Prepared by the GDS Core Research Team
Dr Adam Winstock, Dr Monica Barratt Dr Jason Ferris & Dr Larissa Maier

GLOBAL DRUG SURVEY 2017

Country report for Netherlands

n = 3,200

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Global Drug Survey

runs the world's biggest drugs survey

This report is embargoed until

Wednesday May 24th 2017

6am Australian Central Time

Using and reporting the data

In all copy related to the data provided the study should be referred to as Global Drug Survey 2017 conducted in partnership with The Jellinek Institute in Amsterdamn. No part of this report is to be shared with any other organization, including other news agencies, health services or government departments.

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Global Drug Survey (GDS) runs the world's biggest annual drug survey.

A total of 119,846 people from over 50 countries participated in GDS2016. Of these 115,523 had their data used in the preparation of these reports .

A total of 3,219 participants from Netherlands were used in the production of this country based report.

About

GDS is an independent global drug use data exchange hub that conducts university ethics approved, anonymous on-line surveys. We collaborate with global media partners who act as hubs to promote our work.

GDS is comprised of experts from the fields of medicine, toxicology, public health, psychology, chemistry, public policy, criminology, sociology, harm reduction and addiction. We research key issues of relevance and importance to both people who use drugs and those who craft public health and drug policy.

Mission

We aim to make drug use safer regardless of their legal status use by sharing information in a credible and meaningful way.

Our last 3 surveys, run at the end of 2013, 2014 & 2015 received almost 300,000 responses.

Over the last decade GDS has successfully supported the widespread dissemination of essential information both to people who use drugs through our media partners and to the medical profession through academic papers presentation at international conferences, expert advisory meetings and through www.drugsmeter.com and www.drinksmeter.com

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Resources

To ensure our findings are accessible and useful to people who use drugs we offer a range of free harm reduction resources such as the GDS Highway Code (www.globaldrugsurvey.com/brand/the-highway-code/) and the Safer Use Limits (www.saferuselimits.co) and digital health apps to deliver brief screening and intervention (e.g. www.drinksmeter.com). We also produce harm reduction and drug education videos available on our YouTube channel www.youtube.com/user/GlobalDrugSurvey

When reporting the results in print, on-line and on TV we ask all our media partners to place links to these free resources where

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Country breakdown of respondents by country (to the nearest 50)

Country	n	Country	n
Germany	36000	Greece	1600
Denmark	13500	Mexico	1350
USA	10100	Colombia	1050
Switzerland	7850	Portugal	900
UK	5900	Belgium	800
Australia	5750	Norway	550
Canada	5400	France	500
Austria	4850	Spain	500
New Zealand	3800	Sweden	500
Italy	3500	Ireland	500
Netherlands	3250	Poland	450
Brazil	3000	Finland	400
Hungary	2850	Iceland/Croatia/Argentina	250

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GDS methods and academic credentials

Recent work by GDS suggests that the age and sex distribution of those who volunteer to be surveyed is not vastly different between these non-probability and probability methods. We conclude that opt-in web surveys of hard-to-reach populations are an efficient way of gaining in-depth understandings of stigmatized behaviours among hidden populations, and are appropriate, as long as they are not used to estimate drug use prevalence of the general population.

GDS is comprised of Core Research Team and an international partnership with researchers and harm reduction organisations in over 20 countries. Since 2013 we have published over 25 papers with another 12 in press.

A selection of recent publications

Kaar, Stephen J., et al. "Up: the rise of nitrous oxide abuse. An international survey of contemporary nitrous oxide use." Journal of Psychopharmacology 1 (2016)

Freeman TP, Winstock AR. Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. Psychol Med. 2015;45(15):3181–9.

Winstock A, Lynskey M, Borschmann R, Waldron J. Risk of emergency medical treatment following consumption of cannabis or synthetic cannabinoids in a large global sample. J Psychopharmacol. 2015;29(6):698–703.

Barratt MJ, Ferris JA, Winstock AR. Use of Silk Road, the online drug marketplace, in the United Kingdom, Australia and the United States. Addiction. 2014;109(5):774–83.

"Probability based surveys tell you about the size of the drug use problem in your country GDS tells you what to do about it" Dr Adam Winstock

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More information on our methods

Our recruitment strategy is an example of non-purposive sampling. We acknowledge that this has significant limitations, most notably with respect to response bias. It is more likely that individuals will respond to surveys if they see topics or items that are of interest to them, and thus by definition will differ from those who do not participate.

Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples. The GDS sample is thus most effectively used to compare population segments, young, old, males, females, gay, straight, clubbers, thin people, obese people, vegetarians, those with a current psychiatric diagnosis, students, northerners, southerners etc. Given that GDS recruits younger, more involved drug using populations we are able to spot emerging drug trends before they enter into the general population. GDS complements existing drug use information and provides essential, current data on the patterns of use, harms, health and well-being experienced by the drug users in your country .

The founder and CEO of GDS is Dr Adam R Winstock MD

Adam is a Consultant Addiction Psychiatrist and academic researcher based in London. The views presented here are entirely his own and have no relationship to those of his current employers or affiliate academic organizations. No government, regulatory authority, corporate organization or advocacy group has influenced the design of the survey or content of report.

Limitations

This is not a nationally representative sample, but it does represent one of the largest studies of drug use ever conducted in Netherlands . Although the findings cannot be said to be representative of the wider Dutch population they do provide a useful snapshot of what drugs are being used and how they are impacting upon people's lives in Netherlands

The findings can inform policy, health service development and most importantly provide people who drink and/or take drugs with practical advise on how to keep healthy and minimize the harms associated with the use of substances.

In the time frame and resources provided only these preliminary analyses are provided and given enormous data we gathered, composite results on key issues are provided only. Stories are thus based on preliminary findings and are subject to change on further analyses. Results have usually provided to the nearest full or half percent.

Limitations with cross-country comparison

Throughout this report we provide some comparisons on some key areas that may be of interest to readers of your publications. Because the samples we have obtained from different countries vary considerably in the size of the country sample, its representativeness, the precise demographics and other characteristics of respondents such as age, gender, involvement in clubbing and drug use such comparisons have to be treated with some caution.

The results do not necessary represent the wider drug using community. Saying that if you ask a 100 people in a country how much a drug costs or a group of 25,000 MDMA users how often they need to seek emergency medical help you can't dismiss the findings as irrelevant and inconsistent with more representative samples. For countries with small numbers the findings need to be treated with even more caution.

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Over the last 4 years > 400,000 people have taken part in our surveys.

GDS2018 launches October 2017.

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What GDS won't do for you

- Don't look to GDS for national estimates. GDS is designed to answer comparison questions that are not dependent on probability samples.
- GDS database is huge but its non-probability sample means analyses are suited to highlight differences among user populations.
- GDS recruits younger, more involved drug using populations. We spot emerging drugs trends before they enter into the general population

What GDS will do for you

- GDS is an efficient approach to gain content rich data that explores diverse health outcomes associated with the use of drugs and alcohol across the population of your country.
- GDS helps you better understand the quantitative dynamics of personal decision-making about drug use, detects regional differences in patterns of drug use and related harm, and informs novel interventions.
- Provides current data on the patterns of use, harms, health and well-being experienced by the full spectrum of users

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Demographics

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Key demographic results presented in this section

- ☑ Age: mean age and % in different age band categories
- ☑ Gender: male v female (1% who indicated they were transgender were removed for these analyses)
- ☑ Sexual orientation
- ☑ Ethnicity
- ☑ Educational attainment
- ☑ Employment/ studying
- ☑ Who they live with

Of the whole sample

A total of 115,523 participants had their data used for these GDS2017 reports
Of these 78,592 were male (68%) and 36,931 were female (32%)
The mean age was 29.1 , with 46.7% under 25 years and 24.3% over 35 years

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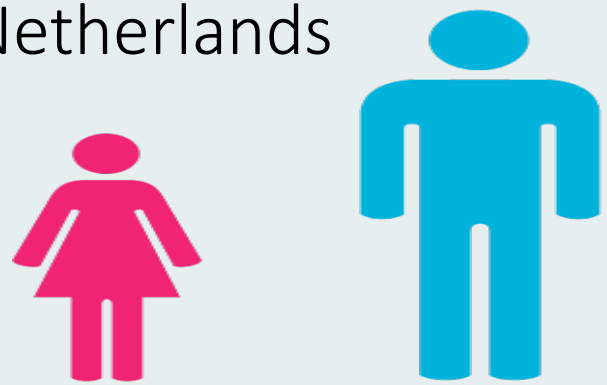
Country demographics

Netherlands



41.3%
Female: 1,328

58.7%
Male: 1,891

Ethnicity

White	93.7%	-
Mixed	4%	-
Asian (Pakistani, Indian, Bangladeshi)	0.4%	
Black African/Black Caribbean	0.2%	
Hispanic Latino	0.4%	
SE Asian	0.3%	
Other	0.7%	
Aboriginal	0.2%	
Native American	0%	

Age	%
Mean age	23.5
<25 years	73.2%
25-34 years	19.8%
35+ years	7%

Education and Employment

Employment status

Paid Employment	52%
Unemployed (looking for work)	3.7%
Unemployed (not looking for work)	44.2%

Studying

Yes full time	57.3%
Yes, part time	7.9%
No	34.9%

Education

28.8% have a degree or higher

Clubbing: **82.6% of respondents from 1,270 reporting going clubbing at least every 3 months**

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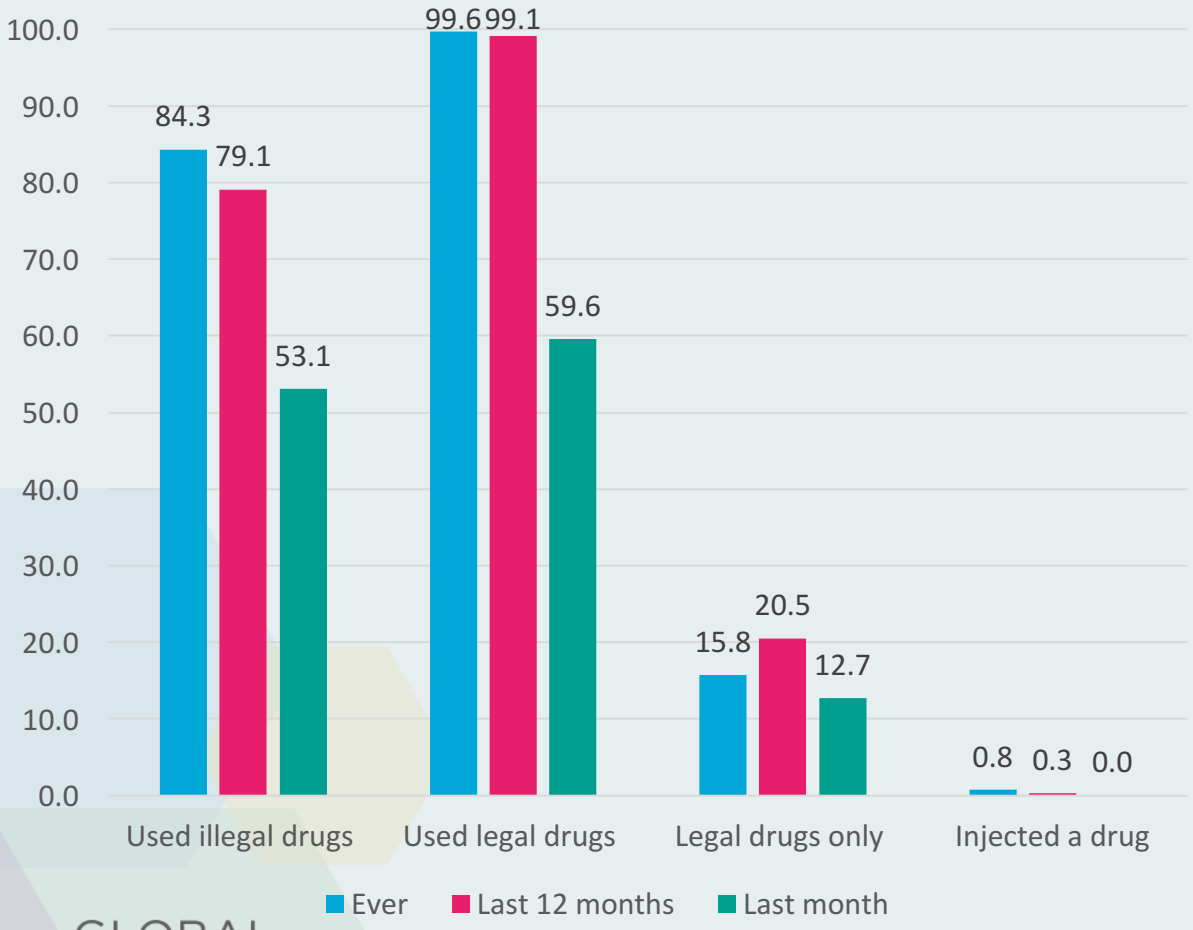
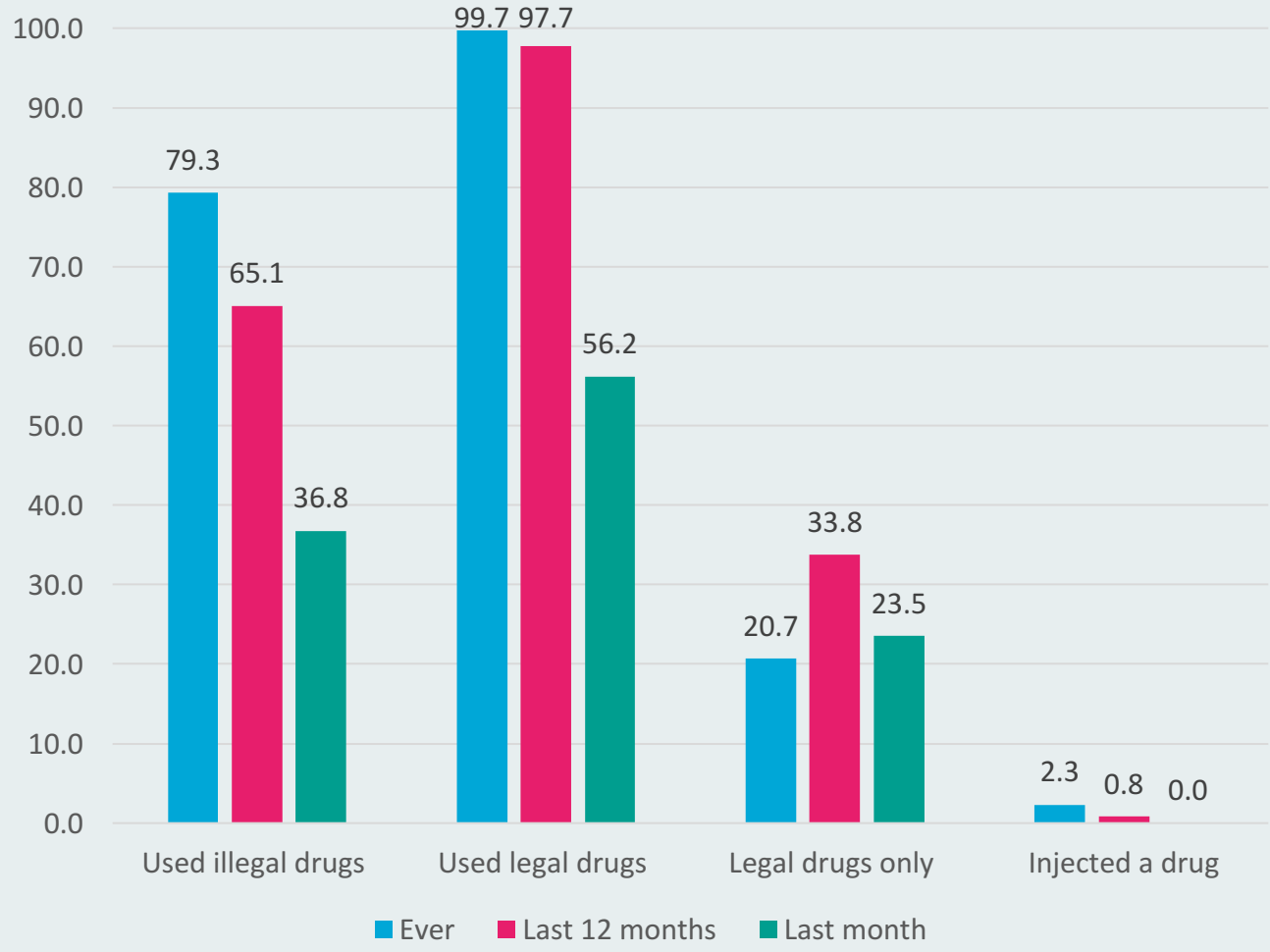
DRUG USE PREVALENCE

Drug use in country and worldwide

Summary of ever and last year drug experience by legal status and IV use (Netherlands GDS2017)



Summary of ever and last year drug experience by legal status and IV use (global sample)



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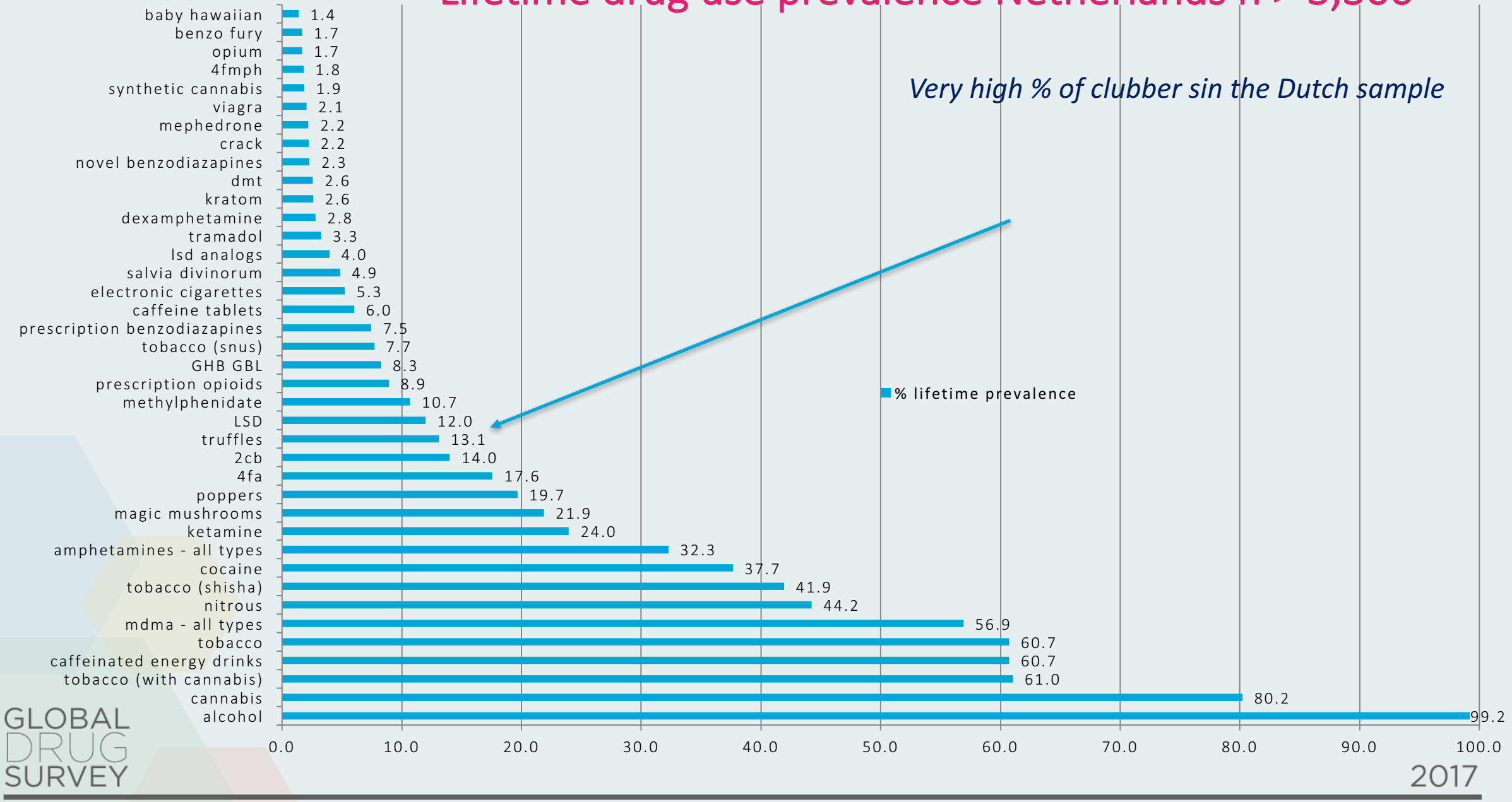
Lifetime drug use prevalence Netherlands n > 3,300



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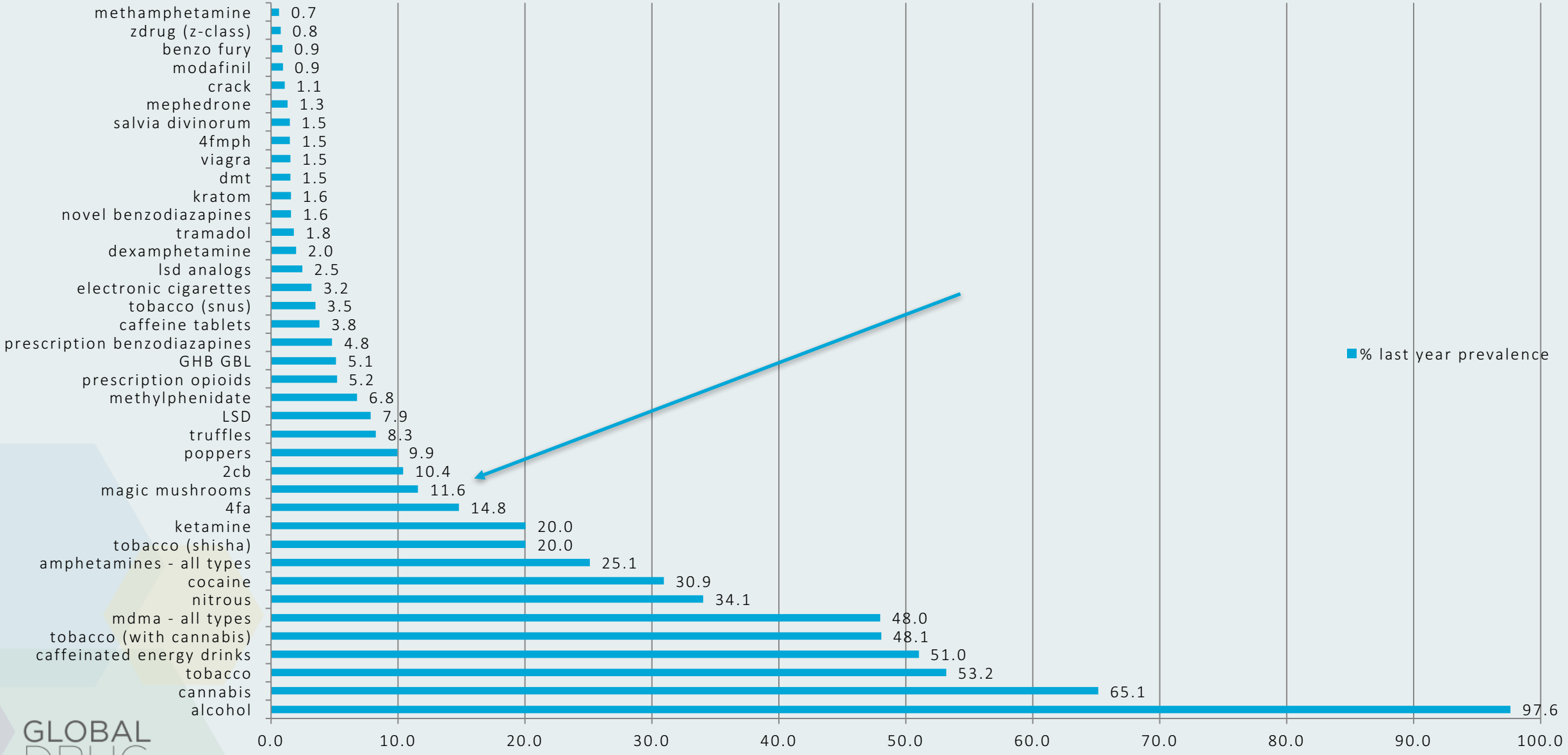
Last year drug use prevalence Netherlands n > 3,300



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Alcohol - Netherlands

Background

GDS2017 has continued to map global drinking patterns using the Alcohol Use Disorders Identification Test (AUDIT) a World Health Organisation questionnaire to ascertain harmful drinking levels and dependence. This includes how often individuals drank alcohol and how many drinks they would have on a typical day of use. The WHO 2006 document by Babor et al. lists 4 sets of summary scores 0-7,8-15,16-19,20 and above.

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use and dependence. Higher scores simply indicate greater likelihood of hazardous and harmful drinking. However, such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment. AUDIT scores in the range of 8-15 represented a medium level of alcohol problems whereas scores of 16 and above represented a high level of alcohol problems. AUDIT scores of 20 or above warrant further diagnostic evaluation for alcohol dependence.

Following up on a consistent GDS finding that over 1 in 3 respondents to GDS express a desire to drink less in the following 12 months, this year we have focused on how these motivated people would like to obtain help to reduce their drinking . With the growth of digital health applications to raise awareness among the general population of the health harms associated with excessive drinking, including GDS's own highly successful free online app Drinks Meter we wanted to see how attractive different approaches were within different populations. We also report about last year drinkers who report seeking emergency medical treatment in the previous 12 months.

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Key results presented in this section

Drinking harms and adverse experiences

- ☑ The % in each AUDIT score category for each country as a whole and by gender and age (16-24 and 25+ years old)
- ☑ The % of all drinking respondents in each country and by gender and age (16-24 and 25+ years old)
- ☑ The % who reported feels of regret or guilt at least monthly because of their drinking
- ☑ The % who reported being unable to remember what appended the night before because of their drinking
- ☑ The % who reported having sought emergency medical treatment in the last 12 months as a result of drinking alcohol

Who wants to drink less, who wants help and what form would that help take?

