

Acknowledgments

The European Society for Social Drug Research (ESSD) was established in 1990. The principal aim of the ESSD 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 ESSD. For this year's book, a number of participants who presented their research at the 24th annual conference in Stockholm, Sweden in September 2013 were invited to submit a chapter. However, this invitation was not restricted to the participants of the conference: other ESSD members were also welcome to contribute. After a first review of outlines by the editorial board, submitted papers were peer reviewed by distinguished scholars. This book contains only the chapters that were approved during this process.

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Editors

The ESSD editorial board is pleased to welcome Dr Gary R. Potter as guest editor of this year's book. Potter is a senior lecturer in criminology at London South Bank University, where he is also a senior researcher in the Crime and Justice Research Group. His main research interests are retail level drug markets in the UK and global patterns of drug production. He has published two books on cannabis cultivation – *Weed, Need and Greed: a study of domestic cannabis cultivation* (Free Association Books, 2010) and *World Wide Weed: global trends in cannabis cultivation and its control* (co-edited with Tom Decorte and Martin Bouchard; Ashgate, 2011) – and is busy gathering material for a third. When not working on drug issues he mostly focuses on teaching, thinking about and writing on 'Green Criminology' (criminological perspectives on environmental harm). He has also published work on CCTV and on various aspects of child and family law in the UK.

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Jane Fountain has been working in the drug research field since 1988. Until 2010, she was a Professor of Substance Use Research at the University of Central Lancashire, UK and now is an Emeritus Professor there. She is a research consultant for several international organisations, her work has been widely published in academic journals, and she has edited several books. Jane's research interests focus on qualitative research methods, particularly among so-called 'hidden' or 'hard-to-reach' populations. Her most recent research has concentrated on drug- and other health-related issues among a wide variety of Black and minority ethnic communities in the UK and internationally.

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Change and continuity in the European drug landscape: an introduction

Gary R. Potter

Patterns of drug use are changing, as are the ways in which society responds to the 'drug problem'. In itself, this is not particularly noteworthy: trends in the consumption of psychoactive substances have always accompanied broader cultural shifts. Social, political and economic fluctuations lead to changing patterns of drug use and changing attitudes towards drugs and drug users. Policy, media, scientific and other responses change as well, partly in reaction to changing patterns of drug use and partly in reflection of prevailing attitudes of the time.

However, in many ways we are experiencing change that is quite unprecedented in the history of the 'war on drugs'. A number of dramatic new developments are occurring simultaneously: technological advances enable new ways of producing and distributing both old and new drugs, and facilitate the dissemination of information that influences drug-taking behaviours. Those who seek to respond – policy makers, treatment professionals, researchers – also harness scientific advances, and develop innovative new approaches of their own. The rate of change is such that it is difficult to keep up with every new development, or to predict their consequences.

That said, to characterise the contemporary drug scene as one of constant change misses a broader point. Certain core aspects of the drug landscape are better understood as continuities: many people wish to take psychoactive substances, supply networks exist to facilitate this, and societies try to repress any substance use not deemed socially acceptable.

This book examines change and continuity in the European drug scene. Eight original research papers explore their own specific topics, features on the broader drug landscape. But both individually and (especially) when taken together, these studies provide broader insights relevant to many other aspects of the contemporary drug situation in Europe and beyond.

1. The continuing problem of drugs

There is much about the drugs ‘problem’ that hasn’t changed in decades. President Nixon (in)famously declared a ‘War on Drugs’ in 1971. Current international legal frameworks (which fundamentally shape policy responses) date back to the 1961 United Nations Single Convention on Narcotic Drugs and its sister conventions of 1971 and 1988, themselves the product of decades of multilateral efforts and agreements to combat perceived problematic drug use.

Yet despite over a century of international efforts to control drugs, and over 40 years of ‘war’, we still have an ongoing drug problem. The United Nations Office on Drugs and Crime (UNODC) reports that ‘problem drug use ... *remains stable* at between 16 million and 39 million people’ (UNODC, 2014, p. ix, emphasis added). In Europe, almost a quarter of the adult population are estimated to have used an illicit drug at least once in their lives, as are one in four 15-16 year olds (EMCDDA, 2014). Drug use remains widespread.

