

International - The Netherlands

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1.

"The national drug policy in the Netherlands has four major objectives: To prevent drug use and to treat and rehabilitate drug users. To reduce harm to users. To diminish public nuisance by drug users (the disturbance of public order and safety in the neighbourhood). To combat the production and trafficking of drugs.

"The primary aim of Dutch drug policy is focused on health protection and health risk re-duction."

Source:

Trimbos Institute, "Drug Situation 2006 The Netherlands by the Reitox National Focal Point: Report to the EMCDDA" (Utrecht, Netherlands: Trimbos-Instituut, 2007), p. 15.

2.

"The sale of cannabis is illegal, yet coffee shops are tolerated in their sale of cannabis, if they adhere to certain criteria: no advertising, no sale of hard drugs, not selling to persons under the age of 18, not causing public nuisance and not selling more than 5 grams per transaction (AHOJ-G criteria). Three extra criteria are: no alcohol vendor, no more than 500 grams in stock and -- in some cities -- a minimum distance to a school or to the Dutch border. In recent years, government policy has aimed to reduce the number of coffee shops. However, the decision whether or not to tolerate a coffee shop lies with the local governments. At the end of 2005, the Netherlands had 729 officially tolerated cannabis outlets (coffee shops). This is a 1.0 percent overall decrease compared to the situation in 2004 (737 coffee shops, see paragraph 10.1). In 2005, the majority of the 467 municipalities in the Netherlands pursued a zero policy (72%) or a maximum policy (22%) with regard to the number of tolerated coffee shops."

Source:

Trimbos Institute, "Drug Situation 2006 The Netherlands by the Reitox National Focal Point: Report to the EMCDDA" (Utrecht, Netherlands: Trimbos-Instituut, 2007), p. 18.

3.

Hard drugs are not tolerated at all, and trafficking of any kind can carry a stiff prison sentence.

Source:

Boekhout van Solinge, Tim, "Dutch Drug Policy in a European Context" (Amsterdam, The Netherlands: Center for Drug Studies, University of Amsterdam, 1999), pre-publication version of an article appearing in Journal of Drug Issues 29(3), 511-528, 1999, available on the web at <http://www.frw.uva.nl/cedro/lib/boekhout.dutch.html> last accessed March 19, 2001, and DrugScope, "Room for Manoeuvre, Overview Report" (London, England: DrugScope, March 2000).

4.

"In the Netherlands, cannabis use is not legalised, only tolerated by the authorities. According to the Opium Act, possession of marijuana for personal use is a crime. However, the law distinguishes between drugs, to ensure a separation of markets; substances are classified as 'hemp' (cannabis products) and 'drugs of unacceptable risk' (other drugs). Toleration of hemp has led to a number of 'coffee shops' coming into existence over the years. Under guidelines issued by the Public Prosecution Service in 1996, these will not be prosecuted for selling cannabis under certain conditions (no minors, no more than 5g, no nuisance, no advertising, no hard drugs). However, under Dutch law possession of drugs remains prohibited and punishable, particularly when above the tolerated quantities. The maximum sentence for the possession or sale of no more than 30 grams of hemp is 1 month in prison (and/or a fine), but a prison sentence of 4 years (and/or a fine) applies to imports and exports or professional cultivation. the maximum sentence for hard drugs is 1 year in prison (and/or a fine) for the possession of 'user quantities,' while it is 12 years in prison (and/or a fine) for imports or exports. These maximum sentences can be raised by one third if the offence has been committed more than once."

Source:

"Decriminalisation in Europe? Recent Developments in Legal Approaches to Drug use" (Lisbon, Portugal: European Monitoring Centre on Drugs and Drug Addiction, November 2001), pp. 5-6, available on the web at http://wldd.emcdda.org/databases/eldd_comparative_analyses.cfm .

5.

"The number of opiate addicts in the Netherlands □ between 26,000 and 30,000 □ is stable, and low compared to other EU countries (2.6 per 1,000 inhabitants in the Netherlands; 4.3 per 1,000 inhabitants in France; and 6.7 per 1,000 inhabitants in the United Kingdom)."

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Nov. 2002), p. 8.

6.

