COMPARATIVE ANALYSIS OF QUALITATIVE DATA FROM WARSAW (POLAND), BERN (SWITZERLAND), STOCKHOLM (SWEDEN), FRANKFURT (GERMANY)

WITHIN

INTERNATIONAL COLLABORATIVE STUDY ON

SOCIETAL IMAGES OF NATURAL RECOVERY FROM ADDICTIONS (SINR)

„Percepcja Społeczna Samodzielnych Prób Przezwyciężania Uzależnienia"

FINAL REPORT

International co-ordinator:

Prof. dr. dr. h.c. Harald Klingemann

Institute for Social Planning and Social Management (ISS), University of Applied Sciences Bern - School of Social Work, Bern, Switzerland

Research team:

mgr Justyna Żulewska-Sak (project director)

mgr Katarzyna Dąbrowska

Department of Studies on Alcohol and Drug Dependence, Institute of Psychiatry and Neurology, Warsaw, Poland

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INTRODUCTION

... if people perceive situations as real, consequences of those situations also become real...
(Siemaszko 1993)

The study on "Societal Images of Natural Recovery from Addictions" is an international collaborative project conducted so far in Switzerland, Germany, Colombia, Sweden, Finland and Poland. The international co-ordinator of the project is Prof. Dr. Harald Klingemann from University of Applied Science from Bern, Switzerland.

Societal images of the use of psychoactive substances and their attendant problems that function in a society, especially in immediate environment of a person contemplating recovery from addiction influence the possibility of initiating the reintegration process and define chances of normal social interactions within the scope of natural family and social ties.

SINR study examines from the sociological perspective the social conditioning influencing a personal change. It searches for those elements of social climate that are most important for individuals contemplating recovery from addiction. SINR also defines an average Mr. Smith and his images of difficulties and obstacles he encounters when trying to recover naturally from addiction, additionally it determines what could be done to increase his chances of recovery (Żulewska-Sak 2004).

In SINR we ask about addiction, and drugs (cannabis, hashish, heroine and cocaine) were placed in the context of other psychoactive substances such as alcohol and nicotine, and also such non-chemical addictions as compulsive shopping and pathological gambling.

In the project we chose three countries from our cultural sphere characterised by interesting and diversified policy towards psychoactive substances: Germany, Switzerland and Sweden[1]. Results of SINR study conducted in Frankfurt, Stockholm and Bern were compared with the result of studies conducted last year in Warsaw (Żulewska-Sak, Dąbrowska 2003).

Natural Recovery Phenomenon

In the *"Lexicon of alcohol and drug terms"* we read: *spontaneous (natural) remission is a cessation of alcohol or drug misuse, dependence, or problems without benefit of therapy or mutual-help group (...). Epidemiological data suggest that many remissions occur without therapy or mutual-help group membership* (WHO 1994). There are many terms in English to label phenomenon of natural recovery: *natural, spontaneous, untreated recovery, resolution* or *remission* and *maturing out* or *self-change*. According to terminology accepted by World Health Organisation (WHO 1997) we use the term *natural recovery,* which is defined as

[1] We are very grateful to prof. Jan Blomqvist, prof. Volker Happel and prof. Harald Klingemann for providing city context information, which has helped us to analyse the SINR data from comparative perspective.

successful resolution of a behaviour perceived as problematic, a process which is primarily driven by the motivation and power of the individual and social forces, without reliance ob. treatment or expert help or intervention (Klingemann et al. 2001).

So far in Poland there were no studies on natural recovery phenomena, and a question about chances of natural recovery from addiction was posed for the first time in the SINR study conducted in autumn, 2003 (Żulewska-Sak, Dąbrowska 2003).

Overview of theory and selected research

The role of an ill person (here: an addict) is not identical with the role of a patient or a person benefiting from the help of professional addiction treatment units. It is possible that an individual and people in his environment will decide his state does not require specialist intervention and settle on self-treatment. It is an individual that decides (or does not decide) to assume a role of an ill person, and on a later stage, a role of a patient (Taranowicz 2002).

Anne Titkow interprets a role of an ill person as a cycle of events comprised of consecutive stages:

1. diagnosis of symptoms
   - a moment symptoms were diagnosed
   - estimation of their importance
   - approaching other people about their interpretation
   - reaction to pain and ailments
   - reaction to functional disturbances
   - assuming general aetiology of an ailment
2. assuming a role of an ill person
   - self-treatment attempt
   - influence of an environment on a choice of help
   - decision to choose a specific form of help

Only at the next stage an ill person becomes (or does not become) a patient: he may contact health service and accept the requirements of the role. The last stage is the stage of rehabilitation and recovery (Titkow 1976).

One of the factors releasing natural recovery phenomena is an appropriate social climate relating to this problem. Perceptions of chances of natural recovery from dependence ingrained in society are especially important for an individual contemplating a possible change. The knowledge of those who recovered naturally from addiction is equally important (Klingemann et al. 2001). Meanwhile the social message depicts dependence as serious, complicated and difficult illness, people who overcome dependence are shown very seldom – (...) *And such people never hears: "you may recover from addiction on your own", instead he hears: "go to specialist, therapy unit awaits you" (...)* (Żulewska-Sak, Dąbrowska 2003). Canadian study results (Cunningham et al. 1998) show that 53% of respondents who

recovered naturally from addiction knew similar cases – in comparison with 14% percent of general population.

Negative social climate, stereotypical perception of addicted people, stigmatisation – i.e. lasting assignment of a deviant identity to an addicted individual – all those result in rejection and gradual social exclusion of an addicted person from the society (Sztompka 2002). It is a factor hindering recovery from addiction (Drew 1968). Stigmatising is a process of social reaction, identification and labelling that may stop addicts from speaking about successful natural recovery – only 5% of smokers did not tell others they recovered from addiction and as much as 24% of alcoholics. (Cunningham et al. 1998) According to Polish respondents among eight "shameful" diseases alcohol dependence ranked as third and drug dependence as fifth (after the most "shameful" venereal and mental disorders) (Brodniak 2000).

In many countries one may observe positive changes in social climate around people with mental disorders, however alcohol and drug dependence still rank very low on a scale of social rejection and restriction of life chances. On the whole personal contact with people experiencing those problems results in more tolerant and positive attitudes, except situations where those meetings involve negative emotions and consequences. Majority research results indicate that an attitude of rejection appears more often among men, people poorly educated and with a lower socio-economic status. (Brodniak 2000).

Citizens of two Polish towns where a preventive program "Odlot" were asked twice (at diagnostic and evaluation stages) about chances of alcohol and drug addicts to return to normal life. Their answers were as follows (Świątkiewicz 1996):

a level of chances (percentage of respondents)	**alcohol dependence**				**drug dependence**			
	Starachowice		**Malczyce**		**Starachowice**		**Malczyce**	
	1994	**1995**	**1994**	**1994**	**1994**	**1995**	**1994**	**1994**
high	21.0	20.3	15.6	16.3	9.6	13.7	6.3	4.2
considerable	20.8	21.7	20.9	28.6	12.2	12.7	6.3	14.5
average	27.9	27.5	36.3	22.5	21.3	23.9	17.8	19.7
small	18.6	20.5	17.4	19.3	31.1	27.5	37.9	33.0
none	5.4	4.2	3.7	4.8	11.0	8.4	20.7	17.3

Additionally they we asked on what conditions recovering drugs addicts should be granted access to labour market. The table shows their answers (Świątkiewicz 1996):

response category (percentage of respondents)	**Starachowice**		**Malczyce**	
	1994	**1995**	**1994**	**1994**
they should take precedence	16.8	22.6	14.9	14.6
they should be treated as others	70.4	69.5	64.4	54.3
they should get work after the others	5.2	2.0	6.7	9.3

AIM OF THE STUDY AND RESEARCH QUESTIONS

The aim of the study on "Societal Images of Natural Recovery from Addictions" was to learn about public views on chances of natural recovery from addiction without the help of specialist. The study was to answer the question of how people from different social and professional background: of media, law and order representatives, health case and treatment service and also so-called *everyday-life therapists* perceive and understand dependence and its attendant problems.

