

Acknowledgements

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For the production of the book we would like to thank the authors for providing manuscripts of their conference presentations. The process of revising the manuscripts according to the comments of the editors, the reviews by colleagues and the instructions of the publisher may have tried the authors' patience but the results demonstrate that the efforts have been worthwhile. The long process of compiling the present proceedings was supported by many members of the ESSD. For their assistance in reviewing the papers that have been submitted, the editors would like to thank Manja Abraham, Ellen J. Amundsen, Annemieke Benschop, Francois Beck, Ruud Bless, Philip T. Bean, Moniek Coumans, Patricia Erickson, Helle Vibeke Dahl, Hermann Fahrenkrug, Aileen O'Gorman, Tina Van Havere, Geoffrey P. Hunt, Jane Fountain, Alice McGee, Malcolm Ramsay, Michael Stauffacher, Alfred Uhl and Manina Terzidou. For her thorough proof-reading of the final manuscripts we would like to thank Stephanie Kramer. Finally, special thanks are owed to the publisher, Wolfgang Pabst, who oversaw the making of the book as an attentive observer and helpful adviser, and to the Pompidou Group for financial support.

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Preface

The present book is a collection of papers from the annual conference of the *European Society for Social Drug Research* (ESSD). These proceedings from the 15th conference held in Munich, Germany, in October 2004, follow in the tradition of preceding volumes, the most recent ones edited by Decorte and Korf (2004), and Springer and Uhl (2000). The selection of articles presented here contains those that the authors felt worthwhile to submit and that the editors, after a process of peer reviews and revisions by authors, considered to fulfil the necessary requirements for publication.

The topics of the selected articles centre around some of the basic questions at the core of European social drugs research: the impact of drug policy on drug use and drug-related problems, the aetiology of long term changes in drug use and drug use behaviour, the characteristics of drug users with and without contact to the health care system, the adequacy of the treatment system with respect to clients' needs, especially the needs of women, and methodological considerations concerning the validity of survey techniques that provide the basis for most of our evidence.

Sadly, the development of the book has been overshadowed by the sudden and unexpected death of Lau Laursen Storgaard. Lau Laursen's contribution concerning recent changes in Danish cannabis policy was nearly finished. For her assistance in completing his manuscript, the editors would like to thank Vibeke Marie Asmussen for taking the responsibility to finalize one of the last assignments of Lau Laursen Storgaard.

Ludwig Kraus and Dirk J. Korf

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OBITUARY

*for Associate Professor Lau Laursen Storgaard
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On the night of Saturday, May 28, 2005, Lau Laursen Storgaard died of a sudden heart attack at his home. He was only 50 years old. His death was completely unexpected and is incomprehensible for us who knew him. As usual, Lau was busy with a range of activities, both professional and personal, and was due to go to the USA to present a paper at a scientific conference organised by the Kettel Bruun Society. His death is an enormous loss, both for Danish research into drugs and alcohol and for those of us who were privileged to know him personally and to work with him.

Lau Laursen Storgaard was one of the pioneers of Danish sociological research into drugs and alcohol. He was one of the original members of what subsequently became the Centre for Alcohol and Drug Research. Here he worked on his pioneering Ph. D. thesis about the development of Danish narcotics control policy. He produced an impressive number of books and scientific articles, also concerning alcohol research, both independently and co-authored with a wide range of colleagues. Lau was also active in scientific and organisational cooperation in Nordic research, and he had an extensive network of international contacts. Lau was a very sociable and hard-working colleague who always took on a considerable share of both the scientific and practical work. It is extraordinary how much he managed to achieve, especially when his numerous activities with his family, friends and neighbours in the area where he had his roots are taken into account. To a remarkable extent he combined his professional and personal life in a harmonious whole. As friends and colleagues we will miss his presence and inspiration.

