

# Acknowledgements

The European Society for Social Drug Research (ESSD) was established in 1990. Its principal aim is to promote social science approaches to drug research, with special reference to the situation in Europe. Organising annual conferences and producing an annual book are core activities of the ESSD. For this year's book, participants who presented their research at the 29<sup>th</sup> annual conference at the ELTE Eötvös Loránd University in Budapest in October 2018, and other members of the ESSD, were invited to submit a chapter outline on the theme of evidence, research and policy. After a first review of these outlines by the editorial team, a selection of authors were invited to submit papers which were then peer reviewed by distinguished scholars in the field. This book contains only the chapters that were approved during this process.

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# Editors

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# 1

## Why?

### Explanations for drug use and drug dealing in social drug research

Dirk J. Korf, Julie Tieberghien & Zsuzsa Kaló

#### 1 What drives humans to use drugs?

For thousands of years, humans have been using substances that today are called 'drugs', to, for example, relieve pain, to relax, to gain energy, or in the course of cultural and religious rituals (Völger, von Welck & Legnaro, 1981). Furthermore, psychopharmacologist Siegel (1989) has argued that the pursuit of drugs is not only to be found across time and among humans, but across species. He even defined the desire for drugs as a fourth drive, alongside hunger, thirst, and sex.

*'In a sense, intoxication allows animals to be in a different state, to act differently and to feel different. After sampling the numbing nectar of certain orchids, bees drop to the ground in temporary stupor, then weave back for more. Birds gorge themselves on inebriating berries, then fly with reckless abandon. Cats eagerly sniff aromatic "pleasure" plants, then play with imaginary objects. Cows that browse special range weeds will twitch, shake and stumble back to the plants for more' (Siegel, 1989, p. 11).*

On the other hand, again from a biological angle, the contemporary discourse on drugs has become more and more framed in terms of actions of the brain, with a strong focus on the role of genetic aspects of drug use and addiction. Whilst not ignoring that genetic and biological variations make some individuals more susceptible to drug use and addiction, sociologists Granfield and Reinarman (2015) argue that defining addiction as a brain disease is an expression of a narrow disease ideology leads to biological reductionism. Instead, they plea

for a more balanced contextual approach to addiction – and, more broadly, substance use.

In his classic study *Drug, Set, and Setting*, Norman Zinberg (1984) argued that drug use can only be understood in terms of the interaction between the drug (including the ways, doses and frequency in which the substance is taken), the person who takes it (the set) and the social and physical environment in which use takes place (the setting).

The blanket term ‘drugs’ is shorthand for a variety of psychoactive, intoxicating substances. The contemporary assortment is much larger than plant-based intoxicants such as marihuana and hashish, opium, coca leaves, or ayahuasca, and includes chemical transformations (e.g. cocaine, heroin) and hundreds of synthetic drugs (e.g. LSD, amphetamines, MDMA). Different drugs are associated with different effects or ‘highs’. Yet even the use of the same drug can have divergent meanings (Fountain & Korf, 2007). A typical example is cocaine, a drug that unlike many other illicit drugs, is taken both recreationally (and could thus be considered a party drug) and by ‘hard’ drug users, who either inject it after dissolving powder cocaine in water or smoke it in the form of crack. It is particularly the latter group of users that have helped foster the image of cocaine as a strongly addictive drug. In terms of set, the sniffing of cocaine has long been associated with socially successful, prosperous individuals and luxury self-indulgence, while injecting the same substance dissolved in water or smoking it in a crack pipe are sure signs of social marginalisation (cf. Decorte & Slock, 2005). In other words, cocaine may symbolise either affluence or poverty and social exclusion (Wouters, Fountain & Korf, 2012).

To explain differences in substance use at individual level (set), research on alcohol and cannabis use has distinguished between ‘coping motives’ and ‘enhancement motives’. In the case of alcohol, when used for coping, it serves as a means to deal with problems: coping motives are therefore negative motives. If people are driven by coping motives, drinking alcohol heightens their risk of misuse and dependency and of exacerbating other problems. If they are guided by enhancement motives, they have positive reasons to drink, such as pleasure and conviviality. A comparable differential approach has been applied to marijuana in recent years, yielding results strikingly similar to earlier empirical findings on alcohol (Simons, Gaher, Correia, Hansen & Christopher, 2005; Lee, Neighbors & Woods, 2007; Benschop et al., 2015).

Reasons or motives for drug use may change within the same individual over time, such as during the transition from adolescence into adulthood. The preference of young cannabis users may be for the ‘strongest high’ (high dose, deep inhalation, potent weed); the desires of more veteran users seem to shift to the ‘consistent high’ (lower dose, milder cannabis, shallower inhalation or smaller amounts of potent varieties); and, for those still smoking at an older age, to a ‘steady quantity’, whereby cannabis is smoked mostly alone at home

and users are less inclined to adjust inhalation depth to cannabis potency (Korf, Benschop & Wouters, 2007).