Aims of comparative analysis:

- an attempt to answer the question why Polish respondents estimated chances of natural recovery from dependence lower than respondents from other countries in the perspective of the policy towards dependencies that is implemented in particular cities and also in the perspective of types of reasoning presented by respondents;

- an identification of social barriers that hinder natural recovery from dependence; especially identification of stereotypes, myths and prejudices related to dependence that are ingrained in the society;

- a selection of problems analysed in SINR that may be used in representative research on general population, an attempt to create a list of closed questions that in future would form a base of a questionnaire for international studies on this problem.

Research questions:

- What are the differences in social policy towards dependencies in particular cities? Does those issues bear relation to argumentation presented by respondents?

- Justifications of chances of natural recovery from dependency given by Polish respondents and respondents from other countries.

- What barriers and obstacles to natural recovery from dependence are indicated by respondents from different countries?

- What stereotypes, myths and prejudices connected with dependence function in particular countries?

METHOD

Research sample

The study analyses seventy four interviews conducted in the period from March 2003 to April 2004 in four European cities: Bern (spring 2003), Frankfurt (summer 2003), Warsaw (autumn 2003), and Stockholm (spring 2004). The research protocol advised conducting 15 interviews, however in Warsaw we decided to double that number. Other cities conducted 15 interviews each with the exception of Frankfurt, where an interview with a journalist was not conducted.

	Bern	Frankfurt	Stockholm	Warsaw	Total
number of interviews	**15**	**14**	**15**	**30**	**74**
interview duration (average/median)	**29,6 / 30,0**	**5,7 / 4,5**	**16,5 / 15,0**	**12,9 / 12,0**	**15,6 / 14,0**
respondents age (average/median)	**44,7 / 44,0**	**41,9 / 41,5**	**40,4 / 42,0**	**39,7 / 38,0**	**41,2 / 42,0**

The respondents were males aged 30 to 50. Age average equals 41 years. Age distribution was similar in all cities, respondents from Warsaw were a little younger, respondents from Bern – the oldest.

An average interview duration was longer than anticipated and equalled almost 16 minutes. Frankfurt interview were by far the shortest – on average it lasted less than 6 minutes, a median – 4.5 minutes. Pollsters conducting the interviews rarely asked for comments on particular estimates, did not use the technique of further inquiring. Similarly in Stockholm the respondents were not asked to comment on estimates of particular substances, however they were asked give a general comment justifying percentage estimations. Also the pollsters from Stockholm used a technique of further inquiring. Respondents from Warsaw were asked to comment after each percentage estimation they gave, they were also inquired about particular issues – the paraphrase and closing question *"Would you like to add anything else?"* were used. Warsaw and Stockholm interviews are similar in duration. Bern interviews are much longer then interviews from other cities. It is due to an inappropriate interviewing style: the pollster allowed long digressions, inquired about issues going beyond the scope of the interview, sometimes she even suggested answers.

The interviews were conducted with the representatives of the following societal groups:

- health care (social workers, directors of drug or alcohol treatment program, doctors, psychologists);
- law and order (lawyers, low rank policemen, low court functionaries);
- media (journalists from conservative and liberal daily papers);

- *everyday-life therapists* (taxi drivers, hairdressers, barkeepers);
- general population (small shop keepers, garbage workers).

According to the study presuppositions such a sample allowed to capture the issue from different perspectives. All respondents were the potential partners of interactions with dependent people and the dependence treatment representatives or representatives of social control probably expressed, of course to a limited degree, the views characteristic of their profession. All interviews were conducted in large urban centres, the interviewers were young women and the respondents, except treatment representatives, did not specialise in dependence field. The decision to conduct interviews in large cities was a result of their need to shoulder the burden of illicit drug use. We also tried to reduce the influence of the age of respondents on the study results. With this end in view we excluded from the study young people and the elderly.

Questionnaire

Questionnaire comprised 4 questions about perception of chances of natural recovery from dependence. It gathered both quantitative (closed questions) and qualitative (open questions) data. Respondents were asked to give percentage estimations of chances of natural recovery from dependence, and next, if they thought chances are different based on a type of addictive substance or compulsive behaviour, they were asked to give corresponding estimates in case of dependence on cannabis, hashish, heroine, cocaine, nicotine, alcohol, compulsive shopping and gambling. In Sweden the questionnaire also asked about dependence on snuff and amphetamine. Usually respondents were asked to justify their estimates. Successive questions were connected with the most important factors that in the opinion of a respondent that are conducive to or hinder natural recovery from dependence. A detailed description of the questionnaire can be found in the Polish study report (Żulewska-Sak, Dąbrowska 2003). A model questionnaire is annexed to this report (addendum no. 1).

Data analysis

At the first stage of the study experts and project directors from particular cities were asked to analyse the social policy towards dependent people implemented in the cities in the time of the study. Respondents do not form their views in a social vacuum and to a certain degree those views may depend on the quality of social response in their local environment to problems connected with dependency and also on the public debate about the problem in the time of the study.

They were asked to characterise a city in six dimensions:

- general characteristics and social problems of the city;
- local importance and visibility of addiction problems;

- objective access, opportunity structure;
- local response to addiction problems;
- communal control policies;
- addiction-related reports and critical incidents in the media.

At the next stage interviews from Bern, Stockholm and Frankfurt were analysed qualitatively. In order to minimise the country differences in interview style related to behaviour of pollsters, responses that were plainly influenced by suggestions during an interview were not taken into account in analysis of argumentation given by the respondents. Additionally, in the attempt to achieve an objective description of reality, the researcher triangulation method was used (Konecki 2000, Thurmond 2001). In this case two researchers, without prior consultation, analysed the research material in four stages.

Stages of analysis:

- reading transcripts from interviews and noting all answers on a given subject, both those recurrent and that which appeared only once;
- identification of important concepts;
- establishing categories and subcategories that allow for both recurrent, the most characteristic, and unique statements;
- comparison of the research material from particular cities with the results of the study conducted in 2003 in Warsaw (Żulewska-Sak, Dąbrowska 2003).

In the next stage conclusions drawn from analysis were discussed and negotiated in the research team and then consulted with experts, project directors from particular cities. During the consultation the results were discussed with an international study co-ordinator, the preliminary report was sent with an additional request to send any observations relating to data analysis and conclusions included in the discussion. These observations were considered during the process of writing the final version of the report.

RESULTS

Research setting

The idea of the project was to conduct interviews in large cities (so far Bogotá, Bern, Frankfurt, Santa Marta, Stockholm, Helsinki, and Warsaw). For the requirements of this analysis the interviews from Bern, Frankfurt and Stockholm were selected – these were compared with interviews conducted in Warsaw. Prof. Jan Blomqvist from Research and Development Unit, Social Services Administration in Stockholm, prof. Volker Happel from the University of Applied Sciences, Frankfurt and prof. Harald Klingemann from the Institute for Social Planning and Social Management, University of Applied Sciences, Bern have

provided contextual information for selected cities (see attachment), which were used in our study.

General characteristics and social problems of the city

Bern

Bern is the capital of Switzerland and the national administrative centre. It is the third largest city of Switzerland (127,519 inhabitants). The percentage of unemployed climbed from 3.9% (January 2003) to 4.3% (June 2004). It is estimated that about 11% of the populace benefits from various forms of social services and has an income lower than the minimal income.

Frankfurt

Frankfurt is the largest city of Hesse District (650,000 inhabitants in the urban area). The city faces a crime problem – in 2002 there were almost 100,000 offences, including almost half of them were against property. In 2002 40,000 people received subsistence allowance.

Stockholm

Stockholm is the capital of Sweden and the largest city (760,000 inhabitants). The level of unemployment equals 3.6% among people aged 20-64 and it is lower than a national average. In 2003 5.6% of adult citizens benefited from social services. Additionally Stockholm is characterized by a considerable variety of these indexes among 18 city districts (level of unemployment: 2,3% - 5,4%; level of people benefiting from social services: 2,7% - 27,7%).

