

czenie chorób wenerycznych. Jednakże do wielu z nich, pomimo zagrożenia własnego zdrowia jak i zdrowia innych, nadal nie można dotrzeć.

Podsumowując: powinno być jasne, iż amsterdamska polityka wobec problemu narkomanii nie jest lekarstwem na „całe zło”. Nadal pozostaje wiele problemów do rozwiązania. Pomimo tego można definitywnie stwierdzić, iż polityka ta nie doprowadziła do powstania tak ogromnego problemu narkomanii pozostającego poza wszelką kontrolą, jak zakłada wielu cudzoziemców na podstawie tego, co wiedzą o tym problemie z przeszłości. Wręcz przeciwnie. Władze Amsterdamu, policja, służby socjalne i służba zdrowia, wszyscy są przekonani, iż podążają we właściwym kierunku.

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## SUMMARY

To what extent has the Amsterdam policy been successful? There are figures available, some of which have already been referred to in this booklet. Social work and public health agencies maintain contact with 85% of the addicts in the city. The percentage of addicts who are HIV-positive or have hepatitis B is much lower than in other cities in Europe and North America. Compared with the large cities in other countries very few serious criminal offenses are committed by addicts in Amsterdam. The desire to stop taking drugs altogether and undergo treatment for this purpose has become more widespread in recent years. There has been a gradual fall in the number of addicts, particularly among the younger age groups.

The University of Amsterdam has been commissioned by the city to evaluate the facilities set up to help addicts in Amsterdam. The first report was published in 1990 and was focused on the experiences of addicts themselves. The City of Amsterdam formulated its reaction to the research results. All things considered, the following picture has emerged.

The general impression is that the effects of the policy have been positive. The drug epidemic has entered a stable stage, the researchers feel, and they thus confirm the conclusions of the Municipal Medical and Public Health Department. The policy is pluriform in that it provides for various forms of care and help varying from intensive assistance to facilities for drug users who can take more responsibility for their own actions. This pluriformity functions well and the help reaches a large segment of the drug users and thus contributes toward reducing the nuisance they cause.

One positive effect of the methadone program is that its clients need less heroin and are thus far less apt to commit crimes or disturb the peace. The other side of the coin is that addicts continue to be isolated from mainstream society and remain in the drug scene. Together with the way the police and the courts have acted, the distribution of methadone has contributed toward the reduction of drug-related crime and its stabilization ever since 1989. The efforts of social work and public health agencies and the police have also helped reduce the visible nuisance caused by drug users in the neighborhoods where they congregate.

The researchers also concluded that via the distribution of methadone, social and medical workers have been able to maintain contact with most of the drug users. This has provided a good basis for measures in the field of AIDS prevention.

However, in a number of ways the situation is still a cause for concern. There has been a rise in the average age of addicts and there is now a group of older drug users who are not adequately reached via the existing social and medical channels and are not willing or able to reduce their drug use or stop taking drugs altogether. These addicts have any number of medical and psychiatric problems. Some of them are HIV-positive and are consequently certain to fall ill soon.

The prostitutes who are on heroin constitute another problem group. Since they often do not have a legal residence permit, they tend to steer clear of the social work and public health agencies. This is all the more worrying because they are generally in extremely poor physical condition and often have venereal diseases. Estimates have it that 50% of the prostitutes on heroin are HIV-positive. A number of them come to the special consultation hour at the Municipal Medical and Public Health Department to be treated for venereal diseases. Despite the risks to their own health as well as the health of others, however, many of them still remain impossible to reach.

It should be clear by now that the Amsterdam policy on drugs is not a sure cure for „all evils”. There are still numerous problems to be solved. It can nonetheless definitely be concluded that the policy has not led to an enormous drug problem that is totally out of control, as foreigners often assume exists based on what they know of the approach in the past. On the contrary. The Amsterdam authorities, police and medical and social workers are all convinced they are moving in the right direction.