Licit and illicit drug use in the Netherlands, 1997

Manja D. Abraham
Peter D.A. Cohen
Roelf-Jan van Til
Mariëlle A.L. de Winter

CEDRO CENTRUM VOOR DRUGSONDERZOEK UVA

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CEDRO Centrum voor Drugsonderzoek
Nieuwe Prinsengracht 130
NL - 1018 VZ Amsterdam
The Netherlands
e-mail: cedro@frw.uva.nl
http://www.frw.uva.nl/cedro/

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Foreword

For the first time in the history of Dutch national drug policy, we have access to reliable and detailed national drug use data. Thanks to the funding by the Ministry of Health, Welfare and Sports (VWS) and to necessary assistance by Statistics Netherlands (CBS) we were able to begin the work for this research effort in 1997.

We want to thank Bob Keizer, Marcel de Kort, Jacques Vink, and Fons Vloemans of the Ministry of Health, Welfare and Sports for finally succumbing to our repeated urgings to fund a National Drug Use Survey. Not only did they fund a national survey, they enabled us to carry out this survey at the scale and level of detail necessary for understanding the spread and development of drug use in the Netherlands. Further, without the assistance of Prof. Harm 't Hart of the University of Utrecht, and Jos de Ree and Jeroen Winkels of Statistics Netherlands, we would not have been able to fine-tune the complicated sampling this survey asked from us.

Marieke Langemeijer left CEDRO after she had contributed important design aspects of the survey. She and Roelf Jan van Til, closely supervised the field-work during 1997 and a small part of 1998. Arjan Sas often proved his skills in assisting to solve the many software and computing problems we encountered.

Henk Foekema and Paul Meijer of NIPO, the market research institute which carried out the massive CAPI field-work for this survey, did all they could to solve the ongoing difficulties in the field, which a large survey like this produces.

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Peter Cohen
Centre for Drug Research
University of Amsterdam

Conclusions and Executive Summary

0.1 Introduction

In this report, the data of the 1997 national study on drug use among the population of 12 years and older in the Netherlands, will be published. The figures are based on self-reported data. Almost 22,000 respondents were questioned face-to-face about lifestyle and the use of licit and illicit drugs. Drugs included in the study are: tobacco, alcohol, hypnotics, sedatives, cannabis, inhalants, cocaine, amphetamine, ecstasy, hallucinogens, mushrooms, opiates such as heroin and codeine, and doping. The survey is designed by CEDRO in co-operation with Statistics Netherlands (CBS), and funded by the Ministry of Health, Welfare and Sports (VWS).

The national survey on licit and illicit drug use is a nationally representative survey, covering all persons in the Municipal Population Registry of the Netherlands, recorded on January 1st 1997 and aged 12 and older (for Utrecht, this date is January 1st 1996). In this report we give an outline of 'average' drug use prevalence in the Netherlands as a whole, and monitor distinct drug use prevalence for the four large cities each and the five population density strata separately.

0.2 Summary

In Chapter 1 - Introduction - we give a detailed overview of the sampling for the first national drug use survey of substantial size, in the Netherlands. The methodology and instruments of this national survey were taken from the Amsterdam drug use survey of the population of 12 years and older, in place since 1987 (Abraham et al, 1998). Respondents are randomly selected from the municipal registries.

Summarising the sampling design, the most important aspects are that the design not only allows us to compute national averages of drug use in the population in 1997, but also to provide detailed insight into the large differences within the country and among the younger age group in particular.

The national average is computed from drug use data taken from nine independent samples. Four of the nine are population samples from Amsterdam, Utrecht, The Hague and Rotterdam. Five samples reflect the five categories of municipalities that Statistics Netherlands distinguished according to their 'address density' score. Municipalities are ranked according to address density, ranging from over 2,500 addresses on average, per square kilometre (highest density) to less than 500 addresses on average per square kilometre (lowest density).

This way of sampling allows us to measure drug use levels in each of the five categories of municipalities. Chapter 1 presents the computations of how the nine samples are weighted in such a way that they not only yield representative sample data, but also a national average. Weighting is necessitated because neither the sample nor the response is representative for the target population. This is first of all due to our oversampling of respondents from the 12-18 age cohort and from the bigger cities.

In Chapter 2 - Response and representativeness - we offer an overview on the range of errors that together determine data quality and account for representativeness of the samples. Out of a total nationwide gross sample size of 41,766 respondents, we succeeded in having 21,959 valid responses, a response rate of 52.6 percent. Nonresponse was 35.3 percent, and frame errors plus other nonresponse

reasons accounted for 13.2 percent. Response and nonresponse distributions are given in detail for each sub sample. Differences in response rate and representativeness of the samples were neutralised by adjusting the data by means of post- stratification techniques. Included in the design is a nonresponse survey, in which samples of the most important nonresponse categories (refusing to participate, and 'not at home') are interviewed. Results of the nonresponse survey are reported in chapter 6.

In Chapter 3 - The prevalence of drug use: Core indicators - we describe the core indicators of drug use per sample. The substances we supply data for are: alcohol, tobacco, hypnotics, sedatives, cocaine, amphetamine, ecstasy (or MDMA), hallucinogens, psychotropic mushrooms, a series of opiates including heroin and codeine, inhalants and performance enhancing drugs. Further, we supply core indicators for the combined 'difficult-'to-buy drugs (illicit drugs that can not be purchased in coffee shops, such as cannabis, or in smart shops, such as mushrooms). We include data for 'no drug' (no use of any of the above mentioned substances). Because simple drug use prevalence figures provide a superficial image of drug use, we added other indicators per drug and per sample. These other indicators are continuation and incidence of drug use (paragraph 3.3), frequency and intensity of drug use (paragraph 3.4), and mean/median age of both, first and current drug use. We show that levels of drug use are highest in Amsterdam (both in relation to the other cities, as in relation to other address density categories). We knew that use levels in Amsterdam were non-typical of drug use in the Netherlands. But that these differences would be of the magnitude that we found, was a surprise for us. For instance, lifetime cocaine use in the Dutch Capital is 9.4 percent, which is in sharp contrast with 1.0 percent in the lowest density municipalities. National lifetime cocaine use is 2.1 percent (table 3.1). In chapter 3, we also give estimated rates of drug use, expressed in thousands of inhabitants (of 12 years and older), within their 95 percent confidence intervals - in tables 3.5a and 3.5b. The information in chapter 3 also shows, that low or high prevalence of drug use does not always predict scores on other indicators. For instance, in spite of the very large difference in cocaine use prevalence between Amsterdam and the lowest density municipalities, average age of initiation with cocaine is very similar (24.6 years in Amsterdam, 25.7 in lowest density. For cannabis these data are 20.3 in Amsterdam, and 19.5 in lowest density (table 3.13).

An uncommon indicator we report in chapter 3 is 'amount of use-days' in last month users (tables 3.11 and 3.12). For four substances - alcohol, sedatives, hypnotics and cannabis - we supply data of how many last month users use 1-4 days, 5-8 days, 9-20 days, and more than 20 days (intensive use). Once again, it is interesting to see that this indicator does not show large differences within the Netherlands. For instance, intensive use of cannabis is reported nationally by 25.7 percent of all last month users. In Amsterdam this is 22.7 percent.

In general, we found that many indicators are similar, irrespective of city or density sample. Sometimes differences boggle the mind, like the difference between Amsterdam and Rotterdam in lifetime cannabis prevalence. In Amsterdam, it is 36.7 percent versus 18.5 percent in Rotterdam and 27.3 percent in Utrecht (table 3.1). This suggests that even under very similar drug policy regimes, prevalence levels may differ above expectation.

Chapter 4 - Use figures per drug - covers the same ground as chapter 3, but here our data are organised in a slightly different way. In tables 4.1 till 4.12 we subdivide use figures per age cohort, for each sample. This makes it possible to see, for instance, if larger proportions of the population in the 12-15 age cohort use tobacco in Amsterdam than in the Hague, or in lowest density municipalities. We then see that lifetime tobacco use among 12-15 year olds is much lower in Amsterdam (24.6%) than nationally (35.3%). In each of the tables we also supply data for the total population per sample regarding

lifetime prevalence, last month prevalence, last month continuation, proportion of experienced users and mean age of first use. For many readers these tables will provide a lot of information by substance at a glance.

In Chapter 5 - Place of purchase of drug - we provide unique prevalence survey information, on 'place of purchase of drug'. We asked all respondents, reporting 'last year use' of an illicit drug, where they purchased the drug. The most conspicuous information here is that the coffee shop is mentioned by very few users of non-cannabis illicit drugs. For instance, out of a total of 210 'place of purchase' answers for cocaine, only 4 (1.9%) reported that their place of purchase was a coffee shop (table 5.1).

These data make it possible to empirically investigate one of the grounding hypotheses for the Dutch drug policy. These data give insight into the extent to which the 'separation of markets' principle applies in practice. This separation has reached an unexpected level of success. Non-cannabis drug sales are extremely rare in coffee shops. This finding is valid across all our nine samples.

In Chapter 6 - Nonresponse - we report the results of our nonresponse survey. We provide many details about the method of our nonresponse survey, and we show the influence that nonresponse has on our data. For example, we show that if all nonresponse would have participated in our survey, cannabis lifetime prevalence would not be 15.6 percent lifetime in our national sample, but 15.1 percent and that alcohol last month prevalence would not be 73.3 percent but 73.6 percent. These differences are fully in line with differences we found earlier in Amsterdam, or in our surveys in Utrecht and Tilburg. However, these differences were too small for us to justify changing our overall estimates. Doing this nonresponse survey each time we measure drug use prevalence keeps us informed about possible changes in the drug use characteristics of our nonresponse. Having the information on where and how much nonresponse influences our overall estimates are of prime importance for evaluating the reliability of our results.

In 2000, we will repeat this national drug use survey, results of which will be published in 2002.

0.3 Conclusion

We found that drug use in the Netherlands varies a lot, depending on where one measures. Cannabis use in Amsterdam, like all other illicit drug use, is highest compared to the rest of the country. In Amsterdam, lifetime use of cannabis in the population of 12 years and older was 36.7 percent, versus 10.5 percent in the lowest density municipalities (table 3.1). National average is 15.6 percent, a figure that places national lifetime cannabis use at the same level or lower as that found in France (16.0% in 1995), Germany (13.9% in 1995), or the UK (22.0% in 1996) and far lower than that of the US (32.9% in 1997), (source: European Monitoring Centre for Drugs and Drug Addiction 1998; National Household Survey 1997 Substance Abuse and Mental Health Services Administration 1997). Although the above-mentioned national prevalence rates are not readily comparable, they do indicate drug use levels.[1]

Level of urbanisation is an important variable that explains many of the differences within the Netherlands in the level of drug use. Differences within the Netherlands are so large, that a national 'percentage' of drug use should be seen as a somewhat average datum that neglects divergence within the country. However, a 'national average' of drug use has the advantage that the drug use levels can be compared to similar data from other countries. These comparisons might teach us something about the role of drug control policies to (co)- determine levels of drug use. We should expect little of the

explaining power of drug policy variables, looking at the enormous differences within one drug control regime, like the Netherlands. Even between the cities, with their relatively large numbers of quasi-legal 'coffee shops', use levels of cannabis can vary with a factor 2 (as between Amsterdam and Rotterdam). Cultural and economic factors that influence wealth distribution, population composition, fashions and preferred lifestyles, probably explain more of levels of use in cities or countries, than control policy per se. Some trends reach the urban lifestyle melting pots sooner, explaining the 7.0 percent lifetime use of ecstasy in the Amsterdam population, versus 2.2 percent in Rotterdam, or the 1.9 percent national average (ecstasy life time). The use of hallucinogenic mushrooms, a trend which arrived in the Netherlands around 1995, is 6.6 percent among the Amsterdam population, versus 2.4 percent in Rotterdam or 1.6 percent nationally. These differences occur in spite of the homogenic de jure drug control policies in the country as a whole.

Looking at tobacco use figures in the age cohort of 12-15, one sees large differences as well between Amsterdam and the rest of the country. Our oversampling of the 12-18 year age cohort makes it possible to conclude that last month tobacco use in Amsterdam among youths between 12-15 (6.9%) is less than half of the national average (15.0%). With alcohol we see the same disparity, with Amsterdam youths between 12-15 having a last month use of 20.1 percent versus 33.4 percent nationally.

Nonresponse, with an overall value of 35.3 percent of the gross sample, influences our estimates to a small degree, not enough to justify changing our estimates (chapter 6).

In spite of the large differences we measured in lifetime or more recent drug use levels, we found much less variation within the Netherlands in less superficial indicators of drug use. We found for instance, that in Amsterdam, having the highest lifetime experience in all illicit drugs, figures for last month continuation, proportion of experienced lifetime users or average age of initiation, vary much less with the rest of the country (tables 4.1-4.12) than prevalence. Note for instance, that the proportion of lifetime cannabis users that also report last month use (last month continuation) in Amsterdam is 22.1 percent, versus 17.7 percent in Rotterdam or 15.8 percent nationally. Age of initiation in Amsterdam averages 20.3 in Amsterdam, versus 20.1 in Rotterdam or 19.7 nationally. These figures show that on national level, drug use indicators may be very similar, in spite of large variation in prevalence. They remind us that serious insight into patterns and intensity of drug use, can only be delivered by looking beyond mere drug use prevalence figures.

The striking fact of very similar average ages of initiation regarding almost all drugs throughout the Netherlands, and the slightly smaller homogeneity of continuation figures, show that the 'Dutch culture' may create very similar patterns of drug use wherever one looks. Prevalence of drug use or availability of drugs is not so important versus these broad cultural sets of determinants. All together they create ways and functions of drug use that might be far more important for understanding control aspects and consequences of drug use than drug policy.

Finally we would like to conclude that our data give evidence of a high degree of 'separation of markets' in the Netherlands. Very few respondents indicate that they bought drugs in coffee shops other than cannabis. Of 945 answers about drugs being bought in coffee shops, 910 answers refer to 'cannabis' (96%) and 35 refer to other drugs, of which 'mushrooms' are by far the most often mentioned (18 answers). Smart shops are the most important outlets for mushrooms. Of the 258 reported purchase locations for mushrooms, 137 are 'smart shops' (53%), 67 are friends and relatives (26%).

Our sampling design enables us not only to observe large differences in drug use prevalence within the country, it will also allow us to see if development of drug use is different. Will the small but stable growth we see in illicit drug use prevalence in Amsterdam (Abraham et. al, 1998) be equalled by

incidence of drug use in other cities or less/non urban environments? Or will we see that the 'normalisation' of drug use is mainly a big city phenomenon that causes a growing disparity between 'urban lifestyles' and non urban ones? And the trend towards lower licit drug use (tobacco and alcohol) among the young in the big city, will this occur as well, but later, in the less urban environments of the Netherlands? Future research will answer these questions.

Notes

1 Differences may be the consequence of non-comparable methodological factors such as a data collection methods and sampling frame. For example, these countries do not measure according to the same age criteria or the same level of sampling differentiation. Only the USA measures drug use in the population of 12 years and older.

1 INTRODUCTION

1.1 Introduction

In this report the data of the 1997 national study on drug use among the population of 12 years and older in the Netherlands, will be published. The figures are based on self-reported data. Almost 22,000 respondents were questioned face-to-face about lifestyle and the use of licit and illicit drugs. Drugs include: tobacco, alcohol, hypnotics, sedatives, cannabis, inhalants, cocaine, amphetamine, ecstasy, hallucinogens, mushrooms, opiates such as heroin and codeine, and doping. The survey is designed by CEDRO in co-operation with Statistics Netherlands (CBS), and funded by the Ministry of Health, Welfare and Sports (VWS).

The national survey on licit and illicit drug use is a nationally representative survey, covering all persons in the Municipal Population Registry of the Netherlands, recorded on January 1st 1997 and aged 12 and older (for Utrecht, this date is January 1st 1996). The total sample is made up of nine non-overlapping samples. Four of these samples are drawn randomly of registered persons in the large cities 1) Amsterdam, 2) Rotterdam, 3) The Hague and 4) Utrecht. Persons in the age cohort 12 to 18 are oversampled. The other five samples are actually five sub-samples of a two-stage stratified sample of the rest of the Netherlands, representing five levels of urbanisation. For classification of urbanisation we used the mean *address density* definition per municipality, as used by the Statistics Netherlands: The average number of addresses that is situated within a certain radius from each address per municipality. Note that the five strata do not represent five distinct geographical areas, thus the Netherlands is not split in five parts. Amsterdam, Rotterdam, The Hague and Utrecht (all belonging to the highest density stratum) are excluded from the sample frame for these cities are already sampled. Within each stratum, a random sample of municipalities is drawn. Next, random samples are drawn of all persons of 12 years and older who are registered in these selected municipalities. Youths in the age cohort 12 to 18 are oversampled. This resulted in samples of persons living in 5) municipalities with the highest address density, 6) municipalities with high address density, 7) municipalities with moderate address density, 8) municipalities with low address density and 9) municipalities with the lowest address density. Selective data can be provided for all samples. The data in this report will be presented for each of the nine samples. We distinguish the four large cities and the five different density areas. We also report the nation-wide data for the Netherlands as a whole.

1.2 Research questions

The aim of this report is to present an outline of 'average' drug use prevalence in the Netherlands as a whole, and to monitor distinct drug use prevalence for each of the four large cities, and the five population density strata separately.
Research questions to be answered are:

- What patterns of drug use (licit and illicit) occur among the population of the nine samples we distinguish in the Netherlands?
- What patterns of drug use occur among the population of the Netherlands as a whole?

Sub-questions to be answered are:
- For each of the nine samples and for the Netherlands as a whole: What is the reported drug use per lifetime, last year and last month (prevalence)? To what extent do people keep using drugs for a longer period of time (continuation)? What is the frequency and intensity of drug use?
- Is the level of drug use related to the level of address density? What differences occur between cities and between address density strata?

1.3 Samples

The survey population (or target population) is defined as all persons in the Municipal Population Registry (GBA: Gemeentelijke Basisadministratie Persoonsgegevens) of the Netherlands, recorded on January 1st 1997 of age 12 and older. For Utrecht, this date is January 1st 1996. The registered population is nearly the entire Dutch population, and even includes most homeless persons. The sample also includes hospitalised persons, imprisoned citizens, and non-Dutch speakers.[1] Although these persons might be harder to reach, they are not left out of the survey population. For respondents who speak a foreign language, translated questionnaires were available (e.g. in Moroccan, Turkish and English).

In order to draw reliable conclusions with regard to the four large cities individually, they are overrepresented in the national context. Another group, which has been overrepresented for the purpose of a separate analysis, is the age cohort 12 to 18. Oversampling enables us to generalise drug use data in this age cohort, with reliable results for at least two-year groups. The reason for doing so is because youths are a very interesting group of study. A lot of drug use starts and develops in teenage years. Teenage drug use receives much attention from schools, parents, the government and other research institutes. Therefore, we are able to compare our results with those of others such as the Trimbos Institute. A separate report will focus on drug use among the youth.

The total gross sample is made up of nine independent samples: four samples of the large cities Amsterdam, Rotterdam, The Hague and Utrecht, and five sub-samples representing municipalities of different levels of address density. We will therefore discuss the sample strategies separately.

The four cities: Amsterdam, Rotterdam, The Hague and Utrecht

Treating the four largest cities (Amsterdam, Utrecht, Rotterdam and The Hague) as four separate samples is based on the straightforward argument, that we want to know drug use levels in all four large cities. For Amsterdam, we also wanted to continue our time series of measurement that already started in 1987. The 1997 survey is the fourth of a series that now enables us to analyse drug use patters in the last decade.

The Municipal Population Registries in the four cities drew simple one-stage random samples from all persons of 12 years and older, registered on January 1st 1997. For Utrecht this date is January 1st 1996. To get a representative picture of youths, the group of 12 to 18 years old is oversampled. Exception is Utrecht, where the registry did not oversample the youth (the Utrecht sample was composed in 1996, at that time we had no intention to overrepresent this group).

The Amsterdam and Utrecht samples each count approximately 4,000 responses, the Rotterdam and The Hague samples each are set at 2,000 responses. The gross samples are based on an expected response percentage of 50 percent.

The Amsterdam and Utrecht samples have found their way into other reports, like the Amsterdam report (*Licit and illicit drug use in Amsterdam III*, Abraham et al, 1998) and the Utrecht report (*Het gebruik van legale en illegale drugs in Utrecht en Tilburg*, Langemeijer et al, 1998).

The five address density strata

The remaining two-stage stratified sample, which is drawn by Statistics Netherlands, is made up of five sub-samples representing municipalities of different levels of address density. First, before any sample is drawn, all municipalities in the Netherlands are classified into five address density strata. The address density is the average number of addresses that is situated within a certain radius of each address per municipality, in accordance with the address density definition of Statistics Netherlands. Stratum 1 represents all municipalities with over 2,500 addresses on average, per square kilometre. Stratum 2 stands for all municipalities comprising 1,500 to 2,500, stratum 3 1,000 to 1,500, stratum 4 500 to 1,000 and stratum 5 less than 500 addresses on average, per square kilometre. The five strata do not represent five distinct geographical areas, thus the Netherlands is not split in five parts. The sample frame of the address density strata covers *all* municipalities in the Netherlands, *except* Amsterdam, Utrecht, The Hague and Rotterdam. Since these cities are already represented by their own sample they are excluded from the highest density *sample*. However, in the presentation of the data for the highest density *stratum*, the four largest cities will also be joined with the other cities (Delft, Groningen, Haarlem, Leiden, Rijswijk, Schiedam, Vlaardingen and Voorburg). Together they represent the highest address density stratum in the Netherlands.

Each sub-sample is a stratified two-stage sample of respondents. Stratification has been applied in both stages. The sample is self-weighting for each sub-sample and age category. The two-stage sample is the usual design for national face-to-face surveys, especially if travelling expenses are involved. Instead of drawing a sample directly from the population, the first stage is a selection from all municipalities that satisfy the definition of a given address density. The second stage is a selection of persons from the sample of municipalities. The two-stage sample offers many advantages for the fieldwork organisation (in terms of efficiency and expenses).

In stage one, the probability of a municipality to be drawn is related to the number of inhabitants of each municipality. In the second stage a fixed number of persons is randomly drawn in each municipality. The chance of larger municipalities to be drawn is larger than one and therefore they are automatically added to the sample. For these municipalities the number of persons to be drawn in the second stage is determined by the total size of the sub-sample. The number of municipalities in each sub-sample and the threshold (of number of inhabitants) beyond which a municipality is automatically drawn depends on the total number of persons in each sub-sample and on the sample size m of the drawn municipalities. Generally, it can be concluded that the precision of the outcomes decreases, the higher the chosen sample size m, with a lower number of drawn municipalities. In this design the minimum sample size of each municipality is set at 18 persons. It is expected that this will not result in a loss of precision. For the calculation of the reliability intervals the two-stage character of the sample is therefore neglected.

For each density stratum the gross sample size is based on a projected net sample size of almost 1,950. In order obtain a fair representation of all regions in the sample, the stratification of municipalities follows the division of the country into 40 COROP regions. Each province consists of one or several of these regions. The distribution of the sample over the COROP regions is correlated to the total population size of the municipalities within a COROP region in each specific density stratum.

Within each municipality a one stage random sample was drawn from the people of 12 years and older. In order to be able to the study drug use of the youth, an additional sample was drawn from persons aged between 12 and 18. The additional sample size correlates with the size of the first sample.

The combination of both samples can be considered as a stratified sample according to age, with a projected net sample size of approx. 2,300 persons.

Statistics Netherlands provided the sample of municipalities of each of the five address density strata. From these municipalities individual respondents were chosen. The total respondent sample size, in all five of the address density strata together, is set at 11,500. The total gross sample is based on an expected response-percentage of 60 percent.

1.4 Fieldwork

The market research institute NIPO executed all fieldwork. NIPO was familiar with our study design because they also performed our previous household studies in Amsterdam. For the total national sample almost 40,000 people were approached by letter and asked to participate in a face-to-face interview in a survey about lifestyles and the use of licit and illicit drugs. Then respondents were approached systematically by trained NIPO interviewers to avoid selective nonresponse (the questionnaire can be found in the appendix). This resulted in almost 22,000 successful interviews. Answers were fed directly into a portable computer by the interviewers (CAPI: computer assisted personal interviewing).

In Utrecht the fieldwork started in December 1995 and ended in March 1996. In Amsterdam, it started in April 1997 and almost all of it was finished by November 1997. A delay in the Amsterdam fieldwork was caused by an experiment using ethnically matched interviewers, and lasted until July 1998. The fieldwork in the rest of the country took place from October 1997 to May 1998. This means that for a portion of the total sample (about 10%), interviews took place almost two years prior to the last interviews. This is a small source of imprecision for our national estimates that relates to reported data of the highest density stratum (a weighted 9% of the response). The impact on national level is very small, after weighting 2 percent of the data is dated.

As an experiment, and only in Amsterdam, we decided to use matched interviewers for Moroccan and Turkish respondents to increase their response rate. In former Amsterdam surveys, the response rate of Turkish and Moroccan persons was very low. Questionnaires were translated and Turkish and Moroccan interviewers were recruited and trained. Finally Moroccan and Turkish respondents were approached by interviewers of the same ethnic group (matching). This matching procedure resulted in an improved Turkish response rate, but the Moroccan response rate got even lower. Whereas in Amsterdam in 1994, 33 percent of the Turkish people responded, this is now 61 percent. Of the Amsterdam people with a Moroccan background, 23 percent responded, in 1994 this was 37 percent.

Almost all of the 21,959 interviews were carried out in Dutch (99.0%). Other spoken languages were English (0.2%), Turkish (0.5%), Moroccan (0.1%) and remaining languages (0.2%). The Turkish and Moroccan interviews only took place in Amsterdam, Rotterdam and Utrecht (mainly in Amsterdam, this is also due to the matching experiment).

1.5 Data weighting

To provide figures for both the sub-samples and the entire Dutch population, the response data was weighted by means of post-stratification. Weighting is necessary because neither the sample, nor the response is representative for the target population. In order to provide figures for the entire Dutch population, the final response data need to be weighted to get a more representative sample. The large cities are oversampled, and so is the age cohort 12 to 18. Post-stratification assigns a weight to each subgroup of the response in relation to the actual population, as given by the registry for the year of

the survey. Subgroups are defined by distributions according to stratum, age, gender and marital status.

An important advantage of post-stratification is that the response becomes representative for the population. Non-sampling errors are corrected, and to a certain extent the bias due to non-response will be corrected. Another advantage of post-stratification is the increased precision of the estimator (because the target variable varies little in the category of the variables stratum, age, gender and marital status).

Conform our sample set-up, we determined weights in two steps. First we computed weights within each sample (w_{sh}). For each of the four large cities and for each of the five density strata, we assigned weights to their subgroups. Weights are assigned by ratio of population figures, as follows:

$$w_{sh} = \frac{N_{sh}}{N_s} / \frac{n_{sh}}{n_s}$$

s = sample, h = subgroup determined by age, gender and marital status

With N_S the total sample population aged 12 years or older in 1997 (1996 for Utrecht), N_{Sh} the sample population subgroup with specific characteristics, n_S the net sample response and n_{Sh} the sample response subgroup with these characteristics, all assigned weights amount to n_S. After this first weighting step the oversampled group of 12 to 18 is no longer overrepresented. For the population of each of the nine samples, data are now representative with respect to age, gender and marital status. These weights are applied to make estimates per sample.

The next step is to determine weights with respect to each sample (w_{sh}) to report nation-wide. If we neglect to do this, the large cities are overrepresented. The above method is repeated, but now within the total national sample. Remember that the national sample is composed of nine (sub-)samples. Weights are given to each of these samples by ratio of population as follows:

$$w_s = \frac{N_s}{N} / \frac{n_s}{n}$$

s = sample

With N the total population aged 12 years or older in 1997, N_S the stratum population, n the net response and n_S the stratum response. All assigned weights amount to n.

The final weighting procedure that enables us to make national estimates, is the multiplication of the weights of subgroups and stratum size, as follows:

$$w_{national} = w_{sh} * w_s = \frac{N_{sh}}{N} / \frac{n_{sh}}{n}$$

s = sample; h = subgroup determined by age, gender and marital status

We used these weights to make the national estimates.

The stratum of highest address density (composed of the 'big cities samples' and the 'other highest density sample') is weighted in a similar way as the national sample (composed of all samples).

1.6 Statistical notes

Although the sample is not self-weighting, we approached the 95 percent confidence interval of each (weighted) sub(!)-sample as if this sample is randomly drawn. We calculated the 95 percent confidence intervals for the drug use proportions and corresponding population estimates, based on the logit transformation (see chapter 3, paragraph 2). Because the drug use proportions in the survey are frequently small, the logit transformation has been used for this report to yield asymmetric interval boundaries. These asymmetric intervals are more balanced with respect to the probability that the interval is above or below the true population value than is the case for standard symmetric confidence intervals. Such a method to compute confidence intervals is applied, among many others, in the United States NHSDA survey (SAMSHSA 1997). Intervals of the composed samples (e.g. the total of all samples used to give national estimates) are based on the results of the separate nine samples.

The logit transformation of the 95 percent interval of the proportion p (P_{lower}, P_{upper}) is calculated as follows.

First, we calculate the 95 percent logit interval, given by the logit transformation of p (L), and the standard error of L:

$$L \pm 1.96 \left(\frac{\sqrt{\text{var}(p)}}{pq} \right) = (A, B)$$

With
p = estimated proportion
$q = 1-p$
var(p) = variance estimate of p
$L = \ln (p/q)$
$\text{var}(L) = \text{var}(p)/(pq)^2$

Second, we calculate the 95 percent confidence interval for the proportion p as:

$$\left(\frac{1}{1+\exp(-A)}, \frac{1}{1+\exp(-B)} \right) = (P_{lower}, P_{upper})$$

In most tables we added the number of unweighted cases (n) to the estimates. The unweighted n shows on how many observations the estimate is based and serves thus as an indication of how accurate the estimate is.

