

Summary

Below is an outline of the most striking developments from the 2010 Annual Report. Tables 1a and 1b give an overview of the most recent figures on substance use and drug-related crime. Recent users are those who used a substance during the past year and current users are those who have used a substance during the past month.

Drugs: usage and treatment demand

Cannabis use among school-goers continues to drop; demand for treatment still rising. In 2009 7 percent of the population aged between 15 and 64 had used cannabis in the year prior to the survey. Four percent were current users. These percentages are higher than those from 2004 (5% recent and 3% current use). In 2009 nearly one in three (30%) of current users had used cannabis daily or almost daily during the past month. In 2005 the figure was one in four (23%).

Owing to differences in the method of data collection, it is however not clear whether a real increase in (frequent) use has taken place. In 1997, 2001 and 2005 questions about drug use were asked in a personal interview (face-to-face): the interviewer asked the questions and recorded the answers. In 2009 respondents entered their answers directly on the computer, without the researcher being able to see. There are indications that more anonymous and privacy-protected interview methods - as applied in 2009 - may result in a higher prevalence of usage being recorded.

Based on the data from 2009, the percentage of recent and current cannabis users in the Netherlands matches exactly that of the European average.

Among mainstream secondary school-goers aged 12 to 18 years, the percentage of current cannabis users declined gradually between 1996 and 2007. The gradual downward trend continued in 2009, when 5% of 12-16 year old school-goers were current cannabis users. There are no differences in current cannabis use between school levels.

In certain groups of minors and young adults, cannabis use is higher than average. The percentage of current users in the various groups in the social scene in diverging regions and age groups and settings varied from 12% to around 40% (excluding coffee shop clients). Among the various groups of problem youth, the percentage of current users varied between 29 and 65 percent.

However, the number of cannabis users seeking treatment from addiction care continues to rise. Between 2000 and 2009 the number of primary cannabis clients rose from 3 534 to 8 863. Between 2008 and 2009 there was an increase of 3%. This trend applies to all age groups. Over half of cannabis clients had problems with one or more other substances as well. Still, few people are admitted to general hospitals with cannabis misuse or dependence as the main diagnosis. In 2009 there were 75 such admissions. The number of admissions citing cannabis problems as a secondary diagnosis is larger – 520 cases in 2009 - and continues to rise. In nearly a quarter (22%) of admissions where cannabis problems were a secondary diagnosis, the main diagnosis involved psychoses.

This trend in seeking treatment may be indicative of a rise in the number of problem cannabis users, whether or not in connection with the relatively high THC content in Dutch-grown weed. It may equally reflect an improvement in treatment for cannabis problems or a growing awareness of the addictive properties of cannabis, leading users to seek help earlier. Besides, it is important to bear in mind that the numbers are likely to reflect a lag: it can take years before problem users seek help - if at all. It is therefore possible that a rise in treatment demand can be traced back to a much earlier increase in problem use in the population. On the whole, no adequate explanation has been found for the rise in demand for cannabis treatment. Some 29,000 people in the general population of 18 to 64 years met a diagnosis of cannabis dependence in 2007-2009 and some 40,000 met a diagnosis of cannabis misuse.

Stabilising treatment demand for cocaine addiction; slight rise in hospital admissions
In 2009 one in 20 (5.2%) of the Dutch population aged between 15 and 64 had ever used cocaine and 1.2% were recent users. Current use was reported by 0.5%. These figures are higher than those from the 2005 survey, but this may be related to a change in the research methodology (see preceding sections).

In the school-going population aged 12-18 in mainstream education, ever use of cocaine declined slightly from 3% to 1.7% between 1996 and 2007. Current use remained around the same level (about 1%).