*Mads Uffe Pedersen
Director*

*Jørgen Jepsen
Former Director*

Drug research from a European perspective: an introduction

Ludwig Kraus

Researchers have long been interested in the influence of drug policy on drug use prevalence, problematic drug use, and negative consequences. Obviously, changes in drug policy involving either more liberal or more restrictive measures must be motivated by the assumption of a relationship between drug policy and certain drug-related outcome variables. Although studies on the subject are scarce, the available evidence for such an assumption, however, seems rather weak. This is not to say that efforts to reduce drug availability in a country do not have any effect on drug use; epidemiological research in the field of alcohol has clearly shown this relationship (Babor et al., 2003). While for various reasons availability has seldom been the subject of the political debate on drugs, deterrence has. And even here the discussion has not been open to all kinds of drugs but is very much limited to the use of cannabis. Monitoring of prevalence rates in European member states (European Monitoring Centre for Drugs and Drug Addiction, 2004) indicates an increasing trend in cannabis use since the early 1990s regardless of national drug policy including, for example, regulations on the possession of cannabis. While this may support the conclusions on the ineffectiveness of deterrence on cannabis prevalence made by several earlier studies (Reuband, 1995; Kilmer, 2002; Korf, 2002), the question of what strategies might be effective in reducing hazardous drug use and especially problematic cannabis use among adolescents and young adults remains open. Stressing, however, that a "zero tolerance" policy with severe punishment regulations inevitably leads to criminalisation and marginalisation of the individual, *Lau Storgaard* criticises in his contribution the return of Danish policy to more restrictive regulations on cannabis possession. Based on the available evidence showing that these measures are ineffective with respect to the prevalence of use but detrimental with respect to the individual, he calls for the resumption of a rational harm reduction policy in Denmark.

If not drug policy, other factors must be responsible for the rise and fall over time of drug use prevalence. Pekka Hakkarainen develops a generational model, which he claims can explain at least some of the changes in drug use in Europe. Starting out with Mannheim's (1952) concept of generation as a social category describing the dynamics of society and history, he attributes recent changes in drug use in Finland to the emergence of a new generation of drug users. Hakkarainen describes this generation as distinctly different from earlier generations in terms of various characteristics such as living conditions, consumer-orientation, emphasis on adventure, enjoyment and pleasure as well as a conception of the world based on new information technologies and globalisation. With these features increasingly found among the birth cohorts of the 1970s, 1980s, and 1990s throughout Europe, Hakkarainen interprets findings of parallel increasing trends in drug use prevalence in other European countries as a generation effect. In turn, global changes in drug prevalence and drug using behaviour seem to have greatly influenced modern life. The creeping process of the integration of certain drugs such as cannabis and ecstasy in society has long been discussed under the heading of "normalisation" (Fahrenkrug, 2000). These cultural changes are reflected in the phenomenon that as Parker (2003, p. 143) points it out "....we now have a largely normative population consuming alcohol and drugs in ways which twenty years ago would be regarded as highly deviant and problematic".

The normalisation of drug use in modern society was partly due to the emergence of entactogenic drugs in the late 1980s. Along with dance events, this new generation developed its own culture of music, clothing and life style. The processes for ecstasy to become a winner in the drug market as described by Korf (2000) involved the property of the drug, i.e., its energising effects, as well as its "distinction potential". For trend-setters ecstasy had been the perfect drug to distinguish oneself socially from ordinary people. After becoming a fashion drug, ecstasy became mainstream as trend-followers began using it. As ecstasy is now well established, the motivations of trend-followers and of those not taking ecstasy seem of interest.

Hylke Vervaeke and Dirk Korf investigated the motives of ecstasy users and persistent non-users in two studies conducted in Amsterdam. While recent users reported using the drug primarily for its pleasurable, stimulant and communication-enhancing effects, persistent non-users were not interested in the consciousness-altering effects of ecstasy, were afraid of negative health consequences and were deterred by media reports. Most interestingly, peer pressure, often identified as a major mechanism in the initiation of illicit and licit drug use (Brook, Nomura, & Cohen (1989), was not found to play an important role. Unfortunately, the present analysis is not able to distinguish between an individual's choice of his or her companions and peer influence. Further investigations into individual choice and active selection (Skog, 2000)

versus external influencing factors (Sullivan & Farrell, 2002) may be of interest for prevention activities especially since there seems to be evidence that non-users base their decisions on knowledge about the positive and negative effects caused by the drug. Objective information as well as media advocacy (Holder & Treno, 1997) may thus be key measures for drug prevention.

