

Going Dutch: Recent drug policy developments in the Netherlands

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Abstract

This article will try to clearly show that though the basic principles of the Dutch drug policy are upheld, there is a shift from a more libertarian, almost laissez faire, policy to a somewhat more restrictive approach that is more in accordance with foreign drug policies. Two recent advisory committees have guided the Dutch government to conclude that the way the Netherlands has dealt with cannabis and coffee shops needs to be changed.

1. Introduction

The Dutch drug policy, which for years was viewed as liberal and was used as a positive example by many, is changing its direction and moving to a more restrictive policy. Trending toward more restrictions on coffee shops, cannabis use, and hemp cultivation and trade, the Netherlands is retracing its steps. Some are even asking whether the famous Dutch condoning policy on drugs might soon end. *Condoning*, in the Dutch context, especially regarding drugs, refers to when the government consciously takes no action when rules are breached, then further (on conditions) the government announces that against such breach, no action will be taken. Or, to put it more paradoxically, 'to tolerate formally what formally is forbidden'.

A couple of years ago, at an international conference on drug addiction in Mexico, *Hans Hoogervorst*, the then Dutch Minister of Health, stated that the present trend of a more restrictive drug policy in the Netherlands would be continued. And he predicted that in about ten years' time the Dutch drug policy would not substantially differ from the drug policies of other European countries [1]

Developments since then seem to back up this prophecy. Two examples:

1. In May 2008 the biggest coffee shop in the Netherlands, 'Checkpoint' in the city of Terneuzen, on Belgium's border, was closed down. It became too successful. Discovered in this coffee shop was nine times as much cannabis as is officially allowed, more than 4.5 kilos of so called soft drugs, where the maximum is 500 grams. Another 96 kilo's was discovered in a warehouse, and 160 kilo's at thirteen supply locations. Checkpoint and one other coffee shop, welcomed 2300 to 2900 visitors each day, predominantly from Belgium (40 percent) and France (50 percent). At 'high times' that could be 5000 visitors. If every visitor were to buy the maximum customer amount of five grams, that would mean the coffee shop should have 25 kilo's in storage, which is forbidden. In order to comply with the condoning rules, to keep its storage of cannabis at the maximum allowed level of 500 grams all day, the coffee shop would have to replenish its store every 30 minutes. The foreign drug tourists praised the good and constant quality of the 'Netherweed', sold at the five office windows. Customers had to take numbers before standing in line. According to the mayor of the city, Jan Lonink, the situation of so many visitors to the coffee shops, and so much cannabis sold per day, could no longer be reconciled with condoning. "Condoning is only possible when it is limited as to size and time", he said. According to him, the condoning policy is bankrupt. He therefore made a plea for experiments with governmentally controlled cannabis cultivation. [2]
2. The Dutch government set up a task force to crack down on marijuana cultivation in the country. To fight organized crime involved in the production of the drug, the task force united the police with national and local authorities. The ministry of Justice hopes to significantly reduce this organized crime, by tracking down, arresting and dismantling criminal networks

For many, coffee shops are the most well-known feature of the Dutch drug policy. The number of coffee shops has been declining for many years. When the present Dutch government has its way and puts its plan into effect – f.e. establishing a rule that enforces a distance of at least 350 meters between a coffee shop and a school – six of the ten coffee shops will be forced to close. In Amsterdam, of the current 223 coffee shops, 187 would have to close their doors. Further, the intention of the government is to turn coffee shops into private clubs where only Dutch residents are allowed entrance. They will only be able to buy hash and weed with an ID card.

The new direction of the Dutch government was primarily instigated by an extensive evaluation in 2009 of the status quo of the Dutch drug policy. This evaluation was the first since the presentation of a 1995 Drugs Policy Paper *'Het Nederlandse drugsbeleid, continuïteit en verandering'* ('The Dutch drug policy, continuity and change') [3]. Since then, new national and international developments in the field of drugs and addiction have occurred. In 2008 the Dutch House of representatives debated with the government on drugs policy, and questioned if the Dutch drugs policy was still up to its task. The government and House of Representatives agreed to draft a new policy document on drugs.

