

# CHAPTER 1

## *Introduction*

This is a study about the life-style and economic behavior of deviant heroin users in Amsterdam, the biggest city of the Netherlands. The local and national context of the research is particularly relevant. Just as in any other country hard drugs such as heroin and cocaine are prohibited by law. Yet, the Dutch have adopted their own “pragmatic” approach to illegal drug use, which involves decriminalization on the demand side and some (limited) tolerance for the hard drugs scene to become open and visible within “normal” society. Before embarking upon our main theme, some major assumptions and methodology of our project are introduced. Subsequently we will give a brief historical account of Dutch drug problems and the Dutch drug-political climate.

### GOALS AND RESEARCH QUESTIONS

There has been a great deal of interest in illegal drugs for a long time, with attention focusing on both the trade in and the use of drugs. One important reason is that both seem to bring countless problems in their wake, especially crime committed by drug users and the nuisance they cause. Although there is a broad consensus on the connection between crime and the illegal use of hard drugs (mainly heroin and cocaine), there has been very little research in the Netherlands into the actual nature of that connection. Again, systematic knowledge about the amount of crime committed by drug users is surprisingly sparse. This research project is partly meant to fill that gap, although its general aims are broader, namely the acquisition of knowledge on and insight into the economic behavior of regular opiate users. When examining that behavior, we have especially highlighted crime. For the user, crime forms the most explicit expression of his marginality. For society, crime forms the most explicit expression of the injurious effect

and nuisance value of illegal drug use. As we shall see in more detail in chapter 2, the literature offers several explanations for the evident relationship between drug use and crime. According to a prevailing notion, crime results from the fact that drugs are an illegal and scarce commodity. This reduces illegal activities to purely instrumental behavior, the inevitable result of addiction to expensive drugs. In other words: drug use causes crime. A second explanation turns the causal relationship around: crime causes drug use, because this behavior belongs to a criminal subculture. A third approach to the relationship between crime and drug use has it that crime is deeply motivated, (socially) expressive behavior connected with the identity of the drug user. It is, therefore, of paramount importance for structuring and making sense of his life. This approach sees drug use as but one of the expressions of a deviant existence.

These different frameworks of interpretation have important implications for social policy on drugs and related problems. For some time now, policy has centered around methadone maintenance treatment. Reducing the crime rate has typically been a more or less implicit aim of the different methadone programs. If a direct causal relationship between crime and drug use is assumed, one may also assume that illegal activities will decrease if the drug ceases to be a scarce commodity: replacing an expensive drug like heroin with a drug that has more or less the same effect, in this case methadone, should therefore lead to a reduction of crime. Looked at from a different theoretical perspective, however, such a reduction in the crime rate is less self-evident. If one's interpretation is based primarily not on addiction, but on deviant life-style, it is quite plausible that a heroin user whose craving has been legally satisfied by methadone, will then organize his/her deviant life-style around the use of another drug (such as cocaine). In that case there is no logical reason why the drug user's crime rate should decrease.

Obviously then, it is important, for both theoretical and practical-social reasons, to gain more insight into the economic behavior of regular opiate users. This general aim can be translated into five specific questions:

- In what way(s) do regular opiate users obtain their income and how do these relate to each other?

- In what way(s) do regular opiate users spend their income and how do these relate to each other?
- What is the effect of methadone maintenance treatment on the economic behavior of regular opiate users?
- What is the function of crime and/or heroin and other drugs in the user's day-to-day existence?
- Is this related in any way to the user's life history?

A "regular opiate user" is defined as "a person using heroin, methadone and/or another opiate at least on four days a week." This definition therefore limits this project to the group of users generally considered to be the most problematic.

For the purpose of this research, "economic behavior" was taken to mean all behavior with regard to the acquisition of money, goods, or services on the one hand, and the spending of that income on the other. In this context, the concept of crime is restricted to those criminal offenses that provide the offender with some sort of economic gain. In other words, our attention was focused exclusively on income-generating crime, ignoring "expressive" violence such as assault and battery and rape.

In the practice of drug use, the term "income-generating crime" refers to the illegal production of income by means of drug dealing or one of several types of theft. For reasons that we shall explain later, we have chosen to deal with both sorts of crime separately. The property crimes of the criminal code are being referred to as "acquisitive crime."

