

How Dependent Drug Users Cope with Basic Needs

**Rotterdam drug users and the role of social capital in satisfying the
need for housing and drugs**

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Ik was op straat gezet en ik dacht dat ik geen keus had, geen oplossing, geen mogelijkheden om te leven, om te overleven, geen zin ook en ik wilde dood. Dus ik ben toevallig naar iemand gegaan om aan dope te komen, die heeft me niet geholpen aan dope te komen maar die heeft mij gezegd dat ik mag bij hem blijven slapen. Die heeft mij onderdak gegeven en meer dan een onderdak want ook geholpen met geld want ik had geen geld ik had niks. En ik was niet van plan op straat terug te gaan om de hoer te spelen. Het was een oude kennis van het activiteitencentrum, lang geleden. Maar ja, hij was mij niet vergeten. (interview Edith)

Trefwoorden: sociaal kapitaal; drugsverslaving; dakloosheid; coping strategieën
Key words: social capital; drug dependency; homelessness; coping strategies;

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Voorwoord

Iedereen die het weten kon, had me ervoor gewaarschuwd: “scriptie schrijven valt vies tegen.” Dat geloofde ik dus niet, immers, ik had al zoveel ervaring met het schrijven van onderzoeksrapportages dat dit ook wel zou meevallen.

Ik heb een onderwerp gekozen dat me na aan het hart ligt en waarmee ik de nodige ervaring heb: verslaafde druggebruikers. Omdat het toch een ‘makkie’ zou worden, besloot ik het in het Engels te schrijven. In de wereld van het drugsonderzoek is Engels de voertaal en ik het leek me daarom een goede leerschool de scriptie ook in het Engels te schrijven. Vervolgens heb ik alle klassieke scriptiefouten gemaakt die denkbaar zijn: onderwerp onvoldoende afgebakend, gegevens verzamelen voordat het theoretisch kader staat, en in de loop van het proces de onderzoeksvraag ‘vergeten’. Als daar niet mijn scriptiebegeleider Annelou Ypeij was geweest, zou ik nog maanden hebben voortgemodderd. Maar ook Peter Blanken heeft mij op een cruciaal moment weer op het goede spoor gezet. En als Peter Sas niet trouw mijn Engels had geredigeerd, was het een lachwekkende scriptie geworden. Maar niemand was er trouwer dan Martine, mijn partner, zonder haar geduld, vertrouwen en liefde was de onderneming überhaupt zinloos geweest.

Nu heb ik het idee dat er een goede scriptie ligt, die een kijkje in de keuken geeft van de vaak harde werkelijkheid van verslaafde druggebruikers. Er is in onze steeds bontere samenleving een sterke roep om conformiteit: aanpassen, inburgeren en in het geval van verslaafden: oprotten. Het doet me pijn daarvan getuige te moeten zijn. De slachtoffers krijgen de schuld. Er is te weinig oog voor de structurele kant van de zaak: heroïne en cocaïne zijn verboden stoffen, en dat verbod is medeverantwoordelijk voor de marginale positie waarin veel verslaafde druggebruikers zich bevinden. Deze, en andere psychoactieve stoffen uit het strafrecht halen zou weliswaar niet alle problemen oplossen, maar rationeler aanpak stimuleren.

Het schrijven van deze scriptie heeft me, overigens, meer dan voorheen, duidelijk gemaakt dat (overheids) interventies, gericht op het lenigen van sociale nood van druggebruikers, een belangrijke bijdrage leveren aan de onderlinge steun die

verslaafden elkaar kunnen bieden. Die steun is weliswaar niet onbaatzuchtig maar wel noodzakelijk om te kunnen blijven gebruiken en ik zou ze hun ‘medicijnen’ niet willen afnemen. De beste voorbeelden worden gevonden in de werkprojecten waaraan verslaafde druggebruikers kunnen deelnemen. Respectvol geld verdienen is voor druggebruikers net zo belangrijk als andere burgers. Iets in handen hebben waardoor je met anderen iets kunt ruilen, ligt aan de basis van onze samenleving. Ik hoop dat deze scriptie bijdraagt aan het inzicht dat we verslaafde druggebruikers moeten blijven steunen met respect voor datgene wat ze niet laten kunnen.

Rotterdam, augustus 2004.

Table of Contents

1	Introduction	1
2	<i>Theoretical background</i>	5
2.1	Coping strategies	5
2.2	Interaction between formal and informal support	8
2.3	Social Capital	11
2.3.1	Reflection on Bourdieu, Portes and Putnam	16
2.4	Social relations in the drug scene	19
2.5	Tools to describe the social capital of drug users	22
3	<i>Methods</i>	25
3.1	Introduction	25
3.2	Data sources	26
3.2.1	Field notes	26
3.2.2	Half-open interviews	27
3.2.3	Survey	29
3.3	<i>Analysis</i>	31
3.3.1	Qualitative analysis	31
3.3.2	Quantitative analysis	32
3.4	Research site	33
3.4.1	Marginalised drug users	34
3.4.2	Drug policy	36
4	<i>Shelter and housing strategies</i>	39
4.1	Introduction	39
4.2	The housed: unstable situations	41
4.2.1	Apartment	41
4.2.2	Lodging	42
4.2.3	The rack-rent landlord	43
4.3	Becoming homeless	45
4.4	The homeless: shelter strategies	50
4.4.1	Squatting	50
4.4.2	From friend hopping to night shelter	54
	Intermezzo: family support	57
4.4.3	Clients and rich uncles	60
4.4.4	Formal external support	63
4.5	Summary	66

5	<i>Drugs strategies</i>	69
5.1	Introduction	69
5.1.1	Drug use	70
5.1.2	Sources of income	72
5.2	The caring community	73
5.2.1	Social Security Benefit	73
5.2.2	Labour projects	75
5.2.3	Methadone treatment	78
5.3	Cliché drug strategies	79
5.3.1	<i>Petty crime</i>	79
5.3.2	Prostitution: The Zone and more	82
5.4	Drug-scene Solutions	86
5.4.1	Monetary exchange between drug users	86
	Intermezzo: what friends are for	90
5.4.2	Non-monetary exchange in the drug scene	93
5.4.2.1	Reciprocal practices	94
5.4.2.2	Steering	96
5.4.2.2	Recovery dose	98
5.5	Summary	100
6	Conclusions	103
6.1	Housing and shelter strategies	103
6.2	Drugs strategies	104
6.3	Dependent drug users don't have friends	105
6.4	Family support	107
6.5	Drug users: Reciprocate the State	108
6.6	<i>Summary</i>	111
7	<i>References</i>	113

1 Introduction

In 1996 I started working as the community-fieldwork coordinator at the Addiction Research Institute (IVO). My job was to recruit, train and employ dependent drug users as field workers in our research projects. Their (free-lance) job was to report on their everyday lives to the research team of the Drug Monitoring System (DMS) (see Chapter 3 Methods). My position between the drug scene on the one hand and the research team on the other allowed me to look into the lives of dependent drug users *and* acquire an analytic attitude to what I observed. Whereas the DMS aimed specifically at reporting on issues relevant to local drug policy, this thesis allowed me to reflect theoretically on drug users' lives without immediate policy benefits. This study deals with the question of how dependent drug users draw on their social relations in order to cope with everyday life. Often, drug studies focus exclusively on effectiveness of treatment, public nuisance issues, criminality, infectious diseases, etc. In contrast, this study takes drug users' everyday life as its starting point and tries to unravel the meaning of social relations with regard to their basic needs. In this introduction I will impose some limitations on what I mean with "everyday life", and provide a preliminary sketch of my theoretical background. Towards the end of this introduction I will formulate some research questions, which will be our guide throughout this study.

Dependent drug users have a bad reputation in our society. Doing heroin or cocaine is not a socially acceptable form of behaviour. The marginalized drug user serves as one of the main 'anti-role models' for contemporary teenagers. Dependent drug users are supposedly poor, lonely, and homeless, they steal and (especially the women) prostitute themselves, in short, they cannot be trusted. At best, they are psychiatric patients. The use of the word "junky" to describe them is common in all mass media, both 'serious' and 'populist'. How this stigmatisation took place is a sociologically interesting question, but outside the scope of this thesis. What *is* relevant to this thesis, however, is the question why dependent drug users occupy a marginalized position in our society. A widely accepted view is that the illegal status of many psychoactive substances contributes to their high prices and instable quality. Drug users who consume heroin and/or cocaine on a daily basis are therefore confronted

with high spending. The concept of marginalisation refers the process of drifting away from central institutions such as the labour market, housing market and health care system. Marginalisation includes both non-participation in these institutions and participation on low levels (Buiks, 1983). We follow a DMS study in applying the concept of marginalisation to the situation of dependent drug users. Out-of-control patterns of drug use are a catalyst for the process of marginalisation. In particular the use of crack cocaine seems to trigger uncontrolled patterns of use (Coumans, Barendregt, Van der Poel & Van de Mheen, 2001). Thus the marginalisation theory emphasises the particular effect of the substance. Others, however, underline that drug users can best be viewed as psychiatric patients suffering from a brain disease, which develops progressively. Psychiatric treatment, in some cases compulsory, would then be the best approach to deal with problematic drug users (Czysefsky & Van de Wetering, 2000).

Whatever the causes of dependent drug use may be, the current drug scene consists of many users living in socio-economically deprived circumstances. In the description of the research site (see Chapter 3 Methods), I will provide more details about the marginalized situation of dependent drug users in Rotterdam.

In this thesis I would like to focus on two outstanding features underlying the image of dependent drug users: 1) they are always broke, and 2) they are homeless. For them, coping with everyday life basically comes down to two questions: how do I get money to buy drugs, and where will I sleep tonight? These two features had never really drawn my attention when I coordinated the DMS fieldwork. It was only when I came across the concept of social capital, that I realised that some of the drug users I worked with were constantly busy with social-relations management, that is, with networking in order to meet their daily needs. Their strategies for obtaining drugs and housing are part of their everyday life, and have been part of their relation to me as well. The drug users I have worked with, some of them homeless, negotiated on financial rewards, asked for advancements, sometimes 'borrowed' a cup of sugar from the office, and, indeed, occasionally cheated me for money. Most of the homeless ones were annoyed with their homeless status, but they never dramatized it. It just seemed to be part of their daily routine. Some lived in a squat, others lived temporarily with a friend and some were frequenting the night shelter. How do these

different strategies interact? Also, I began to realize that I had been taking the various facilities for drug users for granted, just as they themselves usually do. But what, in fact, is the role of these facilities in their daily lives?

To some extent the state and various charity organisations take care of dependent drug users. Opiate-dependent drug users can, provided they have health insurance, enlist for a maintenance treatment with methadone. Homeless drug users can make use of night shelters and during the day as well shelters are provided where drug users can hang out. But, despite the fact that dependent drug users can turn to a system of social care and charity support, many of them still struggle with the basic needs of daily life. In this thesis I would like to explore the strategies drug users employ to meet these needs. A basic assumption is that many of these strategies are grounded in social relations. Rephrased in a research question:

What is the role of social capital in the strategies deployed by dependent drug users in Rotterdam to meet their daily needs for drugs and housing or shelter?

The possibility of applying social relations to one's benefit is often referred to as social capital. In this sense social capital can be found in family, friends and formal institutions. On a micro-level the concept of social capital is quite clear: family and friends can help to solve one's problems. But on a macro-level too the concept applies: all facilities aimed at drug users could be viewed as social capital as well. These facilities are expressions of society's solidarity with drug users. In this thesis I will explore the role of social capital in the daily struggle of dependent drug users in Rotterdam. As a sub-question, I would like to explore the relation between the informal practices of drug users and the formal support they receive from specialized institutions.

The question of how dependent drug users manage to survive is relevant because they are viewed as a problematic group of citizens who lay a disproportionate claim on the solidarity of our society. That this solidarity is under pressure is indicated by the increasingly repressive law enforcement implemented to counter the problems associated with the use of illegal substances. Gaining insight into survival strategies, rooted in social relations, may contribute to an understanding of the perpetuating

problem of marginalized drug users. The interaction between informal practices and formal support may enhance the insight of intervention planners having to deal with the interests of both the general public and drug users: on the one hand, the public has to be convinced of the legitimacy of government spending; on the other hand, drug users have to be 'tempted' by smart interventions to respond in the desired way.

After this introduction, chapter two will further explore the theoretical background of the topic under study. As part of the methodological account, chapter three will give a sketch of the research site: the drug scene of Rotterdam. The empirical part of my research is approached from both a basic-needs perspective and a social-capital perspective. In chapters four and five I will provide an extensive description of the basic needs of dependent drug users: housing/shelter and drugs. Two "intermezzi" in those chapters will pay special attention to family and friends as the two micro-level forms of social capital. Chapter three, which describes the research site, also provides a limited enumeration of the third form of social capital: the macro-level institutions of formal support. In chapter six I will reflect on the empirical data by means of the theoretical notions developed in chapter two.

2 Theoretical background

Paramount in this study is the coping strategies used by dependent drug to meet their need for drugs and shelter (or housing). The first section of this chapter focuses on coping strategies as such. We will see that deploying social capital is an important strategy in poor communities. Although virtually all coping strategies involve deployment of social relations, in poor communities, and in communities where formal support is insufficient, emphasis is put on informal arrangements to make ends meet. However, the relation between formal and informal coping strategies is debatable: do they include or exclude each other? Section 3.2 clarifies these two positions. The next section puts the spotlight on social capital itself: what is it and how does it become manifest? And, what is ‘good’ about social capital? After this section, we shift from general sociological notions of social capital to the role of social relations in studies of illegal drug use. To my knowledge, no drug-studies have explicitly used the concept of social capital yet, although social relations have been studied in the context of drug use. The chapter concludes with an examination of the theoretical notions of social capital most suitable to present our empirical data.

2.1 Coping strategies

The description of the research site (chapter 3) will mention the marginalized position of many drug users. People in the margins of society utilize a range of strategies to make ends meet. One could also speak of survival strategies, although, the use of the term survival might sound a little exaggerated, as we live in a high developed society, with a refined social welfare system (Engbersen, 1999; Snel & Staring, 2001). Nevertheless, the term “survival strategies” has been applied in the case of marginalised drug users (Coumans, Barendregt, Van de Poel and Van de Mheen, 2001). It is defined as: the realisation of daily needs, without being able to account for goals on middle and long term (making savings, paying rent and other monthly expenses. Engbersen (1999) rather speaks of the “residence strategies” applied by illegal immigrants to relieve their stay in the Netherlands¹. The term “coping” and

¹ Note that under 2004 conditions, in which the Dutch government tries to expel a number 26.000 rejected asylum seekers to their native countries, ‘residence strategies’ may become a euphemism.

“coping strategies” originates from the domain of psychology and refers to how people deal with emotional problems. From a psychological perspective, use of (illegal) psychoactive substances could be perceived as a strategy to cope with emotional problems. The term coping is also widely applied to describe how people and households deal with material problems.

Mingione (1987) offers a descriptive frame in which coping strategies, or reproduction strategies as he terms them, can be classified. He distinguishes internal and external resources. Internal resources are produced by households themselves and external resources are contributed by the state, extended family, friends et cetera. Mingione (1987) makes a further distinction between monetary and non-monetary resources. Monetary resources produced by the household themselves, comprise income earned by both formal and informal employment. External monetary resources also include both formal support (social security, subsidies) and informal support (donations, gifts and exchanges). Internal non-monetary resources include domestic activities, work for self-consumption (vegetable garden) and do-it-yourself. External non-monetary resources include state services, free communal assistance, and donations in kind (see Table 2a).

Table 2a. Classification of coping resources of households.

	Internal: produced by the households themselves.	External: contributed by the state, extended family, friends, self-help networks.
Formal market monetary resources.	Income deriving from various forms of formal employment.	State income subsidies; inheritances. Formal donations and gifts and other formal subsidies
Monetary resources deriving from outside the formal market.	Income deriving from various forms of informal or traditional employment activities.	Informal donations, loans, subsidies. Gifts. Exchanges of work.
Non-monetary resources.	Domestic activities. Work for self-consumption and do-it-yourself. Self service	State services. Donations in work for direct consumption or in kind, directly produced by the donors. Free communal assistance

Source: Mingione, 1987.

Snel and Staring (2001) provide an overview of the relation between poverty, migration and coping strategies. They suggest a typology of four coping strategies: 1)

limiting household expenses; 2) using household resources more intensively, including engaging in reciprocal relations with the informal social network; 3) developing market strategies, such as formal labour participation, or engaging in informal economic activities; and 4) seeking support of powerful external actors such as the state and local authorities or private organisations.

Ad 1) Cutting down expenses can be done in various ways, for example abstaining from luxuries, such as newspaper or holidays; buying cheaper products (known as “price buying”), reduces expenditures but is limited in its volume. Excluding non-contributing household members is a strategy that can make important savings. As long as the joint household aims at saving costs, it can be viewed as a coping strategy.

Ad 2) Snel and Staring mention the classic example of growing vegetables in the garden, which, according to Mingione (1987), is a non-monetary use of household resources. Entering into reciprocal relations with family and friends is an other example of non-monetary use of a household’s social resources. Here we enter into the domain of informal social capital. Groups with a relatively low socio economic status (SES) belong to smaller and qualitatively different, social networks than groups with a higher SES. Groups with a lower SES, generally, rely more on relatives and local ties and have fewer friends at a geographical or social distance. Still, these relations appear to be important for household to make ends meet.

Ad 3) Market-oriented activities may be formal as well as informal. In Mingione’s terms, this coping strategy concerns monetary use of internal household resources. Can formal labour be viewed as a coping strategy? If coping is understood as dealing with (economic) problems, then finding a job at the formal labour market is indeed a coping strategy. The coping aspects become even more apparent if people take second jobs, or have their children work to contribute to the household earnings. If these labour activities violate rules of the social welfare system (including taxes, child labour), the same activities become informal labour. It should be noted here that, everyone develops subsistence or life strategies. Regardless one’s socio-economic position in society, people consider their expenditures and earnings.

Ad 4) In modern western welfare states, this type of external support seems to be the most important. According to the so called substitution thesis (WRR, 1999), the more refined and generous the social welfare state is, the less people are obliged to turn to informal types of support. This thesis, however, has been criticized. The relation between formal and informal coping strategies can be viewed from various angles. In the next section we will briefly enter this debate, using the lower end of the housing market as a telling example.

2.2 Interaction between formal and informal support

Membership of a welfare state – i.e. citizenship – means ‘inclusion into the societal community’ (Parsons 1977, as cited in Komter, Burgers & Engbersen, 2000). The welfare state is responsible for maintaining integration into society by ensuring the satisfaction of people’s most elementary needs (Komter et al., 2000): those in need can count on formally state-governed solidarity. Informal solidarity, on the other hand usually refers to support by family, friends or other informal networks. The relation between formal and informal solidarity, or solidarity at macro and micro level, has been described in four thesis, characterised by a mix of ideological premises, practical aims and empirical indications (WRR 1999). The substitution thesis holds that, from a historical perspective, formal support has taken the place of informal support. This thesis states that in situations where formal support decreases it will be substituted by informal support, and vice versa. Cuts in government spending on welfare can be justified by means of this theory, as it implies that reduced government spending will increase informal solidarity. The suppression-theory is almost similar to the substitution theory, but is more pessimistic: it claims that informal support cannot be restored once formal support is diminished. The addition-thesis holds that formal and informal support both exist separately and have their own patterns of support: no functional relation exists between the two types of support. The thesis of communicating vases, finally, claims that in situations with a high level of formal support, also the level of informal support is high as well (Burgers, 1999; WRR 1999). Based on the theory of communicating vases, Komter et al. (2000) argue for a critical rethinking of neo-liberal adage: “less state, more market”: formal

arrangements in various domains (art, health care, economy) create the conditions for informal practices.

To illustrate the theory of communicating vases, we can take a look at the housing of illegal immigrants in Rotterdam (Burgers, 1999). Illegal immigrants operate in the lower segment of the housing market, about which the sociological debate is dominated by two competing theories. One theory suggests that the demand-side is exploited by (mainly) rack-rent landlords. The other theory maintains that, the more tenants are embedded in ethnic networks, the more the relation between tenant and landlord is governed by altruistic or affective ties, besides instrumental criteria. In the latter case, exploitation is less common (Burgers, 1999). The characteristics of the formal housing market, however, also play a role and put restrictions on patterns of solidarity. Burgers (1999) mentions four characteristics of the housing market for migrants, three of which I will put forward here (the fourth holds exclusively for migrants and has little relevance for drug users). First, the housing market for illegal migrants is an informal market, not regulated by governmental rules and may even be illegal. Second, the informal market parallels the formal market, for example: if the formal market is tight, the informal market will be tight as well, usually resulting in higher rents in both. Third, offering housing may be a source of income for established migrants. Renting a house on the formal market, in order to sub-rent to others, is a common practice.

The parallel between formal and informal housing markets has been noted by Burgers for the case of illegal migrants in Rotterdam: both are decommodified to a certain extent. Burgers uses the term “commodification” to characterise housing markets dominated by the free market. If the price of housing is mainly determined by the laws of supply and demand, the housing market is ‘commodified’. But if the housing market is bound by governmental rules, or if the government itself intervenes in the market, in order to protect the most vulnerable, one can speak of a ‘decommodified’ housing market. The Dutch housing policy, which includes social housing corporations and income support in the form of rent subvention, acts as a moderating force on formal and informal rents. Burgers observes that the housing market for illegal migrants in Rotterdam is informal and parallels the formal housing market. Thus, Burgers concludes, the decommodified housing market has created conditions

for solidarity among legal and illegal migrants: they are not exploited by their ethnic congeners, although variations have been observed. In short, formal arrangements stimulate informal solidarity (Burgers, 1999).

The theory of communicating vases may have heuristic value in understanding support relations in the Rotterdam drug scene. The situation of the housing market for illegal migrants may be transposable to the housing market for homeless drug users. Housing is a considerable problem in the Rotterdam drug scene. In 2003, homelessness among drug users in Rotterdam has doubled to 40% as compared to 1998 (Van der Poel, Barendregt, Schouten & Van de Mheen, 2003). In general, homeless drug users prefer to stay overnight with fellow drug users rather than in night shelters. The costs and severe house rules form the main objections against the night shelter (Lempens, Van de Mheen & Barendregt, 2003).

If we compare the housing market for illegal migrants to the situation of marginalized drug users, several questions emerge. Does an informal housing market exist, or is 'sleep' market a more appropriate expression? Since 40% of the marginalized drug users is homeless, it may depend on the housing conditions of the remaining group and their solidarity with fellow drug users, in what form the informal 'sleep' market appears. The increased figures of homelessness suggest that solidarity between housed and homeless drug users has decreased. Exercising solidarity might be difficult, if the housing situation of those not homeless, shows to be poor. In the hypothetical case that all night shelters would be closed down, it is unlikely that the housed part of the drug users would take up their homeless fellow drug users. The share of homeless is too big, compared to the housed.

The model of communicating vases could also be applied to the relation between the formal arrangement of methadone prescription and the informal practice of drug sharing. One could argue that, availability of prescribed methadone on the black market decommodifies, to a certain extent, the market of illegal opiates. Dependent drug users, not in methadone treatment, benefit from methadone offered by drug users in treatment against low prices. The illegal methadone market makes heroin users less dependent on the heroin market. It is questionable though, whether the availability of 'black' methadone has a moderating effect on heroin prices. One could expect that the

market for shelter and opiates have remained commodified because both informal supply and demand are permanently short of cash. Could any solidarity be expected of drug dealers? And drug users, don't they have an infinite craving for more drugs, hampering any inclination to solidarity? Whatever direction the role of formal support takes, it should be taken into account in order to create a complete picture of the coping strategies of drug users.

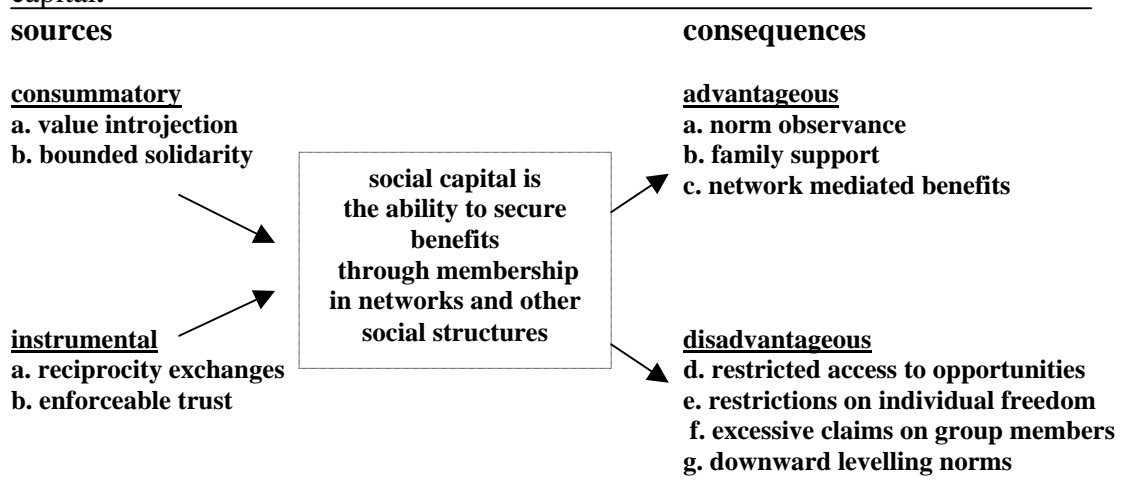
2.3 Social Capital

In the first part of this section the concept of social capital will be elucidated. In the second part three types of benefit from social capital will be presented as well as types of relations that influence the intensity of exchange relations.

