



# 0. Summary

This document contains a description of the latest developments derived from the 2018 Annual Report. Tables 1a and 1b provide an overview of the latest figures on substance use and drug crime.



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## Developments in legislation and policy

### Developments in Drug Policy

#### *New Opium Act substances*

List I of the Opium Act contains a number of new substances. PVP, acetylfentanyl and 4-FA per 25 May 2017, and 4-MEC; 5F-APINACA; acryloylfentanyl; butyrfentanyl; ethylon; ethyl-fenidate; furanylfentanyl; methiopropamine (MPA); MDMB-CHMICA; pentedrone; U-47700 and XLR-11 per 27 April 2018. Phenazepam has been added to List II per 25 May 2017.

#### *Widening of the powers to close drug premises*

A bill to extend Article 13b of the Opium Act (Widening of the powers to close drug premises) is pending at the Dutch House of Representatives. This bill arranges that the authority of mayors to shut down residential or other premises also applies if items and substances are present that are clearly intended for preparing or growing drugs, including certain equipment or chemicals. These are then considered to be punishable preparatory activities.

#### *Medicinal cannabis*

The purchase of medicinal cannabis will not be reimbursed by the health care insurer, and this will remain so for now, because its efficacy has not been scientifically proven. However, the pharmacy price has been lowered since 1 January 2018.

Growing cannabis plants at home for a person's own medicinal use leads to problematic situations. The growing of, at the maximum, five cannabis plants will not be prosecuted, however, the plants can be confiscated. This has led to court cases. There are local initiatives to ensure that residents are allowed to grow at the maximum five plants for their own medicinal use. The mayor of Tilburg honoured such an initiative. In response to parliamentary questions, the Ministry of Justice and Security stated that the mayor has the discretionary power to either use the administrative instruments or not, but does not have the freedom to explicitly give permission to contravene the Opium Act or the Opium Act Directive.

#### *Controlled cannabis supply chain experiment*

An experiment will be carried out into the quality-controlled growing of hemp and hashish and its delivery and sale to coffee shops in a controlled cannabis supply chain. The experiment will run for four years. To avoid tension with international legislation (activities with drugs are according to international treaties punishable, with the exception of the use of substances for medical or scientific purposes), the experiment will be limited, with a legally guaranteed evaluation and a scientific character. An independent

advisory committee, comprising scientists and experts, sent its advice to the government in June 2018. On 12 July 2018, the bill 'Controlled Cannabis Supply Chain Experiment' was sent to the Dutch House of Representatives. The preconditions for the experiment will be defined in a general order in council (*Algemene Maatregel van Bestuur - AMvB*).

### *Safety risks for people living near illegal hemp nurseries*

The Dutch Safety Board recommends that both public and private parties collaborate and take measures to prevent unsafe situations occurring around commercially run hemp nurseries, even if they are illegal. This is because research carried out by the Dutch Safety Board shows that there are serious physical safety risks for people living near commercially established hemp nurseries. The risks include: fire due to overheating and short circuits, danger of collapse, impairment of health due to water leaks and gas and pesticide poisoning.

### *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 take 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 had the authority to use saliva tests to determine whether a person has been driving under the influence of drugs. An Order in Council specifies limit values for the levels of both alcohol and drugs in the blood. Three drugs for which limit values apply are also prescribed as a medicine, these are medicinal cannabis, morphine and dexamphetamine (the latter is regularly prescribed to people with ADHD). This can result in problems at traffic checks.

A solution that does not have a negative impact on road safety and is medically sound is being worked out. This will allow people who take these medicines for a medical reason to use the roads.

The capacity to analyse drug tests (blood samples) will be expanded because it was found that many more drug tests (blood samples) were being sent to the Netherlands Forensic Institute (NFI) than expected.

### *Checks on 'high-risk flights' (Change to the Dutch Aviation Act)*

At Schiphol Airport, there are checks on flights originating from countries outside of the EU where the risk of drug smuggling is high. This in particular addresses travellers ('drug swallowers') who take or hide drugs in their bodies. Up to now, Schiphol Airport is the only airport that receives intercontinental flights, but this could change. Therefore, since 1 July, airports that receive intercontinental flights must be designated as airports that are allowed to do so. Schiphol is designated in this way. Since 1 July, it has been punishable to allow intercontinental flights to land at a non-designated airport.

### *Combatting drug-related crime within the context of organised crime that undermines society*

When combatting drug-related crime, priority is given to large-scale and organised drug production and trade. To a greater degree, attention is given here to combatting 'crime that undermines society', that is to say criminality that is a threat to the integrity of our society and where the underworld is often interwoven in normal society. To intensify the addressing of crime that undermines society, an 'undermining fund' has been established with a once-only amount of 100 million euro. Starting in 2018, a structural sum of 5 million euro will be made available, rising to 10 million from 2019. The focus will be on combatting the illegal drug trade, and its interconnectedness with legal sectors.

### *The problem of New Psychoactive Substances (NPS)*

The problems associated with New Psychoactive Substances (NPS) have the attention of the government. It might be necessary to create a system that makes it possible to ban substances per group, as is the case in Belgium and Germany. Attention is also being given to precursors, non-registered substances that are only used in drug production.

### *Counteracting drug waste dumping*

In 2016 and 2017, high priority was given to counteracting drug waste dumping. The Ministry of Justice and Security will draw up a plan of approach and the Ministry of Agriculture, Nature and Food Quality will draw up a plan to improve supervision and the enforcement of legislation related to dumping drug waste in rural areas.