In this book, we frequently and unconcernedly use the word "addiction." It will become clear that we use the concept of addiction in the sense of subjective experience, not as a psychiatric disorder or a pharmacologically induced pathology. This corresponds to Peele's psychological concept of addiction (1985 and 1989), whereby the object of the addiction (drugs, alcohol, sex, gambling) is scarcely relevant for its essential nature. "It is the cycle of desperate search, temporary as inadequate satisfaction, and renewed desperation that most characterises addiction" (Peele 1989, p.152).

Our approach combined qualitative and quantitative methods, namely a questionnaire, a cohort study (following a fixed group of respondents for a certain length of time), and ethnographic fieldwork in the city.

Any "hard" research material derives mainly from interviews according to a standardized questionnaire, completed in principle seven times by each respondent. Every interview provided information on their economic behavior during the seven days prior to the interview. During the following two weeks, the questionnaire was repeated twice. Thereafter less frequently, namely four times during a whole year (once every quarter).

Each respondent was also interviewed about his/her life history. Together with our field observations, this interview played an important part in putting our hard data into perspective.

With a view to obtaining comparative data, this research was designed to correspond closely with a research project in New York, "Taking Care of Business" (Johnson et al. 1985).

Our population was made up of all opiate users who meet the qualifications for participation in methadone maintenance programs. That means, among other things, that foreign drug users were excluded. The sample consisted of 150 regular opiate users. Because one of our central questions concerns the effects of methadone maintenance treatment on economic behavior, we distinguished between users registered with a regular methadone program and users who did not participate in such programs. Publications by the Public Health Service of Amsterdam (GG&GD) show that about 65 percent of all users receive methadone at some point during the year (see Buning 1986). We attempted to match that percentage in our research group. The sample eventually contained 105 participants in a methadone program and 45 nonparticipants.

See the Appendix for more detailed information on the methodology and the nature of the sample.

The book is organized as follows. The next chapter explores the relationship between drugs and crime in general terms, not only looking into the empirical evidence on the basis of the literature, but also examining existing theory in this field. In chapter 3 we start to present our empirical data, focusing on the routes by which the respondents came to use hard drugs and the careers they have developed. Chapter 4 concerns the situation in Amsterdam and contains descriptions of the day-to-day worries of the drug scene. Chapters 5 and 6 deal with the use of (illegal) drugs and ways of income acquisition, chapter 7 with (the distribution of) methadone. The first part of chapter 7 goes into the theoretical

reasons for providing methadone, while the second part attempts to answer the important question of whether and to what extent methadone maintenance treatment affects the crime rate of drug users. Chapter 8 contains the conclusions and examines their theoretical policy implications and consequences.

In any study on life-style and economic behavior of deviant drug addicts both the national and the local sociohistorical context has to be taken into account. The culture of illegal drug taking can only be understood against the background of drug policy and the general sociocultural climate, both nationally and locally. In order to put the reader of this book on the right track, this chapter is concluded by an outline of the way(s) the Dutch are dealing with the drug phenomenon.

## THE DRUG-POLITICAL CONTEXT

### *Normalization of Illegal Drug Use*

The Dutch Parliament enacted the revised Opium Act in 1976. This penal law is part of the Dutch drug policy framework that includes tolerance for nonconforming life-styles, risk reduction with regard to the harmful health and social consequences of drug taking, and penal measures directed against illicit trafficking in hard drugs. This multifaceted approach established the basic principles and operating practices of contemporary social and criminal drug policy in the Netherlands.

Dutch drug policy is pragmatic and nonmoralistic. It has been conceptualized within a "normalizing" model of social control, aiming at depolarization and integration of deviance as opposed to a "deterrence" model of social control, aiming at isolation and removal of deviance (van de Wijngaart 1991). Within this ideology of normalization, illegal drugs are considered a problem which is an inevitable, but limited and manageable social problem of modern Western society. Thus within the ideological context of normalization, drug addiction is not conceived as an alien threat forced upon an otherwise innocent society.

### *Rejecting a "War on Drugs"*

During the parliamentary debate preceding the adoption of the revised Opium Act, the major elements of national drug policy were summarized as follows:

- the central aim is the prevention and amelioration of social and individual risks caused by the use of drugs;
- a rational relation between those risks and policy measures;
- a differentiation of policy measures which will also take into account the risks of legal recreational and medical drugs;
- a priority of repressive measures against (other than cannabis) drug trafficking;
- the inadequacy of criminal law with regard to any other aspect of the drug problem (Handelingen 1976, p. 3088).

