

PLACES OF DRUG PURCHASE IN THE NETHERLANDS

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Abstract: This paper focuses on the place of purchase of drugs in the Netherlands. The reason to focus on this topic is that one of the aims of Dutch policy is to separate the cannabis market from that of most other drugs. Dutch narcotics legislation distinguishes ‘drugs with acceptable risks’ and ‘drugs with unacceptable risks’ (see Leuw 1994, Cohen 1994, de Kort 1995). Drugs with acceptable risk include cannabis and mushrooms. Drugs with unacceptable risk include heroin, cocaine, LSD and ecstasy. The question addressed here is whether or not the system of tolerated distribution of cannabis type drugs and mushrooms via the so called coffee shop and smart shop supports this separation or not. We will show that distinction between distribution of cannabis type drugs and ‘drugs with unacceptable risks’ is indeed partly valid. Evidence for this conclusion is found in the results of a large national drug use survey.

In 1997, approximately 22,000 respondents throughout the Netherlands were asked about their lifestyles and use of licit and illicit drugs. Additionally, they were questioned on the place of purchase of their consumed drugs. The data collected indicate that relatives and friends are either the most important or the second most important source for obtaining drugs. The paper concludes that the market of acceptable and unacceptable risk drugs is separated. This means that few drugs other than cannabis are purchased in coffee shops. However, locations of unregulated cannabis distribution exist beside a regulated market. We have well-founded reasons to believe that most cannabis is distributed by coffee shops, and thus regulated. We do not know what happens in the unregulated parts of the cannabis market place.

1. Introduction

One of the foundations of Dutch drug policy is the tolerance of cannabis and mushroom sale in coffee shops and smart-shops. The official reason for this is to prevent the ‘acceptable risk’ drug user getting involved with the ‘unacceptable risk’ drug user. This is in short the distinction between the distribution of acceptable and unacceptable risk drugs.

In this article we will first elaborate on the Dutch policy that allows cannabis distribution (via the well known ‘coffee shops’) to go unprosecuted; then we will present a few data on drug use prevalence in the Netherlands, followed by answers to such questions as: ‘where do people buy their drugs’ (more specifically their cannabis), and ‘is cannabis the only substance sold in coffee shops’?

This paper is largely based on the results of the most recent national survey of licit and illicit drug use *Licit and illicit drug use in the Netherlands, 1997* (Abraham et al., 1999).

2. The Policy

The Dutch harm reduction policy postulates a distinction between drugs with acceptable and unacceptable health risks. This policy is laid down in the so-called ‘Opium Act’. The Opium Act of 1976 regulates the status of a large number of substances. The law has a dual listing of substances it declares as ‘illicit’ for use, production or distribution. Schedule I contains all the substance drugs with ‘unacceptable

risks’ (including hash oil). Schedule II was created for cannabis products such as hashish and marijuana. Both categories are illicit, but priority for criminal investigation and prosecution is given to the first. Maximum penalties for trafficking drugs with ‘unacceptable risks’ were raised in 1976, and penalties for possession of cannabis for personal use in amounts up to 30 grams were lowered, with possession constituting a misdemeanour (Korf, 1995). In October 1996 this amount was revised to 5 grams for personal use, and 500 grams for coffee shop owners. At the same time, magic mushrooms were added to Schedule II. (Public Prosecution Service, regarding guidelines for criminal offences against the Opium Act¹).

Hashish and marijuana (cannabis) are drugs with acceptable risks and their sale is tolerated in coffee shops. Conditions are laid down by the government as well as by local policy-makers. Coffee shop owners can possess up to 500 grams. If they have more in stock or if they do not obey other regulations, the local police may intervene, depending on the nuisance caused and the local policy. The government has drawn up directives, which coffee shops have to follow in order to be tolerated. These rules are the Ahoj-g directives. They stand for: No advertising (A); No sale of hard drugs (although ‘hard drugs’ is not an official term, it is mentioned in the directives, referring to Schedule I drugs) (H); No nuisance (O); No sale of drugs to youths under 18 years of age and no admission of youths to coffee shops (J); No sale of large quantities (max 5 grams per transaction) (G). Within these directives, local policy-makers may add regulations, for example, to prohibit the presence of coffee

shops within a given radius of primary schools. The local policy (also) determines how actively any possible coffee shop nuisance is dealt with. As well, municipalities have the right not to tolerate any cannabis distribution taking place within their jurisdiction. Although this right is rarely used, it is sometimes implemented in municipalities where the Christian Democrats or other Christian political parties are dominant.

