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A STUDY ON THE CONVERGENCE OF SWEDISH AND DUTCH DRUG POLICIES

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The national drug policies of the Netherlands and Sweden are divergent. The Netherlands is known to have a liberal policy with a focus on harm reduction, while Sweden has a restrictive approach focusing on use reduction. Current research on the effectiveness of both policies is lacking and should, therefore, be studied to properly fight drug-related issues. Furthermore, in a time of rapid globalization, a comparison between the Netherlands and Sweden regarding drug issues is essential to analyse. This paper aims to study how the countries have converged in the period 2005-2020, dividing the research question into three categories: (1) prevention, (2) treatment and harm reduction and (3) control. Using a Comparative Policy Analysis (CPA), data will be collected using documents and articles on the developments of the countries as well as statistics showing implementation of the policies, provided by European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The results present some form of convergence in some categories, mostly regarding (2) treatment and harm reduction, with more harm reduction implemented in Swedish interventions, and (3) control, where The Netherlands has become more strict towards some parts in the fight against drug supply and criminality, while also implementing harm reductive interventions. Both countries have implemented parts of the other's policy while following their traditional views regarding (1) prevention. Further research should continue to analyse the effectiveness of the policies and compare since cooperation between effective drug policies can successfully maintain the fight against global drug issues.

Keywords: convergence, drugs, drug policy, effectiveness, Netherlands, Sweden

FOREWORD

This thesis will be the final product of a two-year Master's program studying Criminology at Malmö University. This journey has been an amazing and enriching experience. To live in a different country, with a culture as interesting as Sweden's, has given me the opportunity to learn and explore the similarities as well as the differences between Sweden and my home country. Being born and raised in the Netherlands, I am brought up with the Dutch culture and values. To live in Sweden and to integrate into Swedish society, has made me realize how interesting it is to explore all the little things that make a country unique.

As a Dutchmen, I am familiar with the liberal drug policy the country has implemented. Therefore, the approach Sweden has on drugs caught my attention immediately. I wanted to know everything about this unfamiliar procedure as well as understand how those two different policies could function so well side by side. Therefore, I was determined to conduct my final research paper on this subject research before finishing this adventure in Sweden.

I am grateful to have had the opportunity to make this happen. I want to express my gratitude towards my supervisor, Kim Moeller, for his expertise on the topic as well as the fruitful discussions we have had. Furthermore, I would like to thank Tim Boekhout van Solinge, as well as several other organisations that I have spoken to over the past six months, for the interest in my thesis, the support and inspiration.

Finally, I would like to sincerely thank my boyfriend, family and friends for their everlasting patience, encouragement and support throughout this process.

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INTRODUCTION

A drug policy can be defined as a set of laws created in an attempt of the government to influence whether or not a person will consume a psychoactive substance and if so, to influence the consequences of consumption for the individual as well as the society (Babor et al. 2010). This set of laws usually describes how the possession, consumption, production and distribution of certain types of drugs are either prohibited or regulated. If laws are broken, the individual can expect to get a penalty (Babor et al. 2010).

Drug policies can usually be divided into three key focus points, that is (1) prevention of consumption, (2) treatment and harm reduction, and (3) control of the supply of illegal drugs (Babor et al. 2010).

These points can be found in the general approach regarding drugs of the European Union (EU) as well. The EU aims to create a coherent foundation for a drug policy with all its member states (Chatwin 2016). The national drug policies of Sweden and the Netherlands, both member states, follow up to this general drug approach. However, their implementations are quite different. The Netherlands has implemented a very liberal drug policy that is mainly focused on harm reduction. Sweden, on the other hand, has a restrictive drug policy with a focus on use reduction. Both countries proudly present the effectiveness of their approach and claim to have implemented the most successful method (Chatwin 2016).

Having two diverging drug policies together in one union have caused agitation, resulting in a rise in the amount of research focused on analysing the policies and their effectiveness of the Netherlands and Sweden. This research has mostly been done in the 1990s and early 2000s (Boekhout van Solinge 1997; Caulkins & Reuter 1997; Leuw & Marshall 1994; MacCoun & Reuter 1997). After this period, however, research is lacking. Furthermore, a great deal of the research has only focused on studying the drug policy of one of the two countries, creating a lack of research on the comparison between Sweden and the Netherlands.

In 2005, however, Ted Goldberg conducted a study analysing the national drug policies of both Sweden and the Netherlands as he tried to study the possibility of convergence between the two policies. The research question of his study was the following: “Will Swedish and Dutch drug policy converge?”. His conclusion, however, remained vague. It was concluded that the few changes in both policies could be seen as the first steps towards convergence, as well as developments in line with the existing policies of the countries themselves. Goldberg (2005) pointed out that answering the question of whether the approaches will converge would just be a matter of guesswork.

This lack of information has created a need for a follow-up study. As time goes by, a country, together with its culture and public, naturally develops. What could have been an educated guess in 2005, could be the complete opposite situation 15

years later. This has raised the curiosity of what has happened regarding the development of drug policies of both countries since 2005. Have the two approaches come closer together or are they still each other's opposites.

This curiosity has emerged a dedication to creating a follow-up study on the article by Ted Goldberg in 2005. In this study, the aim is to provide the reader with an evidence-based answer to the question of how the two countries have developed and if so, in which ways their national drug policies have come closer together. This question will be divided into the three categories that construct a drug policy; (1) prevention, (2) treatment and harm reduction and (3) control (Babor et al. 2010). Therefore, this article will try to provide an answer to the following research question:

In which ways have the drug policies of Sweden and the Netherlands converged?

AIM

The aim of this study is two-folded; that is to (1) analyse and (2) compare the national drug policies of the Netherlands and Sweden. A policy is an essential topic of research since it can be seen as the reflection of any criminological issues. Drug policies, therefore, are a response towards drug matters and are implemented to reduce any drug-related criminality, violence, harm caused as a result of drugs as well as related disorders (Babor et al. 2010). This responsibility makes an efficient policy essential for a country. To maintain a high level of efficiency, research is crucial. Providing scientific evidence on the explanation of the causes of issues regarding drugs and a scientific-based evaluation of certain interventions is valuable knowledge when formulating a drug policy (Sherman, Farrington, Welsh & MacKenzie 2006). Instead of trusting moral and cultural values, only evidence-based research will help a government and their society reach their highest potential regarding the fight against drugs (Babor et al., 2010). To provide an evidence-based analysis of this subject is, therefore, the aim of this research.

Secondly, this study focuses on *comparing* the national drug policies of the two countries, concentrating on the period 2005-2020. This decade is characterized by globalization. "Globalization is a process of unification in which differences in economic, technological, political and social institutions are transformed from a local or national network into a single system" (Lanier 2015, p. 2). Globalization has created a world in which we are closer than ever before. Among other things like trade, travel and technology, there is increasing globalization of crime. The development of drug issues is an international problem and creates a shared responsibility. International cooperation is necessary to reduce the problem (Babor et al. 2010; King & Wincup 2008). One way to collaborate is to agree on key aspects valuable for a drug policy and implement (parts of) each other's drug policy. This study aims to research the convergence of Sweden and the Netherlands, compare the two policies and assess their international cooperation on drug issues.

