The Dutch Cannabis Policy: an effective policy under threat

Paper for the meeting Cannabis: Usos, seguridad jurídica y políticas.
San Sebastian, October 26 2011

Dick Reinking
Municipal Health Centre
City of Utrecht
The Netherlands
October 2011

The Dutch parliament decided, back in 1976 for a pragmatic, tolerant policy towards
the use of less harmful drugs and for a policy based on a social medical perspective
towards problematic users. This Drug and Cannabis Policy has met with both great
enthusiasm as huge criticism as it was off the beaten path of policies based on
prohibition and prosecution of illegal drugs and their users. Thus, a request for a
paper about the peculiarities of the Dutch Drug Policy is not completely
strange. The basic question however is not how peculiar a policy is, but whether it works. An
elaboration on this question will be central in this paper.

I will start with a brief introduction of central features of the cannabis policy
formulated in 1976, followed by the results of a recent evaluation of the drug policy
in the Netherlands (Van Laar and Van Ooyen-Houben (eds), 2009). In the course of
this paper, it will become clear that the Dutch cannabis policy becomes gradually
more strict and regulatory, as the Netherlands was faced with the combined problem
of large scale, sophisticated homebound production (and export) of hard drugs, and
later also of high potency cannabis, leading to the large scale availability of Dutch
cannabis (nederwiet) with high THC percentages. This mix culminates in recent
proposals by the national government that may be considered a paradigm shift. If
the present proposal will be passed by parliament the pragmatic, tolerant, liberal
cannabis policy of the last 25 years will change to a cannabis policy strongly
influenced by prohibitionist, repressive notions.

Opposed to this national trend is the recent announcement of the city council of
Utrecht to develop a scientific experiment with a cannabis club for adult recreational
users. With this initiative the city of Utrecht wants to build on the drug policy so far
and doing so, will try to get out of a stalemate position of the cannabis policy where
possession and use are decriminalised but the production still remains illegal. A
paradoxal situation that frustrates policies that opt for a good balance between
protecting users, caring for the vulnerable users who got into trouble because of
their use, and fighting criminals networks involved in cultivation and trafficking. In
this section I will argue that the Utrecht experiment is possible within the national
legal framework of the Opium Law and that it is not in conflict with UN and EU treaties the Dutch government has signed.

My closing remarks are a reflection on differences and similarities between countries that are experimenting with or regulating the possession or small scale production of cannabis. I will elaborate upon some lessons and experiences from 25 years of Dutch cannabis and coffeeshop policy that may be helpful to others dealing with issues of normalization of cannabis and cannabis use.

A pragmatic, tolerant cannabis policy

The Dutch drug policy has the reputation of a special policy or a policy with peculiarities. The Drug Policy Outline of 1976 is considered the document that contains the cornerstones of the National Drug Policy of the last decades. Later policy documents always start with the statement that the 1976 principles are still leading.

To characterize them quickly: the drug policy is not repressive towards users, because it does not want to stigmatize or marginalize them; it makes a differentiation between harmful drugs and drugs that are considered less harmful to individual health. Cannabis was identified as an example of a less harmful drug. In the 1976 Policy Outline this resulted in a policy of tolerance, in which possession and use of cannabis was considered a misdemeanour and not a criminal offence. Although still illegal, it would not be prosecuted. The same is true for small scale production, up to a maximum of five plants.

A balanced approach

At the heart of the Dutch Drug policy is a social medical perspective on drug use and addiction, with prevention of problematic use and care, support and treatment for problematic users as central elements. Parallel to that the policy is repressive on the production and trafficking of drugs, especially where criminal networks are involved. Summed up, the policy is a good example of the balanced approach in drug policy, recently recommended by the UN Advisory committee on drug policy (Global Commission on Drug Policy, 2011) and in line with the balanced approach of reducing the supply and demand for drugs, propagated by the EU commission (Council of the European Union, 2004).

