A guide to Dutch policy

The Netherlands Ministry of Foreign Affairs
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in cooperation with
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Q&A DRUGS

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DRUGS

DRUGS

A MAIN POINTS

A1 What are the main features of the Dutch policy on drugs?

- Both policy and legislation distinguish between hard drugs and soft drugs, depending on the health risks associated with their use. The possession of soft drugs for personal use (up to 30 grammes) is a summary, non-indictable offence.
- Coffee shops can sell soft drugs without being prosecuted, providing they observe strict rules (see Section C). The aim of this policy is to prevent users of soft drugs from becoming marginalised and from being exposed to more harmful drugs.

The main aim of Dutch drugs policy is to minimise, if not prevent, harm to users, the people around them and the public in general. For this reason, soft drugs and hard drugs are dealt with in different ways. Many countries do the same in practice, without making a formal distinction between the two categories. Section B describes policy on law enforcement in the Netherlands.

A2 Are drugs legal in the Netherlands?

No. It is an offence to:

- sell
- produce
- possess
- import or export

either hard or soft drugs.
It is not an offence to use drugs (see A4).
Section B contains a survey of all offences involving drugs, with the maximum penalty for each.

The demand for drugs and the harm they cause to users and the people around them are kept to a minimum by professional care and preventive strategies. Drug supplies are reduced by tackling organised crime. Policy is also aimed at maintaining public order and preventing drug-related nuisance.

A3 What is the difference between hard and soft drugs?

The relevant factor is their effect on health:

- hard drugs: substances which are harmful to health, such as heroin, cocaine and synthetic drugs such as ecstasy;
- soft drugs: the less harmful cannabis derivatives marihuana and hashish.

The Opium Act, which governs narcotic substances in the Netherlands, takes account of this distinction. The penalties for drug-related offences and the priority given to the various offences in law enforcement policy depend not only on the nature of the offence but also on the type of drug involved (see Section B).

A4 Why is it not an offence to use drugs?

The Dutch policy aims to prevent or at least limit the risks associated with drug use. Addicts are encouraged to give up drugs and can seek help in doing so. The ultimate aim is to help them recover their physical and mental health, and function better in society. The fact that they will not be prosecuted or stigmatised makes it easier to seek help (see D3).

The use of drugs is not an offence under international agreements (see A7). Nor is it an offence in Germany, Italy, Denmark or, indeed, most countries of the European Union. However, this does not mean that drug use is generally accepted in the Netherlands. On the contrary. Schools, for instance, conduct campaigns to deter youngsters from using drugs by informing them about the dangers of all addictive substances, including nicotine and alcohol (see Annex I).

A5 Is it true that the policy on soft drugs makes it easier to turn to hard drugs?

No. In the Netherlands only a small percentage of soft-drug users change to hard drugs. Relatively few people are addicted to opiates (such as heroin, morphine or synthetic methadone). Their number has not increased in recent years, and it is far below that of cannabis users. There is absolutely no evidence that the policy on soft drugs encourages the use of hard drugs.

Surveys are held regularly among people aged 12 years and older to monitor trends in drug use. An estimated 15.6% have used cannabis at least once. The corresponding figure in the United States is 32.9%. 2.1% of the Dutch population have tried cocaine, compared with 10.5% of Americans. 0.3% report using heroin occasionally, as against 0.9% in the US. The figures for "occasional" use are far higher than those for regular use. 2.5% of the Dutch reported that they had used cannabis in the month before they were interviewed (see Annex II).

A6 Has there been an increase in the use of ecstasy?

Yes. The fact that other countries have seen a similar increase suggests that it is unrelated to the policy pursued in the Netherlands. The growing popularity of ecstasy and other synthetic drugs has coincided with changes in young people's leisure activities since the early 1990s.

Policy must respond to changing trends. The Netherlands is extremely active in publicising the risks posed by new drugs (see D2), monitoring new substances (see E5) and promoting research (see E6).

A7 Does Dutch law comply with international agreements?

Dutch legislation is consistent with the provisions of all the international agreements the Netherlands has signed, i.e. the UN Conventions of 1961, 1971 and 1988, and other bilateral and multilateral agreements on drugs.

