KEY FIGURES ADDICTION CARE 2006

NATIONAL ALCOHOL AND DRUGS INFORMATION SYSTEM

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Houten, December 2007
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PREFACE

The annual Key Figures for 2006 is another publication long under preparation. A lot of hard work by registration and application employees at institutions such as the IVZ has gone into making it a quality document.
At a number of institutions, this resulted in a revamping of the client administration, with a number of clients being discharged as yet.

This quality is necessary, given its tremendous importance for policy set by the Ministry of Health, Welfare and Sport (VWS) as well as regional and local policy demands. The information included in the LADIS is taken into account and its reliability is still improving. Thanks to years of collection, trends can be well identified and figures can be used as policy information for justification and management purposes on numerous occasions a year. For example, the LADIS figures provide a significant contribution to the National Drug Monitor (NDM), the policy document on addiction in the Netherlands. The LADIS figures are also used in a European context for reporting and coordination for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon.

All of this makes the efforts of the registration employees and departments of the institutions and IVZ employees from Databeheer Zorg (under which the LADIS falls) fully worthwhile.

Once again, the accent in these key figures is on trends and developments that provide tools for policy and vision development on how the Netherlands deals or should deal with assistance for addiction.
Assistance has not been stagnating and new developments are becoming visible. In the coming years, an increasing number of private clinics will be expanding their assistance systems. Whether this will lead to major shifts in the current population in addiction care is debatable. We are much more inclined to believe that assistance from these clinics will focus on and will be reserved for specific groups whose demands for assistance are currently not met here or abroad. Assistance will be increased, but we believe it will not lead to less pressure on the facilities in the Netherlands. The shift within assistance from ambulatory assistance to policlinical assistance has developed during the past years. Upsizing and mergers of institutions also lie at the foundation. Approximately a quarter of the assistance is still offered from the traditional ambulatory addiction care institutions while nearly 60% will be offered from integrated policlinical or clinical facilities. Rehabilitation still remains an important link to timely intervention of addicts. In more than 6,500 cases, the only reason for contact with assistance appears to be conviction or pending conviction by the judicial system for driving under the influence or other offences linked to substance addiction. This makes the unique link between assistance and rehabilitation all the more important to distinguish.

These are but a few of the details that can be found in these Key Figures.

A.W. Ouwehand
Chairman of the Executive Board of IVZ

DATA PROVISION 2006

All institutions submitted their data again during 2006. The institutions appeared to be able to provide the proper information. Only data from Stichting De Regenboog in Amsterdam are missing this year due to late submission. However, large numbers of clients are not involved.

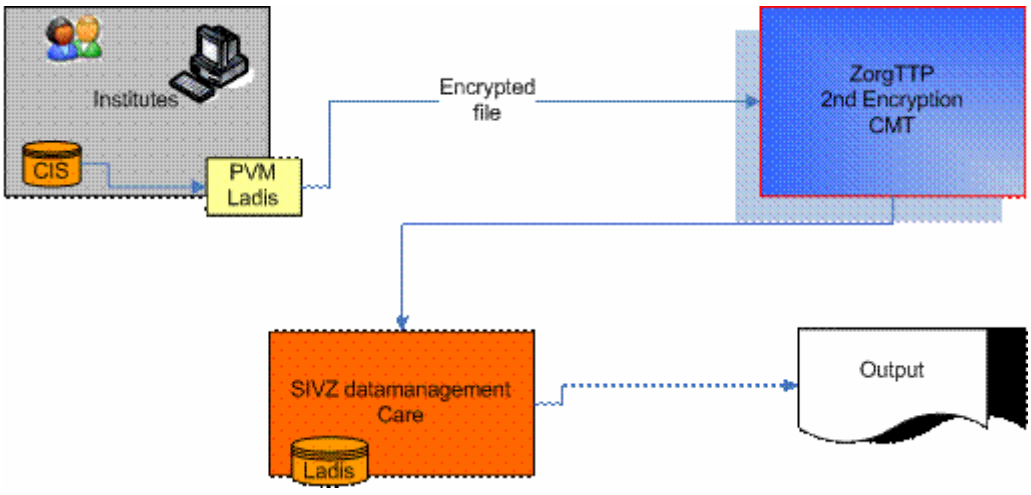
Fortunately, however, we can observe that it has become easier for an increasing number of institutions to provide their data. Significantly fewer adjustments were needed than last year. IVZ supported the institutions where necessary.

The new specifications for the LADIS starting in 2007 have been established by VWS. In the new set-up, LADIS will restrict itself to data that are particularly important in the daily assistance process to establish policy and quality for assistance and organisation.
This will also reduce administrative burdens for the organisations. However, national policy aspects of addiction behaviour, including international and criminality dimensions that are inextricably involved with this problem, will continue to require continuous data collection to provide insight into trends and developments in demands for assistance and the assistance system.

From now on, the institutions will be expected to provide data according to these new specifications. The methodology of delivery will be the same as the DIS/DBC registration delivery as it will be introduced and will also be the same as the method of validating and delivering data as already used for the GGZ Project Reporting 2006.

The most important change is the direct feedback on the quality of the data and sending the data via a 'TTP' that encrypts the data for a second time.

This is depicted in the following diagram:



In the meantime, a number of institutions have already had the opportunity to provide data based on the new model. The new model and this methodology will gradually be introduced throughout the Netherlands during 2008. Attention will also be devoted to recording registrations from private clinics in an effort to provide a complete picture of addiction assistance in the Netherlands.

SUMMARY

The LADIS has been in existence since 1986 and is able to follow clients anonymously over the years, making it possible to develop treatment histories. The figures in this publication are the figures for 2006.
National coverage of the details of all individuals requesting outpatient addiction care is included in the LADIS. In addition to outpatient and (poli-) clinical assistance, data on probation assistance for addicts is also included in the LADIS.

Key figures and trends 2006

Figure 1 shows the share of each problem area in the total demand for assistance and Table 1 provides an overview of the most significant developments since 2005.

Figure 1 Individuals by primary problem

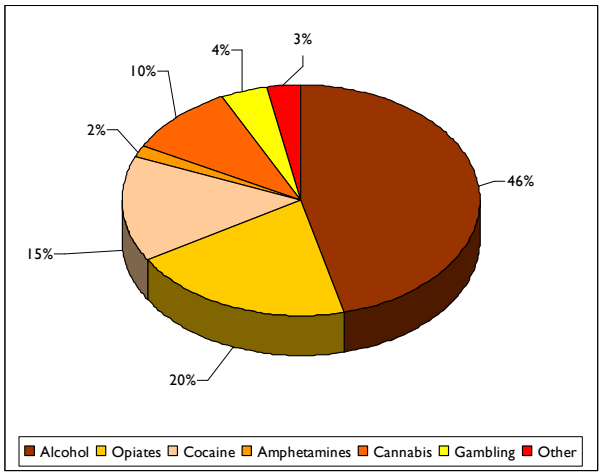


Table 1 Volume and development of demand for assistance

Primary problem	Number of individuals in 2006	% change since 2005	Share in 2006
Alcohol	30,210	-3%	46%
Opiates	13,180	-7%	20%
Cocaine	9,599	-2%	15%
Amphetamines	1,215	9%	2%
Cannabis	6,544	7%	10%
Gambling	2,646	-12%	4%
Other	1,999	12%	3%
Total	65,393	-2%	100%

Total volume has decreased slightly for the first time in years. This can partly be explained from the above-mentioned revamping of the registration. The sharp increase in requests for help for cocaine addiction is a thing of the past. In fact, the number of cocaine users has declined slightly over the past 2 years.
However, the number of requests for help for cannabis addiction has been steadily rising and has doubled in 5 years' time. The sharp increase in requests for help for amphetamine addiction is also striking. The number of requests has nearly tripled since 2001.

Table 2 compares the number of individuals in treatment in addiction care with the (estimated) use of substances within the Dutch population.

Table 2 Primary problem by scope, use and % in treatment

Primary problem	Extent of (problematic) use within population	In treatment in 2006
Alcohol	1,200.000	3%
Opiates	between 24,000 and 46,000	30-60%
Cocaine	55,000	18%
Amphetamines	22,000	6%
Cannabis	408,000	2%
Gambling	40,000	7%

Sources: NDM 2006, LADIS 2006 ad Profile gambling clients

Note. Current use: cannabis, amphetamines and cocaine.
Problematic use: alcohol, opiates and the gambling group.

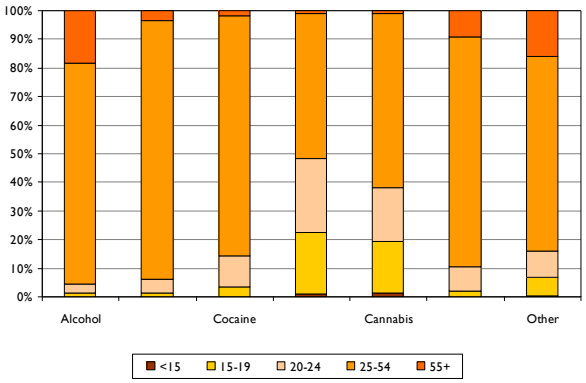
As the table shows, coverage of the demand for assistance in addiction care beyond the opiates and cocaine group is relatively limited when compared with the total group of (problematic) users of the substance.

Ages

Figure 2 provides a summary of age distribution by primary problem for the year 2006. The population of addicts is clearly ageing. Average age continues to increase, with the exception of the amphetamines group. The average age in this group is declining.

Aside from the opiate and cocaine clients, the average age of cannabis users is increasing the most. Amphetamines, cannabis and cocaine, to a lesser degree, are still partly considered to be a problem among youth.

Figure 2 Age distribution by primary problem area



Source: LADIS 2006, IVZ, Houten

Table 3 provides a summary of the male-female ratio and the increase in both groups since 2001. About 20% of the total group of drug clients is female; the figure is 25% for alcohol.

Table 3 Primary problem by sex

Primary problem	Female 2001	Female 2006	Total individuals
Alcohol	26%	25%	30,210
Opiates	21%	20%	13,180
Cocaine	18%	18%	9,599
Amphetamines	23%	23%	1,215
Cannabis	17%	19%	6,544
Gambling	10%	12%	2,646
Other	40%	43%	1,999
Total	22%	23%	65,393

Source: LADIS 2006, IVZ, Houten

The number of demands for assistance from women with problematic substance use has increased slightly in assistance. Since 2001, the number of women has been growing relatively faster than the number of men, particularly for the group of cannabis clients. The increases do not apply for the two largest groups: alcohol and opiates. When these are not considered, the increase in the share of women is 8%.

