Chapter 9

Drug policy in the Netherlands

Jean-Paul C. Grund and Joost J. Breeksema[1]

Introduction

Deviating from international drug conventions since the late 1960s, the Netherlands has been simultaneously praised and criticised for its pioneering spirit, liberal attitude, tolerant drug policies and harm reduction measures. The essence of modern Dutch drug policy (DDP), its measurable successes, shortcomings and (un)intended and unanticipated consequences is a mixture of pragmatism, politics and paradox and can be traced back to the revision of the Opium Act in 1976. This paper examines the context and consequences of this legal change, intended to separate the markets for illicit substances with diverging risk profiles, exemplified by cannabis and heroin. It is structured around the parallel developments surrounding these two substances, focusing on the evolution of the coffee shop policy, the policy of tolerance and the responses to the parallel hard drug problem, as these developed from the late 1960s onwards. Whereas the 'drug problem' was initially treated as a social and medical phenomenon in the 1970s, the drug policy discourse started changing in the late 1990s, when an increasingly conservative political climate took shape in the country. Successive governments emphasised public order, safety and law enforcement, shifting the policy focus towards containing public nuisance and crime.

This chapter is based on an analysis of the available literature on five decades of DDP, complemented by interviews with key stakeholders in its recent history. Political documents, research publications and drug related data are juxtaposed with the experiences and lessons learned by key participants in DDP, framed in light of wider societal developments and the changing political climate in the country. In this chapter we describe the (recent) history of drug use in the Netherlands and the policy responses developed in response to the use of, on the one hand, cannabis and, on the other, hard drugs, such as heroin and (crack) cocaine.

1 Acknowledgements: GDP/OSF funding. Respondents: Eddy Engelsman and Henkjan van Vliet for helping to clarify the legal base of the Dutch drug policy. Thank you so much for all this love and support.

History and legal framework of Dutch drug policy

Mercantilism and morals

Built for the wealthy during the height of the Dutch Golden Age, the picturesque canal district fuelling Amsterdam's prospering tourist industry is also living proof of the long and economically fruitful relationship of the Dutch with psychoactive substances. Many of the beautiful canal mansions were financed by what nowadays would be labelled 'drug money'.

In the seventeenth century the *Vereenigde Oostindische Compagnie* (VOC, 1602–1799), or United Dutch East-Indies Company, secured firm control over the global opium trade and with the *Opium Regie* the Dutch monopolised opium production and trade in Asia in 1894 (Vanvugt, 1985). They also grew coca on Java (present-day Indonesia) and after 1900 the *Nederlandsche Cocaïnefabriek* (Dutch Cocaine Factory) in Amsterdam dominated the world's cocaine market (De Kort, 1995). The Dutch role in opium and cocaine production ended only early in the Second World War (Leuw and Marshall, 1994; De Kort, 1995).

The Dutch were among the first signatories of the International Opium Convention in 1912 and introduced anti-drug legislation long before any drug problem was noticeable in the country. After signing the International Opium Convention in 1919 (UNODC, 2009), import and export of cannabis were included in the 1928 Opium Act (Korf, 2002). Use, possession, cultivation and trade of cannabis were criminalised in 1953, in some cases leading to strict sentences (Korf, 2002; Blok and Kennedy, 2014). Illicit drug use was rare in the Netherlands until the late 1950s except for some limited opium use in the Chinatowns of Amsterdam and Rotterdam. Contained to marginal populations, it raised few concerns (De Kort, 1995).

Social transformation, youth culture and 'new' psychoactive substances

In the 1960s and 1970s, the Netherlands transformed from a rather closed society, organised along religious and ideological lines, to a more secular and individualised social order. The use of psychoactive drugs increased rapidly in the 1960s and Dutch law enforcement authorities initially responded forcefully (Cohen, 1975; Korf, 2002). However, enforcement and successful prosecution proved difficult as well as time consuming, without noticeable reductions in drug availability or use. This repressive approach was widely criticised, in part because those arrested were often not typical criminals but teenagers from middle- and upper-class families. In 1969, the Public Prosecutor's office shifted the focus of policing and prosecution away from cannabis *consumption* towards the *trafficking* of cannabis and of 'hard drugs,' LSD, amphetamine and opium in particular (De Kort, 1995).

After local police had refrained from enforcing drug infractions at the large scale 'Holland Pop Festival' in Rotterdam in 1970, an informal policy of

tolerance gradually emerged around cannabis use and consumer transactions. Government-subsidised youth centres and pop venues became the locus of the emerging youth culture. At these centres hashish was used and sold semi-openly, largely without substantial police intervention (De Kort, 1995; Korf, 2002). In response, venue staff began tolerating discreet sales by dealers whom they trusted to only sell cannabis. The authorities were well aware of these Opium Act infractions but feared that closing youth centres would lead to cannabis dealing moving into less controllable areas of Amsterdam and expose cannabis consumers to hard drugs. This was deemed unacceptable (De Kort, 1995). Eventually these venues established a system of tolerated, trusted 'house dealers', who sold hashish and marijuana from a table in a corner or standing at the bar.

Meanwhile, the attention of the police got diverted. In 1972 heroin made its entrance in the country's counter culture, raising concerns in civil society, politics, the medical community and law enforcement alike. Heroin use increased at an unprecedented pace and soon became the leading drug of concern in the Netherlands (Grund and Blanken, 1993; De Kort, 1995), greatly influencing the debate on drug policy and becoming a driver of the decriminalisation of cannabis.

Two influential interdisciplinary government advisory committees supported the growing perception that cannabis and heroin had very different risk profiles and rejected the *conventional wisdom* (Galbraith, 1958) that use of the first would inevitably lead to the use of the other. Both the Hulsman (1971) and Baan (1972) committees emphasised the importance of 'social context' and suggested that involvement in criminal settings would encourage experimentation with other, more harmful drugs (Cohen, 1975). Both committees proposed separating subcultures or scenes involved in drugs with highly different risk profiles. Cannabis-using youngsters should not be exposed to scenes involving potentially more harmful substances, such as amphetamines or heroin. This fundamental insight would provide the justification that shaped DDP from that point onwards into the late 1990s (Cohen, 1994; MacCoun and Reuter, 2001), including the 1976 revision of the Opium Act.

The 1976 revision of the Opium Act

The 1976 revision of the Opium Act brought all substances classified in the United Nations' 1961 Single Convention on Narcotic Drugs (United Nations, 1961) under the new Opium Act, but introduced two lists of substances:

1 'substances with an unacceptable risk'; and
2 'cannabis products'.

Possession of 30 grams of cannabis or less could either be dismissed or charged as a petty offence or misdemeanour (comparable to a traffic ticket) and, importantly, would not result in a criminal record. In addition, another distinction was made between possession for personal consumption and possession with intent to

distribute, formalising the 1969 Public Prosecutor's office enforcement guidelines (De Kort, 1995). This legal distinction was made to prevent the marginalisation and stigmatisation of cannabis consumers. In 1993 substances included in List III and IV of the 1971 Convention on Psychotropic Substances (United Nations, 1971) would be added to list 2 of the Opium Act, which would be renamed 'other substances' instead of 'cannabis products' (Commissie Garretsen, 2011).

The 'drug problem' was seen as a public health and social issue and became the primary responsibility of the Ministry of Health (MoH). The Ministry of Justice (MoJ) did not dispute the MoH's policy prerogative, as law enforcement was seen as *ultimum remedium* in dealing with drug use and addiction. Drug related health and public order problems were also viewed as largely local matters, in need of local responses. By 1977, shortly after the revision of the Opium Act, the Public Prosecutor's office assigned prosecuting house dealers a low priority, relegating prosecution of use and small-scale cannabis sales to the 'local triangle'.