The origin of the term social capital in contemporary sociology is Pierre Bourdieu (1983). He defines it as: the aggregate of existing and potential benefits, deriving from the possession of a more or less institutionalised enduring network of relations of mutual acquaintance and gratitude – in short, from membership of a group. Bourdieu links the terms 'social' and 'capital' to emphasize how social networks contribute to social and economic power (economic capital). In our society, the more economical capital a person or organisation possesses, the more power one has in society. However, economic capital alone does not sufficiently explain status differences in society. In order to fully understand why some people hold higher positions in society than others, one has to take into account other forms of capital as well. Bourdieu has pointed extensively to the role of cultural capital and social capital as factors that help to explain status differences in society. Of central importance in Bourdieu's concept of social capital is the idea that social (and cultural) capital can be converted into economic capital (Bourdieu, 1983). In this respect not only the number of social relations count, but also the quality. It could be hypothesised, thus, that drug users who merely have social relations with other drug users are more likely to get stuck in the drug scene than drug users who's quality of social relations is more divers.

Much like Bourdieu (1983), Portes (1998) defines social capital as the ability to secure benefits through membership in networks and other social structures. Based on a review of empirical studies, Portes makes an elementary distinction between sources consequences of social capital. The sources are found in networks and other social structures and can be traced back to two types of motivations: consummatory (or: altruistic) and instrumental. Networks and social structures include a wide variety of social configurations ranging from the nuclear family to social welfare programmes. The consequences may be advantageous or disadvantageous to individuals and social structures. Portes' view is schematically summarised in Figure 2a

Figure 2a. Actual and potential gains and losses in transactions mediated by social capital.



Source: Portes, 1998.

Sources

The consummatory source of social capital provides benefits and does not want anything in return per se; it contains an important altruistic element. People obey (unwritten) rules not only to avoid sanctions, but also because they have internalised norms. People, who are obedient to rules and norms, serve as a form of social capital for other community members. For example, parents support their children because they have internalised the norm to do so. Portes calls this source of social capital: value introjection. A more limited source is “bounded solidarity”, which refers to the support that is given among members of the same group. Key-feature of bounded solidarity is the identification with members of one’s group or community. Portes illustrates this form of social capital by means of Marx’s theory of emerging class-

consciousness in the industrial proletariat. Being in a common situation, Marx argues, workers learn to identify with each other and support each other's initiatives. More up-to-date examples of bounded solidarity can be found in communities of migrants in European cities, supporting their newly arrived fellow country-men with housing and employment (Engbersen, 1999).

Portes categorises reciprocity exchanges and enforceable trust as instrumental sources of social capital. In such cases, supporting someone is done in order to get something in return. Scholars who interpret society primarily as built upon the exchange of obligations, adhere to an under-socialised view, according to Portes. The exchange of goods and services for money could be viewed as reciprocity exchange. However, Portes states that reciprocity exchange, within the concept of social capital, is distinct from market exchange as the form and timing of 'repayment' in reciprocity exchange is not predetermined. Benefits for the donors may be non-monetary, such as approval or allegiance.

Enforceable trust, unlike reciprocity exchange, is built upon insertion of donor and recipient in the community. According to Portes, its sociological roots go back to Durkheim and his theory of social integration and the sanctioning capacity of group rituals. The community may reward the donor with approval and also see to it (enforce) that the recipient fulfils his or her obligations.

In short, sources of social capital are governed by altruistic motives or instrumental motives. Portes portrays instrumental and altruistic motives as a dichotomy and underlines not to confuse them.

Advantageous consequences

Portes' review of the empirical literature on the subjects yielded both advantageous and disadvantageous consequences of social capital. Advantageous effects can be grouped under 1) norm observance; 2) family support; and 3) network mediated benefits.

Ad 1) Norm observance can be found in tight community networks that encourage compliance to social norms and prevent deviant behaviour.

Ad 2) Family support is positively correlated with children's achievement in the educational system. "Intact families and those where one parent has the primary task of rearing children possess more of this form of social capital [parental and kin support cb] than do single-parent families or those where both parents work" (Portes 1998, p: 10-11). Bourdieu reserves the term cultural capital for family support of the development of their children. Consequently, in Bourdieu's terms, social capital applies only to social networks beyond the immediate family.

Ad 3) The third function of social capital is most widely applied and comes closest to what Bourdieu has defined as social capital: network mediated benefits. Portes presents various studies in which social capital is of vital importance as a source of social mobility. Job and business opportunities come usually through membership of networks. Many studies that underpin this function of social capital have been carried out in communities of ethnic minorities. Network mediated benefits are important for everyday survival in impoverished communities: members of poor urban communities depend highly on relations with family members and friends in similar situations. Although, social capital is necessary for coping with every day life, the problem here is the lack of social capital. A lack of social connections hampers social mobility. Moving beyond the boundaries of their own community becomes difficult (Portes 1998)

Disadvantageous consequences

Portes' review also includes various forms of negative social capital, which he categorises as: 1) "restricted access to opportunities"; 2) "restrictions on individual freedom"; 3) "excessive claims on group members"; and 4) "downward levelling norms".

Ad 1) Restricted access to opportunities is the reverse side of network-mediated benefits: opportunities for group members imply exclusion of non-group members. Portes provides several examples of business areas dominated by ethnic groups, where this domination is reproduced since jobs are preserved for community members only.

Ad 2) The cultural norm to share resources with group members may restrict donor's opportunities of social mobility. Stack (1974) provides an example in which in a poor African-American community a household's unexpected monetary benefit is quickly spent on loans and gifts to kinsmen (Stack, 1974).

Ad 3) Restrictions on individual freedom, by demands of conformity, can be observed in tight communities. This may lead to (young) people leaving the community in order to escape social control. Portes notes that Simmel (1902 [1964]) already observed the dilemma between community solidarity and individual freedom.

Ad 4) Stronger than restrictions on individual freedom are group norms expressing an adverse attitude towards mainstream society. Portes refers to it as: downward levelling norms. Those group members who try to connect to mainstream society, by means of adapting clothing, language use and education, are viewed and treated as traitors of group identity.

Whereas Portes sees social capital mainly as a feature possessed by the individual, Putnam (2000) situates social capital almost exclusively in groups, in social networks. Groups with high levels of social capital show better performance in economic terms than groups with less social capital. Putnam distinguishes two types of social capital: bonding and bridging. Bonding is found in social networks that tend to be inward looking. The support such networks provide, is restricted to the in-group. Putnam stresses that, bonding social capital could serve the reinforcement of identities in homogenous groups, and also facilitate social and psychological support for (less fortunate) group members. In social groups with a high level of bonding, solidarity and reciprocity exchange is restricted to (core) group members only. Putnam refers to bonding social capital as "getting by" and "social superglue". On the other hand, bridging social capital refers to "getting ahead" and "social WD-40" [a lubricant cb] (Putnam, 2000 p: 23). Bridging social capital enables people to connect to distant social networks and learn to deal with and appreciate other social identities. Bridging social capital is strongly associated with upward social mobility, whereas bonding social capital is associated with stationary social status. Putnam underlines that bonding and bridging social capital are not mutually exclusive. Both forms of social

capital can ‘reside’ in one person or group: they are not “either-or” categories, but rather form a “more-or-less” continuum (Putnam, 2000).

2.3.1 Reflection on Bourdieu, Portes and Putnam

In this section I would like to make three small remarks on the ideas of Bourdieu, Portes and Putnam. First, I would like to mention a politico-philosophical remark on the work of Portes and Putnam. Second, Portes’ strict distinction between altruistic and instrumental motivations to donate seems to me too artificial. And third, all authors assume that upward social mobility is the ultimate and legitimate objective of all individuals. With the risk of falling into a semantic trap, I would say that, in the case of marginalized drug users, amelioration of living conditions, or: making it to the next day, is the (main) driving force behind much of their social actions. The remarks are not based on comprehensive knowledge and understanding of their work, it is based on the literature studied, which might not be representative for their work and ideas. Notably the politico-philosophical remarks are in fact just questions, which might be answered if other work of the authors is read.

The work of Bourdieu is rooted in a Marxist conception of the world. He deploys his theoretical constructs to explain status differences in society. The underlying assumption is that much of society’s structure is based on the conflicting interests of the bourgeoisie and the proletariat. The latter strive for more powerful positions in society, while the former defend their privileges by producing and reproducing economic, cultural and social barriers. Portes and Putnam hold a somewhat different position. They don’t question the dominant values of society, nor do they discuss whether (extreme) status differences are justified. Implicitly, Bourdieu does, and at the end of his academic career he overtly sympathised with the anti-globalist movement. The politico-philosophical positions of Portes and Putnam are less explicit. They merely seem interested in: to what extent social capital contributes legitimately to the society’s central cultural goals (cf Merton, 1968). Like Bourdieu, they assume that financial success or improvement of social status is what individuals and groups ultimately want. However, this view is debatable, is merely reflect a

strong orientation on 'western' values and implicitly rules out other desirable goals to be attained in society.

A problem of Portes' view on social capital concerns the motivations to donate. He emphasises that altruistic and instrumental motives should be kept separate: "[it] is important to avoid confusing consummatory and instrumental motivations..." (p: 9). But motivations to donate *are* mixed. Ever since Marcel Mauss wrote his essay on "the gift" (1990 [1923]), social scientists know that giving is a "total" social phenomenon. A "total" social phenomenon carries not just one single meaning (e.g. altruism or instrumentalism) but multiple meanings at the same time, such as: economic, altruistic, social, sentimental, legal and moral. The essence of giving is that it encompasses not only giving, but also receiving and reciprocating. Although Mauss establishes this notion on the basis of a comparison of forms and functions of exchange in archaic societies, his basic idea is considered to be true for modern western societies as well. Giving, receiving and reciprocating, constitute durable social relations in our society. If a relationship is out of balance, in terms of a failure to reciprocate properly, it is likely to come to an end. This holds for all kind of relationships, even among lovers (Pont, 2002). If we consider benefits, derived from social capital, as a gift from donor to recipient, then, according to Mauss, the gift should be reciprocated. Bourdieu, too, makes a plea to break the dichotomy between instrumental and altruistic conceptions of social relations. Social capital, and the capacity of it's holders to transform it into other types of capital, can only be fully understood, Bourdieu argues, if we leave behind the opposition between "economism" and "symbolism" (Bourdieu 1983). In other words: social capital only persists if gifts are reciprocated (= exchange) and thus expresses and confirm social ties. If we apply, in a loose manner, the notion of the multidimensional significance of exchange to the social relationships of drug users, then we conceive of their exchange relations as having multiple meanings as well. To speak with Bourdieu, sharing drugs is not only beneficial for both parties, but also symbolises the mutual recognition of being a drug user and constitutes a shared identity.

Another feature of Bourdieu's, Portes' and Putnam's theories is that they don't take into account the perspective of the individual concerned. They don't seem to care about the social meaning attributed by the individual to the benefits he derives from

his network. From a utilitarian point of view, quality of life is a personal matter and is not necessarily dependent on social mobility. Some people have inexpensive preferences and others have expensive preferences: ambitions vary from person to person (Robeyns, 2004). This thesis focuses on the amelioration of living conditions, rather than on the ambitious idea of upward social mobility. That is to say, the focus is on social capital deployed to fulfil the need for drugs and shelter (or housing). These are short-term needs, which have to be fulfilled day after day. Social mobility goes beyond the fulfilment of such everyday needs: it requires a longer temporal perspective. In short, dependent drug users are probably more concerned with the ameliorations of their living conditions than with upward social mobility. Perhaps, however, even “amelioration” is too big a term for the main concern of dependent drug users. The daily craving for drugs could be such a dominating feature that all perspectives beyond tomorrow are vain. Drug dependency could, to a limited extent, be compared to the socio-economic of the poor black community portrayed by Stack (1974). The community of “The Flats” faces long-term poverty and racism, impeding the acquirement of steady jobs, and forcing virtually all community members into elementary reciprocal relations. All kinds of goods are “swapped”, i.e. given away with the (almost) explicit norm to return it one way or another. Exchange relations in this community are based on kinship, marriage and affection. Trust plays an important role in exchange relations, because it is unclear when “swapped” goods or services will be returned, and unreciprocated trust may lead to the termination of exchange relations. Affection between community members plays a role, but competes with necessity to keep the ‘exchange-scales’ balanced. We can expect that drug users too engage in all kinds of relations with the aim of coping with daily drug needs. Trust among drug users, however, is probably scarce, and only present on a short-term basis.

Benefits of social capital

Portes (1998) defines “securing benefits” as a central feature of social capital. Benefits may come in many different forms. In this paper, where shelter and drugs are assumed to be principle needs, benefits are related to the fulfilment of these needs. At a higher level, benefits that contribute to coping with every day life can be categorized in types of support: practical, financial and emotional (Ypeij & Snel, 2000).

The form and intensity of social support varies with the type of relationship between donor and recipient. The type of relationship, however, can change depending on the investment of both parties. Lomnitz (1977) found that the intensity of reciprocal exchange within the social networks of a poor Mexican shantytown depends on four factors. First, formal distance is determined by the nature of relation. In a parent-child relation, reciprocal exchange is more intensive than in a friendship or neighbour relation. Second, physical distance hampers immediate and practical support, as the supporter has to travel before any assistance can be provided. Third, economic distance refers to the balance of needs within the reciprocal network. If needs between two individuals or households are uneven, power differences emerge and may lead to termination of the exchange relation. "Reciprocity as such is based on an equality of wants" (p: 134). Fourth, and final, psychosocial distance plays a role in exchange relations. In fact, psychosocial distance (or "confianza", as Lomnitz' research participants put it) is the ultimate summary of the three previous factors. Trust, as it could also be labelled, incorporates formal, physical and economic distance (Lomnitz, 1977)

2.4 Social relations in the drug scene

From the general theoretical part on social capital I will now turn to some notions and research results obtained from social drugs research. The objective is to show that drug scenes or drug sub-cultures do have social features 'despite' their marginal or criminalized position in mainstream society. First, I will argue, based on Zinberg's (1984) model, that drug use and its consequences cannot fully be understood if the social setting is not taken into account. Then I will show that the drug scene is a social community with it's own rules (Grund, 1994) and roles (Preble & Casey, 1969). Finally, a study into friendship relations of homeless male crack users shows that criteria for friendship relations include both affective and instrumental elements.

In order to understand the desired and undesired consequences of drug use, the interaction between three factors should be taken into account: drug, set and setting (Zinberg, 1984). The factor 'drug' (or: psycho-active substance) refers to the

pharmacological characteristic of a certain substance. Three principal effects can be distinguished: stimulating, tranquillizing and hallucinogenic. Also the mode of ingestion can be considered as part of a drug's characteristics. Oral ingestion of a drug leads to different effect than injection. The factor 'set' refers to the individual taking the drug. The individual's physical and psychological condition co-determines the effect of drugs, both short term and long term. The factor 'setting' comprises the social aspect of the model. Drug use obligatory takes place in a certain setting. The setting includes physical (or natural) as well as social conditions. The environmental temperature, in which a drug is consumed, constitutes a physical condition, for instance. The social part of the setting factor has different levels. On a global level, the setting comprises the international treaties on (illegal) drugs. Illegal drugs are illegal because the (international) community defines as such. For example, in some countries the consumption of alcoholic beverages is illegal (some Muslim countries), in other countries the access to it is restricted to adults of 21 years and older (USA). On a lower level, 'setting' refers to national drug laws and (local) drug policy. On a micro level, it refers to the immediate (social) context of the drug-using individual. Drinking alcohol drinking is typically done in a setting where other persons participate. Café's, bars and restaurants, for example, are social institutions in which the drinking of alcohol plays an important role. The sub-cultural setting in which heroin- and cocaine-use takes place, influences the effect drug use has on the individual, on the drug scene, and on society at large. Because heroin and cocaine are prohibited altogether, there are no formal rules that regulate their availability and quality.

In different approaches to the phenomenon of (problematic) drug use, we can usually recognise that emphasis is put on one of these three factors at the expense of the others. For example, some drug-treatment approaches underline that drug users should be treated as patients, because drug addiction is taken to be a mental disease (Czyzefsky & Van de Wetering, 2000). In this type of reasoning, the explanatory focus is on of the drug user (set). People in favour of strict drug laws often point to inherent destructive characteristics of psychoactive substances. Drugs induce immoral behaviour, and should therefore be forbidden. These arguments put a lot of weight on the drug factor. Some anti-prohibitionists argue that problematic drug use will disappear soon after the ban on drugs is lifted. This type of reasoning takes 'setting' to

be the central factor. However, full comprehension of the consequences of drug use can only be obtained by taking the interaction between drug, set and setting into account. Zinberg argues that 'controlled' drug use, i.e. with minimal undesirable consequences, is largely established by social control based on (sub-) cultural norms. The acquisition and use of both legal and illegal drugs takes places in social structures (settings).

Grund (1993) shows that drug-use rituals reflect and reproduce the social structure of the heroine sub-culture. In particular, the use of drugs at "house-dealing addresses" (venue's where drugs are sold and consumed) is governed by informal rules, for the sake of both internal peace and external safety. Grund recognises the sharing of drugs, as a central feature of social reproduction. It is subject to social rules that predict, regulate and affirm the institution of sharing. Some examples are: as a rule drugs are shared with partners, friends and acquaintances; drugs are shared with drug users who are suffering from withdrawal symptoms; drugs are shared for reasons of reciprocity and drugs are shared in exchange for services (Grund, 1993).

Preble and Casey (1969) portray the New York heroin scene of the late sixties. In contrast to the dominant opinion at that time, they show that heroin-dependent drug users are not lethargic "un-aggressive mama's boys". The authors reveal a social hierarchy based on economic careers in the chain of heroin marketing. It is not that case that heroin users simply try to escape from psychological or social problems "which derive from the ghetto life". The lack of legal opportunities to make a meaningful living, drive them to alternatives. Their daily chase for money and heroin is the expression of a meaningful, although deviant, life style. At various places Preble and Casey compare the hustling of heroin users with legal work: "The heroin user is, in a way, like the compulsively hardworking business executive whose ostensible goal is the acquisition of money, but whose real satisfaction is in meeting the inordinate challenges that he creates for himself" (p: 21). It could be argued, however, that Preble and Casey base the social coherence of the drug scene a bit too much on economic structures, which leaves behind the impression of one-sided instrumentalism.

Sterk and Elifson (1992) explore friendship relations among homeless, male drug users in Atlanta., USA. In contrast to the New York heroin scene, as described by Preble and Casey, these drug users predominantly use crack cocaine. Sterk and Elifson treat the subject within the framework of the urban-alienation theory, according to which the public urban sphere easily alienates citizens from society. Homeless, male drug user potentially face high levels of alienation because their social status and behaviour (drug use) are viewed negatively by society, because no distinction can be made, a result of their homelessness, between their public and private lives. This raises the question of how they maintain interpersonal relationships. A quarter of Sterk and Elifson's respondents (N= 27) don't have any contact with relatives, mainly due to facts of geographical distances. Friendship is distinct from other relationships, in that friends are deliberately selected, whereas all others (relatives, colleagues, or neighbours) are classified as such. For the homeless drug users, criteria of friendship are: being reliable, trustworthy, and willing to share money, alcohol or drugs, and accepting the other. Yet, one quarter of the respondents state that they do not maintain friendship relations. The respondents' average number of friends is 1.8, with a range from zero to five. Most of the time the respondents do not ask for help when they face emotional crisis or financial problems. Kin relations are mostly solicited if they need someone to talk to or a place to stay. Non-kin friends are most supportive when it comes to providing money.

Sterk and Elifson show that friendships among marginalized drug users are not solely based on instrumental motivations: trustworthiness and accepting one another constitutes friendship relations as well. Their study refutes therefore Portes' (1998) dichotomy between consummatory and instrumental sources of social capital. They have been revealed to be intertwined, at least.

2.5 Tools to describe the social capital of drug users

The scope of this thesis is on two research questions: 1) What is the role of social capital in meeting the need for housing and shelter, and the need for drugs of dependent drug users in Rotterdam?, and 2) what is the relation between informal

practices of drug users and formal support they may receive of specialized institutions?

Looking back on what the literature on coping and social capital offers, we have to select the most relevant concepts and theories. A structuring principle is necessary, to help distinguish the relevant from the irrelevant.

Mingione (1987) suggests a typology of coping strategies for poor households. This typology consists of dichotomies: formal versus informal, internal versus external and, monetary versus non monetary. As we will see in the empirical chapters that come, all these concepts are recognisable an element of coping strategies in the drug scene: deployment of social capital takes place in all of them. The other way around, the literature is less explicit, social capital is usually viewed in the light of social mobility and less as a prerequisite for coping strategies. Nevertheless, social capital and coping strategies largely overlap, that is to say, social relations are a precondition for survival. In this sense, the concept of social capital doesn't add much to our understanding of social life. The ability to convert social capital into economic capital, however, makes it comprehensible that some people are socially stationary and others show upward social mobility.

The form in which social capital becomes manifest may vary from community to community, but the fundamental principles remain the same: people engage in social relations in order to make a living. Nevertheless, the question remains in what form drug users cope with the need for shelter and drugs and how social relations play a role in their fulfilment.

The relation between formal and informal social capital (Burgers, 1999) has been integrated in the sub-question of this thesis. This is of interest because the use of illegal drugs, inherently, is associated with informal practices. Virtually all acts related to heroin and cocaine have been prohibited and consequently interactions, involving these drugs, are informal as well. On the other hand a large network of addiction-care facilities exist. This is the formal response to the negatively viewed consequences of illegal drug use, such as: addiction, homelessness, and public nuisance.

Drug dependence is often associated with people short of cash. Drug users employ all kind of strategies to overcome this problem. Petty crime and prostitution serve as cliché examples of money generating activities drug users employ. The division between monetary and non-monetary coping strategies, however, points to the possibility that dependent drug users employ non-monetary strategies as well. This thesis will explore non-monetary strategies that satisfy drug needs and the need for shelter or housing.

The most important feature of social (and cultural) capital, according to Bourdieu (1983), is the possibility to convert it into economic capital. The number and quality of one's social relations, determine to what extent benefits can be obtained from it. Due to the social isolation drug users, supposedly, are in, it is likely that their social capital is limited. The cliché suggests that dependent drug user gain benefits from their social relations without reciprocating them. Donors, if not reciprocated, eventually turn their backs on the profiteers. Eventually, dependent drug users finds themselves in isolated and marginalised in society, with nobody left to turn to than his or her fellow drug users. Using Lomnitz' (1974) notion of social distance determining the intensity of social relations, the alienation from mainstream society could be viewed as a result of drug users engaging in social relations which are economically out of balance.

Drug users' isolated position in society is, thus, not only a result of their deviant behaviour (taking illegal drugs) but also from their inability to maintain reciprocal relationships. This raises the question if drug users convert their social capital into economic capital, and if they do, what is the benefit of it? My assumption is that they reconvert it into drugs, reducing the net benefit to prolonged drug use.

3 Methods

3.1 Introduction

The Addiction Research Institute (IVO)² is a non-governmental organisation, whose primary objective is to increase the knowledge of addiction and related issues, in order to contribute to the solution of addiction-related problems. From 1994 to 2004 the Drugs Monitoring System studied the Rotterdam drug scene. Financed by the local health authority, the DMS reported on trends and developments in the scene of (almost) daily users of heroin and cocaine. Since 1996 I have been serving the DMS as coordinator of the community fieldwork. The research team consisted of a researcher, a community-fieldwork coordinator, and (free lance) community fieldworkers. As a fieldwork coordinator, I have frequented the Rotterdam drug scene on a regular basis, usually weekly and at times daily. I have visited many different places in the drug scene ranging from people's homes, dealing addresses, drug copping area's, outdoor places where people inject, the prostitution zone and many low-threshold facilities. Many times I have visited the scene without a research assignment in mind, but just to manage my social relations there: to meet drug users so that they remember my face in the future, but also to ensure my access to the low-threshold facilities which are part of the drug scene (due to a high staff turn-over, irregular visits to such facilities may lead to closed doors, as the renewed staff would probably not recognize me). With a dozen dependent drug users I have developed enduring 'business' relations, and some of them have taught me a lot about the logic of the drugs scene.

