

## **Investigation of alternative drug abuse policies in the Netherlands**

**R.F. Schreuder, LL.M., Ms. V.M.F. Broex, M.Sc.**

In this report you will find an summary of the account on the explorations of alternative drug abuse policies in the Netherlands. The motive for this report is the need of the departments of Health, Welfare and Sport, of Justice as well as the department of Internal Affairs to get more insight into the development of drug use and the effects of aid and prevention.

The exploration is made to assist in forming an image on the consequences of 'autonomous' developments and policy measures on the number of drug users and the associated public nuisance and criminality caused by them. In alternative scenarios the possible consequences of government policies are investigated. The Foundation for Future Health Scenarios (STG) has installed a scenario-committee for this investigation. This committee has been supported by Bureau O+S (Amsterdam Bureau of Research and Statistics) and the staff of the STG. The committee started with a very extensive analysis of the relation between drugs and addiction. In this report addiction is considered as an undesirable and presumably not or very difficult to beat dependency on drugs.

It is established that the concept of 'addiction' is important for three groups in society: for those who are addicted, for those who have to exert themselves to abstain from drugs and for those who professionally have to oppose or treat addiction.

### The historical context

In the section historical observation indications are given that government interference with alcohol addiction goes back as far as the eighteenth century. Government interference with drug addicts started at the beginning of the twentieth century. In 1919 the Opium Act was passed. Until the 1960's, opium use was confined to the Chinese community. Since the sixties there is a more repressive action from the government as far as drug use is concerned, mainly because of the increasing number of heroine and cannabis users.

The report establishes that there are two undulatory motions: formalization / informalization and moralizing / medicalizing. The undulatory motion formalizing versus informalizing indicates the way society deals with (potential) addictive means: is it either a matter of tighter regulation or of a more flexible regulation of drug use. The undulatory motion moralizing versus medicalizing refers to the way society deals with abuse.

Will all use of drugs be criticised or even forbidden or will the attention be focused on specific socially or medically treatable groups of addicts? The periods in which these undulatory motions tend to shorten. It is concluded that in a growing dynamic society the fore-mentioned social paradigms lose more and more in influence and durability.

### The drug policy

From the description of the official Dutch Drug Policy it appears that the main objective has not substantially changed over the past 25 years. It is essential to make a contribution towards prevention and to meet the risks, which drug abuse means to the individual, his environment and society. This objective is in line with the policy such as is carried out internationally. The relief work is pragmatic. Reduction of damage to certain groups is the main objective. Since the drug problem changes its character all the time - for instance the recent increase of

synthetic drugs like ecstasy - the prevention efforts are mainly aimed at preventing and minimizing recreational use of specific drugs. In the report it is illustrated in which way local authorities have, with certain freedom, developed their own drug-policy.

Internationally the Netherlands attempt to seek understanding for the policy used, without deviating from international treaties.

### The extent of the drug use

Based on many surveys and explorations the report establishes that in the Netherlands - despite the greater availability in comparison to other countries - there is a relative limited use of cannabis. The number of heroine addicts is estimated at around 25.000. Little is known by police and relief workers as to the number of problematic users of cocaine and ecstasy. Although the use of ecstasy appears to still increase, the peak in experimenting with hard drugs appears to have passed.

The scenario committee expects that the consumer patterns in the use of drugs and the characteristics of user groups will change faster than ever before. It is also expected that as a result of the increasing information on the existence and the effects of drugs, the variety of drugs and the number of users will increase. There will be an increasing demand for psychotropic substances that have a rapid effect, but will have no or hardly any adverse consequences.

The knowledge on the harmful consequences of excessive drug use is increasing. The indirect mortality is mainly caused by intravenous use and related infections. Injections are most common amongst heroin users.

The "MDMA" (ecstasy) market appears to be very vulnerable to possible poisoning but has only few victims just as yet. The harmful consequences of cannabis are limited. Problems may occur when cannabis is being used by people with psychiatric problems.

The "care-consumption" of (ex-) drug users infected by HIV, approximately 1,500 patients and HCV (Hepatitis C virus), approximately 10,000 cases, will be substantial in the near future. This not only concerns frequent hospital treatments but also the care of chronic patients.

