



0. Summary

This document contains a description of the latest developments derived from the 2017 Annual Report of the Netherlands National Drug Monitor (NDM). Tables 1a and 1b provide an overview of the latest figures on substance use and drug crime.



0.1 Developments in legislation and policy

Developments in drug policy

New Opium Act substances

As of 25 May 2017, List I of the Opium Act contains a number of new substances: PVP, acetylfentanyl and 4-FA. Phenazepam has been added to List II.

Widening of the powers to close drug premises

In August 2017, a bill was submitted to the Dutch House of Representatives to extend Article 13b of the Opium Act (Widening of the powers to close drug premises). This bill arranges that the authority of mayors to shut down residential or other premises also applies in the event of illegal preparatory activities prior to the preparation or cultivation of drugs (if objects or substances are found that are clearly intended for this purpose).

Consequences of illegal preparatory activities

After the implementation of Art. 11a of the Opium Act, growshops were closed, but they often adapted to the new legislation by, for instance, selling products from different locations and using the internet. It also seems that it is becoming increasingly difficult to obtain drug cultivation products in the Netherlands and that they are more often obtained from abroad.

Resident requirement applies nationally

In a ruling made on 30 September 2016, the Supreme Court deemed that the resident requirement applies throughout the country and not only to municipalities suffering from nuisance resulting from drug tourism.

Bill concerning the closed coffee shop supply chain

On 21 February, the House of Representatives adopted the bill concerning the closed coffee shop supply chain. It is waiting to be addressed by the Dutch Upper House. The bill intends to transparently regulate the entire coffee shop supply chain. The most important proposal is to introduce a system of ministerial exemptions for professional growers, to be granted by the Minister of Health, Welfare and Sport (VWS).

Scenario study

An official exercise investigated the practical consequences of three possible future scenarios related to the cannabis policy (cultivation and sales). The scenarios addressed regulation of the cultivation and sales, toleration and prohibition.

Research into substance use of violent offenders

To reduce violence being used by those under the influence of alcohol and drugs, since 1 January 2017, investigators have the authority to order people suspected of committing a violent crime to cooperate in an alcohol or drug test. If the tests reveal that a suspect committed the violent crime under the influence of alcohol or drugs, this can be more specifically and more systematically taken into account in the sentence that the public prosecutor will request and the sentence that the judge will impose.

Driving under the influence of drugs

Since 1 July 2017, the police have the authority to employ saliva tests to identify driving under the influence of drugs. An Order in Council (Algemene Maatregel van Bestuur - AMvB) specifies limit values for the levels of both alcohol and drugs (including medicine) in the blood, for both their single or combined use.

Legislation addressing nuisance in the living environment

As of 1 July 2017, nuisance in the living environment, including that related to drugs (for example a penetrant weed odour), can be legally addressed. The mayor has the power to issue a behaviour order to those who cause this nuisance.

Intensifying the approach to handling synthetic drugs and cannabis cultivation in the south of the Netherlands

The Taskforce and the Intensifying South-Netherlands (Intensivering Zuid-Nederland) project of the police and Public Prosecution Service will be continued and intensified in 2017.

Post/package intervention teams: drugs via the internet

Since September 2016, the Post/Package Intervention Team (PIT) project has been actively combatting the trading of drugs and other illegal products via the internet. The police, the Public Prosecution Service and POSTNL are closely cooperating in this project. POSTNL intercepts envelopes and packages containing drugs, then investigators and researchers from the Netherlands Forensic Institute (NFI) investigate and handle the case.

Counteracting drug dumping

In 2016 and 2017, high priority was given to counteracting drug dumping. To prevent the disposal of drug waste, it is important to trace the source, which is the drug laboratory. The police are currently establishing a method that in the first instance addresses the dumping from both the environmental and general investigation perspective. The location where drugs are dumped is a crime scene; the first step is to secure the scene to allow evidence to be gathered before the location can be cleared up.

Developments in tobacco policy

Tobacco products directive

After the introduction of the Tobacco products directive (TPD) on 20 May 2016, within its context the following measures were taken: it is no longer permitted to state the levels of tar, nicotine and carbon monoxide (TNCO) on cigarette packets; tobacco packaging is also subject to additional requirements; there will be an approval procedure for 'new' tobacco products.

Display ban

As of January 2017, the display ban has been included in the Tobacco and Smoking Materials Act. The intention is for this display ban to take effect on 1 January 2020 for supermarkets and on 1 January 2022 for the other points of sale.

Electronic nicotine-free cigarette (EZN)

On 1 July 2017, a minimum age limit of 18 on the supply of nicotine-free e-cigarettes and an advertising ban was introduced. This also applies to herbal products intended to be smoked, including herbal cigarettes.

Compliance with age limit

The compliance with the 18-year age limit for the sale of tobacco products improved in 2016 when compared to 2015, however, improvements can still be made.

NIX18

In 2016, within the framework of the NIX18 campaign, two sub-campaigns were implemented: 1. Young people and smoking; 2. Compulsory identification.

Smoke-free generation

In February 2017, the central government started to campaign for a 'Smoke-free start for all children'. The Public Health Services (GGD'en) joined the wide movement that is aiming, with a common action plan, to achieve a smoke-free generation.

Developments in alcohol policy

Evaluation of the Licensing and Catering Act (Drank en Horecawet - DHW)

In December 2016, the changes included in the Licensing and Catering Act since 2013 were evaluated. The main themes were: the alcohol consumption of young people and adults; the increase in the age limit from 16 to 18 and compliance with this limit; supervision and enforcement of the DHW by the municipalities; the decentralisation of powers to the municipalities; the provision of alcohol and mixed forms of alcohol and retail ('blurring').

