Evolution of the Drug Situation in Europe in the last 30 years

EMCDDA Conference
“Understanding the dynamics, nature and scale of drug use in Europe”
Lisbon 21-22 September 2015
Dirk J. Korf
Bonger Institute of Criminology
WHO COULD HAVE PREDICTED THAT in 2015 ...
WHAT I’LL TRY TODAY ...

- Look back and share some observations and reflections
- Address some factors that played a role in changing the landscape
- Including changes in paradigms and policy
- From a social science perspective
- And a bit of my own research
Drug Market Interplay

POLICY

SUPPLY

DEMAND
### Policy Shifts Related to Shifts in Focus

<table>
<thead>
<tr>
<th>Micro</th>
<th>Meso/Macro</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SET</strong></td>
<td>Personality</td>
<td>Age</td>
</tr>
<tr>
<td>Previous experiences</td>
<td>Gender</td>
<td>Treatment, E-therapy</td>
</tr>
<tr>
<td>Expectancies</td>
<td>Ethnicity</td>
<td>Sentencing, prison</td>
</tr>
<tr>
<td><strong>SETTING</strong></td>
<td>Family</td>
<td>Clubs</td>
</tr>
<tr>
<td>Peer group</td>
<td>Raves</td>
<td>Harm reduction</td>
</tr>
<tr>
<td>Home</td>
<td>Festivals</td>
<td>Peer education</td>
</tr>
<tr>
<td>Open scenes</td>
<td></td>
<td>Public order, nuisance</td>
</tr>
</tbody>
</table>
SETTING
Zeedijk – Amsterdam
late 1970s
MID 1980S: ‘classical’ drugs

- Established *cannabis* market, mostly imported resin (hashish).

- *Heroin* the main problem drug in many European countries.
  - Health: IDU, HIV & AIDS; Overdose
  - Public order: Open drug scenes, dealing, crime

- *Cocaine*, disco and champagne - and in some countries marginalized / deviant groups.

- *Amphetamines* – IDU in some countries; popular stimulant in some alternative (nightlife) scenes/subcultures (e.g. punk).
SETTING: EXPANDING EUROPE – OPEN BORDERS
1985 onwards: CANNABIS

Supply: increasingly herb (marihuana), domestic cultivation.

Demand: most commonly used illicit drug.

Trend = Waves. Up in some, Down in other EU countries.


Drug: THC up. Brain damage. Cannabis psychosis (schizophrenia) back in discours.

Set: Still often defined as a youth problem, but many adult users.

1985 onwards: HEROIN

Supply: world wide abundant availability of heroin.

- Drug: Peak late 1980s / early 1990s / or later. Decrease in IDU – though strong differences between countries. More opioids other than heroin. Much poly-drug use.
- Set: Ageing population in many EU countries. Health: Less new HIV cases; HCV on the rise.

Policy: On the longer term shift in focus from in-patient treatment to harm reduction and substitution. Still little substitution in prisons.
THE FACE

SOMETHING LIKE A PHENOMENON

DE SCHIJN VAN EEN LIJN

COKE, ME NEUS UIT!
1985 onwards: COCAINE

Supply: imported from Latin-America. Dynamics in smuggling routes.

Drug: Significant differences in purity over time and within EU. Powder and crack cocaine (base).

Set and setting: Diverging user populations.
- Predominantly recreational use in private settings and nightlife (intranasal use).
- In some EU countries increasingly among ‘problem drug’ / ‘high risk’ users: IDU or crack.

1985 onwards: AMPHETAMINES

*Supply*: historically the only ‘classical’ drug mostly produced in EU itself.

*Drug*: amphetamine much more common than methamphetamine. Exception: Czech Republic (+ more recently: Slovakia) – but now signs of growing use of meth in other countries.

*Set & setting*: long-term, chronic amphetamine use mostly observed in northern Europe. Users first time in treatment younger than heroin and cocaine users.