Regarding drug use among young people aged 12-18, in 2002 the Trimbos Institute reported that "The use of illegal drugs is still low among this age group. Cannabis scores highest, but the use of hard drugs and synthetic drugs is almost non-existent in this age group and deaths and overdoses are rare. Cannabis use increased steeply from 1988 to 1996, but lifetime and last month prevalence stabilised afterwards (until 1999) at 19% and 15%. Boys are more frequent users than girls. The first experimental drugs for young people are predominantly tobacco and alcohol. This pattern remained stable over the last five years or even tended to decrease. Young alcohol users also use cannabis and tobacco more frequently."

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Nov. 2002), pp. 9-10.

7.

Regarding drug use among people aged 12 and over in the Netherlands, the Trimbos Institute reported, "Prevalence rates for cannabis use were roughly twice as high among men than women (in 2001: LTP 21.3% vs. 12.8%; LMP 4.3% vs. 1.8%). This also applied to the percentage of users who ever tried hard drugs¹ (LTP: 6.2% vs. 3.7%). However, there was no gender difference for the percentage of current users of hard drugs (LMP: 0.8%). Increases in use between 1997 and 2001 were evident both among men and women. Yet, the change in last month prevalence of ecstasy use was largely due to women (0.1% in 1997 and 0.5% in 2001)." (Note: LTP = Life Time Prevalence; LMP = Last Month Prevalence)

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Nov. 2002), p. 28.

8.

"Injecting behaviour among drug users in the Netherlands has decreased in the past decades. " From 1986 to 1998 the prevalence of injecting among drug users recruited in the Amsterdam cohort on HIV and AIDS declined from 66% to 36%

(Van Ameijden & Coutinho, in press). This is largely due to increased injection cessation rates and reduced relapse into injection. "□ According to a recent cross-sectional study among young problem drug users in Amsterdam (mean age 25 years), 39% had ever injected drugs and 22% was a current injector (Welp et al., 2002). Compared to a sample of young drug users from the Amsterdam cohort study recruited between 1985 and 1989, a history of injecting had declined from 83% (1985-1989) to 56% (1998). "□ According to LADIS (2000) 13% of the opiate users in treatment was an injector."

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Nov. 2002), p. 41.

9.

The ratio of drug-related deaths in The Netherlands is the lowest in Europe.

Source:

Johnston, Philip, The Daily Telegraph, "International Conventions: UK Regime Among the Most Severe in Europe" (London, England: The Daily Telegraph, March 31, 2000.), and van Dijk, Frans, and de Waard, Jaap, "Legal Infrastructure of the Netherlands in an International Perspective: Crime Control" (The Hague, Netherlands: Ministry of Justice Directorate of Strategy Development, June 2000).

10.

Violent crime rates in The Netherlands are much lower than in the US, as is the rate of transmission of HIV/AIDS through injection drug use.

Source:

van Dijk, Frans, and de Waard, Jaap, "Legal Infrastructure of the Netherlands in an International Perspective: Crime Control" (The Hague, Netherlands: Ministry of Justice Directorate of Strategy Development, June 2000).

11.

The level of official corruption in The Netherlands, as reported by the watchdog group Transparency International and noted by the Dutch Ministry of Justice, is remarkably low, rating a better score in the Corruption Perception Index than the UK, Germany, and Austria, all of whom were rated as less corrupt than the US.

Source:

"Transparency International Annual Report 2000" (Berlin, Germany: Transparency International) from the web at http://www.transparency.org/documents/annual-report/ar_2000/ti2000.html last accessed Oct. 13, 2000, and van Dijk, Frans, and de Waard, Jaap, "Legal Infrastructure of the Netherlands in an International Perspective: Crime Control" (The Hague, Netherlands: Ministry of Justice Directorate of Strategy Development, June 2000).

12.

"The government increasingly seeks the international debate. In December 2001, an international conference on municipal cannabis policies was organised by the Dutch Minister of Justice. This Cities Conference in Utrecht was attended by 120 participants from 50 European cities from 20 countries. It was concluded that in many of these cities a de facto policy of decriminalisation of the possession of small amounts of cannabis has taken place. Thus, the gap between official policy and practice is widening (Ministerie van Volksgezondheid, Welzijn en Sport, 2002a, p.17-18)."

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Nov. 2002), p. 23.

13.

