

## Research Area: Drug Policy in Europe/ Polityka narkotykowa w Europie

### Drug policy in the Integrated Europe – approach towards liberalization or prohibition of drug use

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#### INTRODUCTION

Since the end of seventies a kind of convergent policies on drug trafficking and diversity of policies on drug users can be observed in Europe. This is clearly seen in the national legislations of the member states of the European Union.

Actually, there are noticed two main tendencies. One is going more to liberalization of drug –addiction while another aims to prohibition and its penalization in national criminal law. Some countries still are not sure what kind of drug policy is more effective in the fight against drug addicts and drug trafficking. The comparative studies on national legislation and the European Union *aquis* clearly show that drug use is unwanted phenomenon in our modern society. However, each national legal system takes different approach towards making the fight against drugs more effective. In each national legal order, which is discussed in my presentation the aim is identical. However, the undertaking measures are different in their nature. They varied from liberal ‘soft’ drug policy, to prohibition of drug possession and finally to total prohibition of drug use.

#### ‘SOFT DRUG POLICY’ IN HOLLAND

##### I. The main drug law in Holland is the Opium Act of 1976.<sup>1</sup>

Drug use is considered to be primarily a public health rather than a judicial problem.

The Dutch law distinguishes between ‘hard’ drugs and so-called ‘soft’ drugs.

The ‘hard’ drugs are those, which involve an unacceptable degree of risk – as cocaine, heroin, amphetamine or LSD. The ‘soft’ drugs, in turn, are cannabis products. All those drugs are scheduled in the annex lists to the Act.

The penalties for the possession of listed substances or for importing, exporting or trafficking in them differ accordingly as to whether the substance in question is ‘hard’ drug or a cannabis product. Possession of small amount of ‘soft drugs’ can be an offence liable to one month imprisonment or fine of € 2.300. Possession of any hard drug is punished by more severe penalties.

##### II. In the Penal Code measures can be regarding the confiscation of illegal assets and the prevention and prosecution of money laundering activities. Other laws applicable to health and welfare have a great relevance for drug use or drug users

III. The reasoning for the ‘soft drug policy’ is: assumption that ‘soft’ drugs are less injurious to health than ‘hard’ drugs. Following the rules established in the Opium Act of 1976 ‘coffee-shops’ have been opened in the Netherlands.

The first ‘coffee-shops’ started to run the business in Amsterdam.

Such a practice was criticized by other countries, for example Sweden and France.

### **Criticism of the Dutch 'soft drug policy'**

- I. The Public Prosecutor's Department in Amsterdam decided to issue a police guideline in 1985. The Department agreed not to prosecute 'coffee-shops' owners if they observe five rules. The owners of coffee shops were obliged not to:

- (1) Advertise
- (2) trade in 'hard' drugs
- (3) sell drugs to youngsters
- (4) sell drugs in quantities more than 30 grams (now according to new guidelines of 1996 the sale of soft drugs is subject to a max of 5 grams per transaction per person per day)
- (5) they would be held responsible for preventing any public disturbance or nuisance in their

neighbourhood.

Failure to comply those rules would result in closure the 'coffee-shop'.

In a short time, the coffee-shops were established in the whole country, especially in the towns like Arnhem, Venlo, Maastricht, Enschede, Breda, or Tilburg.

Coffee shops have been established on the base of a licensing system to regulate their numbers and locations. Such a license, however, may not be given to anyone with a police record. The holders of licenses must observe the five 'coffee-shops rules'. Drafting legislation to provide for licensing system was left to the competences of local municipalities.

- II. In the mid of 90's there was reported certain stability in the number of cannabis users and 'coffee-shops'.
- III. But, situation was recognized as not to be satisfied :

the 'coffee-shops' turned out to be seldom inspected ; many 'coffee-shops' owners started to be involved in trafficking in 'hard' drugs ; drugs were sold to minors or in larger quantities than the permitted amount, mainly to foreign traffickers; the practice of serving food containing hashish to unsuspecting customers had tarnished the Holland's reputation, as well. <sup>2</sup>