Coffeeshops in order to divide drug markets

With regard to cannabis the Netherlands is considered a front runner in decriminalising possession, use and small scale retail by means of coffeeshops. Most remarkable, or peculiar if you prefer that word, is this phenomenon of the coffeeshop as a tolerated place for small retail trade of cannabis. They are tolerated
since the 1976 Drug Policy Outline in order to divide the markets of cannabis and other more harmful drugs. With the publication of guidelines from the Public Prosecutor the number of coffeeshops rose sharply. In 2009 there were 666 coffeeshops in 101 of 441 municipalities in the Netherlands. (Bieleman and Nijkamp, 2010).2

**Coffeeshops as an instrument to differentiate between drug markets**

The policy aim with the division between between harmful and less harmful drugs was to divide between drug markets. The division of market should keep cannabis users socially integrated and prevent them from use of harmful drugs. The tolerance towards coffeeshops, as small-scale places for retail trade of cannabis were the result of this. In the early seventies cannabis was mainly obtained from house dealers with youth centres as important trading places. In Amsterdam there were also first experiments with the sale of cannabis from shops. In 1980 the National Public Prosecutor published their guidelines for tolerance of coffeeshops. It was left to municipalities to decide if they wanted to tolerate coffeeshops and if so what maximum number of coffeeshop they wanted to tolerate and what rules and regulations they wanted to impose on proprietors of coffeeshops.

With the proclamation of the guidelines for tolerance in 1980 the number of coffeeshops rose sharply. In Amsterdam the number of coffeeshops increased from 10 to 15 in 1978 to more than 250 a decade later. Other cities followed since 1980, that is in cities were the city counsel decided to tolerate coffeeshops opening their doors. A common way is that an coffeeshop entrepreneur applies for a permit for a hospitality business. After getting one he announces that he wants to start a coffeeshop. Then a special trajectory starts in which the applicant is confronted with additional procedures and criteria for coffeeshops. If these criteria are fulfilled the mayor, after consulting the head of policy and the local public prosecutor, hand outs a so-called tolerance decision, meaning that the coffeeshop-owner will not be prosecuted if he follows the rules and regulations for coffeeshops.

---

1 In 1976 the maximum amount was 30 grams, later this was changed to 5 grams.
2 For foreigners the coffeeshop may be the most prominent or peculiar feature, for experts on addiction care some other features of a social medical policy towards problematic users may be mentioned. This resulted in a variety of measures for different, partly overlapping populations of hard drug users. To mention are: user rooms for homeless hard drug users; needle exchange programmes and heroin treatment for problematic heroin users; care programs aimed at harm reduction; hostels for homeless problematic hard drug users, where the inhabitants are allowed to use in their own room and are not obliged to enter addiction care program in order to kick off. Specific programs and measures in Utrecht have been evaluated, showing that they have positive effects on the health, personal en social functioning of problematic users and are cost effective as well. (see for instance: Blanken et al., 2010; Hulschbosch et al., 2004; Vermeulen et al., 2005; Reinking et al., 2010; Wolf et al., 2010). In this paper I will not go into further detail about this part of drugs policy and the programs and projects resulting from this, such as the ones mentioned above.
Does the Dutch cannabis policy work?

Cannabis use in the Netherlands

The most important indicator of an effective policy are prevalence figures. At the moment the number of cannabis users ever is estimated at 2.5 million people, the recent use (last month) at 363,000 persons, the number of daily users at 80,000 and the number of cannabis dependent people at 30,000. From the actual users nearly 80% is male, 28% is between 15-24 years of age and 42% is living in the larger cities. Worries are about a concentration of problematic cannabis among vulnerable groups such as runaway youth and youngsters in residential facilities (Van Laar, 2010).

Among school going youth a sharp increase of cannabis was noted between 1988 and 1996, stabilizing / slightly declining since then. The 2006 results show an increase in the percentage ever use from 2.3% at the age of 12 to 30% at the age of 16 years. Slightly more than half of the actual users (55%) use cannabis once or twice a month, 14% uses 10 times or more a month. The frequent users are mainly boys (18 versus 7%). (Van Laar et al., in Van Laar and Van Ooyen-Hoeben (eds), 2009).

In European perspective the actual use of cannabis among youngsters 15-24 years of age is relatively high. The major change is not an increase in cannabis use among Dutch youngster but a sharp decrease in countries such as France, the UK and Ireland. In comparison to Spain the Netherlands does well. (Van Laar et al., ibid.)

Furthermore addiction care reports an increase in care provision for people between 15 - 39 years with cannabis as main problem or dependency. An explanation for this could not be given. Asked for an expert opinion from the workfloor Kerssemakers (TK, 3-10-2011) mentioned that the increase of care requests was most notable among somewhat older persons in this agegroup. They wanted to quit after some years of use, but could not realize that by themselves.

