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Two Worlds of Drug Consumption in Late Modern Societies
by Irmgard Eisenbach-Stangl / Jacek Moskalewicz / Betsy Thom

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Europeans belong to the largest consumers of illicit drugs, absorbing about one fifth of the global heroin, cocaine and cannabis supply, as well as one third of ecstasy production (UNODC World Drug Report, 2008). However, the vast majority of Europeans have never tried any illicit substance. In popular perception, illicit drugs still represent alien cultures challenging traditional European patterns, including consumption of our favourite drugs – alcoholic beverages. Illicit drug-taking, no matter what type of drug and its amount, is considered an evil in itself; it is regarded as a serious transgression of social norms. This perception is perpetuated and reinforced by legal norms which – in most European countries – penalize a wide range of behaviours associated with illicit drugs. As a rule, this includes the possession and consumption of illegal drugs. Parallel to that, most European countries have established extended drug services dealing with drug-related problems in a more assimilative way.

A crucial issue has been how many people transgress social and legal norms. Therefore, the general public, policy-makers, politicians and drug professionals alike demand, first of all, information on the prevalence of drug consumption. The question of what and how much they consume seems to be almost irrelevant. Only a few years ago the Global Workshop on Drug Information Systems (2002) identified the need for improved methods of estimating the quantities of illicit drugs consumed by users to complement the increasing sophistication and reliability of data on drug production and on drug seizure. Another important gap in the literature is the absence of reliable information on the costs of drug consumption at individual level. This knowledge is crucial to understanding the economic (and criminal) behaviour of individual consumers which includes not only drug purchasing but also continuous efforts to generate money to buy drugs.

To fill these knowledge gaps, a project was carried out by the European Centre in collaboration with UNODC and financed by the Austrian Federal Ministry of European and International Affairs. The European Monitoring Centre for Drugs and Drug Addiction acted as observer. The overall goal of the project was to contribute to the development of useful and appropriate models of estimating drug consumption. The objectives were to assess consumption patterns of five main drugs – heroin, cocaine, amphetamines, ecstasy, cannabis – including the amounts consumed, and to assess consumption costs for each of the drugs. The study was based on data gathered from two different samples of drug users in six cities in six European Union countries.

Problems in investigating drug consumption patterns and expenditures on illicit substances

Drug consumers are minorities involved in illegal activities. They are, therefore, "hidden populations" underrepresented in general population surveys. But they are also misrepresented in studies of subgroups of "problem drug users" contacted for instance via the drug services or via penal organizations. Official statistics are mostly based on information gathered by the police, treatment and rehabilitation facilities. They are also dependent on sources and methods of data collection which often change and which miss a considerable – unknown – proportion of drug users. Who is caught within the statistical net will depend, in part, on the definitions employed. This, too, is open to considerable variation. Reaching groups of drug users who fall outside the "official" estimates – because they are not in contact with services – is equally challenging in terms of access to and securing an appropriate sample.

The reliability of information obtained from drug users has often been questioned. Users are not always able to provide accurate accounts of the quantity and frequency of their use. Furthermore, they are unlikely to be able to assess the purity of drugs in other than very general terms. They are likely to describe their use in local terms and local amounts – "shot", "splif", "bolletje". These local measures then need to be re-calculated in standardized measures comparable across samples. Consumption patterns may depend on factors such as the price and purity of different drugs and on the availability of – often locally specific – licit and illicit substances. Additionally, the increasing importance of poly-drug use is recognized as a feature of consumption in many countries, in which the consumption of legally as well as illegally acquired substitution substances plays a major role. This, too, presents difficulties in calculating amounts consumed over a specified period of time. These issues were indicative of

the measurement problems which country investigators needed to grapple with in estimating drug consumption and its costs.

Five substances were chosen for inclusion in this study: heroin, cocaine, amphetamine, ecstasy and cannabis. They represented the most widespread illicit substances in industrialized countries at the time of the study. Their main derivates have been considered separately in the analyses. Nevertheless, they constitute a selection from the wide range of illegal drugs consumed in different places, at different times, in different combinations and through different preparation methods. Separating out the chosen drugs for measurement purposes was complicated by the variability in choice and mix of substances and by the fact that substances prevalent in some countries (e.g. "Polish kompot") were not among the main drugs under investigation.