These essentials of Dutch drug policy have been upheld till the present day, although at times practical policy measures have been reconsidered and adapted.

Apart for a short period preceding the adoption of the revised Opium Act in 1976, illegal drug use has not been a moral or political issue in the Netherlands. Consequently, the drug problem has never been instrumental for promoting political or moral power, or the specific institutional interests of law enforcement agencies. Political speeches elaborating on the abhorrence of illegal drugs are virtually absent; they would appear as quite misplaced in the Dutch political culture. In a comparative analysis of the development of drug policies in the Netherlands and western Germany it was concluded that "a low degree of politicization of the issue was the most important prerequisite for successful decriminalization" (Scheerer 1978, p. 603).

Within the context of the Dutch pragmatic and normalizing drug policy, the basic contradictions of any attempt to reach practical solutions are readily appreciated. A study on "the Dutch Approach" observed that within the Ministry of Public Health, which carries the primary responsibility for national drug policy formulation, there is no pledge of "solving the problem." Instead, policy efforts are understood as pragmatic attempts to cope, meaning the management and, if possible, the minimization of the risks and the damaging effects of the drugs phenomenon and the preparation of society to optimally live with it (Baanders 1989). On the one hand this pragmatism requires the recognition of moral and life-style pluralism of modern Western society, on the

other it requires a clear dissociation from the stringent moral reductionism of the radical prohibition ideology.

Within this normalizing model of social control the ultimate paradox of all drug policy can be acknowledged. The basic predicament is that attempts to limit the availability of illegal drugs tend to increase their damaging (social) effects as well as their psychological and economic attractions. The more drugs are tabooed and forcefully repressed, the more its users will tend to be marginalized, criminal, bearers and sources of diseases and the more the world of drug use will offer attractive perspectives for earning money and living a meaningful life in deviant subcultures. Thus the real challenge of pragmatic drug policy may be perceived as striking a balance between limiting the availability of "dangerous substances" and augmenting their secondary risks.

In the course of this endeavor, the Dutch approach has not gone beyond certain clear limits. There is a continuing debate on the feasibility of radical abolition of all criminal law interference with drugs. This option has some prominent proponents among penal law professors, law enforcement authorities, and local politicians (Rüter 1986; Baanders 1989). Nationally and officially, however, the flexibility of Dutch drug policy has stopped short of formal legalization or even further practical decriminalization of illegal drugs. Engelsman described the "Dutch model" as a "compromise between a war on drugs and legalization to which he adds that the Netherlands want to operate between the boundaries of the international drug conventions (Engelsman 1988).

### *Dutch Drug Laws and Law Enforcement Policy*

The Revised Opium Act of 1976 is a compromise between outright prohibition and social integration of illegal drugs. The largely decriminalized status of cannabis (marihuana and hashish) is the most explicit expression of the normalizing approach, as is reflected in the differentiation of the act in two schedules. In Schedule I a number of substances (among which opiates, cocaine, amphetamines, LSD, etc.) is listed under the heading "drugs presenting unacceptable risks." Schedule II mentions cannabis only, without the qualification of unacceptability. Penalties for forbidden actions pertaining to Schedule II are considerably lower than those for Schedule I.

Laws in practice are more relevant than laws in books. The social reality of penal law involvement with illegal drugs may be described as *de facto* abolition with regard to (possession for own) use of all illegal substances. Normally there is no investigation, arrest, or criminal prosecution for the use of hard drugs, no more than for the use of soft drugs (Rüter 1988). In the last case there has also been a *de facto* legalization of the retail market. Hashish and marihuana are officially permitted (though not officially "licensed") to be traded in limited quantities. During the last decade this has mainly taken the form of small commercial outlets, "coffee shops." In these cannabis parlors exotic brands of hashish and homegrown brands of "Netherweed" are offered for sale, to take home or for consumption on the spot, in an openly and undisguised manner. Basically, the establishments operate just like "normal" bars or coffee shops (Jansen 1989).

For commercial trafficking in hard drugs, Dutch policies and practices resemble those of most Western countries. The Dutch drug policy conforms to the international agreements to combat drug trafficking: importation, exportation, and transportation (Albrecht and van Kalmthout 1989; Rüter 1988). In 1989 the U.S. Embassy in the Netherlands observed: "Dutch attitudes towards trafficking closely mirror those of the United States government and of the neighbouring states in the European Community" (U.S. Embassy 1989, p. 2).