Along with the concept of normalisation of drug use, the differentiation between problem drug users and non problem drug users had to be recognized. Although the majority of substance users do not develop symptoms of dependency, under-achievement, criminality or social stigmatisation (Parker, 2003), they are subject to legislation and prosecution. Due to the fact that occasional users may face undue punishment by the existing law on narcotics, the regulations concerning the possession of smaller amounts of cannabis were, for instance, relaxed in Germany in 1994. Also, a parliamentary working group established in 1996 to address the drug problem in Belgium came to the conclusion that prosecution policy should give lowest priority to the possession of cannabis. This led to a change in the Belgian legislation in 2003, introducing the concept of "problematic use" as an issue in drug policy. As a consequence, non-problematic cannabis users who are able to control their use, and who do not show signs of social deprivation and psychological or physical harm, are no longer to be prosecuted.

The usefulness of the implementation of the distinction between patterns of drug use in everyday practice of police officers, who have to make the first assessment, was the subject of an investigation carried out by *Marjolein Muys and Tom Decorte*. The analysis of assessments of hypothetical case histories presented to personnel from the police department, the justice department, and treatment specialists, clearly demonstrates that use of the concept of "problem use" is not feasible within a legal context. Due to the numerous indicators of problem drug use, their combinations and the variability of these elements within different social circumstances, there was virtually no agreement on the relevance and importance of different indicators even within representatives of the police and justice departments. *Muys and Decorte* thus concluded that a clearer and more objective criterion is needed, and recommended that decisions about prosecution of cannabis possession on a quantitative measure. Although quantity is clearly not a measure of harm associated with cannabis use, it relieves police officers of making behavioural assessments about social integration, physical and psychological impairment, and lack of internal control that undoubtedly needs professional training and takes more than only a few minutes.

Where relevant indicators are available, "problem drug use" constitutes a valuable operationalisation in drug research. From a theoretical perspective, it is important to distinguish between patterns of use and the associated negative and positive consequences. In prevalence estimates of opiate use, for in-

stance, drug-related indicators are used rather than diagnostic criteria, which seem to be appropriate in epidemiological studies on the prevalence of cannabis dependence (Kraus et al., 2003). Problem drug use is then operationalized according to the definition of the available indicators. While much is known about the group of opiate users in treatment, there is less information on opiate users not in contact with health care services. Another group not well studied comprises treatment dropouts and opiate addicts who have not received adequate treatment. The European project "Management of High Risk Opiate Addicts in Europe (ROSE)" tried to close this gap of knowledge. Data were collected in the cities of Amsterdam, Athens, Hamburg, Liege, Oslo, Stockholm, Vienna and Zurich.

An analysis comparing both groups of opiate addicts by *Michael Prinzleve, Peter Degkwitz and Christian Haasen* shows that the ratio of (currently) treated to untreated opiate users in the cities under study varied substantially with 10% in Athens and 73% in Liege. On the other hand, the percentage of maintenance treatment failure in these cities ranged between 30% in Oslo and 50% in Vienna. The use patterns in the group of untreated opiate addicts and the treatment failure group were found to differ significantly with more concomitant drug use in the treatment failure group. Regional differences were found with respect to heroin and cocaine use, which in both groups was much more prevalent in cities with a higher availability and longer tradition of substitution therapy (Amsterdam, Hamburg and Zurich). Most interestingly, the insufficiently treated maintenance clients were found to more frequently maintain stable living conditions without criminal activities compared with the currently untreated group. This indicates that substitution treatment has positive effects even for those who eventually drop out of treatment. Given the effectiveness of substitution therapy (Griffith et al., 2000) and the US-American experience in the treatment of clients with co-use of heroin and cocaine (Leri, Brunau & Stewart, 2003), the authors call for easier access and diversification of substitution therapy.

A picture of clients treated in outpatient centres is provided by *Linda Montanari, Colin Taylor, Paul Griffiths and Julian Vicente*. Their contribution not only gives an overview of the European situation of outpatient treatment but also sheds light on the characteristics of women in treatment. Data are based on the Treatment Demand Indicator Protocol (TDI), a harmonized instrument for collecting data on treatment demand (for an overview see Simon et al., 1999). *Linda Montanari and her colleagues* centre their discussion around the question of why women represent only a small proportion of the total number of clients and why as suggested by other data the proportion of women among users not in treatment is lower than among the treated population. Gender differences also are as well found with respect to the main diagnoses: women are more concentrated among hypnotics and sedatives while much

more men than women are treated for cocaine-, cannabis- and opiate-related problems.

