Urban crack users in The Netherlands: Prevalence, characteristics, criminality and potential for new treatments

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Citation for published version (APA):
7.

CONCLUSION
This final chapter will reflect on the main conclusions in the previous chapters in this thesis and integrate them in a more general discussion.

Chapter 1 introduced the phenomenon of crack use in the Netherlands, highlighting the gaps in knowledge about crack users as a population of problem drug users and the lack of specific treatment forms. It gave an overview of the appearance of crack globally and in the Netherlands and some indication of current prevalence.

The aim of this thesis was to describe the characteristics of urban frequent crack users in the three largest cities in the Netherlands in terms of prevalence, patterns of use, socio-demographic characteristics, involvement in crime, particularly drug dealing, and to gain insight into their initial interest and willingness to participate in pharmacological treatment. In order to address our objectives, we formulated the following questions, namely:

1. What are the socio-demographic characteristics and patterns of use of urban frequent crack users in the Netherlands? Do different sampling methods yield different profiles of crack users?
2. What is the prevalence of frequent crack use in the three largest cities in the Netherlands?
3. To what extent and how are (types of) frequent crack users involved in drug dealing?
4. To what extent and how are (types of) frequent crack users involved in drug-related crime?
5. To what extent are (types of) frequent crack users interested and willing to participate in pharmacological treatments with new, potentially efficacious medications for cocaine dependence?

### 7.1. PROFILE AND PREVALENCE OF THE CRACK USER POPULATION (Chapters 2 and 3)

In order to assess the main characteristics of crack users, we explored which profiles of crack users would result from respondent-driven sampling (RDS) compared to those obtained from institutional samples, i.e. which are often used to access populations of hard drug users. In this case we compared RDS and random samples of crack users in opiate substitution treatment (ST) facilities and supervised user rooms (UR). We conducted a survey in each of these three settings and in each city, resulting in nine sub-samples. The aggregated sample was largely represented by low educated males in their forties and fifties. Typically they had a long history of crack use and heroin use was also very common.

Another salient characteristic was ethnicity, with a large presence of Surinamese, Antillean and Moroccan crack users. This ethnic distribution is similar to that of opiate users in Dutch cities (Buster, 2001) and is related to historical reasons explained in Chapter 1. Social exclusion, unemployment and cultural differences have played an important role in the Dutch hard drug scene since the 1970s and many of today’s long-standing crack users were young disadvantaged immigrants who started their drug use, and often drug-dealing and petty crime in the 1980s and 1990s.
Older age and chronicity among this group is an issue that brings additional problems, such as more healthcare needs. Why this generation of crack users has not been succeeded by a younger one is a question that requires future research. Even though the use of cocaine has been either on the rise or stabilised during the past two decades (Van Laar & van Ooyen-Houben, 2014), this has been mainly intranasal use of powder cocaine – not smoking crack. Apparently, young drug users in general are reluctant to take crack-cocaine. The negative image of crack users, associated with a ‘junkie’ lifestyle and with violence related to the 1980s and 1990s U.S. crack epidemic (Reinarman & Levine, 1997) might play an important role. The markets as well seem to be separated for the two forms of cocaine, with dealers selling crack partly along with heroin to the population of ‘problem’ or ‘high risk’ drug users and cocaine powder along with other stimulants predominantly to ‘recreational users’ (Gruter, 2005; Nabben & Korf, 1999). The use of crack has been found to play a role in the process of marginalisation of young drug users, acting as ‘catalyst,’ contributing to a greater loss of control and to higher chances of social exclusion by mainstream society (Coumans & Spreen, 2003; Van der Poel & van de Mheen, 2006). Unless radical changes in today’s Dutch society took place, it seems not likely that the use of crack will gain some popularity among recreational drug users. However, drug trends are not quite predictable and similarly to the recent rise in heroin use observed in the U.S. (Jones, Logan, Gladden, & Bohm, 2015), an increase in crack use and in popularity among younger drug users in the Netherlands or other European countries is not unthinkable.

In order to compare the samples, we used a formula published by Burt et al. (2010), which compares RDS population estimates with sample proportions of other samples using a \( \chi^2 \) test after adjusting for RDS design effects. Since RDS design effects could only be calculated for each city, traditional \( \chi^2 \) and RDS sample proportions were used in this case, thus not correcting for sampling biases. RDS yielded samples that appeared more varied than institutional samples, with a higher rate of female, younger, higher educated and more Western crack users. Our results suggest that RDS reached a substantial subpopulation of crack users that would not have been reached through institutional sampling and therefore could be more representative. However, given the size of our RDS samples and –more importantly– the lack of a normative sample for comparison, we can only speculate with this latter conclusion. Nevertheless, we conclude that RDS is a valid technique for sampling crack users with the capacity to recruit out-of-treatment individuals and to obtain a more varied sample.