As demand for drugs continues, so supply networks exist. Drug markets are profitable. By definition, supply of illegal drugs must remain in the hands of criminals. The market is untaxed and unregulated – and associated with a plethora of social harms including health problems for users, crime, corruption, and, in some countries, major political instability. Such problems also seem to be a constant feature of prohibition efforts – not just under the current global drug regime but also, for example, during the prohibition of alcohol in the US in the early 20th century.

As the drug problem persists, so do official responses. The zero tolerance and eradication ideals of both the war on drugs metaphor (where drugs are an enemy to be defeated) together with the articles of the international legislation (where use must be limited to scientific and medical purposes, and possession and supply should be dealt with as criminal behaviours; see Dorn & Jamieson, 2000) remain the dominant paradigm for dealing with the drug problem. Drug markets are primarily seen as a criminal justice issue, to be dealt with by instruments of law and order. Drug users themselves may also be seen as a medical concern, both victims and transmitters of ill health (with addiction itself seen as a disease). Whether medicalised or criminalised, the underlying principal is the same: drug use (subject to certain exceptions) is a social problem to be eradicated.

Therefore we must recognise certain continuities at the heart of the drug problem. Underpinning all else is the human desire to consume psychoactive substances (whether the illegal drugs used by a minority or the legal drugs, such as caffeine or alcohol, used by a majority in most societies) for whatever reason: demand for drugs is a constant. Except in the relatively rare cases of self-production (e.g. domestic cannabis cultivation, or home-brewing of alcohol), demand is met through supply: the existence of drug markets is a constant. Much drug use (with certain culturally-specific exceptions) is frowned upon by

society at large: official and unofficial responses which aim to reduce drug use are a constant.

2. The continuity of change in drug landscapes

Within the broad continuity of the drug problem a certain amount of change is to be expected. Patterns of drug taking change in response to changing social, political and legal conditions, and in reflection of cultural trends – not to mention availability of different substances. In Europe, in recent years, the popularity of different drugs increases in some countries and decreases in others: there are few clear continent-wide trends, although heroin use continues to decline, and cannabis use has also fallen overall; the market for stimulants appears to be more-or-less stable, although different regions have different preferences (cocaine is the stimulant of choice in southern and western countries, amphetamine in the north and east); New (or Novel) Psychoactive Substances (NPS) are clearly on the rise across the continent (EMCDDA, 2014). While new drugs are being developed all the time, old drugs are used by new users and in new contexts (Fountain & Korf, 2007). No longer confined to specific sub-cultures or marginalised groups, some recreational drug taking has become so well established across cultural groups as to have become somewhat ‘normalised’ (Parker et al., 1998; Aldridge et al., 2011).

A long-established truth in drug research is that patterns of *problematic* drug use are related to economic conditions and social inequalities (see, e.g., Currie, 1993). It is certainly the case that the most problematic users tend to be found in the most disadvantaged communities, and it is in this tradition that our opening chapter is situated. Irish social scientist *Aileen O’Gorman* skilfully blends nearly 20 years’ worth of qualitative and quantitative data on drug use and drug markets in marginalised neighbourhoods in Dublin. She presents a detailed case-study of how a combination of different factors account for changes observed in established problem drug scenes. Four areas of change are discussed: trends in stimulant use; trends in cannabis use; trends in prescription drugs, and; the evolving drugs economy – all showing significant fluctuations across the period in question. The underlying message is that patterns of drug use – and of the underlying drugs economy – evolve in response to global as well as national and local conditions. These include global and local drug production and availability, and shifts in demand influenced by changes in fashion, price, quality, and so on. As external factors come to be more important relative to local factors, ‘the extent to which neighbourhood risk environments continue to influence drug use and drug-related harm is less clear than it had been in the 1990s’. Nevertheless, there remains a strong observable link between patterns of drug use and the economy as Ireland’s extraordinary economic journey through bust, boom and bust again is reflected in the drug-use trends in some of its poorest neigh-

bourhoods. The patterns observed here will undoubtedly resonate with similar problematic drug scenes in deprived urban areas across Europe and the world.