At the instigation of the government, the *Netherlands Institute of Mental Health and Addiction* (Trimbos Instituut) and the *Research and Documentation Centre* of the Ministry of Justice, undertook an evaluation of the last 15 years. The publication *'Evaluatie van het Nederlandse drugsbeleid'* ('Evaluation of the Dutch drugs policy'). [4] was the result, and served as the basis for recommendations made by an advisory committee on drugs policy (the so called *Van de Donk Committee*), established by the Minister of Health Welfare and Sport, the Minister of Justice, and the Minister of the Interior and Kingdom Relations, [5] It was the aim of the committee to advise the government – on the basis of the said evaluation – on the future of the Dutch drugs policy. The study was to clarify the extent to which the main objective of Dutch national drug policy had been achieved. The objective of the Dutch drug policy, as formulated in the 1995 Drugs Policy Paper, was the protection of public health; specifically the prevention and management of the threats to individuals and society that ensue from drug use. The *Van de Donk committee* presented its results to the government in July 2009. [6] Originally the aim of the ministers was to issue a drugs policy document later that year, based partly on the committee's recommendations, in which they would set out the government's plans. However, the fall of the government in 2010 prevented that outcome. The present government's policy on drugs now seems to build on these documents.

In the summer of 2011 another expert committee, the *Garretsen Committee* [7], presented a report to the Dutch government [8], in which it made the following recommendations, among others: 1. The list system of the Dutch Narcotics Law, namely two lists, doesn't need modification; 2. An optimization of the operation of the Opium Act by: a. setting up a 'check point' in order to monitor new drugs; b. strengthening the distinction between hemp on the two lists (Schedule I and Schedule II) of the Opium Act, based on the THC content, by moving hemp and hashish with a THC content of more than 15% to Schedule I (and *de facto* define it as a hard drug) and on Schedule II, only hemp and hashish with a THC content of a maximum of 15%. In October 2011, the Dutch government officially agreed with these recommendations. It means that on trade, import and export of heavy cannabis (so, with a THC percentage of more than 15%), higher penalties are applicable. Coffee shops will be checked randomly.

In this article I will give a short survey of the characteristics of the Dutch drug policy (§2). Next, I will discuss the present figures on drug and alcohol use in the Netherlands (§3). And finally, I will provide an evaluation of the present Dutch drug policy. (§4). Of course, the reader should realize that not all aspects of the Dutch drug policy can be dealt with *in extenso* in this article. [9]

2. A short survey of the Dutch drug policy

'Cornelis is reading to his wife. This chapter of Genesis always moves him. Also his land was once flooded. Tidal waves swallowed the land, but by the will of God the people of Holland conquered it back from the sea; they won it back and created an earthly paradise. Fertile ground, beautiful cities, a peaceful, tolerant land, where the different religions could co-exist, Anabaptists and Catholics, protestants and Jews, the lion lying next to the lamb. How fortunate they are, and how fortunate he is. [10]

The evolution of the Dutch drug policy since the seventies of the previous century treads the Dutch cultural path followed for centuries, one of tolerance, pragmatism, realism, live and let live, and compromise, i.e. an aversion to polarized positions. The quote above is taken from a novel, dating back to the thirties of the 17th century, an age when the Netherlands was a very affluent country. The 17th century was the Golden Age, economically, socially, and culturally. Even then, Holland, another name for the Netherlands, was regarded as very tolerant. Others would claim, however, that tolerance was just a pragmatic way of dealing with things, without moral considerations. This amoral, pragmatic way, according to these critics, applies equally to the way the Dutch deal with drugs.

In this paragraph we will paint a picture of the history of the Dutch drug policy (§2.1) and its main characteristics (§2.2). Finally, we will deal somewhat more extensively with the Dutch coffee shop policy (§2.3).

2.1 History

The current Dutch drug policy began in the 1960s and the beginning of the 70s. During that time, things changed dramatically in the Netherlands. The use of cannabis – ‘soft drugs’ – among young people increased on the waves of the so-called hippie movement. Within this movement, the use of cannabis was intended to be a form of dissociating oneself from the predominant materialistic culture. Drug use increased, especially the use of cannabis, LSD and, to a certain extent, opium.