The available information on the purity of substances comes from different market segments and different sources. Official data – data collected by the police and by customs – mostly stem from the wholesale market. Which samples are submitted to laboratory analysis in many countries depends on legal regulations. With drugs sold in "recreational settings", pill-testing programmes provide purity data at the retail level, but generally only for selected substances (ecstasy, amphetamines). But purity figures from the street market and from well-hidden "private market segments" are mostly missing. The purity of the substances varies with general (global) market trends, but also within the different segments of local drugs markets, where they are purchased. As noted above, only rough estimates are likely to emerge from asking consumers about drug purity.

Clearly, apart from purity, the position within the drug markets and the variability of "packaging" of different drugs, many other factors influence a drug's availability, affordability, and the combinations and amounts consumed. These factors will also influence how much consumers pay for their drugs. According to some key informant drug experts, consumers tend to spend a certain amount of money daily and purchase what they can get for it. The challenge, then, was to try to measure how much each individual spent on average on the consumption of different drugs. This meant paying heed to the complexity of interaction between the many factors – discussed above – which might determine the costs. It is not enough, however, to estimate the cost of consumption of one drug only. Against a clear trend towards poly-drug use, it has to be assumed that the economic burden for an individual drug consumer is much higher as it consists of expenditures on two or even more drugs.

Research design and process

Six European cities were chosen to participate in the two-year study starting in autumn 2005 and lasting until winter 2007/2008. These were London, Amsterdam, Turin, Prague, Vienna, and Warsaw. The study succeeded in including quite a variation of European cultures. London and Amsterdam may be considered a sample of Western Europe. Turin, Prague and Vienna represent Central Europe. Warsaw represents its Eastern part. Geographical and cultural divergences overlap with political variations. Amsterdam and Turin are cities from countries that were founding members of the EU. The United Kingdom joined the EU in 1973, Austria in 1995 and the Czech Republic and Poland in 2004. Major political distinctions, however, lie in recent history. For almost 50 years, the Czech Republic and Poland experienced a one-party system and centrally planned economies while market economy and multi-party democracy prevailed in all the remaining countries. Despite a quite diversified sample of cities participating in the study, it has to be kept in mind that a significant proportion of the EU is not represented. The omissions include the Nordic countries as well as Southern and South-Eastern countries and the two most populous ones, Germany and France.

The project was designed to include a review of published information on the national and city levels of the participating countries. In addition a variety of information and evidence was collected from key informants working within drug treatment services and specialist agencies such as the police and forensic laboratories. This information was compiled into a series of city reports that served as a backdrop to the survey among drug consumers. Using a questionnaire developed by the research team, the survey included interviews with 100 "marginalized" and 100 "socially integrated" users in each city. The marginalized users were defined as frequent (at least weekly) consumers of the following drugs: heroin and/or cocaine and/or amphetamines. Most of them were accessed through contacts with low-threshold health services or penal (drug) services. The integrated consumers were defined as relatively frequent consumers of cannabis (herb or resin), ecstasy, amphetamines and cocaine. Respondents from this group were included if they used cannabis at least once a week, and the other drugs at least once a month. They were mainly accessed through semi-snowballing and "network" techniques. The samples were more opportunistic than purposive. They aimed, however, to include an appropriate range of people – with respect to age, gender, drug use – rather than attempting to be representative. The collected data were analysed on city level.

The choice of "city case-studies" for the study of illicit drug consumption in Europe has a lot of advantages. With this unit it becomes possible to combine numerous sources of comparable quantitative information as well as quantitative information collected for a singular purpose. Thus the advantage is "to reduce the selected and biased view provided by any single approach". It also becomes possible to add the qualitative information needed, "to understand the local context and the process involved" (Hartnoll, 1995). Not least, large cities are especially well-chosen units for the study of illicit drug consumption patterns because they are still the major centres of drug use. On the one hand they carry the main burden of its negative consequences but on the other hand they are trendsetters in drug consumption.

Selected results

Departing from a distinction between "problematic" and "recreational" consumers, the project brought up substantial evidence that drug users do not represent a homogeneous, marginalized segment of society. On the contrary, it was found that drug consumers differ remarkably with regard to their social position and marginalization level both within their cities and across the study sites.