- ☑ The % of last year drinkers who would like to drink less in the next 12 months
- ☑ The % of last year drinkers who would like help to reduce drinking
- ☑ Which approach would be most likely used if help is sought by gender and age (16-24 and 25+ years old)
- ☑ The % of last year drinkers who report that they actually plan to seek support to cut down/ stop drinking in the next 12 months

A total of 114,039 drinkers participated in GDS2017 and were used in the preparation of the this report
A total of 3,193 drinkers from Netherlands were included in the preparation of this section of the report

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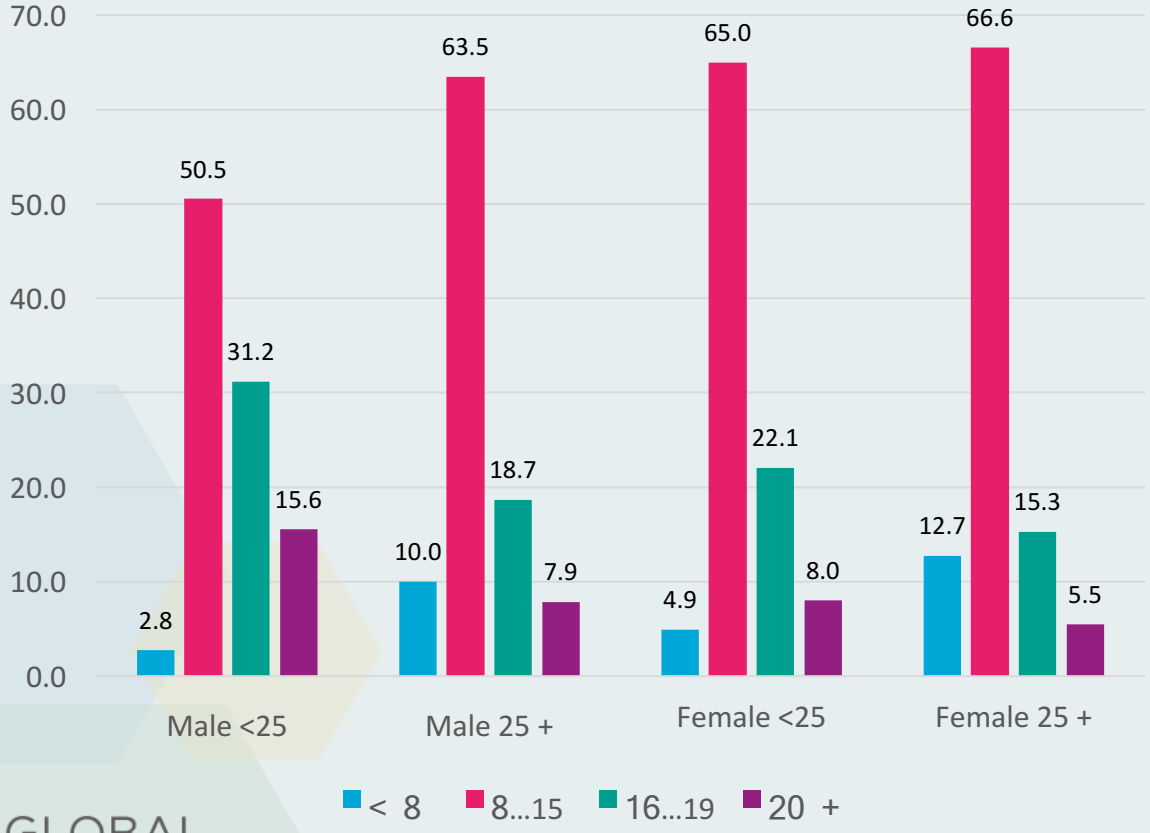
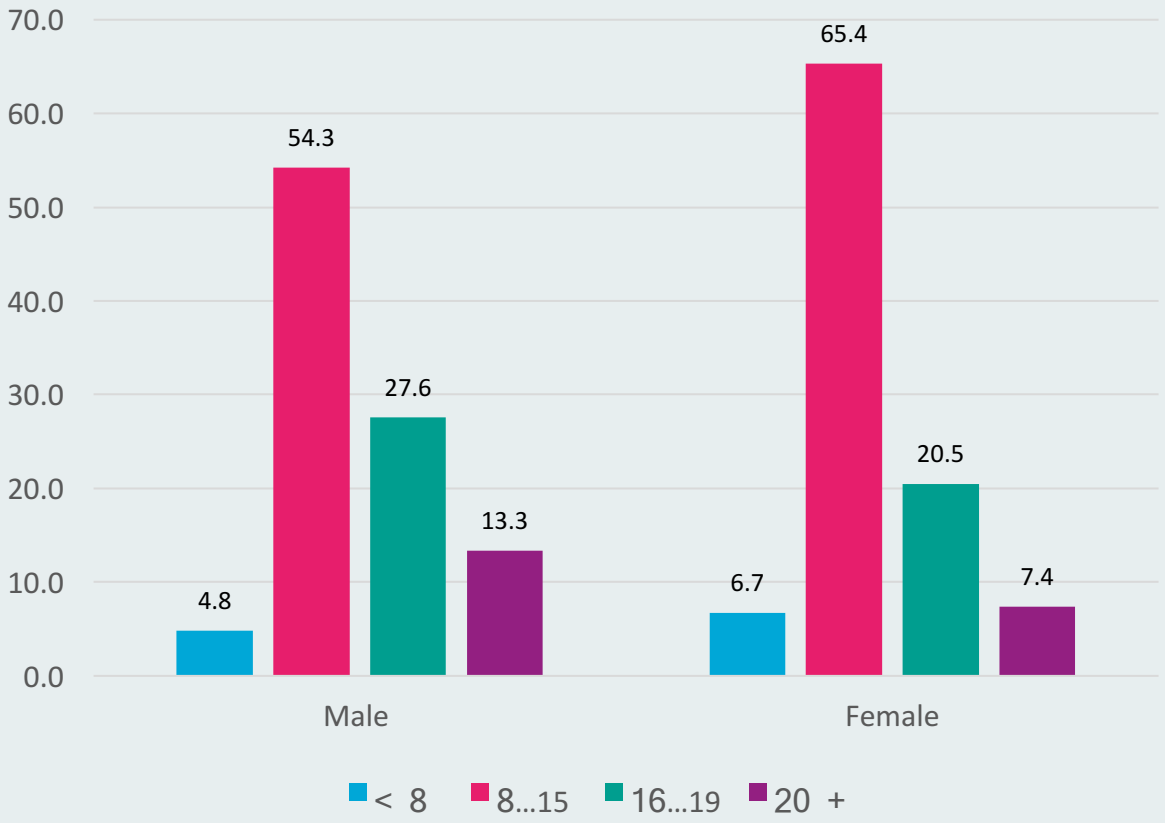
AUDIT Scores

40.9% of Dutch men scored 16+ on the AUDIT compared to 25% of men globally. 27.9% of Dutch women scored 16+ on the AUDIT compared to 20.5% of women globally.

AUDIT Scores by age and gender (%)



AUDIT Scores by gender (%)



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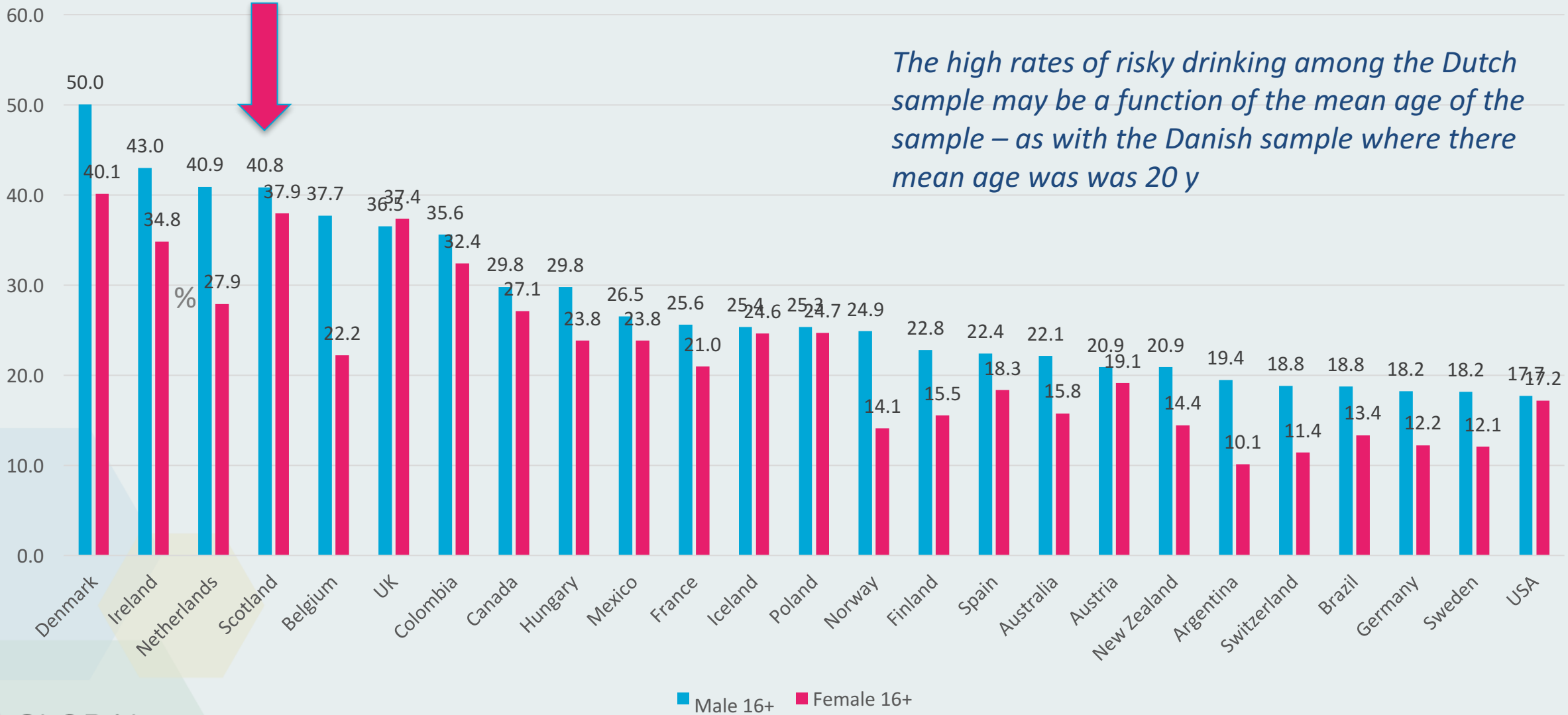
Top 25 Countries with AUDIT Score 16+ Male vs Female



The high rates of risky drinking among the Dutch sample may be a function of the mean age of the sample – as with the Danish sample where there mean age was was 20 y

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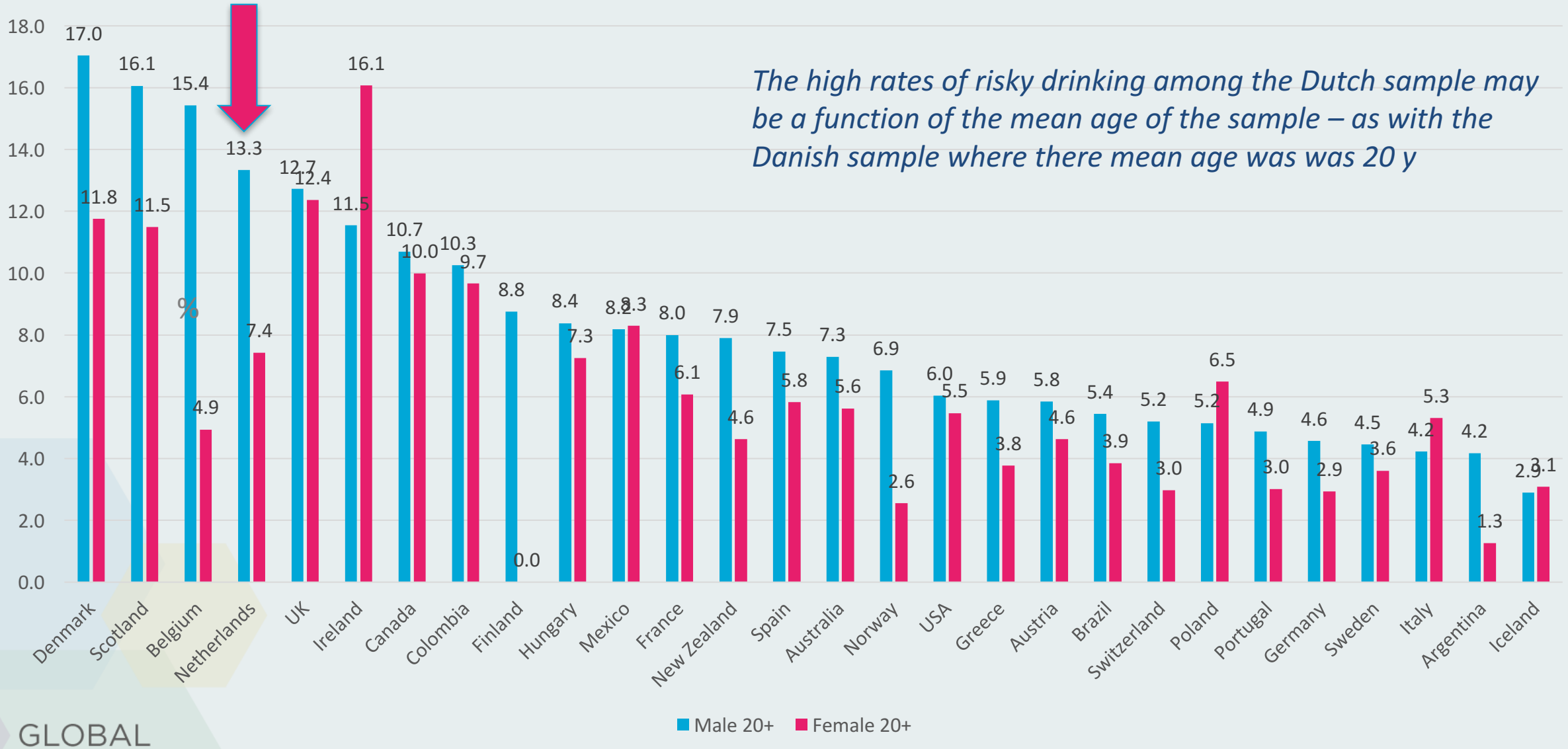
Top 25 Countries with Audit Score 20+ Male vs Female



The high rates of risky drinking among the Dutch sample may be a function of the mean age of the sample – as with the Danish sample where there mean age was was 20 y

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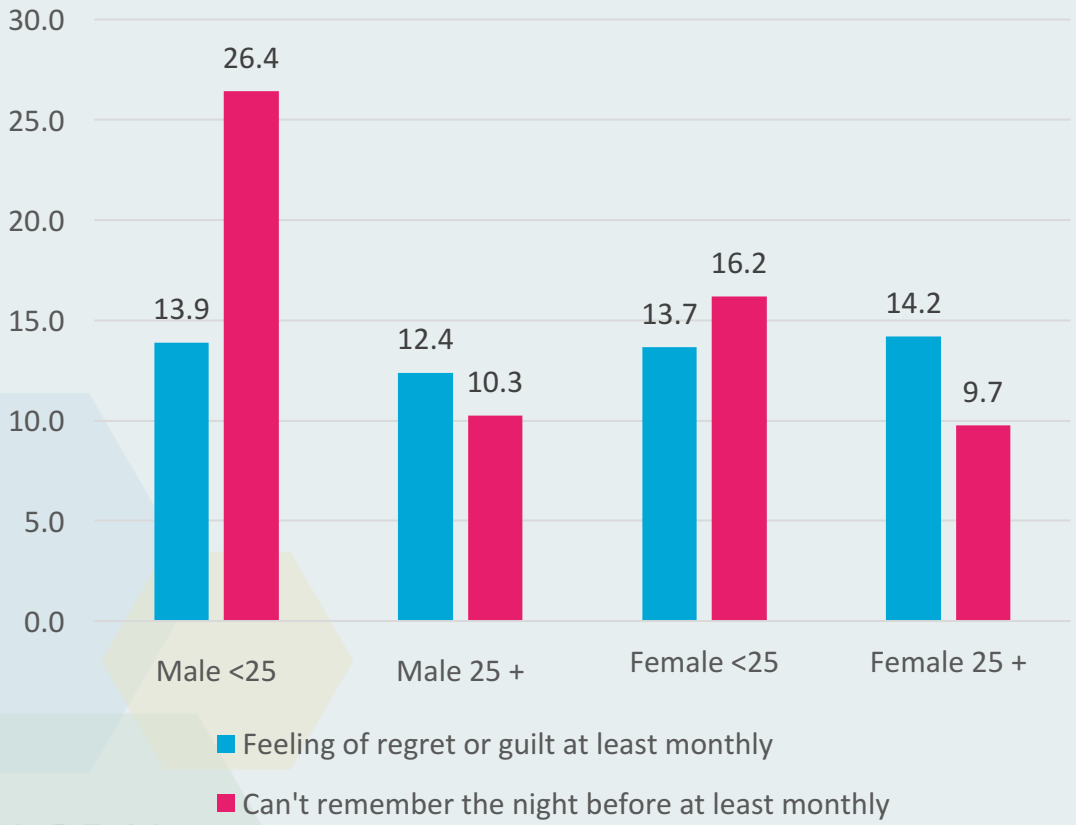
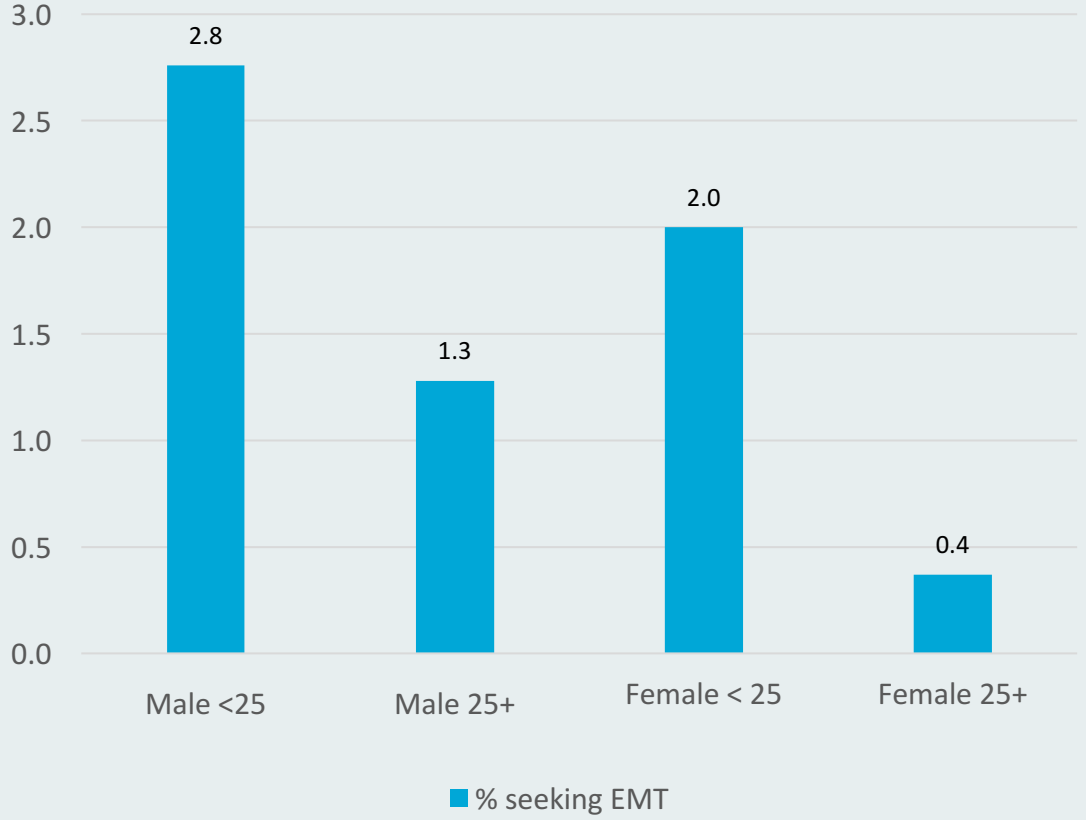
Guilt, regret, loss of memory and emergency medical treatment seeking

Guilt/regret and not remembering the night before (%)



Seeking emergency medical treatment (EMT) in the last 12 months (%)



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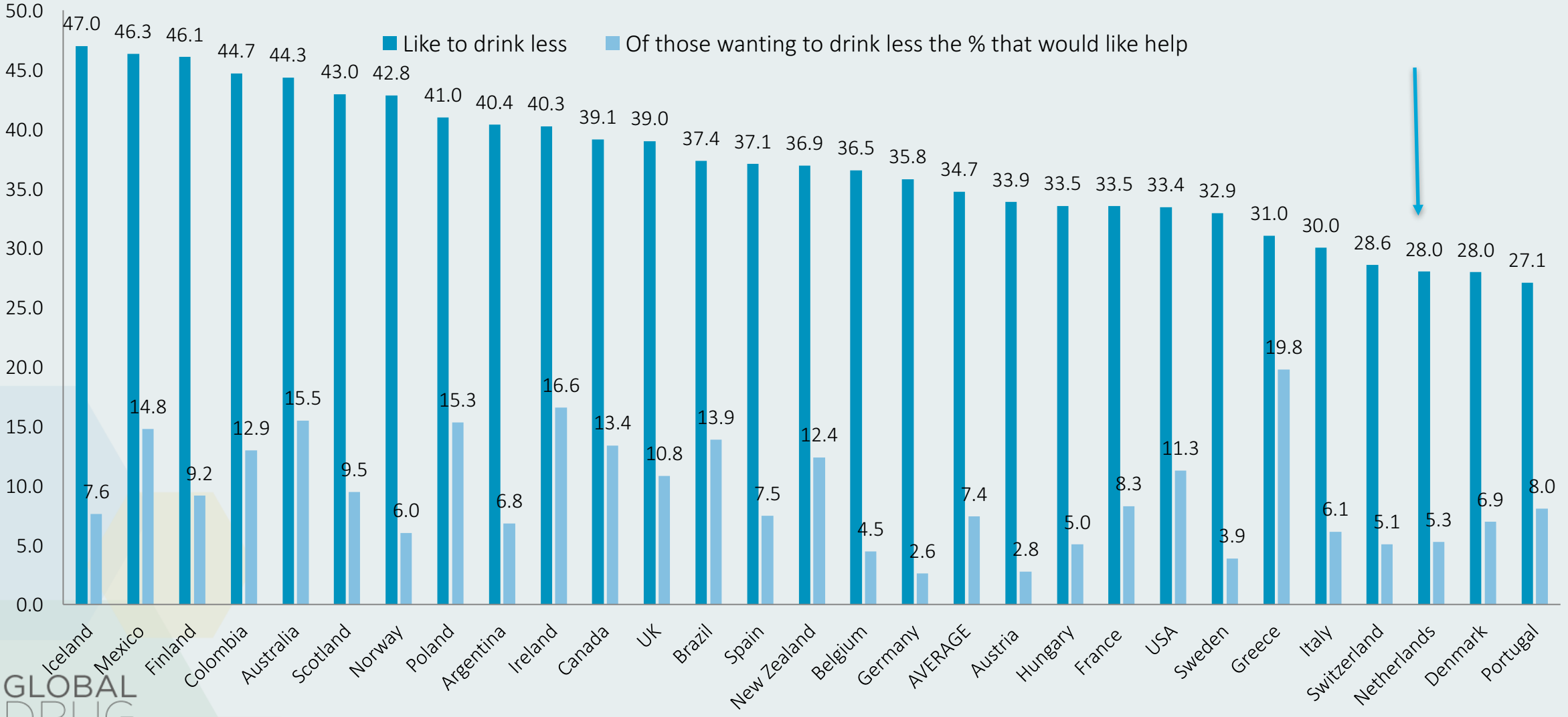
Which countries would like to drink less in the next 12 months & who wants help?



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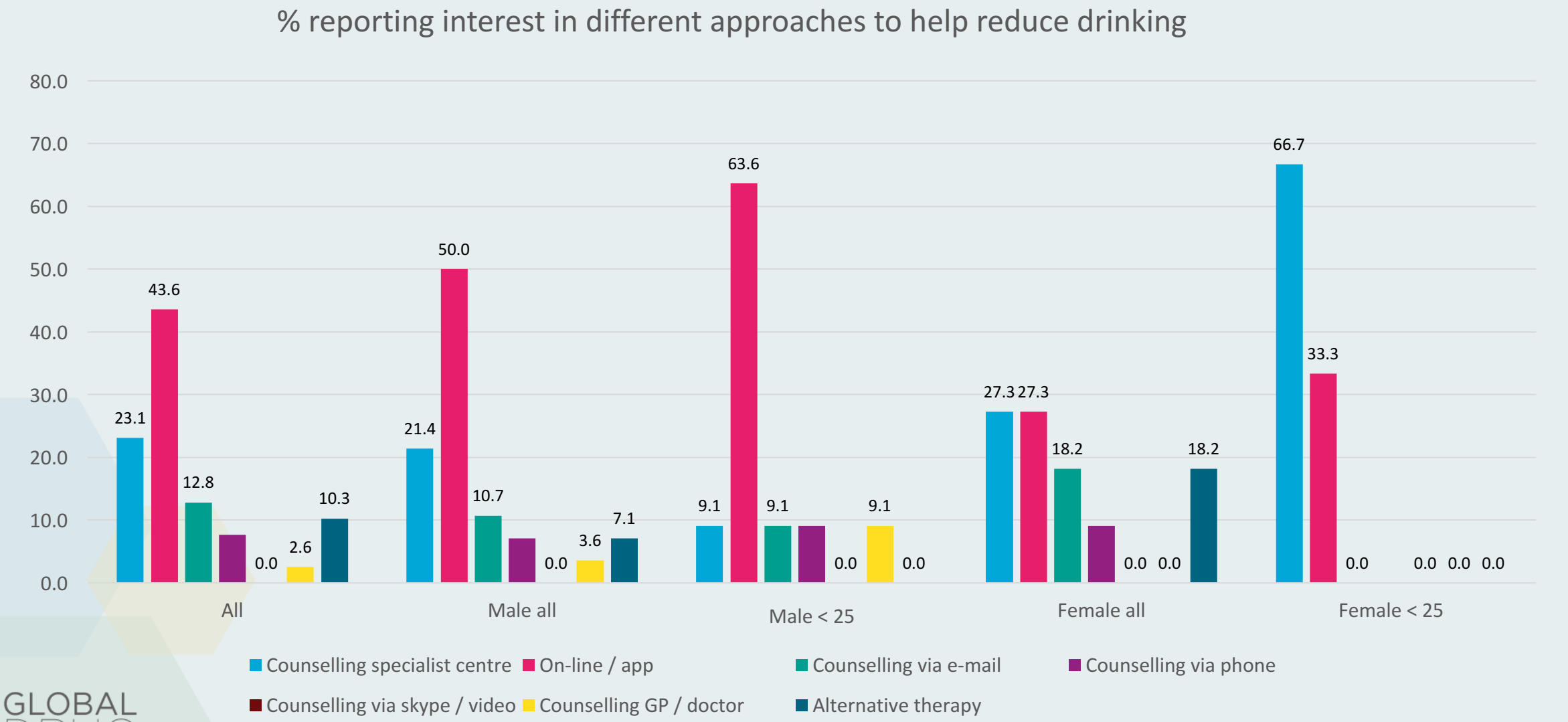
What sort of help would people choose if they were going to seek help to reduce/ stop use?



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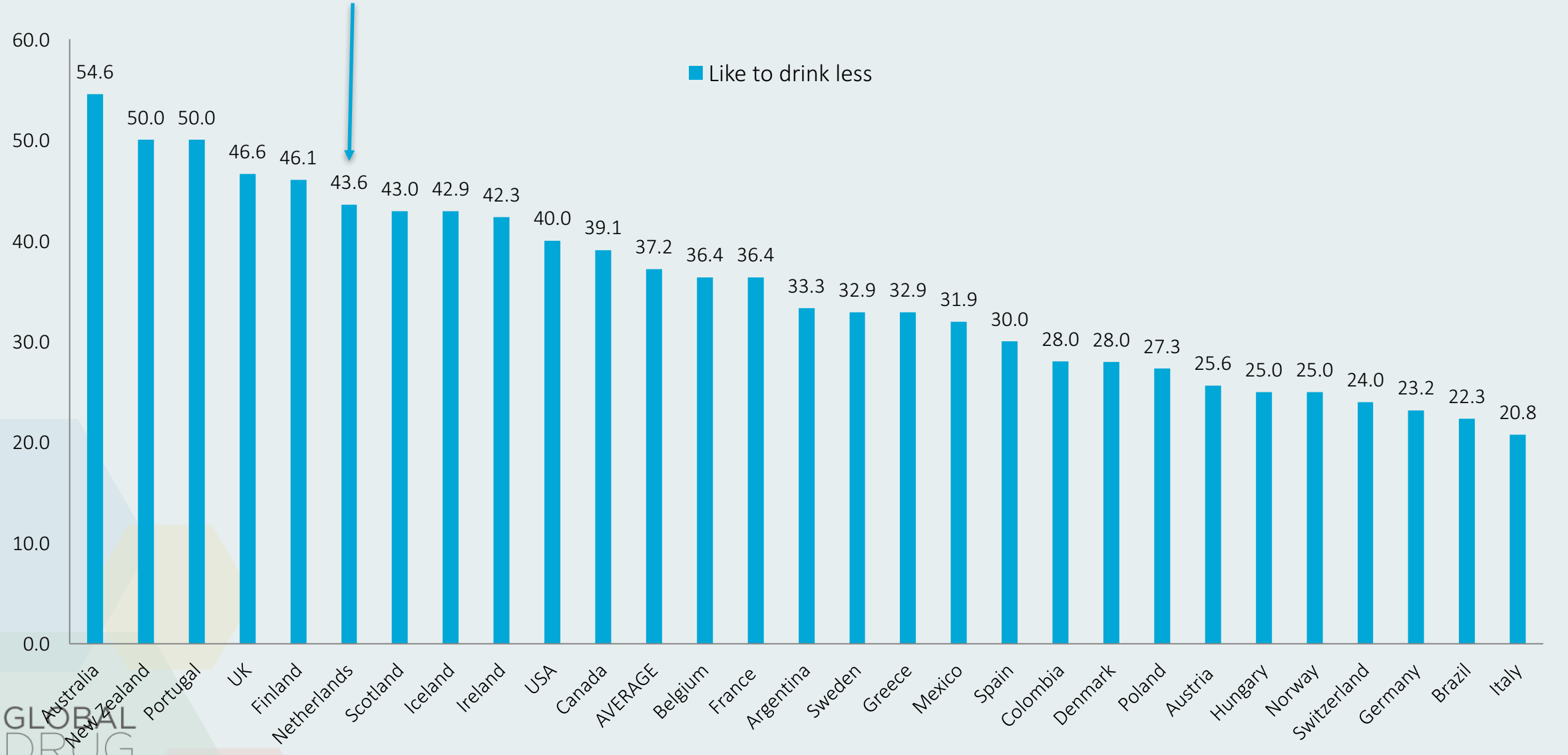
Which countries show the greatest interest in digital health apps to reduce/ stop drinking?



