DUTCH NATIONAL ALCOHOL AND DRUGS INFORMATION SYSTEM (LADIS)

The LADIS bulletin

DECEMBER 2006

Cocaine-related treatment demand in outpatient addiction care in the Netherlands (2000-2005)

In brief

- **The number of cocaine clients has declined (for the first time since registration in 1986).**
- **The decline is attributed to the smaller group of heroin and crack clients.**
- **Cocaine clients are becoming more of a chronic group.**
- **Problems with this group are on the rise.**

The organisation for Information Systems in Care (SIVZ)[1] has been mandated by the Dutch government to collect, manage and report the information of the Dutch National Alcohol and Drugs Information System (LADIS). LADIS has been operational since 1986, and has been anonymously tracing unique clients through the years. This makes it possible to describe and identify treatment careers.

LADIS covers the whole of the addiction outpatient services in the Netherlands. The publication of Key Figures [2] identifies annual trends. The LADIS database is also used for research, policy evaluation and benchmarking.

The LADIS bulletin offers a brief overview of a certain aspect of treatment demand in addiction care. On the basis of LADIS data this bulletin will periodically report on trends, themes and client profiles.

Cocaine-related treatment demand

The first bulletin on the development of cocaine-related treatment demand (1994-2002) was published in 2004. Continued interest has resulted in an update of this bulletin. Moreover, data from 2000 to 2005 are presented[3]. Five client profiles are also used in this bulletin:

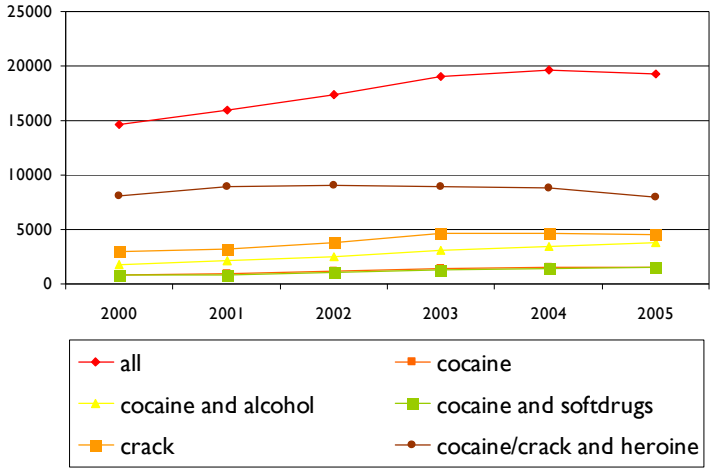
- sniffing coke;
- crack without heroin use;
- sniffing coke + alcohol;
- sniffing coke + soft drugs;
- cocaine/crack with heroin.

The most recent figure on the number of cocaine users in the Netherlands (55,000[4]) dates from 2001. Sixteen thousand clients with a cocaine problem underwent treatment in that year. New estimates will be announced shortly.
More than 10,000 persons with cocaine as the primary problem were registered in addiction care in 2005. In combination with the clients who have cocaine as a secondary problem, the number is nearly 20,000 persons, almost 30% of the total number of addicts in care.

Figure 1* shows the development of the number of cocaine clients in 2000 - 2005.

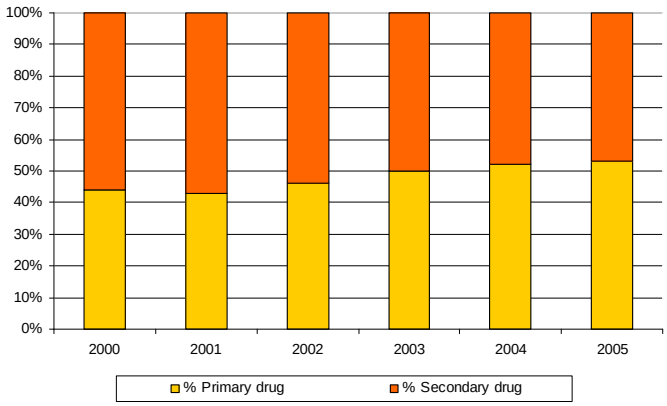
* *The figures are enlarged in a separate appendix.*

Figure 1: Number of cocaine clients 2000-2005



The total number of cocaine clients is declining for the first time in the history of LADIS. This is attributed to the decline in the group of cocaine users in combination with heroin and, to a lesser extent, the group of crack users.
The average age of those seeking cocaine treatment has increased to 35.5 years (33.7 in 2000). The percentage of women remained stable between 2000 and 2005 (19%).