B LAW ENFORCEMENT

B1 What are the main features of Dutch policy on law enforcement?

The principle of expediency plays an important role. It gives the authorities the discretion to decide, on the grounds of the public interest, not to bring criminal action in a given case. Suppression of the sale of hard drugs and the traffic in large quantities of drugs, both hard and soft, are given high priority. A much lower priority is given to curbing the sale and possession of soft drugs for personal use.

Expediency is a basic principle in Dutch criminal law. The Public Prosecution Service may decide whether or not to prosecute. Law enforcement priorities in respect of drug-related offences are set out in official guidelines. Dutch policy on law enforcement and prosecution is therefore more transparent than in some other countries which use the same methods in practice.

B2 Is it an offence to sell soft drugs?

Yes. It is illegal to sell either hard or soft drugs (see B9).

- Hard drugs: high penalties are imposed, regardless of quantity. The sale of hard drugs is also a high law-enforcement priority.
- Soft drugs: quantity is taken into account. Coffee shops that sell up to 5 grammes are not prosecuted (see Section C). However, heavy penalties are imposed for selling larger quantities, which are presumed to be for export. Measures are taken to curb the sale of drugs on the street, in private dwellings and in public places other than coffee shops.

Controlling the sale of small quantities of soft drugs for personal use is a low priority, as soft drugs are not a serious threat to health and rarely give rise to nuisance. On the supply of soft drugs to coffee shops, see C4.

B3 In what circumstances are charges brought for possession of drugs?

Possession of either soft or hard drugs is an offence. Possession of quantities deemed for trade is a high priority in law enforcement policy. Possession of more than 0.5 grammes of hard drugs is an indictable offence and offenders are always prosecuted. Charges are also brought for possession of soft drugs in quantities greater than for personal use (penalty: see B9).

Possession of small quantities for personal use (see B1):

- Hard drugs: possession of less than 0.5 grammes is an indictable offence, but a low priority in law enforcement policy.
- Soft drugs: possession of less than 30 grammes is a summary offence and likewise a low priority. The official drug guidelines are stricter regarding the sale of small quantities of soft drugs.

If an addict is arrested for possession of hard drugs or for a drug-related offence, the police contact a care worker. Teamwork between the police, the judicial authorities and the social work sector plays a key role in Dutch policy. The police always confiscate any drugs they find, both hard drugs and soft drugs, regardless of quantity.

The official guidelines include special provisions allowing coffee shops to stock soft drugs (see C2).

B4 What measures are taken to stop the production of and trade in synthetic drugs?

Synthetic drugs are hard drugs. The production of and trade in these substances are high priorities in law enforcement policy. If criminal organisations are involved, which is often the case, the courts can impose harsher penalties than the maximum that would otherwise be allowed for the same offence. The Netherlands is actively involved in international efforts to identify dangerous new substances and in international law enforcement operations.

The Synthetic Drug Unit was established in 1997 to coordinate the work of the police, the customs authorities, the Public Prosecution Service, the Economic Investigation Service and other agencies responsible for suppressing the production of and trade in synthetic drugs. The Netherlands can now respond more rapidly to requests from abroad for information or assistance. In 1998, the Synthetic Drugs Unit closed down 35 laboratories producing ecstasy or amphetamines and confiscated various substances used for making synthetic drugs.

B5 Is it legal to grow hemp?

It is an offence to grow hemp in the Netherlands and the legislation governing hemp cultivation was tightened up in 1999.

The maximum penalty for commercial cultivation has been raised from two years' imprisonment or a fine of NLG 25,000 to four years' imprisonment or NLG 100,000. Suppressing commercial production is a high priority. Hemp may only be grown outdoors and on open land, for the production of industrial fibres. In other words, it may no longer been grown indoors, even for agricultural purposes. The Dutch climate is generally unsuitable for outdoor cultivation of the hemp used for narcotic drugs. The new legislation aims to curb the production and export of Dutch cannabis, or nederwiet.

B6 Are drug addicts who commit an offence dealt with differently from other offenders?

Addiction is not an extenuating circumstance. However, addicts who commit an indictable offence may be eligible for a special scheme which allows them to get treatment instead of serving their sentence. In such cases the courts may suspend or waive their sentence. Those who opt for treatment have to observe certain rules, failing which they will be required to serve the original sentence.