### **The approach from wide liberalization towards 'monitoring system'**

- I. The Dutch Ministry of Justice has opened negotiations with Belgium and France. The closer co-operation has been established with Germany and Luxembourg.
- II. The amendments were introduced into the Opium Act of 1976, by a permit system for hemp production. This was supposed to make easier for police and judicial agencies to take actions against illegal growers. The Ministry of Agriculture, Nature Management and Fishers has been appointed as a responsible body for issuing such permits and enforcing the system.
- III. Protection of public health became a priority issue in the Dutch policy  
The latest Opium Act guidelines of 1996, issued by the College of Prosecutors- General points out that Dutch drugs policy is aimed at discouraging the use of drugs and limiting harm with a view of protecting public health.
- IV. The distinction between narcotic drugs with an unacceptable risk and drugs with a lower risk, i.e., soft drugs.
- V. A special importance of protecting minors. Sales of hard drugs to minors or in the vicinity of schools are punished with a particular severity
- VI. The possession of small quantities of drugs for personal use is not generally prosecuted. If anyone is found in possession of less than 0.5 grams of hard drugs, the police will confiscate the drugs and consult a care agency. As for cannabis a maximum of 5 grams will not lead to investigation or prosecution. One of the Ministry of Justice's priorities should be measures to combat trafficking in hard drugs, including Ecstasy.
- VII. As to penalties, the guidelines made a distinction between dealers and users. The penalties range from a suspended sentence or several weeks for possession of fewer than 5 grams or 10 tablets or doses (e.g., Ecstasy and LSD) to prison terms of three to 12 years for the import and export of more than one kilo ( or 2,000 tablets

or doses) of hard drugs. The severity of penalty is dependent on such circumstances like various roles played by the suspects within the criminal organization. The more important role - the penalty is more severe.

**VIII.** A new law – Penal Care Facility for Addicts ( Strafrechtelijke Oprang Verslaafden) came into force in April 2001. That enables the courts to commit addicts to a special institution for intensive treatment. <sup>3</sup>

### CONCLUSIONS:

**In the Dutch drug policy emphasis is placed on health care, harm reduction and treatment, with sharp distinctions between soft and hard drugs.**

## THE PRINCIPLES AND OBJECTIVES OF THE DUTCH DRUG POLICY

**I.** The Dutch drug policy is generally based upon the principle that **everything should be done to stop drug users from entering criminal underworld**, where they would be out of control the institutions responsible for prevention and care. Law enforcement priority is thus given to the investigation and prosecution of illegal productions and trafficking in drugs.

**II.** Coffee-shops have to keep young people, who experiment with cannabis, away from other much more dangerous drugs. The sale of cannabis products in coffee-shops is prosecuted only if the owner of the shop does not meet the criteria issued by the Prosecutor General:

1. no more than 5 grams per person may be sold in any one transaction;
2. no hard drugs may be sold;
3. drugs may be not advertised;
4. the coffee-shops must not cause any nuisance;
5. no drugs may be sold to minors ( under the age of 18);

The Mayor may order a coffee-shop to be closed when the above mentioned criteria are being disregarded.

### **III. General principles:**

1. separation between ‘hard’ and ‘soft’ drugs;
2. education and information for general public and for special groups;
3. help to drug users and their social reintegration;
4. prioritize law enforcement - the reconciliation of the interests of crime control with those of public order, public health and welfare. The aim is to tackle trafficking in ‘hard’ drugs and larger quantities of ‘soft’ drugs by using measures of criminal law

### **IV. The objectives :**

1. prevention of drug use and treatment or rehabilitation of drug users,
2. harm reduction for users,
3. reduction of public nuisance by drug users (disturbance of public order and safety in the neighbourhood),
4. fight against illegal production or trafficking in drugs.

**Drug policy in Holland is based on the rule that drugs are unwanted but unavailable phenomenon of the modern society.** Therefore, it aims to limit the risk of drug use to the individual, his or her immediate environment and society. Some other European countries also introduced more liberalized drug policy: Germany, Great Britain, Spain, Italy, Portugal, Denmark. Approach towards liberalized drug policy is against the Scandinavian model – Sweden, Finland, Norway

## ‘ZERO TOLERANCE ’ FOR DRUGS IN SWEDEN

**I.** The main Swedish law regulating ‘narcotic drugs’ is the Narcotic Drugs Punishments Act of 1968. Since 1988 the consumption of narcotics per se has been a punishable offence while drug trafficking is regulating by the Law on Penalties for Smuggling of 2000.