The position of mushrooms in the Dutch opium law is ambiguous but in practice we have a similar situation as with cannabis type drugs. At the moment (1999) the mushroom itself is legal but the active substances psilocybin and psilocin are registered as illicit drugs (Adelaars, 1997). Mushrooms are sold in special shops called smart-shops, in a way very similar to the sale of cannabis products in so called coffee shops.

3. Dutch Survey on Licit and Illicit Drugs

Dutch legislation prohibits the sale of Schedule I drugs in coffee shops. We now come to the core point of this paper. We want to test the effect of this policy on the basis of reports of all last-year drug users in our survey. Hence, to what extent is the policy of ‘market separation’ successful? Is *all* cannabis bought in coffee shops? What other drugs can be bought in coffee shops? Where *do* people buy their drugs if not in coffee shops?

This article is based on the results of the survey on licit and illicit drugs in the Netherlands. This survey provides prevalence estimates of both licit and illicit drug use, and is based on a nationally representative sample of the registered (registered by municipalities, in the register of population) population aged 12 and over. The registered population is nearly the entire Dutch population. A total of 21,959 respondents participated in this survey. Respondents were questioned in a computer-assisted personal interview (CAPI). The survey was designed with the co-operation of Statistics Netherlands (CBS), and funded by the Ministry of Health, Welfare and Sports (VWS).

The questionnaire asked about the use of various licit and illicit drugs (including tobacco, alcohol, sedatives, hypnotics, cannabis, cocaine, ecstasy, amphetamines, hallucinogens, mushrooms, opiates, inhalants and performance-enhancing substances), as well as respondent background and lifestyle characteristics. It included questions about the place of purchase of drugs. *All who reported use of ‘a drug’ within the last year* were asked per reported drug:

“Where did you get the ‘name of the drug’ that you used?”. The following answers could be given (more than one answer was possible):

- a) Relatives, friends, acquaintance
- b) Coffee shop
- c) Café/pub
- d) Other place of entertainment
- e) On the street from a stranger
- f) Community centre, youth club, association

- g) Home dealer
- h) Delivery service²
- i) Smart-shop

4. Prevalence of Drug Use

The figures presented in Table 1 give an idea of the prevalence of cannabis use in the Netherlands. To put these figures into perspective, figures for cocaine, ecstasy and mushrooms are also shown. Full information can be found in Abraham et al., 1999. The first part of Table 1 gives prevalence rates of lifetime drug use. Of the total population aged 12 years and older, 15.6% used cannabis; 2.1% used cocaine, 1.9% ecstasy and 1.6% magic mushrooms. International drug use prevalence data indicate that the lifetime cannabis use rate in the Netherlands (15.6%) is lower than that found in, for example, Denmark (31.3%), the U.K. (22.0%) and the U.S. (32.9%), and approximately equal to West Germany (13.9%) and France (16.0%). Unfortunately these figures are not totally comparable, but they give a reasonable impression (see: European Monitoring Centre for Drugs and Drug Addiction 1998, Substance Abuse and Mental Health Services Administration 1997).

The second part of the table shows prevalence rates of last-year drug use. Cannabis was used in the year prior to the interview by 4.5% of the population. Cocaine was tried at least once last year by 0.6% of the population, ecstasy by 0.3% and magic mushrooms by 0.6%.