Cocaine, particularly when sniffed or snorted in powder form is relatively common among youth and young adults who are frequently 'out on the town'. However, cocaine is not only used in social settings, but often also at home, both at the weekend and during the week. It is estimated that 12% of those attending national and regional parties in 2008/2009 were current cocaine users, and 5% used cocaine on the night. Among frequenters of clubs and discos the rate of current use was somewhat lower, varying regionally between 3% and 6%. The smoked form of cocaine (crack cocaine) is much more common among opiate addicts; however, there are crack users in the hard drugs scene who do not use opiates. It is not known how many people suffer physical, mental or social problems on account of excessive cocaine use.

Up to 2004 the Addiction Care services registered a sharp increase in the number of primary cocaine clients, from 2,500 in 1994 to 10,000 in 2004. Between 2004 and 2009 the number hovered around 10,000 (9,993 in 2009). For over half (52%) of the clients with a primary cocaine problem in 2009, smoking crack was the main problem. For 46%, snorting the drug was the most common method of use.

The number of hospital admissions citing cocaine misuse or dependence as the main diagnosis is limited (100 in 2009). The number of admissions citing cocaine problems as a secondary diagnosis is larger and is gradually rising. In 2009 there were 637 such admissions, one fifth of which were related to respiratory illnesses.

Percentage of young opiate users receiving treatment remains limited

Heroin use occurs little among the general population. In 2009 only 0.5% of the population aged between 15 and 64 had ever used this substance, and only 0.1% were current users. Nor is heroin popular among the youth. In 2007 0.8% of school-goers aged 12 to 18 in mainstream education had tried this drug, and 0.4% reported past month use. According to the most recent estimate for 2008 there are approximately 18,000 problem opiate users in the Netherlands - less than a decade ago. The Dutch population of opiate users is in the process of ageing. The number of opiate clients receiving addiction care has declined since the start of this century. Between 2001 and 2004 the total number of clients with a primary opiate problem fell from nearly 17,000 to over 14,000. In the following years, a further gradual decline took place to a total of 12,466 clients in 2009.

The proportion of young opiate clients (15-29) receiving treatment for addiction declined from 39% in 1994 to 6% in 2005 and 2006, stabilising at 5% from 2007 to 2009. The majority of opiate users are known to the Addiction Care services. In 2009, only 4% of cases were new. The rest were already registered for treatment with Addiction Care for a drug problem.

While there was a decline in the number of admissions to general hospitals citing opiate problems as a secondary diagnosis between 2002 and 2006, the number stagnated in the years following. Between 2006 and 2009 a rise (+22%) was evident. Respiratory illnesses and symptoms are the most frequently occurring reasons for admission (29% in 2009). The number of hospital admissions with opiate problems as the main diagnosis remains low (65 in 2009).

The number of newly notified cases of HIV and hepatitis B and C among injecting drug users has been low for years. The Netherlands has the lowest number of newly diagnosed

HIV cases among drug users per million inhabitants (0.5 in 2008) in the EU-15.

However, the number of existing infections, particularly of hepatitis C, is high – at least in municipalities that have data on this. The vast majority of regions in the Netherlands lack data on the prevalence of hepatitis C among drug users.

Ecstasy use among the highest echelons of the EU; demand for treatment remains limited and is declining

In 2009 6.1% of the population aged between 15 and 64 had ever used ecstasy. Recent and current use was reported by 1.4% and 0.4% respectively. This puts the percentage of recent users above the European average of 0.8%.

Between 1996 and 2007 ecstasy use among the school-going youth showed a downward trend. In 2007 2.4% of secondary school-goers aged 12-18 had ever tried ecstasy and 0.8% had used it in the past month.

After cannabis, ecstasy remains the most popular illegal drug among juveniles and young people in the social scene. In 2008/2009 a quarter (24%) of the attendees at large-scale parties and festivals were current ecstasy users. Almost one in five (18%) had used the drug that evening, although this percentage varied considerably between venues. Among frequenters of clubs and discos, the percentage of current ecstasy users varied from 5% in the north to 12% in the west of the country. On a nationwide scale, 4% reported current use.

