

# From heroin chic to heroin sick

Changing symbolic meanings of heroin consumption\*

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Up to the early nineties, the smoking of heroin from tinfoil – often described as "chasing the dragon" was a largely unknown form of heroin use in Switzerland, but then suddenly seemed to spread like wildfire. Heroin-smoking - particularly in public - was considered to be 'cool' for a short time amongst many young people who were keen on experimenting. The media felt that "well integrated young people" were in particular danger of being put under the spell of this new form of heroin use. There were fears that heroin use would massively increase as a result of heroin smoking.

It was against this background that the Swiss Federal Office for Public Health felt the need to have the problem investigated by commissioning an in-depth ethnographic study. It is this work that we want to speak to you about. We will also give you an outline of a follow-up study we are now embarking on. You will need to bear in mind that everything we say has to be understood in a specific economic, social and cultural context. The social repercussions, as well as the symbolic meanings of heroin use in – for example – India, would certainly be very different.

Today probably more than half of all Swiss heroin users are smoking rather than injecting the drug and smoking must not be considered as a mere stage towards eventual intravenous use. Sniffing is mostly practiced as a sporadic alternative to smoking but rare as a main form of heroin use.

One condition favouring the spread of this lavish form of heroin use in Switzerland was a changed black market. The price of heroin – if a today's much higher purity is taken into account – crashed a decade ago to around one tenth of its former street value. In Zurich today, around \$50 will buy you one "street gram" with a purity of 20% to 40%. Contrary to many frequently voiced opinions, the quality of black market heroin was not influenced by the existence of - or lack of - an open drug scene in Zurich. Apart from short-term fluctuations, one of the most important reasons for this drop in price was the end of the Cold War, and the on-going civil war in Afghanistan: no party involved there can any longer hope for substantial Western military help, they all have to rely on their own financial resources. This is the main reason why up to 90% of cheap heroin base substance in the European black market now comes from Afghanistan

and Pakistan. From the supply point of view, this was one of the essential pre-conditions for the spread of heroin-smoking in Europe: heroin had to be available in a relatively cheap and easily smoked form.

The fall in price in the USA was of a similar order. However, the heroin which is sold there on the black market comes chiefly from South-East Asia and is imported as a water-soluble salt which can be smoked only at an enormous loss. Water-soluble heroin salt, as opposed to heroin base, is much more suitable for sniffing. It is therefore not surprising that heroin-smoking in the USA seems to be relatively rare, even today. The question remains open as to whether heroin is offered in chemically different forms because of different demand, or whether the available substance type determines the different forms of use.

But purely economic models which see a direct connection between price and demand are likely to founder in the light of some interesting findings: The total number of known heroin users in Switzerland increased five-fold in the 80's from 6,000 to 30,000, and this happened despite exorbitantly high prices of black market heroin during that decade. Yet this total number of users has not increased since the black market price of heroin crashed to only 10% of its former street value at the beginning of the nineties. Cheap price brought only a shift in the mode of administration, not an increase in the total number of users.

As ethnologists with a psychoanalytical background, we studied through extensive interviews how drug users explained desired pharmacological effects. Beside that we scrutinized also those aspects of this particular drug-use which most interviewees fiercely declared as unwanted. We challenged their subjective interpretation and searched for psychological benefits in the consciously rejected negative circumstances and consequences. Beside the purely pharmacological effect of a drug, the drug taker's daily routine based on various social and cultural constraints in mainstream- and counterculture goes a long way towards explaining why people are using drugs. We found unexpectedly diverse forms of quite perverse benefits that, taken together, appear to help stabilise an often precarious psychological equilibrium, albeit temporarily and at a high price. The strategies outlined here are present, in varying degrees, in

the behaviour of the individual interviewees. Some mechanisms can, at certain times, dominate, while some can be totally absent.

