Sandwijk, J.P., P.D.A. Cohen, S. Musterd, & M.P.S. Langemeijer (1995), *Licit and illicit drug use in Amsterdam II. Report of a household survey in 1994 on the prevalence of drug use among the population of 12 years and over.* Amsterdam, Instituut voor Sociale Geografie, Universiteit van Amsterdam. pp. 1-5.

URL of this document:
http://www.cedro-uva.org/lib/sandwijk.prvasd94.pdf

CEDRO
centrum voor drugsonderzoek

UNIVERSITEIT VAN AMSTERDAM

LICIT AND ILLICIT DRUG USE IN AMSTERDAM II

Report of a household survey in 1994 on the prevalence of drug use among the population of 12 years and over

J.P. SANDWIJK, P.D.A. COHEN, S. MUSTERD, & M.P.S. LANGEMEIJER

J.P. Sandwijk
P.D.A. Cohen
S. Musterd
M.P.S. Langemeijer

LICIT AND ILLICIT DRUG USE IN AMSTERDAM II

report of a household survey in 1994 on the prevalence of drug use among the population of 12 years and over

Amsterdam, 1995

Instituut voor Sociale Geografie
Universiteit van Amsterdam

CIP-GEGEVENS KONINKLIJKE BIBLIOTHEEK, DEN HAAG

Sandwijk, J.P.

Licit and illicit drug use in Amsterdam II : report of a household survey in 1994 on the prevalence of drug use among the population of 12 years and over /
J.P. Sandwijk ... [et al.] - Amsterdam : Instituut voor Sociale Geografie, Universiteit van Amsterdam. - Ill., fig., tab. - (Onderzoekprogramma drugbeleid ; 15)
Met lit. opg.
ISBN 90-6993-101-X
Trefw.: druggebruik ; Amsterdam ; onderzoek.

Preface

In 1994, we performed the third household survey in Amsterdam to measure licit and illicit drug use in the population of 12 years and older. Earlier measurements took place in 1987 and 1990. The material we present here represents the only systematic and scientifically valid comparison of drug use between different points in time in the Netherlands.
This work was funded -again- by the *Dutch Ministry of Health* and we thank Mr. A.D.J. Keizer for his active support.
We are grateful as well for the energy invested by Peter Verheyde and Henk Foekema of *NIPO*, the organization that performed the task of interviewing over 4300 respondents. Arjan Sas and Roelf Jan van Til from *BRON UvA BV i.o* performed a major part of the data processing, which they did in a most careful way. The *Vertaalbureau UvA Vertalers* was responsible for correcting our text into proper English.

We hope that the next household survey will be done on a sample that not only represents Amsterdam, but the whole population of the Netherlands. In a period in which drug policy can no longer be made on the basis of anecdote, sound data should be available for those who would like to give drug policy a firm ground in fact. Moreover, some countries – e.g. Sweden, Germany, the United States of America – already perform national household surveys on a regular basis. We consider the availability of ongoing national drug use prevalence data of the Netherlands as one of the most vital data systems we need in order to make unbiased comparisons between different drug policies in the world.

Paul Sandwijk	*BRON UvA BV i.o.*
Peter Cohen	*Instituut voor Sociale Geografie*
Sako Musterd	*Instituut voor Sociale Geografie*
Marieke Langemeijer	*BRON UvA BV i.o.*

Table of contents

1

Introduction

1.1 Introduction

Drug use is an undeniable fact of modern life. Not only is use widespread, the drugs consumed come in all varieties. This bold statement is, in a nutshell, the subject of this book: which population groups use which drugs and how has that evolved over time? In this introductory chapter, we will outline the questions that we have strived to answer in this study, and describe in brief the methodology and structure of this book.

The drug policy in Amsterdam aims primarily at reducing the problems caused by drug use. Examples are the methadone and needle exchange programmes as well as rehabilitation clinics for alcoholics. Other measures include prevention of trade, drug tourism and drug-related crime.

It goes without saying that most research focuses on this problem-directed approach and thus concentrates on the use of illicit drugs and related phenomena. The advantage to this approach is that it reveals much about such aspects as addictive behaviour, health problems of users, the results of treatment, and the necessary policy changes. The disadvantage is that it provides no direct link with society at large. The same conclusion holds for another category of research: that which focuses on young people. This group is of special interest since most drug use starts in adolescence or early adulthood. Although knowledge of the first phase of drug use is very important in developing effective drug policies, the policy makers still lack much information about the population as a whole.