Although the authors offer a number of explanations, it is not yet clear whether gender differences in treatment demand correspond to similar gender differences in the need for treatment. To answer these questions, survey data on the non-treated population is required that contain both information on substance-related disorders and gender. These data, however, are scarce. Presently these data are only available for cannabis disorders (Rehm et al., 2005). Given that every person diagnosed with a cannabis-related disorder requires treatment, the gender ratio (men to women) of 12 month DSM-IV diagnoses related to cannabis abuse in the general population was found to be 0.9 in Finland (0.9 men to one woman), and to cannabis dependence 2.3 in Germany (2.3 men to one woman), 1.4 in the Netherlands and 3.3 in Norway (Rehm et al., 2005). Compared to the gender ratio derived from European treatment data on cannabis-related disorders (5.6 men to one woman) these ratios are much smaller, indicating a substantial underrepresentation of women with a diagnosis of cannabis dependence in treatment.

Survey data are among the most used data in epidemiological research on drugs and drug addiction. Methodological considerations on the validity of such information seem therefore highly justified. The contribution of *Alice McGee, Richard Boreham and Sarah Blenkinsop* investigates the accuracy of estimates of the prevalence of drug use among young people. The subject of the analysis are the data from the study *Smoking, Drinking and Drug Use among Young People in England (SDD)*. The authors are concerned with various aspects of biases that have been shown to have an impact on results such as mode of administration, sampling, confidentiality or question design (see Groves, 1989). For example, responses to a self-completion questionnaire were compared when the identical survey was administered at school or at home. Lower levels of drinking and smoking behaviour in the home-based format indicated that children's concerns about confidentiality, i.e. parents may see the answers in the home-based mode, may have influenced their response behaviour.

For testing that pupils comprehend the questions and retrieve the relevant information, the technique of cognitive interviewing by protocol analysis (thinking aloud) and retrospective probing as proposed by Duncker (1926) and successfully applied in qualitative drug research (Midanik & Hines, 1991; Raitasalo, Knibbe & Kraus, 2005) was used. McGee and her colleagues found that a grid version of the question on use (last month, last year, ever) of illicit drugs with a long list of various drugs that pupils aged 11 to 15 years were not likely to complete fully, was a more difficult task than answering a series of questions about each drug.

External validation of pupil's responses via biological measures seems to be an option not very often applied in survey research. Saliva samples obtained in half of the participating schools between 1990 and 1998 were tested for the presence of cotinine, in order to test for recent exposure to tobacco smoke. Results consistently indicated that children are largely honest about their smoking.

Before turning to the contributions introduced above, I would like to invite the reader to read an overview of current issues of social drug research in Europe and an outlook on future developments. Based on an inquiry among ESSD members, *Dirk Korf, Juan Gamella, Jacek Moskalewicz, Aileen O'Gorman, Börje Olsson, Alfred Uhl and Marije Wouters* summarise the opinions on the most important topics and the most promising methodologies in current and future social drug research.

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Social drug research in Europe: current themes and future developments

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Introduction

What are current themes in social drug research in Europe? What are future developments in this field in terms of emerging common topics of interest and promising methodologies? Which are the most important problems encountered by social drug researchers? The Pompidou Group of the Council of Europe has asked the ESSD to find answers to these questions. First, we did a survey among ESSD members in April and May 2005. A short semi-structured questionnaire was sent by e-mail. Data collection was terminated at the end of May 2005. Then, in early June 2005, we organised a small invited expert meeting, with participants from six European countries, covering various parts of Europe and representing different disciplines within the field of social drug research. Each invited expert was requested to take responsibility for one topic that was addressed in the survey. In preparation for this task, each expert received an overview of all respondents’ answers to a particular question, as well as a preliminary categorisation of the answers to the survey questions, made by the project team of the Bonger Institute of Criminology, University of Amsterdam. Findings were discussed and commented on during the expert meeting. The main aim of this meeting was to discuss the state of the art and near future of social drug research in Europe. The combined results of both methods will be presented and discussed.

The survey

The questionnaire we used in the survey included two "warming-up" items (In which country do you work? Which are the most important themes in your current research on drugs?), followed by five questions. Respondents could give a maximum of three open answers to each question.