Warsaw

Warsaw is the capital and the largest city of Poland (1,700 thousand inhabitants). The level of unemployment equals 6.1% (November 2003), comparatively to national level of 19.3% in the same period.

Local importance and visibility of addiction problems

Bern

The results of opinion poll indicate that different forms of vandalism are the most acute problem of Bern citizens. They locate dependency problems on the third place, somewhat higher than crime and safety during night hours. During last 12 years they

succeeded to limit the visibility of open drug scene in the city. However one notes gradual lowering of acceptance of groups that are socially marginalized.

Frankfurt

Opinion polls conducted at the beginning of 90's showed that drug problems ranked second, whereas in 2003 – tenth (4% of the Frankfurt populace). Jammed streets, crime, public safety, city financial problems and housing become more important.

At the beginning of 90's the visibility and extent of open drug scene was reduced significantly. People dependent on alcohol and homeless are still visible, yet tolerated, except their presence at shopping malls.

In 2002 there were 4044 drug addicts registered, it is estimated that actual number of people dependant on drugs is twice as high. It was mainly multi-drug users who had been registered. They use mainly crack (before heroin, cocaine, amphetamine and *ecstasy*). The beginning of 90's saw the lowering of the death rate associated with using drugs. (1990: n=147, 2002: n=28).

In the recent period it was noticed the emergence of new group of drug users and drug dealers their members very often additionally abuse alcohol – so called *Russlanddeutsch* – emigrants of German descent coming from old communist block.

Stockholm

Concern about problems associated with dependency was always a characteristic trait of social policy in Sweden, and Swedish drug policy is considered to be one of the most rigorous in Europe. With regard to alcohol Sweden liberalized significantly its policy after European Union accession what resulted in increased consumption.

Traditionally, the funding allocated to help and treat people experiencing problems associated with using psychoactive substances was higher than in other countries but starting from 1990 this expenditure is gradually reduced. It results in increased visibility of these problems.

Warsaw

In Warsaw the visibility of such social problems as drug addiction or alcoholism is relatively high. In 2002 the most important problems in Warsaw were unemployment, crimes against company assets, common offences and also violence and aggression in the streets. Drug problems ranked fifth, whereas alcoholism – eighth (Sierosławski 2002). In the opinion of 64% of adult citizens of Warsaw a drug addict is first and foremost an ill person, 15.6% -

that he is an unhappy person, 5.7% chose qualification "an adventurer, a sponger". As a result 75.5% opine they should be treated, 14.9% first of all would provide care for them, would help them, whereas 5.9% claim the addicts should be held incommunicado.

Objective access, opportunity structure

Bern

The city restricts the possibility of smoking tobacco in public places. Only 3.5 citizens out of 1000 use cannabis derivatives. One can note a progressive normalization of these behaviours. The research on prevalence of gambling was also conducted. The percentage of "problem" gamblers equals 2.2%, whereas "compulsive" gamblers – 0.8%. Accessibility of fruit machines in Bern is high in comparison with other cantons that placed o ban on using fruit machines in pubs and restaurants. Besides, in July 2002 they opened there a casino (one of the seven in Switzerland)

Frankfurt

The results of ESPAD study indicate a considerable prevalence of cannabis use – 52% of young people used cannabis or hashish at least once in their life, and 21% in the last month. The increase of alcohol consumption was also noted, related especially to the popularity of *alcopops*. As a result the government changed its tax policy, but so far there are no study results that would demonstrate the effects of that move. There is also an increasing number of restrictions on smoking tobacco in public places (in utilities, the tube, headquarters of large companies, etc.) The question of gambling dependence was not included in the public debate on dependency.

Stockholm

During last 15 years the alcohol consumption in Sweden increased from 7.5 litre of pure alcohol per person in 1990 to about 10 litres now. As the response to the increasing amounts of alcohol being shipped from neighbouring countries Sweden cut taxes. Apart from that opening hours in places where alcohol can be bought were lengthened. Generally, in the last years alcohol became more easily accessible in Sweden.

Sweden do not distinguishes between soft and hard drugs. Drug possession or use is punishable by 6 months deprivation of liberty. Despite that the number of people who use drugs increases. According to the official statistics Stockholm in populated by about 5,000 people who are dependent on drugs (taken intravenously and/or daily). The research indicates that drug accessibility is high and drug prices are relatively low.

The policy towards smoking tobacco is characterised by preventive campaigns, keeping high taxes, and an increasing number of restrictions on smoking in public places

(from July 2005 it would be prohibited to smoke in all pubs, bars, restaurants etc.) The sum of these actions decides that only every fifth adult smokes cigarettes. On the other hand there is an increased number of snuff users.

Gambling dependency is a growing problem of increasing visibility in Sweden. One of the casinos is located in Stockholm. As a result there is an increasing number of private clinics offering help to dependent people estimated at 300,000.

Warsaw

Nine out of ten adult citizens of Warsaw know such psychoactive substances as cannabis, hashish, heroine or cocaine. 15.5% of them thinks that the accessibility of cannabis derivatives is very high, 7.5% - equals heroine and cocaine accessibility. The percentage of adults aged 18-50 who used drugs any time in their life and during last 12 months is higher than the national average.

In 2002 an average consumption of alcoholic beverages (in litres of 100% alcohol) in Warsaw equalled 4.06 (the national average was 3.67) – for men it was higher– 6.12, for women it equalled 2.18. In Warsaw the percentage of people who do not drink alcohol equalled 9.8% (the national average was 15.4%). The percentage of Warsaw citizens from the so-called risk group (yearly consumption above 10 litres of alcohol in case of men and 7.5 litres in case of women) equalled 12% (Poland 9.1%) - among men 16.9%, among women 7.5%.

The most common games of chance in Poland are fruit machines, bingo, roulette, horse racing, and bookmakers' betting services. All these are accessible in Warsaw. The professional help is sought chiefly by people using gambling machines, these are mainly men (Ginowicz 2004).

Local response to addiction problems

Bern

There is a doss house in Bern that also offers meals. S*treet workers'* activities are supported by the church. There are programs providing care for mentally ill and dependent people, also for criminals leaving penal institutions. Twelve institutions offers help in various forms. Additionally there are self-help organizations and preventive and rehabilitation programs.

After police control three out of twenty shops selling hemp products were closed in connection with suspicion that they sell illegal cannabis and hashish. As a result shop owners offering hemp products founded an association striving at formulating a common opinion in

negotiations with the authorities.. The association also collaborates with institutions offering preventive programs.

The situation of groups that are socially marginalized became more precarious. It is connected with the lack of possibility of second treatment and lowered acceptance of their presence in public places. According to new legal regulations the police have the right to disperse groups disturbing the peace. The increasing number of people is placed in psychiatric institutions or penal institutions.

The help for people who try to quit smoking is also available. From the moment of opening the casino there is an increasing demand for creating programs that would help people dependant on gambling. In was noted that there is an increasing number of people who try to obtain that kind of help in other institutions.

Frankfurt

In Frankfurt the system designed to help dependant people – so called *Frankfurter Wag*, that was created at the beginning of 90's, is focused on developing low-threshold programs connected with the prevention of HIV and HCV. Dependant people are also offered various additional help channels (the possibility to earn small sums of money, health care). There are 10 outpatient substitution programs, additionally some patients remains under the supervision of trained general practitioners. In total the methadone is administered to 1,182 people. Substitution programs' statistics indicate that after one year 25% of clients leave the program, after additional five years – 40%. There are also 6 drug clinics focused on younger clients and 4 alcohol clinics.

Stockholm

In Sweden dependent people obtain help within the scope of the social services system. Traditionally it is based mainly on residential units, however the number of outpatient units is gradually increasing. In 2003 Stockholm helped dependent people in various ways: 2,000 people were directed to a doss house, 1,600 people – to outpatient units, 1,700 – to residential units, about 100 – to compulsory medical treatment.