One rule is that they have to stop using drugs and take tests to prove they have done so. The scheme was introduced on the grounds that treatment is more effective than detention. It has already been in operation in the Netherlands for some time and the results have been encouraging.

B7 What measures does the Netherlands take to curb drug tourism?

- Drug addicts who are in the Netherlands illegally and who commit an offence are deported. They may be tried and sentenced or transferred to stand trial in their country of origin.
- To prevent tourists from buying drugs for export coffee shops may not sell more than 5 grammes of soft drugs (see C2). It is an offence to export any drugs whatsoever, even small quantities of soft drugs.

In recent years, firmer action has been taken to control drug tourism and the nuisance associated with it. The police, customs authorities, military police and other agencies carry out frequent operations to curb drug tourism, in close cooperation with Belgium, France, Germany and Luxembourg.

B8 Do different cities apply different rules?

Yes. Policy is coordinated in consultation between the burgomaster, the chief public prosecutor and the chief of police. They formulate local policy on coffee shops, which must be consistent with the official drug guidelines. To reduce the nuisance homeless addicts cause in the streets some cities have opened special centres, with care workers in attendance, where addicts can use the drugs they need. No drugs may be sold or supplied. Local residents are amenable to the scheme and take part in consultations on running the centres.

Under the official drug guidelines, the burgomaster, the chief public prosecutor and the chief of police can jointly decide to ban all coffee shops within their jurisdiction. They may also reduce the quantities of drugs that coffee shops are allowed to stock (see C2). The burgomaster may order the closure of coffee shops (see C5). The Public Prosecution Service has imposed a number of conditions for the introduction of centres where addicts can use drugs. They must be consistent with the overall local policy on drugs, and measures must be taken to safeguard public health and safety. The use of drugs is not an offence in the Netherlands (see A4).

B9 What offences are indictable and what are the maximum penalties?

Most acts involving drugs which are offences in other countries are likewise offences in the Netherlands. Moreover, under Dutch law, attempting to import drugs is indictable. The same applies to any action performed as part of a conspiracy to traffic in hard drugs. The following offences are indictable and subject to the maximum penalties listed below:

The maximum penalty for committing a drug-related offence on more than one occasion is 16 years' imprisonment and/or a fine of NLG 100,000. The fine can be raised to a maximum of NLG 1,000,000.*

HARD DRUGS	MAXIMUM PENALTIES
■ import/export	12 years and/or NLG 100,000*
■ sale, transport, production	8 years and/or NLG 100,000
■ intention to import/export, sell, transport, produce	6 years and/or NLG 100,000
■ planning an offence	6 years and/or NLG 100,000
■ money-laundering	6 years and/or NLG 100,000
■ illegal production of and traffic in precursors**	6 years and/or NLG 100,000
■ possession	4 years and/or NLG 100,000
■ possession for personal use	1 year and/or NLG 25,000
SOFT DRUGS	
■ import/export	4 years and/or NLG 100,000
■ cultivation, sale, transport, production	2 years and/or NLG 25,000
■ cultivation, sale, transport, production for commercial purposes	4 years and/or NLG 100,000
■ possession of more than 30 grammes	2 years and/or NLG 25,000
■ sale, production, possession of less than 30 grammes	1 month and/or NLG 5,000

* NLG 1,000 = US$ 485 = 454 euro (Oktober 1999).
** Precursors: see E5.

C COFFEE SHOPS

C1 What is a coffee shop?

A coffee shop is a cafe where no alcoholic drinks may be sold or consumed and where soft drugs may be sold under certain conditions. Although the sale of soft drugs is an offence, coffee shops are a low law-enforcement priority. They are not prosecuted, provided they sell small quantities only and comply with the rules listed in C2.

Policy on law enforcement is set out in Section B. Coffee shops have been subject to stricter supervision over the past few years and there are now fewer than there were in the past (see C5).

C2 What are the rules governing coffee shops, and how are they enforced?

Under the guidelines issued by the Public Prosecution Service in 1996, coffee shops are not prosecuted for selling soft drugs, providing they observe the following rules:

- they may not sell more than 5 grammes to any person at any one time
- they may not sell ecstasy or any other hard drugs
- they may not advertise drugs
- they must ensure that there is no nuisance in their vicinity
- they may not sell drugs to persons aged under 18 or even allow them on the premises.