BACKGROUND

There is no clear agreement on the concept "crime" and developing a definition is nearly impossible (Wikström et al. 2012; Gottfredson & Hirschi 1990). It is important, however, to be aware of the key points of the term. In this study, the definition of Webster's dictionary is used: "All acts that are illegal and therefore punishable by the government are considered criminal activities" (Merriam-Webster n.d.). What is considered to be a criminal act is different per place and time. This is the same when it comes to criminal acts regarding drugs, with different opinions about the subject in different areas and times. As a response, the aim is to control and fight against what is considered to be a crime. To properly fight and control crime, understanding criminal acts and how they arise is key.

A policy can be described as a summary of all measures that are taken to control and restrict the issues it regards. This essay will focus on drug policies. A drug policy aims to control and fight issues regarding drugs, whether that applies to the (illegal) use of drugs, drug criminality or violence as a result of drugs.

Once applied, a whole population depends on the policy to make a change. Therefore, the efficiency of a policy is key. It is important to understand what is considered criminal and comprehend the criminal acts in the context of a society to come up with a fitted measurement.

Therefore, before analysing the current national drug policies of the Netherlands and Sweden, it is valuable to understand how the different policies came to be defined, their origins and the (societal) contexts in which they were created.

The Netherlands

Since they created their drug policy around the 1970s, the Dutch are both praised and criticized for their liberal approach (de Quadros Rigoni 2019). The country aims to prevent the consumption of drugs and limit the drug-related risks for the user, his/her environment and society (Van der Gouwe et al. 2009). The Netherlands has accepted the fact that they will not become a society free of drugs and claims it not to be a realistic and achievable goal (Van der Gouwe et al. 2009). Instead, their policy tries to demythologize and normalize the consumption of certain drugs (Leuw & Marshall 1994; Chatwin 2016).

The foundation of this policy is built on several categories, that is prevention, education, treatment and harm reduction. Education is said to be the most important factor and is mostly focused on youth. Furthermore, the Dutch laws aim to prevent people using, postpone their usage, prevent the consumption from becoming dependent and problematic and ultimately to prevent the caused health damages (Van der Gouwe et al. 2009). When an individual is addicted or in need of help, a careful treatment program will be created to cure the individual. If getting better is not feasible, the aim is to better the health of the addict. To limit

health damages due to drug consumption is a form of harm reduction (Van der Gouwe et al. 2009).

To reduce the health risks of the user, the Netherlands has made a clear division between soft – and hard drugs (Jacques, 2019). Hard drugs can be described as illegal substances, for example, heroin, cocaine, LSD, and ecstasy, that are suspected to create unacceptable health risks. Soft drugs, like marijuana and hash, are believed to create less harm (Van der Gouwe et al. 2009). Therefore, the Dutch government has decided to *decriminalize* the use of soft drugs, meaning that consumption is still illegal, but the user will most likely not be prosecuted (Goldberg 2005). This way soft drugs are safe to use without getting in contact with hard drugs, which are more dangerous for the user's health, or a criminal environment (Jacques 2019).

Although the sale of drugs is still illegal, so-called coffee shops are tolerated to sell small amounts of cannabis, provided that they strictly follow a set of rules created by the government, that is the AHOJ-G criteria (Van der Gouwe et al. 2009; Jacques 2019). As a customer in a coffee shop, you are allowed to buy no more than 5 grams of cannabis per day and you must be at least 18 years old. Furthermore, advertising is forbidden, as well as public disturbances and hard drugs. A coffee shop is only allowed to have 500 grams of cannabis in the building (MacCoun & Reuter 1997; Jacques 2019). If the rules are not carried out precisely, a prosecution will follow (Van der Gouwe et al. 2009). Although, the drug market has been successfully separated with these interventions, allowing the sale of soft drugs in coffee shops has created a "backdoor problem". The products leaving through the front door are taxed, but what comes in through the back door is off the record and therefore still illegal (Jacques 2019). This is a dilemma neglected by the Dutch government and makes it, therefore, seem that the illegal production and distribution is tolerated as well.

Sweden

In 1995, Sweden entered the European Union and introduced the member states to their restrictive policy towards drugs. The main goal of their policy can be described as the reduction of consumption and, ultimately, to become a drug-free society (Goldberg 2015). Therefore, the production, distribution, trade as well as consumption of drugs is considered illegal. Sweden makes no separation between the substances since the consumption of soft drugs is considered the gateway towards using hard drugs. The assumption is that everyone who consumes drugs will become dependent, which makes all consumption problematic. The country states that drug use will transform a person into an object, therefore inadequate of regulating their behaviour (Goldberg 2015).

Even though the consumption of drugs is illegal, the aim of the state is not to punish. Instead, the Swedish government has the intention to protect their society and offer treatment and care, intending to make the individual independent of drugs and ready to reintegrate into society (Boekhout van Solinge 1997). The goal of treatment centres is to help the addict create a life that is free of drugs (Goldberg 2015). Next to treatment, the Swedish government implies their policy

in two other ways, that is by implementing control measures and by aiming attention towards prevention (Boekhout van Solinge 1997).

Although having relatively low prevalence rates, it seems that a moral panic of drugs has developed itself. Drugs are seen as the biggest threat to Swedish society (Boekhout van Solinge 1997). This could be explained when analysing the underlying thoughts. Swedes are found to have strong feelings of conformity, which responds in negativity towards anything unfamiliar, like drugs (Boekhout van Solinge 1997). Historically speaking, Sweden is relatively new to drugs and the use of the substance, creating a lack of knowledge. Drugs are seen as something strange and unknown that comes from outside of Sweden, thus a threat to the Swedish culture and consumption makes you fail as a good citizen (Chatwin 2016). These traditional views explain the position of the Swedish drug policy compared to other European countries as well.

METHODOLOGY

Data collection

Comparative policy analysis

The method most suitable to answer this research question, which is ultimately used in this article, is comparative policy analysis (CPA), a method to empirically research the development, characteristics, implementation or effects of a policy by more than one area. The goal of CPA is to evaluate policies and ultimately pinpoint social issues in a country. When evaluating a policy, the effects and costs are taken into consideration, as well as any possible side effects (Burris 2017; Ritter et al. 2016; Ødegård 1998). In CPA both policies are examined extensively and, ultimately, compared. It is decided to collect a broad range of information by analysing the best available data on the developments of the countries in two-fold, that is gaining information by analysing secondary sources on developments and situations in the countries (Law on books) as well as analysing statistics (Implementation).

Law on books

Law on books covers the written form of policy research. This includes the characteristics and key features of the policy, as well as important events in history that have defined the policy. These characteristics are compared between the two policies (Burris 2017). To provide the reader with this information, secondary research is conducted consisting of a combination of documents focused on the laws of the specific countries and other scholarly articles have been used. This review of literature arose from articles found at search engines like Google Scholar and Libsearch, a search engine provided by Malmö University, but also government documents, information provided by the European Monitor Centre for Drug and Drug Addiction (EMCDDA) and other articles are used. To find information, keywords are used, for example, *Swedish/Dutch drug policy, drug law Sweden/the Netherlands, trends drug policy Sweden/the Netherlands*, etcetera. Furthermore, information about the approaches

is also found in documents written in the mother language of the country by translating keywords into Swedish or Dutch. The results of the two countries are collected, summarized and compared. It is important to note that the research has its focus on results, that is trends and cultural changes, that happened over the past 15 years. Therefore, there was a preference for using papers and documents most recently published.