Our capture-recapture estimations of crack users in the three cities under study (Chapter 3) resulted in similar prevalence estimates for all three cities 0.46% (95% CI: 0.40–0.54%) for Amsterdam in 2009, 0.58% (95% CI: 0.50–0.68%) for Rotterdam in 2010, and 0.53% (95% CI: 0.44–0.65%) for The Hague in 2010. We observed that our estimates were much lower than in London, where Hope et al. (2005) estimated the prevalence of crack users aged 15–44 years at 1.5% (95% CI: 1.0–3.2%). We attribute these differences to the different sampling techniques applied, as well as a wider definition of the population in the British study, and acknowledge that prevalence of crack use in the Netherlands appears to be lower. On the other hand, our estimates were higher than regional estimates within Italy, ranging from 0.15% (0.05-0.25%) to 0.30% (0.15%-0.45% in 2013) in 2013 (EMCDDA,
More estimations of crack use prevalence at national, regional, and city level are needed to enable a comparison across countries and through a significant period of time.

We noted that the percentage of females in our estimates was higher than in the national registration system for cocaine treatment demand (17%) (Ouwehand, Kuipers, Wisselink, & Van Delden, 2010) and for those in our user rooms' sample (12.6%). This aspect should be taken into account by the care system when planning targeted care for crack users, as female-specific needs in this group would be an important factor.

From our estimations we can conclude that crack users represent a considerable population of hard drug users, as important as that of opiate users and often combining use of opiates with crack. A large share of this population is in contact with the Dutch care system through either opiate substitution therapy or other low threshold services. The Netherlands was one of the first countries to introduce methadone treatment in 1968 and its response to drug use has been characterised by a broad and easily accessible range of low threshold services (van Brussel, 1995). This aspect of the population of crack users in the Netherlands might be very different in other countries where low threshold addiction care services begun at a later stage and are not so prominent (Solberg, Burkhart, & Nilson, 2002). Additionally, opiate use might not be as prevalent among crack users in other countries, which might result in different reach of the crack using population and a different profile in terms of drug use patterns and contact with institutions.

7.2. BUYING AND SELLING CRACK (Chapter 4)

When studying the crack retail market (chapter 4), we found that over two fifths of respondents predominantly or exclusively buy crack in public places, slightly less than two fifths get it delivered and one fifth acquire crack from indoor suppliers. At first sight, the finding that relatively many crack users buy crack in public places appears to be in conflict with the fact that ‘open drug scenes’ have become very uncommon in The Netherlands. However, drug transactions on the street still exist, but less visibly and in a much more scattered manner. Many crack users who reported buying crack on the street made appointments with their supplier beforehand by mobile phones. These appointments contribute to a lesser visibility of drug sales on the streets.

We also found that near one third of our total sample of crack users had been involved in selling drugs in the past month. Most of these users defined themselves as ‘go betweens,’ – not selling drugs themselves but helping suppliers to sell drugs or find customers in exchange for drugs or money, rather than as ‘dealers’ – .Within the subsample of crack-using respondents who had been involved in drug selling during the past month, cluster analysis resulted in three types of sellers: ‘freelancers,’ characterized by their strongest involvement in selling drugs; ‘assistants,’ characterized as more of a helping hand to crack suppliers; and ‘amateurs,’ who were least involved in drug selling.

Although our data do not allow conclusions about whether they are primarily driven by profit or social motives, characteristics of the amateurs, such as very low earnings from drug sales and small number of days dealings per month, suggest that they could fall into the category of ‘social dealers,’ which has been applied in the recreational cannabis and party
drugs markets (Coomber & Turnbull, 2007; Jacinto, Duterte, Sales, & Murphy, 2008; Potter, 2009; Werse, 2008).

