

***Drugtesting:
A Technique for Agents of social inclusion and exclusion***

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Introduction

The idea for this work was born during my second exchange semester at the Universitat de Barcelona in spring 2006. Participating at the class “análisis de los procesos de la exclusión social” of Hebe Tizio and working several years yet in health-promoting party-collectives and risk reducing social services, I added my exchange by practical training at www.energycontrol.org. Here I get in contact into the method of “análisis de sustancias”, which before I have known as “Drugchecking”¹ only from telling, books or internet-pages.

My thesis is, that the Drugtesting-Technique is used in Spain in form of “Drugchecking” for the socialisation of reflected and auto regulated drug use. This (modified) technique, but renamed “Drugscreening”², is used in Germany for the marginalization of drug-users. Further I want to show, that these phenomena correlates with a determined vocabulary, which places the users in different discourses and social structures.

First I will give a listing of the analysed substances and determine the context of Drugtesting, which includes a characterization of the target group.

Second I explain the basis of the frequently used Drugtesting-methods, for understand the following chapters.

Third I show how Drugchecking is used by agents of inclusion and socialisation. I do this at the example of Spanish Energy Control and their activities at the local Ningun Lugar.

Fourth I show how Drugscreening is used by agents of exclusion and marginalisation. For this I choose the action of the German police at the festival Voov-Experience 2005.

The last chapter is a resume of all chapters and contains critic conclusions.

I will try not to generalize my explications, but to point out the most important discourses, trends and topics for this work. I will use concrete examples as help-constructions to bring hidden discourses to light and to illustrate complex relations between different aspects.

¹ “Drugchecking”, “Análisis de Sustancias” and “Pill-Testing” are synonyms, which are used by different party- projects in different countries.

² Because it analyses the active substances of the blood of a drug-user and not the proper substances of the drug.

1. Substance(s), Context(s) and Target groups of Drugtesting

For understand what **Drugtesting** is and for understand better the difference between Drugchecking and Drugscreening I want to begin with an analogy from illegal drugs to legal drugs. If we take a closer look to the treatment of alcohol in the occidental culture we will get the difference clearer.

When a subject buys alcohol, it gets information about the quality and quantity by the packing. The consumer gets information to make a difference, if it is softer (beer, wine, etc.) or if it is harder alcohol (vodka, tequila, etc). The percent of alcohol is written at the product packing. So the consumer knows, what and how much is inside of the consumed substance. This labelling of the percent on the packing can be treated analogous to Drugchecking.

Another situation is, when the police stops a car driver, because he is supposed to be drunken and makes an alcohol-test to know how much is the per mil in the blood. These alcohol-tests, with a possible following analyse of blood, can be seen analogue to Drugscreening.

These first definitions should not be taken 1:1, because are used as analogies to understand better the similarities and the differences between Drug-Checking and Drug-Screening. Because legal and illegal substances are perceived like different realities in the occidental culture they are also treated differently by different discourses. “Legal” means accepted by the majority of the society and “illegal” contains associations like delinquency or abnormality from common social norms.

Therefore the information and knowledge about quantity and quality of active substances of legal substances (like alcohol) is higher, than of illegal substances like for example the so called “party drugs”³. The term “party drugs” refers stimulating substances like (Meth)Amphetamine (Speed) and Cocaine, euphorising substances like Ecstasy (MDMA, MDA), hallucinogens like LSD or “Magic Mushrooms” or depressors like Cannabis, Opiates, etc.

Drugchecking is an empirical method, that is used for investigate the quality and quantity of active substances of illegal drugs.

Drugscreening is an empirical method to analyse the quality and quantity of active substances in the blood of users of illegal drugs.

³Compare <http://de.wikipedia.org/wiki/Partydroge> . Although these kinds of substances are not used exceptionally in the party context, but also in other contexts like at home or in the nature, we will follow to use these term.

So there are two different contexts dedicated to the same target group.

The first context, placed in the field of social services, which deals with prevention, risk reduction and health-promoting structures. This discourse affects subjects, which use party drugs in a conscientious, reflective and responsible way in their free-time and want to know, what active substances they take.

The second context is placed in the field of governmental executive and judicative, which realizes repression and persecution of delinquent drug-users. This discourse uses Screening-techniques for conspicuous subjects, which are supposed to use drugs and to justify their punishment.

