

# Report 3.1

## Exploring heroin consumption

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### Abstract

In this report we explore some aspects of heroin consumption, using the data we collected through the face-to-face interviews and comparing our findings with data from other research and monitoring sources. We focus on Italy, the Netherlands and England, the three sample Member States where we have the most robust data from our face-to-face interviews. We worked with purposive samples to gain insights into the demand side of the drugs market. Occasional, non-dependent heroin use proves to be rather rare. We therefore do not differentiate between user types but focus only on regular or PHUs. The main issues of concern in our questionnaires were using and buying behaviours i.e. where drug users buy, what considerations play a role in their behaviour, etc.

## 1 Prevalence of use in the population

The available data for England, Italy and the Netherlands indicate a decrease of heroin use in recent years, as can be seen in the majority of EU Member States. The percentage of new heroin users in treatment has dropped in Italy from 85.6% in 1998 to 38.9% in 2010, in the Netherlands from 29% in 1998 to 5.2% in 2010, and in the UK from 54.0% in 1998 to 33.6% in 2010 (EMCDDA statistical bulletin 2012, Table TDI-3. New clients entering treatment by primary drug, 1998 to 2010, Part (i) New heroin clients by country and year of treatment (%)).

Italy reports in 2011 0.6% heroin use among students 15-19 year old against 0.8% in 2010. This is in line with the decline in drug use starting in 2008 (Serpelloni et al. 2011, p 8). The Dutch Drug Monitor reports a drop of heroin use among school students (age 12-18). Lifetime prevalence (LTP) increased from 0.7% in 1988 to 1.1% in 1996 and then fell to 0.6% in 2011. Last month prevalence (LMP) increased from 0.3% in 1988 to 0.5% in 1996 and then fell to 0.2% in 2011 (Van Laar a.o. 2012). In England, LTP for heroin use among school-aged young people (i.e. between 11-15 years) in 2011 was 0.6%. The corresponding figures for LYP and LMP were 0.4% and 0.3% respectively (NatCen Social Research 2012, p. 55).

The general prevalence figures point in the direction of a stagnation. The latest prevalence figures for heroin use among 16-59 year olds in England and Wales are 0.8% LTP, 0.1% LYP and 0.1% LMP. These figures are unchanged since they were first collated in 1996 (Inter-Ministerial Group on Drugs 2012). For the Netherlands LTP (population of 15-64 year old) is reported to have fallen from 0.6% in 2005 to 0.5% in 2009. LYP was in 2009 0.1% (Van Laar a.o. 2012). It is important to keep in mind that prevalence figures based on General Population Surveys (GPS) are regarded as underestimations since PHUs are unlikely to be included in general population samples (among others due to being homeless or in prison).<sup>1</sup>

## 2 Findings from in-depth interviews

For this chapter we are using the findings from our in-depth interviews among heroin users in Italy, the Netherlands and England. The findings can of course not be taken as representative due to the limited sample sizes. However, where possible

<sup>1</sup> It should be acknowledged that there are limitations of surveys in estimating prevalence of the more marginalised forms of drug use (e.g. heroin injection, crack use) due to the low prevalence figures, but in particular due to non-probabilistic errors (exclusion from the sampling frame, absence in household, non-response). On the other hand, surveys can identify a small but substantial number of people that used heroin in the past, but not at present. The characteristics of these users may provide insights into the reasons for their discontinuation of use, compared to long-term users identified in treatment centers. (<http://www.emcdda.europa.eu/stats12/gps/methods>)

we have compared the findings from our interviews with available research and monitoring data. As mentioned in the introduction of this part I (see part I, Introduction), we completed a limited number of in-depth face-to-face interviews with regular or PHUs. We worked with purposive samples to gain insights into the demand side of the drugs market. The main issues of concern in our questionnaires were using and buying behaviours i.e. where drug users buy, what considerations play a role in their behaviour, etc.

## 2.1 Demographics

### *Gender*

Table 1 shows the sample size per country, the total sample and the percentage of males and females in these samples. In total, 73% of all heroin users were male, and this did not differ much across countries.

