

Report on Holland's Approach to Drug Use

Since an increasing number of Americans are questioning the effectiveness of our present policy toward illegal drug use, it is useful to review the efforts of countries, which have tried different approaches. One such country is Holland.

Distinctive Dutch experiences, which differ from those of other Western developed countries, influence that country's attitudes toward drug policy.¹ In the 19th century Dutch colonies provided much money to the national treasury through opium and cocaine production. Therefore enforcement of Dutch drug policies, even those that were products of international treaties, was not vigorous. As a result of US initiatives to limit international opium sales, two international conferences--1909 and 1911-- resulted in The Hague Opium Convention of 1912. Article 9 of that Convention required that signatory countries enact legislation restricting the production and sale of drugs to medicinal purposes only. Holland did not ratify this Convention until 1919 and did so by enacting the Opium Act, which essentially forms the basis of the nation's present drug policy

The loss of the Dutch colonies during World War II, the recognition of an increased use of marijuana after the war, and the presence of Chinese opium smokers in the country led to more consistent, repressive anti-drug activity and the addition of marijuana to the list of illegal drugs in 1953. Further, a 1961 International Single Convention on Narcotic Drugs, passed to establish some uniformity to the variety of international drug treaties signed since 1911 (prohibiting cultivation and trade of naturally-occurring drugs such as cannabis), required the approximately 180 signatory countries to pass prohibitory drug laws.

Additional restrictive international treaties followed: the 1971 Convention on Psychotropic Substances (bans the manufacture and trafficking of synthetic drugs such as barbiturates and amphetamines), and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (requires states to criminalize illicit drug possession).

However, the excessive use of police force during Holland's student riots of 1966 led to a backlash against strong enforcement and once again to less vigorously punitive drug policies. Against this background, a new problem of increased heroin usage in the 1970s and its associated violence led the Dutch government to call for a total analysis and review of official drug policies and problems. The Working Party on Drugs (the Baan Commission) was created. This commission's findings led to revision of the 1919 Opium Act in 1976 which has

¹ The National Drug Policy: The Netherlands, Benjamin Dolin, Law and Government Division, Library of Parliament, August 15, 2001

determined the subsequent course of Dutch Drug Policy, while still paying lip service the 1961 International Single Convention on Narcotic Drugs.

Also important is that the Dutch, living in one of the most densely populated and urbanized countries of the world, have a strong history in respecting individual freedoms and the well-being and health of society as a whole. The government is relegated to only a supportive role regarding moral issues.

The social climate and public awareness of cannabis use at that time was fertile for accepting the Baan Commission recommendations. A National survey of 1000 drug users in the Netherlands by Herman Cohen in 1969 showed that cannabis addiction was rare and that most use was by persons of a relatively high level of education and that the threat of imprisonment was the most harmful of all consequences of drug use that could be employed.²

The Baan Commission's recommendations aim toward minimizing the risks and hazards of drug use rather than the suppression of drugs. Dutch drug policy gives priority to prevention and health care for the individual while aggressively enforcing measures against organized crime groups. The emphasis is on the reduction of harm to the individual, society, and the immediate environment. The Baan Commission and a similar, nearly simultaneous but more theoretical report (The Hulsman Commission 1971)³ both recommended the decriminalization of marijuana use⁴. The revision of the Opium Act in 1976 incorporated this recommendation. It is interesting that in the United States, the Shafer Commission created by President Nixon at the same time (1971), also recommended decriminalizing marijuana. He neither followed that advice nor released the report.

The above information serves as the background to a summary of the approach Holland has used for the past 40 years. The Dutch experience provides lessons

²Cohen, H. (1968) 'Drugs, druggebruikers en drugscene.' Samson Alphen a/d Rijn, 1968

³ *The Case of Two Dutch Drug Policy Commissions. An exercise in harm reduction 1968-1976.* Peter Cohen. Paper presented at the 5th International Conference on the Reduction of Drug related Harm, 7-11 March 1994, Addiction Research Foundation, Toronto.

⁴ The policy recommendations of the 70 pages of the Hulsman report can be summarized:

- Use of cannabis and the possession of small quantities should be taken out of criminal law straight away. Production and distribution should for the time being remain within criminal law but as a misdemeanor.
- Use and possession of other drugs will remain in the sphere of criminal law, as a misdemeanor, but in the long run has to be liberated completely.
- Those who run into difficulties with their drug use should have adequate treatment institutions at their disposal.

for the United States as we grapple with the challenge of separating the role of criminal enterprise from that of individual drug use in the search of a more effective drug policy.