In sum, the general trend in the Netherlands seems a stabilization since 1997, also with regard to average age of first use (16,4 years). With 5.4% reporting cannabis users the last year, the prevalence rate among persons between 15-64 years is below the EU average of 7% (EMCDDA, 2010).

Concluded in the Evaluation of the Dutch Drug Policy was that the Netherlands in comparison with other EU countries does well to favourable (Xtasy use and cannabis use among youngster excepted). No reason for big policy changes, one would say.

Changes in the content and strength of cannabis

Since 2000 the Trimbos-institute monitors the THC-concentration of different varieties of wiet and hash, differentiating between wiet and hash produced in the Netherlands and imported wiet and hash. In sum it is concluded that the THC-
concentration of nederwiet and other strong brand sharply rose from less than 10% to more than 20% between 2000 – 2004, followed by a gradual decrease since then with average concentration of 15 – 16% in 2008 / 2009. Compared to that, Dutch grown hash has varying concentrations, fluctuating between an average low of 26% and an average high of 39% in 2003 / 2004. Compared to that the THC concentration in imported hash is significantly lower, with a decrease from an average 19% in 2002/ 2003 to an average of 15,7% in 2008 / 2009. (Rigter et all, 2009)

Harmful effects of cannabis

In the Netherlands the increase of the THC concentration in cannabis caused political debate about the harmfulness of cannabis. In 2008 the CAM (Coordinatiepunt Assessment en Monitoring nieuwe drugs) did a risk assessment of cannabis on request of the government. The CAM concluded that the risks of cannabis for individual and public health were to be considered as small, with the exception of the risk for certain groups such as persons with a vulnerability for psychoses. The risks for public nuisance and safety were assessed as small to average, especially in the border areas due to drug tourism. Special attention is asked for safe driving, especially in cases of combined use of cannabis and alcohol. With regard to criminality the risks were assessed as average to considerable. As a reason for this the CAM states that organized crime in recent years had achieved a firm position in cannabis cultivation sector.

With regard to higher THC concentrations in cannabis, the committee remarked that higher THC concentrations should require an adjustment of use. If not, health risks may increase. Scientific evidence for increased harmful effects of cannabis due to higher THC concentrations was not available. Therefore the CAM formulates no conclusions or recommendations on this matter. Related to this the CAM points at low CBD-concentrations in cannabis cultivated in the Netherlands (so called nederwiet). For persons with a vulnerability for psychoses higher percentages of CBD are beneficial, due to the possible protective effects of CBD to prevent psychoses. The CAM states that regulation of the supply of cannabis for personal use would be helpful to force back organized crime. Furthermore it helps to monitor the quality of cannabis (the proportion of THC and CBD in cannabis included.)

Nutt et all (2010) assessed the harms caused by 20 drugs on 16 criteria related to harms drugs may cause to the individual and to others. Heroin, crack cocaine and metamfetamine were considered the most harmful drugs to individuals, alcohol, heroin and crack cocaine were the most harmful to others. Overall, alcohol was the most harmful drug, with heroin and crack cocaine in second and third place. Cannabis had place eight at the overall ranking, two places below nicotine. With
regard to harm to the individual cannabis had rank eleven of twenty drugs. In his analyses Nutt et all. (2010) concludes that his results are in good correspondence with harm studies in the Netherlands and the US. In a commentary Van Amsterdam and Van den Brink (2010) stress the importance of this type of balanced risk assessment for politicians and policy makers deciding how to classify a variety of illicit and legal drugs. In their closing remarks they point out that the two legal drugs assessed, alcohol and nicotine, both score in the upper segment. This they find intriguing: the legal drugs cause at least as much harm as the illegal substances. Nutt adds to this at a recent parliamentary hearing (TK 2011, 3-10-2011) in the Netherlands that political arguments to consider some drugs legal and others illegal are incompatible with the harms associated with them.

When asked about this, at the above mention parliamentary hearing, Nutt remarked that the he saw no reason to treat cannabis, ranked 11, different from alcohol or tobacco, ranked 4 and 8 respectively. According to him, legalization of the production of cannabis would make a great deal of sense. He would expect a reduction of criminality and better opportunities for quality control that, in turn, would be beneficial for individual health. More in particular he thought of possibilities to get to a situation in which the available cannabis has lower THC percentage and raised CBD percentages.

