, the number of GHB incidents is high. In 2018, GHB use was registered 1,384 (23%) times of the 6,108 registered drug incidents; GHB was the only drug used in 62%.

It is striking that a relatively large number of patients suffer from *serious* intoxication after using GHB: more than half of the cases involved GHB as the only drug in ambulances and first aid posts. The proportion of registered health incidents after using GHB as the primary drug is lower in the Randstad than in regions outside of the Randstad. Reports in the media about an 'explosive' national increase in GHB incidents could not be substantiated by further research; in regions where an increase was found, this occurred in the wake of an overall increase in the number of registered drug incidents, which was not specific to GHB and could possibly be attributed to other factors.

The number of GHB-related deaths is unclear. In 2018, GHB was mentioned seven times as the cause of death on the death certificates reported to Statistics Netherlands (CBS). It remains unknown whether GHB was the cause of death or a contributory factor.

### *GHB is cheap*

In 2018, consumers paid between €25 and €45 for a quarter of a litre of GHB and between €50 and €75 for half a litre. GBL (gamma-butyrolactone, one of the ingredients of GHB) in its pure form is even more potent than GHB. The risks associated with GBL are comparable to those of GHB, but the use of GBL appears to be uncommon. In 2016, an estimated 0.2% of the population aged 18 and older had ever used GBL.

## **Sedatives and tranquillizers**

### *Use of benzodiazepines has fallen over time*

Not only alcohol and drug use can lead to abuse and addiction, the chronic use of sedatives and tranquillizers can also pose this risk. Most of the sedatives and tranquillizers used are in the benzodiazepine group. In 2018, 10.2% of the population aged 18 and older had used sedatives or tranquillizers in the past year, more women (13.3%) than men (7.0%). Last-year use is highest among people aged 65+ (14.1%). One in three of last-year users used these drugs (also) without a prescription; use without a prescription is highest among 20-24-year-olds. Compared to 2016, last-year use remained at the same level.

Data provided by public pharmacies regarding the dispensing of benzodiazepines indicates a reduction (started longer ago) in their use after limits were placed on the amount that would be compensated in the basic Dutch health insurance package in 2009. The number of standard daily doses that were dispensed fell by 15% in 2009 (compared to 2008). Between 2016 and 2017, there was a reduction of almost 2%.

### *Suicide is often the reason for people to take fatal overdoses of sedatives and tranquillizers*

In 2018, 85 fatal overdoses of these medicines were registered, 34 of which concerned benzodiazepines, 8 concerned (other) sedatives and 43 concerned barbiturates. Most of these cases were suicides. The trend over time (from 2008 through 2012) was erratic and unclear. Between 2013 and 2016, the number of barbiturate cases doubled from 31 to 64, stabilising at 66 in 2017, and falling again in 2018 to 43 cases. Here as well, it is unknown whether the initial rise in numbers shows an actual rise or whether it is due to a change in detection and registration.

## **Nitrous oxide**

### *Increased use of nitrous oxide among different groups of young people and young adults*

Nitrous oxide or laughing gas ( $N_2O$ ) is a substance that is used in particular by different groups of young people and young adults. In 2018, 6.9% of the general population aged 18 and older had ever used nitrous oxide and 2.7% had done so in the past year. Among 20-24-year-olds, last-year use was many times higher (14.6%).

An increase in the use of nitrous oxide has been observed in various studies of young people. The ever use among students in intermediate and higher vocational education rose considerably from 19.8% in 2015 to 28.7% in 2017. Among pupils in secondary education aged 12-16, a percentage increase was also found: From 7.8% in 2015 to 9.4% in 2017. However, this difference was only statistically significant among girls.

The use of nitrous oxide is particularly high in the nightlife scene. In Amsterdam, the percentage of visitors to pubs that had experience with nitrous oxide rose from 46.1% in 2014 to 62.4% in 2018, but last-year use (34.6%) and last-month use (10.9%) remained stable in this period. Among visitors to clubs and festivals, in 2017 more than half had used nitrous oxide in the past year. The Amsterdam Antenna

(Antenne) monitor also observes that nitrous oxide is used by (extra) vulnerable groups of young people and young adults.

