

# City Report

## Amsterdam

Shaping the future of  
drug regulation from  
the 'bottom-up'

Civil Society Monitoring of  
Harm Reduction in Europe 2023

**Correlation**

  European Harm  
 Reduction Network



## Title

City Report – Amsterdam. Shaping the future of drug regulation from the 'bottom-up'. Civil Society Monitoring of Harm Reduction in Europe 2023.

## Authors

**Pomfret, A.:** Conceptualisation; Methodology; Writing - Original Draft; Investigation; Data Provision; Data Curation; Formal analysis; Project administration; **Rigoni, R.:** Conceptualisation; Supervision; Writing - Review & Editing; **Busz, M.:** Conceptualisation; Writing - Review & Editing; **Schiffer, K.:** Funding acquisition.

## Design

Jesús Román!

## Recommended citation

Pomfret, A., et al. (2024). City Report – Amsterdam. Shaping the future of drug regulation from the 'bottom-up'. Amsterdam. Correlation – European Harm Reduction Network. ISBN: 9789083391564.

Published by Correlation - European Harm Reduction Network (C-EHRN) and protected by copyright. Reproduction is authorised provided the source is acknowledged.

This Publication has been co-funded by the European Union. Views and opinions expressed are, however, those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA; neither the European Union nor the granting authority can be held responsible for them.

## Correlation - European Harm Reduction Network

c/o De Regenboog Group

Stadhouderskade 159 | 1074BC Amsterdam | The Netherlands

[www.correlation-net.org](http://www.correlation-net.org)



Co-funded by  
the European Union



## Introduction

On January 26, 2024, the city of Amsterdam marked a significant milestone by hosting an international conference dedicated to the legal regulation of drugs. Titled 'Dealing with Drugs: Cities and the Quest for Regulation', the event sought not to debate *if*, but *how* drug regulation could replace prohibition, offering a more effective and humane way to address the issue of drugs<sup>1</sup>. Amsterdam Mayor Femke Halsema, a vocal proponent of drug regulation, was the driving force behind the event, using the conference as an opportunity to launch the Amsterdam Manifesto<sup>2</sup>. The manifesto represents a collective desire for meaningful change, endorsed by administrators, policymakers, scientists and civil society representatives who recognise the failures and human rights violations caused by over fifty years of drug prohibition.

Amsterdam (and the Netherlands) has long been a pioneer in drug decriminalisation and harm reduction efforts<sup>3</sup>. However, until recently, discussions around legal regulation have been relatively limited, particularly within government and policy circles. In the weeks leading up to the conference, Mayor Halsema published an op-ed in the Guardian, calling for a global shift in the current approach to drugs<sup>4</sup>. She highlighted the stark increase in violent organised crime in Amsterdam as one of the many counterproductive outcomes of the failed war on drugs. In recent years, organised crime reportedly linked to disputes between drug 'gangs' in the Dutch capital has witnessed a troubling surge, evident in incidents like severed

heads found outside cafes<sup>5</sup>, contracted street killings<sup>6</sup>, and the discovery of torture chambers<sup>7</sup>.

Alarming, violence that typically remained between rival groups is now being used to confront and intimidate members of public institutions<sup>8</sup>. Over the past five years, three prominent figures involved in a significant criminal drugs case, including a lawyer and a journalist, were murdered in broad daylight in Amsterdam<sup>9</sup>. Mayor Halsema has asserted that the drug trade has become "more lucrative, professional and ruthlessly violent"<sup>10</sup>, emphasising that heightened efforts to combat drug trafficking will not suffice to stem the tide of the drug market today.

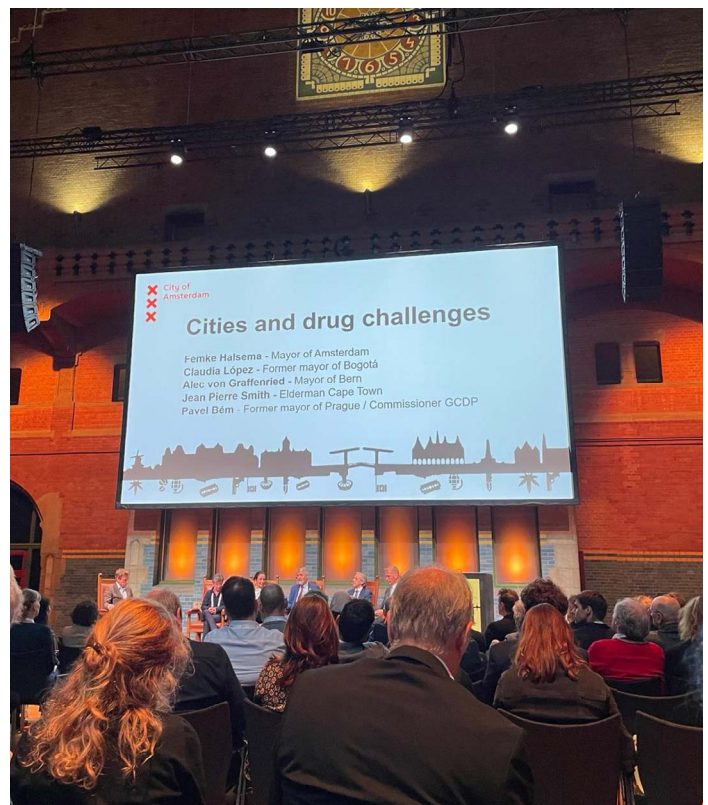


Image 1: A panel of international mayors discuss regulatory solutions for mitigating the harms of the war on drugs.

