

6th EXASS Net meeting Amsterdam 19 -21 October 2009

**at the invitation of the
De Regenboog Groep**

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Abridged Report

“A drug healthy social network is the key for rehabilitation.” Hans Wijnands, De Regenboog Groep

“We need to help them help themselves.” Hans Wijnands, De Regenboog Groep

Background

Problems of drug use in the Netherlands dramatically increased in the 1970s as large portions of the population began abusing opiates and other illegal substances. As the drug scene expanded areas of Amsterdam, concentrated around the now named Red Light district, became exclusive to the drug scene and were characterized by violence and crime. The large congregations of drug users, dealers and other criminals in the small streets of Amsterdam made it difficult for Dutch authorities to control and reduce drug use and crime. By the late 1970s, it was clear that a new approach was needed to deal with the escalating problems and amendments to the Dutch *Narcotics Act* were implemented in 1976.

The changes made to the *Narcotics Act* focused on a combination of demand reduction and harm reduction policies in hopes of solving the drug problem. The progressive approach of the Dutch policy has core features rooted in harm reduction and the minimization of the risks associated with using drugs rather than suppressing the usage of all drugs. On the demand side the Dutch policy emphasises compassion and treatment for those who use drugs. Yet it is strong on the supply side of the issue, making the trafficking of drugs a major priority for law enforcement and government officials.

What is unique about the Dutch policy is the role the government takes in preventing people from using drugs while at the same time providing treatment for those who develop drug problems. Prevention, out-patient care and residential care are all in the hands of experts who work within professional organisations aimed at reducing the health risks associated with drug use for the user and the general population.

Important aspects of the harm reduction strategy include programmes providing good medical care, methadone treatment, needle exchange systems and various kinds of day and night centres. The treatment given to drug users is not aimed exclusively at ensuring the abstinence of all drug users and the elimination of drug use, but rather it is intended to improve the medical condition of addicts and the way they function in society.

The harm reduction policy has been relatively successful and has helped limit the spread of the AIDS epidemic as well as reduced mortality rates among drug users. In recent years, the Netherlands has also seen significantly lower numbers of hard drug users than other Western European countries, notably France, Italy, Spain and the United Kingdom. These reduced numbers can be partially attributed to the harm reduction strategies and prevention policies enforced by Dutch authorities.

The objective in the Netherlands is to keep the use of dangerous drugs, as a health and social problem, under control by providing public information of the negative effects of drugs, including cannabis products. The toleration of soft drugs does not mean that the Netherlands has a more lenient attitude towards the use of soft drugs, but rather it is based on the consideration that tolerating the sale of soft drugs under clear conditions helps prevent the use more dangerous drugs, and decreases the exposure of the criminal market associated with drug use.

In the Netherlands, just as elsewhere in the world, the purchase of hard drugs is illegal and the detection of criminal organisations involved in trafficking in any drugs is a top priority of Dutch authorities. The Dutch policy concerning soft drugs does not interfere with international obligations and the Netherlands continues to coincide with international efforts to prevent drug use and drug trafficking.

The Dutch drug policy has contributed to a reduction in the number of drug users within the Netherlands and while there are still areas of drug policy that need to be further developed, the current policy encompasses many areas of consideration that other national policies often exclude, including the social factors associated with drug use. The changes made to the Dutch drug scene and the reduced numbers of drug users in the Netherlands shows the success of harm reduction and prevention policies and provides a positive example for policy change.

Services visited

During the meeting a number of sites were visited by the participants.

De Regenboog Groep is a large organization, which provides care and aid to homeless people and drug users. The organization includes drop in centres, shelters, user rooms, needle exchanges and social care services in order to help facilitate harm reduction strategies and improve drug prevention methods.

De Regenboog Groep is well known among the using and non-using community of Amsterdam. This connection with the community is important for the work of and is a large contributor to the success of the organization. More than 600 volunteers work constantly in the different premises of the organisation. The inclusion of client and peer

boards, which consist of users and ex-users, has helped *De Regenboog Groep* streamline policies making them more relevant and effective for its cliental.

The inclusion of peer boards is a good example of the open approach Dutch organizations and authorities have towards drug users. While many other organizations are concerned with curing drug addiction, *De Regenboog Groep* attempts to help drug users manage their addiction. This method of harm reduction and drug prevention is beneficial for the entire community.

The **420 Café** is one of Amsterdam's 150 coffee shops located in the centre of the city close to the main station. In order to operate as a coffee shop, and sell marijuana and hashish to customers, the *420 Café*, like all other coffee shops in the Netherlands, must adhere to certain principals and regulations. For instance, the coffee shop must not have more than 500g of product on hand at any given time and cannot sell more than 5g per individual person. These regulations, along with other regulations such as maintaining a nuisance free area and ensuring no minors enter the cafe, allow for coffee shop owners to continue providing small amounts of soft drugs to the general public and allow authorities to maintain the market separation between hard and soft drugs.