## **Developments in Tobacco Policy**

By means of the National Prevention Agreement, the Rutte III government (2017 - 2021) is making additional funds available to discourage the use of tobacco and to prevent the problematic use of alcohol.

### *Tobacco products directive*

In addition to the introduction of the European Tobacco Products Directive (TPD) on 20 May 2016, as of 1 July 2017, a minimum age limit of 18 has also been in place on the supply of nicotine-free electronic cigarettes. There is also an advertising ban. A new aspect is that tobacco product packaging must be free of elements that could be attractive to young people. As of 1 July 2018, producers of new types of tobacco products must submit an example of the new product to the RIVM.

### *Display ban*

As of January 2017, a display ban has been included in the Tobacco and Smoking Materials Act. This means that all tobacco and smoking materials must no longer be visibly on display. The intention is for this display ban to take effect on 1 January 2020 for supermarkets and for the other points of sale.

### *Enforcement of smoking ban and age limit*

The smoking ban is mainly violated in bars and discotheques, but there is a fall in the number of violations. All smoking areas will be abolished in the longer term. The age limit is mainly violated in cafeterias and at automatic cigarette dispensers.

### *NIX18*

In 2017, more than half of the parents (56%) signed up to the NIX no smoking agreement, compared to 43% in 2013. Increasingly more young people consider smoking to be unacceptable: 38% in 2013 to 53% in 2017.

### *Smoke-free generation*

Since February 2017, the central government has been running the campaign for 'a smoke-free start for all children'. In 2017, the Taskforce Smoke-free Start published the addendum 'Treatment of tobacco addiction and support for pregnant women to stop smoking'. A phased plan has been developed for municipalities, to put smoking on the agenda in a positive manner.

### *International*

The WHO Protocol to Eliminate Illicit Trade in Tobacco Products (FCTC-Protocol) came into force as of October 2018. This is the first treaty that attempts to control the international smuggling of tobacco products.

## Developments in Alcohol Policy

### *Compliance research*

The compliance survey into alcohol and tobacco sales to young people from 2016 showed that the compliance percentages in sports canteens were considerably lower than in other sales channels. Therefore, in 2017, a separate compliance survey was carried out targeting sports canteens. The compliance percentages in the sports canteens investigated varied from 17.9% to 25.3%.

### *Hybrid forms of catering and retail ('blurring')*

The Association of Municipalities of the Netherlands (VNG) wants to amend the Licensing and Catering Act (DHW) to make 'blurring' - the hybridisation of one branch with another - possible. In the House of Representatives, a member has submitted the bill '*Wetsvoorstel regulering mengformules*' the intention of which is to make it possible to have regulated mixed shopping formulas (blurring of branches).

### *Alcohol marketing*

Research shows that there is convincing scientific proof that there is a positive correlation between exposure to alcohol marketing and an increased risk of the initiation of drinking alcohol or binge drinking. Adults say that they are exposed to alcohol marketing mainly on television, on websites and in folders; young people 12 - 17 years of age say that they are exposed to alcohol marketing in supermarkets and on social media.

### *NIX18*

In 2017, almost all parents (98%) and young people (97%) were familiar with the NIX18 logo and slogan. Half of the parents consider, in principle, that it is unacceptable for their child to drink alcohol, although they turn a blind eye to them drinking occasionally.

### *International*

In June 2018, the World Health Organisation (WHO) issued the report 'Time to Deliver' about the possibilities countries have to take action in the short term against several important non-communicable diseases and the corresponding risk factors including smoking and the harmful use of alcohol.

In July 2017, the regional European office of the WHO published a discussion document concerning the labelling of alcoholic beverages. In May 2018, the European Commission issued a proposal to reform the structure of excise duties on alcohol and alcoholic beverages.

## Policy developments in the field of prevention

In the period 2017-2018, the government decided to make additional funding available for the prevention of smoking and problematic alcohol use via the National Prevention Agreement. The existing National Prevention Programme (NPP) continues, as does the prevention policy related to drugs used in the nightlife scene, which was given a new impulse in 2015. In recent years, the public campaigns (such as NIX<18) focused not only on emphasising the possibly negative consequences of the use of tobacco, alcohol and drugs, but also on denormalization. In 2018, the *Strategische Verkenning Cannabispreventie* (Strategic Exploration of Cannabis Prevention) was published. This document gives a summary of the current situation related to cannabis prevention in the Netherlands and recommendations for the future.

## Policy developments in the field of addiction care (part of the GGZ)

The Dutch long-term care act (Wlz) is not yet accessible to clients of the Dutch Mental Health Services (*Geestelijke GezondheidsZorg* - GGZ). In 2018, the Rutte III government presented a bill to make the

Wlz also accessible by 2021 to people with a psychological disorder who will require intensive mental help during their entire life.

In July 2018, the Negotiation agreement for Mental Health Services 2019 to 2022 was concluded between the national government (Ministry of Health, Welfare and Sport), the healthcare insurers, the Dutch Association of Mental Health and Addiction Care (GGZ Nederland), and professional and client organisations. All parties will endeavour to transform the services to ensure that they provide the right care at the right place.

In 2017, the Dutch Addiction Association (DAA) was established, a network in which addiction care institutions, client representatives, knowledge centres (Scoring Results and Trimbos Institute, and the sector Association of Mental Health and Addiction Care (GGZ Nederland) work together to increase the scope of addiction care treatment.

In the spring of 2016, the decision was made to introduce a completely new product structure and funding system for mental health care in 2019: the care cluster model. The National Health Care Institute (*Zorginstituut Nederland*) recommends that the new system should focus on the nature and the scope of the psychological problems of the client and not the classification.