Implementation

The second part of this research is dedicated to the results found when looking at the implementation of the policies. The drug reports of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) are analysed. EMCDDA is an institute that aims to provide EU member states with an accurate and objective overview of the drug prevalence and drug problems of the states. These statistics are carefully chosen for providing the most complete description. Furthermore, these reports will be of most assistance when answering the research question. Each figure shows the statistics of both the Netherlands and Sweden over the past 15 years. The research of the EMCDDA most recently done marks back to 2017. Therefore, the results will show data of 2017 as the most recent results presented in this study.

The statistics used in this study can be divided into five tables, all with a division between the Netherlands and Sweden, that is (1) prevalence of drug use, (2) mortality rates regarding drug overdose, (3) treatment demand, (4) rates of drug offences, for which the number (N) was measured (and number previously used in table (3)), and (5) the number of seizures regarding drugs (per Kg or HCl). For table 5, the statistics of the following drugs are used: cannabis, this result is created by the sum of herbal cannabis (marijuana) and cannabis resin (hash), cocaine, amphetamine and heroin. The numbers are found using the statistical bulletin – search per country. To analyse the developments per year, the "trend" option is used for table 1, 2 and 3. Table 1 is designed using "Last-year prevalence rates" for the age group "All adults (15-64)". Table 2 consists of rates using EMCDDA 'Selection B' as a national definition. This definition is used to describe overdose deaths in both the Netherlands and Sweden, describing acute mortality as a direct result of drug consumption (overdoses, consumption, or drug-induced) (EMCDDA 2019b).

It has to be noted that the results that can be found in the tables have to be read attentively. Both countries have different policies and therefore different aspects are valued differently in the approaches. Furthermore, it is expected that the statistics will show missing data. Since this study works with existing data, therefore, has not collected own data, this study is dependent on the statistics and operation of the EMCDDA. That is why the results must be read with an understanding of the background, culture, and policies of the countries.

Data analysis

To improve research on the subject of this paper, it is decided to analyse data in the three categories that make up drug policy laws and programmes; prevention, treatment and harm reduction, and control. The information that is found with the

data collection is divided per category. Data collected as a written explanation is analysed per country per category. This creates a three-fold answer to the research question of this article.

The statistics that are collected providing information from EMCDDA, are divided into the three categories as well, assigning prevalence rates to prevention, mortality rates as well as treatment demand to treatment and harm reduction, and lastly, drug offences and quantity of seizure to the category control. To provide the reader with a clearer understanding, it is decided to add figures for tables 2, 3, 4, and 5. These figures self-made and are based on the statistics of the EMCDDA. The figures for tables 4 and 5 are a visual representation of the tables. Tables 2 and 3, an extra column is added, providing the reader with the prevalence rate per million inhabitants (PMI). This number is calculated dividing the rates with the number of inhabitants of the country per year. This information can be found in the appendix (Appendix 1). This number creates a rough estimate of the number of overdose deaths, as well as users demanding treatment, per million inhabitants of the countries per year.

After the collection of each category, the reader is provided with an interpretation of the data, analysing the written part as well as the statistics that are assigned per category.

Ethical considerations

This research is solely focused on secondary sources, meaning the statistics found from EMCDDA and the articles and documents written by other scholars. Therefore, no new participants have been involved in the process of obtaining and analysing data for this research. Furthermore, no ethical dilemmas have been found when the results presented in this article were analysed.

RESULTS

Prevention

Law on books – The Netherlands

One aim of the Dutch drugs policy is to limit the consumption of drugs. Research has shown that, over the past 15 years, the Netherlands has had some issues pursuing this goal. It seems hard to prevent drug use in a country where the usage is decriminalized and coffee shops are free to sell (soft)drugs that are partly responsible for creating drug criminality (Lemmers 2020). It seems that the Netherlands has become a country where drugs are “the new normal”. Where the country originated its policy with the thought of fatalism; “drug use is inevitable”, it seems that nowadays the hope to get rid of the normalisation of drug use is lost. The lack of a clear norm creates uncertainty with the public, users as well as policymakers. This gap between the law stating drug use as forbidden and the social norm "as long as you do it safely" creates this ambiguity. The fact that drug use has consequences for the user's health, environmental pollution as well the

user becoming an actor responsible for the drug market and its violence, is forgotten (Lemmers 2020; van Teeffelen 2020a).

One outcome of this gap is a great increase in the production of drugs. The Netherlands is known for the production and trade of all kinds of drugs, nationally but mostly internationally. Especially the production of cannabis and synthetic drugs, for example, XTC and amphetamine, in the Netherlands is known worldwide. Cannabis is mostly produced in special plantations in the north of the province *Noord Holland* (translated; North-Holland). Synthetic drugs are mostly produced in the south of the country.

Furthermore, the Netherlands is known to produce so-called new psychoactive substances (NPS), also known as designer drugs. These substances are newly created, often consisting of a mix of traditional drugs, creating an outcome of the product that is new. These drugs are therefore not yet included on the opium list which means they are not yet registered as illegal drugs and legislation is evaded. These substances are created to give the same effect as other, more traditional drugs. In 2012 there has been a rise in the usage of NPS. The use of these NPS can be dangerous since the drug has not been researched on short- or long-term consequences of using and errors in dosage are easily made (Van Laar & Van Ooyen-Houben 2015).

Next to that, the accessibility of (soft)drugs and the normalisation of other types of drugs is an important reason for tourists to visit the Netherlands. Research shows that the amount of yearly tourists has increased from 10,9 million in 2005 to 17,9 in 2016. This stream of tourists is an important source of income for coffee shops, as well as for the Netherlands itself (Tops & Tromp 2019).

Law on books – Sweden

Use reduction is the main goal of Sweden's drug policy. According to research, it seems that the drug policy has booked results regarding the use of cannabis. Cannabis is the most used illicit drug in Sweden. However, the using prevalence is very low compared to other European countries. It seems that a relatively small group is known to use cannabis. The user rates have, after an increase in the 1990s, remained quite stable during this century. However, research concludes that the use itself has intensified, meaning that within the group the consumption has grown (CAN 2017). Furthermore, it seems that the drug availability is high, meaning the drug prices have fallen, new psychoactive substances (designer drugs) have made their entrance on the market, as well as more pharmaceutical drugs, like pain killers and tranquillisers. A pain killer that has gained an immense amount of popularity over the last 12 years is tramadol. Tramadol can be legally prescribed as a medicine. What is remarkable is that the drug seems to be mostly consumed by adolescents. Since tramadol is rarely prescribed to this age group, it is almost certain that this drug is obtained illegally (Olsson et al. 2017). Tramadol is the drug most commonly seized, over 970.000 tablets were seized only last year at the southern borders of Sweden (TT Nyhetsbyrån 2020).

As a response, the government has called the attention for a more knowledge – and evidence-based approach, with interventions based on this knowledge, equal right to treatment as well as better collaboration between social services (EMCDDA n.d.).