### Addiction care

In the report a survey is given of the existing care in the field of addiction. It is concluded that care institutions are capable of reaching most of the drug addicts; either through the provision of methadone, or through contacts with the police and the judicial system or because there is a clear cut care request. In the year 1996 56,833 persons were registered at the ambulant addiction care: 40,4% with alcohol related problems, 43,1% with drug related problems, 5,2% with soft drug related problems and 11,3 % with medicine related, gambling related or other addiction problems.

From the approximately 25,000 drug addicts, mainly heroin users, about 85 % is reached. From the alcohol addicts only about 5 % is reached.

The report gives a detailed account of the objectives and results of the provision of methadone. It is concluded that the mental and physical health of serious addicts does not deteriorate by the use of methadone, but there is little or no decrease in the criminality committed by these addicts.

It appears that with the so called 'force and pressure policy' the chances increase at successfully participating in the addiction care. 'Pressure' treatment is longer maintained than voluntary treatment. The alternative to pressure treatment is being imprisoned. The effectiveness of the addiction care has neither been

sufficiently investigated nor convincingly been proven. The programs at the intramural institutions are aiming at abstinence. The drop-out percentage is high and amounts up to about 75 %.

Research shows that even with a strict selection after one year only 30% and after 5 years only 20 % of the treated addicts are still abstinent. The objectives of ambulant care are still insufficiently explicit to allow an evaluation of the efficacy of this care. Dutch methadone programs have never been scientifically evaluated. The only justified conclusion is a significant drop in mortality due to an overdose. Methadone is hardly effective when trying to kick the habit quickly.

There is a growing tendency to implement more maintenance treatments and less schemes aimed at minimizing drug use. The average age of the methadone clients advances steadily. There are substantial regional differences with regard to the policy on the provision of methadone.

The referral from low threshold drug care to high threshold provisions is limited. Especially the methadone user will seek the program that suits him and not the program that will change his habit. Relief workers take part in solving practical problems, like reorganizing financial debts and housing.

The provision of methadone adds mainly to the regulation of the large group of problematic users. Other programs, like the morphine program in Amsterdam, show that the provision of opiates does not bring a definitive solution, but it does make problems manageable. Preventive programs like syringe change, information on 'safe' drug use and safe sex are a very important by-product of drug care.

According to the scenario committee the expectations of the experiment with heroin provision should not be too high. It is expected that 'additional' use will still remain. The scenario committee expects, that without policy interventions by the government and municipal authorities, the drug care will not undergo great changes.

The sector does constantly accommodate to the needs of new groups and new problems. The sector allows for the whimsical expectations of the addicts, the policy makers and of the relief workers themselves. It is expected that the contribution of medical therapies will grow. The social-psychiatric model of 'Pills and Talks' will be a common phenomenon in addiction care.

The sector itself expects that drug care can improve by integrating the drug care in mental healthcare. On the level of umbrella organisations this integration has already been reached. Moreover on a regional level similar initiatives are incited.

### Prevention

The preventative efforts are aimed at information on the effects and risks of the use of certain substances. It is not always possible to find causal connections between preventative efforts and the obtained results. This is also caused by the lack of a broadly endorsed 'message' of drug prevention programmes.

Showing the effects of prevention can, to the judgement of the scenario committee, best be tackled by making protocols for the prevention practice and by developing guidelines. To be able to show the profit of prevention, again according to the judgement of the scenario committee, the objectives must be clearly formulated and measurable.

Apart from disseminating information, prevention can also be pursued by a better regulation of production and sale (minimize the amount of selling points and advertising activities and fixing age limits). Apart from 'developmental work' for the benefit of prevention programs, there is not enough attention for the implementation and evaluation of the programs. The emphasis in many prevention programs is on the awareness of the risks. There should be more affiliation to some positive effects of drug use. The scenario committee has established that the prevention programs are mostly reactive. A more future oriented view is lacking. A

national monitoring of drug use could facilitate such a contribution. In the report several proposals are given for the improvement of providing information in this field.