Client characteristics

Injecting heroin has continued to decline and is relatively limited when compared with our neighbouring countries.

Table 4 Method of drug use by opiate users 2001 - 2006

	2001	2006
Injecting	12%	10%
Smoking	72%	71%
Sniffing	3%	3%
Swallowing	6%	12%
Other	7%	4%
Total	100%	100%

Source: LADIS 2006, IVZ, Houten

In 2006, more than 14% of the clients in addiction care (also) had a relationship with the judicial system through the probation side of addiction care. More than half of these clients only have contact with addiction rehabilitation.

Use of substances

The number of drug clients registering with polydrug problems (i.e. problematic use of more than one substance), increased to 46% in 2006 (40% in 2005). Within the group of polydrug users, cocaine is the principal additional substance.

New clients in addiction care

Nineteen percent of the individuals registering for addiction care in 2006 were completely new clients. More than 80% of those demanding assistance remain for a longer period of time or return regularly for assistance.

Table 5 First treatment by problem

Primary problem	'Not previously' treated 2001	'Not previously' treated 2006
Alcohol	27%	22%
Opiates	7%	4%
Cocaine	22%	16%
Amphetamines	22%	31%
Cannabis	34%	34%
Gambling	28%	28%
Other	23%	29%
Total	20%	19%

Source: LADIS 2006, IVZ, Houten

The number of opiate addicts has remained fairly constant for many years.
However, new clients are most common within the group of problematic cannabis and amphetamine use.

Assistance system

Figure 3 Work areas (outpatient) addiction care in the Netherlands

This map depicts the institutional boundaries as of 1 July 2007. The municipal medical and health service (Amsterdam), Stichting De Regenboog (Amsterdam) and Stichting HKPD (Vlissingen) are not mentioned separately within the Amsterdam, North Holland North and Zeeland work areas. Brijder Verslavingszorg is a division of the ParnassiaBavo Group.

Demands for assistance

The LADIS was originally designed as a registration system for outpatient addiction care. Through a large number of mergers between outpatient and clinical facilities for addiction care, both outpatient and clinical data have become available in an increasing number of cases. The vast majority of demand for assistance in the Netherlands is covered in this way. Referral from policlinical care to hospital care has also contributed. Through overlap and data comparison, most hospital clients appear to be included in the LADIS.

The following types of care are registered in the LADIS:

- ☐ (outpatient) addiction care
- ☐ clinical
- ☐ policlinical
- ☐ probation[1]

Table 6 depicts the share of these types of care within the LADIS as a percent of the total for the period 2004 - 2006.

Table 6 Individuals by type of care 2004 – 2006

Type of care	2004	2005	2006
(Outpatient) addiction care	41%	26%	26%
Clinical	3%	3%	2%
Policlinical	40%	56%	57%
Probation	16%	14%	15%
Total	100%	100%	100%

Source: LADIS 2006, IVZ, Houten

The figures in past years show a decline in outpatient addiction care. However, this decline has stagnated during the past year. An almost identical trend can be seen in policlinical care during the same period. This is primarily related to the definition of the location where the assistance is provided within an institution and the financial basis of the care. Technically, there is very little difference between outpatient and clinical care. The clinical share is still relatively low, particularly since the overwhelming majority of patients in clinical care are referred from the clinic or hospital policlinical field. Therefore, these individuals are already included in the LADIS.

[1] Data on addiction probation are not provided directly via the addiction care institutions to the LADIS. Data on individual probation clients with addiction problems are provided via the Client Monitoring System (CVS) of the Stichting Reclassering Nederland. IVZ processes these data and links the probation data to the LADIS.

Table 7 Registrations by type of care 2006

Type of care and overlap	Number	%
Number of (outpatient) addiction care clients	23,221	29%
Number of policlinical clients	42,521	52%
Number of clinical clients	3,958	5%
Number of probation clients	11,478	14%
Total	81,178	100%
Only clinical	395	
Only probation	6,548	

- More than 81% of the clients are policlinical or (outpatient) addiction care clients.
- 395 of the 3,985 clinical clients are referred directly to the clinic. The majority are overlaps with the (outpatient) addiction care registrations.
- More than half of the registrations (6,548) are exclusively probation registrations.
- This table shows registrations that have not yet been corrected for duplicate registrations. A client can be registered numerous times at numerous institutions during the registration period. All other tables assume unique individuals, i.e. any overlap has been corrected. This was consciously omitted in this table to show the pattern.

Table 8 Primary problem of clinical clients

Primary problem	Number	%
Alcohol	1,702	43
Opiates	1,015	26
Cocaine	875	22
Medicines	48	1
Cannabis	190	5
Amphetamines	65	2
Gambling	45	1
Other	28	1
Total	3,958	

Although the LADIS does not receive data from general hospitals, it is still interesting to present the following figures.

The number of clinical admissions in general hospitals with an alcohol-related disorder as the main diagnosis increased by more than a third (45%) from 1996 to 2005. There were 4,533 admissions. Common diagnoses include:

- *alcohol abuse (29%)*
- *alcoholic liver disease (28%)*
- *alcohol addiction* (17%).

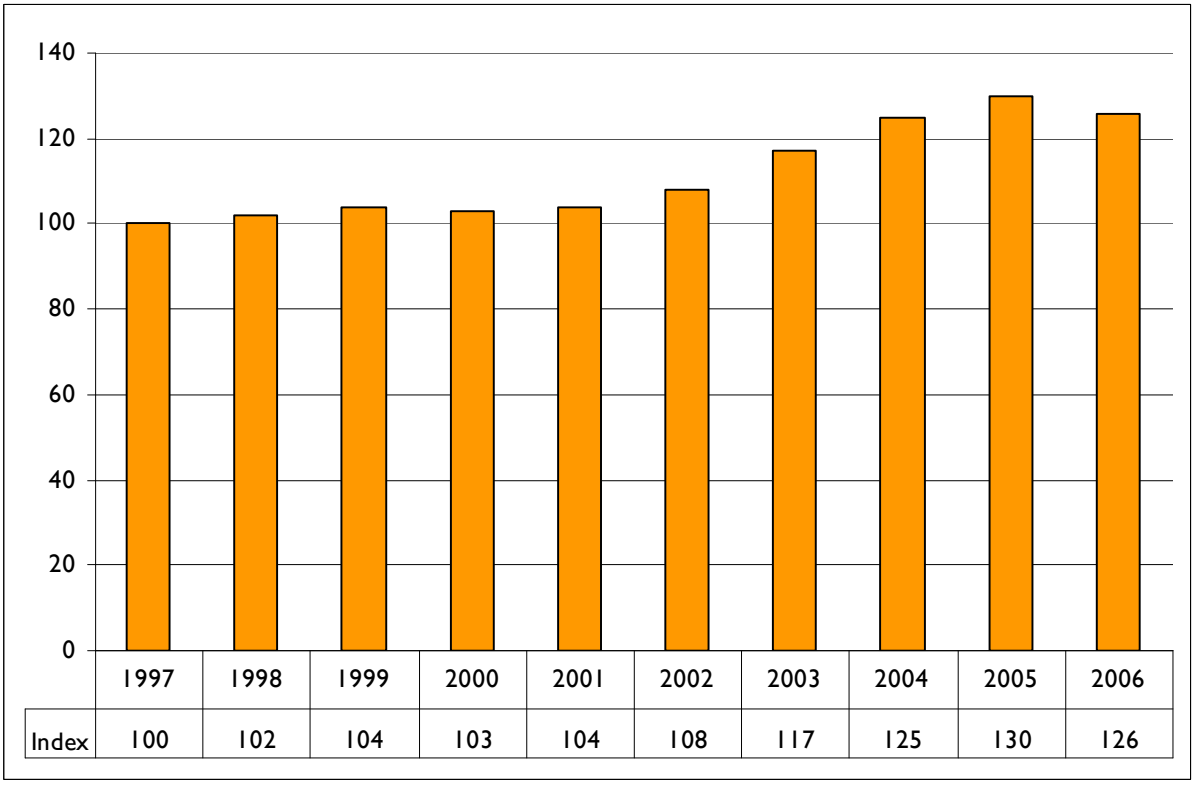
(Source: NDM 2006)

424 children in this group were under the age of 16, significantly more than in 2001 (61% increase). The increase is greater among girls than among boys.

(Source: Alcoholinfo.nl)

Despite this increase in general hospitals, these youth are not yet visible in the LADIS figures.

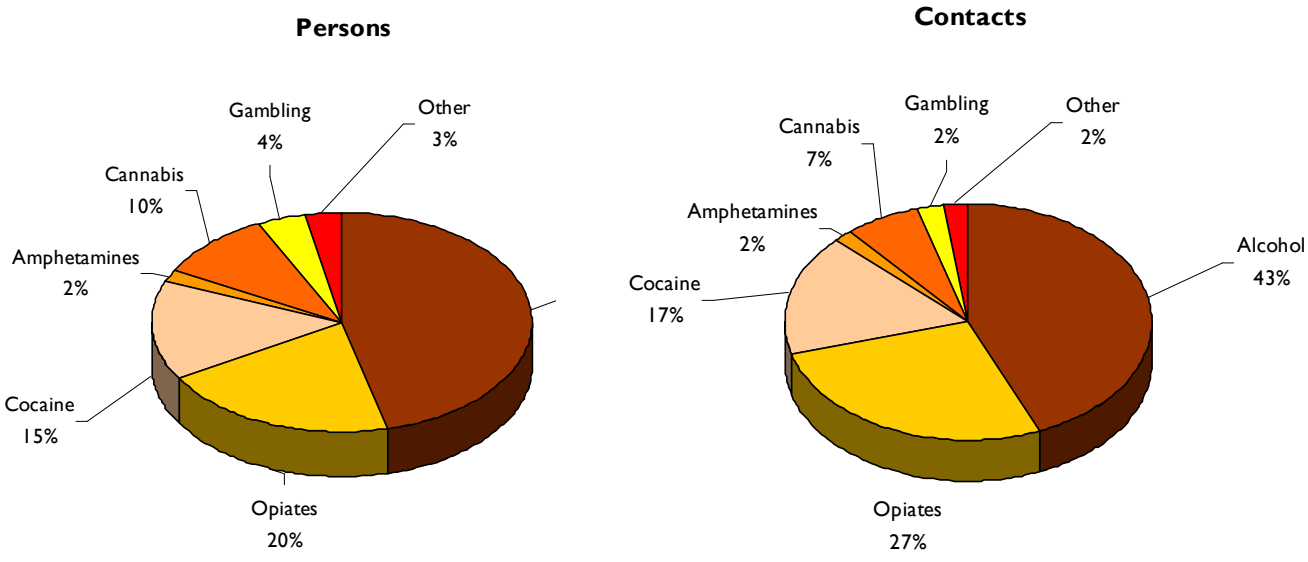
Figure 4 Individuals 1997-2006 (index figure 1997 = 100)



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Index	100	102	104	103	104	108	117	125	130	126

The appeal for assistance appears to have stabilised. The level in 2006 is the same as it was in 2004.