In the course of these years, I have accumulated a body of experience, knowledge and opinions that form the implicit basis for this study. Besides that, I have written and co-written several reports and articles on various topics emerging from the DMS study. Thus, within certain limitations, the population under study was familiar to me, when the question arose which topic to choose for my master thesis. After a short time of hesitation, I decided to keep things practical and chose a topic related to 'my' target group.

² In Dutch: Instituut voor Onderzoek naar Leefwijzen & Verslaving

3.2 Data sources

Not all material for this study has been deliberately collected to answer the research questions; a part of it was already present in the DMS database. This study is based on the following data sources: field notes, half-open interviews and a survey among the DMS target group. In the following sections I will explain how these data will function in my thesis.

3.2.1 Field notes

In ethnographic research, observation as means of data collection is usually referred to as "participant observation". This means that the researcher is present in the group he or she studies. The presence can be low-key - like a fly on the wall - or more active, in the sense of full-blown participation in-group interactions. As a field worker I have practiced both form, but I'm inclined to the latter. Observations made during fieldwork are recorded in so-called field notes. As part of the Rotterdam Drug Monitoring System (DMS), ethnographic fieldwork has been conducted on a weekly basis. Fieldwork data has been triangulated with information from key informants and from the biannual survey. Fieldwork knowledge has been used for developing survey questions, and also to interpret survey results. The DMS research team has employed drug users as field workers, so-called community field workers. Drug users have easy access to places and people, which are otherwise difficult to reach for researchers. Drug users can provide a 'participant perspective' (Maxwell, 1996) on the drug scene, which helps to understand the meaning of the phenomena observed.

From a pool of on-off community fieldworkers, approximately two to four drug users have written field notes every week. The content of these field notes is usually related to drug use, drugs purchase and visits to low-threshold services for drug users. The content of the field notes written by the researchers varied along with the topic under study. The DMS has recorded field notes from 1996 till the end of 2003. From 2000 onwards the members of the research team have labelled the field notes with file codes, in order to facilitate the accessibility of the accumulating pile of information. The file-code list was composed as a joint work by the research team. Leading

principle was to balance between sensitivity and specificity, keeping in mind that researchers should afterwards be easily able to retrieve relevant field notes on certain topics. In order to achieve maximum inter-subjectivity, three joint sessions were held to compare and discuss the coding results of pre-selected field notes. In order to raise sensitivity, coding had to conform to the adage ‘if you hesitate whether or not a code is applicable, assign the code’.

For the purpose of this study, I have chosen the file codes “social relations” and “assistance” to select field notes from the year 2002. The file code “social relations” was assigned to a field note if it contained information about how drug users engage in social relations. This coding criterion has probably led to a selection of those field notes in which social relations play a clear and significant role. Field notes in which social relations figure less clearly, but which nevertheless contain information on (absence of) social relations, are likely to have been missed. The file code “assistance” was assigned if an event took place at one of the facilities for drug users, or was related to these facilities. The search yielded 83 field notes labelled “social relations” and 68 field notes labelled “assistance”: 27 field notes were labelled with both codes. So, based on the file codes, a total number of 124 field notes have been selected for analysis. Additionally, field notes written by the community fieldworkers (Robbie, Magda, Peter, Robert and Karel; see Table 3a) have been selected, resulting in an extra number of 32 field notes. Since they were available in the DMS database, it seemed logical to include them in the analysis. They would provide a more detailed picture of the lives of these community fieldworkers, and put their other field notes in context. Since the field notes were written by various people, the ‘story’ is told from different perspectives. Although all of them dependent drug users, they still have their own lives, experiences, opinions and beliefs. The diversity of voices, both from field notes and interviews, makes the data rich and colourful. And, last but not least, it contributes to the validity of the analysis.

3.2.2 Half-open interviews

To obtain an inside view of the coping strategies of drug users, it is not sufficient to rely just on their field notes, or to interview them with pre-structured questionnaires.

During the last months of 2003 and the first months of 2004, a number of 13 interviews have been conducted. Some principal characteristics of the interviewed persons are summarised in Table 3a. All interviewed use both heroin and cocaine on a daily basis, except one, Anil, who uses crack-cocaine only.

Table 3a. Basic characteristics of interviewed drug users

Nr	Name	Sex	Age	Ethnicity	Housing	MMP / HPP*	Recruitment (interview location)
1	Karel	M	40	NL	room in private lodging-house	HPP	DMS community fieldworker (IVO office)
2	Robert	M	47	NL	room in formal lodging-house	MMP	DMS community fieldworker (IVO office)
3	Robbie	M	48	Surinam	room in rack rent lodging-house	-	DMS community fieldworker
4	Lee	M	50	Surinam	homeless; suspended from Pauluskerk and Street Magazine	-	recruited by Robbie. (IVO office)
5	Dirk	M		NL	homeless; suspended from rehabilitation centre	-	recruited at a drop-in centre. (café)
6	Ivan	M	48	Surinam	homeless; squatter	MMP	recruited at a dealing address. (IVO office)
7	Edith	F	40	Belgian	homeless. lives with drug using friend; no social security	MMP	She phoned me and I took advantage of it to invite her for an interview. (snackbar)
8	Elsa	F	46	NL/Mo-luccan	room private lodging-house; household with boyfriend	-	recruited at the Pauluskerk (outside)
9	Tanja	F	34	NL	homeless; sex work / drug-consumption room	-	recruited at drug-consumption room. (drug-consumption room)
10	Saskia	F	37	NL	homeless; drug-consumption room at prostitution zone; no sex work	MMP	recruited at the queue of a methadone program. (snackbar)
11	Henry	M	37	NL	apartment through social assistance; extra income through sex work.	MMP	recruited 'by accident' in the city centre. (café)
12	Marco	M	50	Italian	homeless; squat, no social security, Topscore	MMP	recruited at my front door. (coffeeshop)
13	Anil	M	42	SurinamHindostan	room at his sister; uses cocaine only	-	recruited at drop-in centre. (snackbar)
14	Peter**	M	37	NL	shares household with step father	MMP	DMS community fieldworker
15	Magda**	F	49	German	shares household with Robbie (no. 3) no social security benefit	-	occasional community fieldworker

*MMP = participates in Methadone Prescription Program / HPP = Heroin Prescription Program.

** Not interviewed, but 'familiar' people.

The persons in row 14 and 15 have not been interviewed, but both have been regular guests of the DMS for several years. They both figure in this study through field-note excerpts. The interviewed drug users have not been recruited at random. I have recruited them partly on purpose (Maxwell, 1996) and partly for convenience. i.e. I invited them for the interview just because I happened to run into them. This study's purpose is to unravel the meaning of social relations in view of the necessity to cope with everyday life, but not to generalize results from sample to population. The duration of the interviews ranged from 1 to 1½ hour. The interviews with community field workers were frank and open; they were willing to speak and talk about their lives. With some of the newly recruited people it took more effort to find the right tone and create an atmosphere of confidentiality: they had to overcome some initial distrust. After the first interviews, I realized that the emerging coping strategies depended greatly on the housing situation of the interviewed. Having a steady shelter or a private premise changes one's daily priorities. Coping strategies of the housed were mainly oriented towards obtaining drugs. I supposed that not having a safe and private shelter influences one's perspective on daily necessities and might exacerbate one's claim and dependence on others. From that moment on, I purposefully sampled homeless drug users as well, so that the next three respondents were chosen because they were homeless. But I have also recruited some women on purpose, since, at some point, women were not sufficiently represented in my sample material.

3.2.3 Survey

Every two years the DMS conducts a survey among Rotterdam drug users, to obtain an overall impression of the (almost) daily users of heroin and cocaine in Rotterdam. In the field of drug research probability samples of populations consuming illegal drugs in a given geographical area are not easily obtained since no known sampling frame exists and membership of such a group is potentially threatening (Heckathorn, 1997). Such populations are usually referred to as hidden populations. Hidden also implies that the behaviour under investigation is a low-incidence phenomenon and a general population survey would not yield enough cases to allow inferences to be made. Established recruitment methods within hidden populations are snowball sampling (Biernacki & Waldorf, 1981) and targeted sampling (Watters and Biernacki, 1986). The sampling procedure of the DMS-survey 2003 has been executed according

to the principles of targeted sampling. This recruitment strategy includes the compilation of an ethnographic map of the city, in order to identify areas with high concentrations of drug users. The 200 planned interviews have been proportionally distributed over the different areas, according to their estimated drug-user density. After receiving interview training and a recruitment instruction, a team of six interviewers conducted the interviews in eight weeks time. In those areas where the interview team was less familiar, local recruiters were hired to help with recruitment. In total 201 interviews were conducted and 109 respondents were recruited with the aid of a local recruiter. Local recruiters were paid five euros per respondent and respondents were compensated with ten euros for their time.

The DMS-questionnaire includes various domains of everyday life, ranging from basic demographics, to sources of income and types of dealers whom respondents buy drugs from. Results of the last survey have been published as a bulletin of the Addiction Research Institute (IVO) (Van der Poel, Barendregt, Schouten & Van de Mheen, 2003). For the purpose of this study, some data have been copied from that publication. Especially for this thesis, I have obtained additional results by means of statistical analysis of the original data file. Already published data will be referred to as usual. As the survey is part of a monitoring system, most questions remain the same over the years. However, in each survey some extra questions on specific topics have been included. Especially for this study, the 2003 edition of the questionnaire contained extra questions on social support relations (mutual support, family support and external support). In a study of coping strategies of families on welfare in Amsterdam, Ypeij and Snel (2000) found that respondents secure three types of benefit from their social network: material, practical and emotional. Material support includes money and goods, practical support includes services such as babysitting and transport, and emotional support refers to being present at times of crisis or lending an ear for emotional relief (Ypeij & Snel, 2000). For the purpose of this thesis, I have borrowed these types of benefits to construct question on family support and support from fellow users. Finally, Four constructs (judgement of personal situation, ambition, mutual trust and attachment to the scene), all supposedly related to social capital, were explored with scaled items.

3.3

Analysis

As said before, most of the field notes selected for this thesis had been collected before, in the framework of regular DMS fieldwork. This implies that analysis of the field notes is a so-called 'secondary analysis'. Field notes, although rich in data and carefully labelled, sometimes miss the point of this study. However, they are not redundant, as they provide contextual information necessary for the interpretation of data from other field notes, from interviews and from statistical analysis. Thus, although the great majority of the rough data will not be presented, this data is nevertheless implicitly present in the analysis. Primary analysis is applied to the half-open interviews and to some questions in the survey, since they were purposefully collected for this study.

3.3.1

Qualitative analysis

In qualitative research, data collection and data analysis are not strictly separated. Although often suggested in textbooks on qualitative research (Wester, 1995; Maxwell, 1996), researchers do not start collecting data from scratch. Before I started selecting and collecting data for this thesis, I had my prior experience in the drug scene, and had been reading the literature on social capital. Armed with this practical and theoretical background, I have conducted the interviews. Especially with regard to the first interviews, the topic list consisted of theoretical notions. Later, my interview style became more receptive. In other words, some theory was already present in the data collection, so that a truly 'grounded theory' has not been developed (Glaser & Strauss 1967, in Wester 1995). The process of organizing the interview and field-note data was governed by both empirical and theoretical logic.

Field notes and interviews have been entered in the storage and retrieval program QSR Nvivo[®] version 2.0. The program has been used to enter assigned codes, to retrieve pieces of text with certain codes and to write memos (= reflections) on certain topics. Besides Nvivo, I have frequently searched text fragments by means of the Windows Explorer[®], using the search option.

Approximately half of the field notes were ‘open coded’ (Wester, 1995), resulting in a list of ‘free’ or ‘open’ codes. During the coding process, the meaning of the codes was described. The second step, executed in the computer program, was to identify related topics and put them under one head, resulting in nine ‘tree nodes’, as they are called in the computer program. The tree nodes consisted of sources of social capital (fellow drug users, family and institutional sources) and coping issues (shelter, drugs, food, clothing and emotional support). I started writing about housing and drugs, as the two principal issues drug users have to cope with in their daily struggle. While writing, I was in dialogue with the data: I read and re-read the segments selected by the coding process; I regularly switched to the original documents to select field notes containing a key word, or a situation I remembered to have been recorded in one of the field notes, or a statement made in one of the interviews. In this process I profited from the fact that the field notes of 2002 - and their main players - were already familiar to me.

But being familiar with the drug scene, and the lives of a dozen of drug users, has had disadvantages for me as well. I had severe difficulties in generalizing the direct experiences of drug users, as expressed in the material, into theory. Theoretical notions seemed mere synonyms of what I read and knew of their daily lives, so that translating the data into theory seemed trivial, adding no value, neither to me, nor to the reader. I did not have the intention of discovering new viewpoints. During the process of writing and analysis, I became aware that, to a certain extent, this is due to the descriptive character of the research question: the description is the answer. An explanatory research question bears the promise of a discovery, and has, as such, more structuring qualities.

3.3.2 Quantitative analysis

The DMS-survey results serve as a quantitative back up for the qualitative analyses. As the qualitative part contains a lot of examples that cannot be generalised, the quantitative part pretends to have some representative value. Users of illegal drugs are often referred to as ‘hidden population’. With the recruitment strategy employed, it is impossible to obtain a probability sample, and strictly speaking no generalisations from sample to population can be made. Critical review of the sampling process, and

comparison of the results with other data sources, revealed that there could have been a selection bias towards non-white Dutch drug users. This selection effect is probably due to the fact that the recruitment strategy has taken place almost exclusively at street venues (Barendregt, Van der Poel & Van de Mheen, forthcoming). This doesn't have to be a problem, as long as we keep in mind that the external validity is limited, and restricted to marginalized drug users.

The survey results have been analysed with aid of SPSS[®]. Most of the results concern simple counts, means and standard deviations. Sometimes variables were related to each other in cross tables. Some comparisons were tested to check statistical significance. The level of significance used is 95%, which means that with 95% certainty we can assume that the differences are not a result of coincidence.

The four constructs have been analysed by means of factor analyses, and the emerging factors were tested for their internal reliability. The factors, however, showed low internal reliability (Cronbach's alpha between .60 and .65), so I decided not to use them for further analysis.

The survey results, presented in the chapters to come, often include a time reference, such as the past month, last year, or yesterday. Each time such a reference is used (e.g. "23 days of heroin use in the past month") it refers to the time prior to the interview (in this case, 23 days of heroine used in the month prior to the day of the interview).

3.4 Research site

The nature of the drug scene is influenced by its context. Drug-policy interventions are part of this context and need to be described in order to better understand events taking place in the drug scene. Firstly, this section introduces the hard-drugs scene of Rotterdam based on DMS-survey data, whereupon it briefly pictures the range of policy interventions aimed at drug users, including a range of care-facilities. The latter, in fact, could be viewed as a source of (formal) support where drug users can

turn to. Sources of informal support will be described in the empirical chapters four and five.

3.4.1 Marginalized drug users

Coumans, Barendregt, Van der Poel and Van de Mheen (2001) describe marginalisation of drug users as a reversible process that starts with normal citizenship, accelerates with out-of-control drug use and ends with street-life. Marginalisation of drug users is characterised by: social isolation, problems with generating income, debts, ‘diseases’ related to the changed life-style, and becoming recognisable as a ‘junky’. Homelessness and out-of-control use of base coke are taken to be accelerators of the process of marginalisation and not its symptoms (Coumans et al. 2001). In the description below, some of the marginalisation features will become apparent. An in-depth description of the housing situation and of strategies for the acquisition of money and drugs is provided in chapters four and five.

The number of dependent drug users in Rotterdam has been estimated between 3,500 and 4,000 individuals (Smit, Toet & Van der Heijden 1997). Some basic demographics derived from the DMS-survey 2003 are presented in Table 3b.

Table 3b. Demographic characteristics, including housing situation (N = 201).

Characteristic	%	
Sex (mean age)	78	male (40 years)
	22	female (34 years)
Nationality	85	Dutch
	15	Other
Cultural background	47	Dutch
	23	Surinam
	9	Moroccan
	7	Antillian / Aruban
	14	Other
Residential status in the Netherlands	97	Legal
	3	Illegal
Living situation	70	Alone
	30	With others (partners, kids, family, others)
Domicile	90	Rotterdam
	10	Other municipality
Housing situation	40	Homeless / roaming
	28	Independently housed
	32	Shared housing

Source: Van der Poel et al. 2003.

The data in Table 3b show that male drug users dominate the drug scene, and that dependent drug users are not teenagers anymore. White-Dutch drug users form the biggest group, the cultural diversity of the remaining part reflecting the rest of the Rotterdam population. Foreign drug users, without a legal residential status, constitute only a small minority, most of them being from West-European countries. Most of the drug users, including homeless ones, reported that they live in Rotterdam and that they live alone.

Although tobacco is in fact the drug most used by drug users, heroin and cocaine are of course the drugs in focus here. Cocaine has been used by 96%, and heroin by 80% of the interviewed drug users. Methadone has been used by 58% of the respondents, although not everyone has obtained it through a methadone program. Cocaine may be the drug used by most respondents, but, if asked which substance is the most important, heroin ranks number one for 36% and cocaine for 30%. One-fifth considers methadone as the most important drug.

Only 16% has injected a drug in the past six months: heroin and cocaine are predominantly orally ingested; heroine by means of 'chasing the dragon'³; and cocaine by means of smoking through a so-called base-pipe, providing a rapid and intense effect.

Sources of income are various, and will be described in chapter five. Legal employment is scarce among dependent drug users: only 15% of the men and 2% of the women report it to be the main source of income in the past month. This underlines once again that the drug users in the DMS-survey are in a socially marginalized position, and raises the question how drug users finance their drug consumption.

In the past few years the shape of the drug market has changed. A change in the Municipal-Act, in 1996, made it possible for the mayor to close down nuisance-causing premises for one year. The explicit aim of this legal change was to make an

³ The heroin powder is put on a strip of tin-foil and heated from below. The heroine melts and the vapours are inhaled through a little tube in the mouth.

end to so-called “house dealing addresses”. With the decline of these house-dealing addresses, however, other modes of dealing increased. In particular, dealing by mobile phone gained a lot of ground. Besides ordering drugs by phone, street dealing and buying in or around the Pauluskerk is popular as well. Most of the drug users (70%) have bought drugs through more than one type of dealing.

3.4.2 Drug policy

Whereas the (inter) national regulations set the official norms, drug policy is to a large extent executed on a local level (De Kort, 1995). Two principles govern Dutch drug policy: the care for public health and public order (VWS, 2003). Public-order policy concentrates on the reduction of supply of illegal substances: organised drugs crime, import of cocaine by “bolletjesslikkers”, street dealers etc. all are targeted by the police and the judicial administration. At a local level, public-order issues are often relabelled as drug-nuisance issues. Since many years, the municipality fights drug-related nuisance by means of a combination of repression and care. The fight against drug-related nuisance is, in contrast to the fight against organised crime, propelled by complaints of citizens. Drug-nuisance policy operates on the visible part of the drug scene. Practices of drug dealing and drug use that go unnoticed by regular citizens are unlikely to become subject to local drug policy. A recent tendency in the *discours* of local policy is to broaden the subject of drug-related nuisance to issues of “safety”. Nevertheless, within the local safety program, drug-nuisance related issues are still predominantly on the policy agenda.

The fight against drug-related nuisance may come in the form of law enforcement, such as arresting drug dealers, but typically also in the form of additional municipal regulations, which in their turn are enforced by the police. These regulations can be found in the General Local By-law (APV), prohibiting, for example, the congregation of three or more persons in certain neighbourhoods, or the public consumption of drugs and alcohol in most of the neighbourhoods (of Rotterdam). These regulations are implemented in order to reduce feelings of unsafety of the general public. As a final example may serve the installation of CCTV systems in well-known copping areas. Although these surveillance systems are justified to serve safety in general, they

are mainly located at sites of the retail market for heroin and cocaine. On the crossroads of repression and care, is the debated list of 700 (!) drug users, to be said causing most of the nuisance. These drug users are targeted by a joint effort of various drug-care organisations and the police, to urge them into (some kind of) treatment (Programmabureau Veilig, 2001).

Besides the repressive interventions mentioned above, Rotterdam maintains a range of interventions containing a caring element as well. Methadone-substitution treatment serves approximately 1100 drug users. The majority of treatment slots concerns 'maintenance' treatment, i.e. not aimed at abstinence. A considerable part of those in methadone treatment, participate in 1, 3, or 5 days-per-week programs. Only the most vulnerable drug users take part in a seven-day program. A more recent variety of substitution treatment is the heroin-prescription program, where twice or thrice a day the participants receive, on top of their methadone, a quantity of heroine, to be used at the premises.

At the end of the 1980s, the HIV threat propelled the implementation of an extensive network of needle-exchange facilities throughout the city (virtually all low-threshold services) and even some police stations that exchange or distribute clean needles to drug users.

The problem of homelessness is recognised by the Rotterdam municipality: in collaboration with (private) welfare organisations, a system of night shelters is maintained. Reintegration into regular housing is part of the local drug policy as well. In close cooperation with housing associations, the municipality strives to obtain a number of 225 apartments to accommodate homeless drug users (GGD, 2001). Besides night shelters, day shelters are part of the system as well. Out of nine day-shelter facilities, included in the DMS-survey questionnaire, four are run by charity organisations, taking in 149 drug users in the past month, against 124 drug users visiting non-charity day shelters⁴.

⁴ more than one answer possible.

The interventions mentioned so far all have a caring element, but are also passive. The *Rotterdamse Junky Bond* (Rotterdam Junky Union) has successfully set up a labour pool for drug users, allowing them to earn some money. Comparable to a certain extent is the Street Magazine, a bi-weekly magazine produced by a professional team of journalists and exclusively sold by people with strong ties to street life. Street-Magazine vendors include refugees, homeless persons and drug users: they buy the magazines for a wholesale price and then sell them for a fixed price to the general public.

To conclude this non-exhaustive enumeration of policy interventions aimed at drug users, we zoom in on projects for female drug users. Local drug policy has been paying considerable attention to the phenomenon of drug-prostitution. In a local industrial area, a prostitution zone (Keileweg) has been created, which opens at 6 p.m. and closes at 6 a.m. In the Zone a shelter project for women, called Keetje Tippel, operates during opening hours. It comprises a drug consumption room with a capacity of 20 chairs. Three times a week a general practitioner sets up his practice at Keetje Tippel, which is also visited weekly by outreach workers to meet their clients or find new clients. Each morning, around closing time, the Salvation Army sends a little van to pick up the women who want to go to the women's sleeping project (De Sluis). Besides that, a project which encourages and stimulates women to quit prostitution has been operational since 2002. This project includes a cooking project as well as outings and gives special attention to housing. Finally, the women's methadone program has adjusted its timetable to the night shift of the sex workers.

This description of drug-policy interventions is not comprehensive⁵; its only purpose is to show that many initiatives have been taken to combat drug-related problems. The existence of so many facilities has tempted scholars to state that in the Netherlands dependent drug users cannot be designated as a 'hidden population' (Heckathorn, 1997).

⁵ An extensive and up-to-date enumeration of drug services in Rotterdam can be found at: <http://www.verslavingsinfo.rotterdam.nl>.

4 Shelter and housing strategies

4.1 Introduction

The use of heroin and cocaine is often associated with a process of marginalisation. Homelessness is a symptom of marginalisation (Buiks, 1993, Coumans, Barendregt, Van der Poel & Van de Mheen, 2001). The Health Council (Gezondheidsraad, 1995) defines homeless people as: those who do not dispose of, or not durable can make use of independent regular housing, or residential housing (hospitals, prisons), or shelter with family or friends. During a longer period (at least four weeks in a row), they live a roaming life and spend the night at: a) street, in parks, porches, in public buildings and all those places which provide some shelter against all weathers; and/or b) in night shelters (a limited number of nights, in conformity with local regulations). Almost two third of the Rotterdam drug users do not meet these criteria. They have a regular place to stay. However, the examples provide in this chapter (§ 4.2) of drug users with housing, show that their housing situation is not always secure. Some housing situation are close to homelessness. In §4.3 I will describe several ways drug users may become homeless and, once homeless, how they cope with this difficult situation (§ 4.4). Once excluded from regular housing, drug users may deploy several strategies to get a night's rest. I will describe the 'friend-hopping' strategy, which in the end often leads to the night shelter. I will also give an example of the role family can play in situations of homelessness.

Many drug users have experienced homelessness at some point in their lives. Their return to the housing market often brings them to low quality housing such as lodging (renting a room). If they are lucky the landlord takes care of the property, if they are unlucky, however, they find themselves renting a room from a rack-rent landlord. Some will even squat abandoned houses. Finally, I will also go into a strategy often used by homeless sex workers, of finding shelter at a client's place.