**II.** ‘Narcotic drugs’ are considered to be medicines or substances dangerous to health with addictive properties, or including a state of euphoria, which the Government has declared to be ‘narcotic drugs’ within the meaning of the 1968 Act.

- III. Drug crimes may include passing on narcotic drugs; their manufacture intended for abuse; acquire drugs for the purpose of passing them on; procure, process, package, transport, store or in any other way, handle narcotic drugs not intended for personal use; offer narcotic drugs for sale, keep or mediate payment for narcotic drugs, arrange contacts between sellers and purchasers; possess, use or have any other involvement with narcotic drugs.
- IV. 'Drugs crime' are punished according to three degrees of penalties, namely: minor, ordinary and serious. Penalties for minor drug offences consists of fine or up to six months' imprisonment; for ordinary drug offences up to three years, and for serious offences is prescribed up to ten years imprisonment.

In 2000, the prosecutors in Sweden handled 29 636 cases of suspected drug offences. In 24 974 cases (84%), the offences consisted of possession and/or use per se, whereas 4 662 (16%) concerned drug trafficking.

In accordance to Swedish law, an offence could be considered as minor with respect to the nature and quantity of drugs and other circumstances. In 1993 the government decided that the term 'minor drug offence' should be reserved for the very mildest of offences. It means that a minor offence should only involve personal use or possession for personal use. <sup>4</sup>

**The main goal of the Swedish drug policy is 'a society free of drugs'. This means that drugs will never be permitted to become an integral part of society, and that drug abuse must remain an unacceptable behaviour and a marginal phenomenon. The restrictive policy on drugs must be continued and reinforced.**

***The general principles in Sweden are:***

1. drug - free society
2. to reduce the number of new recruitment to drug abuse
3. to help more abusers give up their habit
4. to reduce the availability of drugs

**An important factor is coordination at all levels : from the local initiatives done by municipalities and county councils to governmental activity'.**

Drug addiction is seen as a problem for individuals, their families and society as a whole. It is therefore the responsibility of society to prevent, interfere and combat the use of drugs at all levels. It is pointed out that implementation of the national policy must be improved in prevention, treatment and research.

***Main objectives are:***

1. society without drugs where any kind of drug abuse is not tolerated
2. drug free treatment in the case of addiction
3. prosecution and criminal sanctions are usually prescribed for drug-related crime.

The drug problem should be considered from a social point of view, and this perspective put social responsibility to the society, which has a duty to interfere with addiction problems. The principle of a strict prohibition of any form of drug abuse is applied through policy measures and programs.

In the end of 1960's Swedish drug policy was shifted from social –medical to 'a clear law – enforcement approach'. In Sweden are applied both repressive measures and formal 'social control measures. The National Board of Health and Welfare is the central administrative authority for activities in the fields of social services and health, medical care and substances abused and for other activities in the medical field.

Compulsory treatment is available and applies especially to juvenile drug addicts.. Since 1998 persons with drug addiction problems who have committed a drug offence can be sentenced to a treatment according to a 'treatment contract'. That is a 'contract' between the drug addict and the Municipality in which the two parties have rights and obligations. It is so in the case if the person needs treatment and he must be motivated to undergo treatment; he/she must be a misuser of drugs; and the drug habit must have contributed to the drugs

crime, which should not be serious (less than 2 years of imprisonment foreseen as penalty). Thus, the person is not sent to a prison and a personal plan of treatment is established.<sup>5</sup>

### **Research studies on drug problem in Sweden**

**I.** In compare with the other member states of the European Union, Sweden seems to have a relatively low level of any drug problems. To answer the question if it is a result of the repressive policy; Or due to other factors, which might be of importance for determining the level of drug misuse in a society, the research studies were made in the 1990's.

**II.** There was clearly proved a certain dependence of drug-use on unemployment and geographical location of a country. In Sweden the highest levels of drug-use occurred in early 1970's when the youth unemployment has increased for the first time since the II World War. And, the highest drug-use was reported in the regions, which had the greatest increase in youth unemployment. To compare, the study made in Great Britain shown that heroin use increased in line with unemployment, as well. It was also observed that drug misuse spread the most among unemployment youth, which had not secured jobs. It is clear that unemployment is a very common factor among drug-users. In almost al-European countries heroin is the most widely used hard drug, whereas in Sweden amphetamines have been dominated.