The sale of soft drugs will continue to be an offence. If the rules set out above are not observed, the premises are closed down and the management may be prosecuted.

Under the official drug guidelines, coffee shops that comply with the rules may stock up to 500 grammes of soft drugs without facing prosecution.

C3 Why are coffee shops allowed?

The aim is to keep soft drugs separate from hard drugs in order to protect soft-drug users, especially youngsters who want to try them out, from exposure to hard drugs and the criminal traffic in them.

Although they are offences under the Opium Act, the possession and sale of small quantities of soft drugs in coffee shops is a low law-enforcement priority, as the use of these substances does not give rise to serious health problems.

C4 Are people who supply drugs to coffee shops prosecuted?

Yes. The Public Prosecution Service and the police act in accordance with the Opium Act, the official drug guidelines and the principle of expediency. The highest priority is given to curbing the bulk trade in both soft and hard drugs, which is often in the hands of organised crime. The same vigilance is exercised in monitoring the supply of soft drugs to coffee shops. A lower priority is given to smaller suppliers who are not under the influence of criminal organisations.

This strategy was chosen as a practical solution. It means that the policy of separating the markets in hard and soft drugs can continue to be pursued (see A1). The fact is that coffee shops are a vital link in this policy and they must be able to obtain supplies. Under the official drug guidelines no action is taken against them as long as their stocks do not exceed 500 grammes and they observe the rules laid down in the guidelines (see C2).

C5 Why has the number of coffee shops been reduced?

The rules can be enforced more easily (see C2). In border areas, drug tourists from abroad who come to the Netherlands to buy drugs tend to cause nuisance. Targeted action is taken to control the problem, and nuisance has abated in the past few years (see B7). The burgomaster may close down any coffee shop, whether or not there is a nuisance problem. Such closures must be consistent with the local drugs policy agreed by the burgomaster, the chief public prosecutor and the chief of police (see B8).

The aim is to allow only as many coffee shops as are needed to meet local demand. Since the 1995/1996 policy amendments, their number has been reduced by 10% to 15%. Targeted action is taken to curb the problems associated with coffee shops, such as nuisance, the sale of hard drugs or large quantities of soft drugs for export.

D PREVENTION AND CARE

D1 What does the Netherlands do to prevent the use of drugs?

Preventive measures should first target young people. Schools provide information on the risks of drugs, alcohol, tobacco and gambling. A nationwide campaign has been launched to support them. The campaign informs young people about specific stimulants around the age at which they are likely to be exposed to them.

Following a nationwide information campaign on the use of cannabis (1996), a three-year campaign was launched in 1998 to deter young people from using alcohol and drugs and thereby damaging their health. The dangers of drug use on the roads is an important theme in the campaign.

D2 Do prevention programmes target synthetic drugs?

Yes. Frequent information campaigns aim to deter the public from using them. Young people nevertheless tend to use ecstasy in particular at raves and in clubs. They can have their pills tested to find out what they contain and what effects they might have. Such tests are carried out in special centres and sometimes at raves. The public is frequently warned about the health risks associated with ecstasy and other pills. The authorities take immediate action if unduly dangerous pills are in circulation.

Ecstasy rapidly gained currency in the Netherlands and other countries because it is non-addictive and induces euphoria. Its growing popularity has coincided with the popularity of raves, where pills of various kinds are taken. The health risks associated with such substances vary considerably, depending on what they contain, the circumstances in which they are used and individual factors. The Netherlands carries out considerable research into their effects (see E6).

D3 Why is help given to drug addicts who are unwilling or unable to stop using drugs?

Breaking an addiction is usually a long and difficult process. Help is available even for people who do not succeed. The aim is to avoid health problems as far as possible, to prevent the spread of disease, for example through the use of infected needles, and to combat public nuisance and crime.

Drug addicts are not simply left to their fate. Addiction is essentially a health problem, and care services try to help as many addicts as possible. Their work puts them in a position to assess the magnitude of the problem, so that policy can be amended if necessary. Providing help also reduces the likelihood of addicts turning to crime.