The views on cannabis were part of a broader discussion at the time (1965-1976) on whether, and if yes, how far a government could act as a moralist. How the right to self-determination of the individual citizen could be shaped vis-à-vis the government was the focus of the discussions. Subjects, such as pornography, prostitution, abortion, euthanasia *and*, of course, drugs were on the table. The overriding consensus was that morality and criminal justice shouldn't be combined. Victimless offences should be decriminalized. One has to remember that in the beginning of the seventies, information was scarce on the possible psychic and physical complications associated with cannabis use. Because of this, the predominant opinion was that the dangers of cannabis should not be exaggerated.

The ‘condoning attitude’ was strengthened when, in the summer of 1972, heroin flooded the Dutch market and subsequently thousands were hooked. Within a very short time the attention of the government was diverted from problems regarding cannabis use to problems surrounding the heroin trade. This simultaneous rise of cannabis and heroin consumption had a major influence in changing the Dutch narcotics law in 1976 and the condoning practices that followed. The threat posed by the heroin scene was being used as an argument for the decriminalization of cannabis. On the basis of the social stepping stone theory; criminalization of the cannabis users would lead to their further involvement with deviant subcultures and to more excessive use of other, more dangerous drugs. The aim was for a so called ‘separation of the markets of hard and soft drugs’. Instead of the moral argument, the rational argument was played; cannabis and heroin shouldn't be regarded at the same level.

On the basis of recommendations by formal committees, in 1976 the Dutch Narcotics Act (Opium Act of 1919; amended in 1928) was again amended. [11] The Narcotics Act regulates the production, distribution, and consumption of ‘psychoactive’ substances. Possession, commercial distribution, production, import and export, and advertising the sale or distribution of all drugs was made punishable by law. Since 1985, this also covered activities preceding trafficking in hard drugs. The *use* of drugs was not punishable by law. Activities relating to soft drugs and hard drugs for medicinal and scientific purposes were allowed under the condition that the Minister of Health, Welfare and Sports would grant special permission. The government now made a legislative distinction between drugs that involved unacceptable risks, i.e. hard drugs, and those drugs that involve acceptable risks, i.e. the hemp products. [12]

Cannabis use and small scale selling were decriminalized. Officially, the possession of soft drugs was – and still is – punishable by law. However, it was no longer characterized as a criminal offence but as a misdemeanor. The Dutch government expected at that time that other countries would soon see the wisdom of this approach. This proved to be a miscalculation. As the other countries did not decriminalize cannabis, the condoning policy that was intended to be temporary now became permanent. In 1980 the first coffee shop was set up. The Netherlands never foresaw this ‘commercialization’ of the selling of cannabis, and was

naively unaware of its potential profitability. Commercial motives became increasingly more important than other considerations, such as health impacts.

The 1995 Policy Paper 'Continuity and Change' [13], though not giving up on the basic premises of the Dutch drug policy, still called for a somewhat more restrictive approach, i.e. a more consequential implementation of the existing rules where it concerned the production, trafficking, and use of drugs. For example cannabis and coffee shop policy was further modified and room was created for more compulsory addiction care. Authorities at the local level were given more legal, administrative, and judicial instruments to help them tackle prevalent local drug crime and drug-related public nuisance. [14]

2.2 Characteristics

The word that best exemplifies the drugs policy of the Netherlands is the word 'gedogen'. '*Gedogen*' is the Dutch word used for 'condoning', 'to put up with', a way of adapting to the changing opinions, especially in the field of sexuality and drug use. Basic to its policy are the following principles:

1. The drug policy approach must be realistic, pragmatic and integrated ('soft on soft drugs, hard on hard drugs'), aimed at control
2. Prevention and care (*drug demand reduction*)
3. Fight against organized crime (*supply reduction*)
4. Maintenance of public order (*nuisance reduction*)
5. Emphasis on the value of personal freedom
6. Health protection/Harm reduction

The Dutch drug policy is a combination of prevention, care, combating nuisance, prosecution, and enforcement, surrounding the triplet of demand reduction, harm reduction, and supply reduction. It claims to avoid the Scylla and Charybdis, of rigid deterrence on the one side and rigid legalization on the other. It states that public nuisance should be prevented, every citizen is entitled to live one's life in the way he or she sees fit, and that drug treatment must focus on minimizing the risks intrinsic to the use of drugs. Methadone programs and syringe exchange programs are part of this concept. Abstinence is not an explicit aim. A distinction is made between primary and secondary problems. [15]

At the national level, the responsibility for the Dutch drug policy is shared by three ministries: The Ministry of Health is responsible for coordinating the drug policy, and also carries the main responsibility for the drug prevention and treatment policy. The Ministry of Safety & Justice is charged with enforcement of the law. And the Ministry of the Interior and Kingdom Relations is responsible for matters relating to local government and the police. At the local level there are 'tripartite consultations' between the mayor, the police commissioner, and the public prosecutor. These three parties jointly shape local drug policy on the basis of their individual responsibilities and powers.