The sample set-up and the weighting procedures have inpact on the reliability. Firstly, the addition of weights decreases the reliability. But secondly, post-stratification increases the reliability of the sample and leads faster to significance. The total results in enlarged reliability of the estimates. However, we should take account of the fact that the total weighting procedure increases the reliability of the estimates but it does not erase a possible bias of the estimates.[1]

Clearly, some statistical problems are involved in studying drug use due to the sometimes small number

of people that use particular substances. For example, heroin is used by a small number of people. This makes it harder to determine whether results can be generalised, i.e. whether results are valid for the population as a whole. We applied the following rule of thumb: an estimate is considered to be unreliable if the sub-sample group is smaller than 50. This is for example the case when we want to say something about the group of heroin users in the low address density municipalities (e.g. continuation of use, mean age). In tables we noted these estimates with a hyphen (-).

The following symbols are used in the tables:

.	data not available
-	low precision, no estimate reported
0 (0.0)	less than half of unit employed
a blank	category not applicable

Notes

1 Hospitalised and imprisoned civilians are included in the gross sample. However, approaching them at their home address will result in a "not-at-home" status. They increase our nonresponse. These categories are not included in our final response.

2 Both the sample set-up and the weighting procedures influence the validity of tests like the Chi square test. Therefore we have to be cautious when using this test. The sample set-up gives higher accuracy for certain groups (e.g. 12-18 year olds), and lower for the 'undersampled' others.

2 RESPONSE AND REPRESENTATIVENESS

2.1 Introduction

In this chapter we will discuss the quality of the data that were obtained and used in this research. The ultimate goal is to generalise the outcomes of the research with regard to the entire research population, namely the registered population of 12 years and older of the Netherlands. We will look at the distribution of the population according to the demographic variables age, gender, and marital status in order to analyse the representation of the sample and the response group for the research population. Prior to this we will look at the distribution of the response, sample and population for each of the four big cities and for each address density stratum (see for definitions of address density chapter 1).

In the last section of this chapter the size of the response group, the nonresponse group and the number of frame-errors will be discussed, including a detailed specification of the latter two.

2.2 Representativeness

Table 2.1 shows the distribution of the population by density stratum for the research population, the sample and the response groups. Selectivity in the sample and the response can be predicted on the basis of the sampling technique, which used oversampling of the big cities and persons aged 12 to 18. The tables 2.2 through 2.10 detail the distribution of the population according to age, gender and marital status in each of the density areas that were identified in the sample design. We will compare the distributions of the research population with those of the sample and the response populations, to see if there are significant differences. We have opted for a 95 percent level of confidence.

The total gross samples of the survey in Amsterdam, Rotterdam, The Hague and in Utrecht are respectively 8,450, 4,597, 4,600, and 4,400 (table 2.2 to 2.5). We will look at the distribution according to age, gender and marital status and compare it with the distribution in the research population. Significant differences can be expected and are in fact also found for the variable age and marital status. This is again related to oversampling the younger age groups. As a result significant differences also exist between the response and the research populations for both variables. In Rotterdam a significant difference between the response and the research populations exists for the gender distribution as well. The possible effects of this difference will not be reflected in prevalence estimates since the distribution by gender of the response group is again representative of the research population. In the case of Amsterdam, The Hague and Utrecht both the gender distributions of the sample and the response groups are representative of the research population. In Rotterdam, The Hague and Utrecht, there is a selective nonresponse for gender and marital status. In The Hague, there is also a selective nonresponse by gender.

The representativeness of the survey in the address density strata is portrayed in tables 2.6 to 2.10. The response percentage represented in the highest density stratum is lower than could be expected on the basis of their share in the sample, while the response percentages represented by the other density strata are all higher as could be expected. Hence, we may conclude that people living in the most urbanised areas were most inclined to non-respond in this research. Since the age group 12-18 is

oversampled, the sample population by age does not match the age distribution of the research population. In addition, the higher juvenile-shares in the sample population will also influence the distribution by marital status, since youths between 12 and 18 are unlikely to be married, and even less likely divorced or widowed. In order to correct for this sample-bias a post stratification weighting procedure has been applied.

The response population resembles the sample population to a great extent. Still, significant differences exist for the distribution by age in each of the density areas. Noteworthy is that the share of youngsters of 12 and 13, compared to the sample distribution, is underrepresented in the response population of each of the density areas, whereas respondents between 14 and 19 are overrepresented. Among other reasons, this underrepresentation is due to the time-consuming fieldwork. Time goes by and respondents celebrate their birthdays before they participated in the interview. Apparently, parents are either more protective of their younger children, or these children are simply less co-operative for personal reasons, or more difficult to contact. The gender distribution of the response population is very much like that of the sample population. The distribution by marital status is significantly different only for the highest density stratum (table 2.6) and for the area in the lowest density stratum (table 2.10). Widowed persons in less populated areas are slightly overrepresented, thus seem more likely to comply with a request for co-operation in a research. For the other three urban density strata there is no evidence of a selective nonresponse by marital status.

2.3 Response and nonresponse

Table 2.11 indicates which part of the total gross sample belongs to the response and the nonresponse populations, and which part belongs to the category 'frame-errors'. In the latter case, nonresponse is caused by mistakes in the sample frame. For instance, the informant moved to a new address, was unknown at the address, deceased or his address did not exist. The successful interviews make up 52.6 percent of the total gross sample. The nonresponse and frame errors make up respectively 35.3 and 6.5 percent of the total gross sample. 5.7 Percent of the sample frame addresses were never used, because a sufficient response had already been obtained, and an almost negligible share is not used in the response-group analysis because the informants had more than three missing values on lifetime prevalence variables. We assumed their answers would not be trustworthy.

The high nonresponse is characteristic for the Netherlands. A nonresponse rate of 45 percent is common for face-to-face interviews performed by Statistics Netherlands.[1] For big cities this percentage is higher. In our previous Amsterdam reports we found similar nonresponse rates of approximately 50 percent.[2]

A large majority (60.3%) of the frame-errors was caused because the informants had moved to a new address. For 15 percent of the people who could not be approached because of frame error, the reason was that they were unknown at the address. 6.4 percent of the frame errors consists of addresses at which the house was found vacant or under renovation, in seven percent of the cases the address is not found, and in five percent of the cases the person was deceased.

Nonresponse consists for a large share (62.5%) of people who refused to co-operate, followed second by the people who were not at home (23.8%). Only 2.5 percent mentioned illness as a reason for not participating and 4.3% of the nonresponse was due to language difficulties. With a very small number of people (0.6%) an appointment was made, but never followed up. Finally, over six percent of the nonresponse has a different, but unknown cause.

The response rate is usually calculated on the basis of the valid gross sample; the gross sample minus

frame errors, non-used addresses, and (in this case) dropped cases. We have deliberately chosen not to use the word net sample, because this term is often used, and therefore easily confused with the response population. The overall response rate is 59.9 percent and this is just the same rate as produced by Statistics Netherlands in their large national samples.

In detail

We will also analyse the response and nonresponse for each stratum separately (the four cities in and the five strata).

In Amsterdam, 43.9 of the sampled persons were interviewed successfully. In Rotterdam this response rate is 55.3%, in The Hague 54.9% and in Utrecht 47.8%. Amsterdam, Rotterdam and The Hague all have relatively high 'not-at-home' nonresponse categories (32.8%, 33.4% and 31.2% respectively). In Utrecht 14.5% of the approached persons are not-at-home. The Amsterdam, Rotterdam and The Hague 'refusal' shares are 50.8, 51.2 and 58.3 percent of total nonresponse. These percentages are clearly lower than the refusal share in Utrecht (71.4%).

The highest response rate is obtained in the most rural stratum (69.1%). Followed by the third, the fourth and the second stratum (67.8%, 67.6%, 66.9% respectively). The most urbanised stratum has a much lower response rate (55.2%), which indicates that people who live in an urban setting were least likely to co-operate in this research. When looking at the reasons for nonresponse we can notice that the category 'refusal' is lowest in the most urbanised area, and increases with a decreasing address density. The high nonresponse in the first stratum, in comparison to the other strata, is instead caused by a higher number of people who were not at home and, to a smaller degree, by the categories 'illness' and 'language problems'. The latter is not surprising, since the foreigner-share, because of reasons of employment and chain-migration, is highest in urban areas.

There seems to be a correlation between address density and the percentage of frame-errors. The highest percentage (7.6%), again, can be found in the first stratum with the highest address density. The majority of these frame-errors, which in fact holds true for all the density strata, is caused by people, which moved to a different address. The category 'Unknown at address' is highest in stratum 1 (17.1%), followed by stratum 2 (12.6%) and stratum 5 (11.3%). This is surprising because the medium and low density strata (3 and 4), have a much lower percentage; 5.7% and 4.2% respectively.

In section 2.2, we have seen that the response population resembles the sample population on most demographic variables. However, a selective nonresponse was pointed out for all strata in terms of age (12 and 13 years old being underrepresented) and for strata 1 and 5 in terms of marital status. We do not believe this will have much influence on drug prevalence rates however, especially since a poststratification method is applied.

Apart from some selectivity in the nonresponse, more and more influential selectivity may be caused for instance by different drug use characteristics of the nonresponse group. In order to eliminate the nonresponse bias in this research as much as possible, we have conducted a nonresponse group survey. A selection of the nonresponse population was approached and interviewed, and in this way different drug-use characteristics between the response and the nonresponse populations could be detected. In this way we can roughly estimate , whether the prevalence rates are in reality higher or lower, as according to our calculations. The results of the nonresponse survey are presented in chapter 6.

Table 2.1: Response and population (aged 12 and older) per sample, the Netherlands, 1997 (unweighted)

sample		*address density stratum*		*population 1-1-1997* N	%	*sample* n	%	*response* n	%	*target population* N
1)		Amsterdam		*622,021*	4.7	*8,450*	20.2	*3,710*	16.9	*622,021*
2)		Rotterdam		*506,153*	3.8	*4,597*	11.0	*2,320*	10.6	*506,153*
3)		The Hague		*382,945*	2.9	*4,600*	11.0	*2,279*	10.4	*382,945*
4)		Utrecht		*204,827*	1.5	*4,400*	10.5	*2,198*	10.0	*204,827*
5)		other municipalities with highest address density		*667,956*	5.0	*4,468*	10.7	*2,289*	10.4	*667,956*
1 to 5)	1)	all municipalities with highest address density	(> 2,500 addr. per km2)	*2,383,902*	18.0	*26,515*	63.5	*12,796*	58.3	*2,383,902*
6)	2)	municipalities with high address density	(1,500 - 2,500 addr. per km2)	*3,149,194*	23.8	4,064	9.7	*2,295*	10.5	*3,149,194*
7)	3)	municipalities with moderate address density	(1,000 - 1,500 addr. per km2)	*2,720,952*	20.5	3,702	8.9	*2,276*	10.4	*2,720,952*
8)	4)	municipalities with low address density	(500 - 1,000 addr. per km2)	*2,797,974*	21.1	3,723	8.9	*2,288*	10.4	*2,797,974*
9)	5)	municipalities with lowest address density	(< 500 addr. per km2)	*2,190,186*	16.5	3,762	9.0	*2,304*	10.5	*2,190,186*
total		the Netherlands		*13,242,208*	100.0	*41,766*	100.0	*21,959*	100.0	*13,242,208*

Table 2.2: Population according to sample and response group, by age group, gender, marital status and nationality in Amsterdam

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	12,732	2.0	12-13	330	3.9	150	4.0	
14-15	12,598	2.0	14-15	298	3.5	158	4.3	
16-17	12,385	2.0	16-17	318	3.8	172	4.6	
18-19	13,613	2.2	18-19	246	2.9	123	3.3	
20-24	52,172	8.4	20-24	647	7.7	233	6.3	
25-29	82,189	13.2	25-29	1,033	12.2	411	11.1	
30-34	80,698	13.0	30-34	1,003	11.9	419	11.3	
35-39	65,763	10.6	35-39	891	10.5	399	10.8	
40-49	102,175	16.4	40-49	1,319	15.6	578	15.6	
50-59	68,502	11.0	50-59	855	10.1	382	10.3	
60-69	50,319	8.1	60-69	609	7.2	273	7.4	
70+	68,875	11.1	70+	901	10.7	412	11.1	
gender			*gender*					*n.s.*
Male	302,870	48.7	Male	4,063	48.1	1,725	46.5	
Female	319,151	51.3	Female	4,387	51.9	1,985	53.5	
marital status			*marital status*					*n.s.*
Unmarried	300,298	48.3	Unmarried	4,376	51.8	1,934	52.1	
Married	210,458	33.8	Married	2,627	31.1	1,201	32.4	
Divorced	40,336	6.5	Divorced	498	5.9	358	9.6	
Widowed	70,929	11.4	Widowed	949	11.2	217	5.8	
Total	622,021	100.0	Total	8,450	100.0	3,710	100.0	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.3: Population according to sample and response group, by age group, gender, marital status and nationality in Rotterdam

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	12,394	2.4	12-13	299	6.5	100	4.3	
14-15	12,107	2.4	14-15	284	6.2	176	7.6	
16-17	12,086	2.4	16-17	329	7.2	193	8.3	
18-19	13,028	2.6	18-19	238	5.2	169	7.3	
20-24	43,450	8.6	20-24	357	7.8	125	5.4	
25-29	57,471	11.4	25-29	448	9.7	167	7.2	
30-34	52,822	10.4	30-34	389	8.5	176	7.6	
35-39	45,831	9.1	35-39	352	7.7	198	8.5	
40-49	77,659	15.3	40-49	597	13.0	319	13.8	
50-59	59,814	11.8	50-59	438	9.5	233	10.0	
60-69	50,979	10.1	60-69	387	8.4	221	9.5	
70+	68,512	13.5	70+	479	10.4	243	10.5	
gender			*gender*					*n.s.*
Male	245,327	48.5	Male	2,328	50.6	1,120	48.3	
Female	260,826	51.5	Female	2,269	49.4	1,200	51.7	
marital status			*marital status*					*p<0.05*
Unmarried	192,254	38.0	Unmarried	2,233	48.6	1,088	46.9	
Married	220,926	43.6	Married	1,676	36.5	933	40.2	
Divorced	41,111	8.1	Divorced	292	6.4	153	6.6	
Widowed	51,862	10.2	Widowed	396	8.6	146	6.3	
Total	506,153	100.0	Total	4,597	100.0	2,320	100.0	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.4: Population according to sample and response group, by age group, gender, marital status and nationality in the Hague

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	8,985	2.3	12-13	303	6.6	88	4.3	
14-15	9,024	2.4	14-15	289	6.3	180	7.9	
16-17	9,054	2.4	16-17	310	6.7	183	8.0	
18-19	9,531	2.5	18-19	234	5.1	173	6.7	
20-24	31,078	8.1	20-24	354	7.7	160	6.2	
25-29	42,216	11.0	25-29	405	8.8	189	7.8	
30-34	39,792	10.4	30-34	392	8.5	180	8.7	
35-39	34,891	9.1	35-39	316	6.9	157	8.9	
40-49	61,140	16.0	40-49	645	14.0	326	16.2	
50-59	45,184	11.8	50-59	434	9.4	232	10.1	
60-69	35,469	9.3	60-69	374	8.1	168	7.7	
70+	56,581	14.8	70+	544	11.8	243	7.6	
gender			*gender*					*n.s.*
Male	184,120	48.1	Male	2,272	49.4	1,127	49.5	
Female	198,825	51.9	Female	2,328	50.6	1,152	50.5	
marital status			*marital status*					*p<0.05*
Unmarried	152,185	39.7	Unmarried	2,254	49.0	1,172	51.4	
Married	157,365	41.1	Married	1,647	35.8	835	36.6	
Divorced	31,872	8.3	Divorced	308	6.7	144	6.3	
Widowed	41,523	10.8	Widowed	391	8.5	128	5.6	
Total	382,945	100.0	Total	4,600	100.0	2,279	100.0	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.5: Population according to sample and response group, by age group, gender, marital status and nationality in Utrecht

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	3,764	1.8	12-13	81	1.8	47	4.3	
14-15	3,852	1.9	14-15	90	2.0	48	7.9	
16-17	3,912	1.9	16-17	88	2.0	49	8.0	
18-19	5,317	2.6	18-19	111	2.5	63	6.7	
20-24	25,002	12.2	20-24	534	12.1	300	6.2	
25-29	31,817	15.5	25-29	680	15.5	358	7.8	
30-34	24,575	12.0	30-34	500	11.4	279	8.7	
35-39	18,907	9.2	35-39	403	9.2	206	8.9	
40-49	28,207	13.8	40-49	646	14.7	310	16.2	
50-59	20,990	10.2	50-59	407	9.3	185	10.1	
60-69	16,631	8.1	60-69	362	8.2	154	7.7	
70+	21,853	10.7	70+	498	11.3	199	7.6	
gender			*gender*					*n.s.*
Male	96,613	47.2	Male	2,101	47.8	1,026	46.7	
Female	108,214	52.8	Female	2,299	52.3	1,172	53.3	
marital status			*marital status*					*p<0.05*
Unmarried	101,457	49.5	Unmarried	2,140	48.6	1,154	52.5	
Married	75,496	36.9	Married	1,629	37.0	806	36.7	
Divorced	13,289	6.5	Divorced	310	7.0	117	5.3	
Widowed	14,585	7.1	Widowed	321	7.3	121	5.5	
Total	204,827	100.0	Total	4,400	100.0	2,198	100.0	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.6: Population according to sample and response group, by age group, gender, marital status and nationality in municipalities with the highest density (>2500 addresses per sq. km.)

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	51,369	2.2	12-13	1,269	4.8	465	3.6	
14-15	51,269	2.2	14-15	1,236	4.7	716	5.6	
16-17	51,536	2.2	16-17	1,351	5.1	778	6.1	
18-19	60,184	2.5	18-19	1,047	3.9	690	5.4	
20-24	220,624	9.3	20-24	2,282	8.6	1,004	7.8	
25-29	292,505	12.3	25-29	3,013	11.4	1,341	10.5	
30-34	266,175	11.2	30-34	2,642	10.0	1,236	9.7	
35-39	225,189	9.4	35-39	2,304	8.7	1,142	8.9	
40-49	376,258	15.8	40-49	3,841	14.5	1,874	14.6	
50-59	272,570	11.4	50-59	2,587	9.8	1,276	10.0	
60-69	216,906	9.1	60-69	2,088	7.9	1,001	7.8	
70+	299,317	12.6	70+	2,855	10.8	1,273	9.9	
gender			*gender*					*n.s.*
Male	1,153,704	48.4	Male	12,990	49.0	6,134	47.4	
Female	1,230,198	51.6	Female	13,525	51.0	6,662	51.5	
marital status			*marital status*					*n.s.*
Unmarried	1,020,990	42.8	Unmarried	13,285	50.1	6,554	50.7	
Married	959,644	40.3	Married	9,248	34.9	4,655	36.0	
Divorced	228,198	9.6	Divorced	1,653	6.2	891	6.9	
Widowed	175,070	7.3	Widowed	2,329	8.8	696	5.4	
Total	2,383,902	100.0	Total	26,515	100.0	12,796	98.9	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.7: Population according to sample and response group, by age group, gender, marital status and nationality in high density municipalities (1500-2500 addresses per sq. km)

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	81,383	2.6	12-13	290	7.1	98	4.3	
14-15	82,451	2.6	14-15	261	6.4	182	7.9	
16-17	84,340	2.7	16-17	280	6.9	183	8.0	
18-19	87,549	2.8	18-19	195	4.8	153	6.7	
20-24	259,236	8.2	20-24	273	6.7	143	6.2	
25-29	322,412	10.2	25-29	331	8.1	179	7.8	
30-34	317,170	10.1	30-34	345	8.5	199	8.7	
35-39	295,954	9.4	35-39	345	8.5	205	8.9	
40-49	543,775	17.3	40-49	629	15.5	371	16.2	
50-59	407,700	12.9	50-59	443	10.9	232	10.1	
60-69	314,480	10.0	60-69	313	7.7	176	7.7	
70+	352,744	11.2	70+	359	8.8	174	7.6	
gender			*gender*					*n.s.*
Male	1,531,683	48.6	Male	2,013	49.5	1,139	49.4	
Female	1,617,511	51.4	Female	2,051	50.5	1,156	50.2	
marital status			*marital status*					*n.s.*
Unmarried	1,109,167	35.2	Unmarried	1,878	46.2	1,084	47.0	
Married	1,611,333	51.2	Married	1,747	43.0	1,021	44.3	
Divorced	213,492	6.8	Divorced	216	5.3	96	4.2	
Widowed	215,202	6.8	Widowed	223	5.5	94	4.1	
Total	3,149,194	100.0	Total	4,064	100.0	2,295	99.6	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.8: Population according to sample and response group, by age group, gender, marital status and nationality in municipalities with moderate density (1000-1500 addresses per sq.km.)

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	78,339	2.9	12-13	263	7.1	85	3.7	
14-15	79,619	2.9	14-15	265	7.2	181	8.0	
16-17	81,544	3.0	16-17	269	7.3	196	8.6	
18-19	77,930	2.9	18-19	166	4.5	178	7.8	
20-24	198,306	7.3	20-24	227	6.1	122	5.4	
25-29	247,730	9.1	25-29	287	7.8	164	7.2	
30-34	265,596	9.8	30-34	261	7.1	151	6.6	
35-39	263,085	9.7	35-39	293	7.9	180	7.9	
40-49	498,357	18.3	40-49	576	15.6	361	15.9	
50-59	372,513	13.7	50-59	461	12.5	294	12.9	
60-69	273,315	10.0	60-69	328	8.9	205	9.0	
70+	284,618	10.5	70+	306	8.3	160	7.0	
gender			*gender*					*n.s.*
Male	1,332,423	49.0	Male	1,858	50.2	1,105	48.3	
Female	1,388,529	51.0	Female	1,844	49.8	1,171	51.2	
marital status			*marital status*					*n.s.*
Unmarried	870,660	32.0	Unmarried	1,579	42.7	997	43.6	
Married	1,517,796	55.8	Married	1,756	47.4	1,102	48.2	
Divorced	175,181	6.4	Divorced	196	5.3	88	3.8	
Widowed	157,315	5.8	Widowed	171	4.6	89	3.9	
Total	2,720,952	100.0	Total	3,702	100.0	2,276	99.5	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.9: Population according to sample and response group, by age group, gender, marital status and nationality in municipalities with low density (500-1000 addresses per sq.km.)

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	81,603	2.9	12-13	251	6.7	94	4.1	
14-15	83,501	3.0	14-15	282	7.6	201	8.8	
16-17	86,116	3.1	16-17	279	7.5	183	8.0	
18-19	81,128	2.9	18-19	146	3.9	187	8.2	
20-24	197,499	7.1	20-24	222	6.0	107	4.7	
25-29	241,510	8.6	25-29	288	7.7	161	7.0	
30-34	266,600	9.5	30-34	312	8.4	179	7.8	
35-39	266,028	9.5	35-39	286	7.7	188	8.2	
40-49	511,614	18.3	40-49	580	15.6	359	15.7	
50-59	405,445	14.5	50-59	437	11.7	268	11.7	
60-69	292,082	10.4	60-69	328	8.8	192	8.4	
70+	284,848	10.2	70+	312	8.4	169	7.4	
gender			*gender*					*n.s.*
Male	1,389,142	49.6	Male	1,872	50.3	1,148	50.0	
Female	1,408,832	50.4	Female	1,851	49.7	1,140	49.7	
marital status			*marital status*					*n.s.*
Unmarried	860,363	30.7	Unmarried	1,617	43.4	1,038	45.2	
Married	1,646,150	58.8	Married	1,773	47.6	1,077	46.9	
Divorced	176,409	6.3	Divorced	194	5.2	68	3.0	
Widowed	115,052	4.1	Widowed	139	3.7	105	4.6	
Total	2,797,974	100.0	Total	3,723	100.0	2,288	99.7	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.10: Population according to sample and response group, by age group, gender, marital status and nationality in municipalities with the lowest density (<500 addresses per sq. km.)

	municipal registries 1-1-1997			*sample*		*response*		*sign.*
age	*N*	*%*	*age*	*n*	*%*	*n*	*%*	*p<0.05*
12-13	65,188	3.0	12-13	266	7.1	105	4.6	
14-15	66,537	3.0	14-15	258	6.9	186	8.1	
16-17	68,184	3.1	16-17	268	7.1	184	8.0	
18-19	62,695	2.9	18-19	159	4.2	166	7.2	
20-24	151,643	6.9	20-24	233	6.2	121	5.3	
25-29	185,023	8.4	25-29	276	7.3	173	7.5	
30-34	204,387	9.3	30-34	291	7.7	185	8.0	
35-39	206,523	9.4	35-39	309	8.2	177	7.7	
40-49	400,320	18.3	40-49	591	15.7	371	16.1	
50-59	319,161	14.6	50-59	456	12.1	287	12.5	
60-69	230,628	10.5	60-69	332	8.8	203	8.8	
70+	229,897	10.5	70+	323	8.6	146	6.3	
gender			*gender*					*n.s.*
Male	1,100,774	50.3	Male	1,838	48.9	1,149	49.6	
Female	1,089,412	49.7	Female	1,924	51.1	1,155	49.9	
marital status			*marital status*					*n.s.*
Unmarried	662,894	30.3	Unmarried	1,542	41.0	980	42.3	
Married	1,310,459	59.8	Married	1,935	51.4	1,194	51.6	
Divorced	141,413	6.5	Divorced	194	5.2	48	2.1	
Widowed	75,420	3.4	Widowed	91	2.4	82	3.5	
Total	2,190,186	100.0	Total	3,762	100.0	2,304	99.5	

Distributions are compared response versus sample with chi-square, p<0.05 test
Source registry totals: CBS, 1997

Table 2.11a: response and non-response distribution, the Netherlands

	1) Amsterdam		*2) Rotterdam*		*3) The Hague*		*4) Utrecht*	
gross sample	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Succesfull interviews	3,710	43.9	2,320	50.5	2,279	49.5	2,198	50.0
Non-response	3,441	40.7	1,876	40.8	1,870	40.7	1,816	41.3
Frame errors	763	9.0	393	8.5	398	8.7	350	8.0
Non-used addresses	523	6.2	8	0.2	45	1.0	36	0.8
Unknown errors	13	0.2	0	0.0	8	0.2	0	0.0
Total	8,450	100.0	4,597	100.0	4,600	100.0	4,400	100.0
frame errors								
Moved	294	38.5	224	57.0	249	62.6	240	61.1
Unknown at address	105	13.8	75	19.1	74	18.6	53	13.5
Vacancy/renovation	39	5.1	34	8.7	12	3.0	24	6.1
Address not found	48	6.3	25	6.4	22	5.5	6	1.5
Deceased	18	2.4	25	6.4	21	5.3	18	4.6
Wrong person	88	11.5	10	2.5	20	5.0	9	2.3
Other frame errors	171	22.4	0	0.0	0	0.0	0	0.0
Total	763	100.0	393	100.0	398	100.0	350	100.0
non-response categories								
Refusal	1,748	50.8	960	51.2	1,090	58.3	1,297	71.4
Not-at-home	1,128	32.8	627	33.4	584	31.2	264	14.5
Illness	302	8.8	21	1.1	4	0.2	9	0.5
Language problems	194	5.6	97	5.2	89	4.8	150	8.3
Appointment	0	0.0	29	1.5	18	1.0	15	0.8
Other reasons (unknown)	69	2.0	142	7.6	85	4.5	81	4.5
Total	3,441	100.0	1,876	100.0	1,870	100.0	1,816	100.0
valid gross sample								
Response	3,710	51.9	2,320	55.3	2,279	54.9	2,198	54.8
Non-response	3,441	48.1	1,876	44.7	1,870	45.1	1,816	45.2
Total	7,151	100.0	4,196	100.0	4,149	100.0	4,014	100.0

Table 2.11b: response and non-response distribution, the Netherlands

	address density:											
	highest		*6) high*		*7) moderate*		*8) low*		*9) lowest*		*nation-wide*	
gross sample	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Succesfull interviews	12,796	48.3	2,295	56.5	2,276	61.5	2,288	61.5	2,304	61.2	21,959	52.6
Non-response	10,382	39.2	1,135	27.9	1,081	29.2	1,095	29.4	1,032	27.4	14,725	35.3
Frame errors	2,020	7.6	207	5.1	176	4.8	144	3.9	160	4.3	2,707	6.5
Non-used addresses	1,308	4.9	425	10.5	169	4.6	195	5.2	264	7.0	2,361	5.7
Unknown errors	9	0.0	2	0.0	0	0.0	1	0.0	2	0.1	14	0.0
Total	26,515	100.0	4,064	100.0	3,702	100.0	3,723	100.0	3,762	100.0	41,766	100.0
frame errors												
Moved	1,209	59.9	135	65.2	110	62.5	87	60.4	90	56.3	1,631	60.3
Unknown at address	345	17.1	26	12.6	10	5.7	6	4.2	18	11.3	405	15.0
Vacancy/renovation	125	6.2	5	2.4	18	10.2	12	8.3	13	8.1	173	6.4
Address not found	114	5.6	19	9.2	15	8.5	20	13.9	19	11.9	187	6.9
Deceased	89	4.4	12	5.8	11	6.3	13	9.0	9	5.6	134	5.0
Wrong person	138	6.8	10	4.8	12	6.8	6	4.2	11	6.9	177	6.5
Other frame errors	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,020	100.0	207	100.0	176	100.0	144	100.0	160	100.0	2,707	100.0
non-response categories												
Refusal	5,932	57.1	840	74.0	804	74.4	820	74.9	802	77.7	9,198	62.5
Not-at-home	2,839	27.3	177	15.6	148	13.7	184	16.8	155	15.0	3,503	23.8
Illness	350	3.4	5	0.4	6	0.6	4	0.4	2	0.2	367	2.5
Language problems	552	5.3	25	2.2	31	2.9	19	1.7	12	1.2	639	4.3
Appointment	66	0.6	1	0.1	15	1.4	3	0.3	1	0.1	86	0.6
Other reasons (unkn	643	6.2	87	7.7	77	7.1	65	5.9	60	5.8	932	6.3
Total	10,382	100.0	1,135	100.0	1,081	100.0	1,095	100.0	1,032	100.0	14,725	100.0
valid gross sample												
Response	12,796	55.2	2,295	66.9	2,276	67.8	2,288	67.6	2,304	69.1	21,959	59.9
Non-response	10,382	44.8	1,135	33.1	1,081	32.2	1,095	32.4	1,032	30.9	14,725	40.1
Total	23,178	100.0	3,430	100.0	3,357	100.0	3,383	100.0	3,336	100.0	36,684	100.0

Notes

1 Bochove, C.A. van, director of Statistics Netherlands, in *NRC Handelsblad*, January 26 1999.
2 Langemeijer, M. et al, *Licit and illicit drug use in Amsterdam II*, Cedro, 1995.