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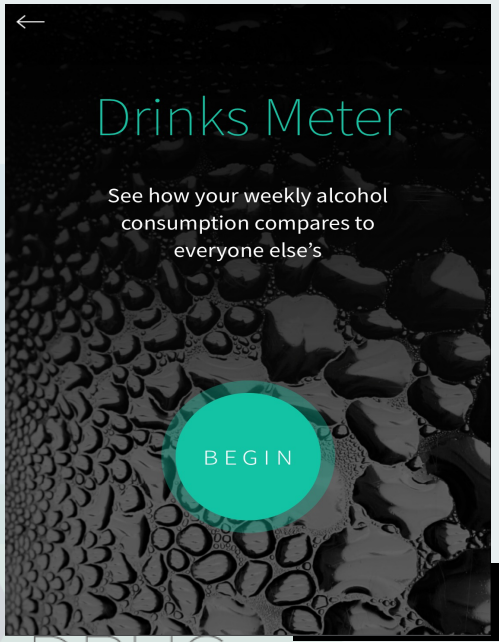
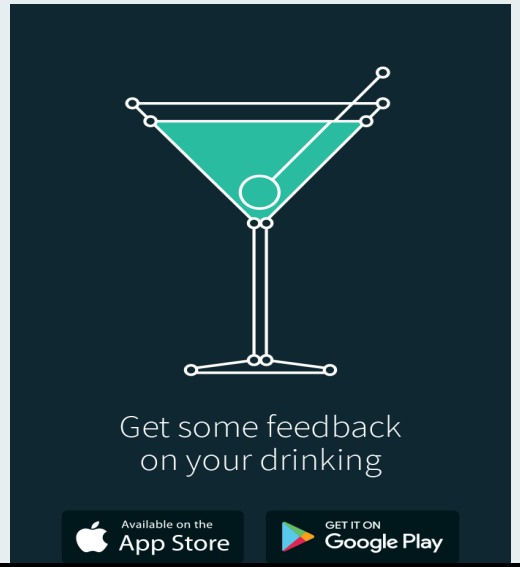
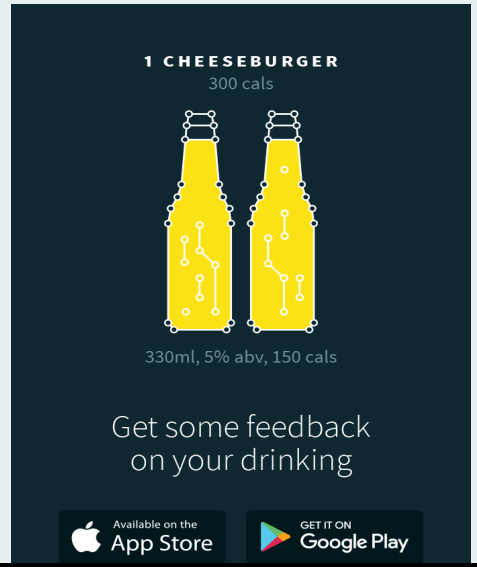
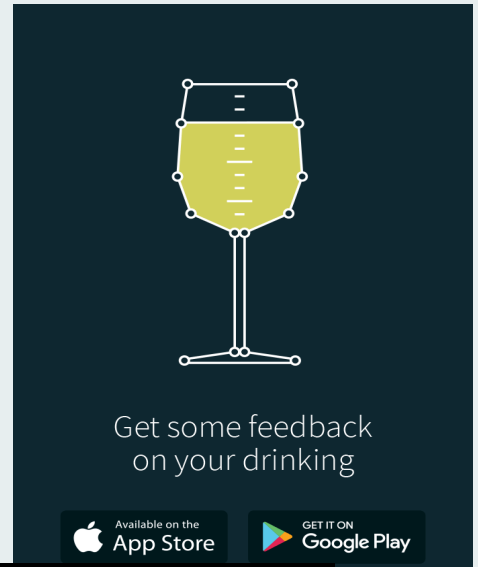
The best drinking app in the world the Drinks Meter

Please refer your readers to our **free, anonymous and confidential** on-line tool (www.drinksmeter.com) and app (the Drinks Meter), recently rated as the most highly praised digital app to help people with drinking with over 90% recommending it to their friends and over 60% saying they plan to drink less after completing it. It takes 8-10 minutes to do and it can change a person's life.



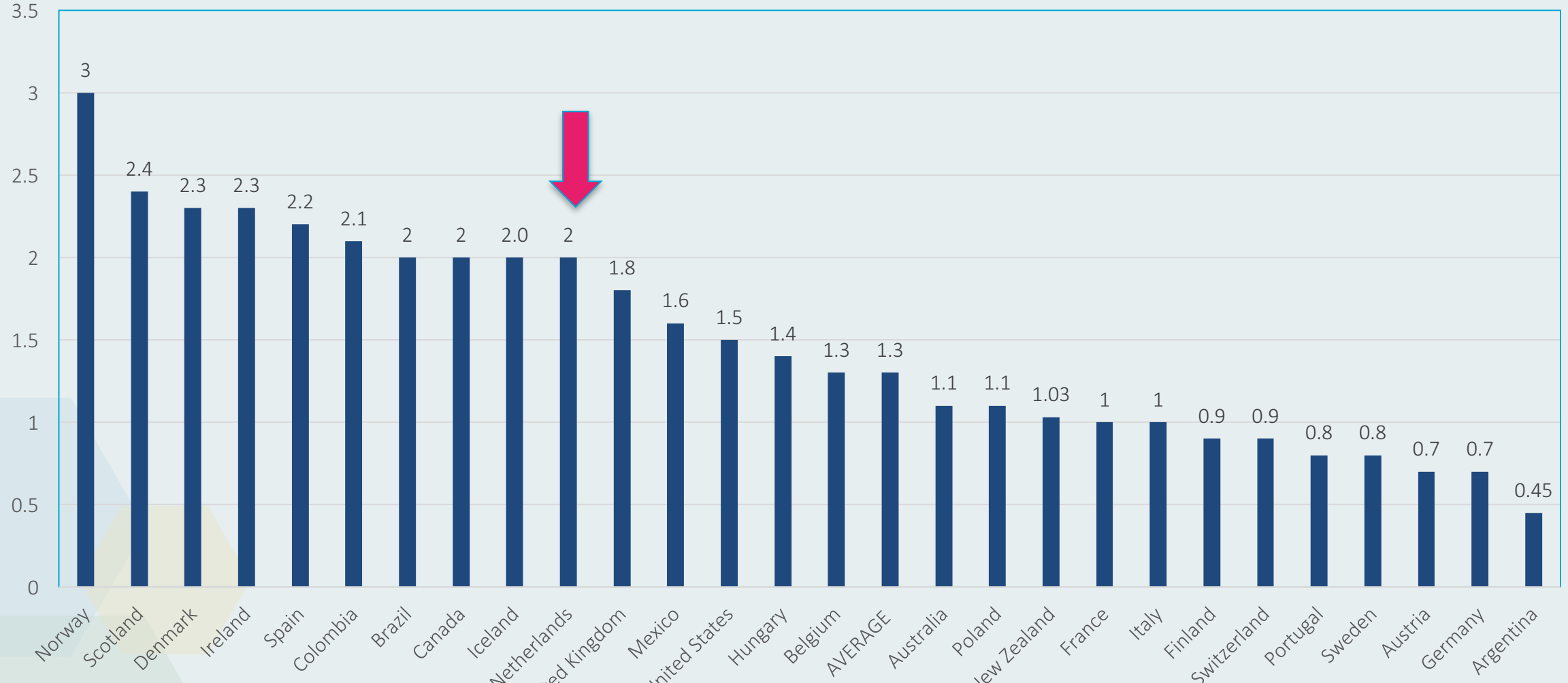






www.drinksmeter.com www.drinksmeter.com www.drinksmeter.com

Seeking emergency medical treatment following the use of alcohol in the last 12 months



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Cannabis - Netherlands

Background

Cannabis remains the world's most widely used 'illicit' drug. Regulatory change in many countries and the development of new technologies to deliver cannabis in less harmful ways are an important accompaniment to this change and pave the way for new public health approaches to reducing the public health harms associated with its use. This year in our main cannabis section we focus on national patterns of use and purchase and how price, dominant preparations and methods of use vary across cultures.

GDS2017 was interested in what sorts of people are most likely willing to use less cannabis and how they might seek help to reduce or stop their use. This is important since it is possible that changing the legal status of cannabis may make people feel more comfortable about seeking help.

In our specialist sections we look at the medical use of cannabis and offer a global perspective on how cannabis users would like to see cannabis legally regulated.

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Key results presented in this section

Cannabis use patterns and adverse experiences

- ☑ Mean number of cannabis use days in the last year by gender
- ☑ The % who had used 1, 2-10, 11-50, 51-100, 101-200, 201-300 and > 300 x in the last year
- ☑ What types of cannabis are used most commonly by country
- ☑ How much cannabis is used per day
- ☑ How many joints users get from one gram of cannabis
- ☑ The most common methods of use adopted by country including what percentage of users mix cannabis with tobacco
- ☑ The occasion for the first and last joint of the day
- ☑ How many hours per day cannabis users are stoned for
- ☑ Information on where users get their cannabis from and if they pay how much they usually pay for one gram
- ☑ Motives for use – recreational vs. medical
- ☑ The % of users who would like to use less cannabis and preferred styles of help seeking
- ☑ The % who reported having sought emergency medical treatment in the last 12 months as a result of cannabis use

A total of 69,299 cannabis users participated in GDS2017 and were used in the preparation of the this report
A total of 2,097 cannabis users from Netherlands were included in the preparation of this section of the report

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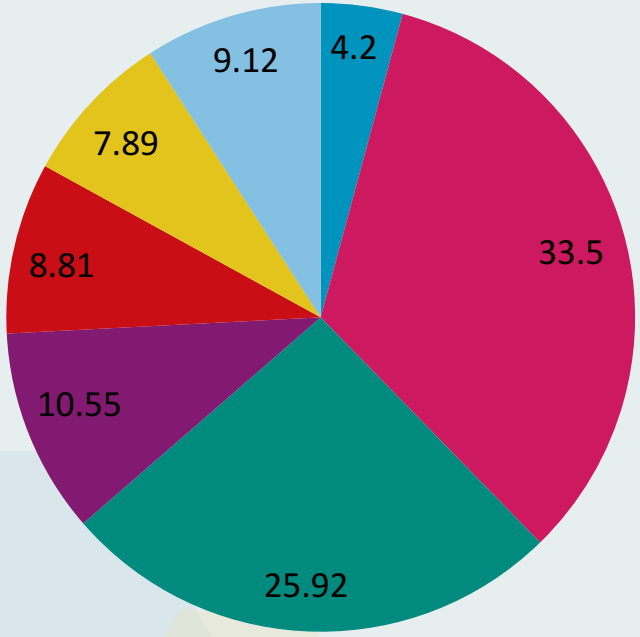
How many days in the last year did you use cannabis All vs. Males vs. Females

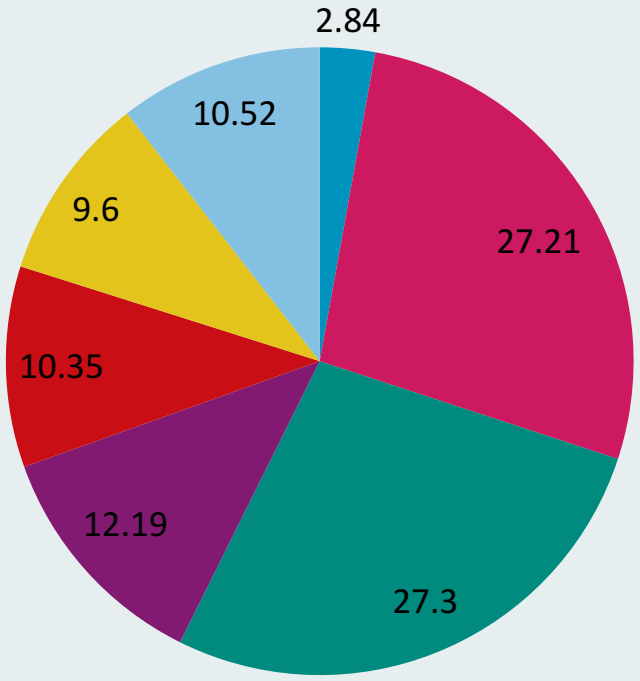
Days used in last 12 months - all (%)



1 2-10 11-50 51-100 101-200 201-300 300+

Mean number of days = 87.2

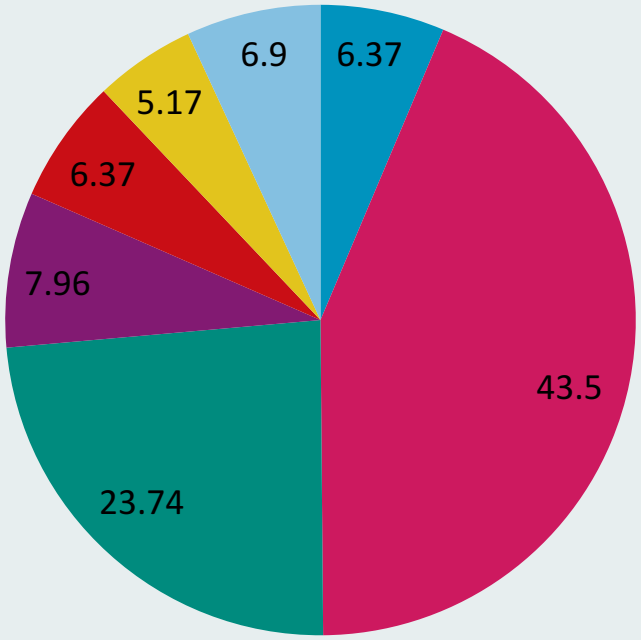
Days used in last 12 months – male (%)



1 2-10 11-50 51-100 101-200 201-300 300+

Mean number of days = 101.2

Days used in last 12 months – female (%)



1 2-10 11-50 51-100 101-200 201-300 300+

Mean number of days = 65.1

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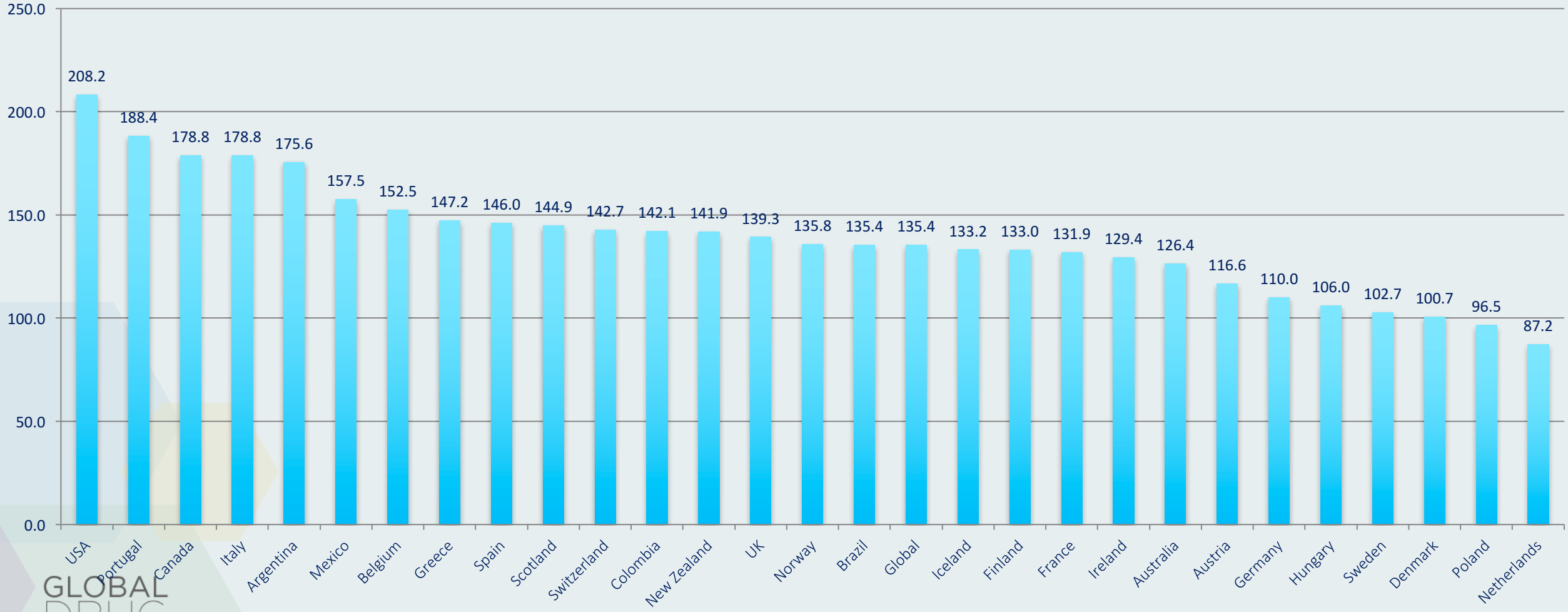
Which countries are stoned the most often (Male and Female)
(how may days on average did you cannabis in the last 12 months?)



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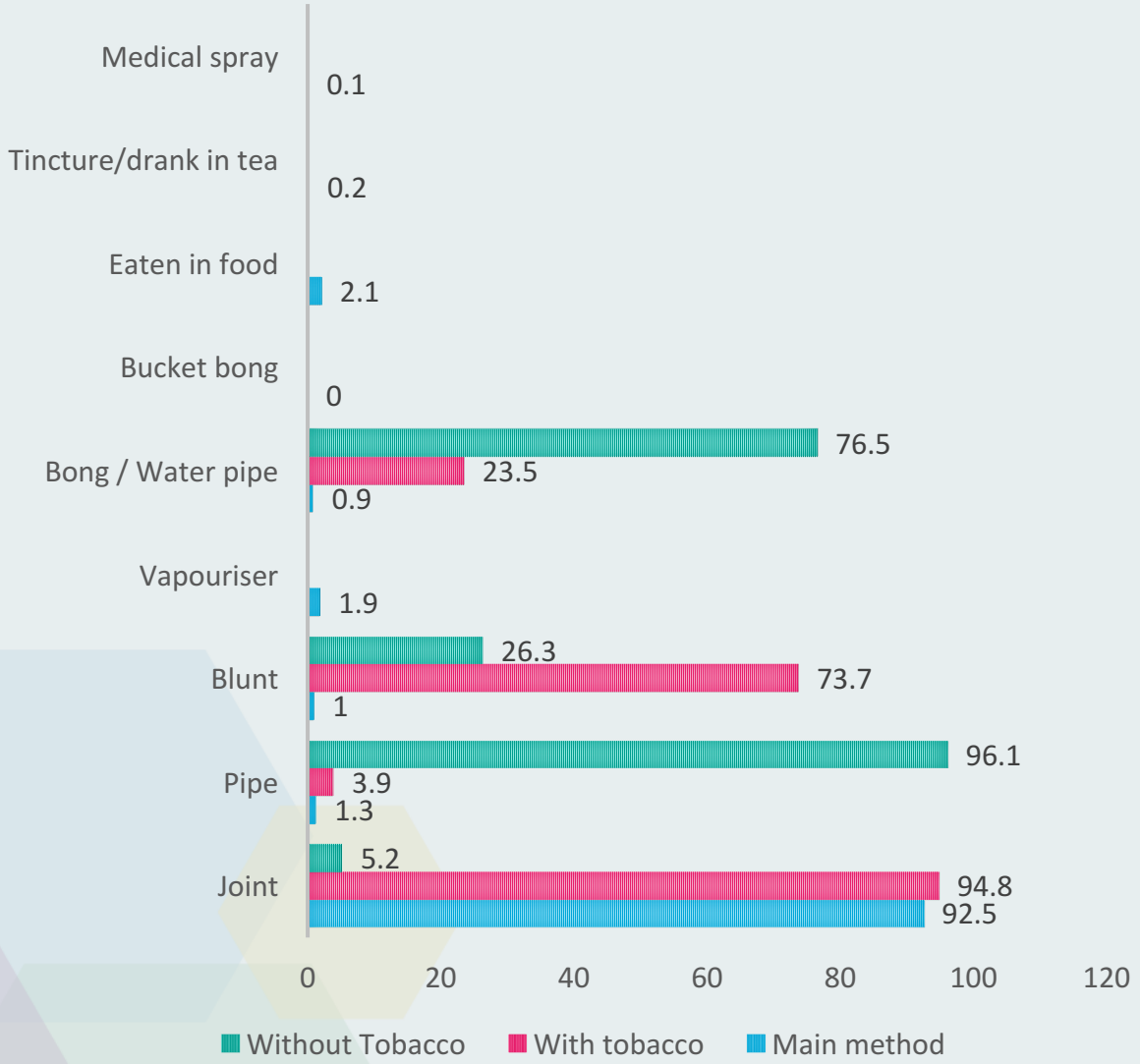
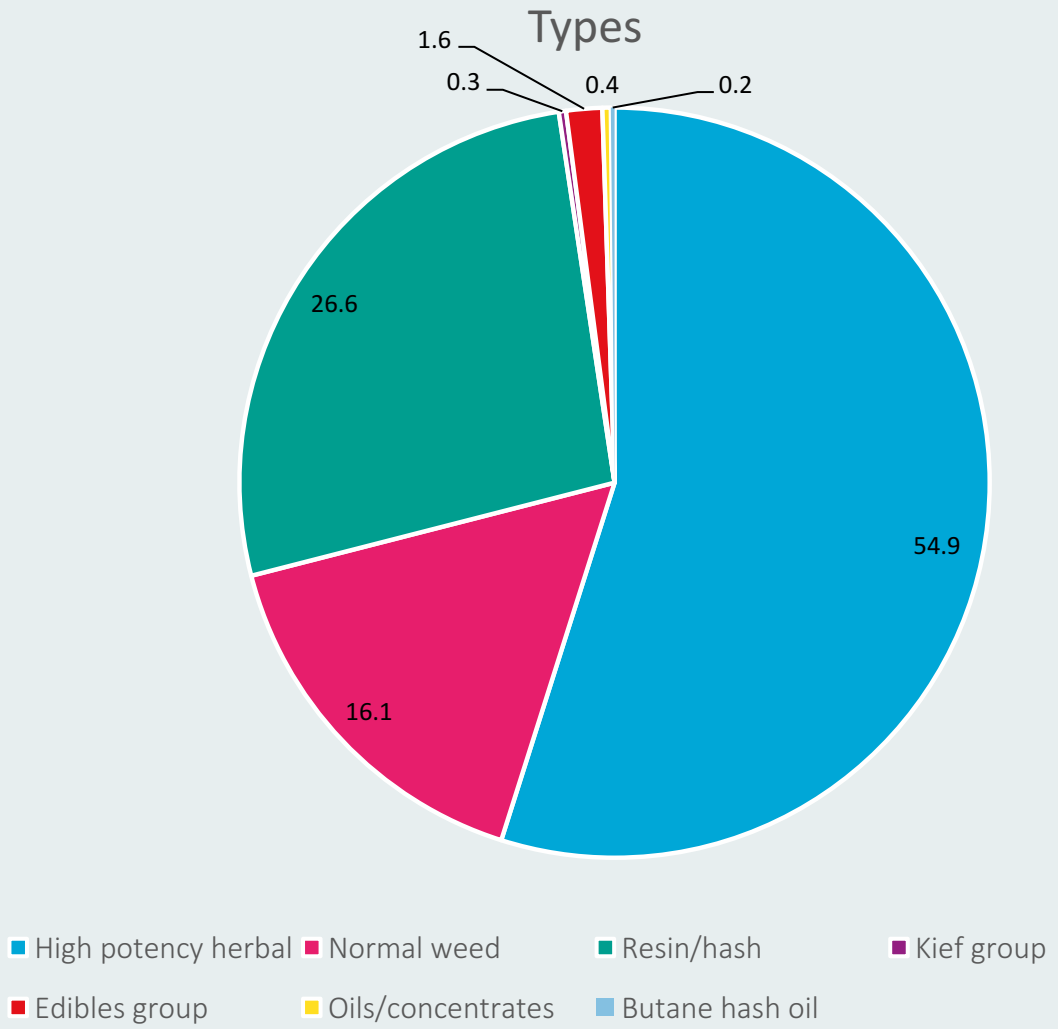
Most common methods of use



Most commonly used types of cannabis



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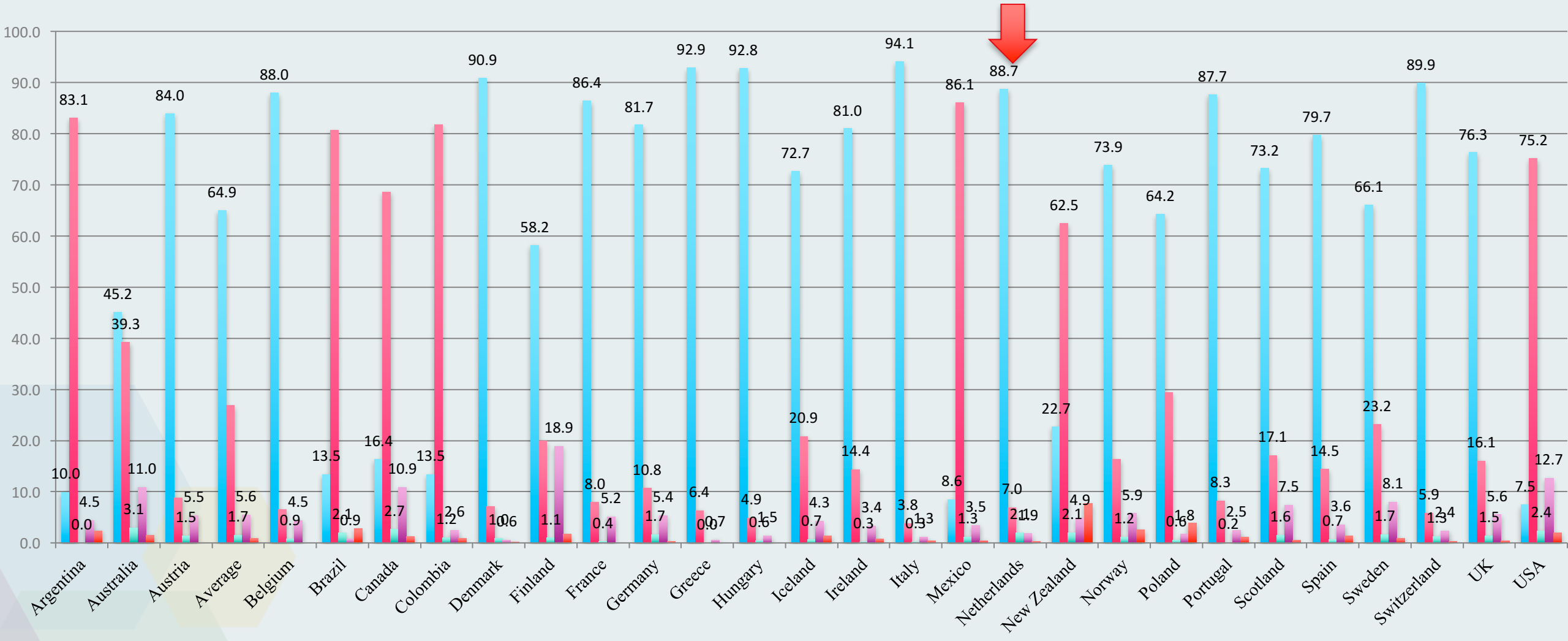
Global comparison of methods of use of cannabis use (n > 69,000)



