Summaries

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How strong are the fundaments of Dutch cannabis policy?
H.G. van de Bunt
A critical evaluation of thirty years of Dutch condoning policy shows that the foundation of this policy is weak and that unforeseen negative consequences have taken place. The moral argument of self-determination and slight medical risk has been annulled by ever increasing government interference and more nuances regarding the risks. Condoning turns out not to be a necessary condition for the rational argument of the separation of markets. The profitability of growth and trade in cannabis was not acknowledged. By protecting the retail level, the growth and wholesale of cannabis by organized criminals has flourished. In light of this evaluation, it seems sensible to decrease the condoning policy.

How does Dutch drug policy work? An evaluative exploration of a decade of Dutch drug policy
M. van Ooyen-Houben
Dutch drug policy is pragmatic and aims at prevention and control of risks of drug use. Primary importance is attached to public health. In 1995, the Dutch government embodied the principles, approaches and goals of drug policy in a policy document. In this article, we explore the implementation and the outcomes of this drug policy. Data show that, although several adjustments of policy had to be made in the past decade, overall implementation of the drug policy is in line with the principles and plans. Public health issues are in general well controlled and in line with the policy. The primary health oriented goal of drug policy seems to be realized. Other issues, however, pose a lot of problems for local police and the justice system: persistent druge related nuisance
and crime, drug tourism, production and trafficking of drugs and involvement of organized crime. These problems, most of which are seen as side effects of drug policy, urge for more attention than one would expect from the policy in theory. This poses the question whether these problems are a reality in drug policy that we have to accept, or whether a better balance is possible. Should principles be reconsidered?

**Coffeeshops and criminality**
B. Bieleman and J. Snippe
This article discusses crime in relation to coffeeshops (shops where cannabis is sold) and the role of coffeeshop entrepreneurs. By tolerating the sale of cannabis, but not the purchase (the so-called backdoor), especially owners of well-attended coffeeshops are nearly forced to criminal behaviour. Many owners have criminal antecedents related to the trade of cannabis, but also in relation to e.g. the trade of so-called hard drugs, possession of firearms and violence. The vulnerability for penetration of organised crime in this sector is therefore relatively high, but also because the profits are difficult to control, while the purchase of cannabis has a low priority for both justice and police force and the penalties for the cannabis-trade are low.

**The normalisation of cannabis use**
D.J. Korf
Since the late 1960’s the number of people in the Netherlands that tried hashish or marijuana grew rapidly to over two million today. This article describes and explains long term trends in and patterns of cannabis use, including problem use in the Netherlands. It concludes that only 2% of approximately 500,000-550,000 current cannabis users are in outpatient treatment. Raising minimum age for coffee shops in 1996 from 16 to 18 years might have contributed to a slight drop in cannabis use among minors. It had adverse effects due to a shift from coffee shops to other suppliers who sometimes sell hard drugs as well. In particular among young adults, the use of cannabis has normalized.
How dangerous are soft drugs?
W. van den Brink
Cannabis is the most frequently consumed illegal drug in the Western world. In the Netherlands cannabis has a special legal status and is often referred to as a soft drug. In this paper, a literature review about the dangers involved in the consumption of this drug is presented distinguishing mental and physical consequences. The results show that most recreational cannabis users do so in moderation for a limited time in their life and that these low levels of cannabis use are generally not related to either mental or physical problems. However, early onset and continued heavy cannabis use is related to increased probabilities of cannabis dependence, mental disorders and low educational achievements. In addition, long-term heavy use of cannabis causes pulmonary damage and possibly upper and lower respiratory cancers. Finally, prenatal cannabis exposure of the foetus may cause long-lasting cognitive and behavioural deficits of the child. It is concluded that people with substance use disorders or other mental disorders in the family and people with serious heart conditions should refrain from cannabis use and that societal measures should be directed at the prevention of the early initiation of cannabis use and at early detection of those youngsters with cannabis abuse and dependence.