Short: Checking can be associated with “taking care of oneself” or the term “drug-accountability⁴” and Screening as “the other takes care of you” or the term “abstinence”.

Further we have to keep in mind, that there various types of drug-users with different patterns of consume. The range starts from experimental, occasional, recreational, moderate consume patterns and reaches till patterns of dependence.⁵ That means, that one consumer is not to be set equally with another consumer, but has to be looked individually. The question “why” a subject takes drugs we will not treat in this text, because this would blow up the frame of this work. But we will look closer at the question “how” a subject is learning to use drugs in chapter five.

2.Methods of Drugtesting

There are Colour/ immunological quicktests, that gives qualitative results (“what it is (not)”), that have their limits, and chromatographic methods, that delivers qualitative-quantitative results (“how much of what”) and can discover almost every substance.

2.1. Colour and immunological Quicktests

There are four Colour-Tests, which are used by Drugchecking-program of Energy Control: Marquis, Mandelin, Mecke⁶ and p-DMAB-TS⁷. To use these methods you just need a little bit of the substance to be tested. After putting 1,2 drops of each reagent on the sample it changes the colour (or not) and you can make conclusions what there is (not) in the substance. Every

⁴compare this concept with Harrach, T. , Expert meeting “Methamphetamine use Health consequences”, particularly HIV/AIDS, and treatment Vienna International Centre; 9 and 10 March 2006

⁵ Grupo IGIA 2001, 11-17

⁶ <http://www.eztest.com/web>

⁷ <http://www.lycaum.org/forums/alchemy/Messages/616.html>

substance, that can be proven, has its proper colour code. If after testing there is no colour-reaction, then there cannot be made a testimony, what are the samples ingredients:

Marquis is a chemical called 'Marquis reagent' in a small glass bottle secured in a plastic container. It shows different colours for Ecstasy-like substances (MDMA, MDEA and MDA), DXM and 2C-B and amphetamines (speed). EZ Test Marquis was the first Ecstasy Test ever to come onto the market. It is the same chemical as law enforcement agencies use all over the world.

Mandelin is a chemical called 'Mandelin reagent' that shows different colours for Ecstasy-like substances (MDMA, MDEA and MDA), amphetamines and ketamine.

Mecke was originally developed to discriminate heroin from morphine. It also reacts to Ecstasy-like substances (MDMA, MDEA and MDA) and has proven useful when looking for DXM, a major adulterant in the USA and the 2-CT-xx family.

P-DMAB-TS is an Alkaloid Test, that tests for LSD, Lysergic Acid, DMT,DET, Bufotenine, Ibogaine, Psilocin, Psilocybin, Ergonovine, Indole, Tryptamine and STP.

The German police use different immunological quicktests. These are Mahsan, Drugwipe II and Dräger⁸. Every of these methods have its specifics:

Mahsan is an Urine-Test, which reacts on Cannabis, Cocaine, Opiates and Amphetamines. A little bit of urine is put in a cup by the tested subject. By a pipette they are put three drops of urine in the tester. If the urine sample is usable there appears a continuous control line. In the case of consume of the named drugs there appears no line at each drug category.

Drugwipe tests for the same substances like Mahsan-test, but in a different way. For test a suspected drug-user you have to put a testing-stripe into water and pull it along the sweat on the skin of the tested person. If the test colours red the test is positive and depending on what part of the stripe the colour appears there can be made conclusions of the type of the consumed drug. On the stripe are antibodies, which are complementary to different drugs. If the person has the metabolites of the named drugs in its sweat, than happens the described reaction.⁹ Within three till five minutes there the results can be expected.

Dräger is a saliva test. The sample of the suspected subject is put into a test-cassette. Then this cassette is put into an electrical device and evaluated. The device prints the results and can prove cocaine-metabolites, opiates, amphetamines, methamphetamines and its derivates and cannabis. Other substance-proves are planed.

⁸ <http://www.fahndungsgruppe.de/pages/DrogenVortestgeraete.html>

⁹ <http://de.wikipedia.org/wiki/Drugwipe-Test>

Any kind of quicktest, nor the tests used by Energy Control, nor by the German police, has scientific validity, because they have their limits.¹⁰ The Marquis for example cannot detect unknown substances; the Drugwipe (and Marquis) do not make a difference between Amphetamines and MDMA.¹¹ They are just used as pre-tests within a bigger process of Drugtesting, which will be exemplified later in the following chapters. The advantages of qualitative tests are, that they are cheaper as chromatographic drugtesting methods and deliver results quickly. On the other hand they and for the one side it helps to step into a dialogue with the consuming subject and on the other side to justify a process of repression.