The decentralisation of the supervision and enforcement to the municipalities has resulted in a diverse picture. Although it is in conflict with the DHW, the Association of Netherlands Municipalities (Vereniging van Nederlandse Gemeenten - VNG) wants to continue to permit 'blurring'.

Social cost of alcohol consumption

The conclusion drawn in the Social Cost-Benefit Analysis (Maatschappelijke Kosten en Baten Analyse - MKBA) of alcohol consumption for the Dutch society is that alcohol consumption costs between 2.3 and 2.9 billion euro net annually. Another study shows that the Dutch population underestimates the damaging consequence to health of consuming alcohol.

Alcohol and violence

On 1 January 2017, the decision and the regulations related to investigating the substance use of violent offenders came into force. These regulations permit more severe sentencing for violence committed under the influence of alcohol and/or drugs.

WHO

In 2017, the World Health Organisation published a discussion memorandum concerning the labelling of alcohol-containing beverages.

Policy developments in the field of prevention

The National Prevention Programme 2014-2016 (NPP) 'Health is Everything' has six spearheads: diabetes, severe overweight, smoking, excessive alcohol use, depression, and insufficient physical exercise. In the first year, the emphasis was on binding societal parties to the NPP, in the second on innovation and in the third (2016) a further step was taken to widely implement and structurally embed the truly effective initiatives in the approach taken. At the end of 2016, 2,107 parties participated in the NPP. In May 2017, the decision was made to continue the NPP.

The government opted for a new approach to more successfully ensure prevention. Social district teams are an important part of the new care system. In theory, they provide a promising setting for addiction prevention: timely identification and intervention in the event of problematic use of alcohol and drugs. However, up to now, the teams have insufficiently developed this function.

The focus of the new prevention policy for drugs used in the nightlife scene is to address the normalisation of drug use, in particular, of young people including young adults. The government wants to take action in various areas and expressly wants to collaborate with parents, municipalities, schools, professionals, club owners and event organisers. In West-Brabant, an innovative pilot has been established for GHB prevention among young people to more rapidly trace GHB users and provide them with more effective help.

After four years of campaigning, the final evaluation of the long-term mass-media campaign NIX18 shows increased acceptance of the social standard 'No smoking or drinking under eighteen'.

Policy developments in the field of addiction care

Since 1 January 2015, several new acts have been important for the Mental Health Services (Geestelijke Gezondheidszorg - GGZ), including the addiction care services. The long-term care arranged in the General Law on Exceptional Medical Expenses (Algemene Wet Bijzondere Ziektekosten - AWBZ) has been transferred to four new acts:

- The Long-Term Care Act (Wet Langdurige Zorg - Wlz): for intensive 24-hour care (residential care);
- The Health Care Insurance Act (Zorgverzekeringswet - Zvw): for personal care and healthcare (non-residential care);
- The Social Support Act 2015: Wet Maatschappelijke Ondersteuning - WMO): for supporting care, including coaching or sheltered housing;
- The Youth Act (Jeugdwet): for long-term care for young people, this act has been transferred to the municipalities.

As of 1 January 2014, the GGZ, including addiction care, has three new echelons: the General Practice Mental Health Worker (POH-GGZ) in general practice surgeries, the Generalist Primary Mental Health Care (Basis GGZ) and the specialised Mental Health Care (GGZ). One of the objectives of the new legislation and the new structure of the mental health care sector is to run down the intramural capacity. In 2014, intramural capacity actually fell.

In the spring of 2016, the decision was made that in 2019 a completely new product structure and cost system will be introduced for mental health care.

New standards for addiction care are being developed, in particular the Problematic Alcohol Use and Alcohol Addiction Care Standard (Zorgstandaard Problematisch alcoholgebruik en alcoholverslaving), the Opiate Addiction Care Standard (Zorgstandaard Opiaatverslaving) and the Multidisciplinary Guideline for Non-Opioid Drugs (Multidisciplinaire richtlijn niet-opioïde drugs). Moreover, for the latter guideline the Addendum of Disorders in Substance Use in Combination with other Psychiatric Disorders (Addendum stoornissen in middelengebruik in combinatie met andere psychiatrische stoornissen), will be developed. The new standards and the new guideline will be presented early 2018.

In January 2017, a start was made on the new centre for Addiction Science the Netherlands (Verslavingskunde Nederland) comprising eight addiction institutions, the Trimbos Institute (Netherlands Institute of Mental Health and Addiction), the Platform Strategic Subject-Matter Experts (Platform Strategisch Inhoudelijke Deskundigen - pSID) and client representative 'Het Zwarte Gat'.

Policy developments related to compulsory care and confused individuals

As part of the GGZ, addiction care can also be involved in providing compulsory care. It is expected that at the start of 2019, three new acts will come into force in this policy domain. There is an Initiating Team for Confused Individuals (Aanjaagteam verwarde personen), now called the 'Schakelteam' that is tasked with ensuring a joined up approach for the care and support for people that display confused behaviour. Cooperation is required here with the municipalities, shelter, (addiction) care, housing, work, the police and the judiciary.



0.2 Opium Act substances

Cannabis

More than one quarter of last-month cannabis users use cannabis (almost) daily

In 2016, approximately 880 thousand Dutch people aged 18 and older had used cannabis in the past year (6.6% of this age group). The figure for last-month use is 4.1%. Between 2015 and 2016, this use remained stable. More than one quarter (28.2%) of the last-month users used cannabis (almost) daily. The percentage of last-year users of cannabis among Dutch adults aged 15-64 (the European standard age group) is 8.4%. For people aged 15-34, the percentage of last-year users is 15.7%, somewhat higher than the EU average of 13.9%.

Use by pupils has fallen

The percentage of Dutch secondary school pupils aged 12-16 who have smoked cannabis in the last year fell from 13.1% in 2003, after stabilising around 11%-12% in 2007 and 2011, to 8.2% in 2015.

