

# O & A

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## Drugs

A guide to Dutch policy

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in association with  
the Ministry of Health, Welfare and Sport  
the Ministry of Justice  
and the Ministry of the Interior and Kingdom Relations

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## A MAIN POINTS

## A1 What are the main features of Dutch policy on drugs?

- Both policy and legislation make a distinction between hard drugs and soft drugs, based on health risks to users. Possession of soft drugs (up to 30 grams) is a minor offence.
- Coffee shops are not prosecuted for selling soft drugs, providing they observe strict rules (see Section C). The aim is to protect soft-drug users from exposure to more harmful drugs and prevent them from becoming marginalised. For instance, a client seeking to buy cannabis from an illegal dealer may be persuaded to buy hard drugs. Providing outlets where only soft drugs may be sold keeps people away from more harmful drugs. The law prohibiting their possession or sale is strictly enforced.



The main aim of Dutch policy is to reduce both the demand for and supply of drugs, and to minimise any harm to users, the people with whom they associate, and the public in general. The authorities therefore take different approaches to soft drugs and hard drugs. Many countries do the same in practice but without making a formal distinction between the two categories. Section B describes the Netherlands' policy on law enforcement.

## A2 Are drugs legal in the Netherlands?

No. It is an offence to:

- produce
- possess
- sell
- import or export either hard or soft drugs.

It is not an offence to use drugs (see A4).

See B9 for a list of drug-related offences and the maximum penalty for each.



Preventive strategies help to reduce the demand for drugs, while professional care limits the harm they cause to users and the people they associate with. To cut off supplies the authorities are cracking down on organised crime. Other aims are to maintain public order and prevent drug-related nuisance.

### A3 What is the difference between hard and soft drugs?

The distinction is based on their effects on health:

- hard drugs are substances which involve an unacceptable health risk. They include heroin, cocaine and synthetic drugs such as ecstasy;
- soft drugs – cannabis derivatives marihuana and hashish – are significantly less harmful.



The Opium Act, which covers all kinds of narcotic substances, is based on this distinction. The penalties for drug-related offences and the priority given to those offences in law enforcement policy depend on the nature of the offence and on the type of drug involved (see Section B).

### A4 Why is it not an offence to use drugs?

Dutch policy aims to prevent or at least limit the risks associated with drug use. Addicts are encouraged to take part in detoxification programmes, and can seek help to improve their physical and mental health and learn to cope better in society. Knowing that they will not be prosecuted or stigmatised makes it easier for them to seek professional assistance (see D3).



Using drugs is not an offence under international agreements (see A7), nor is it an offence in Germany, Italy, Denmark or other countries in the European Union. Yet this does not mean that drugs are generally accepted in the Netherlands. On the contrary. Schools, for instance, conduct campaigns to deter youngsters from using drugs by informing them about the dangers of all addictive substances, including nicotine and alcohol (see Annex I).

## A5 Is it true that soft drugs are a stepping stone to hard drugs?

No. In the Netherlands very few people turn from soft drugs to hard drugs. Relatively few are addicted to opiates (such as heroin, morphine or methadone). Their number has not increased in recent years, and it is far below that of cannabis users. There is absolutely no evidence that the policy on soft drugs leads to the use of hard drugs.



Regular surveys are held among people aged 12 years and older to monitor trends in drug use. According to the most recent survey, 15.6% have used cannabis at some point in their lives, compared with 32.9% in the United States. The figures for cocaine are 2.1% in the Netherlands and 10.5% in the United States, and for heroin 0.3% in the Netherlands compared with 0.9% in the United States. Of course, the number of people who report having taken drugs at least once in their lives is far higher than those who take them at present. 2.5% of the Dutch population used cannabis in the month preceding the survey (see Annex 3).

## A6 What are the current trends regarding ecstasy and amphetamines?

The use of ecstasy and amphetamines among secondary-school pupils declined between 1996 and 1999. The use of ecstasy among 15-16 year-olds is highest in Ireland. The use of amphetamines by the same age group is highest in the United Kingdom, although here too the use of ecstasy and amphetamines among youngsters has declined (1995-1999).



The figures for ecstasy and amphetamines in the Netherlands are average for the European Union. The number of people in the member states who report having used ecstasy at least once ranges from 0% to 4%. The figures for amphetamines range from 0.5% to 4%, except for a record 10% in the United Kingdom. With a score of 2% for both drugs, the Netherlands is roughly average.

## A7 Does Dutch law comply with international agreements?

Dutch legislation is consistent with the provisions of all the international agreements the Netherlands has signed, i.e. the UN Conventions of 1961, 1971 and 1988, and other bilateral and multilateral agreements on drugs.

## B1 What are the main features of Dutch policy on law enforcement?

The discretionary principle is an important factor in Dutch criminal law. It allows the Public Prosecution Service to waive criminal proceedings in the public interest. Law enforcement policy gives a high priority to large-scale trafficking in all kinds of drugs and dealing in hard drugs. Sale and possession of soft drugs for personal use are much lower priorities.