Fluctuating trends in use in general population and nightlife goers. Competes with other synthetic (stimulant) drugs.
MDMA

Pharmacological innovation:
• Search for ‘truth serum’ 1930s
• (cold war) psychedelics 1950s

Resynthesis Shulgin late 1960s
• After criminalisation LSD:
• Therapeutical: ‘empathy’
• 1st sample 1972, Illegal 1985

Spread: Dallas -> house -> Ibiza & Goa -> UK, Amsterdam

Globalisation market & use
XTC
‘The new wonder drug’

Synthetic & radical innovation:
4-P Marketing mix model (Kotler, 2003)
– **Product:** pill & logo
– **Price:** down with increasing demand
– **Place:** epicentre nightlife
– **Promotion:** innocent image in media 1980s, hypes, new logos, enthousiast users

**Historical Momentum**
- XTC catalyst of ‘house’
- End of 1980s economic depression
- Berlin Wall Down 1989
- Party tourism
- New party settings
Policy & Market

- Enforcement: focus on labs and criminal networks
- Nightlife, festivals: safe setting, water supply – and zero tolerance
- Quality Dips
  - ~ 1997: more speed
  - ~ 2009: mephedrone
- Higher dosage
- Price down
EVOLUTION IN SET: MUCH MORE STUDENTS

In NL number of students almost doubled in past decade

Today approx. 110,000 at university/applied science students in Amsterdam

(total population = 830,000)
EVOLUTION IN SET & SETTING

Amsterdam, like other EU cities:

- Changes in housing and lifestyle of students
- Urbanisation, gentrification
- Mobility and internationalisation
- Expats, creative professions

But also many young unemployed academics in some EU countries

Changing nightlife: less clubs, more raves, festivals
Trends Nightlife Amsterdam

**Late 1980s/early 1990s:**
Summer of Love, Raves, Party’s, Discotheques become Clubs

**Upgrading** (late 1990s)
Distinction from mainstream
VIP, chic, logo, lounge etc.

**Urban** (early 2000s)
Multicultural & cool

**Under/upperground**
(after 2005)
Alternative lifestyles
Adventurous ‘wildness’
From Centre to Peripheric
Revival of Raves
After party’s
Social Media & New Lifestyles

Flexibility in going out, not 1 favourite club, pub, party or festival. More *do-it-yourself* + new entrepreneurs + sustainability

Going out = whatsapp, facebook, youtube etc.

24/7 economy, flexible working hours

Work and leisure time less separated

Going out = networking
HETEROGENEITY: 4 Types of Trendsetters: All Use XTC

1 Alternative
(innovative music; rithm):
SPEED rather than cocaine

2 Creative
(artistic + eclectic; image)
COCAINE rather than speed

3 Psychonaut
(spiritual; mind & experience)
Psychedelic & Designer Drugs

4 Sensualist
(body + erotic; tactile)
GHB, ketamine, meth, viagra
IN PANEL STUDY
TRENDS STIMULANT DRUGS
**STIMULANT DRUGS: Survey**

**Clubbers / Ravers**

*XTC* remains #1 party drug. Prevalence related to: quality, type of setting *(more at raves than in clubs)*

*Ampthetamine* more popular with lower income, hardcore, long-lasting party’s and with ‘XTC-dip’

*Cocaine* predominantly at home, as ‘starter’ of night out, to share, better income + deviant groups
IN PANEL STUDY
TRENDS ANESTHETIC DRUGS
Revival laughing gas: easy availability & carnivalisation

(Presdee, 2000: Cultural Criminology and the Carnival of Crime)
ANESTHETIC DRUGS
Survey Clubbers / Ravers

- desire for short high
- nice ‘desert’ at after party
- neutralize stimulants
  - Combi with stimulants, more intense high
- growing alternative party segment

**GHB:** euphoria vs. coma and unpleasant company in nightlife

**Ketamine:** into wider circle

![Graph showing the usage of GHB, Ketamine, and Lachgas from 1995 to 2013]
GHB: Urban – Rural: Different Set – Different Setting
Clients in 2007 en 2010 in NL / 100 000
New Psychoactive Substances

Explosion of NPS – some break thru (in some regions)
Global and local; ongoing innovation
Quick response to criminalisation

More known about drug than user (prevalence, patterns & profile)

Market: General development in supply at user level: street -> mobile phone dealer -> online
Much social dealing / sharing
In Sum


SET: Traditional ‘social risk factors’ not applicable to vast majority of users

SETTING: Prevalence rates much higher among nightlifers than general population same age
- However, also many ex-users in nightlife, at festivals
- Big differences in use between settings

*Acute health risks rather than dependence*
Drug Market Very Flexible

POLICY
Health or public order?
Harmonisation?

SUPPLY
Criminalisation?
Regulation?
Social dealers?
Online markets?

DEMAND
New generations,
partly a-historical
Very different groups
Recreational – At risk
Global – Local
But more than just
“We’ve seen it all before”