Summary

Developments in drug use and related problems
Between 2001 and 2005, the percentage of last year users of cannabis, cocaine, amphetamine and ecstasy remained stable among the general population of 15-64 years (2005: 5.4%, 0.6%, 0.3% and 1.2%, respectively). Cannabis use stabilised among pupils of secondary schools between 2003 and 2005. There are no new national data on the use of other drugs among school-goers.

Compared to the general and school population, drug use is more common among young people in the nightlife scene. Qualitative data from the Amsterdam Antenna Monitor nonetheless suggest that drug use in several nightlife settings is generally past its peak, although this may not pertain to other parts of the country. Possible reasons for a moderation of use include a more strict policy of body-searching at the doors of clubs, a changing image (excessive use is not cool), a subsiding dance music culture and increasing emphasis on individual fitness and healthier lifestyle. On the other hand, cocaine use appears to remain popular and there are some signs of a comeback of GHB, also elsewhere in the country, but quantitative data are limited. In Amsterdam the number of GHB related emergencies increased from 76 in 2005 to 110 in 2006. Moreover, the number of emergencies in Amsterdam related to the use of hallucinogenic mushrooms increased (70 in 2005 and 125 in 2006), especially among drug tourists. This trend is probably explained by the increased influx of drug tourists in the past years and the growing availability of hallucinogenic mushroom. This increase and the unpredictable (behavioural) effects of hallucinogens were among the reasons for the Ministers of Health and Justice in October 2007 to decide that fresh hallucinogenic mushrooms will be brought under the control of the Opium Act.1

In 2001 the number of problem opiate/crack users was estimated at 3.1 per 1000 people aged 15-64 years and there is no new estimate available. In the past decade, local field studies among traditional groups of problem opiate users have shown an increase in the co-use of crack cocaine and in the prevalence of psychiatric and somatic comorbidity. Also, a recent study on methadone clients meeting a diagnosis of opiate dependence showed that one third had a concurrent major depression and 60% had a history of conduct disorder. Political and professional attention for dual diagnosis patients is growing but there is ample room for improvement (see also below).

Data from a cohort study among problem hard drug users as well as national treatment data still show a decreasing prevalence of injection (e.g. 8% in 2006 among opiate clients). This trend is also supported by the continuing decline in the number of exchanged syringes in Rotterdam and Amsterdam (180,100 and 210,000, respectively). Data for Amsterdam point at an increasing overall mortality rate among methadone clients until 2005, which might be related to the progressive ageing and pathology in this group. In 2006, a sudden unexpected decrease was found, which cannot yet be explained. Overdose mortality has remained low since the mid-nineties. With some fluctuations, national figures on acute opiate deaths show a declining trend (44 in 2006).

1 Dried or other preparations of hallucinogenic mushrooms are already under control of the Opium Act.
Data from various sources on infectious diseases suggest that HIV and hepatitis C incidence among hard drug users has decreased in the past decade. However, prevalence rates remain fairly high, and injecting drug use is still the most important route of transmission for hepatitis C. An evaluation study showed that full participation in both needle exchange and high dose methadone programmes reduces the risk of HIV and hepatitis C in injecting drugs users, whereas participation in a single programme was not effective.

For several years, the growing popularity of cocaine in subgroups of the population (e.g. problem hard drug users and clubbers) was paralleled by increases in other indicators (e.g. treatment demand, hospital admissions, deaths), but this trend seems to have halted in the past years. In 2006 the proportion of new cocaine clients at outpatient drug treatment services was 35% (cf. 38% in 2003). The increase in the number of hospital admissions where cocaine abuse or dependence is mentioned as a secondary diagnosis peaked in 2002 (562) and remained at more or less the same level in the following years (514 in 2005). Finally, the number of recorded acute cocaine deaths has remained low for three years (21 in 2006, compared to 34 in 2002).

