

From Law Enforcement to Care: Changed Benefits and Harm of Heroin Use in Switzerland through a Shift in Drug Policy*

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ABSTRACT

We assessed historically changing patterns, meanings and demographic aspects of heroin use in Switzerland during the last three decades. We investigated in particular the influence of the Swiss drug policy on the attractiveness of such changed forms of heroin use. Three complementary types of data have been combined in the present study: documents from available literature and archives, longitudinal statistical data from law enforcement and care agencies and general population surveys, and biographical interviews with around 50 current or former heroin users. By scrutinizing harm and benefits of particular patterns of heroin use, we found conscious and many unexpected unconscious mechanisms of behaviour – both for individual drug users and society at large. On the whole, caring has – to a large extent – sabotaged the rebellious image of heroin use by transforming it into a disenfranchising chronic disease. Heroin now serves much less as a thrilling game for individuals and a frightening scapegoat for society, but users are caught up in the tedium of having their addiction managed and controlled by institutions. Within this evolution we established four time periods of heroin use in Switzerland: «Counter culture» (1965-1975) – «No future» (1975-1985) – «Public hell» (1985-1995) – «Controlled disease» (1995-present).

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ABOUT THE AUTHORS

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1. INITIAL QUESTION

Heroin as a street drug was still largely unknown in Switzerland as late as 1970. After that, its use spread over the next two decades, with occasional sharp rises [1-8]. However, since the early 1990s, the number of heroin users appears to have stabilised in Switzerland, with the number of people starting to use it decreasing markedly [9-15]. Apart from these purely numerical changes, the last three decades have seen a relentless change in typical patterns of use [3, 16-20]. We undertook an investigation into the changes in the predominant patterns of use during this period and examined specific forms of attractiveness of heroin. We focused first on the pharmacological dimension and looked into combinations of drugs, methods of application and social contexts. Building on this knowledge, we searched for forms of individual benefit and harm of specific patterns of use. What subjective meanings are attributed to various patterns of use, and what specific needs are satisfied by different patterns in specific phases of the user's life and within a particular time period? Apart from the purely pharmacological effects, we thus also investigated in our interviews different social circumstances of drug use, which may contribute to the formation of individual identity, or indeed may disturb it. In this, benefits and harm were shown to be highly relative categories. For example, a seemingly self-

destructive type of behaviour may have a perfectly positive subjective benefit for the identity of the individual, if looked at from a different angle. It becomes clear that apart from the obvious, there are hidden benefits and harm, and a distinction must be made between conscious and unconscious effects.

Even though the focus of our investigation was on individuals as acting subjects, the immediate social environment as well as society at large must always be taken into account. In the analytical triangle of «drug, set and setting» [21], we are looking in the main at the third of these three areas. By «setting» we do not mean the immediate situation of drug use with its constellation of group dynamics in a socio-psychological sense as is often done: we mean the changing basic conditions in the wider socioeconomic environment. In particular, we look into how drug users deal with receiving more care instead of law enforcement compared with before. We examine how the subjective meanings of drug use have altered with this change. We thereby enquire particularly into the benefits and harm for the immediate and wider social environment from different societal ways of handling drug use through an attitude marked either by law enforcement or by care.

2. MATERIAL AND METHODS OF THE STUDY

Our study drew on three main sources which complement each other in the investigation into the changing meanings of heroin use. Information on the general historical background and government drug policies was obtained from available literature and document research. The profusion of influencing factors could often only be handled by allowing space for further detailed expansion. However, it was nevertheless essential always to bear in mind any observations made and retain any facts on related subjects. A second source of information constituted secondary statistical analyses. Using a multitude of available statistics, Michael Stauffacher captured quantitative measurable developments: on the one hand the development of institutional help for drug users, and on the other hand the epidemiological statistics about heroin onset at different periods in time (incidence), as well as the spread of drug use (prevalence). Data from treatment agencies, general population surveys and the police were also used.

Finally, biographical interviews formed the third data source. Hans-Peter von Aarburg had already conducted an ethnographical investigation in the middle 1990s in Zurich into the then new phenomenon of heroin «chasing» [16] and was able to gain the cooperation of many of the young people previously interviewed. He had originally met most of them without any arrangement from institutions. Apart from private contacts, he now also met people via institutional care agencies (drop-in and care centres, controlled heroin prescription programmes, inpatient therapy institutions). He interviewed individuals who had started taking heroin at some point during the three decades under investigation and who had either stopped drug taking in the meantime or continued with a range of patterns of drug use. Thus, a corpus of a total of 120 interviews was achieved, 50 people having been interviewed in varying degrees of intensity. All interviews totalling around 140 hours were tape-recorded, transcribed word-for-word and analysed. There are considerably more men than women amongst the interviewees. Only a few selected results can be given here; a more comprehensive publication in book form is in preparation.

3. SOCIOHISTORICAL TIME PERIODS OF HEROIN USE

Based on the evolution of the Swiss drug policy – empirically captured in documents and interviews – we established four historical periods of prevalent patterns of heroin use. Note however that a sharp division between these periods is not possible. The empirical complexity has been simplified in the following representation by listing and comparing elements of patterns of use in three important dimensions. The time periods have been identified mainly on the basis of events and developments happening in the Greater Zurich area, but similar events could be shown to have occurred in other Swiss regions, albeit to a lesser degree. Additionally, it is the experience of Zurich that particularly influenced the drug policy on a national level.