Outline of the approach to drug use in the Netherlands

1. Drug use and addiction are not criminal offenses, while possession, dealing in, selling, and producing drugs are.
2. The effort is to separate the youth and less harmful drugs from the illegal drug market, feeling that exposure to that culture is more likely to lead to use of harder drugs. This is particularly so for young people, but applies to everyone.
3. Dutch policy on drugs makes a distinction between soft drugs (cannabis, hemp, and hashish) and hard drugs (e.g. heroin, cocaine and synthetic drugs), based on the differing short-term and long-term effects and health risks. Offenses with regard to hard drugs are punished more severely.
4. Although cannabis is a controlled substance in Holland and both production and possession for personal use are misdemeanors, punishable by fine, a maximum of five cannabis sativa plants may be grown without prosecution (although they have to be surrendered if discovered) and a minimum of 30 gms of cannabis may be sold in coffee houses and consumed according Ministry of Justice guidelines.
5. Keeping hashish products separated from criminal circles and the illegal market of more dangerous drugs was felt to be important in demythologizing their use and making them less attractive to young people, even if experimentation with these softer drugs resulted.
6. Drug use and addiction are not criminal or legal offenses.
7. Unless personal choices affect others or are a nuisance, incarceration is to be avoided, keeping people out of contact with the criminal justice system.
8. There is a wish to avoid marginalizing any group as counter-productive and harmful. Drug users are treated, at least by the social support system, as normal with normal obligations and opportunities
9. The Ministry of Health, Welfare and Sport coordinates Dutch policy on drugs. Their main objective is to prevent drug use and to limit the risks to users, the immediate environment and society as a whole. Information and prevention programs are widespread, particularly in schools and at police stations.
10. Information and prevention are essential parts of what is seen as a public health approach to discourage first time drug use, to reduce the level of consumption by users, and to prevent casual drug use from becoming problem use, all aimed primarily at young people.
11. The government and private systems dealing with problem drug use believe that the traditional medical/psychiatric model had not been working for hard-core drug users who wanted to continue their habit but with respite care and help when needed. The officials now see these

- individuals not as deviants or criminals and try to look at the underlying medical, psychological, and social issues and deal with them in a multifaceted and pragmatic way. Treatment, though not compulsory, ought to be facilitated.
12. Treatment, when wanted and needed, is largely outpatient, lasting usually 3 to 12 months. There are crisis intervention teams. The aim, particularly with youth is to avoid social isolation and to have 24 hour per day help available. They try to move problem users quickly into mainstream health and social services to avoid stigmatizing them.
 13. Treatment options are available, aimed at preventing casual users from becoming problem users and at curing addiction. If it isn't feasible for the problem user to successfully complete treatment, then harm reduction is emphasized which includes needle and syringe exchange, methadone and heroin maintenance treatment, and provision of so-called 'user rooms' where the public use of hashish products is carefully controlled by rigorous guidelines that are well understood.
 14. The Ministry of Justice is responsible for combating drugs production, trafficking, importation, and sales, all of which are illegal and subject to punishment. The Ministry has published official guidelines of tolerance (*gedoogbeleid*) indicating which offenses are not to be prosecuted. Criminal enterprises are pursued and a close police eye is kept on the coffee shops. Police do undercover work, specifically looking for networks of traffickers and cooperate with international efforts to control the source of drugs and to closely monitor the ports (Rotterdam) and the Amsterdam airport, where there is zero tolerance for possession of drugs by passengers.
 15. Individual local authorities may, within the above guidelines, shape details of local drug rules through consultations between the mayor, chief constable, and the chief public prosecutor. Thus local rules may vary in small ways: limitation of parking near the entrance, closing times, licensing rules.

To summarize, the Dutch have taken a more severe approach toward hard drugs because of their short and long term effects. The possession or use of soft drugs (hashish products) are not crimes although cultivating more than five cannabis sativa plants or selling more than 30 grams of marijuana are subject to prosecution. Coffee houses, strictly supervised, are tolerated out of health concerns and can legally sell 30 gms or less of hashish products.

Extensive prevention programs try to discourage drug use or reduce its extent. Treatment is available with the aim of avoiding stigmatizing drug use and re-integration of the problem user back into society.

It is felt that avoiding contact with either the criminal drug organizations or the criminal justice system, particularly by young people, outweighs the opportunities

to experiment with soft drugs and demythologizes their use, reducing the chance of progressing to harder drugs.

Police efforts are aimed toward the national and international suppliers of drugs, particularly through the very busy ports and airports.