Details of these priorities are published in official guidelines. Dutch policy on law enforcement is therefore more explicit than in some other countries, which operate along the same lines in practice.

## B2 Is it an offence to sell drugs?

Yes. It is illegal to sell either hard or soft drugs (see B9).

- **Hard drugs:** The sale of hard drugs is a high law enforcement priority and penalties are high, regardless of quantity.
- **Soft drugs:** quantity is taken into account. Coffee shops that sell up to 5 grams are not prosecuted (see Section C). However, they are liable to heavy penalties for selling larger quantities, which are presumed to be for export. Measures are taken to control the sale of drugs on the street, in private dwellings and in public places other than coffee shops.



Controlling the sale of small quantities of soft drugs for personal use is a low priority, as soft drugs are not a serious threat to health and are rarely associated with nuisance. On the supply of soft drugs to coffee shops, see C4.

## B3 In what circumstances are charges brought for possession of drugs?

Possession of either soft or hard drugs is an offence. Possession of quantities deemed for trade is a high priority in law enforcement policy. Possession of more than 0.5 grams of hard drugs is a serious offence and offenders are always prosecuted. Charges are also brought for possession of soft drugs in quantities greater than for personal use (penalty: see B9).

Possession of small quantities for personal use:

- **Hard drugs:** possession of less than 0.5 grams is a serious offence, but a low priority in law enforcement policy.
- **Soft drugs:** possession of less than 30 grams is a minor offence and is likewise given low priority. The official drug guidelines are stricter regarding the sale of small quantities of soft drugs.



Addicts arrested for possession of hard drugs on drug-related charges are referred to a care agency. Dutch policy encourages teamwork between the police, the judicial authorities and the care sector. The police always confiscate any drugs they find, regardless of type or quantity. The official guidelines include special provisions allowing coffee shops to stock supplies of soft drugs (see C2).

## B4 What measures are taken to stop the production of and trade in synthetic drugs?

Synthetic drugs are hard drugs. The production of and trade in hard drugs are high priorities in law enforcement policy. Seizures of ecstasy pills have increased substantially in recent years (see annex 7). Criminal organisations are often involved, and in such cases the courts can impose higher penalties than the maximum otherwise allowed for the same offence. The Netherlands is actively involved in international efforts to identify dangerous new substances and in international law enforcement operations.



The Synthetic Drugs Unit was established in 1997 to coordinate the activities of the judicial authorities, the police, the customs authorities, the Public Prosecution Service, the Economic Investigation Service and other agencies responsible for controlling the production of and traffic in synthetic drugs. As a result, the Netherlands can respond more rapidly to requests for information or assistance from abroad. Over the past five years, the Synthetic Drugs Unit has waged a successful campaign against ecstasy in the Netherlands and abroad. In 2000, it dismantled 37 laboratories producing or processing ecstasy or amphetamines, and confiscated various substances used for making synthetic drugs.

In May 2001, the Minister of Justice presented a memorandum on ecstasy to parliament, with a five-year plan (2002-2006) announcing unprecedentedly tough measures to control synthetic drugs. They involve the confiscation of raw materials and equipment as well as a rigorous clampdown on the production, distribution and export of ecstasy tablets. The government will spend more on information campaigns to discourage young people from taking ecstasy. An annual budget of almost €19 million has been set aside to carry out these plans.

## B5 Is it legal to grow hemp?

It is an offence to grow hemp indoors. The legislation governing hemp cultivation was tightened up in 1999, prohibiting the previously legal greenhouse nurseries where hemp could be grown for agricultural purposes. The maximum penalty for commercial cultivation has been raised from two years' imprisonment or a fine of €11,250 to four years' imprisonment or €45,000. Suppressing commercial production is a high law enforcement priority. Over the past few years the police have dismantled a substantial number of nurseries and confiscated a record number of plants (see annex 7). Hemp may only be grown outdoors and on open land for the manufacture of industrial fibres.



The Dutch climate is generally unsuitable for outdoor cultivation of the hemp used for narcotic drugs. The new legislation thus aims to reduce the production and export of Dutch cannabis (*nederwiet*).

In 2000, the government announced tighter measures to control homegrown cannabis, imports from abroad, illegal retail outlets, and the sale of cannabis products to young people.

## B6 Are drug addicts who commit an offence dealt with differently from other offenders?

Addiction is not an extenuating circumstance. However, addicts who commit a serious offence may be eligible for a treatment programme as an alternative to imprisonment. If they opt for treatment, the courts may suspend or waive their custodial sentence providing they observe certain rules. Those who fail to do so will be required to serve their sentence.



One rule is that they have to stop using drugs and take tests to prove they have done so. The scheme was introduced on the grounds that treatment is more effective than detention. It has already been in operation in the Netherlands for some time and the results have been encouraging.