«Counter-culture» (1965-75)

Chief characteristics: As was the case in other countries, LSD and cannabis were the principal drugs of the «protest generation» in Switzerland. The use of amphetamines, administered mostly intravenously, was also widespread in this group. Injecting street drugs was therefore

already known at the time when opium mixtures and morphine (diverted from legal channels or obtained from break-ins into chemists shops) slowly started being used intravenously. At the beginning of the 1970s however, these opiates quickly became exotic rarities compared to the expanding use of heroin.

Law enforcement: There was, to start with, scant differentiation between all these hitherto little known drugs. Altogether, their use was seen as an extreme danger to health, it was despised as a subversion of cultural values and severely repressed.

Care: Shared housing groups offering a therapeutic programme began to be formed. It was often committed young adults with an «alternative» background who looked after drug users of virtually their own age in these «therapeutic communities». The then still young area of social psychiatry began to set up the first advice centres.

«No future» (1975-85)

Chief characteristics: Heroin was originally brought into Switzerland in small quantities by people who took the drug themselves and sold it on to friends. The substance was heroin salt from South-East Asia, and the method of use was by injection. The rise in the number of heroin users was slow but steady. Methadone did not yet feature to any significant degree in the patterns of use.

Law enforcement: Heroin became an important issue during the well-known youth unrest in Zurich. The «scene» was driven out of various public areas in the city; it was temporarily tolerated in the hotly debated Autonomous Youth Centre (AJZ) before this centre was eventually demolished. Authoritarian and more liberal interpreters fought for the power to define and explain the unease and unrest of many young people of that time. Police prosecution of heroin users started to increase substantially.

Care: The range of care options encompassed chiefly withdrawal centres and long-term inpatient therapies with abstinence as the only aim. Many of these therapies were heavily influenced by ideals critical of society, while others had a religious inclination. Both police and therapeutic interventions attempted in their own way to achieve their goal of a drug-free life. Although methadone was officially used – and even administered as a penal sanction – its medical indication was still very narrow and subject to tight controls. At the same time, the first injection room opened its doors temporarily at the AJZ, staffed by volunteers [22,23]. A

report which appeared in the German magazine «Stern» about the exasperating but wild daily life on drugs of a group of Berlin youngsters also fascinated many adolescents in Switzerland: neither in the book nor in the film about «Christiane F. Die Kinder vom Bahnhof Zoo» is any drug help agency of any kind mentioned, not even casually [24].

«Public hell» (1985-95)

Chief characteristics: Base heroin from Afghanistan – it can be smoked directly, but is only injectable in a heated solution with ascorbic acid – slowly began to replace the former heroin salt. The trade in this substance was increasingly organised by professionally structured ethnic gangs, while the drug users' role was now mostly confined to dealing at street level. The late 1980s also saw a massive expansion of cocaine. It has since been combined with heroin in a variety of ways, mainly by injecting it either simultaneously or slightly before heroin, or alternatively smoking it as «freebase», i.e. «crack-cocaine». Cocaine largely replaced heroin as the chief drug in many patterns of use. Since that time, heroin is now often also combined with Rohypnol and other medication prescribed for different medical conditions. Methadone is increasingly an integral part of many patterns of use. Combinations with LSD and Ecstasy are mostly confined to the onset of heroin use, even today. The number of drug users soared in the second half of the 1980s, despite the still high prices. It was only at the beginning of the 1990s that the street price of heroin – with substantially increased purity - fell from approx 500 Swiss Francs to below 100 Swiss Francs [16,25]. Shortly before this dramatic price drop, smoking heroin started to appear beside injection of the drug, and this new form of use temporarily drew in socially well-integrated young people.

Law enforcement: In close proximity to the demolished AJZ, an infamous open drug scene which gained worldwide disrepute as «needle park» appeared in the late 1980s at the «Platzspitz». Following an initial police attempt at closure, it merely shifted along by a few hundred metres to the «Letten», an abandoned railway area. Crime and destitution grew and became unbearable on the site as well as the wider environment. The situation could no longer be resolved by police measures and the «drug problem» absorbed public attention to a degree which can hardly be imagined now. A second closure in 1995 succeeded because caring institutions as well as the police had both recognised the chaotic situation. They were aware of their own limitations to achieve a solution on their own and had begun to co-ordinate their respective strategies.

Care: A harm reduction policy was put in place around 1985 with the initial main objective of stopping the spread of HIV among intravenous drug users. Many originally private initiatives for sociomedical and community work in the drugs area have since been taken over by public bodies and have been officially consolidated. The aim was not only to reduce the medical and social degradation of intravenous heroin users, but also to reinstate law and order. Harm reduction became an integral part of the official drug policy in the early nineties on a national level along with prevention, therapy and law enforcement [26]. As a single measure, the lowering of the entry level for methadone substitution has probably had the most far-reaching and long-term effect on patterns of heroin use. For a long time, people «chasing» heroin received little care within the system.

