

ESSD 2002  
ABSTRACTS

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**Considering drug treatment courts (DTCs) for Europe? The measurement--and very definition of--'success' within existing programs.**

DTCs represent collaboration between criminal justice and drug treatment systems. This collaboration is based upon the strategy of breaking the proposed cycle between drug use and crime by addressing the latter problem through the court-monitored administration of drug treatment and other related health and social services (Fulton et al., 1999; CAMH, 1998). While DTCs were introduced and then proliferated in the United States (Gebelein, 2000), in recent years they have also been implemented on a smaller scale in Canada, Australia, and Europe. As DTCs continue to spread researchers and policy makers in European countries will inevitably have to determine whether such courts have, in fact, been 'successful' in these original jurisdictions. Moreover, in the case that they decide to adopt DTCs, they may also be faced with the task of establishing their very own definitions and measures of 'success'. This paper will aim to inform both of these deceptively 'easy' tasks.

The **objectives** of this paper are to: examine the present state of the evidence in relation to the 'success' of existing DTC programs; to compare and contrast the definitions and measures of 'success' applied; to consider the challenges and consequent limitations of these existing definitions and measures deriving from both overall evaluation designs and practical day-to-day realities; to point to other potential definitions and measures that might be applied; and finally, to provide an overview of the present--and potential future--status of DTCs in European countries and abroad.

In terms of **methodology** this paper will review a sample of literature on existing DTCs that addresses their 'success' as well as literature that documents the extent of and possible impetus for their international expansion. This review will be informed by this writer's experiences as a front-line researcher within Canada's first DTC in Toronto, Ontario, Canada.

As a sample of **significant findings**, this paper will discuss the relative paucity of evidence that has thus far been produced to support DTCs, despite their continued promotion (Cohen, 1999; Hoffman, 2000); harsh critiques (or suggestions of 'failure') that appear to be grounded upon an equally weak footing; evaluative challenges that are significant enough to raise serious questions as to when, or even whether, the ultimate impact of DTCs could be proven unequivocally, one way or the other; the subjective manner in which evidence can be presented by either proponents or opponents; some provocative definitions and measures of 'success' that might be applied in future evaluations; and finally, how and why specific countries in Europe and abroad have opted for DTCs and how recent international trends, initiatives and infrastructure are supporting such expansion.

It is hoped that this paper will stimulate interest and critical insights into indicators of DTC 'success' (or 'failure') so that they are finally debated as an important and timely issue for Europe, rather than neglected or merely accepted at 'face value'.

**References**

Centre for Addiction and Mental Health (CAMH). (1998, October 15). Drug Treatment Court. Building Together. Toronto: Centre for Addiction and Mental Health.

Cohen, E. (1999, December 27). The Drug Court Revolution. The U.S. Weekly Standard [On-line]. Available: <http://www.weeklystandard.com>.

Fulton, P., Schema, W. G., & Rosenthal, J. T. (1999). Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime

Gebelein, R. S. (2000). The Rebirth of Rehabilitation: Promise and Perils of Drug Courts. Sentencing and Corrections, 6, 1-7.

Hoffman, M. B. (2000). The Drug Court Scandal. North Carolina Law Review, 78, 1436-1531.

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**Heroin-users in Marginalised Community in Estonia**

Illicit drug use in Estonia is a relatively new phenomenon. Western countries witnessed widely spread use of drugs in the context of youth culture in the 1970's; at that time, the use of drugs in Soviet Union existed probably only in very marginalised groups, of which there is no information available. The rapid growth of illicit drug use in 1990's was influenced by the large scale social formations and value orientations of youth.

Drugs became easily available. Economic re-organisation rendered good opportunities for illegal production; besides that, Estonia is also a trafficking route.

In the beginning of 1990's, young people were open to experimenting with illicit drugs, since they perceived it as something western, sub-cultural and diverse from the life of their parents and Soviet culture. Possible bad consequences were not acknowledged – prevention at schools was lacking at that time and there were no long-term users who could have had bad experiences or served as bad examples for others, showing the result of marginalisation. At the same time when numerous young people take drugs in the context of club culture and perceive it as a part of a trendy life-style, the others are introduced to drugs according to marginalisation model (Svensson & Svensson & Tops 1998).

The paper explores the reasons of heroin use in North-Eastern part of Estonia. The reason for taking drugs is related to the marginalised position of the region's population in Estonian society, drug-use is common in their community; they try to relax, escape from everyday life or solve their problems with the help of drugs. Mostly the heroin users do not belong to any youth culture with specific taste in music and style.

This presentation will analyse the process of socialisation to the group of drug-users, meanings adhered to drugs by the group, and the processes of marginalisation. The empirical part of the paper is based on the analysis of open-ended interviews conducted in summer 2002. As a background material, I use my previous study on problematic behaviour of adolescents living in Narva (a town in North-Eastern Estonia) 2000.

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### **Cannabis use among 18 year old in France : towards an exploration of problematic uses**

Several studies have pointed out an increasing cannabis use in France in the 90's, especially among adolescents and young adults. A repeated school survey led in 1993 and 1999 dramatically shows this evolution. The ESCAPAD annual general population survey conducted in 2001 among a population of 12512 18 year old enables to update those prevalences. Cannabis lifetime prevalence is of 55,7% for the boys and 45,2% for the girls. This self-administered survey was carried out in march 2001 within the context of the Roll Call Day of Preparation for Defence (JAPD). Thus, it also enhances the sample representativity as far as the methodology enables to grasp a significant proportion of youth who do not attend school. The questionnaire deals with health, drugs uses, sporting activity and lifestyle. Lifetime, recent and current prevalences and age of onset of the different drugs will be presented for comparison. Although cannabis use is often straightly linked to peers consumption, the survey shows other contexts of use among those who already smoked cannabis, out of the classical convivial practices, as smoking alone (55,6% of the boys and 30,8% of the girls) or in the morning (63,2% of the boys and 46,1% of the girls). As far as those practices are not directly linked to problematic situations, such as depressive troubles or bad health, the exploration of problematic cannabis use requires several other questions. In 2002, a new set of questions has been asked to the respondents. It is inspired by several international questionnaires, such as the CRAFFT. This enables to build a scale and to try to establish a measure of problematic cannabis use.

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### **Cannabis dependence among coffee shop visitors**

Fall 2001 we conducted a survey among 230 coffee shop visitors in Amsterdam. One of the objectives was to study the prevalence of cannabis dependence according to DSM IV. In line with earlier research by Soelner in Germany, physical addiction was excluded from the common DSM-IV criteria. Findings with regard to the criteria for psychological dependence leave room for different interpretations.

The most strict definition of psychological dependence resulted in higher prevalence rates than in Germany. Since inclusion in our survey strongly depended on frequency and duration of coffee shop visits, DSM scores were weighted for these variables. This resulted in much lower rates of cannabis dependence.

In addition we will present and discuss how cannabis dependence can be predicted in a multiple regression model. Key variables appear to be: frequency of cannabis use and length of cannabis career.

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### **Good practice in the handling of missing values in survey data**

Missing values are a general problem in social science surveys, but surveys on drug issues might be more affected because we generally assume that respondents are more reluctant to give answers to questions about illicit or socially non-accepted behaviour.

Researchers may a priori define non-response or specific answers to survey questions – for example “don't know” - as “missing” in order to exclude them from reporting or statistical analysis, whereas errors in data entry are usually a posteriori declared as “missing”. But missing values can also emerge automatically when no values are assigned in the construction of the survey database – for example in the case of questions that have been skipped - or when new variables are created from responses to survey questions.

Excluding missing values however complicates the interpretation of statistical analysis if the number of missing values are relatively large and in particular when all types of missing values are treated equal.

There is no common practice in social science on how to handle missing values. Each researcher solves the issue in his or her own way and the procedures applied are not always specified. As a consequence, secondary analysis of survey data or the comparison of data from different surveys can be difficult or result in false conclusions.