One in twenty pupils (4.9%) used cannabis in the past month, almost half of whom (45%) did so during school hours (free hours or breaks). Calculated as a percentage of all pupils, this is 2.5%; in 2011 this figure was 3.0%. Of all the pupils who used cannabis in the past month, 15% reported that they had bought cannabis themselves from a coffee shop in the past year; more boys (18%) than girls (11%).

Despite the fall, the use of cannabis among Dutch pupils aged 15 and 16, is higher for their age group than the average in 34 European countries (ever use 22% in the Netherlands compared to 16% in Europe; last-year use 20% in the Netherlands compared to 13% in Europe).

Stabilisation of cannabis-related requests for help

After a steady rise since the late nineties, as of 2010, the number of cannabis clients in the addiction care has stabilised. In 2015, 10,816 people were registered with a primary cannabis problem. The number of clients with a secondary cannabis problem is also stabilising. In 2015, the number was 4,501.

THC levels: stable in the most popular Dutch-grown weed, rising in the most potent Dutch-grown weed and hashish

THC is the major active ingredient of cannabis. Since 2013, the average level of THC in Dutch-grown weed (the most popular variety of cannabis) has risen gradually, but in 2016 and 2017, it remained at the same level, respectively 16.1% in 2016 and 16.9% in 2017. The level of THC in imported hashish has also risen slightly in the last few years. For years, imported hashish contained about the same amount of THC as Dutch-grown weed. In 2017, at 20.8% it is more potent than Dutch-grown weed and is at the highest level since monitoring started (but comparable to 2015).

Dutch-grown weed contains low levels of cannabidiol (CBD), another constituent of cannabis that possibly counteracts some of the effects of THC. In 2017, the median CBD level in Dutch-grown weed was 0.3%, 0.4% in imported weed, and 8.4% in imported hashish.

The average price of one gram of Dutch-grown weed (the most popular variety) gradually rose from 6.20 euros in 2006 to 10.23 euros in 2016, but did not rise further in 2017 (10.11 euros). The price of the most potent Dutch-grown weed in 2017 (12.77 euros) was comparable to the price in 2016 (12.58 euros), but it was higher than the price in 2015 (11.34 euros).

The price of imported hashish fluctuated somewhat more, and in 2017 the price per gram (9.93 euros) was comparable to the price of the previous year.

Cocaine

Signs of a rise in cocaine use

In 2016, approximately 1.7% of the Dutch aged 18 and older had used cocaine in the past year. This equates to approximately 230 thousand people (rounded off to the nearest ten thousand). The percentage of cocaine users rose between 2014 and 2016, the coming years will show whether this is a stable trend. The percentage of secondary school pupils aged 12-16 who used cocaine in the past year fell from 1.5% to 0.9% between 2003 and 2015.

The use of cocaine, especially in powder form for snorting, is still relatively common among adolescents and young adults in the nightlife scene, there are indications that the popularity of cocaine is rising, in particular in certain groups. In 2016, a national nightlife survey among adolescents and young adults aged 15-35 showed that 25% had used cocaine in the past year and 12% had done so in the past month.

The smokeable variety of cocaine (crack) is in common use among opiate addicts, but there are also crack users in the hard-drug scene who do not use opiates. No national figures for the number of crack users are available. In 2009/2010, the number of crack addicts in Amsterdam, Rotterdam and The Hague was estimated to be around 6,660, i.e. 0.5% of the population aged 15-64.

Gradual fall in number of requests for cocaine-related addiction care

Between 2006 and 2015, the number of primary cocaine clients in the addiction care fell from 8,736 to 7,295 and the number of secondary cocaine clients fell from 7,488 to 6,138.

For almost half (45%) of the clients with a primary cocaine problem, smoking (crack) was the main method of use while slightly more than half (54%) preferred snorting. Only 1% injected cocaine.

Rise in registered cocaine-related deaths

The registered cocaine-related deaths rose from 24 in 2014 to 40 in 2015 and 38 in 2016. It is still unknown whether this was due to an actual rise or due to a change in the method of registration. In 2016, one in six registered deaths related to drug intoxication was primarily attributed to cocaine.

Cocaine less often cut with levamisole

Most cocaine powders are cut with other substances. In 2016, a striking reduction was seen in the proportion of consumer cocaine powders that contained levamisole (an animal dewormer), 58% compared to 71% in 2015. Human consumption of levamisole was linked to severe cases of haematological and skin disorders. Up to now, two cases have been reported in the Netherlands.

In spite of being cut, the purity (cocaine content) is high. The average cocaine content (percentage weight) rose from 49% in 2011 to 69% in 2016 and was therefore very pure when compared to previous years and also to other European countries. The price fell slightly, although in Amsterdam this is only visible at the wholesale level (price per kilo). In 2016, the average price of cocaine was 49 euros per gram. The median was 50 euros per gram for the period 2008 through 2016. These developments possibly point to increased availability on the cocaine market.

Opiates

Steady fall in number of opiate users in the addiction care; increased ageing

Heroin use is uncommon in the general population. In 2016, 0.4% of the population aged 18 and older reported having ever used heroin. Heroin is also unpopular among young people. However, problem heroin users are underrepresented in population studies. Based on a different method than a regular population study; in 2012, the size of this group was estimated to be 14,000, which is lower than the estimated 18,000 problematic opiate users found in 2008. In the past decade, the number of opiate clients in the addiction care has also fallen. Between 2006 and 2015, the number of clients with a primary opiate problem fell by 32% to 9,093. The group of opiate users is ageing: the average age rose from 42 in 2006 to 48 in 2015. In 2015 only 4% of opiate users were under 30 years of age.