Our research belongs to a third category. We seek to provide figures on drug use in the general population. So far, these figures have been non-existent, a source of much criticism. This type of research can be called epidemiological. It is important to note that the underlying assumption is not problem-directed (as is the case in most epidemiological research), but simply the recording of information about a population. In other words: we do not aim to make any statements concerning the extent to which drug use is hazardous to either personal health or society.

In 1987, the first Amsterdam household survey on drug use was conducted. Three years later, in 1990, a second survey was conducted and in 1994, we were able to

repeat the survey a third time. Although some questions have been added, the survey is comprised of a consistent instrument developed to study drug use in Amsterdam. These three surveys not only enabled us to study drug use at a certain point in time, but also to examine the dynamics in drug use.
An additional advantage is that the three surveys function as a check for each other. Because of its specific nature, drug use is not easy to investigate in a population. Analysis is sometimes based on small numbers and responses on questionnaires may be influenced by the current public opinion on the use of drugs. Longitudinal surveys can serve to put questions in perspective.

The goal of this investigation is threefold:
- to accumulate up-to-date knowledge of drug use in the population as a whole and in subpopulations;
- to gain insight into the dynamics of drug use in the population by comparing current figures with those of 1987 and 1990;
- to explore the question of utility and comparability of different methods of data collection, focusing on drug use

1.2 Research questions

To meet these goals, we formulated the following research questions:

- *What drugs (licit and illicit) are used by the population of Amsterdam? What are the characteristics of use?*

As mentioned earlier, drug use is ingrained in modern society. It is important in this respect to differentiate between different drugs. Alcohol and tobacco are examples of drugs that are widely accepted. Other licit drugs, such as sedatives, hypnotics and pharmaceutical opiates are generally accepted, as long as a doctor prescribes them. The attitudes towards illicit drugs are different. Substances listed in the Dutch opium law are less accepted, a fact reflected in the more limited number of users and higher prices. This is certainly true of heroin, cocaine, ecstasy and hallucinogenics. There is evidence that some pharmaceutical drugs are traded on the same market, a criminalization of otherwise licit drugs.
In the Netherlands, cannabis has a rather special status, as it is neither licit nor illicit. This is a result of a distinction in the opium law between drugs with 'acceptable risks' and drugs with 'unacceptable risks'. Consequently, cannabis-related misdemeanours are low-priority prosecution cases as long as small quantities are involved. The special status of cannabis can be seen in its widespread availability and low prices as compared to other illicit drugs.

Drugs will be studied both separately and in groups. Groups consist of a number of substances that have certain characteristics in common. Examples include the pharmaceutical drugs (sedatives, hypnotics and pharmaceutical opiates), illicit drugs (drugs listed in the opium law) and difficult drugs (illicit drugs, not including cannabis).

Information about the number of people who use a certain drug is, in itself, inadequate. We will derive valuable information from analysis of patterns of use as indicated by frequency, incidence of initial use, cessation, abstinence and simultaneous use. These factors tell us more about the actual scope of drug use in Amsterdam.

- *With which social, cultural and economic characteristics can drug use be associated?*

As Amsterdam has a very heterogeneous population, it is plausible that drug use in the population is distributed unevenly. Several characteristics can be expected to have an impact on drug use. We will begin with a unidimensional analysis to derive the sociodemographic and socio-economic characteristics (age, gender, ethnicity, type of household, level of education and position on the labour market).

In 1994, the issue of drug use in relation to health and well-being was incorporated into the survey for the first time with the introduction of the SF-36, a multi-item scaling method developed to collect standardized data on health issues. The dimensions measured by this procedure deal with different aspects of physical and mental functioning.
The SF-36 was developed as an instrument to measure health from the respondent's point of view and consists of a very short survey. Because both the questions and scoring system are standardized, interpretation across studies is possible. This study will analyse the relation between drug use and perceived health situation.