Warsaw

Polish system of dependency treatment can be divided into two relatively independent systems: drug treatment and alcohol treatment. Warsaw treatment offer for people who experience problems with using psychoactive substances seems broad and diversified based on the needs. There are several help lines and tens of outpatient units offering not only treatment (individual or group psychotherapy) but also educational and informational services (consultancy, medical and legal advisory services). The help is extended to children, young

people and adults having problems with using psychoactive substances and also to families of these people.

Some units offer programs on damage reduction: methadone programs, needle and syringe exchange programs, the possibility of analysis of a delivered substance and HIV tests. Several places offer detoxification and short- and long-term residential therapy. People who are dependent of gambling get help in alcohol treatment units. The question of gambling addiction or compulsive shopping is not a part of social debate on dependency.

Communal control policies

Bern

There is an increasing popularity of the repressive policy towards dependant people. There is a dispute on creating a low-threshold program for people dependent on alcohol and also on increasing the activity of street workers within the scope of intervention groups that not only help but also impose penalties. Restrictions on alcohol and tobacco sale are also being introduced.

Frankfurt

Due to the high prevalence of crack among people using drugs in 1999 a program based mainly on street and outreach workers activities. Besides, the institutions that help dependant people try to develop co-operation with the police what resulted in the program *Offensive Sozial-Straßen-Initiative für Prävention* aiming at directing drug users staying in public places to appropriate institutions offering help.

Stockholm

Stockholm also manages drug projects that strengthen co-operation between the social service and the police, especially in districts most burdened with problems, projects that are designed to stop drug dealing and encourage or force dependant people to take advantage of the treatment offer.

Warsaw

Social Policy Bureau (Dependency Division) of the City Hall coordinates many activities initiated by non-government organizations, it also supports a professional treatment network. There is a constant effort to give Warsaw care programs for dependents a comprehensive character. A great store is set by a diagnosis of the phenomenon and good knowledge of city epidemiological situation.

The city controls the number of locations where alcohol is sold. It also runs the Sobering-up Station where in 2002 over 37,000 people were detained, 62% more than in 1993. In the last year the majority of the detained were adult men. People who in 2002 visited the station thrice or more times a year accounted for 18% of all detained, in 1993 this percentage was 5%, i.e. 3.3 times less. It may signify the deepening marginalization of people abusing alcohol. The majority of detained are unemployed.

As to the circumstances of a detainment, in 2002 about 30% of detainments were linked to sleeping on a bench, in the street, etc., 26% – to disturbance of the peace, 24% – to family violence.

Addiction-related reports and critical incidents in the media

Bern

During the period the interviews were conducted there were three preventive campaigns on harmfulness of smoking tobacco, driving vehicles under the influence of alcohol and AIDS prevention.. There were other events that stirred public opinion in that period, such as lowering of permissible amount of alcohol (form 0.8‰ to 0.5‰), a suggestion made by a parliamentary commission concerning liberalization of policy towards cannabis and hashish users, opinion polls concerning politicians' view on decriminalization of hemp products conducted by weekly magazine FACTS and sweeping media discussion about liberalization of policy towards cannabis and hashish.

Frankfurt

Year in, year out, media reports become more reliable and truthful. It seems that in the sphere of drug problems the *modus vivendi* was reached and now media do not try to complicate already difficult situation associated with using and being dependant on psychoactive substances.

Preventive programs are directed mainly to schoolchildren aged 12 to 15 and people applying for a driver's license (the program *Check, wer fährt*). There are also programs of peer education.

Stockholm

Stockholm manages large scale preventive actions. There was a program to keep young people away from alcohol, drugs and crime. The program covered also teachers and parents, to help them deal with these problems. There was also a program to increase restrictions on the sale of alcohol and nicotine products to juveniles. During the period of

liberalization of alcohol policy there was a campaign *Mobilisation against drugs* to tighten Swedish policy towards drugs.

During last years questions of dependency, homelessness or psychiatric problems were a subject of public debate. Also the change of social policy towards alcohol was a subject of interest of the public opinion. Additionally a significant number of acts of violence – both in Stockholm and other cities – done by people experiencing problems associated with dependency or mental problems (including a murder of Ann Lind) drew attention of public opinion to gaps in welfare system. As a result the government promised to increase spending on programs for dependant people and psychiatric help. Additionally, actions associated with homeless drew media attention during the period the study was conducted.

Warsaw

National drug policy

At the end of 2002 the Minster of Finances decided to lower excise duty on spirits. Soon there was a distinct increase in the share of spirit beverages in the overall structure of the alcohol consumption (from 39% in 2002 to 44% in 2003). The largest increase was noted among people who drink the most – over 12 litres of pure alcohol a year. During the year (from June 2002 to June 2003) this population noted over 35% growth (over 1/3).

According to Polish Drug Legislation from 1997 (with October 2000 amendments) even the smallest amount of a drug for one's own use is punishable. The legislative assumption that stood behind that change was an increased efficiency of prosecution of small drug dealers.

Media campaigns

Country-wide preventive and educational campaign "Don't poison yourself" (2003) aimed at drawing attention of young people to not only damages health and social damage of alcohol drinking and cigarette smoking but also to the risk connected with the presence of these substances in every day life and their "chemical nature".

Country-wide social and educational campaign "Alcohol – illicit for juveniles" was to reduce the scope of phenomenon of selling alcohol to juveniles and to change attitude of shop attendants and onlookers to this issue.

Country-wide anti-drug campaign "Drugs - the best not to take" was to draw attention to dangers associated with drugs and to advertise Anti-drug Help Line. It was present in pubs, discotheques and cinemas in the whole country.

Social campaign "Let's talk about AIDS. Past can be dangerous" was to inform about the danger of HIV/AIDS infection and the necessity to conduct HIV test. It encouraged to talk

with a partner about previous sex life and the possible danger of HIV/AIDS infection, it also persuaded to do HIV test.

Comparison of results from Warsaw, Bern, Frankfurt and Stockholm.

As we have already mentioned the respondents were asked to estimate on the percentage basis the chances of natural recovery in general and depending on the type of dependence (if they thought the type of addictive substance or behaviour differentiates those chances). They gave their estimates using a scale from 0 to 100% (0% meant "no chance of natural recovery", and 100% - definitely possible).

The analysis of percentage data shows that respondents from Bern gave the highest estimates (52%) whereas Warsaw respondents – the lowest (34.6%). However detailed analysis of arguments behind those estimates suggests that percentage data doesn't quite reflect the degree of optimism over the phenomenon of natural recoveries. Besides, we got an impression that sometimes respondents gave their answers according to the reversed logic of a question estimating in a sense a degree of "danger" associated with a given substance or behaviour and not always the pollsters have put the record straight.

As a result of these reservations we decided to use the qualitative analysis of data we gathered. As to quantitative data, we would like to present mainly rank order as it seems it illustrates appropriately the perception of individual substances in the cities under study. The results of rank order analysis in respect to respondents' profession also seem interesting.

In the opinion of respondents from all cities heroine dependence is the most difficult to overcome. (7^{th} position on the list). Representatives of media from Bern, Frankfurt and Warsaw gave relatively the highest estimates of these chances. Whereas in Stockholm – representatives of health service.

Respondents from Warsaw and Bern perceive cocaine dependence almost as difficult to overcome as it is in case of heroine. The next most difficult is alcohol dependence. The estimates obtained in Frankfurt and Stockholm indicate that alcoholism as an addiction is more difficult to overcome than cocaine dependence. Again journalists gave relatively the highest estimates, except from Stockholm, where in case of cocaine it was representatives of health service that gave the highest estimates.

Pathological gambling ranks exactly in the middle of the rank order –with the fourth position. It is interesting to note that – taking into account a varied degree of attention given to this problem in individual cities – the problem seems to be more visible in Stockholm and Bern than in Warsaw and Frankfurt.