In my presentation problems related to missing values will be illustrated by examples based on a secondary analysis of the original survey data about drug prevalence among the general population in Spain, England and Wales, Greece and Germany. The survey data have been made available in the framework of a recently concluded project to harmonise survey practices and to create a database and of national prevalence surveys, which I have coordinated on behalf of EMCDDA.

I will propose some general rules about handling missing values and present types of analysis that can help both interpretation and decisions about the exclusion of cases for analysis.

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### **The Policy Response to a Drug Policy Evaluation: The Czech Experience**

The Czech Republic provides an unusual opportunity to study the development, execution, and consequences of drug policy in an emerging democracy. From the fall of the communist regime until the end of 1998, there was no law defining drug possession for personal use a crime. When more punitive drug laws went into effect on January 1, 1999, the National Drug Commission was authorized to conduct an evaluation of the change in policy. Tomas Zabransky headed this effort with Bullington and Rasmussen serving as advisors thanks to a grant from the Soros Foundation. After briefly summarizing the findings of the evaluation, the main focus of this paper is to report on the official responses to the findings and the evaluation's impact on policy. It is unsurprising that the drug enforcement bureaucracies were quite critical of the conclusions, and it is worth noting that these critics were reticent to criticize the rigorous scientific analysis. What is surprising is that the main recommendations of the report received substantial support from the government.

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### **THE PRISON SERVICE DRUG STRATEGY IN ENGLAND AND WALES: THE EXTENT TO WHICH PRISONERS NEED AND RECEIVE TREATMENT**

This paper reviews aspects of the England and Wales drug strategy for prisons since 1998. It argues that the strategy has sometimes been viewed too narrowly, primarily in terms of Mandatory Drug Testing and supply reduction. There is also a substantial treatment programme, intended both to tackle drug-related offending, and also to improve the health of prisoners. The paper draws in particular on an 'exit' survey of 2011 male and female prisoners who were about to end their sentences. Interviews took place in at the end of 2001 in 76 prisons, roughly half the total number. The main aim of this Resettlement Survey was to assess prisoners' prospects of employment and housing on release, but it also covered drug use prior to prison and participation in treatment while in prison, as discussed in this paper. The results showed relatively high levels of drug use before prison: for instance, 41% felt they had a problem staying off drugs (70% had used prohibited drugs in the previous year). Nearly two-thirds of the group reporting pre-prison drug problems received some form of treatment intervention in prison, while one in ten went on an intensive rehabilitation programme. However, long-sentence prisoners were more likely to receive treatment than those with shorter sentences. Focusing once again on the prisoners reporting pre-prison drug problems, a subgroup comprising those who participated in intensive rehabilitation programmes was significantly less likely to anticipate problems with drugs/crime after their release, compared with those not treated. These results show that treatment is a major element in the Prison Service drug strategy, and is potentially useful. Treatment at least in some shape or form is now made available to a large proportion of prisoners with pre-prison drugs problems. But there are still challenges to be addressed, for instance in terms of improving access to

different types of treatment (especially the intensive programmes, for short-term prisoners in particular), if treatment is to play as full a part as possible in addressing prisoners' drug problems and reducing reoffending.

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### **The process of marginalization and hardening: a multiple case study of local drug cultures**

The theoretical framework around the key concepts of marginalization and hardening emerged from ethnographic fieldwork among daily drug users in Parkstad Limburg, a region in the south-east of the Netherlands, and was supported by data from a survey sample (n=103) and open interviews with key-informants. The process of marginalization and hardening refers to a simultaneous process of social, economical, psychological and physical deterioration which involves the development of survival strategies. The concept of marginalization depicts a social process in which the drug user gradually loses connection with civil society, while also a physical, psychological and economical decline can be observed. The other concept, that of hardening, is basically a social adaptation process of the daily drug user to cope with the new circumstances. In this process a drug user develops certain survival strategies, while social relationships are becoming less supportive and more purely functional and instrumental.

To analyse the extent to which the theoretical framework and its main concepts provide valid descriptions of other local drug cultures we analysed ethnographic data of daily drug users living in Rotterdam, one of the largest cities in the Netherlands. It appeared that the basic concepts of marginalization and hardening were also relevant to describe the social processes among drug users in Rotterdam. However, also some relevant differences between local scenes were observed. The most remarkable difference was that, compared to Parkstad Limburg, in the Rotterdam data there appeared to be more indications for movements contrary to marginalization and hardening, such as socialisation and solidarity. Most of the differences can be explained by culturally embedded specific characteristics of the local drug scenes. Examples of drug scene related characteristics are the dominant way of dealing drugs, the organization of drug aid agencies, the presence of one or more interest groups for drug users, the local policy concerning drug dealing addresses and the history of the introduction of crack among daily drug users. One general characteristic that differs between the two cases concerns the degree of urbanization (Rotterdam being a far larger town). As a conclusion the above led to further refinement of the analytical model. The most important adjustment of the model is that, under certain conditions, the process is a multidirectional phenomenon, in which marginalization can turn into socialization and hardening into solidarity.

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### **Dynamic patterns of cocaine and crack use.**

#### **Results of 6-year follow-up study of 111 cocaine and crack users in Antwerp (Belgium).**

In 1996-1997 we finished an *ethnographic study* on natural processes of self-regulation among cocaine users. A sample of 111 experienced cocaine and crack users were recruited with a *snowball sampling technique* and through *participant observation* in the Antwerp nightlife. The aim of the study was to learn about the subjective perception and self-understanding of cocaine users. One of the most important findings were the *informal control mechanisms* controlled cocaine users live by. Drug use interacts with the different social roles the user participates in. As social roles changes over time, so does drug use. Prof. Dr. T. Decorte presented the results of this study at the conference of the ESSD last year in Venice. The results of the original study depend on a specific point of time within the cocaine user's career. In order to enhance our earlier findings and thus our knowledge about cocaine use within the life course of individuals, longitudinal research was considered to be necessary. A *follow-up study* after 6 years of the original 111 cocaine and crack users is currently being carried out.

It is our belief that many of the questions regarding development career patterns may be answered by follow-up studies. The dynamic nature of drug use can be clarified and verified through the differentiation of cohort, age and period effects on behavioral and attitudinal changes. These and other advantages of follow-up drug research will be discussed. Yet follow-up also implies several methodological difficulties and dangers. In particular attrition rate and panel conditioning need to be taken into consideration when constructing follow-up designs.

Within the drug research field, a considerable amount of follow-up studies has been carried out. Yet, those studies are restricted, for instance, with regard to the aim of the study and the target group. We will present the analyse of 235 follow-up studies. Significant trends will be discussed.

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### **The conditions of changing drug related careers**

The prospective five-year follow-up study on opiate consumers investigates the social and personal conditions and drug consumption by an empirical examination of the course of the situation over a four years period.

- Methodology

Five surveys with one-year-intervals have been carried out among opiate consumers who were at the beginning in contact with addiction health services.

The instruments used were mainly standardised instruments such as *EuropASI*, *CIDI*, *BDI*, *STAI* and *SCL-90-R* and the data were analysed retrospectively and prospectively.

- Study group

At baseline N=350 opiate consumers in contact with the drug help system (MMT, Detox, Res Rehab, OT, Counselling) were involved. N=196 clients were included in the 4th (last) follow-up (56% of baseline). 44% were involved in all follow ups. The investigation of careers is based on 196 clients.

- Results

Interaction of "set and setting" (Zinberg), of personal set (psychic situation, coping styles, resources) and social setting (demands of fields) over time constitutes a drug career. Every career is the result of "transactions" (Lazarus) over time.

First the paper presents a construction of types of careers over a time of four years.

In the second step main factors influencing the change or stability of drug careers are discussed.

Social and personal conditions for overcome drug problems are discussed.