## B7 What measures does the Netherlands take to curb drug tourism?

- Active measures are taken against drug addicts who are in the Netherlands illegally and who commit an offence. They may be tried and sentenced or expelled to stand trial in their country of origin.
- To prevent tourists from buying drugs for export coffee shops may not sell more than 5 grams of soft drugs (see C2). It is an offence to export any drugs whatsoever, even small quantities of soft drugs.



In recent years, firmer action has been taken to control drug tourism and the nuisance associated with it. The police, customs authorities, military police and other agencies carry out frequent operations to curb drug tourism, in cooperation with their counterparts in Belgium, France, Germany and Luxembourg.

The A-Team started operating in the Netherlands in October 2000. Its members come from three regional police forces, the National Police Services Agency, the railway police and the tax department, and work together with various other agencies. It is responsible for investigating and arresting drug runners<sup>1</sup> and drug tourists. The team patrols motorways and international trains. Drug runners are fined in summary proceedings and are subsequently referred to the Rotterdam social service department, which tries to place them in suitable employment. The A-Team cannot solve the drugs problem, but it does help to reduce nuisance.

<sup>1</sup> Young people who are paid by drug dealers to tout customers. They operate almost exclusively in the Rotterdam area.

## B8 Do different municipalities apply different rules?

Yes. Policy is coordinated by the mayor, the chief public prosecutor and the chief of police, who together formulate a local policy in line with the official drug guidelines. They decide whether to allow coffee shops within their jurisdiction and, if so, how many. They may restrict the quantities of drugs that coffee shops are allowed to stock (see C2). Coffee shops may be closed down on the mayor's instructions (see C5).



To curb public nuisance caused by homeless addicts municipalities may provide user shelters where addicts can administer the drugs they need under the supervision of care workers. However, no drugs may be sold or supplied. Providing centres of this kind must be consistent with local policy on drugs, and measures must be taken to safeguard public health and safety. Local residents are generally amenable to the scheme and take part in consultations. The use of drugs is not an offence in the Netherlands (see A4).

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## B9 What is considered to be a criminal offence and what are the maximum penalties?

Most acts involving drugs which are offences in other countries are likewise offences in the Netherlands. Moreover, under Dutch law, attempting to import or export drugs is a criminal offence.

The maximum penalty for committing a drug-related offence on more than one occasion is 16 years' imprisonment and/or a fine of €45,000.



### OFFENCES

#### HARD DRUGS

- import/export
- sale, transport, production
- intention to import/export, sell, transport, produce
- planning an offence
- money-laundering
- illegal production of and traffic in precursors<sup>1</sup>
- possession
- possession for personal use

#### SOFTDRUGS

- import/export
- cultivation, sale, transport, production
- cultivation, sale, transport, production for commercial purposes
- possession of more than 30 grams
- sale, production, possession of less than 30 grams<sup>2</sup>

#### MAXIMUM PENALTIES

- 12 years and/or €45,000
- 8 years and/or €45,000
- 6 years and/or €45,000
- 6 years and/or €45,000
- 6 years and/or €45,000
- 6 years and/or €45,000
- 4 years and/or €45,000
- 1 year and/or €11,250

- 4 years and/or €45,000
- 2 years and/or €11,250
- 4 years and/or €45,000
- 2 years and/or €11,250
- 1 month and/or €2,250

€1 ≈ US\$ 0.90 (August 2001)

<sup>1</sup> See E5

<sup>2</sup> These are minor offences. Any drugs found are confiscated. No further legal action is taken for possession of less than 5 grams. In some circumstances charges may be brought for possession of more than 5 grams.

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## C COFFEE SHOPS

### C1 What is a coffee shop?

A coffee shop is an establishment where soft drugs may be sold subject to certain conditions, but no alcoholic drinks may be sold or consumed. Although the sale of soft drugs is an offence, coffee shops are not prosecuted provided they sell small quantities only and comply with the rules listed in C2.



Policy on law enforcement is set out in Section B. Coffee shops have been subject to stricter controls and their number has declined over the past few years (see C5).

### C2 What are the rules governing coffee shops, and how are they enforced?

Under the guidelines issued by the Public Prosecution Service on 1 January 2001, coffee shops are not prosecuted for selling soft drugs providing they observe the following rules:

- they may not sell more than 5 grams to any one person at any one time
- they may not sell ecstasy or other hard drugs
- they may not advertise drugs
- they must ensure that there is no nuisance in their vicinity
- they may not sell drugs to persons aged under 18 or even allow them on the premises.



The sale of soft drugs will continue to be an offence. If the rules set out above are not observed, the premises are closed down and the owners or management may be prosecuted. Under the official drug guidelines, coffee shops may stock up to 500 grams of soft drugs without facing prosecution.

### C3 Why are coffee shops allowed?

The aim is to keep soft drugs separate from hard drugs in order to protect soft-drug users, especially youngsters who want to try them out, from exposure to hard drugs and the criminal elements who traffick in them.