In 2018, the first intermediate evaluation of the reform of long-term care was issued by the Social and Cultural Planning Office (SCP). Eight out of ten municipalities have established broad social (district) teams to which people can address all of their questions regarding support. In 2016, people with severe psychological disorders, including clients living in protected living facilities, were less satisfied with the help they received in comparison to 2015.

In the period 2012-2016, almost 20% of the clinical 'beds' were phased out. In 2016, the Netherlands had in total approximately 16,000 clinical GGZ 'beds' and approximately 16,500 protected living places financed by the Social Support Act (Wmo) for people with psychological disorders.



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## Developments in the Use of Substances covered by the Opium Act

### Cannabis

#### *More than a quarter of young adults have smoked dope in the past year*

In 2017, approximately 960 thousand Dutch people aged 18 and older had used cannabis in the past year (7.2% of this age group). Among people aged between 18-19 and 20-24, the last-year use is highest (23.5% and 25.9%). In (highly) urban areas, the percentage of users is three times higher than in less/non-urban areas. The figure for last-month (current) use is 4.5%. Almost than one quarter (22.7%) of the last-month adult users smoked dope (almost) daily. This equates to 140,000 adults.

Between 2016 and 2017, this use remained stable, but among people aged 15-64 the use is higher than in 2014. For Dutch people aged 15-34, the percentage of last-year users is 17.5%, which is higher than the EU average of 14.1%.

#### *Cannabis use by pupils stable between 2015 and 2017, but dropped over the longer term*

The percentage of Dutch secondary school pupils aged 12-16 who have used cannabis in the last year fell from 13.1% in 2003 to 8.2% in 2015. In 2017, the use remained at this level (7.9%). The percentage of pupils that had already tried cannabis at a very young age (14 years) dropped substantially from 18.8% in 2003 to 6.8% in 2017. Pupils in lower secondary school (VMBO-B) have more often tried cannabis than

pupils in other school levels (as is the case for ecstasy and nitrous oxide (laughing gas)). Among students in intermediate and higher vocational education (MBO and HBO) in 2017, 15% had used cannabis in the past month, and more than a quarter (27%) had smoked dope in school hours in the past month. Despite the fall, in 2015, the use of cannabis among Dutch pupils aged 15 and 16 was higher for their age group than the average in 34 other 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 between 2010 and 2015*

After a steady rise since the late nineties, as of 2010, the number of cannabis clients in 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.

#### *Increase in THC content in the most widely sold Dutch-grown weed; high THC content in imported hashish*

The average THC content in Dutch-grown cannabis remained the same in 2018 as in 2017, but there has been an increase over the past several years. For the most widely sold Dutch-grown cannabis, there was an increase from an average of 13.5% in 2013 to an average of 16.8% in 2018. For cannabis that was purchased as the 'strongest', there was an increase from an average of 15.3% in 2014 to 19.5% in 2018.

The highest THC content was measured in imported hashish at an average of 23.5%, which was higher than in previous years (14.9% in 2014). In contrast to Dutch cannabis, imported hashish also contains considerable amounts of cannabidiol (CBD) at 8.5% in 2018.

The average price of one gram of the most popular Dutch cannabis (€10.09) did not differ in 2018 from 2017 (€10.10), but has increased since 2016; this also applies to the price per gram of the 'strongest' cannabis.

## **Cocaine**

#### *Indications of a rise in cocaine use*

In 2017, approximately 1.8% of the Dutch population aged 18 and older had used cocaine in the past year. This equates to approximately 250 thousand people (rounded off to the nearest ten thousand). The percentage that had ever used cocaine rose from 4.3% in 2015 to 5.2% in 2017. 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 certain groups. According to the Amsterdam Antenna (Antenne) monitor, this particularly concerns people going to clubs. 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.

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

Between 2006 and 2015, the number of primary cocaine clients in addiction care fell from 8,736 to 7,295 while 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 2013 and 2014 to 55 in 2017. It is still unknown whether this was due to an actual rise or due to a change in the method of detection and registration. In 2017, one in five registered deaths related to drug intoxication was primarily attributed to cocaine.

### *Cocaine less often cut with levamisole*

Most cocaine powder is cut with other substances. In 2016 and 2017, a striking reduction was seen in the proportion of consumer cocaine powder that contained levamisole (an animal dewormer). The percentage of cocaine powder containing levamisole fell from 71% in 2015 to 58% in 2016 and fell further to 43% in 2017. Human consumption of levamisole was linked to severe cases of haematological and skin disorders. In spite of being cut, the purity of the cocaine is high. Here, purity is understood to mean the level of cocaine in cocaine powder. The average level of cocaine rose from 49.2% in 2011 to 68.3% in 2017. This means that the cocaine is very pure, also when compared to other European countries. The consumer price of cocaine remained stable. The median (a measure for the average) was 50 euros per gram of cocaine for the period 2008 through 2017. These developments in price and purity possibly point to increased availability on the cocaine market.