3 The prevalence of drug use: Core indicators

3.1 Introduction

In this chapter we will present an overview of the patterns of drug use in the Netherlands in 1997, as measured with the help of our nine independent samples (see chapter 1). We will give nation-wide estimates as well as estimates for each of the five categories of address density municipalities and for each of the four cities, for the registered population of 12 years and older.

Differences in drug use rates between the five categories of address density and the four big cities are sometimes distinct and hard to explain.

In paragraph 3.2 we begin by addressing the question of how many people use or have used a certain drug in a certain period of time. We use the concepts of lifetime, last year and last month drug use prevalence rates. Prevalence rates alone are not sufficient to describe drug use in society, hence we will supplement them by other indicators. These indicators are: continuation and incidence of drug use (paragraph 3.3), frequency and intensity of drug use (paragraph 3.4), and mean and median age of first and current use (paragraph 3.5). Because this chapter contains many figures, it mainly consists of tables. The core indicators are given for the following drugs: tobacco, alcohol, hypnotics, sedatives, cannabis, cocaine, amphetamines, ecstasy, hallucinogens, mushrooms, all opiates, codeine, heroin, inhalants, difficult drugs and doping.

The concept of 'difficult drugs' was introduced in 1990 to avoid definition problems (Sandwijk et al, 1991). A simple division into licit and illicit drugs is not sufficient due to the specific wording of the Dutch Opium Act. We have decided not to use the term 'hard drug' because of its many non-scientific connotations. And the term 'hard drug' might give the erroneous impression that we are referring to a particularly hazardous category of drugs and that soft drugs on the contrary pose (almost) no health risks at all. Dutch narcotic law makes a distinction between cannabis and other illicit drugs, such as cocaine, amphetamine, ecstasy, hallucinogens, LSD and heroin. Both categories are illicit, but priority for criminal investigation and prosecution is given to the latter. So, while still illegal, the possession of cannabis is not prosecuted as long as small amounts are involved, making acquisition of these drugs relatively easy. The position of mushrooms in the Dutch opium law is ambiguous but in practice we have a similar situation as with cannabis type drugs. At the moment (1999) the mushroom itself is legal but the active substances psylocybin and psilocin are registered as illicit drugs (Adelaars, 1997). On the other hand, mushrooms are sold in special shops (smart shops) very similar to the sale of cannabis products in so-called coffee shops. The mushrooms are sold in small bags, either dried or fresh, accompanied by a small information leaflet on how and in what context they should be used, what to expect, and what to do in case of a 'bad trip'. In this study we regard mushrooms as a hallucinogen but not as a difficult drug. The reason is that just as with cannabis, mushroom sales in specialized shops are tolerated under the current Dutch drug policy. Their purchase, therefore, is not 'difficult' like that of other difficult drugs (amphetamines, cocaine, ecstasy, hallucinogens, such as LSD, heroin). The difficult drugs included in this study are: amphetamines, cocaine, ecstasy, all hallucinogens *excluding* mushrooms, and heroin.

We started reporting the use of mushrooms in 1997. The reason for doing so is the onset of the mushroom trend after our 1994 survey in Amsterdam. The Utrecht fieldwork had already started by then, so for Utrecht there is no separate reporting of mushroom use. We already provided prevalence rates of hallucinogens in general but in 1997 we added the possibility of more differentiated answers.

Another drug use that is reported for the whole sample but not reported in Utrecht is the use of performance-enhancing drugs, which are also used for aesthetic reasons (e.g. bodybuilding). Performance-enhancing drugs are usually referred to as 'steroids' or 'doping'. They are an aggregate, just like difficult drugs. The performance-enhancing drugs included in this study are: anabolic androgen steroids (AAS), growth hormone, EPO (erythropoietin), thyroid gland preparation, clenbuterol, stimulants (e.g. amphetamines, cocaine, and caffeine in high doses).

3.2 Prevalence and continuation of drug use

The tables in this section will show lifetime prevalence rates (table 3.1), last 12 months prevalence rates (table 3.2), and last 30 days prevalence rates (table 3.3) of licit and illicit drug use for the population of the Netherlands, aged 12 years and over in 1997. In table 3.4 we give the unweighted number of observed lifetime users. For lifetime use, in addition to rate estimates (table 3.1), corresponding population estimates (table 3.5) are included. Population estimates are presented in thousands. Each observed estimate is followed by its 95 percent confidence interval in parentheses. For example, cannabis lifetime: 2067.8 (2005.0, 2132.2). The interpretation of these estimates is that one can be 95 percent confident that the total number of people who have ever tried cannabis at least once in their lifetime lies between 2005.0 and 2132.2, with the best estimate being 2067.8.

Tables 3.6 and 3.7 show the *last year* and *last month continuation* rates of drug use. Last year continuation shows what proportion of lifetime users reports last year use as well; last month continuation shows the proportion of lifetime users that reports last month use.

Alcohol and tobacco

Alcohol and tobacco are the most commonly used drugs. Alcohol is on top of the list with a national lifetime prevalence rate of 90.2 percent, followed by tobacco with 67.9 percent. We note that the alcohol use prevalence rates in the four large cities and the rates in the rest of the Netherlands vary only slightly. Alcohol and tobacco also are the most currently used drugs. By this we refer to the relatively high last month prevalence of 73.3 percent (alcohol) and 34.3 percent (tobacco). In other words, alcohol and tobacco have relatively high continuation rates. The percentage of lifetime alcohol users that continues (or has restarted) using alcohol in the year prior to the interview is 91.5 and 81.4 for using alcohol in the month prior to the interview. For tobacco these rates are 56.1 (last year) and 50.5 percent (last month continuation). Alcohol continuation rates are generally the same for each stratum; tobacco continuation rates are highest in the four big cities.

It is plausible that the low rates of alcohol use among youths in the big cities, is partly due to the relatively large share of Muslim backdrop in these cities. According to our representative sample, the percentage Moroccan and Turkish people in the big cities is respectively 2.3 and 3.4 percent, whereas this percentage is 1.8 and 0.6 for the rest of the Netherlands.

Sedatives and hypnotics

Sedatives and hypnotics come after alcohol and tobacco on the list 'ever tried in a lifetime'. The lifetime prevalence of sedative use is 19.6 percent and the lifetime prevalence of hypnotic use is 17.4 percent. Last month use is 4.9 percent (sedatives) and 5.5 percent (hypnotics). Last month continua-

tion rates are 25.2 percent (sedatives) and 31.8 percent (hypnotics). Sedative and hypnotic prevalence rates and continuation rates decrease if the address density declines, but still remain comparatively high.

Cannabis

In 1997, an estimated 15.6 percent of the Dutch population tried cannabis once in his or her lifetime. This represents 2,067.8 thousand persons. An estimated 2.5 percent, or approximately 320 thousand persons, were current last month users. Cannabis use prevalence is strongly correlated with address density. Last month use varies from 4.9 in the highest address density municipalities to 1.5 in the lowest address density municipalities. The 8.1 percent last month cannabis use in Amsterdam (more than three times the national average) proves that Amsterdam is a very special case and not at all representative for the rest of the Netherlands.

Cannabis has the highest continuation rates of all illicit drugs (29.1% last year continuation and 15.8% last month continuation), but it is clear that cannabis use still is very different from alcohol and tobacco use.

Difficult drugs

An estimated 4.1 percent of the Dutch population tried difficult drugs at least once, meaning they had used cocaine, amphetamines, ecstasy, hallucinogens or heroin at least once in a lifetime. The percentage of current difficult drug users is 0.5 percent. Continuation rates are 29.4 percent (last year continuation) and 12.2 percent (last month continuation). We note that continuation now means that a person used any of the difficult drugs the year (or month) prior to the interview, since he used any of these drugs in his lifetime. So it is not necessary that he used two drugs of the same kind! Prevalence rates are strongly correlated with stratum and once again Amsterdam turns out to be a special case. Last month prevalence of difficult drug use in Amsterdam is 2.0 percent, compared to 1.1 percent for the highest address density municipalities (which includes Amsterdam!) to 0.5 percent for the average of the Netherlands. Continuation rates vary per stratum but not very much and not linear per density.

Cocaine, amphetamine and ecstasy

Cocaine and ecstasy (MDMA) lifetime prevalence rates were 2.1 and 1.9 percent respectively. Last month prevalence rates of these two drugs were 0.2 and 0.3 percent respectively. The last month continuation of cocaine is 10.0 percent, of ecstasy 14.0 percent. Compare the lifetime prevalence of cocaine and ecstasy in Amsterdam (9.4% and 7.0%) to 4.9 and 3.6 percent for the high address density municipalities, and to 2.1 and 1.9 percent for the rest of the Netherlands. Continuation rates vary widely per stratum.

Amphetamine lifetime prevalence was reported by 1.9 percent of the population. Prevalence rates vary per stratum; in Amsterdam the lifetime prevalence is 6.0, in the highest address density this percentage is 3.6 and in the rest of the Netherlands less than 2. The last month prevalence of amphetamine is 0.1 percent nationally; the last month continuation is 7.2 percent. This low continuation rate might indicate that amphetamine use is temporary and or very infrequent, as is the case with hallucinogens, mushrooms and some of the licit opiates.

Hallucinogens

The lifetime prevalence of hallucinogens (excluding mushrooms) and mushrooms is 1.8 and 1.6 percent respectively and a very low last month use of less than 0.1 and 0.1 respectively. Once again, prevalence rates in the cities are much higher than in the rest of the country. The last month continuation of hallucinogens is 2.8 percent, of mushrooms 6.0 percent.

Opiates

The group of opiates is diverse; it includes opium, morphine, codeine, palfium, methadone and heroin. Some of these drugs, codeine in particular, are mainly used for medical reasons. Opiates as a group are ever used by 11.7 percent of the Dutch population, 1.0 percent reported use in the month prior to the interview. Opiates have broadly varied prevalence rates, ranging between 0.1 (palfium) and 7.3 percent (codeine) for lifetime prevalence, dominated by codeine use. Last month continuation rates for opiates and codeine are 8.6 and 12.0 percent. Remarkable is the big variety in codeine use prevalence (and therefore opiate use prevalence) per stratum. Remember that codeine is a prescription drug. Compare the opiate lifetime prevalence in Amsterdam (21.4%), to 14.3 percent in the highest density, to 11.7 percent in the whole of the Netherlands. Codeine lifetime prevalence in Amsterdam (16.0 percent) is more than double the codeine lifetime prevalence of other cities or address density municipalities; the distinction is even bigger for last month rates. Heroin is used by a small group of people: 0.3 percent used heroin in their lifetime.

Other substances

Inhalants are used by a small part of the Dutch population. Lifetime prevalence rates are 0.5 (lifetime) and 0.0 (last month). The prevalence rates of doping or performance-enhancing drugs are very low, 0.9 (lifetime) and 0.2 (last month). However, for the few users we could find, last month continuation is rather high (21.4 percent). Use of steroids does not vary per stratum.

No drugs

'No drug use' is defined as no use of any listed drugs. Thus, 'no drug' use also means no use of alcohol, tobacco, sedatives, hypnotics, codeine and doping. Of the Dutch population, 5.2 percent did not use any of these drugs ever, 17.8 percent did not use any drug last month. We note that prevalence rates of 'no drug' are slightly higher in the big cities than in the rest of the Netherlands, which is surprising in view of the higher prevalence rates there of illicit drugs. Logically the continuation, frequency, intensity and age of onset of no drug use are not calculated.

3.3 Frequency and intensity of drug use

To get an impression of lifetime frequency of drug use, we introduced the concept of *experienced user*. We defined experienced user as a person, who used a specific drug 25 times or more in his/her lifetime. The rate of experienced users is the proportion of the user population that used the drug 25 times or more in their lifetime. Table 3.8 shows experienced drug use. We should keep in mind that these percentages refer to the population of lifetime consumers, and not to the entire Dutch population. As a consequence, for some drugs, the total sample of 'ever' users is too small to provide accurate estimates. Therefore, we have to be cautious when comparing the experienced use rates between strata.

We also introduce a concept of intensity of use that applies only for last month users of a substance. We asked all last month users how often they used the drug. See table 3.9. These percentages apply to

the current users, so percentages apply neither to the Dutch population (like e.g. prevalence rates) nor to the lifetime users (like e.g. continuation rates). Table 3.10 gives the unweighted n of reported last month use. For alcohol, sedatives, hypnotics and cannabis (drugs with a sufficient amount of current users) we were able to report the intensity of use in more detail (table 3.11).

Tobacco and alcohol

The most experienced users are found among tobacco and alcohol use. Nation-wide, 88.4 percent of the people that ever consumed tobacco, did this more often than 25 times, for alcohol this percentage is 88.0 percent. An estimated 24.3 percent of the current alcohol users had a drink on more than 20 days in the month prior to the interview.

Hypnotics and sedatives

An estimated 41.1 percent of the hypnotics user population used this drug 25 times or more in a lifetime, so did 39.6 percent of the sedative users. Sedatives and hypnotics are the most intensely used drugs, 49.4 and 41.0 percent respectively of the last month users took the drug on more than 20 days last month.

Cannabis

One third of the people, who ever tried cannabis, did this 25 times or more. Experienced use rates are distinctly higher in Amsterdam (43.6%), Rotterdam (40.8%) and The Hague (40.5%) than in the rest of the Netherlands (ranging from 35.6 in the highest density stratum - large cities excluded - to 27.4% in moderate density municipalities). One of the four current cannabis users had 20 or more cannabis consumption days in the last month (25.6%). There are no significant differences between the cities or address density strata regarding the amount of cannabis use-days.

Cocaine, amphetamine, ecstasy, hallucinogens and opiates

Cocaine, amphetamine and ecstasy are used 25 times or more by 22.7, 33.0 and 25.4 percent respectively of the lifetime users. The remarkably high experienced amphetamine use rate of 59.4 percent within the low density municipalities is based on a non-sufficient amount of reported lifetime use (unweighted 30 lifetime users). 15.5 percent of the current users took amphetamines on 20 days (or more) during the month prior to the interview. The number of use-days is much lower for current cocaine and ecstasy users (1.8% and 0.0% respectively).

An estimated 12.6 percent of the Dutch population that ever tried hallucinogens, used them 25 times or more. The experienced use rate is much lower for mushroom use (4.7%). An estimated 17.2 percent are experienced opiate users, percentages are slightly higher for codeine use (22.1%) and heroin use (24.3%). Due to the low last month prevalence, estimates of the amount of heroin use-days can not be provided.

Other substances

Steroids are used 25 times or more by 30.7 percent of the user population, inhalants by 16.0 percent. The number of last month users is too small to provide estimates of the amount of use-days.

3.4 Incidence of drug use

Estimates of drug use *incidence*, or initiation, indicate the proportion of the population that started using this drug within a year prior to the interview. Incidence rates point out how drug use will spread among the population; increases and decreases in incidence will likely be followed by corresponding changes in the prevalence of use. The incidence estimates are based on reports of age and age at first drug use. Table 3.12 shows estimates of drug use incidence for all nine strata.

Tobacco and alcohol

Nation-wide, an estimated 1.7 percent of the Dutch population age 12 and older, started using tobacco one year prior to the interview. Although incidence rates seem lower in the big cities than in the rest of the country, these differences are not significant (Chi-square $p<0.01$). On national level, the incidence of drug use is highest for alcohol use. An estimated 3.0 percent of the Dutch population were new alcohol users. In general, the percentages of persons that start drinking are clearly higher in the rural municipalities than in the more urbanised municipalities. Alcohol incidence is lowest in Utrecht (1.6%) and Amsterdam (1.8%), and highest in the lowest density municipalities (3.6%).

Hypnotics and sedatives

Hypnotics and sedatives each show the second highest incidence rates on a national level. For both drugs, an estimated 2.9 percent of the Dutch population started using them in the year prior to the interview. Incidence rates are highest in Amsterdam (hypnotics 4.4% and sedatives 3.6%), though there is no linear relation between hypnotic and sedative incidence and address density. Furthermore, incidence rates of hypnotics and sedatives are not equally distributed among the strata. The lowest hypnotic incidence rates can be found in the highest density municipalities (large cities excluded) and the lowest sedative incidence can be found in the lowest density municipalities.

Cannabis

An estimated 1.3 percent of the population started using cannabis 'last year'. It is remarkable that incidence rates among the strata are not significantly different (Chi-square $p<0.01$). Therefore, the percentage of the population that starts taking cannabis, is just the same in Amsterdam as in the rest of the Netherlands, and thus just the same as in the rural municipalities. A first impression is that these percentages do not correspond with last year prevalence of cannabis use. After all, last year prevalence rates are clearly higher in the more urbanised municipalities, and especially in Amsterdam.

Cocaine, amphetamine, ecstasy, hallucinogens and opiates

Incidence of cocaine and amphetamine use is relatively low. Cocaine and amphetamines are used for the first time by an estimated 0.3 percent (cocaine) and 0.2 percent (amphetamines) of the Dutch population. Once more, incidence differences between strata are not significant (Chi-square $p<0.01$). Ecstasy incidence on the other hand, is distinctly higher in Amsterdam (1.3%) than in the rest of the country (nation-wide 0.4%).

Nation-wide, an estimated 0.6 percent of the Dutch population started using mushrooms and 0.2 percent started using other hallucinogens. Mushroom incidence among the Amsterdam population is distinctly higher than in the highest density municipalities, which in turn produces higher rates than the rest of the country. Hallucinogen incidence is generally equally low everywhere.

The rate of new opiate users is predominated by new codeine users. Nation-wide incidence of opiate use (including codeine and heroin use) is 1.5 percent and that of codeine use is 1.0 percent. Heroin

initiation rates are too small to provide accurate estimations. Codeine use incidence is slightly higher in Amsterdam than in the rest of the country, as - for the same reason - is opiate use incidence.

Other substances

Incidence of performance-enhancing drug use is 0.2 percent nation-wide. Incidence rates are not significantly different in the strata. Inhalants are first used by 0.1 percent of the Dutch population. The rates are low all over the country.

3.5 Age and drug use

Tables 3.13 and 3.14 show the mean and median age of first use. The age of first use is based on reported lifetime users. As a consequence, drugs with low lifetime prevalence produce an inaccurate age of first use estimates. For example, the confidence interval of the group of ecstasy users in the category of most rural municipalities varies by almost 20 years (!). Because the accuracy of estimates differs per stratum, we have to be careful not only with interpreting the figures, but also with making cross-stratum comparisons. Besides, ages of first use seem very similar across the Netherlands for almost all drugs. Without exceptions, the mean age of first use is higher than the median age of first use. This means that *more* than half of the ever users started before they reached the mean age of first use. To put these figures into perspective it is necessary to know something about the age of the 21,959 respondents. Of all questioned persons, the mean age is 42 years and the median age is 40 years (both figures are weighted and therefore representative for the Dutch population).

Tables 3.15 and 3.16 give the mean and median age respectively of current use. The age of current use gives the estimated age of last month users, indicating the age of the actual users. Because the age of current use is based on respondents who reported last month use, the estimates are even less accurate than ages of first use estimates. Therefore we should be cautious with reading the figures and using them for cross-stratum comparisons. For almost all drug use (with the exception of sedative use), the mean age of current drug use is higher than the median use of current drug use. The difference in time between the age of first use and the age of current use indicates the spread of use over the age cohorts. This difference depends on the kind of drug used. For example, the use of mushrooms appears to be restricted to persons in their early twenties, whereas the use of sedatives and hypnotics is widely spread over the older age groups.

Tobacco and alcohol

The age of first use is lowest for alcohol and tobacco. At the age of sixteen, 50 percent of all lifetime users have started using these substances. The first thing we see in table 3.15 is that the average age of current licit drug users is relatively higher than the average age of current illicit drug users (exception is opiate use, made up of codeine use and heroin use, which also has a relatively high average age of current use). The average age of current tobacco and alcohol users is 40 and 42 years.

Hypnotics and sedatives

The age of onset of pharmaceutical drugs (including codeine) is distinctly higher than the age of onset of difficult drugs. (Former) hypnotic users started at the mean age of 41 and (former) sedative users at the mean age of 35. Current use ages are clearly higher for hypnotic use (61 years) and sedative use (53 years) than for *any* other drug.

Cannabis

We saw that more than just over 15 percent of the Dutch population tried cannabis once or more than once. These users started at the age of 19 years on average (and a median age of 18 years). The average current cannabis user is distinctly older: 27 years old.

Cocaine, amphetamine, ecstasy, hallucinogens and opiates

When we look at the age of onset of difficult drug use it is clear that experimenting with these drugs is concentrated in the younger age groups. Difficult drugs are used for the first time at the age of 22 (mean). The mean and median ages of first use of illicit drugs are roughly between 18 and 24. Cocaine and ecstasy both are first used for the first time at the age of 23 on average, amphetamines at the age of 21 on average. Hallucinogens show the same ages (hallucinogens 21, mushrooms 23 year). We see that the begin-age is comparatively higher for opiates (32 years). This is due to codeine's high age of first use (33 years mean). Currently difficult drugs are used at a mean age of 28 years. The average ages of the current cocaine, amphetamine and ecstasy users are 29, 28 and 30 years respectively. Hallucinogens are currently used at an average age of 29, mushrooms at the age of 21. The average age of current opiate use is 45 (for codeine, it is 46 and for heroine 41).

Other substances

Finally, inhalant use started at an age of 19 (mean) and steroid use at an age of 24 (mean). Current inhalant users are on average 29 years old, current steroid users are 40 years old. We should take note of the relatively small amount of data that these figures are based on. As a result of the low prevalence rates, particularly the current use estimates are not exact.

3.6 Tables

Table 3.1: Lifetime drug use prevalence in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	lifetime drug use										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	71.8	65.8	64.4	69.9	69.0	68.4	69.2	66.7	67.2	67.6	67.9
Alcohol	88.7	86.2	84.5	89.0	91.9	88.4	90.7	90.5	90.4	90.5	90.2
Hypnotics	23.8	19.0	17.7	19.3	18.8	20.0	17.6	18.0	16.4	14.8	17.4
Sedatives	22.9	19.6	17.7	22.2	22.0	21.0	21.5	21.1	17.0	16.5	19.6
Cannabis	36.7	18.5	20.1	27.3	23.3	25.5	17.2	12.6	12.3	10.5	15.6
Cocaine	9.4	3.4	3.4	3.6	3.2	4.9	1.8	1.5	1.4	1.0	2.1
Amphetamines	6.0	2.7	2.2	2.6	3.3	3.6	1.9	1.6	1.2	1.1	1.9
Ecstasy	7.0	2.2	2.6	3.2	2.4	3.6	1.5	1.7	1.3	1.2	1.9
Hallucinogens	6.3	1.8	2.8	3.0	2.7	3.5	1.7	1.2	1.4	1.1	1.8
Mushrooms	6.6	2.4	2.5	.	3.1	3.8	1.7	1.1	0.9	1.0	1.6
Opiates all	21.4	12.5	10.0	8.4	13.2	14.3	11.7	13.4	10.3	8.4	11.7
Codeine	16.0	7.5	4.8	4.7	7.8	9.1	8.2	8.4	6.2	4.0	7.3
Heroin	1.8	0.4	0.5	0.3	0.4	0.8	0.1	0.2	0.1	0.3	0.3
Inhalants	1.9	0.6	0.5	0.7	0.5	0.9	0.3	0.3	0.6	0.3	0.5
Doping	1.5	0.8	0.7	.	0.8	1.0	1.0	0.9	0.9	0.6	0.9
Difficult drugs	14.3	5.3	5.9	6.8	6.3	8.2	3.8	3.2	2.9	2.4	4.1
No drugs	6.0	6.7	8.5	5.9	4.4	6.1	4.6	5.3	5.0	5.0	5.2
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.
No drugs is *non* of the above drugs

Table 3.2: Last year drug use prevalence in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	last year drug use										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	46.7	39.4	40.3	46.3	41.7	42.7	38.1	36.5	36.7	36.8	38.1
Alcohol	80.2	77.4	76.0	81.5	84.5	80.3	83.6	83.4	82.0	83.1	82.5
Hypnotics	13.1	8.8	10.1	10.1	8.8	10.2	9.2	8.5	8.0	6.3	8.5
Sedatives	11.5	8.6	8.8	8.7	9.5	9.7	9.6	8.8	6.6	5.8	8.2
Cannabis	13.2	6.0	6.5	8.1	7.2	8.5	4.1	3.5	3.7	3.1	4.5
Cocaine	2.6	1.0	1.1	0.9	0.8	1.4	0.3	0.7	0.3	0.3	0.6
Amphetamines	0.9	0.3	0.4	0.6	0.9	0.7	0.3	0.2	0.2	0.3	0.3
Ecstasy	3.2	0.5	0.8	1.6	1.2	1.5	0.4	0.7	0.5	0.3	0.7
Hallucinogens	1.1	0.2	0.5	0.8	0.4	0.6	0.3	0.1	0.2	0.3	0.3
Mushrooms	2.4	0.7	0.8	.	1.0	1.3	0.7	0.4	0.3	0.5	0.6
Opiates all	16.5	3.5	3.5	3.5	4.1	7.1	4.1	4.8	2.6	2.6	4.2
Codeine	7.3	2.0	1.9	2.2	2.7	3.6	2.7	3.5	1.8	1.4	2.6
Heroin	0.5	0.2	0.1	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.1
Inhalants	0.4	0.1	0.1	0.1	0.1	0.2	0.1	0.0	0.1	0.0	0.1
Doping	0.6	0.3	0.4	.	0.3	0.4	0.2	0.3	0.5	0.4	0.3
Difficult drugs	4.9	1.3	2.0	2.5	1.9	2.6	1.0	1.0	0.8	0.7	1.2
No drugs	11.4	13.5	15.2	10.8	9.2	11.8	9.2	10.7	11.1	10.5	10.6
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

No drugs is *non* of the above drugs.

Table 3.3: Last month drug use prevalence in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	last month drug use										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	42.0	35.2	37.2	41.3	37.6	38.5	34.2	33.2	32.8	32.9	34.3
Alcohol	71.5	67.1	66.8	74.5	75.3	71.1	74.1	73.9	73.7	73.7	73.3
Hypnotics	7.9	6.1	6.8	5.9	6.0	6.6	6.5	5.3	5.0	3.8	5.5
Sedatives	7.3	5.3	5.8	5.3	5.4	5.9	5.8	5.5	3.5	3.6	4.9
Cannabis	8.1	3.3	4.2	4.2	4.0	4.9	2.4	1.8	1.8	1.5	2.5
Cocaine	1.0	0.4	0.6	0.4	0.3	0.5	0.0	0.2	0.2	0.1	0.2
Amphetamines	0.3	0.1	0.2	0.3	0.4	0.3	0.1	0.1	0.1	0.1	0.1
Ecstasy	1.1	0.1	0.2	0.7	0.6	0.6	0.1	0.4	0.2	0.1	0.3
Hallucinogens	0.0	0.0	0.1	0.4	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Mushrooms	0.6	0.1	0.1	.	0.3	0.3	0.1	0.0	0.0	0.1	0.1
Opiates all	4.2	1.2	1.0	0.8	0.9	1.8	0.9	1.1	0.6	0.8	1.0
Codeine	3.6	0.8	0.6	0.7	0.9	1.5	0.8	1.0	0.4	0.7	0.9
Heroin	0.3	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Inhalants	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Doping	0.3	0.2	0.2	.	0.3	0.3	0.0	0.1	0.4	0.2	0.2
Difficult drugs	2.0	0.5	1.0	1.3	0.9	1.1	0.3	0.5	0.4	0.3	0.5
No drugs	18.0	21.8	22.2	16.3	16.7	19.0	15.9	18.1	18.5	18.0	17.8
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.
No drugs is *non* of the above drugs.

Table 3.4: Unweighted n reported lifetime drug use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

unweighted n reported lifetime drug use

	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	2,551	1,445	1,375	1,529	1,508	8,408	1,509	1,472	1,472	1,503	14,364
Alcohol	3,200	1,932	1,844	1,937	2,078	10,991	2,052	2,024	2,047	2,075	19,189
Hypnotics	852	375	333	432	370	2,362	332	356	313	288	3,651
Sedatives	825	404	357	491	456	2,533	428	430	340	347	4,078
Cannabis	1,265	392	447	602	549	3,255	404	301	322	292	4,574
Cocaine	316	62	68	76	69	591	37	34	33	25	720
Amphetamines	201	56	49	57	79	442	45	38	30	29	584
Ecstasy	228	47	64	70	66	475	38	43	38	31	625
Hallucinogens	212	42	57	67	69	447	39	29	34	29	578
Mushrooms	226	57	59	.	88	430	44	35	33	30	572
Opiates all	763	255	193	192	267	1,670	237	266	204	168	2,545
Codeine	577	148	94	110	161	1,090	168	169	123	84	1,634
Heroin	59	7	7	7	8	88	2	4	3	4	101
Inhalants	61	13	12	15	14	115	7	8	14	9	153
Doping	52	14	17	.	19	102	22	20	20	19	183
Difficult drugs	484	110	125	149	155	1,023	88	75	73	60	1,319
No drugs	306	230	278	139	129	1,082	143	162	137	142	1,666
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.
No drugs is *non* of the above drugs.