Bearing in mind all the results of the study, it can be claimed that so-called recreational drug consumers, whose drug of choice might be everything but heroin, are much more integrated compared to problematic consumers who depend first of all on heroin and increasingly also on cocaine. Therefore, an initial distinction between problematic and recreational users was re-conceptualized into integrated and marginalized drug consumers. This is reflective of a distinction between normality and deviance (Rödner Sznitman, 2007).

Who are the socially integrated and who are the socially marginalized users?

As it emerges from this project, integrated drug users represent a pretty affluent part of our societies in all participating countries. They are younger, better educated, healthier, have regular accommodation, often with their primary family, and also enjoy a high level of subjective "well-being". Their occupational status is apparently stable, offering regular income. Despite long drug careers, their social position does not seem to be deteriorated by drug consumption and the pharmacological properties of drugs.

In contrast, marginalized drug consumers often meet the criteria for social exclusion. Their education is low or incomplete, a high proportion suffers from homelessness; a majority is without regular employment. In all cities, more than half experienced numerous problems with the police and many reported illegitimate sources of income including begging, prostitution, drug-dealing and petty thefts. However, the percentage of marginalized consumers reporting illegitimate sources of income varies from 6% in London to 20% in Vienna and to 50% in Warsaw. This high variation can be attributed to municipal policies in general rather than to any drug-specific features. The lowest proportion of consumers living on illegitimate sources of income in London indicates that the social welfare system may be more effective than in other cities in providing adequate support. Regarding housing, Vienna has a remarkably low proportion of homeless drug consumers, which probably reflects the elaborate system of municipal housing.

A deep gap in economic and social standing between socially integrated drug consumers and their less lucky counterparts mirrors an ongoing drama of post-modern society in which the pleasures of increasingly sophisticated consumption overshadow the suffering from uncertainty and fear of social exclusion (Bauman, 1992). The social position of drug users seems to be closely related to their consumption pattern.

Consumption patterns among integrated drug users

As Graph 1 shows, cannabis is the most prevalent drug among integrated consumers. Cannabis herb is a drug of choice in all cities but Turin where cannabis resin prevails. In general, consumption patterns are more similar than different across the participating cities. A significant difference, however, is noted with regard to stimulants' consumption. Amphetamines are clearly more prevalent in the new EU countries while cocaine, and to a lesser extent crack, are more prevalent in the old ones. This may reflect the lower purchasing power of the new EU countries (whose citizens cannot afford cocaine), regional differences in accessibility of amphetamines (whose production originates from Poland and the Czech Republic), and regional cultural traditions.

Integrated drug consumers use cannabis quite frequently, every second day on average. In contrast, their use of other drugs is not that frequent and happens at most 1-2 times a week. Poly-drug use is not that prevalent, either. All in all, the pattern of drug use of an integrated drug consumer does not look very risky indeed. They do not use opiates, do not inject, and the frequency of use seems to be moderate.

Graph 1:

Last month prevalence of use of cannabis (herb and resin), ecstasy, cocaine and amphetamines by city; in percentages (integrated users)
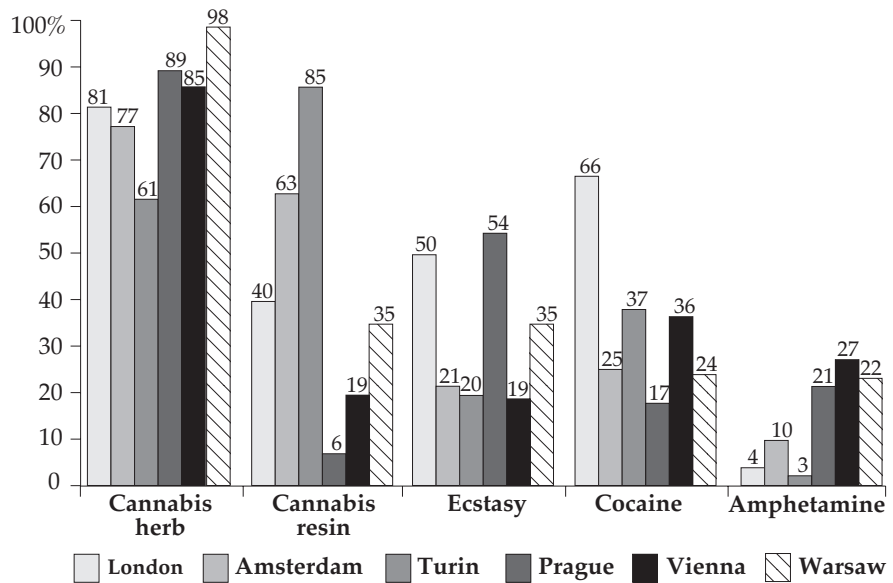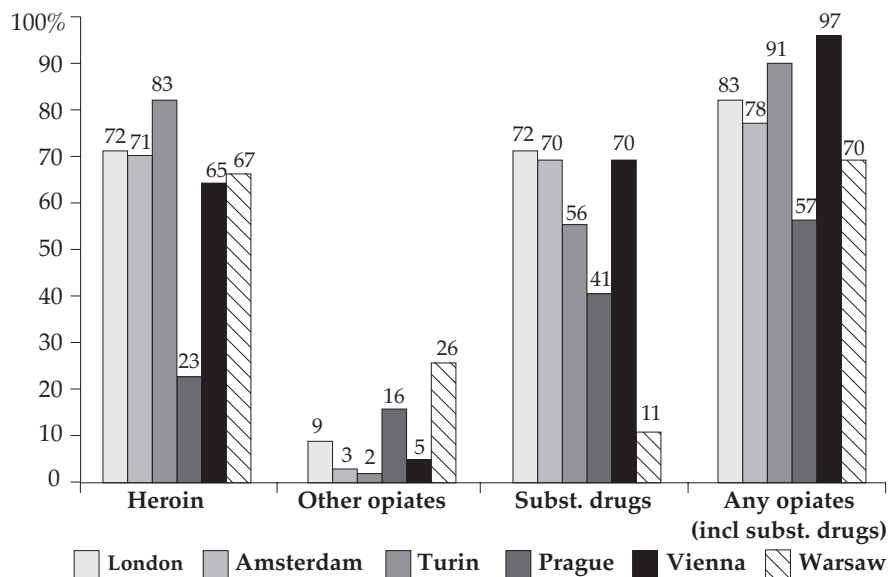
Source:

Eisenbach-Stangl et al., 2009: 202


Consumption patterns among marginalized drug users

The consumption pattern of marginalized users looks much more dangerous. Graphs 2 and 3 show that, if heroin, "makovina" (a local opiate speciality) and substitution drugs are considered together, opiates prevail in all cities including Prague. The second drug of choice is either cocaine or crack in the old EU countries and amphetamine in the new ones. The intensity of use is high. Opiates are used on a daily basis or even more frequently while cocaine/crack and amphetamines are used every second day on average. Injection is very common not only with regard to opiates but also to cocaine/crack and amphetamines.

Graph 2:

Last month prevalence of use of heroin (brown and white), other opiates, substitution drugs and any opiates by city; in percentages (marginalized users)

Source:

Eisenbach-Stangl et al., 2009: 215

Graph 3:

Last month prevalence of use of cocaine, crack and amphetamines by city; in percentages (marginalized users)
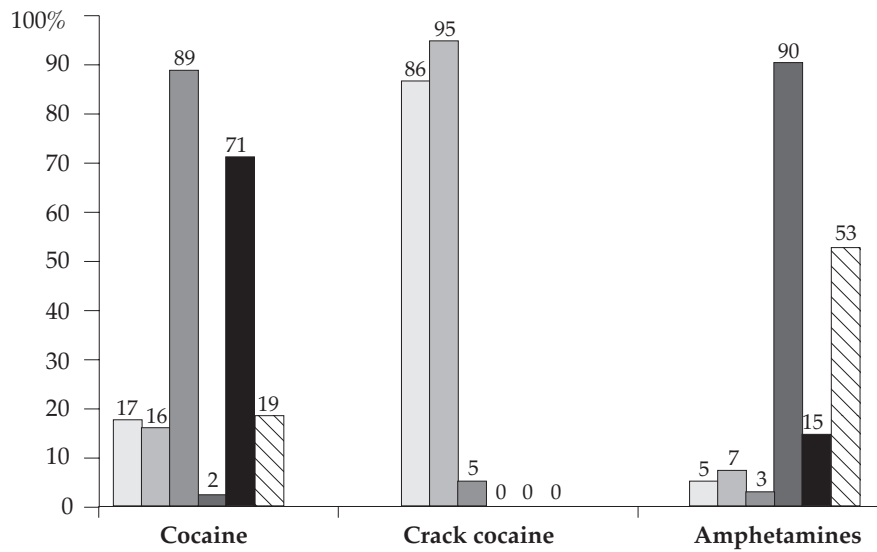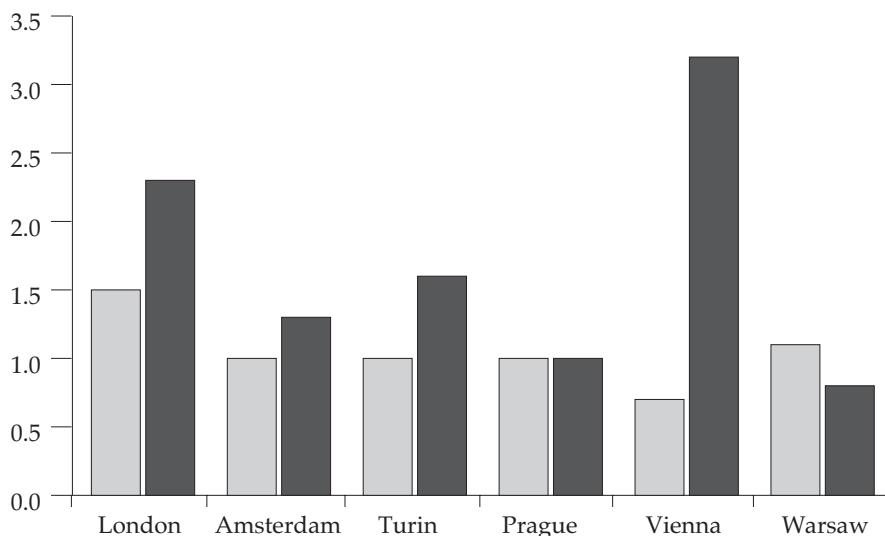

Source:

Eisenbach-Stangl et al., 2009: 216

Quantities and costs

Integrated and marginalized consumers differ not only in terms of drug preferences and intensity of use. The amounts consumed are also much higher among marginalized consumers. In addition to heroin, they consume substantial quantities of cannabis and cocaine. In the old EU, daily consumption of these drugs is higher among marginalized users compared to integrated users (see Graphs 4 and 5).

Graph 4:

Average amounts of cannabis herb in grams consumed daily by integrated and marginalized drug users

Source:

Eisenbach-Stangl et al., 2009: 276

Graph 5:

Average amounts of cocaine in grams consumed daily among integrated and marginalized drug users
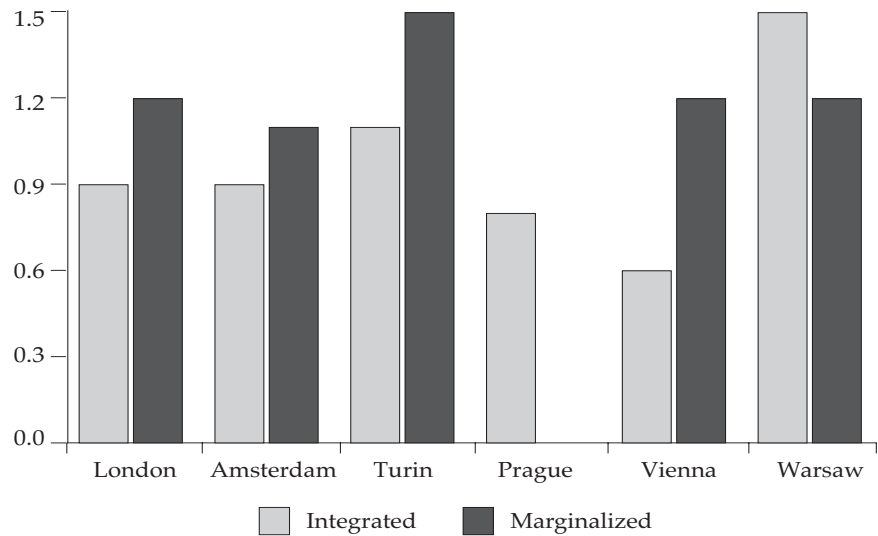
A higher intensity of use combined with bigger amounts brings about much higher drug expenditures. Average monthly drug expenditures among marginalized users are several times higher than among integrated consumers. Compared to the national average income per family member, integrated consumers' spending on drugs constitutes a pretty high fraction, ranging from 15% in Amsterdam to 75% in Prague. This drug burden, however, is incomparably higher among marginalized consumers, whose drug spending is often several times higher than an average income. For example, in Turin the monthly cost of drug consumption is approximately 5 times higher than an average income per family member. In Warsaw and Prague it is about 3 times higher. In London and Vienna it is more than 2 times higher (see Graph 6).