This 'local triangle' consists of the mayor, the Public Prosecutor and the chief of police of a municipality: it is responsible for coordinating local policing efforts. Soon, the number of house dealers in youth centres sky-rocketed (De Kort, 1995). The municipalities had successfully advocated that the administrative and prosecutorial policy towards the use and small-scale sales of hashish in youth centres would be coordinated locally (Ministry of Foreign Affairs, 1983). Thus, in its formative phase, DDP was not only the responsibility of the MoH, but it was also shaped by strong local forces and priorities. As a result, the daily priorities in drug law enforcement moved from cannabis to hard drugs and to larger quantities (Ministry of Foreign Affairs, 1983). Mere possession and sales of consumer quantities of cannabis would no longer be a reason for arrest or prosecution, in particular in youth centres.

Over the years the Dutch have received international critique and (successively more) acclaim on various aspects of their drug policy. The Dutch government maintained that its policies were fully in agreement with the International Conventions and within the boundaries of Dutch law. In response to the International Narcotics Control Board (INCB), the Minister of Foreign Affairs explained the legal basis for refraining from prosecution of cannabis sales in youth centres: 'The principle of prosecutorial discretion (…) means that the Public Prosecutions Department has the discretion to decide not to bring a criminal offence case into court on grounds derived from the public interest [and] a decision not to prosecute in less serious cases' (Ministry of Foreign Affairs, 1983). The public interest is, in this case, represented by the Dutch drug policy. This principle, also known as the 'expediency principle', can be traced back to 1870 Dutch legal practice and was officially included in Dutch law in 1926 (Hart, 1994; Boekhout van Solinge, 2010). The implication is that repressive intervention is not the standard response to (minor) infractions of the law (Korf, 2002). Both the absence of enforcement of drug use and the prohibition of dealing at the Rotterdam Pop Festival in 1970 and the tacit condoning of 'house dealers' in youth venues into the 1980s (Blom, 1998) would have been impossible without the expediency principle. Eventually,

it provided the legal leeway for the emergence of coffee shops (Uitermark, 2004; Meeus, 2014). Indeed, the 1976 revision of the Opium Act legally sanctioned practices of tolerance that had emerged in the previous decade, providing authorities with the power to creatively interpret the new legislation in the subsequent decades.

From youth centre to tea house to coffee shop

Meanwhile, several entrepreneurs were exploring alternative ways to supply cannabis outside of youth centres (Bruining, 2008; Meeus, 2014). The government had not anticipated these entrepreneurial initiatives. 'Coffee shops just emerged', said Eddy Engelsman, then the head of the MoH drug policy office (Eddy Engelsman, 2012, personal communication). The Dutch government reacted pragmatically and with restraint to this unanticipated consequence (Merton, 1936), applying the tolerance criteria developed for house dealers to these alternative outlets (Korf, 2002). Using off-the-record guidelines since 1978 (Blom, 1998), new guidelines for the public prosecution were officially published in 1979 (Korf, 2008), stating that police should enforce the Opium Act only if small-scale trade was publicly advertised or otherwise provocatively effected (De Kort, 1995). House dealers at youth centres, when working 'under the trust and protection' of the staff would no longer be prosecuted (Blom, 1998). These new guidelines also provided the legal leeway for the government to tolerate coffee shops (De Kort, 1995), but left it unclear under which circumstances and according to which criteria police should enforce the rules (Jansen, 1989). Some coffee shops were left in peace, while others were raided regularly (De Kort, 1995). The number of coffee shops grew steadily throughout the 1980s, but only in 1991 did the government introduce formal criteria intended to regulate these new enterprises. These were based on the informal house rules pioneered in Amsterdam and adopted by coffee shops around the country. These broadly formulated AHOJ-G criteria were enacted officially only in 1994 (*Staatscourant*, 1994) and left room for development of local policies by the 'local triangle'.

These criteria would be tightened in the following years. The minimum admission age would be set at 18 years, the maximum transaction amount was decreased from 30 to five grams per person per day and a trading stock limit of 500 grams was added (Korf, Riper and Bullington, 1999; Eerenbeemt and Visser, 1995). As of December 2000, coffee shops could no longer sell alcohol (Bieleman et al., 2008). Many of these new restrictions were in direct response to pressure from neighbouring countries, the International Narcotics Control Board (Van der Stel, 1999; Boekhout van Solinge, 2010) and certain media (Wiedemann, 1994).

The back door problem

Since the regulation of coffee shops, sales of small quantities (the front door) are exempt from prosecution. However, the cultivation of larger quantities and

Table 9.1 Dutch coffee shop criteria

	a. Original 1994 'AHOJ-G' criteria (Staatscourant, 1994)
A	No Advertising: no more than (very) low profile signposting of the facility
H	No Hard drugs: these may not be sold or held on the premises
O	No Nuisance (Overlast in Dutch): including traffic and parking, loitering, littering and noise
J	No sales to under-aged customers (Jeugdigen) and no admittance of under-aged customers to coffee-shops. (Minimum age was set to 18 in 1996)
G	Transaction size is limited to 'personal use,' defined as 30 Grams per person per coffee shop per day (Transaction size was lowered to 5 grams in 1996). Since 1996, this criterion also included to the limited trade stock of coffee shops (no more than 500 grams)
	b. Criteria added in 2012 (Aanwijzing Opiumwet, 2012)
B	Coffee shops needed to be small and membership-only (Besloten) (Abolished in January 2013)
I	Coffee shops are only open to residents of the Netherlands (Ingezetenen). Introduced nationally on January 1, 2013.

supply of cannabis to (the back door of) coffee shops has been a high priority for law enforcement since 1969 (De Kort, 1995). This ambiguity is known as the 'back door problem'. Although the first Purple Government (1994–1998) hinted at a more prominent role for home-growers in the supply of coffee shops (Buruma, 2008; Boekhoorn et al., 1995), by the early 2000s small-scale home-growers were increasingly targeted by law enforcement (Belackova et al., 2015). The unanticipated consequence was a significant increase of criminal organisations' involvement in cannabis cultivation (Boekhout van Solinge, 2010). The MoH did not feel responsible for the back door, and coffee shop policy became increasingly framed in terms of 'organised crime' and public order. Coalition politics, anxiety over international critique and pressure from neighbouring countries prevented initiatives from regulating this inconsistency in the DDP until today.

And then there was heroin: From moral panic to pragmatism

Before 1972, growing opium use among native Dutch youth raised considerable concern among the authorities and combating opium trade became a policing priority. Three years later, the police dismantled the Chinese Triad responsible for the importation and distribution of opium. Within months, competing triads introduced high purity no. 4 heroin into the Amsterdam and Rotterdam drug markets. Soon after, the first street heroin markets emerged around youth centres, bars and nightlife spots in Amsterdam and Rotterdam. In the following years,

heroin diffused rapidly among both middle- and working-class youth and among the first generation of Surinamese immigrants (Janssen, Swierstra and Barneveld, 1982; Grund and Blanken, 1993).