## Why regulate drugs?

In 1971, the global 'war on drugs' was launched, marking the beginning of widespread police and military operations aimed at achieving a 'drug-free world'. However, over half a century later, it is evident that this war has not achieved its intended goals. Instead, drug production and consumption have continued to soar, accompanied by a surge in mass incarceration, widespread human rights violations, the spread of HIV and hepatitis, and mass overdose deaths due to a toxic and unregulated drug supply<sup>11</sup>. Furthermore, the current approach to drugs exacerbates inequalities, perpetuates racial and social injustice, and systematically denies the rights of indigenous communities<sup>12</sup>.

Despite the infusion of billions of dollars annually into global drug enforcement, the current prohibitive approach to drugs has failed to significantly diminish the supply and availability of drugs<sup>13</sup>. Drugs remain easily accessible in nearly every corner of the globe, underscoring a fundamental principle of market economics: where there is demand, there will inevitably be supply.

*"Our current approach in the fight against drugs is like mopping with the tap running."*  
Femke Halsema, Mayor of Amsterdam<sup>14</sup>.

The annual value of the retail drug market in the EU alone is estimated to exceed EUR 30

billion<sup>15</sup>, making it a significant income stream for organised crime. Consequently, a primary rationale behind drug regulation, and notably the impetus behind Mayor Halsema's conference, is that legalising and regulating drugs can wrest control from criminal organisations and transfer it to government agencies, thereby diminishing their power and influence. Furthermore, by reducing law enforcement and judicial costs and leveraging tax revenue, resources can be redirected away from the criminal justice system and channelled into public health, including critical treatment and harm reduction initiatives.

## Regulation vs. decriminalisation

When discussing drug policy reform, it is important to differentiate between decriminalisation and the legal regulation of drugs. Decriminalisation involves formally eliminating criminal penalties for the possession of drugs for personal use. Penalties may be substituted with civil measures, such as fines for 'infractions' (as seen in the Czech Republic), interventions directing individuals towards health or social assistance (as in Portugal), or in some cases, no penalties at all (as in Germany)<sup>16,17</sup>. Regulation, on the other hand, entails a *"set of legal rules and enforcement infrastructure designed to control or govern certain types of products and conduct"*<sup>18</sup>, resembling the approach already taken towards potentially harmful substances like alcohol and tobacco. Decriminalisation, together with harm reduction initiatives, represents a vital step toward ensuring a balanced and health-oriented approach to drugs. By shifting the emphasis away from punitive measures, decriminalisation not only alleviates the harm

associated with a criminal record but also reduces stigma and discrimination towards people who use drugs. Moreover, it plays a pivotal role in combating public health threats like HIV and hepatitis<sup>19</sup>.

While some form of decriminalisation has been adopted in over 30 countries<sup>20</sup>, it is important to note that not all approaches are equally effective. The International Drug Policy Consortium (IDPC), in collaboration with C-EHRN focal point for Amsterdam - Mainline, has developed a free 'Drug Decriminalisation [e]Course'<sup>21</sup>. The course offers a comprehensive exploration of drug decriminalisation, including what has been deemed the 'gold standard' of decriminalisation. This standard advocates for the complete removal of punitive measures for drug use, alongside the availability and accessibility of non-compulsory evidence- and human rights-based harm reduction, healthcare, and social services<sup>22</sup>.

However, decriminalisation represents only one aspect of the solution, as criminal entities still remain in control of the entire drug supply chain. Consequently, the production, distribution and sale of drugs occur outside of any regulatory framework, lacking quality control measures. Moreover, the illegal drug market prioritises profit over public health, incentivising practices such as contaminating drugs with harmful substances like fentanyl, a potent synthetic opioid, to increase quantity and profitability.

## — The drug poisoning crisis

In recent years, nations like the U.S. and Canada have faced a devastating drug poisoning crisis, fuelled by an increasingly potent and toxic illegal

drug supply. In the U.S., the rate of drug overdose deaths has almost quadrupled over a twenty year period, from 8.2 per 100,000 people in 2002, to 32.6 per 100,000 people in 2022<sup>23</sup>. 220 individuals died each day in the United States from an opioid overdose in 2021, the majority of which were caused by synthetic opioids such as fentanyl<sup>24</sup>. Fentanyl is approximately 50 times more potent than heroin<sup>25</sup>, while being more cost-effective to produce and simpler to manufacture and transport. This makes it particularly dangerous, as even tiny doses can result in overdose and death.

While the drug supply in Europe has been less affected by the fentanyl crisis, scholars have recently raised concerns about the emergence of nitazenes, a class of synthetic opioids far more potent than fentanyl<sup>26</sup>. These substances, detected in various different 'street' drugs, including heroin and benzodiazepines, have already resulted in the deaths of at least 54 individuals in the UK since 2023, and have been linked to numerous fatalities in the Baltic states<sup>27</sup>.

## — Safer supply

In 2020, the Government of Canada responded to the drug poisoning crisis by launching a pioneering 'safer supply' pilot project. This initiative offers prescribed medications as a safer alternative to the toxic illegal drug supply for individuals at high risk of overdose<sup>28</sup>. Safer supply services provide a range of medication options, including opioid medications, stimulant medications, and benzodiazepines.

Grounded in principles of health and human rights, the Canadian approach has yielded remarkably positive outcomes. Participants have reported

enhanced health, well-being and overall quality of life<sup>29</sup>. Furthermore, there has been a notable decrease in overdose risk, reduced reliance on street drugs, and improvements in health issues related to drug use, mental health and chronic disease.

