Alcoholic Anonymous (since 1997–2003). He is a member of the editorial board of “Ecologia della Mente” and of “Substance Use and Misuse.” Coordinator of a few Italian projects on alcohol prevention and policies, he is presently coleader of work package 3 of the European Commission funded AMPHORA project. He is author or coauthor of more than 170 articles and editor or coeditor of 16 books.

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The Proactivity of People Who Use Drugs as a Political and Ethical Imperative

Francisco I. Bastos

Senior Researcher, Oswaldo Cruz Foundation - FIOCRUZ, Biblioteca de Manguinhos Suite 229, Av. Brasil 4365, Rio de Janeiro, Brazil

Much has been discussed about the role of groups of people who use drugs in the public arena, especially after the 1980s, when both the war on drugs (in this sense, rather a war waged against people who use drugs) and the HIV epidemic gained momentum.

As a first step, we must distinguish such concepts and initiatives from the much older and deep-rooted, but substantially different, concepts and initiatives comprising the self-organization of people who misuse alcohol (and, later on, of people who misuse tobacco, illicit drugs, but also compulsively linked to gambling, food, sex, or, more recently, to the Internet) aiming to provide themselves mutual support and therapeutic alternatives. Such latter alternatives can be traced back in the Western world to the establishment of the first Alcoholics Anonymous (AA) groups and their grounding on a specific literature by Bill Wilson and Dr. Bob Smith, in the US (more specifically in Akron, Ohio) in the mid-30s. In a less formal, non-Western-style sense, the mutual support of people facing problems with alcohol and/or other drugs can be found in a wide variety of tribes, proto-societies, and cultures, worldwide since the dawn of civilization. Such pristine societies and cultures witness the use and misuse of the most different psychoactive substances, such as psychedelic mushrooms, alcohol beverages made of rice, barley, rye, manioc, or grapes. Such mores, rituals, and actions still prevail in many different societies, many times side by side with initiatives guided by Western medicine, as described in the interesting book about the psychological and social understanding and the management and care of opiate users in Nepal, written by the Norwegian ethnographer Ellen Kristvik (1999).

But such mutual-help initiatives, either traditional or modern, will not be discussed here. Their purpose or scope is not the public arena in a contemporary sense, an arena that has been defined as such after the divorce of private and public spheres, in the context of modern, complex societies. The uses and misuses of psychoactive substances in these societies and cultures should rather be pursued profiting from a conceptual framework integrating the individual and the holistic dimensions, as advanced by scholars such as the French ethnographer Louis Dumont (1911–1988) in his groundbreaking analysis of the caste system in India. In a different but complementary sense, the very philosophy and operations of the AA and related fellowships (such as Narcotics Anonymous) cannot be imagined and translated into a concrete and operational organization without the protection offered by its private character, anonymity, and non-partisanship. So, AA and related fellowships are necessarily established far way from the public sphere or sociopolitical arena.

We would like to briefly discuss here initiatives that take place in the public arena and that thrive (or fail) in this specific realm. Such initiatives comprise the social organization of people who use drugs in advocacy...
groups, non-governmental organizations, or, in a very literal sense, a union or syndicate as pioneered in the 1970s by the Dutch “Junkiebonden” (that can be roughly translated into English as “users unions”).

Such groups, unions, or organizations are easily distinguished from the former mutual groups or communal ethnographic networks due to the very fact they could not be conceptualized without a deliberate effort to be public actors, to function in the public sphere of complex (and contradictory) societies, motivated by their policy-making and advocacy-driven initiatives, exactly the opposite of private, anonymous, and non-partisan fellowships.

The success of such groups has been as varied as their constitution, interaction, or lack of interaction with the society at large and the social and legal status of their members. In adverse environment where the use and misuse of drugs is basically viewed as a criminal activity, there is no other option for such organizations but to operate underground or in the broader framework of multipurpose organizations, such as those congregating users, ex-users, a variety of activists, and committed health professionals. This has been the model implemented in Brazil in recent years, profiting from the de-democratization that took place after 25 years of a military dictatorship, the return of former expatriates, the emergence of AIDS as a public health problem, and the flexible and open interaction of Brazilian activists, health professionals, managers, and researchers with international advocacy groups, scholars, multilateral institutions, etc. Nowadays, we can say that such initiatives have been very successful in terms of helping to curb the AIDS epidemic in Brazil (Bastos, Nunn, Hacker, Malta, & Szwarcwald, 2008), but have been impotent vis-à-vis the escalating violence affecting Brazilian drug scenes, formerly restricted to major hubs of drug distribution such as Rio de Janeiro, but nowadays generalized to every single corner of the country (Bastos, Caiaffa, Rossi, Vila, & Malta, 2007).

Whatever the success or failure of each one of such initiatives in the most different contexts, worldwide, I would to like to emphasize here the respect for their initiatives and points of view constitutes both a practical and an ethical imperative.

Practical, since a large share of understanding and successful interventions launched in the 1980s by governments, NGOs, community leaderships, etc. to curb HIV/AIDS, viral hepatitis, manage overdoses, etc. could not even take place without the decisive role and permanent dialogue with people who misuse drugs themselves, as documented in a vast literature (as reviewed, for instance, by the recent book published by Page & Singer, 2010). A large number of recent assessments have been carried out with the help of modern chain-referral methods such as respondent-driven sampling. As it is made clear by its very designation, such studies could not be implemented without the recruitment of people with first-hand knowledge of the drug scenes and without the explicit cooperation of the members of their social networks. We usually call the first ones “seeds” and the latters first, second, third or nth wave recruitees/respondents, but before and above any technical label or divide, all of them are people who misuse drugs, living and interacting in their communities.

