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International Journal of Drug Policy 16 (2005) 65–72
THE INTERNATIONAL JOURNAL OF DRUG POLICY
www.elsevier.com/locate/drugpo

Policy Analysis

A clash of policy approaches
The rise (and fall?) of Dutch harm reduction policies towards ecstasy consumption

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Received 19 November 2003; received in revised form 24 September 2004; accepted 27 September 2004

Abstract

This paper describes the origins and evolution of Dutch harm reduction policies towards ecstasy. It is argued that the national government has allowed and supported local stakeholders to experiment with harm reduction measures. In the mid-1990s, the national government officially stated that the harm reduction practices developed on a local level represented the best possible solution to prevent harm. However, recently, harm reduction policy has come under pressure due to a variety of developments. The paper argues that the bottom-up approach of the Dutch government is no longer pursued because international pressure helps law enforcement agencies as well as conservative political parties to restructure ecstasy policy in a top-down and law enforcement direction. This process is underway but it has not yet fully eroded the structures that have instantiated harm reduction policies in the last decade.

Keywords: Harm reduction; The Netherlands; Ecstasy; Repression; Care regime

The main aim of this paper is to give insight into the recent dynamics of Dutch policies towards the production and consumption of ecstasy. Let us state right away that it is not as evident as it may seem that we discuss the production and consumption of ecstasy within one paper. For many years, Dutch policy makers and scholars have been dealing with production and consumption of drugs as two distinct spheres that require separate analyses and policies (De Kort, 1995; Korf, 1995; Leuw & Marshall, 1994). In the sphere of drug consumption, a harm reduction approach has traditionally been pursued, whilst in the sphere of production, repression has been the main goal and instrument. By explaining how these two spheres have been more closely linked during the last few years, we can shed some light on recent policy dynamics. This will help us to understand both how Dutch harm reduction policies came into being and how they are now becoming increasingly under pressure.

In order to put the Dutch case into perspective, we will in the first section provide some data on the prevalence of ecstasy consumption in the Dutch and Amsterdam populations. Then we will turn to main part of the paper: the emergence of harm reduction policies in the last decade of the twentieth century. We will show that such policies have not been implemented in a top-down fashion. Policies towards ecstasy and other synthetic drugs have been the result of local innovation, a process that has been supported by the central government. However, this particular form of policy formation, where the central state fulfils a strictly facilitative role, seems to have been halted in recent years. In the third section, we argue that clouds gather over Dutch harm reduction policy because of international pressure, giving rise to a clash between the tradition of harm reduction in The Netherlands and the actions demanded by the United States. Such international pressure

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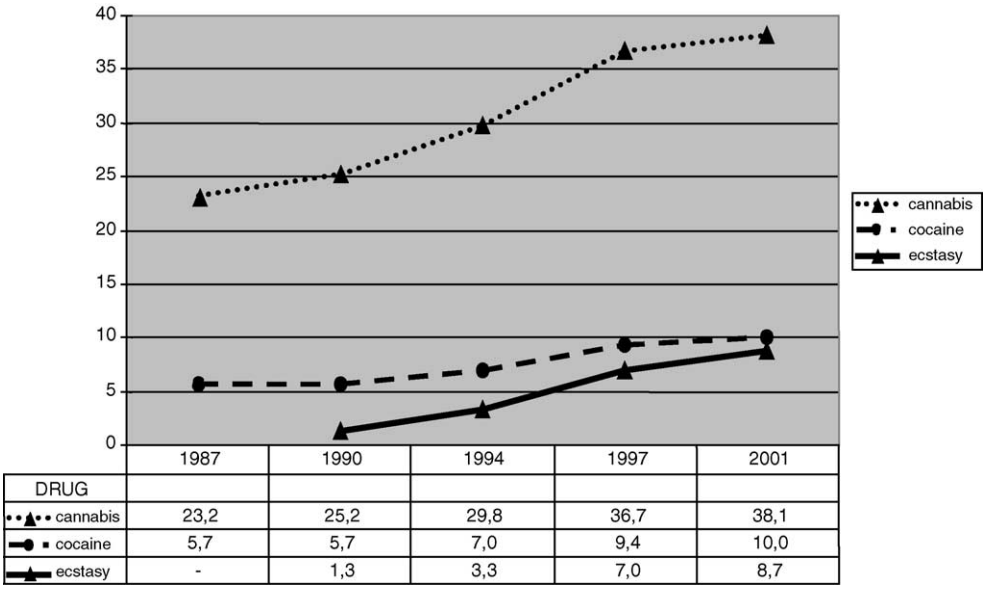
doi:10.1016/j.drugpo.2004.09.002