Around the independence of Suriname in 1975, the Netherlands faced an unprecedented wave of Surinamese immigrants, including many single young men. The Netherlands was in the middle of a recession that followed the first Oil Crisis in 1973 and ill-prepared to absorb the new immigrants. Many ended up on social benefits and in boarding houses with their peers and few contacts beyond, further complicating social integration. Many of these alienated youngsters ended up in the emerging consumer-level heroin market, selling and using the drug (Fabri, 1976; Janssen, Swierstra and Barneveld, 1982; Van Gelder and Sijtsma, 1988; Grund and Blanken, 1993). The street heroin scenes in the inner cities of Amsterdam and Rotterdam grew exponentially, and heroin diffused to Utrecht and other provincial cities (Janssen, Swierstra and Barneveld, 1982; Verbraeck, 1984; Korf, Mann and Van Aalderen, 1989; Korf et al., 1990; Grund et al., 1992).

The sudden boom in heroin use increasingly provoked civil anxiety, which focused on the role of the Surinamese in the bulging street markets. Feelings of lack of safety, fear, discontent and civil unrest threatened to escalate in the affected neighbourhoods by 1980 (Beets and Stengs, 1992). It was kindled also by the recession after the second Oil Crisis in 1979 as rising unemployment hit hardest these same neighbourhoods. In response the police cracked down on the street heroin markets. In the aftermath of these street sweeps, most heroin dealing gradually moved out of the city centres into working-class neighbourhoods where dealers set up shop in empty housing awaiting renovation. These so called 'house addresses' became the fulcrum of the re-emerging heroin scene (Blanken and Adriaans, 1993; Grund, 1993; Grund and Blanken, 1993). Indoor dealing became the primary mode of consumption level drug transactions in most Dutch cities far into the 1990s (Barendregt, Schenk and Vollemans, 2001; Van de Mheen and Gruter, 2004), at first attracting many new customers.

Local de facto decriminalisation of hard drugs

After local authorities realised that indoor dealing resulted in significant decreases in drug related nuisance on the streets, they decided to tolerate the house addresses. In an effort to contain nuisance, local police in Rotterdam, Arnhem and other Dutch cities quietly applied the A, O, J and G (no advertisement; nuisance; no youth inside; consumer amounts only) criteria to these hard drug 'speakeasies', ten years before the coffee shop criteria were first published in 1991 (Blanken and Adriaans, 1993; Grund, 1993; Grund and Blanken, 1993; Barendregt, Blanken and Zuidmulder, 2000; Grund and Breeksema, submitted). Amsterdam was, however, less tolerant to house addresses and the police established a team that focused exclusively on indoor dealing (Joop van Riessen, 2012, personal communication). But in several cities, the police, drug services, urban planners, and

neighbourhood organisations actively collaborated with dealers and proprietors of house addresses. The city of Rotterdam went as far as actively trying to regulate the 'basements' where local law enforcement tolerated heroin and cocaine dealing, and prevention workers distributed harm reduction materials such as clean needles (Blanken and Adriaans, 1993; Barendregt, Schenk and Vollemans, 2001; Van de Mheen and Gruter, 2004; Barendregt, van der Poel and van de Mheen, 2002).

These unwritten municipal hard drug policies were seldom recorded in official documents. Elsewhere we have described that this aspect of municipal hard drug policies represented a compromise between multiple local policy priorities that, besides public health, included concern about rising unemployment, social order and, in particular, the urban renewal process (Grund and Breeksema, submitted). In condoning these off-the-record police practices, the local law enforcement authorities obviously applied the expediency principle. In doing so, they balanced at the limits of the law, considering that the 'public interest' was never clearly defined, as it was for the tolerant policy towards cannabis (Ministry of Foreign Affairs, 1983).

Pioneering harm reduction

This fundamentally different Dutch approach to policing drug use and drug markets is mirrored in the comprehensive treatment and harm reduction approach that materialised in the 1980s.

The first drug services in the Netherlands were established in the 1960s (Van den Brink, 2010) and after 1972 these mainly revolved around heroin dependence. Many different drug services saw the light of day in the 1970s, initiated by municipal health services, (new) NGOs and faith-based organisations. Most NGOs offered abstinence-based treatment, such as in- or out-patient detoxification, in-patient clinics programmes or therapeutic communities. Other NGOs and municipal services focused on providing health care, social support, income and housing. These two approaches represented the classic ideological divide between 'abstinence only' and 'addressing immediate needs', which ran through civil society, the media, local government and parliament (Blok, 2008; 2011).

Methadone detoxification was introduced in 1968 in response to opium addiction (Van den Brink, 2010) and the first methadone maintenance programmes were piloted in 1977. Five years later, methadone maintenance would be scaled up, after intense ideological debate in the media and in parliament (Blok, 2008; 2011). The final model of opioid substitution treatment (OST) represented an ideological and political compromise. With a few exceptions, OST is only provided in methadone programmes (Staatstoezicht op de Volksgezondheid, 1981). Heroin Assisted Treatment was introduced in 1996 as a scientific trial and, after a favourable evaluation, was registered as a legal medication for the treatment of 'chronic, treatment-resistant heroin-dependent patients' in 2006 (Blanken et al., 2010; Fischer et al., 2007). By 2000, the Netherlands had the highest opiate substitution treatment (OST) coverage in the EU except for

Spain (EMCDDA, 2002), with 44% of Dutch heroin consumers in substitution treatment.

Already in the early 1970s Amsterdam drop-in centres provided their clients with sterile injecting equipment (Blok, 2011). In response to a local epidemic of hepatitis B, the *Rotterdam Junkie Union* started distributing syringes on the streets in 1981. A few years later, after the first publications on HIV among people who inject drugs, Needle and Syringe Exchange Programmes (NSEP) were introduced in the Netherlands (Grund et al., 1992). In 2012 there were around 150 syringe exchange programmes across the country (EMCDDA, 2012). As early as 1974, off-the-record drug injection rooms were available in two Amsterdam drop-in centres (Blok 2008). In Rotterdam, Reverend Visser of the Saint Paul's Church established an injection room in the church basement in 1982. These activist projects laid the groundwork for the official safe consumption facilities that were opened after 1995 in most of the larger cities. In 2012 there were 37 drug consumption rooms across the country, targeting injectors, smokers and even alcohol users (Schatz and Nougier, 2012; EMCDDA, 2012).

Recent Dutch drug policy (1995–present): continuity and change

After roughly two decades without any fundamental changes in DDP, the beginning of the 1990s marked a tightening of the coffee shop regulations. Although the first Purple Government (characterised by the absence of the moral rejection of drug use by the Christian Democratic Party – CDA) took pride in the successes of the harm reduction policies of the past 25 years – low prevalence of HIV infection, injecting drug use, drug dependence and dwindling rates of initiation into hard drug use – explicit attention was also drawn towards the increasing use of crack on the streets and, in particular, the adverse side effects related to (lack of regulation of) coffee shops. The influence of criminal organisations; public nuisance; their vicinity to schools; cross-border tourism and the Netherlands' 'international reputation' were of particular concern. These worries were first expressed in the influential 1995 government policy paper, *Dutch Drug Policy: Continuity and Change*, (Kuipers, Mensink and de Zwart, 1993; Tweede Kamer, 1995; Breeksema and Grund, submitted).

Tightening tolerance and stalled reform in cannabis policy

Increasing regulation

Municipalities were further empowered to add local conditions, such as by-laws stipulating business hours and zoning criteria and minimum distance between coffee shops and schools (250 or 350 metres) (Bieleman, Goeree and Naayer, 2005). Two additional articles to the Opium Act significantly increased options for administrative enforcement, by further decentralising coffee shop policy to

local authorities. The 1999 Damocles Act (article 13b) gave mayors the power to close down coffee shops (and venues selling hard drugs) using a broad set of public order and safety criteria (Bieleman et al., 2008). The 2002 Victor Act allowed mayors to close down commercial premises and residences causing a public nuisance and evict their tenants. The Act aimed to reduce the flow of foreign drug tourists, but was also used to shut down both coffee shops and house addresses. Finally, the introduction of Integrity Assessments (BIBOB[2]) aimed at preventing coffee shop permits going to proprietors with ties to criminal organisations, without the intervention of a judge.