## **Opiates**

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

Heroin use is uncommon in the general population. In 2017, 0.3% of the population aged 18 and older reported having ever used heroin. Heroin is also unpopular among young people. However, problem heroin (and other hard drug) 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. How this developed after 2012 is unknown, but there are no indications of a rise in new users, moreover, the addiction care figures indicate a further fall. Between 2006 and 2015, the number of clients with an opiate problem in addiction care 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 2017, only two new cases were registered. However, the number of existing Hepatitis C patients in the Netherlands is high in cities that keep records of them. Together, HIV-positive and HIV-negative drug users (more than 3,400) account for 15% of all chronic Hepatitis C patients. However, Hepatitis C treatment using 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 262 in 2017. The registered opiate-related deaths rose from 40 in 2014 to 127 in 2017. The proportion of opiate-related deaths rose from 30% in 2014 -2016 to almost 50% in 2017. The probability is that the actual proportion of opiate-related deaths is higher, in view of the fact that opiates also play a role in 'other' drug-related deaths. The age at

which these people die is rising. In the early nineties, 60% of opiate users who died were younger than 35, compared to only 17% in the period from 2013 through 2017. It is still unknown whether this was due to an actual rise or due to a change in the method of detection and registration of substance-related deaths. Factors that could play a role for an actual rise include the increasing age of the drug users, and an increase in the use of medicinal opioids including oxycodone and fentanyl. However, a detection effect could have occurred because more toxicological tests were performed, and a registration effect could have occurred because more information was provided on the electronic forms used to register the cause of death.

## Ecstasy

### *Relatively high percentage of ecstasy users*

In 2017, 2.7% of the Dutch population aged 18 and older had used ecstasy in the past year. This equates to approximately 370 thousand people. Ecstasy use in the general population aged 18 and older has remained at approximately the same level since 2015. However, there had been an increase in use 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: in 2017 8.4% of these students had ever used ecstasy and that is comparable to 2015. In the nightlife scene, ecstasy is still by far the most important drug. In the Netherlands, the percentage of adults who have taken ecstasy in the past year is (far) above that of other European countries, the percentage of inhabitants who have ever used ecstasy is one of the highest in Europe.

### *Addiction care requested by 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 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.

### *Increase in the proportion of highly potent ecstasy pills continues*

In 2017, the average concentration of MDMA in ecstasy pills rose once more and this coincides with ever larger tablets. Between 2016 and 2017, the average concentration of MDMA rose from 157 mg to 167 mg. The percentage of tablets bought as ecstasy that only contained MDMA-like substances also rose, from 78.1% in 2016 to 87.6% in 2017.

The rise in the proportion of pills containing a high dose was accompanied for several years by an increase in moderate and severe acute health problems, in particular at large-scale events. However, this increase has not continued in recent years. Both the proportion of people suffering from ecstasy intoxication and the degree of intoxication seen at First Aid posts fell in 2017 when compared to previous years. Possibly, ecstasy users are now aware of the changing ecstasy market. It seems that 4-fluoramphetamine has taken over a proportion of the ecstasy market.

Psychostimulants such as ecstasy appear to play a minor role in drug-related deaths, although the exact number of deaths caused by these substances is unknown. According to data from the Netherlands Forensic Institute (NFI) related to deaths in 2015, 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, but then fell to 6 cases in 2017. These cases could concern ecstasy, amphetamine and other psychostimulants. It is still unknown whether the rise between 2015 and 2016 was due to an actual rise or due to a change in the method of detection and registration. It is also still unknown whether the drop in 2017 was due to an actual drop or due to a change in the method of detection and registration.

## Amphetamine

### *Amphetamine use in the Netherlands is high*

In 2017, 1.4% of the Dutch population of 18 years and older reported to have used amphetamine in the past year, approximately 190 thousand adults. In the past month, 0.5% 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 past 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 ever use of amphetamine by Dutch adolescents aged 15 and 16 is in the middle range. With respect to the adult population and the young adults who have ever used amphetamine and used it in the last year, the Netherlands ranks high with respect to the other European countries.

### *Indications of a rise in methamphetamine use in the 'men who have sex with men' (MSM) subgroup*

Although the use of methamphetamine (a highly potent variety of amphetamine) in the Netherlands is a niche activity, there are indications 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, there are no national figures concerning the scope of the problem.

### *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 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 drug-related 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 2009-2017, 8% of the total 33,539 registered drug-related incidents could be attributed to amphetamine, or to a combination of drugs including amphetamine. This proportion fluctuates slightly over the years, but does not show a clear trend.

## New Psychoactive Substances (NPS)

'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 yet about the risks posed by most NPS. Often they are substances that – often after disappearing for a few years - reappear on the drugs market.

### *4-FA and 2C-B are the most used NPS*

Various studies show that the substances 4-fluoramphetamine (4-FA) and 2C-B (a 'trip' substance that has been on List I of the Opium Act since 1997, but that currently seems to be becoming popular) are the most used NPS. In 2016, 0.9% of the adults in the Netherlands had used 4-FA in the past year (comparable to amphetamine, but lower than cocaine and ecstasy), but this is higher (24.5% in the last year) among special groups such as young people in the nightlife scene. Almost 1 in 10 (9.5%) of these people in the nightlife scene used 2C-B in the past year. 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%). Of the students in intermediate and higher education, the percentage of ever use users of 4-FA and 2C-B in 2017 was four times lower than the percentage of ever use ecstasy users and two times lower than ever use amphetamine users.

#### *4-FA less of a hype*

There are indications that there has been a fall in the use of 4-FA since risk warnings were published at the end of 2016 and its inclusion on List I of the Opium Act on 25 May 2017: a reduction in the number of supposed 4-FA samples handed in to the DIMS and a reduction in the number of health incidents registered at the MDI. In addition, an in-depth study into 4-FA shows that a quarter of the users had stopped and a fifth had started using less of the drug, among other things after the warning.

#### *Fewer NPS handed in to the DIMS*

In 2017, there was a reduction in the number of NPS that was handed in to the DIMS. This reduction was mainly caused by 4-FA. The number of 4-FA samples handed in fell after the warning issued by the Ministry of Health, Welfare and Sport and after it was put on List I of the Opium Act.