Figure 5 Demand for assistance 2006 by individuals and contacts



There is almost no difference between the division by substance use for individuals and contacts. The share of contacts for opiate users is somewhat greater than the share of individuals. The disproportionate attention between alcohol and drug clients has virtually disappeared. The increase in attention for the alcohol problem can be seen in the figures.

Contacts

The contacts of addiction care institutions can be divided into type or kind of contact. These contacts distributed by problem are described in Table 9.

Table 9 Contacts by primary problem and nature

Contacts	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Total contacts	478,935	294,367	184,072	17,009	73,738	23,996	25,198	1,097,315
Percentage								
Individual contact health care	69%	86%	62%	75%	72%	68%	67%	73%
Individual contact Justice	8%	5%	14%	17%	10%	9%	5%	8%
Group contacts	23%	9%	24%	8%	18%	23%	28%	19%

Source: LADIS 2006, IVZ, Houten

- Despite a decline in the number of individuals, the absolute number of contacts increased by 25%. Compared to 2005. There were nearly 1.1 million contacts with people requesting assistance in 2006.
- Nearly half of the contacts were related to problematic alcohol. Compared with 2005, the share of group contacts nearly tripled. This increase was coupled with a proportional decline in individual health care contacts. Here, too, the tremendous pressure on addiction care was effectively translated into more group contacts.
- The number of contacts via the judicial system appears to be the most extensive for cocaine, amphetamines and cannabis.

Table 10 Contacts and individuals by primary problem (index 1997=100)

Primary problem	Individuals in 2006	Contacts in 2006
Alcohol	143	287
Opiates	83	141
Cocaine	232	531
Amphetamines	153	202
Cannabis	200	356
Gambling	57	90
Other	101	179
Total	126	228

Source: LADIS 2006, IVZ, Houten

- When looking at a 10-year period, there has been a sharp increase in the number of cocaine-related contacts. Cannabis and alcohol also show a relatively sharp increase.
- Despite the increase in alcohol activities in addiction care, the main consumption of assistance time continues to be with drugs clients.
- Addiction care appears to be able to create assistance for the increasing demand from cannabis and amphetamine users.
- During the past 10 years, the number of individuals with a cannabis problem has doubled, while the number of contacts has more than tripled. Therefore, either more assistance has been invested to help cannabis clients, or the problem has become more serious and requires greater effort than in the past.
- Contact duration has remained constant during the past year.

Coverage of addiction care

A further impression of the scope of addiction care among (risky) users of substances can be seen from the most recent data taken from the National Drug Monitor (NDM, 2006). Every use does not automatically lead to a demand for assistance, but some degree of insight can be acquired using figures in the LADIS. No figures on potential need for assistance among people with a dependency on alcohol or another substance are known.
The relatively stable percentages of the scope among groups of addicts over the years may be an indication of the actual need for assistance.

Table 11 Problems by scope and use

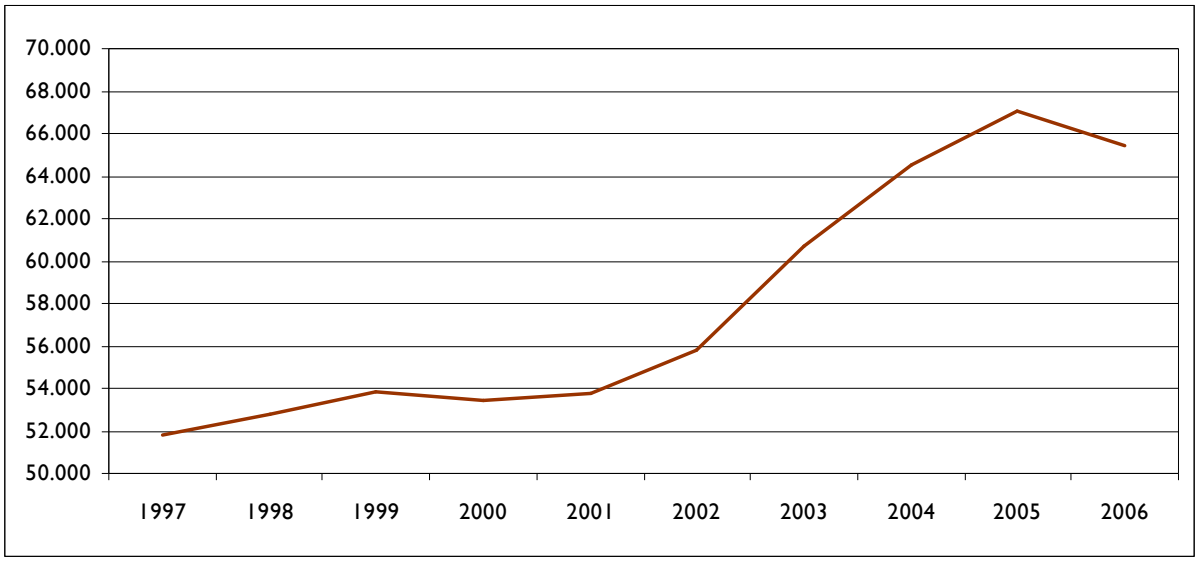
Extent of substance use among the population		Individuals in contact with (outpatient) addiction care	
Substance	Estimate	In %	Number
Alcohol	1,175,000	3%	30,210
Opiates	between 24,000 and 46,000	between 30% and 60%	13,180
Cocaine	55,000	18%	9,599
Amphetamines	22,000	6%	1,215
Cannabis	408,000	2%	6,544
Gambling	40,000	4%	2,646

Sources: NDM 2006, LADIS 2006, NPO IVO 200.

Note: Current use: cannabis, amphetamines and cocaine.
Problematic use: alcohol, opiates and the group of gamblers.

- The latest figures from the NDM show that the average estimate of hard drug users comes to around 33,500 with a range of 24,000 to 46,000 (2001 estimate). The line between recreational and problematic use cannot be derived from these figures.
- For alcohol and cannabis, the number of demands for assistance in relation to use is strikingly low, while estimates show that 10% of the Dutch population between 16 and 69 years of age are problem drinkers. Demands for assistance in relation to estimated use are also relatively low for cannabis. Demands for assistance have been increasing in numbers, however, and there is a lot of polydrug use among problematic cannabis users.

Figure 6 Scope of total demands for assistance 1997 – 2006



Source: LADIS 2006, IVZ, Houten

- Compared to 2005, the total number of individuals who appealed to addiction care declined by 2.5%. An explanation for this was offered earlier. The Dutch population increased by only 0.3% during that same period.
- The number of individuals who register for assistance in addiction care per year has risen by 26% since 1997 (*Dutch population 5%, CBS Statline2006).*
- During the past 10 years, 200,386 individuals (corrected for overlap) were in treatment /contact with addiction care institutions.

Table 12 Volume and development of demands for assistance

Primary problem	Number of individuals in 2005	Number of individuals in 2006	% change since 2005	Share in 2006
Alcohol	31,073	30,210	-3%	46%
Opiates	14,176	13,180	-7%	20%
Cocaine	9,824	9,599	-2%	15%
Amphetamines	1,118	1,215	9%	2%
Cannabis	6,100	6,544	7%	10%
Gambling	3,019	2,646	-12%	4%
Other	1,785	1,999	12%	3%
Total	67,095	65,393	-3%	100%

Source: LADIS 2006, IVZ, Houten

- The decline in the number of people requesting assistance for opiates continues unabated.
- Demand for assistance for cocaine use has stabilised since 2005.
- This year, the group of amphetamine users was removed from the 'other' group. Amphetamine users now represent a substantial group of people requiring assistance.
- Nevertheless, the 'other' group still increased by 12%. This group primarily includes medicine users but also includes other addictions such as internet, gaming etc.
- The demand for assistance for problematic cannabis use continues unabated.
- Expected problems from gambling resulting from the hype on poker playing are not yet visible.

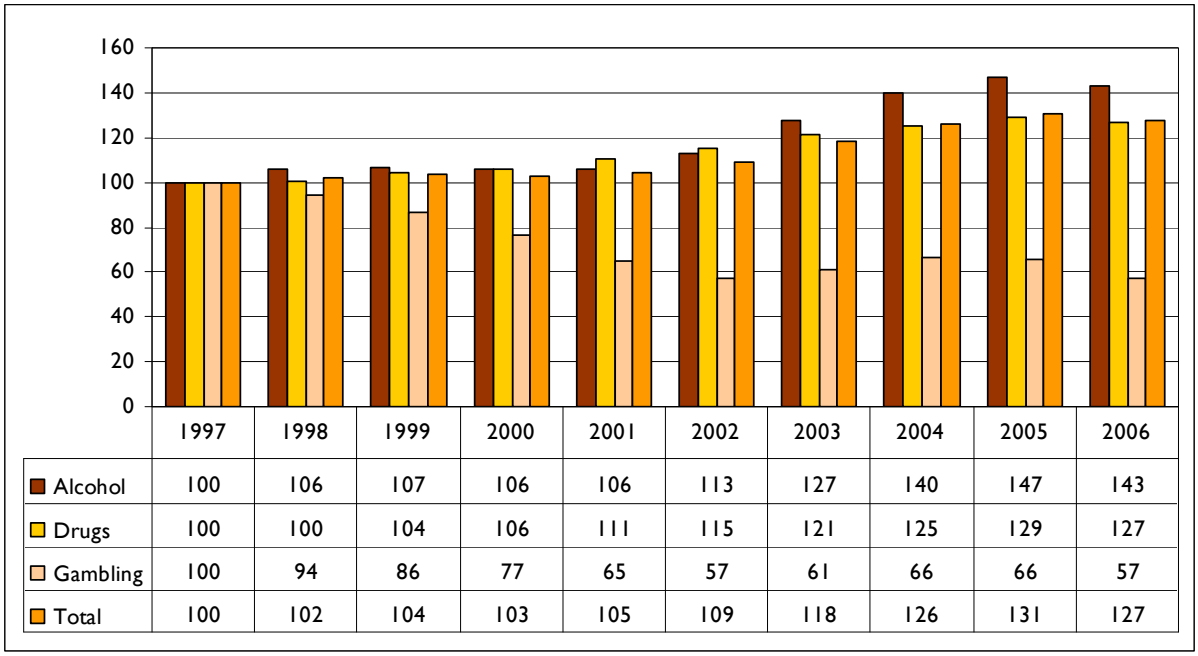
Table 13 Turnover 2006 addiction care by primary problem

	Number of individuals				
Primary problem	Registered as of 1-1-2006[2]	New	Treated in 2006	Discharged	Registered as of 31-12-2006
Alcohol	19,528	10,612	30,140	9,106	21,023
Opiates	11,819	1,497	13,316	1,110	12,229
Cocaine	6,729	2,831	9,560	2,456	7,079
Amphetamines	676	534	1,210	,346	869
Cannabis	3,527	3,012	6,539	2,253	4,290
Gambling	1,514	1,124	2,638	913	1,730
Other	1,228	762	1,990	639	1,350
Total	45,021	20,372	65,393	16,823	48,570

Source: LADIS 2006, IVZ, Houten

- In 2006, 26% of the clients who were in treatment were discharged again.
- In 2006, the number of discharges was significantly lower than in 2005. The number of treated clients was lower than in 2005, partly resulting from fewer registrations due to administrative corrections and stabilisation in the number of clients.