For Zinberg (1984), the setting was a strong influence – maybe even the strongest one – on how drug users perceive and experience the effects of a particular drug. For example, the media labelling of MDMA as a ‘love drug’ and as ‘ecstasy’ almost certainly gave a boost to its explosive spread in the late 1980s and 1990s. The use of MDMA became typically associated with electronic dance music clubs, raves and festivals. Yet, Measham and Moore (2009) also showed that prevalence rates in the use of MDMA – as well as other substances – can strongly differ between clubs, even within the same city. Probably the strongest evidence for the importance of setting in understanding drug use in humans was found by Robbins, Davis & Goodwin (1974), who, in their classic study of US veterans who used heroin in Vietnam, found that the vast majority did not continue to use the drug once they were removed from the war zone and had returned to their home town. However, people do not simply have a free choice in where they grow up, live, and in whether or not they encounter or are exposed to drugs:

*‘Take as an example the career of a stereotypical “street addict.” Before he [sic] could become addicted to, say, heroin or crack cocaine, those drugs had to be available – geographically and culturally – in the neighborhoods and the social circles in which he moved. He had to learn from others that such drug use was acceptable and desirable [...]. Not just anyone in any peer group is likely to regularly smoke crack cocaine or inject heroin into their vein’ (Granfield & Reinarman, 2015, p. 8).*

In search for explanations as to why so many people in the 21<sup>st</sup> century use drugs, and why in such a wide variety, several macro level factors or drivers need to be addressed.

A first and obvious factor appears to be scientific advancement and technological innovation. Already in the course of the 19<sup>th</sup> century, the upcoming pharmaceutical industry transformed opium into morphine, and later into heroin (Courtwright, 1982). This pharmaceutical evolution had a strong impact on another influential factor: military and war. During the US Civil War and the First and Second World Wars, morphine was abundantly prescribed to injured soldiers to relieve pain, and morphine addiction became known as ‘soldiers’ disease’. Morphine – and to some extent heroin, too, in the US in the early 1900s – was also clandestinely taken away from military drug depots, and became an attractive market for drug dealers (Kaplan, 1986). The same phenomenon occurred with synthetic drugs. According to Rasmussen (2008), the German Blitzkrieg at the start of the Second World War was powered by speed – i.e. pervitin (methamphetamine) and benzedrine (amphetamine) – as much as it was powered by machine. While the German military soon adopted

a cautious approach, the British and US military sanctioned amphetamine use. Allied military dispensed speed for its subjective mood-altering effects, and Japanese soldiers used the drug to inspire the fighting spirit. Bensedrine was even more often used in the Vietnam War, with '30–40 tablets per service man per year consumption rate' (Rasmussen, 2008, p. 84).

The Vietnam War also fueled heroin use among US soldiers – not on medical prescription or from military drug depots, but from clandestine laboratories along the Vietnamese border. From the late 1960s/early 1970s onwards, when the Vietnam War was coming to an end, the illicit heroin market moved to Europe, where the drug found its way into segments of the new youth culture that had evolved, not least the protest against the war and the advocacy of the use of cannabis and psychedelic drugs such as LSD.

The evolution of drug use in the past decades cannot be adequately understood without taking the illegal status of those substances into account. The swift subcultural spread of drug use and drug trade took place within the context of global prohibition that started in the early 20<sup>th</sup> century, and that increasingly became the dominant approach to restricting the consumption of drugs (McAllister, 2000). As a consequence, many known psychoactive drugs are outlawed by international conventions and national statutes, with their possession and supply considered criminal offences subject to potentially severe sanctions (Potter, 2018). This has led to a drugs market that works as a magnet for criminals – and, in recent years, online suppliers.

With criminalisation as a core characteristic of global drug policy, scholars, in particular those in the tradition of cultural studies, have underlined the importance of stigma in understanding drug use (e.g. Becker, 1953; Young, 1971), including its role as driver for resistance against stigma (Willis, 1993). Alternatively, in the course of the 1990s, social drug research increasingly shifted from a focus on stigma, deviance and marginalised drug users to an emphasis on interpreting young people's drug use, cannabis use in the general population in particular, in terms of normalisation, whereby the drug has largely been stripped of its subcultural connotations. Scholars argue cannabis use among adolescents and young adults has normalised, i.e. has moved from the margins to the mainstream (Parker, Aldridge & Measham, 1998; Parker, 2005) and can be seen as an unremarkable facet of an otherwise conventional way of life (Asbridge, Valleriani, Kwok & Erickson, 2016). More recently, cannabis use among older people has been examined (Lau et al., 2015; Moxon & Waters, 2016). However, frequent cannabis users may still fear stigma (Liebregts et al., 2015), and it is therefore questionable whether frequent cannabis use is normalised, or if normalisation is to be understood as a differential process and only applies to non-frequent use (e.g. Sandberg, 2012).