- Which are the most important themes in current social research on drugs in your country?
- Which topics do you think should ideally be the subject of social drug research in the next couple of years?
- Which topics do you think will lose interest for social drug research in the next couple of years?
- What do you believe are the most promising methodologies in social drug research?
- Which are the most important problems you encounter in social drug research?

The questionnaire was sent out to all 209 ESSD members whose current e-mail address was available at the start of the project. To increase the response rate, initial non-respondents were kindly reminded a second and, when necessary, a third time. By the end of May 2005, 71 ESSD members had replied (response rate = 34%). Four questionnaires were incomplete, leaving a net response of 67 (response rate = 32%).

Respondents to the survey are working as social drug researchers in 19 different countries. They represent the full range of academic careers, from PhD students, to senior researchers and university professors. Their working place ranges from research departments of drug services or the police, national or international governmental institutes, to independent research institutes and universities. They show a wide variety in academic discipline, for example: sociology, anthropology, psychology, criminology, educational science, epidemiology, social medicine, psychiatry, social history, and political science. Their current research themes clearly indicate the breadth of social drug research today. They cover the field of epidemiology and monitoring; ethnography and multi-level statistical analysis; from recreational drug users to problem users; cannabis, dance drugs and crack-cocaine; ethnicity and gender; from primary prevention, to harm reduction and substitution programs and inpatient treatment; treatment and policy evaluation; local, national and transnational drug markets; drug-related crime and drug users in prison; etc.

In conclusion, the sample represents a wide variety of social drug researchers in Europe. We believe that their experiences and perceptions allow general conclusions about the state of the art of social drug research in Europe, and

also that they are a valid base for defining emerging common topics of interest and getting insight into the near future of the field, as well as problems that will be met. However, we do not claim any statistical representativeness. For this reason, figures from our survey presented in the following sections should be understood primarily as a source of inspiration, as an indication of what are major and what are minor experiences, perceptions or views, rather than precise quantitative and representative data.

Current issues

In order to get an overview of the current state of the art in social drug research, in the survey we asked respondents "Which are the most important themes in current social research on drugs in your country?" This resulted in 155 answers (2.3 per respondent). During the expert meeting, it was discussed whether the answers to this question should be understood as a reflection of which themes are dominant on the national research agendas primarily in an objective manner - for example in terms of number of studies on a certain theme, importance in the public or political debate – or more as personal preferences of respondents. It leaves no doubt that both types of answers were given, for example "Many quick scans of several target groups are conducted in my country", and "Develop alternatives to war on drugs policies". However, especially because many respondents reported themes that they were not involved in themselves, our general impression is that overall the answers given in the survey constitute, in a qualitative sense, a valid representation of what the scientific community of social drug researchers in Europe perceives as major current issues.

The first cluster of current issues refers to **cure, prevention and care**. This cluster was far more often reported than every other theme (29% of answers to this question). More specifically, the answers could be categorized as treatment (10%), prevention (8%), or harm reduction (5%) – or even more specifically, the evaluation of such interventions (6%). Treatment ranges from substitution programs, to case management and aftercare following inpatient therapy. Treatment may target specific groups, but may also be part of a community approach that is closely linked to and not clearly separated from harm-reduction interventions:

"Improving help for chronic drug users."

"Effective comprehensive models for the care of homeless addicts."

"Factors influencing the uptake of treatment."

"Integrated models for social and psychiatric care of "double-trouble addicts" – i.e. addicts with psychiatric comorbidity and various other problems."

"Community responses to drug use in neighbourhoods characterised by high prevalence of illicit drug use."

Prevention includes studies related to programs targeting a variety of groups and populations, though youth was mentioned most often:

"Prevention of early drug use in youngsters."

"Prevention at different levels with different target groups."

Harm-reduction interventions may focus on recreational users (i.e. pill testing for ecstasy users) but also on street addicts (i.e. injection rooms). Harm reduction is sometimes difficult to distinguish from prevention, as it can be a combination of both:

"Determining effective interventions for preventing young people from developing problem drug use."

Evaluation was mentioned as well, either in general (i.e. cost-effectiveness studies), or more specifically:

"Effect studies of standard drug treatment modalities."

"Treatment outcome, especially methadone treatment and social support to drug addicts."

The second theme in current social drug research is **epidemiology and prevalence** (12%). Two topics were of special interest, namely trends in substance drug use and young people:

"Large-scale surveys among the general population."

"Drug trends in youth."