DRUG	1987	1990	1994	1997	2001
cannabis	23,2	25,2	29,8	36,7	38,1
cocaine	5,7	5,7	7,0	9,4	10,0
ecstasy	-	1,3	3,3	7,0	8,7

Fig. 1. Ecstasy, cocaine and cannabis use life-time in the Amsterdam population of 12 years and older at five points in time: 1987, 1990, 1994, 1997 and 2001.

is now potentially more likely to affect Dutch policies because it coincides with a conservative momentum within The Netherlands itself.

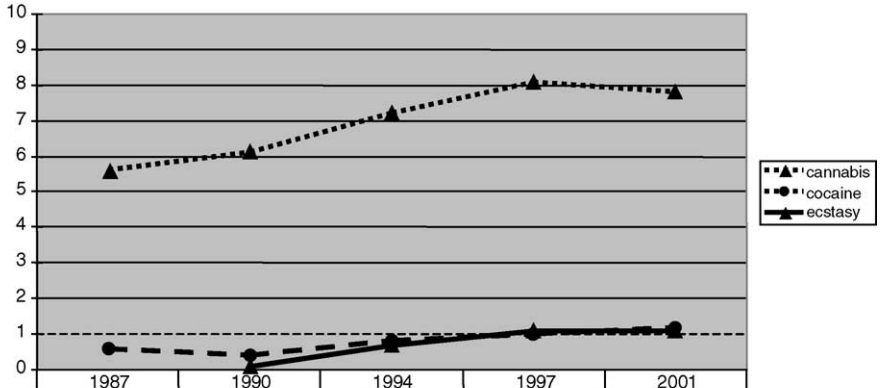
Prevalence of ecstasy use in The Netherlands

Only since 1997, when the first national survey on drug abuse was conducted, have reliable data been available about the prevalence of ecstasy consumption in the Dutch population. In order to nevertheless give insight about the evolution of ecstasy consumption, we can use data from Amsterdam, where surveys have been conducted from 1987 onwards (Figs. 1 and 2).

These graphs show that ecstasy use in Amsterdam was very low in the early 1990s. In Amsterdam, life-time use in the population aged 12 years and older rose from 1.3 to 8.7% in 14 years (Fig. 1). In The Netherlands as a whole, average life-time use of ecstasy was 2.9% in 2001, exactly one third of the Amsterdam figure. From 1997 onwards, last-month use in The Netherlands stabilised (Fig. 2). So, significantly, in what is perhaps the most liberal policy context in the world (Cohen, 1999), the prevalence of recent ecstasy use seems to be stagnating at about 1% of the population aged 12 years and older.

The emergence of a Dutch harm reduction policy towards ecstasy

While it is obvious that ecstasy use is not on the rise, it is also clear that it persists. How should a government, faced with continuing use of an illicit drug, react? At first, no clear



DRUG	1987	1990	1994	1997	2001
cannabis	5,6	6,1	7,2	8,1	7,8
cocaine	0,6	0,4	0,8	1,0	1,2
ecstasy	-	0,1	0,7	1,1	1,1

Fig. 2. Ecstasy, cocaine and cannabis use last-month in Amsterdam population of 12 years and older at five points in time: 1987, 1990, 1994, 1997 and 2001.

national policy towards ecstasy use was thought to be necessary. Ecstasy consumption did not pose problems and by and large escaped the attention of the national as well as local governments. However, at the end of 1980s, The Netherlands was in a vulnerable position in relation to its neighbours because of its deviant policies in the field of cannabis (Van Vliet, 1990). In particular, Germany and France had been putting pressure on The Netherlands to reform its drug laws. The government was keen to show that it was willing to comply with international standards and decided to ban ecstasy.

