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“I have no clue why I’m doing this”

**A Qualitative Study on Crack Cocaine Use
in Frankfurt, Germany**

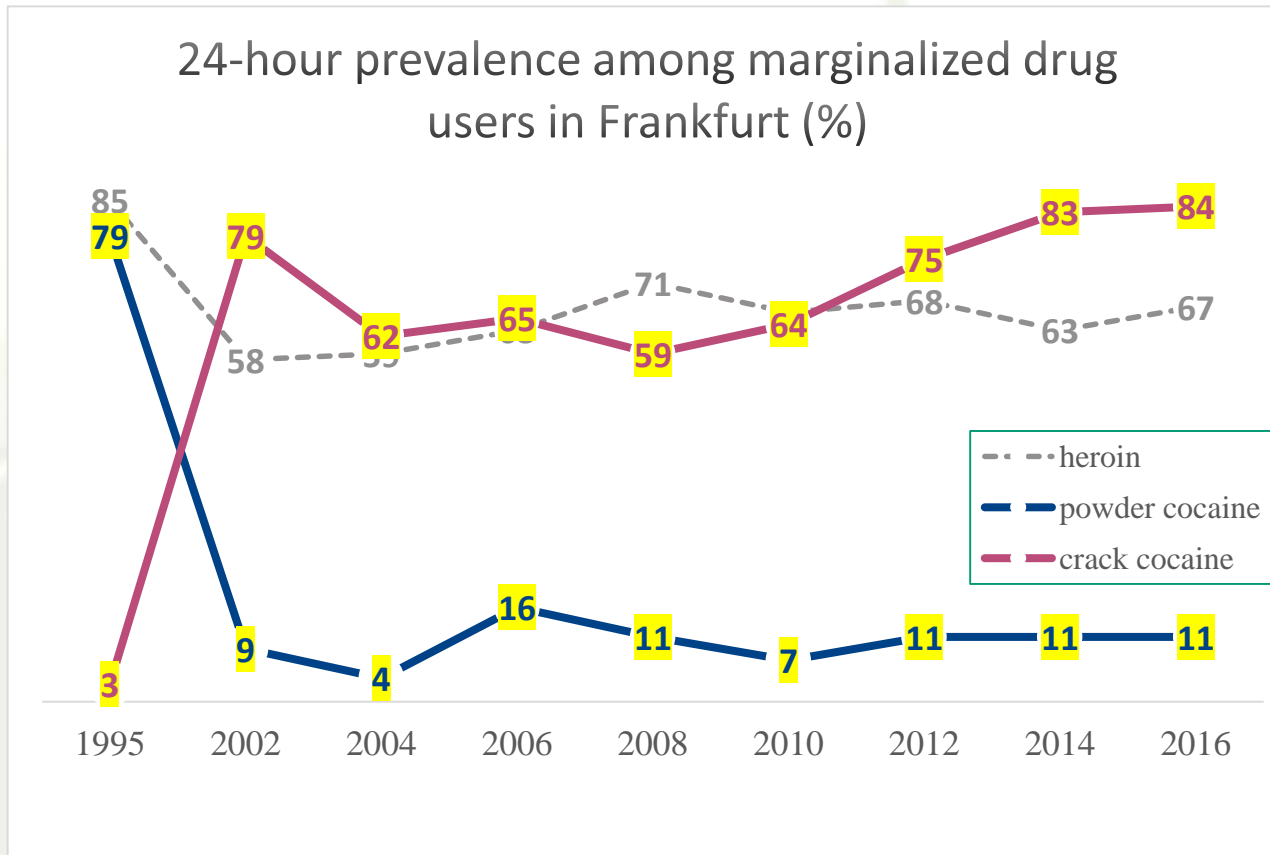


The Frankfurt *Bahnhofsviertel* (lit. "main station district")

- core area of the Frankfurt open drug users' scene for more than two decades
- since 1990s: *Frankfurter Weg* ("Frankfurt way") in drug policy: broad network of harm reduction facilities (e.g. drug consumption rooms), opioid maintenance treatment + less police repression against users
- since 2002: bi-annual quantitative survey (part of local drug monitoring system)



The Frankfurt *Bahnhofsviertel*



Source: Wersé, B./ Sarvari, L./ Egger, D./ Feilberg, N. (2017): **MoSyD Szenestudie 2016 – Die offene Drogenszene in Frankfurt am Main**. Centre for Drug Research, Goethe-Universität, Frankfurt a.M.



