

**EXHIBIT I**

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95Netherlands  
Alcohol and  
Drug Report

## Fact Sheet

## Cannabis Policy

## Dutch Drug Policy and Cannabis

The primary objective of Dutch drug policy has always been health protection. In addition, problems such as nuisance and criminality caused by addicts and illicit drug trafficking have been a major concern.

Responsibility for the Drugs Policy rests with both the Minister of Health, Welfare and Sports (HWS) and the Minister of Justice. Prevention policies and aid programs are the first responsibility of the Minister of HWS, with the exception of administrative prevention. This is one of the tasks of the Ministry of Internal Affairs. The Minister of Justice is responsible for the enforcement of the Opium Act. The Minister of HWS carries the responsibility for the co-ordination of the Government's drug policy.

The strategy of the policy has primarily been directed towards reduction of the risks for the individual drug users, their immediate environment as well as society in general.

Legislation in the Netherlands with regard to drugs is important. Although the harm done to society is taken into consideration, a great effort is made by the administration to prevent criminal prosecution from being more damaging to the individual drug user than the relevant drug itself.

Dutch drug policy aims to maintain a separation between the market for soft drugs (cannabis products such as hashish and marijuana) and the market for harder substances (such as heroin and cocaine). This is effectuated by allowing some limited freedom of movement for the retail-trade and the possession of small quantities of soft drugs for individual consumption, and by trying to combat the hard drug trade in every possible way. Furthermore the policy has the intention to prevent drug users from ending up in the illegal circuit.

## The Opium Act

The Opium Act of 1919 (amended in 1928 and 1976) provides regulations regarding production, distribution and consumption of 'psychoactive' substances. Since 1976 a distinction has been made between soft and hard drugs. This distinction was established as a result of a 1972 report from the *Working Group on Narcotic Drugs* (the Baan Committee). With the help of a 'risk scale', based on medical, pharmacological, socio-scientific and psychological data a distinction was made between unacceptable risk drugs ('hard drugs' such as heroin, cocaine, LSD and amphetamine) and cannabis products ('soft drugs' such as hashish and marijuana). Hard drugs were listed on schedule I and soft drugs were listed on schedule II (sub b) of the Opium Act. Since July 2, 1993 barbiturates and tranquillizers have been listed on schedule II (sub a) because of the fact that the Netherlands have ratified the Psychotropic Substances Treaty.

Possession, commercial distribution, production, advertising, import and export of all drugs, except for medicinal or scientific purposes, is illegal and punishable by law. Since 1985 activities preparatory to trafficking in hard drugs have also been included. The Opium Act also provides for the strict supervision of the production and medicinal use of soft and hard drugs. In these cases the Minister of HWS has to provide a license.

Penal provisions for soft drug delicts are considerably milder than those for hard drugs. Moreover, a distinction is made between drug users and traffic-

## International Treaties

The main international drugs treaty ratified by the Netherlands is the 1961 (amended in 1972) Single Convention on Narcotic Drugs of the United Nations (UN). Primary aim is mondial co-operation to combat drug abuse and drug trade other than for medical and scientific purposes. In 1993 the Netherlands also ratified the 1971 UN Convention on Psychotropic Substances (illegal drugs as well as tranquillizers and barbiturates) and the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances.

The Schengen Treaty of 1985 constitutes an agreement between all EC-member states, with the exception of Denmark, the UK and Ireland, on the opening of their borders. The Treaty includes agreements with regard to a better co-operation in the war against crime and the harmonization of drug legislation. In 1990 the Treaty was amended.

## Expediency principle

The principle of expediency has been included in the Dutch Penal Code. This empowers the Public Prosecutor to refrain from prosecution of criminal offences if public interests are involved. Regulations for investigation and prosecution of Opium Act delicts have been established in 1976. These regulations provide priorities regarding investigation and prosecution of Opium Act delicts. Penal offences involving hard drugs other than for individual use take the highest priority, followed by penal offences involving soft drugs other than for individual use. Investigation and prosecution of possession of hard drugs for individual consumption (normally 0.5 gram) and soft drugs to a maximum of 30 grams carry the lowest priority. In practice possession and selling of a maximum of 30 grams of hashish and marijuana will not be investigated and are usually not prosecuted. The police usually confiscate all drugs discovered