### Criminality

Rational care on drug use is mainly based on the fear for two harmful effects for society: harming the health of the user and the drug related criminality, such as violating the Opium Act, offences against property and violence under the influence of drugs. Drug related criminality relates mainly to offences against property. It is the opinion of the committee that criminality by drug users must mainly be seen as a phenomenon caused by the illegality of the drug. Instead of causality it seems that functionality offers a good explanation for the strong relation between deviant drug addiction and criminality. Successful criminality allows users to buy drugs and on the other hand the addiction to illegal substances is an excuse for criminality. Criminal acts by non-deviate hard drug users is not essentially different from the general population. The use of soft drugs does not or hardly lead to 'acquisitional' criminality.

Repressive methods are reasonably effective in restricting the availability of 'undesirable' consumption goods (drugs). The other side is the secondary harmfulness of the illegal substances. Moral rejection and criminal law repression lead to a situation of deviant marginality of traders and users. They are closely related to violence and criminality against property. Drug related criminality is the price society pays for the penalization of certain psychotropic substances.

Drug related criminality heavily affects the judicial system. 33 % of all detainees are drug addicts. Among jail population 50 % is addicted to drugs. Material damage amounts up to approximately 650 million Dutch guilders. The relation between acts of violence and drug abuse are not of the same tenor. Within a constellation of factors the psycho-pharmacological effect of certain substances may play a role to increase violence.

It is not expected that in an unchanged system of penalization major changes will occur in drug related criminality.

### Public nuisance

Drug related public nuisance is one of the many forms of nuisance, like noise pollution, traffic nuisance and catering related nuisance. Drug related public nuisance is a complex and difficult to define comprehension. It is sometimes determined objectively, but mostly it has a subjective character. In the middle of the eighties drug related public nuisance was mainly a problem of the city of Amsterdam. In the nineties other cities are also experiencing the public nuisance of dealing in the streets and heroin prostitution. Often the public will react by their perception of failing local policy. Drug related public nuisance is mainly caused by a relatively small group (5,000) of problematic heroin users. It mainly occurs in neighbourhoods with social arrears. The incidental public nuisance caused by coffee shops is often related to the more common bar related nuisance. Research shows that the public nuisance caused by coffee shops is relatively small or altogether absent.

The experienced public nuisance seems to have increased over the past years. This is not only caused by drug users. It is mainly influenced by the dissatisfaction with the neighbourhood, the attitude towards drugs, the relatively increasing number of immigrants and illegals amongst drug users and the declining tolerance on drug use.

### Public opinions

The public opinion on this moral and complex theme is very hard to measure. The 'opinion climate' is very strongly determined by the views of informed and interested persons. After a number of inquiries it is apparent that the 'stepping stone' theory still has a large number of followers in the Netherlands, whereas scientific research shows there are not enough grounds for that theory. Still 95 % of the Dutch pupils/students find drugs harmful. This has not changed over the past ten years. Almost 40 % of the population thinks that marihuana or hasj are health related risks. The Dutch more often think that the use of other illegal drugs is dangerous. The majority is of the opinion that ecstasy is a health hazard. Similar results are found in other European countries.

Increasingly fewer Europeans consider hasj and marihuana a hazard to the health. Sweden is an exception. 90 % of the Swedish population find hasj to be severely hazardous.

The 'drug problem' is mainly experienced as a burden to society and less as a moral problem. Dutch people do not look upon drugs as a moral problem, it is a practical problem: drug users need help. They are mainly seen as victims. In general the public is poorly informed on the drug policy. Two third of the population give priority to the fight against drug trade and the forced treatment of drug addicts. The support for free medical provision of heroin is substantially less than for forced treatment. Urgent measures advocated by the Dutch people are the free supply of syringes and solid information. Only 25 % find treatment and resocialising of the drug addicts necessary. Only 8 % advocates the free sale of heroin. As far as soft drugs are concerned this percentage is 24 %. Inhabitants of the cities are, in general, more against than pro punishing the cannabis users. Over the past few years there seems to be a marked rise of advocates of decriminalizing the use of drugs and under certain conditions tolerate or legalize coffee shops.

The general view is, that the Dutch are (still) badly informed on drugs and drug policy.

