

Drugs policy in the Netherlands

Myths regarding drugs in the Netherlands:

1. *In the Netherlands all kind of drugs is available for sale*
2. *Coffee shops are located everywhere in the Netherlands*
3. *Because of the tolerant drugs policy, the Netherlands relatively counts for a lot more users and addicts*
4. *Using drugs is not considered to be threatening for public health in the Netherlands*

Introduction

Dutch drugs policy has received a great deal of attention all over the world and many have judged this policy to be highly liberal and tolerant. Since the mid-1970s the aim of the Dutch drugs policy has been to limit the damage drugs do to people's health. This harm reduction policy may be characterized as a *pragmatic* approach in which drugs use itself is not prosecuted but which seeks to minimize the negative effects for user and society. This pragmatic approach also relies on the assumption that 'you cannot win a war on drugs' because drugs can be seen as a given fact in society.

Throughout the years many has been said and written about this alternative Dutch drugs policy and as a consequence many myths have risen that are not reflecting the realistic situation in the Netherlands. Refuting these myths will form a guideline for this presentation; in this way the real consequences, challenges and opportunities of this debatable policy will be reflected on.

Legislation and regulation

Myth 1: In the Netherlands all kind of drugs is available for sale

Cornerstones of Dutch Drugs Policy

Although many drugs tourists would have wished for, of course this isn't true. Salient in the Dutch policy is the segregation of the markets of the so-called soft drugs (mainly cannabis and drugs with 'an acceptable risk') and hard drugs (with illegal substances). The underlying thought is that, by separating the markets for soft drugs and hard drugs, cannabis users are no longer dependent on illegal multi-drug 'black markets.' In this way, the risk for switching to drugs with 'harder' substances may be reduced and the criminal aspect will be removed. So, it is preferable to buy the cannabis/marihuana in a, up to certain level controlled, selling point like a coffee shop rather than buying it on the, totally uncontrolled black market with criminal attachments.

Next to the segregation of the drugs market the Dutch drugs policy has two other important cornerstones; harm reduction measures and balancing of public health and public order. Harm reduction is not directed to at the use of drugs itself, but at the prevention of related problems. Examples of harm reduction projects undertaken are; methadone programs, needle exchange, infectious disease control, street corner medical care, shelters/user rooms, and the controlled prescription of heroin to therapy-resistant users. As a result, for example, the amount of heroin-users has been decreased enormously in the past decades.

Third important issue is the balancing between public health and public order. If the drugs policy is too repressive (too much emphasis on public order) the population of users will probably go 'underground' making it difficult to undertake public health measures, such as the control of infectious diseases.

Administrative level

To deal with the problem of drugs at the administrative level, **three policy options** can be distinguished:

- supply reduction
- demand reduction
- harm reduction

In the Netherlands, an integrated approach between several ministries and local authorities deals with these three options:

Nation-wide: Collaboration between the Ministries for Health, Justice and Foreign Affairs

Ministry of Health, Welfare and Sports: Coordinates the drug policy and is responsible for prevention, treatment and care, and harm reduction policies (demand reduction, harm reduction)

Ministry of Security and Justice: Maintains law and order, reduces supply of drugs into the drugs market, fights drug-related crime (supply reduction)

Foreign Affairs: covers the international aspects of the drug policy

Local: Local authorities shape their own policies through consultations between the mayor, chief constable, and chief public prosecutor: especially when concerning the policies with regards to coffee shops.

Opium Act

The most important **legislation** concerning drugs issues is the so-called Opium-Act. This Act has been established in **1976** and mainly **aims** to separate the soft drugs and hard drugs markets **and to create classifications on different kind of drugs**. This classification consists of two lists;

List I: *Drugs with an unacceptable risk to public health*

» Including: **Heroin, cocaine, ecstasy, amphetamines**

List II: *Drugs that entail a less significant risk to public health*

» Including: **Cannabis (hash and weed), sleeping pills and tranquilisers, hallucinogenic mushrooms, khat**

»

Currently, a bill is being introduced in parliament to transfer cannabis with high percentage (more than 15%) of THC (Tetrahydrocannabinol; the psycho-active component) from List II to List I.

In recent years, more shifts have been made between the two lists:

- Hallucinogenic mushrooms (2008, from list I to list II)
- GHB (2012, from list II to list I)
- Mephedrone (2012, list I)
- Khat (2013, list II)
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Policy of tolerance

To be clear, all the drugs on list I are considered hard drugs and therefore selling, buying and consuming are strictly **illegal** in the Netherlands.