Minor rise in new cases of HIV and Hepatitis B and C among injecting drug users

The number of new and reported cases of HIV and Hepatitis B and C among injecting drug users has been low for years. The number of newly diagnosed HIV cases among injecting drug users per million inhabitants (0.0 in 2014) is one of the lowest in the EU-15. In 2016, only one new case was registered. However, the number of existing Hepatitis C patients is high in cities that keep records of them. Together, HIV positive and HIV negative drug users account for 15% of all chronic (more than 3,400) Hepatitis C patients. However, a Hepatitis C treatment involving Direct Acting Antivirals (DAAs) is very cost effective, also for drug users.

Rise in registered opiate- and general drug-related deaths

The registered general drug-related deaths rose from 123 in 2014 to 198 in 2015 and 235 in 2016. The registered opiate-related deaths rose from 40 in 2014 to 65 in 2015 and 74 in 2016. In the past three years, the registered proportion of opiate-related deaths equates to 33%, 33% and 31%. The probability is that the actual proportion of opiate-related deaths is higher, in view of the fact that opiates will also play a role in 'other' drug-related deaths. The age of death is rising. In the early nineties, 60% of opiate users who died were younger than 35, compared to only 14% in the period from 2013 through 2016.

It is still unknown whether this increase was due to an actual rise or due to a change in the method of registration. Factors that could play a role include the aging of the drug users, an increase in the use of medicinal opioids including oxycodone, more information being provided on electronic forms for registering the causes of death, and more toxicological investigations.

Ecstasy

Relatively high percentage of ecstasy users

In 2016, approximately 2.9% of the Dutch population aged 18 and older had used ecstasy in the past year. This equates to 390 thousand people. Between 2015 and 2016, there was no further rise in ecstasy use. However, use had increased in the previous years (between 2014 and 2015 and between 2009 and 2014). Among students aged 16-18 studying at the intermediate and higher vocational education levels, ecstasy is the most frequently used hard drug: 9% have used ecstasy, 3% in the past month. In the nightlife setting, ecstasy is still by far the most important drug.

The percentage of adults who have taken ecstasy in the past year in the Netherlands is (far) above that of other European countries, the percentage of inhabitants who have ever used ecstasy is one of the highest in Europe.

Requests for addiction care from ecstasy users remains limited

Ecstasy users do not usually request addiction care. The proportion of ecstasy clients compared to the total number of drug clients in the addiction care has been small for years (less than 1%). In 2015, 122 people were registered with a primary ecstasy problem and 359 people with a secondary ecstasy problem.

Increasing proportion of highly potent ecstasy pills

In 2016, the average concentration of MDMA in ecstasy pills once more rose (157 mg). The proportion of ecstasy-related health incidents seen at First Aid Posts at large parties is falling, after a highpoint in 2013. Nevertheless, since 2014, the degree of intoxication remains high: more than a quarter of the patients are less- or non-communicative. In 2016 and 2017, various reports were published that make an inventory of these acute results of ecstasy use.

Psychostimulants such as ecstasy appear to play a minor role in drug-related mortality, although the exact number of deaths caused by these substances is unknown. Data from the Netherlands Forensic Institute (NFI) on deaths in 2015 indicate that MDMA was found in 8 cases, this was 5 cases in 2016. Over a longer period (2006-2015), the total number of deaths in which MDMA use, whether or not in combination with the use of other substances, was the primary cause of death, was 47. In the Causes of Death Statistics held by Statistics Netherlands (CBS) the number of registrations in which psychostimulants played a role doubled from 14 in 2015 to 28 in 2016. These cases could concern ecstasy, amphetamine, and other psychostimulants. It is also still unknown whether the rising numbers show an actual increase or whether they are due to a change in the method of registration.

Amphetamine

Amphetamine use in the Netherlands is high

In 2016, approximately 1.4% of the Dutch population of 18 years and older had used amphetamine in the past year, approximately 180 thousand adults. In the past month, 0.6% had used amphetamine. There are signs that the popularity of amphetamine used in the nightlife scene is rising, in any case in Amsterdam. The percentage of secondary school pupils aged 12-16 that used amphetamine in the last year fell from 1.4% to 0.9% between 2003 and 2015. Use in the past month was 0.6%. An international comparison reveals that amphetamine use by Dutch people aged 15 and 16 is in the middle range. With respect to the adult population and the young adults who have ever used amphetamine, the Netherlands ranks high with respect to the other European countries and (very) high with respect to last-year use.

Signs of a rise in methamphetamine use in the subgroup of men who have sex with men (MSM)

Although the use of methamphetamine (a highly potent variety of amphetamine) in the Netherlands is a niche activity, there are signs of a rise in its use in a small group of men who have sex with men (MSM), in a sexual setting (chemsex). Sometimes the substance is injected ('slamming'). This increases the risk of hazardous sexual behaviour and the transmission of infectious diseases. However, national figures of the scope of the problem are unavailable.

Amphetamine-related requests for help rose in the past decade

In 2015, more than 2,500 people were treated by the addiction care services due to a primary or secondary amphetamine use problem. The number of people that were primarily treated for an amphetamine problem between 2006 and 2014 rose by 67%, but did not rise further in 2015. However, the proportion of amphetamine-related problems in all requests for help remained small, despite a rise of 4% in 2005 to 6% in 2015.

Amphetamine plays a minor role in acute drug incidents

In the period 2009-2016, 8% of the total 33,072 registered drug-related incidents can be attributed to amphetamine use, or a combination of drugs including amphetamine. This proportion fluctuates slightly over the years, but does not show a clear trend.

New Psychoactive Substances (NPS)

Use of NPS in the general population

'New Psychoactive Substances' (NPS) is a collective term for substances that have a similar effect as the 'traditional' illegal drugs, but which are not (yet) included in drug-related legislation and, in most cases, are produced for this purpose. Little is known about the risks posed by most NPS. Often these are substances that - after disappearing for a few years - reappear on the drugs market.