Three arguments for putting ecstasy under the Opium Act were given: (i) The Netherlands has to oblige the international view that ecstasy should be banned; (ii) Ecstasy is a stimulant that causes addiction and (iii) The government has received information that ecstasy is exported from The Netherlands (cited in De Loor, 1998, p. 30).

However, it is clear that the consumption patterns of Dutch citizens were no particular cause for concern. It is, to say the least, strange that 'addiction' was mentioned as a reason for banning ecstasy, not only because the properties of a substance—however, one might define the concepts of 'addiction' or 'dependence'—are by themselves no reason to ban that substance but also because virtually no information on consumption patterns of ecstasy was available around that time. A representative of the Ministry of Justice, who was involved with the legal discussion that led to criminalisation, confirmed that the ban on ecstasy was not related to health considerations:

> The bad reputation we [The Netherlands] had in the past is now slowly improving. . . . The attractive aspects of our drug policy are related to the demand side: consumers, the treatment of addicts; that is what people like. Neither myself nor the Ministry of Health want to lose this credit. We think that if we would remove ecstasy from the Opium Act, it would definitely harm our good reputation . . .. (cited in Fromberg, 1991, p. 50, our translation)

The idea that the ecstasy ban was only meant to put an end to production and a symbolic gesture to the international community is underscored by the fact that the government made no effort to notify the public that ecstasy was illegal. Ninety percent of the respondents in De Loor's investigation in 1991 were surprised to hear that ecstasy was illegal (De Loor, 1998). The law also states that if someone is arrested for the possession of ecstasy, the drug is viewed as a Schedule 2 drug instead of a Schedule 1 drug (Ministry of Health, 1995, p. 6). This means that ecstasy is considered a 'hard drug', unless somebody possesses it for reasons of consumption. In the latter case it is considered to be a 'soft drug', which means that, under normal circumstances, individuals are not prosecuted (Fromberg, 1991, pp. 89–92). So, in order to prevent the criminalisation of users, the regime of official toleration of criminal activities (*gedogen*) that has applied to cannabis and other illicit drugs since the 1970s was also used for ecstasy. Such a legal situation, combined with the disinterest of the government for ecstasy consumption, left room for traditional harm reduction approaches in the sphere of consumption. For our purposes, it is important to stress that this means that efforts to regulate ecstasy consumption by non-governmental organisations and municipal services were not the result of national policymaking; local stakeholders had a relatively high degree of autonomy.

Local stakeholders became intensively involved in the regulation of ecstasy use in the 1990s, when a subculture emerged in which house music with a very loud bass was popular. In order to keep dancing, the so-called *gabbers* (mates or pals) quite often used synthetic drugs, amphetamine as well as ecstasy. Ecstasy use remained popular amongst people who preferred other types of house music—older subcultures that were also growing in the 1990s, albeit less rapidly than the *gabbers* (Uitermark & Cohen, 2004). Ecstasy's reputation as a party drug was confirmed by the growth of these subcultures that revolved around all-night house parties, so-called raves.

The pioneers of harm reduction with respect to ecstasy are the employees of August de Loor's Drug Consultation Bureau (Adviesburo Drugs). This bureau was the first to adopt, in 1986, an 'integral' approach to safety during large-scale (dance) events. At that point this approach was frowned upon by many but the activities of the Adviesburo were not halted. In fact, in the course of years, the approach of the bureau has found widespread acceptance amongst policy makers, health care institutions and, to a lesser extent, politicians.

Testing pills was one of the measures that were taken as part of the bureau's integral safety approach. The first pills were tested during consulting hours of the Adviesburo. After a chemical test had established that the sample indeed contained ecstasy or speed, the testers would classify pills according to width, diameter, colour and logo, producing a 13-digit number for each pill. After this system had been fully developed, it became possible to test pills 'on site' at parties. Pills that contained harmful adulterants could be identified immediately, giving customers who bought their pills on the spot a better bargaining position vis-à-vis dealers and enabling them to make a more responsible decision with respect to their drug abuse.