		GENERAL	CANNABIS	HEROIN	COCAINE	NICOTINE	ALCOHOL	SHOPPING	GAMBLING
BERN	**TOTAL**	**52,0 %**	**2**	**7**	**6**	**1**	**5**	**3**	**4**
	health care	3	5	2	3	4,5	4	4	1
	law and order	5	4	5	4	2	3	1,5	5
	everyday life therapists	1	2	3	2	3	2	3	2
	general population	4	3	4	5	4,5	5	5	3
	media	2	1	1	1	1	1	1,5	4
FRANKFURT	**TOTAL**	**42,7 %**	**2**	**7**	**5**	**1**	**6**	**3**	**4**
	health care	3,5	3	4	3	4	5	4	5
	law and order	3,5	4	3	5	5	2	5	4
	everyday life therapists	5	2	2	4	3	3	2	2
	general population	2	5	5	2	2	4	3	3
	media	1	1	1	1	1	1	1	1
WARSAW	**TOTAL**	**34,6 %**	**3**	**7**	**6**	**2**	**5**	**1**	**4**
	health care	5	5	5	5	4	5	4	5
	law and order	4	3	2	3	5	4	5	3
	everyday life therapists	1	1	4	2	2	3	2	4
	general population	3	4	3	4	1	2	1	1
	media	2	2	1	1	3	1	3	2
STOCKHOLM	**TOTAL**	**43,5 %**	**3**	**7**	**5**	**1**	**6**	**2**	**4**
	health care	2	5	1	1	5	4	4	3
	law and order	3	2	4	3	1	3	2	1
	everyday life therapists	4	4	5	5	4	5	3	5
	general population	5	3	2	4	3	2	5	4
	media	1	1	3	2	2	1	1	2

Table: Ranks given to chances of natural recovery according to substances, cities and professions of respondents (1 means the highest chances).

As regards dependencies that are the easiest to overcome naturally we noted similar rank order in Bern and Frankfurt – smoking tobacco is the easiest to quit, then it is more difficult to wean from smoking cannabis and hashish. Compulsive shopping ranked third on that list.

Warsaw and Stockholm perceives cannabis derivatives dependence as more difficult to overcome, it placed third on the rank list. According to Stockholm respondents nicotine dependence is the easiest to overcome, whereas Warsaw respondents indicated compulsive shopping, nicotine took second position.

In most cases the estimates differed in order rank only by one place. Only in case of compulsive shopping the differences were greater. Probably it is relatively the less visible addiction in a social debate on dependencies, additionally it is not perceived as a real problem after all.

As regards estimates viewed by profession it is among journalists from all cities under study that we noted comparatively high optimism level over natural recovery from dependency, otherwise it is difficult to pinpoint any other tendency. In case of respondents from Warsaw we may assume that relatively low percentage estimates are the result of data gathered among the representatives of the health service – their estimates were the lowest (in the majority of cases) or almost the lowest compared with other professions.

Societal images of natural recovery from addictions – results from Bern, Frankfurt and Stockholm.

Many respondents, when asked about chances to recover naturally from addiction, shaped their replies on the basis of many varied personal or professional contacts with addicts, sometimes even on the basis of results of scientific research **-** *Well, so there is this opinion in addiction research – at least that's what I've heard – that of those people, especially the heroin addicts, about one third manage straight off, about one third have at least one or two relapses, and about one third fail.* (doctor, Bern). Some experiences involved situations in which addicts recovered naturally, other - on the contrary - involved people who were unsuccessful.

Here are two examples:

- *Yes, it's possible, because I know this one case, although it' only a single case, I mean I know various people who are addicted to drugs, who have tried a hundred times, but in this particular case it was hard drugs, heroin… who quit without professional help. And it is someone, who was already thirty, thirty-two or – three, when he started, and then about five years later he quit on his own. Of course you can't extrapolate this, but there is such a case. Besides, it happened about twelve years ago, that means he's been clean for twelve years, so I have to say…* (journalist of liberal newspaper, Bern);

- *Very difficult. I have met a few people, among friends, who crossed their heart they would make it and blah-blah, but it was just talk. It's very difficult, once you fall into it, to get out of that circle. It's totally difficult, from what I've seen. And with therapy, they have really made it, a few of them, and a few are dead, those who haven't done it. There are totally extreme differences.* (hairdresser, Frankfurt).

Also the character of one's occupation and professional contacts with addicts affect the perception of addicts' chances to recover naturally from addiction: *(...) that in the contacts with addicts that I have, and where I notice that a lot of addicts relapse again. Also a lot of addicts come for the first time and say: "I can do it, I can do it," especially if they are jailed and then they want to get out soon and say: "Now I have it under control, I've done a rehab," especially in case of drugs, of course – we have less alcohol – but especially in case of drugs, hard drugs, usually it works for two or three weeks, and then they are back with us with the same problem, that they've just had another down, and with the down all the other things, the side effects have come back, which then in the end have led to police intervention. I must say, they usually see it themselves, too, so when they have noticed two or three times, or had twice or three times the same problem, that they say then: "No, I can't make it on my own, I need help." And for this reason I just think that in most cases, I mean for somebody who is really addicted, it most probably won't work without help. So therefore this low estimate of the self-healing rate, so to say.* (judge, Bern).

Factors affecting chances of addicts to recover naturally from addiction:

- **personality traits:** *Well, addicts... it seems to me it's perhaps... it depends on character features, on personality structure (...)* (policeman, Bern);
- **right motivation:** *It all depends on how motivated you are. Because, if the individual is not motivated I believe the chances to quit is zero, either if it is cigarettes or heroine. Without motivation there will be no change.* (taxi driver, Stockholm);
- **motivation to change and willpower:** *Well... if you have willpower (...) Yeah, if you wanna, then you're gonna make it*. (garbage worker, Frankfurt);
- **stage of addiction:** *I have to say straight off that for me it's obviously a general question how strongly you are dependent on an addiction.* (lawyer, Bern).

However the change does not occur in the social void, the **favourable conditions** that sometimes help addicts are also important: *I think if (...) the circumstances are (...) advantageous, then I consider it possible.* (judge, Frankfurt), and sometimes they aren't: *And the environment, too, is not a good starting point for quitting, I'd say. Nah, work and so on.* (taxi driver, Frankfurt). It is important whether addicts can count on help and support in their environment: *And then there is another thing with the support from family and friends in order to try to come back.* (shop owner, Stockholm).

Respondents differentiated chances of natural recovery on the basis of the type of addiction: *What kinda drugs? There're many... Alcohol? Heroin? LSD? (...) A cigarette is a drug, too.* (garbage worker, Frankfurt).

They used different criteria. And so, when estimating chances of addicts to recover from addiction they differentiate between:

- **legal and illegal drugs:** *Maybe you have a better situation in life if you abuse a legal drug, you are not that exposed. But at the same time, most places serve alcohol and it is rather available in society.* (judge, Stockholm);
- **soft and hard drugs:** *So there's certainly a difference between soft drugs and hard ones, if you want to differentiate between them, I'd say so, yes*. (head of a therapeutic facility for drug addicts, Frankfurt).

Some respondents claimed that not every addiction is a disease: *(...) If you can establish that there is a disease for a person, that the person is sick, then I think that you need help. If you talk about a certain kind if addiction where a disease is established, then you need a cure and you cannot do anything by your self, you need help. I also think that there are many people who fall into the category of addiction when you categorise what addition is, I think that many who are addicted not in the same way are considered as sick.* (lawyer, Stockholm).

