

**EXHIBIT H**

**DUTCH DRUG POLICY:**  
**SOME FACTS AND FIGURES**

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## Main aim of drug misuse policy in the Netherlands

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'To contribute to the prevention of, and to deal with, the risks that the use of mind-altering drugs present to individuals themselves, their immediate environment, and society as a whole'

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established by Govt. white paper to Parliament, 1975, and unchanged to date

Important basic documents used in the development  
of NL-policies

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- U.S.: 1st and 2nd Reports of the National  
Commission on Marihuana and Drug  
Abuse (Shafer Commission), Washington,  
1972 and 1973
- Canada: Final Report of the Commission of  
Inquiry into the Non-Medical Use of  
Drugs, Ottawa, 1973
- U.K.: Report by the Advisory Committee on  
Drug Dependence, London, 1968
- WHO: 20th Report of the WHO Expert  
Committee on Drug Dependence, TRS  
551, Geneva, 1974

Dutch drug policy has two facets:

- enforcement of the Opium Act
- policy on prevention and treatment

Coordination of policy by the Ministry of Welfare,  
Health and Cultural Affairs, in cooperation with the  
Ministry of Justice

## OPIUM ACT

- distinction between drugs presenting unacceptable risks and traditional hemp products
- distinction between drug users and traffickers

## PROSECUTION POLICY

Expediency principle: the Public Prosecutions

Department is empowered to refrain from instituting criminal procedures if there are weighty public interests to be considered

Guidelines for detection and prosecution: highest priority for trafficking etc. of drugs presenting unacceptable risks, lowest priority for possession of up to 30 grams of hemp products for personal use (misdemeanor)

Policy aims to maintain a separation between the markets for drugs presenting unacceptable risks and the market for hemp products, so that people who use the latter can do so openly and not slide into the fringes of society

# Opium Law: Schedule I Substances maximum sanctions

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offence	prison yrs	fine Dfl
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- possession of small quantities for personal use:	1	100,000
- wilful possession, public promotion counterfeiting prescriptions:	4	100,000
- preparatory activities:	6	100,000
- manufacture, transport, delivery, sale etc.:	8	100,000
- transport across NL-border:	12	100,000

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Note: if value of proceeds or means used exceeds 1/4 of max. fine, max. fine is increased to next higher category e.g.:  
transport across border – Dfl 1 million; if the offence has  
been committed more than once, the max. prison term may be  
increased by one-third, e.g. transport across border – 16 years.



**Opium Law: Schedule II Substances maximum sanctions**

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offence	prison yrs	fine Dfl
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- possession of up to 30 grams	1 month	5,000
- wilful possession, manufacture, etc.	2	100,000
- transport across NL-border:	4	25,000

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Note: if value of proceeds or means used exceeds 1/4 of max. fine, max. fine is increased to next higher category; if the offence has been committed more than once, the max. prison term may be increased by one third.

## CURRENT SITUATION

### Estimate of total number of drug misusers/addicts

Netherlands:  $\pm$  21,000 drug misusers/addicts

Source: 1) assessments of municipalities; 2) recent research on all methadone programmes in the Netherlands (Bureau Driessen, 1991)

Amsterdam: 5,000 - 7,000 addicts

Source: capture/recapture method based on several data systems: Municipal Health Service, Municipal Police, local studies (1990)

The extent of the overall problem appears to be stabilising and is even decreasing in some cities

### Prevalence of cannabis and cocaine use

Current cannabis and cocaine use is low. The average last month prevalence of cannabis in a national sample of school children (10 - 18 years) was 2.7 %; cocaine 0.2 %.

Source: Plomp, N. et al., 1990

## POLICY ON TREATMENT AND PREVENTION

### Principles:

1. A multi-functional network of medical and social services should be built up at local or regional level;
2. Treatment and care must be easily accessible;
3. Social rehabilitation of present and former addicts must be promoted;
4. Fullest use should be made of general services and facilities, such as general practitioners and youth welfare services;
5. Instead of publicity campaigns, preference should be given to a general health education approach for young people (of which information on drug abuse is a part).

## GENERAL ORGANISATION OF SERVICES

### 1. Consultation Bureaus for Alcohol and Drug Problems (CAD's).

Outpatient mental health care, oriented towards social work.  
16 Main branches, 44 subsidiary branches and 45 consulting  
addresses. Staff:  $\pm$  900.

### 2. Municipal methadone programmes.

6 Programmes. Methadone is being supplied to 7,000 addicts on an  
average day in some 60 municipalities (CAD's also supply  
methadone).

### 3. Social welfare projects.

Part of a broad range of youth projects, aimed at risk reduction or  
prevention. 36 Main branches, with some 90 projects in 45  
municipalities. Staff:  $\pm$  550.