New criteria

The end of the decade was marked by increasing concern over large, professionally organised coffee shops in the southern border provinces and increased cross-border drug trafficking. In May 2012, despite widespread protest from local governments, the national government introduced the 'weed club pass' on a pilot basis in the three southern provinces. Two new criteria were added to the national AHOJ-G criteria: **B** and **I**. Coffee shops needed to be small and membership-only (***B****esloten*) and could only be frequented by residents of the Netherlands (***I****ngezetenen*) (Aanwijzing Opiumwet, 2012). Nuisance from street drug sales and feelings of lack of security increased (SSC Onderzoek en Informatie, 2012). Local consumers refused to register at coffee shops, citing privacy concerns (Wouters and Korf, 2011; Nijkamp and Bieleman, 2012) and many regulars abandoned the shops, resorting to illegal markets instead (Maalsté and Hebben, 2012). Soon after its introduction, in January 2013 the **B** criterion was abolished, while implementation of the **I** criterion was delegated to municipalities (Opstelten, 2012). In practice, the mayors of the four biggest cities, as well as many other municipalities, do not enforce this new criterion (De Volkskrant, 2012).

Local versus national hegemony

As noted, the early development of drug policy in the Netherlands was driven by the initiatives and interests of the major cities to a great extent – initially drugs were a 'big city problem'. The drug policies at both levels of government often aligned but not always. Around the mid-1990s, a national trend in legislation and enforcement towards more repression started. But local authorities have by and large spoken out against repressive approaches, demanding space for local experimentation with alternative approaches and requesting the national government to take steps towards regulating the cultivation and wholesale of cannabis (Reinking, 2011; Van Steenbergen, 2014; Kas, 2014). Since the early 2000s, tension between state and municipal authorities increased. Broad coalitions for cannabis reform

2 BIBOB stands for 'Wet Bevordering Integriteitsbeoordelingen door het Openbaar Bestuur', (Promotion of Integrity Assessments by the Public Administration Act).

included a small parliamentary majority in 2000 (Tweede Kamer, 1999/2000); appeals from a large number of mayors of all political colours (in 1999 and 2008); a combined parliamentary-municipal initiative, the 'Manifest of Maastricht' (2005); and a 2014 manifest called 'Joint Regulation' – signed by the mayors of 54 municipalities (Depla, Everhardt and Van Gijzel, 2014) which was thwarted by a slim parliamentary majority (Tweede Kamer, 2014/2015). All subsequent governments turned down these calls, citing a study by the Asser Institute (2005), which suggested that international treaties did not leave room for experimentation (Van der Stel, Everhardt and Van Laar, 2009; Everhardt et al., 2009). Several years later, investigative journalists found out that the government had withheld a first draft of the report which stated that experiments were *not* at odds with international treaties. After changing the assignment, the subsequent version conformed to the government's position (Althuisius and Driessen, 2012; Polak, 2012, personal communication).

A final hit: crack, aging and institutionalisation

Cocaine indoors; crack on the streets

During the 1990s the tolerance for house addresses decreased notably and their closure resulted in the drug market returning to the streets. In the preceding years, cocaine smoking had penetrated into all corners of the heroin scene. As the number of house addresses dwindled, the street markets grew exponentially, drastically changing the risk environment of hard drug use once more. Without the protective environment of the house addresses and the social control it provided, people smoking cocaine in the streets became increasingly prone to its negative side effects. Crack became the driver of a reinvigorated and volatile street drug scene, characterised by ageing consumers, chaos, mental health problems and repressive policing (Grund, Adriaans and Kaplan, 1991; Blanken, Barendregt and Zuidmulder, 1999; Barendregt, Blanken and Zuidmulder, 2000).

Preoccupied with heroin, methadone maintenance treatment services initially stood empty-handed. However, first prompted by the Continuity and Change policy paper in 1995, subsequent Dutch governments invested significant resources in establishing a comprehensive and integrated harm reduction, treatment and social support system targeting people with drug problems, the homeless and chronic psychiatric patients, particularly in the past ten years. Meanwhile, the incidence of heroin and, subsequently, crack use had dwindled and those consuming these drugs were rapidly ageing.

Taming the tail of the epidemic: institutionalisation and criminal justice interventions

After 2000 the traditional street drug markets gradually disappeared. Ageing, treatment, and law enforcement may all have played a role, but the demise of street dealing is probably best explained by technological innovation. Since 2000, drug

dealers and their clients were quick to adopt mobile phones, taking away the need to frequent specific areas (Barendregt, van der Poel and van de Mheen, 2006).

After 2006, simultaneous investments in sheltered housing, the integration of drug treatment, public mental health care, and services for the homeless and in criminal justice interventions (Rijk en vier grote steden, 2006) effectively resulted in the institutionalisation of an ageing population, increasingly characterised by severe drug and/or mental health problems. The criminal justice system became an increasingly important stick behind the door and the (new) Ministry of Security and Justice (MSJ) increasingly influenced the Dutch approach to hard drugs, prioritising reduction of drug-related crime and nuisance. Most street drug users now live in sheltered or supported housing where they receive welfare, medical care and tailored drug treatment or consume their drugs in on-site drug consumption rooms (Schatz, Schiffer and Kools, 2010). Those who continue to cause nuisance or engage in crime are subjected to various criminal justice interventions, including compulsory treatment and other forensic psychiatric interventions (Van Laar et al., 2015).

Discussion

Drug policy making in practice: compromise, pragmatism and restraint

Relatively early on, the overall goals of DDP were formulated in terms of public health and public order. Yet the development of drug policy in the Netherlands has largely been concerned with finding a middle ground between opposing views and building political majorities around this complex social issue. As former Prime Minister and MoJ Van Agt explained, 'there was no parliamentary majority for decriminalising the supply of cannabis or other drugs in 1976 and the Dutch government did not want to risk diplomatic or economic problems with neighbouring countries and the international community'. The compromise eventually allowed consumers safe access to cannabis in regulated retail shops but did not secure a regulated and controlled supply to these same tolerated outlets (the back door problem) and discourages home growing (Maalsté and Panhuysen, 2007; Belackova et al., 2015). Our analysis shows that municipal drug policy was equally the result of compromise with various other public policy interests.

The primary objective of DDP never was to decrease drug use, but to contain the associated social and medical problems. Former policy maker Eddy Engelsman (2012, personal communication) confirms that the goal of the Dutch government was to 'normalise' the issue and to treat it like any other health issue: 'Since we can never fully contain the problem, we can at least control the excesses'. Given the lifespan of epidemics of addictive drug use and the role of youth culture and nightlife in recreational – mostly unproblematic – drug use, the immediate effects of drug policy on prevalence are a feeble measure of the success of drug policy. 'Prevalence [of use] is almost policy resistant,' as former drug policy maker Marcel de Kort (2012, personal communication) put it eloquently. Humble

expectations regarding the immediate effects of drug policy on prevalence are thus advised. Instead, we think that the effects of drug policy on drug related harms may be less dubious; more immediately manifest and, furthermore, better to measure in a society. With that in mind, from an EU or international perspective the Dutch policies have clearly paid off.