## 2 Why?

Chapters in this volume contribute to the understanding of drug use, drug users, drug markets and drug policy in Europe. All the authors work in this field, and are involved in local, national or international research on drug use, drug users or drug dealers. Their research is not carried out in laboratories nor treatment centres. Some of it is predominantly conducted in libraries and archives, but most takes place elsewhere – on the streets, in nightclubs, in private drug-dealing settings. The authors are social scientists from different disciplines – anthropology, criminology, geography, economics, linguistics, psychology, sociology, social psychiatry – and many of them have an interest in, or are specifically oriented to qualitative research methods, including participant observation, informal conversations and in-depth interviews. In the search for explanations as to why particular groups turn to, or continue to use certain substances over others, why some people use drugs, why users prefer particular methods of supply, or why current drug policies exist, each of the chapters underline the utmost importance of this book, which captures many of the complexities of how drug use and drug dealing is explained, experienced and often problematised today.

### Why and when? Framing and shaping European drug policy

Drug policy has always been a theme for critical reflection and discussion at ESSD conferences, especially in recent years. In the light of a growing sense that global drug policy is at a crossroads, gaining a better understanding of the contours of drug policy developments – decriminalisation or legalisation, medical or recreational use, policy success or failure, the role of evidence and experts – is as important as ever.

*Rafaela de Quadros Rigoni* takes up a historical lens and puts forward the questions ‘Why, when and how did European countries decide to develop joint policy to tackle drug use and trade?’ By applying a frame analysis to historical data, this chapter discusses how European drug policy was established during the 1970s. The author rightly points out that the focus in drug research has often been, and still is, on the establishment of international drug control, mainly ignoring the evolution of European policies on drugs. To fill this gap, Rigoni thoroughly describes the creation and first steps of the Pompidou Group and outlines the different factors triggering the regulatory interventions in the early days of European drug policy. As such, this chapter provides us with new, interesting insights into how the broader political contexts, including the role of commercial and political interests and power disputes, may explain how drug control in Europe came about and, in particular, the reasons why countries frame drug issues in different ways.

While Rigoni's chapter explores how drugs came to be framed in European drug policy, *Zsuzsa Kaló, Zsolt Demetrovics and Katalin Felvinczi* approached the framing debate from a different perspective. As drugs is one of the most polarised subjects, the often inaccurate construction in policy and public discourses has been a recurrent concern, not at least in relation to New Psychoactive Substances (NPS). In their chapter, they explore how the NPS users' motivations substantially deviate from what experts believe they are. The background of the study is provided by a transnational project on NPS in six European countries (Germany, Hungary, Ireland, Poland, Portugal, and the Netherlands), including a survey among current NPS users and semi-structured interviews with European experts (health and social professionals, academics, and policy experts). A secondary analysis of the qualitative data set was conducted to explore and interrelate the perspective of users and experts about motivations of use. The study supports the notion that experts' opinions and attributions are of the utmost importance, as they may have an impact on formulating treatment, policy options, legislative directions. They also may influence the public discourse around drug-related issues.

### **Why and where? Role of place and space in drug use**

Following the discussions in last year's ESSD book about place, space and time (Potter, 2018), some social drug researchers have deepened the questions of where and how drug use can be explained by social space and place, theoretically as well as methodologically. Two of the chapters in the current book focus on the role of place among traditional problem users in similar setting (the streets), using both new and old research methods.

*Luise Klaus and Melina Germes* address the relevant question of how we, drug researchers, are challenged to develop new research methodologies. Taking a unique perspective employed in social geography, they propose in their chapter a new method to study urban lived spaces of drug users in cities. Emotional mapping aims to obtain maps and narratives about how drug users inhabit public and private spaces, their everyday interactions, and the emotions they associate with these spaces. Overall, Klaus and Germes provide social drug researchers with innovative insights on how to study inner-city neighbourhoods drug scenes from the perspective of the users. Luise Klaus was honoured with the Early Career Researcher Award for her presentation on this issue at the 2018 annual ESSD conference in Budapest (Klaus, 2018).

Taken with other recent contributions – particularly last year's book chapter (Werse & Egger, 2018) – *Bernd Werse and Lukas Sarvari* add to an ever-increasing understanding of the Frankfurt open drug scene. At the same time, both authors contribute to an important understanding of the fluidity and dynamism of drug-using scenes in a city. Their study involves the qualitative content analysis