Figure 7 Primary problem by demand for assistance 1997-2006



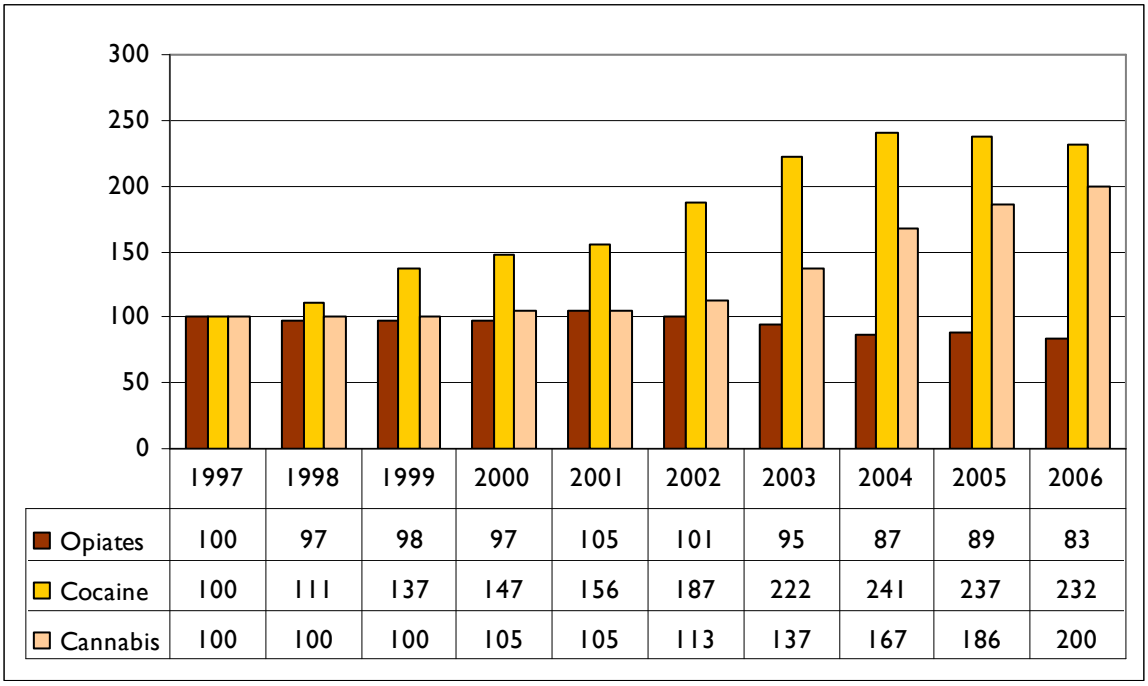
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Alcohol	100	106	107	106	106	113	127	140	147	143
Drugs	100	100	104	106	111	115	121	125	129	127
Gambling	100	94	86	77	65	57	61	66	66	57
Total	100	102	104	103	105	109	118	126	131	127

Source: LADIS 2006, IVZ, Houten

- After years of increase in the total number of people seeking assistance, there was a slight decline in 2006.
- After several years of increase, the number of gamblers has declined again to its 2002 level.
- Demand for assistance itemised by type of drugs as primary problem provides the following picture.

[2] Compared with the 'Key Figures 2005', there may be small deviations in the presented figures due to administrative corrections.

Figure 8 Primary problem of Drug Use 1997-2006



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Opiates	100	97	98	97	105	101	95	87	89	83
Cocaine	100	111	137	147	156	187	222	241	237	232
Cannabis	100	100	100	105	105	113	137	167	186	200

Source: LADIS 2006, IVZ, Houten

The number of opiate users has declined further.

A classification according to CBS standard has been used to give insight into the distribution of the demand for assistance related to the size of the population of municipalities in the Netherlands.

Table 14 Primary problem by size of municipality

No. of inhab. In municipalities	Dutch population	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Unknown	0%	2%	4%	3%	3%	2%	2%	2%	3%
< 10,000	2%	2%	1%	1%	2%	1%	1%	1%	1%
10,000 – 20,000	12%	7%	4%	5%	11%	6%	6%	5%	6%
20,000 – 50,000	36%	24%	16%	16%	40%	21%	20%	23%	21%
50,000 – 100,000	18%	20%	17%	17%	20%	20%	19%	16%	19%
> 100,000	32%	45%	58%	58%	25%	50%	52%	52%	50%

Sources: CBS 2006; LADIS 2006, IVZ, Houten

Table 14 shows the following:

- Amphetamines appear to be a problem particularly in the medium-sized cities.
- The other substances, particularly opiates and cocaine, are still primarily a problem in the major cities.

Table 15 shows demand for assistance, expressed in a figure per 10,000 inhabitants in the Netherlands.

Table 15 Primary problem in individuals per 10,000 inhabitants

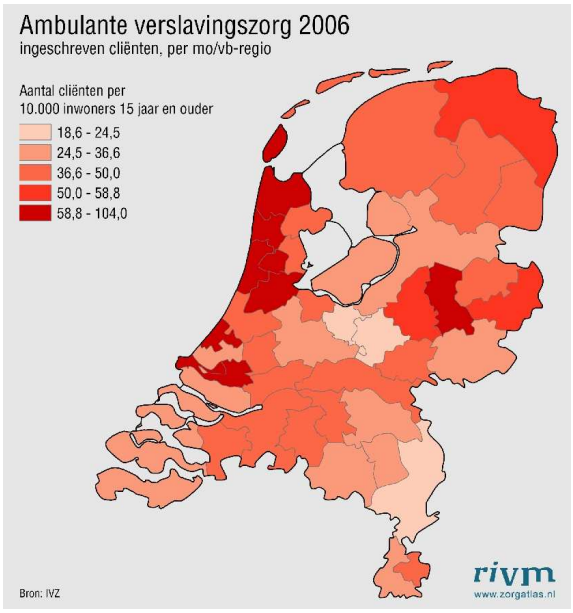
Primary problem	2001	2002	2003	2004	2005	2006
Alcohol	14,0	14,8	16,6	18,2	19,1	18,5
Opiates	10,4	10,0	9,4	8,6	8,7	8,1
Cocaine	4,0	4,8	5,7	6,2	6,0	5,9
Amphetamines	0,3	0,3	0,5	0,6	0,7	0,7
Cannabis	2,1	2,3	2,8	3,4	3,7	4,0
Gambling	1,9	1,6	1,7	1,9	1,8	1,6
Other	0,8	0,8	0,9	1,0	1,1	1,2
Total	33,6	34,6	37,5	39,7	41,1	40,0

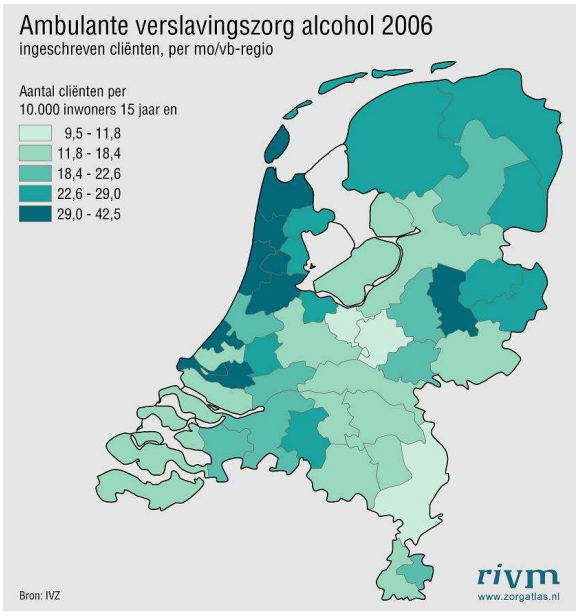
Source: LADIS 2006, IVZ, Houten

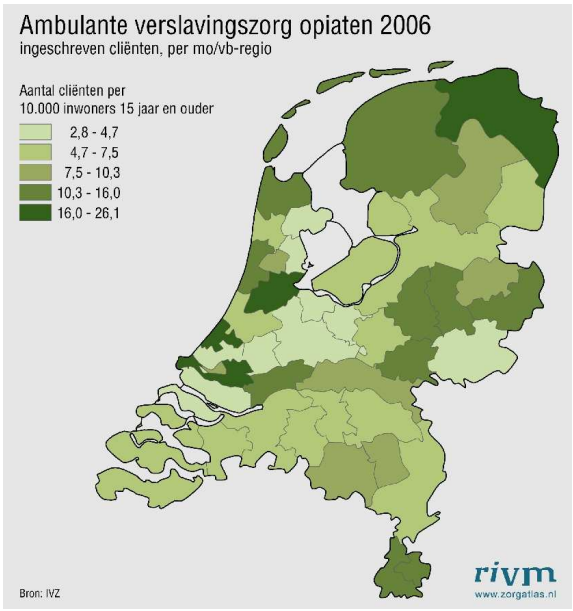
- An average of 40 out of 10,000 inhabitants made use of addiction care assistance in 2006.