There were also people who claimed that **the type of addiction does not affect chances of natural recovery from addiction**:

- *No actually not. If you say that heroine is more addictive than beer, then you look upon the human being as some kind of chemical addictive person. I think that the motives to why people drink are directly crucial to how difficult it is to quit. (...) With gambling, again it is the causes or the motives that determine how difficult it is to quit. It can be harder to stop gambling on horses than quitting heroine, but it all depends on why.* (psychologist, Stockholm);
- *Oh. I don't know if I can answer that, if I am honest. (...) No I think it can be as difficult, that it is more in the head too. Even if you have, the body gets used to it to some level, I do believe that a lot is in your head and I think it can be as hard no matter what you take.* (shop owner, Stockholm);
- *No, because I think that the difference is only in the symptoms they develop. So you can't necessarily tell that someone is addicted to gambling, it's just that one day his account is empty, while with alcohol addiction you are more likely to notice it; if someone sniffs some coke, you won't notice it for a really long time, the malfunction symptoms appear, that is, sometimes those are physical symptoms, and sometimes rather material, which can in turn have physical effects… That's why I would say it's independent of the addiction.* (lawyer, Frankfurt);
- *No. Yeah, because in an addiction the most things happen in the head. The substance, or the activity is independent from that.* (barkeeper, Frankfurt).

Nicotine

Many respondents estimated chances of recovery from addiction on the basis of their personal experiences with nicotine or observations made in their immediate environment: *I have quit.* (80% garbage worker, Stockholm); *Smoking. is rather possible, I guess... the guy over there's been free for a year now! That one! (points to a colleague) He's pretty proud of it!* (70% taxi driver, Frankfurt); *I am one of quite many people, among my friends and acquaintances, who give up smoking, kind of in our age bracket, and actually quite many who do it really without significant assistance from outside.* (50% doctor, Bern).

For some nicotine addiction does not differ at all from cannabis addiction - *For me it's similar to marijuana.* (50% barkeeper, Bern).

Factors conducive to giving up smoking:

- **willingness to quit:** *I am thinking about that nicotine is insanely difficult get reed of, but with the right kind of motivation you can actually make it. (...)* (30% general practitioner, Stockholm), **willpower:** *I believe it's just a matter of willpower. (*90% shop owner, Bern) **or mobilising one's self-healing abilities:** *(...) I mobilised my own self-healing strength, and I made it. But I am someone who I would say seized the right moment.* (50% head of outpatient drug counselling, Bern);
- sometimes the change in life: **new partner** or **pregnancy**: *(...) Well, it depends a lot on for example whether you have a new partner (...) or women who are going to have a child and say: "OK, now I'll give up." (...)* (70% social worker, Bern);
- **health problems** associated with smoking: *And he also notices the effects, let's say a cough, decreasing performance and so on, he notices this about himself and is thinking about it, too. And this is also something that I keep hearing from smokers, (...) "I'm not as good as my friend, I don't have this stamina," or when they keep hearing about the lungs and so on, or when their throat aches, have to hop to the doctor because of angina (...)* (55% judge, Bern), sometimes noted by smokers – decreased **athletic prowess** - *(...) Or those who do sports and have more and more problems.* (70% social worker, Bern), sometimes noted by **a doctor**: *(...) and then the doctor says: "You know, maybe you should smoke less, or not at all"... that they really take it seriously and then they give themselves a push. And that one or the other really makes it then. I mean, because the process itself, the thinking, doesn't get deteriorated by smoking in itself.* (55% judge, Bern);
- **lack of social consequences** helps**:** *(...) it doesn't destroy any social relations, it doesn't have those damaging consequences (...)* (50% head of outpatient alcohol counselling, Bern), so one can count on **support**: *It surely helped, too, that my life situation was stable and positive. (...) Private environment is important, at any rate. That I was being supported, or even forced, by my partner back then, to pull it through. Who always held a*

mirror to my face, or people who sometimes check on you too. But it [was] private support. (50% head of outpatient drug counselling, Bern);

- maybe it is a result of **social campaigns** encouraging to give up smoking: *I mean, especially all those campaigns, how harmful it is, I actually think the smoker himself is responsive to that, you know. It means he realises that, and gives it a thought, too.* (55% judge, Bern) and suitable **books** *(...) I managed with a book… I bought it for myself. "Finally Non-smoker," it was my book.* (50% head of outpatient drug counselling, Bern);
- **treatment offer** is not suitable for all (even in a doctor's opinion) so they give up on their own: *I used to smoke, too. And actually I know our structured treatment program for smokers, and I think I have quit breaking all the rules we have set there. But that's typical. You can never apply something like this to yourself.* (50% doctor, Bern);
- in the opinion of respondents nicotine does not **addict very strongly**: *I think it's a relatively large number, because smoking is harmful but it doesn't attack the brain (...)* (50% head of outpatient alcohol counselling, Bern).

However one has to go through **withdrawal symptoms**; they seem both short-lived and difficult to cope with, hence not all respondents count it as a factor that is conducive to overcoming the addiction: *It is a really short nicotine withdrawal. You can have pain in the legs, in the extremities, but that is short, it's a day or two, and later…*(90% shop owner, Bern).

<u>Factors hindering to giving up smoking:</u>

- **an advanced stage of addiction:** *Since you probably have been smoking for a long time it is often difficult to get out but I think it is easier than the other drugs that you mentioned before.* (50% policeman, Stockholm);
- **high risk of relapse:** *(...) Well, I know more people, but I also know some who stopped, and who then start again anyway.* (30% garbage worker, Bern);
- **gender (it is more difficult for women than men):** *Well, it is even differentiated between men and women, it's said that there should actually be special smoking withdrawal programs for women, because often behaviours related to conflict processing and fighting stress play a special part there, and the risk of relapsing is accordingly higher. Despite all that some people manage to give up smoking without professional help (...)* (head of an outpatient facility for alcohol addicts, Frankfurt);
- **social acceptance – nicotine addiction is an "ordinary addiction":** *(...) If you are talking about ordinary abuse, nicotine, I am stuck with it myself, so.* (30% taxi driver, Stockholm)
- it seems that smokers are more used to **the ritual of smoking** rather than they are addicted to nicotine**:** *It is like my grandfather used to put it, he was a big smoker, and he stopped later. He said that it was like a ritual. First you look for the cigarettes, and then you take one out, put it in the mouth and then put the cigarettes back and then find the lighter, where did I put that again? And in the middle of all this someone very polite comes and*

lights the cigarette for you and then the whole pleasure is destroyed. Then you might as well throw it away. Because it is the thing with coming to the point where you light the cigarette. (...) If you take smoking, it is a lot about having something to keep your hands busy with. (30% taxi driver, Stockholm).

Giving up smoking is not so easy for all, but it is still possible after many attempts, here it is a sample **history of giving up smoking**: *And there's nicotine, I've given up myself, and without professional help too, it worked. But with a book. So it was a sort of professional help, in some sense. (...) I can talk about myself here, and how I did it. I needed some crutches there, but I mobilised my own self-healing strength, and I made it. But I am someone who I would say seized the right moment. The suffering was bad. And the suffering made me wonder at some point: "What do I do now?" And then at first I tried (...) acupuncture, (...) you would consider it as professional help, wouldn't you? (...) But I didn't make it with medicine after all. A year later I had a relapse, on a sailboat, a wonderful situation, I smoked again, and I skid back. Later I managed with a book… I bought it for myself. "Finally Non-smoker," it was my book. I worked through it and it helped me stop. It surely helped, too, that my life situation was stable and positive. (...) Private environment is important, at any rate. That I was being supported, or even forced, by my partner back then, to pull it through. Who always held a mirror to my face, or people who sometimes check on you too. But it [was] private support. (...) And most of all, there's this problem: the probability of relapse is high. It's often the case, it's a pattern, something you know, something people like to fall back on in difficult times.* (50% head of outpatient drug counselling, Bern).

The respondents from Stockholm were also asked about **snuff addiction**. They were divided on that issue - some claimed that chances of giving up are the same as in case of cigarettes - *(...) Snuff? Same as cigarettes.* (50% policeman, Stockholm), others - that snuff addiction is stronger so chances of giving up are a bit smaller - *(...) That is harder to quit. It is a stronger addiction (...)* (80% garbage worker, Stockholm). There were interesting insights into social consent in case of snuff and cigarettes: *(...) Snuff has a lot more nicotine and is more addictive. And you can take snuff everywhere. Today you can not smoke everywhere, but you can actually snuff everywhere, there is nothing that stops you. And it is really more socially accepted to snuff than to smoke which reduce your motivation to quit. (...) No one is complaining.* (30% taxi driver, Stockholm).