Successive DMS surveys show that homelessness has increased from 20% in 1998 to approximately 40% in 2003 (Van der Poel, Barendregt, Schouten & Van de Mheen, 2003). Explanations for this increase seems to be that the longer a person is homeless the less likely a return to accommodation is going to be. In the course of time, a

homeless person simply adapts to this new social environment (Lempens, Van de Mheen & Barendregt, 2003). The fact that in 2003, 44% of the homeless is so for a period longer than 25 months indicates that the number of homeless people accumulates over the years (see Table 4a). Other reasons that account for increase in homelessness include more severe renting conditions due to privatisation of housing associations and an increasing number of drug users losing control over their cocaine use (Coumans et al., 2001, Van der Poel et al. 2003).

Table 4a. Duration of homelessness in DMS surveys of 1998, 2000 and 2003.

duration of homelessness	1998 (n=45)	2000 (n=56)	2003 (n=81)
0 - 6 months	29%	35%	30%
7-12 months	23%	23%	15%
13-24 months	26%	14%	11%
25 months or more	22%	27%	44%

Source: Van der Poel et al. 2003.

If we take a closer look at the housing situation of drug users in Rotterdam, we see that only one third lives in an apartment (see Table 4b). It is unknown whether these apartments are regularly rented, with separate bills for energy, or rented on an ‘all included’ basis.

Table 4b. Housing situation of Rotterdam drug users

	N	%
Apartment	66	32.8
Room (officially rented)	23	11.4
Room sub-rented	29	14.4
Pension	2	1.0
Homeless (night shelter, squat, wandering)	78	38.8
Other	3	1.5
Total	201	99.9%*

*Due to rounding differences, does not sum up to 100.

Source: DMS-survey 2003.

Table 4b shows that the situation of drug users with housing can roughly be divided in three: those with an apartment, those who rent a room and the homeless. Apparently, the housing market for dependent drug users, does not parallel the formal housing market, where a much bigger part rents an apartment or house from social housing associations (cf. Burgers, 1999). The formal housing market in Rotterdam, as we have seen in chapter 3, is decommodified, i.e. due to governmental regulations market

forces are moderated in order to protect the most vulnerable. However, table 4b shows that drug users don't benefit from this decommodification: at least a quarter rents a room, one third rents an apartment under unknown conditions and almost 40% is homeless. The figures indicate that the housing conditions of many housed drug users are not suitable to host homeless drug users, not on a permanent basis nor on a temporary basis. Also the share of homeless drug users, compared to the drug users with an apartment, is too big to expect "bounded" solidarity. Based on these figures, we can conclude that the preconditions for "bounded" solidarity with homeless fellow drug users are poor. In the drug scene, housing is scarce and assumable highly commodified, as their participation in the social housing market seems limited.

4.2 The housed: unstable situations

The examples of housed people presented in this section almost all reflect unstable situations. As with other examples they are not representative for the drug scene as whole. The DMS-survey shows that the housed respondents have maintained their house on average of five years, one fifth of the housed people even have housing for 10 year or longer. Nevertheless, the examples provided in this section are not isolated cases either.

4.2.1 Apartment

Only one of the 13 interviewed drug users I have interviewed for this study, lives in an apartment. It is a regular apartment in the sense that the rent and energy bill come separate, it is regular in the sense that the apartment comprises a separate living room, bedroom, bathroom, and kitchen. The apartment is irregular in the way Henry has obtained it: through mediation of the Salvation Army.

Yes, no, the furniture is property of the 'social' [social security service cb], but every I bring in myself, television and such, belongs to me. The apartment is of the 'social'. The 'social' pay everything automatically: rent, gas, light, debts. And what's left, about 307 euro per month, goes to the Army and they give me 70 euro each week. (int. Henry)

After being released from prison, Henry slept a year at the Salvation Army's night shelter. During that period, the social work department took care of his situation and arranged this apartment for him. Every now and then, a social worker of the Salvation Army visits him, to monitor the way he gets by. Henry appreciates his privacy, he likes to have his things, but what he likes most are his neighbours: a mother and her 15 year old son. They are 'normal' people, he visits them regularly, together with the boy they walk the dogs. Although he doesn't trust it for 100%, Henry feels that the neighbours accept him as he is. For the neighbours, Henry is a regular renter in a regular apartment, but beyond that external supporters help Henry to make a regular living.

4.2.2 Lodging

The DMS survey of 2003 shows that about a quarter of the respondents is currently living in regular lodging-houses or sub-renting a room from someone else (see Table 4b). Karel for example, inhabits his room for over 6 years. It is a small room of approximately 14 square meters, situated above a snack-bar and right in the middle of a drugs-copping area. Toilet and shower are in the hall. Karel is probably the longest renting tenant in the building. Although Karel tries to hide his drug use from the landlord, the latter knows more or less that Karel is a drug user, but as long as Karel doesn't make a mess and doesn't start dealing in his room, he leaves him in peace. When Karel is on welfare, which he is most of the time, the rent is paid automatically each month. Although Karel cannot keep drugs and drug users out of his room, he manages to keep things under control, more or less. Other drug-using tenants in the house have caused trouble because they held open-house. Day and night people were walking up and down the stairs, not rarely making a lot of noise. In a field note Karel describes one of the other tenants in the lodging-house.

My neighbour from above is Khalid, a Moroccan man of thirty-three years and he has been there maybe a year or two. He uses cocaine, everyday if he can. (...) Since a couple of weeks a big Moroccan man, named Hassan, lives with him. Hassan is thirty-two years but he looks at least forty (really), He is illegally in The Netherlands. He sells bags heroin of and cocaine at Central Station and has about three regular helpers, one of which is always somewhere around him.(...). The last time Khalid

was at my place, I warned him that he had better not start dealing in his room. Since a few days, day and night people are shouting in front of our door and you constantly hear people walking up and down the stairs (field note midd0429)

Also Elsa has been living in a regular lodging house for quite some time now. Before that she rented a room of the Pauluskerk, but she got tired of the rules and restrictions and found another room from a lodging-house company. Elsa's social security benefit is sent to the Pauluskerk every month, there, they subtract her rent, insurance and debts and pay the remaining sum on a weekly basis to Elsa. She, and her boyfriend both rent a room in the same building.

In that building they rent four rooms, with a common kitchen, shower and such, you know. But one room is a postal-address, so in fact we live with three people. And the boy who lives in the other room, he doesn't cook and never takes a shower. So we have the kitchen and the shower... ha ha really... at our disposal. Yeah, he just doesn't cook and shower. We cook every day (int. Elsa).

Contrary to Rob, the lodging-house Elsa and her boyfriend live in, is situated in a relatively quiet neighbourhood. If they want to buy drugs, they usually go to another part of town.

4.2.3 The rack-rent landlord

Lodging-houses, sometimes, are exploited by rack-rent landlords. The municipality considers rack-rent landlords to be a problem having a negative impact on the liveability of the neighbourhoods concerned. Rack-rent landlords usually buy inexpensive, badly maintained buildings, divide them into separate rooms, for which they demand a rack-rent. Several policy measures have been taken to deal with the negative consequences of rack-renting. The so-called Victoria-Act of 1996 enables local authorities to shut buildings if the landlord does not put an end to the inconvenience caused by his tenants, usually as a result of drug dealing (Blom, 1998; Smits & Smallegenbroek, 2002). Another implemented policy consists of so-called 'intervention teams' (multi-disciplinary teams comprised of police, civil servants of neighbourhood, social welfare and housing inspectors), which check on 'suspected'

apartments for the appropriate living conditions (Schreijer, 2003). The latest policy tool (2004) is to examine the housing situation prior to enrolment of new tenants in the civil registration. This systematic examination is carried out only in those parts of the city known to have many rack-rent landlords (as a house-owner in a deprived area, I received a letter from the municipality [programma bureau veilig] announcing the implementation of this policy).

After the eviction from the squat (see section “4.4 Squatting”), Robbie and his girlfriend Magda spend some time at the apartment of Mouse, Robbie’s brother. Mouse inhabits a single-person apartment in a twelve-storied apartment block. Mouse regularly has guests, some of them almost co-tenants. He allows his brother and sister-in-law in the house, provided that they both contribute 50 euros per week to the household. Robbie and Magda share the couch in the living room. In order to have enough space to sleep, they lay in inverse directions. At some point Magda refuses to pay her share and leaves. She prefers to stay in the night shelter rather than being exploited by Mouse. Besides the weekly rent, Mouse expects them to share their cocaine with him. At Mouse’s place they meet several other drug users, one of whom is Lionel. He rents a room with a landlord, who is also involved in trafficking cocaine from Surinam. Lionel is rarely in his room and when he decides to make another trip to Surinam, Robbie talks to the landlord, and agrees to take over Lionel’s room. A few weeks later, when Lionel comes back from Surinam, he finds Robbie and Magda in his room. In the meanwhile the landlord has received two rents for one room. But Lionel doesn’t make too much trouble and stays at Mouse’s apartment. The lodging-house is exclusively occupied by drug users. Many of them also making trips to Surinam trafficking cocaine. Shortly after Robbie moved into his new room, he writes a field note about the lodging-house.

...The worst of all is that a bathroom or shower is not available. To maximize his rent revenues, the landlord has divided each floor in three rooms and a small room (pigeonhole). The landlord receives 300 euros per room that makes 900 euros plus 200 euro for the pigeonhole. For two floors, that makes 2200 euros plus two attic rooms of 300 euro each. It is painful to note that this man gets 2800 euros each month from the Social Security Office, which pays the rent of tenants automatically. (...) But what makes this house, tenants and owner different is that all tenants, one by one,

are addicted to hard drugs. And like this wasn't enough, the tenants are all potential drug couriers, misused by characters that have an invisible tie with the landlord. (field note, west0722)

Robbie too has been solicited to make such a trip but he refuses. The latest news heard from Robbie and Magda is that they have to leave the room because of renovation works. They don't know where to go. Robbie got caught in a shop stealing jeans and has been imprisoned for a few months and Magda has found a room at a housing project for drug users, but she was expelled there after she had got into trouble with the co-ordinator.

The figures from the DMS survey tell us that over half of the respondents, have housing. Whether it be an apartment, a room or sub-rented room, all have a place to stay. What the figures do not tell is that some housing situations are unstable, uncomfortable and unreasonably high priced. These are unfavourable conditions for practicing solidarity with homeless drug users. Obliquely, we have seen one example of exploitation by a drug user: Robbie's brother Mouse wants both rent and drugs, or should we call it reciprocity exchange? Anyway, Magda left Mouse's place for that reason and went to the night shelter. In this example the night shelter has released tension on an overcrowded informal sleeping market.

The one example of a regular apartment has been obtained through mediation of formal external support. Rooms at disposition through support-institutions are subject to severe regulations. One of the rules is that, without permission of a social worker, nobody is allowed to stay overnight, yet another feature of the housing market that impairs solidarity. Exploitation of lodging-houses shows examples of bona fide and unscrupulous landlords. The rooms in lodging-houses all have been obtained informally: Robbie through his network and Elsa through her social skills. Unknown is how Karel has got his room.

4.3 Becoming homeless

In the city of Rotterdam the number of evictions is estimated at 1200 per year (Rotterdams Dagblad, February 26, 2004). It is unknown, however, how many drug

users are among this number. At first sight, homelessness is a consequence of not paying the rent, however, behind this simple fact complex social situations are concealed (Lempens et al. 2003). Many drug users have had experience with this in the past. If they are on welfare, the rent will usually be remitted automatically from their monthly allowance. But, if someone is incarcerated for longer than six months, social welfare will no longer pay the rent. If there is no one else who will pay, the accommodation will be lost, including the belongings. In her study of night-shelter visitors, Hennink (2002) found that more than half of the regular guest became homeless after a period of incarceration. This happened to Henry, when he was incarcerated for a hold-up nobody took care of his apartment.

I have been imprisoned for two years and now I'm free for almost two years, for the first time in 15 years. The first two weeks when you're out, social security won't give any income support. They put a letter in your hand and say: go sleep, eat and drink at the (Salvation Army) Army, that's it. That happened to me as well, I thought I could get money to rent a room, but nothing (...). So I went to the Army, and, yes, what else can you do than walk the streets, and, yes, quickly you start using again (int. Henry)

In the meanwhile, Henry has found an apartment, where, at the time of the interview, he has been living since a year. Many drug users do not live in regular apartments with separate bills for rent and energy. Debts to the energy supplier forces many to rent an accommodation with energy costs included. Usually this is low quality accommodation: a communal kitchen and ditto bathroom, with just one, usually small room for oneself.

Becoming homeless due to misuse of the accommodation is also commonly experienced. In the eighties and nineties many drug users lost their accommodation because they allowed a dealer to use their apartments as so-called 'house dealing addresses'. By paying a quantity of drugs, the dealer 'rented' the house and invited clients to the apartment. If dealer and drug users are not able to manage the business properly, the neighbours will soon start to complain about the bustle and bother. And if things do not become settled, both dealer and renter will be arrested. The official renter may get a conviction as well and / or thrown out of the house by the landlord. Nowadays most housing associations use some kind of drug-nuisance clause which

entitles them to terminate the contract. Nevertheless, the housing associations still ‘appreciates’ a rent debt, as drug-related nuisance might be difficult to prove to a judge⁶. On top of that, a change in the Municipal Act, known as the Victoria act, gave the local administration an effective tool to close down nuisance-causing apartments, owned by unwilling private landlords. Theoretically, the Victoria act is applicable to all sorts of nuisance causing venues, in practice however, it’s predominantly used to get rid of dealing addresses. Although there are still examples of these dealing practices in rented appartments, most drug users obtain their drugs from mobile dealers, whether it is from street dealers in certain copping area’s or dealers with mobile phones who deliver at home or at public places (Barendregt, Van der Poel & Van de Mheen, 2003).

A variation on this theme, is drug users who allow other drug users to use their apartment. The principle largely remains the same: a drug user with accommodation uses this asset as to obtain drugs. But now other drug users are welcomed in the house, provided that they donate part of their drugs, which they have bough elsewhere, to the host. Thus the problem of illegal dealing is circumvented as no drugs are being sold.

Table 4c provides an overview of the homeless drug user interviewed for this paper. In second and third column the duration and immediate causes for homelessness are stated. The table doesn’t pretend to be representative, nor does the immediate causes represent the complex reality behind it. Nevertheless, in all cases drug use, directly or indirectly, played a role.

Table 4c. Homeless drug users, duration and immediate cause of homelessness.

	homeless since	immediate cause
Lee	1988	divorce
Tanja	unknown, since 2001 or longer	unknown
Edith	longer	thrown out, lost job / no rights (Belgian)
Marco	end 2003	lost job / no rights (Italian)
Ivan	beginning 2003	thrown out a sub-rented room
Saskia	unknown, since 2000 or longer	sub-rented room / demolition
Dirk	longer	rent-debt
	august 2003	
	spring 2003	

⁶ Rob Sonneveld (Maaskoepel), personal communication, March 8, 2004.

In the remaining part of this section, the stories of Dirk and Edith will be highlighted. The case of Dirk illustrates how hospitality can lead to homelessness, and the case of Edith is an example of vulnerability if a housing situation has not been formalised.

Drug user Dirk has seen it all. He had an apartment for years but became homeless a year ago. He is a drug user with over 25 years of experience, but when he lost control over his cocaine use things really got out of hand. He was an on-and-off dealer in his own house and had many visitors. Dealing and using together became difficult to combine and Jan tried to create a partnership with one of the visitors, Nelson. Nelson became the dealer and Jan would be the doorman. Jan was paid for this service and the 'rent' in cocaine. However, Jan created a debt to Nelson, as he tells in the interview.

R: ...such as last time I helped this Antillian guy, Nelson, with welfare benefit... try to start dealing a bit ... and later I could buy on credit... so I became a slave in my own house... he power played me, you know, I got punched in my own house...yes, that happened Cas, first you help people and then you got beaten up in your own house. Just bizarre.

I: But he was dealer and user?

R: He was a user, he came out of jail. I knew him before (...) and he stayed with me for a while until I had him thrown out of the house by the police. I was terrorised in my own house and had to pay him on top of that, you know.. (int. Jan)

When Nelson was thrown out, Jan continued to invite drug users at his place. Although details about Jan's relationship with his neighbours at that time are not available, little imagination is needed to understand that they were not amused having to share the staircase with Jan and his friends. Jan continues:

I: What kind of people did you let in your....

R: Guys I knew, boys from the neighbourhood. Not really unknown, I knew these people...yes. You help them, you feel pity for them, also...yes, they are on the streets too. But you neglect yourself more and more, of course. Then I went to my sister in Zeeland and let those guys in my house because I couldn't stand the pressure, you know. Then you let everything take it's own course. You're not taking care of

things anymore, you're not going to settle the rent debt. You don't feel at home in your own house anymore. They start taking over. It happens so often to people, you know, I see it happening around me (int. Jan)

It is questionable whether Jan has opened his house out of solidarity alone. If solidarity played a role, it was based on reciprocity exchange (Portes, 1998): shelter in exchange for drugs. It wasn't pure business that made Jan share his apartment. An indication for that is that the drugs shared with Jan were jointly consumed. Although Jan is not explicit about it, it's likely that a mixture of reasons motivated sharing his apartment with other drug users. Not only drugs are shared, but also preferences, company and common faith. The fact that Jan wasn't able to manage the flood of guests properly, indicates his lack of social skills, rather than it's a sign of greediness. Eventually Jan lost his home because he did not pay the rent. A few months after he became homeless, he entered voluntary treatment [SOV Ossendrecht cb] to finally solve all his problems at once.

A different example of becoming homeless is found in the case of Edith. She was thrown out by Cor, her boyfriend with whom she had lived for two years. She is a Belgium French speaking woman who came to Holland in 1994, attracted by reputation of Rotterdam as a drug-user friendly city. Almost all of the time she has been in Rotterdam, Edith had been homeless, almost 10 years. She made money with sex work, spending it basically on cocaine. She hopped from prostitution zone to day shelter and from methadone program to prostitution zone. Now and then she participated in an 'activation program'. Finally, she managed to step out of the drug scene. First she lived with another drug user and found a job at a whole-sale supermarket. But when creditors came after her boyfriend she left him and gave up the house. Then she found a place with Cor, who did not take drugs, and with whom she developed a love affair. As said, she lived with Cor for 2 years. She found another job in a local supermarket and saved some money to go on holiday together Cor's children. During the time she spent with Cor, Edith continued methadone maintenance treatment, and once or twice a month, she treated herself to a gram of crack-cocaine. But, whatever the reasons were, either her drug use, Cor's new girlfriend, or else Cor's envy of Edith's intelligence and culture, Edith was literally thrown out of the house. She wasn't entitled to the house because it was on his name

alone, her postal address still was at a charity organisation. She lost her job and was not entitled to an unemployment benefit because she left voluntary and not entitled to social security because she's not Dutch. In short, after three years, she had become homeless again, out on the street, all alone and desperate.

Edith knew Cor from the time he broke up with his girlfriend and stayed a few weeks with her and her partner. Edith moved in with Cor when she broke up with her boyfriend. The act of solidarity demonstrated by Cor, could, thus, be viewed as reciprocating hospitality. According to Edith Cor's solidarity included an exchange of shelter for company, a love affair only developed a few months after she had moved in. Not enough information is available to untangle the reasons that have led to the break up of Edith and Cor. Edith's drug use played a role, but whether it was the cause or merely a justification to throw her out, remains unclear.

4.4 The homeless: shelter strategies

4.4.1 Squatting

Drug users who report that they live in a squatted house, are categorised as homeless in the DMS survey. In general, squatting is done in areas or blocks where demolition or renovation has been planned. The period between the first tenants moving out and before the beginning of the actual construction works, gives the best opportunity for squatting. The municipality knows this and urges landlords to brick up the entrances at ground-floor, to prevent squatting. Due to this practice, squatting has become less common among drug users over the years. It seems that mainly those who make a living of collecting old metal from old houses, know where squatting is still possible.

I knew Marco of some irregular field work contacts. One early evening, I stood in my front door, gossiping with my neighbour, when Marco passed by. We saluted, and I interrupted the conversation to ask him whether he would like to be interviewed. He agreed and I suggested to interview him at his place. He protested and said that he could not receive any visitors properly, since he lives in a squat. But I insisted and said that I wouldn't mind the mess. So later that evening we strolled in the early darkness to his squat. Marco took a flash light and through the rubbish of already

demolished buildings we entered his squad. He shoved away a board and showed me his mattress and sleeping-bag, carefully hidden away in a closet under the stairs. I realised that I had overestimated his situation and proposed to find another place for the interview. We went to a cannabis coffeeshop nearby.

Ivan is a hustler in scrap-metal in the Old-North district. He strips metal out of abandoned apartment blocks and sells it to the local rag-and-bone man or to uncle Jan, a retired man who supports Ivan now and then. Officially, stripping metal is theft but it is regarded differently than shoplifting, at least by Ivan himself.

I don't want to disadvantage someone because life is already fucked up enough. I have to control myself so that I don't disadvantage nobody. I'm not going to do that. Who am I harming? The municipality? And who is the municipality. That is all of us. We are the citizens. It's an institution, it's a business. Stripping a little copper and lead. I used to strip a lot of zinc, but since the euro appeared zinc isn't worth nothing no more." (int. Ivan)

Over the years Ivan has managed to squat apartments in which he prepares one room for himself. He 'borrows' electricity; in his latest squat the power is still available, because the construction workers at the opposite of the street, need it as well. He can watch television and heat up a meal in his micro-wave oven. A few months ago, he wanted to move to another squat, but he was caught there, so he went back to his former place. Now he shares the squat with someone else.

I: Why did you choose him, that boy?

R: I don't know him well, but I thought it was bad how he lived. I thought it was bad.

I: You felt sorry for him?

R: No, but I gave him my room because I thought I had found another squat. I gave it to him because he was in the same street as me. I always saw him sitting on the public bench. I came from somewhere and I saw him on that seat. I knew he slept at the other corner of the block. He just slept there... he had a den, put his mattress there and slept and left and slept and left. (int Ivan)

His roommate does not feel as responsible for the squat as Ivan does. Ivan considers the other's irresponsible behaviour as a menace to his personal belongings and the squat. The roommate rummages in Ivan's room, and sometimes takes other people along to stay for the night. The roommate is a burden, he hardly contributes to the household and it is making Ivan weary.

But now I will stop and say: you don't get anything anymore; ask me nothing. But he can stay, I don't feel hate. I don't even wish him the cold outside. It's not my house. But I also said to him: if you continue like that, you're out. (int Ivan)

Whereas Ivan may be a relatively solitary drug user, Robbie and Magda are more social types. Robbie rarely turns a drug-business opportunity down. He still dreams of making a come-back as a big time drug dealer, which he used to be. After a police raid, Robbie and Magda were forced out of their apartment in the South-side of Rotterdam because they sold drugs. Robbie and Magda went separate ways; Robbie got involved into trafficking cocaine from Surinam to the Netherlands and Magda stayed with various friends, prostitution clients, some of Robbie's business partners and the night shelter. After a year they squatted a room in the West of Rotterdam. This room, at the ground floor, was part of a house with three apartments occupied by at least a dozen drug users and illegal aliens. In a field note, Robbie writes how they got involved in this squat house.

The house at number 64 has been empty for quite some time. Only one room is inhabited by a bunch of Africans and they're supposed to leave soon as well. But suddenly there is a change, which nobody held for real. Slim, an addicted guy originating from Surinam hears that there is empty space (rooms) in this house. He is homeless at that moment and he never knows in advance where to spend the night. He will not let this chance pass by and he immediately moves into a room at the second floor. Soon after, his girl friend moves in as well and due to Slim's large network (he is a dealer), the news spreads fast that there are more rooms available. Within a period of three weeks, all rooms of the house are inhabited and activities are clearly visible. Interesting to see is that some tenants start to bring in furniture found as rubbish in the streets and make their space liveable. Even carpets are tugged in and it is a pleasure to see how fanatic and serious people are to make their room liveable (field-note, west1207)

Although Robbie writes an optimistic sounding field note, the quality of the housing remains poor. The front door of the house cannot be locked, it seems that anyone can just walk in and out. After a disagreement with a dealer, Robbie's windows are smashed. The windows are boarded-up, depriving Robbie and Magda of daylight. One day, approximately four months after they moved in, they receive an announcement that they have to leave the room: the house is going to be demolished. That this was going to happen was already known to Robbie and Magda and easy to be foreseen, since the neighbouring buildings are bricked up and at a few buildings up the road, the construction workers are already busy. But Robbie and Magda don't want to leave; where can they go? Regular housing is hard to get and, on top of that, Magda is an illegal alien without any housing rights. On that day, the surveyor of the proprietor comes to urge them to leave the house within a few hours. They are with four in the room, Robbie and Magda and two homeless drug users. Robbie wrote a field-note about what happens next.