"Epidemiology of illicit drug use and abuse among youth."

The third theme is **cannabis**. While most respondents did not mention any specific substance, cannabis was relatively often referred to separately and specifically in the survey (11%). When mentioning cannabis as an important theme in current social drug research, respondents refer to a variety of issues, from trends and patterns in use in the general population to specific groups and specific problems:

"Describing cannabis use patterns."

"Cannabis use and risks."

"Growing potency of marihuana and consequences for public health."

"The role of cannabis in the causation of schizophrenia"

"Cannabis lifestyles and medical/social use from user's perspective."

Interestingly, cannabis is also reported as an important topic by researchers who work in countries known for their more liberal policy towards this drug,

such as the Netherlands and Spain. Clearly, cannabis is the most widely used illicit drug in Europe. However, in the past, a lot of research has focused on drugs with much lower prevalence rates. Possible explanations for the renewed interest in cannabis are a general increase in prevalence in recent years in many European countries (Hibell et al., 2004), indications of first use at a younger age (Monshouwer et al., 2005) and debates about rising potency of indoor grown marihuana that is more and more competing with hashish in several European countries (King, Carpentier & Griffiths, 2005).

A fourth theme in current social drug research refers to subgroups, subcultures and lifestyles, and can be defined as **cultural context** (11%). This includes the study of drug use among youth, women and ethnic groups, as well as specific settings and social processes that play a role in drug use:

"Perceptions of young people towards drugs."

"Identifying groups within the society as being at high-risk for drug use. These include youth and inner urban ethnic minority groups."

"Drug use and gender."

"Lifestyles and youth / leisure time scenes and drug use."

"Substance use at parties and other nightlife."

The fifth theme relates to **crime and law enforcement** (10%):

"Patterns of criminal behaviour among drug users."

"Criminal involvement in drug trade."

"Organised crime and drugs."

"Critical analysis of drug law."

"Police and judicial reactions towards drug users."

"Criminalisation and the increasing number of drug offenders in prison."

"Drug use in prisons and the risk associated with needle-sharing in this environment."

The last theme is **drug policy** (5%), for instance, the integration of drug policy into broader social policy, the development of alternatives to "War on Drugs" policies, and financing schemes.

Future topics

The overview of future topics in social drug research from the survey predominantly reflects the ideal situation according to the respondents to the survey. Instead of what they think the future research agenda is expected to be, respondents were asked: "Which topics do you think should ideally be the subject of social drug research in the next years?" This question resulted in 177 answers (2.8 per respondent). Again, the first cluster refers to **care, pre-**

vention and cure (21% of answers to this question). However, this cluster ranks somewhat less clearly on top than in the case of the question regarding the current situation. Moreover, harm reduction is now mentioned most often (9%), then prevention (6%) and treatment (6%). Interestingly, respondents often plead for more genuine interest in the drug user. Strikingly, concepts like "needs assessment", and "self management", are mentioned more often than the term "evidence based" that dominates the policy debate today:

"Improving the health of drug users."

"Self-management strategies of risk reduction and consumption reduction"

"Self-initiated, self-organized recovery."

"Public health aspects of drug treatment systems."

"Low-threshold services, possibilities and benefits."

"Best-practice models for drug users and drug dependents to cope with everyday life."

"The development of prevention programs that involve people in the social environment of youth."

"Community intervention to reduce harm."

"Outcome of preventive intervention on the local level."

The second theme that should ideally be a subject of social drug research in the next years is **cultural context** (15%). Apparently, respondents find specifying and contextualizing drug use important. As with current research, this should include the study of drug use among specific social groups, as well as specific settings and social processes that play a role in drug use. Interestingly, the focus is far less on youth than appears to be the case in today's research:

"The study of social networks of drug users."

"Setting-related topics: social, economic and cultural factors influencing drug use patterns."

"Research among hidden populations: women, ethnic minorities, asylum seekers."

"Substance use at the work place, in leisure time and nightlife."

"Processes of marginalisation and poverty."

"New and old drugs: analysis of cultural changes."

The third cluster is: **drug policy** (12%). Apparently, respondents find that this should get more attention in social drug research than it gets today:

"The role of national drug policy enforcement on drug use patterns."

"The failure of prohibition and alternative measures that might work."

"How the dominant views of drugs in society prevent new or alternative ways of thinking about drugs to have an impact on treatment, prevention, policy."