Later the testing system was expanded to include 26 sites where ecstasy consumers were enabled to get their pills tested more extensively. A budget for these tests was created by the Ministry of Health. Most importantly, this system, the Drug Information Monitoring System (DIMS), enabled health organisations to keep an eye on the market of a product that would otherwise not be regulated. The benefits of such a system are manifold: (i) Overdrawn and sensational statements in the press can be put in perspective; (ii) Users can be warned if their pills contain harmful substances; and (iii) To some extent, producers can be held accountable, since consumers know what they are buying.

With respect to this last point, it is worth mentioning that some of DIMS-employees actually communicated directly with the producers via the media. This advertisement, to give

one example, was published in Dutch daily newspapers:

> To the manufacturers of MDEA-tablets: more and more MDEA-tablets with a too-high potency are appearing on the market, which causes unnecessary problems for the users. NIAD, DIMS project, PO Box 4055, 2500 VB Utrecht

In some cases these advertisements put DIMS in dialogue with manufactures. The latter would decide not to put some batches of pills on the market because of the information provided by DIMS (De Loor, 1998). As mentioned earlier, the actions of the bureau were soon picked up by other organisations. From the end of the1980s until the mid-1990s, coalitions took shape between drug treatment organisations (such as the Amsterdam based Jellinek, a drug and alcohol treatment clinic), prevention and training institutions (such as the Trimbos Institute and the Adviesbureau itself) and municipal health services (Gemeentelijke Geneeskundige en Gezondheidsdienst: GG&GDs). Although they often quarrelled about technicalities, these organisations agreed that a harm reduction approach offered the most sensible policy option.

First these organisations cooperated in an ad hoc fashion—there was no overarching plan but nevertheless the actions of these organisations converged into a coherent approach (p. 4, 215–216) (Compare Van der Veen, 2002). This approach was only implemented on the local, municipal level. It so happens, that the municipalities where the first large-scale house parties were organised were also the most 'progressive' and liberal. In Rotterdam and Amsterdam, in particular, health care organisations could experiment with a variety of harm reduction measures. Very much in contrast to other countries, these health care organisations took on a central role in the organisation of the parties. Local police cooperated with them but the municipalities made it clear that health considerations had to take precedence over enforcement. Thus, a coherent local 'care regime' developed around large-scale events where ecstasy and amphetamine were likely to be consumed.

When it became clear that the house subculture would become a well-established youth culture and when rave parties were also being organised in more and more municipalities, the government felt obliged to formalise the arrangements that had evolved at the local level. Importantly, this initiative was taken up by the Ministry of Health (and not by the Ministry of Internal Affairs or the Ministry of Justice). It relied mainly on the experiences in Rotterdam and other major municipalities. This meant that the principles of harm reduction that were institutionalised at the local level were now taken up by central government and were turned into quasi-official policy. 'Quasi-official' because central government would only provide *guidelines*: it did not tell municipalities what to do in case of a large-scale event, it merely offered suggestions. These suggestions were written down in *Stadhuis en House* (Ministry of Health, 1995). This text is remarkable because it opens up, in quite explicit terms, an understanding of harm reduction in relation to a theoretically prohibited mass phenomenon like the use of party drugs. In the following paragraphs we will quote some of the most interesting pieces of this text. The document officially establishes harm reduction as a leading policy principle:

> In Dutch drug policy preventing problems during the use of drugs is just as important as preventing use itself. This is the principle of damage or harm reduction. In spite of drug use being an offence and in spite of prevention information, consumption of ecstasy and related substances takes place . . .. For the central government as well as municipalities, adequate drug policy is not limited to efforts that aim to discourage drug use. (p. 6)

Three lines of action are central to this harm reduction approach: educating youth, manipulating the setting of drug abuse and regulating the drug market. With respect to the first line of action, institutions such as Trimbos provide information that is meant to discourage but not frighten users. So, all risks and dangers that are associated with ecstasy are explicitly mentioned but at the same time it is indicated that ecstasy use is common and does not necessarily or often lead to injuries.

As part of the section line of action, the policy document shows that it is aware of the possible influence of contextual factors on the ecstasy user. The generally accepted view that drug related injuries are usually as much the result of drug intake as well as a multitude of other factors, allows harm reduction measures to be developed by municipalities:

> Because of increased risk of consumption of these substances in combination with variables like prolonged dancing, high surrounding temperatures, insufficient availability of water or juices and insufficient ventilation, it is very important that municipalities develop rules for large scale festivities . . ..