Figure 2: Primary vs. Secondary problem drug



There are still an increasing number of clients who use cocaine as primary substance. This share has now risen to more than half.

The sniffing coke/crack ratio has changed slightly since 2000, since the number of those using crack and seeking assistance is now declining.

Table 1 summarises the most significant figures.

Table 1: Development of treatment demand of cocaine clients

	2000	2005
Total treatment demand (n)	14,615	19,273
Primary substance : Secondary substance	44 : 56	53 : 47
Sniffing coke : Crack	35 : 65	39 : 61

Client profiles

In Table 2, the population of cocaine clients is subdivided into 5 profiles with a number of distinctive data.

Table 2: Profiles of cocaine users

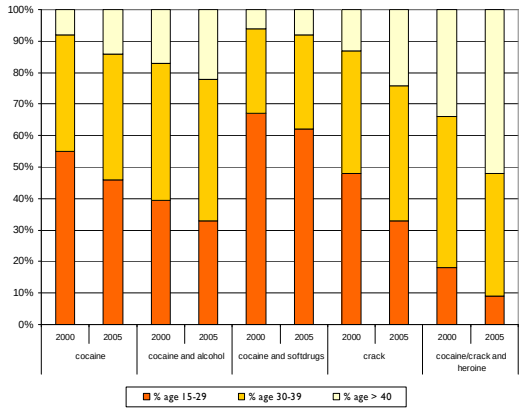
Profile	Number in 2005	% of the total	% growth since 2000
1. Sniffing coke	1,533	8	80
2. Sniffing coke + soft drugs	1,499	8	80
3. Sniffing coke + alcohol	3,780	20	106
4. Crack	4,534	24	54
5. Cocaine + heroin	7,942	41	-2

The number of people seeking assistance for sniffing coke, sometimes in combination with another substance, is still increasing considerably. Compared with 2000, the increase in crack and the cocaine and heroin combination has stagnated and has even declined since 2003. It is striking that the cocaine and heroin group has declined under the 2000 level.

Age

Figure 3 shows the age distribution for the profiles.

Figure 3: Age distribution 2000 and 2005

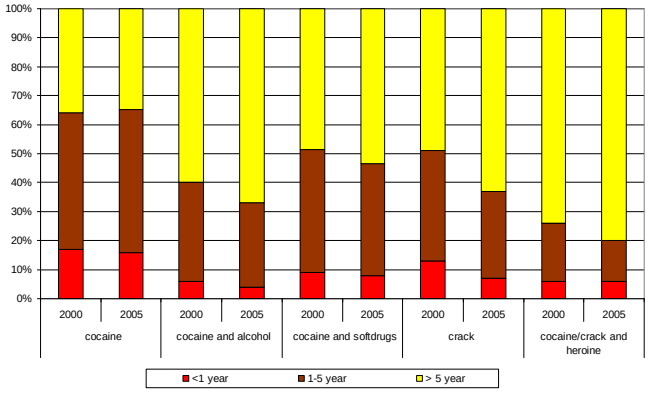


The age distribution of the profiles differs. The change in age distribution since 2000 is also striking.
It appears that the share of the younger category has been declining among all users. The group that uses cocaine and soft drugs is relatively the youngest: more than 60% is under the age of 30. The group of cocaine and heroin users is by far the oldest. More than half is over the age of 40. This change can partly be explained by the fact that an increasingly larger group remains in treatment, which increases the average age (see Figure 10).

Duration

The picture that the group is becoming increasingly older and is remaining in treatment longer is confirmed by the duration of the problem (Figure 4).

Figure 4 Duration of problem 2000-2005

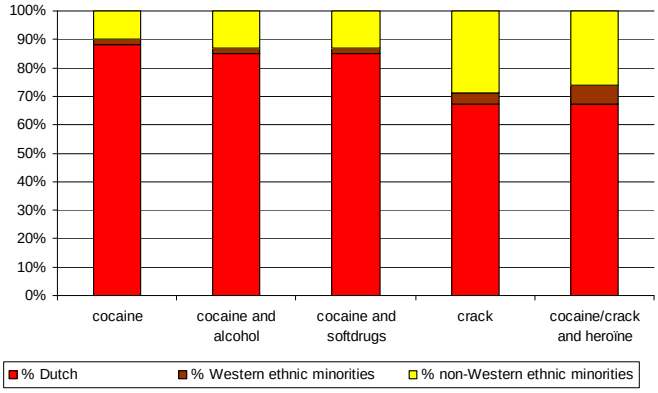


The percentage of clients having the problem for more than 5 years has been increasing sharply (see Figure 4).
This shows that the problem has become more chronic. An increasing number of cocaine users seeking assistance have been struggling with the problem for years. Only the simple sniffing coke users deviate from this picture. The percentage with coke problems for more than five years has declined slightly.