### *Stepping-stone hypothesis*

The assumption that cannabis consumers run a higher risk of switching to hard drugs, especially heroin, is known as 'the stepping-stone hypothesis'. This idea was first put forward in the forties in the U.S.A. and has since greatly influenced public opinion as well as American and International drug policies. Opinions differ as to whether or not the hypothesis is correct. As for a possible switch from cannabis to hard drugs, it is clear that the pharmacological properties of cannabis are irrelevant in this respect. There is no physically determined tendency towards switching from soft to harder substances. Social factors, however, appear to play a role. The more a consumer integrates into an environment where, apart from cannabis, hard drugs can also be obtained, the greater the chance that he may switch to hard drugs. Separation of the drug markets is therefore essential and forms the basis of today's Dutch cannabis policy.

### *Regulations*

Coffee shops must adhere to the so-called AHOJ-G criteria: no Advertising (commercial), no Hard drug sale, no Nuisance, no selling of soft drugs to Young persons (under 18) and no Great quantities (more than 30 grams) per transaction. There are no criteria with regard to the amount of trade stock allowed. Depending on specifically local problems some local authorities have tightened the AHOJ-G criteria in a covenant ('no parking in front of entrance', 'closing-time at 22.30 at night' etc.). In 1991 the Public Prosecution Department has proclaimed the AHOJ-G criteria to be a nationwide criminal prosecution policy. In October 1994 regulations were established concerning investigation policies with regard to coffee shops. Adherence to the 5 criteria will be strictly investigated aiming at restriction of the number of coffee shops and reduction of nuisance. Local policy with regard to coffee shops is a matter of the local authorities. The Public Prosecutor, the Mayor and the Chief of Police confer on these policies (the 'triangle committee').

kers. The (border-crossing) drug trade has a high priority and great efforts are made to keep users out of the illegal circuit. Possession of soft drugs and hard drugs for commercial purposes is therefore considered a more serious offence than possession for individual consumption.

The following illustrates the penal differentiation: for soft drugs the maximum penalty varies from 1 month detention (and/or a fl. 5000,- fine) for possession, selling or production of 30 grams at most to 4 years imprisonment (and/or a fl. 100.000,- fine) for import and export.

The maximum penalty for hard drugs varies from 1 year imprisonment (and/or a fl. 10.000,- fine) for the possession of 'consumer amounts' to 12 years imprisonment (and/or a fl. 100.000,- fine) for import or export. The maximum penalties may be increased by one third if the crime has been committed more than once.

Directives for the investigation and prosecution of Opium Act delicts have been provided for (see Expediency Principle).

### *Coffee Shops*

Over the years the above mentioned legislation has led to the establishment of the so-called coffee shops where trading in soft drugs on certain conditions is not prosecuted. Trade in hard drugs, however, is strictly prohibited. Thus the cannabis consumer is not dependent on multi-drug markets which reduces the risk of switching to harder substances (see Stepping-Stone Hypothesis).

According to police estimates the number of coffee shops in the Netherlands was 1200 to 1500 in 1991. Other points of sale of cannabis are so-called home dealers (estimated number between 700 and 2200), community centers (between 500 and 1000) and further outlets (approximately 60). In the bigger cities, however, most of the cannabis products are obtained in coffee shops. These are mainly small, café-like enterprises catering for a diverse public from various social backgrounds. Just like regular local cafés and restaurants, coffee shops often have a socio-cultural function in their neighbourhood. Most coffee shops offer a wide range of hashish and marijuana products from various countries and of varying quality. Prices vary from 10 to 15 Dutch guilders per gram. According to recent estimates the turnover of cannabis products in coffee shops amounts to approximately 2 billion Dutch guilders per year.

The majority of the coffee shops adheres to nation-wide criteria (see regulations). The closing down of a number of coffee shops and a more rigid police control in recent years have shown that these criteria are strictly maintained. Immediate causes for police activity are usually related to trouble in the neighbourhoods, suspected hard drug traffic or possible criminality. Other specific problems are an increase in the number of coffee shops, particularly near undesirable locations (such as schools), and the attraction of drug tourism, especially in the border towns.

In order to deal with these specific problems police control and public prosecution with regard to adherence to the regulations have been more rigidly enforced. Furthermore, more and more often administrative measures are being taken on a local level for the prevention and the combat of nuisance related to the coffee shops. General bye-laws, nuisance regulations, environmental regulations, zoning-plans and building regulations offer possibilities in this respect.