2.3 Coffee shops

The Dutch drug policy is often (possibly undeserved) equated with its coffee shop and cannabis policy. The main argument for allowing coffee shops was the wish to separate the market of hard drugs from the market of cannabis [16], to combat the marginalization and criminalization of the cannabis user, and to minimize the likelihood that he/she will start experimenting with hard drugs and becoming an addict.

In the 1980's the development of the coffee shops proceeded with minimal intervention by the government. [17] This resulted in an enormous increase in the number of these outlets. [18] In 1991 some formal regulations were enacted. In the 1995 governmental drug note referred to earlier [19], the government confirmed the basic principles of the Dutch drugs policy but also emphasized the enforcement side of the drugs problem. Coffee shops would have to comply with specific regulations. The sale of cannabis in coffee shops was tolerated, provided that they complied with the following criteria: 1. no advertisement; 2. no sale of hard drugs; 3. no nuisance; 4. no sales to young minors; 5. no wholesale trade quantities. [20]

In 1996 the Public Prosecutor published further guidelines: 1. home cultivation was punishable for more than 5 plants inclusive; [21] 2. coffee shops were allowed to have a maximum of 500 grams in stock; 3. coffee shops were prohibited by law to admit minors; [22] 4. a strict separation between the sale of alcohol and cannabis; [23] 5. Mayors received more authority to close down coffee shops, even when there was no

disturbance of the public order. This stronger focus on enforcement had as background the wish to reduce public nuisance, including drug tourism, and to fight the criminality associated with the coffee shops and with the cannabis cultivation.

3. Figures

In this paragraph we will summarize the recent data on the use of drugs and alcohol in the Netherlands. [24] We will focus on cannabis (§3.1), cocaine (§3.2), and opiates (§3.3). Other drug developments will also be discussed (§3.4).

3.1 Cannabis

The percentage of current cannabis users among pupils 12-18 years old, declined between the years 1996 and 2007, especially among males. The average percentage was eight percent (10 percent of the boys, 6 percent of the girls). Between 2003 and 2007, the percentage of boys that already experienced cannabis at a young age (fourteen years), dropped from 21 percent to 13 percent. Among girls, this decline was less; from 16 percent to 12 percent. [25] Despite this reverse trend, the percentage of Dutch pupils that have experience with cannabis is relatively high in comparison to pupils in other European countries. [26] The current cannabis use in the general population appears to be stable (three percent). However, there is a substantial increase for all age groups in those who apply for help at addiction care centers because of cannabis problems. Between 1994 and 2008 the number of primary cannabis clients rose from 1,951 to 8,410. [27] Approximately 29,000 persons in the general population meet the requirements for the diagnosis of cannabis dependency, 40,000 meet the requirements for the diagnosis of cannabis misuse. [28]

3.2 Cocaine

As to cocaine use, Dutch pupils were in the mid-range compared to their peers in other countries. In the age group of 12-18 years the 'ever' use declined from three percent to 1.7 percent. Current use remained at one percent. The use of cocaine was (much) higher with those in the general population who go to parties: twelve percent of those who go to parties were current users; five percent would use cocaine that evening. For those who go to clubs and discotheques, the current cocaine use varied between three and six percent. For the average population (15-64 years) the percentage that ever use was 3.4 percent, the current use 0.6 percent.

There was an increase in the requests for professional care for those who were so called primary cocaine clients; from 2,500 in 1994 to 10,000 in 2004. Between 2004 and 2008 the rise did not seem to continue. However, if you look at a longer period of time, there appears to be a gradual rise.