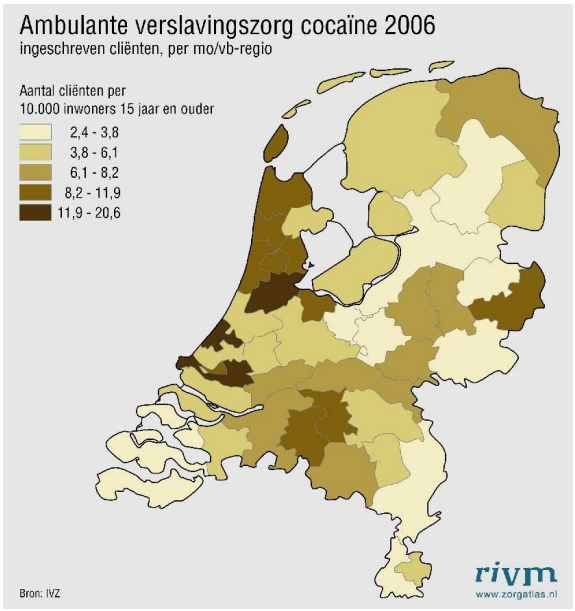
Regional distribution of the demand for assistance per substance

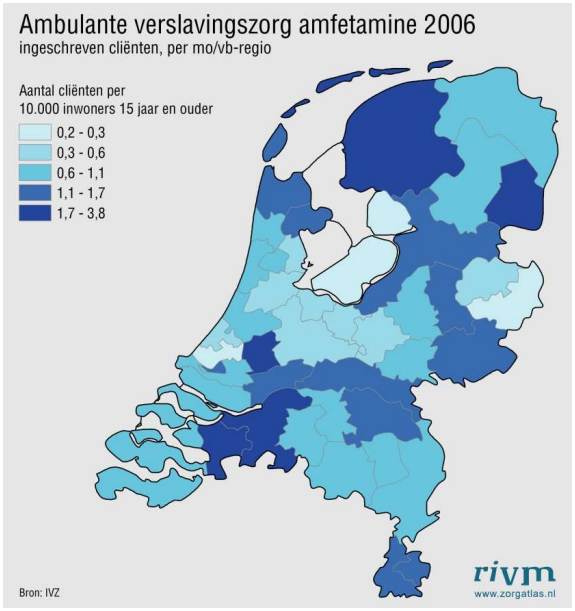
In cooperation with the National Institute for Public Health and the Environment (RIVM), within the framework of the Health Atlas, a number of geographic charts have been developed to show the distribution of the demand for assistance per substance and per MO-VB (community shelter, addiction policy) region per 10,000 inhabitants.

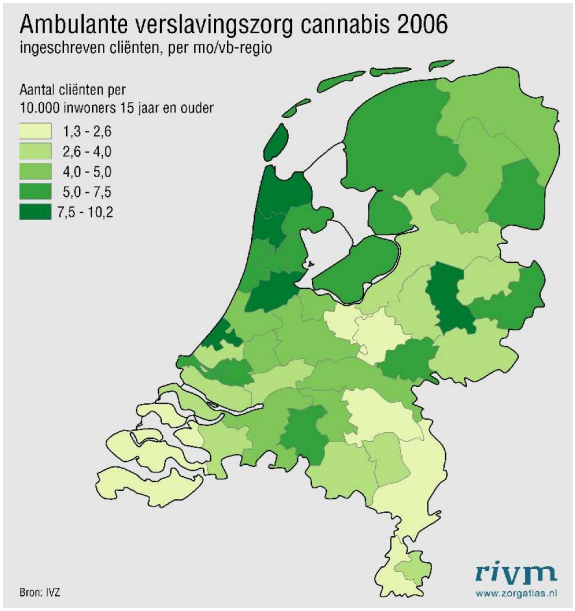


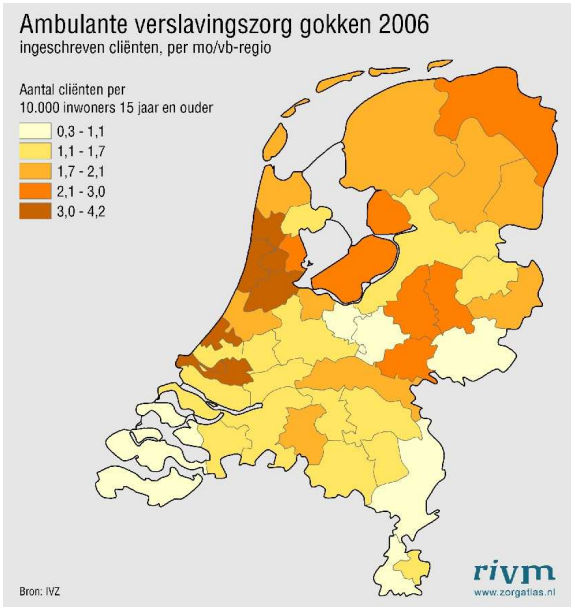












These pictures clearly show regional differences by substance.

- Amphetamines, for example, are highly prevalent in Friesland, south-eastern Drenthe and south-western Brabant.
- Opiates are more widespread in the major cities, but certainly not necessarily in the Randstad alone. For example, Groningen and the regions around Apeldoorn, Arnhem, Twente and Maastricht also have a considerable opiates problem.

Characteristics of primary problems, sex and type of care

Turnover data give an indication of the availability of assistance. Short duration of treatment, i.e. the period between registration and discharge, contributes to a rapid turnover in the number of individuals in addiction care. A more rapid turnover offers the opportunity to provide care for a larger number of (new) individuals. More than 200,000 unique individuals have been treated or are undergoing treatment since 1996. Due to the tremendous scope of the problem, the capacity of addiction care is constantly under pressure. This can be explained by the changing problem and the diversity of addiction and complexity of substance use.

Table 8 clearly shows that assistance is increasingly offered in groups. Room for new clients is also limited due to the continuous care and demand for assistance from "regular" customers. Nevertheless, there is a substantial turnover in care for most substances. There is clearly very little turnover and new registrations for opium.

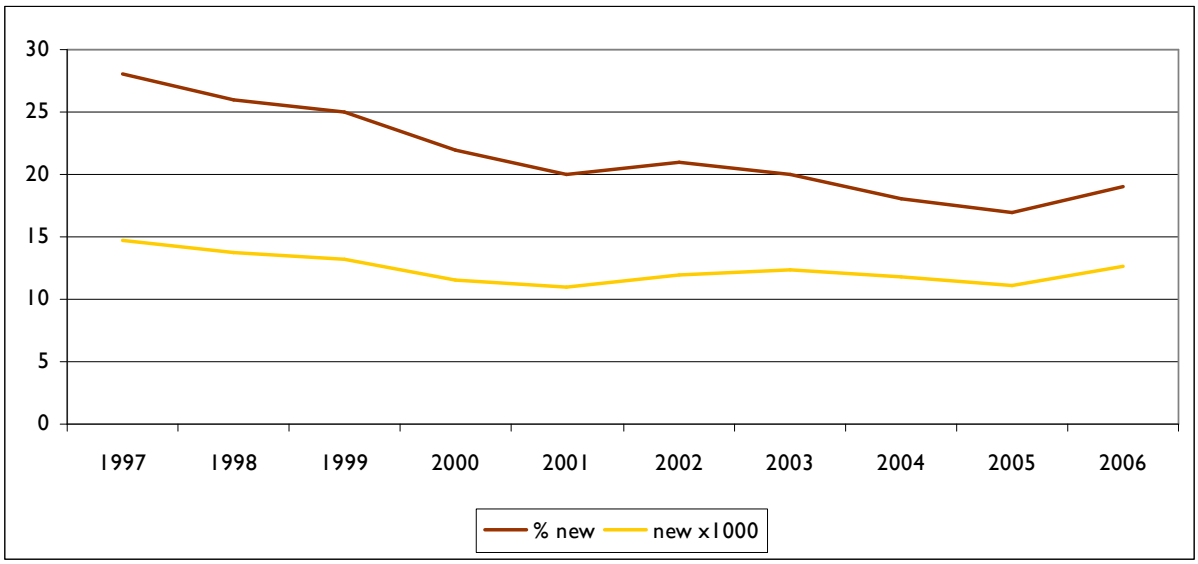
Table 16 Individuals not previously in treatment

Primary problem	Individuals in 2001	'Not previously' in treatment	Individuals in 2006	'Not previously' in treatment
Alcohol	22,353	27%	30,210	22%
Opiates	16,680	7%	13,180	4%
Cocaine	6,463	22%	9,599	16%
Amphetamines	482	22%	1,215	31%
Cannabis	3,432	34%	6,544	34%
Gambling	2,989	28%	2,646	28%
Other	1,337	23%	1,999	29%
Total	53,736	20%	65,393	19%

Source: LADIS 2006, IVZ Houten

- The percentage of newcomers remains stable. Nearly a fifth of the population has not previously been in treatment.
- Only 4% of opiate users have not previously been in treatment. Therefore, there is only a very small new group of opiate users who have registered with assistance.
- Cocaine has a small group of new clients compared to 5 years ago (16%).
- Nearly 1/3 of the cannabis and amphetamine users come in contact with drugs assistance for the first time.

Figure 9 Newcomers 1997 – 2006



- In absolute terms, the number of newcomers has remained relatively stable (around 13,000) during the past 10 years, while it is continuously declining in relative terms.
- An increasingly larger percentage of the client population remains longer in assistance.

Table 17 Individuals by primary problem and sex 2001-2006

	2001			2006		
Primary problem	Men	Women	Total	Men	Women	Total
Alcohol	74%	26%	22353	75%	25%	30,210
Opiates	79%	21%	16680	80%	20%	13,180
Cocaine	82%	18%	6463	82%	18%	9,599
Amphetamines	77%	23%	482	77%	23%	1,215
Cannabis	83%	17%	3432	81%	19%	6,544
Gambling	90%	10%	2989	88%	12%	2,646
Other	60%	40%	1337	57%	43%	1,999
Total	78%	22%	53736	77%	23%	65,393

Source: LADIS 2006, IVZ, Houten

- The number of women in assistance has remained virtually unchanged for years, fluctuating around 23%.
- The relatively high percentage of women in the 'other' group can be ascribed to the group of medicine users, who are primarily women.

In addition to the primary problem for which one registers for addiction care, the LADIS also contains substances that are experienced as problematic. This provides insight into the secondary problem.
The use of two or more substances among newly registered individuals shows a stable picture through the years, permanently fluctuating around 40% since 1997.

Table 18 provides insight into the use of numerous substances for all individuals who underwent treatment in 2006.