#### *Incidents involving NPS limited, reduction for 4-FA*

With the exception of 4-FA, the Monitor Drug Incidents sees few incidents involving NPS. The proportion of 4-FA incidents rose considerably between 2012 and the first half of 2017, and then halved in the second half of 2017, after the ban. In a large proportion of the registered incidents, in addition to 4-FA another drug was also used, usually ecstasy.

#### *NPS: a dynamic market*

In recent years, 6-APB has been handed in to the DIMS with some regularity. In 2017, this concerned 64 samples, in different forms, that contained 6-APB (and usually also 5-APB). Moreover, 3-MMC was relatively frequently found, 54 times. Often, 3-MMC is also the drug of choice (33%), but it is sometimes a replacement substance in mephedrone (13%) or ecstasy (15%). The Amsterdam Antenna (Antenne) monitor identifies an increasing use in some networks, possibly as a replacement for 4-FA. The new very potent (new) synthetic opioids (in particular the fentanyl-like drugs) that are causing many casualties in the US and Canada, are only found occasionally on the Netherlands user market. This is also the case for synthetic cannabinoids.

## **GHB**

#### *GHB used by wide range of groups*

The use of gamma hydroxybutyrate (GHB) is relatively uncommon among the general population and secondary school pupils. In 2017, 0.4% of the population aged 18 and older had ever used GHB, an estimated 50 thousand people. Last-month use was 0.1%, a lower percentage than that of ecstasy (0.8%), cocaine (0.6%) and amphetamine (0.5%). 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 used relatively often 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, GHB's image 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. Some clubs have by now introduced a zero tolerance policy for GHB.

GHB is also used elsewhere than in the nightlife scene. It is, for instance, also used by vulnerable 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 high 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 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 a relatively large number of patients suffer from serious intoxication after using GHB. In particular patients that are treated by ambulance personnel and in Accident and Emergency centres are heavily under the influence, only 12% of the cases treated in the ambulances and 15% in Accident and Emergency care centres are still communicative. What is striking is the increase in the proportion of moderate and serious GHB intoxications seen at first-aid posts, from 34% in 2009 to 73% in 2015. This proportion fell to 65% in 2017.

The number of GHB-related deaths is unclear. In 2017, GHB was mentioned 9 times on a cause of death certificate 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 35-50 euros for a quarter of a litre of GHB in 2017. 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, an estimated 0.2% of the population aged 18 and older had ever used GBL.

## **Sedatives and Tranquillizers**

### *Reduced use of benzodiazepines*

Alcohol and drugs can lead to abuse and addiction, but the chronic use of sedatives and tranquillizers can also pose this risk. 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 dispensed fell by 15% in 2009 (compared to 2008). Between 2016 and 2017 there was a reduction of almost 2%.

### *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 was 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 people to take fatal overdoses of sedatives and tranquillizers*

In 2017, 100 fatal overdoses of these medicines were registered, 26 of which concerned benzodiazepines, 8 concerned (other) sedatives and 66 concerned barbiturates. Most of these cases were suicides. The trend over time (from 2008 through 2012) was erratic and unclear. Between 2013 and 2016, the number of barbiturate cases doubled from 31 to 64, stabilising at 66 in 2017. Here as well, it is unknown whether the rising numbers show an actual rise or whether they are due to a change in detection and registration.



## 0.3 Alcohol and tobacco

### Alcohol

#### *The majority of the Dutch population do not adhere to the recommendations of the Health Council of the Netherlands (Gezondheidsraad)*

Eight out of ten Dutch people above 18 years of age drink alcohol occasionally; this proportion only reduces for people older than 75. These figures have been stable for many 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 2017, 40% of the adult Dutch population met this standard; women more often than men. The population of the Dutch provinces of Flevoland, Rotterdam-Rijnmond and South Holland South adhere to the Guideline the most; those in Brabant Southeast and Hollands-North adhere to the Guideline standard the least.

#### *Alcohol use by young people is no longer falling*

The reduction in alcohol consumption by pupils aged 12-16 in regular secondary education that was seen in the period between 2011 and 2015 did not continue in 2017. In this year, a quarter of the pupils in regular secondary education had drunk alcohol in the previous month. The percentage of binge drinkers among young people who had drunk in the past month was comparable in 2017 (71%) to 2015 (70%). Compared to previous years, there is a considerable reduction in binge drinking among pupils. More alcohol is consumed by pupils in lower levels of education.

Among students aged 16-18 in intermediate and higher vocational education, 85% have drunk alcohol and almost three quarters of them have drunk in the past month. Of the 16-18 year old students who drink alcohol, one in five drank more than 10 glasses on a day in the weekend; boys twice as often as girls. There has been a slight fall in compliance with the age limit for the sale of alcohol in 2017 when compared to 2016. The majority of attempts by young people to buy alcohol succeed.

#### *Approximately 1,800 alcohol-related deaths*

The number of patients (of all ages) that have been treated for alcohol poisoning in an Accident and Emergency (A & E) department continues to rise. In 2017, an estimated 6,000 patients were treated for this condition, in addition to another 17,800 people who were treated for an injury after an accident or violence while being under the influence of alcohol. Both estimates are subject to under reporting, the actual harm is greater.

According to a new estimation method used by the National Institute for Public Health and the Environment (RIVM), in 2018, approximately 1,800 deaths occurred as a result of alcohol consumption. This estimate takes account of the protective effect of low-level alcohol consumption on a number of diseases and mortality. Most alcohol-related deaths are attributable to strokes, cancer, digestive system diseases and psychological disorders.