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### **Heroin, HIV and the Russian-speaking minorities in Estonia and Latvia: Crisis or catastrophe?**

The objective of this paper is to highlight the disproportionate risk of intravenous drug use among the Russian-speaking minorities in Estonia and Latvia, both at present and increasingly in the future if education reforms in both countries are implemented.

Methodological approaches include interpretation of findings regarding injecting heroin use and HIV in the Baltics in the context of international comparative data, as well as qualitative research supervised by the author (i.e. interviews with Russian-speaking heroin addicts in Estonia). The subsidiary argument that education reforms will increase levels of hard drug use due to increased early school leaving among the less academic Russian-speaking minority students is based on analysis of international research by psychologists, sociologists and education theorists.

Significant findings include:

- The European Monitoring Centre on Drugs and Drug Abuse reports (2000, 2001) fail to highlight the recent dramatic rates of increase of use of hard drugs in the Baltics,
- Heroin addiction disproportionately impacts upon the Russian-speaking minorities in both Estonia and Latvia, with an overwhelming 90% of heroin addicts in Estonia being from the Russian-speaking minority (Kalikova 2000),
- The recent exponential rate of increase of HIV in Estonia is concentrated among Russian-speaking heroin addicts, while this group is also disproportionately affected in Latvia where HIV rates have recently doubled, although acceleration of HIV rates is not as extreme as in Estonia,

- The same number of HIV cases occurred in the overwhelmingly Russian-speaking town of Narva in Estonia (population approx. 70,000) in 2001 as in St. Petersburg (population 4.7 million) in 1999. The vast majority of these were among intravenous drug users,
- The exceptionally high proportion of 15-16 year olds in Estonia and Latvia who take hard drugs as first drug of use (see ESPAD survey 1999) suggests that early school leavers in these countries will be particularly at risk of hard drugs' use,
- HIV figures for teenagers in Estonia support the claims of interviewed heroin addicts that the age of injecting heroin users among Russian-speakers in Estonia is rapidly decreasing,
- Current plans to abolish Russian language schools from 10<sup>th</sup> grade in Latvia (and the recently postponed similar plans in Estonia) are top-down, imposed reforms which fail to be student-centred, ignore the need for student autonomy and amount to a 'curriculum as content' approach labeling less academic students as failures, with consequent increased risk of early school leaving, among the less academic Russian-speaking students

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**« Two steps forward, one step back »  
Recent developments in Swiss drug policy**

The paper gives an update of the ongoing reform process concerning the Swiss Drug Law. Based on interviews with key actors, protocols of parliamentary commissions, governmental notes etc. the course and change of the current drug policy debate will be described and interpreted in terms of a theoretical hypothesis of a "normalization" of drug use and especially cannabis use in Switzerland. Initially driven by the political will to readapt a repressive drug law out of joint with a social reality characterized on the one hand by an urgent need to help an important number of severely addicted users of « hard » drugs in the country and on the other hand by signs of a mainstreaming of recreational « soft » drug use in growing parts of the population, current developments give the impression that the Federal Government is no longer able (or willing) to bring this reform process to its successful end. Especially the part of a general decriminalization of the use of all drugs or at least the application of the « principle of expediency" (Opportunitätsprinzip) to all drug consumption, which would empower Public Prosecutors to refrain from instituting criminal proceedings if there are important public interests, have been changed to a mere decriminalization of cannabis use for over 18 years old adults, leaving all other drug consumption and younger consumers punishable in Switzerland. Engaging in preparatory acts for cannabis consumption such as production and access to the drug will not be allowed for by the law but regulated by simple governmental decree. Internal and external political pressures from the International Drug Control Organizations but also the fear of a negative outcome of a Swiss popular referendum against the whole project might be at the origin of this political backtracking of the Swiss drug law reform.

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**'Flooding the EU with questionnaires': was this method of data collection successful? Experiences from EMCDDA's 'Ethnic minorities and drug use' project.**

**Objectives**

The objectives of the project were to collect data on the drug use amongst Black and minority ethnic (BME) communities throughout the EU, and to examine the consequences and correlates of the situation, especially where the drug-using patterns of BME groups are different from the rest of the population.

**Methods**

It was decided by the project team at the Centre for Ethnicity and Health that, given the paucity of the available information and our experiences of data collection on the drug use of BME communities in the UK, literature searches and information from drug service providers were unlikely to generate much information, and in any case would only give a partial picture of the situation regarding drug use amongst BME communities.

Instead, a questionnaire was devised which asked not only how accurate respondents thought EMCDDA's current information was, but also for further contacts. It was hoped that contacts would extend beyond academic and drug research institutions and drug treatment agencies, to, for example, BME community organisations, general health and social services, social workers, the police, regional and local government services, and youth services. The rationale for this method was that the more responses we obtained, from the wider variety of sources, the more confidence we could have in the findings and the conclusions we will draw from them.

Initial contact lists were drawn up from existing databases of networks, such as QED (qualitative drugs researchers) and EDDRA (drug treatment agencies). Most people attending this conference should have received this questionnaire.

**Significant findings**

By the time of the conference in Helsinki, the final report on the project will be completed. This paper will therefore discuss the successes and failures of the method described above, highlighting what can be learned from it.

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## **The market for cannabis in Spain: A event history analysis of the structure of supply and its transformations (1976-2002)**

In the last decades, cannabis derivatives have become the illicit drugs most often traded and consumed in Spain. Confiscations have increased dramatically and today come close to half a million tons per year. Some Spanish locations have turned into crucial entrepôts in the world distribution of hashish, mostly of Moroccan origin.

Grounded in long-term fieldwork in dealing and consuming scenes in various Spanish regions, and based in the event history analysis of over 4.000 press reports, this paper will provide data of 988 groups of importers and dealers apprehended in a 20-year period, and offer the first draft of a model of the structure of the market for cannabis in Spain and its transformations. The paper analyzes the different types of networks or groups who deal with hashish at different levels of the distribution pyramid, the profile of merchants by size of "project", and the nature, composition and prices of cannabis products more often supplied in the local marketplace.

The paper shows how international groups which operate in an European common market for cannabis have developed economies of scale with declining costs per unit of output, and how this has resulted in a decrease of real prices, a massive commodification and standardization of supply, and a reduction in the diversity of the final product both in quality, origin and type of derivative.

The paper also shows how some of the most demanding consumers are reacting to this mass market with a social movement in favor of craft, home-grown, "wholesome" cannabis goods for self-consumption, and how that movement challenges present law-enforcement and political arrangements in the control of illegal drugs. The paper finally speculates about the impact of this growing European industry on the availability, consumption and social representations of these commodities.

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### **CHANGE AND STABILITY IN ATTITUDES TOWARDS ILLEGAL DRUGS**

This paper is based upon research funded by the *Economic and Social Research Council* for the annual *British Social Attitudes Survey* (BSAS) carried out by the *National Centre for Social Research*. The 2001 survey is based upon a randomly selected sample of the British public. One question - relating to the legalisation of cannabis - has been used every year since 1983 and a number of questions have been asked about cannabis and heroin since 1993. In 1995 the *Liberal-Restrictive Drugs Attitude Scale* (based upon work carried out in Sweden and Britain) was used for the first time and has been repeated in the 2001 BSAS. For the first time ever, questions have been asked relating to ecstasy, harm reduction, drink and drug driving, the medical use of cannabis and people's knowledge of drugs and their effects. Responses to questions have been analysed in terms of a number of socio-economic variables - sex, age, region, occupation and education.

The survey has come at an interesting stage in drug policy development in the UK. There have been campaigns for the de-criminalisation of cannabis, the Government has says it intends to reclassify cannabis under the Misuse of Drugs Act 1971, and various public figures (including senior members of the Conservative Party) have shown a greater willingness to admit to their use of cannabis. Preliminary findings suggest that public opinion on cannabis has also moved considerably in a liberal/pragmatic direction.