Table 18 Combinations of primary and secondary problems

Secondary problem	Primary problem							
	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Alcohol	0%	8%	25%	13%	19%	10%	14%	8%
Opiates	2%	11%	15%	2%	1%	0%	3%	5%
Cocaine	9%	34%	1%	11%	9%	3%	5%	12%
Amphetamines	1%	1%	3%	0%	3%	0%	3%	1%
Medicines	5%	3%	2%	2%	1%	1%	3%	3%
Cannabis	8%	4%	18%	24%	0%	5%	7%	8%
Gambling	1%	0%	1%	1%	1%	0%	1%	1%
Other drugs	7%	3%	6%	19%	8%	6%	4%	6%
None	67%	36%	32%	28%	57%	75%	60%	54%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: LADIS 2006, IVZ, Houten

- Approximately a third of the alcohol clients appeared to have used other substances. Cannabis and cocaine, in particular, score high.
- More than a third of the opiate clients also use cocaine and 15% of the primary cocaine clients use opiates as a secondary substance.
- Alcohol appears to be the secondary substance among 25% of those clients with cocaine as primary problem.

Registration method and problems

Individuals register on their own initiative and from various referral institutions for addiction care. The most important sources for registration are indicated below.

Table 19 Individuals by primary problem and registration

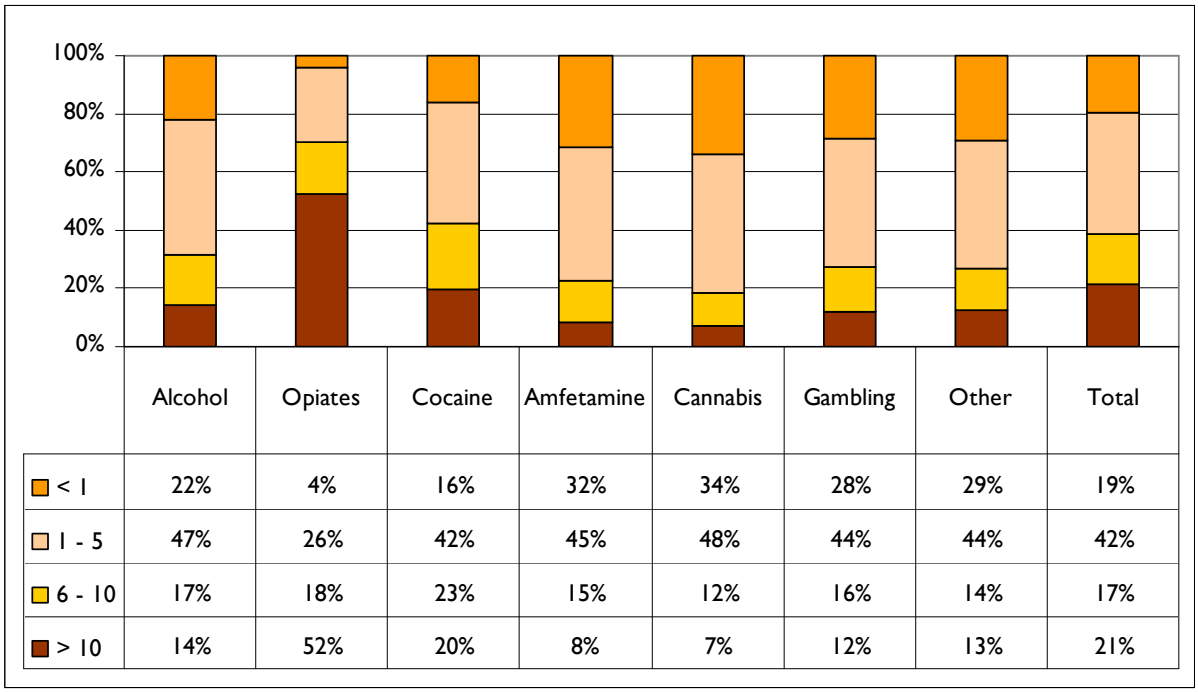
	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Number of individuals	30,210	13,180	9,599	1,215	6,544	2,646	1,999	65,393
Registration method								
Own initiative	22%	32%	27%	24%	23%	33%	22%	25%
Justice	17%	13%	26%	20%	16%	11%	10%	17%
Health care	23%	8%	13%	13%	18%	20%	25%	18%
Mental heath care	7%	4%	7%	7%	10%	4%	9%	7%
Other	31%	43%	27%	36%	33%	32%	33%	33%

Source: LADIS 2006, IVZ, Houten

- The share of those seeking assistance who come on own initiative has been declining slightly during the past years and forms a quarter of the population.
- The opiate users and the gamblers are overrepresented in this group.

- Three-quarters of all registrations via the judicial system are related to drugs. Half of these consist of cocaine clients.
- Relatively speaking, cocaine clients are more often registered via the judicial system than opiate clients.

Figure 10 Individuals by primary problem and year of first registration of the substance



	Alcohol	Opiates	Cocaine	Amfetamine	Cannabis	Gambling	Other	Total
< 1	22%	4%	16%	32%	34%	28%	29%	19%
1 - 5	47%	26%	42%	45%	48%	44%	44%	42%
6 - 10	17%	18%	23%	15%	12%	16%	14%	17%
> 10	14%	52%	20%	8%	7%	12%	13%	21%

Source: LADIS 2006, IVZ, Houten

Explanation Figure 10:
- This figure shows when the client came for assistance for the current problem for the first time. This calculation looks at the previous history of the clients until 1986, the start of the LADIS registration.
- The primary problem in 2006 is the basic assumption for this table.
- More than 50% of the opiate clients appear to be known in addiction care for more than 10 years.

The differences between the various groups of clients itemised by substance are significant to say the least. Opiate clients are the regular clients in addiction care. The changing problems and substance use can also be seen in Figure 9.

Table 20 shows the initial problem of individuals who appealed to the assistance system in 2006. It provides a picture of the clients' addiction history.

Table 20 Initial primary problem of individuals in 2006

Current primary problem	Initial primary problem							
	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	None
Alcohol	**57%**	4%	3%	0%	2%	2%	1%	32%
Opiates	4%	**70%**	5%	0%	1%	1%	1%	17%
Cocaine	7%	14%	**46%**	1%	4%	3%	2%	22%
Amphetamines	4%	3%	4%	**26%**	4%	2%	29%	29%
Cannabis	4%	3%	4%	1%	**41%**	2%	2%	43%
Gambling	4%	2%	2%	0%	2%	**52%**	1%	36%
Other	10%	8%	4%	1%	2%	1%	**27%**	48%

Source: LADIS 2006, IVZ, Houten

A large percentage of the clients had not appealed to the assistance system earlier due to another primary problem. Some were already in addiction care for the same substance (recidivism). A significant share of the cocaine clients (14%) have a previous history as opiate users. It is striking that very few original cannabis clients return as opiate or cocaine users.

Age developments

The average age of individuals who registered within a year can be determined in the LADIS. Age developments can be itemised into the various groups. A number of results appear in the following tables and graphs.

Table 21 Individuals by average age 2006 compared to 1997

Year	Men	Women	Total
1997	35.8	38.8	36.5
2006	40.0	42.5	40.6

Source: LADIS 2006, IVZ, Houten

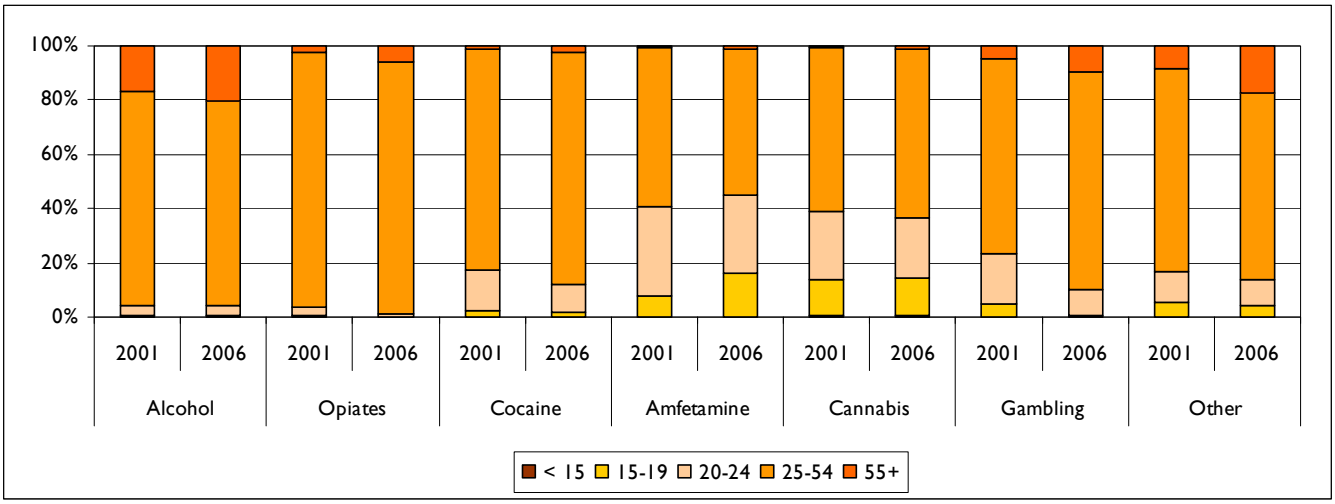
Average age increased by approx. 4 years during the past 10 years. The population is ageing. Compared with 2005, the average age has increased by nearly a year again.

Table 22 Average age by substance

	1997	2006
Alcohol	42.8	44.9
Opiates	34.4	42.4
Cocaine	30.8	34.8
Amphetamines	25.5	27.6
Cannabis	26.6	29.1
Gambling	30.3	38.1
Other	33.0	40.8
Total	36.5	40,6

- Average age has increased for all substances during the past 5 years.

Figure 11 Age development by substance (2001-2006)



Source: LADIS 2006, IVZ, Houten

- The group of over 55s is still increasing slightly, not only for alcohol, but for gambling and 'other' as well.
- The group of opiate users and cocaine users, to a lesser degree, is ageing.
- Despite an increasing number of young cannabis users, the average age has increased slightly in 5 years. The group of over 25s is responsible for this.

Discharges

An approach for increasing insight into assistance is the turnover of individuals in addiction care and the degree of care that is devoted to them. When an individual is discharged, treatment duration and effort can be determined. In a number of cases, individuals are referred to other (assistance) institutions.

Turnover in addiction care is partly determined by the discharge of individuals. In 2006, 16,823 individuals were discharged; that represents 26% of the total number of individuals who made use of addiction care in 2006. Fifteen percent of this group (2,523 clients) was referred to other care. The number of contacts and treatment duration of the group of discharged individuals have increased significantly. However, for the vast majority, addiction care is the last station of assistance. More than 60% are referred as non-active. On average, a client is registered for more than a year, with 26 contacts. This means that a contact takes place an average of once every two weeks.

