

"I have no clue why I'm doing this"

A qualitative study on crack cocaine use in Frankfurt, Germany

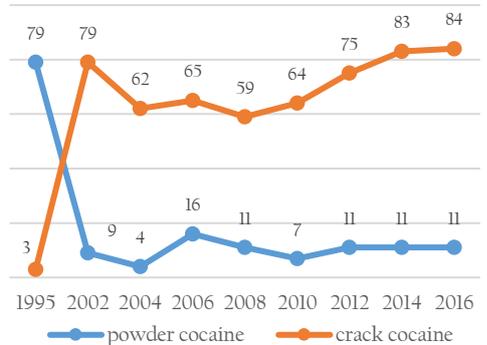
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Initial situation and aims:

- Long 'tradition' of open drug users' scene in Frankfurt
 - Extensive problems with these persons led to the implementation of the relatively "Frankfurt way" in the early 1990s: broad network of harm reduction facilities (e.g. drug consumption rooms), combined with some repression
 - Still, Frankfurt is one of few examples of a visible open drug scene in Europe, close to the main train station ("Bahnhofsviertel" neighborhood)
 - According to our bi-annual quantitative survey (part of local drug monitoring system), the average age increased to 42 years (better conditions for survival, but few who manage to recover from compulsive use)
 - Since around 2 years: Growing discussion on this setting in the context of gentrification, inadequate behavior of dealers and users etc., with focus on crack cocaine use (which is prevalent since at least 15 years, see figure). As a reaction, police increased their repression (almost daily raids among dealers etc.)
- City of Frankfurt funded a study to find out what is the point with regard to crack cocaine use: Why is smokable cocaine the most prevalent drug in this setting? Why has it even increased in recent years? What keeps the users from stopping?



24-hour prevalence among marginalized drug users in Frankfurt (%)



Other 24-hour prevalence rates (2016):

| | |
|---------------------------|-----|
| Heroin..... | 67% |
| Alcohol..... | 46% |
| Cannabis..... | 26% |
| Benzodiazepines..... | 25% |
| Pregabalin (Lyrica®)..... | 11% |

Source: open drug scene survey/local drug monitoring study "MoSyD", Frankfurt

Methods and sample:

- 30 semi-structured qualitative interviews with focus on drug use biographies, July-September 2017, analyzed with qualitative content analysis
- 12 female, 18 male; average age 41 years
- 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.

Results:

Substance use: as in the rest of the marginalized users' scene, crack cocaine is the no.1-drug, with 90% 24-hour prevalence; use of other drugs is quite similar to other marginalized users.

Patterns of crack use: Two different basic patterns could be detected: a) use in binges (of hours or days; see quote) and b) more regular (daily) use, e.g. starting in the afternoon and stopping before bedtime. Some impose rules on themselves to keep that pattern.

Perceptions of quality: Most respondents are convinced that there are "good stones" and "bad stones" on the market – they suspect that some of the crack cocaine actually consists of amphetamine derivatives (which has proven wrong in a recent drug content monitoring study).

Motivations for use: Many users were not able to figure out any motive (see quote), with a number of respondents who could not even say what might be a positive effect of the drug. Some others referred to the stimulating effects, e.g. for sex work or comparing it to a coffee in the morning.

Dependence/craving: Most interviewees consider themselves as "addicted" to crack cocaine, however not physically. The craving is described as very strong (see quote). The Bahnhofsviertel is considered as the main trigger to use the drug, along with the presence of dealers and other users. Some even experience symptoms of withdrawal or craving when they are still far away from the city ("...when I was on the highway, my blood was running cold, my hands were dripping with sweat...")

Possible substitutes: Different from their opioid addiction, most users think that there is no substitute for crack cocaine. Those who do consider an alternative mainly refer to cannabis (see quote).

Repression: Many respondents welcomed the increased police activity: they hoped that "bad" dealers "who sell crap" might disappear from the setting. With regard to themselves, they are used to be checked and searched, and many did not experience significant change compared to the situation before.

Discussion:

The present study reveals three interesting aspects directly linked to how identity and knowledge is constructed in marginalized drug users' settings:

a) The common (wrong) opinion that crack cocaine often actually consists of other stimulant drugs. Maybe unpleasant set/setting conditions, along with an uncommon texture of the material, might trigger a bad experience. Interestingly, some describe the effects of "bad stones" like "typical" (crack) cocaine effects (immediate need for repeated use when the drug effect disappears etc.)

b) The lack of motives for crack cocaine use, the assessment that cannabis might be a good substitute and the variability of patterns of use. These are strong arguments against pharmacocentric views on "drug addiction". Our respondents are 'dependent' on a drug-using lifestyle, with a strong need to inhale/ "pull in" something that has an immediate effect.

c) The fact that the environment of the Frankfurt drug scene, along with the users and dealers who are present, is considered the strongest trigger for crack cocaine use. Taking into account the sometimes absurd implications associated with that (e.g. that staying in the very similar crack cocaine users' scene in Hamburg does not have this trigger effect, as reported by one respondent), this can be viewed as a kind of collective autosuggestion. Further efforts to treat such kind of drug users should take into account this aspect.

"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)

"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 no one knows here." (Jennifer, 41 years)

"it's such a pricking and drilling in the soul, so "ah, I want it now" and so on and you get more and more nervous and you're getting pissed off and obnoxious." (Giovanni, 45 years)

"Usually, I smoke some weed. As I said, it helps. It also makes it better in this moment. It's like... if I ever get real craving and I smoke weed, and drink alcohol, and smoke weed, it's okay. It removes it for a moment..." (Marco, 25 years)



Katharina Idander
Crack ohne Ende