It is not known how many people develop problems from ecstasy use. Among revellers at parties and clubs, one in nine recent ecstasy users (11%) are defined as problem users - fewer than for amphetamine (19%). Among clubbers, 13% of recent ecstasy users met the criteria for problem use.

Few ecstasy users seek treatment from the addiction care services. The number of ecstasy clients as a percentage of all drug clients in Addiction Care has been low for years - less than 1% - and is declining slightly. In 2009 there were 154 clients with a primary ecstasy problem, down from 191 in 2008. Three times as many clients cite ecstasy as a secondary problem (451 in 2009).

Ecstasy was found to play a part in one quarter of registered drug-related incidents in 2010. These incidents occurred mainly at dance parties and were mainly minor in nature.

Amphetamine still less popular than ecstasy and cocaine

In 2009, 3.1% of the general population aged between 15 and 64 had ever used amphetamine. Less than 1% were recent (0.4%) or current (0.2%) users. This means that amphetamine use is between two and three times lower than ecstasy use for all categories. Moreover, the percentage of recent amphetamine users in the Netherlands is below the European average of 0.6%.

There was a downward trend in the percentage of ever users and current users of amphetamine among school-goers in mainstream education between 1996 and 2007. This decline was most marked between 1996 and 1999. In 2007 1.9% of school-goers aged 12-18 had ever used amphetamine, and 0.8% had used it in the past month.

Amphetamine is somewhat more popular among juveniles and young adults in the social scene (than among school-goers), but considerably less popular than ecstasy. In 2008/2009 7% of party-goers at large-scale raves and parties were current users of amphetamine.

The percentage of current amphetamine users among clubbers was highest in the west of the country (5.4%) and lowest in the south (1.7%). On a nationwide scale, 2% were current users.

Between 2001 and 2007 the number of amphetamine users seeking treatment trebled, and then stabilised in 2008 and 2009. In 2009, a total of 1 504 clients were registered with a primary amphetamine problem, and 989 with a secondary amphetamine problem. The average age of the primary amphetamine clients rose from 26 in 2005 to 30 in 2009. Throughout this period, the share of amphetamine in treatment demand for drug addiction remained low (between 2 and 4%). The number of admissions to general hospitals with a primary diagnosis of misuse and dependency involving amphetamine-like substances (including ecstasy) likewise remains limited. In 2009 there were 73 such admissions - slightly up from 2008 (54). The increase from 88 to 145 recorded between 2006 and 2008 in the number of secondary diagnoses related to misuse and dependence on amphetamine-like substances, did not continue in 2009, when there were only 127 such admissions.

Amphetamine use played a role in only a small percentage of registered drug-related incidents in 2009/2010.

Increase in GHB incidents

GHB use is relatively rare in the general population and among school-goers in mainstream education. In 2009 1.3% of the population aged between 15 and 64 had ever used GHB and 0.2% were current users. Expressed in numbers, this means an estimated 144 000 people have ever tried GHB. The number of current users is estimated at 22 000, the same as the number of current amphetamine users.

In 2007 0.6% of school-goers aged 12-18 had ever used GHB. Higher percentages are found among pupils at special schools and among juveniles in care and juveniles in detention centres. Likewise, juveniles and young adults in the social scene have more experience with GHB. In 2008/2009 4.6 percent of frequenters of large-scale parties and raves reported past month use of GHB. Among clubbers and disco-goers, close to two percent were current users (1.7%).

GHB use, particularly daily use can lead to dependence, and sudden cessation can result in rather severe withdrawal symptoms. Treatment demand on account of GHB addiction has increased in a number of Addiction Care organisations in recent years, but national data have only been available since 2009. In that year, 279 people with a primary GHB problem were registered, and had an average age of 26.

GHB is difficult to dose accurately, and there is a high risk of overdose. It is estimated that the number of GHB victims receiving emergency treatment (1,200) was six times higher in 2009 than it had been in 2003. It is unclear how many deaths may be linked to GHB. In 2009 eight cases were registered in the Causes of Death statistics with Statistics Netherlands (CBS) and five cases in 2010 (provisional number). It is unknown, however, whether GHB was the actual cause or a contributory factor in these deaths.