Law enforcement policy in the Netherlands operates within the framework of the more comprehensive social drug policy except for wholesale drug trafficking where law enforcement agencies act autonomously. In other realms of the drugs problem, such as the control of street markets for hard drugs, meeting places for drug users, and the supervision over commercial establishments for the sale of soft drugs, crime control interests are coordinated with other interests of public order, public health, and welfare. Typically, police authorities will take part in local drug policy formulation under the responsibility of the city administration, thus attempting to integrate law enforcement activities into the central priorities of (local) drugs policy. In such real-life situations the interest of law enforcement will yield to public order or public health interests. This has for instance resulted in an agreement of the Amsterdam police to refrain from investigating



or arresting criminally suspected methadone clients in the vicinities of the methadone posts.

The necessary flexibility of law enforcement to be integrated in the general social drugs policy is warranted by the "expediency principle," which authorizes the prosecution office to decide whether or not to prosecute or initiate criminal investigation. Those decisions can be made "in the public interest." They are ultimately based on the political responsibility of the minister of justice.

In 1976 guidelines for the investigation and prosecution of drug offenses were issued by the Ministry of Justice. They thus form a translation of the intentions of drug policy to the practical execution of law enforcement. These guidelines direct the law enforcement actions of the public prosecutor and of the police. The prosecutor is instructed with a summoning and penalty demanding policy. On his part the head prosecutor has the authority to direct the police investigation activities within his district by stipulating the priorities of police actions with regard to specific violations of the law. For instance, the police operates on the base of the "stumble principle" when small (30 grams or less) but commercial amounts of cannabis are involved. The police will not initiate investigations on having knowledge of such violations. But it may act if it happens to stumble on such an amount (Rüter 1988). In 1987 the commissioner of the police in Amsterdam wrote a letter to all "coffee shop" keepers in the city, warning them of possible police actions if they traded in quantities larger than 30 grams (de Beaufort 1989, p. 74). Obviously this implicitly signals the fact that those shopkeepers do not have to fear police actions if they only keep a limited stack of soft drugs.

The guidelines give prosecutors some latitude in reacting against small-scale dealers of hard drugs who provide for their own use. Those cases are intended to be met by demands of imprisonment, although no standard for length of imprisonment is specified. The actual absence of specified instructions for prosecution in this category of hard drug trade offenses provides a leeway for a differentiation of practical law enforcement policy between addicted street dealers and more businesslike dealers of hard drugs. Thus, the relatively low priority of acting against occasional, petty street dealing of hard drugs allows opportunity for some tolerance of the street market of hard drugs in the drugs

quarter of Amsterdam. Such a pragmatic level of tolerance may be called for in order to realize the "higher" drug policy aims of medical and social risk minimization. For all other traffic offenses involving hard drugs, the guidelines stipulate actions of the police and prosecutor, including minimum terms of imprisonment to be demanded by the latter. Under the guidelines simple use or no trade related possession of hard drugs do not require specific police investigation, nor pretrial detention or prosecution (Rüter 1988). In fact, this principle has more or less immunized this kind of drug offenses against interference with law enforcement.

### *Epidemiology of Deviant Drug Addiction*

The number of deviant drug addicts in the Netherlands has increased sharply from 1974 until the present level was reached in 1980. According to most estimates there are between 15,000 and 20,000 "addicts" who use opiates, cocaine, or both. A survey that infers the number of drug addicts from estimates of methadone providing institutions arrives at a somewhat higher level of approximately 23,000 addicts in 1988 (Driessen 1990). All sources agree that for the last ten years the average age of this population has substantially increased (Driessen 1990; Buning 1990; van de Wijngaart 1991). This indicates that fewer young people are becoming drug addicts and that earlier cohorts are ageing.

The prevalence of deviant drug addiction in the Netherlands is within the same range as the figures for some neighboring countries. Inferences from German drug treatment and assistance institutions led to an estimate of approximately 100,000 drug addicts in the former Federal Republic (Leune 1992). In England the estimate ranges between 75,000 and 150,000 (Pearson 1991). Converted to rates, these numbers suggest 100 to 153 addicts per 100,000 population in the Netherlands. The German rate of 164 and the English rate of 132 to 264 are somewhat higher than the Dutch. Moreover it has to be noted that the Dutch figure is probably substantially inflated by the inclusion of foreign drug addicts. Due to the relatively "friendlier" Dutch situation for drug addicts the "foreign element" is certainly more significant than in the other countries. In Amsterdam about 44 percent of the drug addict population is estimated to be of foreign citizenship (van Brussel and van Lieshout 1992).