Unfortunately, no figures on treatment results can be presented since they are not well registered. Hopefully the institutions will devote more attention to their documentation so that these important data can be reported in future.

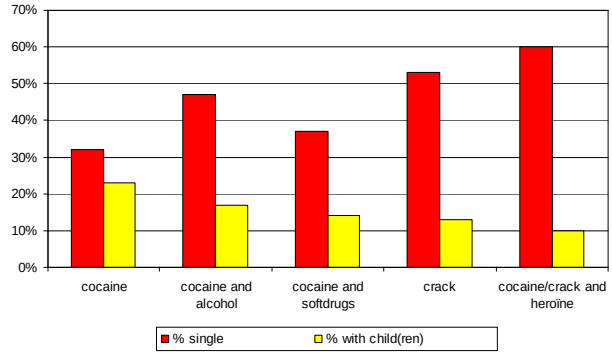
Backgrounds

Figure 5 Cultural origin 2005



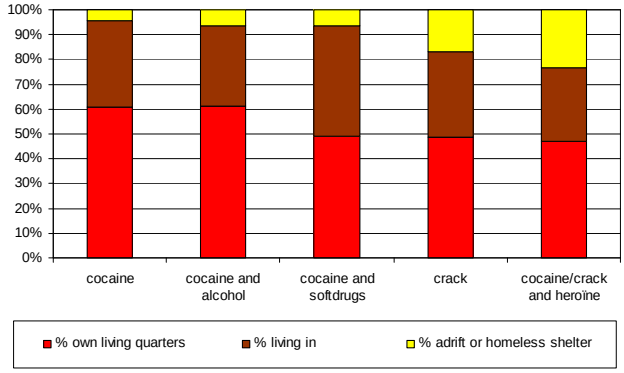
The share of non-Western ethnic minorities has remained virtually the same through the years. This group is relatively well represented among the cocaine and heroin group and among crack users (see Figure 5).
The 5 profiles differ in a number of significant areas.

Figure 6: Living situation 2005



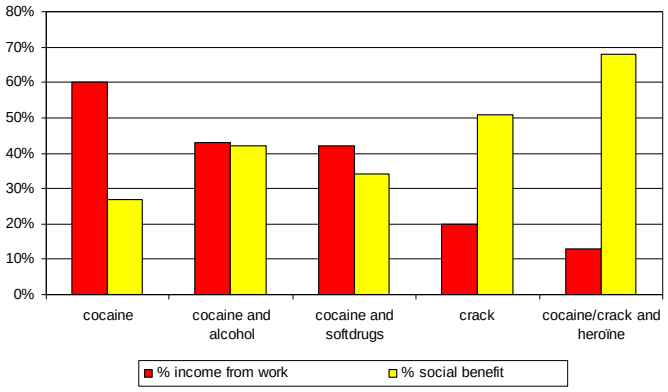
The largest share of the group of cocaine and heroin users is single (60%), while the largest percentage of the simple sniffing coke users (68%) has a partner. A larger share of this group also has children.

Figure 7: Living situation 2005



The group of crack users and the group of cocaine and heroin is in a sorry plight regarding living situation. Compared with 2000, an ever-decreasing number of individuals have their own living quarters and an ever-increasing group is adrift or has landed in a homeless shelter.

Figure 8: Source of income 2005



60% of the simple sniffing coke users have income from work as compared with 20% of the crack users. This percentage goes down as low as 13% for cocaine + heroin users.

Examining the trend since 2000, it appears that fewer and fewer people have income from work.

The two largest groups of cocaine clients -- the group of crack users and the group of coke and heroin users -- are in the worst state among cocaine clients.

The problems in the various areas have increased over the years. The situation of the entire group, but particularly these two groups, appears to be deteriorating across the line.

Justice

Clients are increasingly registered through Justice. Cooperation between Justice and addiction care appears to have been fruitful at various levels.