Dutch policies did not develop in a vacuum. Beyond diplomatic and economic influences, our analysis points towards the importance of unforeseen environmental contingencies and 'unanticipated consequence of purposive social action' (Merton, 1936). Indeed, coffee shops were not a bold regulatory intervention or social experiment but an unanticipated entrepreneurial response to tolerating low level sales in youth venues. They were deemed expedient because they served the public health goal by contributing to the separation of soft and hard drug markets.

Table 9.2 Outcomes of Dutch drug policy

Cannabis use is on par with the European average and the Netherlands has the lowest level of problem drug use in the EU (Van Laar and Van Ooyen-Houben, 2009) while the overall prevalence of drug use in the general population is below EU and USA averages (ECMDDA, 2012; Van Laar et al., 2014). The most recent data show that both the lifetime prevalence (26%) and recent use of cannabis (7%) in the Dutch population between 15 and 64 years (Van Laar et al., 2014) are in line with the European average (EMCDDA, 2012).
One of the principal motivations for the 1976 revised Opium Act was to prevent the stigmatisation and marginalisation of (young) drug consumers. In comparison to other European nations, arrests and convictions for use of illegal substances and possession for personal use are very low in the Netherlands (3 per 1,000 users, compared to 44 per 1,000 users in Austria) (Room et al., 2008). Arrests and criminal records for use or minor possession are extremely rare in the Netherlands.
The Netherlands is one of the countries with the lowest percentage of injecting among people who use opiates (7% of all people in treatment for heroin dependence) and per 1000 15–64 year olds (0.22) in Europe (range: 0.2 in Spain to 5.89 in Estonia) (EMCDDA, 2015).
Together with Belgium, The Netherlands has the lowest HIV incidence in Europe (EMCDDA 2011). Less than 5% of HIV infections in the Netherlands are associated with injecting drug use (Van Laar and Van Ooyen-Houben, 2009; Van den Brink, 2010; IDU Reference Group, 2010).
The low rate of drug injection and the associated lowered risks for overdose and HIV contributed to the relatively high survival rates of people involved in heroin and crack use in the Netherlands. From the late 1980s onwards, this group was rapidly aging. In 2014 81% of clients in treatment for opiate dependence were over 39 years old (Van Laar et al., 2014). In 2002 only 2% of Dutch methadone maintenance patients was under 26 years of age (IVZ, 2004). Treatment for heroin dependence increasingly has elements of geriatric care and the EMCDDA recently complimented the Netherlands for pioneering senior citizens homes for the aging group of heroin consumers (EMCDDA, 2015).

The introduction of heroin, after the Amsterdam police successfully interrupted the availability of opium in 1972, is perhaps the most powerful example of Merton's Law. Local authorities responded with repressive policing tactics of city centre drug markets, citing public order concerns in response to moral panic and civil unrest (Beets and Stengs, 1992; Kieft, 2014). This did not stop the escalation in heroin use in the 1970s (Schreuder and Broex, 1998). Along with environmental contingencies such as mass immigration and unemployment, increasingly pushing street scenes off-centre merely contributed to the diffusion of heroin into working-class neighbourhoods.

While the 1970s and 1990s were characterised by more active and repressive policing of drug markets, during the 1980s law enforcement tolerated indoor drug dealing. The restrained policing of these 'drug sanctuaries' is instrumental in explaining perhaps the key health outcome of DDP: beyond an initial outbreak in Amsterdam, the Netherlands never experienced a large-scale HIV epidemic. Unbothered by the authorities, the house addresses became the 'incubator' of a subcultural transition from injecting heroin to smoking heroin and cocaine. While heroin use continued to increase, new initiations into drug injecting rapidly declined (Grund and Blanken, 1993). Gradually, heroin use stopped being a vector in the spread of HIV. Unlike in other European countries, there were already relatively few people who injected drugs in the Netherlands during the 1980s and 1990s when HIV ravaged drug users' communities across the European continent. Early investments in harm reduction services have certainly made an important contribution to the favourable health outcomes of DDP but this unanticipated policy consequence is perhaps the most important factor in what sets the recent Dutch history of hard drugs apart from that of the rest of Europe.

After 2006, institutionalisation and criminal justice measures became the leading policy response towards the rapidly ageing population of people afflicted by chaotic drug consumption, mental health problems and homelessness. Although these criminal justice interventions contributed to overall improvements in public order, they have raised concerns about their proportionality and the human rights of those detained under these measures.

As the heroin epidemic peaked in the 1980s and the use of crack cocaine levelled off in the early 2000s, the policy focus inevitably turned to (negative aspects of) cannabis and coffee shops. Numerous measures were taken to reduce the number of coffee shops and to restrict their operating room, while leaving key negative side effects of the policy unsolved, partly because of the lack of drug policy reform in neighbouring countries. Virtually all study respondents agree that the failure to regulate the supply to coffee shops and cannabis cultivation is the source of many of the current negative side effects of the Dutch cannabis policy – from the involvement of criminal enterprise to the lack of quality control. Over the years, the influence of criminal organisations in cannabis cultivation and the supply of coffee shops have not subsided, despite enormous investments in law enforcement. At the same time, the Dutch government felt unable to regulate the back door because of alleged potential diplomatic and economic consequences. Targeting

small-scale cannabis cultivation reportedly increased the influence of organised crime in cannabis cultivation (Maalsté and Panhuyzen, 2007; Belackova et al., 2015). This created a self-fulfilling prophesy for the government, by reinforcing a problem it was trying to fight: the influence of organised crime in cannabis cultivation (Boekhout van Solinge, 2010).

Conclusions

In our analysis of DDP we can roughly distinguish three periods. In the first (1960–1980), the Netherlands was first confronted with the rapid spread of several psychoactive substances in a time of social transformation; hashish and subsequently psychedelics and amphetamines in the 1960s and heroin in the 1970s. The government first tried to repress cannabis use, but arrests mostly concerned middle-class youth, fuelling protest and fervent drug policy discussions in parliament and the media. 1970, when the Rotterdam police left massive and open drug consumption and dealing undisturbed at the Rotterdam Pop festival, marks the genesis of pragmatic tolerance towards use and small transactions in cannabis. Meanwhile that attention of the public, the media and politicians was distracted by the rapidly emerging heroin epidemic (Van Brussel, 1995) and the first post-war drug panic it raised. Until 1980, repressive law enforcement was the primary policy response to heroin. The emerging drug treatment and support services were hampered by ideological battles over the goals of treatment. Coordination between these two drug policy instruments was basically absent.

The 'distinguishing years' of DDP are undoubtedly the 1980s, when the Dutch pioneered a pragmatic public health response to heroin. A wide variety of *avant la lettre* harm reduction interventions were introduced and brought to scale. Law enforcement focused on the higher levels of drug trafficking. Enforcement of local low-level drug activity became increasingly instrumental in public health and was influenced by other local public interests. Local authorities extended the expediency principle to consumer level hard drug dealing. With variations between the cities, this *détente* lasted for over 10 years. Integration of public health and law enforcement instruments are gaining policy attention, but remain rare in practice.

In the 1990s, DDP has increasingly been affected by the 'law of the handicap of a head start' (Romein, 1937). The initial head start in progressive drug policies became a burden in the long term. As the Dutch were relatively successful in dealing with their own drug problems, they became more vulnerable to those of their neighbours. Without much international support, the Netherlands struggled with drug tourism from neighbouring countries with less liberal policies. Drug tourism contributed to considerable civil unrest, focused on coffee shops in border communities and on the hard drugs markets in Rotterdam and many provincial cities. Hard drug tourism amplified the re-emerging street hard drug scenes. As politics became more populist in the 2000s, the directive force of drug policy moved from the health department to Security and Justice; public order and crime fighting became the primary drivers of drug policy – a situation that has lasted until this day.