Table 3.5a: Lifetime drug use prevalence in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, 1997 (weighted population estimate and 95% confidence interval), reported in thousands

reported in thousands

lifetime drug use	*highest address density municipalities:*									
	1) Amsterdam		*2) Rotterdam*		*3) The Hague*		*4) Utrecht*		*5) other*	
drug	*pop. estimate*	*95% c.i.*	*pop. estimate*	*95% c.i.*	*pop. estimate*	*95% c.i.*	*pop. estimate*	*95% c.i.*	*pop. estimate*	*95% c.i.*
Tobacco	446.6	(437.4 , 455.4)	333.3	(323.4 , 342.9)	246.6	(239.0 , 254.0)	143.2	(139.2 , 147.1)	461.2	(448.3 , 473.6)
Alcohol	551.6	(545.0 , 557.7)	436.4	(429.0 , 443.2)	323.7	(317.8 , 329.2)	182.4	(179.6 , 184.9)	613.8	(605.8 , 620.8)
Hypnotics	148.2	(139.8 , 156.9)	96.0	(88.2 , 104.4)	67.7	(61.9 , 73.9)	39.5	(36.2 , 43.0)	125.6	(115.3 , 136.6)
Sedatives	142.7	(134.4 , 151.3)	99.1	(91.1 , 107.5)	67.7	(61.9 , 73.9)	45.5	(42.1 , 49.2)	147.0	(136.0 , 158.7)
Cannabis	228.2	(218.7 , 238.0)	93.4	(85.7 , 101.7)	77.0	(70.9 , 83.5)	56.0	(52.2 , 59.9)	155.8	(144.5 , 167.6)
Cocaine	58.8	(53.2 , 64.9)	17.3	(13.9 , 21.5)	13.1	(10.6 , 16.3)	7.3	(5.8 , 9.0)	21.1	(16.8 , 26.4)
Amphetamines	37.1	(32.6 , 42.1)	13.7	(10.7 , 17.5)	8.2	(6.2 , 10.9)	5.3	(4.1 , 6.9)	22.0	(17.6 , 27.4)
Ecstasy	43.3	(38.4 , 48.6)	11.2	(8.5 , 14.6)	9.8	(7.6 , 12.6)	6.6	(5.2 , 8.3)	16.2	(12.5 , 21.0)
Hallucinogens	39.2	(34.6 , 44.4)	9.2	(6.8 , 12.3)	10.6	(8.3 , 13.5)	6.2	(4.9 , 7.9)	18.0	(14.1 , 23.0)
Mushrooms	41.3	(36.6 , 46.6)	12.2	(9.4 , 15.8)	9.7	(7.5 , 12.5)	.	. .	20.4	(16.2 , 25.7)
Opiates all	133.3	(125.3 , 141.7)	63.5	(56.9 , 70.6)	38.2	(33.8 , 43.2)	17.3	(15.0 , 19.8)	88.5	(79.6 , 98.2)
Codeine	99.8	(92.7 , 107.4)	37.8	(32.8 , 43.6)	18.3	(15.2 , 21.9)	9.7	(8.0 , 11.7)	51.8	(44.9 , 59.6)
Heroin	11.1	(8.7 , 14.0)	2.2	(1.2 , 4.1)	1.9	(1.0 , 3.4)	0.7	(0.3 , 1.4)	2.8	(1.5 , 5.2)
Inhalants	11.6	(9.2 , 14.6)	2.8	(1.6 , 4.8)	2.1	(1.2 , 3.6)	1.4	(0.8 , 2.3)	3.5	(2.0 , 6.2)
Doping	9.1	(7.0 , 11.8)	3.9	(2.4 , 6.2)	2.8	(1.8 , 4.6)	.	. .	5.1	(3.2 , 8.1)
Difficult drugs	89.1	(82.3 , 96.3)	26.7	(22.4 , 31.7)	22.7	(19.2 , 26.7)	14.0	(12.0 , 16.3)	42.4	(36.2 , 49.5)
No drugs	37.3	(32.9 , 42.4)	34.0	(29.2 , 39.5)	32.7	(28.6 , 37.4)	12.1	(10.2 , 14.3)	29.5	(24.4 , 35.7)
Total population (12 a.o.)	*622,021*		*506,153*		*382,945*		*204,827*		*667,956*	

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.
No drugs is *non* of the above drugs.

Table 3.5b: Lifetime drug use prevalence in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, 1997 (weighted population estimate and 95% confidence interval), reported in thousands

reported in thousands

lifetime drug use	*address density:*											
drug	*highest*			*6) high*			*7) moderate*			*8) low*			*9) lowest*		
	pop. estimate	*95% c.i.*		*pop. estimate*	*95% c.i.*		*pop. estimate*	*95% c.i.*		*pop. estimate*	*95% c.i.*		*pop. estimate*	*95% c.i.*	
Tobacco	1630.7	(1611.4 ,	1649.8)	2180.0	(2119.5 ,	2238.5)	1814.7	(1761.3 ,	1866.6)	1880.9	(1826.3 ,	1933.9)	1479.8	(1437.3 ,	1521.0)
Alcohol	2107.8	(2094.3 ,	2120.7)	2855.8	(2816.2 ,	2891.2)	2463.2	(2428.6 ,	2494.2)	2529.5	(2493.8 ,	2561.5)	1982.6	(1954.9 ,	2007.4)
Hypnotics	477.2	(460.9 ,	493.9)	552.9	(505.5 ,	603.6)	490.9	(449.3 ,	535.4)	459.0	(418.1 ,	503.0)	323.8	(293.3 ,	356.9)
Sedatives	501.9	(485.3 ,	519.0)	678.0	(626.5 ,	732.5)	575.4	(531.0 ,	622.4)	475.3	(433.8 ,	519.9)	361.6	(329.6 ,	396.1)
Cannabis	610.3	(592.4 ,	628.5)	542.0	(495.1 ,	592.4)	342.3	(306.9 ,	381.1)	343.7	(307.8 ,	383.2)	230.6	(204.5 ,	259.5)
Cocaine	117.7	(109.1 ,	127.0)	56.2	(41.4 ,	76.0)	41.7	(30.0 ,	57.9)	38.5	(27.2 ,	54.4)	22.8	(15.3 ,	33.9)
Amphetamines	86.5	(79.1 ,	94.5)	59.0	(43.8 ,	79.2)	43.9	(31.8 ,	60.4)	33.0	(22.7 ,	48.0)	24.8	(16.9 ,	36.3)
Ecstasy	87.1	(79.6 ,	95.2)	47.2	(33.8 ,	65.7)	47.3	(34.7 ,	64.4)	36.8	(25.8 ,	52.5)	26.9	(18.6 ,	38.7)
Hallucinogens	83.3	(76.0 ,	91.2)	52.3	(38.2 ,	71.6)	33.8	(23.4 ,	48.7)	38.9	(27.5 ,	54.9)	24.8	(16.9 ,	36.3)
Mushrooms	91.6	(83.2 ,	100.7)	51.9	(37.8 ,	71.1)	31.6	(21.6 ,	46.1)	26.2	(17.2 ,	39.9)	20.5	(13.5 ,	31.2)
Opiates all	341.5	(327.3 ,	356.3)	369.3	(329.8 ,	412.8)	365.2	(328.7 ,	405.0)	287.4	(254.4 ,	324.1)	183.3	(160.0 ,	209.6)
Codeine	218.0	(206.4 ,	230.2)	257.8	(224.6 ,	295.4)	228.9	(199.7 ,	261.9)	173.1	(147.4 ,	202.8)	88.7	(72.6 ,	108.1)
Heroin	18.6	(15.3 ,	22.6)	2.9	(0.8 ,	11.2)	5.0	(1.9 ,	13.0)	4.2	(1.5 ,	12.1)	5.3	(2.3 ,	12.1)
Inhalants	21.4	(17.9 ,	25.7)	9.1	(4.2 ,	19.4)	8.4	(4.0 ,	17.6)	15.8	(9.2 ,	27.2)	6.4	(3.0 ,	13.6)
Doping	22.9	(18.8 ,	27.8)	32.5	(21.7 ,	48.4)	23.6	(15.2 ,	36.6)	24.0	(15.4 ,	37.2)	14.2	(8.5 ,	23.5)
Difficult drugs	195.0	(184.0 ,	206.6)	120.2	(97.8 ,	147.5)	87.8	(70.1 ,	109.9)	82.2	(64.9 ,	103.9)	52.3	(40.2 ,	67.8)
No drugs	145.7	(136.1 ,	155.9)	144.4	(119.7 ,	173.9)	145.7	(122.5 ,	173.0)	141.4	(118.2 ,	168.7)	109.9	(91.9 ,	131.1)
Total population (12 a.o.)	*2,383,902*			*3,149,194*			*2,720,952*			*2,797,974*			*2,190,186*		

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.
No drugs is *non* of the above drugs.

Table 3.5c: Lifetime drug use prevalence in the Netherlands, 1997 (weighted population estimate and 95% confidence interval), reported in thousands

reported in thousands			
lifetime drug use		*national*	
drug	*pop. estimate*	*(upper*	*, lower)*
Tobacco	8986.1	(8903.9	, 9067.5)
Alcohol	11939.2	(11886.1	, 11990.4)
Hypnotics	2303.3	(2237.7	, 2370.5)
Sedatives	2592.0	(2523.2	, 2662.2)
Cannabis	2067.8	(2005.0	, 2132.2)
Cocaine	276.6	(252.6	, 302.8)
Amphetamines	246.9	(224.3	, 271.7)
Ecstasy	245.1	(222.6	, 269.9)
Hallucinogens	233.0	(211.0	, 257.2)
Mushrooms	215.1	(193.0	, 239.7)
Opiates all	1546.3	(1490.9	, 1603.4)
Codeine	966.1	(921.5	, 1012.7)
Heroin	36.0	(27.9	, 46.4)
Inhalants	61.1	(50.3	, 74.2)
Doping	116.0	(100.0	, 134.5)
Difficult drugs	537.1	(503.5	, 572.7)
No drugs	686.9	(649.1	, 726.8)
Total population (12 a.o.)	*13,242,208*		

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.
No drugs is *non* of the above drugs.

Table 3.6: Last year drug use continuation in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	last year continuation										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	65.0	59.8	62.6	66.3	60.4	62.4	55.0	54.8	54.5	54.4	56.1
Alcohol	90.4	89.7	89.8	91.6	92.0	90.7	92.1	92.1	90.7	91.7	91.5
Hypnotics	54.8	46.4	57.2	52.3	46.9	51.1	52.5	47.1	48.6	42.3	48.8
Sedatives	50.0	44.0	50.0	39.2	43.2	33.3	37.2	29.5	30.5	25.7	41.8
Cannabis	35.9	32.4	32.5	29.5	30.9	33.1	24.0	28.1	30.4	29.8	29.1
Cocaine	28.0	28.7	32.6	25.7	25.7	28.1	-	-	-	-	28.2
Amphetamines	14.7	10.8	-	23.2	25.9	17.9	-	-	-	-	17.6
Ecstasy	45.5	-	31.5	49.3	48.8	41.8	-	-	-	-	36.4
Hallucinogens	17.0	-	16.7	26.7	15.2	16.5	-	-	-	-	16.8
Mushrooms	36.7	27.5	31.4	.	34.1	34.1	-	-	-	-	37.8
Opiates all	62.0	28.4	34.5	42.0	31.3	45.1	34.8	35.5	25.6	30.5	35.3
Codeine	45.8	27.3	39.9	47.5	34.8	39.5	32.8	41.9	28.0	35.6	35.9
Heroin	26.5	-	-	-	-	26.1	-	-	-	-	21.6
Inhalants	20.6	-	-	-	-	19.5	-	-	-	-	18.0
Doping	42.3	-	-	.	-	43.9	-	-	-	-	39.2
Difficult drugs	34.4	24.2	34.4	36.6	30.4	32.3	25.0	30.6	27.1	29.9	29.4
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

Table 3.7: Last month drug use continuation in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	last month continuation										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	58.5	53.5	57.8	59.0	54.4	56.2	49.5	49.8	48.8	48.7	50.5
Alcohol	80.6	77.8	79.1	83.7	81.9	80.4	81.8	81.5	81.5	81.4	81.4
Hypnotics	33.1	32.2	38.7	30.4	32.1	45.9	44.7	41.7	38.6	35.2	31.8
Sedatives	31.8	27.0	32.7	23.7	24.7	28.2	27.0	26.0	20.8	22.0	25.2
Cannabis	22.1	17.7	20.9	15.4	17.0	19.4	13.9	14.3	14.6	14.6	15.8
Cocaine	10.1	10.4	16.5	12.5	8.4	10.7	-	-	-	-	10.0
Amphetamines	5.4	3.3	-	12.3	11.1	7.3	-	-	-	-	7.2
Ecstasy	15.8	-	7.0	22.7	25.5	15.4	-	-	-	-	14.0
Hallucinogens	0.2	-	4.4	11.5	4.3	2.6	-	-	-	-	2.8
Mushrooms	8.3	3.0	4.3	.	9.7	7.4	-	-	-	-	6.1
Opiates all	19.6	9.7	9.6	9.5	7.1	12.8	7.4	7.9	5.6	9.2	8.6
Codeine	22.6	11.2	11.9	13.8	11.3	16.6	9.9	12.3	6.8	16.6	12.0
Heroin	14.2	-	-	-	-	12.6	-	-	-	-	10.2
Inhalants	10.8	-	-	-	-	11.0	-	-	-	-	6.7
Doping	20.3	-	-	.	-	26.2	-	-	-	-	21.4
Difficult drugs	13.7	10.4	16.6	19.1	14.3	14.1	6.4	15.2	13.4	11.0	12.2
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

Table 3.8: Experienced drug use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	experienced use										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	88.5	87.9	88.2	87.9	88.5	88.3	88.2	89.3	88.0	88.2	88.4
Alcohol	87.9	86.3	83.7	91.0	89.3	87.6	87.0	87.4	89.2	89.2	88.0
Hypnotics	41.1	39.2	50.2	40.8	41.0	42.0	42.7	41.7	41.7	35.5	41.1
Sedatives	45.7	38.4	48.4	36.2	44.0	43.3	38.2	42.1	35.7	38.3	39.6
Cannabis	43.6	40.8	40.5	33.1	35.6	39.8	33.1	28.4	27.4	31.5	33.1
Cocaine	27.2	24.2	26.9	17.8	21.2	25.1	19.3	23.2	19.1	23.9	22.7
Amphetamines	32.7	28.7	35.2	19.1	28.1	30.3	23.1	27.3	59.4	40.3	33.0
Ecstasy	17.7	28.2	23.5	19.6	29.3	22.0	12.7	36.1	41.5	17.0	25.4
Hallucinogens	13.5	11.1	13.3	4.9	5.0	10.7	13.6	4.9	24.0	9.9	12.6
Mushrooms	6.7	1.7	4.4	.	3.6	4.9	-	-	11.7	14.1	4.7
Opiates all	33.2	21.2	16.6	76.9	13.5	24.1	16.9	15.6	12.8	15.4	17.2
Codeine	36.3	24.9	21.0	25.1	20.0	28.5	19.3	20.7	19.4	23.3	22.1
Heroin	41.7	-	-	-	-	35.4	-	-	-	-	24.3
Inhalants	18.1	-	-	-	-	14.5	-	-	-	-	16.0
Doping	35.3	-	-	.	-	30.8	-	-	-	-	30.7
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

As a percentage of all lifetime users

Table 3.9: More than 20 drug-use days during last month in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	more than 20 drug-use days in last month										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Alcohol	24.6	24.7	28.7	18.9	24.7	24.8	23.9	26.7	23.0	23.1	24.3
Hypnotics	42.9	38.6	51.4	.	36.6	41.8	37.7	44.3	44.8	35.4	41.0
Sedatives	45.4	45.1	50.0	.	36.7	43.7	52.0	51.7	46.1	52.8	49.4
Cannabis	22.6	21.5	27.5	18.5	13.7	20.8	26.6	34.2	27.7	24.7	25.6
Cocaine	4.2	-	-	-	-	4.0	-	-	-	-	1.8
Amphetamines	-	-	-	-	-	3.1	-	-	-	-	15.5
Ecstasy	0.0	-	-	-	-	0.0	-	-	-	-	0.0
Hallucinogens	-	-	-	-	-	-	-	-	-	-	5.9
Mushrooms	-	-	-	-	-	0.0	-	-	-	-	0.0
Codeine	8.4	-	-	-	-	10.5	-	-	-	-	13.6
Heroin	-	-	-	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-	-	-	-
Doping	-	-	-	-	-	-	-	-	-	-	-
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

As a percentage of last month users

Table 3.10: Unweighted n reported last month drug use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

unweighted n reported last month use

drug	*highest address density municipalities:* *1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*address density:* *6) high*	*7) moderate*	*8) low*	*9) lowest*	*national average*
Tobacco	1461	755	806	878	834	4734	759	736	741	756	7,726
Alcohol	2522	1447	1429	1619	1680	8697	1649	1636	1658	1686	15,326
Hypnotics	284	118	122	127	104	755	111	99	92	69	1,126
Sedatives	265	110	117	117	111	720	108	106	71	76	1,081
Cannabis	283	75	100	94	120	672	69	53	61	48	903
Cocaine	32	9	10	10	7	68	1	6	4	2	81
Amphetamines	11	3	6	7	9	36	3	4	5	4	52
Ecstasy	35	1	5	17	16	74	4	8	5	4	95
Hallucinogens	1	1	3	8	5	18	1	1	2	1	23
Mushrooms	19	3	5	.	9	36	1	1	3	6	47
Opiates all	152	22	17	19	21	231	16	20	12	16	295
Codeine	132	16	11	15	20	194	15	18	8	13	248
Heroin	8	1	2	0	0	11	0	0	1	0	12
Inhalants	6	2	1	1	1	11	0	0	1	0	12
Doping	12	3	5	.	6	26	1	3	8	6	44
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Table 3.11: Amount of use-days as a percentage of last month users in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

number of drug-use days per month as a percentage of last month use

drug		*highest address density municipalities: 1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*address density: highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*national average*
Alcohol	1-4 days	28.4	35.5	28.6	33.0	29.0	30.5	33.1	31.6	31.4	31.7	31.7
	5-8 days	18.3	15.8	19.7	22.6	21.2	19.2	21.2	21.1	23.3	23.1	21.6
	9-20 days	28.6	24.0	23.0	25.5	25.2	25.5	21.8	20.6	22.4	22.1	22.4
	over 20 days	24.6	24.8	28.6	18.9	24.7	24.8	23.9	26.7	23.0	23.1	24.3
Sedatives	1-4 days	32.2	27.9	27.5	.	35.2	31.5	30.3	20.3	28.8	21.7	26.9
	5-8 days	6.3	13.1	8.4	.	11.2	9.4	5.3	8.9	10.0	12.0	8.8
	9-20 days	16.3	13.9	13.7	.	16.8	15.5	12.1	18.7	15.0	13.3	14.9
	over 20 days	45.2	45.1	50.4	.	36.8	43.6	52.3	52.0	46.3	53.0	49.4
Hypnotics	1-4 days	33.9	31.7	26.3	.	33.1	31.8	31.3	24.6	25.2	31.8	29.0
	5-8 days	9.6	14.8	7.1	.	10.8	10.4	19.3	12.3	10.4	11.4	13.4
	9-20 days	13.7	14.8	15.4	.	19.4	15.9	12.0	18.9	20.0	21.6	16.7
	over 20 days	42.8	38.7	51.3	.	36.7	41.8	37.3	44.3	44.3	35.2	41.0
Cannabis	1-4 days	43.3	48.7	37.5	52.9	51.1	45.6	50.0	41.5	40.0	45.7	45.1
	5-8 days	13.0	13.2	11.5	13.8	15.6	13.4	10.7	12.2	17.5	17.1	13.9
	9-20 days	21.0	17.1	24.0	14.9	20.0	20.2	12.5	12.2	15.0	11.4	15.3
	over 20 days	22.7	21.1	27.1	18.4	13.3	20.8	26.8	34.1	27.5	25.7	25.7

As a percentage of last month users

Table 3.12: Incidence of drug use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	highest address density municipalities:					*incidence address density:*					
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*national average*
Tobacco	1.2	1.3	1.3	0.9	1.2	1.2	1.8	1.8	1.8	1.8	1.7
Alcohol	1.8	2.7	2.2	1.6	2.2	2.1	2.8	3.4	3.2	3.6	3.0
Hypnotics	4.4	3.2	3.0	3.5	2.2	3.2	3.3	2.9	2.4	2.4	2.9
Sedatives	3.6	2.7	2.4	3.3	3.4	3.1	3.6	2.8	2.8	1.8	2.9
Cannabis	1.1	1.3	1.3	1.4	1.6	1.3	1.3	1.1	1.5	1.2	1.3
Cocaine	0.6	0.6	0.3	0.3	0.3	0.4	-	-	-	-	0.3
Amphetamines	0.4	0.2	-	0.1	0.4	0.3	-	-	-	-	0.2
Ecstasy	1.3	-	0.5	1.2	0.6	0.8	-	-	-	-	0.4
Hallucinogens	0.6	-	0.3	0.7	0.5	0.5	-	-	-	-	0.2
Mushrooms	2.0	0.8	0.8	.	1.3	1.3	-	-	-	-	0.6
Opiates all	2.1	2.0	1.1	1.4	1.3	1.6	1.4	1.5	1.3	1.5	1.5
Codeine	1.6	1.3	0.9	0.7	0.7	1.1	1.2	0.9	1.0	0.7	1.0
Heroin	0.0	-	-	-	0.1	0.0	-	0.0	-	0.1	0.0
Inhalants	0.2	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.1
Doping	0.4	0.1	0.1	.	0.1	0.2	0.1	0.2	0.2	0.2	0.2
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Percentage new users (persons that used a drug for the first time in the year prior to the interview).

Table 3.13: Mean age of first drug use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	mean										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	17.5	17.5	17.5	17.2	18.1	17.5	17.0	17.0	16.9	17.7	17.0
Alcohol	17.9	18.7	18.6	17.7	17.4	18.2	18.1	18.1	17.8	16.6	18.0
Hypnotics	37.0	42.6	41.0	36.8	39.5	39.3	41.8	40.0	43.1	41.1	41.1
Sedatives	33.7	38.9	36.1	33.0	34.5	35.2	35.0	35.6	35.0	36.1	35.3
Cannabis	20.3	20.1	20.7	20.2	20.8	20.5	19.4	18.9	20.0	19.5	19.7
Cocaine	24.6	23.9	23.9	24.1	25.1	24.5	-	-	-	-	23.4
Amphetamines	22.4	21.4	-	21.8	22.5	22.1	-	-	-	-	21.4
Ecstasy	26.4	-	22.6	24.0	23.3	24.8	-	-	-	-	23.4
Hallucinogens	22.7	-	23.4	22.7	22.2	22.4	-	-	-	-	21.0
Mushrooms	25.4	22.9	23.7	.	23.4	24.3	-	-	-	-	23.5
Opiates all	28.7	32.8	33.4	29.7	32.9	31.2	33.0	32.7	33.6	33.0	32.6
Codeine	28.9	32.2	32.3	30.0	32.1	30.6	33.8	33.6	35.9	33.9	33.4
Heroin	23.7	-	-	-	-	23.6	-	-	-	-	22.6
Inhalants	20.1	-	-	-	-	19.3	-	-	-	-	19.1
Doping	23.3	-	-	.	-	24.9	-	-	-	-	24.0
Difficult drugs	23.4	21.9	23.4	23.0	23.9	23.3	21.8	20.9	21.3	22.6	22.2
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

Table 3.14: Median age of first drug use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	median										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	16.5	16.5	16.5	16.5	17.5	16.5	16.5	16.5	16.5	16.5	16.5
Alcohol	16.5	17.5	17.5	16.5	16.5	17.5	16.5	16.5	16.5	15.5	16.5
Hypnotics	33.5	40.5	38.5	34.5	36.8	35.5	40.5	39.5	40.5	40.5	40.5
Sedatives	30.5	35.5	33.5	29.5	30.5	30.5	31.2	33.5	32.5	33.5	32.5
Cannabis	18.5	18.5	18.5	18.5	18.5	18.5	18.5	17.5	17.5	17.5	18.5
Cocaine	23.5	22.5	21.5	22.5	23.5	23.4	-	-	-	-	22.5
Amphetamines	20.5	19.5	-	21.5	21.5	20.5	-	-	-	-	20.5
Ecstasy	25.5	-	20.5	23.5	22.5	23.5	-	-	-	-	21.5
Hallucinogens	21.5	-	20.5	22.5	20.5	20.5	-	-	-	-	19.5
Mushrooms	24.5	22.5	20.5	.	21.5	23.5	-	-	-	-	20.7
Opiates all	24.5	29.7	30.5	26.5	27.5	26.5	30.5	28.5	29.9	30.5	29.0
Codeine	25.5	27.5	30.5	26.8	28.5	26.5	30.5	28.5	33.5	33.1	30.5
Heroin	22.5	-	-	-	-	21.5	-	-	-	-	20.5
Inhalants	19.5	-	-	-	-	18.5	-	-	-	-	18.5
Doping	22.5	-	-	.	-	22.5	-	-	-	-	20.5
Difficult drugs	22.5	20.5	20.5	22.5	21.5	21.5	20.5	19.5	19.5	18.9	20.5
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

Table 3.15: Mean age of current drug users (reported last month) in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	mean										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	39.7	39.8	41.1	37.4	42.3	39.8	39.9	39.5	40.8	42.3	40.1
Alcohol	42.0	44.5	44.6	38.2	39.9	42.7	42.8	42.9	42.4	40.7	42.6
Hypnotics	55.7	60.5	60.1	57.8	61.3	59.0	63.8	61.9	62.8	60.6	61.8
Sedatives	50.3	56.1	50.4	52.8	51.5	51.9	53.8	53.3	53.6	52.6	53.1
Cannabis	31.0	28.5	30.2	28.1	26.2	29.2	29.6	24.3	26.3	25.8	27.8
Cocaine	-	-	-	-	-	30.9	-	-	-	-	28.9
Amphetamines	-	-	-	-	-	-	-	-	-	-	30.3
Ecstasy	-	-	-	-	-	27.1	-	-	-	-	24.9
Hallucinogens	-	-	-	-	-	-	-	-	-	-	-
Mushrooms	-	-	-	-	-	-	-	-	-	-	-
Opiates all	42.3	-	-	-	-	44.1	-	-	-	-	45.2
Codeine	42.0	-	-	-	-	43.8	-	-	-	-	46.5
Heroin	-	-	-	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-	-	-	-
Doping	-	-	-	-	-	-	-	-	-	-	-
Difficult drugs	32.1	26.8	31.6	25.6	25.7	29.4	31.7	24.6	32.8	22.1	28.6
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

Table 3.16: Median age of current drug users (reported last month) in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

	median										
	highest address density municipalities:					*address density:*					*national*
drug	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Tobacco	36.0	38.0	39.0	33.4	40.0	37.0	38.0	39.0	40.0	41.0	38.0
Alcohol	38.0	42.0	42.0	34.0	37.0	39.0	41.0	42.0	41.0	39.0	41.0
Hypnotics	56.2	61.0	63.2	56.3	65.0	61.0	65.1	64.0	66.2	61.9	64.0
Sedatives	49.0	58.0	48.4	55.0	51.0	51.0	54.0	51.5	51.0	51.5	52.0
Cannabis	29.0	26.0	28.0	26.0	25.0	28.0	29.0	23.0	24.0	21.0	26.0
Cocaine	-	-	-	-	-	29.0	-	-	-	-	27.0
Amphetamines	-	-	-	-	-	-	-	-	-	-	23.0
Ecstasy	-	-	-	-	-	26.0	-	-	-	-	23.0
Hallucinogens	-	-	-	-	-	-	-	-	-	-	-
Mushrooms	-	-	-	-	-	-	-	-	-	-	-
Opiates all	40.9	-	-	-	-	43.0	-	-	-	-	43.0
Codeine	39.4	-	-	-	-	42.0	-	-	-	-	44.3
Heroin	-	-	-	-	-	-	-	-	-	-	-
Inhalants	-	-	-	-	-	-	-	-	-	-	-
Doping	-	-	-	-	-	-	-	-	-	-	-
Difficult drugs	30.3	26.0	29.0	24.7	25.0	28.0	23.1	23.0	25.4	22.0	25.0
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*

Difficult drugs are cocaine, amphetamines, ecstasy, hallucinogens (mushrooms excluded), heroin.

4 USE FIGURES PER DRUG

4.1 Introduction

In this chapter we will further detail drug use prevalence rates. For each drug we will give tables that contain lifetime prevalence rates by age groups (tables 4.1 to 4.16). If the number of last month respondents permits separate reporting, we will also give last month prevalence rates by age group. This only applies to tobacco, alcohol, hypnotics, sedatives, cannabis, codeine, opiates and difficult drugs.

The data shows that current use of difficult drugs is more likely to occur in the age groups 16-19, 20-24 and 25-29 years than in the remaining age groups (younger and older). Logically, because lifetime use is a cumulative measure, lifetime drugs use rates increase with rising age groups. These findings partly match previous research among the Amsterdam population, which showed the strong correlation between age and drug use (Sandwijk et al 1995). This relation also exists in other countries, for example in the United States of America (Substance Abuse and Mental Health Services Administration 1997).

Additionally, a summary of the core figures is given. We wanted to create tables that offer a complete overview of use of a given drug. Because the general figures are described elsewhere (in chapter 3), the rest of the below-mentioned chapter, only consists of tables.