The drugs on list II are also *illegal by law*, however only cannabis can be purchased in coffee shops. This is a distinctive part of the Dutch policy of tolerance. **The sale of cannabis is illegal however tolerated in the Netherlands, on the condition that these coffee shops observe the strict toleration criteria.**

Coffeeshops

Myth 2: Coffeeshops are everywhere in the Netherlands

In the Netherlands, the selling of cannabis (hash and weed) is "illegal, but not punishable", which means that the law is not enforced in coffee shops following these nationwide rules, the so-called

AHOJG criteria;

A no advertising

H no sale of hard drugs

O no public nuisance in and around the coffee shop

J no entry or sale to young people (under 18 yrs)

G no sale of large quantities per transaction (max. 5 grams per person per day); and maximum level of stock for selling is 500 grams.

For some offences, a business may be forced to close for three to six months; for others, the business may be closed permanently. All these rules are detailed in **official national policies**.

The level of monitoring compliance does depend on local authorities and therefore differs per city.

These criteria causes the amount of coffee shops to decrease over the past years. Currently, the number is around 650.

In 2008 it was decided that the location of a coffee shop needs to have a minimum distance from secondary schools ranging from 250 to 350 meters. This decision resulted in a close-down of 43 coffee shops in Amsterdam.

The myth that coffee shops are present in every town and village is certainly not true; in 75% of the municipalities in the Netherlands there is none. The majority of the coffee shops are concentrated in the urban areas of the cities **Amsterdam, Rotterdam and The Hague and in the border region**. Municipalities are enjoying freedom to decide themselves on the existence and the number of coffee shops.

Drugstourism

In the Netherlands, one may carry a maximum of 5 grams of cannabis, again this is officially illegal however tolerated.

This toleration policy attract many so-called 'drugs- tourists', mainly to the cities Amsterdam, Rotterdam and The Hague and the **southern border region**. In the border region, drugs tourists are causing nuisance and therefore municipalities call for a stricter policy regarding these coffee shops.

This call converges with the tendency in the Netherlands of becoming more repressive concerning policies. Economic prospects are diminishing, feelings of insecurity within society have increased and tolerance towards migrants and minority groups has decreased. Within this context recent developments indicate a tendency towards a more repressive policy, a tougher approach, with regard to all drugs substances.

This resulted in a national debate concerning rules and criteria for coffee shops.

One of the outcomes was the establishment of a new national criteria since January 2013; the admission and sales of cannabis is only to residents of the Netherlands.

However, problems with coffee shops remain because of the on-going contradiction of the back-door policy. As a coffee shop is allowed to buy and sell cannabis within the legally tolerated limits, its suppliers are not allowed to grow or import it, or to sell it to the coffee shop: in other words "The front door is open, but the backdoor is illegal." This occurs in an ongoing debate between Dutch government and the municipalities in recent years.

Drug Use in the Population

Myth 3: Because of the tolerant drugs policy, the Netherlands has a lot more users and addicts.

Since 1997, drug use in the general population is monitored every four years in the National Prevalence Surveys on substance use. Most recent survey was conducted in 2009.

Cannabis is the most frequently used illegal substance in The Netherlands. National population survey from 2009 shows that 25,7% of the population (aged 15–64 years) have used cannabis at least once in their life.

The percentage of actual users has remained relatively stable over the years. The percentage of those aged 15–24 years who are actual users of cannabis has remained relatively stable at around 7% in 2009. Compared with other European countries, The Netherlands occupies a position somewhat above the average with regard to the percentage of actual cannabis users and the percentage of users amongst students, which is twice the European average. **(Tabel)**

Hard drugs

The **percentage of actual users** of other illegal drugs (e.g. cocaine, heroin, ecstasy, amphetamines and LSD) is **relatively stable**. Percentage of users of cocaine and ecstasy remained somewhat the same (1.2% and 1.4%, respectively). Amphetamine remained least popular with 0.4% recent users. The number of problem users of hard drugs in The Netherlands is estimated to be around 33,500; these are mainly opiate users who also use other drugs (often this is cocaine). Problems may be related to compulsive use and to a process of marginalization. With regard to the use of cocaine, the Dutch occupy an average position compared with other European countries. And compared to users of hard drugs, the prevalence of injecting drugs in The Netherlands is among the lowest in Europe. **(Tabel 2x)**

All in all, the myth of having significant more users because of the tolerant policy is proofed to be false. Lastly, the Netherlands is often considered a drugs producing country and a major transit point, mainly regarding XTC. The Dutch government acknowledges this problem and has taken measures to curb the hard drugs production and trade. With the exception of small-scale cannabis dealing in coffee shops, tackling all other forms of drug dealing and production has high priority. The police and customs officials regularly seize large hauls of drugs and collaborate closely with other countries in the fight against organized crime.