Municipalities that do allow parties should demand from the organisers that they help to prevent harm resulting from drug abuse. The text describes the conditions under which a municipality can decide whether or not to extend a license to the party organisers. Some of these conditions are mentioned under the heading of 'health conditions' (p. 20) and include: (i) One or more rooms are to be established where no loud music is heard so that visitors may rest—in the house party circuit these are the so called 'chill-out rooms'; (ii) Enough outlets for fresh drinking water are to be available; (iii) The organisation of the party needs to include a first aid service—one first aid expert for every 750 visitors is the norm; and (iv) The space in which the rave is organised needs to be ventilated in such a way that sudden increases in temperature are prevented.

Perhaps the most far-reaching steps have been taken with respect to third line of action: the pollution of the ecstasy market:

Table 1
Percentages of persons aged 12 or older reporting past year ecstasy use, by age group in 2001 in The Netherlands and the United States

Age	US	Netherlands
12–17	2.4	0.9
18–25	6.9	5.6
26–34	1.4	1.9
34<	0.1	0.2

Source: SMHSA (2003).

> An important complicating factor is the extensive pollution of the ecstasy market. Pills that are sold as ecstasy sometimes contain other substances, sometimes more risky, like amphetamine and MDME. The consumer is unable to establish the substance she takes and because of this increases her risk of health damage. (p. 5)

This remark legitimises the practice of pill-testing that had developed over recent years, especially within the scope of the DIMS project. Not all municipalities have adopted these guidelines. Some have simply banned raves. Others have forbidden pill-testing on the grounds that it may give the impression that ecstasy use is tolerated. So, basically, the role of central government is to provide a regulatory framework, whilst municipalities make the actual decisions. The party organisers have been happy with that framework since it, to some extent at least, functions as a buffer against arbitrary governmental decisions: if they live up to the guidelines, they cannot be blamed for incidents (Ministry of Health, 1997). And, of course, they also want to know and use measures that can help them to organise a safe party.

It is interesting to make a comparison with the United States at this point. In that country the number of people attending raves had started growing later than in The Netherlands but, here also, ecstasy was frequently consumed. The American policy is basically the opposite of the Dutch policy. A law has been passed that makes party organisers legally responsible for the drug abuse of the partygoers. They can get up to 20 years in prison if their clientele violate drug laws. Many states banned raves. The so-called RAVE-law (Reducing Americans' Vulnerability to Ecstasy) stipulates that chill-out rooms and bottles of water 'invite' people to use drugs (Husken & Vuijst, 2002). Instead of reducing risks associated with ecstasy use, there is a concerted attempt to make drug abuse appear so dangerous that people will refrain from it. The effort is clearly without success since prevalence rates in the US are, on the whole, higher than in The Netherlands (Table 1).

A flourishing ecstasy industry and a clash of policy approaches

We have seen that at least until the mid-1990s, local health organisations had a near-complete monopoly with respect to the regulation of drug abuse at house parties. Although not everybody approved of the way parties were dealt with, the operations of the involved organisations were not seriously put into question by (Christian) political parties and other stakeholders. This situation could persist because, until the mid-1990s, ecstasy use in The Netherlands was largely outside public and international attention. The emergence of The Netherlands as a major producer of synthetic drugs and the international response to this development eroded this monopoly and triggered criticism both at home and abroad. Ultimately this criticism would make the distinction between production and consumption spheres increasingly porous. Therefore, it is important to pay some attention to how and when The Netherlands came to be seen as major player in the production of synthetic drugs.

In a major and authoritative investigation on Dutch (organised) crime in 1995, it was stated that:

> If it is so difficult to determine drug production figures on a worldwide scale, what can the available statistics reveal about the role of the Netherlands? All we can conclude is that *nederwiet* [marijuana produced in the Netherlands, JU and PC] is on the rise, synthetic drugs are being produced and, as an importing country, the Netherlands has a high position on all the lists of destinations for world production. (Fijnaut, Bovenkerk, Bruinsma, & van de Bunt, 1995, p. 64)

No estimates were given nor was production mentioned as a very urgent problem. Only a couple of years later it would have been impossible to mention the production of synthetic drugs only in passing. A turning point was the establishment of the Unit of Synthetic Drugs (USD) in 1997. The USD was primarily created to show a sign of good will to countries that were allegedly important destinations for Dutch ecstasy. This is not to say that the USD was only symbolic. There is indeed a large industry of synthetic drugs production in The Netherlands. Many production sites have been dismantled, sometimes with a very large capacity. And many pills have been captured (Table 2).