Graph 6:

Average monthly drug expenditure in Euro among integrated and marginalized drug users
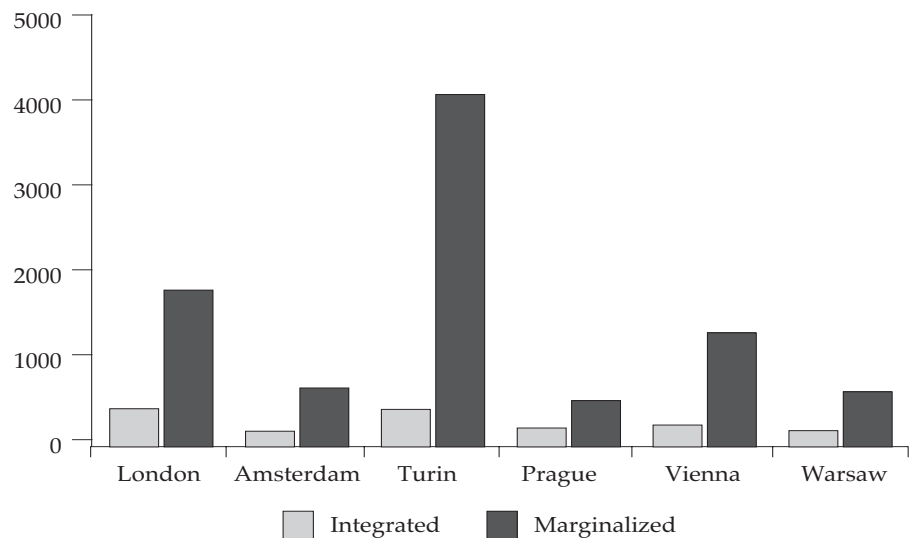
Substantial variation recorded in drug prices in different cities contributes to differences in the economic burden suffered by drug consumers. The wide range of local prices (much higher than reported by EMCDDA 2008) together with the local measures and the diversity and differences of drug sources found in the present study in the six cities, indicates that supply patterns differ remarkably between cities. This reflects local characteristics and traditions which play a part in shaping consumption patterns.

Drug markets and sources

The study highlights the numerous specificities of individual cities, including variations in consumption patterns and high ranges of marginalization (that depend, first of all, on levels of wealth and the welfare policies of the relevant municipalities). At the same time, two relatively homogenous drug worlds emerge from the study: the world of integrated drug users and the world of marginalized consumers. Similarities within each of these worlds across the study sites are much higher than differences between them in every participating city. These two worlds of consumers with their specific needs seem to satisfy their demands in two different drug markets.

The market to which the integrated drug consumers have access, is reminiscent of the more traditional marketplace. Its atmosphere is friendlier. Barter-like exchange still plays an important role. Many consumers become producers/suppliers and the other way round (Flaker, 2002). Among both integrated and marginalized users, friends constitute an important source of drugs. This is especially the case for cannabis herb which still retains its "gift" status for a substantial proportion of consumers. The quality of products is considered satisfactory, particularly with regard to cannabis herb – the drug of choice of the integrated drug users.

The level of commercialization of the market for marginalized drug users seems to be much higher. With the exception of Prague, in all remaining cities brown heroin is purchased in the market. Crack – another drug of choice of extremely marginalized consumers – has to be predominantly bought in the market, too. In contrast to a high satisfaction with the quality of cannabis among integrated consumers, the quality of brown heroin – the major drug of choice of marginalized users – is considered much lower. High prices of drugs and their low quality indicate that the supply side dominates in the drug market where marginalized users do their shopping. To satisfy their addictive demand, they have to mobilize much

greater resources than a legitimate income can provide. Therefore they are forced to find illegitimate sources like shop-lifting, dealing, begging, prostituting.