**III.** Another factor, which can have an influence on drug-use is 'exposure to the international drug market'. This means the geographical position of the country in relation to the major drug routs in Europe. There are three groups of countries as regards market exposure, starting relatively from the strongest one:

1. Netherlands, Great Britain, Italy;
2. Germany, Denmark, Switzerland, Belgium, France and Spain;
3. Ireland, Norway, Sweden and Finland.

### **Conclusions :**

**Both unemployment and 'market exposure' together may affect on drug-use in particular countries. It is worth noticing that repressive measures are often seen as a part of an effective policy in the fight against drug-use.**

### **A RELATIVELY LOW DRUG PROBLEM IN SWEDEN**

**I.** The Swedish drug policy is built on a rather high degree of social consensus. But, there are some gaps between the approaches towards the fight against drugs, taken by the political parties in Sweden.

The Conservative Party, especially when it is in political opposition has called for increased repression and expanded police resources.

The Social Democratic Party, in turn, has tried to increase resources for drug treatment, so it tends usually to underline the need for social and therapeutic measures. In this way, Sweden has developed extreme repression policy, on one hand, and the extensive drug treatment system, on the other side.

Despite of a certain link between political parties, their relation to power and drug policies, there are seen also some other factors, which may affect on the drug-use. As it was earlier said for example rate of unemployment and the geographical position of a country in relation to the flow of the drug market.

**II.** The drug policy debate should not be reduced only to question of penal sanctions and measures of repression or restrictions.

**III.** It is necessary to analyze other factors, which can reduce the demand for drugs, as well. It is clearly seen that in those countries which lacks of social services, having high rate of unemployment, and extremely poor conditions of living – the demand for drugs is much higher than in welfare countries.<sup>6</sup>

This phenomenon is, now, highly observed in the post – communist states which are under going so-called transformation period, like Poland.

## THE POLISH LEGISLATION IN THE FIGHT AGAINST DRUGS

### **I. The main law in Poland, which regulates 'drug addiction' is the Act of 24 April 1997 on counteracting drug addiction.**

1. The realization of some tasks regarding drug prevention remained in the competence of central agencies of the state administration. The local authorities are mostly obliged to implement educational and preventive programs.

**2. The drug use itself is not penalized in Polish legislation. However, according to the Act of 1997, as amended on 26 of October 2000 – any possession of drugs is penalized.** In cases of minor importance, the offender can be fined (art.33 Ppc), or ordered a limitation of liberty (art.34 Ppc) or deprivation of liberty up to one year maximum.

#### **Article 48 of the Act states :**

- 1. Whoever contrary to the provisions of this Act possesses narcotic drugs or psychotropic substances, shall be subject to the penalty of deprivation of liberty for up to 3 years.*
- 2. In a case of lesser gravity, the perpetrator shall be subject to the penalty of deprivation of liberty for up to one year, limitation of liberty or a fine.*

*If the act mentioned in Section 1, involves a considerable quantity of narcotic drugs or psychotropic substances, the perpetrator shall be subject to the penalty of deprivation of liberty for up to 5 years and fine.*

- 3. The Act on counteracting drug addiction indicate some preventive and treatment measures, and penal sanctions.*

#### **The Act counteracting drug addiction includes the following activities:**

- education and preventive actions;
- medical treatment, rehabilitation and re-adaptation of addicted persons;
- supervision over substances with addiction-forming liability;
- combating the illicit circulation, production, processing, conversion and possession of substances with addiction-forming liability;
- supervision over the cultivation of plants containing substances with addiction-forming liability,
- limitation of health damages caused by the use of narcotic drugs or psychotropic substances.

4. There should be coordination between organs of state administration and local governmental units. The limitation of use of narcotic drugs and psychotropic substances is the aim of the **National Bureau on Counteracting Drug Addiction**. One of its main tasks is preparation of the project of the National Program for Counteracting Drug Addiction.

5. The Polish law distinguishes between narcotic drug, psychotropic substances and substitute drug. 'Narcotic drug' and Psychotropic substance' are any natural or synthetic substances affecting the central nervous system (listed in the Annexes to the 1997 Act). 'Substitute drug' should be understood as a substance in any physical state, which is a poison or a harmful substance, used instead of or for the same non-medical purpose, as a narcotic drug or psychotropic substance.