### The scenarios

For the benefit of the policy discussion some scenarios have been developed in this report, which aim to offer a reference framework for future drug policies. The scenario committee is well aware that the possibilities for radical changes in law and regulations are very limited. There is more room for a critical review of the objectives and results of the relief work, the prevention efforts and the prosecution policy.

Against the background of the developments in drug use, the increasing knowledge concerning the harmfulness of the different drugs, the relatively modest results of relief work and prevention and the slowly changing public opinion, the scenario committee has developed four distinctly different scenario's. It is not expected, by the scenario committee, that either one of these scenario's will be a socially accepted reality within the near future. The scenario committee does believe that the scenarios will give some kind of structure to the discussion of the morally burdened 'drugs problem'. Two 'critical uncertainties' form the dimensions of the co-ordinate system, in which the scenario's in this report are structured:

#### *Formalization versus informalization*

This refers to the way in which society deals with drugs in general. Is it a question of a more tight or lesser tight regulation with regard to the use of drugs.

#### *Moralizing versus medicalizing*

This refers to the way in which society deals with the use of drugs. Are all forms of

use criticised or is all attention mainly aimed at the treatment of problematical cases/victims.

By combining these dimensions/co-ordinates 4 scenario's arise:

'Risk limitation'

'Drugs free society'

'Deregulation'

'Differentiated legalization'

In essence the four scenario's are summarized below. They are described on the basis of 5 theme's: 'general contours', 'vision', 'prevention', 'relief care' and 'police and justice'.

By "steps in the direction of..." facts and possibilities are described that, according to the scenario committee are possible milestones in the realization of a certain scenario.

#### Scenario: risk limitation

Starting point is, that the risks of abusive drug use should be avoided as much as possible. The point of view is that the use of hard and soft drugs can lead to addiction. Addiction makes one dependent and it is hazardous for one's health. It causes annoyance, unsafety and criminality. Addiction to drugs should, like addiction to tobacco and alcohol, be strongly prevented by limiting the possibilities of selling the drugs, by setting an age limit at which one is able to buy 'soft drugs' and by information campaigns. The objective is to diminish the number of drug users and to improve their health.

The prevention efforts are differentiated: on the one hand general information on the actions and the risks of drug use, on the other hand secondary prevention to avoid damage caused by drug use.

Relief work is aimed at avoiding the risks of drug use as much as possible. Problematic drug users are kept in line as much as possible. The highest priority by police and the justice department is given to tracing traffic in illegal drugs. The number of sales possibilities is limited. Every municipality has a maximum of 'tolerated' sales possibilities. The experimental 'force- and pressure' projects of the nineties have - on a restricted scale - become part of the relief work.

#### Scenario: drug free society

The starting point is, that the use of (potentially) addictive substances are hazardous to the health of the individual and to the society as a whole. Therefore these substances have to be severely regulated.

All substances, of which it will be likely that they are ( short or long term) hazardous to health and possibly have an addictive effect, will be placed under the Opium Act. The production, trade and the use of those drugs are completely forbidden. Drugs do not belong in the Dutch society. The production, sale and use of all drugs will be systematically defrayed by a combined effort of all parties concerned. Prevention of the use of drugs has the highest priority. The objective is minimizing the use of drugs and the discouragement of the use of drugs under threat of penalties, compulsive admission and jail sentence.

The main objective of the relief work will be kicking the habit fast and effectively. 'Safe' use of drugs will not be possible. When the use of hard drugs is determined one can only be treated in a special relief clinic. These clinics will direct their treatment towards total abstinence. When causing criminal behaviour or public nuisance the drug addict will undergo compulsive treatment or will be given a jail sentence.

### Scenario: deregulation

The starting point for this scenario will be the vision that the prohibition of drugs has unacceptable adverse effects on the right of self-determination and will be a threat to democracy. The government does not have the 'moral' right to prohibit the use of drugs. The use of most drugs is not considered, in principal, more hazardous for public health than the use of tobacco and alcohol. The sale or use of most drugs does not need to be submitted to more or other rules than those which exist for those products.

All these products should be subject to similar supervision as those controlled by the "Food and Drugs Act". All previously forbidden products will be controlled and will be provided with a clear product description. Insight will be given into the effects, dosage, side-effects and a warning for special groups at risk. Products that do not comply with those safety demands will be taken off the market. The drug addict will make use of the regular somatic and mental healthcare for certain products.