The need for this evidence-based approach becomes clear in regards to opioid use. The current policy seems hard to apply to this day and age and is ineffective. In 2017, the World Health Organization called out Sweden for maintaining a drug policy that has negative health results and even achieves the opposite effect. It seems that the aim of a drug-free society has slowly become a policy with a zero-tolerance regarding drug users (Roden 2018). Not only is there, as a result of the policy, a lack of information on what happens on the drug market, but drug users are also often misunderstood as well as mistreated. The view on drugs being something foreign, alien and utterly and uncompromisingly bad has not changed. Therefore, stigmatization is still a core problem in Swedish society. The use and dependence of drugs are still seen in Sweden as a disease, which makes drug users the carriers of this disease. Drug users are seen as lying, manipulative, problematic and dirty and no difference is made between the different types of drugs and drug users. People assume a drug user is either a sick person or a criminal, whose life revolves around the use of drugs. Furthermore, the general thought is that only a certain group of people is destined to become addicted (Levy, 2017).

Figures

Table 1. Drug user rates.

		The Netherlands (NL)					**Sweden (SE)**				
Year	**N drug users**	Cannabis	Cocaine	Amphetamines	Ecstacy	LSD	Cannabis	Cocaine	Amphetamine	Ecstacy	LSD
2017		9,2	2,2	1,8	3,3	0,1	:	1,2	:	0,9	:
2016		8,4	2	1,7	3,6	0,2	3,4	:	:	:	:
2015		8,7	1,9	1,6	3,4	0,2	3,2	:	:	:	:
2014		7,7	1,5	1,3	2,4	0,2	2,9	:	:	:	:
2013		:	:	:	:	:	2,9	.6	0,7	0,5	:
2012		:	:	:	:	:	3	:	:	:	:
2011		:	:	:	:	:	2,6	:	:	:	:
2010		:	:	:	:	:	2,8	:	:	:	:
2009		7	1,2	0,4	1,4	0,1	2,9	:	:	:	:
2008		:	:	:	:	:	1,9	0,5	0,8	0,1	:
2007		:	:	:	:	:	2,1	:	:	:	:
2006		:	:	:	:	:	2	:	:	:	:
2005		5,4	0,6	0,3	1,2	0,1	2	:	:	:	:

Source: EMCDDA
Numbers are written in percentages

Analysing table 1 must be done with caution, because of the great number of missing figures, which could blur the interpretation of drug use rates. However, to provide the reader with a complete image, the figure is included in this study.

Interpretation

It seems that, although both countries have the aim to reduce the rates of using, the outcome is different for the Netherlands and Sweden. When analysing table 1, most drug rates in the Netherlands have increased over the last years. An explanation of this could be the normalisation of drug use and the incapability of the police to fight the image of the "free-drug country". Furthermore, the country has developed to become one of the biggest producers of all types of drugs, including new psychoactive substances.

Meanwhile, Sweden seems to have very low drug rates that have remained quite stable over the last 15 years. However, drug users have increased the amount of consumption. The availability of drugs has increased, creating a big drug market, without the control of the government, with an increase in hard drugs and NPS. This cannot be found in table 1. A reason for this could be that drug users are greatly stigmatized, which has created a hidden population that cannot be found in user rates and limit analysing the effectiveness of the country's policy.

Treatment and harm reduction

Law on books – The Netherlands

The Netherlands is known for a harm reduction approach regarding its drug issues. In the past 15 years, the country has evolved in this area and has implemented several new ways to intervene. Research has found several successful interventions as a result of this approach, like several websites that have created to educate people on drug use, users are given the possibility to test their drugs and a so-called *red alert system* will alarm if a life-threatening drug is out on the market. This has gotten a lot of international admiration (Lemmers 2020).

A very recent development that has been brought up is the full regulation of cannabis in the Netherlands. Since the Dutch drug policy has arisen, the use of cannabis is decriminalized, meaning no charges will be pressed against a person using cannabis. This has sparked a debate that has been going on for decades. Nowadays, this debate concerns the drug criminality, of which the production of drugs, that arises because of the use of cannabis, is respondent for this drug criminality. Proponents of decriminalization have now introduced a solution to drug criminality: *besloten wietketen* (translated: private weed chain). This experiment will examine the effects of legalizing the production, distribution and sale of cannabis. By controlling this chain, the government has control over the production and quality of the product (Ministerie van Algemene Zaken 2019a; 2019b). According to research, a maximum of 850 million euros can be saved when legalizing the full chain of soft drugs (Boermans 2009). Despite the mixed opinions on this intervention, the government has approved to start the experiment in 2020, starting with decriminalizing the production of cannabis on chosen

plantations in 10 different regions in the Netherlands (Ministerie van Algemene Zaken 2019a).

Law on books – Sweden

Over the last ten years, research shows drug-related death rates have doubled in Sweden. This makes Sweden second of having the highest rates for drug-related mortality (Leigman 2020). Drug-related deaths have especially increased regarding polydrug use. The combination that is the culprit for most deaths is a combination of opioids and benzodiazepines. Opioids, such as methadone, buprenorphine, fentanyl and oxycodone, are usually prescribed as a pain killer (Fugelstad et al. 2019), whereas benzodiazepines are prescribed to treat symptoms like anxiety and insomnia (Caan & Belleroche 2003). Of all forms of drug-related deaths, overdose has increased most in the last 10 years (Leigman 2020).

These rates have made Sweden focus more on improving treatment interventions. It seems that Sweden has chosen a, for Sweden, unconventional way to do so; harm reduction. Where in previous century Sweden received the nickname "harm reduction-free society" (EMCDDA 2019b), now the government has either implemented or is currently testing interventions that are knowledge-based and considered harm reduction, however not without some suspicion and doubt. Over the last years, there has been an increase in needle and syringe exchange programs (NSPs), having 13 clinics around Sweden in 2017 (EMCDDA 2019c). In 2018, a nose spray called naloxone was made available for medical staff, which can be used as a remedy for heroin overdose (Ederyd 2016; EMCDDA 2019c). Together with several other interventions, such as detoxification units and compulsory care (Sahibzada 2010), Sweden aims to fight drug-related deaths and stigmatization with harm reduction (Ederyd 2016).

Figures

Table 2. Mortality rates overdose.

	The Netherlands (NL)		**Sweden (SE)**	
Year	Number (N)	N PMI*	Number (N)	N PMI*
2017	262	15,4	626	63,2
2016	235	13,8	590	60
2015	197	11,6	661	67,8
2014	123	7,3	628	64,8
2013	144	8,5	476	49,5
2012	118	7	427	44,7
2011	103	6,2	371	39,1
2010	94	5,6	369	39,3
2009	139	8,4	350	37,6
2008	129	7,8	320	34,6
2007	99	6	310	33,8
2006	112	6,8	235	25,8
2005	122	7,5	245	27,1

*Per Million Inhabitants
Source for N: EMCDDA

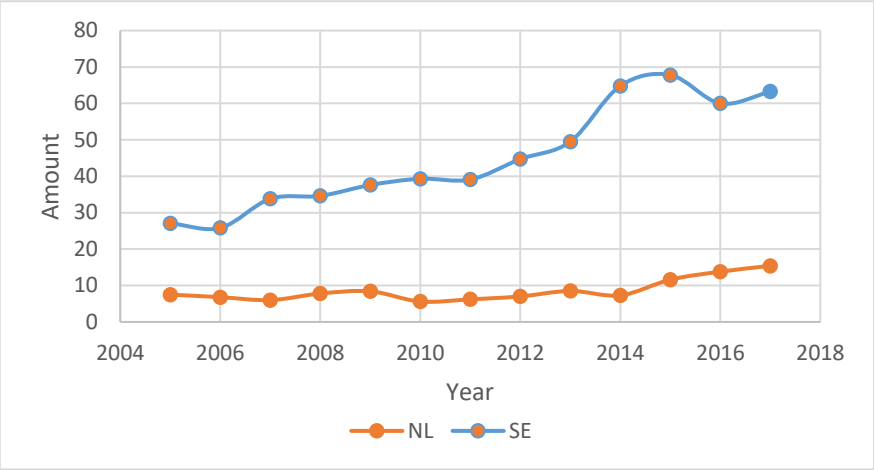

Figure 1. Mortality rates overdose, per million inhabitants.