Antipathy to heroin remains strong and widespread. Attitudes to ecstasy are more similar to those on heroin than to those on cannabis. There was widespread condemnation of drink/drug driving but widespread support for the medical use of cannabis. Attitudes towards harm reduction were mixed. There was support for needle exchange schemes and more information for the young but not for prescribing drugs for addicts. The public's knowledge of drugs was fairly accurate except when it came to their hallucinatory effects. The scores on the liberal/restrictive scale indicated a marked move in a liberal direction

Better educated people, the young, supporters of the Liberal-Democratic Party and Londoners were consistently more liberal than their respective counterparts.

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### **Intravenous drug-users' experiences on injecting and its compulsiveness**

#### **BACKGROUND**

The Finnish medical treatments made with buprenorphine have proven that the habit of injecting continues even if the medicine should take away the need for the drug, or at least remove the euphoric feelings brought on by the use of opiates. Injecting has traditionally been seen as just a part of the addiction and thus the substituting medication should take away the need for injecting. Practice has shown that many users who have participated in the treatments have had difficulties in stopping injecting themselves. The aim of this thesis was to find out what the injecting meant for the users and why some users find stopping injecting easier than others while being on the treatment.

#### **METHODS**

The data was collected from two different outpatient based units, which accomplish substitution treatment using buprenorphine (Subutex). All patients in these units were asked if they wanted to participate in the study and 12 patients volunteered. The data was qualitative and was collected using semi-structured interviews concerning first injection experiences, drug use patterns and the methods used for suppressing the need for injection. The data was analyzed using B. Glaser's and A. Strauss' grounded theory.

#### **FINDINGS**

According to the patients the injecting was not only instrumental for drug use, but also had other meanings. When they started to inject, the patients went through a "honeymoon" period.

Common characteristics for the phase were the users' attempts to inject themselves with every possible substance and the ritualization that accompanied the injection. As the usage continued, they felt that injecting didn't bring as much pleasure as before, but they thought more and more about the disadvantages. The users couldn't, however, stop injecting themselves, but rather felt that it was compulsory and that they couldn't stop doing it.

## CONCLUSIONS

Given this background, the usage of drugs via injection cannot be analyzed only from the point of view concerning the effect of the drug, but has to be seen from the broader perspective of addiction. The question is if the injecting itself can be seen as an addiction, even if it can't exist without drug dependence. Thus it could parallel the drug addiction.

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### **Drug policy trends in western Europe: waves against the tide?**

There have been significant changes in drug policies in many western European countries over the past 20 years. These include growing acceptance of the concepts and practices of harm-reduction, broadening of treatment philosophies beyond abstinence, questioning of the efficacy of policies based on supply-reduction and repression of drug use, steps towards alternative, non-criminal approaches to drug users, debates on a range of issues surrounding legalisation of drugs, moves towards decriminalisation or depenalisation of drugs, and extension of drug policies to cover legal as well as illegal substances.

These changes are sometimes discussed as if they lay along a single 'restrictive-permissive' dimension and have provoked hostile reactions, for example from the UN International Narcotics Control Board and the US government. While an adequate analysis of policy trends requires a multi-dimensional perspective, these reactions do indicate that there are conflicts regarding the basic paradigms on which drug policies are constructed. These conflicts are sometimes represented in terms of differences in underlying ideology, but it may well be that behind these paradigms and ideological differences lie wider, powerful economic and political interests that have more far-reaching implications for drug policies than arguments about morality, pragmatism and the 'right message' to send to young people. This becomes more apparent when looking outwards at wider international developments rather than inwards at differences in drug policies between relatively homogenous western European states.

This paper will attempt to sketch out a preliminary framework for looking at drug policies in terms of broader developments, conflicting paradigms and wider political and economic interests, and raise questions of how these developments might relate to drug policies in Europe. Relevant issues could include, for example:

- trends in drug policy in other parts of the world, which in many cases are in the opposite direction to those observed in western Europe,
- developments in international drug control, especially the UN Conventions and activities of various UN agencies,
- the shift to the right in Europe,

- the impact of globalisation and market ideologies,
- the consequences for drug policy arising from US foreign policy, strategic and economic interests, and domestic political needs.

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## **DANCING AND DRUGS A CROSS-NATIONAL PERSPECTIVE**

The youth dance club scene has emerged center stage as a global phenomenon. This phenomena, associated with a distinctive and fluid lifestyle in dress, music, setting and drug use is flourishing across the world from Europe to the Americas, to Australia and more recently to Asia. Although the development of this phenomena is uneven, it is becoming increasingly clear that these youth scenes in different parts of the world are both locally influenced and globally interconnected. Given the globalized dimensions of communication and travel, young people in Hong Kong can learn immediately about the latest developments in club culture and exchange views about events, music, and dance-drug experiences.

Despite this increasing globalization of the dance and drug scene, our knowledge of the phenomenon is relatively restricted to single cultures and locales. Unfortunately by focussing solely on single cultures, researchers may miss the extent to which similar processes are developing in a number of different locales. For instance, reports from a number of different countries suggest that club drugs use is becoming increasingly problematic as ecstasy users attempt to recreate their initial experience and the sensation of their original high, and resort to a cocktail of illicit substances. The experiences reported in California, Scotland, Norway and England and other countries suggest that a transition to a "post-rave" culture is developing. This transition also reflects a diversification both in the types of music appearing in dance venues and the emergence of new cocktails of drugs being consumed.

Consequently as globalization leads to increasing homogenization of cultural practices, including drug use, music and dancing, we need to expand and modify our research focus. Instead of examining drug consumption and drug using practices within only one culture, we need to compare two or more contrasting social and cultural contexts in order to highlight the regularities and the differences that are currently occurring in this period of rapid social change in the lives of young people. By adopting a cross-national approach and comparing the dance and drug scene within two similar but different social and cultural contexts, we can begin to examine both the elements that remain constant regardless of context and those elements that are more socially and culturally influenced.

Given this context, this paper discusses both some of the global developments in the use of ecstasy and clubdrugs and their social settings in which they occur, and the issues and obstacles that arise when cross-national research is contemplated. Using examples from our own current research in two contrasting cultures - San Francisco and Hong Kong - we consider:

- 1) the problems that arise in mapping the social setting of ecstasy and clubdrug use, when the social context may be significantly different, for example to what extent are dance clubs, dance parties and raves similar in different settings;
- 2) the obstacles faced in creating an observational instrument for use in comparative research;

3) the issues in designing an in-depth interview schedule which both enables comparable data to be collected while at the same time capturing culturally specific data.

At a global level, our results from our current research will provide the groundwork for understanding the dialectical process between global and local dimensions of the problem, the associated risks of use and the treatment and control response. In addition, our experiences from this project will highlight the potential challenges in conducting a cross-national study. We intend to use the material from this study not solely for descriptive comparisons about drug use and drug using practices in contrasting cultures, but as a way of starting to build an analytic framework for comparative research. Our intention is to attempt to move beyond the boundaries of the local and develop a more generic analytical model which allows us to understand and explain both the generalities and the specificities of drug use in youth cultures. With this in mind, we intend to use this comparative work as the basis both for developing this analytical framework and expanding our current cross-national study into a truly global project.

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#### **GHB: Between ecstasy and narcosis**

Between Fall 2001 and Early 2002 we conducted a field study among GHB users. Along with field observations and in-depth interviews we did a survey among a snowball sample of 72 GHB users.

One of the objectives was to study the effects of GHB. Respondents reported both positive and negative effects, and acute as well as sub-acute effects. Quantitative findings will be presented and discussed regarding dose-effect and the influence of combined drug use. In addition two specific issues will be primarily discussed from a qualitative perspective. How do users perceive and evaluate unconsciousness due to GHB use? Is GHB a rape drug?

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**Age of First Cannabis Use in Germany, Greece and Spain**

**Objectives.** This study examines age of first cannabis use in Germany, Greece and Spain. The objectives of the paper are (1) differences in the age distribution of age of first cannabis use and (2) differences in the epidemic of cannabis experience in these countries.