Measures aside from the approach toward soft drugs in The Netherlands that shift the emphasis from a punitive approach to one that reduces the harm caused by drug use include:

1. User rooms, which are places where users of hard drugs are given the opportunity to use their drugs in relative peace and under good hygienic conditions. In Holland in 2007 there were 332 user rooms, which check on how users use their drugs, and where medical information and care are available.
2. Heroin treatment by prescription. According to the 2007 Holland drug policy report⁵, heroin treatment by prescription is more effective than treatment with methadone alone. This regimen is associated with improvements in physical and mental health, in social function and with a decrease in criminal behavior.
3. Needle exchange programs: although IV abusers are less common in the Netherlands than in most other countries, this program has reduced the use of borrowed used needles, HIV/AIDS, and hepatitis infections
4. Vaccination against hepatitis B is available

Even after over 40 years of this policy, with admirable results, there are conservative voices raised against the policy, reflecting the Single Convention's and the UN's view that addiction is wrong. There are many citizens in border towns that object to the large numbers of drug tourists. In response, authorities have shut down some of the border town coffee houses⁶. Some legislators have worked unsuccessfully to reverse the present policies returning to a more punitive approach toward drug use and addiction. Even in the medical care community there is still tension between those who view drug use as a medical/psychiatric condition subject to treatment and cure and those who support a harm reduction/social rehabilitation approach, although over the past thirty years the two approaches have come closer together.

Illegal cultivation of marijuana has not stopped. The government since 2007-2008 has ramped up its efforts to detect and prosecute the individuals and criminal gangs behind increased cannabis cultivation. Increased THC

⁵ *Drug Policies in the Netherlands*, D.van der Gouwe, E. Ehrlich, M. W van Laar, Trimbos Institute, 2009, p 18.

⁶ The two towns [Roosendaal](#) and [Bergen op Zoom](#) have in October 2008 announced that they start closing all *coffee shops*, each week visited by up to 25000 French and Belgian drug tourists, closures beginning in February 2009

concentration, reportedly as high as 18% as a result of illegal, purposeful, greenhouse cultivation, has also raised concerns.

The results of the Dutch approach to drug use are instructive⁷:

- The Dutch per capita rates of drug use are lower than US rates in every category⁸
- The overall marijuana use from ages 15-64 is 3.3%
- Teenage per capita marijuana use is one half of that of US teens
- Those seeking help for cannabis-related problems increased between 2001 and 2005 by 22%
- Cocaine user numbers have been stable between 2001 and 2005 as have been the number of cocaine related deaths, but the number of new cocaine users dropped between 2001-2005.
- Drug use in disadvantaged populations is rising
- Almost ½ of all registered drug users are in the Amsterdam region
- Heroin users, as elsewhere, tend to be multi-drug users, including alcohol
- The age at which people initiate drug use for the first time is rising
- Overall age peak for drug use is 25-35
- The percentage of western countries drug overdoses is less by 7 times in Holland than in the US⁹ and is the lowest in Europe¹⁰
 - Holland 10%
 - Europe as a whole 39%
 - US 50%
- The number of drug-related deaths in the Netherlands is the lowest in Europe¹¹
- Criminal investigations into more serious forms of organized crime mainly involve drugs (72%). Most of these are investigations of hard drug crimes (specifically cocaine and synthetic drugs), which are falling.
- The number of soft drug cases is rising, currently accounting for 41% of criminal investigations, chiefly for growing marijuana
- The number of AIDS/HIV cases in the injecting drug population has fallen since 2006 from 9% to 5%, most infected drug users (62%) having become positive before 1996
- The use of hashish and marijuana is stable¹²

⁷ Many of these figures are from the Trimbos Instituut, Netherlands Institute of Mental Health and Addiction, *Annual Report 2006 Article number AF0718*, published in 2007. Others are from *Drug policies in the Netherlands*, Trimbos Institute, 2009, D. van der Gouwe, E. Ehrlich, M. W van Laar.

⁸ "[Drug Policy Alliance: The Netherlands](#)". DrugPolicy.org. 2007-12-18.

⁹ De Zwart and Mensink 1996 and Rossi 1995

¹⁰ *European Monitoring Centre for Drugs and Drug Addiction* (Lisbon)

¹¹ *European Monitoring Centre for Drugs and Drug Addiction* (Lisbon)

¹² 4.2 % of age 10-18 had used at least once and half still do on occasion. One in 1,000 is a daily user. 1987: 23.6% over age of 12---including adults had at some time used

- The overall illegal drug usage is stabilizing and in some cities, even decreasing
- In May 2009, the Dutch Justice Ministry announced that the Netherlands was to close eight prisons because of a decline in crime¹³.