On drugs and the harm principle
C.W. Maris van Sandelingenambacht
In this article the author argues for a third way in drugs policy, between the two extremes of a fundamental right to be high on the one side, and a moralistic total war on drugs on the other. The first way would grant drugs users immunity against state interference; the second way implies complete prohibition by criminal law. A more subtle third way may be found in the liberal harm principle, stating that the only reason why (criminal) law may interfere in an individual's liberty is that he harms another person. A war against drugs on purely moral grounds, then, is illegitimate, as is paternalistic interference to prevent drug users from harming themselves. Since in fact drugs do not necessarily harm others, but only in specific circumstances, total prohibition is not justified either. As far as drugs do harm others, this harm is to be balanced against the harm caused by prohibition. As the failure of the American Prohibition of liquor in the 1920's shows, criminal
prosecution causes much extra harm, without being effective in reducing harmful drugs use. Therefore, the individual’s interest in self determination, for instance in the form of recreational use of drugs, outweighs the reasons pro interference by penal law. The principle of subsidiarity requires, then, that the problematic sides of drugs be countered with less radical regulation that is now generally accepted for alcohol. Criminal law should be restricted to specific forms of drugs use that cause direct harm to others, such as driving under the influence of LSD or alcohol.

Drugs: from war to regulation
R. Dufour

The prohibition of drugs has proved to be a total failure in preventing drugs use. Moreover, it is responsible for half of the total criminality in western countries. All too similar to its predecessor: the alcohol prohibition in the U.S. in the 1930’s, but now on a worldwide scale. In contrast, the free sale of cannabis in Dutch ‘coffeeshops’ has proven not to result in higher numbers of users or addicts than in countries with far stricter regimes like France, England and the U.S. Nor have its methadone- and heroin-programs, needle-exchanges, and allowing for small possession of drugs for personal use. Time has come to abandon prohibition and to choose the road of regulation. A large majority in the Dutch parliament wants to start pilotprojects to regulate the growing of cannabis for sale in coffeeshops. Also, projects for a regulated production of the other drugs should be considered, with their sale limited to Dutch citizens. The entire world would benefit from this learning experience.

Peace on drugs?
M. Croes

In this article, the arguments for a liberalisation of the Dutch drugs laws are examined. Will a legalization of drugs result in the lower price and thereby the lower crime rate that the proponents profess? Paying attention to the assumptions behind the logic, it is concluded that the issue is complicated: there are many factors that influence the outcome, factors that are not easily manipulated by policy makers.
Drugs in the Low Countries; the Belgium side of the story
B. De Ruyver

During the past decades, the offer-and-demand market of the drug phenomenon has known an increasing mobility in Western Europe. These developments give a relative value to the notion ‘border region’. In this article the specific problems related to drug trafficking in the Belgian-Dutch border region is discussed from various aspects. First of all we look at the specific phenomenon of ‘coffeeshoptourism’, more specific towards the Dutch border municipality Terneuzen. The outlet of the two coffeeshops at Terneuzen shows a mainly foreign interest in the Dutch cannabis products. Secondly, the increasing problem of dealing premises in some of the major Belgian cities becomes a point of discussion. Years ago this problem was mainly situated in the Dutch city of Rotterdam, while recently this phenomenon is moving to Belgium: the fact that the main outlet for these premises is situated in Northern France explains these shifts partly, together with the more repressive actions taken by Dutch authorities. In the last part of the article we give a glance at the rising of cannabis plantations and synthetic drug labs in Belgium and how this problem is partly catalyzed by Dutch criminal networks.

Coffeeshops, Dutch drug policy and Europe
T. Blom

Will Brussels make an end to national drug policies and its most specific Dutch form: coffeeshops? In this article the author addresses this question by describing the formal structure of the European Union, its drug strategies and action plans, its juridical instruments like the Framework decision on harmonizing drug legislation and the way other European countries look at this specific form of Dutch drug policy. The author concludes that at this moment no binding juridical instrument will force the Netherlands to change its policy. But there are signs that this might change in the future. Harmonisation of laws may result in harmonization of practices and policies.