### 4. Specialised residential treatment.

Independent clinics, therapeutic communities and special units in  
general psychiatric hospitals. In a total of 20 facilities, 1,060 beds  
are available for both drug addicts and alcoholics.

In addition: self-help groups, of which Alcoholics Anonymous is the  
largest (more than 100 groups).

## CAD-functions and methods

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- \* Mental health care, non-residential
  - psychotherapy
  - group therapy
  - family therapy
  - individual client/parent/partner counseling
  - crisis intervention
- \* Prevention
  - advising teachers, general health care and social workers
- \* Client counseling in police stations and prisons
- \* Probation services
- \* Methadone programmes (reduction, maintenance)

## CAD coverage estimate

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target groups		coverage
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- problem drinkers	- ca. 300.000	
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		ca. 8%
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- drug users	- ca. 21.000	
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		ca. 70-80%
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### CAD-caseload, 1991 (1)

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- 52,432 registered clients
- 451,996 client contacts (methadone excluded)

of these:

- alcohol 49%
- drugs 40%
- other 11%

## CAD-caseload, 1991 (2)

## Use of methadone

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programme	maintenance	reduction	ind.pro.
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% clients	74	22	4
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% contacts	74	22	4
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no. clients	8,083
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no. contacts	725,415
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## Cannabis use and cannabis problems

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About 550.000 - 600.000 Dutch citizens of 12 years and older use cannabis on a regular basis.

Source:

Plomp, H.N. et al, 1991; Netherlands Institute on Alcohol and Drugs, 1990; estimate based on last month prevalence data.

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### Newly registered CAD-clients with cannabis problems

percentage of total population  
of regular cannabis users

1989:	121	0.02 %
1990:	225	0.04 %
1991:	261	0.04 %

### Total number of CAD-clients with cannabis problems

percentage of total population  
of regular cannabis users

1989:	688	0.11 %
1990:	913	0.15 %
1991:	1174	0.20 %

### Groups at risk for cannabis problems

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- persons with a strong tendency towards escaping reality
- persons with serious premorbidity and/or psychosocial problems
- people with a tendency towards psychosis

Source: Noorlander, E.A., 1992

**Drug and alcohol - related expenditure**

(Central and local govt. health budget/social health insurance)

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1991 estimates	Dfl/million
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- CAD's and youth projects	± 116
- research, experiments, other	± 12
- specialised residential treatment	± 80
- municipal methadone programmes	± 7
- CAD probation (Dept. of Justice)	± 20
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- Total	± 235

Estimated number of drug users in Amsterdam based on  
'capture-recapture' method \*

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	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Dutch	2378	2790	3063	2552	2701	2767	2440	2049
ethnic	1623	1935	1342	1445	1516	1553	1436	1453
foreign	3077	3806	3060	3293	3991	4483	3560	2765
total	7078	8531	7465	7290	8208	8803	7436	6267

\* In this method, the population seen at police stations is multiplied with the population seen in the methadone programmes. Subsequently, the resulting number is divided by the number of clients that are seen at both locations (the 'overlap'). The outcome of this formula is the estimated number of drug users.

$$\frac{\text{clients in methadone progr.} \times \text{clients at police stations}}{\text{overlap}} = \text{estimate}$$

Source: Buning, E.C., 1990, 1992

### Average age addicts in Amsterdam

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1981	26.8
1982	27.4
1983	27.8
1984	28.2
1985	28.9
1986	29.5
1987	30.1
1988	30.8
1989	31.6
1990	32.3
1991	33.1

Percentage addicts under 22 years in Amsterdam

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1981	14.4%
1982	9.9%
1983	9.4%
1984	7.3%
1985	6.2%
1986	5.1%
1987	4.8%
1988	3.4%
1989	4.8%
1990	2.5%
1991	2.3%

Number of clients in municipal methadone programme in  
Amsterdam

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1981	1378
1982	2838
1983	3357
1984	3834
1985	3770
1986	3345
1987	3495
1988	3336
1989	2928
1990	2762
1991	2608