References

AANWIJZING OPIUMWET (2012). Geldend van 01-01-2012 t/m 31-12-2012. Available from: http://wetten.overheid.nl/BWBR0030993/2012-01-01 [Accessed 20 May 2015].

ALBAYRAK, E., WEEKERS, F., VAN DER HAM, B., and LEERS, G. (2005) Manifest van Maastricht: Experiment voor het reguleren van de teelt en handel van softdrugs. Available from: http://www.hetccv.nl/binaries/content/assets/ccv/dossiers/ hennepteelt/ pvdax_vvdx_dx66_manifest_van_maastricht.pdf [Accessed 20 May 2015].

ALTHUISIUS, J. and DRIESSEN, C. (2012) Ziende blind, horende doof. Het Nederlandse drugsbeleid word op valse aannames gevoerd. Dagblad *De Pers*. 28 Mar.

BARENDREGT, C., BLANKEN, P. and ZUIDMULDER, L. (2000) Drugshandel en Overlast in Rotterdam. *IVO Bulletin*. 1(2). pp. 1–23.

BARENDREGT, C., SCHENK, M., and VOLLEMANS, L. (2001) *Kwaliteitscriteria voor dealadressen – ideeën voor de regulering van drugshandel vanuit vaste locaties*. Rotterdam: Addiction Research Institute Rotterdam.

BARENDREGT, C., VAN DER POEL, A. and VAN DE MHEEN, D. (2002) *Gebruiksruimten in Rotterdam, in het perspectief van gezondheidsbevordering en overlastvermindering*. Rotterdam: Addiction Research Institute Rotterdam.

BARENDREGT, C., VAN DER POEL, A., VAN DE MHEEN, D. (2006) The Rise of the Mobile Phone in the Hard Drug Scene of Rotterdam. *Journal of Psychoactive Drugs*. 38(1), pp. 77–87.

BEETS, J, and STENGS, I. (1992) De heksen zijn nog onder ons. Junkies als belichaming van het kwaad. *Etnofoor*. 5(1/2). pp. 45–60.

BELACKOVA, V., MAALSTÉ, N., ZABRANSKY, T. and GRUND, J. P. (2015) 'Should I Buy or Should I Grow?' How Drug Policy Institutions and Drug Market Transaction Costs Shape the Decision to Self-Supply with Cannabis in the Netherlands and the Czech Republic. *International Journal of Drug Policy* 26(3). pp. 296–310.

BIELEMAN, B., GOEREE, P. and NAAYER, H. (2005) *Aantallen coffeeshops en gemeentelijk beleid 1999–2004: Coffeeshops in Nederland 2004*. Groningen: Intraval, Den Haag: WODC.

BIELEMAN, B., BEELEN, A., NIJKAMP, R. and DE BIE, E. (2008) *Coffeeshops in Nederland 2007. Aantallen coffeeshops en gemeenteljik beleid 1999–2007*. Groningen/Rotterdam: Interval.

BLANKEN, P. and ADRIAANS, N. F. P. (1993) *Echo's van een mespuntje fantasie. Een model voor lokaal drugbeleid gericht op beheersbaarheid van ongewenste neven-effecten van druggebruik onder prohibitie*. Rotterdam: Instituut Voor Verslavingsonderzoek (IVO).

BLANKEN, P., BARENDREGT, C. and ZUIDMULDER, L. (1999) The evolution of crack and basing cocaine in the Rotterdam heroin scene. *Journal of Drug Issues* 29(3). pp. 609–625.

BLANKEN, P., VAN DEN BRINK, W., HENDRIKS, V. M., HUIJSMAN, I. A., KLOUS, M. G., ROOK, E. J., WAKELIN, J. S., BARENDRECHT, C., BEIJNEN, J. H., VAN REE, J. M. (2010) Heroin-Assisted Treatment in the Netherlands: History, Findings, and International Context. *European Neuropsychopharmacology*. 2010(20). P. S105–S158.

BLOK, G. (2008) Pampering 'Needle Freaks' or Caring for Chronic Addicts? Early Debates on Harm Reduction in Amsterdam, 1972–1982. *Social History of Alcohol and Drugs*. 22(2). pp. 243–261.

BLOK, G. (2011) *Ziek of zwak. Geschiedenis van de verslavingszorg in Nederland*. Amsterdam: Nieuwezijds.

BLOK, G. and KENNEDY, J. (2014) Geef die joint eens door. Het problematische idealisme van het Nederlandse softdrugsbeleid, 1976-heden. In van Dam, P., Turpijn, J.

and Mellink, B. (eds.). *Onbehagen in de polder: Nederland in conflict sinds 1795*. Amsterdam: Amsterdam University Press.

BLOM, T. (1998) *Drugs in Het Recht, Recht Onder Druk*. Rotterdam: Kluwers.

BOEKHOORN, P., VAN DIJK, A. G., LOEF, C. J., VAN OOSTEN, R. N. J., STEINMETZ, C. H. D. (1995) *Softdrugs in Nederland. Consumptie en Handel*. Amsterdam: Van Dijk, Van Soomeren en Partners; Amsterdam: STEINMETZ advies en opleiding.

BOEKHOUT VAN SOLINGE, T. (2010) Het Nederlands drugsbeleid en de wet van de remmende voorsprong. *Nederlands Juristenblad*. 85. pp. 2579–2636.

BREEKSEMA, J. J. and GRUND, J.-P. (Submitted) 50 Years of Illicit Drug Policy in the Netherlands, part 1: Cannabis and Coffee shops, an Uneasy Compromise.

BRUINING, W. (2008) Van Coffeeshop naar Cannabisclub – van gedogen naar reguleren. Available from: http://cdn.vellance.com/speakersa/data/_backup/speakers/1395/publications/Van%20Coffeeshop%20naar%20Cannabis%20club%20beleidsversie.pdf [Accessed 28 September 2015].

BURUMA, Y. (2008) European Integration and Harmonization. Available from: http://www.drugtext.org/Law-and-treaties/european-integration-and-harmonization.html [Accessed 20 May 2014].

COHEN, H. (1975) *Drugs, druggebruikers en drugscene*. Alphen a/d Rijn: Samsom.

COHEN, P. (1994) The Case of the Two Dutch Drug Policy Commissions: An Exercise in Harm Reduction. Paper presented at the 5th International Conference on the Reduction of Drug Related Harm, 7–11 March 1994, Addiction Research Foundation, Toronto.

COMMISSIE HULSMAN (1971) *Ruimte in het drugbeleid. Rapport van een werkgroep van de Stichting Algemeen Centraal Bureau voor de Geestelijke Volksgezondheid*. Meppel.

DEPLA, P., EVERHARDT, V. and VAN GIJZEL, R. (2014) Manifest Joint Regulation. Available from: http://www.voc-nederland.org/persberichten_pdf/LR_Manifest_Joint_regulation_31_januari_2014.pdf [Accessed: 30 November 2015].

DE VOLKSKRANT (2012) Geen gemeente lijkt de wietpas nog te willen. *De Volkskrant*. 28 September 2012.

EMCDDA (2002) *Drug Use in Prison*. Selected Issue. Available from: http://www.emcdda.europa.eu/html.cfm/index34919EN.html [Accessed 21 May 2015].