Our results indicate that there is no clear dividing line between users and sellers. Many crack users are also involved in selling drugs. However, many of these user-sellers only make small profits and/or primarily participate at the supply side of the crack market to provide for their fellow crack users. Our findings indicate that carrying several units of crack does not necessarily imply the intention to sell or to make more than marginal/small profits. These findings are in line with those of Moyle and Coomber (2015), who found that a majority of their sample of addicted heroin and crack user-dealers also acted as suppliers for other addicted users for the purpose of reproducing their own supply and concluded that the motivations were commonly different than those of commercially motivated suppliers. The authors also suggest that this form of procurement of own supply is less damaging than other, like theft or violence, to the users as well as society in general. Dutch law guidelines consider possession of a quantity greater than 0.5 grams of cocaine as a felony, while many respondents reported purchasing such quantities either in group as ‘bulk-buying’ in order to obtain a better price or to re-sell them with the intent to cover their own expenses. In this respect, Coomber and Moyle (2014) also have an interesting view on this issue, proposing extending the concept of ‘social supply’ to that of ‘minimally commercial supply,’ which, in their view, corresponds to a majority of addicted crack and heroin user-dealers, who might be seen as closer to ‘social suppliers’ than as proper dealers. Moyle, Coomber and Lowther (2013) identified mitigating factors used in British courts to tame down drug supply cases to assimilate ‘social supply’ or ‘minimally commercial supply,’ including the absence of dealing for commercial gain; limited circulation – that is, the non-random distribution of drugs (limiting distribution through keeping drugs ‘off the street’) – and defendants as ‘non-stock holding’ – where no stock of drugs were found on the person or premises by the police. Nevertheless, the British judicial system lacks a specific penal frame for this ‘lesser’ form of supply with a specific range of punishments that cannot go as far as those for so-called dealing ‘proper.’ Similarly, the Dutch judicial system, which is based on a point system that accounts for aggravating and mitigating factors, e.g. recurrence of the deed or participation in a criminal organisation, etc. But these indicators of ‘social’ or minimally commercial’ supply are not explicitly acknowledged (Dutch Ministry of Justice, 2015). This study suggests the need for a more differentiated law enforcement policy toward drug-selling users. If the legal system can accommodate to this type of suppliers, providing a proportionate policies, there could be a great potential for rehabilitation and societal integration.

7.3. CRIMINALITY AMONG CRACK USERS (Chapter 5)

In chapter 5 we discussed criminological theories explaining the relationship between drugs and crime and explored factors associated with current criminality and with crime specialisation among crack users. Among these, Goldstein’s tripartite model is the most commonly named. According to this model there are three ways in which drug use can lead to violence (and by extension to criminality). The economic-compulsive model refers to the necessity of frequent or addicted drug users to acquire money to finance their use. The psychopharmacological model states that drug users commit violent crimes as a consequence
of ingestion of specific substances (e.g. aggressiveness or disinhibition) with regard to violence. Finally, the systemic model refers to the environment in which drug distribution is embedded, characterised by illegality and criminal groups. In accordance with the economic-compulsive model (Goldstein, 1985), we expected heavier patterns of drug use to be associated with criminality. This was the case for most drug use variables, namely near-daily crack use, crack binge episodes and near-daily alcohol use. In fact, those who binged on crack were twice as likely to be involved in crime. However, our other hypothesis derived from the economic compulsive-model (i.e. that social benefits were negatively associated with criminal involvement) was not confirmed. Nevertheless, when looking at crime specialisation, we found that not receiving benefits was associated with property crimes as opposed to selling drugs, suggesting that welfare might be a protective factor against drug users committing property crimes, but not crime in general. We also found homelessness to be associated with criminality. As Coumans and Spreen (2003) found, homelessness is a consequence but also a cause of further immersion into deviance and marginalization for hard-drug users. Effective policies could benefit from reducing drug and alcohol use among criminally involved crack users and addressing their living conditions (e.g. housing).

Following criminological life-course theories, we expected that being engaged in crime at an early age and having a more prolific criminal career would result in greater chances of being currently involved in crime. Furthermore, we hypothesized that those criminals who had been arrested before their onset of hard-drug use would be more likely to be currently committing crimes. Time spent in prison over the life-course was strongly associated with current criminality in the regression analysis, indicating that long-standing affiliations with criminal subcultures plays an important role in the maintenance of criminal behaviours. Within the life-course framework, we also anticipated age-related desistance from crime and therefore younger age to be associated with current criminality. While most of crack users in this study had been arrested and/or imprisoned in the past, the majority (58.5%) had not been engaged in criminal activities in the past 30 days and very few (3.8% of the sample) had engaged in violence. Among those involved in crime, most were engaged in only selling drugs, followed by only property crimes. We consider the advanced age of the study population (mostly in their 40s or 50s) to be an important explanatory factor. People tend to desist from crime as they mature (Farrington, 1986) and an older age could imply some impairment by chronic use that might influence (successful) involvement in crime. Also the context in which drug supply takes place is important. Drug-related violence is dependent of local traits, like supply structures and culture, etc., and that these are likely to differ significantly through space and time, rather than obeying to preconceived ‘structural’ notions of drug-related violence (Coomber, 2015). In the case of the. As opposed to other countries like the U.S or Brazil, where crime rates are higher and the crack market has traditionally been associated with violence, the heroin/crack market in the Netherlands appears to have a relatively low level of violence, at least at the retail level. In the case of the cities in our study, a large network of local user-dealers selling to friends and acquaintances, choosing selling drugs as a less morally despicable medium to support their drug use than theft or robbery, and a relative absence of criminal gangs operating at the retail level could act as protective factor against systemic violence. These issues should be studied in more
depth as the scope of our study in terms of criminal organisation and different forms of violence within the crack market is limited.