### Scenario: differentiated legalization

The starting point for this scenario is that addiction has an unsettling effect on the individual and the society. Regulation is necessary for the use of alcohol, tobacco and soft drugs as a means to restrict hazardous effects for public health. A complete ban on the use of drugs is not necessary and not desirable. The regulations for the use of these substances are attuned as much as possible. The consequences of the use of hard drugs, including ecstasy are so unsettling that the production and trade are forbidden. The education with regard to hard drugs is clearly different to soft drug education. The message in hard drug education is that the use of it is hazardous for one's health. The message in soft drug education is that it should be dealt with sensibly.

All drug addicts can make use of the regular institutes. When regular relief work does not have the desired results the user of hard drugs will undergo 'force and pressure' treatment in special institutes. Low threshold programs for difficult to reach groups are aimed at attaining abstinence. The number of drugs, of which the trade and the use are forbidden, is limited. Those hard drugs which are known to be very hazardous for the health are forbidden. The use of soft drugs has been submitted to restrictive measures.

The selling places are limited, advertising is forbidden and due to tax measures the price will be relatively high. Soft drugs are submitted to a similar regime as alcohol and tobacco. The police and justice department will concentrate fully on the fight against hard drug trade.

### Consequences

For the assessment of the consequences of the scenario's the following criteria could be used:

- The number and profile of drug users;
- The health of drug users and drug addicts;
- Public nuisance for society and criminality;
- The quality of (illegal) drugs;
- The extent of drug tourism;
- The image on the Netherlands abroad;
- The extent of the social costs.

A judgement on the basis of the alternatives, requires, according to these criteria and the judgement of the scenario committee, a closer elaboration and more defined scenarios as well as a discussion with authorities and representatives of all parties concerned on this subject. For the criterion "social costs" the committee has given a

first opening in appendix I of the full report. Agreement should be reached on 'allocation of costs' before realistic estimates can be made.

### Points of attention

The scenarios have been described in a rather extreme way. The scenario committee does not give preference in this report to either one of the scenarios. In the epilogue of this report the committee points out some points of attention which, at further development of the drug abuse policy, should be explored closely.

### Good image building

A good and clear image of use and users is benefited by an obvious education of the public. The possibility of a negative image of all users originates when a small group of hard drug users is involved in crimes against property and other criminality.

It is very important that the public and especially the younger persons will be educated unambiguously on the hazards of certain drugs.

### Heroin use and criminality

There is no direct relation between the use of heroin and criminal behaviour. Drug related criminality is mainly an expression of the before use already marginalised deprived youths. Only a very small minority of the Dutch drug users are addicted to heroin. This is the users pattern which has given drug use a very bad name in society. This does attribute to maintaining the present taboo's concerning drugs.

The tests on medically provided heroin should form a turning point in the opinion on heroin addicts. They should be able to choose for a life with or without heroin and the possibilities of a curing treatment.

### Ecstasy

For the majority of the users of ecstasy this is a relatively harmless and passing, recreational use. Little criminality is associated with it. The risks are, according to the users, mainly situated in the contaminated market. The committees opinion is that the neurotoxicity of the drug might result in long term damage.

### Eco-drugs

Under this generic name a wide variety of non addictive, partly psycho-active substances and herbs are hidden. Considering the history on the use of these products, the committee does not expect, in contrast to ecstasy, any long term serious complications.

### Prevention and relief care

The government and the field should, in a combined effort, pay more attention to formulating the objectives for and the evaluation of prevention and treatment. In this field effectiveness can increase significantly according to the committee.

### Unpredictable developments

The actual situation in the field of drug use could change dramatically by:

- new eco-drugs;
- 'new users' categories;
- legalizing of certain drugs;
- new (medicine) and treatment possibilities.

The committee expects that in every scenario the demand for drugs will persist. It is the committees opinion that in the near future a new phase of informality of user patterns and further medicalization of related problems will set in.

This could result in more users as well as a more controlled use of certain drugs.

Despite an increase in use, the need for addiction care might even decrease.  
The relation between use and social disintegration could become less self-evident.