According to a report in the British Medical Journal in September of 2000, "Cannabis use among Dutch schoolchildren aged 10-18 years has fallen for the first time in 16 years, a national survey of risk behaviour among 10,000 young people has shown." The story notes that according to Trimbos, the Netherlands Institute for Mental Health and Addiction (www.trimbos.nl), "about one in five young people had used cannabis at some point in their lives but less than a tenth had used it in the previous four weeks ("current users")."

Source:

Sheldon, Tony, "Cannabis use falls among Dutch youth," British Medical Journal (London, England: September 16, 2000), vol. 321, p. 655.

14.

According to "Netherlands Drug Situation 2000," a report prepared for the European Monitoring Centre on Drugs and Drug Addiction, "Cannabis is by far the most popular illicit drug in the Netherlands. The total number of cannabis users in the Netherlands is estimated at some 320,000. The estimated number of cannabis dependent persons may vary between 30,000 and 80,000. Until 1996 cannabis use showed a steep increase among pupils. However, between 1996 and 1999 prevalence rates stabilised. Prevalence rates of hard drugs, such as cocaine, amphetamines, ecstasy and opiates are much lower. Use of these drugs also stabilised among pupils. Changes in policies, availability, attitude or lifestyle have been put forward to explain these trends but the precise factors remain to be determined. Drug use is higher certain subpopulations [sic], including visitors to house-parties, discotheques and cafes (particularly ecstasy), young people with multiple psychosocial problems and (juvenile) delinquents in judicial institutions. There are indications that cocaine sniffing is increasing among 'outgoing' youth in Amsterdam. The number of opiate addicts is estimated at between 25,000 and 29,000. Most of these users also consume other substances. Cocaine is becoming the main drug in small networks of (young) marginalised drug users."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of The Netherlands, Trimbos-institut, "Netherlands Drug Situation 2000" (Netherlands: Trimbos and EMCDDA, December 2000), p. 6.

15.

According to "Netherlands Drug Situation 2000," a report prepared for the European Monitoring Centre on Drugs and Drug Addiction, "In all major Dutch cities syringe exchange services are available anonymously."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of The Netherlands, Trimbos-institut, "Netherlands Drug Situation 2000" (Netherlands: Trimbos and EMCDDA, December 2000), p. 8.

16.

(2003 - The Netherlands) "In 2003, the Opium Act was amended to legalise the medical use of cannabis. Since September 2003, prescribed medical cannabis is available at pharmacies for patients with indicated disorders."

Source:

Trimbos Institute, "Report to the EMCDDA by the Reitox National Focal Point, The Netherlands Drug Situation 2003" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, Dec. 2003), p. 1.

http://www.emcdda.europa.eu/attachements.cfm/att_34350_EN_NR2003Netherla...

17.

(1997, 2001, & 2005 - The Netherlands) Prevalence of drug use in the Dutch population 15-64 years of age:

Lifetime Prevalence

Last Year Prevalence

1997

2001

2005

1997

2001

2005

Cannabis

19.1

19.5

22.6

5.5

5.5

5.4

Cocaine

2.6

2.1

3.4

0.7

0.7

0.6

Ecstasy

2.3

3.2

4.3

0.8

1.1

1.2

Amphetamine

2.2

2.0

2.1

0.4

0.4

0.3

LSD

1.5

1.2

1.4

-

0.0

0.1

Heroin

0.3

0.2

0.6

0.0

0.0

0.0

Source:

Trimbos Institute, "Drug Situation 2006 The Netherlands by the Reitox National Focal Point: Report to the EMCDDA" (Utrecht, Netherlands: Trimbos-Instituut, 2007), p. 26, Table 2.1.

<http://www.a-klinikka.fi/ajankohtaista/paihdetiedotusseminaari07/Nationa...> Report Netherlands 2006 met omslag_190 pages.pdf

18.

(2005 - The Netherlands) "In 2005, the prevalence of last year cannabis use was about 2.5 times higher among men than women (7.8% as against 3.1%). This male-female ratio was marginally smaller in previous years (almost 2). Apparently the gender gap is not narrowing."

Source:

Trimbos Institute, "Drug Situation 2006 The Netherlands by the Reitox National Focal Point: Report to the EMCDDA" (Utrecht, Netherlands: Trimbos-Instituut, 2007), p. 26.

<http://www.a-klinikka.fi/ajankohtaista/paihdetiedotusseminaari07/Nationa...>

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