A few critical remarks need to be made with respect to these figures. First, the USD itself states that these figures are not 'wholly reliable'. They are not based on a uniform system of observations. Instead, when a foreign official thinks or suspects that seized pills may have 'a connection' with The Netherlands, they are counted. This basically means that somewhere along the line a Dutch national has been involved or that the pills have crossed Dutch territory. These pills have not necessarily *originated* in The Netherlands nor have they necessarily been produced and/or distributed by Dutch nationals. Second, these figures do not shed any light on the *relative* position of The Netherlands. Sound quantitative data on other countries' production is simply not available, which makes it extremely difficult to assess whether The Netherlands indeed is, as is so often proclaimed 'the Columbia of ecstasy'—a term that was first coined by a Dutch official in 1995 (e.g. Boyd, 2000) and that has since then been used

Table 2
Seizures of amphetamine and ecstasy in or with 'a connection' to The Netherlands

Year	MDMA in The Netherlands	Amphetamine in The Netherlands	MDMA abroad	Amphetamine abroad
2002	6,013,989 pills, 789.40 kg powder, 3.17 kg paste	100 pills, 418.33 kg powder, 4.5 kg paste	18,581,801 pills, 120.86 kg powder, 0.75 l fluids	868 pills, 1654.9 kg powder
2001	3,605,476 pills, 113 kg powder	20,592 pills, 514 kg powder, 65 kg fluids	22,062,190 pills, 15.5 kg powder, 1 l fluids	530 pills, 731 kg powder, 38 l fluids
2000	5,500,000 pills, 632 kg powder	293 kg powder	16,200,00 pills, 9 kg powder	1.251 kg powder
1999	3,600,000 pills, 405 kg powder	450,000 pills, 853 kg powder	9,700,000 pills	990 kg powder
1998	1,100,000 pills, 54 kg powder	242,000 pills, 1.450 kg powder	2,400,000 pills	1.569 kg powder

Source: USD (2003).

strategically by both the USD and American intelligence services. There are not many organisations like the USD in other countries, so the relatively high number of dismantled production sites may in part reflect administrative arrangements. Similarly, we may assume that the intensity of law enforcement activities have increased the share of production sites that have been detected by the authorities.

From the data that is available, we may conclude, with the latest USD year report of 2002, that 'there are more and more signals that The Netherlands can no longer be labelled as the exclusive producer of synthetic drugs' (USD, 2002, p. 3). For example, no less than 42 production sites were detected in Spain, the United Kingdom, Belgium, Germany and Greece. This list does not include Eastern European countries that are regarded as an increasingly important source for ecstasy. In Poland, for example, ten laboratories were dismantled in 2001. In addition, many production sites have been discovered in the United States and the United Kingdom. Recently, two laboratories with a very high capacity were discovered in Indonesia.

Fourth, ecstasy laboratories differ widely in size. It is usually stated that laboratories in The Netherlands are the most technologically advanced in the world and consequently have the largest capacity. It is difficult to assess if this claim is true. The important point, however, is that one or two large laboratories can 'mess up' the whole picture. One example to support this point will suffice. In 1996, a laboratory was discovered on board of a Belgian ship that was on its way to Kenya. It had an alleged capacity of *twelve million pills per day* (United Nations Drugs Control Programme, 1996, p. 58), which is probably more than enough to satisfy the whole world market. There is no way to assess whether such a 'superlab' is operational somewhere. Indeed, the idea that a couple of big laboratories are sufficient to satisfy world demand makes one doubt if supply-side policies will have any impact at all, especially if it has also taken into account that supply-reduction policies for drugs that require extensive agricultural space, such as heroin and cocaine, have failed miserably (e.g. Gerben & Jensen, 2001).