3.3 Opiates

In the Netherlands, in 2007, only 0.8 percent of pupils (12-18 years) had ever experienced heroin, while 0.4 percent said they used in the last month. For the general population, estimates point to an approximate 18,000 problematic opiate users. The average age of these users is rising. In the Dutch addiction care centers the number of clients with a primary opiate problem declined, 18,000 in 2001 to 14,000 in 2004 and to 12,700 in 2008. So, the decrease in the number of opiate addicts is reflected in the decline in the number of opiate clients.

3.4 Other drug use and connected developments

Although there is a decline in *amphetamine* use among pupils, it seems to be gaining popularity with those who go out. The number of clients with amphetamine problems applying for help has tripled and is now almost 1,500 clients. For youngsters and young adults, *Ecstasy* still remains the most popular illegal drug after cannabis, but we do see a downward trend among pupils. How many of them face trouble because of their ecstasy is unknown since the percentage of ecstasy clients in the addiction care centers is small (one percent) and getting smaller.

In recent years, the Netherlands saw an increase of the use of GHB among the general population and among pupils (especially among those pupils who go to specialized educational systems). The number of incidents involving GHB has increased accordingly.

In 2008, 129 drug users overdosed and died (compared to 99 drug users in 2007). Over the last ten years the number of overdose deaths, fluctuated between 100 and 140. However, there are many more deaths associated with tobacco smoking and alcohol use.

The level of criminality in the Netherlands has declined among drug users, especially among those addicted to opiates (thefts, crimes against property), after a long period of high levels of criminality in this group. The same applies to smuggling, trade, and production of illegal drugs. Usually, however, most of the more severe forms of organized crime are usually connected to drugs. And also the number of violent crimes has increased.

4. Evaluation

Forty years after the start of the Dutch drug policy the *Van de Donk committee* [29], concludes that the Dutch drug policy should not be viewed negatively and that perhaps it should be regarded as successful. In spite of this, the committee recognises that there are a number of issues that "are cause for grave concern", and that a number of 'key changes' to the policy are needed. Four of these changes are:

1. *Youngsters*; the committee expresses its concern about the drug use among young people. The committee states that it should be more difficult for young people to come into contact with drugs and alcohol. As a background to this appraisal by the committee is the increase in scientific knowledge about the effects of drugs and alcohol on the developing brains of adolescents – especially those who are disadvantaged.
2. *Coffee shops*; drug use and coffee shops have become too 'normalized', so a more restrictive approach towards coffee shops is called for, explains the committee. The aim of the Netherlands drug policy in the 1970s never had the goal of facilitating the expansion of the multimillion dollar cannabis sales industry. The committee now calls for a return to the originally intended 'small-scale selling', preferably within the setting of a 'closed club'. Within this setting, the committee hopes that the flow of drug tourists coming to the Netherlands might be stopped. Further, the committee questions whether the present system of two lists (for soft and hard drugs respectively) should be continued and if it perhaps would be better to work with one list.
3. *Organized crime*; a major concern for the committee is the threat to society resulting from the activities of organized crime. Organized crime engages in the production of and trade in drugs, therefore one of the aims of the future Dutch drug policy should be to tackle organized drug-related crime, as the committee states, "more intelligently and rigorously".
4. *Drugs authority*; the committee wants to establish a so called *drugs authority*. In matters relating to drug policy, this Authority should play a coordinating role between the local and central government, between the ministries, and between the Netherlands and other countries. It should act as a watchdog to ensure that the Dutch drug policy is further developed and adjusted, where needed.

In its letter of 11 September 2009 the previous government responded to the advice of the committee. Based on the past 15 years and on the Advisory Committee's report, the government describes the implications for the current Dutch drug policy, and that major changes to some elements of this policy are needed. Perhaps as far as health risks and care of addicts are concerned, the policy has been reasonably successful, the government states. But it adds: "Nuisance and drug-related crime place a heavy burden on local authorities, while criminal organisations have found their way to the big money to be made from international drug trafficking." [30]

The remainder of the letter expresses the government's intention that the Dutch drug policy should aim at fighting and reducing drug use. Further, it states that the government seeks to prevent and reduce the harm that is connected with the use and production of drugs, and that an expert committee will be installed to look at the present system of lists in the Narcotics Law. Also, the responsible ministers will form a so called Ministerial Team that will guard the progress of the drug policy. As far as coffee shops are concerned, the government states that its policy will focus on small-scale coffee shops that focus on the local customer, and local communities are invited to set up pilots in order to realise this. In order to fight organized crime (also in relation to the coffee shops), the government wants to ensure that there is a balance between Administrative Law and Criminal Law, and that both are used effectively.