In 2016, the 18-year and older population rarely used NPS, with the exception of 4-fluoramphetamine (4-FA). The use in the last year of this substance (0.9%) is at a comparable level to that of amphetamine, but is lower than that of cocaine and ecstasy. Of secondary school pupils aged 15-16, 2% indicated that they had used NPS in 2015; this is below the European average in 34 countries (4%).

An online nightlife survey among a high risk group of adolescents and young adults (The Great Nightlife Survey 2016 - Het Grote Uitgaansonderzoek 2016) also shows that the ever use of the most NPS is relatively low (1%-4%). However, a few substances stand out. Almost one quarter (24.5%) of the adolescents and young adults in the nightlife scene had used 4-fluoramphetamine (4-FA, see below) in the past year and, almost one in ten (9.5%) was a last-year user of 2C-B, a 'trip' substance that has been on List I of the Opium Act since 1997, but that currently appears to be becoming popular.

Increase in 4-fluoramphetamine use and incidents

Local and national nightlife surveys among adolescents and young adults suggest a rise in the use of 4-FA, at least among specific groups. The number of consumer samples specifically purchased as 4-FA that the Drugs Information and Monitoring System (DIMS) received, rose further and almost doubled when compared to 2014.

A rise in use (among certain groups) also increases public health (sometimes fatal) risks. In 2016, the medical services reported to the regions participating in the Monitor Drug-Related Incidents (Monitor Drugsincidenten - MDI) 456 incidents involving 4-FA, which equated to 8.1% of all registered drug incidents. In 2015, there were still 187 reports. Incidents with other NPS hardly appear in the MDI. The National Poisons Information Centre (Nationaal Vergiftigingen Informatie Centrum - NVIC) also noted a rise in the number of requests for information about 4-FA. In 2016, various very severe incidents involving 4-FA occurred in the Netherlands, two of which were fatal. Due to the health risks, 4-FA has fallen under the Opium Act (List I) since 25 May 2017.

GHB

GHB used by various groups

The use of gamma hydroxybutyrate (GHB) is relatively uncommon among the general population and secondary school pupils. In 2016, 0.3% of the population aged 18 and older had ever used GHB, an estimated 40 thousand people. Last-month use was 0.1%, a lower percentage than that of ecstasy (1.0%), cocaine (0.8%), and amphetamine (0.6%). The use of GHB is relatively uncommon among adolescents. In 2015, 0.4% of 12-16 year old secondary school pupils had ever used GHB.

GHB is relatively often used by adolescents and young adults who participate in the nightlife scene. According to a 2016 national survey, 14% of the population who participate in the nightlife scene aged 15-35 had tried GHB or GBL (gamma-Butyrolactone), one of the ingredients of GHB. In Amsterdam, the image of GHB appears to be worsening, because of the negative connotation of 'swooning' and a growing awareness of the risk of addiction, although the substance remains firmly rooted in the nightlife scene. GHB is also used elsewhere than in the nightlife scene. It is, for instance, also used by marginalised groups, such as teenage loiterers and 'home users' who use the drug together with friends at 'home parties', or who use GHB on their own, when taking the drug is not (no longer) a social affair. There are regional differences in the Netherlands in the prevalence of (problem) use, request for help and health incidents.

Few and stable requests for GHB-related help, but considerable risk of relapse

Frequent, especially daily, use of GHB can lead to dependency and, if use is stopped abruptly, to violent and even life-threatening withdrawal symptoms. The number of clients in the addiction care with a primary GHB problem rose from 60 in 2007 to 837 in 2015. Most clients (78%) were already known to, and already registered with, the addiction care services. There is a considerable risk of relapse after treatment. Within three months after detoxification, 70% were already receiving treatment again.

Acute GHB incidents often serious

GHB is difficult to dose and the risk of overdose is high. Considering that the use of GHB is minor within the total population, the number of GHB incidents is high. It is striking that there is a relatively large number of patients suffering from serious intoxication after using GHB. The proportion of moderate and serious GHB intoxications at first-aid posts rose from 34% in 2009 to 73% in 2015, and then fell somewhat in 2016 (66%).

The number of GHB-related deaths is unclear. In 2016, GHB was mentioned 9 times on the cause of death certificates reported to Statistics Netherlands (CBS). It remains unknown whether GHB was the cause of death or a contributing factor. In 2016, the Netherlands Forensic Institute (NFI) registered 5 deaths in which GHB may have been involved.

GHB is cheap

Consumers paid approximately 35-40 euros for a quarter of a litre of GHB in 2016.

GBL (gamma-Butyrolactone, one of the ingredients of GHB) in its pure form is even more potent than GHB. The risks associated with GBL are comparable to those of GHB, but the use of GBL appears as yet to be more limited. In 2016, 0.2% of the population aged 18 and older said that they had ever used GBL.

Sedatives, tranquillizers and other psychoactive medicines

Reduced use of benzodiazepines

Alcohol and drugs can lead to addiction, so can the chronic use of sedatives and tranquillizers. Most of the sedatives and tranquillizers are of the benzodiazepine variety. In 2016, 10.5% of the population aged 18 and older had ever used sedatives or tranquillizers, more women than men. The figures are 13.4% of the female and 7.5% of the male population. In the past year, 3.2% (3.7% of women and 2.8% of men) had used them without a doctor's prescription.

Data provided by public pharmacies regarding the issuing of benzodiazepines indicate a reduction in their use after limits were placed on the amount that would be compensated in the basic insurance package in 2009. The number of standard daily doses that were issued fell by 15% in 2009 (compared to 2008). Between 2011 and 2015, there was a further annual fall of 1.7%. The number of users also fell: 3% between 2014 and 2015.