**Table 1: Numbers and percentages of males and females among heroin users by country**

	Males		Females		Total	
	N	%	N	%	N	%
<b>Italy</b>	22	73%	8	27%	30	100%
<b>Netherlands</b>	33	73%	12	27%	45	100%
<b>England</b>	26	72%	10	28%	36	100%
<b>Combined</b>	81	73%	30	27%	111	100%

The male-female ratio we found in Italy and the Netherlands is slightly lower than the ones reported in other reports (based on larger, more systematic surveys). The Italian public services data report a male-female ratio of 85/15 (Centre for Biostatistics and Bioinformatics 2013a,b). Dutch treatment data report 80% male clients (Van Laar a.o. 2012). In England 73% of all clients in drug treatment during 2011/12 were male (Roxburgh et al. 2012).

### *Age*

Table 2 shows the average and median ages per country. There were significant age differences between countries: Dutch heroin users were older than those from Italy or England. A clear majority of respondents fell in the age group above 35 years, but this percentage differed across countries and was only significantly higher than the below 35 group in the Dutch sample (see table 2).

**Table 2: Age distribution by country**

	Mean	Median	< 34 years	> 35 years	P
<b>Italy</b>	36.1	36	12 (40%)	18 (60%)	.273
<b>Netherlands</b>	47.5	48	6 (13%)	39 (87%)	.000
<b>England</b>	34.5	35	17 (47%)	19 (53%)	.739
<b>Combined</b>	40.2	40	35 (%)	76 (%)	.000

Here the findings from our in-depth interviews are in line with other survey findings. The Italian health care services data report a mean age of 36.5 and a median age of 36 for heroin users in treatment (Centre for Biostatistics and Bioinformatics 2013a,b). The annual report 2011 of the Dutch Drug Monitor gives for 2010 an average age of 45 years (Van Laar a.o. 2012). For England the median age in this sample is exactly the same as in the published national statistics: 35 years (Roxburgh et al. 2012).

## 2.2 Characteristics of use

### *Age of first use*

Table 3 shows the mean and median age of first use of heroin by country. This average age of first use is highly dependent on the age distribution of the samples.

**Table 3: Mean age (years) of first heroin use**

	Mean	Median
Italy	19.6	18
Netherlands	21.7	20
England	19.3	18
Combined	20.3	19

On average, respondents had first used heroin when they were 20 years old, and the age of first use did not differ much across countries, also when controlling for current age in an ANCOVA ( $F = 0.09$ ,  $p = .915$ ).

Also here the interview data seem to be consistent with other survey data e.g. the Public Health Care Services in Italy report an average (mean and median) of first heroin use of 19 years (for Biostatistics and Bioinformatics 2013a,b).

### **Route of administration**

Respondents were asked how they usually consumed their heroin (see table 4). The distribution of routes of administration differed across countries. In the Italian sample there were more injecting heroin users than smokers or sniffers, whereas in the Dutch and the English sample more smokers than injectors could be found. The proportions of injectors and smokers differed among the three countries.

**Table 4: Routes of administration of heroin by country**

	Italy	Netherlands	England	Total
Injecting	23 (77%)	2 (8%)	11 (31%)	36 (40%)
Smoking	4 (13%)	23 (92%)	19 (54%)	46 (51%)
Sniffing	3 (10%)	0 (0%)	1 (3%)	4 (4%)
Combination of injecting and smoking	0 (0%)	0 (0%)	4 (11%)	4 (4%)
Total	30 (100%)	25 (100%)	35 (100%)	90 (100%)

The figures from our interviews for Italy and England differ substantially from the data from other sources. According to the Italian Public Health Care Services 67% of the heroin users in treatment are injecting, 23% smoking, 7% sniffing and 3% using in another way (Centre for Biostatistics and Bioinformatics 2013a,b). English treatment data report 18% of heroin users as being current or recent injectors (Roxburgh et al. 2012). For the Netherlands the findings from our interviews are in line with the report of the Dutch Drug Monitor for 2010 (Van Laar a.o. 2012). In both 8% injectors are reported.

### **Main location of use**

Respondents indicated location of heroin use by ranking the three places where they used most often from the options shown in table 5 (I = most often, III = least often). In total, 'one's own home' was mentioned most frequently as location of use followed by 'someone else's home.' 'One's own home' was most commonly reported as being the preferred location for use, followed by 'someone else's home.' 'On the street' or 'in a park' were mentioned less frequently.