3. Challenges posed by technological change: the rise of NPS

O’Gorman’s chapter illustrates how a range of factors, both local and global, inter-relate to affect change in drug markets. However, two of her examples point clearly to the central, enabling position of technological developments. Cannabis markets have shifted from being primarily import markets (at least for north and west European countries) to markets fuelled by domestic production. Key, here, is the development and spread of indoor growing technologies and horticultural techniques, as well as the role of the Internet in disseminating relevant knowledge (Decorte, et al., 2011; Potter, 2008, 2010). Similarly, the emergence of NPS and the markets through which they are distributed are fundamentally the result of new technological developments rather than ongoing socio-economic fluctuations. Clearly, advances in chemistry have been significant here, allowing for the manufacture of seemingly endless and previously unknown psychoactive compounds, but we must also note the role of Internet technologies in the dissemination of the knowledge and materials needed to manufacture NPS, in raising awareness of the existence of (and, therefore, demand for) NPS in potential consumers, and, crucially, in opening up supply opportunities via online retail outlets (as was also the case with the cannabis seed market) (Barratt, 2011).

Three of our chapters focus on the rise of the NPS phenomenon in Europe – where the recently developed Early Warning System has already identified over 350 such substances, including 81 newly notified in 2013 (EMCDDA, 2014). Specifically, they focus on different ways that society has responded to this. Finnish psychologist and ‘consciousness researcher’ *Levente Móró* addresses the harms associated with NPS. Drawing on the existing literature, but also on data collected from online discussion forums devoted to drug use, drug-related public-health warnings, and legislative and policy changes, Móró provides a useful overview of the emergence and current state of the NPS phenomenon and some of the challenges it presents (not least in relation to nomenclature and terminology). Seven potential harms emerging from NPS use are identified, included those relating to uncertainties over precisely what is being consumed, those relating to the context of online purchase, and those relating to the lack of clarity around the legal status of any given NPS at a particular point in time. A key point to Móró’s analysis is the rapidly changing nature of the NPS environment and the position of uncertainty this leaves users in. This poses particular challenges for NPS-focused harm reduction efforts that may not exist in relation to more established drugs. Nevertheless, Móró points us to some examples of

best practice in NPS harm reduction in Europe and offers some sound advice on how to proceed in this area.

Katarzyna Dąbrowska and *Michał Bujalski*, researchers at the Institute of Psychiatry and Neurology in Warsaw, focus on the way the Polish media has responded to the NPS ('dopalacze') phenomenon. Four main themes, or 'images', emerge from their analysis of the ways in which NPS are portrayed in four leading news periodicals. Press articles tended to focus on the way NPS are marketed (with a particular focus on the 'clever' ways in which rules around advertising NPS as consumable products are subverted), on comparing NPS to other psychoactive substances (including alcohol as well as other illegal drugs), on the actual and potential effects of NPS consumption on human health (with many sensational reports of more extreme side-effects), and on the chemical composition of the various drugs within the category NPS. One (perhaps unsurprising) observation is that the right-wing press tends to call for the ban of NPS while the liberal wing of the print media is more ambivalent about the need for government control. Dąbrowska and Bujalski go on to discuss their findings within the framework of Bauman's (2000, 2007) theory of liquid modernity, with NPS representing the 'liquid' to the 'solid' of more established drugs. The fluid nature of NPS – in terms of the number of new variations and the ease with which they can be developed; of the changing scenarios in which they are used; and of the way they are distributed (particularly through online markets) – makes them particularly difficult for society to respond to or to control. Although not specifically addressed by the authors, students of moral panic theory (Cohen, 2011) will recognise much that may be alarming in the way the discourse in the (Polish) press has prioritised more sensational aspects of NPS use and largely excluded reasoned, rational and scientifically informed debate. In short, NPS are presented in the news media primarily as a threat.

In the third chapter on this topic, English criminologist *Caroline Chatwin* focuses on national and supra-national (i.e., EU level) policy responses to the emerging threat of NPS. Unsurprisingly, given the number of NPS appearing in recent years, the speed with which their use can spread, and the coverage they get in the media, European governments have looked to respond quickly. However, Chatwin urges caution here. Firstly, she argues that the NPS 'problem' has been exaggerated, with very few of the hundreds of NPS reported to have emerged actually establishing themselves within any broader or longer-lived drug scene, and with much less market-related harm than is often found with the more established illegal drugs. Secondly, she makes the important point that rushed policy responses are likely to be poor policy responses, and are certainly not likely to be grounded in the ideals of evidence-based policy making. However, responses to NPS *have* been rushed, and have often driven broader changes in drug policy: generic, analogous and emergency legislation have been common responses in this area. Chatwin points out how all of these may be ineffective in reducing NPS use, and subject to the potentially serious

problem of *increasing* total NPS-related harm (for example, by decreasing quality control, increasing the involvement of criminals in the market, and adding legal consequences to the list of risks faced by NPS users; many of the harms identified by Móró may be exacerbated under the NPS policy responses discussed by Chatwin). Overall, Chatwin laments a missed opportunity for a more significant and effective shift in drug policy in Europe.