6. The Act defines 'drug addiction' as chronic or habitual use for other than medically warranted purposes of narcotic drugs or psychotropic substances, or substitute drugs having an addiction-forming liability.

The treatment, rehabilitation and re-adaptation is voluntary as a rule, unless the law provides otherwise. There are two examples of forced treatment. First one relates to minors under age of 18 – then the court decides itself or according to the motion presented by the relevant subjects. And, the second example is regarding sentenced addict whose imprisonment was suspended – then the court decides to send such a person for treatment.

In Poland the first contacts with drugs occur usually in the high school. It is mostly a result of curiosity and seeking new experiences. Minors most often take cannabis products to have fun, or to feel easy or free at a party. Highly reported phenomenon is taking amphetamine by minors and students. It is used to study longer and more intensively before an examination or class tests. Drugs especially cannabis products are in fashion among young people. It happens that experiments with drugs start at the primary school level. Drug treatment is not compulsory and free of charge. The exceptions are minors and drug related offenders. In those cases treatment is decided by court.<sup>7</sup>

### **The *acquis* of the European Union in preventing and combating drug-use**

- I. The European Union policy in drugs tends to reduce their use (addiction) and combat drugs, as such.
- II. Combating drugs in the member states of the European Union should include, especially such measures like fight against illicit drug trafficking and illicit cultivation and production of drugs, taking under control the new synthetic drugs, introducing the measures of control on certain substances (precursors and chemical ones) used in the illicit manufacture of narcotic drugs and psychotropic substances, and on placing such substances on the internal market of the Member states.
- III. Reduction of drug-addiction is very important challenge for the whole community because there has been recently observed the rising consumption of new synthetic drugs by very young people. This highlights the serious threat for their health and keeping public order.
- IV. It is argued that the fight against drugs shall be taken, mainly through the improved police and customs co-operation, approximation of laws within the European Union and its external policy.
- V. There are two agencies, which play important role in the fight against drugs : European Monitoring Center for Drugs and Drug Addiction located in Lisbon and Europol set up at the Hague.

### ***The European Monitoring Center for Drugs and Drug Addiction, 1993 Lisbon (EMCDDA).***

- I. The task of the Center is limited to provide the Community and the Member states with information on drugs and drug addiction.
- II. Its areas of activity shall be demand research studies on the for drugs, and way of reducing it; national and Community strategies and policies; international cooperation; control of trafficking in drugs, psychotropic substances and precursors; collecting date on transit countries.
- III. The main task of the Center is to collect and analyze the data available, improve data comparison methods, cooperate with European and international governmental and non - governmental bodies and organizations. So, it is a kind of data base on narcotic drugs and psychotropic substances and share information system.

### ***The European Police Office, started to operate on 1 July 1999; replaced EDU/Europol of 1995.***

- I. The EU member states transmit to Europol information concerning chemical profiling of drugs. The information shall include analysis of drugs in tablet form and analysis of drugs not in tablet form. Then, the Europol has to transmit to all member states the relevant information on the analysis of drugs. So, it works as a kind of exchange date base in the EU countries on drugs.

- II. Both the European Monitoring Center for Drugs and Drug Addiction /EMCDDA and the Europol/ the European Police Office - should led to a better understanding of drug phenomenon and simplified the European Union MS cooperation on collection and exchange information.
- III. In November 2001 Europol and EMCDDA signed a cooperation agreement.
- IV. The information provided by these two bodies has made possible to identify a number of trends in consumption and trafficking. For example: the use of cannabis still the most widely used drug in the EU, has leveled out, while the use of amphetamines and misuse of medicines is on the increase. As regards trafficking, the routs used by the various drugs are well known, the countries of Central and Eastern Europe and the Balkans often serving as the hub for heroin, cocaine and cannabis. The EU is also a major producer of synthetic drugs.