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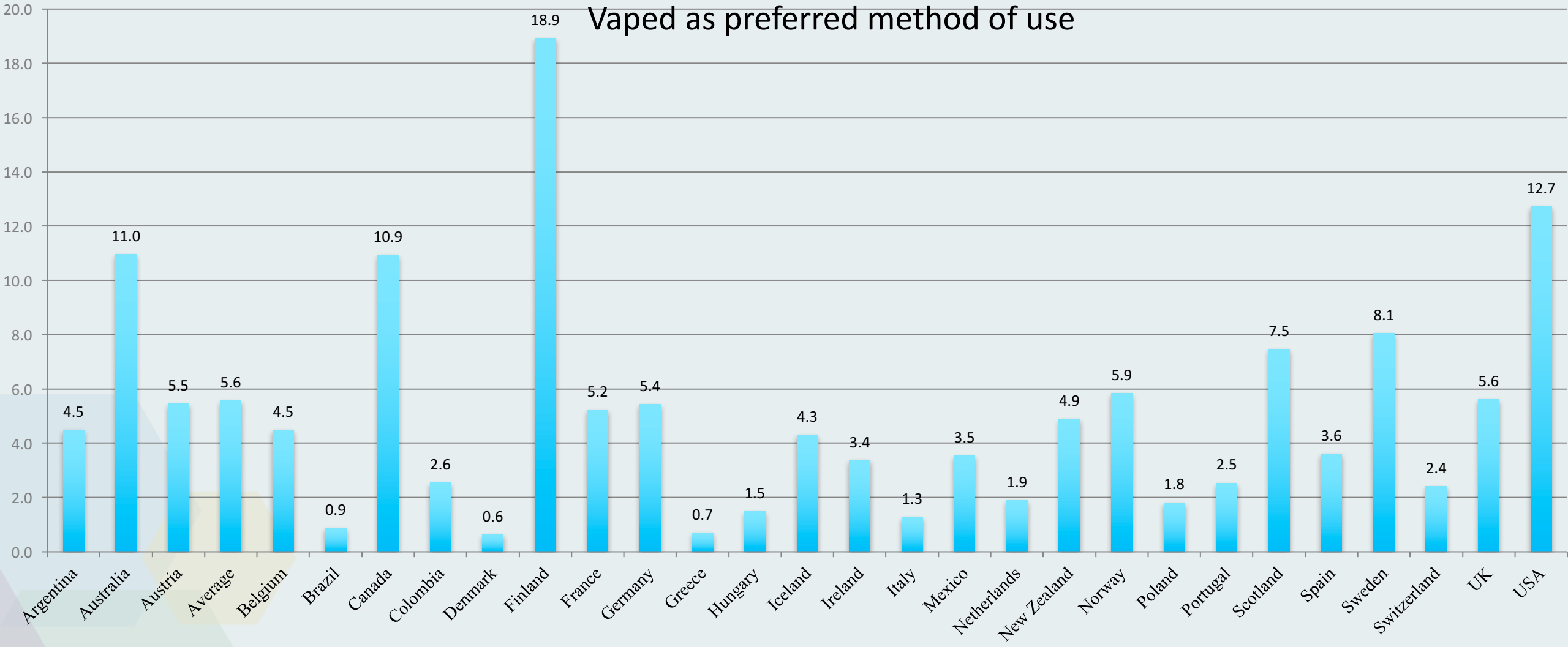
Which country vapes the most



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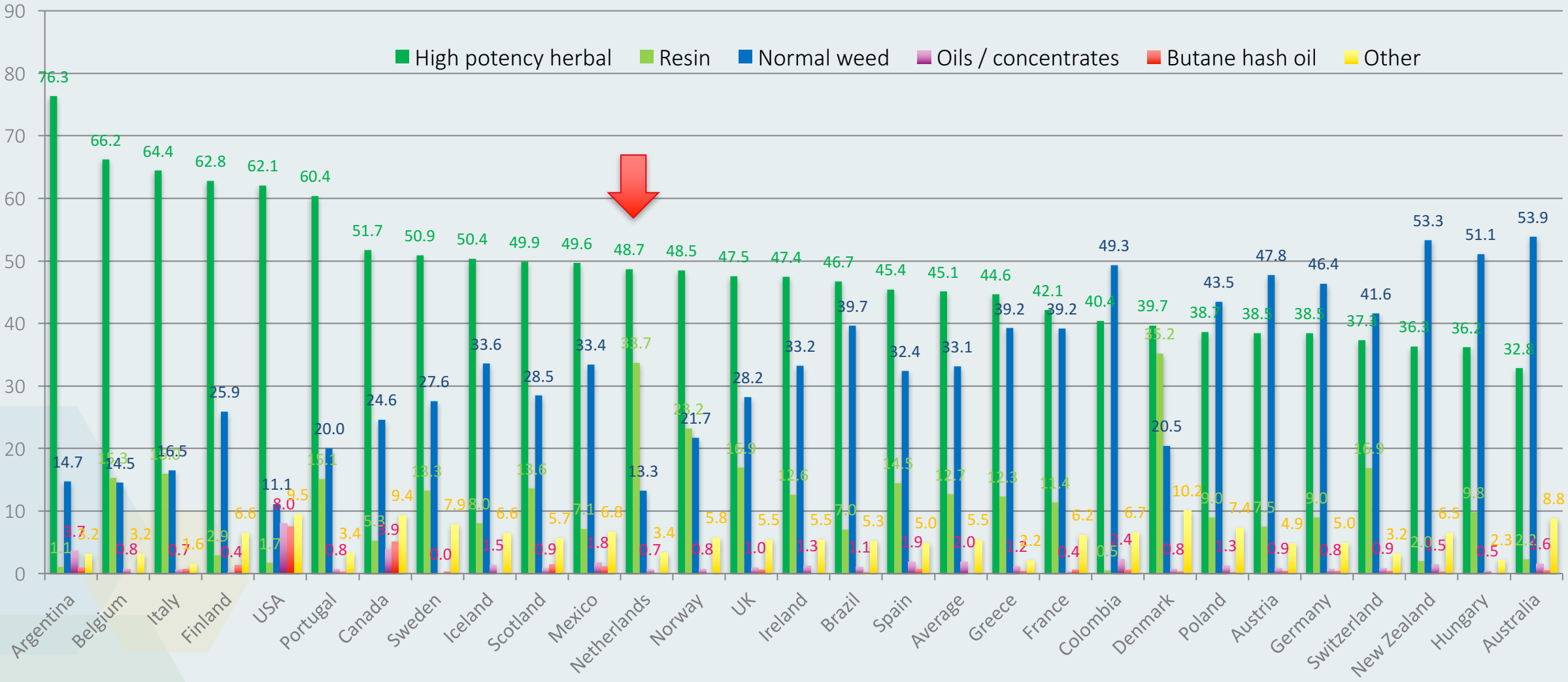
Global comparison of preferred cannabis preparations



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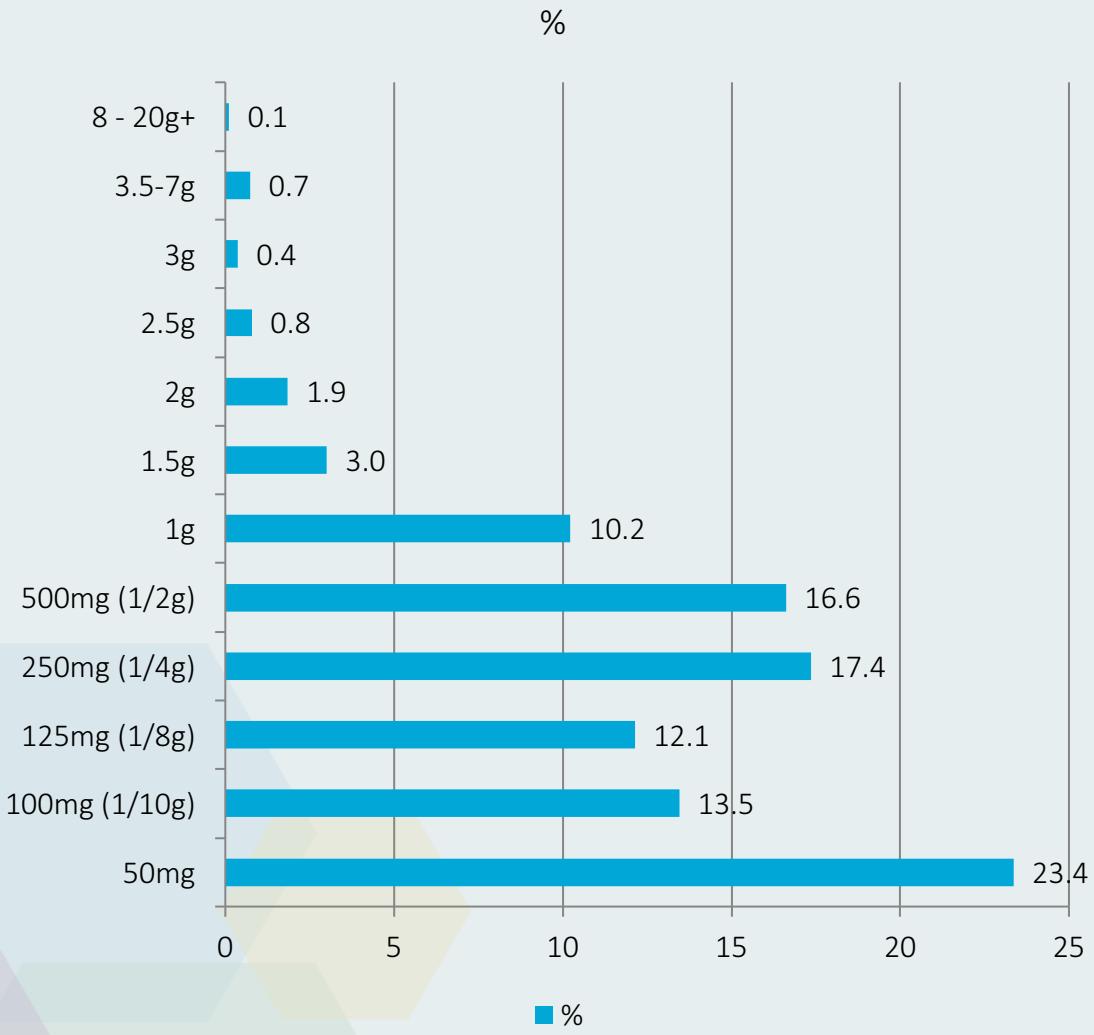
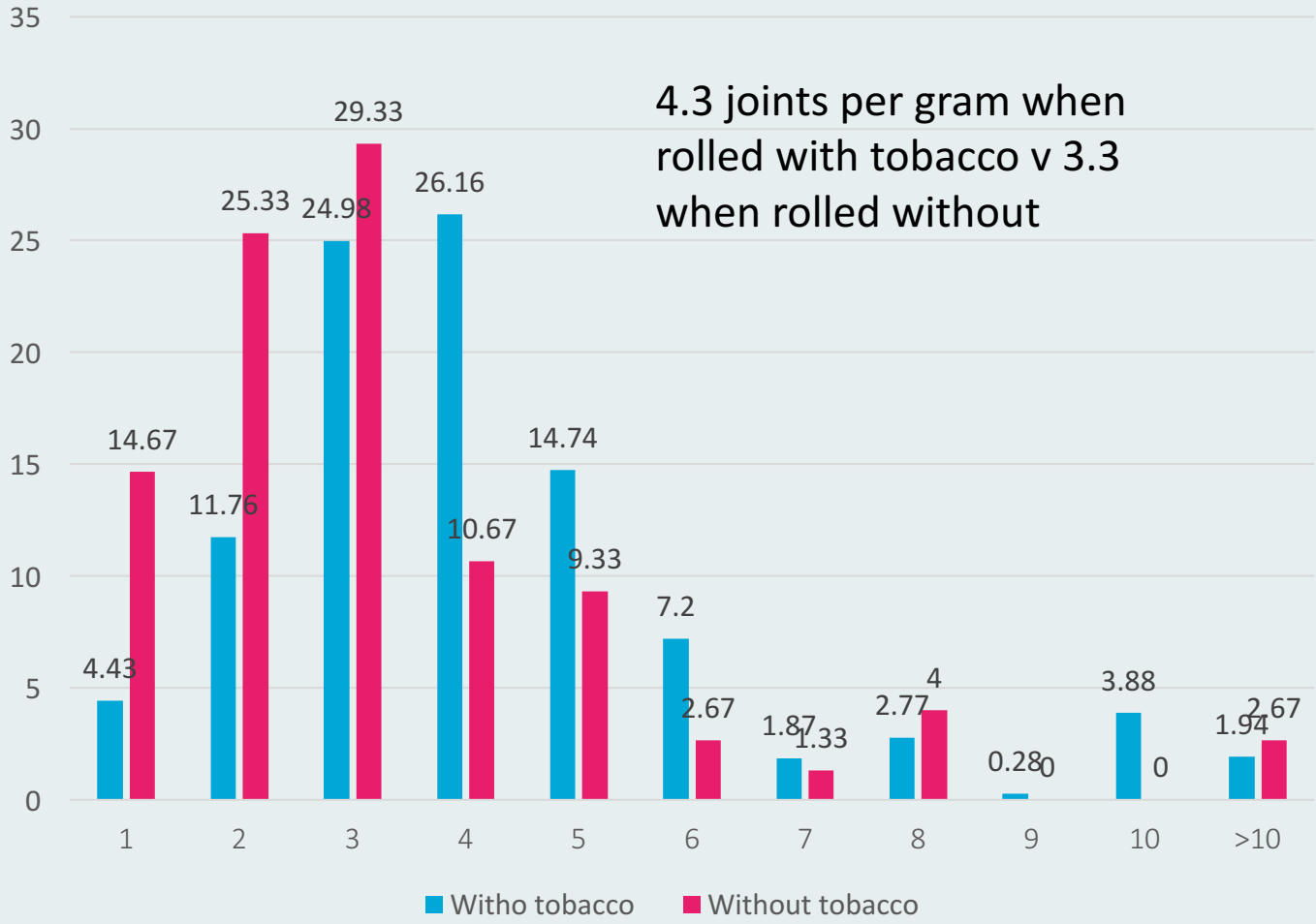
How much do you use on a typical day of use



Mean amount used on a day of use

How many joints from a gram* (+/-tobacco)



*Only those indicating they usually smoke joints

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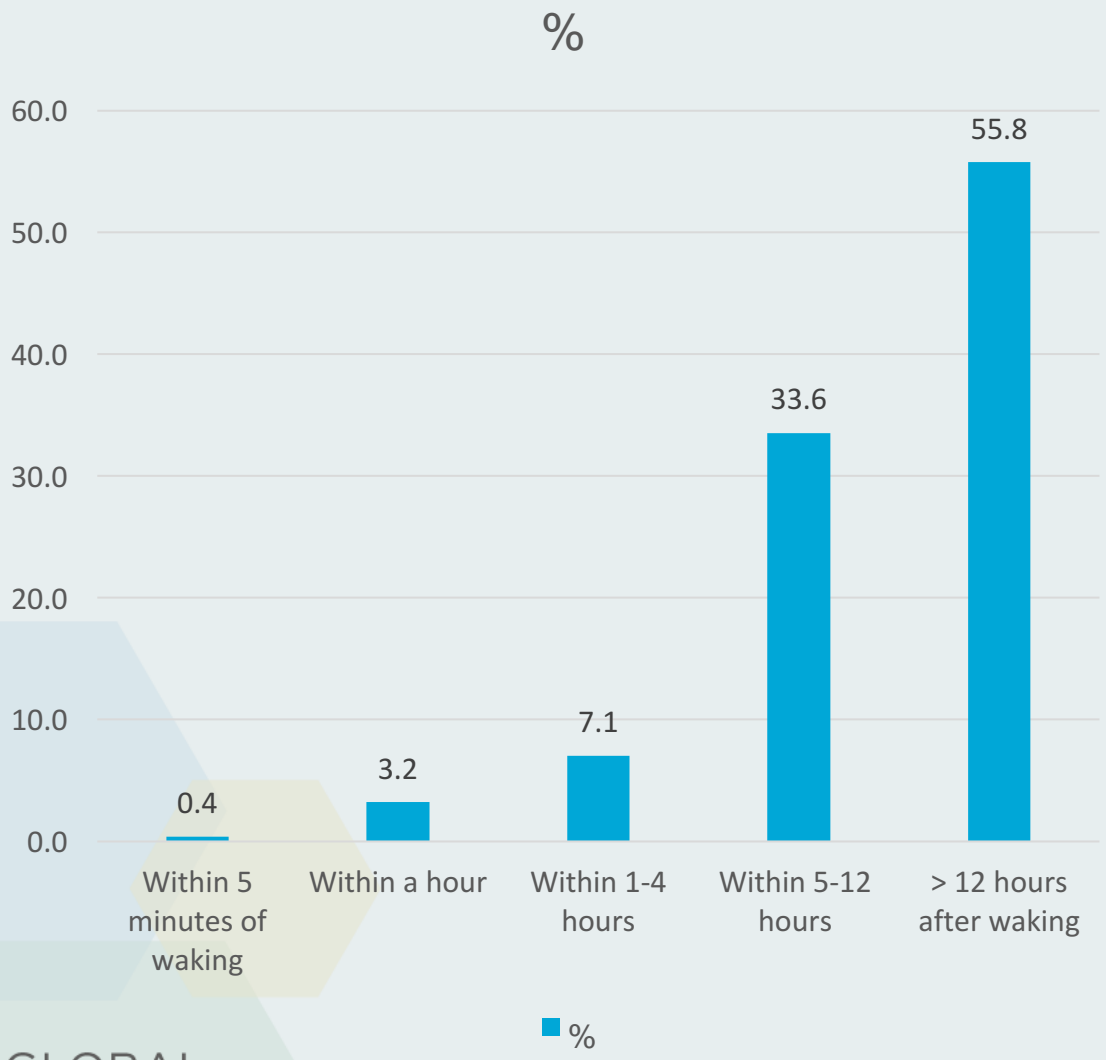
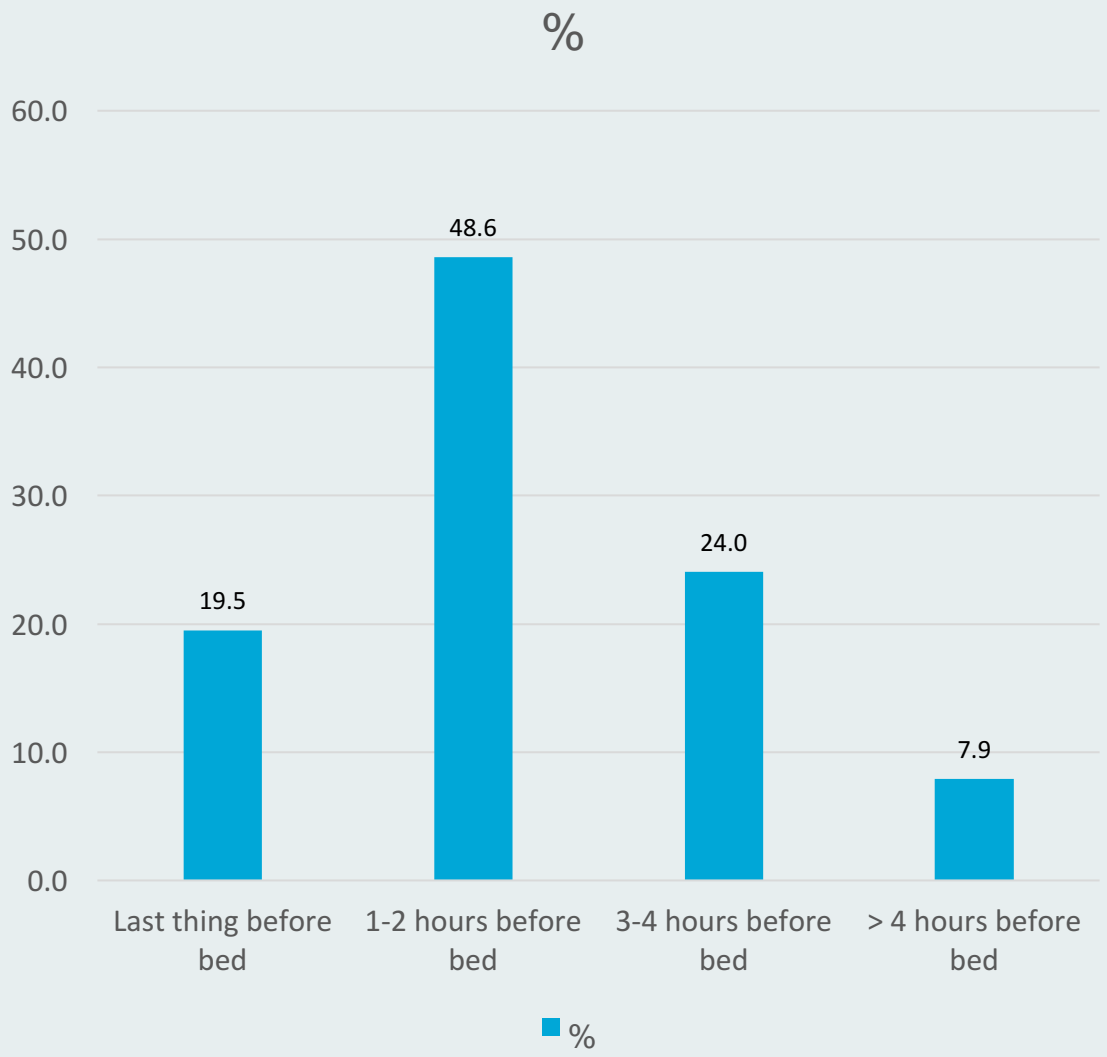
When do you have your first and last joint of the day?





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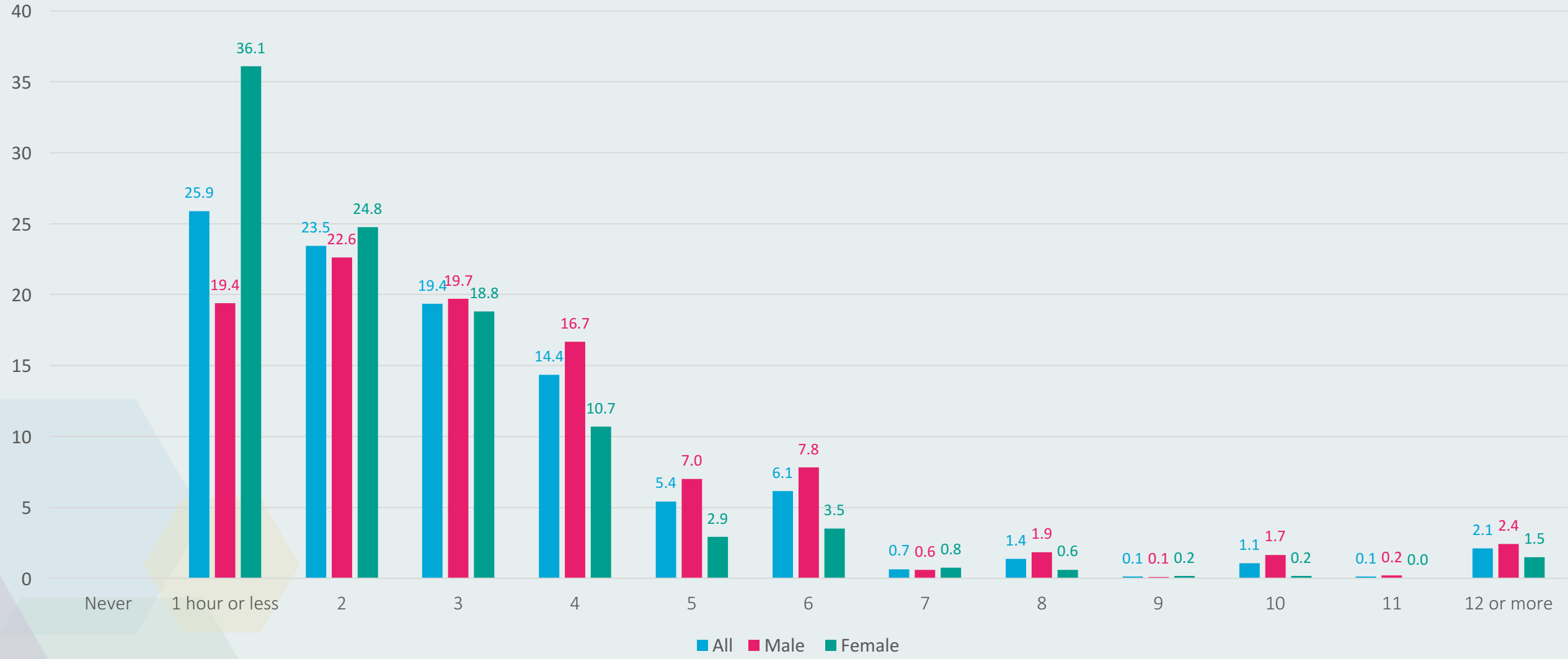
How many hours a day are you stoned?