4. Responding to drug use: treatment

Another part of the drug landscape that is seeing some dramatic new developments is the treatment of drug users. Again, we can point to some underlying continuities: illegal drug use is abnormal and drug users are deviants, to be dealt with before retaking their place in mainstream society. How this manifests depends on social and political contexts.

Alastair Roy, an English academic with a background in social work, discusses change and continuity in substance misuse policy and practice in the UK. On the one hand, shifts in UK policy can be characterised as a transition (in the latter decades of the 20th century) from an approach dominated by the ideals of harm reduction, to one centred more on criminal justice, followed by a change of focus again (early in the 21st century), this time towards ‘recovery’. As with other aspects of social policy, these shifting paradigms reflect the dominant political ideas and specific concerns of the day.

On the other hand, Roy argues that despite outward changes of ideology, a closer look reveals a more continuous approach to drug users. Regardless of the ideological perspectives of those working in drug treatment, the ‘stigmatised “out group”’ of problem drug users is seen by governments and policy makers primarily as a risk to be managed lest it damages wider society. Unfortunately, the general public who make up wider society generally have little sympathy for problem drug users, viewing them, by and large, as to blame for their own situation. The result here is that these already marginalised groups are further excluded, whether treated primarily as a medical or criminal problem. Roy suggests that for a genuine recovery-oriented policy to be successful, fundamental changes are needed to the ‘structural, psychological and social barriers that perpetuate the exclusion of problem drug users from mainstream society’. This includes a need to change the essential attitudes towards drug users of both those in charge of drug policy and the wider public.

Fundamental changes to either the structure of society or public views of problem drug users are likely easier to conceptualise than to actualise, at least in the short term. However, there may be another way to effectively and permanently deal with the problem drug users of the twenty-first century that also goes some way to sidestepping the barriers to successful reintegration into mainstream society identified by Roy. Austrian psychiatrist *Alfred Springer* criti-

cally reviews some developments in the medicalisation of addiction treatment for which such claims have been made, but which, from another perspective, appear quite chilling. Much research energy (and accompanying resources), has been invested in recent years in developing medical interventions into addiction that aim to prevent the neuropsychological effects of drugs from occurring in the bodies (or brains) of users. In essence, the aim here is to immunise people from the effects of drug taking. Clearly this could provide an effective treatment in terms of stopping drug use – if the reason for taking drugs is to experience the effect (even if the effect may only be stopping withdrawal symptoms, see Demetrovics, 2010) then it seems reasonable that drug taking will stop if there is no effect to be experienced. However, Springer rightly warns us that the various ethical considerations and possible side-effects related to such treatment – particularly the serious implications of being able to control human desires, cravings and ability to experience pleasure – render such developments unpalatable, arguably incompatible with fundamental human rights. Further cause for concern is the fact that these developments are backed, as Springer explains, by political and commercial interests.

5. The methodological opportunities and challenges of change

Our final two chapters explore a different aspect of the changing drugs scene. Researchers – and those who strive for evidence-based policy – must respond to the challenges thrown up by the sorts of changes identified in this book and elsewhere (e.g., Demetrovics et al., 2009). They do so both through studying the impact that social and technological change has on the drug landscape (as exemplified in the chapters so far discussed) and by harnessing these same social and technological changes in developing new research methodologies. For example, *Sharon Sznitman*, *Nehama Lewis* and *Danielle Taubman*, from the School of Public Health at the University of Haifa, Israel, discuss the potential role of Twitter as both a site of and tool for contemporary drug research.

The rationale here is quite simple: as Twitter and other forms of social media become increasingly embedded in social life, so this should be taken into account by social scientists in their research. Social media platforms and the broader Internet have become arenas in which drug interactions occur – whether through drug users' engagement in discussion forums, through the dissemination of drug information, or through the marketing of drugs via online retail outlets (Barratt, 2011). Social media platforms not only offer value as a research site (e.g., investigating such interactions and their role in broader drug landscapes) but also as a research tool (a way to contact and communicate with large numbers of potential research subjects). As Sznitman, Lewis and Taubman observe, drug issues are already widely discussed on Twitter – yet researcher engagement with this has been minimal. In this chapter, the authors review

the existing literature in this area, make a strong argument for drug researcher engagement with Twitter, and provide some good suggestions for how such research might proceed.