Although the possession and sale of small quantities of soft drugs in coffee shops are offences under the Opium Act, soft drugs do not constitute a serious risk to health and are therefore low enforcement priorities.

### C4 Are people who supply drugs to coffee shops prosecuted?

Yes. The Public Prosecution Service and the police act in accordance with the Opium Act, the official drug guidelines and the Service's discretionary powers. The traffic in both soft and hard drugs, which is often in the hands of organised crime, is given the highest enforcement priority. The same applies to the supply of soft drugs to coffee shops. All the provisions of international agreements are observed (see A7).



## C5 Why are fewer coffee shops operating?

The rules can be enforced more easily (see C2). Coffee shops in certain neighbourhoods, and in border areas where foreigners come to buy drugs, are often a source of nuisance. Targeted action over the past few years has helped to reduce the problem (see B7). The mayor may close down a coffee shop, whether or not there is a nuisance problem. Closures must be consistent with the local drug policy agreed by the mayor, the chief public prosecutor and the chief of police (see B8).



The aim is to allow only as many coffee shops as are needed to meet local demand. Their number has declined as a result of policy amendments in 1995/1996. According to the most recent figures (2000), no coffee shops were operating in 435 of the country's 538 municipalities (81 percent), representing a 31 percent decline since 1997 (see E7).

Targeted action is taken to curb the problems associated with coffee shops, such as nuisance, the sale of all hard drugs or of export quantities of soft drugs.

## D1 What does the Netherlands do to prevent the use of drugs?

Preventive measures primarily target young people. Schools provide information on the risks associated with drugs, alcohol, tobacco and gambling. They are supported by a nationwide project designed to inform youngsters about specific stimulants around the age at which they are likely to be exposed to them.



A two-month campaign on alcohol, drugs and health was launched in October 2000. It aimed to encourage young people to limit their consumption of alcohol and drugs and avoid damaging their health. The campaign targeted the 12-19 age group and aimed to foster dialogue on drugs between parents and children. The results of a nationwide survey carried out in 2000 were used for a new campaign, launched in the autumn of 2001.

## D2 Do prevention programmes target synthetic drugs?

Yes. The public is well informed about synthetic drugs and discouraged from using them. Ecstasy and other synthetic drugs are nevertheless popular at raves, clubs and discotheques. Users can have their pills tested by monitoring agencies to find out what they contain and what effects they might have. They are frequently warned about the health risks associated with substances of this kind. The authorities act immediately when dangerous pills are in circulation. Depending on the circumstances, they will alert all monitoring agencies, distribute flyers at rave venues, provide extra monitoring facilities, publish warnings in the press, or notify care services.



The sudden popularity of ecstasy in the Netherlands and many other countries, due to its non-addictive properties and euphoric effect, coincided with the popularity of the rave scene, where pills of various kinds are distributed. The risks they pose to health vary considerably, depending on what they contain, the circumstances in which they are taken and individual factors. The Netherlands carries out considerable research into the effects of synthetic drugs (see A6 and E6).

## D3 Why is help given to drug addicts who are unwilling or unable to stop using drugs?

Breaking an addiction is usually a long and difficult process. Help is available even for people who do not succeed. The aim is to avoid health problems as far as possible, to prevent the spread of disease, for example through the use of infected needles, and to combat public nuisance and crime.



Drug addicts are not simply left to their fate. Addiction is essentially a health problem, and care services try to help as many people as possible. They are in a good position to assess the magnitude of the problem, so that policy can be amended if necessary. Providing help also reduces the likelihood of addicts turning to crime.

## D4 Why have needle supply schemes been introduced for drug addicts?

One reason for introducing needle supply and exchange schemes was to prevent the spread of HIV/AIDS. Both hepatitis and the HIV virus, which causes AIDS, are spread by contaminated needles. Accessible care, counselling and information means that fewer addicts administer drugs with used needles. As a result, the incidence of HIV infection among drug users is relatively low.



HIV/AIDS prevention programmes include information campaigns, condom supply schemes and needle exchange schemes where used needles can be exchanged for sterile ones. In some municipalities, drug users can exchange needles at pharmacies or mobile clinics specially equipped for this purpose. The existence of needle exchange schemes does not promote intravenous drug use.

## D5 What is methadone?

Methadone is a synthetic opiate (a substance containing opium) which is prescribed in some countries as a heroin substitute. It enables addicts to cope more effectively and helps to reduce drug-related crime. It is prescribed only in serious cases, either as part of a detoxification programme or treatment to stabilise addiction.



Methadone is also addictive, but it has significant advantages over heroin. Dosages, in tablet or liquid form, can be measured precisely and administered orally. It is effective for more than 24 hours, whereas the effects of heroin last for only a few hours. Doctors prescribe methadone to treat addiction: it is not a stimulant provided by the state.