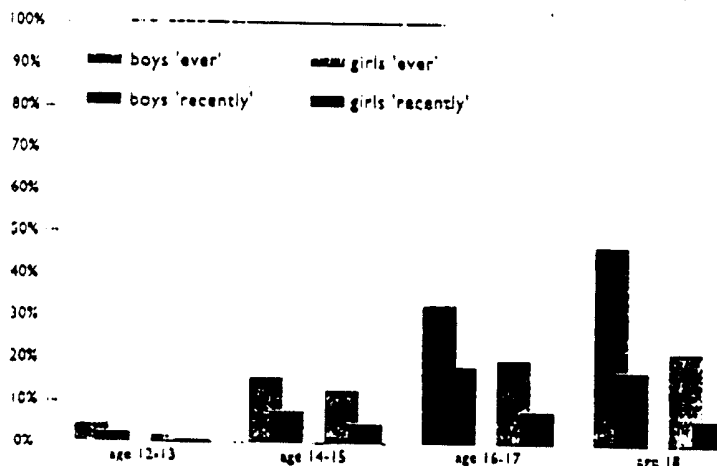
### Data on cannabis use

In the Netherlands an estimated 600.000 people regularly use cannabis. This is about 4.6% of the population of 12 years and older. There are no reliable data, however, on the use of cannabis with regard to the total population in general.

According to a 1990 drug use survey in Amsterdam, 24.1% of the population of 12 years and older had ever used cannabis; 6% had done so recently (during the month preceding the survey) 1.3% scored frequent use, i.e. more than 20 days in the previous month. As compared to 1987, cannabis use among the population of Amsterdam had remained stable (reference: *Licit and illicit drug use in Amsterdam*, Sandwijk et al., 1991).

Large-scale nationwide surveys among secondary school students (age 12 - 18 years) have shown that in this group the use of cannabis has increased recently. In 1984 4.6% had ever used cannabis and 2.3% had used cannabis recently (during the previous month). In 1988 these percentages were 8.0% and 3.1% and in 1992 13.6% and 6.5%, respectively. From the difference between ever and recent use it appears that in more than half of the cases experimental behaviour is indicated. Boys score a significantly higher percentage than girls with regard to cannabis use and the group of 16 - 17 years scores highest in recent use (see figure).

Cannabis use (%) among young people according to age and sex (1992)



Reference: *Jeugd en risicogedrag (Youth and risky behaviour)*, Kuipers et al., 1993

The use of hard drugs among schoolgoing young people has remained limited. In 1988 only 0.4% had used cocaine recently and 0.3% had recently used heroin; in 1992 these percentages were 0.4% and 0.2% respectively. As compared to cannabis use the consumption of alcohol appears to be considerably higher. In 1992 66% of the students between 12 - 18 years had ever used alcohol; 42% had done so recently.

International drug survey data, if available at all, are often difficult to compare because of methodological differences. However, it has been established that cannabis use, especially among young people, has also shown a slight increase in a number of other European countries such as Norway, the UK and Denmark. In the U.S.A. cannabis use has been on the increase as well in the past few years.

### Cannabis confiscations

Police and public prosecutor closely co-operate in the investigation and combat of the drug trade. International co-operation is considered of primary importance.

Confiscated imported hashish (see table) comes from North Africa and Southwest Asia. Marijuana comes mainly from Africa and is imported via Rotterdam. A large amount is destined for the transit trade to Poland, the UK and Switzerland.

In 1993 134 tons of hashish and 28 tons of marijuana, presumably with destination the Netherlands were confiscated abroad.

Confiscated hash and marijuana (kg) and Nederweed (plants)

	1991	1992	1993
Hasj	74.000	75.300	25.200
Marihuana	22.300	19.300	110.100
Nederweed	72.000	313.200	194.400

reference: Dutch Criminal Investigation Information Service

The Dutch cannabis market has increasingly been supplied (around 50%) by indigenous marijuana (Nederweed) production which is estimated between 20 and 40 tons.

The hemp culture is only permitted for agricultural activities and for windbreak purposes; in future an official license will probably have to be obtained. Consequently it will be less difficult for police and Public Prosecution to produce evidence and to take more effective action against illegal cultivation.