In our final chapter, Belgian criminologist *Julie Tieberghien* shares her experiences of ‘studying up’ (i.e., interviewing policy makers and other elites) when researching the science-policy nexus. Such research can be challenging (busy, powerful elites are not easy to access for interviews, nor to elicit useful information from) but rewarding (for the important insights gleaned about the policy making process). However, it becomes increasingly clear that such research will be all the more important in the future. As demonstrated by Chatwin’s chapter on European policy responses to NPS and, to a lesser extent, those by Roy and Springer, both the relationship between policy development and the scientific evidence base, and the speed with which drug policy increasingly seems to develop clearly need to be monitored if we are to fully understand the evolving drug landscapes of the twenty-first century.

6. Conclusions: the changing drug landscapes of late modernity

Each of the chapters that constitute this volume make their own important points about particular features of the contemporary drug landscape, whether drug use in deprived urban neighbourhoods, harm reduction, media and policy responses to the rise of NPS, socialisation and medicalisation in the treatment of addiction, or the challenges and opportunities of researching this evolving drug world. However, there are broader theoretical points that emerge from the chapters when taken as a whole.

Change, of course, is something of a social constant – societies evolve, knowledge accumulates, countries and economies develop (with ‘development’ being a major geo-political goal). A number of perspectives in contemporary social theory, however, argue that the changes we are going through now are of a different order to those of any earlier period in history. Not only is the world of the twenty-first century dramatically different from the past, the world now changes almost unrecognisably not just from one generation to the next, but across much shorter periods of time. This is a key feature of late modernity.

Historically, accumulated change has been beneficial: more of us live longer, healthier lives and with better standards of living (at least when measured in neo-liberal economic terms) than did even our most recent ancestors. However, change is not without its problems: the same technological, social and economic developments that have enabled modern (western) lifestyles are implicated in a range of contemporary global problems, including devastating environmental damage, ever-widening global (and local) inequalities, an array of specific health problems (cancers, stress-related conditions, a range of mental illnesses) and emerging security threats such as terrorism, global crime, and

various political instabilities and military conflicts. And if change poses challenges, rapid and perpetual change does so all the more. Put simply, social and political institutions – as well as individuals themselves – struggle to keep up.

Bauman's (2000, 2007) concept of 'liquid modernity' posing challenges to the 'solid' institutions of an earlier social structure has already been mentioned. For Bauman, living in liquid times means living in an age of uncertainty. Elsewhere within sociology, the related concepts of the 'risk society' and 'reflexive modernity' (Beck, 1992; see also, for example, Giddens, 1990) recognise a (late-modern) social world to be understood by the way it responds to the risks, inequalities and social changes created by industrial society. An earlier, but still (arguably, increasingly) relevant example is Alvin Toffler's (1970) idea of 'future shock'. In all three examples (and many others not mentioned), a core point is that the technological and social developments of modernity generate challenges that society often struggles to cope with. A second point is that these changes and challenges seem to be accumulating at an ever increasing rate.

Contemporary drug landscapes can be understood against this broader backdrop of rapid change as a cause of social problems. Change, fuelled by intertwined technological advances and social developments, and occurring in the context of an increasingly globalised and mediatised society, is apparent at the levels of drug use and drug users, of production and distribution, and also of society's formal and informal responses and reactions to these. Technological developments and globalisation have reshaped drug markets: NPS appear at an alarming rate, cannabis is now grown indoors around the world, (Decorte et al., 2011) and drugs (old and new) are increasingly available to buy online (e.g., Solberg et al. 2011; Barratt, 2012). Scientific advances allow also for new developments in drug treatment, but the side-effects of these new developments may be more problematic than the problem they originally set out to solve – another manufactured risk that society may come to regret. Technological developments have also reshaped the drugs debate, in form if not in content: both scientific and popular 'knowledge' are widely disseminated and hotly contested. This information overload (a phrase used by Toffler back in 1970, but which means so much more in the Internet age) about the drug problem, alongside the ever-changing nature of the problem itself, can only undermine the ideal goal of informed and effective policy responses.

To summarise, the idea that the structures and institutions of earlier modern society are not suited to the challenges thrown up by the fast-changing contemporary world is key to a number of theoretical perspectives on late modernity. It seems (with the chapters in this book providing strong supporting evidence) that our institutions and frameworks for dealing with the drug problem are being tested in this respect.