D4 Why have needle supply schemes been introduced?

Needle supply and exchange programmes were introduced to prevent the spread of AIDS among addicts. Both hepatitis and the HIV virus, which causes AIDS, are spread by contaminated needles. Easy access to care, counselling and information means that fewer addicts administer drugs with used needles. As a result, the incidence of HIV infection among drug users is relatively low (see Annex III).

HIV/AIDS prevention programmes include information campaigns, condom supply schemes and needle exchange schemes where used needles can be exchanged for sterile ones. In some cities, drug users can exchange needles at pharmacies or in buses specially equipped for this purpose. There is no correlation between the existence of needle exchange schemes and increased intravenous drug use.

D5 What is methadone?

Methadone is a synthetic opiate (a substance containing opium) which is prescribed in some countries as a heroin substitute. It enables addicts to function more effectively and helps to reduce drug-related crime. It is prescribed only in serious cases, either as part of a detoxification programme or as a form of treatment to stabilise addiction.

Methadone is also addictive, but it has fewer drawbacks than heroin. Dosages, in tablet or liquid form, can be measured precisely and administered orally. It is effective for more than 24 hours, whereas the effects of heroin last for only a few hours. Doctors prescribe methadone to treat addiction: it should not be seen as a stimulant provided by the state.

D6 What are the benefits of methadone programmes and how successful have they been?

- They enable the care services to reach a relatively high percentage of addicts (in contrast to countries where such programmes are rare or non-existent).
- They reduce the risk of drug overdose; the mortality rate in the Netherlands is therefore relatively low.
- They reduce the drug requirement, and therefore the need for illegal drugs.
- They have led to a slight drop in the crime rate.
- Addicts enjoy better health and function better in society.

Of the addicts known to the care agencies, 75% regularly use methadone, as opposed to approximately 40% ten years ago. As methadone programmes have considerable outreach, they provide a basis for other care-related activities, such as HIV/AIDS prevention campaigns.

D7 Are drug addicts also given heroin?

In 1998, a programme was launched to study the effects of treating chronic heroin addicts with a combination of medically prescribed heroin and methadone. It targets people who have failed to respond to other forms of treatment, whose physical and mental condition is poor and who are unable to function properly in society. The aim is to see whether treating them with a combination of heroin and methadone achieves better results than methadone alone.

The study was initially launched in Amsterdam and Rotterdam with a few dozen people taking part. They receive the usual forms of social and psychological help throughout the programme. The principal measure of the programme's success is whether it helps to improve their health and ability to function in society.

D8 What prompted the government to launch this programme?

The government has a responsibility for upgrading care provision for addicts and therefore supports research into alternative forms of treatment for people who do not respond to conventional treatments. The programme was discussed with a group of leading international researchers, the United Nations International Narcotics Control Board and the World Health Organisation. The Dutch also benefited from Switzerland's experience with a trial heroin supply programme.

In the first stage, the programme was evaluated in terms of its effects on people's health and in terms of whether it was possible to exercise sufficient control over the use of the drugs dispensed. Another factor was whether the programme had any repercussions for public order and safety that might outweigh its benefits. In fact, there were no insoluble problems. In 1999, treatment centres will be introduced in several more cities. The results of the programme are expected in 2001.

D9 Who qualifies for the heroin-methadone programme?

People aged 25 and over with a history of addiction, who have not benefited from methadone programmes or conventional treatments. People in this category generally suffer from poor mental and physical health and are unable to function satisfactorily. To qualify they must have Dutch nationality or a permit to live in the Netherlands. They must also have been resident for at least three years in the city running the programme. Finally, they must agree to take part in the study. The heroin they are given must be used in the treatment centre and therefore cannot be sold outside.

People who display aggressive behaviour or suffer from psychiatric problems which are likely to disrupt the study are barred from the programme. The same applies to pregnant women and people with certain medical conditions.

E MISCELLANEOUS

E1 Who is responsible for Dutch policy on drugs?

Three ministries share responsibility for drugs policy, which the Ministry of Health, Welfare and Sport coordinates.