2.2. Thin Layer and Gas Chromatography

Chromatography is a family of analytical chemistry techniques for the separation of mixtures, that means independent, if it is the pure substance or the blood/ urin of a drug-user. It involves passing the sample, a mixture which contains the analyte, in the "mobile phase", often in a stream of solvent, through the "stationary phase." The stationary phase retards the passage of the components of the sample. When components pass through the system at different rates they become separated in time, like runners in a mass-start foot race. Each component has a characteristic time of passage through the system, called a "retention time." Chromatographic separation is achieved when the retention time of the analyte differs from that of other components in the sample. A chromatograph takes a chemical mixture carried by liquid or gas and separates it into its component parts as a result of differential distributions of the solutes as they flow around or over a stationary liquid or solid phase. Various techniques for the separation of complex mixtures rely on the differential affinities of substances for a gas or liquid mobile medium and for a stationary absorbing medium through which they pass; such as paper, gelatin, alumina or silica. A chromatogram is the visual output of the chromatograph. Different peaks or patterns on the chromatograph correspond to different components of the separated mixture. Analytical chromatography is used to determine the identity and concentration of molecules in a mixture. Preparative chromatography is used to purify larger quantities of a molecular species. Analytical chromatography is a method used to divide/separate mixtures.¹²

¹⁰ Right now there is running an EU-project called "Rosita" (Road Side Testing Assessment), which investigates the validity of Quicktests.

¹¹ <http://www.eve-rave.net/abfahrer/drugchecking.sp?text=1&page=13#kap1>

¹² <http://en.wikipedia.org/wiki/Chromatography>

In **thin layer chromatography** or “**TLC**” the stationary phase consists of a thin layer of adsorbent like silica gel, alumina, or cellulose on a flat carrier like a glass plate, a thick aluminum foil, or a plastic sheet. TLC is a standard laboratory method in organic chemistry. Because of its simplicity and speed TLC is often used for monitoring chemical reactions and for the qualitative analysis of reaction products. Once visible, the R_f values of the spots can be determined. These values should be the same regardless of the extent of travel of the solvent, and in theory are independent of a single experimental run. They do depend on the solvent used, and the type of TLC plate.¹³ The method used by Energy Control is a small amount of a fluorescent dye, that is added to the adsorbent that allows the visualization of UV absorbing spots under a blacklight (“UV₂₅₄”). These spots are the samples to be tested, compared with a control substance.

A **gas chromatograph** or “**GC**” is a chemical analysis instrument for separating chemicals in a sample. A gas chromatograph uses a thin capillary fiber known as the *column*, through which different chemicals pass at different rates depending on various chemical and physical properties. As the chemicals exit the end of the column, they are detected and identified electronically. The function of the column is to separate different components, causing each one to exit the column at a different time. In a GC analysis, a known volume of gaseous or liquid analyte is injected into the entrance of the column, usually using a microsyringe. Although the carrier gas sweeps the analyte molecules through the column, this motion is inhibited by the adsorption of the analyte molecules either onto the column walls or onto packing materials in the column. The rate at which the molecules progress along the column depends on the strength of adsorption, which in turn depends on the type of molecule and on the column materials. Since each type of molecule has a different rate of progression, the various components of the analyte mixture are separated as they progress along the column and reach the end of the column at different times. A detector is used to monitor the outlet stream from the column; thus, the time at which each component reaches the outlet and the amount of that component can be determined. Generally, substances are identified by the order in which they emerge from the column and by the residence time of the analyte in the column.¹⁴ These method is very expensive and has to be realized by professional chemist or pharmacists, that have a laboratory with all the needed equipment and ressources in an

¹³ http://en.wikipedia.org/wiki/Chromatography#Thin_layer_chromatography_.28TLC.29

¹⁴ http://en.wikipedia.org/wiki/Gas-liquid_chromatography#GC_analysis

institute, like for example the Catalan IMIM-Institute¹⁵ or the Medical Faculty of the Humboldt University of Berlin, called Charitè.

Before we leave this theoretical background it is interesting to know, that the IMIM-Institute is a public Centre focused on the scientific research into Biomedicine and Health Science fields, whereas the Charitè is an Institute for Legal Medicine, department for toxicological chemistry. These aspects are important for the final conclusions.