The regulation of coffee shops is somewhat disturbed in the Netherlands. While the purchasing of cannabis products for individual use is not criminalized, purchasing large amounts for distribution is a violation of Dutch law. This would mean that a coffee shop owner purchasing 500g to stock his coffee shop would have to be prosecuted. However, the opportunity principle in Dutch law exempts certain violators and allows coffee shop owners to continue purchasing cannabis products in larger quantities (up to 500g).

The nature of Dutch policy allows for police discretion and permits officers and officials to focus on more serious offences such as the large-scale production, trafficking and dealing of drugs. Coffee shops provide a controlled area for citizens to consume small amounts of a controlled substance without the interference of the criminal market for hard drugs.

The **Politiebureau Beursstraat** is the police bureau responsible for the Amsterdam's Red Light district. During the 1970s and the 1980s the area was characterized by crime and violence, however due to increased police presence over the past years, security features, particularly 25 security cameras, and policy changes, it is now one of Amsterdam's popular nightlife areas.

The connection between the police and the community is also an important factor in the positive changes that have occurred in the Red Light district. The *Keten Unit* is a cooperation with community members and police officers where members come together to discuss issues relating to violence, drug use and youth criminals, in hopes of reducing the problems in the area. This cooperation has helped to clean up Amsterdam's Red Light district and provide a certain level of safety on the streets.

Although there have been notable changes in the last years to the area, problems concerning nuisance and violence still exist. Currently a major concern is the selling of fake drugs in the area.

The selling of fake drugs exists all over the Netherlands however it is becoming an overwhelming problem in Amsterdam. The police are monitoring the problem and harsher punishments have improved the situation, yet work still needs to be done. It is clear that the police officers and law enforcement officials in Amsterdam's Red Light district continue to work to improve the living conditions in the area and reduce the amount of crime.

The ***Makom: Drop In/Reintegration Centre*** is a project associated with *De Regenboog Groep*. As a drop in and reintegration centre, *Makom* offers a place to eat, shower and socialize for drug users and homeless people. The drop in centre caters to approximately 120 visitors each day and tries to provide the needed support and counselling for its clients. This support includes art classes that are available three days a week, hot meals three nights a week, and a clean and safe environment.

Another major component of the drop in centre is its *High Five Project*, which works to provide jobs for drug users and addicts. Each worker earns 5 euros per day and is assigned a job based on his skill and tolerance level. The *High Five Project* is supported by the social system and provides *Makom* with 50 euros per day for each client that is working. This money is used to support the centre and its various activities.

The centre is one of the many associated with the *De Regenboog Groep* and provides social assistance to homeless people, drug users and other community members that need help. The assistance that *Makom* provides helps to get homeless people and drug users off the street and into better living conditions, improving their quality of life.

The ***GGD Amsterdam/MGGZ Geïntegreerde Voorzieningen*** is similar to a one stop shop for social care. The centre provides social workers, treatment facilities, mental health services, and medical care for persons suffering from drug abuse, homelessness and mental/physical problems. On average, the centre's clients are between 40-50 years of age and are often long-time drug users. Heroin and methadone treatments are available for clients that are unable to endure other treatment and detoxification services.

Social workers are also available in order to help reintegrate clients into the community and social system. Social workers are able to help find housing and employment, and cooperate with probation officers to keep offenders out of jail.

The centre offers a wide variety of care, however the different sectors are separated on the administrative side and making it difficult for some patients to get the full advantage of the centre. In order to avoid losing clients in the system, the centre relies heavily on fieldwork done by the social workers to ensure that clients keep appointments and receive the proper treatment and care.

GGD Amsterdam/MGGZ Geïntegreerde Voorzieningen is part of the Dutch policy that helps to integrate drug users into the system through treatment and social aid, rather than attempting to cure or punish the addict. By receiving treatment and social care many clients of *GGD Amsterdam/MGGZ Geïntegreerde Voorzieningen* have been able to stay out of jail function in society.

Initial reflections

The humanitarian and even compassionate approach of social workers, government agencies and law enforcement officials in tackling problems of drug abuse is very impressive in the Netherlands. The care the Dutch policy provides for drug users, through treatment methods, user rooms, and other social care services, is a positive example of harm reduction strategies that have helped to improve the standard of living for the entire community.

The participants of the EXASS Net group were impressed with the variety of social resources and programmes available for drug users in order to help integrate them back into society, especially the *High Five Project of the Regenboog*, in which the government helps to reintegrate drug users by providing proper funding.