«Controlled disease» (1995-2003)

Chief characteristics: The price of heroin tumbled further to a street price in 2003 of about 50 Francs per street-gram. The degree of purity has fallen only recently. Methadone has become an even more important element in individual patterns of hard drug use. Indeed, the majority of addicts are now using methadone to control their heroin use and to keep a check on its potential health and social repercussions. The patterns of heroin use are becoming increasingly individual and varied, combining drugs in a variety of ways - cocaine, medical drugs and alcohol. LSD and Ecstasy play a secondary role. The total number of heroin users has proportionally remained stable, but the number of those starting has dropped markedly. The average age of heroin users continues to rise.

Law enforcement: The main aim of police activity is to eliminate dealing and use of heroin in public places, thereby protecting the public from disturbance and nuisance. Although ordinary users can be stopped and penalised, drug searches now focus increasingly on dealer networks. Whereas the focus was once on young users, it is now directed more at structured ethnic gangs of dealers.

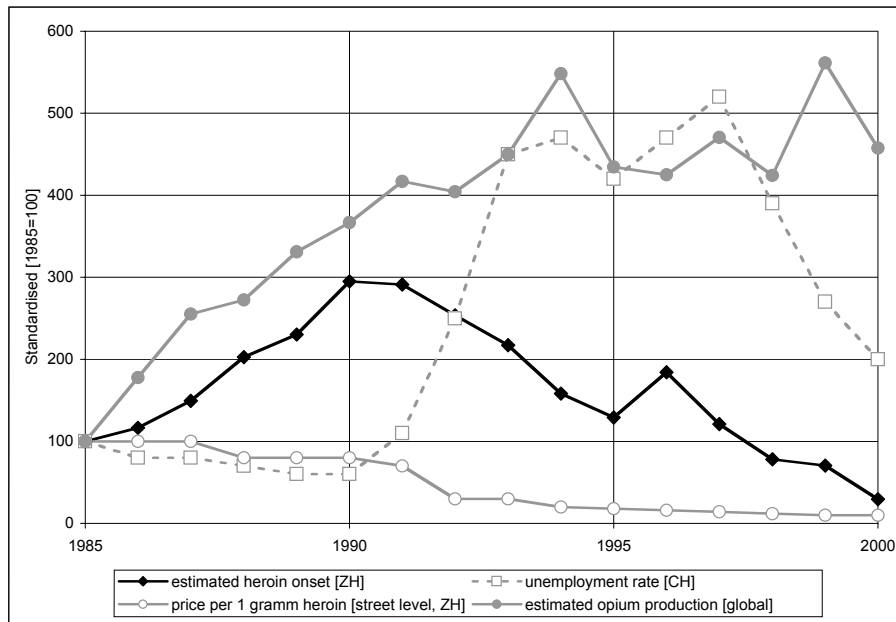
Care: At first, the sociomedical infrastructure and social work measures aimed at stabilisation and rehabilitation, e.g. sheltered housing and occupational schemes, continued to be coordinated. Recently such institutions and programmes have been threatened by budgetary restrictions. Disability benefits are increasingly awarded, mainly based on the diagnostic instrument of psychiatric co-morbidity. Methadone treatments have become the rule. Abstinence-

orientated treatments, which used to be the only form of therapy, are now only financed by the patient's medical insurance after extensive consultation and if a good prognosis is given. In-patient institutions are forced to adapt what they offer to the demand, which has become narrower and more individual, and they are under financial pressure. The heroin programmes, started in 1994, are a firmly established and democratically legitimised part of the choice of therapies on offer. «Heroin assisted treatments», however, are not as attractive to addicts as had been expected by the authorities, some of them having problems in filling available places. The drug care system on the whole is still directed towards assisting intravenous users of heroin, but it now increasingly includes those who smoke the drug. The use of cocaine receives only casual attention, and in particular there is no substitution programme for cocaine. The amphetamine Ritalin[®] is occasionally prescribed as a substitute for cocaine to problem drug users and is tolerated but not officially supported.

4. A LOOK AT STATISTICAL DATA

Our focus is directed at statistically measurable signs evident in the area of heroin use or at factors which could have a bearing on it. In particular, we take into account any data generated in the day-to-day life of law enforcement care agencies. Although such «process-orientated» data gives an insight into the realities of society, it stays highly incomplete because of its insufficient resolution. However, as an important part of the whole picture, it stimulates a closer examination of heroin use looked at from different perspectives. Due to the lack of certain available data, we examine only the period between 1985 and 2000, but this is in fact the time of significant transformation in heroin use. Concentrating on this period allows the observation of the most important changes.