As far as cannabis is concerned, the number and proportion of clients seeking treatment due to a primary cannabis problem continued to increase in 2006. Currently, 32% of all new drug clients are cannabis clients (cf. 27% in 2005 and 15% in 2001). The number of hospital admissions with cannabis abuse or dependence as a secondary diagnosis has also increased (from 299 in 2005 to 377 in 2006). A rise has also been reported in the number of cannabis-related nonfatal emergencies in Amsterdam, from 342 in 2005 to 461 in 2006. Whether these developments signal an increase in problem cannabis use is not known, since no trend data are available for the number of problem cannabis users. There is also often a considerable time lag between the start of problem use and seeking help at treatment centres.

Market data show that the average THC concentration in Dutch home-grown marihuana bought in coffee shops peaked in 2004 (20%), levelled off in 2005 and 2006 (18% in both years) and decreased in 2007 (16%). In 2007 a drop in the percentage of THC in imported hashish was found as well. In 2007 the price of Dutch marihuana increased significantly, which may be related to the intensified actions of police and justice to combat large-scale cannabis cultivation.

Finally, treatment data point to a rise in the number of amphetamine users and their proportion of all drug clients (6% in 2006, cf. 1.5% in 2001). Whether this trend reflects an increase in the (problem) use of amphetamine is not known. Local studies suggest that amphetamine use is not common in the nightlife scene of Amsterdam. However, the drug seems to be more popular in other, less urbanised parts of the country, where it may be used as a cheaper substitute for cocaine.
Developments in prevention and treatment

Prevention is a priority in current health policy, and one of the five targets is alcohol misuse among young people. In mid-2007 the “Centrum Gezond Leven” (Centre for Healthy Living) started its activities. It informs professionals about available and effective preventive interventions and coordinates the activities of more than ten stake-holding organisations in this field. This centre supports local professionals by presenting the available interventions with an evaluation of their quality and coherence. The Healthy School and Drugs is still the most widely implemented universal school-based prevention in the Netherlands. Currently pilot studies are running to test electronic strategies. The programme Alcohol and Education targets parents of children at risk of alcohol misuse.

Risk groups for drug use (e.g. clubbers, children of addicted parents, low SES groups) are targeted in several longer term selective prevention projects, such as the Clubs & Drugs project, Children of Addicted Parents, the Drugs Information and Monitoring System (DIMS) and the family-based programmes Strengthening Families and House Parties. A recent study on e-health interventions in mental health reviewed eighteen Dutch preventive interventions targeting alcohol abuse. One of the three public campaigns during the past year tries to increase effectiveness by using a combination of entertaining and (unconscious) learning. An upcoming congress entitled “Youngsters under the influence” illustrates the current importance given to prevention in health policy. Finally, a study showed that behavioural therapy in mid-childhood reduces the risks of substance use and disruptive behaviour in adolescence.

The effectiveness of treatments is of growing importance with regard to funding by insurance companies, due to the privatisation of health care and health insurances. Thus the evidence-base of treatments is increasingly considered important in changes to treatment supply. Compared to earlier years, the treatment options for dual diagnosis patients, the possibility/availability of medical heroin co-prescription and the number of self-help groups are increasing. The policy programme Scoring Results that was started in 1999 to improve quality in drug prevention and addiction care is in its last phase. Many research publications and protocols have been published to support this target. Its current focus is on developing protocols, implementation of guidelines and professional training and education in addiction. Benchmarking of addiction care is examined, and a new instrument for treatment allocation and evaluation (Measurement of Addiction for Triage and Evaluation, MATE) has been introduced that may replace the Addiction Severity Index during the coming years. Two addiction care organisations are now certified by the national Expertise Centre on Quality Review in Health Care.

Though additional drug-free treatments are rare in methadone programmes, these are predominantly used in the treatment of dependence on other drugs. Cognitivebehavioural and family-based treatments are becoming more frequently used. Experiments are running which focus on problem use of cannabis and cocaine in response to the increasing number of cannabis clients in treatment. For example, the Netherlands is a collaborating partner in a current international study on the effectiveness of a comprehensive family-based treatment focusing on problem cannabis use (INCANT). Another experiment focuses on an incentive-based variant of the Community Reinforcement Approach for cocaine dependence. A comprehensive guideline has been published for methadone maintenance treatment.
There is increasing focus on treatment of dual diagnosis patients is growing. Furthermore, integrated treatment options are more complex, and therefore more difficult to implement. Two projects are currently trying to determine important implementation facilitators and challenges. Dual diagnosis is also a topic of increasing importance at conferences.