Table 18 Discharges in 2006 by primary problem and referral

	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Discharged in 2006	9,106	1,110	2,456	346	2.253	913	639	16,823
Referred	16%	10%	11%	12%	16%	14%	13%	15%
Not Referred	62%	65%	62%	67%	65%	73%	75%	64%
Otherwise/ Unknown	22%	24%	27%	21%	19%	13%	13%	21%

Source: LADIS 2006, IVZ, Houten

Regardless of the nature of the problem, addiction care remains the last station of treatment for 62-75 %. Alcohol and cannabis clients have the largest number of referrals.

Table 24 Discharges 2006 by primary problem, contacts and treatment duration in days

Average	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Number of contacts	24.4	45.2	32.0	21.1	16.8	16.3	22.5	26.0
Treatment duration in days	367	732	389	259	253	279	342	383

Source: LADIS 2006, IVZ, Houten

The number of treatment days for discharged opiate clients (732 days) is much greater than for the other discharged problem groups. Nearly twice as many as the average of all substances combined. This group demands much of the assistance capacity.

SPECIAL CHARACTERISTICS OF PROBLEMS AND CARE

A large number of characteristics of individuals and assistance are established in the LADIS. A number of special characteristics are further elucidated in this chapter.

Characteristics of substance use

In addition to the main division into six categories (alcohol, opiates, cocaine, cannabis, gambling and other drugs), substance use is further detailed to provide insight into the share of care that is devoted to the group involved. Aside from the totals for the demand for assistance per category, a distinction is made by sex.
Table 25 represents all individuals who received any form of assistance in 2006 at an addiction care institution.

Table 25 Problem by substance use, sex and percentage of the total

Substances	Male	%	Female	%	Total	%
Alcohol	22,556	45%	7,654	52%	30,210	46%
Heroin	9,187	18%	2,289	16%	11,476	18%
Morphine	21	0%	13	0%	34	0%
Methadone	1068	2%	285	2%	1,353	2%
Other Opiates	269	1%	48	0%	317	0%
Cocaine	7,572	15%	1,699	12%	9,271	14%
Crack	265	1%	63	0%	328	1%
Amphetamines	933	2%	282	2%	1215	2%
Other stimulants	140	0%	31	0%	171	0%
Benzodiazepines	240	0%	205	1%	445	1%
Barbiturates	8	0%	8	0%	16	0%
Psychiatric drugs	27	0%	23	0%	50	0%
Other medicines	108	0%	103	1%	211	0%
Ecstasy	159	0%	69	0%	228	0%
LSD	11	0%	3	0%	14	0%
Cannabis	5,324	11%	1,220	8%	6,544	10%
Other hallucinogens	161	0%	167	1%	328	1%
Volatile substances	17	0%	5	0%	22	0%
Gambling	2,317	5%	329	2%	2,646	4%
Other addiction	266	1%	248	2%	514	1%
Total	50,649	100%	14744	100%	65,393	100%
Male-Female		77.5%		22.5%		

Source: LADIS 2006, IVZ, Houten

Ethnic minorities and 'native Dutch' in addiction care

The LADIS establishes cultural origin in addition to nationality and country of origin. Based on the current data, a division can be made as defined by Statistics Netherlands (CBS).

- Western ethnic minority
- Non-Western ethnic minority
- 'Native' Dutch

A number of tables and graphs that use this division are presented below. Corrections have also been made for the 'missing values'.
In the LADIS, cultural origin is determined on the basis of the country within which the individual has been raised, as indicated by the individual himself (self-reporting).

Table 26 Origin of individuals by CBS division

Origin	LADIS	CBS 2006
'Native' Dutch	80%	80%
Western ethnic minority	5%	9%
Non-Western ethnic minority	14%	11%

Source: LADIS 2006, IVZ, Houten

- According to CBS statistics, the Netherlands has approximately 3.14 million people of ethnic minority, representing nearly 20 percent of the total population. The 'native' Dutch – ethnic minority ratio within addiction care largely agrees with the ratio in the Netherlands (Netherlands 2006: 'native' Dutch 80%, ethnic minority 20%, Source: CBS).
- The group of non-Western ethnic minorities remains somewhat over-represented in the client population.
- The ethnic minority-'native' Dutch ratio has remained stable during the past 3 years.

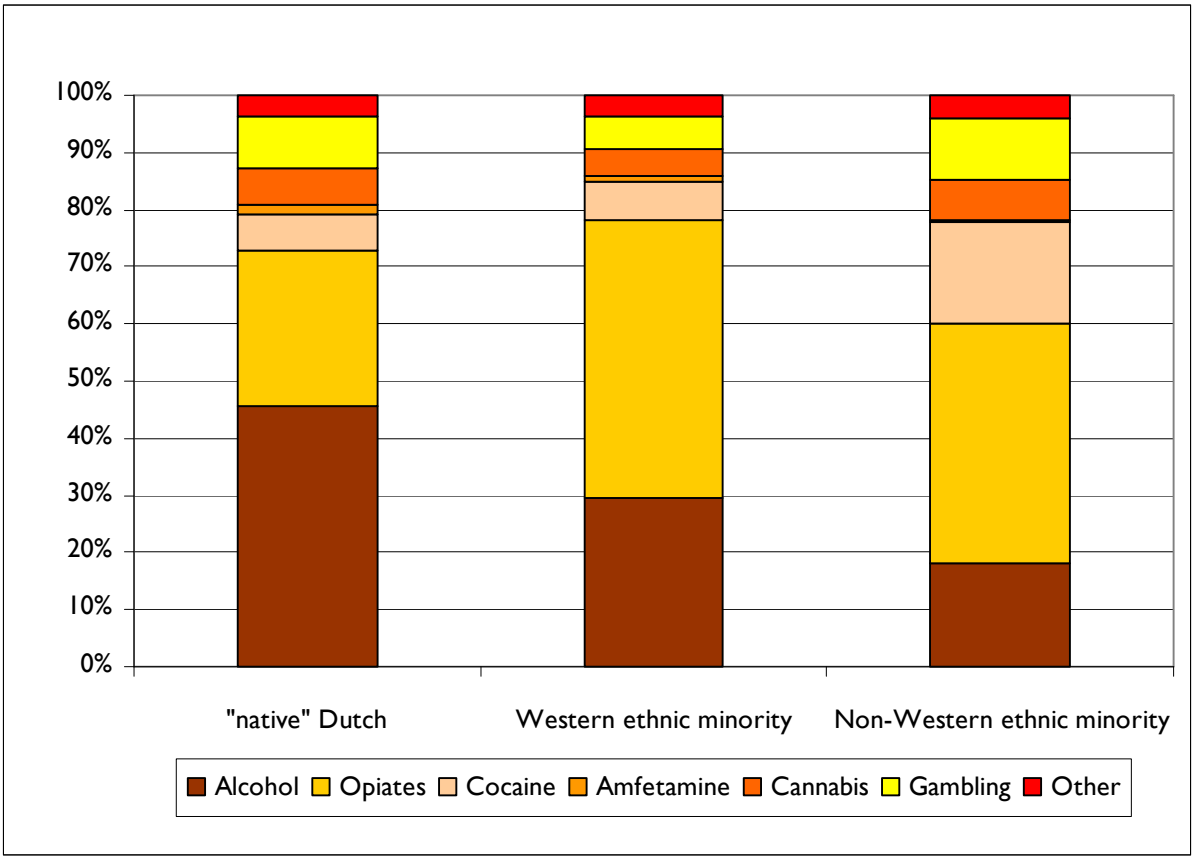
Table 27 Origin by primary problem

Origin	Alcohol	Opiates	Cocaine	Amphet.	Cannabis	Gambling	Other	Total
Number of individuals	30,210	13,180	9,599	1,215	6,544	2,646	1,999	65,393
Percentage								
'Native' Dutch	87%	71%	72%	96%	79%	66%	84%	80%
Western ethnic minority	4%	10%	4%	3%	5%	6%	5%	5%
Non-Western ethnic minority	9%	19%	23%	2%	16%	27%	11%	14%

Source: LADIS 2006, IVZ, Houten

The new appearance of amphetamines in the list of substances widely differs in this table from the other substances in this table. The majority of amphetamine users appear to be 'native' Dutch. The largest group of non-Western ethnic minorities in assistance is the gamblers.

Figure 12 Division by primary problem within cultural origin



Source: LADIS 2006, IVZ, Houten

- There are major differences in the use of alcohol, opiates and cocaine between ethnic minorities and 'native' Dutch.
- Alcohol is clearly a more common problem among 'native' Dutch than among the other groups.
- Opiates and cocaine as a primary problem are more common among the Western/non-Western ethnic minorities than in the other groups.
- Most of the 'smaller' problems appear to be equally common among the various groups.

Table 28 Individuals by cultural origin 1997 – 2006

Cultural origin	1997	2006
Native:		
Dutch	41,162	45,267
Western ethnic minority:		
Eastern European	243	544
Southern European	352	328
Other European	1,163	1,090
Other countries	665	1,003
Non-Western ethnic minority:		
Turkish	857	1,099
Other Asian	513	959
Surinamese	2,282	2,384
Antillean	851	1,026
Other Latin American	125	354
Moroccan	1,363	1,679
Other African	376	521
Unknown/White	1,831	9,139
Total	51,783	65,393

Source: LADIS 2006, IVZ, Houten

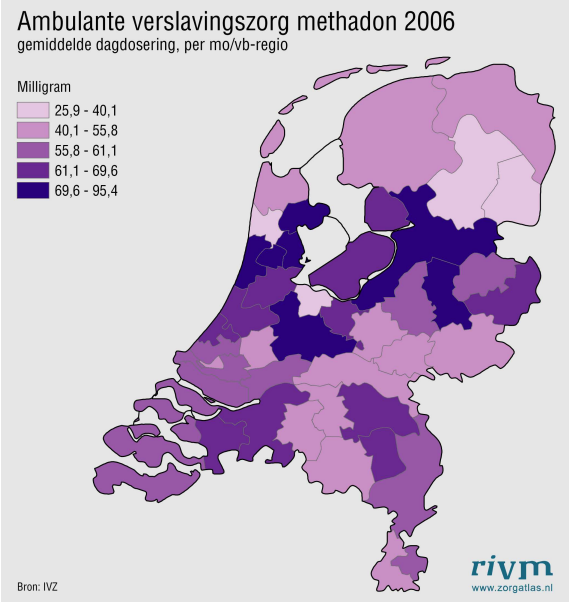
- In relation to total growth, the number of 'native' Dutch in assistance has increased much less (10%) than the ethnic minority group (25%) during the past 10 years.
- The increase in the number of ethnic minorities in assistance is similar to the increase in the population (23%).