### *Nitrous oxide causes more health incidents*

In the first half of 2019, more requests for information had already been received by the Dutch Poisons Information Centre on health complaints following the use of nitrous oxide than in the whole of 2018 (67 compared to 54). This is more likely to involve prolonged use and the use of extreme quantities (more than 50 balloons or cartridges) per occasion. The Monitor Drug-Related Incidents (MDI) also registered a limited but increasing proportion of reported drug incidents involving nitrous oxide, in total, 51 reports were made. This is 0.8% of the total number of reports in 2018. In these reported incidents, nitrous oxide was in most cases combined with the use of alcohol and/or drugs.

The most common effects that occur during or shortly after using nitrous oxide are dizziness, confusion, headaches and tingling. There may also be (serious) neurological complaints, with symptoms of paralysis, although the exact number of cases is unknown because they are not registered. Burn centres also report cases of frostnip/frostbite (similar to burns) caused by clutching nitrous oxide cylinders between the thighs and the police reported an increase in traffic incidents related to the use of nitrous oxide between 2018 and 2019.

## **Ketamine**

### *Ketamine is becoming mainstream in the nightlife scene*

Ketamine is used for pain relief or as an anaesthetic in (animal) medicine, but is also taken as a tripping substance for recreational purposes. The use of ketamine in the general population aged 18 and older is limited: 1.2% have ever used the substance and 0.6% in the last year. Young people and young adults participating in nightlife use the substance at parties and afterparties. Use in 2016 was measured at 17.3% ever use and 12.3% use in the last year. A panel of key figures from the Amsterdam nightlife scene reported that ketamine has become more accessible to a broad nightlife audience. In 2018, the number of visitors to pubs in Amsterdam who had ever used ketamine was 26.5% and last-month use was 9.6%. The proportion of ketamine samples submitted to the Drugs Information and Monitoring System rose by 35% in 2017 compared to 2016, but this proportion stabilised in 2018.

### *More incidents due to ketamine use at parties and festivals*

The proportion of ketamine-related incidents in the total number of drug incidents at first aid posts at parties rose fivefold in six years, to 10% of the total number of incidents in 2018. In these intoxications, ketamine had often been used with other drugs. Short-term adverse health effects include confusion, nausea and vomiting. Some users experience a K-Hole (a very intense ketamine experience in which symptoms of paralysis occur, also sometimes compared to a near-death experience) if a (too) high dose of the drug is taken. Prolonged and frequent use of ketamine can cause urinary tract problems, sometimes accompanied by severe attacks of abdominal pain. In addition, there are indications that a number of cognitive functions, particularly memory, may temporarily deteriorate.

There are also indications that ketamine is mentally addictive. Ketamine users also seek help from addiction care institutions, but there is a lack of national figures.

## **Methylphenidate (Ritalin)**

### *Ritalin: recreational use among young adults for improved concentration*

Ritalin (methylphenidate) and some other medication prescribed to children and adolescents suffering from ADHD are also used as 'recreational' drugs. This means that they are taken for non-medical purposes, without a doctor's prescription.

In 2018, approximately one in 30 (3.2%) adults reported to have ever used ADHD medication with approximately 1% doing so in the past year. More than one in three last-year users (37.2%) had taken ADHD medication in the last year (also) without a prescription, this is a half a percent of the general adult population and is approximately 70,000 people. The ever use of 'ADHD medication' at almost 10% is highest in the group aged 20-24; almost one in twenty (5.2%) of young adults used these substances in the past year.

In this group, Ritalin is mostly used as a performance-enhancing substance for study or work, but also as a 'recreational' drug in the nightlife scene. In the major nightlife survey carried out in 2016, 9% indicated that they had used Ritalin for non-medical purposes in the last year. Between 2010 and 2018, the Amsterdam Antenna (Antenne) survey found a substantial increase in the ever-use rate among pub visitors (from 8.7 to 20.9%). Research shows that most young adults get the substance from others or buy it online.



## 0.3

## Developments in the use of alcohol and tobacco

### Alcohol

*The majority of the Dutch population do not adhere to the drinking recommendations of the Health Council of the Netherlands (Gezondheidsraad)*

Eight out of ten Dutch people aged 18 and older drink alcohol occasionally; this proportion only reduces for people older than 75. These figures have been stable for many years. The Guideline for Good Nutrition of the Health Council of the Netherlands recommends drinking no alcohol or in any case no more than one glass a day. In 2018, 40% of the adult Dutch population met this standard; women more often than men. However, since the Directive was introduced, there has been an increase in the percentage of adults complying with it, from 37.4% to 39.8%.