3. Drugchecking – The Energy Control Collective as agents of social inclusion

Energy Control is a collective, " *which, independently if we consume or not, argue with the drug use of young people on parties and offer information with the goal of harm-reduction.* " Settled in Barcelona, and founded in 1997, actually there are folders in Madrid, Valencia, the Balearic Islands and Andalusia. The office is located in Barcelona in the building of ABD¹⁶ and forms a proper module of it. EC is a program of drug consumes prevention for the population of teenagers and youths in risk situations. The goal is not to teach what is good or bad about drug-use, but to promote healthy-consciousness and a responsible, self-determined use; in other words: risk reduction. Its actions are pragmatic and oriented at the social reality. This aims are realized by info-flyers distributed in the free time and nightlife context, further educations for pupils and professionals, the webpage www.energycontrol.org, collaboration on communal (ABD), national (the Spanish "Plan Nacional sobre Drogas") and international (BASICS-Network)¹⁷ levels and: Drugtesting free of charge.

The Drugtesting is realized by Energy Control by an experimental three-step Drugchecking-program¹⁸: On-Site-Testing, TLC-Testing and GC-Testing. It is not prevention with the objective of abstinence, because this paradigm has shown as not effective, but acceptance of drug-use. At the end it is the subject, which decides, what it does with his body. So the used concepts are health-promotion and risk-reduction, which are planting and spreading the idea of a responsible consume and the subjects drug-accountability. Further these program is justified by communication of objective and neutral dates to (potential) drug-using subjects,

¹⁵ <http://www.imim.es>

¹⁶ ABD (Asociacion de bienestar y desarrollo) is a NGO (Non Governmental Organisation) that occupies of prevention, treatment, insertion and investigation in the fields of AIDS, drug dependence, house violence, family and childhood in risk situations, sociosanital attention and the formation of volunteers.

¹⁷ BASICS is an international network of ONGs from the nightlife context. For more info visit www.basics-network.org

¹⁸ From: Eguzkilore, Cuaderno del Instituto Vasco de Criminologia San Sebastian, N° 16 – 2002, p.61-76

which is a pedagogic aim, but also information exchange and information delivering of trends and the development of the illegal market, which is a scientific discourse¹⁹.

On-Site-Testing means the use of colour quicktests at the party, nightlife and free-time context, there were the target group is consuming. Among an infostand, were mainly subjects with experimental consume patterns can get information about several drugs in form of flyers, exists the possibility to get further counselling for subjects with occasional, habitual, recreative, moderate and depending patterns. Apart from the stand, a bit farer away at a quieter place there is build up a small analyse section. Here, separated from the party hectic, is realized the Marquis-Test. Consuming subjects can give their ecstasy-pills, 2CB-capsules, speed- or cocaine powder to a member of Energy Control, who classifies the substance to be analysed by questionnaire²⁰, puts it in a small bag and passes it to the analyse section. During the substance sample is analyzed by another EC-member, the first member steps into a dialogue with the analysing subject. Within 5 minutes the testing subject receives a qualitative result. Energy control does not make an explicit offer like “here you can analyse your drugs”, because the majority of the visitors know Energy Control and the service of Drugchecking yet.

TLC-Testing is realized in the local “Ningun Lugar” (“Nowhere”) in the Raval quarter in Barcelona since December 2005 every Friday by Energy Control. Ningun Lugar is a cultural association, that offers space for develop political, cultural and social projects²¹. EC has there the possibility to create a chill-out with drug-info and space for expositions, installations, visuals, videos and music. It is almost like a lounge or a bar, so it is more communicative on the one hand and relaxed on the other hand compared with the party-setting. Every tester and every substance are collected empirically. In the chill-out area the tester gives its substance to an EC-member, who takes dates of the testing subject²² and realizes the pill-identification process, described upstairs as classification. After pill-identification the sample is analyzed in the laboratory in the backstage of Ningun Lugar. This laboratory has to be constructed and reconstructed every week. The spectrum of the possible to be detected substances reaches farer then that one of the pure colour-tests, although the tests described in 2.1. are used as confirming support. Actually EC can detect and determine the majority of the substances

¹⁹ EC delivers also dates for the annual study “Nou Consums” by the Associacio Institut Genus, that itself is noted by the Plan Nacional sobre Drogas, that itself is component of the annual drug report by the EMCDDA (European Monitoring Centre for Drugs and Drug addiction)

²⁰ The so called “pill-identification” takes dates like aspect (pill, capsule or powder), colour, logo, diameter, reaction of the colour-test, result).