Requests for help related to sedatives and tranquillizers remains low

Between 2006 and 2015, the number of clients registered with the addiction care services with a primary problem involving benzodiazepines, barbiturates or other psychotropic drugs is low (annually 2% of all drug clients). The total number of primary and secondary clients fell by 33% from 2,066 in 2006 to 1,384 in 2015.

Suicide is often the reason for fatal overdoses of sedatives and tranquillizers

In 2016, 110 fatal overdoses of these medicines were registered, 37 of which concerned benzodiazepines, 9 concerned (other) sedatives and 64 concerned barbiturates. Most of these cases were suicides. The trend over time (from 2007 through 2012) was erratic and unclear. Between 2013 and 2016, the number of barbiturate cases doubled from 31 to 64. Here as well, it is unknown whether the rising numbers show an actual rise or whether they are due to a change in the registration.



0.3

Alcohol and tobacco

Alcohol

A low proportion of the Dutch population adheres to the recommendations of the Health Council of the Netherlands (Gezondheidsraad)

In 2016, 80.4% of the Dutch population aged 18 and older had drunk alcohol at one time or other in the past year, approximately 10.7 million people. That is comparable to 2014 and 2015. Because Statistics Netherlands (CBS) has changed the method it uses to record the figures, no comparison can be made with previous years.

The Guideline for Good Nutrition of the Health Council of the Netherlands recommends drinking no alcohol or in any case no more than one glass a day. In 2016, 39% of the Dutch population aged 18 and older complied with the new recommendations of the Health Council of the Netherlands of never drinking more than one glass of alcohol a day. Men were less likely to comply with the recommendations than women.

Reduced use of alcohol among young people

Where in previous years a reduction was only seen in the younger age groups aged 12-14/15, between 2011 and 2015 a clear falling trend was seen in the amount of alcohol drunk by pupils aged 15 and 16. Among those aged 12-16, only 25.5% had consumed alcohol in the past month, while in 2011 this figure

was still 37.8%. The percentage of 'binge drinkers' also fell (those who drunk five glasses or more at one time; 17.5% in 2015). Of the 16-18 year old students in intermediate and higher vocational education, in 2015 two thirds had consumed alcohol in the past month, and 14% of them drunk more than 20 glasses of alcohol in the weekend. Internationally, the use of alcohol among Dutch pupils aged 15/16, despite a sharp fall, still remains above the average of the 34 European countries.

Parents are increasingly aware of the risks alcohol poses to the developing child's brain. For minors, the social environment (friends, parents, others) still offers, by far, the main opportunity to access alcohol.

Compliance with the age limit for selling beverages containing alcohol improved between 2015 and 2016. In spite of that, in 2016 the majority of attempts minors made to buy alcohol succeeded.

Increase in registered alcohol intoxications

The largest group of clients in the addiction care has a primary alcohol problem; in 2015, 45% had a primary alcohol problem (approximately 29,000). Since 2010, (34,000 clients) a slight reduction has been seen. The proportion of people over 55 rose from 20% in 2006 to 28% in 2015.

In 2014 (most recent figures), approximately 22,000 people were admitted to general hospitals with an alcohol problem as the primary or secondary diagnosis.

In 2016, according to the Netherlands Research Centre for Paediatrics (NSCK), fewer young people aged below 18 were admitted to hospital on account of excessive use of alcohol than in 2015, but this can be an erroneous picture if fewer paediatricians reported them. The number of A & E treatments on account of alcohol intoxication has almost doubled in ten years, to around 6,100 in 2015 and 5,600 in 2016.

In 2013, 844 deaths were directly attributed to alcohol-related disorders and 882 in 2014. In 2015, the number of alcohol-related traffic deaths was estimated to be between 75 and 140.

Tobacco

More than one quarter of the Dutch population smoke

In 2016, 24.1% of the Dutch population aged 18 and older smoked at some time, i.e. 3.2 million people, a drop when compared to 2014. The majority of them smoke every day (18.6%).

The percentage of highly-educated people who smoke is still lower than that of people who are less educated.

The percentage of young people who smoke has been falling steadily. Between 2011 and 2015, the number of secondary school pupils aged 12-16 who have ever smoked fell from 33% to 23% and the number of daily smokers halved from 6% to 3%. Only 6% of those aged 16 still smoke every day. Pupils attending lower secondary school (VMBO) smoke the most, while those attending higher secondary school (pre-university) smoke the least.

Total compliance with the age limit for the sale of tobacco rose from 27.4% in 2015 to 43.1% in 2016. However, minors' main source of tobacco products is their social environment.

For many years, the sales of cigarettes and rolling tobacco have been falling, with an occasional peak resulting from a range of various temporary influences. In 2015, 17.3 billion cigarettes and rollies were sold. In 2002, the figure was 30.1 billion.

One in three adults made a 'serious' attempt to stop smoking in 2016

In 2016, 38% of smokers aged 18 and older had made one or more attempts to quit in the past 12 months, 85% of whom stopped smoking for more than 24 hours. In 2014, 2015 and 2016, the campaign 'Stoptober, 28 days without smoking!' (Stoptober, 28 dagen niet roken!) was launched, aimed at rallying massed support to encourage smokers to stop smoking for 28 days. A total of 53,303 smokers participated in 2016, 70% of whom (based on self-assessments) still had not smoked two months after Stoptober.

Smoking is still the number one cause of illness and premature death

Of all illnesses, 13.1% can be attributed to smoking. Smoking remains the number one cause of premature death. In 2015, approximately 19,200 people aged 20 and older in the Netherlands died of the immediate effects of smoking. Lung cancer is the main cause of death directly related to smoking. Actual smoking-related mortality is higher, because the effects of passive smoking have not been taken into account.