Table 3. Treatment demand rates.

	The Netherlands (NL)			Sweden (SE)		
Year	N	N*	N PMI**	N	N*	N PMI**
2017	:	:	:	30885	17075	3118,2
2016	:	:	:	28584	15927	2906,1
2015	10987	4458	648,6	30544	16274	3127,9
2014	10631	4530	629,3	28057	14953	2894,8
2013	11129	4669	660,7	1242	925	129,1

*Previously used
** Per Million Inhabitants
Source for N, N*: EMCDDA

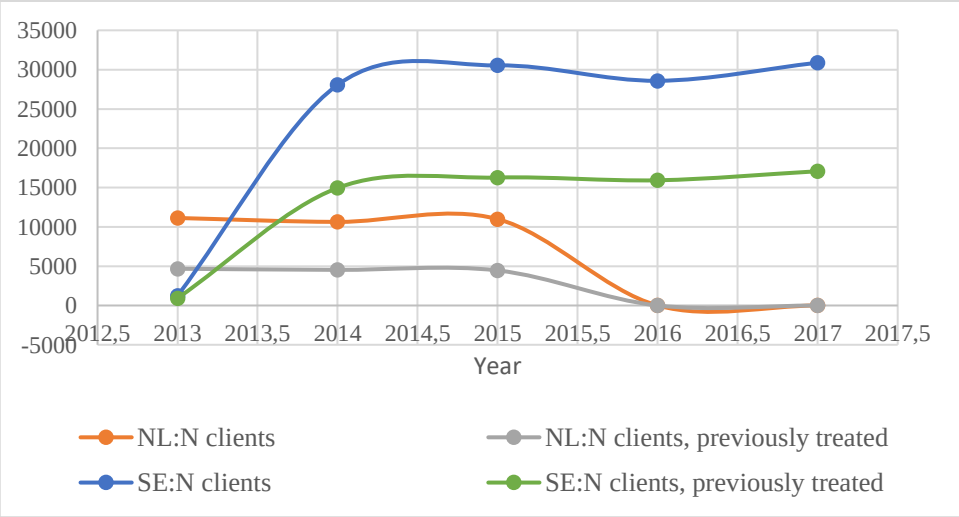

Figure 2. Treatment demand rates.

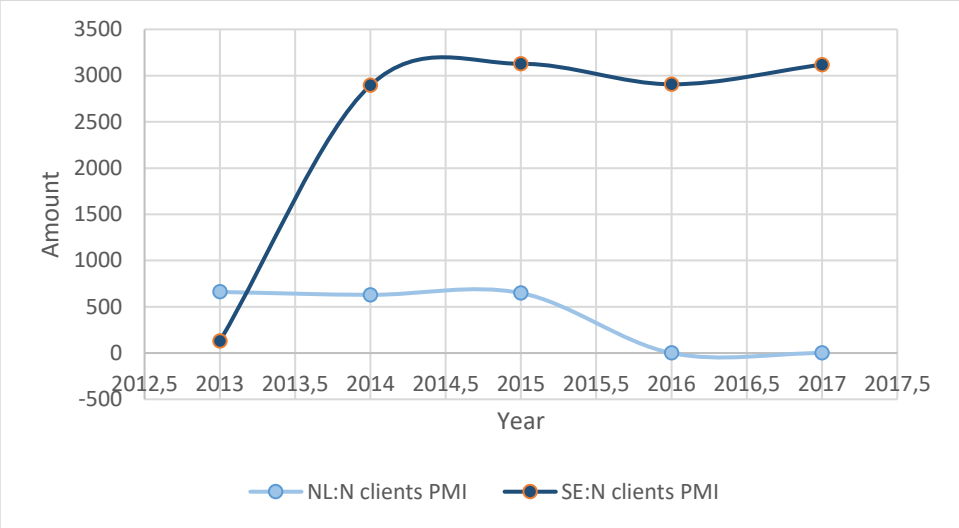

Figure 5. Treatment demand rates, per million inhabitants.

It has to be noted that the rates of 2016 and 2017 of the Netherlands in the treatment demand figures, for both N and N previously treated, are missing. That is why the graphs seem to have rates of 0 on these years, while in fact, the rates are missing. This should not be misinterpreted when analysing the figures.

Interpretation

Harm reduction has always been important to the Dutch drug policy. In the last 15 years, the country has developed more harm reduction interventions to continue their philosophy. The private weed chain is an example of one of those harm reduction interventions. In table 3 however, an increase in overdose deaths can be detected, which could be indicating ineffectiveness of the country's policy. On the other hand, the overdose death rates of Sweden seem to have tripled over the last 15 years. Furthermore, these rates were already twice as high as in the Netherlands in 2005. The alarmingly high rates of drug overdose could be a result of an ineffective drug policy and Sweden's view on drug users. As a result, it seems that Sweden has recently stepped away from their traditional views and has implemented several interventions that have a harm reduction approach. Nonetheless, the stigmatization is still very present in Sweden, creating a high threshold to seek help. This can be found in table 4 as well as in figure 2 and 3. The demand for treatment is found to be substantially high in Sweden and has risen extensively over the years when compared with the Netherlands.

Control

Law on books – The Netherlands

The Dutch drug policy tries to stop criminality as well as a nuisance due to drugs because law enforcement is the key to achieving goals concerning public health. Despite the use of soft drugs being decriminalized, the production, trade and distribution have always been criminally charged. It seems that, in the past decade, there has been a rise in criminality concerning drugs. The Netherlands ranks high in production, distribution, and trade of drugs. As is mentioned above, the production of all kinds of drugs, usually produced for export, can be found

mostly in the southern parts of the country. Most distribution can be found in the bigger cities of the Netherlands. A lot of drugs, mostly cocaine, are distributed from the bigger harbours in the Netherlands, like Rotterdam and possibly Amsterdam. The airport of Amsterdam, Schiphol, is known for having issues with so-called *bolletjesslikkers*, people swallowing drugs as a way to smuggle substances across borders, as well as other ways in which drugs enter the Dutch airport (Tops & Tromp 2019).

The capital of the Netherlands, Amsterdam, can be defined as the international epicentre of the drug market. This is the place where dealers meet, drugs are being traded and trafficked internationally (Tops & Tromp 2019). Amsterdam has always been the most important trading place, and has, in the past years, expanded to a big, international drug market with Dutch citizens as the key players. This market concerns millions if not billions of euros and goes hand in hand with a lot of violence and criminality. For example, over the past 20 years, there has been an average of 26 liquidations every year as a result of the settlement of an account (WODC & Trimbos 2019). Other examples of criminality concern gun trading, labour exploitation, and human trafficking (Tops & Tromp 2019).