EMCDDA (2011) *Statistical bulletin 2011*. Lisbon: EMCDDA.

EMCDDA (2012) Country Overview: Netherlands. Available from: http://www.emcdda.europa.eu/publications/country-overviews/nl [Accessed 23 May 2015].

EMCDDA (2015) *European Drug Report 2015. Trends and Developments*. Luxembourg: Publications Office of the European Union.

EVERHARDT, V., WAGEN, W. VAN DER, TRAUTMANN, F., BLESS, R., KETELAARS, T. and KEIZER, B. (2009) Internationale samenwerking. In: Van Laar, M. and Van Ooyen-Houben, M. (eds.). *Evaluatie van het Nederlandse drugsbeleid*. Utrecht: Trimbos-instituut;Den Haag: WODC.

EXPERTCOMMISSIE LIJSTENSYSTEMATIEK OPIUMWET (COMMISSIE GARRETSEN) (2011) *Drugs in Lijsten. Rapport Expertcommissie Lijstensystematiek Opiumwet*. Available from: https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/rapporten/2011/06/27/rapport-drugs-in-lijsten/rapport-drugs-in-lijsten.pdf [Accessed 23 May 2015].

FABRI, M. (1976) *Het witte monster*. Rotterdam: Werkgroep voor Arbeidersliteratuur Rotterdam.

FISCHER, B., OVIEDO-JOEKES, E., BLANKEN, P., HAASEN, C., REHM, J., SCHECHTER, M.T., STRANG, J. and VAN DEN BRINK, W. (2007) Heroin-Assisted Treatment (HAT) a Decade Later: A Brief Update on Science and Politics. *Journal of Urban Health*. 84(4). pp. 552–562.

GALBRAITH, J. K. (1958) *The Affluent Society*. Boston: Houghton Mifflin Harcourt.

GRUND, J. P., ADRIAANS, N. F. and KAPLAN, C. D. (1991) Changing Cocaine Smoking Rituals in the Dutch Heroin Addict Population. *British Journal of Addiction*. 86 (4). pp. 439–448.

GRUND, J.-P., BLANKEN, P., ADRIAANS, N. F., KAPLAN, C. D., BARENDREGT, C. and MEEUWSEN, M. (1992) Reaching the Unreached: Targeting Hidden IDU Populations with Clean Needles via Known User Groups. *Journal of Psychoactive Drugs*. 24 (1). pp. 41–47.

GRUND, J.-P. C. (1993) *Drug Use as a Social Ritual: Functionality, Symbolism and Determinants of Self-regulation*. Erasmus University Rotterdam. Available from: http://repub.eur.nl/res/pub/39132/ [Accessed 23 May 2015].

GRUND, J.-P. C. and BLANKEN, P. (1993) *From 'Chasing the Dragon' to 'Chinezen': The Diffusion of Heroin Smoking in the Netherlands*. Addiction Research Institute (IVO), Rotterdam. Available from: http://www.drugtext.org/pdf/grund02.pdf [Accessed 23 May 2015].

GRUND, J.-P. C. and BREEKSEMA, J. J. Submitted. 50 Years of Illicit Drug Policy in the Netherlands, part 2: At the Other Side of the Fence.

HART, A. C. (1994) *Openbaar ministerie en rechtshandhaving*. Arnhem/Gouda: Quint.

IDU REFERENCE GROUP (2010) *Country Data: Germany. Secretariat of the Reference Group to the UN on HIV and Injecting Drug Use*. Available from: http://www.idurefgroup.org/country-data-and-maps/Germany#idu [Accessed 30 November 2015].

IVZ (2004) Methadon in de verslavingszorg in Nederland (1994–2002). *LADIS bulletin* 2006 (6). Houten: Stichting IVZ.

JANSEN, A. (1989) *Cannabis in Amsterdam: een geografie van hasjiesj en marihuana*. Muiderberg: Coutinho.

JANSSEN, O., SWIERSTRA, K., and BARNEVELD, P. (1982) *Heroïnegebruikers in Nederland: een typologie van levens-stijlen*. Groningen: Criminologisch Instituut van de Rijksuniversiteit Groningen.

KAS, A. (2014) 'Geef je ons de ruimte of geef je die ruimte aan criminele netwerken?' *NRC Handelsblad*, 27 January.

KIEFT, T. (2014) Het 'Harlem' van Amsterdam. Bachelor Thesis, University of Amsterdam. Available from: http://heroineepidemie.nl/wp-content/uploads/2015/03/tom-kieft-bachelorscriptie.pdf [Accessed 18 November 2015].

KORF, D. J., MANN, R. and AALDEREN, H. VAN. (1989) *Drugs op het platteland*. Assen/Maastricht: Van Gorcum.

KORF, D. J., VAN AALDEREN, H., HOGENHOUT, H. P. H., SANDWIJK, J. P. (1990) *Gooise Geneugten: Legaal en illegaal drugsgebruik (in de regio)*. Amsterdam: SPCP Amsterdam.

KORF, D. J., RIPER, H. and BULLINGTON, B. (1999) Windmills in Their Minds? Drug Policy and Drug Research in The Netherlands. *Journal of Drug Issues*. 29(3). pp. 451–472.

KORF, D. J. (2002) Dutch Coffee Shops and Trends in Cannabis Use. *Addictive Behaviours*. 27(6). pp. 851–866.

KORF, D. J. (2008) An Open Front Door: The Coffee Shop Phenomenon in the Netherlands. In Rödner Snitzman, S., Olsson, B. and Room, R. (eds.). *A Cannabis Reader: Global Issues and Local Experiences*. Lisbon: EMCDDA, pp. 137–154.

DE KORT, M. (1995) *Tussen patiënt en delinquent. Geschiedenis van het Nederlandse drugsbeleid*, Hilversum: Verloren.

KUIPERS, S. B. M., MENSINK, C., and DE ZWART, W. M. (1993) *Jeugd en riskant gedrag; roken, drinken, druggebruik en gokken onder scholieren vanaf 10 jaar*. Utrecht: Nederlands Instituut voor Alcohol en Drugs (NIAD).

LEUW, E. and MARSHALL, I. H. (eds.) (1994) *Between Prohibition and Legalization: The Dutch Experiment in Drug Policy*. Amsterdam/New York: Kugler Publications.

MAALSTÉ, N. and PANHUYZEN, M. (2007) *Polderwiet. Een veelzijdig en onthullend beeld van de wietteelt in Nederland*. Baarn: De Fontein.

MAALSTÉ, N. and HEBBEN, R. J. (2012) *Gevolgen invoering wietpas Zuid Nederland*. Available from: http://www.detransparanteketen.nl/upload/files/Gevolgen%20invoering%20wietpas%20Zuid%20Nederland.pdf [Accessed 20 May 2015].

MACCOUN, R. J. and REUTER, P. (2001) *Drug War Heresies: Learning from Other Vices, Times, and Places*. Port Chester: Cambridge University Press.

MEEUS, J. (2014) Het begon met een paar simpele regels. *NRC Handelsblad*. 6 December 2014.

MERTON, R. K. (1936) The Unanticipated Consequences of Purposive Social Action. *American Sociological Review*. 1(6). p. 894.

MINISTRY OF FOREIGN AFFAIRS (1983) *Reply to Aide Mémoire of the International Narcotics Control Board of 12 November 1982 concerning the sale of cannabis preparations at 'De Kokerjuffer' youth centre in Enschede*. The Hague, 18 January 1983 (DIO/SM- 137.85/O 4).