## D6 What are the benefits of methadone programmes and how successful have they been?

- They enable care agencies to reach a relatively high percentage of addicts (in contrast to countries where such programmes are rare or non-existent).
- They reduce the risk of drug overdose; the mortality rate in the Netherlands is relatively low.
- They reduce the frequency of drug use, and therefore dependence on illegal drugs.
- They have led to a slight drop in the crime rate.
- Addicts enjoy better health and cope better in society.



Of the addicts known to the care agencies, 75% regularly use methadone. As methadone programmes have a considerable outreach, they provide a basis for other care-related programmes, such as HIV/AIDS prevention campaigns.

## D7 Are drug addicts also given heroin?

In July 1998, the Netherlands launched a study into the effects of treating long-term heroin addicts with a combination of medically prescribed heroin and methadone. This is in line with the government's plan to upgrade care services and find alternative therapies for addicts who have not responded to conventional treatments. The programme targets people whose physical and mental condition is poor and who are unable to function properly in society. The aim is to see whether treatment with a combination of heroin and methadone achieves better results than methadone alone. The success of the treatment is measured primarily in terms of the subjects' general physical health and ability to cope in society. Everyone taking part in the scheme receives psychosocial counselling.



The first stage, which involved supplying heroin to a group of about 50, aimed to establish whether it was possible to manage and regulate the supply procedure, whether the programme had any undesirable effects on public order and safety, and whether heroin produced any serious physical side-effects. Other factors were the programme's impact on the safety of care workers and the local public.

Local residents were involved in the first stage, which was carried out in Amsterdam and Rotterdam. As no significant problems emerged, parliament approved plans to expand the programme. Two more groups were set up in Amsterdam and Rotterdam, and similar projects were introduced in The Hague, Groningen, Heerlen and Utrecht.

By October 2000, the authorities had selected 600 candidates for the programme. In autumn 2001, the results of the 12-month study were collected. A report on the comparative merits of treating addicts with heroin and/or methadone is expected in March 2002.

## D8 Why did the government launch this programme?

The government has a responsibility for upgrading care services for addicts and therefore supports research into alternative therapies for people who do not respond to conventional treatments. The research programme was planned in consultation with a group of leading international researchers, the United Nations International Narcotics Control Board and the World Health Organisation. The Netherlands also benefited from Switzerland's experience with a trial heroin supply programme.



The programme targets people aged 25 and over with a history of addiction, who have not benefited from methadone programmes or conventional treatments. They are mentally and physically run down and unable to cope in everyday situations. They must have Dutch nationality or a permit to live in the Netherlands, and they must have been resident in the city running the programme for at least three years. Finally, they must agree to cooperate with the researchers. The heroin they receive must be used in the treatment centre and therefore cannot be sold outside.

Anyone displaying aggressive behaviour or suffering from psychiatric problems, which are likely to disrupt the study, is barred from the programme. The same applies to pregnant women and people with certain medical conditions.

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## E1 Who is responsible for Dutch drugs policy?

Three ministries share responsibility.

- The Ministry of Justice is responsible for law enforcement, i.e. investigations and prosecutions.
- The Ministry of Health, Welfare and Sport is responsible for prevention and care.
- The Ministry of the Interior and Kingdom Relations is responsible for matters relating to local government and the police. Local policy is coordinated by the mayor, the chief public prosecutor and the chief of police (see B8).

The Ministry of Health, Welfare and Sport is responsible for coordination.



The following agencies play an important role in implementing policy:

- about 33 specialised care agencies, including 18 providing in-patient hospital care, 10 of which have outpatient facilities and provide other forms of care;
- regional and national police agencies with specialised investigation and intelligence units;
- the customs authorities, with access to the Customs Information Centre's sophisticated inspection and investigation methods;
- the Synthetic Drugs Unit (see B4), which coordinates operations to control the production of and traffic in synthetic drugs.

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## E2 Which international organisations is the Netherlands affiliated with?

- United Nations: the Netherlands is a member of the Commission on Narcotic Drugs and participates in the United Nations International Drug Control Programme.
- Pompidou Group (Council of Europe): the Netherlands takes part in various working groups on public health and justice.
- European Union: the Netherlands is a member of the Horizontal Working Party on Drugs, the Committee on Precursors, the Working Group on Illicit Drug Trafficking and the Programme of Community Action on the Prevention of Drug Dependence, joint research teams and other bodies
- Europol: this agency is established in The Hague, seat of the Dutch government.
- The Dublin Group: an informal forum representing the EU member states, the US, Canada, Japan, Australia, Norway and the UNDCP.
- The Benelux countries (Belgium, the Netherlands and Luxembourg) consult at official level on issues relating to public health and justice.
- Attachés from the health and justice ministries are assigned to the Dutch embassies in Washington and Paris.



### Other forms of cooperation and exchange:

The National Police Services Agency assigns liaison officers to Colombia, France, Hungary, the Netherlands Antilles, Poland, Russia, Spain, Thailand, Turkey and the United States. They liaise on investigations and operational matters.