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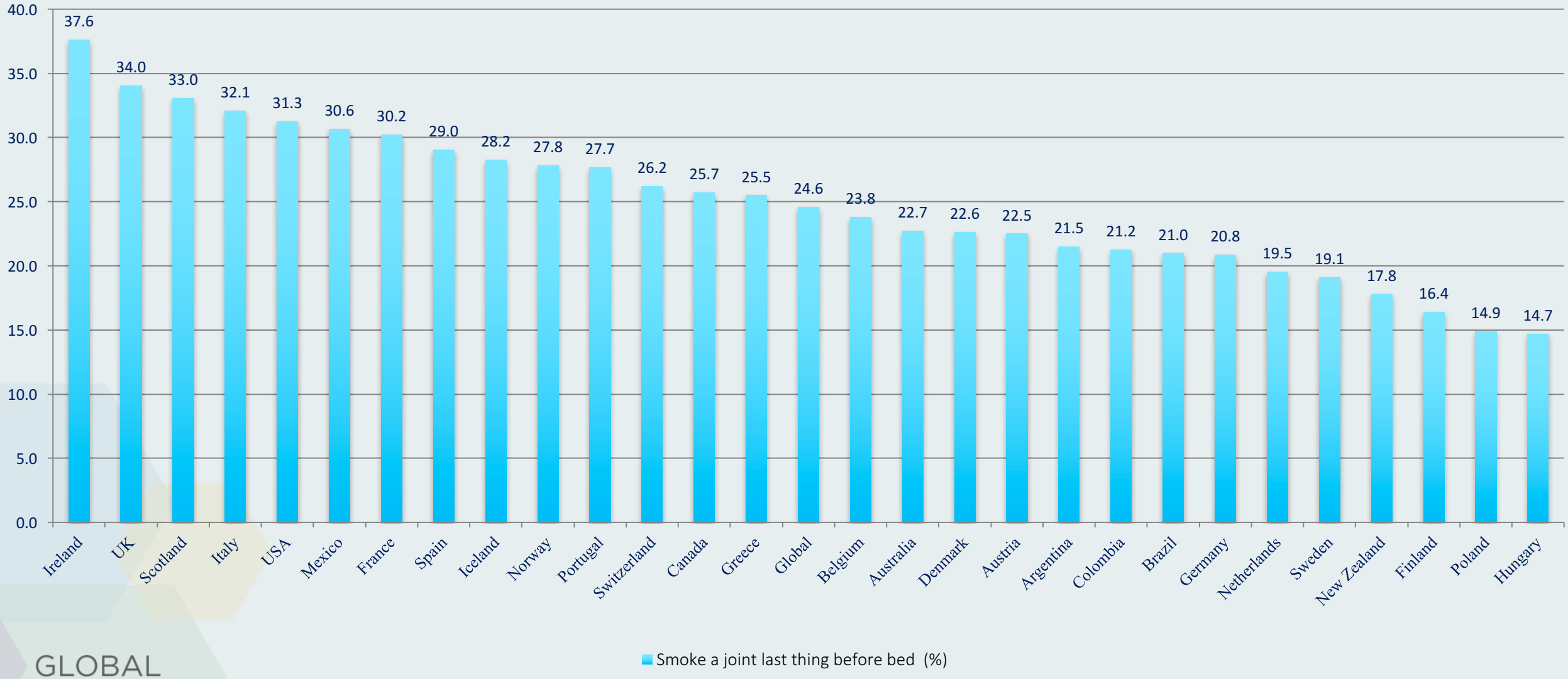
Which countries have a joint last thing before bed.



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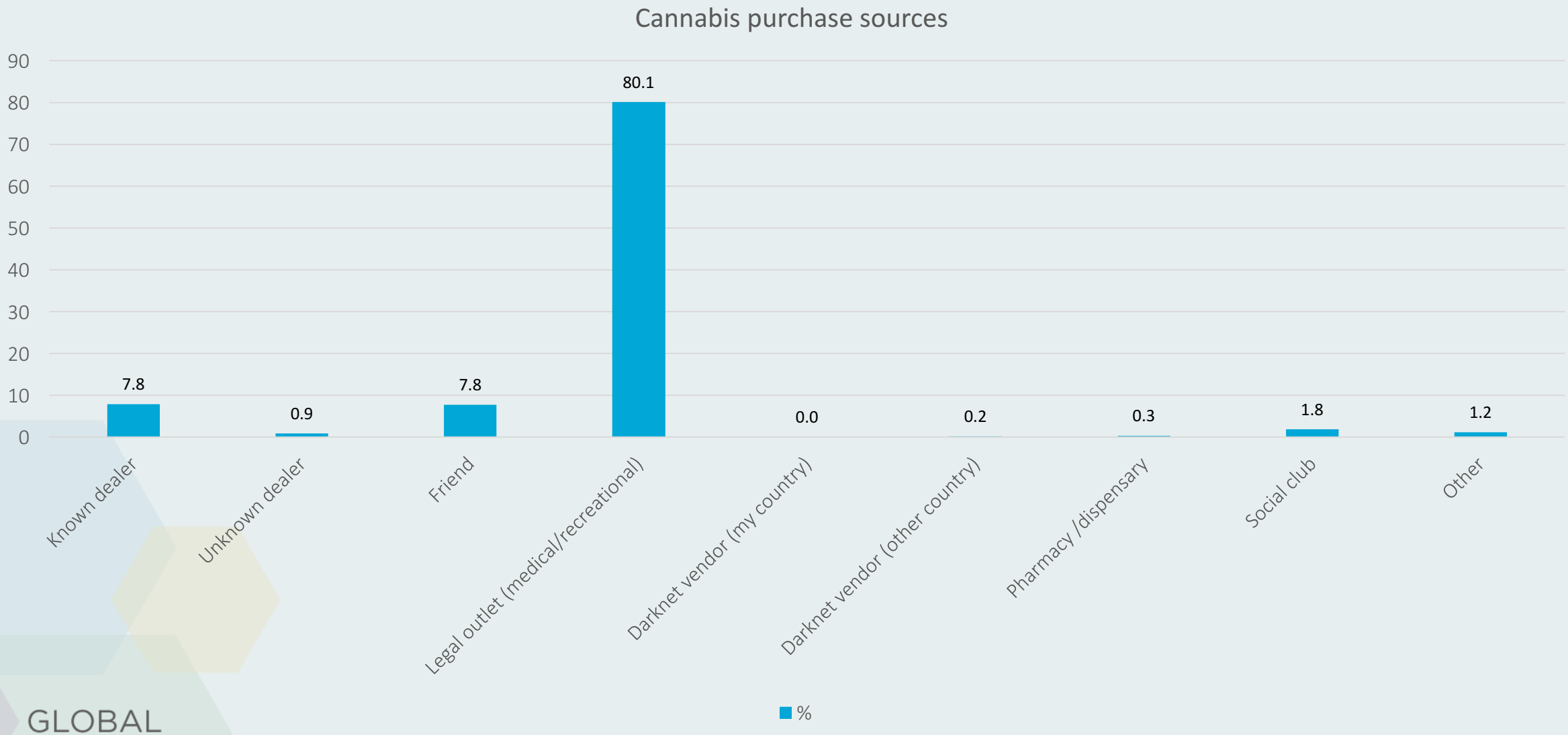
Where did you buy cannabis on the last occasion you purchased it?



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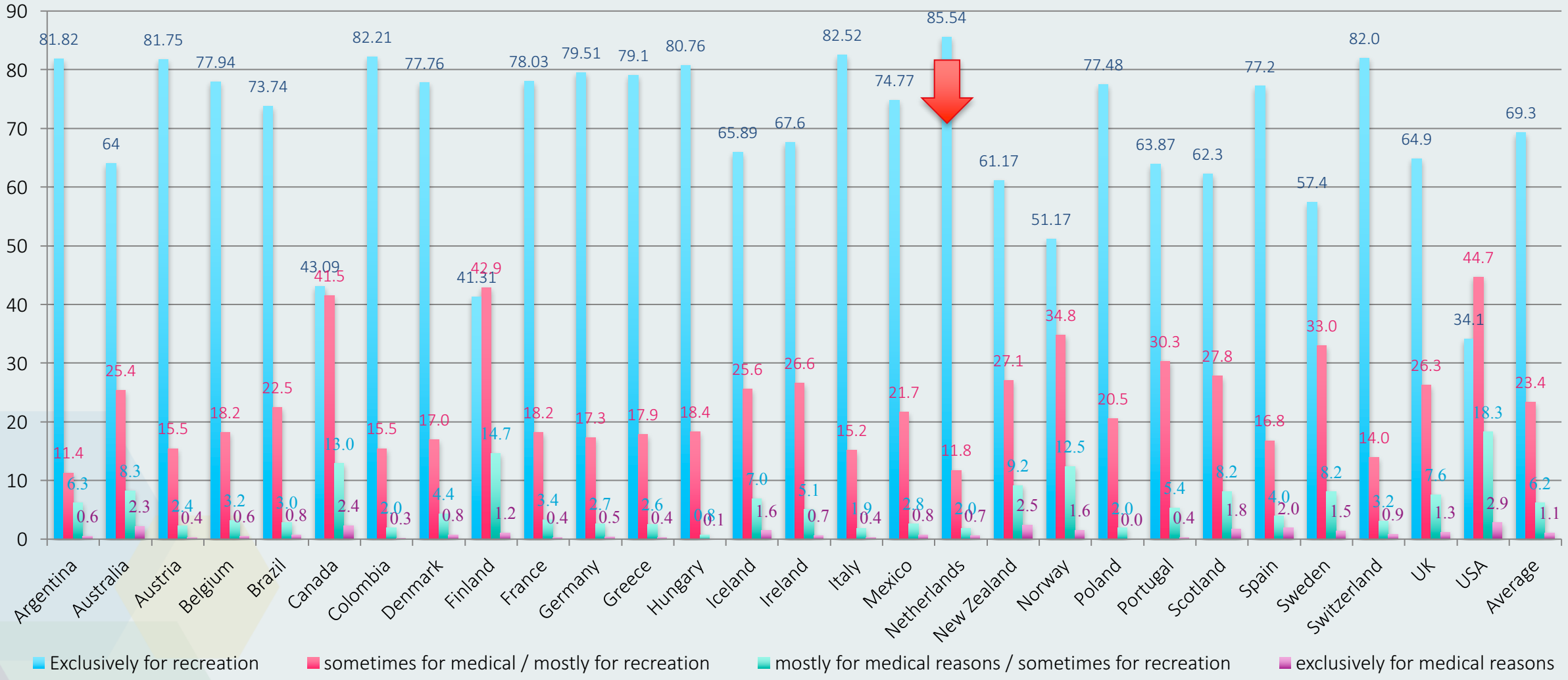
Global comparison of motives for cannabis use



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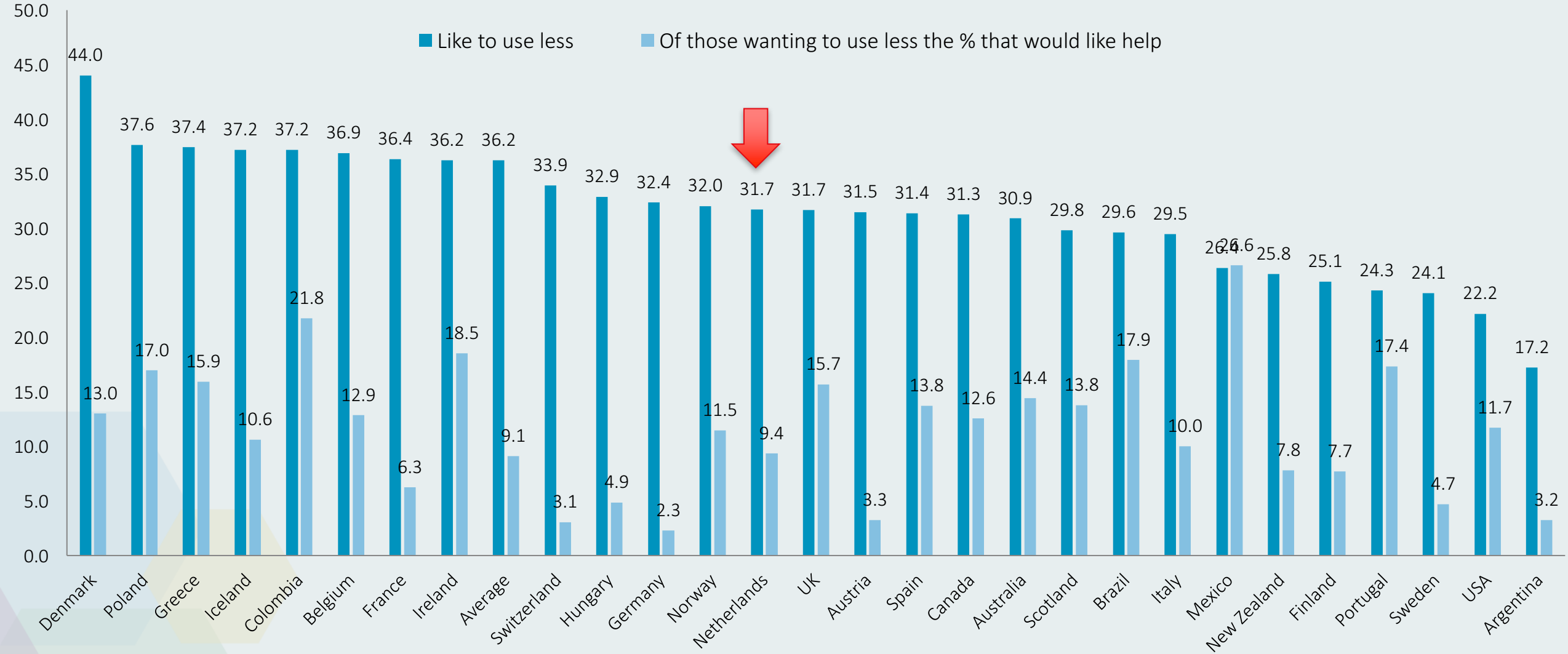
Which countries would like to use less cannabis in the next 12 month & who wants help?



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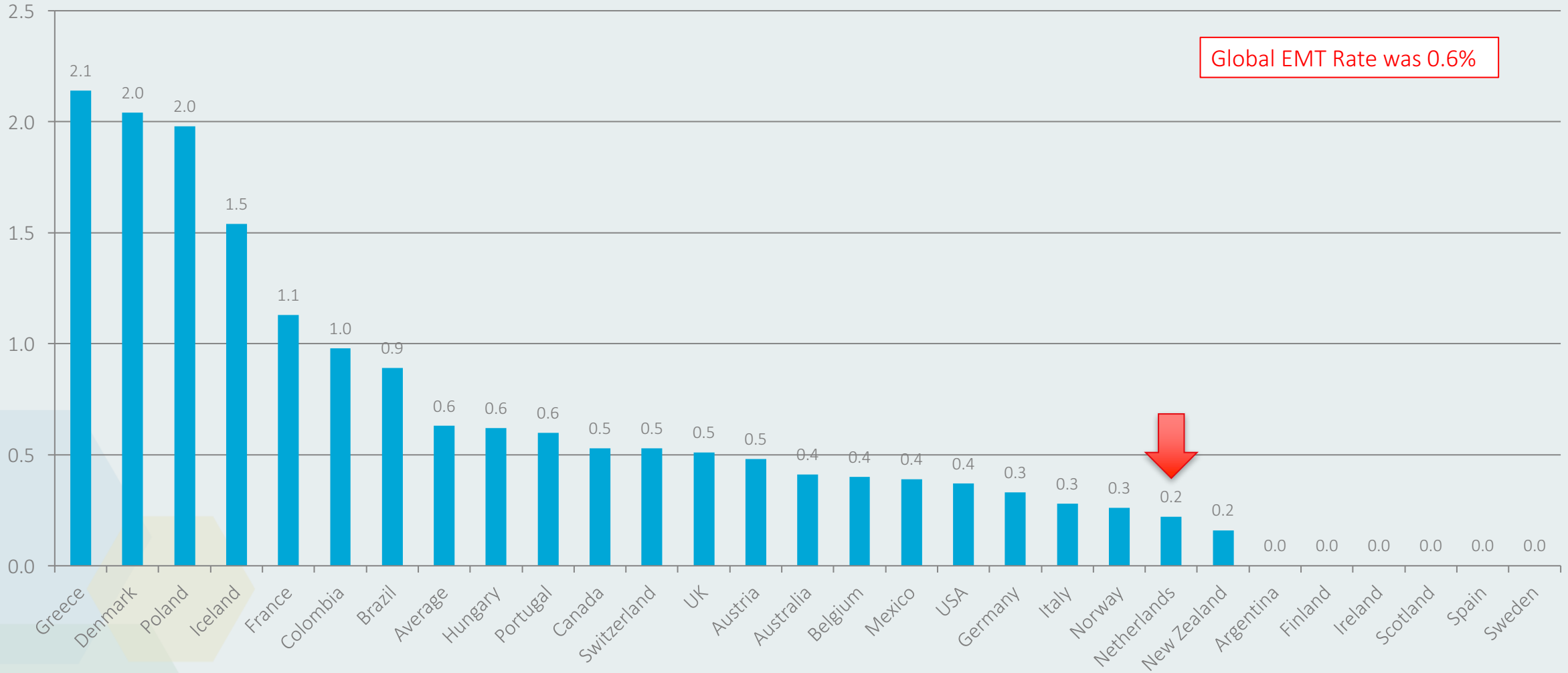
Seeking emergency medical treatment following the use of cannabis in the last 12 months



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GLOBAL DRUG SURVEY 2017

Cocaine - Netherlands

Background

Cocaine remains popular as the stimulant drug of choice for those with money. Gram for gram it is the most expensive commonly used drug in the world. However it varies widely in price across the world from less than €10/gram in South America, €50/gram in parts of Europe to over €250/gram in Australia. In many countries there is also a well established two tier market where dealers offer a better quality product for a premium price. Whether you get what you pay for is another question. Recently better quality cocaine and the risks that this poses users has become an issue in many EU countries.

This year GDS is focusing on how the growth of darknet markets impact on how people use cocaine. While most people use cocaine on an infrequent basis (80% use < 10 times per year) there is a small proportion of people whose use escalates with consumption reaching very high levels.

Some of the issues limiting use among the masses aside from price will be access and the variable quality of product. The darknet markets offer users the opportunity to obtain good quality cocaine with reduced levels of perceived risk. As such, it might be the case that darknet markets lead to more harmful use by some people.

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Key results presented in this section

Cocaine use patterns and adverse experiences

- ☑ Mean number of cocaine use days in the last year by gender
- ☑ The % who had used 1, 2-10, 11-50, 51-100, 101-200, 201-300 and > 300 x in the last year
- ☑ How much cocaine is used per day
- ☑ How many lines users get from one gram of cocaine
- ☑ Howe the most common line of cocaine in your country looks like
- ☑ How the prices for cocaine looks like and where users buy from
- ☑ The % of users who would like to use less cocaine and preferred styles of help seeking
- ☑ The % who reported having sought emergency medical treatment in the last 12 months as a result of cocaine use

A total of 22,081 cocaine users participated in GDS2017 and were used in the preparation of the this report
A total of 996 cocaine users from Netherlands were included in the preparation of this section of the report

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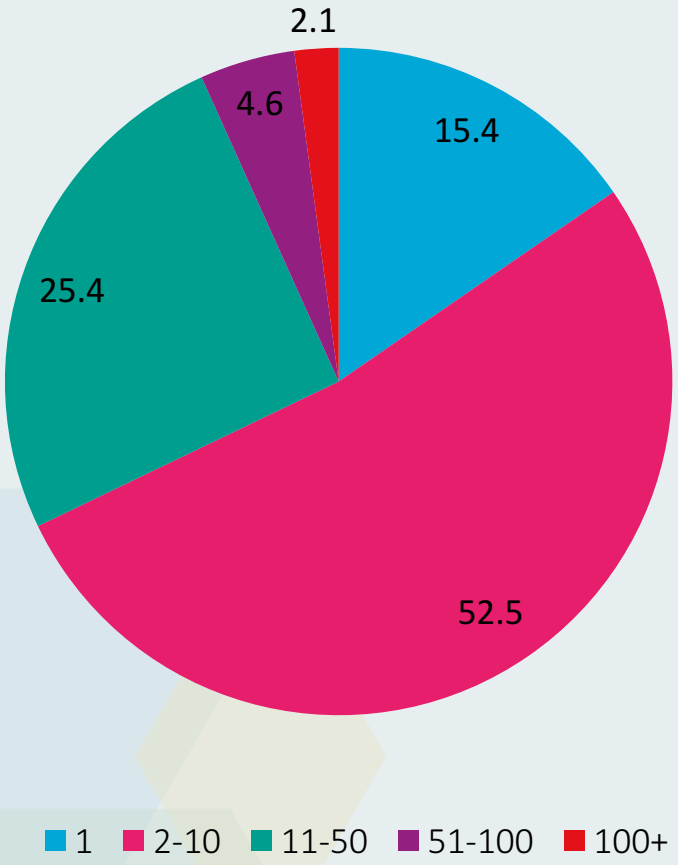
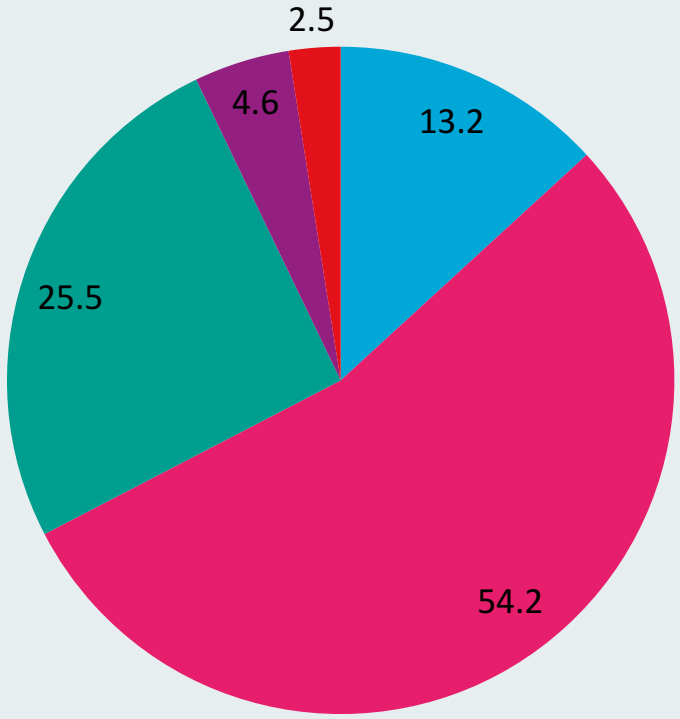
How many days in the last year did you use cocaine All vs. Males vs. Females

Days used in last 12 months - all (%)



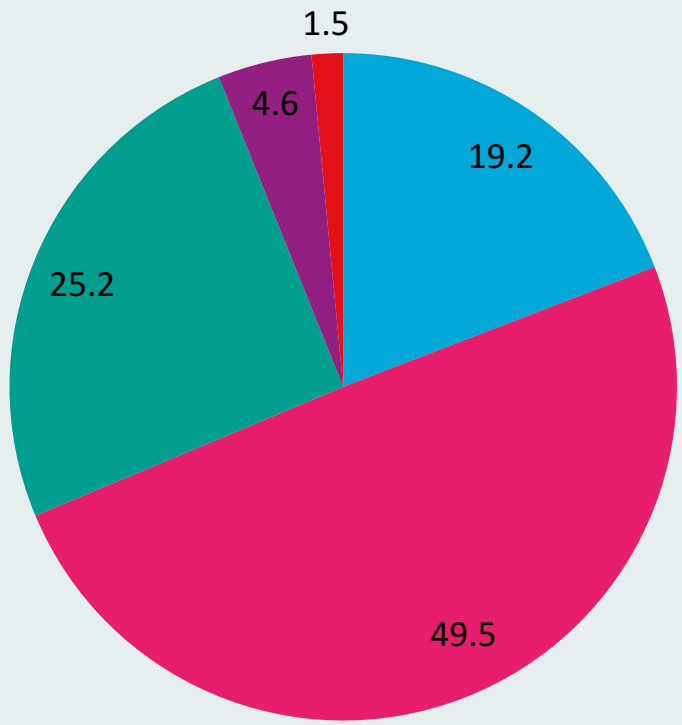
Mean number of days = 16.6

Days used in last 12 months – male (%)



Mean number of days = 16.8

Days used in last 12 months – female (%)



Mean number of days = 16.3

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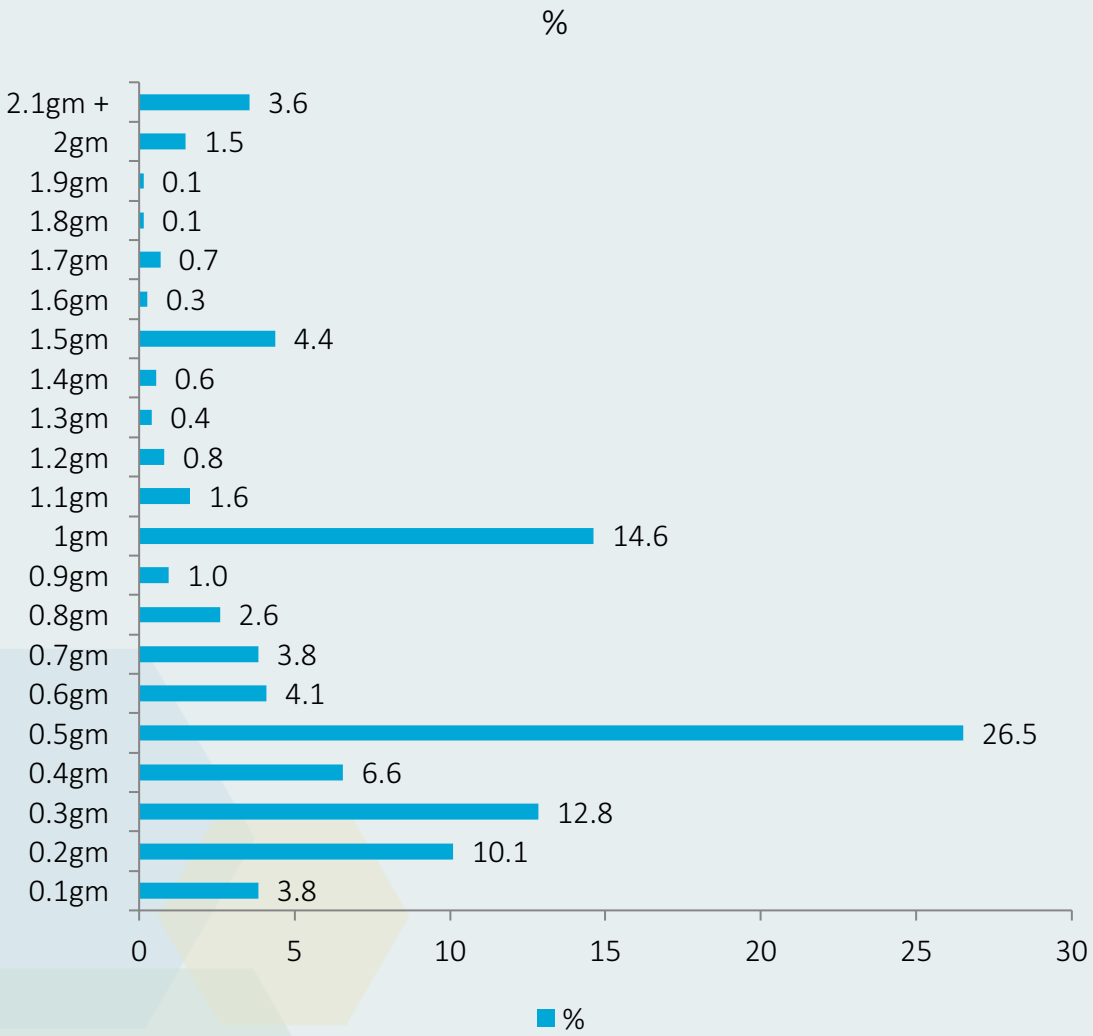
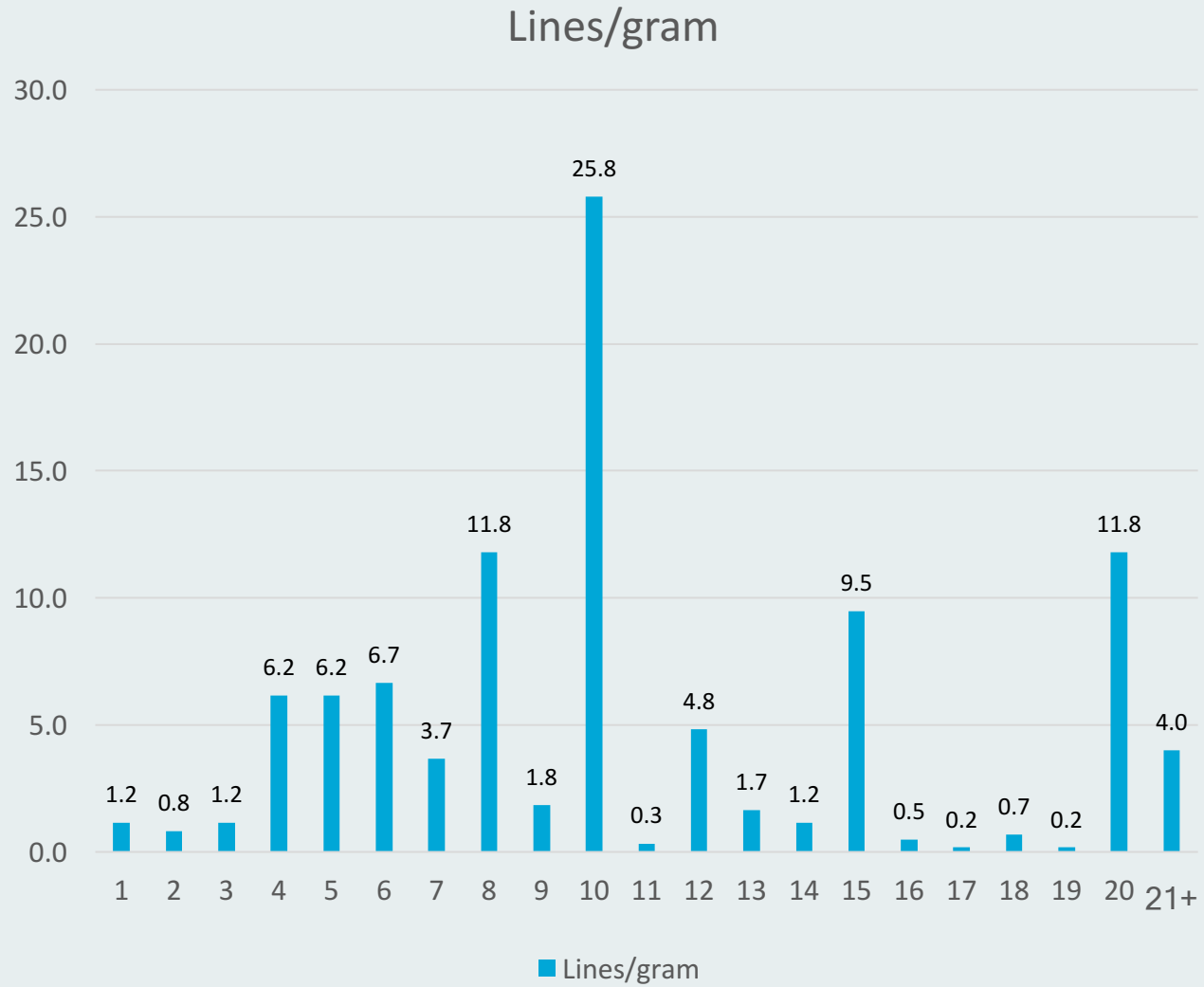
How much do you use on a typical day of use