Over the years the country has aimed more attention towards reducing criminality caused by drug production, distribution as well as the trading of drugs. However, it seems that law enforcement feels incompetent and unable to fight criminality. Police have insufficient information on the organisation and size of the drug market. Furthermore, it seems that police aim to go after the top of the drug market and do, therefore, not bother arresting criminals lower in the hierarchy (Tops & Tromp 2019). Another way to limit drug criminality is the experiment of legalizing the full chain of soft drugs, which is described above. It seems that the Netherlands aims to fight drug criminality in multiple, different ways.

Law on books – Sweden

Sweden has a drug policy that is restrictive towards the production, distribution, trade as well as usage of all types of drugs. Therefore, anything related to drugs is considered a criminal offence in Sweden. However, it seems that this zero-tolerance approach, as well as the general thought all drugs and drug users are bad, is responsible for the criminalisation and drug-related harm in Sweden. The prohibition of drugs creates a black market, as well as a lack of knowledge of the drugs on this market. This creates more danger to drug users. The high risk of drug-related harm together with the existence of stigmatization has created a substantial problem in the last 15 years in Sweden; drug-related deaths (see section treatment and harm reduction).

However, it seems that, as was the strategy before 2005, Swedish law enforcement mainly has a bottom-up approach regarding drug criminality. This means that the focus of law enforcement is on arresting the user, on the grounds of evidence or just a suspicion (Ericson 2011). This means that drug criminals that are higher up the drug chain, meaning no drug users or drug criminals with a minor role like “runners”, easily get away with the crime. In Sweden, it seems that drug criminality has gone up in the last years, especially in the three bigger

cities; Stockholm, Gothenburg and Malmö. The latter has seen a major increase in gun violence, from twice to five times the level in the rest of the country, between 2006 and 2014 that can be linked to serious organised crime like drug trafficking (Khoshnood & Garell 2019).

Regarding new psychoactive substances, the restrictive approach of Sweden seems successful. These substances, also known as designer drugs, are fought against hard since the police are now allowed to seize any suspicious substance even though it has not yet appeared on the list of illicit drugs (Ericson 2011). Therefore, a user of a new psychoactive substance can be arrested for the possession of illegal drugs, without the drug officially appearing on the list of illicit drugs.

Figures

Table 4. Number of drug offences.

		The Netherlands (NL)			**Sweden (SE)**		
Year	**N offences**	Total	Supply	Use	Total	Supply	Use
2017		18687	14207	:	100447	9163	91284
2016		21118	11624	:	90883	7940	82943
2015		20503	11051	:	94035	9541	84494
2014		21387	11354	:	95324	9851	35282
2013		:	:	:	99175	14519	84656
2012		:	:	:	97379	14611	82768
2011		:	:	:	91997	11078	80919
2010		14905	8868	:	90070	10936	79134
2009		17075	10329	:	82008	8729	73279
2008		18862	11386	7390	:	:	:
2007		19399	12296	7045	:	:	:
2006		20306	13573	6698	:	:	:
2005		20160	13983	6117	:	:	:

Source used: EMCDDA

It has to be noted that there is a lack of data regarding drug offences of the Netherlands in the section use. This could be the case since the use of soft drugs is decriminalized. Therefore, no charges will be pressed if a user is caught with drugs for personal consumption. In Sweden, on the other hand, there is a great focus on drug offences regarding the consumption of drugs. Thus, the reader is asked to consider this when interpreting and analyse with caution. These missing rates can also be found in figure 4.

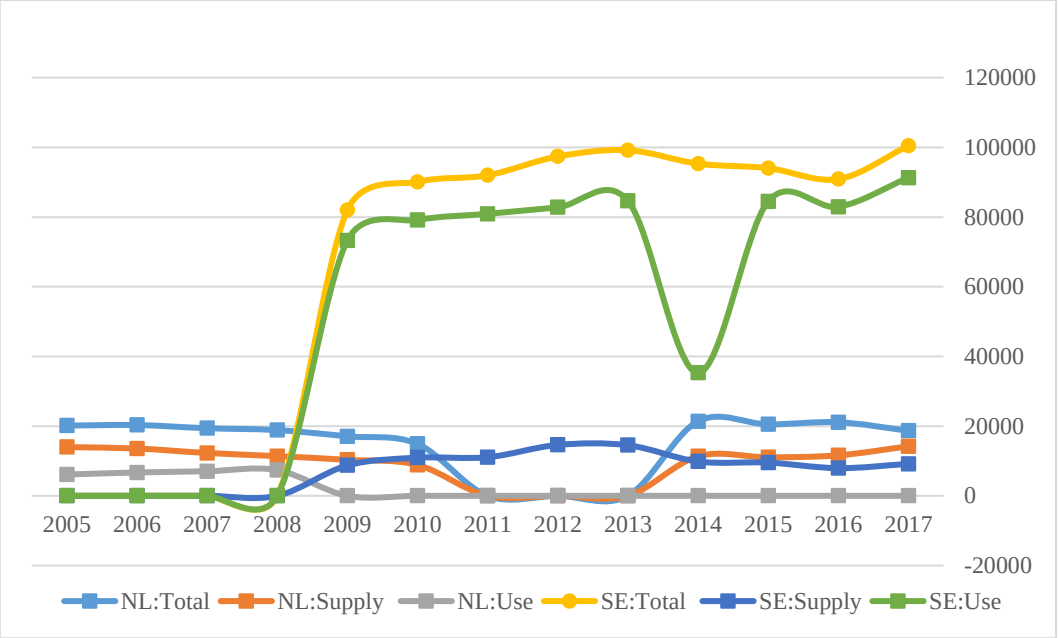

Figure 6. Number of drug offences.

Table 5. Quantity of drug seizures

		The Netherlands (NL)				Sweden (SE)			
Year	**Quantity seized**	Cannabis*	Cocaine (Powder)**	Amphetamine*	Heroin*	Cannabis*	Cocaine (Powder)**	Amphetamine*	Heroin*
2017		4046	14629	122	1110	3934	161,7	745	45
2016		:	:	:	:	:	:	:	:
2015		:	:	:	:	:	:	:	:
2014		:	:	:	:	1917,3	29	413,4	23,5
2013		:	:	:	:	2087,6	81,06	631,2	6,13
2012		14800	10000	680	750	1731,3	34,4	314,4	6,8
2011		6000	10000	1074	400	1214,5	88,7	168,4	21,4
2010		8000	10000	612	550	1077	35	336	58
2009		:	:	2412	:	1687	75	351	31
2008		:	:	1227	:	1468	66	361	55
2007		15420	10500	2800	520	1485	39	293	30
2006		11240	10600	38100	1000	1014	1358	:	103
2005		9900	14600	1000	900	1452	34	:	19