However, a key challenge lies in the high level of tolerance to fentanyl among participants due to its high potency, which often drives people to continue to consume street fentanyl<sup>30</sup>. Therefore, as safer supply models evolve and expand, it is imperative to prioritise the active involvement of communities of people who use drugs in shaping these policies. This ensures that policies are not only more inclusive, but effectively address the needs of those directly affected<sup>31</sup>.

Recent expert opinions suggest that similar interventions could alleviate harms in other countries grappling with rising fatalities from unregulated drugs, emphasising the urgent need for policymakers worldwide to take immediate action<sup>32</sup>. This is especially critical given the mounting threat of nitazenes in the European drug supply.

## The spectrum of regulation

In this report, the term 'regulation' is employed instead of 'legalisation' to steer clear of the misconception that drug regulation is a binary choice. In reality, drug regulation spans a spectrum with various options, illustrated by the various different ways in which we already regulate certain substances, including alcohol, tobacco, pharmaceuticals and cannabis<sup>33</sup>.

As seen in Figure 1, this spectrum extends from an unregulated illegal market to an unregulated legal market. Currently, the prevailing approach under prohibition is the unregulated criminal market, characterised by an unpredictable and deadly drug supply. Conversely, at the opposite end lies the fully legalised, commercial free market. In both scenarios, profit is the primary driver, often neglecting the health and social consequences<sup>34</sup>.

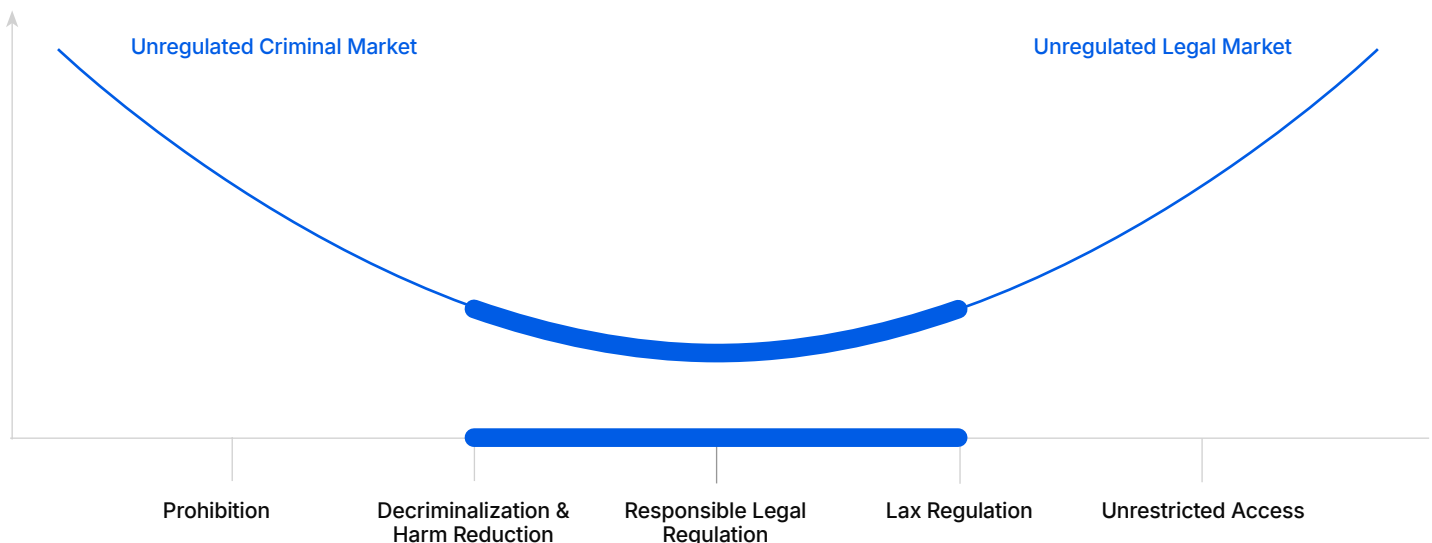


Figure 1: The spectrum of regulation, from an unregulated illegal market to an unregulated legal market<sup>35</sup>.

However, within this continuum lies an opportunity for government intervention to mitigate harm and establish a drug supply that is quality-controlled and safe, prioritising the wellbeing of consumers. By implementing appropriate regulations somewhere in this 'middle ground', authorities can ensure safer consumption practices and overall public health.

## Regulation and social justice

A central theme of the Dealing with Drugs conference was the importance of ensuring legal regulation is conducted fairly and guided by principles of social justice. This entails providing reparations and affirmative action to those unfairly and disproportionately affected by the war on drugs, including communities of colour, growers in the Global South, and indigenous populations<sup>36</sup>. It also refers to the importance of safeguarding the drugs trade against excessive corporate influence, or 'corporate capture', akin to what has been observed in the alcohol and tobacco industries, as well as the emerging cannabis industry<sup>37</sup>. During the conference, drug policy academics and experts led a thought-provoking session titled 'Beware of the for-profit actors', focusing on the ways in which we can prevent segments of society disproportionately harmed by the war on drugs from facing further punishment under systems of reform. This includes implementing affirmative action to ensure communities of colour can actively participate in and influence the transition to a legally regulated drugs market<sup>38</sup>, as well as safeguarding the rights of small-scale farmers and growers<sup>39</sup>.