The wider European background

The collected data on the drug consumption patterns of socially integrated and marginalized drug users in six European cities correspond well to the data collected on aggregate level by the European Monitoring Centre for Drugs and Drugs Addiction in the corresponding year 2006 (EMCDDA, 2008). According to these data, the level of cannabis use is high and increasingly homogeneous across European countries and consumption of (locally produced) herbal cannabis exceeds use of (imported) cannabis resin (ibid.: 36). The use of stimulants, including amphetamine, the more potent methamphetamine and ecstasy in some countries is about equal to the use of cocaine including crack in other ones (ibid.: 47). The report therefore introduces the terms of (northern and eastern European) "amphetamines countries" – including, along with others, the Czech Republic and Poland – and (southern and western) "cocaine countries" – e.g. the United Kingdom, the Netherlands, Italy and Austria. The development is commented on as follows: "A synthesis of information from a variety of sources suggests that different stimulant drugs may play a similar role in different countries and, therefore, it may be wise when developing policy in this area to consider not only the individual substances but also the stimulant market as a whole" (ibid.: 50). Finally, opiate consumption – mostly the use of brown heroin – in some sites seems to be increasingly substituted by cocaine and other substances, and in general develops very differently.

The aggregate data of EMCDDA provide a European background and they reconfirm the data collected in the course of the present study. At the same time, the data from the present study shed additional light on the aggregate ones. On the one hand, they differentiate between groups of illicit substances – e.g. cocaine and crack, amphetamine, methamphetamine and ecstasy, white and brown heroin – and thus elaborate the differences between local consumption patterns. On the other hand, "local" substances – e.g. Polish kompot – and licit drugs – e.g. substitution substances and psycho-pharmaceuticals – have been included in the study, explaining to what extent consumption of local and/or licit substances may make up for a low consumption of illicit "international" ones. This is especially true for Prague and Warsaw, where a relatively high consumption of home-made opiates makes up for heroin. To some extent, it is also true for Vienna, with its high consumption of substitution substances.

The EMCDDA report discusses two main categories of consumers of amphetamines and cocaine different from each other by their social background and their frequency of consumption. These are users in recreational settings or socially integrated users, and problem or socially excluded users (ibid.: 55 and 62). The categories correspond to those the present study started off with. But the present study was able to demonstrate that not only use of stimulants such as cocaine and amphetamine but also use of the socially widespread ("normalized") cannabis differs between the two groups, and that occasionally, though rarely, the most "marginalized" drugs – opiates and crack – are also taken by the socially integrated drug users. Therefore, drug use patterns should not be interpreted from a reductionist perspective based only on the pharmacological properties of different drugs. The analysis of drug use ought to take into consideration the social class background of its consumers – the class from which they come as well as the one in which they now live.

Conclusions and policy considerations

While looking for the most reliable methods to address the major aim of the current study – which was to expand knowledge on the quantity of drugs consumed and on the economic burden suffered by drug users – the study achieved much more. It enlarged the understanding of the drug problem, including its cultural, social and economic aspects. It pointed the way to further research. Finally, it highlighted issues pertinent to policy development in both national and international contexts. The main policy recommendations are outlined below.

(1) The results highlight pronounced differences between, and the peculiarities of, local markets, drug scenes and consumption patterns in European countries.

 – National drug policy – which is mainly responsible for integrative (social and health) measures and also for repressive (police) measures – should be informed by, and responsive to, local circumstances and the needs and perspectives of users, service providers and other relevant stakeholders.

 – There is a need for continuous (quantitative as well as qualitative) research on a local level. Research should go beyond pure monitoring and audits of drug consumption and service use to include examination of drug markets, drug scenes and consumption patterns. These are key interacting aspects of complex and rapidly changing contexts within which drug use occurs.

(2) There is a deep gap between the socio-economic situation of so-
cially integrated and socially marginalized drug users in all (old and
new) European countries. As a result, drug policy is likely to have
variable effects and outcomes for different social groups and to
meet with different responses from those with access to greater or
fewer social and economic resources (or "capital").

– It is suggested that drug policies should strive to promote and
achieve a greater degree of equity in their effects on users. This
may indicate the need for policies to adopt approaches which
avoid stricter prosecution in order to reduce the risk of tipping
users into more marginalized positions.

– The promotion of greater equality should be based on developing
more extended and more appropriate social and health services
for marginalized drug users. This should be aimed at improving
the individual's circumstances and opportunities as well as the
supportive systems and structures within local environments.

– The concept of "recovery" – which has become a key issue in
policy debate – emphasizes the need to place drug users at the
centre of policy and practice development and to implement
measures which "empower" users to take an active part in the re-
covery process. This is a shift in emphasis towards adapting policy,
services and wider environmental systems to support the recov-
ery process by aiming to reduce marginalization and increase the
social capital of the most marginalized users.