Mean amount used on a day of use

How many lines from a gram



Mean number of lines / gram

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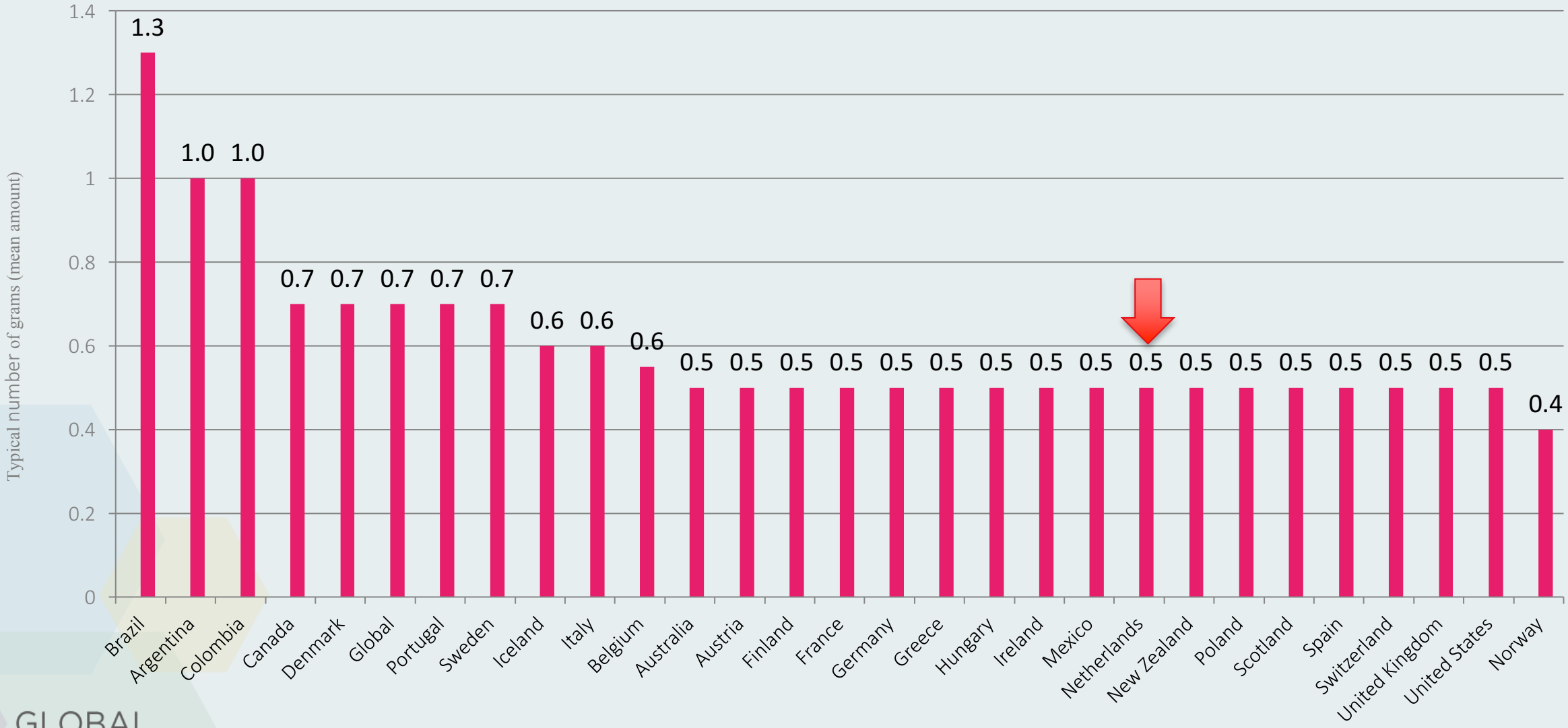
Global comparison: mean amount of cocaine (grams) used / session



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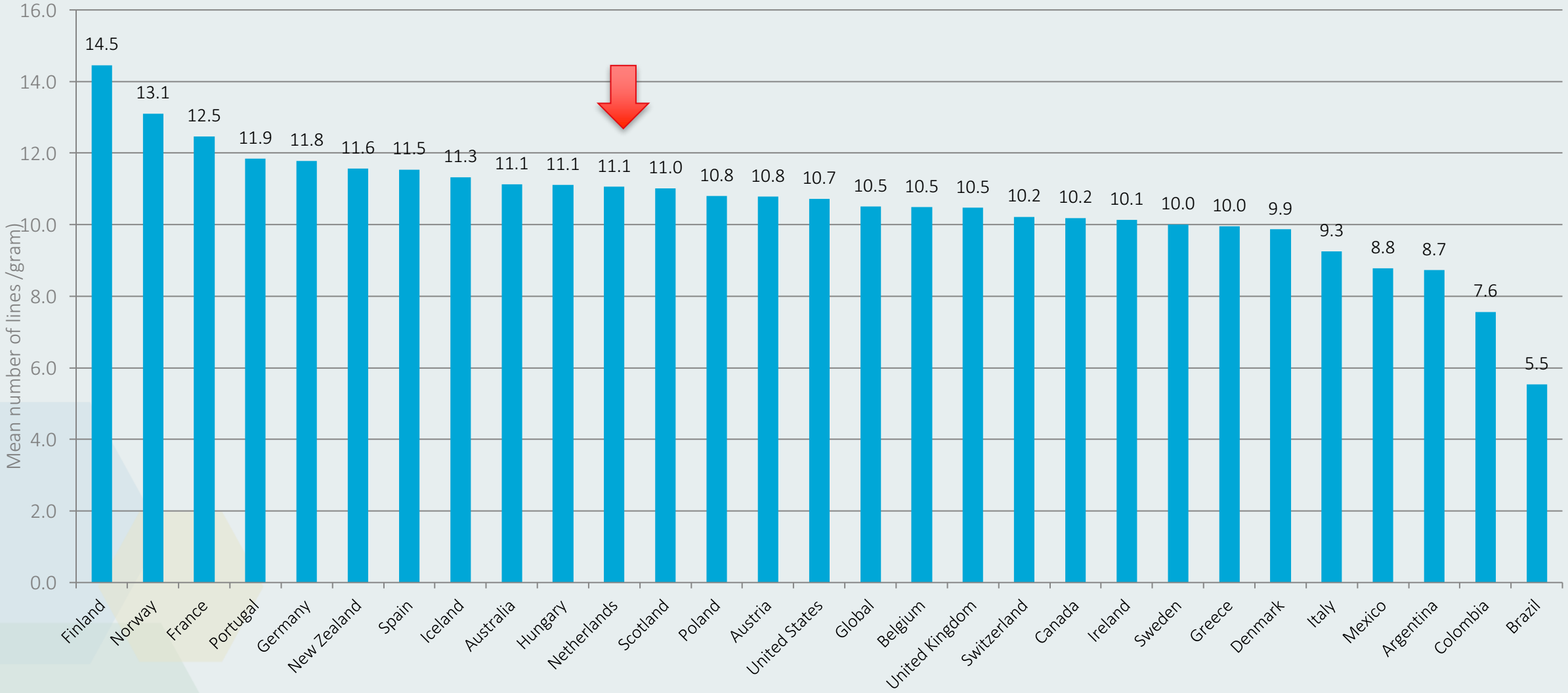
Global comparison: mean number of lines / gram



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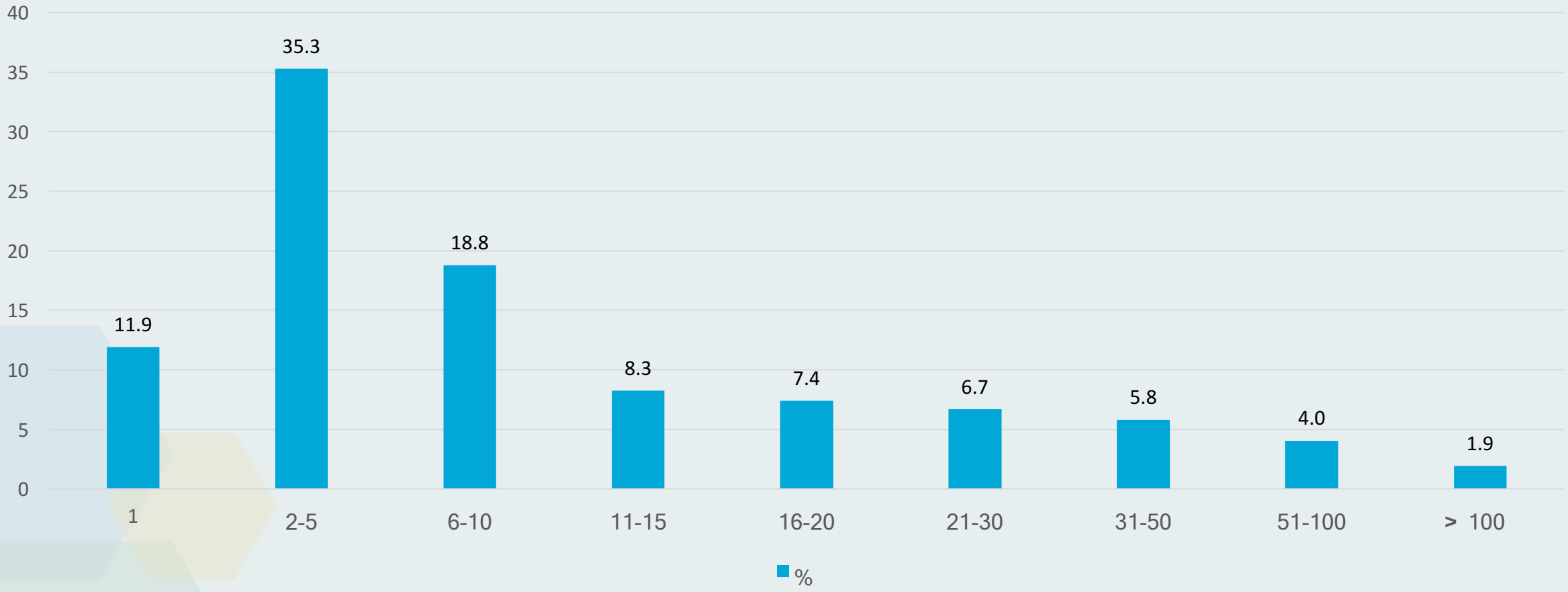
On how many occasions did you buy cocaine in last 12 months?
67.3 % of last year cocaine users in your country report having bought cocaine in the last year



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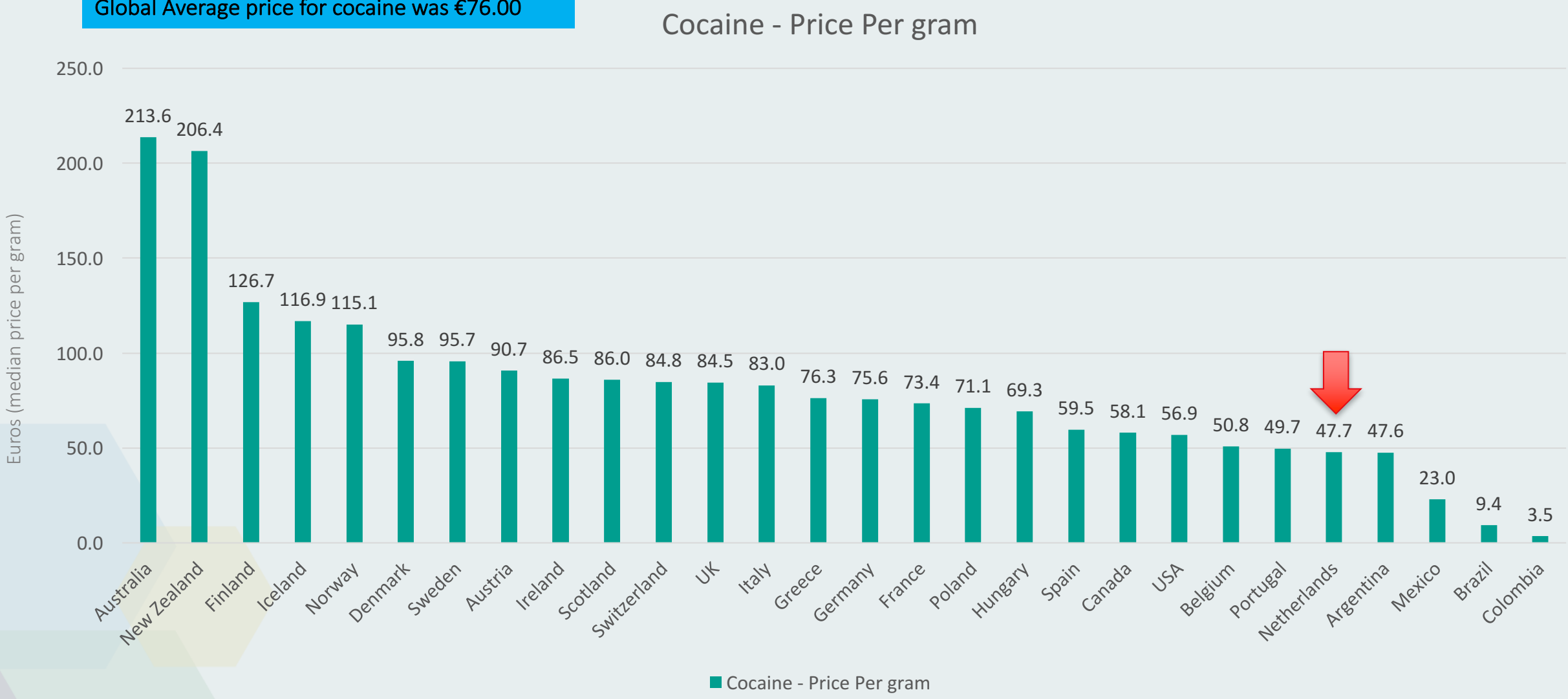
Global comparison: mean price / gram in EUROS

Global Average price for cocaine was €76.00



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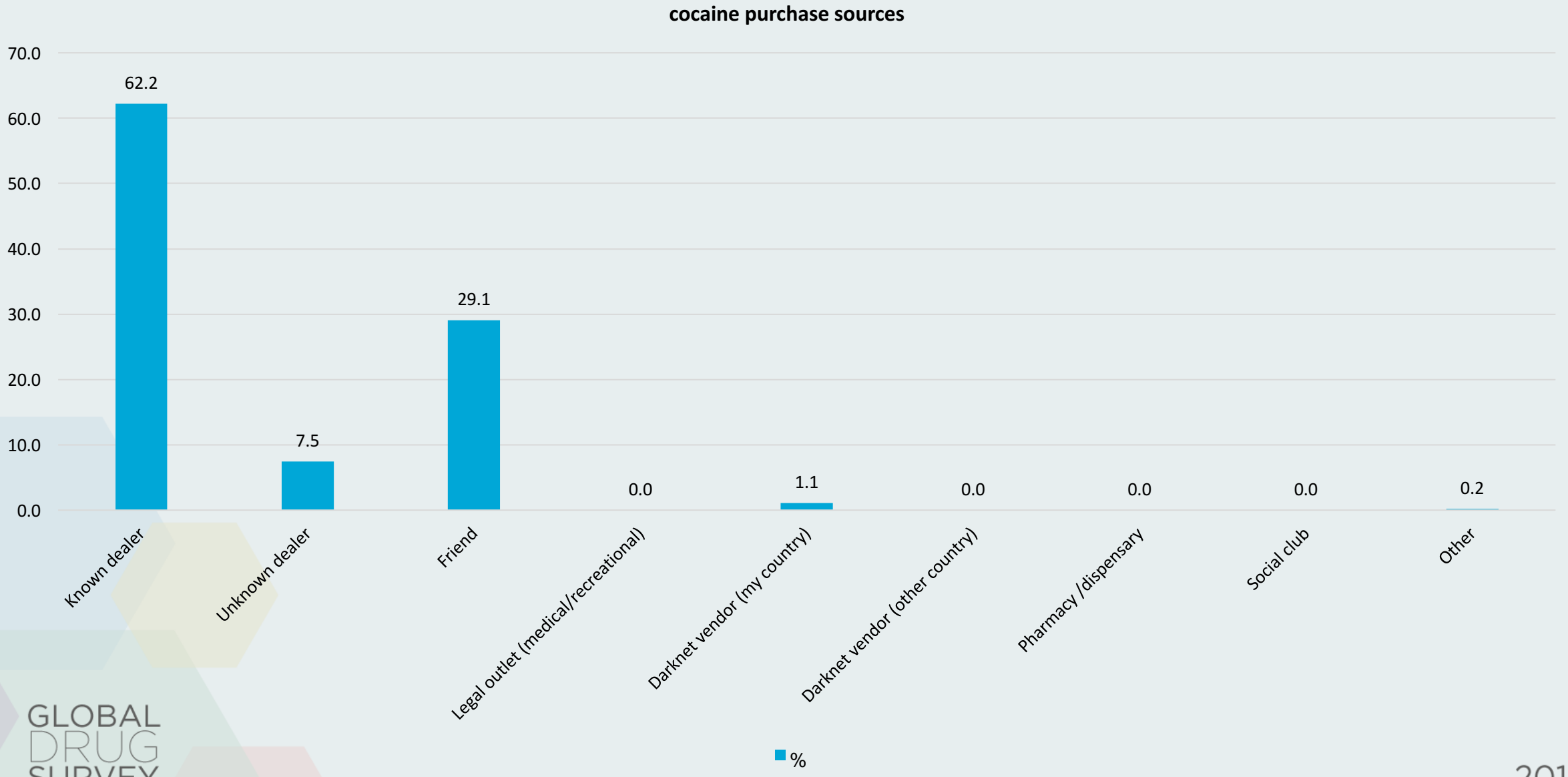
Where did you buy cocaine on the last occasion you purchased it?



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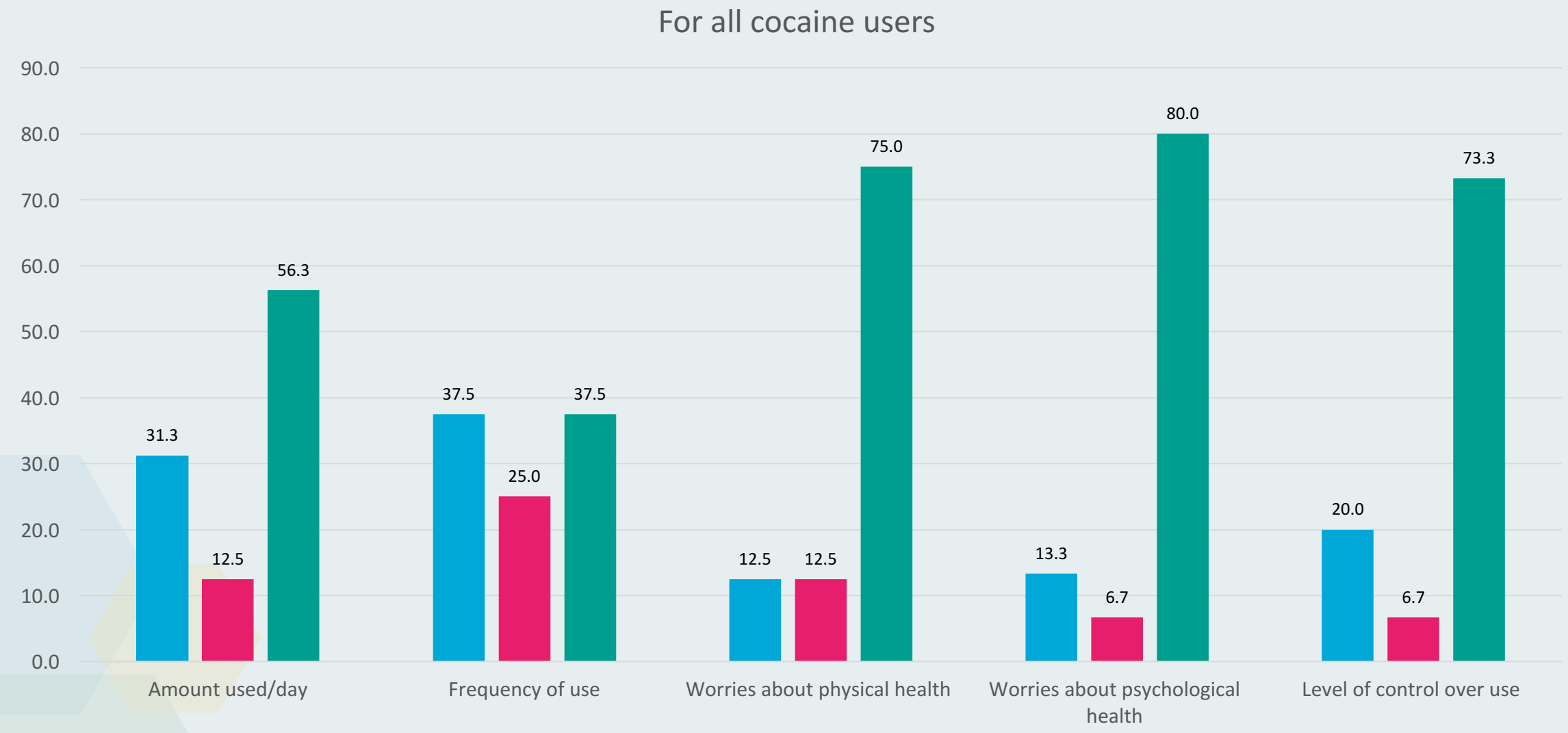
Use over the previous 12 months



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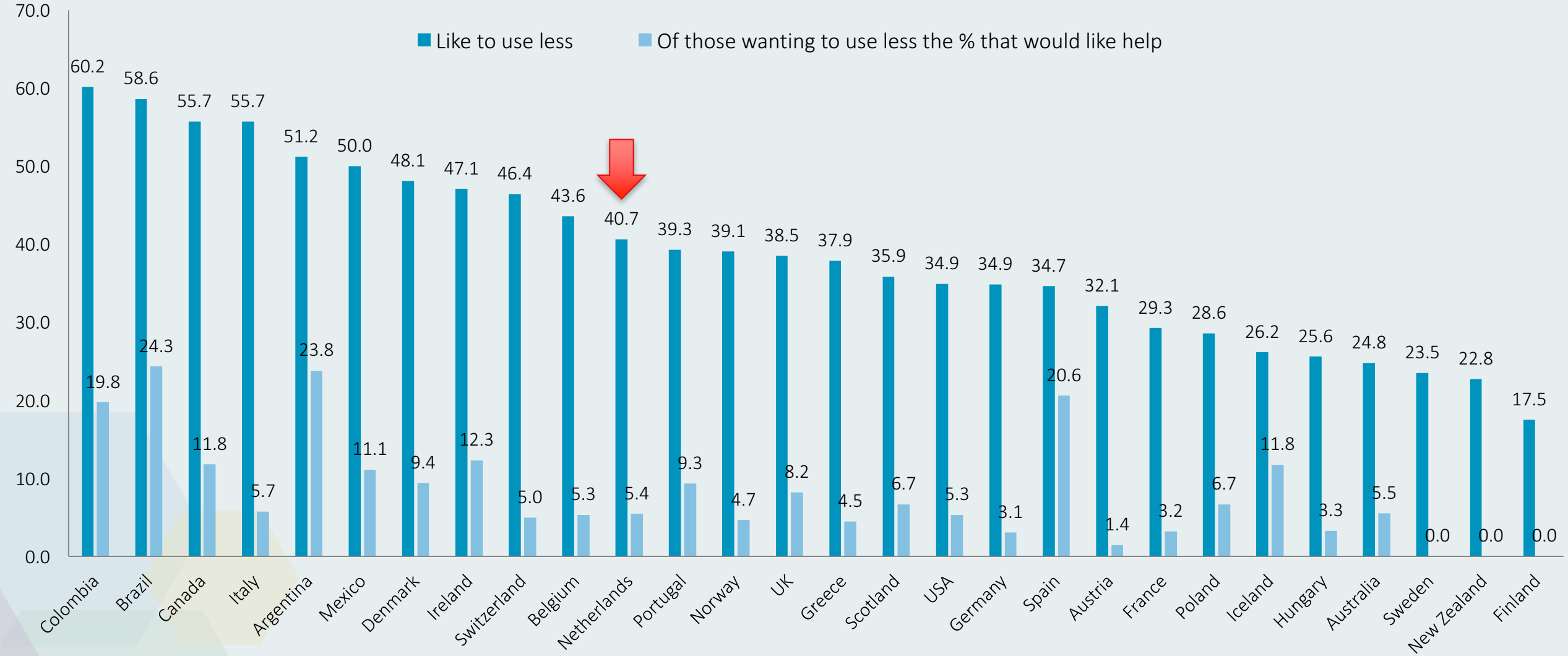
Which countries would like to use less cocaine in the next 12 month & who wants help?