*"The war on drugs failed but it didn't fail for all people equally. Focusing on prohibition risks us ignoring the fact that inequalities can be reproduced in a new market."*

Dr. Kojo Koram, Writer, Academic and Researcher<sup>40</sup>.

## Amsterdam in focus

Amidst a landscape of growing evidence and increasing discourse surrounding drug regulation, Amsterdam is emerging as a frontrunner in proposing innovative approaches. Moreover, the Netherlands has been showing signals that it may be willing to advance its drug policies towards regulation. This section of the report delves into the current strategies, recent developments, and potential future initiatives regarding the regulation of cannabis, MDMA, and cocaine in both Amsterdam and the wider Netherlands.

## Cannabis

Amsterdam is renowned for its famous cannabis 'coffee shops', yet there is no official authorised system for the supply of cannabis to these venues, which technically remains prohibited<sup>41</sup>. While Amsterdam was once seen as a trailblazer in cannabis policy, it now lags behind countries like Uruguay, Canada and several U.S. states that have

legalised, regulated and implemented recreational cannabis frameworks<sup>42</sup>. The selective tolerance toward the 'front door' of coffee shops, where cannabis is sold to consumers, while restricting the 'back door', or the supply side, has been described by scholars as the "paradox of Dutch cannabis policy"<sup>43</sup>.

In response to mounting political pressure, the Dutch government launched the 'Controlled Cannabis Supply Chain Experiment' in 2023, involving ten municipalities<sup>44</sup>. The experiment aims to determine the feasibility of regulating the production, distribution and sale of quality-controlled cannabis. Although Amsterdam is not currently part of the experiment, efforts are underway to amend legislation so that Amsterdam-Oost, a district within the city, can also take part in the experiment<sup>45</sup>. The Netherlands is among several European countries, including Czechia, Germany, Luxembourg, Malta, and Switzerland, that are currently introducing, or planning to introduce, new approaches to regulate the supply of cannabis for recreational use<sup>46</sup>.

## — MDMA

The Netherlands is one of the world's largest producers and exporters of ecstasy, and over a million Dutch citizens have experimented with the drug<sup>47</sup>. The substantial illegal market surrounding MDMA gives rise to a multitude of social harms, ranging from highly potent and adulterated ecstasy pills<sup>48,49</sup> to the devastating environmental consequences caused by producers dumping chemical waste in nature<sup>50,51</sup>.

Despite MDMA being categorised as a 'hard drug' in the Netherlands since 1988, mounting evidence indicates its relatively low harm and dependence liability<sup>52</sup>, along with its therapeutic potential in treating individuals with PTSD<sup>53</sup>. In response to concerns about MDMA scheduling and rising MDMA-related crime, a multidisciplinary group of 18 experts was convened in 2021 to develop a science-based and politically feasible MDMA policy<sup>54</sup>. Their analysis endorsed a regulated MDMA sales model known as the 'X-shop model' as the most optimal approach. This model is projected to mitigate health harms, curb organised crime, and reduce environmental damage, while increasing state revenues, and ensuring the quality and safety of MDMA products.

Following the study, the coalition governing the municipality of Amsterdam spoke out in favour of a pilot project involving a regulated supply of MDMA<sup>55</sup>. Furthermore, Dutch thinktank DenkWerk issued an advisory report in June 2022, advocating for the regulation of ecstasy<sup>56</sup>.

Building on this momentum, Poppi Drugs Museum, an Amsterdam initiative led by the C-EHRN focal point Mainline, showcased their 'XTC Store' exhibition at the Amsterdam 'Dealing with Drugs' conference. The exhibition combines elements of an art installation with an interactive public survey, allowing attendees to explore three potential retail setups for the regulated sale of MDMA.

Machteld Busz, director of Mainline and co-founder of Poppi, presented previous findings from the 'XTC store', which operated in the city of Utrecht from mid-July to late September 2022<sup>57</sup>. The consensus among both visitors and experts favoured MDMA



regulation, albeit with reservations about a fully unrestricted market. Participants generally favoured the implementation of measures such as minimum age limits, dosage restrictions in pills, and limitations on marketing and advertising. While most visitors, many of whom had experience with MDMA use, preferred sales through pharmacies or smart shops, experts leaned towards a more conservative approach, suggesting a specialised but unappealing retail outlet as the optimal scenario.



Image 2: The 'smartshop'—one of three scenarios proposed by Poppi Drugs Museum as part of its XTC Store exhibition.

*"The store offered visitors, including policymakers, the possibility to experience real-life scenarios, which can help to depolarise discussions around regulation and facilitate social and political dialogue."*

Machteld Busz, Director, Mainline<sup>58</sup>.

The pop-up XTC store in Utrecht enjoyed remarkable success, drawing a visit from the Dutch Health Minister at the time, Ernst Kuipers. Looking forward, in April and May 2024, Poppi will introduce its XTC store to Ghent, Belgium<sup>59</sup>, an exciting development that will further encourage alternative perspectives on regulation beyond the borders of Amsterdam and the Netherlands.