As the reports by the USD are generally regarded as state-of-the-art work, these remarks also illustrate the degree to which policies are based on non-systematic impressions and institutional biases rather than solid research. This is not to understate the importance of The Netherlands as a producer of synthetic drugs—The Netherlands is indeed an important source country for amphetamine as well as ecstasy. These remarks are meant to show that American or Dutch estimates of Dutch production are not based on solid data and should thus be regarded as highly politicised. Indeed, no agency has ever cared to explain how it has found out that The Netherlands accounts for 80 or 90% of the world's ecstasy production (Bureau for International Narcotics and Law Enforcement Affairs United States Department of State, 2001; Drug Enforcement Agency (DEA), 2001; DEA, quoted in United States Sentencing Committee, 2001, p. 12). These claims, however, are a burden for Dutch politicians and policy makers who are pushed to find solutions in an 'alternative' direction, which basically means that they let go of harm reduction policies and focus more on repression.

Americanising drug policy?

The role of The Netherlands as a producer for ecstasy has put its harm reduction policies under increasing international scrutiny. American law enforcement as well as government agencies have traditionally been critical of the Dutch approach towards drugs. In the discourse of agencies like the Department of State, harm reduction has always been linked to production and especially bilateral efforts to counter production. Although the Dutch government views the policies with regard to drug *consumption* as an internal affair, this agency clearly has another view. Whilst it is enthusiastic about the establishment of the USD, clearly seeing it as a rapprochement to the United States, it sees other aspects of Dutch drug policy as potentially or manifestly harmful:

> US-Dutch bilateral cooperation is expected to remain strong. Improved methods for screening container traffic in the Port of Rotterdam will further counter narcotics efforts. The recently formed Dutch unit devoted to combating synthetic drugs such as ecstasy has made concrete progress, and more is expected. . . . However, important differences in approaches toward "soft" drugs, as well as differing legal procedures and law enforcement structures could continue to complicate bilateral cooperation against drugs. We also will continue to view with critical interest Dutch 'harm reduction' programs such as heroin distribution projects.

(Bureau for International Narcotics and Law Enforcement Affairs United States Department of State, 1999)

In a short memorandum about The Netherlands entitled *The Netherlands: A Return to Law Enforcement Solutions*, the DEA has recently picked up on this theme. It explicitly states that health considerations should give way to enforcement:

> The focus on the health aspect of addiction resulted in a flurry of harm reduction measures introduced throughout the Netherlands. The growing ecstasy problem in Europe and the Netherlands' pivotal role in ecstasy production has led the Dutch government to look once again to law enforcement solutions. (DEA, 2003)

For a long time, such views may have influenced some actions of the Dutch government but they have not seriously affected the policy philosophy. Combined with two recent changes, however, they seem to tip the balance in such a way that harm reduction as a policy philosophy is coming under increased pressure.

First, there is the USD that has as its more or less official task to put on end to Dutch exceptionality. The USD has, to some extent at least, been functioning as an importer of American views of drugs and drug policy. This was most notably the case during its first years of existence. The USD continually gave out press releases about the alleged pollution of the market of synthetic drugs. It thus contributed to the frenzy about new drugs, feeding the public imagination about 'drug doctors' who persistently tried to design more intoxicating types of synthetic drugs. Whereas organisations like the Adviesburo Drugs had been trying to respond quickly and subtly to signals that pills contained harmful adulterants, the USD fuelled anxieties around ecstasy and other synthetic drugs. This is much in contrast to the approach of DIMS and the Adviesburo, which as we indicated above, had as one of their explicit goals to counterbalance overdrawn statements in the press.

In this period, it became increasingly common to see ecstasy as inherently dangerous rather than as a drug with certain dangers that could be regulated. In this climate—in which the USD was of course only one player, albeit an important one—the care regime that had come into being during the first half of the 1990s lost some of its legitimacy. This is also true for local police forces that were no longer as willing as before to support the care regime. They promoted or demanded stricter door checks at parties and themselves more frequently looked for persons with ecstasy in their pockets. These approaches clash with the more subtle approach of the stakeholders in the care regime who emphasise accurate information to users and regulation of the drug market rather than penalisation of users and frenzied reporting on the drug market. So on both the national level and on the local level, we see how stakeholders whose actions are dictated by police logic rather than harm reduction logic undermine the care regime.