- The Ministry of Justice is responsible for law enforcement, i.e. investigations and prosecutions.
- The Ministry of Health, Welfare and Sport is responsible for prevention and care.
- The Ministry of the Interior and Kingdom Relations is responsible for matters relating to local government and the police. Local policy is coordinated by the burgomaster, the chief public prosecutor and the chief of police (see B8).

The following agencies play an important role in implementing policy:

- some 40 institutions providing outpatient care, residential care and social work services;
- regional and national police agencies with specialist investigation and intelligence services;
- the customs authorities, with access to the Customs Information Centre's sophisticated inspection and investigation methods;
- the Synthetic Drugs Unit (see B4), which coordinates operations to control the production of and traffic in synthetic drugs.

E2 Which international organisations is the Netherlands involved in?

- United Nations: the Netherlands is a member of the Commission on Narcotic Drugs and participates in the United Nations International Drug Control Programme.
- Pompidou Group (Council of Europe): the Netherlands takes part in various working groups on public health and justice.
- European Union: the Netherlands is a member of the Horizontal Working Party on Drugs, the Committee on Precursors, the Working Group on Illicit Drug Trafficking and the Programme of Community Action on the Prevention of Drug Dependence.
- Europol: this agency is established in The Hague, seat of the Dutch government.

E3 Is there any international effort to improve care for addicts?

The Dutch government subsidises international projects to promote exchanges of information and foster practical cooperation between agencies in the countries bordering on the Netherlands.

Other forms of cooperation and exchange:
The Criminal Intelligence Division has drugs liaison officers in Thailand, Pakistan, Venezuela, Colombia, France, the Netherlands Antilles, Turkey, Poland and Spain. By the same token, police officers from more than ten countries operate from foreign embassies in the Netherlands, in liaison with the Criminal Intelligence Division. The Netherlands and other European countries have established regional liaison networks to control drug tourism. The Netherlands also works together with Belgium, France and Luxembourg to suppress drug running with these countries. The Netherlands and France operate exchange programmes for court judges.

Prisons, care services and streetcorner-work agencies have formed partnerships with counterpart organisations in neighbouring countries.

E4 What are the most recent amendments to Dutch legislation?

- Indoor cultivation of hemp is prohibited; the penalty for growing hemp for commercial purposes has been increased (see B5).
- New legislation is being prepared which will enable the courts to commit addicts with a history of crime to a special institution.

E5 How does the Netherlands deal with precursors?

The trade in precursors (chemical substances used for the manufacture of synthetic drugs) is governed by the Abuse of Chemical Substances Act. Only a fraction of these substances are used for the illegal production of drugs. This is classified as an economic offence and is subject to a maximum penalty of 6 years' imprisonment and/or a fine of NLG 100,000. The Economic Investigation Service, which is responsible for enforcing the Act, works in cooperation with agencies in the other countries of the European Union.

The European Union regulations and directives on the trade in precursors are based on the United Nations Convention of 1988. The European Union monitors trade in 22 precursors which can be used for the production of narcotic drugs. It has concluded agreements with the Andes countries, the United States and other partners on exchanges of information on precursors.

E6 What research is carried out in the Netherlands?

Dutch research on drugs and drug-related problems is of a high standard. A programme launched in 1997 promotes research and innovative projects aimed at preventing and treating addiction. The programme focuses on individual predisposition to addiction, the prevention of re-addiction, and ways to improve the effectiveness and efficiency of care, prevention and monitoring.

In recent years, multidisciplinary studies have looked into the use, effects and risks of ecstasy and other synthetic drugs. Information obtained from tablet testing schemes and other sources is used for this purpose (see D2). The Netherlands and other countries are studying the effects of ecstasy, particularly to establish whether it causes brain damage.

E7 What have policy amendments achieved in recent years (see E4)?

- A 10% to 15% reduction in the number of coffee shops (see C5); those still operating tend to observe the rules, particularly the ban on hard drugs.
- Local authorities are taking tougher measures to stop drug-related nuisance (see B8).
- The Netherlands has stepped up cooperation with neighbouring countries to curb drug tourism (see B7).
- Tougher action is taken to stop the production of and traffic in synthetic hard drugs (see B4).
- More is being spent on specialised care services for addicts.