#### *Prevention Agreement on Problematic Alcohol Consumption*

One of the pillars of the prevention agreement on problematic alcohol consumption is the reduction of heavy and excessive alcohol consumption, with extra attention for young people aged between 18 and 30 and people over 50. In 2018, heavy drinking (at least once a week 6 or more glasses of alcohol on one day for men or 4 glasses for women) is most common among young adults aged 18 and 19 and 20-24. Excessive drinking (more than 21 glasses a week for men and more than 14 glasses a week for women) is a pattern that fluctuates more between age groups, but is highest among 20-24-year-olds and at an older age (between 50 and 74).

In addition, reducing the proportion of pregnant women who drink during pregnancy is indicated as a pillar of the prevention agreement. In 2018, 4.2% of all women drank alcohol when they knew they were pregnant. In about 8 out of 10 cases, this did not concern a glass or more, but a few sips. Compared to 2016, women's alcohol consumption before and during pregnancy has remained more or less the same. In the four weeks before the pregnancy almost half of the women still drank alcohol.

#### *Sales of non-alcoholic beer have risen*

The figures for the sale of alcoholic beverages indicate the number of litres of alcohol consumed per capita. Alcohol sales in the Netherlands have been stable since 2014. However, sales of non-alcoholic beer have risen in recent years. The figures for beer consumption provided by Dutch brewers show that in 2018 sales of non-alcoholic beer rose by 32.4% compared to 2017. In 2018, 638,503 hectolitres of alcohol-free beer were sold. An Amsterdam survey among pub visitors showed that more than half of

the research group drank non-alcoholic drinks at one time or another, some of which did so as an aid to reduce or stop drinking.

### *Most attempts by minors to purchase alcohol succeed*

The reduction in alcohol consumption among pupils aged 12-16 in regular secondary education, which was seen in the period between 2011 and 2015, did not continue in 2017. In that year, a quarter of the pupils in regular secondary education had drunk alcohol in the previous month. The percentage of binge drinkers (drinking five or more glasses of alcohol at one occasion) among young people who had drunk in the past month was in 2017 (71%) comparable to 2015 (70%). Compared to previous years, there is a considerable reduction in binge drinking among pupils.

Among students aged 16-18 in intermediate and higher vocational education, 85% have drunk alcohol and almost three quarters of them have drunk it in the past month. Of the 16-18-year-old students who drink alcohol, one in five drank more than 10 glasses on a day in the weekend; boys twice as often as girls. Compliance with the age limit for selling beverages containing alcohol did not improve between 2016 and 2018. In 2018, the majority (62.3%) of attempts minors made to buy alcohol succeeded.

### *Approximately 1,900 alcohol-related deaths*

The number of patients (of all ages) that have been treated for alcohol poisoning in an Accident and Emergency (A & E) department continues to rise. In 2018, an estimated 6,300 patients were treated for this condition, in addition to another 17,700 people who were treated for an injury after an accident or violence while being under the influence of alcohol. Both estimates are subject to under reporting, the actual harm is greater.

According to a new estimation method used by the National Institute for Public Health and the Environment (RIVM), in 2017, approximately 1,900 deaths occurred resulting from alcohol consumption. This estimate takes account of the protective effect low-level alcohol consumption has on a number of diseases and mortality. Most alcohol-related deaths are attributable to strokes, psychological disorders related to alcohol and digestive system diseases.

## **Tobacco**

### *Downward trend in smoking*

In 2018, 22.4% of the Dutch population aged 18 and older smoked (daily and non-daily) and 16.0% smoked daily. The percentage of smokers (daily and non-daily) fell in 2018 when compared to 2014, but this was not statistically significantly lower than in 2017. There is a reduction in the prevalence of smoking among adults with both a lower and a higher level of education. However, the reduction is less among people that have a lower level of education than among people with a higher level.

Between 2015 and 2017, a further drop was seen in the percentage of pupils aged 12-16 who had ever smoked and had smoked in the past month. The percentage of daily smokers among pupils aged 12-16 fell from 3.1% to 2.1% in this period. The reduction was seen in all school levels, but there are still considerable differences between the school levels. Pupils attending lower secondary school (VMBO-b) smoke the most, while those attending higher secondary school (pre-university) smoke the least.

In 2018, 3.1% of the Dutch population aged 18 and older sometimes smoked an e-cigarette.