Figure 9: Justice contacts and registration through Justice in 2000 and 2005

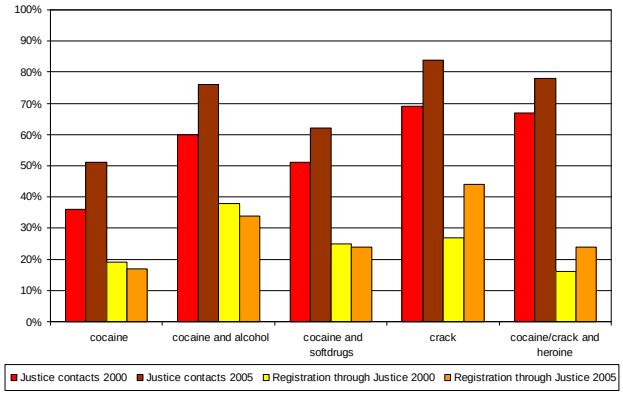
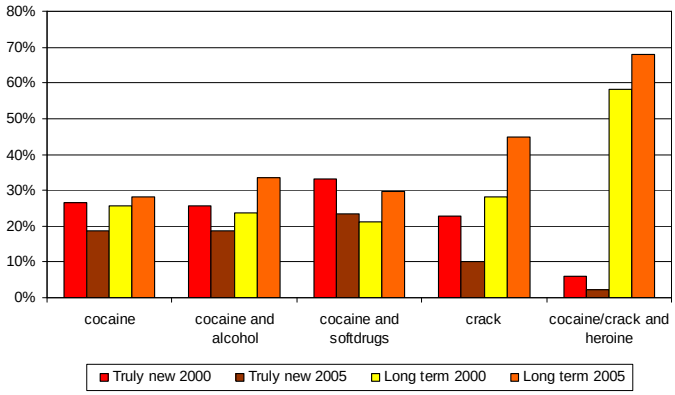


Figure 9 shows that the share of clients who come into contact with Justice is increasing.
The group may face judicial problems more often, which may be partly due to the more active tracing policy by Justice. Another explanation is that the group of cocaine users developing problems increasingly arrives in treatment through Justice, which may explain the increase in the number of people who come into contact with Justice.

Mobility

Figure 10: Mobility in 2000 and 2005



The number of long-term clients -- the percentage of people still registered in treatment both at the beginning and at the end of the year – is increasing.
The group that is truly new in treatment is becoming relatively smaller (see Figure 10).
An increasing number of cocaine clients have been in treatment for a longer time or have returned for treatment.

Conclusion

The sharp growth at the end of the 1990s of cocaine users who landed in treatment has come to a standstill and has declined slightly for the first time in 2005.

The number of cocaine + heroin users and crack users is still the largest group in treatment, but this number has been declining since 2003.
There is still an increase in the smaller group with only cocaine use and the group of cocaine users in combination with alcohol or soft drugs.

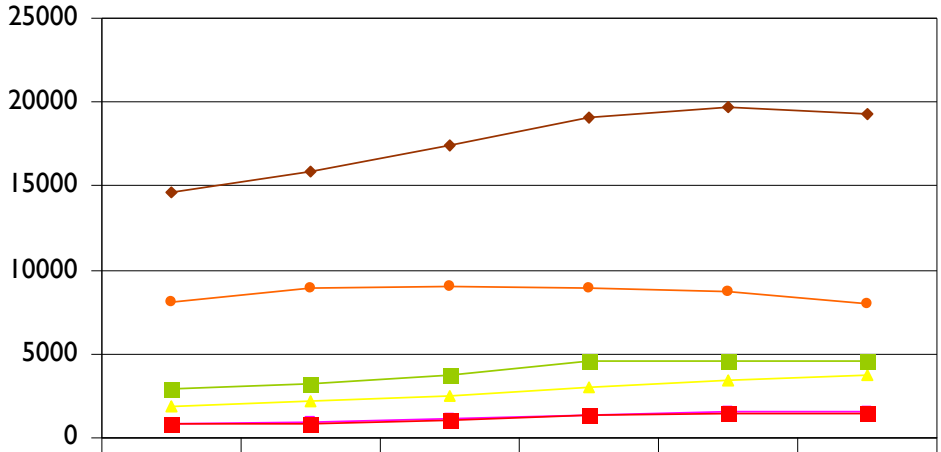
The group is becoming older, comes in contact with the Justice Department more often and a growing group more often has no housing or income from work. A growing share of those seeking assistance are acquiring features of a chronic, marginalised group.

1 www.sivz.nl
2 See the IVZO website for Key Figures 2005.
3 Figures from the Jellinek institution were still unknown at the time of writing. These have been extrapolated, based on preceding years.
4 National Drug Monitor (NDM) annual report 2002 (Utrecht, 2002).