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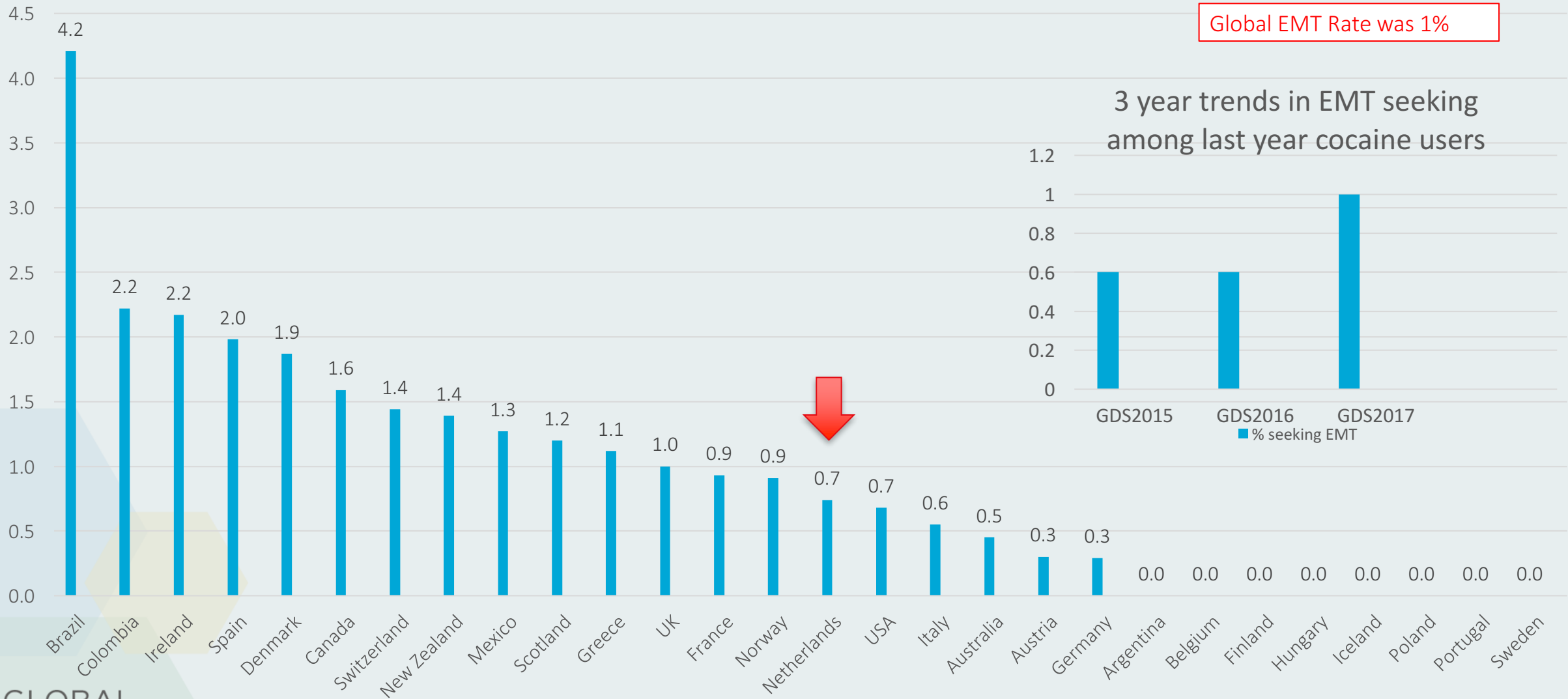
Seeking emergency medical treatment following the use of cocaine in the last 12 months

Global EMT Rate was 1%



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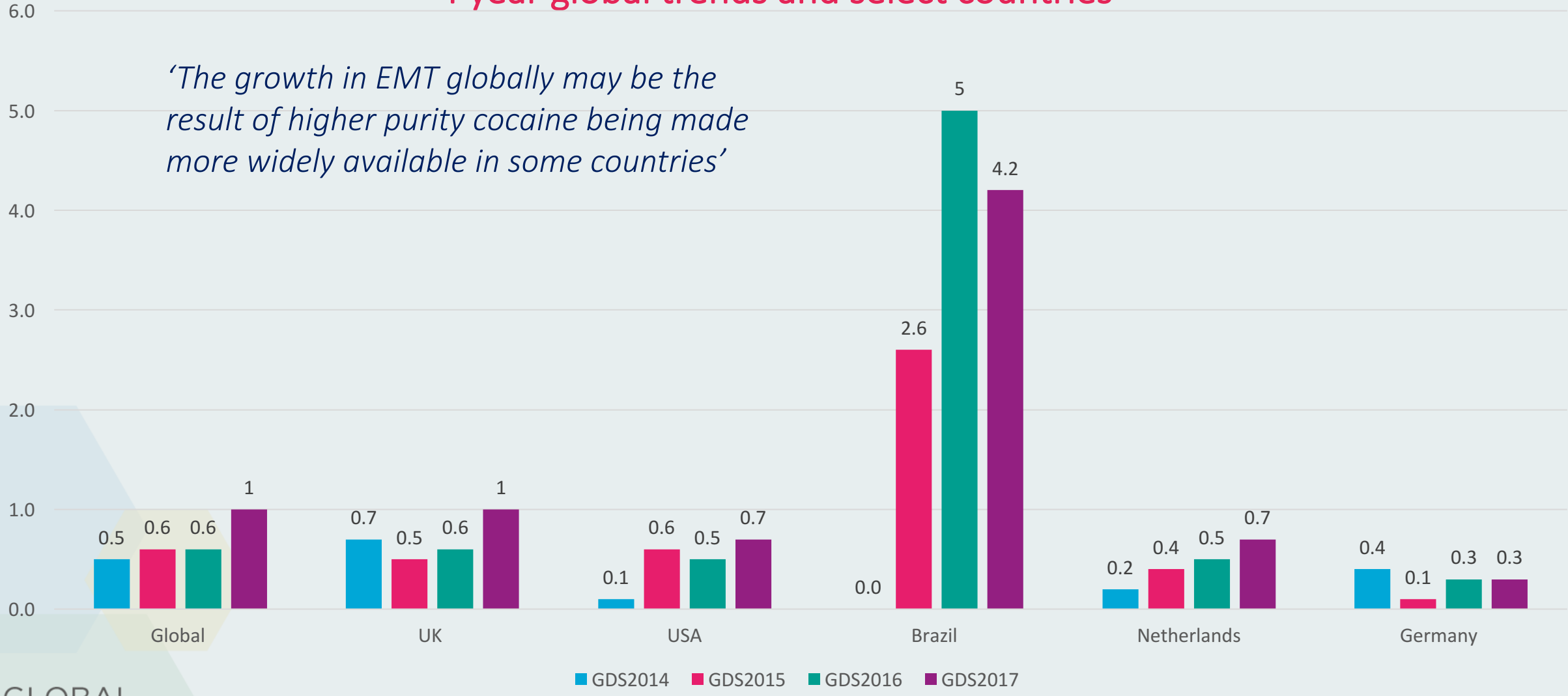
Seeking emergency medical treatment following the use of cocaine in the last 12 months
4 year global trends and select countries

'The growth in EMT globally may be the result of higher purity cocaine being made more widely available in some countries'



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GLOBAL DRUG SURVEY 2017

Novel Psychoactive Substances
Global + Netherlands

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Background

GDS has been tracking the use of 'Novel Psychoactive Substances', 'legal highs' and 'research chemicals' for the last 6 years. The use of different NPS show marked regional variation and often reflect the availability, regulation and price of traditional drugs within a region. For example the Netherlands show one of the lowest rates of synthetic cannabinoid receptor agonist (SCRA) use in the world reflecting easy and regulated access to natural cannabis. Conversely despite ready availability of other traditional drugs they report one of highest rates of NPS use among the GDS sample.

NPS vary widely in their risk profile, with inconsistent composition and potency often being significant factors in the risks they pose. Highly potent hallucinogen compounds like NBOMe, and potent amphetamine analogues like 4-Flour-Amphetamine are causing real concern across Europe and Australia where their use has been associated with deaths in recent months. GDS2017 suggests drugs with a psychedelic effect profile (including LSD analogues) are on the increase with these drugs representing over 50% of the NPS drugs being used by the sample. Potent novel opioid drugs like acetyl fentany and carfentanyl have been responsible for scores of deaths in Canada and these are ones to watch in future years.

Overall there seems to have been a shift away from herbal smoking mixtures with an increase in powders and liquids. The impact of regional variations in drug laws and tolerance for drug sue can also be seen in the findings this year. The impact if new drug laws in the UK are hinted at with a slight reduction in recent use among the GDS sample.

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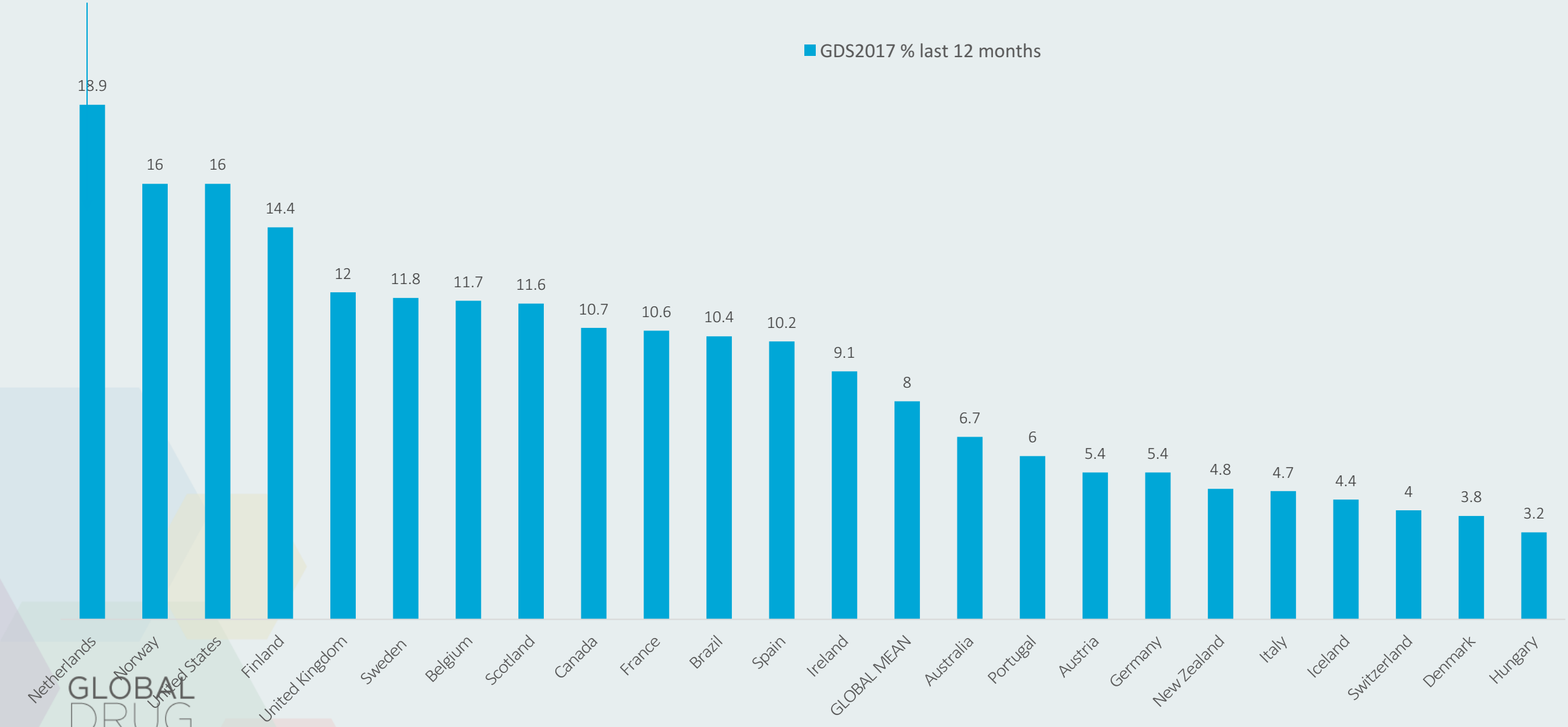
Key results presented in this section

- ☑ Global comparison of GDS countries – NPS use in the past 12 months
- ☑ Global comparison of GDS countries – NPS purchase in the past 12 months
- ☑ Who in your country had bought NPS in the past 12 months (gender, age and clubbing)
- ☑ Comparison of NPS types (preparations) used over the last 3 years using the global GDS2017 sample of last year NPS users
- ☑ What preparations of NPS were most commonly used in your country in the last 12 months?
- ☑ Global overview of types of drug effect NPS preparations used in the past 12 months are trying to mimic V those in your country
- ☑ Source of purchase of NPS in the past 12 months global GDS2017 v your country.
- ☑ The % of all participants who recently used NPS and sought EMT in past 12 months

A total of 9000 last year users of NPS from the full GDS2017 sample were used in the preparation of this section of the report. 23.1 % of the GDS2017 Dutch respondents reported ever having used NPS with 18.9% (n > 600) having done so in the last year.

NPS use in the past 12 months by country GDS2017

TOP 7 GDS 2017 countries Netherlands, Norway, USA, Finland and UK



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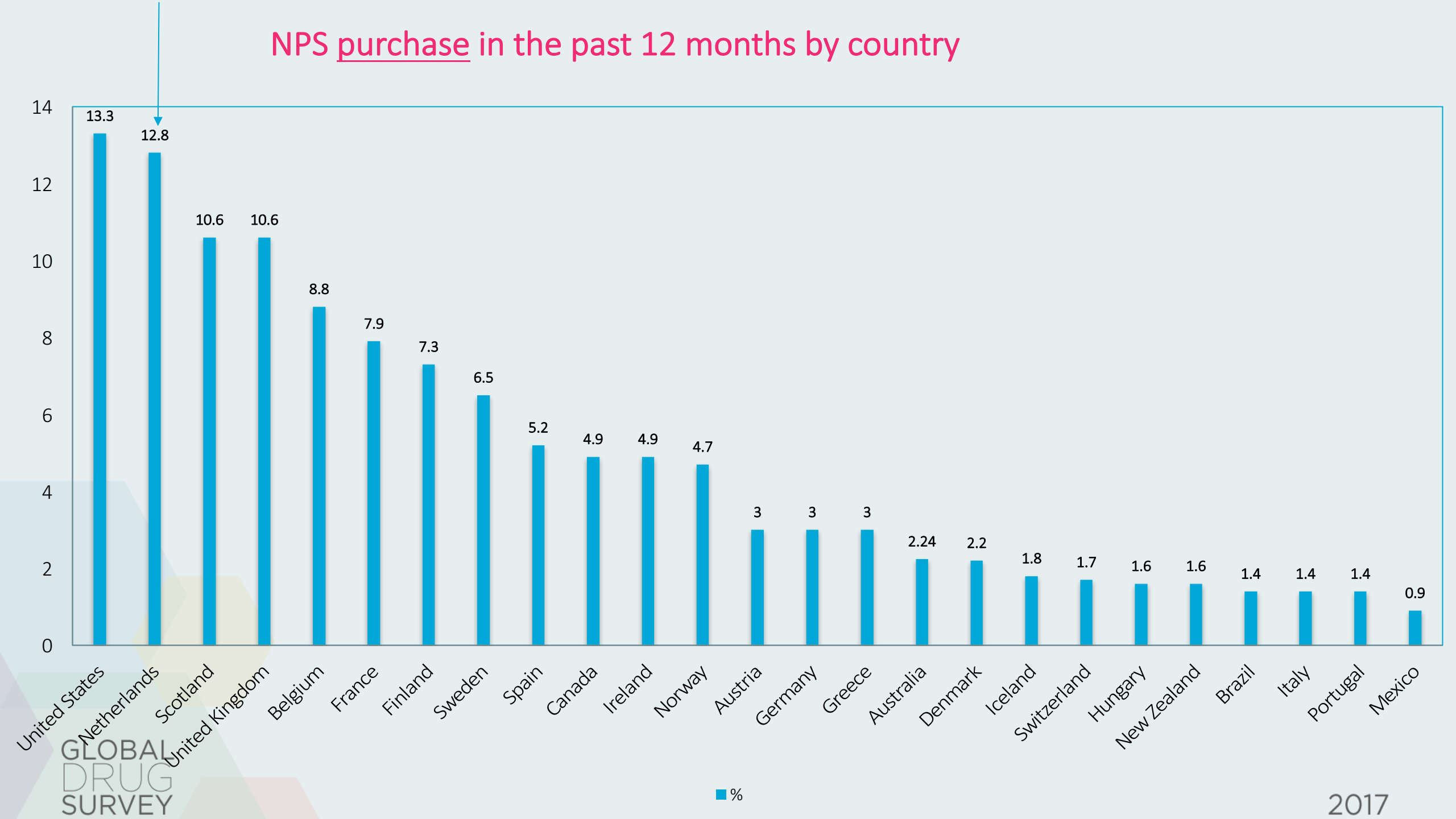
NPS purchase in the past 12 months by country



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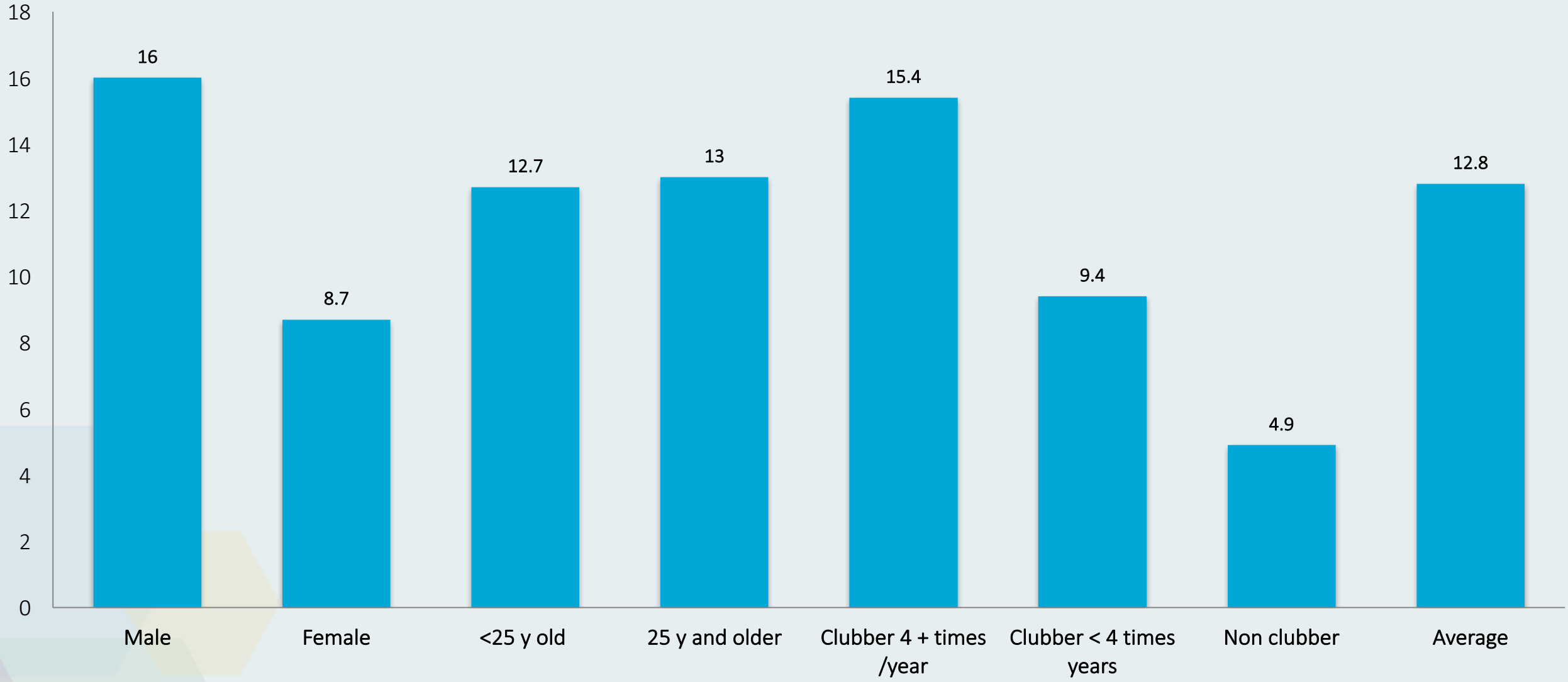
12.8% of the Dutch GDS2017 sample had bought NPS in the last 12 months



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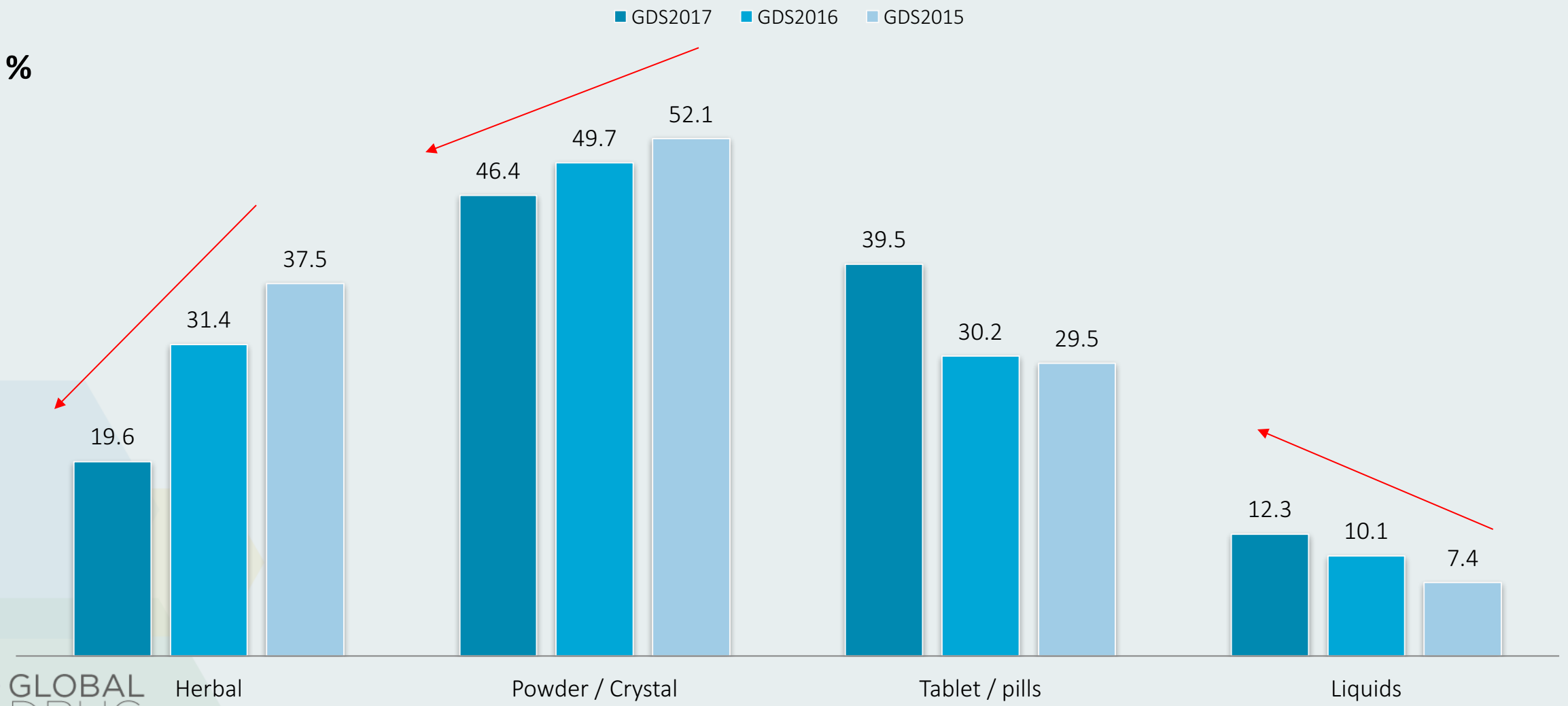
What was the appearance / form of the NPS used (using global GDS samples over last 3 years) ?



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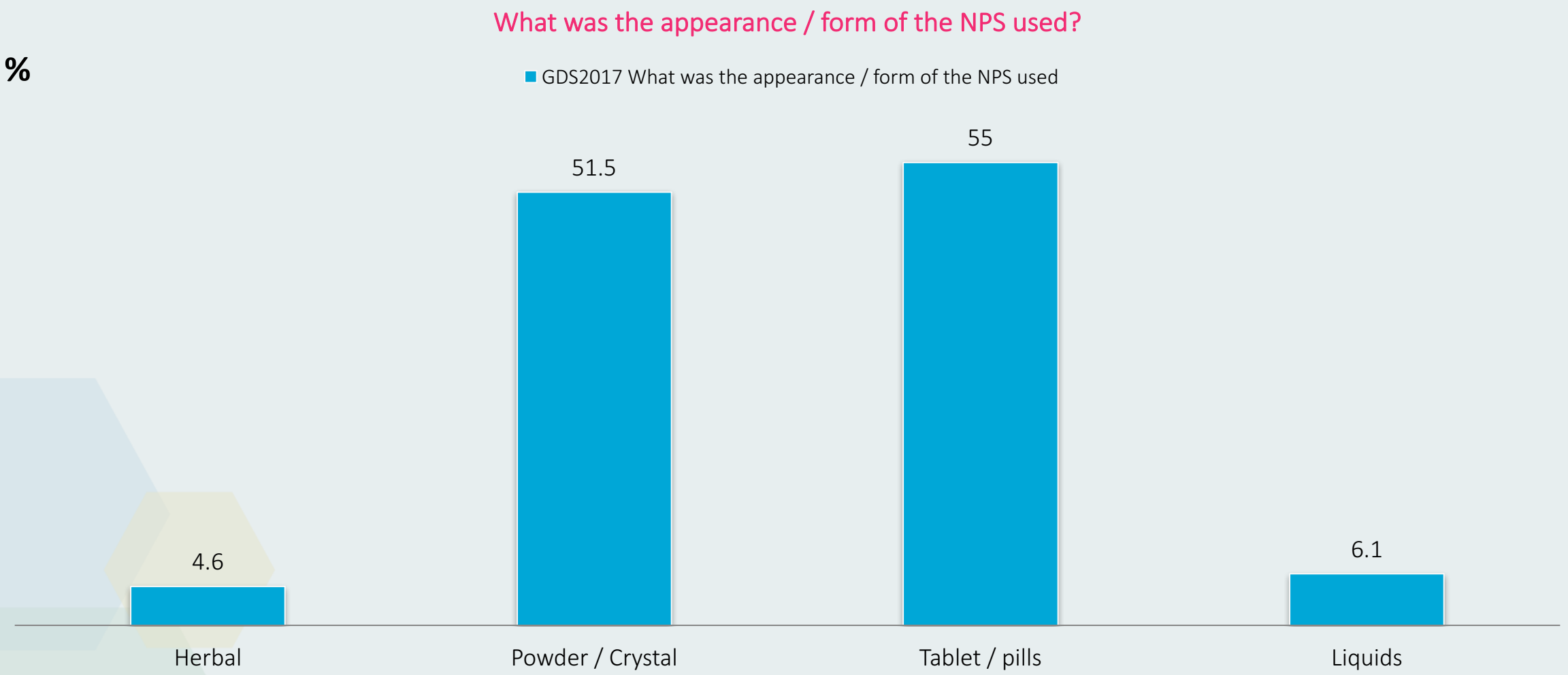
What NPS preparations were most commonly used in the Netherlands