4.2 Tables

Table 4.1: Tobacco use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Tobacco

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	24.6	28.0	27.2	27.8	35.9	29.1	36.5	36.9	37.1	34.7	35.3	*793*
16-19 yrs	56.4	54.2	51.7	60.7	57.8	55.9	55.8	59.0	57.4	62.5	58.0	*1,648*
20-24 yrs	64.5	59.2	62.7	66.6	63.3	63.1	60.1	60.9	50.1	62.8	59.4	*931*
25-29 yrs	74.6	66.1	57.0	70.2	65.6	67.5	68.7	58.2	65.5	61.1	64.7	*1,344*
30-34 yrs	74.6	59.0	59.7	68.2	66.7	66.7	65.1	66.7	63.7	62.5	65.1	*1,293*
35-39 yrs	75.1	72.7	64.8	72.6	74.9	72.8	72.7	66.5	76.4	77.9	73.1	*1,377*
40-49 yrs	80.1	75.1	75.6	80.6	82.2	79.0	80.3	76.4	78.0	78.6	78.4	*2,606*
50-59 yrs	79.1	78.3	76.3	77.1	76.5	77.6	79.2	76.1	74.7	81.0	77.6	*1,817*
60-69 yrs	77.9	74.8	71.5	77.1	69.5	73.6	76.8	75.9	73.4	70.1	74.2	*1,332*
70 yrs a.o.	66.7	60.4	63.8	61.0	65.9	64.2	63.8	61.1	62.1	52.3	61.2	*1,223*
last month prevalence												
age group												
12-15 yrs	6.9	10.3	10.5	7.4	17.0	11.0	14.8	15.3	16.5	15.8	15.0	*334*
16-19 yrs	36.6	34.1	38.7	40.7	41.2	38.1	33.9	36.3	35.8	40.3	36.6	*1,074*
20-24 yrs	46.7	40.0	53.4	47.5	44.2	45.7	43.2	44.6	35.9	36.7	41.7	*667*
25-29 yrs	52.7	45.9	42.9	47.3	45.2	47.4	42.8	35.9	43.9	42.9	42.7	*919*
30-34 yrs	51.4	41.6	38.1	42.7	42.0	44.2	39.4	41.7	33.0	35.5	38.9	*811*
35-39 yrs	47.7	46.0	42.3	46.6	43.4	45.3	44.1	38.9	39.3	41.8	41.8	*820*
40-49 yrs	47.2	43.2	48.0	47.9	42.7	45.3	38.4	44.1	37.8	35.1	40.0	*1,396*
50-59 yrs	40.9	38.0	40.1	39.1	38.2	39.2	36.8	27.4	33.9	34.1	34.0	*835*
60-69 yrs	33.6	30.4	26.7	32.3	29.6	30.4	22.1	26.4	28.2	27.1	26.6	*515*
70 yrs a.o.	23.4	12.6	21.2	22.5	21.3	19.7	17.7	13.3	16.8	17.8	17.1	*355*
total population												
lifetime prevalence	71.8	65.8	64.4	69.9	69.0	68.4	69.2	66.7	67.2	67.6	67.9	*14,364*
last month prevalence	42.0	35.2	37.2	41.3	37.6	38.5	34.2	33.2	32.8	32.9	34.26	*7,726*
last month continuation	58.5	53.5	57.8	59.0	54.4	56.2	49.5	49.8	48.8	48.7	50.5	
experienced use	88.5	87.9	88.2	87.9	88.5	88.3	88.2	89.3	88.0	88.2	88.4	
mean age of first use	17.5	17.5	17.5	17.2	18.1	17.5	17.0	17.0	16.9	17.7	17.0	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Alcohol

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	51.8	55.8	47.4	46.4	67.2	55.7	68.1	57.8	64.2	68.5	63.2	*1,437*
16-19 yrs	75.8	78.3	78.6	84.0	91.9	82.2	91.1	89.8	94.1	95.8	91.0	*2,515*
20-24 yrs	89.0	85.6	81.8	91.9	93.0	88.9	89.4	96.2	91.6	93.1	91.6	*1,350*
25-29 yrs	92.0	87.2	84.7	93.3	94.3	90.8	94.8	94.4	89.7	93.6	92.7	*1,852*
30-34 yrs	91.5	86.5	85.0	91.4	93.8	90.1	92.9	92.8	91.4	91.1	91.7	*1,765*
35-39 yrs	92.7	91.5	86.1	89.6	93.9	91.5	94.2	97.5	95.5	97.7	95.2	*1,756*
40-49 yrs	90.5	88.5	92.0	92.7	95.8	92.0	94.5	94.5	95.4	93.6	94.2	*3,100*
50-59 yrs	93.3	89.7	89.1	88.0	94.1	91.6	92.5	95.9	92.9	95.2	93.7	*2,176*
60-69 yrs	91.1	89.9	91.5	89.9	93.7	91.5	91.1	87.6	91.4	85.9	89.6	*1,605*
70 yrs a.o.	86.6	87.4	82.3	89.0	85.3	85.7	84.9	82.3	83.9	81.8	83.9	*1,633*
last month prevalence												
age group												
12-15 yrs	20.1	20.1	20.2	21.5	32.4	23.5	36.2	32.0	35.0	37.5	33.4	*743*
16-19 yrs	58.0	54.6	58.5	70.5	78.8	64.5	74.4	77.2	82.4	84.0	77.0	*2,044*
20-24 yrs	71.0	68.1	68.5	83.2	78.6	73.8	73.9	74.9	74.7	78.7	74.9	*1,127*
25-29 yrs	79.3	67.0	65.8	83.9	74.0	74.0	73.5	76.7	77.1	69.8	74.4	*1,519*
30-34 yrs	77.8	66.6	72.3	78.2	79.3	75.2	78.6	71.1	78.4	78.9	76.4	*1,473*
35-39 yrs	76.4	77.2	65.9	78.0	79.0	75.8	81.6	78.0	79.3	86.1	80.1	*1,454*
40-49 yrs	75.8	74.7	77.7	78.6	83.9	78.4	82.7	85.3	84.2	82.6	82.9	*2,679*
50-59 yrs	79.8	74.2	77.7	66.7	83.6	78.3	79.4	83.3	81.0	82.7	81.0	*1,866*
60-69 yrs	67.7	72.1	72.8	69.9	73.4	71.4	75.2	69.7	69.6	67.1	70.8	*1,256*
70 yrs a.o.	62.7	63.0	56.9	65.8	62.7	61.8	62.2	62.8	52.5	51.0	58.5	*1,165*
total population												
lifetime prevalence	88.7	86.2	84.5	89.0	91.9	88.4	90.7	90.5	90.4	90.5	90.2	*19,189*
last month prevalence	71.5	67.1	66.8	74.5	75.3	71.1	74.1	73.9	73.7	73.7	73.35	*15,326*
last month continuation	80.6	77.8	79.1	83.7	81.9	80.4	81.8	81.5	81.5	81.4	81.4	
experienced use	87.9	86.3	83.7	91.0	89.3	87.6	87.0	87.4	89.2	89.2	88.0	
mean age of first use	17.9	18.7	18.6	17.7	17.4	18.2	18.1	18.1	17.8	16.6	18.0	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.3: Hypnotic use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Hypnotic

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	3.9	2.8	3.2	2.0	5.9	3.9	2.7	2.5	3.2	3.4	3.1	*77*
16-19 yrs	10.6	3.6	5.8	7.8	7.8	7.2	5.1	5.1	4.2	3.5	4.9	*161*
20-24 yrs	13.8	5.6	7.8	8.2	16.9	11.7	11.9	10.4	4.9	13.0	10.4	*158*
25-29 yrs	16.2	16.0	13.0	9.7	11.3	13.7	11.4	13.6	14.5	11.2	12.9	*269*
30-34 yrs	19.9	8.9	12.8	18.1	9.2	13.7	11.0	10.8	10.2	12.1	11.5	*269*
35-39 yrs	23.6	14.5	18.5	21.7	12.1	17.8	9.9	14.8	9.6	10.1	12.3	*307*
40-49 yrs	30.2	25.3	16.9	22.6	20.3	23.6	16.8	18.1	16.5	10.1	17.0	*669*
50-59 yrs	29.9	26.4	20.5	33.2	27.0	27.0	23.4	19.4	24.9	23.5	23.5	*604*
60-69 yrs	33.4	24.0	25.2	28.9	25.9	27.3	27.7	31.2	21.9	24.8	26.6	*480*
70 yrs a.o.	35.2	34.8	32.0	41.3	33.5	34.2	38.0	38.2	35.2	24.4	34.6	*657*
last month prevalence												
age group												
12-15 yrs	1.3	0.3	0.6	0.0	0.4	0.6	0.0	0.0	0.3	0.0	0.1	*8*
16-19 yrs	2.5	0.5	1.0	0.0	0.8	1.1	0.6	1.0	0.3	0.8	0.7	*25*
20-24 yrs	2.0	0.8	0.0	0.7	3.3	1.8	0.0	0.8	0.0	1.8	0.8	*17*
25-29 yrs	2.6	2.7	3.1	1.1	0.5	2.0	1.5	1.0	2.4	1.1	1.6	*38*
30-34 yrs	4.7	1.7	3.3	1.8	3.7	3.4	2.5	1.9	1.1	1.4	2.1	*54*
35-39 yrs	6.2	0.5	5.6	4.1	2.4	3.7	2.9	3.1	1.2	0.5	2.3	*63*
40-49 yrs	8.8	9.6	5.9	6.2	4.5	7.1	3.6	3.3	4.3	1.9	3.9	*182*
50-59 yrs	9.1	7.0	6.9	14.1	5.4	7.6	7.3	4.4	6.0	5.5	6.1	*174*
60-69 yrs	13.7	7.4	10.6	8.1	9.8	10.1	12.5	15.0	7.3	8.7	10.8	*182*
70 yrs a.o.	21.8	18.0	19.2	30.8	21.7	20.7	26.8	18.3	21.1	12.3	20.5	*383*
total population												
lifetime prevalence	23.8	19.0	17.7	19.3	18.8	20.0	17.6	18.0	16.4	14.8	17.4	*3,651*
last month prevalence	7.9	6.1	6.8	5.9	6.0	6.6	6.5	5.3	5.0	3.8	5.53	*1,126*
last month continuation	33.1	32.2	38.7	30.4	32.1	45.9	44.7	41.7	38.6	35.2	31.8	
experienced use	41.1	39.2	50.2	40.8	41.0	42.0	42.7	41.7	41.7	35.5	41.1	
mean age of first use	37.0	42.6	41.0	36.8	39.5	39.3	41.8	40.0	43.1	41.1	41.1	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.4: Sedative use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Sedatives

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	4.0	4.5	4.6	4.7	4.0	4.3	5.8	2.9	5.1	1.5	4.0	*96*
16-19 yrs	15.0	7.8	9.5	15.7	14.8	12.5	8.5	11.2	6.6	10.3	9.6	*296*
20-24 yrs	17.5	9.6	7.1	16.9	23.4	16.2	23.4	18.5	14.6	11.7	17.5	*244*
25-29 yrs	17.0	11.1	17.1	16.4	16.7	15.7	17.7	17.1	19.3	14.1	16.9	*340*
30-34 yrs	22.0	17.2	13.3	20.0	21.1	19.3	20.6	14.2	14.9	16.7	17.3	*365*
35-39 yrs	21.9	21.8	24.7	20.4	22.6	22.4	17.2	20.5	11.0	15.2	17.1	*382*
40-49 yrs	27.9	22.6	17.9	26.4	20.8	23.0	23.7	25.3	20.8	17.9	22.3	*771*
50-59 yrs	30.7	23.8	27.0	30.3	28.0	27.8	29.5	23.0	23.3	23.0	25.3	*639*
60-69 yrs	31.7	28.2	24.6	35.5	29.4	29.3	28.3	32.3	19.4	20.8	26.0	*493*
70 yrs a.o.	24.9	29.5	17.5	30.0	25.2	24.8	23.3	28.9	18.9	19.0	23.1	*452*
last month prevalence												
age group												
12-15 yrs	1.3	1.0	1.7	1.8	1.1	1.3	1.3	1.5	0.5	0.0	0.9	*26*
16-19 yrs	4.4	2.1	4.2	4.2	3.3	3.5	1.3	0.7	1.0	3.8	1.9	*75*
20-24 yrs	2.9	0.0	1.3	1.6	4.5	2.4	2.9	3.3	0.0	3.4	2.4	*34*
25-29 yrs	2.4	2.0	1.5	1.4	1.7	1.9	3.5	1.7	3.9	2.2	2.7	*47*
30-34 yrs	6.3	4.0	5.2	2.7	3.9	4.7	2.9	1.9	1.8	0.5	2.5	*70*
35-39 yrs	5.3	5.3	9.0	3.0	3.7	5.3	6.1	6.4	1.6	3.7	4.6	*93*
40-49 yrs	9.6	6.1	6.7	4.5	5.7	6.9	5.1	5.3	4.0	3.5	4.9	*197*
50-59 yrs	11.2	4.0	8.4	10.8	6.6	7.8	7.4	6.5	4.8	3.1	5.9	*168*
60-69 yrs	12.6	8.0	8.7	13.0	8.0	9.6	7.9	12.2	6.0	5.7	8.2	*164*
70 yrs a.o.	11.6	13.2	6.7	16.7	11.2	11.1	14.2	10.4	7.2	8.6	10.5	*207*
total population												
lifetime prevalence	22.9	19.6	17.7	22.2	22.0	21.0	21.5	21.1	17.0	16.5	19.6	*4,078*
last month prevalence	7.3	5.3	5.8	5.3	5.4	5.9	5.8	5.5	3.5	3.6	4.92	*1,081*
last month continuation	31.8	27.0	32.7	23.7	24.7	28.2	27.0	26.0	20.8	22.0	25.2	
experienced use	45.7	38.4	48.4	36.2	44.0	43.3	38.2	42.1	35.7	38.3	39.6	
mean age of first use	33.7	38.9	36.1	33.0	34.5	35.2	35.0	35.6	35.0	36.1	35.3	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.5: Cannabis use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Cannabis

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	6.9	7.0	5.6	11.3	11.7	8.3	10.2	4.9	7.0	7.5	7.5	*206*
16-19 yrs	34.0	23.8	27.5	31.5	35.5	30.9	25.4	25.8	28.8	29.6	27.8	*833*
20-24 yrs	50.5	34.5	35.4	40.5	42.2	41.5	32.7	33.7	22.8	25.0	31.7	*559*
25-29 yrs	53.6	36.4	28.1	39.4	40.6	41.5	35.0	27.3	28.7	12.7	30.6	*734*
30-34 yrs	56.4	32.3	32.9	36.8	31.7	40.0	23.8	11.5	17.1	14.0	21.7	*630*
35-39 yrs	48.9	26.8	29.5	41.3	30.5	36.0	23.8	13.9	14.2	15.2	20.5	*544*
40-49 yrs	46.7	19.7	28.5	28.4	24.7	30.5	18.8	14.0	12.6	10.1	16.8	*767*
50-59 yrs	25.0	6.6	11.9	7.4	13.3	14.1	8.3	4.6	3.7	4.7	6.7	*237*
60-69 yrs	7.7	0.9	2.2	2.2	3.7	3.6	0.0	1.9	2.4	2.2	1.9	*48*
70 yrs a.o.	1.2	1.1	2.1	0.0	1.0	0.0	0.6	0.0	0.0	0.0	0.4	*16*
last month prevalence												
age group												
12-15 yrs	2.3	0.9	1.2	3.1	4.2	2.3	3.0	1.5	1.7	1.4	2.0	*54*
16-19 yrs	15.6	7.4	8.9	6.5	14.9	11.7	8.2	6.9	8.4	7.2	8.3	*273*
20-24 yrs	18.4	12.0	11.3	10.0	10.0	12.6	4.1	7.7	4.8	6.4	7.1	*151*
25-29 yrs	13.6	4.6	8.6	7.7	8.8	9.2	3.0	5.2	3.1	1.8	4.7	*148*
30-34 yrs	10.7	5.5	4.0	3.2	4.2	6.3	1.6	0.6	0.9	1.0	2.1	*83*
35-39 yrs	9.0	3.8	7.1	2.0	1.3	5.0	6.4	0.8	4.2	0.5	3.6	*78*
40-49 yrs	8.1	1.5	4.2	4.2	2.8	4.3	1.6	0.7	0.3	1.2	1.5	*93*
50-59 yrs	2.9	1.3	1.1	0.3	0.0	1.2	0.9	0.0	0.4	0.4	0.5	*0*
60-69 yrs	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
total population												
lifetime prevalence	36.7	18.5	20.1	27.3	23.3	25.5	17.2	12.6	12.3	10.5	15.6	*4,574*
last month prevalence	8.1	3.3	4.2	4.2	4.0	4.9	2.4	1.8	1.8	1.5	2.46	*903*
last month continuation	22.1	17.7	20.9	15.4	17.0	19.4	13.9	14.3	14.6	14.6	15.8	
experienced use	43.6	40.8	40.5	33.1	35.6	39.8	33.1	28.4	27.4	31.5	33.1	
mean age of first use	20.3	20.1	20.7	20.2	20.8	20.5	19.4	18.9	20.0	19.5	19.7	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.6: Cocaine use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Cocaine												
lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	*4*
16-19 yrs	4.6	3.3	3.3	0.6	4.9	3.8	1.6	2.6	2.1	1.9	2.3	*81*
20-24 yrs	10.3	8.0	6.2	6.3	3.7	6.8	2.7	5.9	1.9	1.5	3.9	*84*
25-29 yrs	10.5	3.8	6.3	4.2	6.6	6.8	3.5	6.4	5.3	1.3	4.8	*119*
30-34 yrs	17.1	8.0	5.0	6.9	5.4	9.5	2.6	1.2	2.0	2.3	3.6	*135*
35-39 yrs	16.2	2.6	6.8	6.1	5.5	8.3	3.9	0.5	1.9	1.1	3.1	*114*
40-49 yrs	14.3	4.8	5.3	3.3	2.8	6.8	2.8	0.9	0.8	1.5	2.4	*142*
50-59 yrs	5.5	2.1	0.7	0.9	1.6	2.5	0.0	0.0	0.0	0.6	0.5	*34*
60-69 yrs	0.9	0.0	0.0	0.0	0.7	0.4	0.0	0.0	1.3	0.0	0.4	*5*
70 yrs a.o.	0.2	0.6	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	*2*
last month prevalence												
age group												
12-15 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
16-19 yrs	1.3	1.6	0.3	0.6	1.1	1.1	0.0	0.5	0.3	0.0	0.3	*17*
20-24 yrs	0.9	1.6	0.6	1.4	1.5	1.2	0.7	0.8	0.0	0.8	0.7	*15*
25-29 yrs	1.2	0.8	1.5	0.8	0.5	0.9	0.0	1.2	1.1	0.6	0.7	*18*
30-34 yrs	1.3	0.5	1.2	0.4	0.0	0.7	0.0	0.0	0.0	0.0	0.1	*9*
35-39 yrs	0.8	0.0	0.9	0.6	0.0	0.4	0.0	0.0	0.5	0.0	0.2	*6*
40-49 yrs	2.4	0.0	0.8	0.0	0.0	0.8	0.0	0.3	0.0	0.0	0.2	*15*
50-59 yrs	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*1*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
total population												
lifetime prevalence	9.4	3.4	3.4	3.6	3.2	4.9	1.8	1.5	1.4	1.0	2.1	*720*
last month prevalence	1.0	0.4	0.6	0.4	0.3	0.5	0.0	0.2	0.2	0.1	0.2	*81*
last month continuation	10.1	10.4	16.5	12.5	8.4	10.7	-	-	-	-	10.0	
experienced use	27.2	24.2	26.9	17.8	21.2	25.1	-	-	-	-	22.7	
mean age of first use	24.6	23.9	23.9	24.1	25.1	24.5	-	-	-	-	23.4	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.7: Amphetamine use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Amphetamines

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.3	0.4	0.2	1.0	1.0	0.6	0.0	0.3	0.3	0.0	0.2	*9*
16-19 yrs	3.9	4.1	3.8	0.6	7.3	4.7	4.6	2.9	2.5	3.3	3.5	*109*
20-24 yrs	8.2	4.8	5.0	4.9	4.3	5.5	3.4	7.6	2.8	1.5	4.3	*74*
25-29 yrs	5.1	3.3	3.7	2.7	5.8	4.5	2.3	2.3	3.7	1.3	2.9	*72*
30-34 yrs	7.8	5.7	2.2	4.9	4.9	5.5	0.5	1.9	1.1	1.3	2.0	*75*
35-39 yrs	10.7	1.6	2.7	3.5	4.9	5.5	2.0	0.5	2.1	1.1	2.2	*74*
40-49 yrs	8.9	4.7	3.3	1.9	3.3	5.0	4.7	1.8	0.5	2.0	2.7	*119*
50-59 yrs	5.5	1.3	1.2	0.9	0.9	2.2	0.4	0.3	0.0	0.4	0.6	*32*
60-69 yrs	1.3	0.4	0.0	1.4	0.0	0.5	0.0	0.0	0.6	0.6	0.3	*9*
70 yrs a.o.	0.9	0.4	0.0	0.1	1.6	0.8	0.0	0.5	0.5	0.0	0.4	*11*
last month prevalence												
age group												
12-15 yrs	0.0	0.0	0.2	1.0	0.0	0.1	0.0	0.3	0.3	0.0	0.2	*4*
16-19 yrs	0.5	0.6	0.5	0.0	0.9	0.6	0.5	0.5	0.9	0.5	0.6	*18*
20-24 yrs	0.9	0.0	0.6	1.4	0.5	0.6	0.0	0.8	0.0	0.8	0.4	*10*
25-29 yrs	0.2	0.0	0.5	0.3	0.5	0.3	0.0	0.0	0.0	0.6	0.2	*5*
30-34 yrs	1.0	0.6	0.6	0.4	0.5	0.7	0.0	0.0	0.0	0.0	0.1	*8*
35-39 yrs	0.0	0.0	0.0	0.0	1.2	0.3	0.0	0.0	0.0	0.0	0.1	*2*
40-49 yrs	0.4	0.0	0.0	0.0	0.3	0.2	0.2	0.0	0.0	0.0	0.1	*4*
50-59 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.1	*1*
total population												
lifetime prevalence	6.0	2.7	2.2	2.6	3.3	3.6	1.9	1.6	1.2	1.1	1.9	*584*
last month prevalence	0.3	0.1	0.2	0.3	0.4	0.3	0.1	0.1	0.1	0.1	0.1	*52*
last month continuation	5.4	3.3	-	12.3	11.1	7.3	-	-	-	-	7.2	
experienced use	32.7	28.7	35.2	19.1	28.1	30.3	-	-	-	-	33.0	
mean age of first use	22.4	21.4	-	21.8	22.5	22.1	-	-	-	-	21.4	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.8: Ecstasy use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Ecstasy

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.3	0.0	0.6	1.0	0.3	0.3	0.3	0.3	0.5	0.0	0.3	*9*
16-19 yrs	7.7	5.2	6.0	5.2	8.8	7.0	4.6	4.6	4.2	3.9	4.8	*156*
20-24 yrs	13.4	6.4	11.2	9.5	5.4	8.8	4.1	7.6	4.5	6.3	6.2	*123*
25-29 yrs	15.8	4.5	5.7	4.7	5.5	8.1	4.2	6.5	5.3	2.6	5.5	*144*
30-34 yrs	12.6	6.8	2.8	5.8	3.4	7.0	1.0	1.8	0.9	1.3	2.4	*96*
35-39 yrs	8.7	1.1	2.3	1.6	3.1	4.1	2.0	0.0	1.0	1.3	1.6	*53*
40-49 yrs	4.5	0.5	1.1	0.3	1.0	1.8	1.0	0.7	0.5	0.4	0.8	*39*
50-59 yrs	0.9	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	*4*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.1	*1*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
last month prevalence												
age group												
12-15 yrs	0.0	0.0	0.3	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*1*
16-19 yrs	1.6	0.0	0.3	0.6	1.7	1.0	1.3	0.5	0.6	0.6	0.8	*22*
20-24 yrs	3.9	0.0	1.9	3.0	1.1	1.9	0.0	2.5	0.9	0.8	1.2	*28*
25-29 yrs	2.9	0.5	0.0	1.4	1.8	1.6	0.0	1.8	0.5	0.6	0.9	*27*
30-34 yrs	1.5	0.0	0.0	0.4	0.5	0.6	0.0	0.0	0.0	0.0	0.1	*8*
35-39 yrs	0.6	0.0	0.0	0.4	1.2	0.5	0.0	0.0	0.5	0.0	0.2	*6*
40-49 yrs	0.4	0.0	0.0	0.0	0.3	0.2	0.0	0.0	0.0	0.0	0.0	*3*
50-59 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
total population												
lifetime prevalence	7.0	2.2	2.6	3.2	2.4	3.6	1.5	1.7	1.3	1.2	1.9	*625*
last month prevalence	1.1	0.1	0.2	0.7	0.6	0.6	0.1	0.4	0.2	0.1	0.3	*95*
last month continuation	15.8	-	7.0	22.7	25.5	15.4	-	-	-	-	14.0	
experienced use	1.8	0.4	0.5	0.3	0.4	0.8	-	-	-	-	0.3	
mean age of first use	26.4	-	22.6	24.0	23.3	24.8	-	-	-	-	23.4	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.9: Hallucinogens use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Hallucinogens (mushrooms excluded)

lifetime prevalence	*highest address density municipalities:*					*address density:*				*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.0	1.1	0.0	2.1	0.3	0.5	0.0	0.9	0.3	0.0	0.4	*16*
16-19 yrs	4.6	3.9	3.4	0.0	7.1	4.6	3.6	2.2	2.5	0.6	3.0	*179*
20-24 yrs	7.8	4.0	5.6	5.1	5.3	5.7	0.7	3.4	3.6	2.5	3.1	*84*
25-29 yrs	7.1	1.3	3.2	3.9	4.6	4.4	0.7	2.7	4.1	2.3	2.6	*95*
30-34 yrs	8.7	3.5	4.0	5.1	4.3	5.5	0.5	1.3	1.7	1.2	2.0	*68*
35-39 yrs	7.3	1.6	3.6	4.7	2.5	4.1	3.0	0.5	1.0	1.3	1.8	*53*
40-49 yrs	12.3	3.0	5.5	3.7	3.0	6.0	4.9	2.1	1.4	0.5	3.3	*68*
50-59 yrs	4.5	0.9	1.6	0.3	0.5	1.8	1.3	0.0	0.7	2.6	0.8	*7*
60-69 yrs	1.5	0.0	0.0	0.0	0.6	0.5	0.0	0.0	0.0	0.4	0.1	*2*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
last month prevalence												
age group												
12-15 yrs	0.0	0.4	0.0	1.0	0.0	0.2	0.0	0.3	0.3	0.0	0.1	*12*
16-19 yrs	0.3	0.0	0.3	0.0	1.3	0.5	0.0	0.0	0.3	0.0	0.1	*101*
20-24 yrs	0.0	0.0	0.6	0.9	0.5	0.3	0.0	0.0	0.0	0.0	0.2	*69*
25-29 yrs	0.0	0.0	0.5	0.5	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*75*
30-34 yrs	0.0	0.0	0.0	0.8	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*77*
35-39 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*59*
40-49 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*149*
50-59 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.1	*31*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*5*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
total population												
lifetime prevalence	6.3	1.8	2.8	3.0	2.7	3.5	1.7	1.2	1.4	1.1	1.8	*578*
last month prevalence	0.0	0.0	0.1	0.4	0.1	0.1	0.0	0.0	0.0	0.0	0.0	*23*
last month continuation	0.2	-	4.4	11.5	4.3	2.6	-	-	-	-	2.8	
experienced use	13.5	11.1	13.3	4.9	5.0	10.7	-	-	-	-	12.6	
mean age of first use	22.7	-	23.4	22.7	22.2	22.4	-	-	-	-	21.0	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.10: Mushroom use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Mushroom

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.3	0.7	0.9	.	1.6	0.9	0.0	1.0	0.0	0.6	0.5	*16*
16-19 yrs	9.9	6.5	4.4	.	10.6	8.3	5.5	5.0	5.6	4.8	5.7	*179*
20-24 yrs	10.9	8.0	9.4	.	9.0	9.3	3.4	3.5	2.8	3.8	4.6	*84*
25-29 yrs	12.4	3.8	4.8	.	5.4	7.1	2.8	3.0	3.1	1.3	3.5	*95*
30-34 yrs	9.8	4.5	3.4	.	4.3	6.0	1.5	0.6	0.4	1.3	1.9	*68*
35-39 yrs	8.6	2.7	3.1	.	2.6	4.7	2.0	0.8	1.0	0.0	1.6	*53*
40-49 yrs	7.7	1.5	2.3	.	1.2	3.4	2.6	0.8	0.0	0.7	1.3	*68*
50-59 yrs	1.6	0.0	0.0	.	0.0	0.4	0.0	0.0	0.0	0.0	0.1	*7*
60-69 yrs	0.7	0.0	0.0	.	0.5	0.3	0.0	0.0	0.0	0.0	0.1	*2*
70 yrs a.o.	0.0	0.0	0.0	.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
last month prevalence												
age group												
12-15 yrs	0.3	0.4	0.4	.	0.0	0.2	0.0	0.3	0.0	0.6	0.2	*6*
16-19 yrs	1.6	0.3	0.8	.	1.5	1.1	0.0	0.0	0.8	0.9	0.5	*19*
20-24 yrs	2.2	0.0	0.6	.	1.6	1.2	0.7	0.0	0.0	0.8	0.5	*11*
25-29 yrs	1.2	0.0	0.0	.	0.5	0.5	0.0	0.0	0.0	0.0	0.1	*6*
30-34 yrs	0.7	0.0	0.0	.	0.0	0.2	0.0	0.0	0.0	0.0	0.0	*3*
35-39 yrs	0.0	0.0	0.0	.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
40-49 yrs	0.2	0.3	0.0	.	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*2*
50-59 yrs	0.0	0.0	0.0	.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
60-69 yrs	0.0	0.0	0.0	.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
total population												
lifetime prevalence	6.6	2.4	2.5	.	3.1	3.8	1.7	1.1	0.9	1.0	1.6	*572*
last month prevalence	0.6	0.1	0.1	.	0.3	0.3	-	-	-	-	0.1	*47*
last month continuation	8.3	3.0	4.3	.	9.7	7.4	-	-	-	-	6.1	
experienced use	6.7	1.7	4.4	.	3.6	4.9	-	-	-	-	4.7	
mean age of first use	25.4	22.9	23.7	.	23.4	24.3	-	-	-	-	23.5	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.11: Opiates (all) use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Opiates all