In contrast to this, the Dutch government recently decided to place cannabis with a THC percentage above 15% on the list of hard drugs. Following the advice of a advisory committee on the listing of drugs (Expertcommissie Lijstensystematiek Opiumwet, 2011) the Minister stated that she considered strong cannabis as harmful, especially for youngsters. With strong cannabis classified as a hard drugs coffeeshops are not allowed to sell it. First estimates are that 75% of the cannabis sold at coffeeshops has THC percentages between 15 - 18% Coffeeshop owners, scientists and others were very critical of this measure, as it lacks scientific evidence, will be difficult to enforce and does not take into account what profound effects it will have on the purchase of cannabis and on using patterns, especially among the considerable group of users that is mainly interested in cannabis with the strongest possible effect (Wouters, TK 2011, 3-10-2011).

Criminal involvement and high potency cannabis
In the decades following 1976 these rules have been gradually become more strict. Starting from 1995 the drug policy was more and more directed towards the control of public nuisance (in particular drug tourism) and the fight against involvement of criminal organizations in the production and trafficking of harddrugs and later also cannabis. Starting in 1995 the efforts aimed at controlling the supply were enlarged,
legal instrument were extended and guidelines for national and local investigation and prosecution were intensified. The initial emphasis was on the production of amfetamines and Xtasy. First signals were given in 1995 of an increase in homegrown nederwiet. At the turn of the century it became more and more clear that the Netherlands has changed from a hash importing to a hash producing country. In 2004 this lead to cannabisletter to parliament in which policy measures were proposed for a more strict and repressive policy towards the cultivation of cannabis for the domestic market, because cannabis cultivation became more and more large scale and technically advanced, with criminal organizations involved in it. Exact figures are not available but estimates are that between 350 - 700 tons of nederwiet are produced in the Netherland, that up to 70-75% of the criminal organizations in the Netherland have drugs as their core business and, according to the police, that up to 80% of the crops is for export (Van Ooyen-Houben in Van Laar and Van Ooyen-Houben, 2009; Kivits, 2011, TK 2011, 3/10/2011).

Korf (2011) reports an increase of suspects of producing and trafficking cannabis increased from 5000 to over 7000 between 2002 and 2007 and an increase from dismantled crops up to 6000 in 2005 / 2006, followed by 5200 and 4700 dismantled sites in 2007 and 2008. The estimated the average number of plants (including clones and seedlings) per site dismantled was approximately 450. In the evaluation of the Drug Policy Van Ooyen Houben et al. (in Van Laar and van Ooyen-Houben, 2009) points at two results in the evaluation of this policy that are relevant for this paper:

- The investigations are only occasionally aimed at coffeeshop owners. This is in correspondence with estimates that most of cannabis is meant for export purposes. However, this policy had an impact on owners of coffeeshop, as cannabis brokers entered the field. The task of these brokers is to guarantee enough supply. This way the coffeeshop owners runs no investigative and prosecution risks. On the other, his sight on the provenance and quality of the cannabis gets blurred (Kivits, 2011).
- Initial investigative efforts have mainly concentrated on individual cultivators in private dwellings. Concluded was that this could be beneficial for criminal networks as dismantling activities have cleared the market for criminal organizations. In response to this research finding the investigations became more directed at criminal organizations and their involvement in the production and distribution of cannabis.

**The guidelines for coffeeshops**

Parallel to this developments the guidelines for coffeeshops became more strict, the 2009 guidelines being (guidelines according to the Opium Law being, 2009 / 2000A019):
A. No advertisement, other than a scant indication at the premisse that it houses a coffeeshop.
H. No hard drugs, either for sale or present at the location.
O. No public nuisance, such as nuisance due to parking in the vicinity, noise, littering or persons hanging around in the immediate environment.
Y. No selling to or presence of persons under 18 years. Announced was strict regulatory enforcement of this rule, due to the high prevalence of cannabis among youngsters.
G. No sale of large quantities, i.e. more than 5 grams per transaction (i.e. in one coffeeshop sold to one buyer on one day) being an amount considered for personal use.