STICHTING IVZ

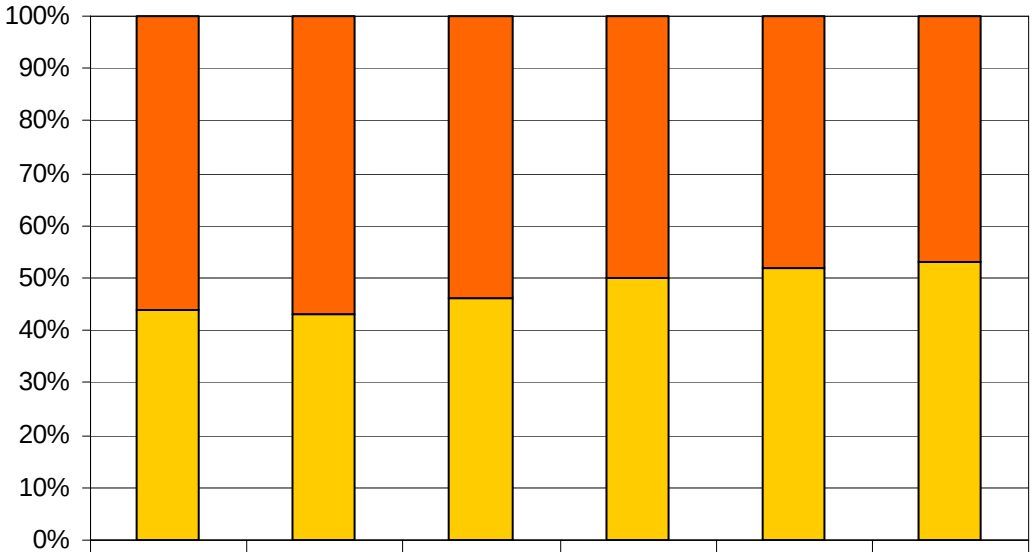
Randhoeve 231
Postbus 504
3990 GH Houten
Telefoon: (030) 6358220
Fax: (030) 6358230
E-mail: info@sivz.nl
Website: www.sivz.nl

Figure 1 : Number of cocaine clients 2000-2005



	2000	2001	2002	2003	2004	2005
all	14615	15920	17434	19054	19673	19273
cocaine	870	946	1149	1396	1507	1533
cocaine and alcohol	1833	2147	2511	3055	3475	3780
cocaine and softdrugs	832	869	1064	1350	1443	1499
crack	2940	3191	3758	4605	4588	4534
cocaine/crack and heroine	8118	8941	9057	8877	8753	7942

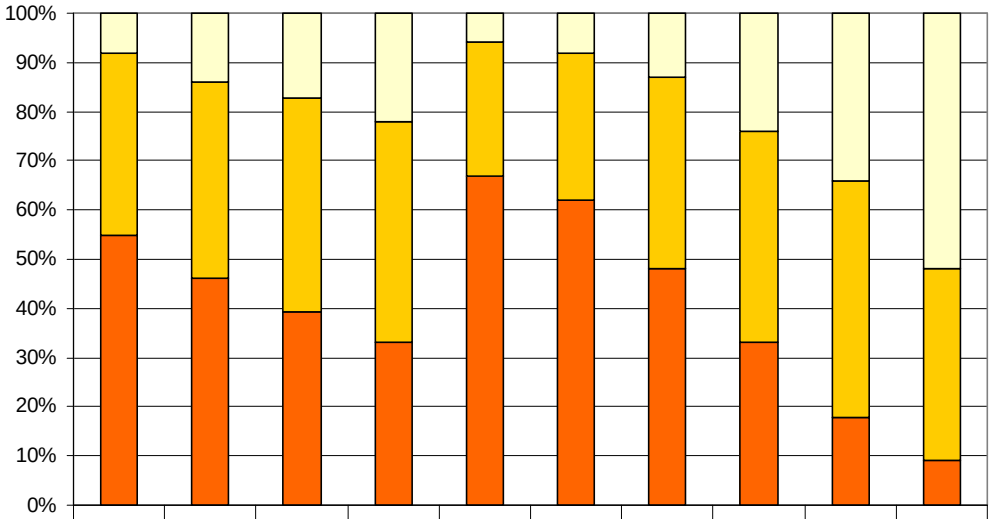
Figure 2: Primary versus secondary problem drug



	2000	2001	2002	2003	2004	2005
% Secondary drug	56%	57%	54%	50%	48%	47%
% Primary drug	44%	43%	46%	50%	52%	53%