²¹ www.ningunlugar.bitacoras.com

²² Parameters like Demographic dates; consume pattern; if the result is not, what the tester was expecting: “do you will still consume this substance?”

appearing most frequently on the illegal market²³. After 30 minutes the testing subject gets the result. Further the non-party-setting gives the possibility for a profounded conversation between tester and EC-member. So the flow of information is not one-way, but ambivalent: The consumer gets information about the composition of his sample and EC gets information from first hand about the illegal drug market. Because this technique requires constant conditions and more resources than colour-tests it cannot be realized on parties yet²⁴.

GC-Testing is realized by the support of the Institut Municipal d'Investigació Medica (IMIM) in Barcelona. IMIM is a public Centre focused on the scientific research into Biomedicine and Health Science fields, as well as to the training of highly qualified researchers in these fields. IMIM is organized into multidisciplinary Research Units and Groups²⁵ which mixed composition includes research personnel from the IMIM itself, as well as clinical researchers from the rest of the IMAS Centres, mainly from the Hospital del Mar. The scientific production ranks IMIM in the third position among the Health Centres of biomedical research, both in Catalonia and in Spain, taking into account the production/research personnel rate. The cooperation of EC with IMIM is realized on formal level, so there is no direct contact of testing subject and IMIM. The medium is EC. When a substance sample could not be determined nor by Colour-Tests nor by TLC it is send to the IMIM laboratory, where the ingredients are investigated. If IMIM confirms a toxic substance or a very high proportion of for example MDMA, these dates (quality and quantity) are send to EC, for public an alarm via web and via flyers on-site.

Advanced drug-users of various consume patterns are included into society by a responsible and competent drug use, because they learn the difference between pleasure and no-pleasure. EC as agent of socialisation supports drug-accountability by planting conscience into the subjects by promoting the ritual of drugchecking, with the objective, that the consuming subject learns to take care of its consume, its body and its life. Doing this EC takes influence at consume patterns in a risk reducing way²⁶. The Drugchecking-program is a step not to legalize drugs, but to decriminalize drug use and consumers.

²³ Ketamine, Cocaine, Lidocaine, Benzocaine, MDMA, MDA, Caffeine, Procaine, Paracetamol, mcPP, 2CB, 2CT7, 5MeoDipt, 4MeoDipt, 5MeoDMT, 2CE, Anfetamines, Methamphetamines.

²⁴ But there is another project in the Basco-Country, that offers mobile TLC: <http://www.aialaket.com>

²⁵ At present: basic, clinical and epidemiological cancer research; clinical and epidemiological research on drugs and abuse substances; research on the effectiveness of health care services; research on cardiovascular diseases, research on respiratory medicine and environmental health; research on biomedical informatics.

²⁶ <http://www.emcdda.europa.eu/index.cfm/index.cfm?fuseaction=public.Content&nNodeID=1577&sLanguageISO=EN>

4. Drugscreening – The German police as agent of social marginalization

Before I continue explaining, why the Drugtesting used by the German police is a technique of marginalization, I want to specify the context on a concrete example:

The Voov-Experience 2005.

The Voov-Experience is a famous Psychedelic Goa Trance Festival. This scene could be described like “Neo-Hippies” for its psychedelic and archaic elements, which fuse with modern technologies²⁷. In 2005 it was visited by 11.000 visitors from all over the world. It happens close to the small village of Putlitz, in the North-East of Germany. The city of Putlitz profits from this festival culturally and economically. Without the Festival there would be no open-air swimming pool²⁸. The habitants get free entry and the Voov-organizers give a donation to the village. There is even a train station, put especially for the Voov weekend. Further there are physical and psychedelic ambulance, in form of German Red Cross and eclipse association.²⁹

The police created a control check point leaving the highway, passing the village of Putlitz just close to the festivals entrance. 70 officers were working around the clock, altogether about 200 officers, some drug dogs and two doctors. Friday night even a helicopter was flying over the festival. The balance: no robbery, no damage of property, no bodily harm, but 86 offences against the German BtMG³⁰ and 46 cases of driving on drugs. The police found 100 consume units of LSD, 146 consume units of ecstasy pills, 67gramm of dried mushrooms and small amounts of heroine, speed, cocaine, cannabis and marihuana. The police found much bigger amounts on another festival, which happened just a few days before, at the Full Moon Festival. The Voov organizers commented this police force as “over-dimensionised”³¹.