**Method.** Data are taken from several general population surveys carried out in Germany (1995, 1997, 2000; app. 16,000 respondents, 18-59 years), Greece (1993, 1998; 5,000 respondents, 12-65 years) and Spain (1995, 1997, 1999; app. 30.000, 15-65 years). Data from different cross-sectional samples in each countries are merged. Prevalence and incidence of the time-dependent event of first cannabis use according to birth cohorts are investigated using Survival Analysis.

**Results.** In each country cannabis-lifetime-prevalence increases from older to younger cohorts indicating an increase in cannabis use since the 1960s. Prevalence rates of cohorts borne between 1973 and 1977 are lowest in Greece (28%), higher in Germany (33%) and highest in Spain (37%). While cannabis-experience in Spain sharply increased in the late 70s a similar pattern could be observed in Germany in the early 90s. In none of the countries a shift in the age distribution of first cannabis use could be observed. The maximum risk of first cannabis experience in Germany and Spain for all cohorts was at the age of 18 years and in Greece at the age of 20 years.

**Discussion.** Data analyses of age of first cannabis use show an increase in the prevalence of cannabis use in all three countries from older to younger cohorts. The location of the age distribution of first cannabis use, however, remained constant over cohorts. Differences in the age distribution between Greece (maximum 20 years) and Germany and Spain (maximum 18 years) may reflect cultural differences in drug use behavior. Analyses of surveys according to single birth cohorts allow for a more precise examination of the historical process of prevalence and incidence.

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#### **The Development of Drug Control Policy in Post-independent Estonia**

The re-establishment of Estonian independent statehood in 1991 created a sudden need for conscious policy-making in several fields that had previously been regulated by the Soviet all-Union authorities. Coupled with a scarcity of resources, the simultaneous topicality of a wide range of different policy areas enhanced a dependence on the inertia of the existing institutions rather than conscious planning, especially on policy areas that were not highly prioritised by the politicians or by the public. This was the case of drug issues also. Accordingly, the Estonian drug control policy was originally initiated rather in order to meet the expectations of foreign (especially Finnish) partners than to satisfy domestic demand, and has only gradually become a self-evident part of governmental health strategies. A committee with the role of coordinating the work of different authorities in drug issues was created in 1994 under the auspices of the Ministry of Social Affairs. Since then, new legislation on drugs has been introduced, and changes have taken place both with regard to the illicit drug scene and to the public perception of drug issues. The activity of non-profit organizations in preventive work is also a new phenomenon.

On the basis of an analysis of parliamentary discussion and interviews with key actors of the field, the paper presents a picture of policy development. A responsiveness to foreign influences has been characteristic of drug control policies in other Central and Eastern European countries also. In many cases (e.g., Poland and the Czech Republic), the influences have steered the development towards a more punitive direction. One of the aims of our paper is to possibilitate a comparison of drug control policies in Estonia and other Central and Eastern European countries in this regard.

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### **Constructing a drug problem – a study on NGOs in St Petersburg, Russia**

In Western Europe and the United States the drug issue has been one of the most discussed social problems since the 1960s (Lenke & Olsson, 1998, Tham, 1995, Christie & Bruun, 1985). However, in the Soviet Union it was not until *perestroika* in the mid-1980s that any debate on this issue was allowed to take place. Today, about 15 years on from *perestroika* Russia is in the midst of constructing a new and deliberate drug policy. In constructing such a policy Russia needs advice, assistance and financial support from those Western countries which have already got a clearly defined drug policy. Not surprisingly there are many countries and organisations willing to help Russia in the creation of this policy (Lilja, 2000). Examples of such organisations are “the Swedish National Association for a Drug Free Society” (RNS), the international organisation “Medicins sans Frontieres”, the international “European Cities Against Drugs” (ECAD), Open Society Institute (Soros Foundation), the Joint United Nations Program on HIV/AIDS (UNAIDS), World Health Organisation (WHO) and the European Union (the EU-program TACIS). Accordingly, this is the most appropriate of times to analyse how these different actors, that are trying to influence the policy, are constructing the Russian drug problem.

The aim of this dissertation is to study how the drug problem in St Petersburg<sup>1</sup> is constructed by different actors. There will be a particular emphasis on (1) how Russian, European and other international non-governmental interest organisations (NGOs) in St Petersburg construct the drug problem, and (2) how the mass media (newspapers) in St Petersburg construct the problem and (3) how Russian national politicians construct the problem. The dissertation will concentrate on St Petersburg after the collapse of the Soviet Empire, i.e. post-Soviet Russia, and the empirical material will be collected in St Petersburg.

At the ESSD conference there will be a certain focus on how NGOs in St Petersburg construct the drug problem and whether these NGOs influence the Russian drug policy.

During autumn 2001 semi-structured interviews were carried out with ten representatives of NGOs in St Petersburg. The interviews has focused on firstly the structure of the organisations, e.g. their financial situation, whether there are any differences between Russian

<sup>1</sup> St Petersburg is the second largest city in Russia with approximately five millions inhabitants.

and international organisations and contacts between the different organisations. Secondly, there has been a focus on how these organisations construct the drug problem with particular emphasis on drug policy tendencies and causes and solutions to the drug problem.

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### **MIDDLE AND UPPER LEVEL DRUG DEALING NETWORKS: A Research Study of Middle Market Drug Distribution in the UK.**

Research on drug dealing is less common than research on drug consumption, and the bulk of research that exists is focused on low level retail dealers. Studies of middle and upper level drug dealing are comparatively rare.

This study, commissioned by the Home Office, aimed to look at the ‘middle market’ of drug distribution-- i.e. middle and upper level dealing networks, the structure of the UK drugs market, and the nature of serious crime networks operating at this level.

The methodology was based on prison interviews with convicted offenders (n=50) and an equivalent number of interviews with enforcement personnel (police, intelligence and customs).

The main findings to be presented in this paper concern the price structure of drug markets and their profitability; the relations between middle market drug dealers and their customers and suppliers; the internal organisation of such networks in terms of kinship, ethnicity, etc.; and the role of violence in an un-regulated market in illicit commodities.

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### **DRUG PREVENTION AS COORDINATION AT THE LOCAL LEVEL:**

#### **The vicious circle of relegating responsibility**

Due to ongoing managerialistic and decentralizing trends in public policy, responsibility in drug prevention is continuously being relegated from one level to another, all the way down to the civil society. In this paper we look at the chain of drug prevention from the EU and

national level to municipalities and local structures in Finland. One major aim in the EU drugs strategy 2000-2004 is to promote joint responsibility in forms of multi-agency co-operation, including strong involvement of professionals, NGOs and the civil society. Open and critical discussion on the drugs issue is valued but functional co-operation is seen to require common agreements on strategies, measures and targets. One way to ensure that relevant expertise is located and activated is the invitation of coordinators at national, regional and local levels. We represent the drug prevention programme of Helsinki as a realisation of the EU drugs strategy due to similar rhetoric and goals: its main task is to coordinate multi-agency co-operation. For these purposes, we have interviewed the workers of this programme as well as representatives of governmental and national drug prevention agencies. As a result the analyses, it is difficult for the prevention workers to differentiate between claimed expertise in the local community in the midst of contradictory views on drug use and their prevention if their task is 'only' to coordinate. Consequently, almost 'anything goes' because no body has the legitimacy to prioritise any particular approach over any others. The situation easily calls forth ineffective indecision or alternatively, the kind of overdoing preventive enthusiasm that simplifies the drugs issue, which is a risk in itself. In the context of New Public Management, it is difficult to define criteria on quality when the emphasis is on 'performance-oriented partnership'. The fact that it is difficult to calculate risks in drug use in the first place reinforces the blurring of objectives and relevant ways of action. This vicious circle is difficult to brake because to the very least, a systematic increase in the knowledge base of practitioners in the drug field is needed but it requires decisions on the constituents of their education. Simultaneously, the issue becomes increasingly political, requiring authority and agreement on concrete guidelines at a national level – issues that prevailing public policy tries to evade.