Police officers from more than ten countries are also stationed at their embassies in the Netherlands, and liaise with the National Police Services Agency. The Netherlands and other European countries have established regional liaison networks to control drug tourism. The Netherlands also works in partnership with Belgium, France and Luxembourg to suppress drug running between the Netherlands and those countries. The Netherlands and France have an exchange programme for court judges.

## E3 Is there any international effort to improve care for addicts?

The Dutch government subsidises international projects to promote exchanges of information and foster practical cooperation between agencies in neighbouring countries.



Prisons and streetcorner and other care agencies work in partnership with similar agencies in neighbouring countries.

## E4 What are the most recent amendments to Dutch legislation?

- Indoor cultivation of hemp is prohibited; the penalty for growing hemp for commercial purposes has been increased (see B5).
- A new statutory measure known as a Compulsory Treatment Order was introduced on 1 April 2001. It allows the courts to commit habitual offenders who are suffering from drug addiction and who have failed to respond to other forms of treatment to a special institution for up to two years. The alternative is a prison sentence.



Treatment clinics provide medical care, job training, and counselling on work and leisure. They also prepare inmates for their return to sheltered or independent accommodation and teach them how to manage their finances. The programme is run in partnership with local agencies. Addiction clinics are now operating on an experimental basis in Rotterdam, Utrecht and six medium-sized towns in the south of the Netherlands.

## E5 How does the Netherlands deal with precursors?

The trade in precursors (chemical substances used for the manufacture of synthetic drugs) is governed by the Abuse of Chemical Substances Act. Only a fraction of these substances are used for the illegal production of drugs. This is classified as an economic offence and is subject to a maximum penalty of 6 years' imprisonment and/or a fine of €45,000. The Economic Investigation Service, which is responsible for enforcing the Act, cooperates with agencies throughout the European Union.



The European Union regulations and directives on the trade in precursors are based on the United Nations Convention of 1988. The European Union monitors trade in 23 precursors which can be used for the production of narcotic drugs. It has concluded agreements on exchanging information on precursors with Bolivia, Colombia, Ecuador, Peru, Venezuela, the United States and other partners.

## E6 What research is carried out in the Netherlands?

Dutch research on drugs and drug-related problems is of a high standard. A programme launched in 1997 promotes research and innovative projects aimed at preventing and treating addiction. The programme focuses on individual predisposition to addiction, preventing relapse, and improving the effectiveness and efficiency of care, prevention and monitoring.



In recent years, multidisciplinary teams have been studying the effects of ecstasy and other synthetic drugs, using information obtained from tablet testing schemes and other sources (see D2). The Netherlands is working with several other countries to establish whether ecstasy causes brain damage.

## E7 What have policy amendments achieved in recent years?

- several significant amendments to legislation (see E4);
- a 31% reduction in the number of coffee shops (see C5);
- tougher measures by local authorities to stop drug-related nuisance (see B8).
- closer cooperation between the Netherlands and neighbouring countries to curb drug tourism (see B7).
- more rigorous measures to stop the production of and traffic in synthetic hard drugs (see B4).
- more spending on specialised care services for addicts (see D7 and D8).



In recent years, local authorities have worked out more detailed drug policies and received specific instructions on combating nuisance. In 1995, 27% were implementing their own policies on coffee shops. In 2000, 95% were enforcing measures to control related nuisance. The criminal justice authorities and the care sector are working more closely together on a programme that allows offenders suffering from addiction to opt for treatment as an alternative to detention (see E4, addiction clinics). The Netherlands works in closer cooperation with other countries through the United Nations and the European Union to control drug trafficking and promote public health.

## E8 How are other countries dealing with cannabis?

Several European countries have stopped prosecuting people as a matter of course for possession of small quantities of cannabis for personal use. Possession of cannabis has also been given lower priority in police investigations.

International trends in drug policy, notably those within the European Union, are thus largely in line with trends in the Netherlands. However, the Dutch concept of coffee shops remains unique.

Outside the European Union, Switzerland's recent bill on the production of cannabis is so far unprecedented.



The Belgian government submitted a memorandum to parliament outlining a series of proposals by the health minister. One recommendation was that possession of small quantities of cannabis for personal use should be given lower priority in police investigations. Moreover, legislation will be amended to make a distinction between soft and hard drugs.

Portugal decriminalised the use of all drugs as of 1 July 2001.

Luxembourg now distinguishes between low-risk drugs (cannabis) and hard drugs. The government is explicitly opposed to the unqualified decriminalisation of possession and use of cannabis. Possession of small quantities for personal use remains a statutory offence, subject to a penalty of 4 months to 3 years imprisonment and/or a fine. In practice, offenders will simply be cautioned.