Considering these results under Goldstein’s economic-compulsive model and the systemic model, together with the results of heroin-assisted treatment to specific treatment-resistant heroin users in Netherlands with very positive results (Blanken et al., 2010), we consider that substitution-based therapies for those chronic crack users for whom abstinence-based therapies have proven ineffective could have a significant impact on (drug-related) criminality by reducing the amount of money needed to maintain an addiction,

7.4. POTENTIAL ADDED REACH OF PHARMACOLOGICAL TREATMENT (Chapter 6)

Chapter 6 explored the desire to quit or reduce crack use and attitudes towards pharmacotherapy among our sample of crack users. Despite the dominant desire to reduce or quit, interest in currently available crack treatment was limited to about a third of the crack users in this study. However, another third did not wish to reduce or quit with currently available treatment, but did show interest in doing so with pharmacotherapy. Thus, results suggest that if pharmacotherapy were available, the reach of crack treatment among frequent crack users could potentially double. The potential added reach shows less severe patterns of crack use than the current reach as well as less concomitant heroin use. A history of drug treatment was less common in the potential added reach, and attitude towards past treatments was less positive among this group. These results indicate that pharmacotherapy could not only broaden treatment reach, but also could extend the coverage of the spectrum of crack use patterns. Pharmacotherapy appealed to a wide range of crack users of mixed age, gender and ethnicity, including those who are homeless, criminally involved or in poor health. The addition of pharmacotherapy to the crack treatment spectrum could therefore not only help in curbing high-risk crack use, but also contribute to diminishing homelessness, reducing crime and improving public health.

Even though most crack users in our sample had received some form of substance dependence treatment in their lifetime, the estimated size of the crack dependent population in the Netherlands far outranks the number of crack users in treatment. Any increase in the number of crack users coming into contact with professional care should be encouraged.

7.5. METHODOLOGICAL REFLECTION

This study had several limitations. Firstly, it only covered the three largest Dutch cities and our results cannot be directly extrapolated to the whole country or other countries. However, in and out of treatment data indicate that the largest part of crack use is concentrated in these cities (Cruts & Van Laar, 2010) and we consider that our samples might resemble Dutch urban populations of crack users quite well due to the large number and diversity of the samples recruited. In comparison with other countries, the Netherlands has opted for a harm reduction-oriented approach for many decades regarding hard drug use and Dutch policy considers hard drug use a public health issue before a criminal issue. There is a
relatively tolerant environment where crack users might feel less stigmatised and have less fear for contacting health and social services, as well as participating in surveys regarding drug use. Therefore these results might turn out very differently in other countries with a more repressive approach. Even though the UR and ST samples were representative of these institutional, populations and our RDS sample could be more representative of the total population, we cannot claim that out aggregated sample was representative. Even though, we concluded that our RDS samples could potentially yield representative samples. Due to resource constraints, our RDS samples did not meet the necessary quota to reach generalisability for each city, as the aim of the study was to compare sampling methods and afterwards create a large sample for the three cities that would allow for accurate regression analyses. This ‘total’ sample must be understood as a convenience sample, but the number of more than a thousand crack users, larger than any sample of crack users that we have knowledge of, can surely give a close representation of a population that, on the other hand, does not have a sampling frame from where to draw out a probabilistic sample and is considered a ‘hidden population.’ Another limitation of our samples is that they were collected consecutively for each city and not simultaneously, what could have generated some differences due to seasonal changes or migration of the population. We consider this limitation minimal, since the time frame used to collect all samples was short and populations of hard drug users in the Netherlands are considered to have limited mobility.