Source: EMCDDA

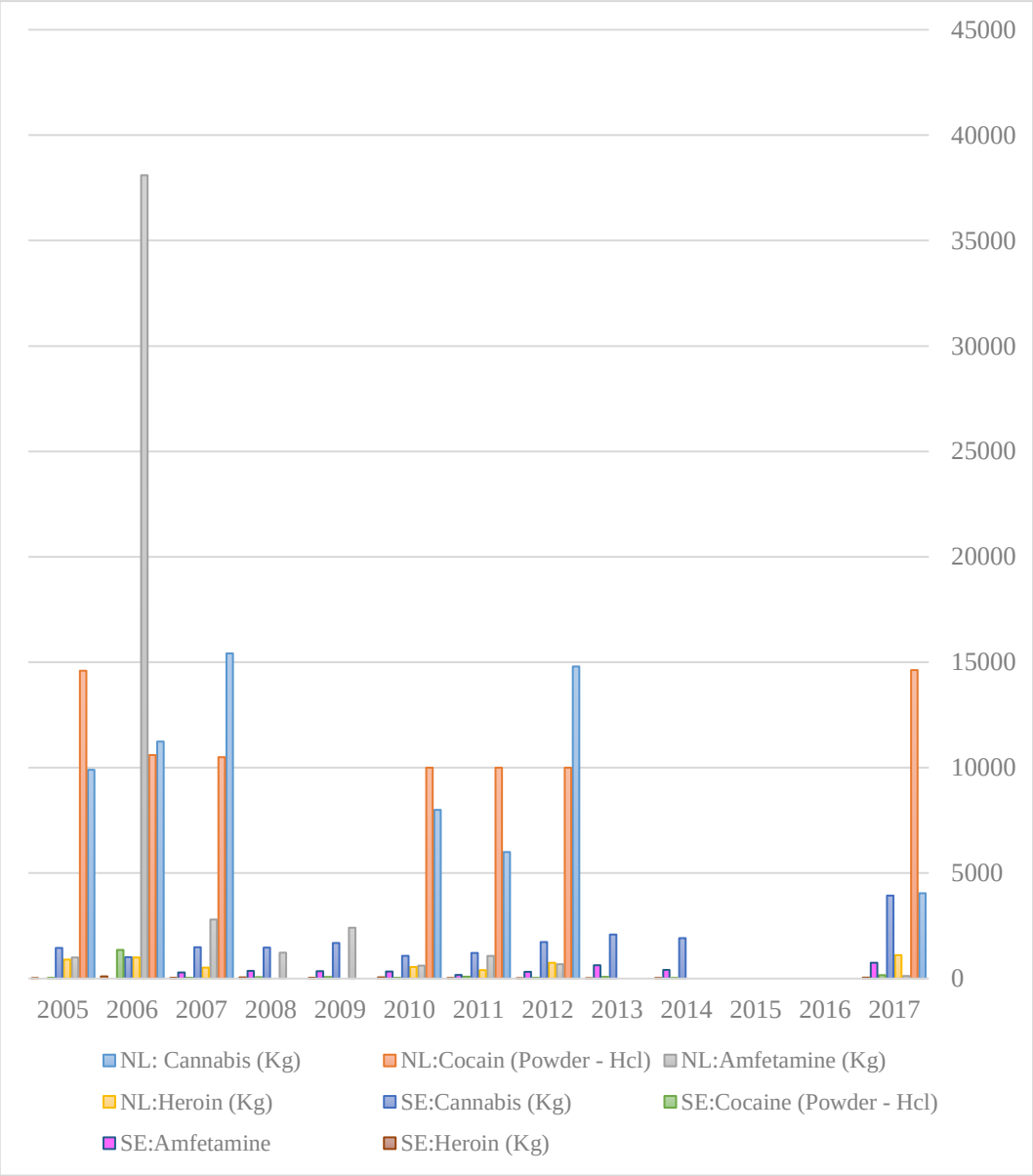

Figure 5. Quantity of total seizures.

Interpretation

There has been an increase in drug criminality in the Netherlands in the last 15 years as a result of the role the country has taken as one of the bigger players in drug trading. Therefore, the country has decided to increase its focus in the fight against it. This fight is done by implementing interventions that have a harm reductive approach, like the fully legal weed chain, as well as more rigorous interventions. Results of this can be found in table 4, where the number of supply offences has gone up substantially. In table 5, high numbers of seizure are found, especially of cocaine, but also cannabis and amphetamine. This increase could be due to the relatively high availability of drugs produced and traded in the country, as well as an increase in efforts of law enforcement to fight against it.

Sweden, on the other hand, shows relatively high rates on use offences, 90% of all drug offences, as well as high numbers on cannabis seizures. This because law enforcement is mainly focused on arresting consumers, instead of going after the bigger sharks. Their zero-tolerance approach has, according to the figures, been successful regarding the arrests of consumers. However, this approach could be the reason for the great increase in drug criminality over the last years, especially in the bigger cities. The government has no control over the drug market or on the substances sold, which could be dangerous for the health of the user. Nonetheless, when it comes to NPS, law enforcement has been successful with its strict approach.

DISCUSSION

As can be seen in the results of this study, both the Netherlands and Sweden have a national drug policy that was once effective and served the countries well. Over the past 15 years, developments have shown to create frictions in some aspects of the countries' drug policy. The general attitude of normalising the use of drugs in the Netherlands and the thought that drugs are inevitable, a keystone in the policy, has turned into the inevitability to fight drugs. Law enforcement feels defeated, the image of drug use has sunk so deep into the Dutch culture that police has trouble fighting it. Next to that, the normalisation and liberal approach towards drugs have made that the production, distribution and trade of all kinds of drugs can be found in the Netherlands in abundance, another seemingly inevitable issue to fight.

Meanwhile, in Sweden, it is shown that their restrictive policy against all drugs, has created a substantial, black market. It seems that Sweden lacks control over what is sold on the drug market and has no knowledge of the drugs available, their consistency, or the risks for society as a result of their restrictive approach. This causes danger to society as can be seen on the high rates of mortality, which are relatively high compared to other countries.

It has become clear that the countries, and their drug policies, are up against the image that drugs have obtained in the Netherlands and Sweden, as well as how the public receives this image. In the Netherlands, the image of drugs being a normal thing that is intertwined with the Dutch culture has made the country into a so-called *narcostate.* Next to that, the country welcomes a great number of tourists every year that come to enjoy drugs and the liberal policy that facilitates this experience. Therefore, the country profits immensely from drugs while aiming to fight it at the same time, causing law enforcement to feel defeated. Sweden, on the other hand, is struggling to fight the thing they are most afraid of; drugs. Their ″narcophobia″ limits the country from gaining knowledge about what it is they are afraid of, resulting in a lack of control and consequently danger which results in health problems and ultimately an immense increase in mortality rates. Furthermore, this fear of drugs leads to a lack of understanding and consequently a lack of empathy. Stigmatization is still a major issue in Sweden, causing issues

that will not disappear without knowledge and understanding of drugs, the use of it and its consequences.

However, both the Netherlands and Sweden have recently opened their eyes to new, for their country possibly controversial, developments in their drug policies. Recent interventions have been implemented in Swedish drug policy that can be categorized as harm reductive, like needle- and syringe exchange programs. The Netherlands has made the change to become stricter when it comes to drug criminality, a change remarkable in a predominantly liberal country. Nevertheless, these are only small steps towards each other's approach, only in some areas of the drug policies. Both the Netherlands and Sweden have not changed the complete direction of their policy and have implemented interventions in line with their traditional policy as well, like the full legal weed chain experiment in the Netherlands.