Even though the USD clearly is not so paranoid of ecstasy as its American counterparts, it has breached the monopoly of the care regime regarding information on ecstasy and has helped to introduce more police logic (as opposed to harm reduction) into Dutch policies towards ecstasy. More recently, the USD has played a more modest role and has focused more on the production side of the ecstasy market. In some cases, it even defends the philosophy of harm reduction to foreign officials. So even though it undermines the privileged position of the care regime (which is represented by the Ministry of Health in international affairs) at the same time it also speaks to an audience (foreign law enforcement officials) that would normally only be exposed to prohibitionist philosophies.

However, the role of the USD as an importer of policies that conform to a police logic has not entirely played out. Like the American law enforcement agencies and the INCB, the director of the USD continues to voice his view that the testing of pills at parties is an anomaly. Echoing the DEA, he says that the Dutch government is sending out 'contradictory' signals: it regulates the practices it has formally forbidden (Witteveen, 2001). Now, this is nothing new, of course. What is new is that it is seen as a problem. What we see here is that the sharp distinction between repressive policies aimed at producers and harm reduction policies aimed consumers, is being breached. Second, the more recent resurgence of the Christian Democrats and conservatism generally has reinforced international pressure. After spending 10 years in opposition, the Christian Democrats have participated in the previous as well as the present government. For a long time, politicians on the right side of the political spectrum have looked upon the harm reduction policy with a mix of disfavour and disinterestedness—they did not support the policies but accepted the monopoly of expertise of the care regime that had emerged since the beginning of the 1990s. However, as a result of increased international pressure and conservative resurgence, the issue of harm reduction policy has become a matter of public debate and is now subject to the same kind of normative re-evaluation as many other policies (Uitermark, 2004). The previous government, for example, planned to put an end to 'contradictory signals':

> The production and trade of drugs in the Netherlands is unacceptably high and should therefore be combated more severely. . . . With regard to ecstasy: *there cannot be a quasi*-gedoog *policy*. The testing of pills in clubs and at parties will be stopped. (Dutch Cabinet, 2002, p. 9, our emphasis)

On-site pill-testing at parties has taken place only incidentally in recent years, so we cannot exclude the possibility that this is merely a symbolic action. Note, however, that the plans for an intensification of enforcement are being thought out only a couple of years after a 'long-term' plan, written down in the white paper *Samenspannen tegen Ecstasy* (*Conspire against Ecstasy*, Ministry of Justice, 2001), had channelled large sums of money into the USD. It is not yet clear what the

policy of the new government will be but so far no reversal of the trend towards repression can be discerned.

Conclusion

In sum, several developments combine in such a way that the continuance of harm reduction policy is becoming increasingly unlikely. International pressure is putting winds into the sails of parties that have gained or regained considerable power, primarily the Unit Synthetic Drugs (USD) and the Christian Democratic Party. Now that ecstasy policy is being pulled into a national moral debate, the chances are decreased that locally developed, practical solutions will be supported by the central government. These developments have to some extent torn drug policy away from the confines of the 'care regime'. The organisations belonging to that regime have, however, not changed their views and are even resisting moves towards a repressive drug policy. Whether the Ministry of Health and the plethora of health organisations at a local level will be able to maintain their grip on policies towards ecstasy will ultimately depend on the severity of international pressure and the way in which the internal balance of power will develop. No move to a more practical approach to drug abuse or other issues can as yet be discerned but perhaps the backs of harm reduction supporters will be strong enough to prevent further erosion until the conservative wind loses its strength.

Acknowledgements

Earlier versions of this paper were presented at conferences in Tel Aviv (MDMA's modern history. Policies, risks and potential of MDMA, organised by the Israeli Ministry of Health and the Israeli Society of Addiction, November 14, 2002) and Verona (National Conference of the Italian Society for Addiction Medicine, December 13–15 2002). We want to thank Manja Abraham for processing the data used in Figs. 1 and 2 and Table 1. We also want to thank an anonymous referee, the Editor and the Adviesburo Drugs for their comments on earlier drafts of this paper.

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