## Tobacco

### *Downward trend in smoking*

In 2017, 23.1% of the Dutch population aged 18 and older smoked (daily and non-daily) and 17.4% smoked daily. This means that in the population over 18 years of age, there are an estimated 3.1 million smokers and 2.3 million daily smokers. In 2016, 24.1% of the Dutch population aged 18 and older smoked some times. The percentage of smokers (daily and non-daily) fell in 2017 when compared to 2014, but this was not statistically significantly lower than in 2016. There is a reduction in the prevalence of smoking among adults with both a lower and a higher level of education. However, the reduction is less among people that have a lower level of education than among people with an intermediate or high education level.

Between 2015 and 2017, a further drop was seen in the percentage of pupils aged 12-16 who had ever smoked and had smoked in the past month. The percentage of daily smokers fell from 3.1% to 2.1% in this period. The reduction was seen in all school levels, but there are still considerable differences. Pupils attending lower secondary school (VMBO-b) smoke the most, while those attending higher secondary school (pre-university) smoke the least.

In the autumn of 2017, the compliance with the smoking ban in discotheques and in bars, which were not treated as being exceptional, was suboptimal. The number of smoking rooms is falling slightly. Attention must continue to be given to compliance. For many years, the sales of cigarettes and rolling tobacco have been falling, with an occasional peak as a result of a range of various temporary influences. In 2017, 16.3 billion cigarettes and rollies were sold. In 2002, the figure was 30.1 billion.

### *One in three adult smokers made a 'serious' attempt to stop smoking in 2017*

In 2017, 41% of smokers aged 18 and older had made one or more attempts to stop in the past 12 months, 87.1% of whom stopped smoking for more than 24 hours (a 'serious' attempt to stop). This means that 35.7% of all Dutch smokers aged 18 and older have stopped smoking for 24 hours or longer at least once in the past year. This percentage is higher than in 2016 (32.5%) and 2015 (32.1%), but the difference with 2014 (32.9%) is not statistically significant. Men and women make the same number of 'serious' attempts to stop smoking.

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

Of all illnesses, 9.4% can be attributed to smoking. Smoking remains the number one cause of premature death. In 2016, approximately 19,500 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. The actual number of smoking-related deaths is higher, because the effects of passive smoking have not been taken into account.

## **Other Substances: Laughing gas (Nitrous Oxide), Ketamine and Methylphenidate (Ritalin)**

The use of laughing gas, ketamine and methylphenidate received attention in the past years. There are indications that these substances are becoming increasingly popular.

### *Laughing gas – a drug for everyone?*

Laughing gas is a substance that is used in particular by young people and young adults. In 2016, 4.9% of the general population of 18 years and older had ever used laughing gas and 2% did so in the past year. Among people of 20-24, this last-year use was almost 6 times higher (11%). Among pupils (12-16) in secondary education, in 2017 almost one in ten (9.4%) had experienced laughing gas; more than in

2015 (girls). Among people in the nightlife scene in Amsterdam, in 2017 70.9% had experienced laughing gas and more than half had used it in the past year (Number 3 on the list of 'drugs').

Since 1 July 2016, laughing gas has fallen under the Dutch Commodity Act and is freely available. In general, this easy availability is seen as an important factor in the popularity of laughing gas among young people and is said to contribute to young people considering laughing gas as 'normal', and not normally as a drug. When laughing gas is used recreationally, with fewer than ten laughing gas balloons per event, every month or less frequently, no health effects are expected in the short term. The number of known incidents involving laughing gas, reported to the Monitor Drug-Related Incidents, remained limited to 29 cases in 2017. In the longer term, there is a risk of a vitamin B12 shortage and neurological disorders.

#### *Ketamine - from subculture to mainstream*

Ketamine is an anaesthetic and painkiller, but it is also used in lower doses by recreational drug users as a 'trip' substance. The use of ketamine in the general population aged 18 and older is limited: 1.1% have ever used the substance and 0.5% in the past year. Among adolescents and young adults participating in the nightlife scene, its use is much higher: 17.3% have ever used it and 12.3% in the past year. A panel study carried out in Amsterdam, points out that it seems to be becoming more mainstream: ketamine is becoming more accessible to a wide public in the nightlife scene. Ketamine samples are increasingly handed in to the DIMS by consumers. In 2017, ketamine was the most widely seen 'NPS' after 4-FA. In total, approximately 4% of all drug samples handed in to the DIMS contain ketamine.

Up to now, the number of registered ketamine-related health incidents remains low, but they are increasingly seen. Between 2009 and 2017, the proportion of ketamine-related incidents at First Aid posts rose (as the only drug or in combination with other drugs): from 2.7% in 2009 to 6.3% in 2016, with a further rise to 8.2% in 2017. This is similar to amphetamine. In these intoxications, ketamine has often been used with other drugs. The use of ketamine is not without risk; increasingly more is known about the short-term adverse health effects, including confusion, nausea and vomiting, or a K-Hole (a very fierce ketamine experience where symptoms of paralysis occur, sometimes compared to a near-death experience), and long-term risks, including kidney and bladder problems.