The German Police has the right to ask for personal data. Some cars they let pass through the control, others they stopped and asked for identity card, car papers and drivers licence. From a legal perspective nothing more the controlled subject has to do, than fulfil their obligation of prove its identity; if it refuses to give personal data the police can take it to the police station (in this case: the check point). Further the officers asked, if the controlled subjects do agree with a drugwipe test. Drugwipe and Urine-tests are voluntary, not obligatory. The most of the controlled subjects did not know this, so they majority argued with it.

²⁷ For further information about this scene look http://en.wikipedia.org/wiki/Goa_trance

²⁸ The number of visitors of only this weekend allows financing of the swimming pool for all the summer. Baldauf, C. (2004) “Eine Liebe fürs Leben”. Taken from www.mushroom-online.com

²⁹ www.eclipse-online.de

³⁰ “Betäubungsmittelgesetz”, the law, that regulates the legal status of drugs

³¹ <http://www.putlitz.org/voov2005/polizeiberichte/zeitungsberichte.htm>

At the court of justice the pure quicktest have no judicial relevance, because they do not have the status of a piece of evidence³². Immunological quicktests serves the police only as orientation of decision for further investigations. Further they have to be confirmed by drugscreening. For Drugscreening there has to be an order for or at least a moment of suspicion (big pupils, red eyes, smoking papers or drugs in the car, etc)³³. The moment of suspicion is a very relative factor, because in some municipalities it is already a moment of suspicion, when you only have rastas, dreadlocks or you are coming from southern countries. But if later the drugscreening confirms the suspicion this relativity is irrelevant.

Possible **sanctions** are, depending of case, state, amount and the executing subjects fines and or the announcement at the traffic office, what can order a driving prohibition and a drivers licence re-exam³⁴. Different than in the case of alcohol a subject, which one time was signified as drug user by law, the subjects status changes from suited to a pathological and not qualified subject for participate at traffic. It does not matter, if the subject was “high” during driving or not, nor what consume pattern it has. The paradigm is “One time drug user, always drug user”, which leads the subject to make a medicinal psychological examine³⁵. With alcohol the tolerance level is much higher. In some German states there are informed even other institutions, like the health office, for the reason of risk prevention. This discourse goes hand in hand with the German IfSG³⁶, which normally is focused on diseases (including HIV, which appears frequently at heroin-users, whose share their needles). The IfSG is not touched by data protection laws³⁷.

As the reader can see the grade of social control by Drugscreening is very high and multidisciplinary. Drug users, independent of their consume patterns, are excluded from traffic by executing-repressive powers and placed in the field of pathology, if they do not follow the paradigm of abstinence. The drug using subject has to be abstinent as soon as possible. If not this subject gets into debt (because of the high repressive costs), cannot follow his daily live (because of the missing drivers licence) and in last consequence is marginalized from its social status (because of stigmatization).

³² http://www.drugcom.de/bot_drogenlex_sub-4_idx-169.html

³³ <http://people.freenet.de/c0e/lesson/mpu/Drogen%20Und%20Polizei.pdf>

³⁴ [http://www1.polizei-](http://www1.polizei-nrw.de/im/Publikationen/Verkehr/?step=2&cab3dd488b1da9b12aeafe1b714c7859=fa4829b58370f8e9adc3700d1780cdec)

[nrw.de/im/Publikationen/Verkehr/?step=2&cab3dd488b1da9b12aeafe1b714c7859=fa4829b58370f8e9adc3700d1780cdec](http://www1.polizei-nrw.de/im/Publikationen/Verkehr/?step=2&cab3dd488b1da9b12aeafe1b714c7859=fa4829b58370f8e9adc3700d1780cdec)

³⁵ The so called MPU (“Medizinisch Psychologische Untersuchung”) lasts at least 15 hours and costs 75Euro for an hour of 50 minutes. The last can vary individually and depends on the recovering of the driving qualification (abstinence of illegal drugs).

³⁶ „Infektionsschutzgesetz“, the law, that prevents and fights against infections diseases of humans.