The responsibility the Dutch government takes in helping rather than curing those using drugs is evident. The participants were especially impressed with the regard to human rights and the compassion that both policy makers and law enforcement officials show when dealing with issues of drug use.

The effort made in the Netherlands to help those dealing with drug issues is inspiring and a good example to bring back to other nations dealing with similar problems. It is a testament to the advancement of the Netherlands when dealing with harm reduction and drug prevention.

Follow-up

1. Mr Eberhard Schatz and Mrs Katrin Schiffer were kindly requested to make all power point presentations available to the Secretariat **by 31 October 2009**. The presentations will then be put on the EXASS Net website for download.
2. The topics of the 7th EXASS Net meeting will be 'Early intervention/ Youth at risk. The meeting will take place in Oslo in May/June 2010. Mr Andresen will communicate the precise dates to the Secretariat **by 1 December 2009**.
3. All participants of the 6th EXASS Net meeting express their sincere gratitude to Mr Eberhard Schatz and Mrs Katrin Schiffer for their work in the preparation of the meeting, as well as to all the presenters and organizations who shared their expertise with the group. The meeting would not have been successful without the work of all those involved.

Appendix 1 – List of Participants

EXPERTS

CROATIA

Mrs Sanja OZIC
Adviser Head of Office
City of Zagreb
Office for Health and veterans
Trg Stjepana Radica 1
HR-10 000 ZAGREB
Tel : +385 (1) 610 1243 - Fax : +385 (1) 610 1502 – GSM : +385 (91) 610 1284
Email : sanja.ozic@zagreb.hr

Mrs. Mirela SENTIJA KNEZEVIC
City Office for Health and Veterans
City of Zagreb
Office for Health and Veterans
Trg Stjepana Radica 1
HR-10 000 ZAGREB
Tel : +385 (1) 610 00 40 - Fax : +385 (1) 610 15 03 – Email : mirela.sentija@zagreb.hr

FINLAND

Ms. Martta FORSELL
National Institute for Health and Welfare (THL)
P.O. Box 30 (Lintulahdenkuja 4)
FI - 00271 Helsinki
GSM : +358 (40) 186 0663 – Email : martta.forsell@thl.fi

GERMANY

Mr. Andreas RUHL
Drogenreferat
Berliner Strasse, 25
D-60311 Frankfurt am Main
Tel : +49 (69) 212 31706 - Fax : +49 (69) 212 30719 - Email : andreas.ruhl@stadt-frankfurt.de

HUNGARY

Dr. Balázs MOLNÁR
Senior Advisor
Directorate for the National Co-ordination
on Drug Affairs
Ministry of Social Affairs and Labour
Hold u. 1
H-1054 BUDAPEST
Tel : +36 (1) 428 9837 - Fax : +36 (1) 428 9832 – Email : molnar.balazs@szmm.gov.hu

Dr. Ákos TOPOLÁNSZKY
National Institute for Drug Prevention
Tüzér u. 33-35.
HU-1134 - BUDAPEST
Tel : +36 (70) 4520 146 - Email : topolanszky.akos@ndi-int.hu

MOLDOVA

Mrs Otilia SCUTELNICIUC
National Drug Observatory
Monitoring and Evaluation of National Health Programmes
National Centre of Health Management
3, A. Cosmescu str.,
MD - 2009 Chisinau
Tel : +373 (22) 73 51 25 - Fax : +373 (22) 73 51 25 – GSM : +373 (692) 134 39
Email : otilia_sc@yahoo.com

NETHERLANDS

Mr Eberhard SCHATZ
c/o Foundation De Regenboog Group
Stadhouderskade 159
NL-1074 BC Amsterdam
Tel : +31 (20) 672 11 92 - Fax : +31 (20) 671 96 94 – Email : eschatz@correlation-net.org

Mrs. Katrin SCHIFFER
Correlation Network
c/o Foundation De Regenboog Group
Stadhouderskade 159
NL-1074 BC Amsterdam
Netherlands
Tel : +31 (20) 672 11 92 - Fax : +31 (20) 671 96 94 – Email : kschiffer@correlation-net.org

NORWAY

Mr. Arne ANDRESEN
Kompetansesenter-Rus Oslo
Pilestredet 27
Mailbox 7104 St.Olavs plass
N-0130 OSLO
Tel : +47 (23) 42 71 32 - Fax : +47 (23) 42 79 49 – GSM : +47 (48) 13 16 13
Email : arne.andresen@rme.oslo.kommune.no

POLAND

Mr. Marek ZYGADLO
Director
Krakow Association for Drug Users Support
Ul.Sw. Kingi 8m 31
PL-30-528 Krakow
Tel : +48 (12) 430 59 64 - Fax : +48 (12) 430 59 64 – GSM : +48 (605) 099 125
Email : mzygadlo@monar.krakow.pl