The Frankfurt *Bahnhofsviertel*

- other commonly used drugs: alcohol, cannabis, benzodiazepines
- for about 2 years: growing discussion on the drug users' scene in the context of inadequate behavior of dealers and users, gentrification and immigration – with focus on crack cocaine use
- summer 2017: increased police repression (almost daily raids among dealers etc.)
- at the same time: city of Frankfurt funded a study to find out more about crack cocaine use. Core questions: **Why is crack cocaine the most prevalent drug in this setting? Why has it even increased in recent years? What keeps the users from stopping?**



Methods & Interviewees

- 30 semi-structured qualitative interviews (July – September 2017)
- interviewees approached on the streets or around harm reduction facilities
- 12 female, 18 male
- average age 41
- All but three respondents used opioids (mainly heroin) before crack cocaine and had an extensive history of multiple drug use, mainly in the *Bahnhofsviertel* area. Half of the respondents get opioid maintenance treatment. Only few respondents have an own apartment.



Perceptions of Quality

- crack cocaine is commonly called *Stein* (lit. "stone")
- most respondents are convinced that there are "good stones" and "bad stones" (or "chemo-stones") on the market
- they suspect that some of the crack cocaine actually consists of amphetamine derivatives
- this was proven wrong in a recent drug content monitoring study
- **Surprisingly, the alleged effects of "bad stones" are typical for high dosages of ordinary crack cocaine: unrest, insomnia, lack of appetite, strong craving etc.**



Patterns of Crack Cocaine Use

- crack cocaine is mostly smoked, but also injected intravenously
- two different basic patterns could be detected:
 1. use in binges (of hours or days)

"Twenty-four-seven; always chasing the 'stone'. I accept I'm that tired, like six or seven days awake, but I also know that I cannot just stay somewhere on the street – I mean, I am in clear mind at this moment, I do not like others... here on the street... I retreat to a safe place, could be the café above or in the daytime sleeping facility, where I won't just faint."
– Nilhan, 48 years

2. more regular (daily) use, e.g. starting in the afternoon and stopping before bedtime
- Some impose rules on themselves to keep that pattern.



Motivations for Crack Cocaine Use

- a minority of respondents reported a performance-enhancing effect of crack cocaine, similar to coffee
- relatively many users were not able to figure out any motive for or any function of their crack cocaine use

"I'm trying to get rid of it, but that's just the addiction, and if I've taken it – every time – I get annoyed every time I did it again. But with regard to a certain [function] in everyday life ... you cannot say anything, actually."

– *Marco, 25 years*

"No, it's simply like... I have no clue, I just like the kick. (I: You just like the kick?) Why or how, that's... really nobody knows that here."

– *Jennifer, 41 years*

→ **inability to state the positive effects of crack cocaine.**



Motivations for Crack Cocaine Use

- an indefinable need for a "kick" often goes along with opioid maintenance therapy
- some interviewees even link the rise of (crack) cocaine during the 1990s directly to the establishment of the opioid maintenance therapy:

"Heroin does not have an effect if you get methadone. Yes, and what do you take then? Cocaine. [...] During this time, the methadone program came on. [...] Now this is how it is: Most of those who have been on drugs for a long time do a 'cocktail', coke and H, so that they also have a kick and not just no withdrawal symptoms. [...] And suddenly there was 'stones' [crack cocaine]. And then you took methadone and smoked 'stones'."