– Substitution programmes should be carefully planned. These can
in principle decrease or replace consumption of illegal substances.
But substitution can have unwanted effects, including the use of
cheap chemical solutions and illegal "top up" drugs. More atten-
tion needs to be directed towards issues of substitution provision
both at policy levels and at the level of local delivery systems and
practices.

– Drug use is almost always poly-drug use combining illegal and
legal substances in different ways. This needs to be recognized and
acted on in developing policy and practice approaches.

(3) The results from this study should stimulate a rethinking of Europe-
an and global drug policy on all vertical and horizontal levels. Ques-
tions pertinent to considering the interfaces between international,
European, national and local policy and demanding further research
include:

– To what extent does international (including European) and na-
tional level policy constrain local action and to what extent does
it allow local policy to respond to local problems?

– How much do international and European policy contribute to developing national and local policy which promotes equality?
– How much do they contribute to social inclusion (instead of social exclusion) and "recovery"?

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Further reading

Eisenbach-Stangl, Irmgard/ Moskalewicz, J./ Thom, B. (Eds.) (2009) *Two Worlds of Drug Consumption in Late Modern Societies*. Farnham (UK): Ashgate.

"Public Policy and Social Welfare", Volume 34:

TWO WORLDS OF DRUG CONSUMPTION IN LATE MODERN SOCIETIES

Irmgard Eisenbach-Stangl / Jacek Moskalewicz / Betsy Thom (Eds.)

This book reports on the findings of an empirical study on the situation of drug users, their consumption patterns and drug spending for the five most common illegal drugs, i.e. heroin, cocaine, amphetamines, ecstasy and cannabis.

The research is based on a newly created detailed survey instrument that was developed for the United Nations Office for Drugs and Crime (UNODC). A state-of-the-art review from additional sources complements this comparison of the drug situation in six European cities, which represent a wide range of drug problems and public policies.

The cities studied are from West to East: London, Amsterdam, Turin, Prague, Vienna and Warsaw.
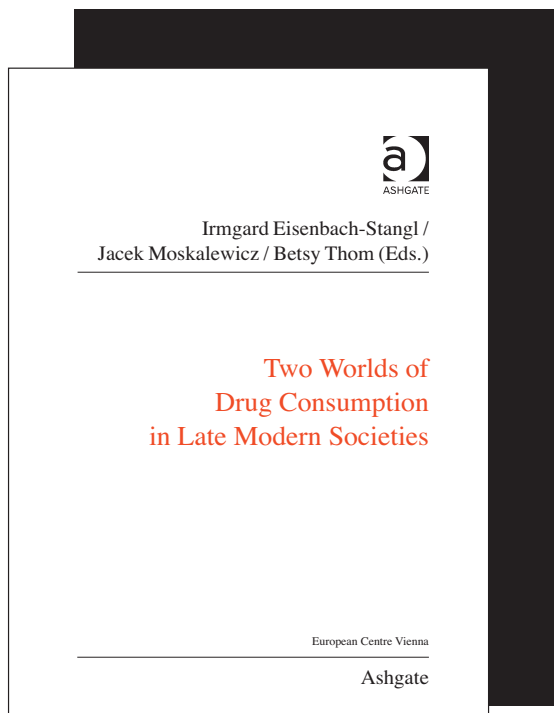
Per capita consumption and prices were assessed by face-to-face interviews with 100 frequent consumers of heroin, cocaine and amphetamines per city (so-called "marginalized drug users") and 100 occasional consumers of cannabis, ecstasy, amphetamines and cocaine (so-called "socially integrated drug users"), including questions on the range of drugs and the drug combinations consumed, on the mode of consumption and on expenditures.

In order to select "typical" interview partners and to judge their responses, "thick city reports" on the respective local drug situation were compiled, beside epidemiological and other scientific studies based on expert interviews with up to 20 drug policy actors.

The final report includes the six "thick city reports" and five comparative chapters on the following topics: (1) social background of the two groups of drug consumers, (2) consumption patterns of socially integrated drug users, (3) consumption patterns of marginalized drug users, (4) consumption patterns of substituted and non-substituted drug consumers, (5) quantities, costs and sources of the drugs consumed.

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