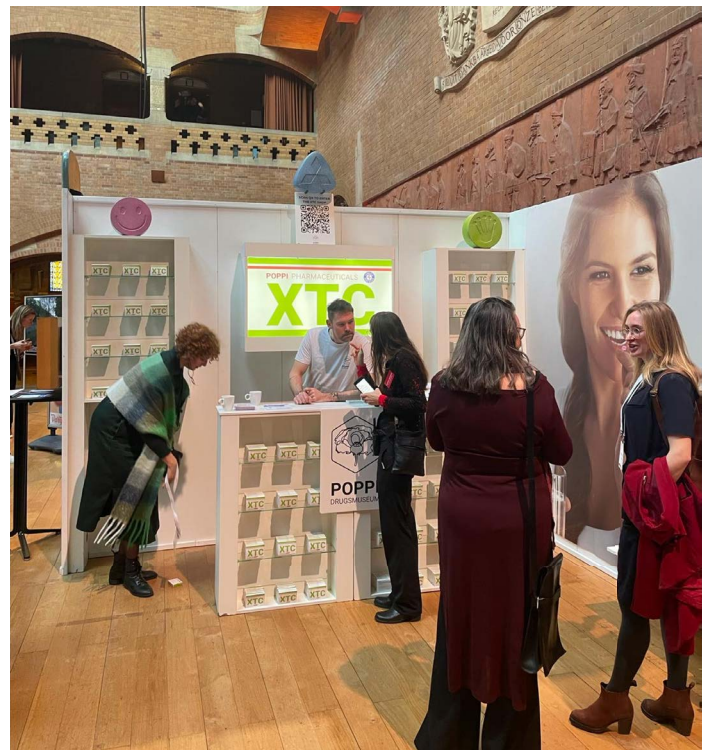


Image 3: The 'pharmacy'—one of three scenarios proposed by Poppi Drugs Museum as part of its XTC Store exhibition.

## Cocaine

Based on the National Drug Monitor for 2022, cocaine ranks as the third most frequently used drug in the Netherlands, following cannabis in the top spot, and ecstasy in second place<sup>60</sup>. Cocaine usage in the Netherlands is nearly double the EU average among 15-34 year olds, with rates standing at 4.7% and 2.5% respectively<sup>61</sup>.

During the 'Dealing with Drugs' conference, Steve Rolles from Transform Drug Policy Foundation, UK, delivered a compelling presentation on the responsible regulation of coca and cocaine products. Drawing from Transform's 2020 publication outlining a blueprint for stimulant regulation<sup>62</sup>, Rolles underscored that drug regulation should not be viewed as a radical policy alternative but rather as a pragmatic risk management strategy. Transform has previously highlighted that much of the debate around cannabis reform centres on its relative safety compared to other drugs, which, while relevant in some contexts, can actually undermine the fundamental rationale for substance regulation.

*"We would suggest that rather than emphasising a drug's safety as a reason for reform, you actually emphasise a drug's risk. It is precisely because drugs are risky or because drugs are dangerous that they need to be legally regulated, not because they're safe."*

Steve Rolles, Transform Drug Policy Foundation<sup>63</sup>.

within civil society and academic circles, recent developments in Bern, Switzerland, challenge this notion. The city has recently signalled its intent to conduct a scientific pilot trial of controlled cocaine sales, citing that the war on drugs has failed, and that *"control and legalisation can do better than mere repression"*<sup>64</sup>. The Global Commission on Drug Policy, a coalition of world leaders and intellectuals committed to ending the war on drugs, have long been calling for legal regulation, emphasising that governments worldwide already regulate risky products and behaviours to minimise harm, making drug policy the sole exception<sup>65</sup>.

At present, the prospect of a regulated supply of cocaine in Amsterdam is not yet on the table. However, the city's forward-thinking stance on harm reduction indicates that such a move could be a possibility in the future. By convening the conference with numerous international mayors in attendance, Mayor Halsema has taken a significant step in initiating a dialogue that may eventually lead to a regulated and safer supply of cocaine in the years ahead. The active participation of serving mayors in the conference is especially noteworthy, considering scholars have identified the tendency of politicians to advocate against drug prohibition only after leaving office, dubbing the concept *"post-retirement enlightenment syndrome"*<sup>66</sup>.

Although some may view the regulation of cocaine as a drastic policy shift, typically discussed only

---

## Concluding remarks

The Dealing with Drugs conference in Amsterdam signifies that we have reached a crucial juncture in drug policy reform, opening the door of opportunity to empower local policymakers to voice their concerns regarding the catastrophic impact of prohibition policies. The conference also comes in the wake of a groundbreaking report by the Office of the High Commissioner for Human Rights (OHCHR) in late 2023<sup>67</sup>. This report stands out as a pivotal moment, being the first time a UN entity has explicitly endorsed 'responsible' regulation as a viable policy alternative to drug prohibition.

Throughout history, cities have been instrumental in driving forward drug policy reform. For instance, the initial support for harm reduction emerged from the city governments of Amsterdam and Liverpool rather than the national governments of the Netherlands and the United Kingdom<sup>68</sup>. As Wodak pointed out in 2006—a sentiment that remains relevant today—politicians who are disconnected from the realities of local neighbourhoods are more susceptible to embracing the idealistic notion of a 'drug-free world' or the irrational pursuit of strict supply control measures<sup>69</sup>. Therefore, it is imperative that local policymakers lead the way in driving forward drug policies that are rooted in principles of public health and human rights.

During the conference, C-EHRN took the opportunity to introduce its new 'City Initiative', a European network focused on nurturing the pivotal

role of cities as catalysts for change in drug policy. The City Initiative will bring together mayors, local policymakers, civil society representatives, and affected communities, to elevate the importance of city-level actions in global reform efforts. Looking forward, the **European Harm Reduction Conference** 2024 in Warsaw will see the addition of a Mayors' Panel, showcasing the crucial role of city leadership in advancing effective drug policy and harm reduction initiatives.