Figure 1: Development of heroin use in Switzerland between 1985-2000, and possible explanatory factors (CH: Switzerland, ZH: Canton of Zurich). Sources: [16,25,28,32,33,35,42]



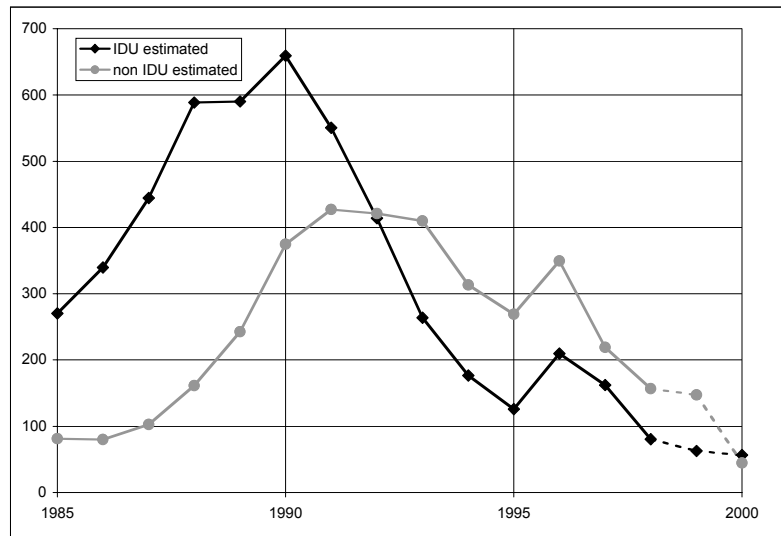
Looking at a simple set of data (Fig. 1), a number of remarkable developments can be observed. For example, in the canton of Zurich three times as many people started taking heroin in 1990 than did so in 1985. While the incidence of heroin users tripled during these five years, the numbers fell again in 1998 to below those at the start of the period and have continued to drop since. The development for the whole of Switzerland cannot be statistically shown due to missing data, but it is likely to have been very similar. Zurich represented the centre of heroin use for the whole of the period. Although trends appeared early here and were more pronounced, they could also be observed elsewhere. Note the open drug scene at the Platzspitz park and later in the area around the former railway station Letten [27, 28]. There is further confirmation gained from regular estimates made of the total number of heroin users in Switzerland. The prevalence of heroin use (doubtless including the street use of cocaine) rose markedly in the 1980s, started to stagnate in the early 1990s, and dropped in the second half of the 1990s [10-13]. The peak with 30,000 heroin users was likely to have been reached in 1992/93.

Many attempts at explaining this development fail quickly on closer inspection. The logic of simple market forces would dictate that a more attractive supply and in particular lower prices should increase demand and the number of people starting to use heroin [29-31]. However, a comparison (also Fig. 1) of the global and local supply curve with that of the heroin prevalence radically disproves this supposition: The largest rise in the incidence is found in the late 1980s, i.e. a time when global availability of opium rose markedly [32,33], but prices on the local market had started to drop only slightly and were kept until at least 1990 at the still high level of approx. 400 Swiss Francs per street gram [16, 25]. Despite continually rising opium production and dramatically slashed drug market prices (in 2000 down to 50 Swiss Francs per street gram), the incidence fell sharply in the 1990s.

Seemingly plausible attempts at finding an explanation based on macro-economic developments are equally unsuccessful [34]. Switzerland experienced a spectacular economic boom during the second half of the 1980s. The gross national product grew strongly and unemployment figures were very low at below 1 percent [35]. A period of recession set in at the start of the 1990s and unemployment rose to nearly 5 percent in the middle of the decade - while the incidence of heroin use dropped at the same time.

Analogies can be drawn for socio-cultural developments, particularly in relation to socially vulnerable groups [34]. A large number of often young people came to Switzerland from the former Yugoslavia under the most difficult of circumstances. However, they did not emerge as drug users either in the treatment system or that of law enforcement. There is no special evidence of even average use of heroin or other drugs by this group of often seriously troubled migrants [36].

Figure 2: Heroin onset incidence stratified by injecting behaviour (life time). Canton of Zurich, Switzerland, 1985-2000, n=5695. Sources [28,42].