### ***Directives, Regulations, Joint Actions and Resolutions***

- I. Most of them relate to the question of undertaking special control measures as to certain substances which may be used in illicit manufacture of narcotic drugs and psychotropic substances. All those substances are listed in the attached annexes. The EU member states are obliged to provide documentation, records, and labeling so that competent authorities could have access to them.
- II. The import, export and transit of certain substances must be documented in accordance with the established rules. For example there must be disclosed the name of the substances, their quantity and weigh, the name and address of the exporter, the importer, the distributor, and the ultimate consignee. The records of any transaction must be kept by the competent authority.
- III. Approximation of laws and practices to combat drug addict and illicit trafficking in drugs within the EU - Member states are obliged to take appropriate measure at the national level for approximation of their legal orders. For instance they should impose severe penalties for serious drug trafficking ; they should establish rapid information system to enable synthetic drugs to be identified as soon as such substances appear anywhere in the MS; they should establish operational cooperation between police, customs services, and judicial authorities in combating drug addiction and preventing and combating illegal drug trafficking; They should take the most appropriate steps to combat the illicit cultivation of plants containing active ingredients with narcotic properties.
- IV. The exchange information on the chemical profiling of drugs should concern especially cocaine, heroin, LSD, amphetamines and their ecstasy type derives MDA, MDMA, MDEA.
- V. Special attention should be focused on illegal cultivation of cannabis, sale of cannabis seeds and so called 'the drug tourism'. To prevent illicit drug trafficking there must be intensified the mutual exchange of intelligence and information between the MS.
- VI. The information on production, trafficking and use of new synthetic drugs should be exchanged through Europol and EMCDDA. Both of these units have to collect the date and then transfer them to the Europol National Units, and to the other national and international appropriate bodies. This action intends to define the new synthetic drugs to take them under more effective control.
- VII. An important aspect is also the prevention of drug dependence and reducing its demand.

### ***The European Union action programs***

- I. The years 1996 –2000 then, extended for the next four years (2000 –2004) to reduce drugs-related health damage, including information and prevention measures. The action program covers for instance the measures to promote education and training, development of methods of early detection, advice to users, social rehabilitation and reintegration of addicts.
- II. It has been recently stressed a necessity of protecting public health. In 2002 the Community granted funding of amount to approx. 5 million euro.

- III. The action plan 2000 –2004 proposed by the European Commission requires a global multidisciplinary and integrated strategy to fight drugs if it is to be effective.
- IV. The drugs problem concern public health – so it must be taken as priority in national strategies. This will require such measures as information campaigns in schools, research studies on consumption factors and associated health and social consequences and more effective treatment. <sup>8</sup>

#### ***Final remarks -de lege ferenda***

- I. Drug use is unwanted phenomenon in our modern society. However, each national legal system takes different approach towards making the fight against drugs more effective.
- II. In each national legal order, which was discussed in this paper the aim is identical: reduction of drug consumption and fight against illegal cultivation, production, or trafficking in drugs. The undertaking measures are different in their nature. They varied from liberal ‘soft’ drug policy, to prohibition of drug possession and finally to total prohibition of drug use.
- III. An important factor, which should be analyzed in the case of any national legislation is demand for drugs. First, one should find the main reasons for drugs demand in the society, and then try to evaluate the most efficient measures, which could reduce it.
- IV. In those countries, which lacks of social services, having high rate of unemployment and extremely poor living conditions the demand for drugs is very high. It seems to be much higher than in welfare countries. This, dangerous phenomenon is now observed in Poland, a country which still is undergoing so called ‘transformation period’, especially in the sphere of economy.
- V. To make fight against drug use more successful, the national policy should be consequent, clear and precise. It is so in case of Dutch and Swedish policies. Even if their approaches towards drug use are quite opposite.
- VI. The Dutch drug policy is often criticized, however it is much more effective than in many other European countries. In compare the Polish laws is not so clear and strict. For example, possession of any drug formally should constitute a drug offence. But, drug use itself seems to be not prohibited *ex lege*. In practice a huge number of minors try to experiment with all kinds of drugs, including hard drugs like heroin and amphetamine. The most popular are however cannabis products. If a minor is captured by police, then he is the most often recorded and the drug is confiscated.
- VII. Using drugs by minors under the age of 18 has recently increased on the large scale, in Poland.
- VIII. The problem of drug use should be solved on the base of multidiscipline approach, on the base of comparative and empirical studies. The national laws should not be only limited to make the penal sanctions more severe.
- IX. There is a great need to establish other measures to prevent and combat drug use and illegal drug trafficking, especially exchange of practice, social and medical care.
- X. The experience of Holland and Sweden could be a good pattern for other European countries, including Poland, in their fight against drugs. An important factor is also closer cooperation of customs, police and judicial bodies.
- XI. High penalties – the few people that are involved in a drug business selling will earn a lot. Law penalties – nobody can get so rich from selling drugs as in other system with extremely severe/high penalties.