- **Sabotage of a way of life instead of active social confrontation**

The majority of interviewed heroin-smokers would quite consciously prefer to lead a normal, average life. Only a few have the fantasies of rebellion or revolution which were typical of young people in the late 60's who were using Hashish or LSD. Most of the interviewees consciously accept conventional ways of life, but then sabotage them behind their own backs. They don't criticize and openly reject certain ways of life, but insidiously sabotage them as 'non-conformist conformists'. The benefit of this unconscious strategy is that it relieves them of a certain responsibility: they don't feel they are playing an active part, but see themselves as victims. Young people provoke, for example, being thrown out of an apprenticeship. It avoids their having to break away themselves and being actively responsible for the decision-making in their situation. It is intriguing that very few interviewees criticised those social opportunities which they were so effectively jeopardising.

- **Prolonged dependency on parents**

Perhaps there is an unconscious fantasy of breaking away from the family by taking heroin. But the effect is often the opposite: Young people stay with their parents well into adulthood in a sort of child-like dependency. A diffuse aggression towards their social environment is directed towards their parents and thereby partially obviated. Powerlessness is transformed into a wounding power: parents are rendered just as powerless and helpless as they feel themselves. Young people who use heroin usually remain bound to their parents in this state of child-like conflict-ridden dependency, even if the parents throw them onto the streets. Through this unconscious strategy, young people try to postpone the risky and painful transition from adolescent to adult. But this transition is made all the more difficult because the stigmatising use of heroin makes the external social order into which young people should grow increasingly more hostile and unattractive.

### **- Protection from sexuality**

Related to problems of adolescence there is another scarcely acknowledged benefit of pharmacological and social isolation through heroin use: in a relatively efficient way it offers protection from dawning sexuality which is always fraught with tension, particularly at this age, and which in the case of nearly all our interviewees is rendered almost insignificant.

### **- Keeping occupied to achieve stability: Frantic workoholism**

A consciously and vehemently denied benefit is "the stress of keeping occupied". At a realistic average street price of about 60\$ for one "street-gram" of heroin, a modest habit can just about be financed legally, but it represents not only a considerable financial burden - the dangers of being discovered must be added to this. Organising constant supplies of the necessary money and drugs forces the user into a life of hectic activity. This relentlessness imposes an extremely rigid daily routine, an anti-order which must be strictly respected. If regular provision of the drug is interrupted, the user is punished mercilessly with severely distressing withdrawal symptoms. Submitting to such a pharmacological regime of terror, however, has one extremely taboo benefit - its absolute authority removes the burden of individual freedom and offers the stability of a perverted state of law and order. The essential daily structure occupies so much time and energy that there remains scarcely any room for questions about the meaning of existence. The merciless routine structured by drug use appears - perhaps unexpectedly for all concerned - as a frantic workaholism. As the tolerance level increases and pharmacological effect of heroin decreases, this unconscious benefit as a strategy for numbing and distracting from deeper problems may well disappear. Beyond a certain point the enforced activity probably leads to something which could be described as 'agitated boredom'.

### **- Defence against the shame of social failure**

Heroin use can also be subjectively considered a sort of scapegoat for individual failure. It is often less hurtful to ascribe the non-attainment of goals to the destructive power of drug use than to a lack of personal resources. This "blaming" of heroin use may fend off the "shame" of being in some sense inferior, which is much harder to bear, and the defence mechanism possibly protects the user from the feeling of individual worthlessness. He is no longer threatened by personal devaluation in the face of excessive demands made upon him.

### **- Authoritarian anti-order in a psychic chaos**

The use of hard drugs is seen as a standardised model of deviant behaviour. Society itself gives youths and young adults the possibility (and this is not meant cynically) to express a wide range of psychological and social suffering within a socially standardised form. To fight against an insidious but named enemy may protect against an overwhelming feeling of helplessness in the face of an amorphous chaos. The use of heroin may create a sort of reliable anti-order in what is a more threatening total chaos. Indeed, several of the interviewed youths and young adults began using heroin at a time when they were already caught up in massive psychological and social problems. The use of heroin with its socially shaped standardised model of deviant behaviour may in these cases discharge drug users themselves, as well as their immediate and larger environment, with its reliable anti-order, from the threat of an otherwise even more overwhelming chaos.