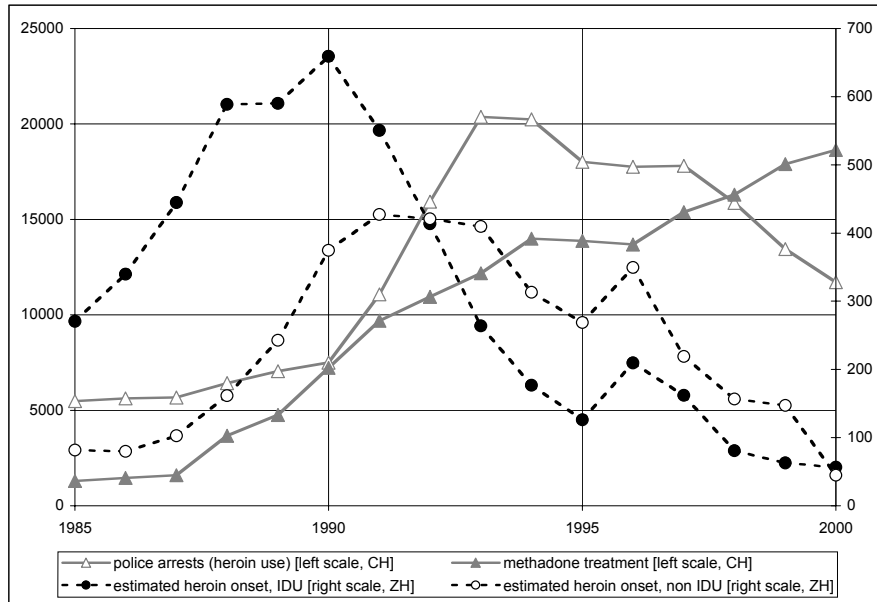


Looking at the patterns of use within the general trend of heroin incidence in Switzerland, two «epidemics» occurring at slightly different times can be observed (Fig. 2). While in the canton of Zurich the annual number of people starting to use heroin intravenously in 1985 was approx 300, this number doubled to 600 by 1990. The corresponding figures for people starting non-intravenous use - principally smoking heroin and to a now lesser degree sniffing the drug – rose from below 100 in 1985 to just above 400. They reached a plateau in the early 1990s and only after that started to drop slowly, re-gaining original levels at the end of the decade.

It appears that the police reacted to this changed situation only after some delay: The number of people reported to the police for heroin use in Switzerland experienced its strongest rise in the first half of the 1990s. After that the numbers stabilised before starting to fall steadily, and this downward trend continues to the present [14, 37]. The intensity of prosecution activity has therefore lessened despite still existing law enforcement of drugs.

² Estimates for the most recent and the earliest years must be interpreted with caution, as here only little information is available.

Figure 3: Development of heroin use and institutional reaction in Switzerland between 1985-2000 (CH: Switzerland, ZH: Canton of Zurich). Sources: [14,26,37,38].



In a countermove, there was a clear and steady rise in the amount of help offered over the whole of the period in question. For example, there were still only just over 1,000 places in the Swiss methadone programme in the middle of the 1980s. This number rose to around 10,000 in 1991 and reached over 18,000 in 2000 [26, 38]. Furthermore, since 1994 this treatment option has been supplemented by an initial 750 and now 1,000 places in «heroin assisted treatments» [39-41]. It is interesting to examine the ratio between numbers of people reported to the police and available places in the methadone programmes: While in the 1980s, the probability of being reported to the police once a year was still four times as high as gaining a place on a methadone programme, this ratio had sunk to 1:1 five years later, and it had shifted to 1:1.6 in favour of methadone by the year 2000.

We can observe that both the actual use of heroin and the area of institutional reaction to current and potential drug users underwent a fundamental transformation during the period under investigation. Based on the presented data, we can conclude that the attractiveness of heroin use increased in the 1980s and decreased sharply in the 1990s. Yet, we do not know how the attractiveness was shaped, which new groups of people feel drawn to its use and which groups

were no longer attracted. Quantitative data, at least that which is available in its rough form, is not able to give conclusive answers here. Qualitative information obtained from biographical interviews is called into the investigation.

5. A GLANCE AT TWO BIOGRAPHIES

The life of any one individual must be seen in its historical context. The following two biographical sketches illustrate clearly that every drug use is shaped by particular historical conditions. The very different stories of the two young heroin users illustrate, however, that historical conditions do not solely determine individual life courses: even similar sets of circumstances during the same time period can be handled quite differently by different individuals. From biographical studies we are able to gain an insight into how different people deal with society's opportunities and restrictions.

Berndt was born in 1966 in Zurich. He completed an apprenticeship as information technologist and has been working in his profession until now, with only one short interruption. In his early twenties he immersed himself during the late 1980s in the then rising Techno party world. It was there that he became acquainted with heroin as a drug to control the wearing-off effects experienced after taking Ecstasy and amphetamines. In order to manage his heroin use, which had in the meantime become addictive, he took methadone for approximately two years during the middle 1990s. A brief excessive use of free base cocaine resulted in severe financial difficulties and nearly sent him to live in the shadows. Apart from methadone, he continued to smoke heroin and occasionally also free base cocaine. He underwent an in-patient withdrawal, but started smoking heroin again only a short time after that. Later, he took part in a methadone programme over a period of a few months, but his attendance was irregular. Due to his good salary, he was always able to cover the costs of his drug use. This was facilitated by the fact that he lived with his parents. He has now been on a heroin prescription programme since 2002.

I went to parties for about three years, often starting on Thursday and lasting until Sunday. But after a time this became boring, it was really always the same. During the weekends I only lived at night and slept during the day. But I also had to stop at some point because I couldn't stand the reality beyond snogging and looking for love any more. Everything

seemed to be only grey, cold and hard now, and also the effects were not the same any more. In the end I had to take too many tablets just to get any kind of effect. I took less and less Ecstasy and more and more Sugar [Heroin]. Now I only take Sugar, and no Ecstasy any more.

When I started working at that company in the IT department, I wasn't quite right, but no-one noticed anything. I hadn't even become any sloppier or unpunctual. Instead of having a business lunch, I used to go to the Platzspitz and later to Letten over the lunch break. And I was always afraid that the police might pick me up or even arrest me. The danger that I might lose my job through always having the police on my tail made me worried. In actual fact, I was only checked out a very few times. The whole business down there put me off - it was the exact opposite to my life at work: Here I had to be respectable, look decent, take care of myself and use quite different language – there the seediness, the mess and squalor, that also attracted me somehow. In a way it provided a balance to my life at work where you do have to be quite loyal towards your superiors if you want to get anywhere.

