

## 1. Introduction

Written by Administrator

Tuesday, 08 March 2011 00:00 - Last Updated Friday, 18 March 2011 20:03

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## **An intractable problem: one hundred years of drugs policy**

The first international conference on drugs was held in Shanghai in 1909. Thirteen countries, including the Netherlands, met to consider the international implications of the Emperor's ban on the growing and smoking of opium in China. Some aspects of the deliberations of the Shanghai Opium Commission, as it was known, echo today's drugs debate: major differences of opinion on whether drugs should be banned, made freely available or regulated; the need to reach international agreement; acknowledgement of the risks to the health of users; and the use of drugs for medical purposes.

In the century that has passed since that conference, people's desire to use psychoactive substances has created a difficult policy issue. While the main concerns a hundred years ago were opium and morphine, in recent years national and international policy has come to focus on other natural and synthetic substances. Some of these have been used for centuries, but the problems now associated with them have made them the focus of scientific and public attention. The sometimes fierce debate on the best way to tackle drugs continues unabated. Should we make them freely available or ban them – or should we take one of the many middle roads, and regulate their use in some way?

The Advisory Committee in Drugs Policy (referred to here as 'the committee') realises that the mere fact that the use of psychoactive substances has always been with us suggests that we could not ban drug use outright even if we wanted to – there is no magic wand that can simply make these substances disappear. Solutions to the problems associated with drug use will lie in balancing respect for people's freedom to make their own personal choices in such matters with measures to prevent and limit the dangers to the individual and to society.

## **Terms of reference and procedure**

The committee was asked to advise the government as to whether all or part of Dutch drugs policy needs to be reviewed and, if so, to set out possible scenarios (see the Order establishing the committee, Appendix 1). The Ministers who commissioned this report wanted to see a broad-based approach that would encompass both the national and the international

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perspective. In addition, the Ministers asked for advice on four specific subjects: the scheduling of drugs under the Opium Act, improvements in care and prevention, ways of limiting the Netherlands' role in drugs trafficking and production, and ways of reducing drug-related nuisance.

This advisory report commissioned by the Minister of Health, Welfare and Sport, the Minister of Justice and the Minister of the Interior and Kingdom Affairs is intended to serve as a basis for a policy document setting out plans for drugs policy, which the government will present to the House of Representatives in September 2009. To ensure that the report and policy document are supported by as much factual evidence as possible, the government commissioned a number of studies. The committee was asked to consider the results of these studies in its deliberations, along with the study of drug-related organised crime in the Meuse-Rhine Euregion (see sidebar).

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### Background studies

Van Laar et al. (2009) Evaluatie van het Nederlandse drugsbeleid. Trimbos/WODC. ([www.trimbos.nl](http://www.trimbos.nl))

This study examines the development of drugs policy, particularly in the period since the policy document was published in 1995. It considers trends in drug use, looks at the role of coffee shops in separating the markets for soft and hard drugs, as well as at prevention and harm reduction, the care and treatment of addicts, the crime and public nuisance associated with the use of and trafficking in drugs, international cooperation and research and monitoring in support of drugs policy.

Van Amsterdam et al. (2009) De ranking van drugs. RIVM/AIAR ([www.rivm.nl](http://www.rivm.nl)).

This study assesses alcohol, tobacco and a large number of drugs and the degree to which they differ in terms of the harm they cause.

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CAM (2008) Risicoschatting cannabis 2008. CAM, ([www.rivm.nl](http://www.rivm.nl)) Assesses various aspects of the harm caused by cannabis.

Fijnaut en de Ruyver (2008) Voor een gezamenlijke beheersing van de drugsgelateerde criminaliteit in de Euregio Maas-Rijn

A study of different forms of serious organised crime in the Meuse-Rhine Euregion, with recommendations for further improvements in measures to tackle transnational organised crime.

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The committee also consulted a broad range of Dutch and international literature. It spoke to many parties concerned with the issue (Appendices 2 and 3 list the individuals and literature consulted), in an attempt to obtain a broad, up-to-date picture of the drugs issue and the policy issues it raises. The committee was constrained by the time available, with less than five months to prepare its report. It was therefore forced to focus on subjects that it felt most urgently necessitated a change of strategy. The other questions put to the committee were considered in more general terms, and some require further study.