Alcohol and tobacco: usage and treatment demand

Slight decline in alcohol use among juveniles and adults

In 2009 three-quarters (76%) of the population aged 15-64 had consumed alcohol in the past month. This rate is slightly lower than in 2005 (78%). Heavy drinking (at least six units of alcohol on one or more days per week) was reported by 10% of the population aged 12 or older in 2009. Thus 1.4 million people engaged in heavy drinking, although the percentage is down on 2001, when 14% of the population were heavy drinkers. Between 2008 and 2009 the percentage of heavy drinkers in the general population remained unchanged, except among males aged 18 to 24, where there was a decline from 37% to 30%.

Alcohol use among school-goers aged between 12 and 16 in secondary education declined between 2003 and 2009, but mainly in the 12-14 year age group. In 2009, 37 percent of this cohort were past-month (current) drinkers, compared to 55% in 2003. Likewise there was a drop in the percentage of school-goers that had engaged in pastmonth

binge-drinking (five or more units of alcohol on at least one occasion): down from 36% in 2003 to 26% in 2009. However, among current drinkers, the percentage of binge drinkers in 2009 (67%) was around the same as in 2003 (64%). Pupils in the VMBO vocational

stream had a higher score than pupils in the more academic VWO on all indicators measured for alcohol use in 2009 (percentage of current drinkers, binge drinking and more than 10 units of alcohol on a week end day).

The percentage of juveniles under the age of 16 that had attempted to purchase alcohol declined sharply between 2001 and 2009. However, their chance of success has remained undiminished, despite a legal ban on selling alcohol to underage customers.

In 2009 over 34,000 clients were treated for a primary alcohol problem. This is as many as in 2007 and 2008, but 54 percent more than in 2001. The rise in the number of primary alcohol clients was evident in all age groups, but was relatively most pronounced among older age groups. In 2009 nearly a quarter of primary alcohol clients were aged 55 plus (23%).

The rise in the number of alcohol-related hospital admissions appears to be levelling off. In 2009, a total of 5 908 admissions recorded a primary diagnosis of alcohol misuse or dependence. In 2008 5 983 such admissions were registered. Over twice as many admissions record these conditions as a secondary diagnosis, rising from 9 949 in 2001 to 13 717 in 2008 (+35%), and dropping again in 2009 to 12 459 (-9%). Among juveniles aged under 17 admitted to hospital there was a further increase in the number of alcohol-related reasons (both primary and secondary diagnoses (887 in 2009). This reflects a rise of 25% between 2008 and 2009.

Daily smoking among the youth stabilising.

The results of various surveys suggest that the percentage of smokers in the general population has stabilised or declined slightly in recent years. According to Statistics Netherlands,

27.1% of the population aged 12 and older were smokers in 2009. There was a slight drop in the percentage of heavy smokers (20+ a day), from 6.8 to 6.3% among those aged 12 or older.

The percentage of school-goers aged 12-16 in mainstream education that had ever smoked declined slightly between 2005 and 2009. During this period, the percentage of daily smokers appeared to stabilise. Still, 19% of 16 year olds in secondary education are daily smokers. Daily smoking is much more common among pupils in the VMBO vocational stream than pupils in the more academic VWO (15% versus 1%).

Likewise,

juveniles aged 12-16 in residential youth care and in youth detention centres are relatively much heavier smokers than their peers in mainstream education.

Annually, about a quarter of smokers make an attempt to quit smoking. In 2009 27% tried to kick the habit - about one million smokers in total.

Since 1 January 2011 a smoking cessation programme has been included in the basic care covered by the Health Insurance Act. The basis of this integrated approach is a form of recognised support for behavioural change, if necessary supplemented with proven pharmacotherapy.