I wouldn't be Robbie if I would let myself be thrown out in such a humiliating way. I expressed my displeasure clearly by saying: "I will make sure that you will not survive this day". Apparently this scared the surveyor off, he went away. The other boys started packing, but I laid down on the couch and tried to encourage the boys. Nobody knew where to go and this uncertain situation kept my mind busy. At that moment the door opened and the surveyor entered, followed by five companions armed with sticks. (...) They hit and hacked at everything that moved. I screamed that this was not necessary. When I got up it became clear how my words had affected the surveyor. He turned to me and started to hack at me with a machete. After a few misses a hard blow struck me on the arm. I resisted, I faced death for several moments, which I held for impossible. Blood squirted through the room, but that did not calm them down. The others had fled out of the room. (...) I grabbed an ashtray and approached my opponent and he backed off. The others continued to hit me with their sticks till I made it to the front door. (...) Passers-by stood still, but nobody acted on my call for an ambulance. I started running and ran into a police-surveillance van. I told them what happened and they called an ambulance. (...) (field note west0128)

In the hospital his arm was operated, he had been hit several times. He was cut to the bone and lost control over three fingers because the tendons were cut. The wound was sewn up with 52 stitches. The surveyor was arrested and remained in prison awaiting trial.

The closet where Marco had put his mattress could hardly be called a squat; no water, no electricity and no heating. Only a few weeks after the interview, the house was demolished to the ground. The situation of Ivan, and Robbie and Magda was more stable, but still temporary. Robbie and Magda were never reluctant to have (homeless) drug users to stay for the night. I have visited them regularly at different places, and almost always other people hang around. They like to have company around, preferably to smoke cocaine with, but not necessarily. Their solidarity with other drug users, is also rooted in a personal need for company. Ivan kept his place more or less secret; he is a loner. He has an 'arrangement' with the old Dutch men, they are a stable and supportive part of his life. Their initial business contact developed into a relationship including trust and affection. The different strategies of Ivan and Robbie and Magda can be described as social configuration but they can only be explained by looking at their personalities as well. Also Marco is someone who prefers to be on his own. He explained me, that the cultural differences between him and most other drug users is big. He almost had a university degree in history, he likes to discuss at a certain level, not just "dope talk". It might be cynical, but his cultural capital brought him loneliness instead of prosperity.

4.4.2 From friend hopping to night shelter

When a person becomes homeless, he or she will try to arrange shelter with family or friends. Family members, if there are any, usually know the negative aspects of drug use all too well, and may therefore be reluctant to provide accommodation. A pattern sometimes seen is that of the drug user, who has just become homeless, hopping from one place to sleep to another until his or her sources of social capital are exhausted and shelter must be sought in squatted houses, outdoors or in official shelters. Some drug users follow this road all the way to the official shelters, others might find a solution somewhere in the informal circuit. The case of Robert illustrates the pathway

to the official night shelter. After a period of incarceration, he got back in the south side of Rotterdam. He stayed at a few places, but had to leave time after time. In a field note, he writes about one of these places:

As usual, you are welcomed by people with a sleeping-place as long as your (dope) supply lasts. When I ran out of stock, I was introduced to someone with whom I could stay for less dope. The inferior pension, so to say. 'Introduced' is a big word, 'dumping' is a better term. So, I was dumped at Nella's. (...) There she sits, enclosed between her last possessions and scarcely lighted by some small candles. The small windows are hermetically closed: "because of the neighbours you know". (...) Now she sits there and doesn't know what to do. What is left is living from euphoria to cold turkey, to distract her from her own sorrow she takes care of some homeless psychiatric patients, who, because of their behaviour, are not allowed in the night shelters of the Army or Hille. Like a mother she points out their responsibilities, but she does not seem to realise that this is not childish behaviour but psychic disorders, caused or aggravated by excessive cocaine use. (field note mlx0127)

A couple of weeks later, Robert called an old mate he knew from the detox centre. "If you ever need me, you can count on me", this mate had promised. Robert bought some heroin and made his visit. He ended up staying eight months with his old mate. The *ménage-à-deux* came to an end when the host stole cash money of Nick, and the next candidate renter presented himself. But the theft is merely an expression of an exhausted relation, according to Nick.

(...) In the first place, you're running out of topics for conversation. And second, always things are said like 'I wouldn't do that. I would never betray a friend', but at a certain point it does happen, and then you're a hypocrite. But, on the other hand, it happens on both sides. Why does it happen? Because, you know, it's like being in love. In the beginning you're hand and glove, and then at some point there's no give left in it. You just want some privacy, irritations start to emerge, and finally you're just complaining of each other's smoking habits. And when a third person comes, the house owner is relieved, because when he's on with the new, he can get rid of the old. (int. Nick)

Robert finally ends up at the night shelter, where he stayed almost a year before he was 'promoted' to the associated lodging-house.

The friend-hopping career of Jan, who lost his housing because he neglected his due's (see section 4.2) is much more limited than Nick's. Shortly after his eviction he went to a detoxification centre, where he became free of illegal drugs, but got suspended for three months after he and a mate got drunk. So he came back to Rotterdam without a place to stay and without money. For a few nights he slept at his daughters house. She's pregnant, and lives in a small apartment with her boyfriend. Jan sleeps at the couch. Then he joined a household of two drug users in a squatted house for a few days. He wasn't too happy there, because the two household members demanded that Jan contributed and equal part to the household expenses. Finally, he became part of the same situation from which he had tried to escape: he stayed at Poekoe's house with a bunch of other guys. Poekoe, was imprisoned for a while and his regular visitors took over his apartment.

The Hollandsstaat, at Poekoe's. Yes, that guy himself is tied up a few days now. In that house come Surinamese, Moroccans and Antillians. It is a rented apartment and often the police comes and then everybody has to go out and then you have to find a way to spend the night somewhere. (int. Jan)

Eventually Jan has found his way to the night shelter, although he was reluctant to go there. At the time of the interview, Jan is relatively new to at the night shelter. He disparages about the people who make use of the night shelter regularly. He takes them to be losers, the lonely rats of the drug scene, as he puts it.

I think the Pauluskerk [night shelter cb] is worse than the squat. So many people around you, who're all... kind of losers. That doesn't give you much self-confidence; your self-esteem just flows out of you. Very little is left of you. Those people neglect themselves; don't wash themselves anymore. You see a lot of that in the Pauluskerk. (int. Jan).

A couple of weeks after the interview I talked to Jan again. Every night he sleeps at the Pauluskerk now. Though humiliating, it is still safer there than at Poekoe's place.

Whereas it took homeless Robert years to end up in the night shelter, for Jan it was a matter of weeks. This is partly due to the difference in social skills, or cultural capital, as Bourdieu (1983) would have named it. In the old days, also Robert had been dealing in his apartment, like Jan, but Robert managed his business better than Jan did, he gained respect of many people and created many obligations to be reciprocated. Jan's hospitality mostly offered to homeless drug users, was rather evidence of incapacity. Most homeless drug users, on top of that, are unable to reciprocate hospitality with hospitality. Nevertheless, both examples show that, when all informal resources are exhausted, the night shelter serves as a safety net.

Intermezzo: family support

The time that problematic drug use was a teenager-problem is history for the majority of the Rotterdam dependent drug users. Most of them grown older and are now in their 30-ties and 40-ties. The mean age of the drug users in the DMS-survey is 40.2 years for men and 34.3 years for women. Drug users are now adults and this might influence the relationship with their parents, if they have had any. The DMS-survey shows that 48 %, (of which 15% 'not applicable'), of the drug users did not have any contact with their parents in the past month. Not applicable means that the respondent does not have parents (any more). Perhaps, when using a longer time frame, more drug users would have reported contact. To take the perspective broader than parents alone, we see that 27% did not have contact with any family. Looking at family contact from a social capital perspective, the question is whether family members support their drug dependent kin and to what extent.

We can assume that, the dominating direction of support is towards the drug users. In that sense, parent-children relations often seem out of balance. But if we remind what Portes (1998) said: parental support is not based on reciprocity exchange but on value introjection, this assumption is not surprising. To put it in common language: it is normal that parents support their children. Most of the drug users are no longer part of the parental household: 6,5% lives with their parents or other family. Of those who have had contact in the past month with their family, 58% consider their parents, 31% their siblings and 11% other family as most important in terms of support. The type of

support given, is categorised as financial, practical and emotional support (cf. Ypeij and Snel 2000). Table 4d shows that practical and emotional support is given more often than financial support, although the differences are not significant.

Table 4d. Type of support given by “most important family members” (N = 139)

	<i>parents</i> (<i>n</i> =80)	<i>siblings</i> (<i>n</i> =43)	<i>other family</i> (<i>n</i> =16)
Financial	61%	70%	47%
Practical	85%	80%	80%
emotional	83%	88%	87%
Other	28%	32%	27%

Source: DMS-survey 2003

Most of the support mentioned in the open category “other” in table 1 could be regarded as practical or emotional support. It comprises looking after the children, love, shelter, washing clothes and encouragement to stay away from drugs.

One case of friend hopping which did not end at the night shelter, comes from Anil, whose background is Surinam-Hindustan. He used to have a job as a carpenter. When he divorced, his drug use really got out of control, though it remains unclear what was first: the divorce or the out-of-control drug use. He primarily uses crack-cocaine and uses heroine to temper the negative side-effects of cocaine, but has not developed a heroin dependence. He was homeless for three and half years and during this period he stayed almost exclusively with friends. Anil has always been well aware of the necessity to do something in return for their hospitality. Whether it be drugs or food, he always made his contribution. But he moonlighted less and less, so his income decreased. Finally, his family found out that he was seriously in trouble with drugs, and they decided to take care of him. Anil is grateful that his youngest sister took him in her family, giving him the spare room. According to Anil, his family helps him not only for altruistic reasons, but also because they want to protect the good reputation of the family.

Because in our culture... it is a shame... look hey, your brother knocks about... or your brother is a boozer... or has become a real junky. And then they feel insulted, they don't want to hear that. (int. Anil)

Both his sisters are part of the plan. They see to it as much as possible that Anil gets his life straight again. They urged him to apply for social security and want him to find accommodation again.

And if I have that, they are behind me again and they say: try to find a job, start working again. For what do you do? All day at home, alone? Next thing you're back in the same old situation! (...) They continue to want to see you, a birthday party, a dinner party. Then you have to be straight again... that's part of it... they continuously want to see you (int. Anil)

It is unclear if Anil will succeed in straightening out his life. His cocaine-use will probably become a big hurdle. Only a few weeks prior to the interview, he obtained social-security benefit, and although his sisters control this money, officially it is his, so he might start to spend it on cocaine rather than on accommodation.

Here we pick up the story of Edith again, who found shelter at Floris' place. After almost three months, Floris announced that Edith had to leave, since they stimulated each other too much in using drugs.

It is really incredible that he has helped me, this Floris. And I understand that we have to quit, although we like each other, it is better to stop, if not, we will destroy ourselves. (...) Last week we threw away the syringes; he really went crazy. (int Edith).

Edith definitely does not want to go back dragging herself from prostitution zone to shelter and back again. She has made an agreement with her brother and parents to the effect that she will return to Belgium. But her parents don't want her back in the house and so Edith and her family agreed that she will go to a detoxification centre. Her family will find one and arrange enrolment. In the meanwhile, Floris allows her to stay with him. Some six weeks after the interview I spoke with Edith again. She is still with Floris, but everyday she makes a call to the detoxification centre in Belgium. It will take at least another month to six weeks before she will be admitted.

4.4.3 Clients and rich uncles

According to the DMS-survey, homelessness is equally distributed among female and male drug users. Two-third of the women in the DMS survey reported to have income through sex work in the past six months. This may be considered as a coping strategy, but for many women it encompasses more than sex work alone. In this section, some examples are presented of women who engage in reciprocal relationships with men, and in which sex seems not to be the main dish.

Magda has a relations with Robbie for almost 20 years. Her contribution to the household mainly comes from prostitution. It seems that both have no problems with separating business from affection. Magda has no legal status in the Netherlands, although she has been living here for over two decades. Whenever possible she and Robbie share a room or apartment. But as we have seen, they have to leave their housing time and again, for various reason. When they are separated, Magda has to find her way. She may go to the prostitution zone to make some money and find someone with whom she can stay for the night. But once in a while, she stays at a clients house for some time. She wrote a field note about one of them.

Till this moment I have lived for about five or six weeks with a former client of mine, John. Actually this situation has emerged because he pressed on me a little, because I don't think I would have asked it of my own initiative to live with him for the time being, unless I would have some money or other means to pay him. And to arrange it on a 'business' basis. I really didn't feel much like it, because I know, and that's how it usually goes, a lot of trouble arises. (...) From his attitude I can clearly recognise that he wants something in return for shelter and even food, although this was not the agreement. I rather ask nothing of him, the less I ask the less he can ask in return. But unfortunately, only the first three weeks were quiet. And then the harassment started. He started demanding, like, if I stayed a week with him, that I at least one and preferably two times a week would shag him, without payment. It doesn't work like that, because like that I can stay with many men of that kind. And I think that they would be quite happy! But yesterday, the moment was there, I had enough. I grabbed my stuff because he pawed me. And I'm not that tolerant. So now I'm back where I started. I don't try to feel the cold of the night, which is not always easy... (field note, spa0216).

As soon as Magda finds a better place to stay, i.e. with less obligations, or more advances she leaves. This could be another client, or Robbie when he has found a new room. Or she may go to another drug user who is willing to share his or her place.

As said earlier, Edith was thrown out of the house, gave up her job and found that she has, not being Dutch, she was not entitled to any Social Security Benefit. Edith refused to go back to street-prostitution. Nevertheless, she is supposed to contribute as much as possible to her common household with Floris. She was lucky to contact a former client.

I have found an old client with whom I can sleep once a week, for 100 euros. Yeah, that's good. (...) except this week because he has taken medicine for not drinking. (...) because he drinks once a week and then he picks up a girl. But he has taken pills in order not to drink, so tonight I can't... (...) He lives close to where I am now. I put a letter in his mail box and a week later he called. I have a mobile phone, so he called. I live close to him so that's easy and I went there. It's 100 euros and that is quite some money once a week. (int. Edith)

From the data available, it is difficult to give an accurate description of these men who live with drug prostitutes. But they usually seem to be considerably older than the women they live with. The men's value on the 'relation market' may be considered as low: old, little money and modestly housed. They probably have little sex with these women but some of them nevertheless make a great effort to keep these women loyal to them. Magda stayed a few weeks with John, but other examples show enduring relationships. Indirectly we meet some these men in the field-notes of the community field-workers. Alex, for example, has been hosting Madelon for a few years now. Madelon is an intelligent and verbal women, she's also the type of drug user who is constantly thirsty for cocaine. Rob, one of the regular community field-workers, knows: he had a relation with her for two years. Karel meets Alex, an almost 50 year-old man who does not take any illegal drugs, at the weekly queue for the Social Security Benefit cashier.

Alex also tells me how he has started dealing cocaine and how he operates. He has bought 20 grams from his last benefit, and that has been two weeks now. Since then, he says, he already bought 20 grams twice. "So your business is going well" I say, "it

means that you sell about 3 grams a day”. That makes Alex laugh, “you’re counting out Madelon”, he says. Indeed, I didn’t count her in and I realise that, she may well smoke two grams a day. “If that’s the case, you soon will be bankrupt”, I tell him. Alex says that he gives her one-gram a day and that he stores the coke elsewhere, if not, she starts searching for it. According to him, it works well this way and he manages to meet his own needs as well. I know that Alex’s needs are few, in fact, he is satisfied with a daily meal and a package of tobacco. (field note, rdz0722)

In the eyes of the women, these men are often lonely men who want, besides sex, love and female attention. At first sight, the relation of Madelon and Alex is based on cocaine in exchange for company, but intuitively, I think that Alex also offers emotional safety and only moderately exercises his sexual ‘rights’. Another example is found in Nel, she was ‘rescued’ by one of her clients, who has approximately the same age as she. While waiting at the women’s methadone program for my appointment with another woman, I met Nel. With Nel I had regular contact during hours of field work.

Queuing in front of the methadone program, I see Nel (aged 47), or better, she sees me. She approaches me with a big smile and kisses me on both cheeks. She is well dressed, her hair has been bleached and well done, and her appearance is much more upright than I remember from the prostitution zone. She is so happy, she tells me, she is in love. Since a year she is in love with a former client, with whom she now lives. “I don’t know what is happening to me, I’m so happy.” Nel was the woman that made me realise two years ago that some drug users are totally dependent on low threshold drug services. At that time she circuited from drug consumption room, to prostitution zone, to the sleeping project and back to the drug consumption room. (field note, vijf0315)

The newspaper image of drug dependent female sex workers is one of psychiatric women, exploited by unscrupulous men. Although this picture may hold true in many cases, also other stories are told. Some women and men seem to have satisfactory arrangements, in which female attention (in the broadest sense) is exchanged for shelter. It is beyond my knowledge and judgement, whether these relations are balanced in terms of power and respect. In terms of social capital, most of the exchange relations between men and women are developed at the prostitution zone.

Here, the first contacts are made. Occasional clients may turn into regular clients and regular clients may develop into a “rich uncle” (suikeroom), as these men are called.

4.4.4 Formal external support

In the previous sections the support of formal institutions has already briefly been introduced. Two major types of support can be distinguished: 1) shelter for the night, and 2) rehabilitation of a regular housing situation. In the latter case, though, we also have seen that ‘regular’ can include: restricted control over security benefit and monitoring of social work. Rotterdam has, seven night shelters at disposition of homeless people, this includes the woman’s sleeping project. Conditions in night shelters vary. The figures of the survey tell that the Pauluskerk is the most popular night shelter. Probably, because access is free, and the house rules are mild. One hour prior to bedtime, the drug consumption room is open and this may be an attractive feature as well. The sleeping conditions, however, are poor: people lay on the bare ground and the lucky one’s have a camp bed. The other night shelters are smaller in terms of capacity, have stricter rules, and must be paid.

Slightly over half of the categorised homeless drug users had visited one of seven shelters, in the month prior to the interview. It’s an indication that a considerable part had an alternative way to spend the night. Note that, during the interview period (April 2003) Rotterdam experienced tropical temperatures, it could be that drug users who usually spend the night at the night shelter, now preferred to stay out in the open. We remember the squatters and also cases like Magda, who spend a few weeks with a client. In the past month, an equal share of women and men have at least slept in night shelter once. It is noteworthy that 5% (n = 6) of the housed people, reported to have spend at least one night in the night shelter. The data don’t tell why, but we can speculate that some unstable housing situations force people to the night shelter. A second plausible explanation is that the respondents have found housing in previous month.

After nearly a year at the night shelter of the Hille, Robert has got 'promoted' to the lodging house of the same organisation. At the time Robert spent most of his night at the shelter, he reflected on it in a field note.

At a night shelter you can live a fairly regular life. I mean, you can eat every day and sleep almost every night. The health problems that emerge by not getting enough sleep and malnutrition may be dealt with to a certain extent. (field note, Hill1209)

Not surprisingly is overall appreciative of the night shelter; first he tried to avoid it, then he got into it, and now he has made it to the lodging house. His room, a former monk's cell, is small, but he now has the security of housing and is master again over his own sleeping hours. But its not only become Robert got promoted, that he is appreciative; night shelter guests tend to congest the night shelter. Night shelters are such a succes that they have become congested; only a limited number of people move up the housing ladder (Hennink, 2002).

Some homeless drug users seem fully dependent on care and shelter supplied by official institutions. It seems that they dedicate all their resources to obtain drugs and leave the rest to the institutions. Shelter and food are covered by the facilities they visit. Apparently, such examples can easily be found among women who work at the Keileweg prostitution zone. Without any doubt, however, male examples can be found in various settings as well, such as drug-consumption rooms. Marco (aged 50), could be such an example: he is homeless, has no social-security benefit and visits the drug consumption room at the Moerkerkestraat on a daily basis. Ivo, however, regularly buys and prepares his own meals, unlike other (male) visitors of the drug-consumption room.

I know people at the Moerkerkestraat they never buy any food. They use all the money for dope and the rest they get from the foundation, bread, peanut butter, coffee, tea. On Sundays they get a hot meal. I never watch these people going to the supermarket to buy yoghurt. Never, never, never. (int. Ivo).

Marco does appreciate the Moerkerkestraat as a facility. The workers there have helped him with several problems. But he doesn't like to go to the night shelter. He

got his Timberland shoes stolen and he thinks the opening hours of the Salvation Army are ridiculous.

And on Saturday and Sunday, I slept there in December, I'm supposed to wake up at 7 o'clock, it is Sunday you know, be out at 8 o'clock. Where do you go at 8 o'clock on a Sunday morning? You know. So what many people do is take the subway, Spijkensse - Centraal, Centraal -Spijkensse and sleep. Why not sleep till 9 o'clock, like the Hille. These are small things, but important. Where do you go? Church is not even open at that time (int. Ivo)

Three of the four women interviewed are (or were) illustrative of women whose life seems to take place between prostitution zone, day shelter and night shelter. Saskia became homeless because the house, in which she sub-rented a room, was demolished. As a sub-renter she wasn't entitled to substitute housing. She used to have a job as a doorman (!) at a dealing address. During daytime she worked at the dealing-address, spending and the night at the Keileweg. Her job allowed here some distance from the other women at the Zone. Unfortunately for Saskia, the dealing-address has been closed down by the police and she lost her job. She is now fully submerged in the women's scene at the Keileweg.

...but now, I'm there all night long (in the prostitution zone cb), in the morning we're picked up by a van and go from the Zone to the Sluis, there we sleep together, and then we all go to the methadone programme, twice a week we have the cooking project and once a week we go on a bus tour, also all of us. We're together everywhere. (int. Saskia)

Tanja never goes to the sleeping project. She doesn't like sleeping. She might stay awake for days. Only now and then she snoozes in a chair or even standing up. Her appearance is often marked by her catatonic condition: her constricted muscles put her body in awkward, almost spastic contortions. Tanja commutes between the prostitution zone and the Dok (a drug consumption room) and doesn't go much elsewhere.

Yeah, ehm, once I was suspended for one day. Well, I was completely lost, because I'm so used to my rhythm, to come here and to be here, all day. For that one day I was

suspended, I stood outside all of a sudden. I didn't know where to go, where I had to use. In doorways, in porches, totally paranoia and nervous, I really went crazy (int. Tanja)

Homeless Lee, used to sleep at the Pauluskerk. But due to some violent incidents he has been suspended for undetermined period. He now regularly sleeps at his friends apartment, but this friend rents a room from the Pauluskerk, and thus violates the house rules by allowing Lee to stay. Lee explicitly praises the good weather, he spends the night outside on cocaine, and usually falls a sleep in the course of the morning, when the day heats up again.

4.5 Summary

What is the role of social capital in satiesfying the need for shelter and housing, and how do formal and informal solutions interact? These were the guiding questions for this chapter. We have seen a range of examples of housing and shelter strategies. A considerable share of those with housing were once homeless, and many of the current homeless are so for a long time. Various examples of housed drug users have appeared to be quite unstable: the street is always nearby. Once evicted from regular housing, drug users difficultly regain a stable housing situation. The dominant picture is that of struggling from one temporary situation to the other, and many end up in the night shelter. Informal arrangements with other drug users, clients, family and rack-rent landlords don't appear to be long lasting. Squatting, too, is an unstable form of housing. After a period of 'friend hopping' or other kinds of informal solutions, the night shelter becomes an acceptable alternative for many. In a lot of cases the night shelter facilities are solicited as a last option; when all other (informal) resources are exhausted. At first sight, the night shelters provide an attractive arrangement for drug user: cheap and simple. But it is not always a calculated choice: return to the regular housing market requires money, social skills and patience. The longer a person is homeless, the more truncated these features become. It seems that only with external assistance (both formal and informal) drug users can find their way out of the night shelter system. The formal support for drug users, expressed in night shelters functions as a last resource: it substitutes informal solutions, but also protects the

housed people from severe claims of solidarity by homeless drug users, and homeless drug users from exploitation by reckless landlords.

5 Drugs strategies

5.1 Introduction

In the previous chapter housing and shelter strategies have been described, using the dimensions of formal and informal sources of support. The adequate description of strategies to acquire money or drugs involves more dimensions, however. The need for drugs can be subsumed under the concept of household strategies. However, instead of focussing on the diverse aspects of running a household, we will concentrate on the principal need that centres the lives of dependent drug users: the need for heroin and cocaine. This choice to focus on drugs doesn't mean that drug users don't have other needs as well, such as food, clothes, esteem, care and affection. But drugs are the central issue in their lives: many have built a lifestyle around its use and acquisition. Food and clothes are subject to radical "limiting household expenses" (Snel & Staring, 2001). Many drug users don't have regular meals, and what they eat are rather snacks or free meals provided by institutions. I interviewed Edith in a snack bar and offered her a snack; she kindly refused and said she preferred to have some extra money instead.