- *Have patterns of use changed in recent years? Is it possible to detect changes in the development drug use prevalence in an early stage by carrying out regular measurements?*

One of the major goals of drug research is to detect changes in the prevalence of drug use in the population. For one thing, changes may be due to the dynamics of prevalence or the introduction of new drugs. Furthermore, the composition of the population can influence prevalence levels. An ageing population for example, should have a decreasing prevalence of illicit drug use because older people are less likely to use these drugs.
Changes in the prevalence of drug use are especially relevant for actors in the area of drug policy as they reflect the effectiveness of existing policies and, at the same time, indicate where additional action is necessary.
The methodological validity of analyses of patterns of change is essential to producing useful conclusions for fieldworkers, policy makers, et cetera. The crucial question here is whether the population survey is a suitable instrument to detect change, even when relatively small numbers of users are involved. The latter is very important when drugs with a relatively small number of users, for example ecstasy or opiates, are studied.

- *What methods (regarding sampling and data collection) are most suitable to answer the questions above? Are there, for example, essential differences regarding validity and reliability between different methods of data collection? Are response rates different in different data collection settings?*

One reason for experimenting with differentiated questioning is the present discussion in both the Pompidou Group of the Council of Europe and the Drugs unit of the European Community on standardized prevalence research in other European countries. Methodological research on appropriate methods of data collection is relevant to this discussion.
Moreover, sensitive subjects such as drug use lend themselves to selective response. One of the research recommendations of the 1990 survey was to experiment with other methods of questioning, and thus to gain insight into the complex item of non-response. Such insight would, in turn, enable us to improve our interpretations of the results of the survey.
Furthermore, this time we were allowed to interview those who refused to cooperate when asked the first time. The insight in differences between response and non-response should be improved by that.

1.3 Method of research

In the months of April to July 1994, almost 10,000 inhabitants of Amsterdam aged twelve and over were asked to participate in a household-survey on drug use and life style. A total of 4,364 respondents were interviewed. The questionnaire was almost identical to the earlier ones (Appendix I), except for the SF-36 items, which were new in 1994. These items were added to the end of the list. Roughly half of the response group (2,179) was interviewed by an interviewer, who used a copy of the questionnaire, as was the procedure in earlier surveys. The remaining half of the interviews (2,185) were conducted through a computer. In 1,284 cases, the interviewer typed the answers; 901 respondents did this themselves. Although we had intended to divide self-completion and interviewer-completion interviews equally, we did not succeed.

The idea behind this differentiated approach was that face-to-face interviews about a touchy subject such as drug use may be influenced by feelings of embarrassment, fear of disapproval, or on the other side of the scale, boasting about drug use. By using different methods of data collection, we may be able to find out to what extent this is the case. We have devoted a separate chapter to this subject. Analysis will be conducted on all 4,364 cases, except in Chapter 3 where computer-aided questionnaires will be left out to guarantee comparability with the 1987 and 1990 surveys. The smaller group of respondents (n=2,179) provides a limitation to the degree of detail in analysis. Conclusions are valid for the group as a whole and for some major subdivisions. Unfortunately, the number of respondents is too low to allow extensive study of developments in drug use.

An exception to the differentiated method of questioning is the SF-36 health-questionnaire, which was filled in personally by all respondents themselves.

To gain more information on the selectivity of the response, a follow-up survey was held in October and November 1994. Another 314 interviews were completed using a shorter version of the questionnaire: 200 by phone and 114 face-to-face. The respondents were recruited from those who were not at home during the regular survey (156) or had initially refused to participate (158).

1.4 The report

This report is divided into three parts. Part I consists of the next eight chapters and deals with the results of the survey. In our next chapter, Chapter 2, we will present a general overview of prevalence. Chapter 3 links the present survey with those of 1990 and 1987, focusing on the dynamics of drug use in Amsterdam. Chapters 4, 5, 6, 7 and 8 are similar in structure and deal with several drugs separately. The prevalence of tobacco, alcohol, cannabis, difficult drugs and pharmaceutical drugs will be related to the sociodemographic and socio-economic characteristics of the population. Chapter 9 deals with well-being and health in relation to drug use.
Part II is entirely devoted to the question of the quality of data. Chapter 10 focuses on the very important relationship between response and non-response. Non-response is investigated more extensively in Chapter 12. Chapter 11 compares the different methods of interviewing: computer- aided interviews by interviewers, computer-aided interviews by respondents and written questionnaire by interviewers. The report closes with a brief summary.