0.4 Alcohol- and drug-related crime

Opium Act offences

Seized drugs

In 2016, at least 13 different types of drugs on Lists I and II of the Opium Act were seized. These are opium, heroin, cocaine, GHB, amphetamine, methamphetamine, ecstasy, ketamine, LSD, methadone, khat, hashish, and marijuana.

Synthetic drugs

The number of production sites, warehouses and dumping sites related to the manufacture of synthetic drugs that have been reported as being dismantled has been rising. In particular, the number of dismantled production sites and waste dumping sites rose substantially in 2016. North Brabant, followed by Limburg, are the provinces where the most warehouses and waste dumping sites are registered.

Hemp cultivation

In 2016, almost 5,500 hemp nurseries were destroyed, less than in 2014 and 2015. Most were destroyed by the police units of East-Netherlands, Zeeland-West-Brabant, Rotterdam and Limburg.

Online drug trafficking

Online drug trafficking via the 'dark net' is on the rise, but is limited when compared to the traditional offline trade. Online, mainly cannabis, stimulants and ecstasy are sold. Dutch providers offer ecstasy relatively frequently.

Contract killings by organized crime groups

Contract killings by organized crime are usually the result of conflicts related to drug trafficking. Since 2000, there have been on average twenty to thirty contract killings within organized crime in the Netherlands each year. The average number of these killings has not risen since 2000.

Opium Act offences submitted to the Public Prosecution Service

The proportion of Opium Act offences submitted to the Public Prosecution Service rose once more in 2016, the proportion dealt with by the courts remained constant. The proportion of people convicted of Opium Act offences in prison fell in 2016 when compared to 2015. In 2016, the number of Opium Act cases submitted to the Public Prosecution Service (OM) rose again after a fall the previous year. The ratio of hard- and soft-drug cases submitted to the Public Prosecution Service was 41% to 55%. Soft drug cases were also the majority in 2016. Hard drug cases usually concern possessing hard drugs; soft drug cases usually concern drug production (cannabis cultivation).

Sanctions for Opium Act offences

The Public Prosecution Service refers most Opium Act cases to court. Of these, 12% result in acquittal, this is especially and increasingly the case with respect to soft drug cases. Community service orders and (in part) unconditional custodial sentences are the most common sanctions imposed for Opium Act cases. Community service orders are mostly imposed in soft drug cases, unconditional prison sentences are mostly imposed in hard drug cases, this pattern did not change in 2016.

Recidivism of Opium Act offenders

A proportion of the Opium Act offenders come into contact with the police again after their first offence. Within two years, almost 10% of the Opium Act offenders are once more sentenced for violating the Opium Act, within six years this number has risen to 17%. The recidivism rate is higher if the number of new convictions for all crimes are considered: 27% of the Opium Act offenders were convicted for a new crime within two years and 43% within six years. Perpetrators of hard drug crimes show a higher recidivism rate than perpetrators of soft drug crimes. Both groups show a falling trend in recidivism from 2003.

Crimes committed and nuisance caused by alcohol and drug users

The alcohol and drug users registered in police files have mostly committed property offences. In addition, they have committed violent, public order and Opium Act offences.

Care for offenders

Around 20,000 offenders are sent to the addiction probation each year. In the period June 2014 through March 2017, the majority of clients with drug-related problems used cannabis (62%). This is followed by cocaine (44%) and amphetamine (18%). Of the addiction probation service clients, 44% used multiple drugs.

Nuisance due to drug trafficking and use

In 2016, approximately 25% of the Dutch population were affected by nuisance caused by drug use in their own neighbourhoods. A minority (4%) was seriously disturbed by drug use. In addition, approximately 25% of the Dutch population experienced some form of nuisance caused by drunk people in the street. A minority (3%) was seriously affected. These figures have hardly changed when compared to 2014.





0.5

Table 1a, Part 1 Key figures substance use: Opium Act substances

							
	Cannabis	Cocaine	Opiates ^I	Ecstasy	Amphetamine	GHB	Sedatives and tranquilizers
USE GENERAL POPULATION (2016)							
- Percentage last-month users, 18+	4,1%	0,8%	Hardly none	1,0%	0,6%	0,1%	6,4%
- Percentage last-year users, 18+	6,6%	1,7%	Hardly none	2,9%	1,4%	0,3%	10,5%
- Trend in use ^{II}	The same	Increase 2014-2016 (15-64 years)	The same	Increase 2014-2016 (15-64 years)	Increase 2014-2016 (15-64 years)	Slight fall (2015- 2016)	-
- International comparison ^{III}	Above average	Above average	Low	Above average	Above average	Unknown	-
ADOLESCENT, PUPIL USE (2016)							
- Percentage last-month users, aged 12-16	4,9%	0,5%	0,3%	0,6%	0,6%	0,2%	-
- Trend (2003-2015)	Reduction	Reduction	Reduction	Reduction	Reduction	-	-
- International comparison, 15/16 age range (2015) ^{IV}	Above average	Average	Average	Above average	Average	Average	Above average
NUMBER OF PROBLEM USERS							
	2007-2009		2012				2007-2009
	29,300 (dependency) 40,200 (abuse)	Unknown ^V	± 14,000	Unknown	Unknown	Unknown	22,000 (dependency) 35,000 (abuse)
NUMBER OF ADDICTION CARE CLIENTS (2015)^{VI}							
- Substance as primary problem	10,816 4,501	7,295 6,138	9,093 2,053	122 359	1,794 742	837 167	581 803
- Trend (2006-2015)	After rise, stable since 2011	Fall	Fall	Fall	Rise	Rise	Fall
NUMBER OF HOSPITAL ADMISSIONS (2014)							
- Substance disorder/intoxication (primary diagnosis)	100	150	146	Psychostimulants 339		Unknown	1,741
- Substance disorder/intoxication (secondary diagnosis)	995	813	906	Psychostimulants 388		Unknown	1,210
REGISTERED DEATHS (2014)^{VII}							
	Almost no primary mortality	24 (primary)	40 (primary)	Psychostimulants 14		4	79