- I How dangerous are alcohol, tobacco and cannabis?
- II Fatalities associated with alcohol, tobacco, cannabis and hard drugs in the Netherlands (per annum)
- III Drug use among people aged 12 and over in the United States and the Netherlands (1997)
- IV Use of cannabis in Western Europe, the United States and Australia (1994-1998)
- V Use of ecstasy in Western Europe, the United States and Australia (1994-1998)
- VI Estimated number of problematic hard-drug users in the European Union and Norway
- VII Drugs confiscated in the Netherlands (1998-2000)

**Annexe I: How dangerous are alcohol, tobacco and cannabis?**

(Source: Ministry of Health, Welfare and Sport)

# I

Risk of:	Alcohol	Tobacco	Cannabis
psychological dependency	***	***	*
physical dependency	***	***	o
liver damage	**	o	o
heart damage	*	***	?
stomach damage	*	*	o
damage to respiratory organs	o	***	***
brain damage	**	o	?
road accidents	***	o	**

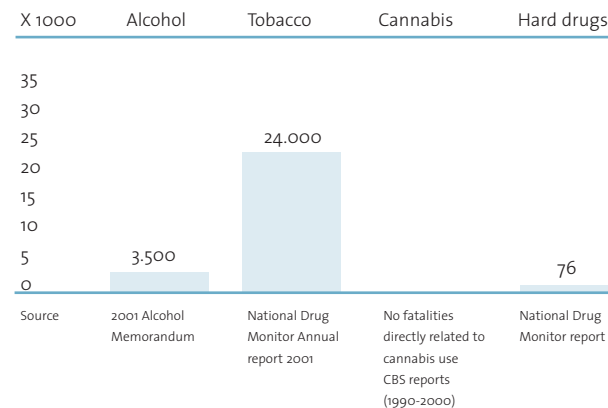
  

***	high risk
**	some risk
*	low risk
?	insufficient evidence
o	no risk

**Annexe II: Fatalities associated with alcohol, tobacco, cannabis and hard drugs in the Netherlands (per annum)\***

(Source: Ministry of Health, Welfare and Sport)

# II



\*) The figures for hard drugs are based on ICD-10 (International Classification of Diseases), World Health Organisation, diagnosis numbers F11-F19 (excluding F17), X42+X41/T43.6.

**Annexe III: Drug use among people aged 12 and over in the United States and the Netherlands (1997), in percentages**

# III

	Once or more		In the past year		In the past month	
	US	NL	US	NL	US	NL
Tobacco	70.5*	67.9	32.7*	38.1	29.6*	34.3
Cannabis	32.9	15.6	9.0	4.5	5.1	2.5
Cocaine	10.5	2.1	1.9	0.6	0.7	0.2
Volatile substances	5.7	0.5	1.1	0.1	0.4	- <sup>1)</sup>
Alcohol	81.9	90.2	64.1	82.5	51.4	73.3
Heroin	0.9	0.3	0.3	0.1	- <sup>1)</sup>	- <sup>1)</sup>

\* cigarettes only  
<sup>-1)</sup> no figures available

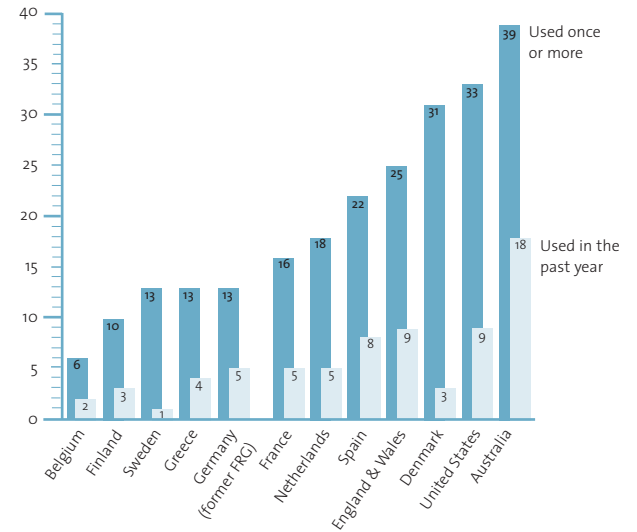
**N.B:** The wording is: "Have you ever taken....", giving no indication of frequency. (National Drug Monitor 2000, p. 15).

Sources:

- United States: National Household Survey 1997 SAMHSA, Office of Applied Studies, Washington DC.
- Netherlands: M. Abraham, P. Cohen, M. de Winter: Licit and Illicit Drug Use in the Netherlands, University of Amsterdam/Statistics Netherlands, CEDRO, 1999.