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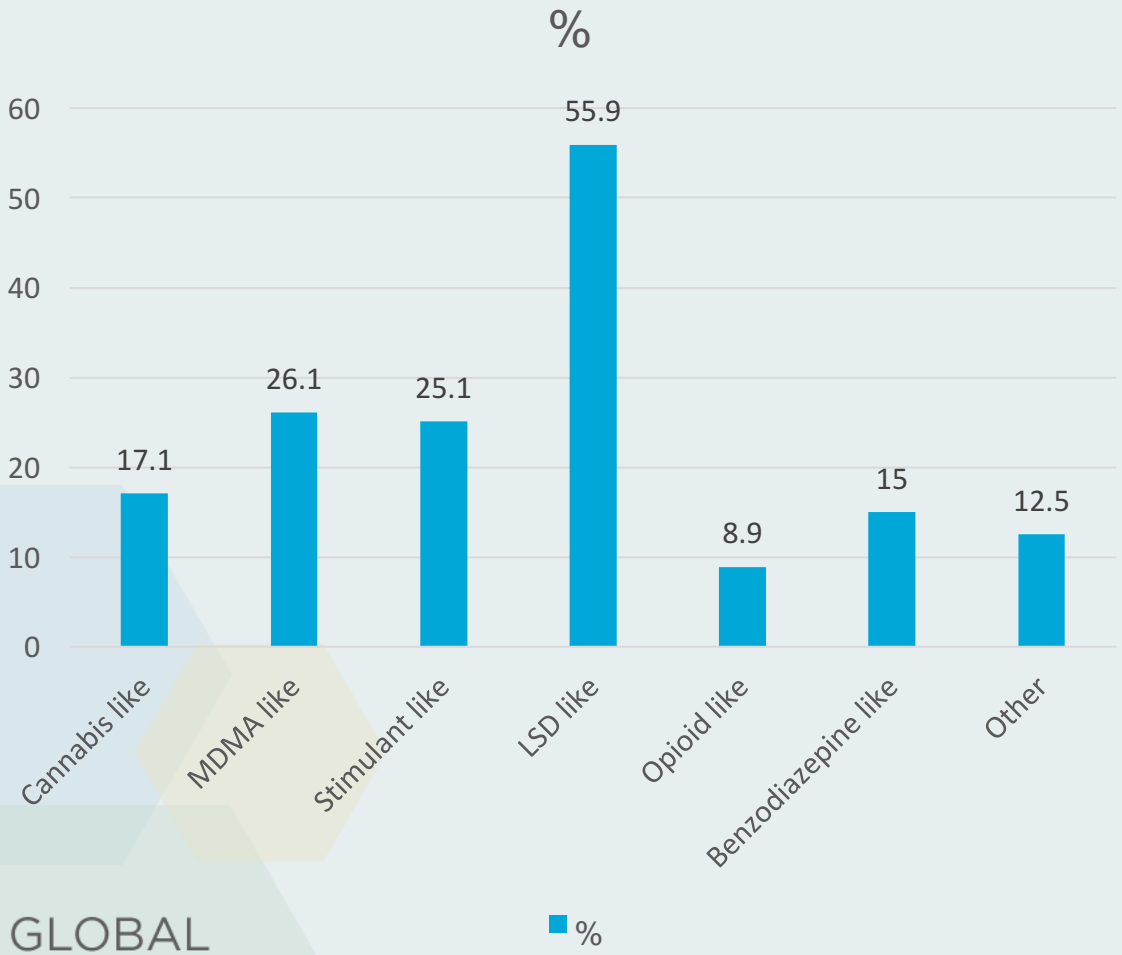
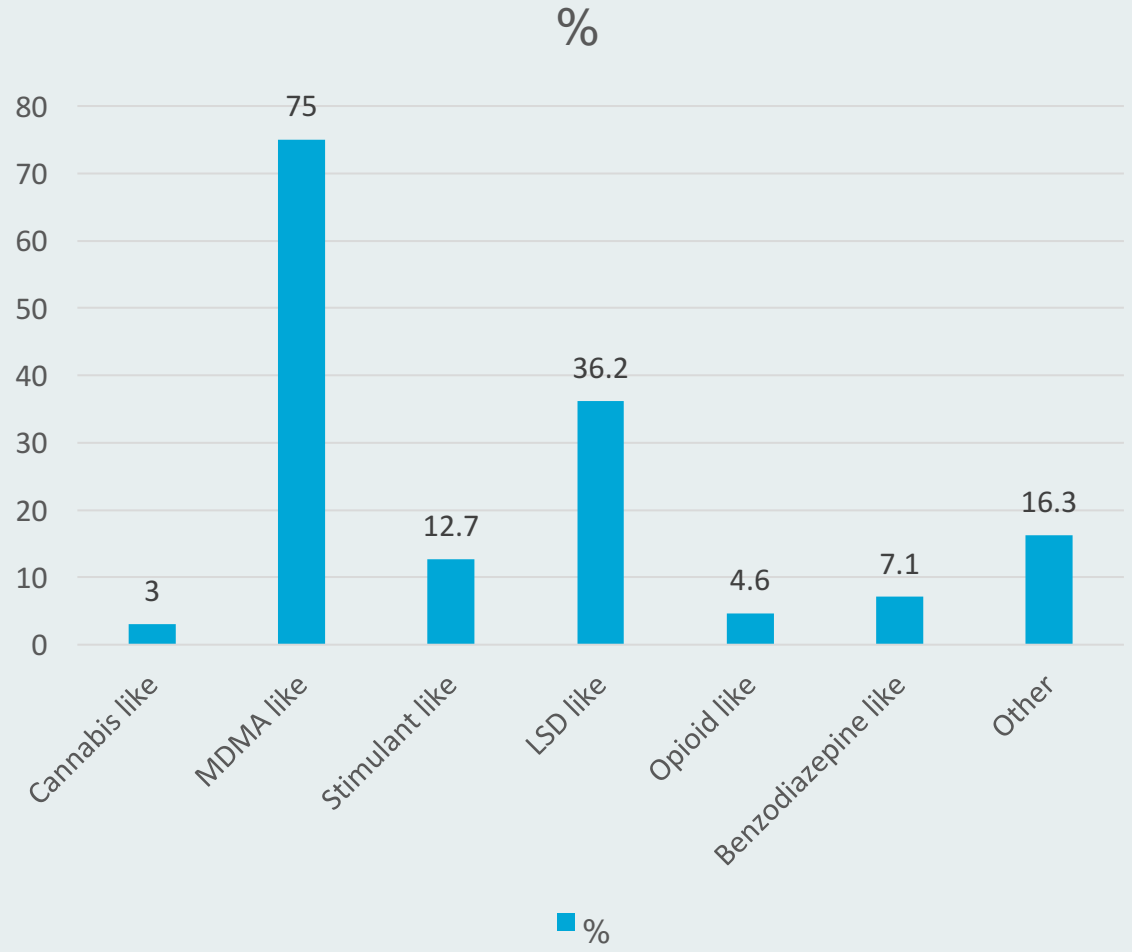
2017

What drug effects are NPS trying to mimic most often (GDS2017 GLOBAL)?



What drug effects are NPS trying to mimic most often (GDS2017 Netherlands)



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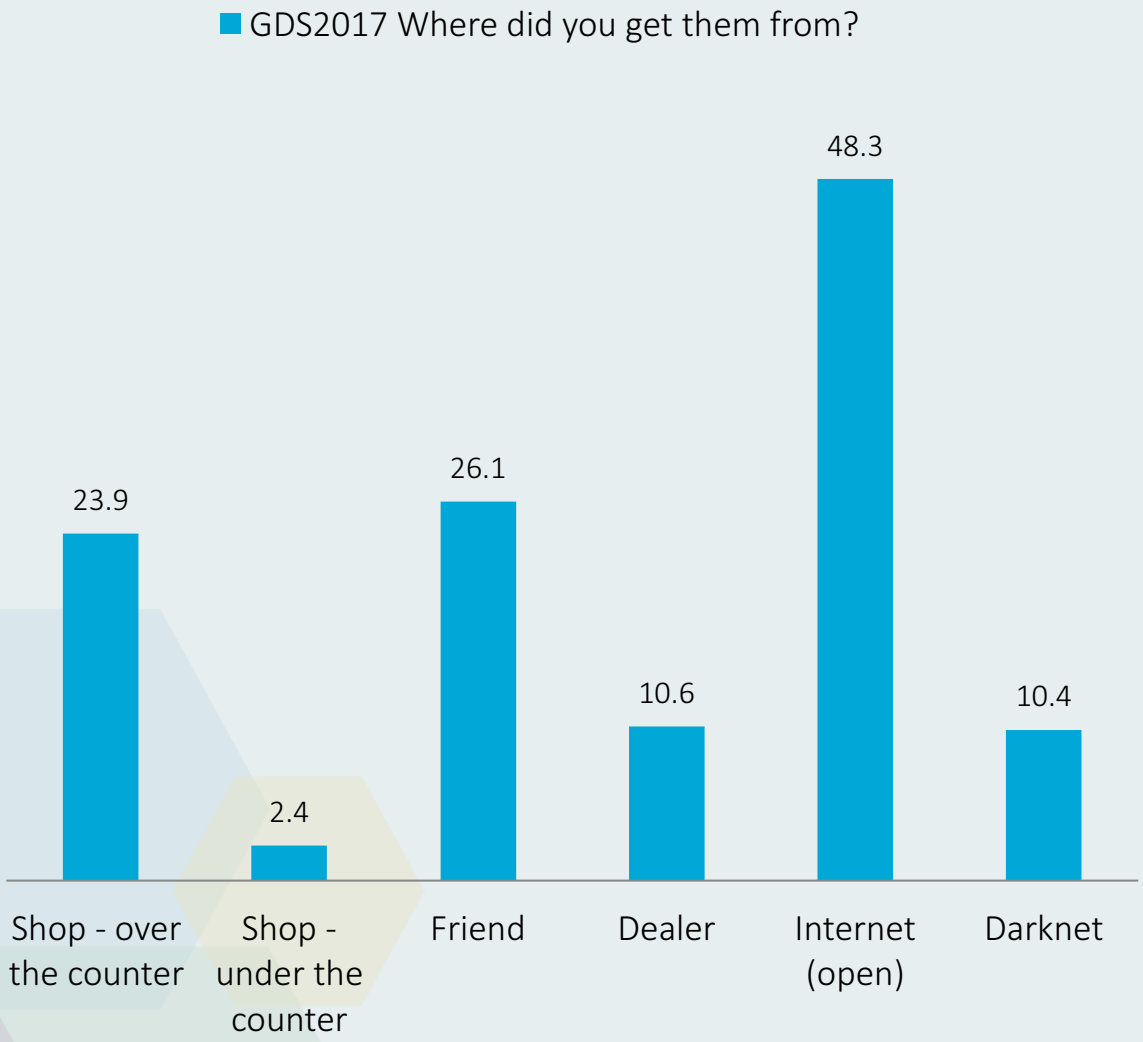
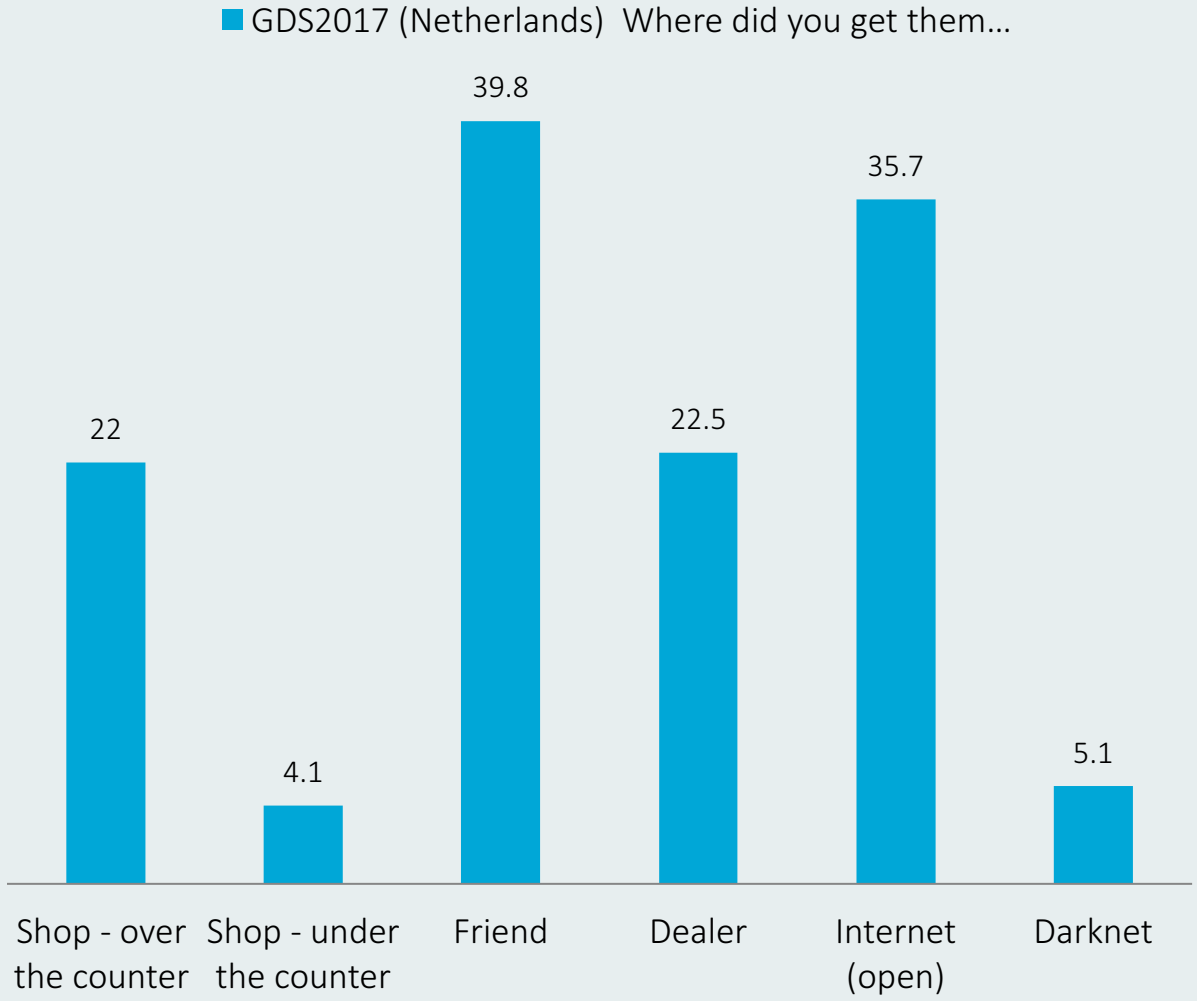
Where do people obtain their NPS globally V your country

Where did you source them from GDS2017 (GLOBAL)



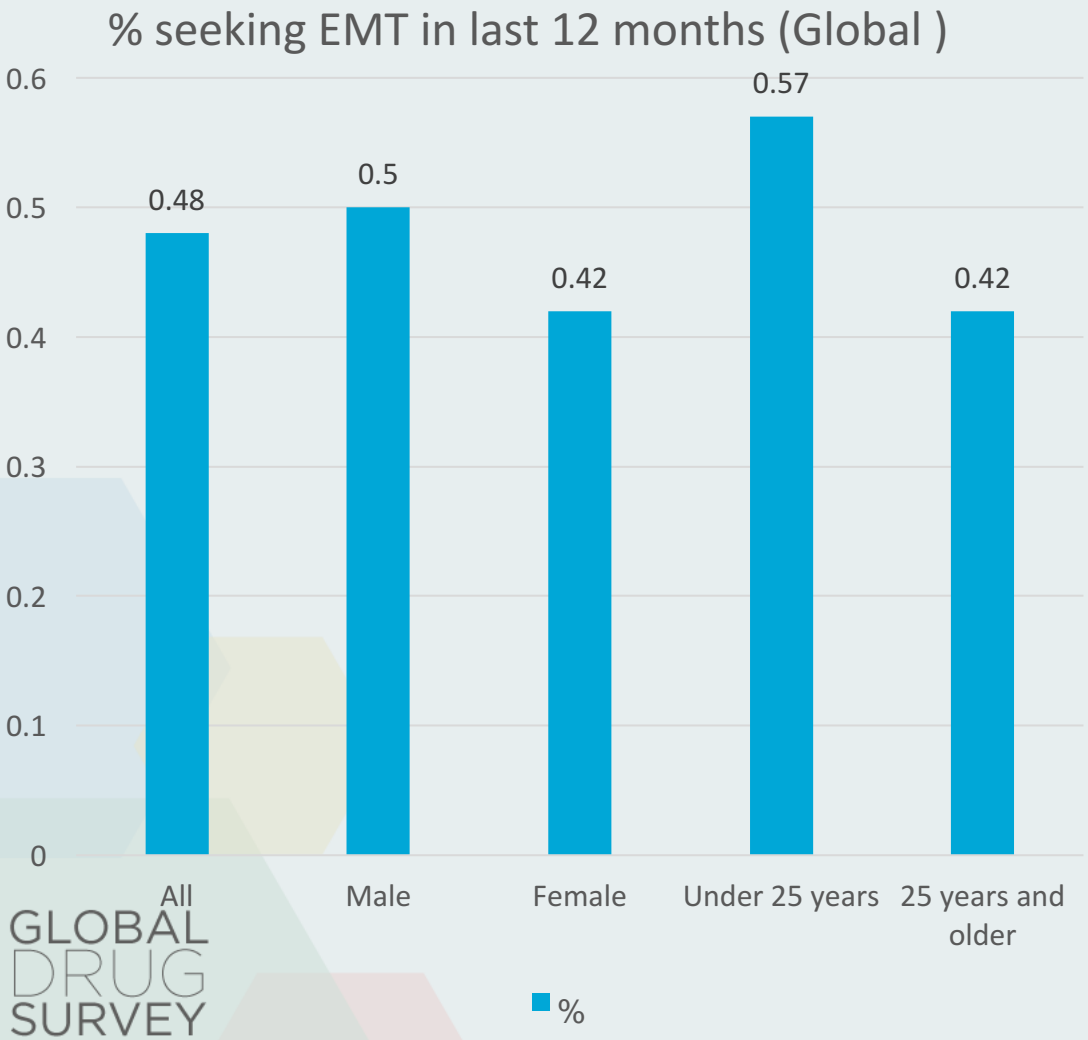
Where did you source them from GDS2017 (Netherlands)



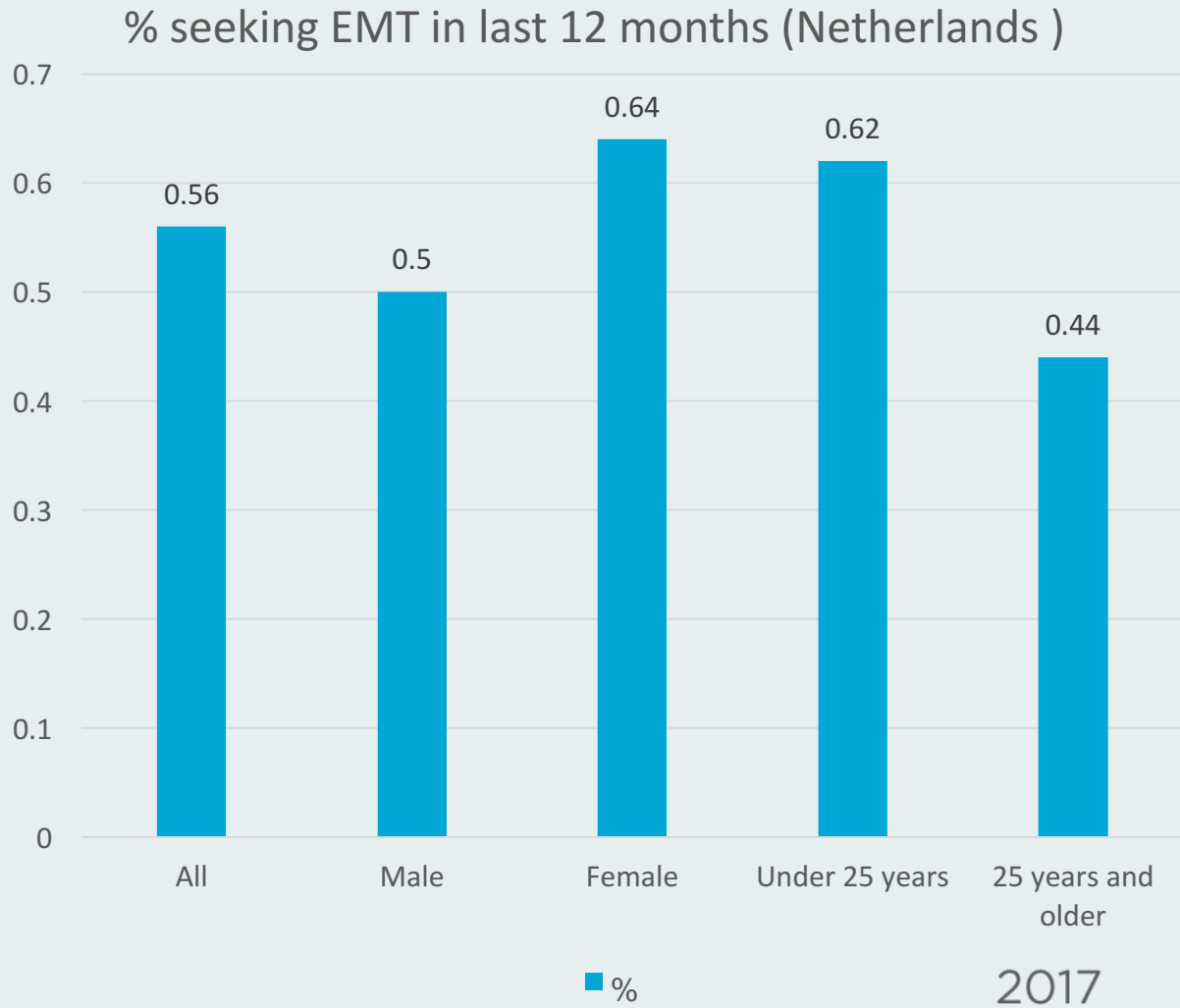
GLOBAL DRUG SURVEY

2017

What % of GLOBAL NPS users had sought EMT in the past 12 months (total and by age and gender groups?



What % of Dutch NPS users had sought EMT in the past 12 months (total and by age and gender groups?



GLOBAL DRUG SURVEY 2017

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GLOBAL DRUG SURVEY 2017

Nitrous oxide – global trends and Netherlands

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Background

Nitrous oxide is a colourless, non-flammable gas with a slightly sweet odour. While it's still commonly used in medical practice when pulling teeth and childbirth, the last decade has seen a gradual increase its popularity among young people who use drugs.

The substance is widely available online and through supermarkets and commercial kitchens where it is used to help make cream light and whippy. In recent years, its use by clubbers and those attending festivals has increased.

GDS2014 started its investigation into the risks associated with nitrous oxide use and since then, findings on the harm were compared globally.

Data on over 20,000 Nitrous oxide users gathered by GDS over the last 3 years will be presented at Club Health 2017 in Dublin on May 24th. The talk will provide insights on how a drug that enjoys an excellent safety profile within medicine, can, when taken in very high doses, cause nerve damage.

Recent efforts in the UK to reduce its use through making it illegal to use/sell for intoxication purposes through the passing of the Psychoactive Drugs Bill was one of the areas we were keen to explore in the this years study.

What this section covers

- ☑ The percentage of past-year nitrous oxide users per country and compared to previous GDS2015/2016
- ☑ The most common source e.g. whipped cream bulbs or pre-filled balloons
- ☑ The most common places where nitrous is obtained e.g. internet, shops, festivals
- ☑ Changes between GDS2016 and GDS2017 in the UK

16.3% of the total global sample (N>15,000) reported using nitrous oxide with 9.3% reporting use in the past 12 months. This similar to 18% and 9%
and 16% and 6.5% respectively in GDS2016 and GDS2015.

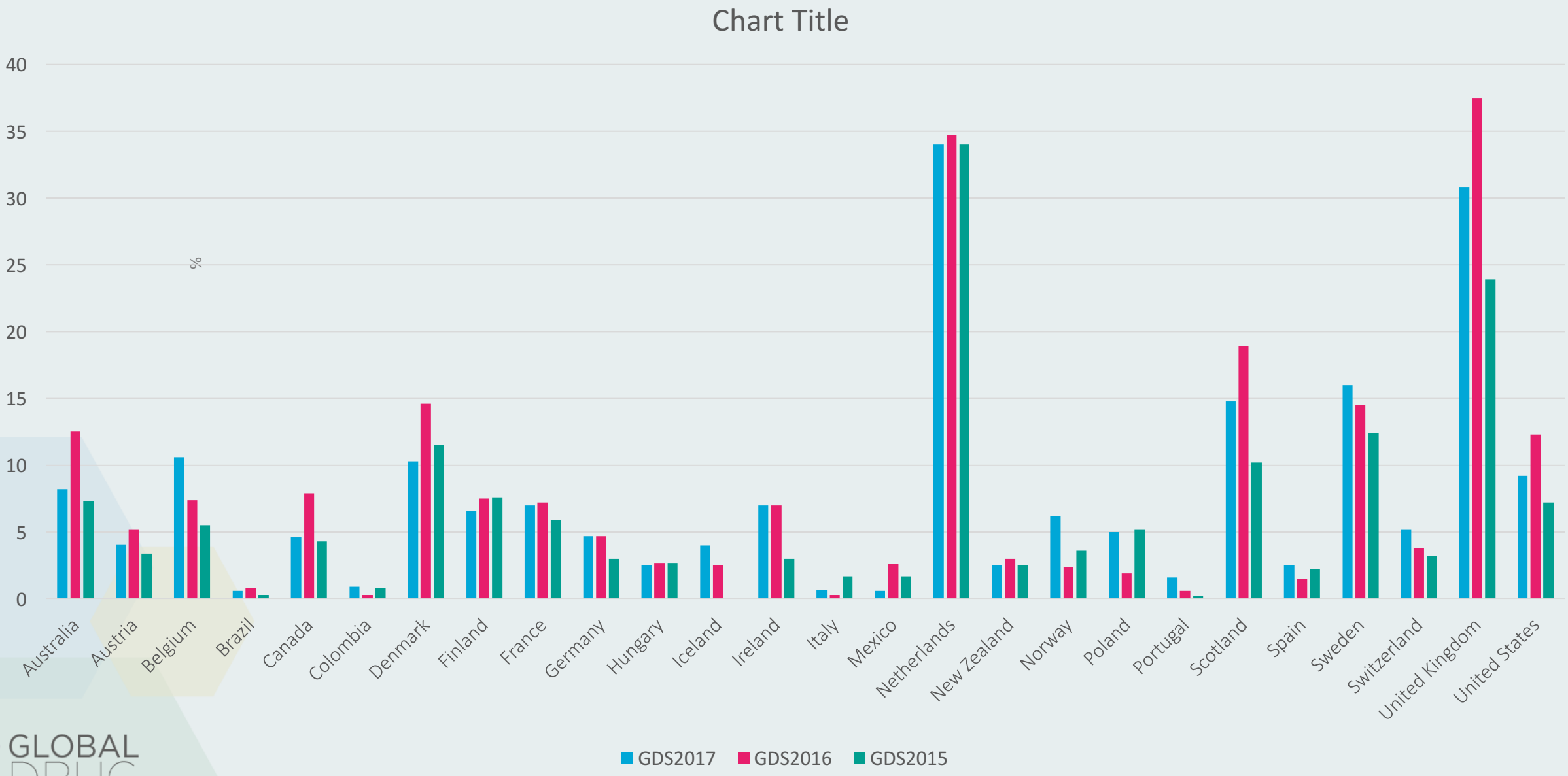
Days used in the past year

27% had used less than 10 days the last year, with 51% reporting use on
11-50 days. 2.5% reported use on more than 100 days in the last
12 months

Most people source nitrous from whipped cream bulbs (67%), 23% from balloons and 7% reported sourcing from bigger tanks.

As can be seen from the next slide the Netherlands remain the biggest consumers of nitrous oxide and although the UK is not far behind there is marked reduction in recent use compared to GDS2016 perhaps due to regulatory change in June 2016

3-year country trends in nitrous oxide use in the past 12 months



GLOBAL DRUG SURVEY

2017

Dutch nitrous oxide data: 44.4.6% of the GDS2017 Dutch sample reported ever having used nitrous oxide (compared to 47.1% in GDS2016 and 48.6% in GDS2015). The 12 month prevalence has remained static at 34% over the 3 years.

Days used in the past year

24% had used just once, 54% reporting use on 2-10 days, 18%
11-50 days and 0.9% reported use on more than 100 days in the last
12 months

Most people sourced nitrous from whipped cream bulbs (56.8%),
35% from balloons and 6% reported sourcing from bigger tanks.