Deaths

Smoking still the main cause of premature death

In 2009 over 19,245 people aged over 20 died as direct consequence of smoking. This was almost the same number as in 2008. Lung cancer is the main cause of smoking related deaths. The death rate from this disease rose slightly between 2003 and 2009, particularly among women. These figures do not reflect deaths due to passive smoking.

Globally, it is estimated that one in a hundred deaths are due to the consequences of

passive smoking. The deaths are mainly caused by illnesses such as heart disease, respiratory tract infections, asthma and lung cancer.

The rising trend in total deaths from alcohol-related conditions from the early 1990s until around 2004 has not continued in the years since. In 2009 alcohol-related conditions were the direct cause of 724 deaths; in 1,037 cases, alcohol-related conditions were registered as the secondary cause of death. In total this is 2% more than in 2008, but there is no question of a clearly rising trend.

The death rate from smoking and alcohol-related conditions is many times greater than the death rate due to (hard) drugs. In 2009 139 drugs users died from the consequences of drug overdose, slightly more than in 2008, when there were 129 deaths. In the past ten years, this number has fluctuated between around 100 and 140 cases. Only one in five victims is aged between 15 and 34. Ten years ago, as many as 47% of victims were in this young age group. By comparison with a number of other EU member states, the rate of acute drug-related deaths per million inhabitants aged 15-64 in the Netherlands is low.

Market

Less use of mixers in ecstasy pills

In 2009 a number of indicators pointed to a temporary decline in the prevalence of MDMA. This is no longer the case for 2010. In 2010, 82% of samples contained only MDMA or an MDMA-like substance (MDMA, MDA, MDEA or MBDB). In 2009 only 58% of samples in the lab contained pure MDMA. The proportion of samples containing completely different pharmacologically active substances rose from 8% in 2007 to 27% in 2009, and declined again to 15% in 2010. The average MDMA content per ecstasy pill was also higher in 2010 (90mg) compared to 2009 (66mg), and likewise higher than in preceding years (between 70 and 80 mg).

Cocaine often "cut" with medicines

The percentage of cocaine samples mixed with medicines continues to rise. In 2010, levamisole was found in six out of ten samples of cocaine powder. While levamisole was formerly a medicine, it is no longer registered for human medicinal use. It is not known what the precise health risks are of snorting or smoking cocaine that has been cut with levamisole. In the US, cases of serious blood disorders have been reported.

Relatively large amounts of THC and little CBD in Dutch-grown weed

The average THC-content (the main active substance in cannabis) in Dutch-grown weed declined from 20 to 16 percent between 2004 and 2007, stabilising at this level in the years following. In 2009 the average percentage of THC in Dutch-grown weed was 15.1%. In 2010 this rose to 17.8%, but this may be related to a switch to a different lab for analysing cannabis samples. Dutch-grown weed contains relatively little or even no cannabidiol (CBD): 0.2% in 2010. This is a substance that is thought to counteract some of the harmful effects of THC, such as acute psychotic symptoms, anxiety and memory loss. Hash sourced abroad contains comparatively more CBD.

No further increase in the price of Dutch-grown weed.

The price for a gram of Dutch-grown weed stabilised in 2010, having risen between 2006 and 2009. In 2010 the average price was €8.10 per gram for the most popular variety and €10.10 euro for the most potent variety.

The price of amphetamine has remained stable in recent years, with an average street price of €6.60 per gram in 2010. Ecstasy went up in price, costing €3.20 on average per pill in 2010. Also in 2010, cocaine cost an average of 47 euro per gram.

GHB is relatively cheap. In 2010 users paid around five euro per 5 ml dose of GHB. If it is home-made, a user only pays around ten cent per dose.

Offences against the Opium Act

Investigations into serious forms of organised crime are mainly drug-related

As in earlier years, the majority of investigations into more serious forms of organised crime in 2009 involved drugs. In the case of hard drugs, the police mostly targeted organisations involved with cocaine. In second place were cases involving synthetic drugs and in third place, cases related to heroin. The proportion of cases involving only hard drugs is on the increase.