– *Yvonne, 43 years*



Dependance Potential of Crack Cocaine

- most interviewees consider themselves as "addicted" to crack cocaine, however not physically
- the craving is described as a very strong and irresistible desire for more

"I don't know what they mix in here, but when you smoke it, you always want more. That makes you greedy. There is no end. And with money in your pocket – you can't stop."

– *Mandy, 36 years*

- "withdrawal symptoms": nervousness, aggressiveness, bad mood
- the *Bahnhofsviertel* area is considered the main trigger to use the drug, along with the presence of dealers and other users

"As soon as I come to the shitty fucking Frankfurt main station and this smell [of crack cocaine] is there, I have no control over Amir. Then he is a loser. I suffered enough here."

– *Amir, 41 years*



Dependance Potential of Crack Cocaine

- about 33% of the participants describe themselves as **not dependant**
- they did not experience long-lasting withdrawal symptoms
- successful strategies to reduce consumption:
 - **avoid the *Bahnhofsviertel* area**
 - predetermined daily routine
 - own apartment, own job

"I did not feel like it anymore. And then I stopped. [...] (I: How was it in the time when you stopped consuming?) Oh, a bit exhausting. (I: Did you do something to stay away from crack?) Yes, I just did not go [into the *Bahnhofsviertel* district]."
– *Tim, 38 years*



Possible Substitutes for Crack Cocaine

- different from their opioid addiction, more than 50% of the users think that there is no substitute for crack cocaine
- those who *do* consider an alternative for crack cocaine mainly refer to **cannabis** for two reasons:
 1. cannabis saturates the indefinite need for some "kick"
 2. cannabis is inhalable and a good substitute in this regard

"When I smoke cannabis, I just do not think about 'stones'. Then I just want to be a bit for myself, just relax. [...] It helps me completely. Then I do not have the desire [for 'stones']. I do not have cold-turkey or anything else."

– Paul, 41 years

→ It is not about the specific crack cocaine high, but the general need for intoxication – at best associated with inhalation and a rapid onset of a "kick".



Social Work and Police Repression

- nearly all respondents use harm reduction services but they rarely believe in their effectiveness regarding their crack cocaine consumption and their generally drug-centered 'lifestyle'
- most interviewees don't use crack consumption facilities ('smoke rooms'), often because of the atmosphere which is described as 'too sterile' and/or 'too loud'
- many respondents welcomed the increased police activity in 2017: they hoped that "bad" dealers "who sell crap" and/or use aggressive sales tactics might disappear from the setting
- anyway, users are not so much affected by stop-and-searches that focus on dealers



Conclusion

1. Most respondents **dislike the common side effects of crack cocaine** – while at the same time relatively many of them **can not tell what the drug's positive effects are**. Moreover, their description of "good stones" resembles the effect of crack cocaine with a low purity level.
2. The **psychological dependance** of crack cocaine is presumably not so much tied to the pharmacological characteristics of the drug, but rather **connected to the users' mere presence in the core area of the scene** – we assume a highly social interplay between deviant identity, stigmatization, ritualization and drug effects, which seems like a collective form of very effective autosuggestion.
3. The lack of motives for crack cocaine use, the assessment that cannabis might be a good substitute and the variability of patterns of use are strong arguments against pharmacocentric views on "drug addiction". **Our respondents are 'depending' on the frequent ritual of drug use, with a strong need to consume/inhale something that has an immediate effect.**



Literature:

- Werse, B./ Sarvari, L./ Egger, D./ Feilberg, N. (2017): **MoSyD Szenestudie 2016 – Die offene Drogenszene in Frankfurt am Main**. Centre for Drug Research, Goethe-Universität, Frankfurt a.M. [Download](#)
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- Werse, B./ Kamphausen, G./ Klaus, L./ Egger, D./ Sarvari, L./ Martens, J./ Feilberg, N. (2018): **“I have no clue why I’m doing this” – a qualitative study on crack cocaine use in Frankfurt, Germany**. Paper presented at ISSDP conference, Vancouver.

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