"Influence of increased repression on daily life of chronic drug users."

A fourth theme in future research can be defined as: **integrative approach** (10%). Drug use should ideally be studied and analysed more from a wider, both empirical and theoretical, perspective, and less as an isolated phenomenon:

"Ties of drug research to other fields."

"International comparison of drug careers and their social, cultural and political conditions."

"Drug use should be studied as a social problem, including new trends, social harms of drug use, social exclusion, careers of drug users, and the social construction of drug problems."

"The social construction of alcohol and drug policies and their interplay."

"Projects that approach licit and illicit substances under one theoretical, methodological and conceptual umbrella."

The fifth theme relates to **crime and law enforcement** (9%). Although it could well be argued that law enforcement is part of drug policy, a number of issues addressed by respondents allow a separate cluster for future research:

"Research on the efficacy of criminal justice interventions."

"Cost-benefit analysis of drug control."

"Linking treatment and criminal justice."

"The impact and consequences of the 'War on Drugs' on individual and human rights issues."

"Consequences of depenalisation and decriminalisation of drug use on patterns of drug use."

Interestingly, some themes that appear to be important in today's social drug research are mentioned less in the survey when it comes to what respondents would ideally define as issues for social drug research in the next years. While cannabis was the only substance mentioned rather often with regard to current social drug research, a variety of **specific substances** is referred to as ideally a subject for such research in the next years (9%). Substances most often mentioned alone or in combination with other drugs were cannabis (5%) and cocaine (3%).

Epidemiology and prevalence (6%) is not reported very often as a future topic. One explanation could be that the epidemiology of drug use has pretty well settled in Europe today. Data from many sources are published frequently, but this raises the question about the meaning of such data. How can prevalence data improve our understanding of drug use?

"We need to know more about drug use in the life course, including older users."

"More insight into the development of new consumption patterns."

"Reasons for initiation and discontinuation of drug use."

Issues that will lose interest in the future

When questioned about issues losing interest in the future, almost a quarter of all respondents either ignored the question or found it too difficult to respond. All in all 83 answers (1.2 per respondent) were considered for analysis. Relatively often researchers expect **marginalized drug users** to disappear from the research agenda (28% of answers). They predominantly refer to heroin and/or intravenous drug use. It may be associated with declining epidemiological trends, relatively well-established control by maintenance programmes and other harm-reduction and welfare measures, saturation in this particular area of research and perhaps less political interest in the individual countries. Curbing marginalized users of their addiction seems to be rather difficult and not very cost-effective, while care has been developed over the past years and seems to work. As a result, further research on this particular group seems less needed:

"Studies on lifestyles and problems of problematic hard drug users (heroin, cocaine)."

"Heroin use in marginalized populations."

"Social rehabilitation of the chronic addicted."

"The treatment and life situation on injecting/poly drug users."

"AIDS interventions in the form of needle exchange, etc."

The remaining answers are quite heterogeneous, and do not show much unanimity. Several answers were given by only one, two or three respondents. The following three topics were mentioned somewhat more often, although far less frequent than the first theme. The second topic to lose interest is **drug policy and legislation** (10%), including research with the goal to investigate the influence of policy on drug use, and stigmatisation:

"Role of national drug policy on drug use patterns."

"Social and individual consequences of punitive approach towards drug users."

The third topic is **cure** (7%), the evaluation and implementation of treatment, in particular. Interestingly, both prevention and harm reduction were mentioned only once as an issue that will lose interest in the future:

"Abstinence-oriented treatment; cure of dependency."

The fourth topic can be defined as: **traditional and simple methods** (7%). This includes both methods of data collection (general population and school surveys) as well as methods of analysis:

"Traditional survey and statistical research."

"Traditional linear causal explanations."

"Purely descriptive interview studies, for example on recreational drug use."

"Thematic analyses of www discussions on drugs."

During the expert meeting, it was concluded that this wide dispersion of opinions may be attributed to: differences in epidemiological situation across the participating countries; different research experience in the last decades; varying expectations from the drug policy area; prevailing political climate (more repressive and individualistic than before); and personal preferences of the participants. On the other hand, it can also be concluded that there are not many issues that are generally expected to lose interest. This can be interpreted as: social drug research is largely on the right track; there is not much that should be changed.