We found some differences between countries in the total proportion of all options respondents could choose from, as shown in table 6. The preference to use at one's own home was higher among Italian respondents than among Dutch users, while a greater proportion of users from England stated that they used at someone else's home than from the other two countries. Using on the street or in a park was most common among Italian respondents. Finally, use in a drug consumption room was only reported for the Netherlands, the only country where these facilities exist.

**Table 5: Locations where heroin is most often consumed (N=111)<sup>1</sup>**

	Location nr. 1	Location nr. 2	Location nr. 3	Total
At my own home	52 (47%)	14 (13%)	2 (2%)	68 (61%)
At someone else's home	9 (8%)	27 (24%)	8 (7%)	44 (40%)
At a private party	0 (0%)	2 (2%)	1 (1%)	3 (3%)
At my workplace	0 (0%)	1 (1%)	0 (0%)	1 (1%)
At school, college or university	0 (0%)	0 (0%)	1 (1%)	1 (1%)
On the street or in a park	8 (7%)	16 (14%)	13 (12%)	37 (33%)
At a cafe/pub/bar	1 (1%)	0 (0%)	4 (4%)	5 (5%)
Other place of entertainment	0 (0%)	0 (0%)	1 (1%)	1 (1%)
At a music concert or festival	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Drug consumption room	14 (13%)	4 (4%)	0 (0%)	18 (16%)
Other				24 (22%)

<sup>1</sup> All percentages in this table are based on this total N.

**Table 6: Locations where heroin is most often consumed by country**

	Italy	NL	England	P
At my own home	24 (80%)	21 (47%)	23 (64%)	.014
At someone else's home	5 (17%)	11 (24%)	28 (78%)	.000
On the street or in a park	20 (67%)	11 (24%)	6 (17%)	.000
Drug consumption room	0 (0%)	18 (40%)	0 (0%)	n.a.
N	30	45	36	111

### ***Use of other substances***

We also asked respondents whether they had used other drugs besides heroin in the past month. Table 7 lists the outcomes.<sup>2</sup> Overall, the use of other drugs was lowest among Italian heroin users. In the Netherlands, 34 respondents (76%) reported to use crack cocaine next to heroin, in England this is true for 28 interviewees (78%). This is in line with other research findings (e.g. Roxburgh et al. 2012). No crack cocaine use was reported by Italian respondents.

Alcohol was the second most consumed substance overall in the Netherlands and England, and it was the substance most frequently used in Italy besides heroin. Cannabis was the next most commonly used substance. The prevalence of both alcohol and cannabis use among the respondents was lower in Italy than in England and the Netherlands. In the Netherlands cannabis was used more frequently than in the other two countries.

<sup>2</sup> Amphetamine, other stimulants, LSD and other hallucinogens were among the answer categories but were not mentioned at all and are therefore not included in the table.

Table 7: Last month prevalence of other drug use by country

	Italy		Netherlands		England		Total		P
	N	%	N	%	N	%	N	%	
Alcohol	5	17%	26	58%	22	61%	53	48%	.000
Barbiturates	1	3%	0	0%	0	0%	1	1%	n.a.
Benzodiazepines	0	0%	16	36%	17	47%	33	30%	.2881
Cannabis	3	10%	26	58%	12	33%	41	37%	.000
Cocaine	3	10%	7	16%	6	17%	16	14%	.716
Crack cocaine	0	0%	34	76%	28	78%	62	56%	.815 <sup>1</sup>
Mdma	0	0%	0	0%	1	3%	1	1%	n.a.
Methadone	2	7%	15	33%	21	58%	38	34%	.000
Methamphetamine	0	0%	0	0%	1	3%	1	1%	n.a.
Opiates	0	0%	0	0%	6	17%	6	5%	n.a.
Other drugs	0	0%	0	0%	2	6%	2	2%	n.a.

<sup>1</sup> Comparison between NL and UK.

## 2.3 Buying behaviour/availability

Here we focused on aspects related to the buying behaviour, availability and accessibility of heroin, such as:

- Ways of obtaining heroin
- Usual location of purchase and reasons to buy there
- Availability of other drugs at location of purchase
- Buying for someone else
- Ease of obtaining drugs and inability to buy.