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	6.8	1.9	0.9	0.0	2.9	3.1	2.4	3.6	2.4	2.9	2.8	*65*
16-19 yrs	13.1	3.9	3.3	3.1	6.9	6.7	4.3	3.7	4.6	2.8	4.4	*143*
20-24 yrs	12.7	8.0	10.7	6.3	5.5	8.5	9.0	8.1	5.0	5.2	7.4	*120*
25-29 yrs	22.3	14.2	7.1	7.8	14.6	14.9	10.6	14.7	12.4	9.9	12.6	*273*
30-34 yrs	26.7	12.4	8.5	11.1	13.0	16.2	12.3	12.1	8.6	8.6	11.7	*276*
35-39 yrs	23.9	18.7	10.6	9.8	15.9	17.5	15.4	18.6	14.3	12.3	15.7	*314*
40-49 yrs	29.1	15.5	12.3	13.9	13.0	17.9	14.9	17.4	15.9	10.0	15.3	*551*
50-59 yrs	23.8	14.8	10.6	8.0	16.0	16.2	13.2	15.5	8.6	5.5	11.7	*322*
60-69 yrs	20.6	12.8	12.9	8.7	21.7	16.9	15.4	14.9	14.0	10.4	14.4	*263*
70 yrs a.o.	14.0	11.4	12.7	3.8	13.8	12.7	9.3	12.3	6.4	11.0	10.3	*218*
last month prevalence												
age group												
12-15 yrs	1.0	0.0	0.0	0.0	1.1	0.5	0.3	0.0	0.0	0.7	0.3	*8*
16-19 yrs	3.2	0.3	0.2	0.0	0.8	1.1	0.0	0.8	0.5	0.0	0.4	*19*
20-24 yrs	1.7	0.8	0.0	1.0	0.6	0.9	1.4	1.5	0.0	0.9	1.0	*14*
25-29 yrs	4.6	0.0	1.0	0.0	0.0	1.4	1.8	1.9	0.0	1.2	1.3	*29*
30-34 yrs	6.1	0.6	1.7	1.3	0.9	2.6	0.0	0.0	0.5	0.4	0.7	*38*
35-39 yrs	2.6	2.1	0.5	0.0	1.3	1.6	0.5	1.1	1.9	1.0	1.2	*28*
40-49 yrs	6.7	2.0	1.6	2.1	1.6	3.1	1.3	1.3	0.8	0.5	1.3	*76*
50-59 yrs	3.6	3.3	0.7	0.9	0.7	2.0	0.8	0.6	0.0	0.7	0.8	*32*
60-69 yrs	4.4	0.0	1.6	0.7	1.7	1.8	1.3	0.0	0.8	2.1	1.1	*25*
70 yrs a.o.	3.0	1.3	0.8	0.6	0.7	1.4	0.5	2.9	1.0	0.0	1.2	*26*
total population												
lifetime prevalence	21.4	12.5	10.0	8.4	13.2	14.3	11.7	13.4	10.3	8.4	11.7	*2,545*
last month prevalence	4.2	1.2	1.0	0.8	0.9	1.8	0.9	1.1	0.6	0.8	1.00	*295*
last month continuation	19.6	9.7	9.6	9.5	7.1	12.8	7.4	7.9	5.6	9.2	8.6	
experienced use	33.2	21.2	16.6	76.9	13.5	24.1	16.9	15.6	12.8	15.4	17.2	
mean age of first use	28.7	32.8	33.4	29.7	32.9	31.2	33.0	32.7	33.6	33.0	32.6	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.12: Codeine use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Codeine

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	5.1	0.6	0.3	0.0	2.0	2.0	2.1	2.8	1.3	1.5	2.0	*43*
16-19 yrs	11.5	2.5	1.6	0.9	5.4	5.2	3.1	2.1	2.7	0.6	2.7	*96*
20-24 yrs	9.8	7.2	6.4	4.3	3.4	6.2	4.2	4.7	4.0	3.5	4.6	*81*
25-29 yrs	16.7	11.1	5.1	4.4	7.9	10.2	6.7	10.6	5.3	5.1	7.8	*181*
30-34 yrs	21.5	7.3	3.9	7.0	8.6	11.4	9.7	8.9	5.6	4.7	8.3	*196*
35-39 yrs	17.5	10.9	7.2	4.5	9.2	11.3	12.0	11.6	8.6	7.3	10.3	*210*
40-49 yrs	20.2	7.4	7.4	7.2	8.5	11.2	10.3	10.1	10.2	3.7	9.2	*345*
50-59 yrs	16.2	8.9	4.1	4.9	10.3	10.1	9.4	7.8	4.5	3.4	7.0	*195*
60-69 yrs	16.3	5.9	3.8	4.5	12.2	9.7	11.2	9.8	9.9	5.1	9.3	*160*
70 yrs a.o.	11.4	6.6	3.5	2.2	5.6	6.7	5.8	8.7	2.9	4.0	5.7	*127*
last month prevalence												
age group												
12-15 yrs	0.7	0.0	0.0	0.0	1.1	0.5	0.3	0.0	0.0	0.0	0.1	*5*
16-19 yrs	3.2	0.3	0.2	0.0	0.8	1.1	0.0	0.3	0.2	0.0	0.3	*16*
20-24 yrs	1.7	0.8	0.0	0.7	0.0	0.7	0.7	1.5	0.0	0.9	0.8	*11*
25-29 yrs	4.1	0.0	0.5	0.0	0.0	1.2	1.8	1.9	0.0	0.6	1.2	*25*
30-34 yrs	5.5	0.6	1.1	1.3	0.9	2.3	0.0	0.0	0.5	0.4	0.6	*34*
35-39 yrs	2.4	2.1	0.5	0.0	1.3	1.5	0.5	1.1	0.9	1.0	1.0	*25*
40-49 yrs	5.6	0.8	1.2	1.6	1.6	2.5	1.3	1.3	0.5	0.5	1.2	*63*
50-59 yrs	2.2	1.7	0.0	0.9	0.7	1.2	0.8	0.6	0.0	0.7	0.6	*22*
60-69 yrs	4.4	0.0	0.9	0.7	1.7	1.7	1.3	0.0	0.8	2.1	1.1	*24*
70 yrs a.o.	2.7	1.3	0.5	0.1	0.7	1.3	0.5	2.9	1.0	0.0	1.1	*23*
total population												
lifetime prevalence	16.0	7.5	4.8	4.7	7.8	9.1	8.2	8.4	6.2	4.0	7.3	*1,634*
last month prevalence	3.6	0.8	0.6	0.7	0.9	1.5	0.8	1.0	0.4	0.7	0.88	*248*
last month continuation	22.6	11.2	11.9	13.8	11.3	16.6	9.9	12.3	6.8	16.6	12.0	
experienced use	36.3	24.9	21.0	25.1	20.0	28.5	19.3	20.7	19.4	23.3	22.1	
mean age of first use	28.9	32.2	32.3	30.0	32.1	30.6	33.8	33.6	35.9	33.9	33.4	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.13: Heroin use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages) 0.0

Heroin												
lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*16*
16-19 yrs	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.2	0.0	0.0	0.1	*179*
20-24 yrs	0.4	0.0	0.0	0.7	0.5	0.3	0.0	0.9	0.0	0.0	0.2	*84*
25-29 yrs	1.2	0.0	0.0	0.0	0.5	0.5	0.0	0.0	0.5	0.6	0.3	*95*
30-34 yrs	3.0	0.0	1.2	0.3	0.8	1.3	0.0	0.6	0.0	0.6	0.5	*68*
35-39 yrs	3.4	1.1	1.6	0.0	1.3	1.8	0.5	0.0	1.2	0.5	0.8	*53*
40-49 yrs	3.8	1.7	0.9	1.0	0.6	1.8	0.3	0.3	0.0	0.4	0.5	*68*
50-59 yrs	1.4	0.6	0.7	0.5	0.0	0.6	0.0	0.0	0.0	0.0	0.1	*7*
60-69 yrs	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*2*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
last month prevalence												
age group												
12-15 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
16-19 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
20-24 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
25-29 yrs	0.5	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*2*
30-34 yrs	0.0	0.0	0.6	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*1*
35-39 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.1	*1*
40-49 yrs	0.9	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	*5*
50-59 yrs	0.4	0.0	0.7	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	*3*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
total population												
lifetime prevalence	1.8	0.4	0.5	0.3	0.4	0.8	0.1	0.2	0.1	0.3	0.3	*572*
last month prevalence	0.3	0.0	0.1	-	-	0.1	-	-	0.0	-	0.0	*12*
last month continuation	14.2	-	-	-	-	12.6	-	-	-	-	10.2	
experienced use	41.7	-	-	-	-	35.4	-	-	-	-	24.3	
mean age of first use	23.7	-	-	-	-	23.6	-	-	-	-	22.6	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.14: Inhalants use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Inhalants												
lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.9	0.3	0.5	0.0	0.7	0.6	0.3	0.3	0.2	0.0	0.3	*9*
16-19 yrs	0.9	1.1	0.6	0.6	1.1	0.9	0.3	0.8	1.2	1.4	0.9	*27*
20-24 yrs	3.6	0.8	1.2	1.1	0.5	1.5	0.7	0.8	2.6	0.8	1.3	*21*
25-29 yrs	3.7	0.0	0.5	1.1	0.5	1.4	0.0	0.0	1.7	0.0	0.6	*24*
30-34 yrs	3.0	0.0	1.7	1.1	1.5	1.6	0.0	0.7	0.0	1.1	0.6	*24*
35-39 yrs	2.3	1.9	1.3	1.0	0.6	1.5	0.5	0.8	1.0	0.5	0.9	*21*
40-49 yrs	1.7	0.7	0.0	0.7	0.8	0.9	0.2	0.3	0.0	0.0	0.3	*18*
50-59 yrs	0.5	1.1	0.0	0.0	0.0	0.4	0.9	0.0	0.0	0.0	0.3	*6*
60-69 yrs	0.0	0.0	0.5	0.0	0.0	0.1	0.0	0.0	0.5	0.0	0.1	*2*
70 yrs a.o.	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*1*
last month prevalence												
age group												
12-15 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
16-19 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
20-24 yrs	0.5	0.0	0.6	0.0	0.0	0.2	0.0	0.0	0.9	0.0	0.2	*3*
25-29 yrs	0.2	0.0	0.0	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*2*
30-34 yrs	0.5	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	*2*
35-39 yrs	0.3	0.6	0.0	0.0	0.6	0.4	0.0	0.0	0.0	0.0	0.1	*3*
40-49 yrs	0.2	0.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	*2*
50-59 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
total population												
lifetime prevalence	1.9	0.6	0.5	0.7	0.5	0.9	0.3	0.3	0.6	0.3	0.5	*153*
last month prevalence	0.2	0.1	0.0	0.0	0.0	0.1	-	-	0.0	-	0.03	*12*
last month continuation	10.8	-	-	-	-	11.0	-	-	-	-	6.7	
experienced use	18.1	-	-	-	-	14.5	-	-	-	-	16.0	
mean age of first use	20.1	-	-	-	-	19.3	-	-	-	-	19.1	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.15: Performance enhancing drugs use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Performance enhancing drugs												
lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.0	0.3	1.0	.	0.7	0.4	0.3	0.0	0.5	0.9	0.4	*4*
16-19 yrs	3.6	0.3	0.5	.	1.4	1.5	0.9	1.3	1.1	2.0	1.3	*81*
20-24 yrs	2.7	1.6	1.3	.	1.0	1.6	1.4	2.6	0.9	1.5	1.6	*84*
25-29 yrs	1.2	0.8	1.6	.	0.9	1.1	1.6	1.6	2.5	1.2	1.6	*119*
30-34 yrs	1.5	1.0	1.0	.	1.1	1.2	1.0	0.6	0.6	1.8	1.0	*135*
35-39 yrs	3.0	0.5	0.9	.	0.6	1.4	1.0	1.8	0.7	0.0	1.0	*114*
40-49 yrs	1.4	0.7	1.3	.	1.1	1.2	2.5	0.7	0.5	0.3	1.1	*142*
50-59 yrs	0.9	1.5	0.0	.	0.3	0.7	0.5	0.6	0.7	0.4	0.6	*34*
60-69 yrs	0.6	0.0	0.0	.	0.7	0.4	0.0	0.0	1.0	0.0	0.3	*5*
70 yrs a.o.	0.3	0.6	0.0	.	0.0	0.2	0.0	0.0	0.5	0.0	0.1	*2*
last month prevalence												
age group												
12-15 yrs	0.0	0.0	0.0	.	0.2	0.1	0.0	0.0	0.3	0.3	0.1	*3*
16-19 yrs	1.4	0.0	0.3	.	0.0	0.4	0.4	0.2	0.0	0.5	0.3	*9*
20-24 yrs	0.0	0.0	0.6	.	0.5	0.3	0.0	0.0	0.0	0.8	0.2	*3*
25-29 yrs	0.2	0.8	0.0	.	0.0	0.2	0.0	0.0	1.9	0.0	0.4	*5*
30-34 yrs	0.5	0.0	0.4	.	0.5	0.4	0.0	0.0	0.0	0.6	0.2	*5*
35-39 yrs	0.5	0.0	0.9	.	0.6	0.5	0.0	0.5	0.0	0.0	0.2	*5*
40-49 yrs	0.4	0.3	0.3	.	0.5	0.4	0.0	0.0	0.0	0.3	0.1	*7*
50-59 yrs	0.0	0.0	0.0	.	0.0	0.0	0.0	0.3	0.4	0.0	0.2	*2*
60-69 yrs	0.4	0.0	0.0	.	0.0	0.1	0.0	0.0	1.0	0.0	0.2	*3*
70 yrs a.o.	0.0	0.6	0.0	.	0.0	0.1	0.0	0.0	0.5	0.0	0.1	*2*
total population												
lifetime prevalence	1.5	0.8	0.7	.	0.8	1.0	1.0	0.9	0.9	0.6	0.9	*720*
last month prevalence	0.3	0.2	0.2	.	0.3	0.3	0.0	0.1	0.4	0.2	0.18	*44*
last month continuation	20.3	-	-	.	-	26.2	-	-	-	-	21.4	
experienced use	35.3	-	-	.	-	30.8	-	-	-	-	30.7	
mean age of first use	23.3	-	-	.	-	24.9	-	-	-	-	24.0	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

Table 4.16: Difficult drugs use in the Netherlands in nine samples: Amsterdam, Rotterdam, The Hague, Utrecht (1996), five categories of address density municipalities, and the national average, 1997 (weighted percentages)

Difficult drugs

lifetime prevalence	*highest address density municipalities:*					*address density:*					*national*	*unweighted n*
age group	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*	*reported*
12-15 yrs	0.3	1.5	0.6	2.1	1.3	1.0	0.3	0.9	0.5	0.6	0.6	*21*
16-19 yrs	10.1	7.7	7.7	5.2	14.4	10.0	7.1	5.9	6.0	5.9	6.8	*224*
20-24 yrs	17.3	11.2	13.1	11.5	8.5	12.1	4.8	11.0	6.3	7.0	8.2	*161*
25-29 yrs	19.0	5.5	8.4	9.2	11.1	11.6	6.4	8.8	6.8	3.1	7.6	*202*
30-34 yrs	22.2	11.9	8.3	11.3	9.5	13.8	3.7	3.1	3.7	2.3	5.4	*196*
35-39 yrs	21.1	4.1	9.8	9.6	9.5	11.9	6.4	1.5	3.6	2.9	5.2	*165*
40-49 yrs	20.1	7.2	9.1	6.0	6.1	10.6	6.8	3.7	2.6	2.8	5.1	*249*
50-59 yrs	10.8	2.8	2.8	1.8	2.4	4.6	1.7	0.3	0.7	1.0	1.5	*71*
60-69 yrs	2.4	0.4	0.0	1.4	1.3	1.1	0.0	0.0	1.9	0.9	0.8	*17*
70 yrs a.o.	1.2	0.9	0.0	0.1	1.6	1.0	0.0	0.5	0.5	0.0	0.4	*13*
last month prevalence												
age group												
12-15 yrs	0.0	0.4	0.6	2.1	0.0	0.3	0.0	0.6	0.3	0.0	0.2	*8*
16-19 yrs	2.5	1.8	1.1	1.1	4.3	2.5	1.6	1.0	1.4	0.8	1.4	*50*
20-24 yrs	4.4	1.6	2.5	4.0	2.1	2.8	0.7	2.5	0.9	2.3	1.8	*40*
25-29 yrs	3.6	1.3	2.6	2.2	2.3	2.5	0.0	1.8	1.6	0.6	1.3	*42*
30-34 yrs	2.5	1.1	1.2	1.6	0.5	1.5	0.0	0.0	0.0	0.0	0.3	*19*
35-39 yrs	1.4	0.0	0.9	1.0	1.2	1.0	0.0	0.0	0.5	0.0	0.3	*11*
40-49 yrs	2.9	0.3	0.8	0.0	0.3	1.1	0.2	0.3	0.0	0.0	0.3	*21*
50-59 yrs	0.4	0.0	0.7	0.0	0.0	0.2	0.5	0.0	0.0	0.0	0.1	*4*
60-69 yrs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*0*
70 yrs a.o.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.1	*1*
total population												
lifetime prevalence	14.3	5.3	5.9	6.8	6.3	8.2	3.8	3.2	2.9	2.4	4.1	*1,319*
last month prevalence	2.0	0.5	1.0	1.3	0.9	1.1	0.3	0.5	0.4	0.3	0.49	*196*
last month continuation	13.7	10.4	16.6	19.1	14.3	14.1	6.4	15.2	13.4	11.0	12.2	
mean age of first use	23.4	21.9	23.4	23.0	23.9	23.3	21.8	20.9	21.3	22.6	22.2	
Total sample	*3,710*	*2,320*	*2,279*	*2,198*	*2,289*	*12,796*	*2,295*	*2,276*	*2,288*	*2,304*	*21,959*	

5 PLACE OF PURCHASE OF DRUG

5.1 Introduction

In this short chapter we will present an overview of the place of purchase of drug. We asked all last year users of cannabis, cocaine, amphetamines, ecstasy, hallucinogens, mushrooms and performance-enhancing drugs (steroids), where they purchased these substances. Findings of this question are reported for two age groups. In one division, we show the data for the group of respondents in the age cohort between 12 and 17 years. This group is not allowed to purchase in coffee shops. Also the smart shops usually do not allow entrance to clients under 18 years old. In the other part, we show data for the cohort of last year drug users older than 18 years. We started reporting the place of purchase in 1997. Therefore, for Utrecht, there is no data on where last year users purchased their drugs. Places of purchase of steroids are different from the places of purchase for the other drugs, therefore we discuss them in a separate paragraph.

We only provide percentages for the total national sample since the number of last year users per sample is generally small. Percentages suggest reliable estimates of the group of last year users. Remember that we can not draw reliable conclusions on the basis of groups smaller than 50. Instead, we only report the unweighted number of answers. A second reason for not reporting percentages is that more answers are possible. Therefore percentages could lead to confusing interpretations.

5.2 Place of purchase of cannabis, cocaine, amphetamines, ecstasy, hallucinogens and mushrooms

Table 5.1 shows nation-wide results regarding the place of purchase of cannabis, cocaine, amphetamines, ecstasy, hallucinogens and mushrooms. In the cohort of last year drug users aged 12 to 17, we see for all drugs that relatives and friends are either the most important source of purchase, or the second most important. Coffee shops are only an important place of purchase for cannabis, but not the most important place. For other drugs the coffee shop plays an almost non-existent role. Smart shops play the most important role for the purchase of mushrooms. Of the 73 last year mushroom users in this cohort, 38 bought their mushrooms in the smart shop. The youth club, delivery service, cafe or pub, other entertainment places, street dealer and home dealer play a limited role.

Also in the cohort of last year drug users older than 18 years, we see that relatives and friends are either the most important or the second most important source of purchase for all drugs. Relatives and friends are both (second) important sources of purchase for drugs, which can also be bought in shops: cannabis and mushrooms. Coffee shops are the most important place to buy cannabis, other drugs are purchased only rarely (e.g. mushrooms). Smart shops supply the big share of not only mushrooms but also other hallucinogens and occasionally cannabis or ecstasy. The home dealer is of small importance for the purchase of cocaine, amphetamine and ecstasy, far behind relatives and friends. Other places of entertainment (these include clubs or discotheques) play a small role for the purchase of cocaine and ecstasy. Ecstasy is predominantly bought from friends and relatives. This means that most people who use this drug in places of entertainment, have other sources of purchase.

If we look at all substances, relatives and friends are still the most important source of acquiring illicit drugs. The tolerated existence of shops for particular drugs creates an official retail possibility, but this does not eliminate the importance of non-official circles for these drugs. It seems that the coffee shop does not offer acquisition possibilities for non-cannabis drugs. This is the intended separation of the markets.

Tables 5.2 to 5.9 show results for Amsterdam, Rotterdam, The Hague, and all address density strata. As far as we can check this on the base of the small amount of observations, all these cities and strata show the same pattern. Relatives and friends are everywhere the (second) important sources of purchase for all drugs. For the age cohort 18 and older, coffee shops are the predominant source of cannabis, regardless of address density stratum or city. The fact that there are fewer coffee shops in rural areas[1] does not prevent people living in these rural areas, from buying cannabis in coffee shops.

5.3 Place of purchase of performance-enhancing drugs

The sources of performance-enhancing drugs are given in table 5.10. The amount of observations is small due to low last year steroid use rates: only 81 persons used steroids in the year proceeding the interview (national). Therefore, the sample is too small to provide reliable estimations; we only report observations and do not give estimates.

The most important source of performance-enhancing drugs is, just as for of cannabis, cocaine, amphetamines, ecstasy, hallucinogens and mushrooms, relatives and friends (36 of 82 answers). Performance-enhancing drugs are bought to a considerable extent through doctors and trainers (23 of 82 answers). But just as many answers were given to 'other' non-specified sources. The total amount of answers is, with one exception, equal to the total amount of respondents (last year steroid users). This means that steroid users have one single type of source where they buy their steroids.

5.4 Tables

Table 5.1: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, the Netherlands

aged 12 to 17	*community centre, youth club, association* unw.n	%	*delivery service* unw.n	%	*cafe/ pub* unw.n	%	*coffee-shop* unw.n	%	*smart-shop* unw.n	%	*other place of enter-tainment* unw.n	%	*relatives, friends, acquaintance* unw.n	%	*from a stranger on street* unw.n	%	*home-dealer* unw.n	%	*other* unw.n	%	*total answers** unw.n	%	*rep. use last year* unw.n
Cannabis	3	1	12	2	5	1	211	40	8	2	6	1	240	46	2	0	27	5	10	2	524	100	405
Cocaine	0	-	0	-	1	-	0	-	0	-	1	-	17	-	1	-	4	-	1	-	25	100	23
Amphetamines	0	-	0	-	0	-	0	-	0	-	6	-	22	-	1	-	6	-	1	-	36	100	36
Ecstasy	0	-	0	-	0	-	1	-	0	-	6	-	26	-	2	-	4	-	1	-	40	100	39
Hallucinogens	0	-	0	-	0	-	3	-	8	-	1	-	9	-	2	-	2	-	1	-	26	100	24
Mushrooms	0	0	1	1	0	0	8	10	38	49	3	4	18	23	1	1	3	4	5	6	77	100	73
aged 18 and older																							
Cannabis	11	1	26	2	22	1	699	48	12	1	26	2	570	39	10	1	47	3	45	3	1468	100	1237
Cocaine	0	0	10	5	13	6	4	2	0	0	16	8	116	55	6	3	41	20	4	2	210	100	193
Amphetamines	0	0	1	1	0	0	2	2	1	1	4	4	59	66	0	0	14	16	8	9	89	100	93
Ecstasy	2	1	4	2	7	3	4	2	7	3	28	11	159	64	4	2	29	12	4	2	248	100	232
Hallucinogens	1	1	1	1	2	2	3	3	42	46	4	4	28	30	2	2	2	2	7	8	92	100	95
Mushrooms	0	0	2	1	2	1	10	6	99	55	9	5	49	27	1	1	1	1	8	4	181	100	160

*More than one answer was possible.

Table 5.2: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, Amsterdam

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	0	0	0	39	0	0	30	0	1	1	71	49
Cocaine	0	0	0	0	0	1	3	0	1	0	5	4
Amphetamines	0	0	0	0	0	1	2	0	1	0	4	3
Ecstasy	0	0	0	0	0	2	5	0	1	0	8	7
Hallucinogens	0	0	0	0	2	0	2	0	1	0	5	4
Mushrooms	0	0	0	1	8	0	3	0	0	0	12	12
aged 18 and older												
Cannabis	5	5	12	291	1	9	244	5	19	21	612	416
Cocaine	0	7	7	2	0	11	71	5	21	0	124	85
Amphetamines	0	0	0	0	0	2	25	0	6	1	34	27
Ecstacy	0	3	4	2	5	17	98	1	13	1	144	101
Hallucinogens	0	1	1	0	20	1	17	1	0	3	44	34
Mushrooms	0	2	0	1	48	3	28	0	0	3	85	77

* n refers to the number of answers, (more than one answer was possible)

Table 5.3: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, Rotterdam

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	1	0	1	25	2	0	19	0	1	0	49	38
Cocaine	0	0	1	0	0	0	3	0	1	0	5	4
Amphetamines	0	0	0	0	0	0	2	0	1	0	3	3
Ecstasy	0	0	0	0	0	0	3	0	0	0	3	3
Hallucinogens	0	0	0	1	1	0	1	0	0	0	3	2
Mushrooms	0	0	0	4	4	0	1	0	0	0	9	7
aged 18 and older												
Cannabis	1	1	2	76	2	1	35	0	5	2	125	103
Cocaine	0	1	1	1	0	2	7	0	6	0	18	18
Amphetamines	0	0	0	1	0	0	2	0	3	0	6	6
Ecstasy	0	0	1	1	0	1	6	1	4	0	14	10
Hallucinogens	0	0	0	2	2	0	1	0	0	0	5	5
Mushrooms	0	0	0	1	5	0	7	0	0	0	13	12

*More than one answer was possible.

Table 5.4: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, The Hague

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	1	1	1	25	0	1	20	0	1	2	52	41
Cocaine	0	0	0	0	0	0	0	0	0	1	1	1
Amphetamines	0	0	0	0	0	0	4	0	1	1	6	6
Ecstasy	0	0	0	0	0	0	5	0	0	1	6	6
Hallucinogens	0	0	0	0	0	0	0	0	0	0	0	0
Mushrooms	0	0	0	0	6	1	1	1	0	0	9	9
aged 18 and older												
Cannabis	0	1	3	87	1	3	60	0	1	6	162	129
Cocaine	0	1	2	1	0	0	9	1	6	1	21	20
Amphetamines	0	0	0	0	0	0	5	0	2	1	8	7
Ecstasy	0	0	1	0	0	1	13	0	3	0	18	16
Hallucinogens	0	0	0	0	4	1	2	0	0	3	10	10
Mushrooms	0	0	0	0	11	0	3	0	0	1	15	14

*More than one answer was possible.

Table 5.5: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, highest address density municipalities

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	3	7	2	128	4	4	118	0	8	4	278	218
Cocaine	0	0	1	0	0	1	8	0	3	1	14	12
Amphetamines	0	0	0	0	0	4	12	0	4	1	21	20
Ecstasy	0	0	0	0	0	5	19	0	2	1	27	26
Hallucinogens	0	0	0	1	7	1	3	0	1	0	13	13
Mushrooms	0	0	0	4	28	2	12	1	0	2	49	48
aged 18 and older												
Cannabis	7	19	18	530	8	17	401	4	29	32	1065	947
Cocaine	0	10	10	4	0	15	95	6	35	2	177	160
Amphetamines	0	1	0	2	1	2	44	0	13	4	67	72
Ecstasy	0	4	6	4	6	18	132	3	21	2	196	187
Hallucinogens	0	1	1	2	31	3	22	2	1	7	70	77
Mushrooms	0	2	0	7	71	6	42	0	0	5	133	121

*More than one answer was possible.

Table 5.6: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, high address density municipalities

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	0	1	1	21	1	1	30	1	4	0	60	50
Cocaine	0	0	0	0	0	0	1	1	0	0	2	2
Amphetamines	0	0	0	0	0	0	2	1	1	0	4	5
Ecstasy	0	0	0	0	0	1	0	1	0	1	3	3
Hallucinogens	0	0	0	1	0	0	1	1	1	0	4	4
Mushrooms	0	0	0	2	2	1	0	0	1	0	6	6
aged 18 and older												
Cannabis	0	1	0	50	0	1	43	1	3	4	103	77
Cocaine	0	0	1	0	0	0	5	0	1	0	7	7
Amphetamines	0	0	0	0	0	2	5	0	1	1	9	8
Ecstasy	0	0	0	0	0	3	6	0	3	0	12	11
Hallucinogens	1	0	0	1	1	1	2	0	1	0	7	5
Mushrooms	0	0	1	1	8	1	2	0	0	1	14	14

*More than one answer was possible.

Table 5.7: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, moderate address density municipalities

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	0	2	1	21	1	0	28	0	3	1	57	43
Cocaine	0	0	0	0	0	0	6	0	0	0	6	6
Amphetamines	0	0	0	0	0	0	5	0	0	0	5	5
Ecstasy	0	0	0	0	0	0	4	0	0	0	4	4
Hallucinogens	0	0	0	1	0	0	4	1	0	0	6	4
Mushrooms	0	1	0	1	2	0	3	0	0	0	7	7
aged 18 and older												
Cannabis	1	1	2	38	1	3	43	3	6	1	99	71
Cocaine	0	0	1	0	0	0	10	0	2	1	14	14
Amphetamines	0	0	0	0	0	0	3	0	0	1	4	4
Ecstasy	0	0	0	0	1	4	10	0	1	1	17	14
Hallucinogens	0	0	0	0	2	0	0	0	0	0	2	2
Mushrooms	0	0	0	1	7	2	2	0	1	0	13	8

*More than one answer was possible.

Table 5.8: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, low address density municipalities

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	0	1	1	21	1	0	33	1	6	1	65	45
Cocaine	0	0	0	0	0	0	2	0	0	0	2	2
Amphetamines	0	0	0	0	0	1	2	0	1	0	4	4
Ecstasy	0	0	0	1	0	0	3	1	1	0	6	5
Hallucinogens	0	0	0	0	0	0	1	0	0	1	2	2
Mushrooms	0	0	0	0	3	0	2	0	1	1	7	6
aged 18 and older												
Cannabis	3	4	1	42	3	3	47	1	5	3	112	77
Cocaine	0	0	1	0	0	1	4	0	1	0	7	7
Amphetamines	0	0	0	0	0	0	3	0	0	1	4	4
Ecstasy	2	0	1	0	0	2	7	1	3	0	16	12
Hallucinogens	0	0	0	0	4	0	3	0	0	0	7	6
Mushrooms	0	0	1	0	7	0	1	1	0	1	11	8

*More than one answer was possible.