The few sources available suggest that epidemiological development in several European countries has been as comparable as the levels of prevalence (Hartnoll 1986). The stabilization of the number of drug addicts may have occurred somewhat earlier in the Netherlands than elsewhere. For instance drug addiction in Italy, Western Germany, and England sharply increased until the middle of the 1980s (Ibid.).

The Dutch prevalence figures for deviant drug use are probably reasonably reliable because of the easy accessibility of socio/medical agencies for drug addicts. This makes it unlikely that the Dutch figures are an underrepresentation relative to other countries.

*Principles of Dutch Social Drugs Policy: Towards a Cultural Integration of Drug Problems.*

In a letter to Parliament in 1983 social drug policy was reformulated in the light of the more serious drug problems which had developed in the previous years. This policy plan reflects the rather more sceptical and less idealistic attitudes which came to predominate the social and criminal justice policy of the eighties. Harm reduction was established as the basic principle of drug policy: "The basic aim has not been to combat drug use itself or to prosecute persons because they are drug users, but to reduce these risks" (State Secretary for Welfare, Health and Cultural Affairs 1983, p.2). For the implementation of this aim there has been a heavy reliance on existing or especially created social work and medical institutions. Due to the traditions of the welfare state and to the booming economy of the sixties and early seventies, an extensive, easily accessible network of medical and social assistance facilities existed in the Netherlands. Inexpensive and comprehensive (public) insurance covers the expenses for virtually all people.

The letter to parliament argued that aiming at abstinence and complete rehabilitation was generally unrealistic and ineffective because: "Addicts who do not, or do not primarily, feel the need to kick the habit or are not capable of doing so will remain beyond the reach of assistance" (Ibid, p.7). The secretary stated that effective social policy aiming at reduction of the risks of drug use will have to acknowledge that deviant drug use has important functions for the addict. Thus, conceiving no alternative for a (provi-

sional) acceptance of drug use (addiction) as matter of fact in many individual cases, the letter stated that "...there must be increasing scope for forms of assistance which are not primarily aimed at curing the addiction as such, but at improving the social and physical functioning of addicts" (Ibid, p. 7).

Based on this perspective, in recent years a stronger accent has been put on operating so-called low-threshold facilities which offer limited but easily accessible services for a broad population of drug addicts. Basically those programs offer unconditional support, based on the acceptance of drug addiction as an explicit individual choice. They include shelter projects, free methadone maintenance, free needle exchange programs, material support (free meals, housing projects), social guidance programs, and psycho-medical care. Methadone programs form the core of most helping institutions for drug addicts. Registration figures of the ministry in charge indicate that the strategy of establishing regular, frequent contacts between the hard drugs using population and socio/medical institutions has been rather successful. "Methadone has proved itself an instrument for establishing contact. Concomitant social assistance is tailored to the needs of the clients, both with regard to content as well as intensity. Assistance varies from incidental contacts concerning one-time problems, to referral to intensive treatment services" (van de Wijngaart 1988).

On a national scale a survey was conducted among all extramural drug treatment and assistance institutions. Based on their knowledge of drug addiction in their own region, the institutions estimated an average of 70 percent of the local drug addict population to have some contact with the institution. A combination of methadone provision, social casework, and limited psychomedical care was the prevailing "treatment" model for 73 percent of all the addicted drug clients (Driessen 1990). Within the Dutch approach in social drug policy there is only limited scope for clinical treatment of drug addicts aiming at abstinence. Compared to an estimated number of 17,000 persons with contacts with extramural drug assistance and treatment agencies in 1988 there were no more than some 1,300 admissions in that year to treatment clinics for drug addiction (Driessen 1990; WVC 1992). Treatment to abstinence is considered to be a sensible option only on the explicit and unrequested demand of the addicted person. Consequently there are no compulsory (clinical) treatment programs for

(criminally apprehended) drug addicts in the Netherlands (WVC 1987).

Summarizing we conclude that official Dutch drug policy has attempted to neutralize the drug problem as a moral and a political issue. It has embarked upon a strict harm reduction course, which to a large extent is achieved by easing law enforcement pressure on users and petty traders of illegal hard drugs. The consequences of this approach will hopefully become visible from the theoretical considerations and the empirical data that will follow.