### *Way of obtaining heroin*

The overwhelming majority of respondents stated that they usually pay for their heroin (97%; only one person per country indicated usually not paying for heroin). However, respondents also indicated how they obtained heroin on those occasions when they did not pay for it. The answers are summarized in table 8. In all three countries a common way of obtaining heroin (besides buying and paying for it directly) was to receive it for free from others. This occurred to a larger extent in the Netherlands than in England. The next most frequent way of obtaining heroin was to get it on credit, which in England was reported as frequently as getting it for free. In the Netherlands, getting heroin 'fronted' for selling was as common as getting it on credit, which was clearly more frequent than in the other two countries. Trading heroin for property or sex was not mentioned by Italian users, but was mentioned in the Netherlands and England.

Table 8: Ways of obtaining heroin

	Italy		Netherlands		England		Total	
	N	%	N	%	N	%	N	%
People give it to me	5	17%	13	29%	2	6%	20	18%
I steal it	2	7%	4	9%	1	3%	7	6%
I get it on credit	3	10%	9	20%	2	6%	14	13%
I get it fronted to sell	1	3%	9	20%	0	0%	10	9%
I trade it for other drugs	3	10%	4	9%	0	0%	7	6%
I trade it for property	0	0%	6	13%	1	3%	7	6%
I trade it for sex	0	0%	4	9%	1	3%	5	5%
Other	1	3%	1	2%	1	3%	3	3%

### *Usual location of purchase*

'On the street or in a park' were the most common answers to the question of where respondents usually buy their heroin. In Italy and the Netherlands these public settings were the most frequently named locations. In England 'delivery service'

was mentioned most frequently, followed by 'on the street or in a park'. The distribution of locations of purchase differed across countries.

**Table 9: Usual locations for purchasing heroin by country**

	Italy		Netherlands		England		Total	
	N	%	N	%	N	%	N	%
<b>On the street or in a park</b>	20	67%	23	51%	13	36%	56	51%
<b>At dealer's house</b>	6	20%	3	7%	0	0%	9	9%
<b>Delivery Service</b>	3	10%	1	2%	19	53%	23	21%
<b>At a club</b>	1	3%	0	0%	1	3%	2	2%
<b>Other</b>	0	0%	2	4%	1	3%	3	3%
<b>No answer</b>	0	0%	16	36%	2	6%	18	16%

### ***Availability of other drugs at the location where heroin is usually purchased***

In the Netherlands 76% of the respondents and in England 71% of the respondents reported buying heroin and crack cocaine from the same seller. When asked about the availability of other drugs at the location where they usually buy their heroin, 'only cocaine powder' was mentioned in all three countries, by 11 users (37%) in Italy, one user (2%) in the Netherlands and by five users (14%) in England. Other drugs than crack cocaine and cocaine powder were mentioned only in England. Ten users mentioned the availability of cannabis and two users indicated the availability of a wide range of drugs, including cannabis, cocaine, ecstasy, amphetamine, GHB, ketamine and mephedrone.

### ***Buying for someone else***

A total of 50 (45%) users indicated that they had bought heroin for someone else during the last 12 months, and this percentage did not vary across the three countries. Table 10 shows the number of persons these users had bought heroin for the last time that they purchased it. There was no significant variation in the distribution of categories across countries. Most users buy for only one or two other persons. Table 11 shows for which persons respondents bought heroin as part of their most recent purchase. Again, there was no significant variation across countries.

**Table 10: Number of others that heroin was bought for last time**

	Italy		Netherlands		England		Total	
	N	%	N	%	N	%	N	%
<b>1-2</b>	12	86%	10	63%	16	80%	38	76%
<b>3-5</b>	2	14%	5	31%	3	15%	10	20%
<b>More than 5</b>	0	0%	1	6%	1	5%	2	4%
<b>Total</b>	14	100%	16	100%	20	100%	50	100%

**Table 11: Specific others that heroin was bought for last time**

	Italy		Netherlands		England		Total	
	N	%	N	%	N	%	N	%
<b>Partner</b>	5	36%	5	36%	4	20%	14	29%
<b>Friend(s)</b>	8	57%	3	21%	8	40%	19	40%
<b>Relative(s)</b>	1	7%	0	0%	1	5%	2	4%
<b>Partner and friends</b>	0	0%	0	0%	1	5%	1	2%
<b>Other user(s)</b>	0	0%	6	43%	6	30%	12	25%
<b>Total</b>	14	100%	14	100%	20	100%	48	100%