Mingione's (1987) descriptive frame of household strategies comprises three pairs of survival resources: formal and informal, internal and external, and monetary and non-monetary. If we look at the way drug users cope with life, we will recognise all strategies. Yet Mingione's division is not always adequate for our purpose. For example, Mingione considers formal or informal work as an internal source, as the household itself produces it. In the case of Rotterdam drug users, however, labour pools and the Street Magazine have deliberately been created to support drug users (and others): so, this amounts to external support. Also, if we take into account a broader perspective, and look at the labour market as a whole, we see that the state has created several institutions for the unemployed to facilitate access to the labour market. Such governmental interventions on the labour market make a strict separation between internal and external recourses difficult to apply, depending on the viewpoint of the observer.

Nevertheless, in this chapter we will more or less follow the distinctions proposed by Mingione. If necessary we will annotate on the various distinctions and note our

alterations in Mingione's scheme. First, in this section, we will take a closer look at drug use and sources of income. The data presented here are, again, derived from the DMS survey 2003. In the next section (§5.2) I will present some details on formal monetary resources: social security benefit, Street Magazine and labour pool. As an example of a non-monetary but formal resource, we will dip a toe into the phenomenon of methadone treatment. In section 5.3 I will briefly sketch some aspects of prostitution and petty crime. These are informal activities, produced by the household themselves (internal) resulting in cash, flowing into the drug scene. Once the money is in the drug scene it is usually converted into powder. In section 5.4 some examples of dealing drugs as a coping strategy will be presented, and related to that, we will see how methadone can be an interesting commodity. Drug dealing is primarily the exchange of cash money for drugs, but a non-monetary drug market exists as well. In section 5.5 non-monetary aspects of the drug market will be reviewed.

5.1.1 Drug use

The contemporary drug scene knows roughly two types of urgent drug needs: combating withdrawal symptoms related to heroin dependence and craving for crack cocaine. Frequent heroin use leads to adaptation of the metabolism, and therefore results in withdrawal symptoms as soon as the body is deprived of heroin. The half-life⁷ of heroine in the body is between 6 to 8 hours; so a heroin-dependent person needs 2 to 3 doses in 24 hours. Withdrawal symptoms are mainly experienced as physical discomfort: yawning, a runny nose, muscle cramp, and overall weakness. The half-life time of cocaine is much shorter: approximately 20 to 30 minutes. Withdrawal symptoms become apparent as craving, a predominantly psychological experience. Heroin and cocaine have opposite effects: heroin is a downer, slowing down all major bodily functions, whereas cocaine is an upper, accelerating bodily functions. The tranquilizing effects on the body explain why - an episode of - heroin use has a physical ceiling. A heroine overdose ranges from nodding to respiratory problems to cardiac failure. A cocaine overdose ranges from agitation, paranoid hallucinations to cardiac arrest due to over stimulation. Problems with overdosing on

⁷ The time it takes for a (psychoactive) substance to decay to half its initial effect.

cocaine occur usually after long episodes (more than 24-hours) of un-interrupted cocaine use.

Heroin use emerged in the Netherlands at the beginning of the 1970s, and since the mid 1980s cocaine has been playing an increasingly important role in the drug scene. It seems that cocaine has become more important than heroin. In terms of money spend, it has (Table 5a).

Table 5a. Heroin and cocaine use by percentage of respondents, days used in previous month and quantity used previous day.

	<i>Used by %</i>	<i>Used on # days previous month</i>	<i>Quantity used, previous day, in grams (st. dev.)</i>	<i>Money spent, previous day, in euros*</i>
heroin	80	24	0.67 (0.61)	14
cocaine	96	24	0.97 (1.13)	27

* based on a price per gram: heroin: €20; cocaine: €35

Source: DMS-survey 2003

Table 5a shows that 80% of the respondents have used heroin in the previous month, which is significantly less than the respondents also who used cocaine. In themselves, the differences in quantity used on the day previous to the interview are not significant; they are significant, however, when multiplied by prices per gram⁸. Be that as it may, in two senses this is a theoretical difference only. First, the quantity of cocaine used also depends on the opiates used. Table 5b shows that the use of opiates is associated with lower levels of cocaine consumption. Second, the quantity of drugs consumed, and the amount of money it represents, does not reflect the amount of money spent in reality.

Table 5b. Self reported quantity of cocaine used, the day prior to interview, by use of opiates month prior to interview

	Used heroin & methadone (n=101)	Used heroin nor methadone (n =32)
Gram	0.62	1.98
St. Dev.	(0.65)	(1.75)

Source: DMS-survey 2003

⁸ paired samples test: $p < .001$

Drug users obtain cocaine not only through purchase from drugs dealers, but also through other users sharing their cocaine. In section 5.5 some examples of this widely applied practice will be given.

5.1.2 Sources of income

In everyday life various means is used to make money or obtain drugs. Table 5c presents DMS-survey data on sources of income. Within the drug scene, men and women make money in different ways. Two-third of the women have earnings from prostitution (against none of the men). One-third of the men have earnings from legal employment or moonlighting (against 7% of the women). For both men and women, Social Security Benefit is an important source of income. Besides that, business activities in the drug scene are mentioned by more than 40% of both sexes, and almost one-third (25-30%) makes money by petty crime.

Table 5c. Sources of income in the past 6 months (N=201).

sources of income	Male (n = 156)			Female (n = 44)		
	Total [^]	Most important	Second	Total [^]	Most important	Second
Benefit /pension	77%	51%	22%	68%	36%	21%
Drugs economy*	45%	6%	14%	42%	2%	21%
Different**	44%	10%	16%	36%	9%	9%
Legal work	33%	15%	9%	7%	2%	2%
Petty crime	33%	8%	11%	25%	7%	7%
Work projects	25%	6%	9%	21%	3%	7%
Begging	14%	4%	3%	12%	-	4%
Violent crime	5%	-	-	5%	2%	-
Prostitution (self)	-	-	-	66%	39%	18%
No 2 nd source			16%			11%
total		100%	100%		100%	100%

[^] more answers possible; *drugs economy is: working for a dealer as runner, bouncer, steerer, sales man, scale man, dealing for own account and or sales of speed, methadone or pills; **different is (among others) sub-rent of apartment, family or friends, collecting scrap metal/ garbage, street artist, income out of prostitution of others.

Source: Van der Poel, Barendregt, Schouten & Van de Mheen, 2003.

Both sexes also have income from ‘working projects’ such as: vending the local Street Magazine or work provided by the special employment agency for drug users, Topcore (21-25%). Over 10% of the entire group has earnings from begging, as well. The category ‘different’ includes earning through sub-renting and pimping. Compared

with the survey results from 1998, two tendencies are discernible: more women have earnings through 'special projects' (from 2% to 21% in 2003), and women's earnings from activities in the drug scene have doubled (from 21% to 42%). The share of women reported to have earnings from sex work has remained the same as compared to 1998 and 2000.

5.2 The caring community

In this section, the first part focuses on support provided by institutions. Institutions are external from the household and considered as formal, even if it is provided by charity organisations. Obviously, social security and (invalid) pensions are not exclusively aimed at drug users' relief. In its execution, however, social benefit is often tailored to the lives of many dependent drug users. Labour pools and the Street Magazine have been set up by NGO's for drug users (and other marginalized people); but quickly have been supported by the local government. Methadone-treatment programs have become a standard approach to deal with heroin-dependent drug users; it constitutes a form a support in kind.

5.2.1 Social Security Benefit

This section primarily deals with social security benefit. For half of the male drug users and slightly over one-third of the female ones, a benefit (social security or pension) has been the most important source of income (see Table 5c). Only those with a legal address have a right of a full benefit. The others, legally here but homeless, are entitled to only 50% of the full sum. But, if they can prove that they have spent 17 nights at one of the official night shelters, they get a 10% extra. Most night shelters provide their regular customers with a postal address. If people are not into the night shelter circuit, however, other ways have to be found. Robbie reports:

Lionel, my friend, had been out of prison just a few weeks and the Social Security Service made him find accommodation in order to secure his benefit. In a roundabout way he contacted the owner of the travel agency, who rents rooms located in the building above his agency. (...) In order to save his benefit Lionel was forced to sign

the tenancy agreement and from that moment on this man became his landlord. (field note west0722)

From section 4.2.3 we remember this to be a rack-rent landlord. It is unclear whether Lionel had to pay a deposit to the landlord. But as this landlord was heavily involved in trafficking cocaine from Surinam, Lionel may have paid his deposit in the form of making a trip to Surinam.

Anil and Tanja have only recently got their social security benefit restored. Anil survived for almost four years on moonlighting and with support of his friends. But in the end he hardly worked anymore and his two sisters took care of him. One of them accommodated him and allowed him to register at her address. This address enabled him to restore his benefit. Tanja's is a different story, and her case is an example of the extra support provided to drug using women. Tanja has been homeless for several years and makes a living from prostitution. Three years ago she lost her benefit and never made an effort to restore it. From other women she heard that the staff of the Social Security Office pays visits to the women's sleeping project to see if they could help the women there. At Tanja's request, the workers of the project she daily visits, to contacted the Social Security Office and asked them come over and look into Tanja's case, which they did.

Yeah, three years I postponed asking for it, just laziness, while restoring was only a matter of minutes. The same day I had an advancement of 75 euros. It took me three years to restore it. Just reluctant to go and face the people... that I was wrong. (int. Tanja)

To have it or not to have it: this is just one of the questions concerning the Social Security Benefit. It is well known that many drug users spend the weekly or monthly check within a fraction of the time it is supposed to last. This is also the reason why weekly advancements have been introduced. At the Pauluskerk social workers have even introduced daily or every other day payments. A weekly payment lasts two or three days, which leaves another four days to survive. A monthly paid benefit may last a week, which leaves three weeks to survive. Many drug users prefer the weekly advancement, because they know from experience that they will spend the money too

fast. Elsa gets her benefit doled out by the Pauluskerk several times a week. She tries her best to smoke as little as possible and, with the aid of her boyfriend; she manages to get through the week.

Yeah, I use drugs of my Benefit only, and if there is no money, there is no money. I only use during the week and not even every day. In the weekends I never smoke, I take care of it with methadone, 5cc methadone, and that's it basically. I always have done it like that. (int. Elsa)

Karel is a stereotype example of someone for whom Thursday is payday. In the interview excerpt below, he sketches how his weekly advancement is spend on drugs.

On Thursday I smoke, and I smoke on Friday, I eat every day presently, that I keep up. Then, usually I buy a gram, or two grams of which I sell a part, not on Thursdays but on Fridays. By the time I'm running out of money I buy of my last 30 euros a gram of which I sell half, most of the time. Thus I make it till Saturday.... On Sunday's I buy my first half a gram on the tick. I don't want to be more than 40/50 euros in debt and then I'm through the week almost, what drug use is concerned. (int. Rob)

Frequently, Karel runs into trouble with his benefit: at times the weekly advancement has already been spend even before he gets it, starting the week with a debt to a friend or a dealer.

5.2.2 Labour projects

In the city of Rotterdam, as in other Dutch cities, several projects have been initiated to allow drug users to earn cash money. Some projects involve some kind of labour pool (Topscore, DeltaBouman); and the Street Magazine is based on entrepreneurship. A quarter of the men and a fifth of the women from the DMS-survey have earnings through such projects. The sources of income described below are provided by recognized institutions, approved by the general public and generate cash money. It are formalised attempts to provide income generating activities, as an alternative for acquisition crime.

Many drug-using Street-Magazine vendors are found in the proximity of the Pauluskerk. This is obviously because, firstly, the wholesale point is located in the Pauluskerk, and, secondly, as soon as enough money has been made for a 'package' of five or ten euros, drug-dealers are always nearby.

The best thing for a vendor is to have a fixed place to sell. For then the regular public can get to know the vendor and may in a sense 'adopt' him or her. Especially at supermarkets the vendors may expand their business to become a street-sweeper and porter as well. This may generate even more money than just selling the magazine (the erstwhile vendor at my local supermarket, has even stopped selling magazines and is predominantly a porter now). In Rotterdam, Street-Magazine vendors are a well-known phenomenon. They are visible and, as long as they behave modestly, respected by the general public.

Another accepted means for drug users to earn some money, also clearly visible in the city, is street sweeping, initiated and organised by Topscore. Topscore is an employment agency especially for drug users, founded by the *Rotterdamse Junkie Bond*, a kind of union for drug users. Dressed in yellow overalls and baseball caps, they can be found sweeping in certain neighbourhoods, and cleaning trams and subway trains. They provide their service in addition to the regular cleaning service. Each morning at eight o'clock, the candidates gather at the Topscore office where the work is distributed. In the course of the afternoon they return to cash the payment of 20 euros. The Rotterdam interpretation of the Social Security Benefit-act allows Topscore to hire people who are on Social Security, on a regular but limited basis. The project is highly appreciated by the community. It has received a lot of positive media attention, and it even seems that nobody really care about the legal complexities surrounding social security, taxes, (social) insurances, personnel administration and what not.

For Marco the Italian, all that doesn't matter. As an illegal alien, he is not entitled to Social Security Benefit at all. For his daily need of cash money, he is highly dependent on Topscore.

I'm now three years without Benefit, and almost two years at Topscore. I work every day at Topscore. This is 20 euros per day, is 100 a week. It's better than nothing, because I also use drugs. With this money I can never find an apartment. (int. Marco).

Nevertheless, for Marco, working at Topscore is more than just money. The person he considers to be his best "connociente" [acquaintance cb] works at Topscore as well. This colleague has helped him to arrange his shelter in the squat he currently occupies and they regularly use drugs together.

The justification of the Topscore concept is that it enables drug users to make money legally, in service of the community, at the same time making them postpone the use of drugs. The knife cuts both ways. Besides the employees, also drug dealers know when it's 'cash-time' as Topscore. Community fieldworker Karel provides an example: he strolls with Alex in the direction of the Topscore office. Alex is the boyfriend of Rob's ex-girlfriend; we already have 'met' him in a previous section (4.3.3). Alex recently started dealing drugs, mainly to support his girlfriend's drug habit.

... in the meantime it's about three o'clock pm and in half an hour the first sweepers return to Topscore and will be paid. That's why Alex comes here; in the past days Alex has been around a few times, approximately at four. Each day his sales to the people of Topscore increased. (field note rdz0722)

The concept of letting drug users work for a small amount of money has found the approval of regular drug-treatment services as well. For example, visitors of drug-consumption rooms are invited to participate on a daily basis in maintaining public parks in return for a 12-euro reward. When Marco was suspended for two months from Topscore, he had joint this program.

You work from 9 o'clock to 12 o'clock, at Slinge. You have 10 euros, that's better than nothing. But there [Topscore cb] it's 20 euros, is better. But not only for the 20 euros, because, it is like a work day, you wake up, 7 o'clock, you finish 3 o'clock, at night you can sleep better, you can eat better. You think that you can do the best for yourself. There you work 3 hours and then you're finished, so that is a different feeling. (int. Marco)

It is hard to estimate how many drug users participate in such working-programs on a daily basis. Based on my observations and informal talks with participants and staff, I estimate that it varies between 80 and 120 individuals (Street Magazine, Topscore and DeltaBouman, Centrum voor Dienstverlening). On a yearly basis, the number of individuals participating in these projects is at least thrice as much.

5.2.3 Methadone treatment

Almost 60% of the survey-sample reported to have used methadone in the past month, most of them (90%) participate in a methadone program. De Swaan (1989) showed that governmental support for poor households is motivated both on humanitarian (altruistic) and instrumental grounds. The same double-function can be found in methadone programs (and other projects designated for drug users). Methadone is prescribed to support drug users in their daily need for opiates, but also to reduce the need for acquisitive crimes. However, if we define ‘thieves’ as people who reported to have their primary or secondary source of income from petty crime (past month), we cannot find differences in methadone use (number of days pas month) between ‘thieves’ and ‘non-thieves’⁹. Thus, at first sight, methadone doesn’t make a difference. However, absence of difference indicates that the DMS sample is a ‘street-recruited sample’, biased towards ‘thieves’ rather than a valid evaluation of the crime-reducing effect of methadone programs. In order to make valid statements about effect on crime of methadone treatment, a different study design is required.

Elsa and Harrie have been a couple for many years. Both are considerably in control over their drug use. Instead of stimulating, they limit each other in using drugs. He participates in a methadone program and is therefore willing to abstain from heroin use during the week in favour of Elsa’s needs. In the weekend Harrie shares his methadone with his girlfriend.

Yeah, a few months ago (...) people asked me: doesn’t Harrie smoke anymore? I said, well we don’t have that much money and he buys a joint [of cannabis cb] and 5

⁹ source: DMS survey 2003

euros are mine. They really didn't understand. But it shows how he is, he does it because I don't have methadone and he has.(Int. Elsa).

That's how it always has been between Elsa and Paul. In fact, it reflects traditional division of gender roles: she stays at home and he's out making the money. It also shows that partner support is important in shaping coping strategies.

Methadone treatment is paid by a collective insurance (AWBZ), which implies that legal citizens only are eligible to participate. Nevertheless, Marco and Edith participate in a methadone program; they benefit from a special fund that provides the money in such cases. Apparently collective solidarity for drug users goes beyond legal barriers. Unfortunately, the fund doesn't cover Edith's prescription of antidepressants: she was cut off supply soon after she gave up her job.

5.3 Cliché Drug Strategies

In this section two sources of income will be presented, first, acquisition crime and second, sex work. Both are informal ways of generating cash money, and always have been strongly associated with illegal drug use. So strong even, that they almost have become icons for 'junkie-life'. Both sex work and petty crime aim at generating cash; in the domain of sex work, however, examples of non-monetary exchange can be observed as well: sex or female company for cocaine. In such cases, the barrier between monetary and non-monetary becomes blurred.

5.3.1 Petty crime

Shoplifting and car burglary are offences usually ascribed to dependent drug users. The DMS-survey shows that a quarter (female) to a third (male) of the respondents have had income from some form of theft in the six months prior to the interview. In the same period, nearly a quarter (23.4%) of the respondents had been caught and taken into custody for petty crime. Almost one-fifth (17.4%) reported that petty crime has been their first or second most important source of income in the past month.

In the drug scene it is common knowledge that shoplifting and car burglary has become more difficult over the years. A prolonged career in drugs leaves marks on the drug users' appearances: many of them have become easily recognisable as such, easy prey for security people. Moreover, department stores, residential buildings, cars and bikes are increasingly protected against theft. Sophisticated alarm systems, locks, closed-circuit television (cctv) and commercial security companies have become part of modern life. Although drug users are not the only ones accountable for this development, they are nevertheless scapegoated as thieves in stereotype reasoning. On a legislative level as well, petty crime by drug users is explicitly targeted. The SOV¹⁰-act (2001) targets drug users who support their habit with petty crime. It allows the judge to sentence a drug user, who has been caught stealing more than three times in the past two years, to two years of compulsory treatment. The treatment's effect on the convicted drug users is still under study.

As the security measures taken by shops are usually on a high level, shoplifters have to be cunning and inventive. For example, the tinfoil used for smoking heroin (chasing the dragon) may also be used to wrap up (and thereby disable) alarm-buttons attached to clothing. Another strategy may include working in couples: one person distracts the attention of the security staff and the other takes the goods away. My impression, however, is that most shoplifting drug users, work alone. For Robert, "prudence" is the key word.

It is Wednesday, the day before the Social Security is paid. This is a day that I behave extra prudent. At other days I might be inclined to dip in the supply of a department store, at Wednesdays I think twice. I assume that the gentlemen of the security also know that this is the last day before payday. Experience taught me that one day of patience often results in an extra week of freedom. (field note zuid0301).

Sometimes, however, when he is out of money and there is no one to borrow from, Robert can't avoid shoplifting, he simply 'has' to. Robert is always fairly well dressed. From his appearances only, one could not guess that he is dependent drug user, except for one thing: he always walks fast, as if in a big hurry.

¹⁰ SOV = Strafrechtelijke Opvang Verslaafden

Ehm, my clothes are important, certainly when I'm hustling and it is survival for me. Because if I don't wear my suit or a nice pair of trousers or my good shoes, or my hair is not combed and I'm not shaven, I can't work. (...) Tools are sacred. So, ehm, yeah. That counts for shoplifting as well. (int. Robert)

Dirk has been evicted from the residential treatment program, because he was caught drinking alcohol. Back in Rotterdam he is homeless (see section 4.4.2) waiting for his social security benefit to be restored. In the meanwhile he makes money by shoplifting. He should be careful because he is 'on the list' for compulsory SOV treatment. Although his professional code tells him to be careful, it seems that he wouldn't mind much if he got caught.

Yesterday I had stuff worthy of 200 euros, I put it away for a tenner, those Campinggaz burners, you know. Yeah, and in the end you don't know what to do, because it is not all that easy to take away. There's an alarm on everything. At the Marskramer store I already took away all that tableware, there is nothing left now. At the Blokker store... all those low-energy bulbs... that finishes too. If you go to the Blokker store now, I took away all those electronic scales. Yeah, you keep on digging. It is just bizar. (int. Jan)

In general, shoplifting drug-users do not talk about their receivers, although they complain a lot about the small amounts of money they get for stolen goods. For goods in demand, they may get one-third of the shop price; for less popular goods they get less. It seems that the relation between supplier and receiver is strictly business; only in exceptional cases does the receiver give a loan to the supplier. The most detailed information is on receivers specialised in scrap metal, maybe because the scrap-metal business is considered as less criminal. One of them is a drug user himself who lives with his mother. His regular supplier of scrap metal visits their household occasionally to have a drink with him and his mother (field note spj0204). Two other receivers we have some information about maintain a supportive relation with supplier Ivan.

Uncle Jan is 89 and Piet is 68 years of age. (...) They buy copper. Yeah, I look... I search... certain boys who are having a hard time, I buy it from them... or I welcome them and say: bring it to the old man. (...) They pay less, they bring it to Van

Leeuwen too [the official wholesale buyer of scrap-metal cb]. But that doesn't matter, if you eat everyday it's better. You make them happy too. (...) They trust me, they think I'm good. He [Jan cb] thinks I'm good, he thinks I'm honest. I'm a good boy. I should not destroy myself. If he has a nice pairs of trousers I get it, or good shoes. He's like a father to me. I don't want nobody to touch those people (int. Ivan)

Ivan's relation to his receivers might be exceptional. Ivan referred to himself as a man-servant; he is almost free to walk in and out of their house. It is hard to avoid thoughts of colonialism when explaining this relationship. Maybe Ivan sees himself as a manservant because he is an 'obedient' boy from Surinam, whereas uncle Jan is a former soldier. But this situation is also related to the specific kinds of goods involved, the scrap-metal business is less criminalized than ordinary shoplifting. If Ivan finds goods of any value in one of the abandoned houses, he takes it to Jan and Piet; they are rag-and-bone men of sorts.

5.3.2 Prostitution: The Zone and more

Among female drug users prostitution is an important source of income. The DMS-survey shows that two-third of the women we have interviewed had income from prostitution in the six months previous to the interview, whereas none of the men reported to have obtained income from sex work. The most obvious place for sex workers to go is the Keileweg prostitution zone, or "the Zone", as most women refer to it. The prostitution zone is located in the northwestern part of Rotterdam, in a non-residential area. "The Zone" could be studied as a community in it's own right. It's core consists of sex workers, both drug dependent and not. Sex clients bring in the money, which is quickly transferred into powder by means of the dealers who have chosen the Zone as their outlet. There are steady dealers, occasional dealers and drug users with drugs-for-sale in their pocket. Besides this triangle of women, sex clients and dealers, male drug users too congregate at the Zone. They could be boyfriends of some of the women, but usually they just hope to take advantage of the money and drugs flowing around in the Zone. Furthermore, men who do not necessarily want sex, but are interested in smoking cocaine in women's company also visit the Zone. But also "drooggeilers" visit the zone. i.e. men who just observe the women and the scene as a kind of leisure activity. Legal professionals such as outreach workers, private

security, and last but not least policemen also visit the scene at the Keileweg. Since roughly a year (2003) security cameras and private security are keeping an eye on the scene and checking working permits. The total number of sex workers has often been debated in the press and probably varies between 50 and 200. Keetje Tippel is the shelter project situated inside the Zone. It is beyond this chapter's scope to describe the Zone community in detail. Nevertheless, it is important to realize that many of the regular visitors know each other and to a certain extent interact.

I interviewed two women who work at the Zone almost every day. One of them, Tanja makes her living with sex work. The other, Saskia, has a client only rarely, but provides services to the women in the drug-consumption room. They both affirm that work at the Zone is becoming increasingly difficult. The police, especially, is interfering with the daily routine.