To be added by local authorities are:
Restrictions on the maximum amount of stock, with a maximum of 500 grams (although the priority for prosecution for this is announced to be low)
No sale or use of alcohol in the coffeeshop.
The distance of the coffeeshop from schools, with a preferred distance of at least 250 meters.
Other rules, for instance distance to youth centers, only at locations allocated for catering of café establishments, not in densely populated areas and so on.
In addition a distance criterium was proposed by the national government. They pleaded municipalities for policies in which coffeeshops closer than 250 meters to schools should be transferred or closed.
Van Laar et al (in Van Laar and Van Ooyen-Hoeben, 2009) report an increase of municipalities with additional criteria and an doubling of municipalities.

**Trends in number of coffeeshops**
For 1999 Bieleman and Nijkamp (2010) count 846 coffeeshops in 105 of 441 municipalities in the Netherlands. The geographical distribution of coffeeshops is unequal, with a concentration of shops in the larger cities, cities in central part of Netherlands, and in cities in near the borders. Wouters et al. (2009) add that the demand for cannabis is related to the number of coffeeshops in a city. Whether a city allows coffeeshops at all depends on the impact of progressive counsellors on local policies.
Since 1999 the number of coffeeshops has dropped to 666 shops in 101 municipalities in 2009, with the number still dropping. The reasons for this gradually decrease are a combination of more strict rules, violations of rules and regulations and municipalities that decided to decrease the number of coffeeshops or to stop to tolerate coffeeshops at all.
**Does the policy work?**

**Was the division of drug markets successful?**

As noted by Bieleman and Nijkamp (2010), most violations were on the maximum stock rule. In general the number of violations of the rules are limited as coffeeshop owners follow the rules and regulations strictly, know what the sanctions are. Van Laar et al mentions that especially the rule with regard to the presence of hard drugs is followed up strictly.

With regard to policy effects Van Laar et al. (in Van Laar and Van Ooyen Houben, 2009) note that coffeeshops are the most important place for the purchase of cannabis. This contributes to the envisaged policy goal of divided markets for soft drugs and hard drugs.

Hard evidence of the effect of the divided market on decriminalization or the chance of combined use of cannabis and hard drugs could not be given. Users of cannabis get seldom arrested for the possession of cannabis, but this is the same in a lot of other countries, due to comparable policies. With regard to combined use of cannabis and hard drug it was impossible either to prove or to exclude that the division of markets lowers the number of cannabis users that also start with hard drugs. Besides the presence of a coffeeshop a lot of other factors of personal, social and contextual nature are influencing this. The same is concluded with regard to the effect of coffeeshops on the number of cannabis users. There will be an effect of the presence of coffeeshops on the number of cannabis users, but whether this effect is positive or negative can not be proven scientifically.

In sum, a conclusion in policy terms remains somewhat tentative and can be subject to personal appreciation. Whatever one concludes, it seems clear that the coffeeshop system did on general not cause great problems. Furthermore there is evidence for adverse or negative effects of the coffeeshop policy. No reason abandon this policy or make radical changes, I would say.

**The back door, an unsolved issue**

A characteristic of policy making in the Netherlands is that intense, principal disputes are often solved by the formulation of compromises. Another one is that Dutch phenomenon of tolerance. Both characteristics apply to the drugs debate in the seventies, making the unsolved issue of the back door of coffeeshops a returning discussion theme.

In the Drug Policy Outline of seventies the use and small scale possession of cannabis was decriminalised and the retail trade of cannabis was tolerated, but the supply of cannabis was still considered illegal and prone to prosecution. The possibility of a regulated back door was mentioned as a future policy option in 1976, but nothing happened with it since then, despite several debates. To mention are
repeated requests by large number of mayors (in 1999 and 2008) to break the connection of criminal networks by regulation the production and supply of cannabis to coffeeshops. In the year 2000 the government disapproved of regulating the back door arguing that it would be incompatible with international treaties on repression towards production and trafficking of drugs, problems with enforcement and the impossibility of organizing a closed system for production and distribution of cannabis in an open economy, controlling for the import of cannabis from other countries. (Van der Stel et all, Everhardt et all, in Van Laar and Van Ooyeb-Hoeben, 2009). In 2008 the recommendation of mayors to regulate the back door was not followed by the government.