Slight drop in Opium Act offences in the law enforcement chain

The overall picture for 2009 shows a drop in the total number of drug offences dealt with by the police and the Public Prosecutor and in the number disposed of by the courts. Some 17,000 drug suspects were charged by the police and the Public Prosecutor in 2009. Owing to changes in the registration system and the provisional nature of the 2009 data, it is difficult to compare these figures with those of earlier years; this means changes cannot be properly defined.

Proportion of soft drug crimes gaining the upper hand

As a proportion of drug crimes, offences involving hard drugs are declining, while the ratio of soft drug crimes is increasing. This trend is evident in all data. According to police records and data from the office of the public prosecutor, the proportion of suspects and cases involving soft drugs outweighed hard drug cases in 2009.

Drug offenders usually end up in court

Summonses are issued for the majority (nearly two thirds) of all drug offences. A summons is more likely to be issued in cases involving hard drugs and especially those involving both hard and soft drugs than in cases involving soft drugs only. In 2009, the court imposed the same number of community service orders in the first instance as (partly) suspended detention orders - unchanged from 2008. The average duration of a community service order is 96 days, compared to an average of 305 days for a detention order. Other sanctions include fines, and the Public Prosecutor can order financial transactions. These sanctions are less common in drug crime cases.

Percentage of detainees held for drug offences

According to measurements conducted on 30 September 2009, 22% of the prison population consists of drug law offenders. This is virtually the same percentage as in preceding years, second only to violent crime.

Recidivism among drug law offenders

Seven percent of offenders convicted of a drugs offence are found guilty of re-offending within a year. Over a ten-year period, this number rises to 28%. Recidivism in general (including for other crimes) is higher among hard drug offenders than among those convicted of offences involving soft drugs. Serious criminal recidivism is also more common among hard drug criminals.

Cost of combating drug crime

According to 2009 estimates, the justice ministry spent some 523 million euro in 2006 on combating drug crime (prevention, detection, investigations, sanctions and support for both victims and offenders). Offences against the Opium Act rank fourth of seven crime categories examined.

Drug users in the law enforcement system

Drug-using suspects mainly held for property crimes

The category "drug-using suspects" held by police comprise chiefly males with an average

age of nearly 40, most of whom have a sizeable criminal record. They are mostly arrested in connection with property crimes.

Drug-related public nuisance

Close to five percent of the Dutch population reports having experienced public nuisance related to drugs. However, drug-related public nuisance is relatively rarely regarded as the most urgent problem in a neighbourhood. Increasingly, public drug use is being prohibited by a Local Decree. Municipalities may use these decrees to tackle drug-related nuisance in public places.

Increasing use of Probation and Aftercare for addicts

In 2009, Probation and Aftercare for addicts undertook activities for over 15,000 problem users of alcohol and drugs, as well as problem gamblers within the law enforcement system. The number of such activities shows a rising trend. In 2009 there was an increase in the number of advisory reports compiled on convicted addicts; Probation and Aftercare was more often involved in the context of progression to care (from detention) and in supervisory activities.

Care as an alternative to detention

Increasingly, activities are aimed at directing convicted addicts to extra-mural care programmes. In 2009, there were over 4,500 such instances. Most cases are directed to non-clinical psychiatric or addiction care. Purchasing care is prioritised for triple-problem addicts (addiction, psychiatric problems and mild mental impairment).

Institutions for Prolific Offenders (ISD)

The measure "Placement in an Institution for Prolific Offenders" was used in 2009 for many problem polydrug users, most of whom also struggle with psychiatric problems. The majority of these participate in a programme involving behavioural interventions either while in custody or extra-murally. The ISD measure was applied some 1,800 times up to and including 2009. As a result of detention on foot of this measure, it is estimated that cases of vehicle and residence break-ins were down by some 30%.