The third section of figures shows the experienced use rates – the proportion of lifetime users who had used a given drug at least 25 times. Experienced user rates give some

Table 1. Drug use in the Netherlands, population age 12 and older, 1997 (weighted percentages)

Drug	<i>The Netherlands, nation-wide</i>
<i>Lifetime prevalence</i>	
Cannabis	15.6%
Cocaine	2.1%
Ecstasy	1.9%
Mushrooms	1.6%
<i>Last year prevalence</i>	
Cannabis	4.5%
Cocaine	0.6%
Ecstasy	0.3%
Mushrooms	0.6%
<i>Experienced use (more than 25 times per rep.lifetime use)</i>	
Cannabis	33.1%
Cocaine	22.7%
Ecstasy	25.4%
Mushrooms	4.7%
Total sample	21,959

indication of experience level. Of the persons who have ever taken cannabis, 33.1% have done so more than 25 times in their life. For cocaine and ecstasy the figures are 22.7% and 25.4% respectively. The experienced mushroom use rate is much lower; only 4.7% of the lifetime users have consumed mushrooms 25 times or more.

5. Place of Purchase of Cannabis, Cocaine, Ecstasy, and Mushrooms

We will now turn to the question as to where people buy illicit drugs. We asked all last-year users of all illicit drugs where they 'most often' purchased the substance. Findings are reported in Table 2, for two age groups. In one section, we show the data for the group of respondents in the 12-17 age group. This group is not allowed to purchase in coffee shops. Also the smart-shops usually do not admit clients under 18 years old. In the other part, we show data for last-year drug users aged over 18.

With regard to the core question 'is the market separation successful?' we will answer in the affirmative if we 1) find that only cannabis can be bought in coffee shops, and 2) that all cannabis is indeed purchased within the regulated coffee shop system.

What drugs can be bought in coffee shops?

For last-year drug users aged 12 to 17, we see that coffee shops are not the only place of purchase for cannabis. However, of the total of 223 reported purchases in coffee shops, 211 concerned the sale of cannabis. For other drugs the

coffee shop plays a negligible role.

For last-year drug users over 18, we see that coffee shops are the most important place to buy cannabis, but again, not the only one. From the total of 722 reported purchases in coffee shops, 699 concerned the sale of cannabis. Other drugs are purchased there only rarely (the other drugs most often mentioned are mushrooms, which also can be bought in special shops: smart-shops –10 purchases out of 23 non-cannabis purchases). It seems that the coffee shop offers no or few possibilities for purchasing drugs other than cannabis. Few Schedule I drugs are bought in coffee shops (23 purchases out of 722). This is in concurrence with the intended separation of the markets.

Is all cannabis bought in coffee shops?

Among last-year cannabis users aged 12 to 17, we see that relatives and friends are the most important source of cannabis (45.8% of the 524 cannabis sources). Coffee shops are the second most important place to buy cannabis (40.3%). The youth club, delivery service, café or pub, other places of entertainment, street dealers and home dealers play a very limited role.

For last-year cannabis users aged 18 and over, coffee shops are the most important place to obtain cannabis. However, of the 1468 answers, not even half (47.6%) reported purchase in coffee shops. Relatives and friends are the second most important sources of cannabis (38.8%). The home dealer is, again of small importance for the purchase of cannabis. Other places of entertainment (clubs, discotheques, etc.) play a small role as regards the purchase of

Table 2. Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, The Netherlands.

	Relatives, friends		Coffeeshops		Cafe, pub*		Stranger or other		Homedealer, delivery		Smartshop		Total answers**		Use last year
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<i>Aged 12 to 17</i>															
Cannabis	240	45.8	211	40.3	14	2.7	12	2.3	39	7.4	8	1.5	524	100	405
Cocaine	17	-	0	-	2	-	2	-	4	-	0	-	25	100	23
Amphetamines	22	-	0	-	6	-	2	-	6	-	0	-	36	100	36
Ecstasy	26	-	1	-	6	-	3	-	4	-	0	-	40	100	39
Hallucinogens	9	-	3	-	1	-	3	-	2	-	8	-	26	100	24
Mushrooms	18	23.4	8	10.4	3	3.9	6	7.8	4	5.2	38	49.4	77	100	73
<i>Aged 18 and older</i>															
Cannabis	570	38.8	699	47.6	59	4.0	55	3.7	73	5.0	12	0.8	1468	100	1237
Cocaine	116	55.2	4	1.9	29	13.8	10	4.8	51	24.3	0	0.0	210	100	193
Amphetamines	59	66.3	2	2.2	4	4.5	8	9.0	15	16.9	1	1.1	89	100	93
Ecstasy	159	64.1	4	1.6	37	14.9	8	3.2	33	13.3	7	2.8	248	100	232
Hallucinogens	28	30.4	3	3.3	7	7.6	9	9.8	3	3.3	42	45.7	92	100	95
Mushrooms	49	27.1	10	5.5	11	6.1	9	5.0	3	1.7	99	54.7	181	100	160