³⁷ <http://www.datenschutz-bayern.de/tbs/tb17/k5.htm> , kapital 5.5.2

5. Resume

I have shown examining these both examples, that my Drugtesting thesis is proven. Further I have showed what vocabulary is used by what discourse and what consequences this placing has for the subject.

In Spain the Drugchecking serves as a technique for drug-accountability agents. The manifest function is the reproduction of the risk reduction discourse. The latent function is social inclusion by and of reflected consume patterns. Consequently EC is in a certain way an educative institution.

In Germany the Drugscreening serves as a technique for agents of abstinence of illegal drugs. The manifest function is repression of delinquents. The latent function is the reproduction of social exclusion and marginalization of any kind of users of illegal drugs. Consequently the German police is a kind of absolute institution.

Of course you could say, that both institutions are just different responses to the same phenomenon. Four eyes see more, than only two eyes. Somebody “high” on drugs has a higher risk to commit an accident, than somebody, that is sober. But not everybody, that takes drugs, conducts a car “high” on drugs or consumes drugs harmful. There are many drug users, whose consume patterns are completely integrated into main culture, but use drugs in a controlled, recreational way (working during week, party at weekend).

The question how to treat and how to deal with drug use and drug using subjects from societies perspective should be based on the question how the subject learns to use drugs. As many, as there are multiple social forms, life-styles, as many are existing multiple realities and consume-patterns. What the Drugscreening-Discourse ignores is the fact, that there are existing various and different consume patterns, than only the dependent one, which are associated with (self-)harm and pathologising aspects. This focus homogenises subjects with experimental, occasional, recreational, moderate consume patterns into one concept or better: stereotype, which does not represent the whole of social realities, but only one determined occidental stigmata, described before.

To understand how a subject learns to use drugs a multicausal perspective is necessary. It is not the drug, which creates the problems associated with its use.

The use of drugs is specific, goal-directed behaviour, directed by the subjects will (*set*). But it is not only the will, that determines consume patterns, but also the social context (*setting*).

The drug (*substance*) just fulfils different functions (control of pleasure and pain, stimulation and relaxation, mind-expansion and – implosion, to discover possibilities and limits, need of extreme self-experience and tranquillity of spirit, to imagine reality and realize imaginations). But the main function is for sure to put the pleasure principle against the reality principle. As “reality principle” I define the culture industrial social reality, which, supported by mass medial reality-forming creates neo-necessities³⁸. That, what the repressive-discourse codifies “toxicomania”, is a symptom of the occidental pathologising context at this actual historical moment. But the proper combination of these three factors, substance, set and setting construct the hidden schema of consume patterns.

The consequence: Social dysfunction of the subjects. Many subjects search for something (outside) in the culture industry-reality, thinking they will find it in the objects (products, publicity and drugs) created by culture industry. But in reality “the answers are inside of you”³⁹.

Let us go further: what happens, if one of these factors, let us say the setting gains dominance over the other ones and even more: codifies the substance as problem source? The *set*, which means the subject disappears in the rush of the culture-industry⁴⁰. That, what at the beginning was codified positive transformed into indifference.

The Drug use phenomena is not determined by the pure existence of psychoactive substances, but by the setting, the culture and the occidental paradigm of hedonism, masked as consumism. The set still exists, but every individual pattern is subordinated by products, articles, goods that are available. In other words: at this historical moment it is not the substance, that makes the toxic to a toxic, but the commandment of “consumo, ergo sum”. This latent structure is present in all parts of occidental industry culture. The social intercourse with (i)legal drugs and its associated phenomena form just the top of the bottom.

Let us get a closer look to this structure and imagine a binary tree. This binary tree represents the theory of behaviourism by B.F.Skinner⁴¹. The parameters are codified as “positive experience” and “negative experience”. If the set perceives the first time using drugs a positive experience, the probability to follow to use drugs is higher, than if it has a negative experience. This theory is limited on the setting aspect, but is a graphic metaphor for how the dominating repressive discourse, the setting, affects the subjects, the sets, (primal) drug

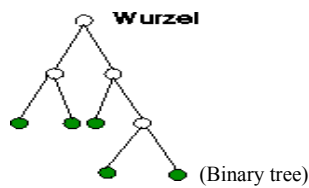
³⁸ lesourne, odile (1984): le grand fumeur et sa passion, p.60

³⁹ Compare. Flyer Alice-Project

⁴⁰ compare Adornos concept of the „Kulturindustrie“

⁴¹ http://en.wikipedia.org/wiki/Burrhus_Frederic_Skinner#Behaviorism

experiences. If the dominating setting is codified negative, so the whole schema of consume patterns has a higher possibility to have a negative codified context.