However it was one of the respondents from Frankfurt that related his experiences: *I used to snuff, (...) I've managed without any help from outside, and at the first try at that, after 13 years.* (80% judge, Frankfurt) connected with his recovery from snuff addiction. He needed his willpower (*I think it was a question of willpower. It's a decision (...) I wanted to, and from one day to another, and it was hard, that's true, really hard, but I've made it.*), and he could count on support, at least at the beginning - *(...) what helps people a lot in the beginning is the environment, everybody wants to know: "So how is it? You're still not smoking? Oh, great!" But after six months not a soul cares if you smoke or don't smoke!*

Then comes a phase when you struggle again, you know. "It doesn't really matter if I smoke or not, I could just [smoke] *in some situations," when you're under pressure, and you think maybe it'll help, but it means sliding into addiction again. I'm sure the first cigarette would be dangerous for me. (...)* However it was the birth of a child that gave a direct impulse to make that resolution - *For me it was triggered by the birth of my second daughter, there were problems and we were being constantly asked if somebody smoked in our family, and I was the only one who smoked, and so I naturally had a bad conscience, and then I just told myself one day: "That's it, from now on".*

Alcohol

Many respondents started a discussion about **a definition of alcoholism** and the moment when drinking becomes a problem:

- *With alcohol, there it's more about the extent, as a matter of fact, there are addictions, which are branded as such, but which are not so bad. If someone drinks the three beers everyday (or however much, on a regular basis), then he will manage to say suddenly, no more. But someone who is basically high all the time, or drunk, he won't make it. So I think it is fundamental, how you define addiction.* (50% lawyer, Bern);
- *I also think that there are many people who fall into the category of addiction when you categorise what addition is, I think that many who are addicted not in the same way are considered as sick. (...) Only if you read statistics on alcohol addiction I think that many in the ages between 18 and 30 are considered addicted and I think that many of them can help them selves because the line for addiction is drawn where the addiction is not so severe.* (20% lawyer, Stockholm).

Some perceive alcohol addiction as easier to overcome than drug addiction - *I think that it is easier as an individual to get out of it than the drugs you mentioned earlier – cocaine, heroine and amphetamine.* (40% policeman, Stockholm), but there are also voices to the contrary - *I am most pessimistic here. (...) It feels like it is more difficult to quit [then drugs]. The ones who use narcotics more often quit at a certain age or they die. If you see death as a way to get out of it, they have succeeded. Alcohol is present higher up in the ages even though it is very damageable to the health. It can continue for a long time and I guess it shows that it is more difficult to quit.* (35% social worker, Stockholm).

Factors conducive to natural recovery from alcohol dependence:

- **favourable genetic make-up:** *But I have the feeling that alcoholism is classified as a disease now. (...) But if you drink to much and end up in the situation without having the disposition for it then it's probably easier.* (45% journalist of conservative daily paper, Stockholm);
- **willpower:** *(...) I see it first of all as a question of willpower an determination. And I believe that it's actually possible.* (75% taxi driver, Bern);

- **motivation:** *(...) they can help themselves with right motivation and insight about their addiction. Therefore I think that there is a fairly large proportion that can help them selves.* (20% lawyer, Stockholm);
- **self-efficacy:** *(...) kind of remembering „I know I can do it! I can achieve something. (...) I think people who still clearly remember that in professional career a certain willpower is necessary, certain ambition, and it's somehow still there, and can be poked a little.* (20% doctor, Bern);
- **early stages of addiction:** *(...) someone who hasn't been really addicted for a long time yet... he has definitely better chances (...)* (20% drug counsellor, Bern);
- **doctor's advice:** *(...) Well, I know quite a lot of drunks. (...) maybe if the doctor says, "It's not going to work like that anymore, if you go on like this, then you are going to die." There I have seen some who have given up.* (30% social worker, Bern);
- **social support:** *I feel they can help themselves with friends and family members the soonest. And also look to it a little bit, even in a restaurant, they come to me and say: "Don't you give me anything anymore," or "See to it that you don't give me anything anymore." It happens. (...) Mostly family members, but also addicts themselves.* (30% barkeeper, Bern);
- **stable social circumstances:** *So someone who has a good education, who still have a job, who still works. (...) he has definitely better chances than somebody who is already quite disintegrated.* (20% drug counsellor, Bern).

<u>Factors hindering to natural recovery from alcohol dependence:</u>

- **genetic make-up:** *But I have the feeling that alcoholism is classified as a disease now. If you have the disposition for it, as it seems like some people do, then it is obviously more difficult.* (45% journalist of conservative daily paper, Stockholm);
- **difficulty with becoming aware of the problem:** *I think it is very difficult since people are not aware of their problems with alcohol. They think it is part of every day life.* (20% bar keeper, Stockholm);
- **lack of control:** *I also think, I have seen many people who say: "I've had enough," but who still, if there is a full glass around, help themselves to it. And those are people who need some structure, and maybe control, and motivation.* (50% lawyer, Bern);
- **difficulty with overcoming withdrawal symptoms:** *(...) I think that in case of a strong physical addiction, for example to heroin (...) or with a strong alcohol addiction, the withdrawal is just really extreme.* (40% psychologist, Bern);
- **social consent:** *Alcohol is crazy, everybody drinks alcohol and so there's another issue, that it's being neglected, and I think it's an important issue…* (20% head of outpatient alcohol counselling, Bern);
- **legality of alcohol:** *(...) you can drink alcohol legally...That's why it's still difficult. (...) Today some things are forbidden from a societal perspective, but a hundred years ago maybe wouldn't have been seen the same way. I believe that for example alcohol, if it was new today, it would never be allowed. It would probably be considered as a kind of drug*

that is not good for us. Now, it happens to be legal and we have been doing it for so many thousands of years, there has been wine. (25% shop owner, Stockholm);

- **advanced stages of addictions:** *(...) So, I think again that it depends on the damage, the history. But if someone who has been drinking for a long time, he can have damaged his health the same or more, and can't get back on his feet anymore.* (30% head of a therapeutic facility for drug addicts, Frankfurt);
- **community of other drinkers:** *(...) What is maybe more difficult, is the environment you are in. You know. In most cases you are surrounded by people who drink, too, and you should change it as well then. And that makes it difficult.* (30% social worker, Bern);
- **disintegration of social situation:** *(...) Unemployment, divorce, family problems... but the chance, it's not so incredibly great there, when someone boozes so bad, that he really… well, seriously drinks. (...)* (30% policeman, Bern);
- **social exclusion:** *(...) or has been isolated, has been excluded. The chances here are definitely lower (...)* (20% drug counsellor, Bern);
- **risk of relapse:** *(...) those are people, who have tried not only by themselves, but also with treatment, and so on, and they kept relapsing again and again.* (journalist of conservative newspaper, Bern).

Cannabis

Many respondents, when estimating chances of natural recovery from cannabis, related to their own experiences or observations made in their environment:

- *(...) I used to smoke myself (...)I don't find that unproblematic, this marijuana consumption…* (100% head of outpatient alcohol counselling, Bern);
- *I have smoked myself! What do you think, what do you think, who smokes! I'd count in half of the politicians – at a certain age!* (90% taxi driver, Frankfurt);
- *I haven't been in contact really with it but I know people who have been doing it and who manage to quit on there own. And that is more of, as I have understood it, a state of mind when you smoke it, so to speak*. (75% taxi driver, Stockholm).

Some respondents claimed that cannabis smoking might lead to using other, more dangerous substances: *(...) it is an entrance to other kinds of abuse (...)* (garbage worker, Stockholm); *It often leads to other drugs, are my experiences that you want to try something else.* (20% general practitioner, Stockholm).

There were also some respondents who questioned the very fact of cannabis addiction: *Marijuana is not an addiction!* (90% taxi driver, Frankfurt).