I. Heroin (and methadone). II. For the age group 18+ trend figures for 2015 and 2016 are available. For the age group 15-64 years there are trend figures for 2014, 2015, and 2016 (see appendix D.2: Health Survey/Lifestyle Monitor). III. Compared to the weighted average of 'ever use' (15-64 years) in the member states of the European Union, for opiates with respect to the number of problem users (15-64 years) of the drugs (EMCDDA). IV. Compared to the unweighted average in 34 European countries (ESPAD). V. 0.5% of the population in the three largest cities is addicted to crack. VI. Addiction care as registered anonymously in the National Alcohol and Drugs Information System (LADIS). For an overview of all institutions participating in LADIS, see Appendix D.5. VII. The definitions and methods used to estimate drug-, alcohol- and tobacco-related deaths differ and these categories cannot be compared. Primary cause of death: substance as primary (underlying) cause of death. Secondary cause of death: substance as secondary cause of death (contributing factor or complication). See explanation in Appendix D.1.



	 Alcohol	 Tobacco
USE IN GENERAL POPULATION (2016)		
- Percentage last-year users of 18 years and older	80.4%	24.1% ^I
- Trend in use	Between 2014-2016: stable. Comparison to previous years not possible	Between 2015-2016: fall. Between 2014-2015: stable. In previous years: fall
- International comparison	Above average	Below average
ADOLESCENT, PUPIL USE (2015)		
- Percentage last-month users, aged 12-16 ^{II}	25.5%	3.1% (Daily ^{III})
- Trend (2003-2015)	Fall	Fall
- International comparison, aged 15/16 (2015) ^{III}	Above average	Average
NUMBER OF PROBLEM USERS		
	2007-2009	2016
	82,400 (dependency) 395,600 (abuse)	±539,000 ^{IV}
NUMBER OF ADDICTION CARE CLIENTS (2015)		
- Substance as primary problem	29,374	809
- Substance as secondary problem	4,575	3,136
- Trend (2006-2015)	Stable	Rise
NUMBER OF HOSPITAL ADMISSIONS		
- Substance disorder/intoxication (primary diagnosis)	4,682	Unknown
- Substance disorder/intoxication (secondary diagnosis)	17,368	
REGISTERED DEATHS^V		
	882 (2014) (Primary) ^{VI}	19,244 (2015) (Directly caused by smoking) ^{VII}

I. This is the percentage of smokers according to the Statistics Netherlands (CBS) Health Survey/ Lifestyle Monitor. II. No data is available for last-month smoking among pupils in 2015. This table represents the percentage of pupils who smoke every day. III. Compared to the unweighted average in 36 European countries (ESPAD). The comparison for smoking concerns the percentage of current smokers (30%). IV. Based on heavy smokers (20 cigarettes or more per day) in the population aged 18 and older. V. Primary cause of death: substance as primary (underlying) cause of death, in contrast to secondary cause of death: substance as secondary cause of death (contributing factor or complication). VI. Deaths caused by traffic accidents and cancer-related deaths are not included. Figures on the number of deaths for which alcohol-related diseases are registered as the secondary cause of death are not available after 2013. VII. See Appendix D.1 for the method used to estimate smoking-related mortality.



0.7

Table 1b Key figures drug crime: Opium Act offences submitted to the criminal justice system in the period 2007-2016

Stage in the system	Criminal investigation of the more serious forms of organised drug-related crime ^I	Number of suspects police/RNLM ^{II,IV}	Public Prosecution cases Intake	Settlements by judge in the 1 st instance	Detainees ^{III}
Number Opium Act^I	Criminal investigation up to and including 2013	Figures up to and including 2014; estimate of development 2015 and 2016	Figures up to and including 2016	Figures up to and including 2016	Figures up to and including 2016
- Total	193 (2012: 222)	17,675 (2013: 18,849)	18,162 (2015: 17,724)	9,650 (2015: 9,567)	1,311 (2015: 1,362)
- Hard drugs	34% (exclusively hard drugs)	7,454 (2013: 7,766)	7,438 (2015: 7,452)	4,037 (2015: 4,032)	Unknown
- Soft drugs	24% (exclusively soft drugs)	9,001 (2013: 9,251)	9,918 (2015: 9,445)	5,006 (2015: 5,015)	Unknown
- Both	42% (hard+soft)	1,214 (2013: 1,830)	806 (2015: 825)	607 (2015: 520)	Unknown
- Most recent compared to previous year absolute	2013-2014: unknown 2012-2013: fall	Fall	Rise	Stable	Fall
- Global trend in period	2007-2008 higher in numbers than following period, downward trend in 2011-2013	Fall up to 2011, then rising/stable, falling after 2014	Falling up to 2010, then fluctuation (around 18,000)	Falling up to and including 2011, then rising, recent stabilisation	Fall ^{IV}
% Opium Act on total	72%	8.7%	9.6%	9.8%	17%
- Development % Opium Act	2013-2014 unknown 2012-2013: rise (69%→72%)	Rise (8.2%→8.7%) up to and including 2014, then constant	Rise (8.8%→9.2%)	Fall 2007-2009; Rise 2010-2016	Rise 2007-2012, 2013-2016 around 17%

I. Figures up to and including 2013; 2014 and 2015 not available. II. Figures 2014 are preliminary. Figures 2015 not available. III. Reference date 30 September 2015. IV. Period 2006-2015. Sources: National Police Unit, National Information Service Organisation, HKS, OMDATA/RACmin WODC, Kalidien and De Heer-de Lange, 2015 V. Development 2015 and 2016 estimated based on the Statistics Netherlands (CBS) figures for registered suspects; preliminary picture.