<sup>1</sup> The first Opium Act was the result of the participation of the Netherlands in 1912 International Opium Convention at the Hague. The Opium Act is based on the earlier existing regulations included in the first Opium Act of 1919 and a new of 1928. The framework of rules established under this law is to a large extent still the basis for present legislation i.e. the Act of 1976. Amended Opium Act, Decree, and Implementing Regulations entered into force on 17 March 2003. The legislation has been amended in the main due to the new provisions that allow applications to cultivate cannabis for medical purposes, and guidelines for cultivation of cannabis. The legislative order of hierarchy is now as follows:

- the Opium Act (Opiumwet)
- the Opium Act Decree (Opiumwetbesluit)
- the Opium Act Implementation Regulations (Uitvoeringsregeling Opiumwetmiddelen)

the Policy Rules for Opium Act Licenses including in annex the Good Agricultural Practice Rules for Cannabis cultivation (Beleidsregels and GAP-voorschriften). <http://www.emdda.org>

<sup>2</sup> J.Dorn, J.Jepsen, E.Savona (ed.), *“European Drug Policies and Enforcement”*, MACMILLAN Press Ltd., 1996.

<sup>3</sup> Guidelines issued by Office of the Public Prosecutor in 1996; revised in 2001. The possession of small quantities of drugs for personal use is not generally prosecuted. If anyone is found in possession of less than 0.5 grams of hard drugs, the police will confiscate the drugs and consult a care agency. As for cannabis a maximum of 5 grams will not lead to investigation or prosecution. Gert Jan Verhoog, Juriaan Simonis, 18 September 1986-Openbaar Ministerie, Press Release 11/96.

<sup>4</sup> It is worth mentioning other legal regulations, like the Act on Control of Narcotic Drugs (1992 :860), the Doping Criminal Act (1991:1969), the Act on Prohibition of Certain Substances which are Dangerous to the Health (1999:42) - these are substances which because of their inherent properties are a hazard to human life or health, or which are used or can be presumed to be used for the purpose of achieving intoxication or other effects. The Social Service Act (2001:453) - it relates to possible forms of care for drug users. The Act on the Treatment of Drug Misusers (1988:870) - it covers compulsory institutional care. The Care of Young Persons Special Provisions Act (1990:52)- it makes possible to arrange compulsory care of juveniles on the ground of drug misuse.

<sup>5</sup> The National Board of Health and Welfare is the central administrative authority for activities in the fields of social services and health, medical care and substances abused and for other activities in the medical field. Compulsory treatment is available and applies especially to juvenile drug addicts. In 1999, the number of juveniles subjected to treatment was 260. Since 1998 persons with drug addiction problems who have committed a drug offence can be sentenced to a treatment according to a ‘treatment contract’. That is a ‘contract’ between the drug addict and the Municipality in which the two parties have rights and obligations. It is so in the case if the person must need treatment and he must be motivated to undergo treatment; he/she must be a misuser of drugs; and the drug habit must have contributed to the drugs crime, which should not be serious (less than 2 years of imprisonment foreseen as penalty). Thus, the person is not sent to a prison and a personal plan of treatment is established. See: H.Leifman, N. Edgren Henrichson (ed.), *“Statistics on alcohol, drugs and crime in the Baltic Sea Region”*, Helsinki, Nordic Council for Alcohol and Drug Research (NAD), 2000. Report on *“The Swedish National System Against Narcotics And Drug Addiction”*, March: 1996 prepared by Gunnel Gomer, of the National Institute of Public Health, assisted by Annika Broll. <http://www.emdda.org>

<sup>6</sup> J.Dorn, J.Jepsen, E.Savona (ed.), *“European Drug Policies and Enforcement”*, MACMILLAN Press Ltd., 1996.

<sup>7</sup> <http://www.emdda.org>

<sup>8</sup> SCADPlus: COMBATING DRUGS <http://www.europa.eu.int/scadplus/leg/en>