Though there definitely is a movement towards a more restrictive approach, the Dutch drug policy still navigates between formal prohibition and the demands of practical realism. The basic principles of the condoning policy are still in place. In the Netherlands drugs discussion, there is an inclination towards rationalization while minimizing the moral considerations, by both those who favour the drug policy tenets and by those who are opposed.

The condoning policy, aptly summarised by the paradoxical 'to permit formally what is formally forbidden', has overstretched its limits. The miscalculation in the seventies, namely the lack of recognition concerning the profitability of cannabis sales, has caused a problematic situation that is far from solved. One might bluntly state that the basic assumptions and arguments for tolerance policy are outdated or erroneous. Focussing on cannabis, it is clear that the condoning policy has given international organized crime a firm foothold in Dutch society. For a long time, punishment for trade in cannabis was relatively minimal, in severity and in numbers, and prosecution (tracing) was not a priority. As some have stated, condoning was set up as a stopgap so that the Dutch people could live with inconsistencies between national and international views. The coffee shop, in its present form, has had its day. "Closing the coffee shops would make an end to artificial rationality and incredibility", according to dr. Henk van de Bunt, professor of criminology at the Erasmus University of Rotterdam. [31] Still, the coffee shops will remain a 'head ache dossier' for some time to come. [32] The separation of the markets as the desired outcome, which is the main pillar for the condoning of coffee shops, is difficult to prove. As the writers of the 'Evaluation of the Dutch drug policy' conclude circumspectly: "A positive effect of the coffee shop system on the use of hard drugs cannot be demonstrated convincingly; nor can it be ruled out."

Home cultivation of cannabis, far from being the idealistic enterprise, now is strongly in the embrace of criminals. The production of and trade in cannabis (and other drugs) is not yet under control, though there is progress on this front. Fortunately, there is a reverse trend among pupils using cannabis, but the percentage remains high in comparison to other European countries. There is a high level of cannabis use by vulnerable groups and there is an increase in requests for help by cannabis users.

It is obvious that those in the Netherlands are aware that its condoning policy regarding drugs is in need of some robust rethinking and reordering. The recent acceptance of the recommendations of the *Garretsen Committee* [33] only strengthen this view. A Dutch drug policy that is more in line with that of the other European countries is imminent.

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Conflict of interest

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of, the manuscript entitled *Going Dutch: Recent drug policy developments in the Netherlands* except for the following: employment at De Hoop Foundation, the Netherlands.