Just over a year ago I registered with the heroin programme. In the beginning all the rules stressed me out: rules everywhere. I was supposed to go there three times a day, in the morning from 8 – 10 o'clock, lunchtime between 1 and 2 o'clock, and in the evening between 6 and 8 o'clock. These opening times are not that great, you can't plan anything. It was no use telling them: «I have a full-time job, between ten and fourteen hours a day, and I can't make these opening times three times a day!» So I called only every now and then, and anyway I found the whole thing off-putting. I was more dependent now than before! OK, the stress of getting the drug had gone, but the dependency had increased a lot.

Whenever I didn't go there, they nagged at me, but frankly I ignored it. Occasionally they reduced the dosage as a punishment, but that didn't bother me either. They could not touch me. Whenever I had too little, I just went out and bought some. I wouldn't be blackmailed or put down. It took quite a while before they noticed that they couldn't do what they liked with me. After all, I have no legal guardian, I am socially integrated, I pay my taxes, so why all the fuss? For a while I just went in the evenings. But then I noticed that the tablets just didn't last long enough. Now I go mornings and evenings. Even that's a pain, but you get used to it. Every weekend now I go to the mountains, and I also go on holiday regularly. Then I can take the methadone with me. That's really easy to get.

Carlos was born in 1971 as a son of Spanish migrant workers in Zurich. Even as a pupil at secondary school, he enjoyed the boisterous life in a gang rivalling with other ethnic youth gangs. What was previously high spirits turned, during his apprenticeship, increasingly into aggressiveness. He started sniffing cocaine. He also began dealing in drugs, earning lots of money and being appreciated as an easy-going mate. Only after becoming more deeply involved in the drug world did he start taking heroin. In order to escape from his increasing difficulties, he spent two years living almost drug-free in the home country of his parents. This attempt to free himself from his entrenched situation was successful for a time. But on his return to Switzerland, he reverted almost immediately to his former drug use, and an engagement to be married ended in a dramatic and painful break-up. Many withdrawals, in-patient treatments and stays with relatives in Spain were unable to permanently solve his drug dependency. Before embarking on a heroin prescription programme in 2000, he had been financing his intravenous use for many years through professional shoplifting. He lives with his parents.

I sniffed that damned cocaine and felt «I am the greatest!» Six months before I was due to finish, I chucked in my apprenticeship. I had totally lost my sense for the value of money and lived in a dream world: «I'll work for two or three years or so, make a lot of money – a million. Then I'll disappear and you can all get stuffed. I'm not going to work for

3,600 Francs!» I was just 18 when I was arrested in 1989 and sentenced to six months in prison, suspended for two years. I was really worried about doing something stupid and having to go to jail. I wasn't working at that time, but I had put some money aside and was able to finance myself a bit. Again and again, someone came up to me at that time «You and your Coke, Sugar [Heroin] is good! Sugar!» I always said «Stop bothering me!» There came a point when I gave in and sniffed a line which he offered me. I'm sure I lay for at least six hours on a park bench at the Platzspitz; I hung around with him and someone else, it was just beautiful – an indescribable inner warmth. For at least another ten times it was just as good, but I'll never forget that first time.

I went to Spain and at first hung around for a year in our village. Because I didn't have anything better to do, I ended up volunteering for military service. For a total of two years, I took nothing at all except a bit of alcohol and the odd joint with friends.

Then I returned to Switzerland, well fed, trained and incredibly fit. «What could I do?» After a few weeks, I was at it again. The poison drew me back in and it turned into a real slippery slope. Round about 1996 I began shoplifting. I didn't want to deal any more, the price had gone too low in the meantime. In 1989, a gram had still cost between 500 and 600 Francs, now it costs only about 45 Francs, and I'm not going to run around for that. Anyway, sooner or later I would have been caught. Incidentally, I was at the time constantly on Rohypnol, otherwise I wouldn't have been able to do it. Rohypnol takes away your fear. In 1998 and 99 I ended up in hospital six or seven times because of a Rohypnol/heroin overdose.

At some point they caught me again and I started another trial. They suggested an in-patient treatment as a penal sanction. But I turned that down. «I'm not going to do a withdrawal and I'm not doing any therapy! I have been on many in-patient stays and I know what it's like! Being locked up doesn't do me any good, I have to manage my life outside! Either you give me some out-patient sanction or you put me in jail!» I didn't want to flee to Spain anymore either. It's an illness: I used to go there ill and come back ill. So in the end I was able to join the heroin programme as an out-patient. That's what saved me, otherwise I would perhaps not even be alive today. After two years, I am now taking only one tablet in the morning and two and a half in the evening. But I'm not quite ready to stop taking them completely. In March 2002 I applied for disability benefit, and now, six months later, I have been awarded full benefits. I have medical certificates and didn't play any tricks - after all I did attempt suicide several times.