With influential figures increasingly endorsing the concept, legal regulation is gaining credibility within policy-making circles not just in Amsterdam, but across the globe. This marks a significant stride towards humane, effective, and evidence-based drug policy in Amsterdam and beyond, that goes beyond the realm of cannabis and places the idea of regulating additional substances like cocaine and MDMA firmly on the agenda.

# References

1. City of Amsterdam. Conference Dealing with Drugs. Retrieved 26 March 2024, from <https://dealingwithdrugs.evenementenorganisatie-amsterdam.nl>
2. City of Amsterdam. (2024, January 26). Amsterdam Manifesto Dealing with Drugs. <https://www.amsterdam.nl/dealingwithdrugs/amsterdam-manifesto-dealing-drugs/>
3. Daan van der Gouwe, Lisa Strada, Bob Diender, Nadine van Gelder, & Anouk de Gee. (2022). Harm reduction services in the Netherlands: Recent developments and future challenges. Trimbos-instituut.
4. Halsema, F. (2024, January 5). As the mayor of Amsterdam, I can see the Netherlands risks becoming a narco-state. The Guardian. <https://www.theguardian.com/commentisfree/2024/jan/05/amsterdam-netherlands-drugs-policy-trade>
5. Henley, J. (2016, March 9). Severed head found outside Amsterdam cafe linked to drugs gang war. The Guardian. <https://www.theguardian.com/world/2016/mar/09/severed-head-amsterdam-cafe-drugs-gang-war-netherlands>
6. Dahlkamp, J., Diehl, J., & Lehberger, R. (2021, October 20). Narco-State Netherlands: The Slippery Dutch Slope from Drug Tolerance to Drug Terror. Der Spiegel. <https://www.spiegel.de/international/europe/narco-state-netherlands-the-slippery-dutch-slope-from-drug-tolerance-to-drug-terror-a-4c064859-9faf-495f-b1f7-c74900910568>
7. VICE Nederland. (2023, July 26). Dutch Criminals Are Running Cartel Inspired Torture Chambers in the Netherlands. <https://www.youtube.com/watch?v=Ox6vsvBjD3k>
8. Nelen, H. (2021). Has the Netherlands become a Narco-state? Some reflections after the shooting of Peter R. de Vries (Volume 3; CIROC Newsletter). Tilburg University. [https://research.tilburguniversity.edu/files/57606850/ciroc\\_2021\\_E.pdf](https://research.tilburguniversity.edu/files/57606850/ciroc_2021_E.pdf)
9. Boztas, S. (2022, July 3). Mob-style killings shock Netherlands into fighting descent into 'narco state'. The Observer. <https://www.theguardian.com/world/2022/jul/03/mob-style-killings-shock-netherlands-into-fighting-descent-into-narco-state>
10. Halsema, F., Op. cit.
11. Wood, E., Werb, D., Marshall, B. D., Montaner, J. S., & Kerr, T. (2009). The war on drugs: A devastating public-policy disaster. The Lancet, 373(9668), 989–990. [https://doi.org/10.1016/S0140-6736\(09\)60455-4](https://doi.org/10.1016/S0140-6736(09)60455-4)
12. International Drug Policy Consortium, Amnesty International, Centre on Drug Policy Evaluation, Centro de Estudios Legales y Sociales, Drug Policy Alliance, Harm Reduction International, & Release. (2023). Submission to the United Nations Committee on the Elimination of Racial Discrimination. Comments to draft General Recommendation N. 37 on racial discrimination in the enjoyment of the right to health. <https://www.release.org.uk/sites/default/files/pdf/publications/CERD%20GR%20health%20-%20Criminalisation%20-%20Final.pdf>
13. United Nations Office on Drugs and Crime (UNODC). (2021). Booklet 2: Global overview of drug demand and drug supply (UNODC World Drug Report 2021). [https://www.unodc.org/res/wdr2021/field/WDR21\\_Booklet\\_2.pdf](https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_2.pdf)
14. Halsema, F., Op. cit.
15. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). & European Union Agency for Law Enforcement Cooperation. (2024). EU drug markets analysis 2024: Key insights for policy and practice. Publications Office. <https://data.europa.eu/doi/10.2810/137611>
16. Stevens, A., Hughes, C. E., Hulme, S., & Cassidy, R. (2022). Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. European Journal of Criminology, 19(1), 29–54. <https://doi.org/10.1177/1477370819887514>
17. Release, International Drug Policy Consortium, & Accountability International. Drug Decriminalisation Across the World [Interactive Map]. TalkingDrugs. Retrieved 27 March 2024, from <https://www.talkingdrugs.org/drug-decriminalisation/>
18. Transform Drug Policy Foundation. (2009). After the War on Drugs: Blueprint for Regulation. <https://transformdrugs.org/assets/files/PDFs/blueprint-for-regulation-fulltext-2009.pdf>
19. Drug decriminalisation: Grounding policy in evidence. (2023). The Lancet, 402(10416), 1941. [https://doi.org/10.1016/S0140-6736\(23\)02617-X](https://doi.org/10.1016/S0140-6736(23)02617-X)
20. Release et al., Op. cit.
21. IDPC, Mainline, & Health[e]Foundation. Drug Decriminalisation [e]Course. Retrieved 27 March 2024, from <https://mainline.nl/en/projects/drug-decriminalisation-ecourse/>