(Source CBS statline 1997, 2006)

Methadone distribution

An important component for the care for opiate addicts is the distribution of substitution drugs. This section provides a number of indicators and a further elaboration of the average dose of methadone.

Figure 13 Regional differences methadone distribution



There are striking differences in doses per region. This may be related to the policy of the institution.

Table 29 Indicators methadone distribution

General characteristics	Estimate	Delivered
Individuals in methadone programmes (estimate)	12,000	9,811
Distributed portions (x 1,000)	2,800	2,374
Average dose (in mg)		62

Source: LADIS 2006, IVZ, Houten

- Registration of methadone data has partly improved thanks to the installation of new software at some of the methadone stations. Unfortunately, with the advent of new systems, numerous institutions have been unable to provide a complete picture of methadone distribution.
- Direct inquiry at the institutions provides a more complete picture; the data have been revised on that basis. In 2006, methadone was distributed to approx. 12,000 individuals. Detailed treatment data are available for more than 9,811 of these individuals. The data are used in the tables below.

Table 30 Methadone distribution by individuals and average dose

	< 40 mg	40 – 60 mg	60 – 85 mg	85 – 250 mg	Total
Individuals absolute	2,692	2,901	2,577	1,641	9,811
Average number of portions	208	231	264	281	242
Average portion in milligrams	27	48	70	114	62

Source: LADIS 2006, IVZ, Houten

In 2007, we received new data from the GGD Amsterdam for 2005. This meant that we had to introduce a correction to the materials for that year.
Figure 10 shows regional differences in doses in the Netherlands. It is striking that the higher doses are not necessary given in the major cities.

Other special characteristics of substance use

There are scores of facets in the problematic use of substances. The method of use and the combination of various substances are important themes. Particular attention is devoted to this in the following tables.

Table 31 Method of drug use by primary opiate users 2001 – 2006

	2001	2006
Injecting	12%	10%
Smoking	72%	71%
Snorting	3%	3%
Swallowing	6%	12%
Other	7%	4%
Total	100%	100%

Source: LADIS 2006, IVZ, Houten

- Since 2001, the share of the group that injects has steadily declined. Swallowing substances, however, has sharply increased.
- Evidently, there is still a shift within the hard core and fewer hard drugs are injected.

APPENDICES

Appendix 1 List of tables

Appendix 1 List of figures

Appendix 2 Sources

1. CBS (2007) Website: Statline.cbs.nl

2. EMCDDA 2006. Annual report on the state of drugs problem in the European Union and Norway. EMCDDA, Lisbon.

3. LADIS Specs 2007 (2006), Houten: IVZ.

4. Mol, A., J.L. van Vlaanderen (2002). Ontwikkeling van de Cocaïne hulpvraag; Periode 1994 – 2000. Houten: IVZ.

5. Nationale Drugmonitor (NDM); Jaarbericht 2006. Bureau NDM, Utrecht.

6. Ouwehand, A.W., Cruts, A.A.N. en Vos, T. de (1997). Profiel Gokcliënten in de Verslavingszorg. Utrecht: IVZ.

7. Ouwehand, A.W., Kuijpers, W.G.T. , Mol, A, Boonzajer Flaes, S. (2005). Kerncijfers Verslavingszorg 2005. Houten: IVZ.

Appendix 3 List of abbreviations

CBS:	Statistics Netherlands
CMT:	Central Module TTP
CVS:	Cliënt Volg Systeem (Client Monitoring System)
DBC:	Diagnose Behandel Combinatie (Diagnosis Treatment Combination)
DIS:	DBC Information System
EMCDDA:	European Monitoring Centre for Drugs and Drug Addiction
GGD:	Gemeentelijke Gezondheids Dienst (Municipal Health Services)
GGZ:	Geestelijke Gezondheids Zorg (Mental Health Care)
IVO:	Instituut voor Verslavingsonderzoek (Institute for Addiction Research)
IVZ:	Stichting Informatievoorziening Zorg (Foundation for the Provision of Information on the Care of Drug Addicts)
LADIS:	Landelijk Alcohol en Drugs Informatie Systeem (National Alcohol and Drugs Information System)
MO/VB:	Social Shelter / Addiction Policy
NDM:	Nationale Drugmonitor (National Drug Monitor)
NPO:	Nationaal Prevalentie Onderzoek (National Prevalence Survey)
PVM:	Pseudonymisation and Send Module
RIVM:	Rijksinstituut voor Volksgezondheid en Milieu (National Institute of Public Health and the Environment)
TTP:	Trusted Third Party
VWS:	Ministry of Health, Welfare and Sport

Appendix 4 Definitions in key figures

Individuals: Key Figures 2005 mainly reports on individuals in addiction care. The number of individuals regards the scope of the group that appeals to (outpatient) addiction care. If a registered client is registered repeatedly, only the *last registration* (with the most current information) will be used in the calendar year concerned. Where clients are mentioned in Key Figures, unique individuals are intended.

Hard drugs: Substances such as heroin, morphine, methadone and cocaine.

Cocaine: Both cocaine and crack fall under this category.

Probation: Work that comes under the Stichting Verslavingsreclassering GGZ Nederland that includes approximately 15 institutions and 50 branches.

The registration of 'native' Dutch/ethnic minority will be adjusted in the LADIS to CBS division in the coming years. This publication provides a reconstruction, based on the cultural origin item (based on what has been indicated by the individual himself).

'Native' Dutch The 'native' Dutch category includes all individuals who indicate that they are of Dutch origin.

Western ethnic minority: The 'Western' category includes ethnic minorities with Europe (excl. Turkey), North America, Oceania, Indonesia or Japan as origin.

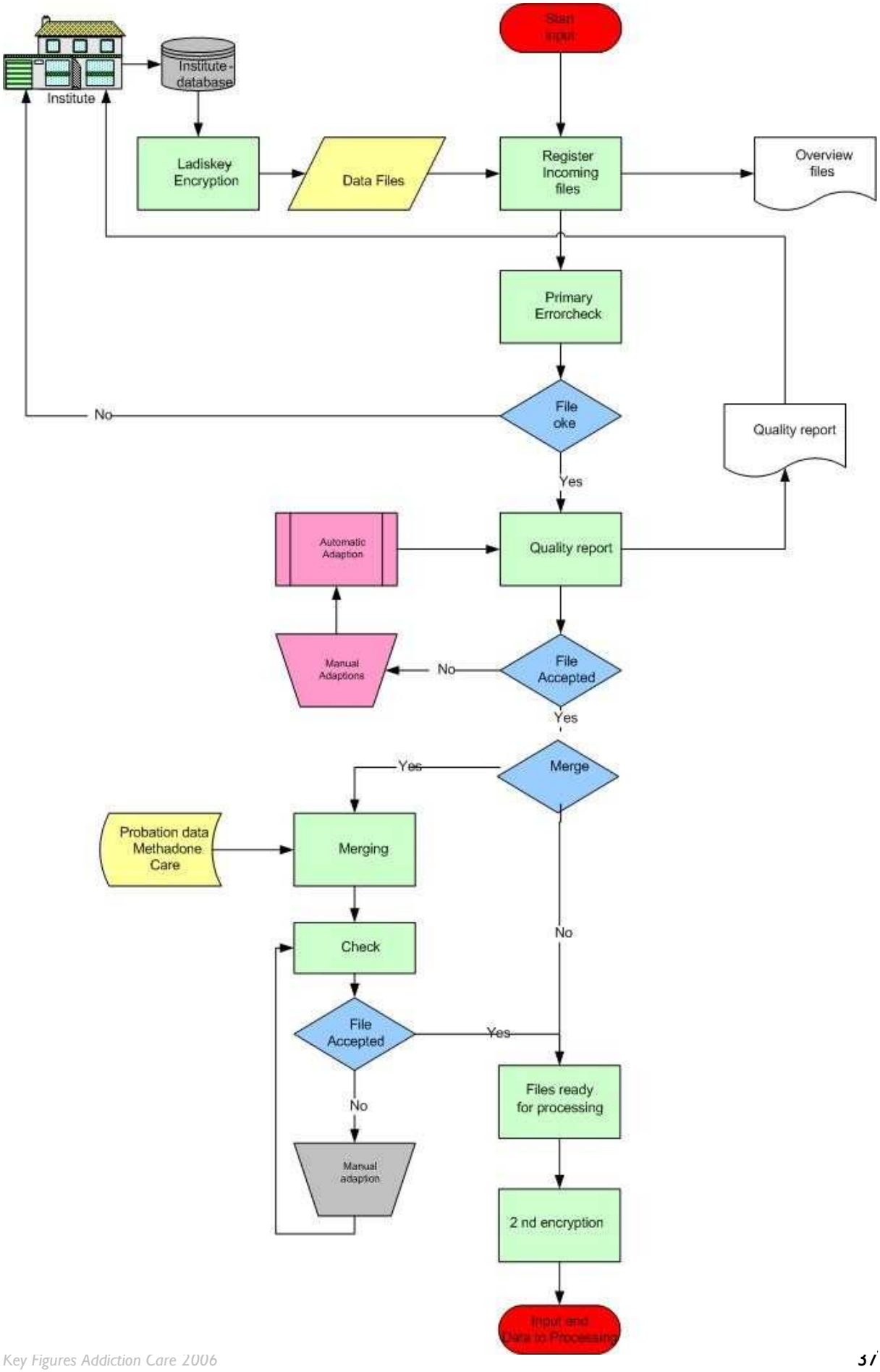
Non-Western ethnic minority: The 'non-Western' category includes ethnic minorities with Turkey, Africa, Latin America or Asia with the exception of Indonesia and Japan as origin.

Cultural origin: In the LADIS, cultural origin is determined, based on the culture within which the client has grown up, as the client has indicated himself.

Not previously in treatment: All individuals in the LADIS with a registration date in the calendar year and who did not appear in the LADIS in previous years (starting in 1994).

"Other" problems: Amphetamines and other stimulants (excl. cocaine and crack), medicines, ecstasy, LSD and other hallucinogens (excl. cannabis), volatile substances and addictions related to behaviour (or gambling).

Appendix 5 Data flow 2006



Explanation to figure

After the first checks, the files are merged with files from the Cliënt Volg Systeem (CVS). Additional monitoring is also performed during processing and reporting. Ultimately, after a second encoding, it provides a database file with which the key figures and other reports are made. Starting on 1 January 2007, the new 'LADIS Specifications 2007' took effect. Client applications had to be revised at the institutions. The data model for the LADIS delivery has been greatly simplified. The new specifications can be found on the IVZ website, or by requesting them from the IVZ secretariat.

Acknowledgements

ISBN: 978-90-5726-049-0

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