### Nederweed

In the past few years the yield and quality of Nederweed have been greatly improved thanks to more sophisticated agricultural techniques such as climate control, crop improvement, cross-breeding and cloning of female plants containing the highest percentage of active substance (tetra-hydro-cannabinol or THC). Various studies have shown that the percentages of THC in Nederweed vary from 1.5% to 13% with peaks up to 27%.

Similar to many kinds of import cannabis some variations of Nederweed ('Skunk') may contain high concentrations of THC but this is not standard.

**Risks of cannabis use**

In the Netherlands cannabis is mainly smoked as hashish (resin mixed with parts of the hemp plant) or marijuana (dried tops of the hemp plant). Eating (space-cake) and smoking of cannabis with a waterpipe also occur. The main consequence of smoking for the human body is a possible harmful effect on the lungs. There is no conclusive scientific evidence of brain damage, harmful effects on blood circulation, immune system or reproduction. However, a decrease in reaction speed and ability to concentrate as well as a diminishing short-term memory have been observed. These may have negative consequences for productivity at school, job functioning and participation in traffic. For people with a certain predisposition frequent use of cannabis can lead to psychoses. Consumption of 'space-cake' sometimes leads to an overdose with passing attacks of panic. Furthermore, consumption of Nederweed with a high percentage of THC may occasionally cause overreactions.

Cannabis is by no means risk free but in comparison with alcohol and tobacco use it is certainly not more harmful.

**Colofon**

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The number of problematic cannabis users which came into contact with addiction assistance agencies in 1993 is small compared to the total number registered. Only 3% of all clients of the Consultation Bureaus for Alcohol and Drugs (outpatient services) were registered with cannabis use as primary problem.

Furthermore, the number of hospital admissions in relation to cannabis misuse and addiction in psychiatric hospitals and addiction clinics is relatively low (less than 1.5% of the total number). However, over the years the number of applications for professional help has been steadily increasing. Up to now there has been no clear indication as to what specific factors account for the increase. The fact that cannabis is more easily obtainable as well as an increase in the production of Nederweed may play a role. Little is known about the group of problem users and the much larger group of integrated cannabis users.

**Prevention and education**

Prevention, information and education are of primary concern in Dutch drug policy. In 1991 the project 'Healthy schools and stimulants' was launched, specifically aiming at secondary school students. The project is carried out in co-operation with the Netherlands Institute for Alcohol and Drugs, the local and provincial Public Health Services and the municipalities. The project provides information on subsequently tobacco, alcohol, cannabis and gambling for Secondary School students at an age when they generally have their first contacts with these items. For cannabis this is usually around 15 years. The project also provides standards for use (no substance use in schools), observation and guidance in accordance with the objectives of the project. By the middle of 1994 the project had already reached 30% of the secondary school students.

A specific consumer public is being advised about 'sensible use' by means of leaflets distributed in the various coffee shops. The leaflet 'Tips on Hash and Weed' warns against the harmful effects on concentration and reaction ability, the use of cannabis as a means to overcome problems, the consumption of space-cake, simultaneous use of alcohol or medication and taking hashish and weed out of the country.

**Criticism and Praise**

Dutch cannabis policy has met with national and international praise as well as criticism. As for the social acceptability, the current policy is regularly under discussion, especially with regard to drug related nuisance. There is also criticism from the 'Schengen' countries (mainly Belgium and France) which regard the Netherlands as being out of tune, particularly regarding the harmonisation of legislation on drug use. In this context, the Netherlands have tightened up the control of existing regulations. On the other hand Dutch cannabis policy has managed to create a (relative) separation of the soft and hard drugs markets. The fact that cannabis is relatively easy to obtain in the coffee shops has not resulted in a larger consumption increase than in other countries. Furthermore, the number of addicts has stabilised and drug deaths are few in comparison to other countries. In recent years other countries have come to realize that a certain decriminalisation of soft drug consumption should be considered with regard to public health, the prevention of social damage to users and the control of small but aggressive retail-trade in the streets. Next to Switzerland and Denmark a trend towards decriminalisation of the soft drug consumption can be observed in Germany, the United Kingdom and Spain. Daily news in the newspapers indicates that such developments are in full swing on a national as well as an international level.