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### **Risk cultures and adolescent drug use**

Mental models that people use to make judgements about risks are not merely cognitive aids for the individual decision-maker. Instead, from an anthropological point of view they are considered as shared conventions, expectations and cultural categories that are founded on clear social functions and responsibilities. According to the anthropologist Mary Douglas, culture is a mnemonic system which helps people calculate risks and their consequences. She emphasizes the cultural relativity of judgements about risks, including the differences between groups within the same society in terms of what is considered a risk and how acceptable it is thought to be. She thinks that four ideal modes of social organization and their related risk cultures or rationalities can be distinguished in every society. The first is the hierarchic community, whose members respect authority, conform closely to group norms and expectations relating to risk and trust established organizations. The second is the egalitarian group, whose members strongly identify with their group and blame outsiders for risk, tending to be distrustful of externally imposed norms and supportive of social equality issues and participatory approach to risk. The third are the individualists, who are individualistic and entrepreneurial, support self regulation of risk, trust individuals rather than organizations, believe in market forces, see risk-taking as bringing benefits as well as dangers with it and

resent external constraints. The fourth are the fatalists who lack strong cohesion to a group but are otherwise highly constrained in their behaviours, and tend to trust to luck and fate in relation to risk, seeing themselves as having little personal control over it.

Most approaches of adolescent risk behaviours tend to reduce or to neglect the social and cultural contexts in which risk is understood and negotiated. For instance, Parker et al, in their longitudinal study of drug use among British adolescents, present all of them as members of an individualistic culture. The health belief model, which dominates ideas about risk perception in the fields of health promotion and health education, is also founded on a theory of rational behaviour, that represent the individual as an isolated information-processing unit, taking in information about risk an dealing with it in certain ways that are typically represented as biased or limited.

This paper analyses different cultural ways of thinking and reponing to risk among adolescents in relation to the use of tobacco, alcohol and illicit drugs. In order to show different cultural models that influence risk perception of teenagers who smoke, drink and use drugs, we have used a case study approach. Data were collected by doing in depth semi structured interviews to eight adolescents. Qualitative analysis was conducted by using the programme NVIVO. Our study confirms the utility of Mead's model to study adolescent risk behaviours. Understanding adolescent risk cultures can help to design and implement primary prevention and harm reduction programmes on adolescent drug use.

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### **JAILHOUSE RAVERS**

#### **The Profiles of arrested Ecstasy users in Helsinki area in 1990's.**

This Paper examines the profiles of ecstasy users arrested in Helsinki area in 1990's. Previous Finnish studies suggest that the Ecstasy use in Helsinki area has many unique characteristics comparing to other large European Cities. For example the number of users have been relatively small until the late 1990's and Ecstasy users have been an elitistic and homogenous group. Ecstasy use has also been previously linked *only* with recreational party scene. In Finnish Studies this pictures has been drawn mostly by data collected from interviews and Internet surveys. The main focus of this study is to *define and diversify* the profiles of ecstasy users in Helsinki area in last 12 years.

The primary data of this study is based on 132 Police arrest reports and other police materials since 1990. The working method is to categorise the users found in police reports by their age, gender, context of the use, profession, nationality, their position on drug markets, frequency of their drug use etc. and then *compare these results to previous studies*. Collected data links broader drug criminality to an "innocent" ecstasy subculture. Early analysis show that the Finish ecstasy scene has attracted also many other kind of people than just young Ravers (poly drug users, addicts, dealers, prostitutes etc.) and the profile of the users has changed during last 12 years.

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### **Developing a rapid assessment system in Helsinki**

For the past two decades, fast changes in the field of drug use such as emergence of new synthetic drugs and youth drug cultures and the rise of the hiv-epidemic among injecting drug users, have brought forward the need to invent new types of research methods for a rapid recognition of emerging drug related phenomena. Following examples of several successful rapid assessment type developments in Europe and United States, such as Antenna project in Amsterdam, a new research project utilising and inventing rapid methodology has been constructed and tested in Helsinki during autumn 2001-autumn 2002. The still developing methodology consists of predominantly qualitative methods including informant interviews, targeted surveys and content analysis of Internet discussion groups and youth magazines. In addition, secondary data such as statistics and study reports are used in the analysis and interpretation of the results.

The presentation approaches the rapid assessment methodology from a practical point of view, discussing the problems and solutions faced during the pilot year of the research.

Rapid assessment type methodologies are inherently connected to drug policies even if sometimes only on a grass root level; thus, the question of reliability and usability of the results as well as political aspects of research also need to be raised.

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### **Harm Reduction as Social Movement(s)**

The concept of harm reduction is commonly used for referring to a certain drug policy approach that has gained increasingly political importance during the recent years. In the presentation the approach will be dealt with as a multifaceted international social movement. The focus of analysis will be on the harm reduction movement's values and ideologies, goals and measures, as well as different advocacy strategies and links to other social movements. It will be argued the harm reduction movement is not a uniform one, but is comprised of distinctive sub-movements whose ideological or practical footings, in addition to commonalities, may be somewhat dissimilar or even inconsistent with each other. The presentation is based on the analysis of a text corpus, primarily consisting of the proceedings from the international harm reduction conferences in the 1990's.

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### **THE ELITE MEETS THE PEOPLE - CAMPAIGNS AS POLITICAL VEHICLES**

The rapid increase in drug use in Finland during the last ten years has forced public authorities to sharpen their drug policy strategies. One of the challenges has been to discover appropriate ways to enlighten a people that represents very condemning ("narco-phobic") attitudes towards drugs and drug users.

After two years of preparation a campaign on drugs, operating on national and local level, was launched in September 2001. In Finnish circumstances the campaign differs radically from every previous anti-drug operation. The campaign is lacking both slogans and a name. Its ultimate goal is (1) to stimulate a balanced and varied discussion about the social drug phenomenon, (2) to create institutional mobilisation, (3) to strengthen cooperation between actors within drug prevention, and (4) to inform about service and activities directed to drug users. The campaign will run until the end of 2003.

Against this backdrop we discuss the position of this campaign in making politics. Albeit anonymous and diffuse also this campaign implicitly favours certain values and indirectly suggests particular political solutions. In evaluating the campaign these values and suggestions should be expressed publicly.

Our hypothesis is that the definition of the drug issue embedded in the campaign is elite-driven rather than reflecting popular sentiments. Experts and professionals, who have the right and obligation to step back and take a broad view on the complex drug phenomenon, are in charge of the design and substance of the campaign. The question is how the elite succeeds in communicating its messages to the narco-phobic mass. One delicate sub-question at the community level is how to mobilise actors who work in narco-phobic surroundings, and who themselves probably represent narco-phobic values.

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### **Comparing Drug Policies**

The Swedish drug policy and the Dutch are usually positioned as opposites. One objective for my thesis is to establish the differences. The second objective is to investigate why the drug policies in Sweden and the Netherlands have taken such disparate courses. The period studied covers a period (1960-1980) that constitutes the formative years of the drug policies. In this study a drug policy is considered a practice of formal social control that develops differently depending on its context. In sociological theory social problems are perceived as essentially socially constructed and perceptions of the nature of the problem and its importance for society are the outcome of a collective process of problem definition. In my analysis of governmental policy documents two tracks are followed: the way in which the problem was defined and the influence of *institutional factors* on the definitions of the drug problem and the subsequent action programme.

An underlying hypothesis for the study is that traditions of formal social control are reproduced when a new social problem is established and influence the problem definition as well as the action programme. These traditions have been examined in three fields of the

action programme, which in both countries have been singled out as crucial, namely judicial measures, assistance to cure drug abusers and prevention to withhold people from using drugs.