In all, the Audit Authority of the Dutch Parliament concluded in their report on Enformencent and Tolerance (TK 2004-2005, 30050/2) that the coffeeshop policy was principally not enforceable. In their words: 'taking strong action from all actors involved from the Penal Justice System against the professional cultivation of hennep is hard to combine with the explicit tolerance of the retail trade of cannabis and the implicit tolerance of purchases made for retail trade by coffeeshop owners, because this implies a certain acceptance of cannabis'. This conclusion of the Audit Authority sharply expresses the stalemate position the government is in when it simultaneously wants to follow international treaties and combat the involvement of criminal networks in the production of cannabis and at the same time wants to maintain a drug policy based on public health principles.

In preparation of a letter to parliament on the Drug Policy the government installed an Advisory Committee on Drugs Policy. In their advice (Adviescommissie Drugsbeleid, 2009) this Committee pleaded for a return of the coffeeshop policy to its original goals, i.e. coffeeshops as small scale retail trading locations for local users. In order to break the ties with criminal networks the committee advised scientific experiments with closed models, under control of the users and with possibilities to regulate the production of cannabis for own use'. As necessary conditions for it were mentioned: good possibilities for enforcement and clarity about the legal grounds for this model.

In the Drug Policy letter to parliament (TK 2010-2011, 24077/259) the government did not follow the recommendation for experiments with closed models for production, referring to an legal analysis from the Asser Institute (2005) that concluded that international treaties (both from the UN and the EU) do not permit the production of cannabis for distribution to coffeeshops.

Proposed were instead in relation to cannabis and coffeeshops:

1. An increase of the distance criterion for coffeeshops to schools from 250 to 350 meters.
2. The introduction of a permit to buy cannabis at a coffeeshop, a so called wietpas: only available for residents, with a duration of about a year and with a maximum of around 1500 passes or permits per coffeeshop. With this last initiative the government wants to guarantee the small scale character of coffeeshops and to ban drug tourist from Belgium, France and Germany from Dutch coffeeshops.

3. The listing in the Opium Law of cannabis as hard drug if it contains more than 15%THC (see before).

The policy letter: reactions and envisaged effects

I will not discuss the distance criterion in detail here, but at a local level the distance criterion causes problems, with up to 50% of the coffeeshops not meeting this criterion. In reactions it is pointed out that persons under 18 are not allowed in coffeeshops at all. Moreover analyses show that the cannabis use of school going youngsters is not related to the nearness of a coffeeshop to their schools. In sum, it is questioned what this criterion solves (TK 2011, 3-10-2011).

The announcement of the wietpas has raised a lot of comment. A number of city councils have passed resolutions that they do not want to implement a wietpas. The general thought is that a wietpas may be helpful for some municipalities (for instance in reaction to problems with drug tourist), but that wietpas as a nationwide measures does not solve local issues with coffeeshops. 4

Both in Amsterdam and Utrecht surveys have been held among visitors of coffeeshops. In both cities 80% of the clients were opposed to the wietpas and at the most 30% has the intention to apply for a wietpas if that should be the one way to buy cannabis at a coffeeshop. The other 70% announced to look for others ways to obtain cannabis, for instance from cellphone or street dealers, directly from a cannabis cultivator or by own cultivation. About 10% intends to stop smoking cannabis when the wietpas is introduced. The reasons not to apply are twofold: some do not want to known as cannabis user, as it can harm their professional career. Others are principally opposed to registration as they do not have trust that their personal data will be dealt with safely (Korf and Wouters, 2011; Wouters et all, 2011)

In sum these policy measures are likely to lead to drastic changes in the Netherlands, that in turn will lead to the end of the coffeeshop policy as we know it.

Victor Everhardt, alderman of the city of Utrecht commented as follows in in the Parliamentary Hearing on the recent Drug Letter (TK, 3-10-2011):

4 A coffeeshop owner has appealed at the European Court of Justice as this measures should be in conflict with the freedom of movement within the EU. The Luxembourg Court rejected this appeal, considering it not discriminating when countries are taking special measures for the purchase of illegal goods not openly available in in every EU country.
"The Dutch Drug Policy is effective, as a profound, elaborate recent evaluation has showed. All reason to continue with it, with some additional policy measures to face actual trends and problems. The contrary is true. In this government I see that the Minister of Justice and Safety has taken over the lead from the Minister of Health and that in policy measures a repressive, legal perspective has become dominant. [...] Furthermore it seems as if scientific knowledge, expert opinions from the fields of prevention, care and local needs to address specific local problems are traded for a policy based on previously taken general positions and views."