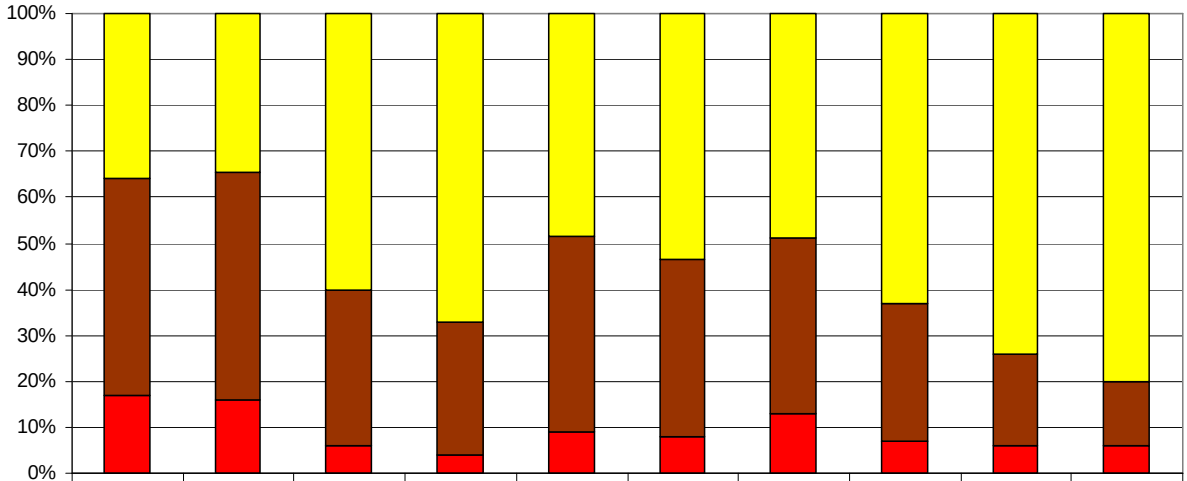
* *The figures are enlarged in a separate appendix.*

Figure 3: Age distribution 2000 and 2005



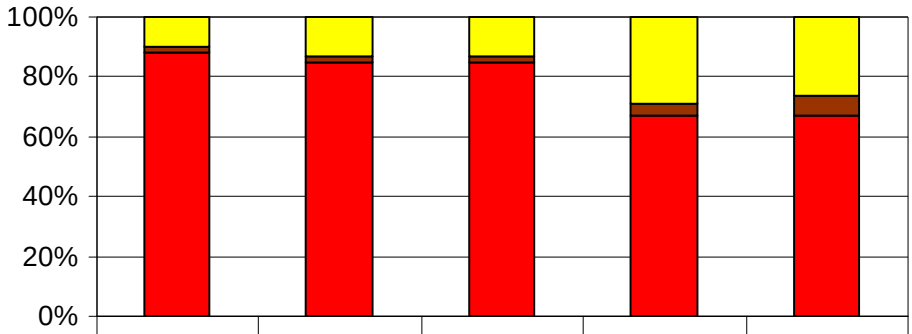
	2000	2005	2000	2005	2000	2005	2000	2005	2000	2005
	cocaine		cocaine and alcohol		cocaine and softdrugs		crack		cocaine/crack and heroine	
% age > 40	8%	14%	17%	22%	6%	8%	13%	24%	34%	52%
% age 30-39	37%	40%	43%	45%	27%	30%	39%	43%	48%	39%
% age 15-29	55%	46%	39%	33%	67%	62%	48%	33%	18%	9%