### *One in three adult smokers made a 'serious' attempt to stop smoking in 2018*

In the past 12 months, 41.2% of smokers aged 18 and older had made one or more attempts to stop smoking. Of the people who tried to stop smoking, 89.5% have stopped for more than 24 hours (a serious attempt to stop smoking). This means that 36.9% of all Dutch smokers aged 18 and older have stopped smoking for 24 hours or longer at least once in the past year. This percentage is higher than in 2017 (35.7%) and 2016 (32.5%), but these differences are not statistically significant. The difference between 2014 (32.9%) and 2019 is, however, statistically significant.

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

In the Netherlands, more than 9% of the total disease burden can be attributed to smoking.

In 2017, an estimated 19,420 people aged 20 and older in the Netherlands died as a direct effect of smoking. Lung cancer is the main cause of death directly related to smoking. The actual number of smoking-related deaths is higher, because the effects of passive smoking have not been taken into account.



## 0.4 Alcohol- and drug-related crime

### **Opium Act offences**

#### *Criminal investigations into organised subversive drug crime*

The number of criminal investigations carried out into organised crime that undermines society where drugs are the primary focus rose from 514 in 2017 to 578 in 2018. In 122 cases, it involved large-scale hemp cultivation, in 252 cases cocaine and heroin trafficking and in 204 cases the production and trafficking of synthetic drugs.

#### *Seized drugs*

In 2018, the record shows (as the absolute lower limit) that the following seizures were made: 3,002 kilos of weed, 7,288 kilos of hashish, 516,418 cannabis plants, 354 kilos of heroin, 40,134 kilos of cocaine, 472 kilos of ecstasy, 1 kilo of amphetamine, 6 kilos of methamphetamine, 40 kilos of DMT, and 3,331 kilos of khat.

#### *Synthetic drugs*

As was the case in 2017, a total of 82 synthetic drug production sites were reported as being dismantled in 2018. The number of reports of dismantled storage locations increased from 70 to 79, the reports of waste dumping rose from 206 to 292.

#### *Hemp cultivation*

In 2018, in total 3,913 hemp nurseries were cleared, less than in previous years.

#### *Contract killings related to organised drug trafficking*

Contract killings in the Netherlands are usually the result of conflicts related to drug trafficking. In 2018, there were 20 contract killings. Between 2000 and 2018, the number of contract killings has fluctuated around an average of 26 per year.

#### *People suspected of Opium Act offences*

In 2018, the trend in the number of people suspected of Opium Act offences registered by the police stabilised. After falling for years, the number is now 17,000.

#### *Opium Act cases submitted to the Public Prosecution Service and the courts*

In 2018, the falling trend in the Opium Act cases submitted to the Public Prosecution Service also seemed to stabilise. The total number of Opium Act cases dealt with by the courts fell.

#### *Hard drugs and soft drugs*

At the Public Prosecution Service, only the number of soft drug cases fell, but less than in the previous year. The number of hard drug cases rose, while this number was still falling in the previous year.

Due to the recent reduction in soft drug cases and the rise in hard drug cases, the hard drug case category is currently the largest: this puts an end to the longstanding majority of soft drug cases.

Hard drug cases usually concern the possession of a hard drug; soft drug cases usually concern drug production (usually: cannabis cultivation).

### *Sanctions*

The Public Prosecution Service refers most Opium Act cases to court. Approximately one in ten results in acquittal. The proportion of Opium Act cases acquitted by the court in the first instance fell in 2018, as it did in 2017. The proportion of acquittals remains highest in soft drug cases.

Community service orders and (in part) unconditional custodial sentences are the most common sanctions imposed for Opium Act cases. Community service orders are mostly imposed in soft drug cases, unconditional custodial sentences are mostly imposed in hard drug cases.

For the second consecutive year, there has been a rise in the number of people in prison because of an Opium Act offence. As of September 2018, one in five people in prison was imprisoned for an Opium Act offence. This proportion has also risen.

## **Crimes committed and nuisance caused by alcohol and drug users**

### *Offences*

People registered in police files as alcohol and drug users have mostly committed property offences. In addition, they have mainly committed violent, public order and Opium Act offences.

### *Driving under the influence of alcohol and drugs*

Driving under the influence of alcohol is a frequent punishable offence. The number of people suspected of drink-driving initially decreased from 26,475 in 2016 to 25,805 in 2017, but this number then rose to 28,545 in 2018.