- Not enough cases (answers) to provide accurate estimates.

* Bar, cafe, pub, community centre, youth club, association, other places of entertainment.

** More than one answer was possible.

Table 3. Place of purchase of last year cannabis users, 1997, The Netherlands.

Cannabis	Relatives, friends		Coffeeshops		Cafe, pub*		Stranger or other		Homedealer, delivery		Smartshop		Total answers**		Use last year n
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Non experienced	389	59.7	208	31.9	17	12.6	15	2.3	15	2.3	8	1.2	652	100	631
Experienced***	407	32.2	683	54.0	44	3.5	50	4.0	80	6.3	0	0.0	1264	100	988
Total															1619

* Bar, cafe, pub, community centre, youth club, association, other places of entertainment.

** More than one answer was possible.

*** Used more than 25 times in a lifetime.

cannabis. The tolerated existence of shops for cannabis creates an official retail possibility, but apparently this does not eliminate the importance of non-official circles for these drugs.

6. For Whom is the Coffee Shop Most Important?

Table 3 takes a closer look at the last-year cannabis user. The place of purchase of cannabis is reported for two kinds of respondents: non-experienced users (who have used cannabis less than 25 times in their life) and experienced users (who have used cannabis 25 times or more in their life). For both groups, the two main sources of cannabis are relatives and friends, and coffee shops. Nevertheless, the data show a disparity between these groups, regarding their 'number one' source. For the inexperienced user, relatives and friends are the main source (59.7% of their cannabis is purchased from relatives and friends, 31.9% from coffee shops). However, the place of purchase for the experienced user is primarily the coffee shop (54.0% from coffee shops, 32.2% from relatives and friends). It is interesting that experienced cannabis users buy mainly in coffee shops. This very probably means that the greater part of cannabis distribution is via coffee shops and not via unregulated channels.

7. Conclusion

This paper gives an overview of the situation regarding the separation of 'acceptable and unacceptable risk' drug markets in the Netherlands. We focused on cannabis. The following topics have been discussed: the Dutch drug law and its coffee shop policy, the prevalence of use of various illicit drugs, and the place of purchase of these drugs.

We tested the effect of the coffee shop policy on the basis of self-reporting by respondents in our national drug use survey. According to our data, the aim of the policy has partially been achieved. For a total of 945 persons, drug transaction took place in coffee shops. Of these transactions, cannabis was sold in 910 cases and only in 11 cases were 'unacceptable risk' drugs sold in coffee shops. This means that few drugs other than cannabis are purchased in coffee shops. However, unregulated cannabis distribution

locations exist beside a regulated market. As shown, a total of 1992 places were named where persons bought cannabis. Only 945 purchases took place in coffee shops.

Notes

- 1 See for more information in Dutch *Richtlijnen voor het opsporings- en strafvorderingsbeleid inzake strafbare feiten van de Opiumwet*, <<http://www.openbaarministerie.nl/beleidsregels/docs/11.htm>>.
- 2 The term 'delivery service' requires some clarification. A dealer runs the delivery service. In general these are not coffeeshop owners. Dealers advertise their phone numbers in local newspapers. Like you can order a pizza by phone, someone will come to your house (or another agreed place). He will sell you the cannabis. When the dealer is not registered as a coffeeshop owner, he is officially breaking the law if he possesses more than 5 grams of cannabis. The use of mobile phones and the quickly changing telephone numbers make it difficult to locate the delivery services and to undertake action (Bieleman 1999).

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