Even after over 40 years of this policy, with admirable results, there are conservative voices raised against the policy, reflecting the Single Convention's and the UN's view that addiction is wrong. There are many citizens in border towns who object to the large numbers of drug tourists which has led the authorities to shut down some of the border town coffee houses¹⁴. Some legislators have worked unsuccessfully to reverse the present course returning to a more punitive approach toward drug use and addiction. Even in the medical care community there is still tension between those who view drug use as a medical/psychiatric condition subject to treatment and cure and a 'drug care' approach warranting a harm reduction/social rehabilitation approach, although over the years the two approaches have come closer together. The van de Donk July 2009 Committee recommendations strike a moderate tone of suggestions.¹⁵

Illegal growing of marijuana has not stopped. The government has since 2007-2008 ramped up its efforts to detect and prosecute individuals and criminal gangs behind cannabis cultivation. Police do undercover work, specifically looking for networks for traffickers and cooperate with international efforts to control the source and monitor the ports (Rotterdam and the Amsterdam airport) closely.

Looking at this thesis from empirical evidence now-after more than 20 years of factual decriminalization (1996)¹⁶, one can observe the following: In Amsterdam drugs like cocaine and heroin are only used by persons who have some

hashish. Last month cannabis use was 5.5% with the highest use in the 23-24 year olds (14.5%) Last month use of opiates was 0.4% and cocaine was 0.6%. Of an Amsterdam population of 692,000, 7.23% are addicts. In the country as a whole, addicts represent 1.0 - 1.4% (cf., a consistent US rate of 1.3%.) At least in comparing Holland and the US, drug policy seems to make little difference in drug use, a conclusion supported by other studies.

¹³ *Flanders Today, Belgian Prisoners to move to Dutch Jail*, Alan Hope, May 26, 2009

¹⁴ The two towns [Roosendaal](#) and [Bergen op Zoom](#) announced in October 2008 that they will close all coffee shops, each week visited by up to 25,000 French and Belgian drug tourists, closures beginning in February 2009

¹⁵ International Drug Policy Consortium *The Netherlands reviews its tolerant approach to drug policy*, <http://www.idpc.net/alerts/review-dutch-drugs-policy-summary>.

¹⁶ Cohen, Peter (1994), *The case of the two Dutch drug policy commissions. An exercise in harm reduction 1968-1976*. Paper presented at the 5th International Conference on the *Reduction of Drug related Harm*, 7-11 March 1994, Addiction Research Foundation, Toronto. Revised in 1996

experience with cannabis. Lifetime prevalence of cocaine among cannabis users is just under 23% (versus 7% in the population as a whole), and of heroin 4% (versus 2%). The large majority of cannabis users have no experience at all with other drugs. Last 30 days use of other drugs is very low among cannabis users (2% for cocaine and 0.2% for heroin). The idea that decriminalizing cannabis and other drugs for individual use would be followed by explosions of other drug use, was not forecast by the commissions, and as appears, rightly so.¹⁷

Summary

Holland is one of several locations, mostly in Europe, which have approached drug use from a 'harm reduction' position. While recognizing drug use as a potentially serious problem, Holland does not treat drug possession or addiction as a crime. Broadly following the treaties (The International Single Convention on Drugs of 1961 and its revisions) which maintain a strong prohibitive stance against presently illegal drugs, the Dutch approach is more gentle regarding hashish products and supportive of those involved in drug use or who become problem drug users. The laws, aimed at separating the softer drug users from either the criminal drug black market or the criminal justice system, accentuate prevention, information, reducing drug use, preventing casual users from becoming problem users, and providing adequate treatment, safe environments for hard drug use, and strong social supports aimed at returning users quickly to a normal social environment.

Although associated with statistics across the board more favorable than those found in the US, including ½ the numbers of US teenage marijuana users, the Dutch system is not without problems. Drug tourism plagues many of the border towns, criminal gangs are still in charge of the illegal drug market, illegal marijuana growing enterprises are increasing, and the number of people seeking assistance for problem marijuana use is growing. For this reason, there are voices (e.g., the Van de Donk Committee report, July 2009) calling for a review of the policy. Although in Amsterdam the use of hard drugs is almost exclusively in those who have cannabis experience, the vast majority of cannabis users have no experience with hard drugs. In Holland, data shows that for most persons, drug use, as in the case with alcohol, is a matter of choice and leisure, not of compulsion.

One can praise Holland's humane approach to drug use and addiction and the results obtained over the past 30 years. However, the tension created between this approach and that of the more punitive international treaties the Dutch have signed, the resistance of the UN community to alternative policies, the more harsh approach toward illegal drugs used by adjacent countries, and the fact that

¹⁷Peter Cohen [*Cannabis use in Amsterdam*](#), a lecture given in Utrecht June 1995.

the illegal drug market remains in the hands of criminals creates fundamental inconsistencies in goals and policies in the Netherlands. Nevertheless, for those looking for guidance in searching for a more enlightened drug policy, the Dutch experience is valuable.