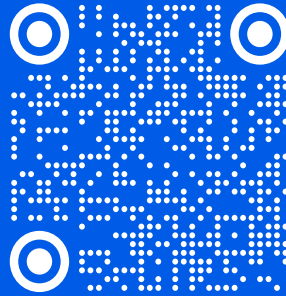
22. IDPC. (2022). Decriminalisation of People Who Use Drugs: A Guide for Advocacy. <https://vngoc.org/wp-content/uploads/2023/03/IDPC-Decrim-Guide-EN.pdf>
23. Centers for Disease Control and Prevention (CDC), & National Center for Health Statistics. (2024, March 19). Drug Overdose Deaths in the United States, 2002–2022. <https://doi.org/10.15620/cdc:135849>
24. Centers for Disease Control and Prevention (CDC). (2023, August 8). Understanding the Opioid Overdose Epidemic. <https://www.cdc.gov/opioids/basics/epidemic.html>
25. Holland, A., Copeland, C. S., Shorter, G. W., Connolly, D. J., Wiseman, A., Mooney, J., Fenton, K., & Harris, M. (2024). Nitazenes—Heralding a second wave for the UK drug-related death crisis? *The Lancet Public Health*, 9(2), e71–e72. [https://doi.org/10.1016/S2468-2667\(24\)00001-X](https://doi.org/10.1016/S2468-2667(24)00001-X)
26. Eastwood, N., & Schlossenberg, S. S. (2023). The illegal drugs market is changing—Is the UK prepared? *BMJ*, 383, p2421. <https://doi.org/10.1136/bmj.p2421>
27. Holland et al., Op.cit.
28. Government of Canada. (2021, July 22). Safer supply: Prescribed medications as a safer alternative to toxic illegal drugs. <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html>
29. Dale McMurchy Consulting. (2022). Early findings from safer supply pilot projects. Health Canada. <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply/early-findings-safer-supply-pilot-projects.html>
30. Ibid.
31. Celinski, P. B. M. & A. (2022, February 14). As People Who Use Drugs, We Are the Safer Supply Experts—Not Physicians. *Filter*. <https://filtermag.org/people-who-use-drugs-safer-supply/>
32. Holland, A., Brothers, T. D., Lewer, D., Maynard, O. M., & Southwell, M. (2024). “Safer supply” alternatives to toxic unregulated drug markets. *BMJ*, q6. <https://doi.org/10.1136/bmj.q6>
33. Rolles, S., Slade, H., & Nicholls, J. (2020). How to regulate stimulants: A practical guide. Transform Drug Policy Foundation. <https://transformdrugs.org/publications/how-to-regulate-stimulants-a-practical-guide>
34. Global Commission on Drug Policy. (2018). Regulation: The responsible control of drugs. [https://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018\\_Regulation\\_Report\\_WEB-FINAL.pdf#page=11](https://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_Regulation_Report_WEB-FINAL.pdf#page=11)
35. Ibid.
36. James, C. (2021). Legal Regulation of drugs through a social justice lens. Health Poverty Action. <https://www.healthpovertyaction.org/wp-content/uploads/2021/09/Legal-Regulation-of-Drugs-Social-Justice-Lens-.pdf>
37. Transform Drug Policy Foundation. (2022). How to regulate cannabis: A practical guide (3rd edition). [https://transformdrugs.org/assets/files/PDFs/How-to-Regulate-Cannabis\\_3rd\\_ed.pdf](https://transformdrugs.org/assets/files/PDFs/How-to-Regulate-Cannabis_3rd_ed.pdf)
38. Koram, K. (2022). The Legalization of Cannabis and the Question of Reparations. *Journal of International Economic Law*, 25(2), 294–311. <https://doi.org/10.1093/jiel/jgac026>
39. Transnational Institute (TNI). (2021). A Sustainable Future for Cannabis Farmers: ‘Alternative Development’ Opportunities in the Legal Cannabis Market. [https://www.tni.org/files/publication-downloads/2021\\_sustainablefuture\\_web.pdf](https://www.tni.org/files/publication-downloads/2021_sustainablefuture_web.pdf)
40. Koram, K. (2024, January 26). Beware of the for-profit actors. [Conference presentation]. Dealing with Drugs Conference, Amsterdam. <https://dealingwithdrugs.evenementenorganisatie-amsterdam.nl/page/1354054>
41. Korf, D. J. (2019). Cannabis Regulation in Europe: Country Report Netherlands. Transnational Institute (TNI). <https://www.tni.org/en/publication/cannabis-regulation-in-europe-country-report-netherlands>
42. Obradovic, I. (2021). From prohibition to regulation: A comparative analysis of the emergence and related outcomes of new legal cannabis policy models (Colorado, Washington State and Uruguay). *International Journal of Drug Policy*, 91, 102590. <https://doi.org/10.1016/j.drugpo.2019.11.002>
43. Korf, D. J. Op. cit.
44. Government of the Netherlands. (2024, January 23). Controlled Cannabis Supply Chain Experiment. Government.nl. <https://www.government.nl/topics/controlled-cannabis-supply-chain-experiment>
45. Government of the Netherlands. (2024, January 23). Municipalities participating in the experiment—Controlled Cannabis Supply Chain Experiment. Government.nl. <https://www.government.nl/topics/controlled-cannabis-supply-chain-experiment/municipalities-participating-in-the-experiment>