Promising methodologies

When it comes to methods, respondents report a wide variety of what they believe are the most promising methodologies in social drug research (111 answers; 1.7 per respondent). There is not one, unique methodology that can solve all problems in social drug research. The most appropriate method simply depends on the research aim and research questions. Ideally, research should be understood as critical puzzle solving, using existing evidence and looking systematically for missing pieces. This is not to say that researchers often have their personal preferences. Some prefer qualitative, others quantitative methods:

"Ethnographic methods which provide more subtle and in-depth understanding of drug use than can be gleaned by quantitative survey methods."

"I don't believe there is a good substitute for methodologically rigorous, representative survey research."

However, many respondents believe that the most promising methodology in social drug research is to **combine qualitative and quantitative methods** (20% of answers):

"Triangulation of qualitative and quantitative research."

"I'd like to see more research that attempts to fill in the black box by combining quantitative and qualitative methods."

"Integrating epidemiological, survey and ethnographic fieldwork."

"Combining quantitative and qualitative methods inventively but strictly."

"Privileged access interviewers, combination of qualitative and quantitative methods."

Since the ESSD has a tradition in stimulating qualitative studies, it is no surprise that many respondents believe that **qualitative methods** are among the most promising in the field of social drug research (23%). In many cases, respondents refer to ethnographic methods (including participant observation and in-depth interviews), but they also mention focus group discussions, concept and discourse analysis, and social network analysis:

"We need more ethnographic research in drug using social contexts."

"Participant observation in drug scenes."

"Ethnographic research among groups of drug users."

"Interpretation of sub-cultural specific language."

"Critical discourse analysis of public policies on drugs."

"Discourse analysis to examine the official literature of government pronouncements on issues related to illicit drugs coupled with an analysis of expert literature on drug uses, prevention and treatment."

Longitudinal and cohort studies (10%), both quantitative and qualitative, make up the third theme:

"Use cohorts and follow-up studies more than cross-sectional ones."

"Longitudinal natural course studies combining various types of data."

"Long term studies to identify risk factors for drug use."

"Longitudinal studies and sequential analysis."

"Cohort studies among drug users entering treatment."

Other methodologies that were mentioned by more than one or two respondents, though not often, include: qualitative sampling techniques (community-based, network sampling, link tracing); internet surveys; evaluation; and international comparative studies:

"Randomised control group designs to evaluate effects of prevention programs."

"Evaluation measurement and explanatory models of drug policy interventions."

"International comparative studies that show how an apparently globalised phenomenon is still shaped and defined by national political cultural features."

"Comparing drug use levels in different policy regimes and doing this with high-quality epidemiological data."

Problems within social drug research

Finally, respondents were asked to list the most important problems they encounter in doing social drug research (129 answers; 1.9 per respondent). By far the most dominant issue was **funding** (31% of answers). Budget problems and getting new funds are major problems encountered in social drug research according to the respondents, both in general as well as with regard to specific types of research:

"The unpredictability of funding."

"Difficulties with funding which are far away from political priorities."

"Funding from independent sources."

"Dominance of quantitative study designs and results when it comes to economic resources."

"Funding for social drug research has lower priority than funding of neuro-scientific, bio-medical research."

"Lack of funding for fundamental social research, which, however, is necessary for meaningful output on the themes for the future."

This problem is very much related to the second issue mentioned by the researchers, namely, **research and politics** (17%). The political agenda plays an important role in research, but seems to be a thorn in the side of most researchers. It seems research doesn't have much influence on policy. Research is becoming more and more influenced by policy but this influence seems to be experienced as predominantly negative. Also there seems to be a decline in funding of fundamental research. Research councils seem to have been more influenced by policy:

"Focus of government expenditure on short-term evaluations/confirmations of existing policy."

"Founders unwilling to accept results if they disagree with findings."

"Prohibition narrows down the research topic and questions."

"Political and moral agendas alien to scientific priorities."

"Most financers and recipients of research want simple "advocacy tools" for their purposes. They are not interested in hard research work to get closer to reality."

"Too much time is spent on monitoring indicators, not enough on genuine research and analysis."

The third cluster relates to **methodological problems** (16%), in particular, sampling and access to specific populations:

"Difficulties in getting a good sampling base for general population surveys."

"Access to marginalized populations and representativeness."

"Identifying the hard core group of drug users."