**Annexe IV: Use of cannabis in Western Europe, the United States and Australia (1994-1998), in percentages**

# IV



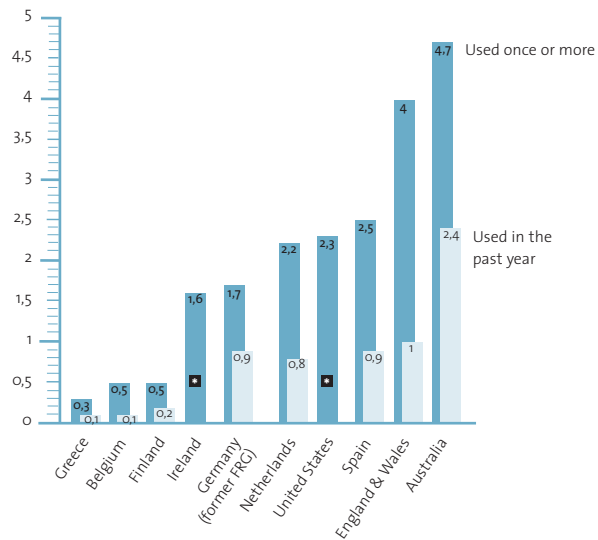
**N.B:** Age groups range from a lower limit of 14-18 years to 60-70 years. In the Netherlands the survey was held among people aged 15-70.

Sources:

- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);
- Substance Abuse & Mental Health Services Administration, United States (SAMHSA);
- Australian Institute of Health and Welfare (AIHW).

**Annexe V: Use of ecstasy in Western Europe, the United States and Australia (1994-1998), in percentages**

V



■ No figures available for Ireland and the US

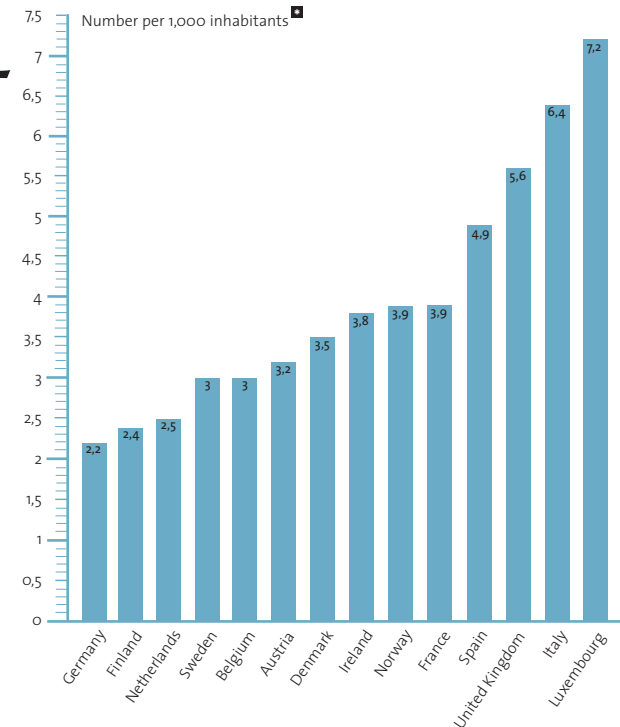
**N.B:** Age groups range from a lower limit of 14-18 years to 60-70 years. In the Netherlands the survey was held among people aged 15-70.

Sources:

- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);
- Substance Abuse & Mental Health Services Administration, United States (SAMHSA);
- Australian Institute of Health and Welfare (AIHW).

**Annexe VI: Estimated number of problematic hard-drug users in the European Union and Norway**

VI



Source: European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2000.

■ Users of opiates (often in combination with other substances), except drug users in Sweden (mainly amphetamines). Age group: 15-65. Surveys conducted 1996-1998 except Austria (1995), Ireland (1995/1996), Sweden (1992). No figures available for Greece or Portugal.

## Annexe VII: Drugs confiscated in the Netherlands 1998-2000

(in kilograms, unless stated otherwise)

# VII

		1998	1999	2000
<b>Heroin</b>	- Total weight	784	770	896
<b>Cocaine</b>	- Total weight	8.998	10.361	6.472
<b>Amphetamines</b>	- Total weight	1.450	853	293
	- Tablets	242.409	45.847	-
<b>MDA</b>	- Total weight	-	*****	-
	- Tablets	-	3.112	-
<b>MDMA (ecstasy)</b>	- Total weight	*****	*****	632
	- Tablets	1.163.514	3.660.496	5.500.000
<b>Methadone</b>	- Total weight	-	50	16
	- Litres	507	445	-
	- Tablets	4.093	186.437	5.543
<b>LSD</b>	- Trips	35.964	244	9.829
	- Tablets	1.826	2.423	143
<b>Hashish oil</b>	- Litres	150	1	-
<b>Cannabis</b>	Hashish	70.696	61.226	29.590
	Marihuana	54.582	47.039	9.629
	Dutch cannabis (Nederwiet )	881 +	2.076 +	701 +
	Total weight	126.159	110.341	39.920
	- No. of plants	353.178	582.588	661.851
	- Nurseries closed	616	1.091	1.372

- No cases on record.

\*\*\*\*\* Synthetic Drugs Unit. Recorded as number of tablets only.

Sources:

National Police Services Agency; National Criminal Intelligence Division; regional police forces; Customs Inspectorate; Royal Military Constabulary; Synthetic Drugs Unit.