Table 5.9: Place of purchase of last year users, by age 12 to 17, and 18 and older, 1997, lowest address density municipalities

aged 12 to 17	*community centre, youth club, association unw.n*	*delivery service unw.n*	*cafe/ pub unw.n*	*coffee-shop unw.n*	*smart-shop unw.n*	*other place of enter-tainment unw.n*	*relatives, friends, acquaintance unw.n*	*from a stranger on street unw.n*	*home-dealer unw.n*	*other unw.n*	*total answers* unw.n*	*rep. last year unw.n*
Cannabis	0	1	0	20	1	1	31	0	6	4	64	49
Cocaine	0	0	0	0	0	0	0	0	1	0	1	1
Amphetamines	0	0	0	0	0	0	1	0	0	0	1	2
Ecstasy	0	0	0	0	0	0	0	0	1	0	1	1
Hallucinogens	0	0	0	0	1	0	0	0	0	0	1	1
Mushrooms	0	0	0	1	3	0	1	0	1	2	8	6
aged 18 and older												
Cannabis	0	1	1	39	0	2	36	1	4	5	89	65
Cocaine	0	0	0	0	0	0	2	0	2	1	5	5
Amphetamines	0	0	0	0	0	0	4	0	0	1	5	5
Ecstasy	0	0	0	0	0	1	4	0	1	1	7	8
Hallucinogens	0	0	1	0	4	0	1	0	0	0	6	5
Mushrooms	0	0	0	1	6	0	2	0	0	1	10	9

*More than one answer was possible.

Table 5.10: Place of purchase of performing enhancing drugs in the Netherlands in Amsterdam, Rotterdam, The Hague, five categories of address density municipalities, and the national average, 1997, unweighted n

	purchase of doping									
	highest address density municipalities:				*address density:*					*national*
place of purchase	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*	*average*
Doctors prescription	4	2	1	2	9	0	1	5	2	17
Trainer, sportsclub, gym	2	0	2	0	4	1	1	0	0	6
Relatives, friends, acquaintance	12	1	3	4	20	3	4	4	5	36
Other	5	2	3	2	12	2	3	1	5	23
Total answers*	23	5	9	8	45	6	9	10	12	82
Total respondents	*23*	*5*	*9*	*8*	*45*	*6*	*9*	*10*	*11*	81

* More than one answer was possible

Notes

1 The estimated number of coffee shops in the Netherlands in 1997 is 1,179. Of these, 628 coffee shops are located in the big cities Amsterdam, Rotterdam, The Hague and Utrecht (> 200,000 inhabitants); 211 in the 20 municipalities with 100-200,000 inhabitants; 120 in the 33 municipalities that have 50-100,000 inhabitants; and 230 in the 515 municipalities with < 50,000 inhabitants. (source: Planije 1998)

6 NONRESPONSE SURVEY

6.1 Introduction

In chapter 2, we outlined that about 60 percent of all persons approached with the request to participate in the survey had done so, with some higher percentages in the municipalities with low address density, and somewhat lower percentages in the high(er) density municipalities. For the Netherlands, a response rate of 60 percent is high, but this does not take away the fact, that 40 percent of our sample did not participate. Weighing of the response data compensates for demographic characteristics (age, gender and marital status) of the nonresponse. But it might be that nonresponse differs in response on other important characteristics; in our case we want to know if nonresponse systematically scores in a different way on drug use variables. Therefore a profound nonresponse analysis is worthwhile.

We already reported reasons for nonresponse (not at home, refusal, illness, language problems, appointment not met, other reasons, see table 2.16). Of all nonresponse, 24 percent has as reason that respondent is not at home (in three occasions of visit) and 63 percent that respondent refuses to participate. We directed our efforts to measure the impact of nonresponse on variables of drug use to 'not at home' nonresponse and to 'refusal' nonresponse. In table 6.1 we show that not at home nonresponse and refusal nonresponse is not evenly distributed among our 9 samples. Apart from Utrecht, the cities have a higher not at home rate than most other municipalities, and a lower rate of refusal. We aimed our nonresponse investigations to be adequate for the national sample.

Table 6.1: Nonresponse, refusals and not-at-home in the Netherlands in nine samples, 1997

	highest address density municipalities:					*address density:*				
nonresponse reasons	*1) Amsterdam*	*2) Rotterdam*	*3) The Hague*	*4) Utrecht*	*5) other*	*highest*	*6) high*	*7) moderate*	*8) low*	*9) lowest*
refusal	50.8	51.2	58.3	71.4	60.7	57.1	74.0	74.4	74.9	77.7
not at home	32.8	33.4	31.2	14.5	17.1	27.3	15.6	13.7	16.8	15.0
other reasons	16.4	15.4	10.5	14.0	22.2	15.5	10.4	11.9	8.3	7.3
total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*

6.2 Nonresponse survey design

The basic design of our nonresponse survey is the same as we applied in our earlier surveys in Amsterdam, Utrecht and Tilburg. We approached a random sample of those who were not at home or who refused to participate. The initial plan was to question 150 absentees and 150 refusers for each of the nine sub-samples of our main sample, totalling 1350 interviews for each nonresponse category. To increase the likelihood of participation of these non-responders, we offered a NLG 20.00[1] bonus that could be cashed for individual use, or for donation to a foundation for the public good. In total, we succeeded in interviewing 924 absentees and 1,373 refusers in the nonresponse survey, making our nonresponse investigations adequate for generalisation on the national sample. Sometimes we will

distinguish between the highest density municipalities and the rest of the Netherlands. It is not possible to report for each stratum because we do not have sufficient data to do so.

The nonresponse interview is a greatly reduced version of the main interview, and took only a few minutes to apply. The drug use prevalence questions were condensed to alcohol and cannabis only, so that the questionnaire is short and fast. In order to understand possible reasons for differences in alcohol and cannabis use prevalence, we included a series of lifestyle questions in the nonresponse survey.

6.3 Response in nonresponse survey

The representativeness of the two groups of nonrespondents in the nonresponse survey sample (the refusers and the not-at-homers) is portrayed in table 6.2. It is indicated in the table, whether or not the refusers and absentees that participated in our non response survey differ significantly from the total group of those who refused to participate in the main survey. There exist minor but significant differences between these groups, for the distribution by age. The share of 16-19 year olds in the nonresponse survey is slightly overrepresented. Maybe the prospect of the reward persuaded especially this group to respond. In the nonresponse survey, of all people, the aged (age 50 and over) persons refuse more often. In the main survey, on the contrary, elderly participate in surveys more often than young people do.

Table 6.2: Response and nonresponse surveys for refusers and absentees by demographic characteristics the Netherlands, 1997

demographic characteristics	*refusers of mainsurvey*	*refusers nr sample*	*refusers nr response*	*absentees of mainsurvey*	*absentees nr sample*	*absentees nr response*
age	%	%	%	%	%	%
12-15	8.3	9.9	8.5	7.2	6.0	4.9
16-19	7.1	8.3	12.0	9.0	9.4	12.6
20-24	5.7	4.9	5.4	11.2	11.1	7.8
25-34	16.5	16.5	16.6	26.5	23.3	23.4
34-49	23.5	21.1	21.1	24.4	30.7	25.1
50+	38.9	39.3	36.3	21.6	19.5	26.3
		<.001	<.001		ns	<.001
gender						
male	47.9	46.3	44.6	54.3	52.5	50.5
female	52.1	53.7	55.4	45.7	47.5	49.5
		ns	ns		ns	ns
marital status						
unmarried	39.4	39.2	42.0	54.7	52.7	48.6
married	44.1	44.1	42.8	29.3	30.9	35.6
widdow	8.1	9.2	8.0	5.1	6.0	6.1
divorced	8.4	7.4	7.3	11.0	10.4	9.7
		ns	ns		ns	<.05

Table 6.3 presents the fieldwork results of the nonresponse survey. Noteworthy is that the response is higher in the more rural municipalities compared to the highest density municipalities, for both refusers and not-at-homers. In the more rural municipalities, refusals seem to be more willing to participate under given circumstances (a very short questionnaire and a financial incentive). The

response percentage of refusals in the highest density municipalities is 48, compared to 33 percent in the other municipalities. Also in the category not-at-homers, those living in the highest density municipalities are less willing to participate than the ones living in other municipalities. Logically, as in the main survey, we found a substantial amount of not at home non response persons not at home again during our non response survey. In fact, we did not succeed reaching our aim of interviewing 1350 not at home non respondenrs

Table 6.3: Response of nonresponse survey, the Netherlands, 1997

demographic characteristics	*highest density municipalities*		*other municipalities*		*total nonresponse survey*
refusers	%	*n*	%	*n*	*n*
respons	40.1	*790*	56.7	*583*	*1,373*
refusal	48.3	*951*	33.1	*340*	*1,291*
not-at-home	11.6	*229*	10.2	*105*	*334*
netto sample	100.0	*1,970*	100.0	*1,028*	*2,998*
absentees					
respons	48.3	*636*	69.1	*288*	*924*
refusal	34.3	*452*	22.1	*92*	*544*
not-at-home	17.4	*229*	8.9	*37*	*266*
netto sample	100.0	*1,317*	100.0	*417*	*1,734*

6.4 Results of nonresponse survey

Reasons for first refusal

We asked the refusal portion of the non-respondents why they did not want to participate in our original survey. Their answers are reported in table 6.4. Most reasons are not related to the topic of the survey. Over one quarter of all refusers can not remember having refused. Important reasons are that people do not feel like participating or have no time at the moment the interviewer visits a respondent. Differences between the highest density municipalities and the others are small.

Table 6.4: Reasons for refusing to participate in drug use prevalence survey, the Netherlands, 1997

reason	*highest density municipalities*	*other municipalities*	*national*
No, I can not give reason for refusal	9.6	12.7	10.9
I do not have time, takes too long	19.6	14.9	17.6
Privacy concerns	1.1	1.7	1.4
Will never participate in any survey	2.5	6.0	4.0
Survey makes no sense	0.8	1.5	1.1
Do not use drugs	0.9	0.7	0.8
Illness, other phys. problems	1.9	1.9	1.9
Language problems	1.0	0.3	0.7
Dislike for this fieldwork organisation	0.3	0.2	0.2
Can not remember reason	9.2	7.5	8.5
Can not remember refusal	25.3	32.8	28.5
Don't feel like participating	27.7	19.7	24.3
total n	*790*	*583*	*1,373*

Lifestyle

We checked the hypothesis, that 'not at home' nonresponse is at least partly determined by a more 'out of house' orientation. Lifestyle is operationalized as the score on outgoing orientation. Outgoing orientation is determined by activities in leisure time and measured by the following items: the frequency of evenings spent at home; the frequency of going to a pub, disco, dancehall etc.; the frequency of going to a dining place, restaurant or eat out; the frequency of visiting a cinema or art centre; and the frequency of visiting the theatre, ballet etc.. Outgoing orientation scores at an ordinal scale in three categories: high, medium or low.

Because we know that probability of having used drugs increases with level of 'out of house orientation' in Amsterdam (Abraham 1998), we might expect that 'not at home' nonresponse will make us underestimate drug use in our main survey. Results are shown in tables 6.5. We found that our nonresponse survey is able to confirm that 'not at home' nonresponse reports higher levels of out of house orientation. But also the 'refuser' type of nonresponse shows higher levels of out of house orientation, although to a lesser extent. This trend can be observed in all levels of address density. As shown in table 6.4, all non response respondents score higher, to a significant amount, on all out of house orientation variables, except 'theatre and movies'

Table 6.5: Lifestyle characteristics for the mainsurvey and nonresponse survey, the Netherlands, 1997

	National			*Highest density municipalities*			*Other municipalities*		
	main survey	*nonresponse survey*		*main survey*	*nonresponse survey*		*main survey*	*nonresponse survey*	
	respons	*refusers*	*absentees*	*respons*	*refusers*	*absentees*	*respons*	*refusers*	*absentees*
Lifestyles	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*
out-of-house orrientation									
low	58.4	44.7	27.8	50.8	38.0	24.3	60.0	46.2	28.6
moderate	27.2	28.9	31.0	26.4	25.6	23.1	27.4	29.7	32.8
high	14.5	26.4	41.2	22.8	36.5	52.6	12.7	24.1	38.7
		<.001	<.001		<.001	<.001		<.001	<.001
frequency of visiting café, bar, club, disco									
never	65.1	65.1	53.0	59.9	55.5	46.9	66.2	67.1	54.2
rarely	21.7	18.2	23.2	22.2	23.6	21.7	21.6	17.0	23.6
moderate	10.8	12.0	16.4	13.7	13.4	22.8	10.2	11.7	14.9
often	2.4	4.7	7.4	4.3	7.5	8.5	2.0	4.1	7.3
		<.001	<.001		<.05	<.001		<.001	<.001
frequency of visiting restaurant									
never	44.9	40.8	25.9	40.7	34.1	23.1	45.8	42.3	26.5
rarely	20.3	18.4	19.5	17.5	18.5	13.5	20.9	18.5	20.9
moderate	21.5	24.3	24.9	23.2	25.3	27.8	21.2	24.0	24.4
often	13.3	16.5	29.6	18.5	22.2	35.5	12.1	15.2	28.2
		<.001	<.001		<.05	<.001		<.05	<.001
frequency of visiting theatre, movies									
never	66.2	69.2	59.4	58.3	61.7	48.8	67.9	70.9	61.7
rarely	20.9	19.0	22.7	20.5	19.6	23.1	21.0	18.8	22.6
moderate	10.4	9.6	13.8	15.6	14.6	20.7	9.3	8.4	12.2
often	2.4	2.3	4.1	5.6	4.1	7.4	1.8	1.9	3.5
		ns	<.001		ns	<.001		ns	<.05

Prevalence of drug use

In table 6.6 we report the prevalence figures for alcohol and cannabis, which we found among participants of our nonresponse survey. We report lifetime, last year and last month prevalence of these two substances. Results are weighed for age and gender, in order to make our different categories of nonrespondents (refusers and absentees) comparable to the respons in the main survey. Among the 'refuser' type of nonresponse at national level we find lifetime prevalence of cannabis lower (sign $p<0.001$) than among response. Prevalence of cannabis among 'not at home' is higher (sign $p<0.05$). More recent prevalence measures show no difference. Current alcohol use is lower among refusers and higher among not at homers. These results prove that nonresponse is able to bias the results of our survey data to some extent.

Table 6.6: Drug use prevalence for the mainsurvey and nonresponse survey, the Netherlands, 1997

	main survey	*nonresponse survey*			
	respons	*refusers*		*absentees*	
National	*%*	*%*	*sign.*	*%*	*sign.*
cannabis					
lifetime prevalence	15.6	12.4	<.001	18.8	<.05
last year prevalence	4.5	4.7	ns	4.8	ns
last month prevalence	2.5	3.3	ns	2.9	ns
alcohol					
lifetime prevalence	90.2	88.9	ns	93.6	<.001
last year prevalence	82.5	80.1	<.05	89.7	<.001
last month prevalence	73.3	70.4	<.05	84.0	<.001
Highest density municipalities					
cannabis					
lifetime prevalence	25.6	20.0	<.001	24.2	ns
last year prevalence	8.5	6.2	<.05	9.7	ns
last month prevalence	5.0	4.2	ns	6.2	ns
alcohol					
lifetime prevalence	88.4	89.1	ns	92.4	<.01
last year prevalence	80.2	81.4	ns	87.8	<.001
last month prevalence	71.1	71.7	ns	81.4	<.001
Other municipalities					
cannabis					
lifetime prevalence	13.4	10.7	<.05	17.7	ns
last year prevalence	3.7	4.4	ns	3.7	ns
last month prevalence	1.9	3.1	ns	2.1	ns
alcohol					
lifetime prevalence	90.5	88.9	ns	93.9	<.05
last year prevalence	83.0	79.9	ns	90.1	<.001
last month prevalence	73.8	70.1	ns	84.6	<.001

Using the results of our nonresponse survey on alcohol and cannabis use variables, we are now able to compute the effect of the nonresponse bias on our national estimates of lifetime cannabis use, and lifetime alcohol use. This computation assumes, that nonresponse survey response for both absentees and refusers is representative for all nonresponse of these two categories. We also assume that the

other categories of nonresponse (5.5% of the sample) behave as 'response' on the variables of cannabis and alcohol use. The size of 'other nonresponse' is so small that this assumption is justified.

6.5 Conclusion

In table 6.7, we construct a total response according to the prevalence figures of the response plus nonresponse survey data. Lifetime prevalence of cannabis use in the national population of 12 years and older in our main survey is 15.6 percent. On the basis of our nonresponse survey data this might be adjusted to a slightly lower level, that is 15.1 percent. Doing the same with recent alcohol use would justify increasing our last month alcohol use estimate from 73.3 percent to 73.6 percent. Because the adaptations are so small, there is no reason to doubt the reliability of the main survey and to adjust our over all estimates about lifetime prevalence of cannabis or alcohol use. We expect, on the

Table 6.7: Recalculation lifetime use prevalence, for cannabis and alcohol use, the Netherlands 1997

	Lifetime use cannabis			*Lifetime use alcohol*	
	%	%		%	%
sample	*main survey*	*prevalence*	*sample*	*main survey*	*prevalence*
respondents	59.9	15.6	respondents	59.9	73.3
refusers	25.1	12.4	refusers	25.1	70.4
absentees	9.5	18.8	absentees	9.5	84.0
other nonrespondents	5.5	15.6	other nonrespondents	5.5	73.3
total (weighted)	*100.0*	*15.1*	*total (weighted)*	*100.0*	*73.6*

basis of these findings, that other drug use data could be slightly adjusted as well, but again, not enough to legitimate doubt about the reliability of our estimates as shown in chapters 3 and 4.
This finding runs parallel to the findings in our earlier non response surveys, showing that our methodology slightly overestimates illicit cannabis use and slightly underestimates licit alcohol use.

Notes

1 20 Dutch guilders is equivalent to 9.34 U.S. Dollars, July 1999. (source: GWK currency converter online <http://www.gwk.nl/cgi-bin/koersconverter>)

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Appendix A Questionnaire

QUESTIONNAIRE MAIN SURVEY

INTRODUCTION

You have received a letter explaining the purpose of this interview: your lifestyle and use of medical and other drugs. We asked about 20.000 people in the Netherlands to participate in this study. The answers to the questions will be processed anonymously.

(When respondent is not alone:) In the interest of this investigation, I would like to ask you if I could speak to you alone, without any other people to influence your answers? Can we sit somewhere apart, i.e. out of hearing distance of other people?

(When this is not possible:) You can key the answers into the computer yourself. If necessary I will help you if there is something you donít understand.

01	*INTERVIEWER* *Is the situation fit to* *continue orally or better in writing?*	- no, in writing - yes, orally	[1] [2]

LEISURE

First of all, I would like to know something about your activities in your leisure time.

02	How many evenings a week do you usually spend at home?	- all evenings at home - 5 to 6 evenings at home - 3 to 4 evenings at home - 1 to 2 evenings at home - less than 1 evening at home - no answer	[1] [2] [3] [4] [5] [9]
03	How many times did you go to pubs, discos, dance halls, etc. *during the past four weeks*?	- not a single time - once - 2 to 3 times - 4 to 9 times - 10 times or more - don't know - no answer	[1] [2] [3] [4] [5] [6] [9]
04	How many times did you go to restaurants or other dining places, *during the past four weeks?*	- not a single time - once - 2 to 3 times - 4 to 9 times - 10 times or more - don't know - no answer	[1] [2] [3] [4] [5] [6] [9]
05	How many times did you go to the cinema or art centre *during the past eight weeks?*	- not a single time - once - 2 to 3 times - 4 to 9 times - 10 times or more - don't know - no answer	[1] [2] [3] [4] [5] [6] [9]
06	How many times did you go to theatre, ballet, opera, etc. *during the past eight weeks?*	- not a single time - once - 2 to 3 times - 4 to 9 times - 10 times or more - don't know - no answer	[1] [2] [3] [4] [5] [6] [9]

07	Did you pursue any sports, by yourself or within a club? For example athletics, cycling, football or tennis.	- no - yes - no answer	[1] [2] [9]

We would like to know of several types of sports, if you have pursued those, and in which period you were engaged in these sports activities.

08	Have you ever done weight training and if so, when?	- no - yes, longer than one year ago - yes, in the past year - no answer	[1] [2] [3] [9]
09	Have you ever done fitness and if so, when?	- no - yes, longer than one year ago - yes, in the past year - no answer	[1] [2] [3] [9]
10	Have you ever done body building and if so, when?	- no - yes, longer than one year ago - yes, in the past year - no answer	[1] [2] [3] [9]
11	Have you ever done aerobics, callanetics or steps and if so, when?	- no - yes, longer than one year ago - yes, in the past year - no answer	[1] [2] [3] [9]
12	How frequently do you meet relatives friends or acquaintances? *INTERVIEWER: Give card.*	- never - daily - 2 to 3 times a week - at least once a week - at least once a month - less frequently - very irregularly - not applicable - no answer	[1] [2] [3] [4] [5] [6] [7] [8] [9]

TOBACCO

And now for something different. I would like to know something about your habits regarding smoking, drinking, and the use of pharmaceutical and other drugs.

13	Did you ever smoke cigarettes, [shag], **20** cigars or pipes? **14** *INT.: this question also applies to other* **20** *forms of tobacco such as chewing tobacco and snuff*	- no - yes - no answer	[1] [2] [9]
14	Did you do so 25 times or more?	- no, less - yes, 25 times or more - don't know - no answer	[1] [2] [3] [9]
15	At what age did you first smoke tobacco?	- age - don't know - no answer	[..] [97] [99]
16	Did you smoke cigarettes, [shag], **17** cigars or pipes in the past 12 months? **18** **17**	- no - yes - no answer	[1] [2] [9]
17	At what age did you **19** quit smoking? **19** **18**	- age - don't know - no answer	[..] [97] [99]
18	And in the past 30 days?	- no - yes - no answer	[1] [2] [9]
19	How many cigarettes do you normally smoke per day? *INT.: if the respondent does not smoke cigarettes but cigars or pipes, how many cigars or pipes do you normally smoke per day?*	- number - don't know - no answer	[..] [97] [99]

ALCOHOL

Now a few questions on alcoholic drinks such as beer, wine, gin, liquor etc.

20	Did you ever drink an alcoholic beverage?	- no - yes - no answer	[1] [2] [9]	**30** **21** **30**
21	Did you do so 25 times or more?	- no, less - yes, 25 times or more - don't know - no answer	[1] [2] [3] [9]	
22	At what age did you drink alcohol for the first time?	- age - don't know - no answer	[..] [97] [99]	
23	Did you drink alcohol over the past 12 months?	- no - yes - no answer	[1] [2] [9]	**24** **25** **24**
24	At what age did you last drink alcohol? (Round up/down to nearest age)	- age - don't know - no answer	[..] [97] [99]	**30** **30** **30**
25	Did you drink *6 or more* alcoholic beverages in one day during the past 6 months?	- no - yes - no answer	[1] [2] [9]	**27** **26** **27**
26	How often did you drink 6 or more alcoholic beverages in one day? *INT.: Present card.*	- daily - more than 4 times a week - 3 to 4 times a week - 1 to 2 times a week - 1 to 3 times a month - 3 to 5 times past 6 months - 1 to 2 times past 6 months - don't know - no answer	[1] [2] [3] [4] [5] [6] [7] [8] [9]	
27	Did you drink alcohol over the past 30 days?	- no - yes - no answer	[1] [2] [3]	**29** **28** **29**
28	On how many days did you drink alcohol during the past 30 days?	- number - don't know - no answer	[..] [97] [99]	
29	On average, how many glasses of alcohol per day did you drink recently? (In case you don't drink every day, please estimate your weekly consumption and divide that by seven.)	- glasses - don't know - no answer	[..] [97] [99]	

HYPNOTICS

Now a few questions about hypnotics

30	As you probably know, there are a lot of pharmaceutical drugs available to facilitate sleeping. Have you ever used any of these on prescription by a medical doctor or on your own initiative? *INT.: We don't mean things like a glass of warm milk, a walk, or aspirin); homeopathic drugs do count.*	- no - yes - no answer	[1] [2] [9]	**37** **31** **37**
31	Did you do so 25 times or more?	- no, less - yes, 25 times or more - don't know - no answer	[1] [2] [3] [9]	

32	At what age did you use hypnotics for the first time?	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
33	Have you used hypnotics over the past 12 months?	- no	[1]	**34**
		- yes	[2]	**35**
		- no answer	[9]	**35**
34	At what age did you last use hypnotics?	- age	[..]	**37**
		- don't know	[97]	**37**
		- no answer	[99]	**37**
35	Have you used hypnotics over the past 30 days?	- no	[1]	**37**
		- yes	[2]	**36**
		- no answer	[9]	**37**

36 Can you tell me which hypnotic(s) you have used over the past 30 days? Please tell me names or brands. And will you tell me if you took them on prescription by a medical doctor or on your own initiative?

INT.: Write down literally! When respondents hesitate or say they don't know, ask them to have a look at the bottle or package (in case it's still there).

name hypnotic		doctors prescr.	own init.	both	d.k.	n.a.
.....	[..]	[1]	[2]	[3]	[4]	[5]
.....	[..]	[1]	[2]	[3]	[4]	[5]
.....	[..]	[1]	[2]	[3]	[4]	[5]
.....	[..]	[1]	[2]	[3]	[4]	[5]

SEDATIVES

37	Other pharmaceutical drugs are sedatives, to calm you down. Have you ever used any of these, on prescription by a medical doctor or on your own initiative? *INT.: We don't mean yoga or other relaxing activities; homeopathic drugs do count.*	- no	[1]	**44**
		- yes	[2]	**38**
		- no answer	[9]	**44**
38	Did you do so 25 times or more?	- no, less	[1]	
		- yes, 25 times or more	[2]	
		- don't know	[3]	
		- no answer	[9]	
39	At what age did you first use sedatives?	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
40	Have you used sedatives over the past 12 months?	- no	[1]	**41**
		- yes	[2]	**42**
		- no answer	[3]	**41**
41	At what age did you last use sedatives?	- age	[..]	**44**
		- don't know	[97]	**44**
		- no answer	[99]	**44**
42	And over the past 30 days?	- no	[1]	**44**
		- yes	[2]	**43**
		- no answer	[3]	**44**

43 If so, can you please tell me which sedative(s) you have used over the past 30 days? Please tell me names or brands. And will you tell me if you took them on prescription by a medical doctor or on your own initiative?

INTERVIEWER: Write down literally! When respondents hesitate or say they don't know, ask them to have a look at the bottle or package (in case it's still there).

name sedative		doctors prescr.	own init.	both	d.k.	n.a.
.....	[..]	[1]	[2]	[3]	[4]	[5]
.....	[..]	[1]	[2]	[3]	[4]	[5]
.....	[..]	[1]	[2]	[3]	[4]	[5]
.....	[..]	[1]	[2]	[3]	[4]	[5]

DOPING

There are substances on the market that are used by people who want to improve their sports performance or by people who, through taking these substances, hope to get a strong and muscular body.