NIJKAMP, R. and BIELEMAN, B. (2012) *Coffeeshopbezoek rotterdam voorjaar 2012*. Groningen/Rotterdam: Intraval.

OPSTELTEN, I. W. (2012) *"Brief coffeeshopbeleid". Brief aan de Tweede Kamer*, 19 November 2012.

REINKING, D. (2011) The Dutch Cannabis Policy: an effective policy under threat. 'Cannabis: Usos, seguridad jurídica y políticas'. San Sebastian, Spain, 26 October 2011.

RIJK EN VIER GROTE STEDEN (2006) *Plan van aanpak Maatschappelijke Opvang*. 7 februari 2006. Available from: http://www.opvang.nl/site/item/plan-van-aanpak-maatschappelijke-opvang-g4 [Accessed 18 November 2015].

ROMEIN, J. (1937) *De dialectiek van de vooruitgang. Het onvoltooid verleden*. Amsterdam: Querido.

ROOM, R. et al. (2008) *Cannabis Policy: Moving Beyond Stalemate. The Global Cannabis Commission Report*. Oxford: The Beckley Foundation.

SCHATZ, E. and NOUGIER, M. (2012) *Drug Consumption Rooms: Evidence and Practice*. IDPC Briefing Paper, June 2012. Available from: http://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice [Accessed 20 May 2015].

SCHATZ, E., SCHIFFER, K., and KOOLS, J. P. (2010) *The Dutch Treatment and Social Support System for Drug Users: Recent Developments and the Example of Amsterdam*. IDPC Briefing Paper, January 2011. Available from: http://idpc.net/publications/2011/01/idpc-paper-dutch-drug-treatment-programme [Accessed 30 November 2015].

SCHREUDER, R. F. and BROEX, V. M. F. (eds.) (1998) *Verkenning drugsbeleid in Nederland. Feiten, opinies en scenario's*. Zoetermeer: Stichting Toekomstscenario's Gezondheidszorg.

SSC ONDERZOEK EN INFORMATIE (2012) *Monitor omvorming coffeeshops tot besloten clubs in Breda. Resultaten metingen juni 2012*. Breda: Gemeente Breda/Afdeling SSC Onderzoek en Informatie.

STAATSCOURANT (1994) Richtlijn opsporingsbeleid inzake coffeeshops. *Staatscourant*, 12 oktober 1994.

STAATSTOEZICHT OP DE VOLKSGEZONDHEID (1981). *Brief aan alle artsen in Nederland betreffende de ambulante behandeling van verslaafden aan opiummiddelen*. Leidschendam: Geneeskundige Hoofdinspectie.

T.M.C. ASSER INSTITUUT (2005) *Experimenteren met het Gedogen van de Teelt van Cannabis ten Behoeve van de Bevoorrading van Coffeeshops – Internationaal rechtelijke en Europees rechtelijke aspecten*. Available from: https://zoek.officielebekendmakingen.nl/kst-24077-175-b1.pdf [Accessed 19 July 2015].

TWEEDE KAMER (1999/2000) Kamerstukken II 1999/2000, 24 077, 75.

TWEEDE KAMER (1995) Kamerstukken II. (1995) 24 077, 3. *Nota 'Het Nederlandse drugbeleid: continuïteit en verandering'*.

TWEEDE KAMER (2014/2015) Kamerstukken II. (2014/2015) 29911, 104. *Motie van het lid Oskam*.

UITERMARK, J. (2004) The Origins and Future of the Dutch Approach Towards Drugs. *Journal of Drug Issues*. (2004). pp. 511–532.

UNITED NATIONS (1961) *The Single Convention on Narcotic Drugs, 1961*. Available from: https://www.unodc.org/unodc/en/treaties/single-convention.html [Accessed 12 May 2015].

UNITED NATIONS (1971) *Convention on Psychotropic Substances*. Available from: http://www.unodc.org/pdf/convention_1971_en.pdf [Accessed 12 May 2015].

UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC) (2009) *Chronology: 100 years of drug control*. Available from: http://www.unodc.org/unodc/en/frontpage/the-1912-hague-international-opium-convention.html [Accessed 12 May 2015].

VAN BRUSSEL, G. H. A. (1995) Drugsgebruik in Amsterdam, een 'public health' probleem. *Nederlands Tijdschrift voor de Geneeskunde*. 139. pp. 2635–2639.

VAN DE MHEEN, D. and GRUTER, P. (2004) Interventions on the Supply Side of the Local Hard Drug Market: Towards a Regulated Hard Drug Trade? The Case of the City of Rotterdam. *Journal of Drug Issues*. 34(1). pp. 145–161.

VAN DEN BRINK, W. (2010) *Opioid Dependence Treatment in the Netherlands: Current and Future Outlooks*. Amsterdam: Amsterdam Institute for Addiction Research.

VAN DEN EERENBEEMT, M. and DE VISSER, E. (1995) Thuiskwekers leveren al volop nederwiet aan koffieshops. *De Volkskrant*, 29 August 1995.

VAN DER STEL, J. (1999) *Een nieuw drugsbeleid? Voor- en nadelen van de legalisering van drugs*. Zoetermeer: Raad voor de Volksgezondheid en Zorg, Den Haag: Raad voor Maatschappelijke Ontwikkeling.

VAN DER STEL, J., EVERHARDT, V. and VAN LAAR, M. (2009) In Van Laar, M. and van Ooyen-Houben, M. (eds.). *Evaluatie van het Nederlandse drugsbeleid*. Utrecht: Trimbos-instituut, Den Haag: WODC.

VAN GELDER, P. J. and SIJTSMAJ. H. (1988) *Horse, coke en kansen: Sociale risico's enkansen onder Surinaamse en Marokkaanse harddruggebruikers in Amsterdam. Deel I Surinaamse harddruggebruikers*. Amsterdam: Instituut voor Sociale Geografie, Universiteit van Amsterdam.

VAN LAAR, M. W. and VAN OOYEN-HOUBEN, M. (eds.) (2009) *Evaluatie van het Nederlandse drugsbeleid*. Utrecht: Trimbos-instituut, Den Haag: WODC.

VAN LAAR, M. W. et al. (2014) *Nationale Drug Monitor. Jaarbericht 2013–2014*. Utrecht: Trimbos-instituut, Den Haag: WODC.

VAN LAAR, M. W. et al. (2015) *The Netherlands Drug Situation 2014*. Utrecht: Trimbos-instituut.

VAN STEENBERGEN, E. (2014) Wietclub zoekt toestemming. *NRC Handelsblad*. 12 September 2013.

VANVUGT, E. (1985) *Wettig Opium. 350 Jaar Nederlandse Opiumhandel in de Indische Archipel*. Haarlem: In de Knipscheer.

VERBRAECK, H. (1984) *Junkies: Een etnografie over oude heroinegebruikers in Utrecht*. Utrecht: Stichting WGU.

WERKGROEP VERDOVENDE MIDDELEN (COMMISSIE BAAN) (1972) *Achtergronden en risico's van druggebruik*. Den Haag.

WIEDEMANN, E. (1994) Frau Antje in den Wechseljahren. *Der Spiegel*, 9. 28 February 1994. Available from: http://www.spiegel.de/spiegel/print/d-13685150.html [Accessed 30 November 2015].

WOUTERS, M. and KORF, D. (2011) *De wietpas en het sociaal clubmodel. Meningen en verwachtingen van coffeeshop-bezoekers in Utrecht*. Amsterdam: Rozenberg Publishers.