A second reason to fully integrate people who misuse drugs as full members of boards aiming to formulate policies that affect them, advocacy groups on drug policies and related legislations (for instance, legislation on substance use and driving), or, in a broader sense, full citizens of their respective communities and societies is the ethical mandate to do it, in the sense Immanuel Kant define such imperative as “the moral philosophy of the autonomy of practical reason”. The respect for the autonomy of human beings, their freedom of speech, values, or creed, irrespective of their gender, ethnic background, or personal habits constitutes the pillars of any democratic society.

People of my generation and especially from the generation of my daughter may not remember that the right to vote was not naturally given to women, but rather conquered by them. Anyone minimally linked to the world news remembers that the gay marriage was recently (2011) approved in major American states such as New York and has been guaranteed by a decision of the Supreme Court (in the absence of any specific legislation) in Brazil roughly in the period. But, most people forget for sure that people who misuse drugs are entitled or rather should be entitled to the same rights as other human beings, who decide not to use illicit drugs because they abstain from the use of any psychoactive substance (a very tiny minority of people, worldwide) or rather use the most different licit psychoactive substances, such as coffee, caffeine-containing sodas, alcohol, tobacco, psychopharmaceutical medicines, etc. That the former people should be discriminated against, imprisoned, or murdered, and the latter can live their lives as full citizens despite the consensual adoption of specific restrictions (such as drinking and driving or smoking in public places) will sound as bizarre for the next generation as nowadays seems weird and even unbelievable that women could not vote for centuries or that people were impeded to share the same public space or public transportation due to the color of their skins.

**THE AUTHOR**

**Francisco I. Bastos, MD, PhD**, is a Senior Researcher and former Chair of Graduate Studies in Epidemiology at the Oswaldo Cruz Foundation (FIOCRUZ), Rio de Janeiro, Brazil. He has been the principal investigator on a number of large, multi-city studies on HIV and other blood-borne infections and sexually transmitted infections, including the ongoing national survey on crack cocaine and associated harms. He has published extensively on HIV and misuse of substances.
Drug Users as Social Change Agents: Example of Austria

Maximilian Edelbacher

ACUNS (The Academic Council on the United Nations System)

INTRODUCTION

Austria is a changing society. In the sixties, Austria had a population of about 6 million. After the fall of the “Iron Curtain,” a dramatic change started. Today, Austria is a country with 8.4 million people. Out of them, 1.2 million were born in foreign countries. Vienna is the capital with about 1.8 million inhabitants; out of them, about 450,000 are foreigners. Since the sixties, Austria and Vienna have an increasing problem with drug addicts and drug dealers.

DRUG SCENARIO IN AUSTRIA

It has to be understood that the history of human beings was accompanied by drug use and misuse. Alcohol, opium, cannabis, and other drugs were always part of human nature and life. Austrians have a long tradition of misusing alcohol. It is estimated that about 300,000 of the population have problems with alcohol. About 80,000 are addicted to gambling and about 100,000 are addicted to illegal drugs, 30,000 of them are addicted to heroin or cocaine. The number of smokers and people addicted to medicaments is not well known, but can be estimated to be about half a million; may be more. Half of Austrians who are addicted to illegal drugs live in Vienna.

THE POLICE AND JUSTICE STRATEGY

A double strategy has been used to handle the problem of the drug addiction since the 1970s. After the end of World War II, a special law against drugs was implemented in Austria. In 1912, drug control became a question of international law. The Austrian Drug Law was implemented into the law system in 1946. Since 1971, the Austrian drug law differentiates between drug dealers and users-consumers. In 1985, a double strategy was implemented: Punishment and therapy became equal cornerstones of the Austrian drug law in order to handle the problem of drug consumption.1 In 2003, a step backward was taken in Austria. We returned to the concept of law and order, which meant more punishment, less treatment, stricter rules for consumers, and abolishing of the Juvenile Court, but not of the Juvenile law. These changes did not mean less crime. The level of crime is still very high. In 2004, we reached the highest level, with about 650,000 offenses; in 2011, we have experienced about 530,000 offenses, registered by police and a crime clearance rate of about 40%.

OFFICIAL DATA OF AUSTRIA AND VIENNA2

DRUG USERS AS SOCIAL CHANGE AGENTS

As it was mentioned earlier, drugs have been and are an integral part of humanity, of civilizations, of cultures, and of our daily lives. Therefore, questions arise about a drug addict’s role in society at large as well as more specifically in his or her society. Is he crazy? Is she mad? Is s/he ill? Historically, drug addiction was understood as being a “moral defect.” Because of experiences during World Wars I and II, it was learned that drug addiction has to be recognized as being a cross-relationship between personality, frame conditions, and effects of the substances being used in whatever ways, patterns, amounts, etc.

2www.bmi.gv.at

Address correspondence to Maximilian Edelbacher, Reimersgasse 16/E/3, A-1190 Wien (Vienna), Austria, Europe; E-mail: edelmax@aon.at