6. BENEFITS AND HARM OF HEROIN USE IN RELATION TO THE PREDOMINANT MODE OF CONTROL

Berndt and Carlos started to use heroin when open drug scenes were constantly in the headlines and the subject of intense public debate in Switzerland. Patterns of drug use – and in an analogous way also corresponding social circumstances as drug policies – can at least to some extent be established on the basis of interview statements, documents and statistical data. It is much more difficult, however, to determine individual meanings of drug use or social meanings of drug policies. Individuals themselves often really do not know why they act in a certain way and what this ultimately means to them. On close scrutiny, expressed motives often prove to be rationalised delusions of the self and others, depending strongly on current life situations and communicative circumstances. Statements about specific benefits and harm of particular forms of drug use relate, beyond obvious facts, to the tricky dimension of ambiguous and con-

tradictory subjective meanings. These cannot really be observed directly, they have to be inferred and reconstructed on the basis of various indicators. By analogy, the same limitations apply when benefits and harm of different drug policies are questioned on a societal level, e.g. in the case of discourse analysis.

Berndt mentioned the temporary pharmacological effects as a clear benefit, at least at the start of a particular drug use. He also quite consciously interpreted the soft techno-party world as well as the dirty and criminal open drug scene as providing a balance to his otherwise quite conventional life. In contrast, he did not interpret the fear of being caught by the police and thereby possibly losing his job as a social benefit of his drug use. Nevertheless, he put his social integration at risk and enjoyed - at least to some extent - the thrilling challenge of not being arrested. At the same time, he was proud to keep his job and to win the battle with various drugs where so many others failed. His drug use may represent an unconscious benefit in the sense that it allowed him to feel strong and to express ambiguously aggressive feelings towards his ordinary life without taking conscious responsibility for it. After his enrolment in a heroin maintenance programme, his heroin use shifted from an extremely time- and money-consuming but somehow rebellious way of life to one which is painstakingly controlled as a medical condition. As a clear benefit, he recognises that he now has much more time and money at his disposal. To some extent this presents a reversal of his former situation: his drug use has become a boring routine, while he is now left with sufficient energy to revive his professional and private life. He experiences the disenfranchising medical control as a shameful harm, but his social and economic independence allows him not to surrender completely under the institutional control imposed on him.

Carlos started his heavy drug use at around the same historical moment as Berndt, but he was several years younger than Berndt at that time. He had first used cocaine and dropped out of his apprenticeship when he was earning a lot of money through dealing in drugs. He considered the pharmacological effects of the drugs as well as the huge financial gains made in street dealing to be great benefits. Although he feared being caught (conscious harm), he enjoyed the respect of his peers and was envied for it (conscious benefit). When, after a time break, he slipped into heavy heroin use, he became socially and financially ruined. An «all inclusive»

package of institutionalised care finally saved him from total failure and possible death, but he is having to pay a high price for this benefit: he is now stigmatised as a chronically sick and socially extremely marginalised person. Institutions now give him care, but they also take away his ability to be in charge of his own personal affairs. Looking cool in the face of these authorities may protect him to some extent from the shameful and therefore consciously repressed harm caused by his situation which he globally accepts. Institutional actors in particular may interpret such sometimes cunning behaviours as signs of immaturity rather than attempts to defend feelings of an endangered self-esteem.

Both Berndt and Carlos evolved to different degrees and in different forms from a status of «bad» to one of «sick» or «mad boys». If such a change in social meaning occurs, this will inevitably have an effect on the individual level. Therefore both levels have to be scrutinized. Drug users were once considered socially subversive and frightening individuals who threatened central social values. In fact, drug users were in the spotlight and centre-stage in a «war on drugs» which was waged with much emotional public attention. Public attention in Switzerland for the heavy drug problem has since collapsed. As a consequence, heavy drug users in Switzerland are no longer seen as an ideologically frightening threat to society. They now appear more as a (minor) public nuisance and a social burden with a high cost. As simple as it is to name visibly evident benefits and harm of different forms of drug policies, it is just as difficult to state their hidden, more or less unconscious forms of benefits and harm. Hard resistance is to be expected from society when speaking of the unconscious benefits of the «war on drugs». Nonetheless public enemies may serve, at least to a degree, as useful scapegoats in this as well as in many other cases, obviating the need to analyse the really underlying problems. The resulting blindness for manifold social problems is an unconscious but real harm of this drug policy. A drug policy which concentrates chiefly on the aspect of care tends to re-define social problems as mental health and drug issues and, in doing so, risks also to neglect an adequate analysis of various underlying social problems. At the same time, a drug policy offering comprehensive care tends to threaten the basic principles of a liberal society by disenfranchising institutional control. This harm also remains largely unconscious.

The Swiss drug policy clearly evolved from a mode of control through predominant law enforcement to one of predominant care. Heroin use changed accordingly. The once «untamed» and rebellious use of heroin without any help from caring institutions has now become a rarity in Switzerland. Although the balance of law enforcement and care has changed, both elements are still present today. Different groups of users may well be exposed unequally to the risks of police repression or possibly disenfranchising care according to their personal and social resources, i.e. depending on their vulnerability and resilience at given moments in time. Furthermore, the relative strength of the two poles changes constantly in the course of every user's career – e.g. even today there is, of course, no assisted onset of drug taking.