#### *Ritalin: recreational use among young adults for improved concentration*

Ritalin (methylphenidate) and some other medication prescribed to children and adolescents suffering from ADHD are also used as 'recreational' drugs. This means that they are taken for non-medical reasons, without a doctor's prescription. Messages regularly appear in the media about an increase in this 'recreational' use among young people. However, little research has yet been done into this in the Netherlands. In 2016, approximately one in twenty adults reported to have ever used ADHD medication with approximately 1% doing so in the past year, with more than a quarter (0.3%) using it (also) without prescription. The ever use of 'ADHD medication' at almost 10% is highest in the group aged 20-24; almost one in twenty (4.6%) of young adults used these substances in the past year, with half of them (also) using it without prescription (2.2%).

In this group, Ritalin is mostly used as a performance-enhancing substance for study or work, and to a lesser degree as 'recreational' drug in the nightlife scene. Research shows that most young adults get the substance from others. So it seems that the substance is being distributed by those who are prescribed it by a doctor. The substance is also bought online.



## Opium Act Offences

### *Seized drugs*

In 2017, at least 14 different types of drug were seized. These drugs include opium, heroin, cocaine, GHB, amphetamine, morphine, methadone, methamphetamine, ecstasy, ketamine, LSD, khat, hashish, and marihuana.

### *Synthetic drugs*

In 2017, at least 66 different types of chemicals used in the production of synthetic drugs were seized during hundreds of raids.

The number of production sites, warehouses and dumping sites related to the manufacture of synthetic drugs that have been reported as being dismantled or cleaned up has been rising. In particular, there was a substantial rise in the number of production sites and waste dumping sites.

### *Heroin*

In 2017, various heroin production sites have been dismantled in the Netherlands. The production of heroin in the Netherlands is a new phenomenon.

### *Hemp cultivation*

In 2017, almost 4,700 hemp nurseries were destroyed, less than in 2015 and 2016.

### *Online drug trafficking*

Online drug trafficking via the 'dark net' is on the rise, but is limited when compared to the traditional offline trade. Mainly cannabis, stimulants and ecstasy are sold via this channel. Dutch suppliers supply ecstasy relatively frequently.

### *Contract killings related to organised drug trafficking*

Contract killings in the Netherlands are usually the result of conflicts related to drug trafficking. In 2017, there were 31 contract killings. The average number of contract killings has not risen since 2000.

### *Suspects of Opium Act offences*

The number of registered suspects of Opium Act offences is once more falling, in line with that of the total number of crimes: the proportion of registered suspects of all suspects remains constant.

### *Opium Act cases submitted to the Public Prosecution Service and the courts*

The number of cases related to the Opium Act submitted to the Public Prosecution Service is falling, after years of it rising. The total number of Opium Act cases dealt with by the courts remains more or less constant. The Public Prosecution Service refers most Opium Act cases to court. More than one in ten results in acquittal.

### *Hard drugs and soft drugs*

The cases with the Public Prosecution Service concern in half of the cases soft drugs and, for more than two in five, hard drugs. The proportion of hard drug cases is increasing for the first time in years, as is the proportion of hard and soft drug cases. Hard drug cases usually concern the possession of a hard drug; soft drug cases usually concern drug production (cannabis cultivation).

### *Sanctions*

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 custodial sentences are mostly imposed in hard drug cases, this pattern does not change. For the first time in years, there is a rise in the number of people in prison for an Opium Act offence.

### **Crimes Committed and Nuisance Caused by Alcohol and Drug Users**

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

In a representative sample of men in prison in 2017, approximately 12% have a serious alcohol problem. Almost 15% of the male prisoners have a serious drug problem. For 19% of the male prisoners alcohol use is related to the criminal behaviour, for 24% of the prisoners drug use is related to the criminal behaviour.

During drug checks in the prison in 2016, approximately 10% of the checks revealed drug use by prisoners.

Driving under the influence of alcohol is a frequent punishable offence, but there is a steady fall in the number of people suspected of driving under the influence of alcohol. In 2017, about 25,000 people were booked for this offence, in 2016 this figure was more than 26,000 and in 2015 more than 27,000.

### *Care for litigants*

The judiciary refers around 20,000 people to the addiction probation services annually. 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%) were seriously disturbed by drug use. In addition, in 2016, approximately 25% of the Dutch population experienced some form of nuisance caused by drunken people in the street. A minority (3%) were seriously affected. These figures have hardly changed when compared to 2014.



							
	Cannabis	Cocaine	Opiates <sup>I</sup>	Ecstasy	Amphetamine	GHB	Sedatives and tranquilizers
<b>USE IN GENERAL POPULATION (2017)</b>							
- Percentage last-month users, 18+	4.5%	0.6%	Hardly none	0.8%	0.5%	0.1%	6.4% (2016)
- Percentage last-year users, 18+	7.2%	1.8%	Hardly none	2.7%	1.4%	0.4%	10.5% (2016)
- Trend in use <sup>II</sup>	The same	Rise 2014-2017 (aged 15-64)	The same	Rise 2014-2017 (aged 15-64)	Rise 2014-2017 (aged 15-64)	The same	-
- International comparison <sup>III</sup>	Average	Above average	Low	Above average	Above average	Unknown	-
<b>ADOLESCENT, PUPIL USE (2015/2017)</b>							
- Percentage of last-month users	4.7% (2017)	0.5% (2015)	0.3% (2015)	0.4% (2017)	0.6% (2015)	0.2% (2015)	-
- Trend (2003-2015/2017)	Fall (2003-2017)	Fall (2003-2015)	Fall (2003-2015)	Fall (2003-2017)	Fall (2003-2015)	-	-
- International comparison, 15/16 age range (2015) <sup>IV</sup>	Above average	Average	Average	Above average	Average	Average	Above average
<b>NUMBER OF PROBLEM USERS</b>							
	<b>2007-2009</b>		<b>2012</b>				<b>2007-2009</b>
	29,300 (dependency) 40,200- (abuse)	Unknown <sup>V</sup>	± 14,000	Unknown	Unknown	Unknown	22,000 (dependency) 35,000 (abuse)
<b>NUMBER OF ADDICTION CARE CLIENTS (2015)<sup>VI</sup></b>							
- 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
<b>REGISTERED DEATHS (2017)<sup>VII</sup></b>							
	Hardly no acute deaths	55 (acute)	127 (acute)	<b>Psychostimulants</b>		100 (acute)	
				6 (acute)	9 (acute)		