Local drug policies have become more comprehensive in recent years. The number of municipalities with their own policies on coffee shops rose from 27% in 1995 to 88% by early 1998. The criminal justice authorities and the care sector work more closely together, for instance in implementing a scheme that allows convicted offenders to opt for a treatment programme instead of detention (see B6).
The Netherlands works more closely with other countries (through the United Nations and the European Union) to control drug trafficking and promote public health.

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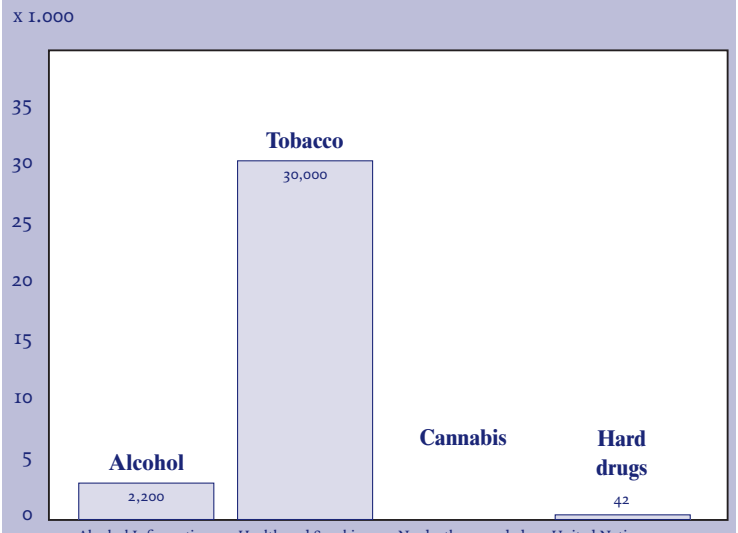
I How dangerous are alcohol, tobacco and cannabis?

(Source: Ministry of Health, Welfare and Sport)

Risk of	Alcohol	Tobacco	Cannabis
- psychological dependency	⋆⋆⋆	⋆⋆⋆	⋆
- physical dependency	⋆⋆⋆	⋆⋆⋆	o
- liver damage	⋆⋆	o	o
- heart damage	⋆	⋆⋆⋆	?
- stomach damage	⋆	⋆	o
- damage to respiratory organs	o	⋆⋆⋆	⋆⋆⋆
- brain damage	⋆⋆	o	?
- road accidents	⋆⋆⋆	o	⋆⋆

⋆⋆⋆ high risk
⋆⋆ some risk
⋆ low risk
? insufficient evidence
o no risk

Deaths caused by alcohol, tobacco, cannabis and hard drugs (per annum)*
(Source: Ministry of Health, Welfare and Sport)



*) These data have not changed significantly since 1995. Figures for hard drugs are based on the international statistical classification of diseases and related health problems ICD-10 used by the WHO.

II Drug use among the population aged 12 and over in the United States and the Netherlands

	Used once or twice		Used in thet past year		Used in the past month	
	US	Netherlands	US	Netherlands	US	Netherlands
Tobacco	70.5*	67.9	32.7*	38.1	29.6*	34.3
Cannabis	32.9	15.6	9.0	4.5	5.1	2.5
Cocaïne	10.5	2.1	1.9	0.6	0.7	0.2
Volatile substances	5.7	0.5	1.1	0.1	0.4	- [1])
Alcohol	81.9	90.2	64.1	82.5	51.4	73.3
Heroin	0.9	0.3	0.3	0.1	- [1])	- [1])

* cigarettes only
- [1]) no figures available

Sources:

. United States: National Household Survey 1997 SAMHSA, Office of Applied Studies, Washington DC.

. Netherlands: M. Abraham, P. Cohen, M. de Winter: Licit and Illicit Drug Use in the Netherlands, University of Amsterdam/Statistics Netherlands, CEDRO.

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III Estimated percentage of intravenous drug users among AIDS patients in the European Union, 1985-1997

Belgium	6.5
Denmark	7.9
Germany	14.2
Greece	4.0
Spain	65.4
France	23.8
Ireland	43.0
Italy	62.4
Luxe mbourg	15.7
Neth erlands	10.9
Austria	25.5
Portugal	43.5
Finland	3.7
Sweden	11.5
United Kingdom	6.5

(Source: Annual Report 1998, European Drugs Monitoring Centre)

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