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- [5] The committee is named after its chair, professor Wim B.H.J. van de Donk.
- [6] Advisory Committee on Drugs Policy ('Van de Donk Committee') (2009), *New Emphasis In Dutch Drugs Policy ('Geen deuren maar daden, Nieuwe accenten in het Nederlands drugsbeleid')*. Report of the Advisory Committee on Drugs Policy.
- [7] The committee is named after its chair, professor Henk Garretsen.
- [8] Expert Committee List Systematics Narcotics Law ('Garretsen Committee') (2011), *Drugs in lists, report Expert Committee List Systematics Narcotics Law*.
- [9] For a more extensive account of the Dutch drug policy, the reader is referred to D. van der Gouwe, E. Ehrlich, M.W. van Laar (2009), *Drug policies in the Netherlands*, Trimbos Institute (accessible via <http://english.minvws.nl/en/folders/vgp/2009/drug-policies-in-the-netherlands.asp>).
- [10] Jan Willem Sap (2002), 'Voor de vrije Nederlanden en de eer van God: Politieke tolerantie in de zestiende eeuw', in: Marcel ten Hooven (Ed.), *De lege tolerantie, over vrijheid en vrijblijvendheid in Nederland ('The empty tolerance, on freedom and non committance in the Netherlands')*, Boom, p. 41 (own translation).
- [11] Opiumwet (Dutch), http://wetten.overheid.nl/BWBR0001941/geldigheidsdatum_20-07-2009 (accessed 13 October 2011).
- [12] So, "This statutory change was a direct consequence of the reasoning that the risk posed by a substance to the user and to society should form the main premise for policy making" (Margriet van Laar, Marianne van Ooyen-Houben (2009), *Evaluatie van het Nederlandse drugsbeleid*, p. 25).
- [13] See note 3.
- [14] Margriet van Laar, Marianne van Ooyen-Houben (2009), *Evaluatie van het Nederlandse drugsbeleid*, p. 26
- [15] The underlying assumption of this was the idea in the 1970's and 1980's that an important part of the drug problems is caused by the illegal status of drugs. Fighting the primary problems would cause secondary problems, for instance the criminalisation of the drug user. Aim of the policy then should be, according to its proponents, the reduction of problems that are caused by a repressive policy. This could be achieved by normalizing and culturally integrating the drugs. This would de-stigmatize users and could make other approaches possible.
- [16] This intended separation is based on the idea that the risks attached to cannabis are rated much lower than those related to hard drugs.
- [17] Originally, cannabis was sold to consumers mainly through house dealers, but from the late 1980s it was chiefly sold in coffee shops.
- [18] See R. Bieleman, R. Nijkamp (2010), *Coffeeshops in Nederland 2009, aantallen coffeeshops en gemeentelijk beleid 1999-2009 (Coffee shops in the Netherlands 2009, number of coffee shops and municipal policy 1999-2009)*, Intraval, Rotterdam/Groningen
- [19] See note 3.
- [20] These guidelines are referred to by their (Dutch) acronym as the 'AHOJ-G' criteria. Other items in this bill were: the experimental with the small-scale medical supply of heroin to so-called degenerated, psychiatric addicts, considered to be 'therapy-resistant'. More harm reduction projects should be set up instead of projects that aim at total abstinence.
- [21] When less than five plants are cultivated, the plants will be confiscated but there will not be a charge, provided, however, that these plants will not be under a lamp and that they will be watered with a water jug... Artificial light, irrigation systems, time switches or extractor hoods are seen as pointing to business cultivation.
- [22] The penalty for selling to minors and other vulnerable groups was raised. Local municipalities should keep coffee shops away from nearby schools and psychiatric hospitals.
- [23] Selling of cannabis in cafés was from that moment prohibited by law.
- [24] The figures in this paragraph are based on the *Annual Report 2009 National Drug Monitor* (Trimbos Institute 2010), accessible via <http://www.trimbos.nl/~media/Files/Gratis%20downloads/AF0981%20Engelse%20NDM%20compleet.ashx>
- [25] One has to keep in mind here that pupils in special educational schools show much higher percentages in cannabis use in comparison with pupils from the regular educational system.

[26] Only among Spanish pupils in the age of 15-16 years is current use of cannabis higher (20%). Then we find the Netherlands and France (both 15%), Italy (13%), Belgium (12%) en the United Kingdom (11%). In other countries the percentage of current cannabis users varies between one and ten percent.

[27] According to the writers of the Drug Monitor 2009, this trend might point towards an increase in the number of problematic users of cannabis, but might equally indicate the improvement of the professional care regarding cannabis problems, or an increase in the awareness of the addictive properties of cannabis, because of which users seek help at an earlier stage.

[28] Connected with the cannabis use it is important to remark that the average THC content of so called 'Netherweed' between 2004 and 2007 went down from twenty to sixteen percent and has been stable since.

[29] See note 6.

[30] TK 2008–2009, II, 24 077, nr. 237, *Brief ministers naar aanleiding van onder meer de evaluatie door het Trimbos Instituut en het WODC van het drugsbeleid – Drugbeleid, 11 september 2009* (Letter outlining drugs policy September 11 2009, English translation accessible via <http://english.minvws.nl/en/kamerstukken/vgp/2009/letter-outlining-drugs-policy.asp>).

[31] H.G. van de Bunt (2006), 'Hoe stevig zijn de fundamenten van het cannabisbeleid' ('How strong are the fundamentals of the cannabis policy'), in: *Coffeeshops en cannabis*, Justitiële Verkenningen, vol. 1, pp. 10-23

[32] One has to realize that research shows that though coffee shops are the major direct or indirect source for purchasing cannabis, they are not the only source, even in municipalities where coffee shops are located. Underage youngsters can easily procure cannabis, particularly through friends; and some also manage to buy the substance in coffee shops (WODC/Trimbos 2010).

[33] See note 8.