### **- the war on drugs as stabilizing attractor of anxieties**

Heroin can be named and fought against as an enemy. Battles in the war against drugs demand much attention and emotional energy on an individual as well as on a social level. Other psychological and social problems fade into the background. They disappear, at least temporarily, and are not open to analytical scrutiny. Heroin use as a standardised model of deviant behaviour has the effect of a social tranquilliser, acting on many different problems – social order is temporarily stabilized. For this reason a conservative viewpoint may unconsciously welcome the war against drugs as a social benefit.

The on-going war against drugs may indeed act as a an attractor of anxieties, absorbing a whole variety of every-changing social anxieties. Instances of irrational displacement of anxiety, which are often observed in neurotic illness, have their socio-psychological counterpart. If attempts are made to discuss such mechanisms of "social production of the unconscious", one must reckon with massive resistance from all concerned, because socio-psychological defence mechanisms - safety valves of a sort – are called into question. To criticise these unconscious functions of the war against drugs could easily be considered as an attempt at defeatist sabotage, dangerously underrating an enemy which should be fought without reservation.

The mantle of rebellion which heroin has symbolically assumed since the late sixties must be considered as a motivating factor for any form of heroin use, at least in western societies during the last decades. In particular, the hero-status accorded to several rock icons following their deaths has given heroin a fiendish infamous glamour which still fascinates many young people today. The lives and deaths of people like Jim Morrison, Jimmy Hendrix and Janis Joplin illustrate this world-weariness, as do the suicide of Nirvana singer Kurt Cobain a few years ago or movies such as "Pulp Fiction" or "Trainspotting".

We are now embarking on a follow-up study which will scrutinize how medical heroin prescription programmes may change the symbolic meaning of heroin use. The medically supervised prescription of heroin radically changes the framework, at least for those receiving the treatment. An environment which is scrupulously supervised, in terms of both hygiene and social factors, attempts largely to remove the physical and social side-effects of heroin use which are so far-reaching. Meanwhile those who receive heroin become strongly dependent on socio-medical institutions - something which radically undermines the self image of many heroin users. Instead of the stress and exciting thrill of obtaining the drug like a game of "cops and robbers", there is the unexciting subordination to a rigid institutionalised scheme of distribution. Even in the eyes of total outsiders or potentially endangered young people, the image of heroin use changes radically in the middle and long term. The aura of rebellion applied to heroin users as a result of their stigmatising persecution is replaced by the image of disenfranchised and socio-medically supervised invalids.

We will attempt to strengthen the following hypothesis: This shift of meaning and the corresponding disappearance of many physical and social risks undermine the outlined unconscious and insidious strategies of drug users to find relief from a conventional and possibly boring way of life. Medical prescription programmes make heroin use unexpectedly less attractive on a symbolic level, they radically undermine the thrill of the drugs game.

Due to a changed image of the drug, perhaps one of the most important long-term effects of the medical prescription of heroin will therefore not be found in the area of therapy, but in that of prevention. We synthesized this hypothetical shift in the symbolic meaning with the following provisional title of our study: "From heroin chic to heroin sick."

The following theoretical scheme may help to remind you of the different dimensions which will need to be considered if drug use is to be fully understood.

- 1. Social Structure**
  - Economy  
(labour market, consumer goods,  
social class system)  
*driving force: money*
  - State  
(legal system, welfare state)  
*driving force: political power*
  
- 2. Culture**
  - "stock of knowledge"  
semantics and semiotics  
(eg. meanings of drug use)  
social norms, legitimisations  
(eg. religion, family structure;  
standardised models of deviant behaviour)