The Utrecht experiment
One of the actions in the working program of the city council of Utrecht was to take initiatives to get out of the stalemate position the cannabis policy discussion is in. A way out was considered to start an experiment on closed circuit for the production of cannabis for own use. Following the Adviescommissie Drugsbeleid (2009) the legal basis for a closed circuit was explored, finding out that UN treaties and EU policies permit that, if the following criteria are met:

2. A closed circuit with production for own use, in order to guarantee that the Netherlands follows agreements in UN and EU treaties to combat criminal production and trafficking of drugs.

As target group for this experiment are considered adult recreational users of cannabis. With this model the city councils wants to give them an alternative for buying and using cannabis in a coffeeshop. Recommended is that the club has a good arrangement for information provision and a system to signal and take action if club member become problematic instead of recreational users. As advantages of the club model are formulated: it offers good guarantees that recreational users will not be stigmatized or marginalized and the closed circuit of production for own use means that members have access to cannabis of known content and quality. Expected may be that this has an positive impact on individual health and well being.

At the moment outcome measures for the scientific evaluation are in preparation. These outcome measures will be looked for on the domains of quality of the cannabis (percentages of THC/CBD, deterrents and so on), the organisation and functioning of the social club, and the effects of the model on the health and the behaviour of participants.
The Minister of Justice and Safety has repeatedly stated that he will not allow this plan (for instance: TK 2010-2011, Aanhangsel Handelingen 2925; 24077/259). His first reaction was within 15 minutes after the initiative had been launched. His argument is that it is illegal, referring to the earlier mentioned analysis of the Asser Institute. In reaction to that, different legal experts stated that this reports deals with a different situation. The Asser institute has concluded negatively about possibilities for commercial, large scale production and distribution for coffeeshops. On the contrary, the Utrecht experiment is about a closed circuit with production for personal use. Formulated as an experiment and with a scientific evaluation as extra condition, all criteria of UN and EU treaties are met, as well as exemption criteria in the National Opium Law.

Additional support for the Utrecht experiment is found in the recent report of War on drugs has failed, presented by the UN Advisory committee on drug policy, June 2011. This committee, with prestigious members as Kofi Anan, Javier Solana and Georg Schultz, recommends to ‘encourage experimentation by governments with models of legal regulation of drugs to undermine the power of organized crime and safeguard the health and security of their citizens. This recommendation applies especially to cannabis ...’.

Referring to this document the city has requested for an appointment with the Minister of Health. It is without any discussion that both the Minister and the city will fully recognize and support the goals mentioned by the UN committee. What remains is the question why a legally possible experiment in line with this is rejected. The Minister has not answered yet.

Closing remarks
The Netherlands still have the reputation of a front runner in drugs policy. In reality the situation may change fast, despite the fact that the Dutch policy works. Instead of addressing the questions why this is happening and what causes it, I prefer to end this paper with some remarks on matters where it might be easier for me to have any influence whatsoever on the course of actual and future events. I will address differences and similarities between the Utrecht experiment and the Spanish club model, address the need to take initiative, give some tips for clubs learning from the Dutch experience and end with a lesson learned during ten years of work as policy advisor on controversial files as homelessness, addiction and public mental health.

A way out?
The club experiment in Utrecht is comparable to the cannabis social clubs in Spain, as far as can be judged by descriptions of the Spanish cannabis clubs in international literature (Bariusso Alonso, 2011; Arana and Montañes Sánchez, 2011). Of course there are large differences. The most notable is that the closed club in the
Netherlands are an alternative for the coffeeshop, while the Spanish clubsystem has no competitors on comparable scale. How long this will be a difference remains to be seen however. The second difference is that between a grass root initiative and an initiative launched by a local government. However, this difference looks larger than it will be in reality. Despite the fact that the city council launched the plan, the city council will not develop nor execute it. This will be done by club members themselves. The city does not want to start a cannabis plantation for instance, or organize and structure the club.
With a large number of similarities dominating the comparison, I will end this paper by identifying some issues and lessons from 25 years of cannabis and coffeeshop policies in the Netherlands that are hopefully helpful for persons involved in cannabis clubs in Spain.