Secondly, all our results are based on self-report and many of the questions, referring to drug use or criminal activities, might have not been answered sincerely by some of our respondents. This can take place for various reasons, from shame or stigmatisation of certain conducts to fear of being punished by authorities for any illegal behaviour. As explained in other chapters. This might have indeed been the case and it is a serious source of bias that all surveys based on self-reporting must deal with. Additionally, in our study, we asked respondents to provide the initials of their last name, date of birth and gender to create an 8-digit code used for two aims: 1. To use these as matching tool in our capture-recapture study and 2. To prevent respondents from trying to do the interview twice to receive the compensation money. Research has shown that self-reported data collected by researchers is generally truthful, reliable and valid with this kind of population, provided that confidentiality is ensured and that no sanctions are connected to the content of the answers (Rounsaville, 1993; Thornberry & Krohn, 2000; Webb, Katz, & Decker, 2006). We tried to prevent any untruthful reporting during the survey by establishing a relationship of trust with respondents and taking the time to explain the process that our data collection followed, with their identities not being revealed to anyone besides the principal investigator.

The criteria used for selection and classification of respondents have also determined our results. Our criterion of using crack at least twice per week during the last month was used to obtain a sample of frequent users, but this has left out some recent users would have been included if the criterion had been, for example, last month use. On the other hand, our frequent use criterion is not a synonym for dependency and therefore we cannot speak here of the crack dependent population. Nevertheless we have used it as a proxy for dependency, as frequent crack use is strongly associated with dependency and it was not feasible to apply any reliable dependence test during our field research in this study.
The time frame criterion used for participating in drug dealing and other criminal activities was last month, which is a good indication of current behaviour but also might leave out a lot of respondents who might have committed any of these activities during a longer period. This would imply a larger percentage of respondents considered as ‘currently involved in drug-dealing’ or ‘currently involved in crime,’ but this would in turn have implications when considering this as ‘current involvement.’ This is why we preferred to select this time-frame.

Our inclusion criteria also excluded those underage and those not speaking the Dutch language. This might have excluded important groups, like young crack users and immigrants or tourists. Regarding the first group, crack in the Netherlands is predominantly used by drug users in an advanced age. As we have seen, the average age of our total sample is 46 years old. During field work, we did not encounter any minors meeting the other inclusion criteria. Regarding those not speaking the Dutch language, our study was targeted on the stable population of crack users. Given that hard drug users that are staying illegally in the Netherlands are usually sent back to their country in a short time frame and that those in a regular situation usually learn a minimum of the language, we consider that a substantial part of the crack using population has not been missed. Nevertheless, it would be interesting to conduct research on crack use among undocumented immigrants to contrast our assumptions and assess any differences between this group and those in a regular situation.

### 7.6. GENERAL CONCLUSION

Our study has shown that the population of crack users can be studied as a specific subpopulation of problematic drug users, with RDS showing potential as a sampling tool for surveys. The number of crack users in Dutch cities is small relatively to the general population by similar to, for example, that of heroin users and largely non-Western, and actions should be taken to keep monitoring this population and to address their needs. We encourage new estimations of crack users to, on the one side, contrast if they are in line with our findings and also to measure the evolution of this population over time. Now that this study has set the path for estimations of crack users, a subsequent step would be to make national estimations based on the combination of techniques like capture recapture and multiple imputation, which has been used successfully to estimate the population of problematic drug users in the Netherlands (Smit, Van Laar, & Wiessing, 2006).

Our study identified a significant proportion of crack users who participated in the drugs trade in order to support their own use with a low level of profit. This kind of drug supply has been coined as ‘minimally commercial supply.’ The penal system could benefit from foreseeing ways to differentiate it from other forms of drug supply which are more profit-oriented, organised and more often linked to organised crime. In fact, for most of crack users in our sample involved in any crime, drug dealing was the most common activity. Property crimes were much more common than violence. A heavier drug use and some living conditions (e.g. housing) were related to criminality. Based on our findings on crack users’ illegal activities, it seems that lack of housing and financial constraints are much related to problematic use and nuisance. It would be advisable to (keep) apply(ing) measures at the
social care-network level which address these conditions. Measures in this direction, like ‘housing first’ initiatives and the allocation of homeless drug users to supervised housing attending their specific needs, are already going on for several years in the Netherlands and should be kept running and reach those crack users that are at risk of becoming problematic to society by means of committing crimes or needing healthcare.

Finally, this study suggests the need to search for new forms of treatment for crack users, as a substantial part of this population remains hesitant to go to treatment, even though when many of them are willing to stop or reduce their use. Some form of pharmacological treatment added to cognitive behavioural treatment could be especially relevant. We propose the search for maintenance medication aiming at retaining crack users in treatment, similar to opiate substitution treatment, as a promising area in the reduction of crime among crack users reluctant to abstinence-oriented treatment.
REFERENCES