It seems that both the Netherlands and Sweden are motivated to implement different approaches to their drug policies. In some ways, this gives the impression that the countries have come closer together. However, an actual point of convergence might be hard to reach, since the political cultures of the Netherlands and Sweden are different, with opposite views in fundamental points of the policies. The Netherlands is a progressive and liberal country regarding several aspects, for example, the legalization of prostitution, euthanasia as well as decriminalizing (soft) drug use (Post, Brouwer & Vols 2019; Maris 2018; Van der Gouwe et al. 2009). Sweden has a progressive approach as well in some aspects, but remains quite traditional and reserved with other matters, like the issues regarding drugs. The country is protective over its society. The *Swedish Model* or *Folkhemmet,* for example, was a successful attempt to create a welfare state to serve protection over Swedish society (Rojas 2005) This has made the country reluctant towards unfamiliar issues, thereby creating a culture more distant from other, international decisions (Bondeson 2001). Therefore, changing the policy and political views of a country might be difficult and needs consideration and evaluation before being implemented.

Conducting a drug policy evaluation seems complicated, in general, as well as in the case of comparing drug policies, as is done in this study. One of the complications that were encountered when conducting this research was data quality. In this study, the drug consumption in the Netherlands and Sweden was analysed, using secondary sources, meaning that raw data was not conducted in this study. Therefore, the reliability of the results from the articles used could be a limitation, having no assurance of the data collection and how this differs between the countries. The same is true for the statistics provided by EMCDDA. These statistics are collected by national organizations, which means that the methodologies of the studies might differ. Therefore, it is important to interpret the data with caution. In the future, it might be beneficial to insert an independent, international organization to collect national statistics in an unprivileged way, to have a fair comparison between the countries. As for this study, the EMCDDA, as well as the sources used in the law in books section, are considered to be good, reliable sources and are therefore chosen to be analysed in this study.

Furthermore, because of the choice to use secondary data in this study, missing numbers are inevitable. As is mentioned in the methodology as well, because of the missing numbers in the figures, the numbers have to be interpreted carefully. EMCDDA has provided this study with a substantial amount of numbers. Unfortunately, there was a lack of information on subjects that could have been beneficial when answering the research questions. Examples of these are the numbers of seizures, of which no rates for the Netherlands were described, as well as a lack in some prevalence drug use rates, of which Sweden had almost no results published and the Netherlands only starting 2014. Nevertheless, multiple statistics are included in this study to construct a valuable answer to the research questions. By using a mixed-methods approach, using statistics as well as (government) articles on the development of the drug policies, it is made sure to provide the reader with a reliable and complete answer.

Evaluating drug use can be difficult, since dealing with a hidden population of drug users is inevitable. Since the consumption of drugs is illegal in the Netherlands and Sweden (drug use is decriminalized in the Netherlands), this could cause people not to confess their usage. Furthermore, the presence of stigmatization could be a reason not to confess if an individual uses or has used drugs. This has been challenging when conducting this study. To deliver the most complete analysis to the reader, multiple sources are used. Still, the reader is asked to interpret findings with caution, especially when comparing the countries drug issues, as is the case in this study (EMCDDA 2019).

All in all, evaluating a drug policy is a difficult and delicate task. Providing definitive answers to the most pressing questions regarding policies might be difficult. Furthermore, an evaluation of one country at one period is not applicable and generalizable to the situation of another country or the country in another time, since the country's issues regarding drugs and the political and social environment of the country could change completely over generations (Babor et al. 2010). That is why this research is conducted, as a follow-up study to evaluate the countries and their policies in this new time frame. Future research is suggested to continue to do this, just like this article is a follow-up of the one written by Goldberg (2005). It is essential to continue to evaluate the effectiveness of a policy with the thought in mind that change is inevitable. The goal of a policy is to help a country make decisions to combat the issues it is regarding (Reardon 1993). Future research should prioritize to continue evaluating the effectiveness, for a country to be quick to respond to its developments and implement evidence-based interventions to, together, work on the same goal; bettering a country.

CONCLUSION

In this study, the aim was to provide the reader with an answer to the following research question: "In which ways have the drug policies of Sweden and the Netherlands converged?". To answer this question, the three key categories that

make up a drug policy are used, that are (1) prevention, (2) treatment and harm reduction, and (3) control.

As for the prevention of drug use, both the Netherlands and Sweden have not made any major developments over the last 15 years. Prevalence rates of the Netherlands have gone up, as a result of the normalisation of drug use, the incapability to fight it, and the controversy regarding tourism. Although prevalence rates in Sweden seem low, the drug market has extended substantially, with new drugs increasing popularity, and without the government having any control. With no major development in any way, it can be concluded that drug policies have not converged regarding prevention.

As for the category treatment and harm reduction, the drug policies of the Netherlands and Sweden have come together. Whereas the Netherlands has continued to develop in its traditional way with a focus on harm reduction (for example private weed chain), Sweden has recently implemented harm reduction approaches as well, as a reaction to the alarming rates in the treatment sector. Although the steps Sweden is taking regarding harm reduction are small, it seems that the policies have converged more in this category.

Lastly, regarding control, the answer is slightly more complicated. In some ways, the policies have come to convergence, since the Netherlands has developed more focus on controlling the supply of illegal drugs, as is a major focus point in Swedish drug policy. While Sweden has developed itself by remaining focus on strictly controlling the supply of drugs, the Netherlands has developed in a similar direction, as a reaction to the increase in drug production, distribution, trade and, ultimately, criminality in the country. On the other hand, the Netherlands has also developed interventions regarding the fight against drug criminality that is a more harm reductive approach, as the private weed chain, and that contrasts the Swedish approach. Furthermore, there is a difference between the focus group with the mission to control drugs. Sweden has a bottom-up approach, focusing on controlling drug consumers as well as criminals low in the hierarchy of drug criminality, while the Netherlands works with a top-down approach, focusing on drug criminals higher up the hierarchy while aiming less attention towards smaller drug criminals as well as users. Therefore, regarding control, the drug policies have converged in some ways, while developing in line with their traditional views in others.

As can be read above, the implementation has been done differently in both countries, and the drug policies have converged in some ways, mostly regarding the treatment and harm reduction of drug use, as well as the control of the illegal drug supply. This, while remaining the same and following their traditional views regarding the prevention of drug use.

It seems that the two drug policies have quite some similarities and, in a world that is constantly in a process of globalization, differences in all aspects have become smaller. However, the Netherlands, as well as Sweden, seem to emphasize more on pointing out those differences between the countries instead.

It is time for the countries to cross the borders of their own ego and work together on controlling the problem. Both Sweden and the Netherlands, as well as all other countries of the European Union, have a shared goal regarding drug issues; to minimize the problems that are a result of drugs. In a globalizing world, societies are closer connected than ever before. The Netherlands and Sweden need to find each other in their drug policies and work together on controlling the drug problem.

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APPENDIX

Appendix 1

Appendix 1. World population per country per year

	Country	NL	SE
Year			
2017		17.021.347	9.904.896
2016		16.981.295	9.836.007
2015		16.938.499	9.764.950
2014		16.892.523	9.692.131
2013		16.843.502	9.618.016
2012		16.79.,840	9.542.812
2011		16.73.,193	9.466.710
2010		16.682.917	9.390.168
2009		16.626.373	9.313.087
2008		16.568.104	9.236.428
2007		16.506.655	9.162.939
2006		16.440.097	9.096.165
2005		16.367.158	9.038.623

Source: Worldometers (2020)