Figure 4: Duration of problem 2000 – 2005



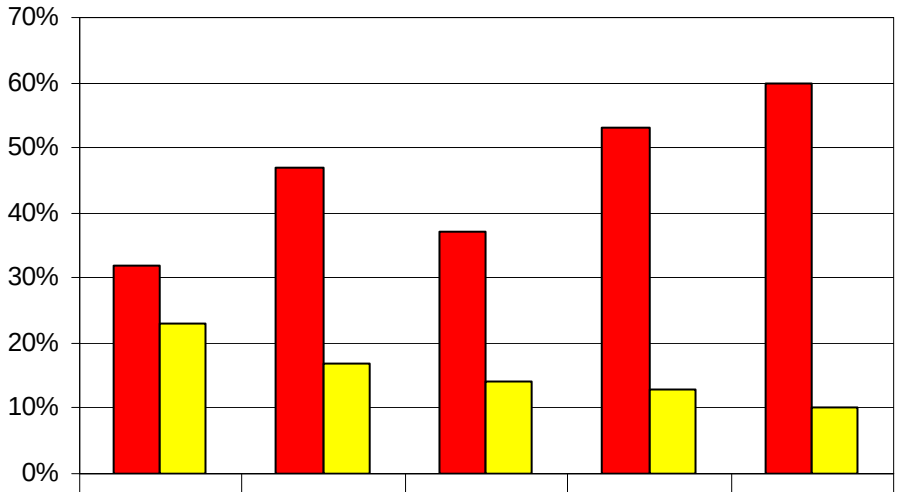
	2000	2005	2000	2005	2000	2005	2000	2005	2000	2005
	cocaine		cocaine and alcohol		cocaine and softdrugs		crack		cocaine/crack and heroine	
> 5 year	36%	35%	60%	67%	48%	54%	49%	63%	74%	80%
1-5 year	47%	50%	34%	29%	42%	39%	38%	30%	20%	14%
<1 year	17%	16%	6%	4%	9%	8%	13%	7%	6%	6%

Figure 5: Cultural origin 2005



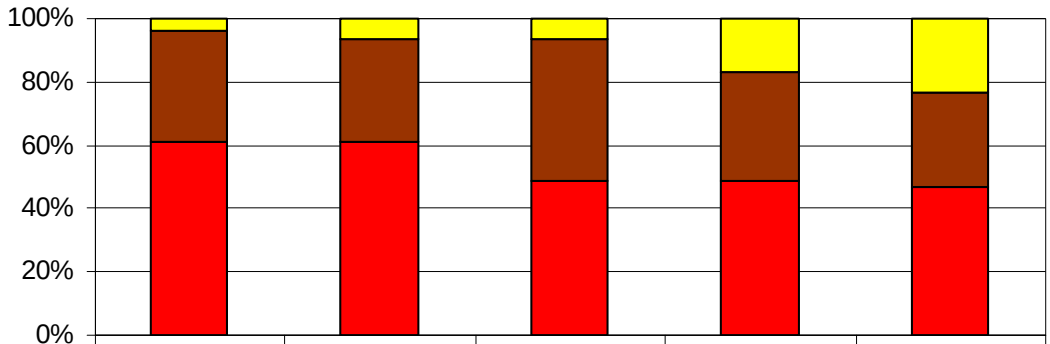
	cocaine	cocaine and alcohol	cocaine and softdrugs	crack	cocaine/crack and heroïne
% non-Western ethnic minorities	10%	13%	13%	29%	26%
% Western ethnic minorities	2%	2%	2%	4%	7%
% Dutch	88%	85%	84%	67%	67%

Figure 6: Living situation 2005



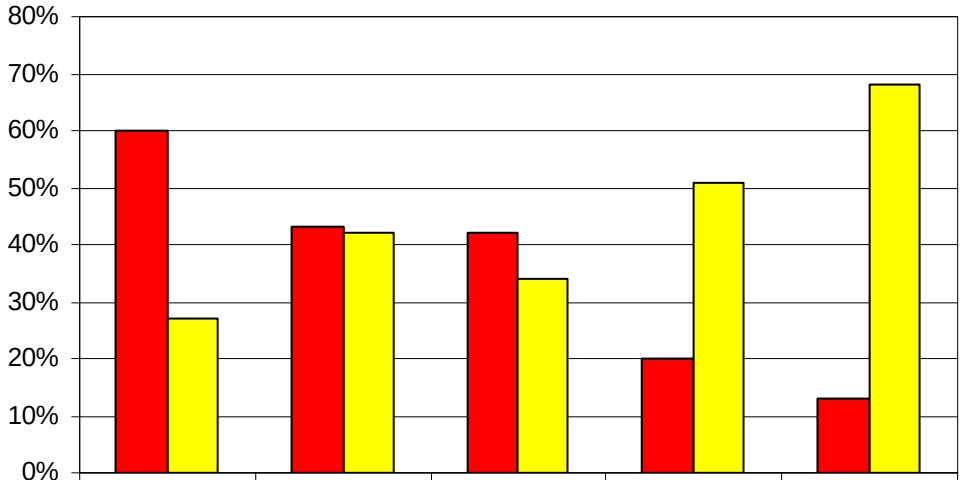
	cocaine	cocaine and alcohol	cocaine and softdrugs	crack	cocaine/crack and heroïne
% single	32%	47%	37%	53%	60%
% with child(ren)	23%	17%	14%	13%	10%