To understand the policies one has to comprehend their historical contexts. Three institutional factors are of particular interest: the role of the state in society, traditions of formal social control and the international context. If the right of the state to interfere in the private sphere of its citizens is fundamentally different than practices of formal social control will be different as well. By comparing formal social control of another drug, 'alcohol', with social control of illegal drugs, traditions in this field can be traced that were preserved in the elaboration of the drug policies in the 1960s up till today.

The international context is constituted by the international control system that since the early twentieth century has been an increasingly constraining factor to national drug policies. The results of the study strengthen the hypothesis. The Swedish fundamentalist drug policy led by the central state has a strong resemblance to its early policy on alcohol. The Dutch experimentalist approach is a prolongation of its tradition of pragmatism and a restrictive role of the central state.

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### Does it make any sense to count and compare substance related deaths (srd)?

In dealing with substance related risks, it is very common to refer to "substance related death (srd)". How "substance related death" is defined however, is hardly ever dealt with systematically. Does the concept refer to overdoses? ... to substance related accidents? ... to suicides by means of the substance? ... to suicides facilitated through substance use? ... to any deaths from primarily substance related illnesses?... to deaths of any addicts? ... to deaths of any persons who ever used the substance? ... etc. The very way we specify the concept "drug related deaths" leads to an abundance of relevant secondary questions including assessment and logical problems.

The least problematic concept of substance related death (srd) is

- "substance related death in the narrowest sense (srdns)", i.e. substance related fatal accidents. This category can be split into
  - accidental overdoses (srdns1) and
  - other substance related accidents, such as traffic accidents (srdns2).

It makes little sense to include suicidal substance overdoses in the concept of srdns, since it is irrelevant if a person commits suicide using a substance or by other means.

Large empirical and logical problems evolve,

- if srd is defined in the wider sense (srdws) – i.e. if fatal long term consequences due to substance related diseases are aggregated. In this context there are two common possible approaches
  - counting persons who die of illnesses primarily linked to using a certain substance (srdws1) – such as liver cirrhoses in alcohol abusers – or
  - counting all deaths based on the so-called causally attributable fraction (srdws2).

Even more problematic is defining srd

- in the extensive sense (srdes). In the extensive context we can differentiate three approaches, namely
  - all substance users who die (srdes1),
  - all substance problematic users who die (srdes2)

- all substance addicts who die (srdes3).

I will not dispute here that it makes some sense to consider substance related accidents (srdns) without knowing how much earlier the persons under consideration died, even though knowing the average number of life years lost is not totally irrelevant.

Quite problematic though is counting persons who die illness related earlier due to using a substance (srdws), without knowing the corresponding number of potential life-years lost. One has to consider in this context that everybody will eventually die and that the sum of causes of death always adds up to 100%. Due to this fact any relevant increase in one cause of death (a naïve interpreter would identify a "risk factor") is inevitably related to a compensatory decrease in some other cause of death (a naïve interpreter would identify a "protective factor"). To give an example: An increase in the cancer rate or cardiovascular diseases rate need not automatically be an alarming sign to health politicians – it could well be the logical consequence of a particularly successful health policy increasing life expectancy and that way indirectly increasing the number of persons who die from old-age diseases.

The most problematic approach, though, is to count all users, abusers or addicts of a certain substance who die (srdes) since this concept reflects primarily "total life-time prevalence" of use, abuse and/or addiction in a population in different age cohorts.

Particularly problematic is the practice of interpreting annual changes in illicit drug related death (drd) as indicators for the quality of policy, as is done in most countries. This is hardly acceptable if drd is interpreted in terms of substance related accidents (srdns) only – since the observed fluctuations depend highly on all kinds of coincidences – but this is absolutely unacceptable if drd is interpreted as death of known illicit drugs users (drd1), as is presently the case in Austria and some other European countries. If the population dynamics is adequately considered, it becomes immediately evident that, even if very successful prevention measures reduce the initiation rate into substance abuse and/or addiction dramatically, the number of drug related deaths (in the sense of srdes1) must steadily increase for quite a long time due to the fact that existing drug addicts and abusers do not simply disappear but inevitably die sooner or later. Nobody seriously expects heroin or cocaine use to make users immortal.

Another interesting implication – given drd is interpreted as srdws or srdes – is that very successful treatment measures, which dramatically reduce the number of drug related deaths in the short run, inevitably cause a compensatory, overproportional increase in drug related deaths later on. Successful treatment can delay death but never prevent death for good.

Now apart from the theoretical concept issues some figures illustrating the numerical differences if different concepts of srd are considered:

If, for example, we define "drug related deaths" as "acute poisoning without additional consumption of other substances, without any complications (such as suffocating due to inhaling vomit, freezing to death), without other accident, without suicidal intentions (srdns1), we arrive at roughly 100 alcohol related deaths in Austria per year. The corresponding number of illicit drug related deaths amounted to 18 in 2000, the latter being primarily related to opiates.

If "substance related death" is interpreted as "death of problematic substance users" (srdes2) we arrive at 227 drug related deaths in 2000. Given an estimated total life time prevalence rate of 1% problematic illicit drug use and assuming that the incidence rates do not change dramatically, we should expect this number to rise to roughly 800 drug related deaths in the longer run. The corresponding estimate for alcohol related deaths amounts to 16 000 persons

per year if we count abusers<sup>2</sup> dying (srdes2). If we restrict ourselves to alcoholics (srdes3) the corresponding number is around 8 000 individuals.

<sup>2</sup> Harmful substance use is defined here as an average daily consumption exceeding 40g (women) or 60g (men) of pure alcohol, or as any illicit drug use exceeding experimenting and occasional consumption resulting in significant psychic, physical and/or social consequences.

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### **Interventions on the supply side of the hard drug market in Rotterdam. Towards a regulated hard drug trade?**

Hard drug related nuisance seems a continuous phenomenon. Even the many closings of dealing addresses that cause trouble do not help, since the trade will be continued at a different place. That may be at another address, but also by other ways of trade, like trade by mobile telephone. The market principles in the hard drug trade seem to survive these kind of repressive measures.

These developments gives reason to the questions whether we should not accept hard drug use and hard drug trade as a never leaving reality, and look for solutions for hard drug related problems by interventions on the supply side. The aim of interventions on the supply side is to diminish or to regulate the unwanted effects of hard drug trade, both with respect to (public) health as public safety.

Regulation by the supply side is however a complex issue, because law forbids the selling of hard drugs. This means that initiatives for experiments in regulation of the hard drug trade can not be taken by governmental organisations. What is left in this situations are initiatives taken by private organisations.

The aim of interventions on the supply side is that dealers consider the interests of users and neighbours. However, caused by the illegal character of their enterprise dealers can better stay outside publicity. This makes it difficult to influence and structure their behaviour or to make public agreements.

This project makes an inventory of the interventions on the supply side of the hard drug market in Rotterdam in the last ten years.

The research questions are: what interventions on the supply side of the hard drug market are available and what interventions have been used in practice in the last ten years? The second research question is: what interventions can be used in future for an effective drug policy? Methods used are literature study and interviews (by telephone) with key informants. It describes the interventions of the Public Prosecutor, the municipality and the police during this period. That are, a.o. the closing of dealing addresses that cause trouble, Public Transport Regulations, other Public Regulations by law, and central reporting addresses for hard drug related nuisance. Private interventions like "self-regulation" of deal addresses; organisations of hard drug users, and hard drug consumption/selling rooms are also discussed. In general interventions can be seen on two dimensions: repression and "regulation or tolerate". Finally a proposal will be made for future policy concerning interventions on the supply side of the hard drug market in Rotterdam. We state that a combined approach of repression and

regulation is necessary. Both interventions from public as well as private organisations can play a role. "Quality-criteria" for dealing addresses and a city-plan for the spreading of dealing addresses may be helpful.

