

## While the US Zigs on Pot, the Netherlands Zags

**Robert L. DuPont, M.D.**

For decades, the Netherlands has been known for its tolerant cannabis laws. It has been the poster nation for pro-pot advocates. Cannabis users from across the world have flocked to Amsterdam to patronize its many cannabis-selling “coffee shops.” Throughout this time cannabis has remained illegal in the Netherlands although the Dutch have not prosecuted anyone in possession of less than five grams of cannabis for personal use. This distinctive drug policy of tolerance toward cannabis is called *gedoogbeleid*, and known as the “Dutch model.”<sup>1</sup>

Now, the US is the first, and so far the only, nation in the world to have fully legal production, sale, promotion, and use of cannabis for people 21 and older. In stark contrast, the Netherlands is moving in the opposite direction, limiting the growth, distribution, and use of cannabis, with strict regulations for “medical marijuana.”<sup>1</sup> Cannabis with a THC level of more than 15 percent is now under consideration to be reclassified as a “hard drug.” In the Netherlands, that designation comes with stiff criminal penalties. Furthermore, the nation once had more than 1,000 coffee shops, 300 in Amsterdam alone. Now, there are fewer than 200 in the city and 617 nationwide.

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<sup>1</sup> Ross, W. (2015, February 22). Holland's new marijuana laws are changing old Amsterdam. *Newsweek*. Available from: <http://www.newsweek.com/marijuana-and-old-amsterdam-308218>

This is the result of the government's actions to force coffee shops to choose either to sell alcohol or marijuana. Notably, many are preferring to sell alcohol.

While it has always been illegal to grow cannabis in the Netherlands, for years police acted as if they didn't know where the shops were procuring it. This is no longer the case. Now, new laws target even the smallest cannabis growers. In the past, anyone could grow up to five plants without fear of penalty. In 2011, the government issued new police guidelines declaring that anyone who grew cannabis using electric lights, prepared soil, "selected" seeds or ventilation would be considered a "professional" grower. This is a significant change. Professional growers risk major criminal penalties, including eviction and blacklisting from the government-provided housing in which more than half of the country's citizens reside.

What provoked the Netherlands to make such a strong shift in its cannabis policy? The overall drug policy of the Netherlands – not only for cannabis but including cannabis – has four major objectives:<sup>ii</sup>

1. To prevent recreational drug use and to treat and rehabilitate recreational drug users.
2. To reduce harm to users.
3. To diminish public nuisance by drug users (the disturbance of public order and safety in the neighborhoods).
4. To combat the production and trafficking of recreational drugs.

The Netherlands has determined that its relaxed cannabis laws were a threat to these expressed public health objectives. The nation's new, more restrictive laws, including banning cannabis

with THC levels of 15 percent or more, demonstrate that the government intends to reduce cannabis sale and use for reasons of public health.

As the legalization of medical and recreational marijuana spreads to more states in the US, it is instructive to look anew to the Netherlands. The US can benefit from the lessons learned by the Netherlands about cannabis over the past four decades. How surprising it is that the US media frequently praised the Netherlands' permissive cannabis policy but now that the policy has become more restrictive it is being ignored

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<sup>i</sup> Office for Medicinal Cannabis. (n.d.). Medicinal cannabis. Centraal Informatiepunt Beroepen Gezondheidszorg (CIBG), Ministerie van Volksgezondheid, Welzijn en Sport. Available from: <http://cannabisbureau.nl/en/MedicinalCannabis/>

<sup>ii</sup> van Laar, M., Cruts, G., van Gageldonk, A., van Ooyen-Houben, M., Croes, E., Meijer, R., & Ketelaars, T. (Eds). (2007). *The Netherlands: Drug Situation 2007*. Report to the EMCDDA by the Reitox National Focus Point. Available from: [http://www.emcdda.europa.eu/attachements.cfm/att\\_61222\\_EN\\_NR2007Netherlands.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_61222_EN_NR2007Netherlands.pdf)

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## References

1. Ross, W. (2015, February 22). Holland's new marijuana laws are changing old Amsterdam. *Newsweek*. Available from: <http://www.newsweek.com/marijuana-and-old-amsterdam-308218>
2. Office for Medicinal Cannabis. (n.d.). Medicinal cannabis. Centraal Informatiepunt Beroepen Gezondheidszorg (CIBG), Ministerie van Volksgezondheid, Welzijn en Sport. Available from: <http://cannabisbureau.nl/en/MedicinalCannabis/>
3. van Laar, M., Cruts, G., van Gageldonk, A., van Ooyen-Houben, M., Croes, E., Meijer, R., & Ketelaars, T. (Eds). (2007). *The Netherlands: Drug Situation 2007*. Report to the EMCDDA by the Reitox National Focus Point. Available from: [http://www.emcdda.europa.eu/attachements.cfm/att\\_61222\\_EN\\_NR2007Netherlands.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_61222_EN_NR2007Netherlands.pdf)

## About the Author

For more than 40 years, Robert L. DuPont, M.D. has been a leader in drug abuse prevention and treatment. Among his many contributions to the field is his leadership as the first Director of the National Institute on Drug Abuse (1973-1978) and as the second White House Drug Chief (1973-1977). From 1968 to 1970 he was Director of Community services, for the District of Columbia Department of Corrections, heading parole and half-way house services. From 1970 to 1973, he served as administrator of the District of Columbia Narcotics Treatment Administration (NTA), the city-wide drug abuse treatment program that was the model for the federal government's massive commitment to drug abuse treatment in the early 1970s. Following this distinguished public career, in 1978 Dr. DuPont became the founding president of the Institute for Behavior and Health, Inc.

Dr. DuPont has written for publication more than three hundred professional articles and fifteen books and monographs on a variety of health-related subjects. His books include *Getting Tough on Gateway Drugs: A Guide for the Family*, *A Bridge to Recovery: An Introduction to Twelve-*

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*Step Programs* and *The Selfish Brain: Learning from Addiction*. In 2005, Hazelden, the nation's leading publisher of books on addiction and recovery, published three books on drug testing by Dr. DuPont: *Drug Testing in Drug Abuse Treatment*, *Drug Testing in Schools*, and *Drug Testing in the Criminal Justice System*.

Throughout his decades of work in addiction prevention, Dr. DuPont has served in many capacities. His activities in the American Society of Addiction Medicine (ASAM) include chairing the forensic science committee and he is a Life Fellow. He is also a Life Fellow of the American Psychiatric Association (APA) and was chairman of the Drug Dependence Section of the World Psychiatric Association (WPA) from 1974 to 1979. In 1989 he became a founding member of the Medical Review Officer Committee of ASAM. He is an International Fellow of Drug Free Australia.

A graduate of Emory University, Dr. DuPont received an M.D. degree in 1963 from the Harvard Medical School. He completed his psychiatric training at Harvard and the National Institutes of Health in Bethesda, Maryland. Dr. DuPont maintains an active practice of psychiatry specializing in addiction and the anxiety disorders and has been Clinical Professor of Psychiatry at the Georgetown University School of Medicine since 1980. He is vice president of Bensinger, DuPont and Associates (BDA), a leading national consulting firm dealing with substance abuse, founded in 1982 by Dr. DuPont and Peter Bensinger, former Director of the Drug Enforcement Administration.

Dr. DuPont's signature role throughout his career has been to focus on the public health goal of reducing the use of illegal drugs. He currently serves on the boards of directors of the Kolmac

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Foundation, the American Council on Science and Health, the National Anxiety Foundation and the World Federation Against Drugs.