**Legal changes versus own initiative**
Legal changes are helpful, but a lot of thing can be done without any legal changes at all. This is some solace, because history has shown how difficult it is to change national laws or the already 50 year old international treaties, especially in a political climate with still strong going war on drugs sentiments. A recent Bolivian initiative to exclude the natural stimulant coca leave from the UN treaty lists has been rejected. However, there are ways out, at the national, federal, local and grass root level. National examples are from the The Czech republic and Uruguay. The Czech Republic has decided on decriminalising the possession of 15 grams for own use. Uruguay goes even further with a law that decriminalises cultivation for own use and the promotion of consumer organisation for the production for own use. The US sets an federal example with their medical cannabis clubs, with ten states having federal laws that allow the cultivation, possession and use of cannabis for medical purposes (Weisheit, 2011). In Spain and Belgium there are grass roots initiatives. The Utrecht example I see as an example of a local initiative.
What these examples have in common is that they learn that there are always possibilities, even within unsupporting or opposing national and international political circumstances. The legal frameworks and treaties may not appear so, but they also provide some space. What matters in the first place is whether one is prepared to look for it and, following by the determination to make use of whatever space available.
An international network of municipalities, scientists, activist and practical workers may be helpful here, as it helps to learn from each others experiences. Utrecht certainly would be interest to join an international learning network on the normalization of cannabis.

How to run a club
Other tips relate to the organisation of clubs. The following issues come to mind, related to the Dutch policy experiences:

- It will be necessary to focus on both production and possession for personal use. Regulating possession and use only will lead to the stalemate position the Netherlands manoeuvred itself in.
- Somehow it must be guaranteed that the initiatives keep criminal and commercial networks out. In the Netherlands they got into the system, with a negative impact on coffeeshop system as a result.
- All initiatives have to take into account that cannabis use may be considered relatively harmless but not without any harm. Some arrangements have to be made for prevention, signalling of problematic use and possibilities for members to get in contact with addiction care when needed. A lesson from the Netherlands might be that problematic use and addiction frequently are found among groups in the lower socio economic strata, with poly problem use and a culmination of problematic use and other social problems as characteristics (see for instance Blok, 2011).
- A caveat might be that professionalization and institutionalization of clubs or cooperations will unavoidably lead to forms of bureaucracy. At the organizational level clubs the task will a good balance between responsibility and accountability and the necessity of space for innovations and the bottom up initiatives and activities. It has not been documented in the Netherland for coffeeshops, but other centrally steered or controlled initiatives warn us. Often rules, regulations, protocols and guidelines are well meant, but they easily lead to a planning and accounting system based on the organization of distrust, smothering all the space for innovation.
- How to cope with registration might be a first issue to handle. In the Netherlands there is strong resistance to registration for a wietpass. For a club that will be the same. A lot of potential members of clubs may drop out in reaction to registration obligations. Investing in trust and guarantees for a meticulous handling and storing of the private information given is essential.

Speaking to or being in connection
In the meantime there will be contacts and discussions with political authorities and sometimes the police and justice or court system. Judging that the visions and political interests may differ fundamentally, as seems the case in the Netherlands, it is tempting to chose for a principal and opposing attitude. Instead the city of Utrecht choses a different strategy, following the motto: too often we are speaking to each other, too seldom we are in contact. In the past, and in the Netherlands context, this strategy has often worked, also on highly controversial policy files. Let’s find out if it also works in the cannabis discussion in the year 2011.


Blok G. Ziek of zwak. Geschiedenis van de verslavingszorg in Nederland. Amsterdam, uitgeverij Nieuwezijds, 2011/


EMCDDA. 2010 Annual report on the state of the drugs problem in Europe. EMCDDA, Lisbon, November 2010


✓ Everhardt V. Gespreksnotitie gemeente Utrecht. Den Haag, september 2011
✓ Kerssemakers R. Gespreksnotitie Arkin (Jellinek) rondetafelgesprek vaste commissies veiligheid en justitie en volksgezondheid, welzijn en sport drugsbeleid 3 oktober 2011
✓ Burg E van der. Gespreksnotitie gemeente Amsterdam ten behoeve van het rondetafelgesprek Drugsbeleid (commissie V6j en VWS), 3 oktober 2011
✓ Wouters M Gespreksnotitie Bonger Instituut t.b.v. rondetafelgesprek, 3 oktober 2011