### Basic principles

The committee took an open-minded look at current drugs policy. This policy, and the principles on which it is based, date from the 1970s. In 1995 it was reviewed in a broad-ranging policy document on drugs, and in the intervening years only certain sections have been modified. The Trimbos Institute/WODC evaluation report mentioned above gives a detailed description of the history of the policy and recent changes to it. The committee does not intend to repeat this exercise here, preferring instead to refer readers to the report itself. The changes have mainly involved a tightening up of measures and guidelines, and of the introduction of new statutory instruments for tackling public nuisance and crime more effectively (such as 'Damocles' and 'Victor', which enable local authorities to tackle the negative impact of coffee shops and other premises used to sell drugs, and the Public Administration (Probity Screening) Act). The role of prevention and treatment has not really changed in recent years, though efforts have been

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made to provide a more varied service, and to raise standards.

The committee believes that – after almost 15 years – there is indeed an urgent need for a thorough review of the policy, if only because more scientific information is now available about the negative impact of substance use (particularly alcohol and drug consumption). Changes are also needed in view of the shift in the social context in which drugs are used (resulting from open borders, the involvement of criminal organisations in the production and trafficking of drugs, public nuisance, the rise of the Internet, mobility etc.). This has given rise to a need for reconsideration not only of the instruments of policy, but also of its objectives.

It is clear that drugs policy has become increasingly interlinked with other policy areas, such as policy on public nuisance, organised crime, young people and education. All these fields have their own dynamics, but because they overlap, any intervention (or failure to intervene) in one area can have far-reaching implications for another. The interrelated nature of all these different areas of policy will colour the recommendations of the committee.

Drugs policy focuses on substances that are banned or may be used only under specific conditions for medical purposes. The committee is of the opinion that, in view of the developments mentioned above, we must consider the policy in a new, broader perspective. Attention must be explicitly refocused on the objectives of policy, and the social values and interests at stake. The committee believes that, in this respect, drugs policy must form part of a broader policy on substances that also covers alcohol and tobacco. It is also likely that new drugs will continue to appear on the market. The committee will, where necessary, identify the relevant links in its report, particularly with issues surrounding alcohol use.

The committee is aware of the moral dimension of drugs policy. It is keen to take account of the freedom of individuals who are perfectly capable of making their own decisions to behave as they see fit, as long as they do not harm others. However, freedom is never absolute and, like alcohol and tobacco, drugs require government policies that adequately reflect the need to restrict or ban their use in certain circumstances. Constraints on personal freedom may be necessary where the use of substances causes serious harm to the individual and/or to society. This is particularly the case with young people, or adults who are not capable of making sensible decisions and properly estimating the risks of substance use (in the long term, for example).

From the very outset, drugs policy has had an important international dimension, not least

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because international agreements commit their signatories to joint action, and also because of the role the Netherlands plays in the production, import and export of drugs, as well as the sharp rise in drug tourism in recent years (though in border areas, in particular, the term 'tourism' is not always appropriate). This international element has grown over the years, partly as a result of globalisation and increased European cooperation on drugs policy.

Although the international dimension must be explicitly taken into account in shaping policy, the committee believes that a one-sided view of the issue, based only on international commitments, is not appropriate. The first international treaty on which our policy is based (the Single Convention on Narcotic Drugs) dates from 1961. Almost half a century later, the world has changed radically, and we now know much more about all kinds of aspects of drug use and the problems associated with it. Furthermore, many countries now view the issue in less black-and-white terms, and take account of other points of view, showing more interest in ways of limiting the risks to individuals (harm reduction), for example, alongside efforts to ban drugs. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon has observed a de facto convergence in the implementation of drugs policy by European member states in recent years.

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### International legal framework

The Netherlands is party to:

the Single Convention on Narcotic Drugs 1961, as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs 1961;

the Convention on Psychotropic Substances 1971 and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances;

the Maastricht Treaty 1992 and the Schengen Agreement 1985, and the Schengen Convention 1990.

(See the Trimbos-institute/WODC report for details of international cooperation)

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### Structure of the report

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In chapter 2 the committee presents a brief summary of the latest developments involving drugs and the objectives of drugs policy. It then sets out proposals for possible adjustments to those objectives, and the means that might be used to achieve them. In chapter 3 the committee sets out its views on the links between drugs and alcohol policy and issues affecting young people, and the need for an intersectoral approach. Chapter 4 is devoted entirely to coffee shops. In the view of the committee, the current policy on coffee shops urgently needs to be reviewed. In chapter 5 the committee briefly addresses the other questions it was asked to consider. Chapter 6 contains the committee's conclusions and recommendations.