PORTUGAL

Mrs. Catarina NABAIS DURAO
Head of Local Unit of Viseu
CRI de Viseu
Rua Serpa Pinto n° 124
P-305-220 VISEU
Tel : +351 (232) 001 275 - Fax : +351 (232) 488 546 - Email : catarina.durao@idt.min-saude.pt

Mrs. Paula VALE DE ANDRADE
Head of Harm Reduction Unit
Institute on Drugs & Drugs Addiction
Praça de Alvalade n° 7
P-1700-036 LISBON
Tel : +351 (211) 119 148 - Fax : +351 (211) 112 793 - Email: paula.andrade@idt.min-saude.pt

RUSSIAN FEDERATION

Mrs. Prof. Dr. Evgenia KOSHKINA
National Research Centre on Addictions
Russian Federation Ministry of Health
Malyi Mogiltsevsky Per., 3
MOSCOW
RF-119002
Tel : +7 (499) 241 2511 - Fax : +7 (499) 241 0981 – Email : epid@list.ru

Mrs Dr. Nataliaya PAVLOVSKAYA
Chief of the Department of International Research Collaboration ,
National Research Centre on Addictions
Russian Federation Ministry of Health
Malyi Mogiltsevsky Per., 3
RF-119002 MOSCOW
Tel : +7 (499) 241 2511 - Fax : +7 (499) 241 0981 – GSM : – Email : pavlovsky@mtu-net.ru

SLOVENIA

Mr Milan KREK
Regional Institute of Public Health
Vojkovo nabrezje 4a
SI-6000 Koper
Tel : +386 (5) 663 08 00 - Fax : +386 (5) 663 08 08 – Email : milan.krek@zzv-kp.si

UKRAINE

Mrs Alla SHUT'
Chief Tutor
Zaporozhye Law Institute
Severny Shosse 113
Zaporozhye
UKR-69006
Tel : +380 (061) 212 69 28 - GSM : +380 (507) 57 50 52 – Email : alik80273@rambler.ru

UNITED KINGDOM

Mr Michael FOWLER
EDC/Drug Strategy Manager
HMYOI Lancaster Farms
Stone Row Head
off Quernmore Road
LANCASTER
UK-LA1 3QZ
GSM : +44 (7930) 639 687 – Email : Michael.fowler@hmpps.gsi.gov.uk

Mr Tom WOODCOCK
Lancashire Drug Action Team,
Strategic Director of the Lancashire Drug Action Team
The Minerva Health Centre
Lowthorpe Road
PRESTON
UK - PR1 6SB
Tel : +44 (1772 777 065 - Fax : +44 (1772) 777 671 – GSM : +44 (779) 53 50 994
Email : tom.woodcock@centrallancashire.nhs.uk

BRAZIL

Ms Rafaela DE QUADROS RIEONI
PhD Fellow – ISS
International Institute of Social Studies of Erasmus Rotterdam
Tel: +31 0627 34 46 37 – Email: rieoni@iss.nl

POMPIDOU GROUP CONSULTANTS

M. Thierry CHARLOIS
European Drug Policies Consulting
49 Boulevard Diderot
F-75012 PARIS
FRANCE
GSM : +33 (06) 07 44 42 84 – Email : me@thierry-charlois.eu

Mr Johnny CONNOLLY
Health Research Board
Alcohol & Drug Research unit
42-47 Lower Mount Street
Knockmaun House
IRL-Dublin 2
IRELAND
Tel : +353 16761176 - Fax : +353 16618567 – GSM : – Email : jconnolly@hrb.ie

Mrs. Olga FEDOROVA
Social Centre for Children and Family,
Ulitsa Surikova 7, Flat 68
Ekaterinburg
RU - 620144
RUSSIAN FEDERATION
Tel : +7 (343) 212 75 92 - Fax : +7 (343) 212 74 78 – GSM : +7 (912) 24 99 767
Email : fedorova10@yandex.ru

POMPIDOU GROUP SECRETARIAT

Council of Europe -F – 67075 Strasbourg Cedex
Fax : +333 88 41 27 85
pompidou.group@coe.int
www.coe.int

Dr Thomas KATTAU, Principal Administrator
Tel: +333 88 41 22 84 – Email : thomas.kattau@coe.int

Mrs Florence MANSONS, Administrative assistant
Tel: +333 88 41 38 42 – Email: florence.mansons@coe.int

Ms Madeleine DELLI – BENEDETTI, Trainee
Tel : +333 88 41 31 38 – Email : madeleine.benedetti@coe.int

Mr Charles AMPONASH, TV Producer
Tel: +333 88 41 25 66 – Email: charles.amponash@coe.int