

Questions - (to be formulated in a more snappy way)

Main question 1) Could you describe how the Covid-19 pandemic has affected different aspects of drug policy in your country? (sub-question in case of need for me to go in detail or for you to stress your answer For instance drug use, help-seeking behaviors, service provision, drug markets, early release from prison, homelessness, Others and clearly you can build only on those relevant to you or surprises us and mention others)

The Covid-19 pandemic has provided us with some challenges for drug policy in the Netherlands.

First is that the Netherlands is a very organized country and our policy is build on as much data and evidence we can get. Since the lockdown was introduced in the Netherlands a lot of our data collecting tools didn't give the information we are used to. One of the challenges was to get more information to know what was going on with use, with people who use drugs, in treatment centres, drug testing services or methadon programmes. Thanks to our national focal point, the Trimbos institute in good cooperation with organizations for addiction care or harm reduction we were able to gather data and information to see what was happening.

A second one from the start of the lockdown was the question how to continue all services for treatment, addiction care, drug testing and harm reduction as good as possible. On the side services that meant introduction of prevention measures for Covid-19 such as the 1,5 meter distance criterion. Effect of introducing these was that facilities could help less people. That meant that choices had to be made. Priority became the group of vulnerable people having no home or house. Very understandable, but creating a new challenge: a vulnerable group of people who use drugs and having a home but getting in social isolation having less and less contact with professionals from treatment centers and addiction care. At the moment we are in the phase of continuing or restoring all facilities, and one of the important challenges is to restore contact of these people with the professional caretakers.

A third challenge I would like to mention is our prevention policy. A lot of drugs in the Netherland is used in party and nightlife settings. The lockdown meant the closure for all clubs and also the festival season has been cancelled so far. First we had the idea that people who use party drugs like XTC took a drug vacation until the lockdown was released. But we later found out that this conclusion was drawn too easy. People still use drugs, but their using pattern differs with the different circumstances we live in. That means for a group a "vacation" or pause, but for other people a change to other type of drugs. With some online surveys we now have some first insight in use patterns.

Main question 2) To what extent do you think the changes observed in different aspects of drug policy will remain in place in the medium-term or if the pandemic ends? (sub-question in case of need for me to go in detail or for you to stress your answer, What changes are likely to be permanent, what are likely to be temporary, and were any changes proposed but ultimately rejected? also what about the financial and budgetary implications of

sustaining existing and new responses in this timeframe and any best practices that have emerged.

To be honest that is a hard question. At the moment we are still in the phase of problem analyses and finding solutions for the new situation. And sometimes we see innovative or promising solutions, but another time we don't have the solution right now.

Let me give two examples of both.

One is the provision of methadone. We heard of a region where the trouble was that people who use drugs were not able to come to the facility. So not only the contact with the professional doctor or care taker was disturbed, this group could not get their medication. In this region this was in the end solved with a new service where the addiction doctor or professional provided the service at the houses of the people who use drugs and addicts. It seemed an interesting solution as the contact was restored again, but also the health care professional came to the houses, could provide information and medication. It is interesting to see for which part of the group of people who use drugs this could be a solution.

The other one is our prevention policy. This is connected to schools for instances. With information from prevention professionals to teachers and parents and to school kids between 12 and 18. Now with the lockdown all the schools were closed and lessons were given digital. Schools were challenged and had to work hard on first continuing their education programs. So the last months there was no possibilities for prevention school programs. It will be a challenge to start up them again in the new school year.

And we also use the infrastructure of festivals for our prevention policy. Festival organizers need a license to organize a festival. Municipalities have the possibility to combine a license with obligations on prevention information, free water taps, a first aid service. With the cancelling of all events this spring and summer we now face an increase of illegal parties like the late eighties with their rave culture. We do not have access to these parties.

So in this field we have a huge challenge: how to provide our prevention message to all different groups of youth and young adults without using our standard channels to reach them?

Main question 3) How do you think drug problems will evolve in the next year or two and will current policies and responses be adequate to address the coming challenges? (sub-question in case of need for me to go in detail or for you to stress your answer, how lasting changes you expect to see will alter the contents of drug policy and the types of problems being faced and the responses that might be needed.

That is a hard question. But let's give it a try.

On prevention policy we really have to find good ways to reach out to all kind of groups in society. We discovered that by using social media and the internet we can

reach a higher educated group quite ok. But it is harder to reach the less well educated. So there is a challenge. And as I mentioned before schools are an intermediate to these groups and their parents and teachers, but also youth care professionals. So we have to find our ways back to these groups to prevent them from the use of drugs.

Second is to restore the contact between people who use drugs and are addicted on one side and the treatment care, harm reduction and addiction care facilities. That is important to prevent a group of people to fall back in risk behavior with the use of drugs. As we do not have a vaccine for Covid-19 yet, the prevention measures like the distance criterion will be here some time. And we have to introduce them into our care system properly.