Figure 7: Living situation 2005



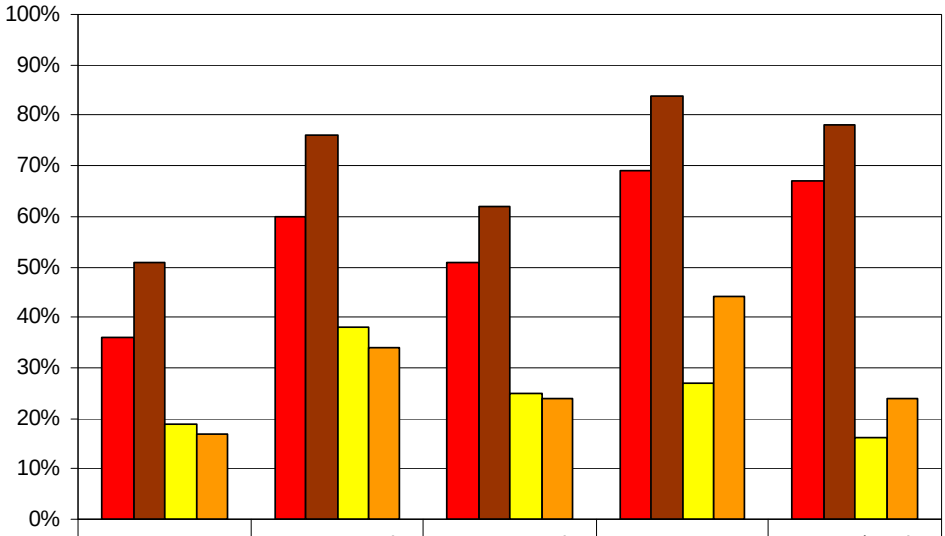
	cocaine	cocaine and alcohol	cocaine and softdrugs	crack	cocaine/crack and heroïne
% adrift or homeless shelter	4%	6%	6%	15%	22%
% living in	34%	31%	43%	31%	28%
% own living quarters	59%	58%	47%	44%	44%

Figure 8: Source of income 2005



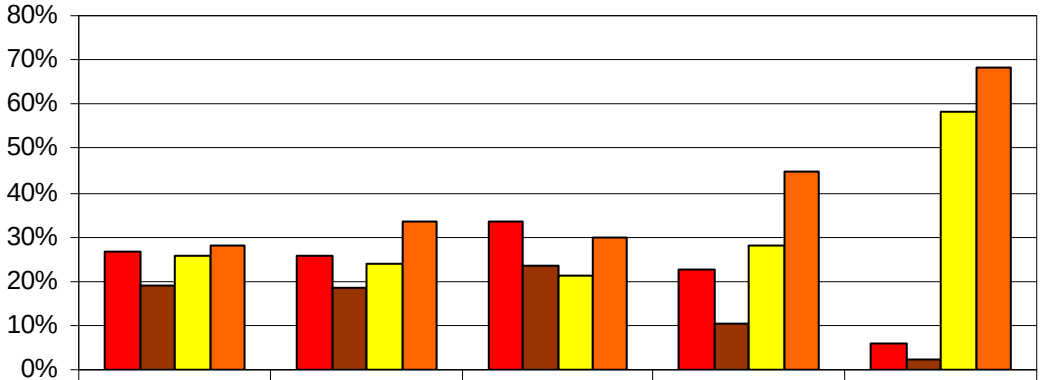
	cocaine	cocaine and alcohol	cocaine and softdrugs	crack	cocaine/crack and heroïne
% income from work	60%	43%	42%	20%	13%
% social benefit	27%	42%	34%	51%	68%

Figure 9: Justice contacts and registration through Justice in 2000 and 2005



	cocaine	cocaine and alcohol	cocaine and softdrugs	crack	cocaine/crack and heroine
Justice contacts 2000	36%	60%	51%	69%	67%
Justice contacts 2005	51%	76%	62%	84%	78%
Registration through Justice 2000	19%	38%	25%	27%	16%
Registration through Justice 2005	17%	34%	24%	44%	24%

Figure 10: Mobility in 2000 and 2004



	cocaine	cocaine and alcohol	cocaine and softdrugs	crack	cocaine/crack and heroine
Truly new 2000	27%	26%	33%	23%	6%
Truly new 2005	19%	19%	23%	10%	2%
Long term 2000	26%	24%	21%	28%	58%
Long term 2005	28%	34%	30%	45%	68%