**Developments in the field of law enforcement and the criminal justice system**

In recent years (2006 and before), three special policy programmes have been run in the Netherlands: (1) 'A combined effort to combat ecstasy in and from the Netherlands' which aims at a reduction in the production and trafficking of ecstasy, (2) the 'Plan to combat drug trafficking at Schiphol Airport', which seeks to reduce cocaine imports and (3) Intensified enforcement of the laws on cannabis cultivation, targeting the underlying organised crime in particular. Moreover, in June 2006 the maximum penalty for drug production and dealing and for possession of large quantities of drugs was increased from four to six years of detention or a certain fine.

In the context of these developments, several findings with regard to law enforcement and criminal justice system statistics are noted:

- The influx of Opium Act cases in the criminal justice chain did not change significantly in 2005-2006. The police registered 22,000 cases in 2006 (preliminary data) and the Public Prosecutor 20,000. The stabilization in 2006 applies to both hard drug and soft drug cases.
- The number of hard and soft drug cases handled by the Court increased (13,000 cases).
- The number of unconditional custodial sentences for Opium Act cases decreased. This decrease has been ongoing since 2004. The mean duration of the custodial sentences also shows a decline.
- The number of community service orders imposed for Opium Act cases decreased in 2006, after a continuous rise in the 2000-2005 period.
- Hard drug cases still form the majority of the Opium Act cases, although the difference with the number of soft drug cases is very small in the earlier phases of the criminal justice chain. Hard drug cases account for a clear majority in the later stages, especially in prisons.
- 2000-2006 shows a rise in the percentage of soft drug cases (of all Opium Act cases) in all parts of the criminal justice chain. This is especially true for 2005-2006. A rise in soft drug cases is also noted in custodial sentences, accompanied by increasing length of these sentences.
- 75% of the investigations into organised crime involve drug trafficking or production. The majority of these investigations target cases with hard drugs (79%); 60% concern cases with soft drugs; and 39% both hard- and soft drugs.

With regard to *supply of drugs*, the government aims at more vigorous law enforcement of the cultivation of cannabis. Within this framework, research was carried out to gain insight in the world behind the Dutch cannabis cultivation. Results showed that the cultivation of cannabis is widespread in the Netherlands and that many people have the necessary knowledge and skills to cultivate it. It appears that so-called grow shops in particular seem to facilitate the production process. These results will be used for the development of more intensive law enforcement actions against criminal organisations involved in large scale cannabis cultivation.
The intensified law enforcement efforts against ecstasy production and trafficking in the Netherlands and cocaine trafficking at Schiphol airport have resulted in a situation that is well under control. The enforcement activities against ecstasy and other synthetic drugs will be continued with a special focus on precursors, hardware and financing, in international cooperation. The enforcement activities against cocaine were embedded in regular routine. Measures to combat organised crime involved in drugs have been intensified.

With regard to drug users in the criminal justice system, research shows that in 2006/2007 60% of Dutch prison inmates report problematic use of alcohol or drugs or problematic gambling in the year before their imprisonment. 30% are problematic alcohol users, 33% problematic users of cannabis, 24% have a problem with hard drug use, mainly cocaine and opiates. There are several forms of assistance available. The prevailing approach is the quasi-compulsory referral to care facilities. This approach will be stepped up in the future. For drug users with high criminal recidivism, for whom quasicompulsory measures did not work, the measure for Judicial Placement of Addicts (SOV) achieved favourable results. This measure has been replaced by a new measure: Placement in an Institution for Prolific Offenders (ISD). An estimated 95% of the individuals detained under this measure are hard drug addicts. Psychiatric symptoms and comorbidity have a high prevalence amongst offenders under ISD.