I. Heroin (and methadone). II. For the age range 18+ there are trend data available for 2015 to 2017. For the age range 15-64 there are trend data available for 2014 to 2017 (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. In the 3 largest Dutch cities (Amsterdam, Rotterdam, and The Hague), 0.5% are 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. Acute death: primary deaths where the person dies rapidly after taking a deadly amount of a substance. Secondary cause of death: substance as secondary cause of death (contributing factor or complication). See explanation in Appendix D.1.



		
	Alcohol	Tobacco
<b>USE IN GENERAL POPULATION (2017)</b>		
- Percentage last-year users, 18+	79.5%	23.1% <sup>I</sup>
- Trend in use	Between 2014-2017: fall, comparison with previous years not possible	Between 2014-2017: slight fall. Comparison with previous years not possible
- International comparison	Above average	Below average
<b>ADOLESCENT, PUPIL USE (2017)</b>		
- Percentage last-month users, aged 12-16 <sup>II</sup>	25.0%	7.8% (last month <sup>II</sup> )
- Trend (2003-2017)	Fall	Fall
- International comparison, aged 15/16 (2015) <sup>III</sup>	Above average	Average
<b>NUMBER OF PROBLEM USERS</b>	<b>2007-2009</b>	<b>2017</b>
	82,400 (dependent) 395,600 (abuse)	±480,000 <sup>IV</sup>
<b>NUMBER OF ADDICTION CARE CLIENTS (2015)</b>		
- Substance as primary problem	29,374	809
- Substance as secondary problem	4,575	3,136
- Trend (2006-2015)	Stable	Rise
<b>DEATHS<sup>V</sup></b>		
	1,762 <sup>V, VI</sup>	19,587 (2016) <sup>V, VI</sup>

I. This is the percentage of smokers (daily and non-daily) aged 18 and older according to the Statistics Netherlands (CBS) Health Survey/ Lifestyle Monitor in collaboration with RIVM and Trimbos Institute. II. Figure of last-month smoking among pupils in 2017 from the HBSC study. III. Compared to the unweighted average in 36 European countries (ESPAD). The comparison for smoking concerns the percentage of last-month smokers (30%). IV. Based on the percentage of heavy smokers (20 cigarettes or more per day) in the population aged 18 and older in 2017 (3.6%). 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. See Appendix D.1 for the method used to estimate alcohol and smoking-related mortality.



**Table 1b Key Figures Drug Crime: Opium Act Offences Submitted to the Criminal Justice System in the Period 2007-2017**

Phase in the system	Criminal investigations into organised drug crime that undermines society <sup>I</sup>	Number of suspects Police/ RNLM <sup>II</sup>	New Public Prosecution cases <sup>III</sup>	Settlements by judge 1st ruling <sup>IV</sup>	Detainees <sup>V</sup>
Number of Opium Act <sup>I</sup>	2015 and 2016	CBS: 2015 - 2017 HKS: through to 2014	through to 2017	through to 2017	through to 2017
- Total	476 (2015: 341)	17,000 – CBS2017 18,500 – CBS2016	15,950 (2016: 18,565)	9,535 (2016: 9,480)	1,404 (2016: 1,311)
- Hard drugs	Unknown	2017 N.B. ... 42% - HKS2014	7,015 (2016: 7,585)	3,950 (2016: 3,960)	Unknown
- Soft drugs	Unknown	2017 Unknown 51% - HKS2014	8,000 (2016: 10,110)	4,885 (2016: 4,885)	Unknown
- Both	Unknown	2017 Unknown 7% - HKS2014	935 (2016: 870)	695 (2016: 630)	Unknown
- Most recent compared to previous year absolute	2015-2016: Rise	Fall	Fall (rise in combination cases hard drugs and soft drugs)	Stable (rise in combination cases hard drugs and soft drugs)	Fall
- Global trend in period	Unknown	Falling up to 2011, then rising/stable, falling after 2014	Falling up to 2010, then fluctuation (around 18,000) and falling in 2017: 15,950	Falling up to and including 2011, then rising, recent stabilisation	Falling up to and including 2016, in 2017 rising
% Opium Act on total	Unknown	7% - CBS2017	9.2%	10.2%	18%
- Development	---	Constant	Rise 2007 – 2016 (Dip in 2010); Fall in 2017 9.2	Constant	Rise when compared to 2016
		7% – 7%	(rise 2007 -2016: 7.1% – 9.8%	2007-2011: fall	2007 -2014 fall
% Opium Act	---	Rise up to and including 2014; constant after that		Rise 2012-2016/ 2017	2014 – 2016 / 2017 around 18%

I. Drugs as first area to address. Source: Justification for addressing crime that undermines society, 2017 II. Source: 2007-2014 HKS (2014 preliminary), Police, processing WODC. Source 2015 through 2017, Police, processed by CBS. III. Source: OMDATA / RACmin, processed by WODC. IV. Source: OMDATA / RACmin, processed by WODC. V. Reference date 30 September. Source: J&V DJI.