### *Care for litigants*

In 2018, the probation service issued 50,051 opinions. For 13.4% of those on probation, addiction was the reason for the offence for which they received probation. In 2018, 32,387 clients were supervised by the probation service and 35,327 community service orders were imposed.

### *Nuisance due to drug trafficking and use*

In 2017, approximately 25% of the Dutch population were affected by nuisance caused by drug trafficking or use in their own neighbourhoods. A minority (3.5%) were seriously affected. These figures hardly differ from the previous years. In addition, in 2017, 25.5% of the Dutch population experienced some form of nuisance caused by drunken people in the street; 2.5% were seriously affected. This has not changed compared to previous years. Nuisance related to drugs and coffee shops has decreased when compared to previous years. Coffee shop nuisance (caused by customers or non-customers) did not occur or hardly occurred in most municipalities in 2017.



							
	Cannabis	Cocaine	Opiates <sup>I</sup>	Ecstasy	Amphetamine	GHB	Sedatives and tranquilizers
<b>USE IN GENERAL POPULATION (2018)</b>							
Percentage last-month users, 18+	4.6%	0.7%	Hardly any	1.1%	0.5%	0.2%	6.5%
Percentage last-year users, 18+	7.5%	1.6%	Hardly any	2.8%	1.1%	0.4%	10.2%
- Trend in use <sup>II</sup>	The same	Rise 2014-2018 (aged 15-64)	The same	Rise 2014-2018 (aged 15-64)	The same	The same	The same
- International comparison <sup>III</sup>	Average	Above average	Low	Above average	Above average	Unknown	Unknown
<b>ADOLESCENT, PUPIL USE (2015/2017)</b>							
Percentage of last-month users	4.7% (2017)	0.5% (2015)	0.3% (2015)	0.4% (2017)	0.6% (2015)	0.2% (2015)	-
- Trend (2003-2015/2017)	Fall (2003-2017)	Fall (2003-2015)	Fall (2003-2015)	Fall (2003-2015)	Fall (2003-2015)	-	-
- International comparison, 15/16 age range (2015) <sup>IV</sup>	Above average	Average	Average	Above average	Average	Average	Above average
<b>NUMBER OF PROBLEM USERS</b>							
	<b>2007-2009</b>		<b>2012</b>				<b>2007-2009</b>
	29,300 (dependency) 40,200 (abuse)	Unknown <sup>V</sup>	± 14,000	Unknown	Unknown	Unknown	22,000 (dependency) 35,000 (abuse)
<b>NUMBER OF ADDICTION CARE CLIENTS (2015)<sup>VI</sup></b>							
Substance as primary problem	10,816	7,295	9,093	122	1,794	837	581
Substance as secondary problem	4,501	6,138	2,053	359	742	167	803
- Trend (2006-2015)	After rise, stable since 2011	Fall	Fall	Fall	Rise	Rise	Fall
<b>REGISTERED DEATHS (2018)<sup>VII</sup></b>							
	Hardly any sudden deaths	40 (sudden)	104 (sudden)	4 (sudden)		7 (sudden)	85 (sudden)

I. Heroin (and methadone). II. Trend data is available for the age range 18+ for 2015 to 2018. Trend data is available for the age range 15-64 for 2014 to 2018 (see appendix A). III. Compared to the weighted average of 'ever use' (15-64 years) in the member states of the European Union, for opiates with respect to the number of problem users (15-64 years) of the drugs (EMCDDA). IV. Compared to the unweighted average in 34 European countries (ESPAD). V. In the three largest Dutch cities (Amsterdam, Rotterdam, and The Hague), 0.5% are addicted to crack. VI. Addiction care as registered pseudonymized in the National Alcohol and Drugs Information System (LADIS). VII. The definitions and methods used to estimate drug-, alcohol- and tobacco-related deaths differ and these categories cannot be compared. Primary cause of death: substance as primary (underlying) cause of death. Sudden death: primary deaths where the person dies rapidly after taking a lethal amount of a substance. Secondary cause of death: substance as secondary cause of death (contributing factor or complication). See explanation in appendix B4.