I: What is it like on the Zone these days?

R: It's really, it's really, ahh, it is really survival, survival because it is... the police, if they have a chance; they make it tougher than tough.

I: How do they do that?

R: By walking up and down, by putting themselves next to the dealers, by sending you away. And unexpected actions, that they, how do you say that, that they come in civil cars and civil clothes on the road and pretend they are customer and then wait till you step from the pavement and speak to them and then they get you (int. Tanja)

The annoying presence of the police at the Zone scares potential clients away. Therefore, many women increasingly feel forced to look for clients outside the Zone, which increases the risk of getting fined by the police. Both Saskia and Tanja confirm that the atmosphere among the women has worsened. The harsh atmosphere among the women, however, cannot only be ascribed to toughening circumstances. To some extent, it is inherent to the situation of independent sex workers grouped in one space where clients can pick and choose. Outside, at the Zone, the women are competitors, inside; in the consumption room of Keetje Tippel they are colleagues. Most of the women consume their earnings in each other's presence. This ambiguous situation is expressed in acts of both solidarity and envy. The interview excerpt below underlines the competitive attitude.

A lot of competition because making money is so difficult, you know. That they envy each other many things, that one has had a client and the other has not. Jealousy... I look better than her, lack of understanding and all that. Especially when it's a client who went with another girl once, then she is like: my regular client, how can he...you know. But I always say: a client is nobody's possession. He is free to go with whatever girl. If he comes to me, he comes to me. Who stops me from making money if I can, especially in these hard days. I would be crazy to say no. They wouldn't say no either. (int. Tanja)

Off course, how this situation is experienced depends on individual qualities as well. Tanja has less apparent social skills than Saskia, and therefore depends heavily on her bodily capital. Saskia, although cynical on matters of solidarity, she has experienced support from other women.

There's a few girls of whom... more than usual actually... a few who supported me a whole week... if I would not have had those girls... (...) and you know Nouria, the one who looks a bit like a mongol, well she really kept me going in the past week. If she would not have been there.... You would think she doesn't make money, you know. Well, one way or the other, even if she only has a recovery dose, she gives me from it. (int. Saskia).

To conclude this brief inside look into the Zone, it should be noted that not all exchange between the women from the Zone and their male clients involve sexual activities. On a regular basis, occasional cocaine smokers visit the Zone to buy cocaine and find female company to smoke it with. In such cases, cocaine is exchanged for female company. Below an excerpt from a field note, recorded after a visit to a house-dealing address exclusively for female sex workers.

At the big table sits, besides Edith and Nicole, a corpulent Hindustan man with a base-pipe in his hand. He doesn't say much; at regular intervals he smokes his pipe. Induced by cocaine, he grinds his lower jaw, respire through his mouth and speaks difficult: as if he lacks air. I think he has been smoking all day long. Later Edith tells me that she appreciates this client: he smokes only once a month, but he spends approximately 400 euros. (field note 131a0308)

Sex work is not exclusively limited to the prostitution Zone. Wim (60) is a regular client of “German Hilda” (aged 40). Hilda regularly meets Wim at his home, where he shares a household with his stepson Peter, a community field worker. Hilda will rarely be found at the Zone. She lives and works in the south side of Rotterdam. Every now and then she knocks at Wim’s door. If Wim is not at home she might wait for him. Peter doesn’t like her, because she talks about nothing but dope and smokes half of his stock if she gets the chance.

“Is whatshisname at home?”, she asked. I knew what was going to happen. I said with a cynical voice: “Yes he is, come on in”. She always drops in whenever she likes, even if it would be 3 a.m. Hilda is a small 24/7 economy¹¹. She doesn’t sleep, at least very little. Before I knew Wim was already half undressed and Hilda was on her knees and between his legs practicing fellatio. I said that I would go to Bas the supermarket to buy cat food and some lighters. I hurried out of the door (field note zuid0522)

Although in the DMS survey no male drug users reported to make money from sex work, it does happen. Henry (37) has been into male sex work since he was nineteen. He worked at clubs and earned good money. When drugs became too important he quit most of the work, but he continued to see one client: developing a friendly relationship with him. The man took him to restaurants, saunas and amusement parks. Although the client continued to pay, Henry started stealing from him and when he got caught the relation broke up. Since two years, however, Henry renewed contact with the former client, and gradually they started seeing each other again on a regular basis. Henry can also count on a second client, who he has been seeing since four years. Although Henry says it is business only, there seems to be an element of affection between them as well. These regular clients are important for Henry to make ends meet.

Yeah, I like him; I can talk nicely with him. I feel at ease with him. (...) Mostly, when I’m in trouble I run into one of them. By accident one of them just lives a street behind me. So if I walk the dog I frequently meet him (int. Henry)

At first sight, the relationship between prostitutes and clients, and between thieves and receivers is ‘strictly business’. In most cases it probably is. Nevertheless examples can

¹¹ Peter means that she’s always awake chasing cocaine.

be found of business relations in which affective elements have emerged. In the 'housing section' we already have seen examples of women living with clients. And the case of Ivan and his rag-and-bone men shows that receivers can change into supporters. In regular business, clients are part of a firm's capital (social capital). Regular clients provide continuity to the firm and the same holds for sex workers. In contrast to regular business, however, drug users usually don't provide extra services and discounts to regular clients, on the contrary, it are (some of) the clients who provide extra support to them, usually in the form of loans, gifts, and practical support. The laws of reciprocity say that these gifts have to be returned, and probably they are somehow. My assessment, however, is that value introjections on the part of supporters plays a role as well. The consciousness that drug users are 'problematic cases' encourages clients to support them.

As this thesis was in progress, the city of Rotterdam was making an effort to discourage drugs prostitution. Approximately 15 years after the city council agreed to appoint a prostitution zone, the Keileweg Zone will be shut down in January 2005.

What will happen after the closure of the Zone remains unclear. It seems that no alternative policy has been foreseen other than repression. In the year preceding the closure only registered women with a permit are allowed to work at the Zone. The police are patrolling at maximum level, check out all cars that enter the Zone. Prostitutes are fined each time they stroll or use drugs outside the Zone. In short, circumstances are getting tougher for the women, with the prospect of getting criminalized altogether.

5.4 Drug-scene Solutions

The drug scene can be viewed as a market, as a place where supply and demand meet. In this section the exchange of money for psychoactive substances is put into focus. However, we will restrict ourselves to supply and demand between drug users only. Drug dealers who are in it for the money, will not be discussed.

5.4.1 Monetary exchange between drug users

In the DMS survey, sources of income refer primarily to monetary sources. Although the interviewer reads out loud: "From which of these sources did you obtain money or

drugs...”, most of the respondents associate sources of income with money or with activities in which they provide ‘contractual’ services for a drug dealer, such as working for a dealer as a runner, bouncer, steerer, salesman, or scale boy. Sources of income also refer to self-employed entrepreneurship such as sales of illegal or prescribed drugs. Activities in the drug market are carried out by over 40% of both male and female drug users (see Table 5c).

The most obvious activities is the sale of heroin and/or cocaine to other drug users. But also methadone is a commodity with cash value. Marco, the Italian sweeper of Topscore, regularly sells his methadone to people who don’t want to participate in a methadone program (cf. Ponsioen, Barendregt & Van de Mheen, 1999). He sells preferably to people ‘outside’ the drug scene, that is, those who are not submerged in it and (still?) have a considerable part of their social life in the ‘clean’ world. They pay fairly and don’t argue about the price. Marco has a regular client who buys 20 cc for 10 euros once a week.

A good price is 5 euros for 20 cc. But I can find people who want to buy 20 cc for 10 euros. The people with money, who don’t have a connection... (int Marco)

Of those I have interviewed, the person with the most explicit drug-dealer ambitions is Robbie. In his early days Robbie and his brothers were well known dealers. All but one of his brothers quit business; Robbie got into drug use and served a long sentence in Germany for trafficking drugs. Later he again became known as a dealer in the Southside of Rotterdam. Especially when he had an apartment, from which he dealt for almost three years. Robbie sees himself as an intelligent man (which he is) equipped with good social skills (which he has). As such he manages to engage in all kinds of small drugs businesses. Unfortunately one of his less developed skills is controlling his drug use, which, in the end, makes him an unsuitable business partner. Lionel was Robbie’s neighbour at the time I interviewed him. Lionel regularly makes trips to Surinam and traffics packages of cocaine in his stomach. When Lionel comes back he always has plenty of money and cocaine. At some point Lionel supplies Robbie with cocaine, with the request to sell it in small portions. A few months before Robbie had steered numerous clients to Lionel who sold the cocaine himself at that time. With this success in mind, Lionel gave Robbie 16 grams to resell. But Robbie

had sold only 10 grams of it at copping area Kruiskade, paid some cash to Lionel, and shared the remaining 6 grams with his girlfriend Magda. Robbie explains why Lionel gave him the cocaine to resell.

... if it all would have worked out well, he always could come to me and say, help me I short of cash. Because he knows his weaknesses. (...) So if he gives me a chance and if I'm is doing well, yeah, then he always can say he helped me, and can knock on my door, you know.(...) And indeed he came to me a few times, and I did help him too, but at a certain point I say: "hey man, it doesn't work that way." (int Robbie)

What Lionel does, in fact, is advancing cocaine to Robbie with the purpose of getting it back when is short of coke himself.

At the prostitution zone, there often appears to be a lack of heroin. It seems that the regular dealers only sell cocaine. Most of the heroin sold comes from drug users who bring it along. Saskia bought some heroin and cocaine from a Moroccan dealer she had contacted by telephone.

I had about 30 euros left, I had drawn it from the money dispenser, and so I went to my good dealer and fetched half/half, and with that I went to the zone. There, it appeared to be crisis with brown. But yeah, if I put that on the table, I'll be torn to pieces. So I thought, I sell some of it, 2 euros here, a fiver there. So in no time I had sold and smoked it, and yeah, a crawler must be paid, because after midnight no public transport, and that dealer is quite far from the zone, so then I went for new stuff. (int. Saskia).

Rob, too, regularly tries to resell a part of what he has bought, in order to extent his weekly advancement a day or so, but not always successfully. More important than this resell strategy is Fatima. Fatima is the girlfriend of dealer Mustafa for whom she sells cocaine. On a more or less regular basis she visits Rob, to smoke cocaine and prepare the packages. Through Fatima, Karel has privileged access to Mustafa who is usually willing to sell hem on the tick. But credits must be paid back. So in Rob's case payday is also payback time.

When I'm almost home from the Social Security Office I run into Kroppa and I buy three ten euro balls for 25. Kroppa is a Surinam dealer of about 40 years and one of the most famous dealers of the Kruiskade. Once I arrived at home Mustafa, my regular dealer, pops in. I pay 40 euros, which I owe him and buy a gram of cocaine for 30 euros. So I already have spent 95 euros and still haven't done any shopping. From experience I know this is a bad sign for my financial situation and that in the hours and day to come I probably will smoke a lot (it will appear to be the case) (field note midd0915)

When Karel is lucky, Fatima will show up during the week. She and Karel can get along quite well; she always shares her cocaine. In return, but also because he likes it, he helps her preparing the packages and the sales on the street.

It's Friday afternoon and Fatima is at my place. After we prepared packages and have smoked the necessary pipes, she calls her boyfriend Mo to bring another gram because we smoked just a little too much. Five minutes later Mo and Fatima are disputing over the missing gram. Because Mo also needs methadone for a client he is willing to give me a gram on tick if I deliver him the methadone (...) We walk up the Kruiskade and within 50 meters I change my first package of 5 euros for 40 cc methadone. A little further up Fatima is addressed by a man who asks for good cocaine. She nods to me and I sell him a nice package because he pays with a 'tenner' without bargaining. (...) By the time I come home I have earned enough money and methadone to pay back Mo and still have some coke left. (field note midd0825)

Since Robert got promoted from the night shelter to the lodging-house, he frequently goes out to buy drugs for himself and the co-residents of the corridor. Initially they pooled some money and then Robert called his dealer and collected the dope. This brought him in a privileged position with respect to his dealer. The dealer proposed to Robert that he takes 2 grams in franchise. Robert accepted. But reselling is difficult: in the lodging house his co-residents solicit him for favours. The dealer allows Robert to have an increasing debt while still supplying him with new stock. In a field note Robert explains an additional risk factor.

In the first place, my co-tenants start to visit me like I'm a dealer. And they also think I'm rich so they constantly want to loan, get credit etc. Secondly, whenever it suits

them, they are at my door and ask out loud if I have something “FOR SALE”. In view of the house rules (drug dealing is strictly forbidden), every time I hear the word it makes me shiver. (field note hill0117)

In the end Robert stopped this service to his mates from the corridor. He has created a serious debt to his dealer who is no longer willing to supply unless he pays back at least part of his more than 300 euros debt. In his turn Robert is owed money from two co-residents. One of them is not willing to pay anything unless Robert helps him to get dope. The other only makes promises but pays nothing. Partly to escape from this stressful middleman position, Robert has accepted a job at the flower auction. With the money he makes there he is partly paying back his dealer, who, to Robert’s surprise, is still patient.

On the monetary drug market, suppliers, whether drug users or dealers, are always pushed to give discounts, advancements and free quantities. A supplier is always balancing between keeping his back straight and giving in to the demands of clients. Drug-using suppliers are in an even more difficult position, because they are expected to show loyalty to other drug users. Besides that, drug-using suppliers are often inclined to ‘steal’ from their own stock. Not surprisingly, most of them are not aiming at a career as a dealer, but are merely postponing their weekly ‘bankruptcy’.

Intermezzo: what friends are for

I: Do you have friends?

R: Well, nobody when it comes down to it. Yes, maybe four or five guys whom you share with if you have something. The rest you leave aside, usually I don’t share with them.

I: What makes them your friends

R: Because they can share. (int Jan)

The 2003 version of the DMS-survey includes some questions on support relations, one of which was on relations between drug users. Instead of asking about friends, or friendship relation, we measured contacts in the past week. The concept of friendship is a difficult one in the drug scene. From fieldwork, conducted prior to this study, it

was known that most drug users avoid the term “friend“. They are likely to say “In the drug scene you don’t have no friends“. Using the concept of friend in a questionnaire would give rise to validity problems, as the concept would, if un-clarified, be interpreted differently by the respondents. Thus, in order to circumvent this problem, we introduced the subject as follows, to be read out loud by the interviewer: “the next part is about mutual support in the scene. One often hears that drug users don’t have friends, but still drug users support each other regularly. If you look back at the past month, say four weeks, with whom do you do things together? Or, to put it more precisely, with how many drug users do you go about regularly? With “regularly” I mean two times a week” (see Table 5d).

Table 5d. Number of drug users respondents go about with in the past month

Number of ‘mates’	(Percentage)
Zero	48 (23,9%)
One	51 (25,4%)
Two	24 (11,9%)
Three	30 (14,9%)
Four or more	48 (23,9%)
Total	201 (100%)

Source: DMS-survey 2003; (N = 201).

Three-quarter of the respondents reported that they did things together with other drug users (2,5 on average; st. dev 3; range 0-20) in the past week. This is virtually the same result that was found in a qualitative study on homeless, male drug users in Atlanta (USA) (Sterk-Elifson and Elifson, 1992). In the DMS-survey, no significant differences in the number of mutual support relations have been found between male and female, white Dutch and non-white Dutch, participants and non-participants in a methadone program, and homeless and housed drug users.

What did the respondents do with the people they go about with? Based on knowledge of the field, combined with a classification mentioned in the literature (Ypeij & Snel, 2000) we have distinguished nine activities. The assembly of shared practices can be categorised as: financial, practical and emotional. Table 5e shows that the most common thing drug users do is sharing drugs with their current colleagues, immediately related to this, and also widely practiced is advancing money.

Table 5e. Things drug users do together

	most important person (n=151)	second most important person (n = 97)
sharing drugs (heroin, cocaine)	92%	85%
sharing methadone, prescribed drugs	26%	18%
advancing money	73%	57%
scoring together (shoplifting, (car burglary)	27%	19%
sharing housing / shelter	46%	27%
buy, prepare food together	70%	46%
support with clothes/ goods	69%	52%
emotional support	85%	66%
go to institutions together	44%	26%
other	47%	33%

Source: DMS-Survey 2003; N = 201.

From Table 5e also can be read that fellow dug users support each other emotionally when the other has hard times. This is unlike findings among American male, homeless drug users who far less turn to a friend in times of emotional crisis or when they need someone to talk to (Sterk-Elifson and Elifson, 1992). When Edith had been forced to leave the apartment she lived in with Cor, she emotionally was crashed. She phones her last scene-contact Floris.

I told him what happened to me and said I was going to die. He said, you won't die, you can sleep at my place. But I told him, realise what this means, I got nothing. But he said it was okay, and for three months he did what he had promised. Yeah, and it has become a real deep friendship (int. Edith)

This clear-cut example of emotional and practical support, is usually combined with drug use. Undeniable, drug are used to cope with emotional problems, also between drug users, drugs are shared in hard times. Sharing drugs, thus, is not only material but emotional support as well. Drug use is an acknowledged solution to cope with emotional problems. In reverse, emotional problems are also rooted in drug use and associated events.

If we divide the sample into two parts, distinguishing a group who has “mates” and a group without “no mates”, we note only slight differences in drug use. Both groups

have used the same number of days in the ‘past month’ heroin and cocaine. Also the quantity of heroin used is not different between the two groups, only the quantity of cocaine use is significantly¹² higher in the group without mates (1.4 grams versus 0.85 grams). High levels of cocaine use are associated with drug users being alone. No causal relationships can be determined from this analysis: explanations are speculative, for example, uncontrolled cocaine use leads to loss of social relations. This interpretation is supported by field observations, in general drug users would acknowledge that cocaine makes people greedy and selfish, more than heroin does. This interpretation, however, is contrary to what Sterk & Elifson have found. They observed that drug users with uncontrolled patterns of cocaine use (bingers). Bingers reported to have more friends than drug users with more controlled pattern of drug use (pacers), because they work more in labour pools, which create opportunities to meet other people¹³.

5.4.2 Non-monetary exchange in the drug scene

The title of this section refers to exchange relations between drug users and to jobs at the drug market that are paid in kind. Sharing drugs, advancing drugs, exchange drugs for services, loans and gifts are common between drug users. These practices call to mind Carol Stack’s (1974) study of a poor black community, in which coping strategies are soaked with exchange of all kinds of goods and services between community members (see section 3). In the first part of this section I will picture some of these practises. In the previous sections we have already seen some of these practices between the lines: shelter in exchange for drugs, for example. In the second part of this section I zoom into the drugs market again. Drug dealers employ drug users on the basis of ‘piece-work’, but also maintain ‘loyalty programs’ to tie customers.

¹² $t(2,159)$, $df. 48,236$, $p = < 0.05$

¹³ no such differences are found in the DMS-survey.

5.4.2.1 Reciprocal practices

Whereas Tanja frequently strolls at the Zone to make money, Saskia spends almost all night inside in the drug consumption room. She is always among the girls and provides them all kinds of small services to the girls who sit there and want to smoke. Although Saskia describes the atmosphere as negative she also describes that some of the girls help her when she has trouble getting her supply (see previous section). In that respect Saskia and Tanja are quite different. Tanja says that she is all by her self, she doesn't share dope with others, neither with other women nor with male drug users from the day shelter. Probably Tanja is one of the quarter survey respondents who reported no to have fellow drug users.

... I couldn't think of one who I get along really well. Each colleague cheated me at least once. I'm quite on my own, so eh... if possible, I try to stay aside from the girls. It only gives trouble, or you get involved in problems, like: "ain't it Tanja?". Yeah, that it's like. (...) When you're dope sick, sometimes you get *chineesje* (a puff cb) of someone who accidentally has, but you have to be lucky. (...) And with the boys here (at day shelter Dok cb) I don't have contact at all. That's my choice. I don't smoke with them; I don't like it. I rather smoke alone. Not that I'm greedy; I just don't like it. They always talk about others, never about themselves. Everybody always gets blamed, except for themselves. Yeah, I have... I don't connect with that, because I'm always wrong. (int. Tanja)

From the section on prostitution we already know that her fellow drug users from the Zone helped Saskia through the week. We may assume that Tanja is the exception and Saskia represents the rule.

Having a room or apartment is an important asset, if properly managed it may serve as an important source of income. Above we have seen examples of Rob, whose room serves a location to prepare street sales. But probably the most frequent benefit derived from an apartment or room comes from hospitality. The survey shows that more than one fifth (22.5%) of the respondents states that using at "a friends place" is the most or second most important venue where they have used drugs in the past month. It ranks third behind "home" and "outdoors" of the places where people use drugs.

It is a rule that a drug user who visits another drug user shares a part of the drugs with the host. This rule becomes more pregnant if the visitor has no accommodation of his own or few opportunities to use drugs in his own environment. Examples of this notably can be found if homeless drug users try to stay overnight at someone's place. In the following excerpt Karel meets his new neighbour in the lodging-house.

In the course of the afternoon my new upper neighbour knocks at the door. He is a huge Antillian man of average age. (...) After he has presented himself (his name is Robin) he asks me if I can lend him a base pipe. A little surprised of his directness I put my pipe together. Robin asks, still politely waiting at the doorstep if it's all right that he smoke a bit of cocaine at my place. And although he does not mention it, I quietly think that I would like to smoke a base of him, for is normal that you give the host something to smoke if you smoke at someone else's place, and so I invite him to sit down. (field note midd1112)

Anil, who lives in his sister's house, visits his friends some three times a week. He meets them at the drop-in centre or at Benny's place. Benny lives just around the corner of the drop in shelter and Anil visits him whenever he can. Benny's house had quite a reputation. Already in 1998 he held open house. Although he never really made an agreement with a drug dealer, many drug users visited his apartment. Neighbours complaint and the police came and seriously warned Benny to slow down. Gradually Benny succeeded in decreasing the number of people who used his apartment as a meeting place. Anil says that now only five to six people visit Benny regularly. The rule remains that a visitor brings dope with him to share, but Anil says that he has developed a friendship with Benny in which drugs play an important but not all-important role.

He lives alone and he's divorced too. Look when he has... look on the one hand I could say he is a friend, in a way, although not with everything, you know, but still... if I don't have... if he's at home – whether I have or not – then the door will open. If he can miss something he gives. Not especially because he must help me, for he's short of too. Only at the end of the month when he has some money, he says come on, today we sit together (int. Anil).

For Anil the social and affective aspects of his visits to Benny are important, for Karel inviting other drug users into his place is just one of his strategies to satisfy his need for cocaine.

Later that day Fatima pops in with Harry, an acquaintance. Harry is an all-Dutch man in his late twenties. He has little experience with cocaine smoking and has bought about 20 grams today. When he looked for a place to smoke he met Fatima, so that's why they came to me. Harrie is really generous with cocaine and after a few pipes Fatima goes out to sell some of it, before we smoke every thing. (midd1014)

Sharing drugs with fellow drug users is wide spread, but, of course, sharing is more practiced among drug users who know and trust each other than with total strangers, apparently emotional distance plays a role (cf. Lomnitz 1977). Elsa for example, usually smokes in the Pauluskerk consumption room; she requires a minimum of social history before she shares with someone.

Lately, a girl came to me in the church, who.... she also visits the church but never says anything to me, and she has the guts to ask me for a puff, and in such a way that I think... my mouth fell open. I wouldn't have the guts. All I want is that someone just greets you, not conversations, just greeting. For already so long she visits the church, and never anything, well if she says I'm dope sick, I think: is that my problem? (int Elsa.).

5.4.2.2 Steering

Steerers work as recruiters for drug dealers. In the media they are called "drugs runners", but drug runners are mainly non-using steerers, and in the case of Rotterdam, usually people from North-African decent, who are oriented to French (speaking) drugs tourists (cf Vander Torre et al. 1996). Steerers are predominantly drug users, out in the street looking for potential clients. The role of steerer is important in street level markets. Because drug dealers must be invisible for the police and still be available for customers, the steerer plays an intermediate role. Already in 1969 Preble and Casey described the figure of steerer in their portrait of the New York heroin market:

He is one who tries to persuade users to buy a certain dealer's bag. He may work off and on by appointment with a particular dealer (always a small street dealer or a juggler) in return for his daily supply of drugs. Or he may hear that a certain dealer has a good bag and, on a speculative basis, steer customers to him and then go to him later and ask to be taken care of for the service (Preble and Casey, 1969: p. 14))

Steerers can be found in all areas where drug users and drug dealers concentrate. At the Central Station, drug runners, street level drug dealers and dependent drug users hang around. The former waiting for the train from Brussels, the middle waiting for local clients and the latter to steer clients to street level dealers. Community field worker Karel visits Central Station if he cannot find one of his regular dealers at the Kruiskade or he might just go there if he is thirsty for cocaine. If an opportunity arises to direct other people to this dealer, he doesn't hesitate. In the following field note excerpt Karel meets Mustafa and although he doesn't know anything about the quality Mustafa offers, he agrees to recruit for him.