### ***Ease of obtaining heroin and inability to buy***

In order to assess the degree of ease or difficulty with which heroin could be located and purchased, respondents were asked to describe: their own perceptions and experiences of the ease with which heroin could be obtained; the estimated time they needed to obtain it; and whether they sometimes wanted to buy heroin but were not able to do so. Respondents' own perception of the ease of obtaining heroin was measured on a 5-point likert scale ranging from (1) very difficult to (5) very easy. As can be seen in table 12, it was generally considered fairly or very easy to obtain heroin. Here we need to keep in

mind that heroin users were generally interviewed in large cities in the three Member States. In smaller cities and in particular in rural areas, it might be more difficult to obtain heroin. Another issue to be taken into consideration is that all respondents were experienced heroin users.

**Table 12: Ease of obtaining heroin by country**

	Mean	Std. dev.	Median	N
Italy	4.1	1.2	4.5	30
Netherlands	3.7	1.1	4.0	31
England	4.9	0.2	5.0	35
Combined	4.3	1.1	5.0	96

The majority of heroin users across the three Member States indicate that it was 'very easy' for them to buy heroin. Approximately 58 per cent of heroin users indicated that they could purchase their heroin in less than 30 minutes, while another 27 per cent state that it would take them less than an hour (see table 13). The estimated time needed to buy heroin varies across countries. In England, all of the interviewees state that they could get their heroin within 30 minutes; this is the case for only 38 per cent of the Dutch respondents and 30 per cent of the Italian interviewees. A significant number of Italian and Dutch users estimates that it would take them between half an hour and one hour or even longer to obtain heroin.

**Table 13: Estimated time needed to buy heroin by country**

	Italy		Netherlands		England		Total	
	N	%	N	%	N	%	N	%
Less than half an hour	9	30%	12	38%	35	100%	56	58%
0.5-1 hour	14	47%	12	38%	0	0%	26	27%
1-2 hours	4	13%	4	13%	0	0%	8	8%
Between 2 and 12 hours	3	10%	3	9%	0	0%	6	6%
Between 12 and 24 hours	0	0%	1	3%	0	0%	1	1%
Total	30	100%	32	100%	35	100%	97	100%

Finally, a total of 47 respondents (42%) indicate that there had been occasions in the past 12 months that they were unable to buy heroin. Table 14 shows the reasons they gave for being unable to obtain heroin. Sellers being unavailable or not having any heroin were the two most frequently mentioned reasons. However, the reasons reported to us differed between countries. English respondents report more frequently sellers not having any heroin as a key reason for being unable to buy. By contrast, a quarter of the Dutch respondents reports police activity as an important reason for being unable to buy (whereas none of the English respondents mentions this).

**Table 14: Reasons for not being able to buy heroin**

	Italy		Netherlands		England		Total	
	N	%	N	%	N	%	N	%
No sellers were available	5	36%	8	50%	4	24%	17	36%
Sellers did not have any	6	43%	2	13%	9	53%	17	36%
Sellers did not have the quality I wanted	0	0%	2	13%	0	0%	2	4%
Sellers were charging too much	1	7%	0	0%	0	0%	1	2%
Police activity kept me from the sellers	1	7%	4	25%	0	0%	5	11%
Other	1	7%	0	0%	4	24%	5	11%
Total	14	100%	16	100%	17	100%	47	100%

### **Strength of heroin**

In all three countries, opinions on the strength of heroin in the month preceding the interview vary. Approximately 31 per cent of interviewees state that the heroin they were buying was 'moderately strong'; whilst 23 per cent states it was generally 'very weak'. Only one in five interviewees believes that it was generally 'quite strong'. There is, however, considerable variation between the three countries. In the UK interviewees typically describe the heroin they used as 'very weak' (43%),

whilst only 20 per cent of Italian interviewees and three per cent of Dutch interviewees describes their heroin as 'very weak'. Interestingly when examining interviewees' opinions on the strength of crack a similar picture emerged: In the UK over half (53%) of the problem crack users describes the substance as 'weak' or 'very weak' compared to less than a quarter (21%) of Dutch interviewees. In Italy, almost three quarters of the sample (71%) describes the strength of the cocaine they were buying as 'moderate' or 'strong'.