44	Have you ever tried any of these substances?	- no	[1]	**57**
		- yes	[2]	**45**
		- no answer	[9]	**57**

45	Which of these substances did you use? (you can give more than one answer) *INT: show card*	- anabolic-androgens steroids (AAS), usually referred to as anabolic steroids [1] - growth hormone (hHG) [2] - EPO (erythropoietin) [3] - thyroid medication [4] - clenbuterol [5] - stimulants (for example amphetamine (speed), cocaine, ephedrine, caffeine in high dosage) [6] - other [7] - donít know [8] - no answer [9]		
46	Did you take these substances in the form of a cure?	- no [1] - yes [2] - no answer [9]	**48** **47** **48**	
47	How many cures of these substances did you take?	- number [..] - no answer [9]		
48	Did you take these kinds of substances on individual occasions, meaning not in the of a cure?	- no [1] - yes [2] - no answer [9]	**50** **49** **49**	
49	Have you used these substances 25 times or more? *(INT: only use on individual occasions; not when respondent has followed a cure)*	- no, less than 25 times [1] - yes, 25 times or more [2] - don't know how often [3] - no answer [9]		
50	How old were you when you first used a substance to improve your performances in sports or to try and get a stronger and more muscular body?	- age [..] - don't know [777] - no answer [999]		
51	Did you use these kinds of substances in the last 12 months?	- no [1] - yes [2] - no answer [9]	**52** **53** **52**	
52	How old were you when you used these kinds of substances for the last time?	- age [..] - don't know [77] - no answer [99]		

	(INT: for last year users and more recent)		
53	Where did you get the substance/substances that you used? *INT: resp. can give more than one answer*	- doctors prescription [1] - trainer/sports club/gym [2] - friends, acquaintances, relatives [3] - other [4] - no answer [9]	
	(INT: for last year users and more recent)		
54	Can you tell which substance (substances) you used in the last twelve months? Do you know the name of the substance(s)? *(INT: write down names literally. If respondent does not know the name of the substance or seems to hesitate, ask if he/she can show you and check the name)*	- substance 1 [..] - substance 2 [..] - substance 3 [..] - substance 4 [..]	
	(INT: for last year users and more recent)		
55	For what reason did you take these subs. You can give a maximum of three answers *INT: show card*	- to become stronger [01] - to become faster [02] - to become slimmer [03] - for more endurance [04] - to become more aggressive [05] - to improve body shape [06] - to become bigger [07] - to cope with injuries [08] - to cope with fatigue [09] - to concentrate [10] - to increase muscle development [11] - to look better [12] - other [13] - don't know / no answer [14]	
56	Did you use these kinds of substances in the last 30 days?	- no [1] - yes [2] - no answer [9]	

CANNABIS

Now a few questions about the use of cannabis

57	Have you ever used cannabis (hash, marijuana or weed)?	- no [1] - yes [2] - no answer [9]	**68** **58** **68**

58	Have you used it 25 times or more?	- no, less	[1]	
		- yes, 25 times or more	[2]	
		- don't know	[3]	
		- no answer	[9]	
59	At what age did you first use cannabis? (hash, marijuana, weed)	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
60	Have you used cannabis over the past 12 months? (hash, marijuana, weed)	- no	[1]	**61**
		- yes	[2]	**62**
		- no answer	[3]	**61**
61	At what age did you last use cannabis?	- age	[..]	**65**
		- don't know	[97]	**65**
		- no answer	[99]	**65**
62	Where did you get the cannabis that you used? (you can give more than one answer)	- relatives, friends, acquaintance	[01]	
		- coffeeshop	[02]	
		- cafe/pub	[03]	
		- other place of entertainment	[04]	
		- bought on the street from a stranger	[05]	
		- community centre, youth club, association	[06]	
		- home dealer	[07]	
		- delivery service	[08]	
		- smartshop	[09]	
		- other	[77]	
		- don't know/will not say	[99]	
63	Have you used cannabis over the past 30 days? (hash, marijuana, weed)	- no	[1]	**65**
		- yes,	[2]	**64**
		- no answer	[3]	**65**
64	In the last 30 days, on how many days did you use cannabis?	- number	[..]	
		- don't know	[97]	
		- no answer	[99]	
65	Has one of your parents ever used cannabis?	- no	[1]	
		- yes	[2]	
		- don't know	[3]	
		- not applicable (has no parents)	[4]	
		- no answer	[5]	
66	Has one of your siblings ever used cannabis?	- no	[1]	
		- yes	[2]	
		- don't know	[3]	
		- not applicable (has no siblings)	[4]	
		- no answer	[5]	
67	Has one of your children ever used cannabis?	- no	[1]	
		- yes	[2]	
		- don't know	[3]	
		- not applicable (has no children)	[4]	
		- no answer	[5]	

COCAINE

Now a few questions on the use of cocaine

68	Have you ever used cocaine?	- no	[1]	77
		- yes	[2]	**69**
		- no answer	[3]	77
69	Have you used it 25 times or more?	- no, less	[1]	
		- yes, 25 times or more	[2]	
		- don't know	[3]	
		- no answer	[4]	
70	At what age did you first use cocaine?	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
71	Have you used cocaine over the past 12 months?	- no	[1]	**72**
		- yes	[2]	**73**
		- no answer	[3]	**73**
72	At what age did you last use cocaine?	- age	[..]	**76**
		- don't know	[97]	**76**
		- no answer	[99]	**76**
73	Where did you get the cocaine that you used (you can give more than one answer)	- relatives, friends, acquaintance	[01]	
		- coffeeshop	[02]	
		- cafe/pub	[03]	
		- other place of entertainment	[04]	
		- on the street from a stranger	[05]	
		- community centre, youth club,	[06]	

		association		
		- home dealer	[07]	
		- delivery service	[08]	
		- smartshop	[09]	
		- other	[77]	
		- don't know/will not say	[99]	
74	Have you used cocaine over the past 30 days?	- no	[1]	**76**
		- yes,	[2]	**75**
		- no answer	[3]	**75**
75	In the last 30 days, on how many days did you use cocaine	- number	[..]	
		- don't know	[97]	
		- no answer	[99]	
76	Did you ever take cocaine in the form of crack or freebase?	- yes	[1]	
		- no	[2]	
		- no answer	[9]	

AMPHETAMINES

77	Have you ever used amphetamines? (stimulants, pep, speed , etc.)	- no	[1]	**86**
		- yes	[2]	**78**
		- no answer	[3]	**86**
78	Have you used it 25 times or more?	- no, less	[1]	**79**
		- yes, 25 times or more	[2]	**80**
		- don't know	[3]	**80**
		- no answer	[4]	**80**
79	How often did you use amphetamines?	- number	[..]	
		- don't know	[97]	
		- no answer	[99]	
80	At what age did you first use amphetamines?	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
81	Have you used amphetamines over the past 12 months?	- no	[1]	**82**
		- yes	[2]	**83**
		- no answer	[3]	**82**
82	At what age did you last use amphetamines?	- age	[..]	**86**
		- don't know	[97]	**86**
		- no answer	[99]	**86**
83	Where did you get the amphetamine that you used? (you can give more than one answer)	- relatives, friends, acquaintance	[01]	
		- coffeeshop	[02]	
		- cafe/pub	[03]	
		- other place of entertainment	[04]	
		- on the street from a stranger	[05]	
		- community centre, youth club, association	[06]	
		- home dealer	[07]	
		- delivery service	[08]	
		- smartshop	[09]	
		- other	[77]	
		- don't know/will not say	[99]	
84	Have you used amphetamines over the past 30 days?	- no	[1]	
		- yes	[2]	
		- no answer	[9]	
85	In the last 30 days, on how many days did you use amphetamines?	- days	[..]	
		- don't know	[97]	
		- no answer	[99]	

ECSTASY

Now a few questions about ecstasy follow.

86	Have you ever used ecstasy (XTC, MDMA, E)?	- no	[1]	**94**
		- yes	[2]	**87**
		- no answer	[3]	**94**
87	Have you used it 25 times or more?	- no, less	[1]	
		- yes, 25 times or more	[2]	
		- don't know	[3]	
		- no answer	[4]	

88	At what age did you first use ecstasy?	- age [..] - don't know [97] - no answer [99]		
89	Have you used ecstasy over the past 12 months?	- no [1] - yes [2] - no answer [3]	**90** **91** **91**	
90	At what age did you last use ecstasy?	- age [..] - don't know [97] - no answer [99]	**94** **94** **94**	
91	Where did you get the ecstasy that you used? (you can give more than one answer)	- relatives, friends, acquaintance [01] - coffeeshop [02] - cafe/pub [03] - other place of entertainment [04] - on the street from a stranger [05] - community centre, youth club, association [06] - home dealer [07] - delivery service [08] - smartshop [09] - other [77] - don't know/will not say [99]		
92	Have you used ecstasy over the past 30 days?	- no [1] - yes [2] - no answer [9]		
93	In the last 30 days, on how many days did you use ecstasy	- days [..] - don't know [97] - no answer [99]		

HALLUCINOGENS

94	Have you ever used LSD?	- no [1] - yes [2] - no answer [3]	**115** **95** **115**	
95	Have you ever used mescaline?	- no [1] - yes [2] - no answer [3]		
96	Have you ever used psilocybin?	- no [1] - yes [2] - no answer [3]		
97	Have you ever used 2CB?	- no [1] - yes [2] - no answer [3]		
98	Have you ever used ayahuasca?	- no [1] - yes [2] - no answer [3]		
99	Have you ever used any other substance that causes hallucinations?	- no [1] - yes [2] - no answer [3]		
100	Have you used [any hall.] 25 times or more? (in total)	- no, less [1] - yes, 25 times or more [2] - don't know [3] - no answer [4]		
101	At what age did you first use hallucinogens? (in total)	- age [..] - don't know [97] - no answer [99]		
102	Have you used hallucinogens over the past 12 months? (in total)	- no [1] - yes [2] - no answer [3]	**103** **104** **103**	
103	At what age did you last use hallucinogens? (in total)	- age [..] - don't know [97] - no answer [99]		
104	Where did you get these substances? [list of hallucinogens] (you can give more than one answer)	- relatives, friends, acquaintance [01] - coffeeshop [02] - cafe/pub [03] - other place of entertainment [04] - on the street from a stranger [05] - community centre, youth club, association [06] - home dealer [07] - delivery service [08] - smartshop [09] - other [77] - don't know/will not say [99]		

105	Have you used hallucinogens over the past 30 days?	- no	[1]	**107**
		- yes	[2]	**106**
		- no answer	[9]	**107**
106	In the last 30 days, on how many days did you use hallucinogens	- days	[..]	
		- don't know	[97]	
		- no answer	[99]	

Some mushrooms too, contain substances that can make you hallucinate or induce a 'trip'.

107	Have you ever used this kind of mushrooms	- no	[1]	**115**
		- yes	[2]	**108**
		- no answer	[3]	**115**
108	Have you used it 25 times or more?	- no, less	[1]	
		- yes, 25 times or more	[2]	
		- don't know	[3]	
		- no answer	[4]	
109	At what age did you first use mushrooms?	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
110	Have you used mushrooms over the past 12 months?	- no	[1]	**111**
		- yes	[2]	**112**
		- no answer	[3]	**112**
111	At what age did you last use mushrooms?	- age	[..]	**115**
		- don't know	[97]	**115**
		- no answer	[99]	**115**
112	Where did you get the mushrooms? (you can give more than one answer)	- relatives, friends, acquaintance	[01]	
		- coffeeshop	[02]	
		- cafe/pub	[03]	
		- other place of entertainment	[04]	
		- on the street from a stranger	[05]	
		- community centre, youth club, association	[06]	
		- home dealer	[07]	
		- delivery service	[08]	
		- smartshop	[09]	
		- other	[77]	
		- don't know/will not say	[99]	
113	Have you used mushrooms over the past 30 days?	- no	[1]	**115**
		- yes	[2]	**114**
		- no answer	[9]	**114**
114	In the last 30 days, on how many days did you use mushrooms	- days	[..]	
		- don't know	[97]	
		- no answer	[99]	

INHALANTS

115	Have you ever used inhalants (like glue or tri, to get high)?	- no	[1]	**123**
		- yes	[2]	**116**
		- no answer	[3]	**123**
116	Have you used it 25 times or more?	- no, less	[1]	
		- yes, 25 times or more	[2]	
		- don't know	[3]	
		- no answer	[4]	
117	At what age did you first use inhalants?	- age	[..]	
		- don't know	[97]	
		- no answer	[99]	
118	Have you used inhalants over the past 12 months?	- no	[1]	**119**
		- yes	[2]	**120**
		- no answer	[3]	**120**
119	At what age did you last use inhalants?	- age	[..]	**123**
		- don't know	[97]	**123**
		- no answer	[99]	**123**
120	Where did you get the inhalants that you used? (you can give more than one answer)	- relatives, friends, acquaintance	[01]	
		- coffeeshop	[02]	
		- cafe/pub	[03]	
		- other place of entertainment	[04]	
		- on the street from a stranger	[05]	
		- community centre, youth club, association	[06]	
		- home dealer	[07]	
		- delivery service	[08]	
		- smartshop	[09]	
		- other	[77]	
		- don't know/will not say	[99]	

121	Have you used inhalants over the past 30 days?	- no - yes - no answer	[1] [2] [9]	**123** **122** **123**
122	In the last 30 days, on how many days did you use inhalants?	- days - don't know - no answer	[..] [97] [99]	

OPIATES, HEROIN, CODEINE, PALFIUM, METHADONE, OTHER OPIATES.

123	Have you ever used opiates, like the ones mentioned on this card?	- no - yes - no answer	[1] [2] [3]	**156** **124** **156**
124	Can you please indicate which one of these you ever used?	- opium - morphine - heroin - codeine - palfium - methadone - other opiates - don't know - no answer	[1] [2] [3] [4] [5] [6] [7] [8] [9]	
125	Have you used opium 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]	
126	At what age did you first use opium? (in total)	- age - don't know - no answer	[..] [97] [99]	
127	At what age did you last use opium? (in total)	- age - don't know - no answer	[..] [97] [99]	
128	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]	
129	Have you used morphine 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]	
130	At what age did you first use morphine? (in total)	- age - don't know - no answer	[..] [97] [99]	
131	At what age did you last use morphine? (in total)	- age - don't know - no answer	[..] [97] [99]	
132	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]	
133	Have you used heroin 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]	**134** **135** **135**
134	How many times?	- number - no answer	[..] [99]	
135	At what age did you first use heroin? (in total)	- age - don't know - no answer	[..] [97] [99]	
136	At what age did you last use heroin? (in total)	- age - don't know - no answer	[..] [97] [99]	
137	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]	
138	Have you used codeine 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]	
139	At what age did you first use codeine? (in total)	- age - don't know - no answer	[..] [97] [99]	

140	At what age did you last use codeine? (in total)	- age - don't know - no answer	[..] [97] [99]
141	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]
142	Have you used palfium 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]
143	At what age did you first use palfium? (in total)	- age - don't know - no answer	[..] [97] [99]
144	At what age did you last use palfium? (in total)	- age - don't know - no answer	[..] [97] [99]
145	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]
146	Have you used methadone 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]
147	At what age did you first use methadone? (in total)	- age - don't know - no answer	[..] [97] [99]
148	At what age did you last use methadone? (in total)	- age - don't know - no answer	[..] [97] [99]
149	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]
150	Have you used any other opiates 25 times or more?	- no, less - yes, 25 times or more - no answer	[1] [2] [9]
151	At what age did you first use any other opiates? (in total)	- age - don't know - no answer	[..] [97] [99]
152	At what age did you last use any other opiates? (in total)	- age - don't know - no answer	[..] [97] [99]
153	Was that the last time on doctors prescription, on own initiative or both? (in total)	- on prescription - own initiative - both - no answer	[1] [2] [3] [9]
154	Have you used any other opiates over the past 30 days?	- opium - morphine - heroin - codeine - palfium - methadone - other opiates	[1] [2] [3] [4] [5] [6] [7]
155	In the last 30 days, on how many days did you use any other opiates?	- days - don't know - no answer	[..] [97] [99]

other drugs

156	We talked about a lot of different kinds of drugs. Are there any other drugs you used, which are not mentioned above? What are these? (max. 3 drugs)	- no - yes - other drug 1 - other drug 2 - other drug 3	[01] [02] [..] [..] [..]
157	Have you ever injected a pharmaceutical or other drug? (more answers possible)	- no - hypnotics - sedatives - heroin - methadone - opium - codeine - palfium - morphine - hallucinogens - stimulants - other	[02] [03] [04] [05] [06] [07] [08] [09] [10] [11] [12] [13]

ASSISTANCE

And now some questions about assistance.

158	Have you ever had contact with an institution for drug treatment (CAD, Jellinek, GG&GD, etc.)?	- no - yes - no answer	[1] [2] [9]	**161** **159** **161**
159	When did you last have contact with such an institution? Over the past 30 days, over the past 12 months or longer ago?	- more than a year ago - last year - last month - no answer	[1] [2] [3] [9]	
160	For what drug?	- alcohol - hypnotics or sedatives - stimulants - cannabis - cocaine - amphetamines - ecstasy - hallucinogens - heroin - other opiates - other - no answer	[02] [03] [04] [05] [06] [07] [08] [09] [10] [11] [12] [13]	

GENERAL INFORMATION

Now, to complete a few questions for our statistics.

161	Since what year do you live in Amsterdam?	- year - don't know - no answer	[..] [98] [99]
162	What is your nationality? *(INT:Note! Some persons have dual-nationality More answers are possible)*	- Dutch - Turkish - Moroccan - Surinamese - German - British (= Great Britain & Northern Ireland) - Belgian - other - no answer	[1] [2] [3] [4] [5] [6] [7] [8] [9]
163	In which country were you born?	- The Netherlands - Surinam - Dutch Antilles/Aruba - Indonesia - Turkey - Morocco - Germany - United Kingdom (GB+N. Ireland) - Belgium - other - no answer	[01] [02] [03] [04] [05] [06] [07] [08] [09] [10] [11]
164	In which country was your mother born?	- The Netherlands - Surinam - Dutch Antilles/Aruba - Indonesia - Turkey - Morocco - Germany - United Kingdom (GB+N. Ireland) - Belgium - other - no answer	[01] [02] [03] [04] [05] [06] [07] [08] [09] [10] [11]

165 In which country was your father born?

- The Netherlands [01]
- Surinam [02]
- Dutch Antilles/Aruba [03]
- Indonesia [04]
- Turkey [05]
- Morocco [06]
- Germany [07]
- United Kingdom (GB+N. Ireland) [08]
- Belgium [09]
- other [10]
- no answer [11]

166 Including yourself, how many persons are part of the household to which you belong?
(INT: kids that live outside the home are not counted)

- one person [1] **170**
- two persons [2] **167**
- three persons [3] **167**
- four persons [4] **167**
- five or more persons [5] **167**
- no answer [9] **167**

167 What is the composition of the household to which you belong?
(INT: depart from household core (kid = also step child, foster child, etc.)
(INT: The core of the household is the steady partners, or in 1 parent homes the parent. In other households the core is the adult(s) in the household.)

- (married) couple [1]
- (married) couple with children [2]
- (married) couple with children, plus others [3]
- (married) couple without children, plus others [4]
- 1 parent with child/children [5]
- 1 parent with child/children, plus others [6]
- core of household is not couple/ fixed partners of 1 parent [7]
- no answer [9]

168 What is your position in this household?

- one of (married) couple [1]
- head of 1 par. household (parent) [2]
- live-in child/stepchild/ foster child [3]
- someone else within household [4]
- no answer [9]

169 What does apply to you?
Are you?
(INT:show card)
(INT: What is meant here is the relationship between the respondent and the 'core' of the household (i.e. the (married) couple, the parent (in a single parent household) or the other adults (in alternative forms of households)

- father/mother [1]
- father /mother-in-law [2]
- brother / sister [3]
- brother/sister-in-law [4]
- son /daughter-in-law [5]
- grandchild [6]
- other: in-law family [7]
- other: non (in-law) family [8]
- no answer [9]

170 *INT: Respondent's gender is:*

- male [1]
- female [2]

171 What is your age?

- age [..]
- don't know [97]
- no answer [99]

172 Do you consider yourself in the first place:
(only one answer)

- employed with paid job [1]
- homemaker (M/F) [2]
- employed non-paid [3]
- studying at school or elsewhere [4]
- old-age pensioned or early retiree [5]
- none of those [6]
- no answer [9]

173 Do you consider yourself as unemployed or unfit for labour?
(more answers possible)

- yes, unemployed [1] **174**
- yes, unfit for work [2] **174**
- no [3] **176**
- no answer [4] **176**

174 Do you receive social security benefits because of unemployment or unfitness for labour?

- yes [1]
- no [2]

175 What is the duration of your present period of unemployed or unfitness for work?

- less than 6 months [1]
- 6-12 months [2]
- 1-2 years [3]
- longer than 2 years [4]
- no answer [9]

176 Apart from recreation, with what do you spend most of your time?
(only one answer)

- paid work [1]
- home work inside the house [2]
- education/study [3]
- unpaid work [4]
- something else [5]
- no answer [9]

177 Do you have a paid job? (1 hour or short period also counts)
- yes [1]
- no [2]
- no answer [9]

178 How many hours do you work in an average week, non-paid hours not counted? *(INT: eventually estimate average working week, for instance in the case of shift work)*
- hours [..]
- no answer [97]
- don't know [99]

179 Are you an employee?
- yes [1]
- no [2]
- no answer [9]

180 Are you employed in the business or practice of:
- your own [1]
- your partner [2]
- parents or in-laws [3]
- none of these [4]
- no answer [9]

181 What is your profession?
- profession [..]

(INT.: Also ask if respondent is unemployed. Profession is one's former occupation, what one studied for, or the position one is seeking. Also ask if the respondent does not have a job. The profession then is the occupation previously held, what one studied for, or the position one is seeking.)

182 Are you enrolled in a course/education at a school or other institute of learning? *(INT.: in case of more than one, indicate what was followed longest)*
- no [1] **187**
- yes [2] **183**
- no answer [9] **187**

183 What sort of education are you enrolled in? *(INT.: what was followed longest)* *(INT.: Show card)*
- elementary school [01]
- low level vocational school [02] (LBO,VBO, LTS, LEAO, huishoudsch.)
- medium level high school, years 1 - 3 (MAVO) [03]
- medium level high school, year 4 [04]
- high level high school, years 1 - 3 (HAVO, VWO, Atheneum, Gymnasium) [05]
- high level high school, years 4 and higher (HAVO, VWO, Atheneum, Gymnasium) [06]
- medium level vocational school (e.g. MEAO, MTS, INAS) [07]
- high level vocational school (HTS, HEAO, Soc. Academie, etc.) [08]
- university, phase 1 (including propaedeuse) [09]
- university, phase 2 (doctoral) [10]
- university, other post-doctoral [11]
- other [12]
- no answer [13]

184 Are you enrolled full time or part time?
- full time [1]
- part time [2]
- no answer [9]

185 Have you played truant in the last 2 months, or missed lessons without valid reasons?
- yes [1]
- no [2]
- no answer [9]

186 How many hours did you play truant during the last 2 weeks, or missed lessons without valid reason?
- hours [..]
- no answer [97]
- don't know [99]

INT: Next two questions are only applicable if respondent is child/step child/foster child or grandchild in household.

We would like to know, what the head of your household does. If you live with two parents this is your father, otherwise your mother.

187 Is the head of your household employed?
- yes [1] **188**
- no, homemaker [2] **188**
- no, unemployed [3] **188**
- no, unfit to work or prolonged illness [4] **188**
- no, retired or retired early [5] **188**
- no parents in the household [6] **189**
- other [7] **188**
- no answer [9] **189**

188 What profession does the head of household have ? *(INT.: Ask also if respondent is unemployed.* Profession is one's former occupation, what one *studied for, or the position one is seeking.)*
- profession [..]

189 What is the highest level of education you completed?
(INT: Education must be completed)
(INT.: Show card)

- elementary school [01]
- low level vocational school [02]
(LBO,VBO, LTS, LEAO, huishoudsch.)
- medium level high school, years 1 - 3 (MAVO) [03]
- medium level high school, year 4 [04]
- high level high school, years 1 - 3 (HAVO, VWO, Atheneum, Gymnasium) [05]
- high level high school, years 4 and higher (HAVO, VWO, Atheneum, Gymnasium) [06]
- medium level vocational school (e.g. MEAO, MTS, INAS) [07]
- high level vocational school (HTS, HEAO, Soc. Academie, etc.) [08]
- university, phase 1 (including propaedeuse) [09]
- university, phase 2 (doctoral) [10]
- university, other post-doctoral [11]
- other [12]
- no answer [13]

190 I now give you a card with income classes. Could you indicate, which class applies to your own monthly net income?
(INT.: Hand over card)

- less than Fl. 750 [01]
- Fl. 750 to Fl. 1250 [02]
- Fl. 1250 to Fl. 1500 [03]
- Fl. 1500 to Fl. 2000 [04]
- Fl. 2000 to Fl. 2500 [05]
- Fl. 2500 to Fl. 3000 [06]
- Fl. 3000 to Fl. 4000 [07]
- Fl. 4000 to Fl. 5000 [08]
- over Fl. 5000 [09]
- don't know [77]
- no answer [99]

191 Could you indicate which class applies to the monthly net income of your complete household, all members together?
(INT.: Hand over card)

- less than Fl. 750 [01]
- Fl. 750 to Fl. 1250 [02]
- Fl. 1250 to Fl. 1500 [03]
- Fl. 1500 to Fl. 2000 [04]
- Fl. 2000 to Fl. 2500 [05]
- Fl. 2500 to Fl. 3000 [06]
- Fl. 3000 to Fl. 4000 [07]
- Fl. 4000 to Fl. 5000 [08]
- over Fl. 5000 [09]
- don't know [77]
- no answer [99]

192 Do you see any topics that were not yet raised? If so, which ones?

- no [1]
- yes [2]

193 Soon, the University of Amsterdam will conduct research on the use of heroin and amphetamines. People that use these substances are to be interviewed about the use of these substances only. Earlier in this questionnaire you indicated that you have used heroin or amphetamines. May we contact you in the future to be interviewed about this?

- yes [1] **194**
- no [2] **195**

194 *INT.; hand over the form about the follow up project*

- respondent fills out form [1]
- respondent does not fill out form [2]

195 It may be that we will contact you to check if you are satisfied with the way this interview was conducted. Could we write down your telephone number for this purpose?
(Enq.: You may add:)
NIPO guarantees total confidentiality.
Your telephone number will only be used by NIPO employees for check-ups on my work.

- does not want to give phone number [1]
- has no telephone [2]
- gives phone number [3]

(INT.: Please thank respondent for her/his cooperation and fill in evaluation questions.)

196	Respondent showed:	- much cooperation	[1]
		- normal cooperation	[2]
		- little cooperation	[3]
		- no judgement	[4]
197	Interviewer was:	- alone with respondent	[1]
		- others present, not disturbing	[2]
		- others present, disturbing	[3]
		- other disturbances	[4]
198	Language of interview:	- Dutch	[1]
		- English	[2]
		- Turkish	[3]
		- Moroccan	[4]
		- other	[5]

Appendix B Non-response Questionnaire

QUESTIONNAIRE NON-RESPONSE SURVEY

INTRODUCTION

01 *INTERVIEWER*
Is the respondent an absentee or a refuser?
- absentee [1]
- refuser [2]

02 *INTERVIEWER*
Is the interview in writing or by telephone?
- in writing [1]
- by telephone [2]

You have received an invitation of the University of Amsterdam to participate in a survey about lifestyle and the use of medical and other drugs. We would like to pose some questions in reference to this survey. The answers to the questions will be processed anonymously.

03 *INTERVIEWER*
Willing to cooperate?
- yes, wants to cooperate [1]
- no, does not want to cooperate [2] **end**

INT: Next four (refuse) questions are only applicable if respondent is refuser.

REFUSE

Thank you for your cooperation. Now, I would like to know something about your activities in your leisure time.

04 Can you please indicate why you were not willing to cooperate?
- no [1]
- did not refuse in first place [2]
- no time/not convenient [3]
- reasons of privacy [4]
- never participate in studies [5]
- goal of research is useless [6]
- do not use any drugs [7]
- illness, handicap [8]
- language problems [9]
- research is waste of money [10]
- can not remember reason [11]
- can not remember refusal [12]
- not interested [13]
- other [14]
- no answer [99]

05 Can you please indicate under which circumstances you would cooperate in a survey like this?
- if the interview takes little time [1]
- if anon./privacy guaranteed [2]
- other [9]
- don't know [97]
- not applicable [97]
- no answer [99]

06 How many minutes at the maximum?
- minutes [..]

It would be very helpful, if you would answer some additional questions. It is very important for us. You are totally free to do so, and it will not take more than 5 minutes.

07 Can we ask you some more questions?
- yes, want to cooperate [1]
- no, do not want to cooperate [2] **end**

LEISURE

Thank you for your cooperation. Now, I would like to know something about your activities in your leisure time.

02 How many evenings a week do you usually spend at home?
- all evenings at home [1]
- 5 to 6 evenings at home [2]
- 3 to 4 evenings at home [3]
- 1 to 2 evenings at home [4]
- less than 1 evening at home [5]
- no answer [9]

03 How many times did you go to pubs, discos, dance halls, etc. *during the past four weeks*?
- not a single time [1]
- once [2]
- 2 to 3 times [3]
- 4 to 9 times [4]
- 10 times or more [5]
- don't know [6]
- no answer [9]

04 How many times did you go to restaurants or other dining places, *during the past four weeks?*
- not a single time [1]
- once [2]
- 2 to 3 times [3]
- 4 to 9 times [4]
- 10 times or more [5]
- don't know [6]
- no answer [9]

05 How many times did you go to the cinema or art centre *during the past eight weeks?*
- not a single time [1]
- once [2]
- 2 to 3 times [3]
- 4 to 9 times [4]
- 10 times or more [5]
- don't know [6]
- no answer [9]

06 How many times did you go to theatre, ballet, opera, etc. *during the past eight weeks?*
- not a single time [1]
- once [2]
- 2 to 3 times [3]
- 4 to 9 times [4]
- 10 times or more [5]
- don't know [6]
- no answer [7]

ALCOHOL

Now a few questions on alcoholic drinks such as beer, wine, gin, liquor etc.

07 Did you ever drink an alcoholic beverage?
- no [1]
- yes [2]
- no answer [9]

09

08 When did you drink alcohol for the last time?
- less than 4 weeks ago [1]
- less than 1 year ago [2]
- longer than 1 year ago [3]
- no answer [9]

CANNABIS

Now a few questions about the use of cannabis

09 Have you ever used cannabis (hash, marijuana or weed)?
- no [1]
- yes [2]
- no answer [9]

11

10 When did you use cannabis for the last time?
- less than 4 weeks ago [1]
- less than 1 year ago [2]
- longer than 1 year ago [3]
- no answer [9]

GENERAL INFORMATION

11 What is the composition of the household to which you belong?
(INT: depart from household core (kid = also stepchild, foster child, etc.)
(INT: The core of the household is the steady partners, or in 1 parent families the parent. In other households the core is the adult(s) in the household.)
- (married) couple [1]
- (married) couple with children [2]
- (married) couple with children, plus others [3]
- (married) couple without children, plus others [4]
- 1 parent with child/children [5]
- 1 parent with child/children, plus others [6]
- core of household is not couple/steady partners or 1 parent [7]
- no answer [9]

12 What is your position in this household?

- one of (married) couple [1]
- head of 1 par. household (parent) [2]
- living in child/stepchild/ foster child [3]
- someone else within household [4]
- no answer [9]

13 What does apply to you? Are you?
(INT: What is meant here is the relationship between the respondent and the 'core' of the household (i.e. the (married) couple, the parent (in a single parent household) or the other adults (in alternative forms of households)

- father/mother [1]
- father /mother-in-law [2]
- brother / sister [3]
- brother/sister-in-law [4]
- son /daughter-in-law [5]
- grandchild [6]
- other: in-law family [7]
- other: non (in-law) family [8]
- no answer [9]

14 Do you consider yourself in the first place: (only one answer)

- employed with paid job [1]
- homemaker (M/F) [2]
- employed unpaid [3]
- studying at school or elsewhere [4]
- old-age pensioned or early retiree [5]
- none of those [6]
- no answer [9]
- no answer [9]

15 Are you enrolled in a course/education at a school or other institute of learning?
(INT.: in case of more than one, indicate what takes longest)

- no [1]
- yes [2]
- no answer [9]

16 What is the highest level of your completed you completed?
(INT: Education must be completed)

- elementary school [01]
- low level vocational school (LBO,VBO, LTS, LEAO, huishoudsch.) [02]
- medium level high school, years 1 - 3 (MAVO) [03]
- medium level high school, year 4 [04]
- high level high school, years 1 - 3 (HAVO, VWO, Atheneum, Gymnasium) [05]
- high level high school, years 4 and higher (HAVO, VWO, Atheneum, Gymnasium) [06]
- medium level vocational school (e.g. MEAO, MTS, INAS) [07]
- high level vocational school (HTS, HEAO, Soc. Academie, etc.) [08]
- university, phase 1 (including propaedeuse) [09]
- university, phase 2 (doctoral) [10]
- university, other post-doctoral [11]
- other [12]

17 Could you indicate which class applies to the monthly net income of your complete household, all members together?

- less than Fl. 750 [01]
- Fl. 750 to Fl. 1250 [02]
- Fl. 1250 to Fl. 1500 [03]
- Fl. 1500 to Fl. 2000 [04]
- Fl. 2000 to Fl. 2500 [05]
- Fl. 2500 to Fl. 3000 [06]
- Fl. 3000 to Fl. 4000 [07]
- Fl. 4000 to Fl. 5000 [08]
- over Fl. 5000 [09]
- don't know [77]
- no answer [99]

(INT.: Please thank respondent for her/his cooperation)