At the other side of the zebra crossing I see a man approaching of who I almost certainly know that he wants to buy something. (...) He makes money with playing guitar and that is why I am so sure that he comes this way, because he has made some money. He answers my salute and even remembers my name, in reverse, I don't know his'. I honestly tell him that I try to earn a base with recruiting customers. He says that he is on his way to his regular dealer, but that he is willing to try another dealer provided that quality and quantity remains the same. I take the chance that Mustafa has good stuff, and as I remember him, I'm almost sure that his bags will be well filled up. (field note CS0415)

Karel is an occasional steerer, it is one of his strategies to obtain drugs. As soon as he has earned a 'smoke-able' quantity he resigns and doesn't return until the next day or later. Other drug users may engage in recruiting customers on a steady basis. Steerers use their street knowledge, i.e. the ability to distinguish drug users from other people, as an asset. A combination of knowing people and being reliable and trustworthy is the key to success. Some of them have such a good reputation that occasional customers, who usually buy quantities as of one gram, prefer to wait for their regular steerer instead of accepting a direct offer from a dealer.

5.4.2.3 Recovery dose

As mentioned earlier in this paper, regular customers of a dealer may receive a “betermakertje” or “beterschap”. A “betermakertje” is a recovery dose. The tradition originates from the time that heroine was the most frequent used drug in the hard drug scene. Typically, a recovery dose is given on Sundays, because, as the story goes, the shops are closed and customers have little opportunity to make money with shoplifting. This custom is prolonged, even now, when many shops are open on Sunday’s and, even now, when becoming dope sick of heroin is occurring much less frequent than it used to be. Many dealers give both heroin and cocaine as recovery dose, although not all do. Community field worker Robert writes a field note on the shortage of heroin. He built his argumentation, amongst other, by judging the recovery doses.

Last Saturday I went for my recovery dose to Alex [indeed, the boyfriend of Madelon]. Alex doesn’t work on Sunday, so he distributes the recovery dose on Saturday. To my surprise I got more white [cocaine cb] than brown [heroin cb], notwithstanding that a recovery dose is meant to prevent dope sickness from brown. On Sunday I went for my recovery dose to the Moroccan dealers. And there it was even worse. (...) ...when I got the bags in my hand my first reaction was to walk back to the dealer and tell him that the bag of brown leaks, because there was almost nothing in it. He told me to look again and that they all were like that. Next week he would change it. The funny thing was that the white had not suffered from the same stinginess. The quantity of white was indeed good (field note Zuid1124)

The phenomenon of recovery dose could best be understood as a ‘loyalty program’, such as “air-miles”. A customer earns the right of a recovery dose when he or she has bought a minimum of three times in the previous week. It depends on the dealers’ attitude and the type of customer. Some dealers have a friendlier (or commercial) attitude and some customers buy larger quantities than others. If a dealer doesn’t give a recovery dose or the dose is too small in the eyes of the customer, it’s a reason to shift to another dealer.

Someone who buys more than three times a week, say everyday or even two times a day, may buy from several dealers, and subsequently receives several recovery doses at the end of the week. Community field worker Peter is with his neighbours Aafke and Sjaak to lend some tinfoil and records a discussion between the dealer and the customer. Peter has just received his Social Security Benefit, has phoned his dealer Sharif who drops by. Peter has bought 20 euros cocaine and repaid his 10 euro debt. He also gives Aafke 10 euro, because of a favour she did to him a few weeks ago. She buys 10 euro cocaine, but:

They had no money for heroin so Sjaak asked Sharif to give the recovery dose now (instead of Saturday), “as an exception”. (...) But Sharif refused; in stead he put a small quantity in a bag and explained that he couldn’t do more because of his boss. But Sjaak wouldn’t put up with it, he had a different view: “It’s a not a big deal to give the recovery dose right now. It won’t cost you more, because Saturday you give nothing and for the moment you help us.” But Sharif kept his back straight. Relentless. (field note tarw1115)

At the prostitution zone the phenomenon of recovery dose comes slightly different than at other parts of the retail market. First of all, it should be mentioned that at the Zone cocaine is the predominant drug used and sold. It seems that every night, at some point in time, there is a lack of heroin. Most of the dealers at the Zone sell cocaine only.

At the Zone every night the women count on a recovery dose. Not surprisingly the recovery dose consist of cocaine. Although it’s called a recovery dose, a more appropriate name should be: appetizer. In many cases the doses is distributed before the work begins. The effect and subsequent craving the cocaine induces encourage many women to start working. Tanja does not mention the effect of cocaine as such, but her remark underlines the importance of drugs to be able to work (and implicitly she also admits that other girls do help her).

Yeah, there are always girls who help you, not always, but there also dealers... new dealers who arrive... where you can collect a recovery dose. Then you become boosted-up and then you just go [working cb] (int. Tanja)

The phenomenon of recovery dose, but also buying on the tick keeps drug users and drug dealers in a kind of loyalty circle. In order to tie customers, the dealer has to give away recovery doses, supply on credit and accept a few euros less now and then. If the dealer is some one who has difficulties to say no to the always-short-of-cash customer, the profit margins become tight. In order to gain the investments back he must continue to sell to customers with low 'solvability'. But also the customer should stay loyal to the dealer in order to gain rights for the weekly recovery dose. If the dealer is reasonable and left alone by the police, dealer-customers relations may endure for years.

The practice of drugs sharing among drug users, steering for a dealer, and the recovery dose supplied by the dealer, are dealt with in one section. It are all informal practices, strongly associated with drug-scene culture. It are all coping strategies, both of drug users as well as of drug dealers. Drug users cope with the almost permanent lack of drugs, drug dealers cope with the risk of getting caught by the police, and cope with difficult customer-relations management. This and other sections, show that drug users depend on one another, and also engage in temporary relations with drug dealers. All actors are conscious their interdependency, regularly they try to push the limits of reciprocity. Virtually everyone has both pushed it too far, and has experienced un-loyal behaviour. But as a whole, the 'system' is reproduced year after year.

5.5 Summary

This chapter has demonstrated that drug users apply a range of strategies to secure their drug use. In most of the cases multiple strategies are employed. As with housing and shelter strategies, we have seen that external (formal) support is important in the lives of many. Social Security Benefit is an important monetary basis: indispensable for most of the drug users. The same counts for methadone treatment: it eases the pressure on the black market and enables people, to a certain extent, to engage in

exchange relations, using methadone as a commodity. Labour projects are popular and yield, besides money, dignity and respect. We see, again, that a bit of extra money creates opportunities for exchange relations. If that money doesn't come from formal supporters, it will be obtained by informal means. Sex work and petty crime are 'classical' drugs related activities. The figures from the DMS-survey challenge the cliché that all dependent drug users commit crimes against property. Sex work, however, remains an important source of income for female drug users. Police interventions at the Zone seriously hamper the women's work, creates tension among the women and forces them to take extra risks.

A considerable portion of the drug users facilitates their private consumption by reselling small portions of their purchased drugs. This monetary strategy takes place within the drug scene, and requires that people have a place to meet. Three quarters of the drug users have a buddy they go about with. They support each other, not only with drugs and housing, but also with food, clothing, and emotionally. Sharing among buddies frequently is a non-monetary activity, as are other acts of exchange between drug users. In most cases drugs are exchanged for something: shelter, company, knowledge. Monetary and non-monetary exchange between drug users contributes a sense of community in the drug scene. This sense of community is not built upon warm and tender altruism, but on survival that imposes to share resources. The term friendship is usually avoided; drug users refer to each other in more distant terminology. This is reflected in their behaviour, which is dominated by instrumental motives, although, affective ties are not excluded. Drug dealers, to conclude, are not reckless criminals, but entrepreneurs who strive both for profit and continuity of the business. Their customers benefit from the latter objective; they obtain recovery doses, discounts and may deliver services that are paid for in kind.

6 Conclusions

What is the role of social capital in meeting the need for housing and shelter, and the need for drugs of dependent drug users in Rotterdam? And what is the nature of the relation between formal and informal support? These are research questions this thesis is built upon.

In the two previous chapters I have presented examples of strategies employed by drug users to satisfy their (almost) daily need for shelter / housing and drugs. This division of needs, but also the divisions between formal and informal, monetary and non-monetary, external and internal – these are not exclusive dichotomies. Examples fitting one category also bear characteristics of other categories (e.g. shelter in exchange for drugs). Daily life is complex, multi-dimensional: one act of exchange carries multiple meanings. (Mause 1990 [1923]). In section 2.3.1, I already noted Portes' problematic separation of altruistic and instrumental motivations to support (1998). Although, from an analytical point of view his distinction, and the divisions proposed by Mingione (1987), proved to be of practical value, from an empirical point of view, however, such strict dichotomies are untenable.

In this chapter I will reflect on some of the behaviours, issues and notions that have emerged from the previous chapters. In five steps I will look back at the empirical data. In the first two steps, I will reflect on coping strategies for housing and drugs. The two following steps reflect on informal sources of support: friends and family. In the fifth step, I will highlight formal support and its interaction with informal support. This chapter is concluded with an overall summary.

6.1 Housing and shelter strategies

The guiding principles in the chapter on housing and shelter were derived from theoretical notions from the literature. We have been looking at coping strategies related to formal and informal support. The data suggested that the conditions on the housing market are unfavourable to exercise “bounded solidarity” among drug users: the housing conditions of the housed are poor. From the data it appears that most

shared households are based upon reciprocity exchange. Temporary shelter, too, should be reciprocated, usually in the form of drugs.

Since only one of the drug users I have interviewed lives in a regular apartment, we must bear in mind that the examples offered are not representative of heroin and cocaine users in general. In fact, some of the respondents interviewed are among the most marginalized in the drug scene. In the presentation of the qualitative data, two divisions were more or less pervasive: 1) housed versus homeless, and 2) formal support versus informal coping strategies. Figure 6a, shows which configurations arise when these two dimensions are related.

Figure 6a. Overview of the relation between ‘housing situation’ and ‘coping strategy’.

		dimension ‘coping strategy’	
		formal	informal
dimension ‘housing situation’	housed	Renting on the protected housing market: - housing corporations - social lodging-houses - rent distracted from benefit	Renting on the private housing market: - lodging-houses - rack-rent landlords - (sub-rent room/bed)
	homeless	- night shelters - socially assisted rehabilitation	- friend hopping - family support - living with clients - squatting - outdoor sleeping

6.2 Drugs strategies

Although, most dependent drug users see heroin as their first drug of choice, it appears that cocaine dominates in terms of money spent, and the number of users. Besides, social security benefit, which is important to most drug users, a range of money- and drug- generating activities are employed; notably petty crime, prostitution and reselling drug to other drug users. Labour project appear to be beneficial to participants and to the image of drug users as a whole. Their success proves that drug users are willing to labour for money. Non-monetary sources of income should not be underestimated: shelter is exchanged for drugs, dealers pay their free-lance employees in kind, and also give ‘free’ quantities to bind customers.

Money flows into the drug scene (benefits, salaries, earnings etc.) and is converted into drugs. By means of reselling, advancing, and sharing, however, the powder is not immediately consumed but redistributed in smaller portions to more persons. Drugs are a commodity and as such something to do business with. For a drug user, the business objective is not to make profit per se, but to continue his (her) own use in time. The description of the ‘internal’ drug market revealed that quantities used by drug users, are not all paid with money, and that reciprocal obligations help drug users to make it ‘through the week’. Figure 6b provides a summary of drugs and money strategies.

Figure 6b. Overview of money and drugs strategies.

	Formal	Informal
Monetary	Social Security Benefit Labour pools	Drugs dealing Selling methadone and prescribed drugs Sex work
Non-monetary	Methadone and heroin prescription programs [Missionaries of Charity] [Soup bus, Salvation army]	Sex work in exchange for drugs Sharing, advancing and exchange of services for drugs

What, in the drug scene, is the cultural meaning of friendship, solidarity, reciprocity, trust, affection?

6.3 Dependent drug users don’t have friends

‘A friend is a friend because he is designated as such’ (Sterk & Elifson, 1992). Friendship is a difficult concept in the drug scene. Most drug users to avoid it and would say: “In the drug scene, you don’t have no friends”. The term friendship is preserved for long lasting relationships. But usually, this takes the form of dyadic relationships: sharing everything all the time. When relationships are not focussed on obtaining drugs, but include gifts not to be reciprocated with drugs such as: the exchange of ideas, genuine hospitality, the term friendship comes into focus. However, sharing drugs is part of almost every ‘contract’ in the drug scene. Alliances should be reciprocal, and everybody knows it. It doesn’t mean that affection is completely ruled out, but it plays a subordinate role; as a side effect of exchange

relations. Looking at coping studies, an explicit reciprocal basis of relationships is legitimate in poor communities. In the drug scene it is legitimate as well, but its not called friendship. *Noblesse oblige* so does friendship. We associate friendship with affection, altruism and enjoying each other's company, but also with support in difficult times. Especially in difficult times, we don't expect our friends to reciprocate instantly. Drug users permanently have difficult times, therefore: no mercy. On top of that, the satisfaction of basic needs cannot be postponed; they need to be satisfied in the short term. As usually both party as in need, the time between gift and compensation is usually short. The more distant a relationship is (formal distance), the shorter the reciprocal cycle. Most relations drug users maintain are with people nearby: we have often have met neighbours of drug users, at least, people who live nearby. It seems that drug users don't travel long distances to meet other people. Lomnitz (1977) too found formal and geographical distance to be factors influencing the intensity of exchange relations. In this respect, then, the drug scene is no exception.

An element of friendship is trust; betraying trust is a serious menace for every friendship. Dependent drug users have been betrayed frequently by their friends and thus avoid the latter term. It seems that betrayal is reciprocated as well: an eye for an eye. Although trust exists between drug users, it is usually limited to the extent the drugs remain in sight. Why are drug users so cynical about nature of the relations they maintain? Perhaps they think altruism is the norm in friendship relations. Being stigmatised and bearing the physical 'stigmata' ('junkie' look) has made many drug users hyper-conscious of the instrumental nature of their social relations. At the same time, it shows that they are not morally isolated from society, since they compare their own behaviour to that of the 'drug-free world'. However, they seem to forget that in this 'drug-free world' reciprocity is the norm too, it is only covered with a layer of affection.

When we accept that friendship, indeed, does not apply to most relations drug users maintain, bounded solidarity comes next in Portes' order. This concept has proven to be hard to apply as well: the shared status of drug users is not sufficient to create solidarity; required moreover are shared experiences within the (extended) drug scene. A shared history contributes to solidarity. Social space provided by institutions

(including prisons) facilitates the sharing of/in each other's company and getting know each other by exchanging goods, thoughts, gossips and opportunities. But also informal spaces such as copping areas and house-dealing addresses, serve as meeting places with the same function.

6.4 Family support

We have seen a few examples of family support: in some cases family provided survival support, in other cases the support aimed at ameliorating living conditions. At first sight, the motives to support drug dependent family come close to what Portes (1998) calls value introjections. However, the support provided is not totally unconditional. Some basic support may be provided without clear reciprocity demands, but the moment more support is given, drug users have to reciprocate. The form of payback goes in the form of good behaviour; it usually implies that the beneficiary has to stay away from drugs, or at least prove better control over drug use. We also have seen an example of family support in order to protect the family's good reputation. The support is extensive, but also the reciprocity expectations are substantial. Both appearances of family support express, as Mause (1990 [1923]) argued, multiple meanings: love, care, self-interest, acknowledgement and reciprocity expectations.

One example of clear-cut reciprocal relations between family members was found in the case of family members who are both dependent drug users. Shelter was provided on the condition that the 'brother-guest' contributed to the rent, and shared other (drugs) income. As Snel and Staring (2001) observed, excluding non-contributing members of the household is a proven strategy to cope with poverty. But, in this case, it is more appropriate to consider the family members as two drug users, instead family.

Figure 6c provides a summary of the effects of support by the family and by other drug users. The effects are typified as bonding and bridging (cf Putnam 2000). Bridging refers to support provided to ameliorate living conditions, and bonding is support that aims at stabilising the situations. In family support both bonding and

bridging support is found. The currency for which this kind of support is exchanged is ‘good behaviour’. Good behaviour is not necessarily quitting drug use or leaving the drug scene; maintaining regular contact could already be enough. If the support increases to bridging qualities, also the exchange rate increases, ‘good’ behaviour, then, is not enough; it should be ‘better’. Drug scene support is usually limited to bonding: drugs are exchanged for services and equal payback. Exchange relations between drug users also acknowledge drug use and insertion in the drug scene.

Figure 6c. Overview of informal support, effect and ‘exchange currency’.

	Drug scene support	Family support
Effect:	-Bonding	-Bonding and bridging
What is exchanged:	-Drugs for service -Acknowledgement of drug use	-Financial & practical support for good behaviour & intentions

6.5 Drug users: Reciprocate the State!

The city of Rotterdam knows an extensive network of facilities for dependent drug users and homeless people (see section 2.3.2). All these facilities constitute formal support in one form or another. Charity organisations are financed by gifts and donations, but also receive governmental support. Specialised addiction care is financed with tax-money and by collective insurances (AWBZ). Charity organisations in particular play a major role in providing day and night shelter for drug users and the homeless. One could argue that charity organisations support drug users for moral reasons, as they appeal to religious or humanitarian arguments. In Portes’ scheme, this would match what he calls “value introjection”. The motives of the government to support specialised addiction care (and charity organisations) are also partly humanitarian, but are mainly concerned with issues of public order and safety: a gift motivated by instrumental motives, indeed. Formal interventions in the drug scene are supposed to have macro-level impact: less criminal activities, less visibility of drug users, less infectious diseases et cetera. In other words, facilities for drug users are expected to be reciprocated in the form of decreasing public nuisance.

Despite the formal response to drug related problems, the latter have not been solved yet, and in the eyes of many, not even reduced. In certain neighbourhoods, the drug problem has become a symbol of failing policy all together. The inability of drug users to respond in the desired direction to the formal support offered, could be interpreted as not reciprocated tolerance, understanding and patience ‘donated’ by the community. Nimby¹⁴-behaviour, in turn, could be viewed as the community’s reaction to this lack of reciprocity on the side of the drug scene.

One of the issues this thesis wants to explore is the nature of the relationship between formal and informal support. Of four possible positions, two theories really oppose each other: the substitution-thesis and the thesis of communicating vases.

Housing

Although homeless drug users prefer informal solutions to formal regulations (Lempens et al. 2003), the friend-hopping examples reveal that, if informal resources become exhausted, the night shelter becomes a serious option. Table 6a, presented in section 6.1, offers a static representation of the housing and shelter strategies. Its implicit suggestion is that situations of the housed and homeless are stable. But they are not: we have observed the conversion of housed people into homeless ones. The other way around seems to be more difficult: regular guests congest the night shelters. Apparently, night shelters provide an acceptable ‘shelter arrangement’ for drug users: a safe place for low costs. However, Lempens et al. (2003) demonstrated that remaining homeless does not follow merely from rational choice: besides all kinds of practical obstructions (e.g. rent debt), adaptation to street-life impedes the return to the regular housing market. It seems that only with formal assistance a re-entry into the housing market can be made. Night shelters, in short, seem to have a substituted relationship with the ‘sleeping’ market.

Drugs

The problem of illegal drug use, and dependent drug use in particular, is marked by ambiguity. The use of illegal drugs and related activities inherently takes place in informal domains of life. The government combats these domains with, for example,

¹⁴ Not-in-my-back-yard

law enforcement. One of the undesired consequences related to such repression is the marginalisation of drug users. To counter - or moderate - these consequences, a range of interventions have been implemented. Drug users are supported in various domains of life: drug use, budget control and employment. Table 6a provides a limited overview of governmental interventions (formal solidarity) and the effect on informal solidarity. Note that the effects have not been measured but are ‘educated guesses’ based on the data derived from this study. The table shows that each time an intervention contributes to the ‘exchange capacity’ it increases informal solidarity. Subsequently, the nature of the interaction between formal and informal solidarity can be denoted as communicating vases. Methadone-treatment programs and social-security benefits are large-scale formal arrangements. We can observe that the influx of both as commodities in the drug scene is used to engage in informal exchange relations.

Table 6a. Interaction between formal and informal solidarity.

	Problem	Formal solidarity	Effect on informal solidarity	Nature of interaction
1.	Drug use, heroin dependency	Methadone-treatment program	Eases the strain the market on heroin market; redistribution to non-participants.	Communicating vases
2a.	Friend hopping, sleeping at dealing address or outdoors	Night shelter	Eases the strain on the sleeping market; final ‘destination’ of one-way ticket to homelessness.	Substitution*
2b.		Rehabilitation Assistance	Enhancing, if house rules are violated**.	Communicating vases
3.	Using drugs in public spaces	Drug-consumption rooms	Drug users develop exchange relations at places where they can congregate.	Communicating vases
4.	No employment	Social Security Benefit	Where money is, exchange relations develop.	Communicating vases
5a.	Spend all your money on drugs	Weekly advancements	Reduces the time people are broke, facilitates ‘trust span’.	Communicating vases
5b.		Automatic deduction of rent from benefit	Secures shelter, and thus an exchangeable commodity	Communicating vases
5c.		Labour projects	Generates extra money increasing exchange opportunities	Communicating vases

*Especially valid for long-term homeless people.

**Assisted housing projects prohibit having guests overnight.

The exception in Table 6a is with night shelters. Night shelters eases the strain on the sleeping market: it is easier for housed people to turn shelter claims down, knowing that a reasonable alternative is at hand. Especially for those who are homeless for a longer period, there are no indications that they commute between informal shelters

and formal shelters. Recent 'friend hoppers' might switch between formal and informal solutions to avoid exhaustion of the informal network. The other argument to ascribe night shelters a substitution effect, is that access to the formal night shelter cannot be commodified and exchanged with other people: tickets are not for sale on the informal market.

Intervention planners and drug-policy makers should take into account that to a certain extent informal practices are a necessary part of the life of dependent drug users. Given that most drug users receive the formal minimal subsistence benefit, given that the need for opiates (and cocaine) is only partly covered with methadone, given the black market with instable quality and high prices, additional sources of income are indispensable. Drug users obtain these resources through a variety of strategies: formal support, supported labour, family support and informal practices of sharing, advancing, and borrowing. Drug users, to some extent need to congregate to exercise such practices. If an intervention aims at ruling out an informal practice, the responsible planners should think of an equal substitute. But even then, people included in one project will continue to interact with those not included. There will always be informal practices in the margins of society. The desire to ban such practices from society is vain; it is better to channel them through flexible solutions. Zero tolerance further marginalises dependent drug users.

6.6 Summary

A basic feature of the group under study in this thesis is that most of them find themselves in a marginal position in society. It is the result of a complex interplay between personality of the drug user, the nature of psychoactive substances taken, and a drug market under prohibition. Their marginality is expressed in low participation at the formal labour market, their instable and often deplorable housing situation. These conditions have to be taken into account in order to comprehend the behaviour they employ to cope with their daily needs. Being broke is the rule rather than the exception; it puts many in a vulnerable position; forcing them to illegal activities, or, to engage in (sexual) exchange relations in which they have an underdog position. In the domain of housing we have seen rack-rent landlords unscrupulously exploiting

drug users; taking advantage of Social Security's service to drug users. Also female drug users, engaging in exchange relations with men, are vulnerable for exploitation. Although, the exchange relations of women living with (former) clients seem to be in balance: a matching exchange of female and male resources, still, these women can be evicted overnight, without any rights to exercise. The extent to which most drug users are able to plan middle and long-term activities is extremely limited and, indeed, survival would be better applicable term than coping. We have seen various examples in which the term coping becomes a euphemism.

Social capital comes in the form of fellow drug users, family and governmental support. Mutual support among drug users maintains the status quo: it is survival support. Shelter, company and drugs are exchanged for (other) drugs. A pervasive adage is "if you help me today, I help you tomorrow, together we make it through the week".

Family, too, supplies support that helps drug users to survive: the monthly allowance granted by the parents of illegal immigrants is a good example. But also practical support, often expressed in common meals, is frequently observed. Contrary to drug users' support, we have witnessed that family support may lead to amelioration of living conditions (See also Table 6a). The same effects are found in formal support from the (local) government and charity organisations; on the one hand they provide survival support, on the other hand they can provide assistance that leads to better living conditions. Social Security Benefits are provided without moral judgement of drug use, in this respect they differ from the family who often condemn drug use. The fact that most of the methadone treatment programs supply methadone on a maintenance basis also reflects a practical rather than a moral approach. Formal support that increases the scope of drug users exchange opportunities, contributes to informal solidarity. Solidarity, however, is not based on altruism or bounded solidarity, but on short-term reciprocity.

7 References

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