Source: GG & GD Amsterdam - 1992

Number of drug users receiving methadone in Amsterdam  
police stations

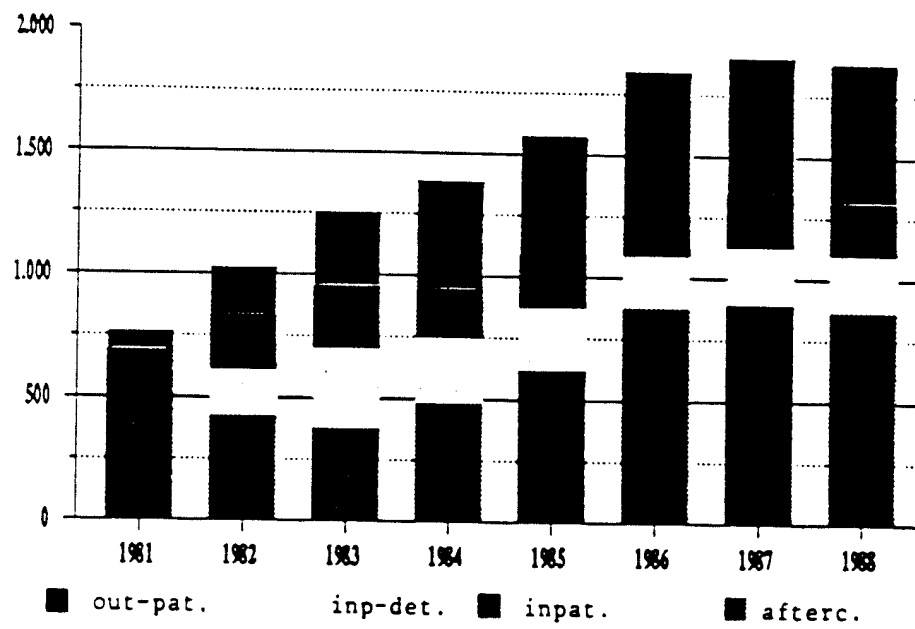
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1977	653
1978	1091
1979	1053
1980	1243
1981	1549
1982	1656
1983	1787
1984	2456
1985	2046
1986	1981
1987	2117
1988	2274
1989	1704
1990	1544
1991	1598

Source: GG & GD Amsterdam - 1992



Patient-load drugfree treatment in Amsterdam (\*)



(\*) : no data available after 1988

Source: GG & GD Amsterdam - 1990

## Death by overdose in Amsterdam

(nationality)

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	Dutch	Other	Total
1976	3	20	23
1977	6	6	12
1978	9	9	18
1979	9	10	19
1980	14	30	44
1981	16	18	34
1982	11	20	31
1983	21	32	53
1984	20	53	73
1985	19	23	42
1986	16	44	60
1987	17	44	61
1988	15	25	40
1989	11	31	42
1990	13	26	39
1991	20	22	42

Source: GG &amp; GD Amsterdam - 1992

**24a**

**Number of deaths due to accidental and other poisoning by  
opiates and related narcotics (\*), excluding murder**

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<b>1979</b>	<b>42</b>
<b>1980</b>	<b>72</b>
<b>1981</b>	<b>72</b>
<b>1982</b>	<b>46</b>
<b>1983</b>	<b>71</b>
<b>1984</b>	<b>62</b>
<b>1985</b>	<b>42</b>
<b>1986</b>	<b>64</b>
<b>1987</b>	<b>44</b>
<b>1988</b>	<b>42</b>
<b>1989</b>	<b>52</b>
<b>1990</b>	<b>56</b>

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**Based on WHO-International Classification of Diseases (9th  
revision, 1975); combining E85.0, E965.0, E950.0, E980.0,  
excluding E962.0.**

**(\*): Pertains to Dutch residents only.**

**Source: National Bureau for Statistics, 1992**

**Cumulative number of Aids cases among drug users in the Netherlands**

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January 1986	2
January 1987	9
January 1988	30
January 1989	56
January 1990	89
January 1991	135
January 1992	157
October 1992	200

At present, 8.5 % of all Aids patients are intravenous drug users \*

\* With exclusion of the small category of homosexual IV drug users (n=25)

Source: Chief Medical Inspectorate of Public Health

Number of needles distributed in Amsterdam needle exchange

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1984	25.000
1985	100.000
1986	400.000
1987	700.000
1988	700.000
1989	820.000
1990	1.000.000
1991	1.000.000

Source: GG & GD Amsterdam - 1992

## DRUG SEIZURES 1987-1991

	1987	1988	1989	1990	1991
	kgs	kgs	kgs	kgs	kgs
HEROIN (total) *	471	510	492	532	406
- South East Asia	149	112	167	85	49
- South West Asia/ Turkey	242	263	242	220	270
- South West Asia/ Pakistan	80	135	46	193	38
COCAINE	406	517	1425	4288	2488
AMPHETAMINES	124	53	65	47	128
LSD (in dosages)	13250	468	8075	5146	1630
LSD (in grs)				64	
MDMA (in kgs)			0.750	0.322	0.700
MDMA (in tablets)			930000	48	
CANNABIS (total)	48617	68238	42315	109762	84292
- Hashish	31998	46221	14071	90010	73962
- Marihuana	16619	22017	28234	19752	22330
- Dutch grown Marihuana plants (in number of plants)					60000

\* The difference between the total quantity of heroin and the sum of SE Asia and SW Asia heroin relates to seized heroin of which the origin could not be established.

Source: National Criminal Intelligence Service