46. European Monitoring Centre for Drugs and Drug Addiction. (2023). Cannabis laws in Europe: Questions and answers for policymaking. Publications Office. <https://data.europa.eu/doi/10.2810/151113>
47. Rigoni, R., Busz, M., Zaitch, D., Snelders, S., & van Diepen, G. (2023). The XTC store: An 'experiential' public survey. Results report. Poppi Drugs Museum. <https://poppi.amsterdam/wp-content/uploads/2023/06/XTC-shop-results-report-Poppi.pdf>
48. Sample, I. (2015, January 16). 'Superman' pill deaths spark calls for dangerous-drugs alert system. The Guardian. <https://www.theguardian.com/society/2015/jan/16/superman-pill-deaths-dangerous-drugs-alert-system>
49. Third death attributed to ecstasy reported after Dutch dance festival. (2014, October 20). Reuters. <https://www.reuters.com/article/idUSL6N0SF3M9/>
50. Schaart, E. (2019, July 22). Breaking Brabant: Drug labs blight a Dutch landscape. Politico. <https://www.politico.eu/article/brabant-dutch-drug-labs-blight-the-landscape/>
51. ter Laak, T., & Emke, E. (2023). Environmental impact of synthetic drug production: Analysis of groundwater samples for contaminants derived from illicit synthetic drug production waste. European Monitoring Centre for Drugs and Drug Addiction. [https://www.emcdda.europa.eu/drugs-library/environmental-impact-synthetic-drug-production-analysis-groundwater-samples-contaminants-derived-illicit-synthetic-drug-production-waste\\_en](https://www.emcdda.europa.eu/drugs-library/environmental-impact-synthetic-drug-production-analysis-groundwater-samples-contaminants-derived-illicit-synthetic-drug-production-waste_en)
52. Nutt, D. J., King, L. A., & Phillips, L. D. (2010). Drug harms in the UK: A multicriteria decision analysis. The Lancet, 376(9752), 1558–1565. [https://doi.org/10.1016/S0140-6736\(10\)61462-6](https://doi.org/10.1016/S0140-6736(10)61462-6)
53. Van Amsterdam, J., Ramaekers, J. G., Nabben, T., & Van Den Brink, W. (2021). Use characteristics and harm potential of ecstasy in The Netherlands. Drugs: Education, Prevention and Policy, 28(2), 107–117. <https://doi.org/10.1080/09687637.2020.1818692>
54. Van Amsterdam, J., Peters, G.-J. Y., Pennings, E., Blickman, T., Hollemans, K., Breeksema, J. J. J., Ramaekers, J. G., Maris, C., Van Bakkum, F., Nabben, T., Scholten, W., Reitsma, T., Noijen, J., Koning, R., & Van Den Brink, W. (2021). Developing a new national MDMA policy: Results of a multi-decision multi-criterion decision analysis. Journal of Psychopharmacology, 35(5), 537–546. <https://doi.org/10.1177/0269881120981380>
55. PVDA, Groenlinks, & D66. (2022). Amsterdams Coalitieakkoord 2022—2026. <https://www.amsterdam.nl/nieuws/coalitieakkoord/>
56. DenkWerk. (2022). Drugs de baas—Hoe Nederland zijn drugsprobleem onder controle kan krijgen. [https://denkwerk.online/media/1125/denkwerk-drugs-de-baas\\_vonline.pdf](https://denkwerk.online/media/1125/denkwerk-drugs-de-baas_vonline.pdf)
57. Rigoni et al., Op. cit.
58. Interview with C-EHRN focal point. (2024, March).
59. Verstichel, M. (2024, March 13). Onderzoekers brengen XTC-expo naar Gent: 'We moeten nadenken over regularisering van de drug'. Vrt.nws. <https://www.vrt.be/vrtnws/nl/2024/03/13/onderzoekers-brengen-xtc-expo-naar-gent-we-willen-debat-openen/>
60. Trimbos instituut. (2023, December 14). Key figures for alcohol, tobacco and drugs. Nationale Drug Monitor. <https://www.nationaledrugmonitor.nl/kerncijfers-alcohol-tabak-en-drugs/>
61. Ibid.
62. Rolles, S., et al. (2020). Op. cit.
63. Transform Drug Policy Foundation. (2019, January 23). Legalise drugs because they're dangerous, not because they're safe. <https://www.youtube.com/watch?v=A121Co3ehBg>
64. Revill, J. (2023, December 20). Swiss capital Bern considers legal cocaine project. Reuters. <https://www.reuters.com/world/europe/swiss-capital-bern-considers-legal-cocaine-project-2023-12-20/>
65. Global Commission on Drug Policy. Op. cit.
66. McLauchlan, L., Kelaita, P., Kowalski, M., & Ritter, A. (2023). Post-retirement enlightenment syndrome: Worthy of investigation. International Journal of Drug Policy, 117, 104059. <https://doi.org/10.1016/j.drugpo.2023.104059>
67. Office of the United Nations High Commissioner for Human Rights (OHCHR). (2023). Human rights challenges in addressing and countering all aspects of the world drug problem. Report of the Office of the United Nations High Commissioner for Human Rights (A/HRC/54/53). <https://documents.un.org/doc/undoc/gen/g23/156/03/pdf/g2315603.pdf?token=be9ijlMkr6Q2JXz9x0&fe=true>
68. Wodak, A. (2006). All drug politics is local. International Journal of Drug Policy, 17(2), 83–84. <https://doi.org/10.1016/j.drugpo.2005.07.006>
69. Ibid.



# Correlation

European Harm Reduction Network



[correlation-net.org](http://correlation-net.org)

## Correlation



**De Regenboog Groep / Correlation - European Harm Reduciton network**

Stadhouderskade 159  
1074 BC Amsterdam  
The Netherlands  
+31 20 570 7827



Co-funded by  
the European Union

This event has been co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.



This project has been made possible with the provision of a financial grant from Gilead Science Europe Ltd.