Prevention, treatment and harm reduction

Myth 4: Using drugs is not considered to be threatening for public health in the Netherlands

Contradictory to the myth, the **Dutch government has given high priority to the prevention, treatment and harm reduction concerning drugs issues** since many years. National and local programs and initiatives are established to contribute to this important statement.

Prevention

In the Netherlands, the prevention of drug use is formally coordinated by the Ministry of Health, Welfare, and Sport (VWS). Since 2005 it is considered part of the broader scope of public health prevention. Public health prevention is targeting risk factors for public health and is supporting vulnerable groups and risk groups.

The Public Health Act (2008) requires Dutch municipalities for carrying out health prevention programs, mostly in co-operation between the prevention departments of institutes for addiction care, municipal health services, schools, neighbourhood centres, the Dutch Centre for Crime Prevention & Safety (CCV), the Trimbos Institute and other health promoting institutes.

Measures and activities taken to prevent people from using drugs are;

- **Addiction prevention** is mainly provided by addiction care organizations in collaboration with municipal health services and others
- **Trimbos Institute's** national projects
- **Public information** on alcohol and drugs via telephone, email and chat on the Drugs and Alcohol Info line
- **Drugs Information and Monitoring System** (DIMS)
- **Centre for Safe and Healthy Nightlife**

Treatment

In total, 13 specialized addiction care organizations at 200 locations are present in the Netherlands. The addiction care is part of GGZ (mental health services) providing special programs to kick off the habit of using drugs.

Moreover, addiction care organizations offer '*continuum of care*' which includes; clinical treatment, outpatient treatment, drug consumption rooms, heroin and methadone assisted treatment.

Since 2003 medicinal grade cannabis is provided in the Netherlands on prescription through pharmacies. Growing, processing and packaging of the plant material are performed according to pharmaceutical standards and are supervised by the official Office of Medicinal Cannabis (OMC). Cannabis can have a positive effect on symptoms of seriously ill patients. It can for instance prevent the loss of appetite that often accompanies AIDS and cancer, and nausea during chemotherapy. Medical cannabis has to comply with the same legal requirements as other medicines. It is not distributed freely: patients can apply for medical cannabis with their physician.

When looking to the statistics of individuals in treatment; the majority has problems with an addiction to alcohol. Followed by opiates, cannabis and cocaine. **(Tabel)**

Harm reduction

Harm reduction is not directed at the use of a substance itself, but rather at the prevention of related problems. Examples of harm reduction projects undertaken in The Netherlands are methadone programs and needle exchange.

Facilities for needle exchange have been established for more than 20 years in the Netherlands and are available in all major Dutch cities. Needle exchange programs are mainly implemented by street drugs workers, addiction care providers and, to a much lesser extent, by pharmacists. There are around 150 specialist agencies for needle and syringe programs in the Netherlands.

Furthermore, a national hepatitis B vaccination campaign targeting behavioral risk groups has been implemented since 2002. This campaign offers screening for hepatitis B infection and vaccination for

vulnerable people. In this way the Dutch government is contributing to minimize the negative effects for user and society.

Conclusions

Changing times

From a public health point of view, the Dutch drug policy seems to have positive results. After all, despite the coffee shop policy, the proportion of soft drugs users has not been too high compared to other European countries. However, the drug-related nuisance has not disappeared and this situation was found less and less acceptable. Therefore, the Dutch drugs policies are stricter than in the past, and policies towards both legal and illegal substances may become yet stricter in the years to come. Public acceptance and prevailing societal norms are important factors in this development and seem to be more important than rational considerations. Differences between the Dutch policies and the policies of other European countries seem to be decreasing. Of course some important policy differences still exist, but the European debate on drugs for instance is increasingly characterized by agreement on a common framework for activities.

Myths

Many myths are surrounding the highly contested Dutch drugs policy. This presentation aimed to clarify the foundations of this policy and to counter the myths. The Netherlands forms an example in their tolerant policy however many challenges are lying ahead.