Table 1: Benefits and harm of heroin use in the modes of predominant law enforcement or care

<i>Heroin use in the mode of predominant law enforcement</i>			
		For the individual	For society
Benefit	Conscious	Enjoyment Analgesia Anti-depressant Rebellious identity	Small benefit May provide impulse to reflect on mainstream values
	Unconscious	Heroic, thrilling challenge Feeling of being innocent victim Addiction as a haven and a release from the burden of freedom	Public enemy providing useful scapegoat; obviates need to analyse underlying problems
Harm	Conscious	High risks, but on one's own reckoning Social exclusion under the label: «bad» Illness Death	Threat to social values and established law & order Drug users feared as subversive elements in society High financial cost of law enforcement
	Unconscious	Threatened self-esteem through self-induced loss of autonomy	Blindness for manifold social problems blanked out by drug issues
<i>Heroin use in the mode of predominant care</i>			
		For the individual	For society
Benefit	Conscious	Reduced enjoyment Analgesia Antidepressive Reduced risks	Law & order re-established Pride in liberal welfare policy
	Unconscious	Addiction seen as illness provides discharge from personal responsibilities Addiction as a haven and release from the burden of freedom	Social problems re-defined as mental health and drug issues, underlying problems not properly analysed
Harm	Conscious	Reduced risks, institutionally cushioned Social exclusion under the label «mad» Comprehensive institutional control disenfranchises and threatens self-esteem and dignity	Public nuisance Heavy drug users and addicts are perceived as irritating, chronically ill people High welfare costs
	Unconscious	Unheroic struggle to retain last remains of autonomy as a defence against disciplined submission, often seen as immaturity by institutions	The basic principles of a liberal society are threatened by disenfranchising institutional control, restricting individual freedom

We used the framework of Table 1 as a heuristic tool, allowing us to synthesise the information from all sources and to identify generic patterns from individual interviews. Its main purpose is to bring together important dimensions. Such an approach is inherently simplifying and can

therefore never be comprehensive. The framework for interpretation is used in an iterative process: results of each step improve insights in a spiral movement, thus allowing further refinement of the analytical concepts. The contents in the framework are therefore only tentative result in an ongoing analytical process. More important than the simplified and incomplete statements itself is the structure of the grid itself, with its complementary dimensions. For a more comprehensive account of particular individual benefits and harm from concrete patterns of use, we would like to refer to the forthcoming publication in book form.

7. SUMMARISING CONCLUSIONS

The biggest increase in heroin incidence in Switzerland was observed during the second half of the 1980s, whilst the 1990s saw first a stabilisation and later a clear decrease [42]. Neither neurophysiological nor psychopathological approaches can explain such developments. So we related these trends with various statistical data from other domains (general economic situation, black market). Yet no simple explanation could be found.

An attempt was then made to relate evolving heroin policies over the last decades to the changed attractiveness of the drug. We worked on the basis that the attractiveness of its use was largely determined by changing drug policies. This supposition is founded on a much more general observation: Socially produced meanings are fundamental to all human behaviour. Drug use is of course also laden with meanings, produced in social contexts and processed in concrete communicative situations. This level of meanings has to be investigated alongside purely pharmacological effects. In this investigation it must be born in mind, that society and the individual are methodologically not opposites but constitute each other. Society is, after all, continuously processed and re-created in social interactions.

In order to reconstruct such meanings, it was necessary to scrutinize patterns of use with a look at both the sociohistorical background and the individual life history. Indeed, completely different meanings can be attributed to the use of identical pharmacological substances in the biographical as well as the sociohistorical dimension, and this may result in much variation and quite specific forms of attractiveness.

In order to analyse and understand the increase and decrease in the attractiveness of heroin use, we distinguish the main dimensions of harm v. benefits and conscious v. unconscious (see Table 1). All human behaviour has consequences, negative and positive, harm and benefit. In the context of drug use, this fact is often forgotten or neglected. Yet, a short-sighted perspective ignoring, for example, individual benefits arising from drug use will fail to understand the very real attractiveness of such behaviour. On the one hand, the decision to take drugs is certainly a rational one, based on a deliberate assessment of benefit v. harm. However, apart from this conscious decision, and probably even more important in the field of drug use, are unconsciously motivated decisions. In many cases, human beings are not able or willing to correctly identify reasons for their behaviour.

There is strong evidence that institutional care has had a paradoxical effect on the attractiveness of heroin use in Switzerland. It had been feared that this drug use might be made more attractive by the expansion of harm reducing institutions, especially that the dangers might appear less in the eyes of those potentially at risk. The contrary appears to have happened. The introduction of methadone maintenance and the heroin prescription programmes are more likely to have a preventative effect and deter outsiders by turning the once rebellious image of heroin use into a painstakingly monitored illness.

We identified a time when heroin use in Switzerland constituted mainly a heroic, thrilling challenge in an environment of predominant law enforcement. Within this period we distinguish between «Counter Culture» (1965-1975) and «No Future» (1975-1985). The time period, when heroin use was mainly patterned by an environment of predominant care and had become an illness and a discharge from personal responsibilities, has been labelled here «Controlled Disease» (1995-present). The transformation process from one mode of control to the other has been described as «Public Hell» (1985-1995).

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