		
	Alcohol	Tobacco
<b>USE IN GENERAL POPULATION (2018)</b>		
- Percentage last-year users, 18+	80.4%	22.4% <sup>I</sup>
- Trend in use	The same	Fall (2014-2018)
- International comparison	Above average	Below average
<b>ADOLESCENT, PUPIL USE (2017)</b>		
- Percentage of last-month users, aged 12-16 <sup>II</sup>	25.0%	7.8% (last month <sup>II</sup> )
- Trend (2003-2017)	Fall	Fall
- International comparison, aged 15/16 (2015) <sup>III</sup>	Above average	Average
<b>NUMBER OF PROBLEM USERS</b>	<b>2007-2009</b>	<b>2018</b>
	82,400 (dependent) 395,600 (abuse)	445,000 <sup>IV</sup>
<b>NUMBER OF ADDICTION CARE CLIENTS (2015)</b>		
Substance as primary problem	29,374	809
Substance as secondary problem	4,575	3,136
- Trend (2006-2015)	Stable	Rise
<b>REGISTERED DEATHS</b>		
	1,762 <sup>VI</sup> (2015)	19,420 (2017) <sup>VI</sup>

I. This is the percentage of smokers (daily and non-daily) aged 18 and older according to the Statistics Netherlands (CBS) Health Survey/ Lifestyle Monitor in collaboration with the RIVM and the Trimbos Institute, 2018. II. Figure of last-month smoking among pupils in 2017 from the HBSC study. III. Compared to the unweighted average in 36 European countries (ESPAD). The smoking comparison concerns the percentage of last-month smokers (30%). IV. Based on the percentage of heavy smokers (20 cigarettes or more per day) in the population aged 18 and older in 2018 (3.3%). V. Primary cause of death: substance as primary (underlying) cause of death, in contrast to secondary cause of death: substance as secondary cause of death (contributing factor or complication). VI. See appendix B4 for the method used to estimate alcohol and smoking-related mortality.



**Table 1b Key figures drug crime: Opium Act offences submitted to the Criminal Justice System in the period 2009-2018**

Phase in the system	Criminal investigations into organised subversive drug crime <sup>I</sup>	Number of suspects Police/RNLM <sup>II</sup>	New Public Prosecution cases <sup>III</sup>	Settlements by judge in the 1st instance <sup>IV</sup>	Detainees <sup>V</sup>
<b>Number Opium Act<sup>I</sup></b>	<b>2017-2018</b>	<b>CBS: 2015-2018 HKS: through 2014</b>	<b>through 2018</b>	<b>through 2018</b>	<b>through 2018</b>
- Total	578 (2017: 514)	17,000 (2017: 17,000)	15,400 (2017: 16,000)	8,800 (2017: 9,600)	1,550 (2017: 1,400)
- Hard drugs	456	2018 Unknown ... 42% - 2014	7,300 (2017: 7,000)	3,900 (2017: 4,000)	Unknown
- Soft drugs	122	2018 Unknown 51% - 2014	7,100 (2017: 8,100)	4,200 (2017: 4,900)	Unknown
- Both	---	2018 Unknown 7% - 2014	980 (2017: 950)	670 (2017: 700)	Unknown
<b>Most recent compared to previous year (absolute)</b>	2017-2018: Rise	Constant	Fall, solely for soft drugs, (rise for hard drugs and combination cases hard and soft drugs)	Fall mainly for soft drugs, to a lesser degree for hard drugs and combination cases	Rise
<b>Global trend in period</b>	2015-2018: Rise	Falling to 2011, then rising/stable, again falling after 2014; stabilisation after 2016	Falling to 2010; then approximately 18,000; strong fall in 2017; less strong fall in 2018	Falling to 2011, then rising to 2015; constant to 2017; falling in 2018	Falling to 2016, then rising
<b>% Opium Act of total</b>	26.3%	7% - 2018	9.0%	9.9%	18%
- Most recent development compared to previous year	---	Rise (6.7%-7,2%)	Fall (9.2%-9,0%)	Fall (10.3%-9,9%)	Rise (18%-20%)
- Trend in period	---	Rising to 2014; constant to 2017; rising in 2018	Rising to 2016 (Dip in 2010): 7.1%-9.8 %; then falling to 9.0%	Rising to 2016 from 8% to 10%; then constant to 2017; falling in 2018	Falling to 2014, then around 18%; rising in 2018

I. Drugs as first area to address. Source: Justification for addressing subversive crime, 2018 II. Source: 2007-2014 HKS (2014 preliminary), Police, processed by WODC. Source 2015 through 2018, National Police, processed by CBS. III. Source: OMDATA/RACmin, processed by WODC. IV. Source: OMDATA/RACmin, processed by WODC. V. Reference date 30 September. Source: Ministry of Justice and Security (J&V), Custodial Institutions Agency (DJI).