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### **Formation of the National Anti-Drug Strategy in Hungary – a policy mapping study**

During the socialist era suppression of the disciplines required for addressing the newly emerging problems of chronic non-infectious diseases prevented public health policy in the eastern-bloc countries (including Hungary) from effectively tackling problems like alcoholism, drugs or other addictions. A deliberate process of policy formulation therefore had to evolve – among others - in relation to the drug problem in Hungary. Following a declaration of governmental commitment that manifested as an urgent tightening of the drug law in 1998, with simultaneous changes in responsible bodies and key-figures, a conscious process of strategy formulation has begun. The National Strategic Program was drafted, passed through a public discussion process, and finally was accepted by the Hungarian Parliament with political consensus.

The concept of policy mapping includes mapping out the political environment of a project at its initial stage, giving a cross-sectional snapshot of the political arena. That means: exploring key-figures concerned, their fundamental interests, positions, relations to each other and to the project, their possible influences. This would enable the investigator, - besides assessing the contemporary policy environment where the project's results will feed -, to assist the policy developmental process (project design).

Policy mapping was used in the course of the active anti-drug strategy development in Hungary, in spring 2000. Policy mapping via stakeholder analysis conducted during this period, were also the first attempts at drug policy evaluation. The policy mapping study clarified the power relations in the policy arena. Interviewing during public discussions, the study intended to understand the position and concerns of stakeholders, and their expectations of the developing National Strategy.

The exploratory study revealed – first - that the policy arena itself was in a state of dynamic transformation in the second half of the 1990s.

Second – while most generally agreed with the Strategy's content - there was a tendency among the interviewees to point out inconsistencies and limitations seeming to hinder its implementation. Questions frequently addressed by the participants were:

- To what extent were relevant issues being dealt with by the Strategy on a state-of-the-art level, meeting professional expectations (developing specialized care, rehabilitation system) and international recommendations (comprehensiveness, balance of demand, harm and supply reduction, dominance of preventive approach)?
- To what extent did the Strategy entail contradictions, and therefore needed further

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elaboration or modifications in order to improve its feasibility?

The analysis has involved putting the features of national strategy development into comparative international perspectives both in relation to its historical development as well as to the policy elements to be applied. Based on this ground drug prevention strategies, that could be appropriate for Hungary, were discussed. This resulted in a set of policy implications and recommendations thought of facilitating the implementation of the National Anti-Drug Strategy.

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### **Drug Use Patterns of Consumers of the Open Drug Scene in Hamburg**

In order to describe the patterns of use in the open drug scene in Hamburg, a study was carried out among 616 drug users in the drug scene and in or in the vicinity of low-threshold institutions close to the drug scene in Summer 2000. The special focus was on the prevalence of drug use, routes of administration and risk behaviour as well as on the utilisation of help services for drug users. 80% of the interviewed persons were male, the average age was 32.6 years. They had been using drugs such as heroin or cocaine for an average of 11 years. 84% had used heroin and 74% cocaine within the last 24 hours. Compared to previous studies, an increase in cocaine use can be noted among the scene users in Hamburg, mainly related to intravenous cocaine use. Crack smoking has only increased slightly during the last years. Based on cluster analysis, four consumption pattern groups can be established. The largest group (38%) mainly uses cocaine and heroin. The second group (26%) consists of polyvalent drug consumers using methadone in addition to heroin and cocaine, as well as, partially, benzodiazepines, cannabis or alcohol. Group 3 (19%) mainly use heroin only, some of them also using methadone and/or cannabis. The fourth group (17%) is mainly related to alcohol, the greater part of them additionally using heroin. On the whole, it appears that those users who currently do not use cocaine (or crack) are in a better health and social situation. The group using only heroin (cluster 3) also compares favourably with the other three consumption pattern groups with regard to the intensity of use, consumption in public and risk behaviour. Almost all the interviewed persons are in contact with general practitioners. However, the increasing cocaine use has not been met by sufficient intervention and treatment programmes so far.

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### **Refugees and asylum seekers in the hard drug scene of Utrecht**

Approximately fifty percent of marginalised hard drug users in Utrecht are of ethnic minority origin. Among them are a relatively large number of refugees, asylum seekers and illegal aliens (whose application for asylum has either been turned down, or has never or not yet been filed).

Knowledge of this particular segment of the Utrecht hard drug user population is poor, but it is already clear that the group is expanding. The majority of these people have no access to the new easily accessible drug aid facilities in Utrecht.

Research objectives: How many people does this particular group consist of? Which are the characteristics of this group? Which are the specific difficulties for this group? What is their position within the local drug aid? Which people within the group run the highest risk?

Research methods: Interviews with asylum seekers, refugees and key informants, and additional ethnographic fieldwork within the Utrecht hard drug scene.

Some (preliminary) results: This particular group is faced with numerous problems, while their socio-economic and educational background is often much better than that of other hard drug users. Some of them suffer from war trauma, and almost all of them suffer from alienation, loneliness and severe homesickness. Most of these (ex-)asylum seekers started using drugs in the Netherlands. Their exclusion from shelter facilities and financial sources makes them into an isolated group with no perspectives at all. Strikingly, part of this group is not illegal at all – as they themselves believe – but still has a chance of obtaining Dutch citizenship. Furthermore, we found that especially the younger and single among them are at risk. Other subgroups are ‘drug seekers’ from the European Union (who may after a while also become illegal) and asylum seekers from Eastern Europe.

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### **Studying Population of Illicit Drug Users in Moscow**

#### **Background:**

State statistical data from treatment system have been a constant source of reliable information about drug use in Moscow, as well as in the whole Russian Federation. However, it does not include all the groups of drug users. MDMA (“ecstasy”) is used by youth in Moscow since mid 1990-s, but no research specifically related to its use has been conducted.

#### **State statistical data:**

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The number of first registered cases of drug abuse in Moscow was increasing during 1991-2000 reaching the rate of 52.2 per 100,000 population; for adolescent population it reached 72.0. The number of patients with diagnosis of drug abuse increased up to 200.1 per 100,000 population. The most common drugs of abuse were opiates (75% in 1995). No patients were reported to be in treatment due to their "ecstasy" use.

**Objectives:**

To study attitudes and knowledge about ecstasy, demographic and social features of ecstasy using population, context, motives, frequency and amounts, problems and need for help related to ecstasy use, other psychoactive substances used along with ecstasy.

**Methodology:**

The study (conducted January-May 2001) involved qualitative, quantitative and method of chain referral methods.

**Significant findings:**

94 young (15-30 years) recent ecstasy users were interviewed. They are usually not married (97%), live together with their parents (72%). 46% were students, 34% had work, 18% were temporally unemployed.

During a year before the interview 65% used ecstasy once a month or less often, 28% 1-3 times a month, 6% 1-2 times a week. During lifetime 99% swallowed, 22% sniffed, 5% injected and 2% smoked ecstasy. 81% reported strong desire to take ecstasy, 52% needed more ecstasy to reach desired effect, 49% continued use despite of social life or relationships problems, 21% broke law in order to obtain ecstasy and 28% drove a vehicle under ecstasy.

Context of use was related to dance events (66% always or most of the time), the drug was usually given by a friend for free or a friend took money to buy ecstasy.

14% were treated due to psychological and 20% due to addiction related problems. Lifetime use: cannabis 95%, LSD 72%, heroin 50%, amphetamines 48%. Use more than once a month: cannabis 74%, heroin 20% and LSD 18%.

Estimation of need for help revealed the highest demand for employment and education (63%), physical health (57%), family/relationship (46%) and psychological/emotional (44%). In substance use the highest was for alcohol (14%), heroin/opiates (11%) and ecstasy (10%).

Using multiplier method with fact of treatment serving as a benchmark allowed to estimate the total number of regular drug users in Moscow in 1998 which turned out to be 70,855 or 830 per 100,000 population, among them 61,980 were hidden population. Proportion between known and hidden population was 1:7.

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