This schema can be seen as analogue to how society learned and learns to treat and place them at a new place in the systems structure.

A concrete example is the social construction of the “junkie”-stereotype. The most problems for injection applying Heroine users appeared, when the mass Medias spread out the myths like “they live on the street; to get their stuff they get criminal; all of them are HIV positive” etc. This mystification or stereotypization is the cause for this kind of social realities, and not vice versa. Till the abstinence paradigm got obsolete and harm reducing programs were developed “the junky” was an outsider, marginalized from all day social structures. Further these codes of mystification and pathologization were reproduced and generalized on any other kinds of substance users and all kind of consume patterns.

To avoid this evolution respective on other illegal drugs Energy Control realizes its drugchecking program. At the end it is not the drug/substance, but the subject/set, which decides about its behaviour. This pragmatic perspective accepts the subject how it is and where it is placed. The political participation by subjects from the nightlife and free time context into the institutional context provoked a process of social inclusion. The reproduction of rituals changes into normality, what provokes indirect socialisation of marginalized subjects. On the other hand EC tries un-polarize the codification “legal - positive” – “illegal - negative”. The risk depends always on every single case and the intensity of consumistic neo-necessities⁴². The subject learns to take care of itself and to control its pleasures and no-pleasures⁴³, to auto regulate itself by conscientious automedicamentation. And responsibility correlates with freedom.

The „Other“, no-drug-using subjects defined a reality, which is not their world and which they perceived only particularly, but not multidimensional.

⁴² Paracelsus, sometimes called the “father” of toxicology, wrote: “The dose makes the poison.” (A popular short version.) The original quote is: [German](#): „Alle Ding' sind Gift und nichts ohn' Gift; allein die Dosis macht, das ein Ding kein Gift ist.“ “All things are poison and nothing (is) without poison; only the dose makes that a thing is no poison.”

⁴³ “Tu decides!” – “You decide!” is the title of one EC-infolyer.

After effects

The Drugwipe nowadays is used for social control and integration of body and mind of the subjects and represents in a certain way a form of bio power. Drugdetection is done by customs offices, the Federal Border Police, traffic police, the military, penal institutions, at various firms, in schools and at airports. It has a high popularity within the executive, because it facilitates the process of decision finding for the executive. The producer of the Drugwipe says, that it has a high validity and gives the executive subjects and adequate win of suspicion and security of proof⁴⁴. Actually there is a study called “Rosita II”, which is investigating the validity of Quicktests⁴⁵. The Cannabis quicktest has an error rate of 20%. Only the Opium quicktest seems to have scientific validity. Further Drugwipe makes no difference between the different types of Amphetamines.

Another point is the factor of proving times. The drugwipe does not screen for active THC (the active substance of Cannabis), but for THC-Metabolites. Drugscreening in the blood searches for both active THC and its metabolites. So scientifically the first test is not correct, if the argument is the capacity of driving a car by the subject. These tests can confirm cannabis consume, even when its days or weeks ago, which can follow a penalization by the traffic office, confiscating the drivers licence.

On the other hand trends like appearance of new and unknown substances are completely ignored. Even when EMCDDA⁴⁶ and Europol⁴⁷ are collaborating now to work better in this field, the notice of appearance of mCPP⁴⁸ was not diffused by these institutions, but by ONG-Networks.

These examples are only a few of contradictions, which are produced by the occidental treatment of the drug phenomena. “You have to consume whatever you want, but no drugs”. Medial mystification, repressive deterrence and no-neutral ethnocentric perspectives stabilize the repressive discourse by diffusing not all possible perceivable aspects.

This discourse represents the principles like a mirror and shows how global society is working: the one who is stronger has the power to create reality.

⁴⁴ <http://www.gifte.de/Drogen/drugwipe.htm>

⁴⁵ http://ec.europa.eu/transport/road/research/2nd_errc/contents/17%20DRIVER%20BEHAVIOUR/driver%20behaviour.doc

⁴⁶ <http://www.emcdda.europa.eu>

⁴⁷ <http://www.europol.net>

⁴⁸ a substance still legal, has a higher toxicity and less subjective effects than MDMA
http://vergiftet.blogspot.com/2006_01_01_vergiftet_archive.html

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