### 3 Discussion and conclusions

The qualitative approach we used here, working with a limited sample size and using in-depth interviews of purposively sampled respondents makes that we have to be careful with drawing conclusions. We were looking for information helping us to better understand some aspects of the demand side of the heroin market, the drugs used, frequency of use, route of administration, sources of supply, search time, buying scenarios, etc. The findings should be taken as giving colour to the picture of what is actually happening on user level.

The gender distribution in our sample is similar in all three Member States with around three quarter male respondents. Other sources (treatment data) indicate a bit bigger share of male heroin users in Italy and the Netherlands.

There are some interesting differences regarding the characteristics of the respondents' samples in the three Member States. The mean age of the respondents in England and Italy was for instance clearly lower – 34.5 and 36.1 years respectively – then the 47.5 years in the Netherlands. This picture is confirmed by other sources (see above). The relatively high mean age of the Dutch respondents in our sample is in line with the picture of an ageing population of heroin users in the Netherlands, where the number of new treatment admissions of young users is rather low.

The figures on routes of administration from our interviews differ from monitoring data but still point in the same direction: They illustrate that Member States differ substantially regarding the preferred route of administration. In some Member States there is a trend away from injecting to smoking (chasing the dragon). England and in particular the Netherlands are examples for this (EMCDDA 2012).

We found some differences between countries regarding the preferred location for using heroin. The differences between countries regarding the preferences where to use heroin might have to be explained by the specifics of the country. This is of course evident for using in drug consumption facilities, an option only available for heroin users in the Netherlands, where these facilities are a common phenomenon in urban areas. Using on the street or in a park was most common among Italian respondents. Here not only the climate but also the reduction of harm reduction services in recent years might have to be taken into account.

There are also substantial differences between the Member State samples regarding the use of other drugs (in the past month) beside heroin. Using other drugs was rather rare in Italy (except for alcohol) compared to England and the Netherlands. In these two countries the use of cocaine, in particular crack cocaine was a common phenomenon – which is in line with other findings – while in Italy it was not mentioned once. Alcohol and cannabis were the next popular substances in England and the Netherlands. In the Netherlands cannabis was used more frequently than in the other two countries.

When asked about the availability of other drugs at their usual buying location, only (crack) cocaine was regularly mentioned by respondents from all three Member States. 'Other drugs' were mentioned only in England (i.e. cannabis, cocaine, ecstasy, amphetamine, GHB, ketamine and mephedrone). Different factors might play a role here. One is that sellers follow the demand. Heroin and (crack) cocaine is a popular combination. Buyers of heroin might frequently ask for cocaine. Another factor playing a part here might be the easy availability of certain other drugs at other sellers. This is definitely true for alcohol, but in the Netherlands also for cannabis, which proves to be popular among Dutch heroin users. Finally, the more limited availability of other drugs at a heroin seller might also – at least partly – be explained by the fact that street dealers might generally be 'one man's business'. In that case it is simply difficult to have a wide variety of substances in stock. The findings about the other drugs in the two preceding chapters are similar regarding the availability of other drugs at a seller of a specific

There is another interesting difference between the three Member States. While in Italy and the Netherlands most respondents buy their heroin 'on the street or in a park', in England most respondents buy their heroin through a 'delivery service', followed by 'on the street or in a park'.



According to the majority of respondents in all three Member States it is generally considered fairly or very easy to obtain heroin. More than three quarter of all respondents (in each country and in total) states that they can obtain heroin in less than one hour. Still there are some differences regarding the estimated time needed to buy heroin. Users from England unanimously indicate that it would take them less than half an hour to buy heroin, whereas quite some Italian and Dutch users estimate that it would take them between half an hour and one hour or even longer to obtain heroin. Here we need to be keeping in mind that heroin users were generally interviewed in large cities. In smaller cities and in particular in rural areas, it might be more difficult to obtain heroin. Another issue to be taken into consideration is that all respondents were experienced heroin users.

Interestingly enough a substantial number of respondents - nearly half of the ones answering the relevant question - indicate that there had been occasions in the past 12 months that they were unable to buy heroin. The two most frequently mentioned reasons were sellers being unavailable or not having any heroin. The latter was mentioned most frequently in England (9 out of 17), the first most frequently in the Netherlands (8 out of 16) where four respondents also referred to police activity as reason for being unable to buy.

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