Hence, in the opinion of some respondents it is easier to give up cannabis than hard drugs: *I think marijuana is not such a strong addiction that you wouldn't have enough clear moments, when you can ask yourself if you really want it. So I think, at least half will make it without professional help.* (50% lawyer, Bern). That substance was also compared to nicotine

- and according to some respondents it is more difficult to give up smoking cannabis than cigarettes: *It sure is a stronger addiction than smoking but I think it would be quite possible to make it.* (100% taxi driver, Bern), in the opinion of others chances are the same: *I'd rate it almost like cigarette addiction, actually (for me), this is almost the same thing. (...) Either you want to, then you can, or otherwise you can't. (...)* (50% barkeeper, Bern).

Factors conducive to natural recovery from addiction to cannabis:

- **it does not addict physically:** *(...) it's not physical dependency, but rather it's more of a habit (...)* (80% journalist of conservative newspaper, Bern);
- **maturing-out:** *(...) marijuana is the people's drug, is the drug of young people (...) the vast majority of people make it and then it's not quitting but entering another life stage. Quitting is either not necessary, because it fits into their life-concept (...)* (100% head of outpatient alcohol counselling, Bern), *I think it's a matter of age, too. (...) and maybe with age they will maybe get a different understanding of their consumption, when they perceive it as bad and dangerous.* (80% head of an outpatient facility for alcohol addicts, Frankfurt), *I think it's a thing you try when you are young and then don't do it anymore. It is not interesting any longer.* (75% garbage worker, Stockholm);
- **change of social environment:** *If think it is all about change of social contacts.* (75% taxi driver, Stockholm);
- **there are no psychiatric problems associated with the use of cannabis:** *If someone hasn't got any additional psychiatric problems because of that, then the probability of making it is quite high.* (80% head of a therapeutic facility for drug addicts, Frankfurt);
- **the possibility of control over the quantity and frequency of use:** *I mean, I think, marijuana is something that (...) you have under control, even if it's physical, if the addiction is there, but still it is something that you can control to some extent.* (50% policeman, Bern);
- **does not lead to social disintegration:** *So, marijuana is not related to many disintegrative phenomena. (...)* (90% psychologist, Bern);
- **lack of treatment:** *(...) actually there are no institutions explicitly for marijuana addicts. There's something missing, and it's also a little neglected, by politics, it seems to me.* (40% social worker, Bern).

Factors hindering natural recovery from addiction to cannabis:

- **problems of adolescence:** *(...) Let's take a 14-year-old, who is in a really difficult life situation, I mean in a stage of development, where everything goes sort of up and down, so-called adolescence, it is an unstable, delicate life stage, and if the environment there, is not really supportive, it can have certain consequences. So, somebody like that, will surely need* [professional] *support.* (40%, head of outpatient drug counselling, Bern);

- **highly addictive substance:** *My experience is that abuse of cannabis is strongly addictive. From the experiences I have from my patients.* (20% general practitioner, Stockholm);
- **advanced stage of addiction:** *So if someone smokes a lot, it's a bit difficult. (...)* (40% social worker, Bern);
- **negative social consequences:** *(...) And has also really big consequences for their social situation. For work, environment…* (40% social worker, Bern).

Heroin

The respondents evoked their own experiences with drug addicts they knew - both positive: *(...) I know two people* [who naturally recovered from heroin]. (15% doctor, Bern), and negative experiences: *(...) I keep seeing the same people all the time… Heroin addicts. I used to work downtown, jobs here and there. It was totally gross, I mean what I saw (there), syringes lying around, and always the same people, lying around half-dead… and I think you can't help them at all.* (10% barkeeper, Bern).

One respondent emphasised that in his opinion there is a difference between addicts who take heroin intravenously and those who inhale it: *But in case of heroin I would differentiate between people who inject, who snuff, or smoke.* (30% judge, Frankfurt).

Factors conducive to recovery from heroin dependence:

- **willpower:** *(...) someone who...having a personality structure, having a certain ability to pull yourself together. Like willpower. Really wanting it.* (20% head of outpatient drug counselling, Bern);
- **work:** *(...) someone who has a job that motivates him (...)* (20% head of outpatient drug counselling, Bern);
- **social support:** *(...) I mean, supportive environment, positive circumstances, (...) and then, if you manage on your own to do a withdrawal, so it is a 20 percent possibility, or chance.* (20% head of outpatient drug counselling, Bern);
- **controlled use:** *(...) there are some people, though, who have obviously been taking it for years but have it under control. They would probably have a chance of quitting.* (liberal journalist, Bern); *There are people who are addicted to heroin, for whom it's enough to [take] from time to time, you know, or for whom a relatively small daily dose is enough.* (30% judge, Frankfurt).

Factors hindering recovery from heroin dependence:

- **strong addiction:** *(...) I keep hearing from a chemist that it is strongly addictive.* (25% judge, Bern); *It is very addictive, so once your are stuck in it, I believe that it is very difficult to quit on your own.* (20% garbage worker, Stockholm); *(...) The drug is so*

strong, and it goes into such areas, which make it impossible to quit, affects brain areas, the immune system. (10% head of an outpatient facility for alcohol addicts, Frankfurt);

- **difficulties in overcoming withdrawal symptoms:** *(...) No, because you have to go through withdrawal with that, and alone, without therapeutic help or something like that, I don't think that a very, very small part can make it.* (10% shop owner, Bern);
- **risk of relapse:** *(...) I can only talk about people who I know more or less, and it worked out quite bad, and most of all, the majority later relapsed again. (...)* (60% journalist of liberal newspaper, Bern);
- **advanced stages of addictions:** *(...) Of course it depends on the quantity and on the period in which it is consumed, that's for sure.* (30% judge, Frankfurt); *With people who are into it for a long period of time (...) the longer you are stock in addiction, the less integration is left there.* (20% drug counsellor, Bern);
- **disintegration of social circumstances:** *Because the drug* [makes] *really difficult to get out from. Like heroine can in many cases involve lack of job or home. (...)* (20% policeman, Stockholm); *But the environment is the key [factor]. They usually keep moving in the same circles, mostly they have no family support, because they've been rejected, you know.* (0% policeman, Bern);
- **inadequate state policy:** *And for me the biggest problem is that the state removes from them any responsibility for themselves. You create drug centres, give it to them, they have a place to eat, they have an environment – a negative environment – they get food, they get drugs. They don't have to take any responsibility for themselves, because they get everything.* (0% policeman, Bern).

Cocaine

One respondent admitted using cocaine: *Well, I know a lot of people, I get to see a lot and so I can judge that, and, like I said, the first time around I was there, too! But I gave up smoking and, uhm… 24 years… and to smoke it without tobacco, that's bad! It tastes bad!* (40% taxi driver, Frankfurt).

Due to specific properties of cocaine, and more precisely, due to characteristics of people using cocaine, despite all similarities to heroin, it is slightly easier to overcome cocaine addiction: *I think it is a bit easier than heroine is but I don't think it is much easier.* (20% taxi driver, Stockholm).

Some respondents associate cocaine with the elite, the upper class, very often with public figures, people who live under great pressure: *Cocaine… this is the drug of those noble… So cocaine… to get out of that, that is… it's just like a dessert, it's something perfect, cocaine.* (30% hairdresser, Bern); *(...) I don't know how exclusive it is today, but back then not every other guy took it, it was elite, yeah, an exclusive drug, and exclusive people, the rich and the beautiful, used to take it. And most of all, what gets promoted, values are promoted that are important in our society: being cool, high performance, being above it all…* (20%

head of outpatient alcohol counselling, Bern); others comment that cocaine becomes popular in many other circles, especially among young people: *And I mean every age bracket, every professional group. Yes, and more and more young people.* (15% barkeeper, Bern). And still others point to the existence of cross dependency on cocaine and heroin at the same time: *The majority of heroin addicts use cocaine as well.* (15% doctor, Bern).

There were respondents who claimed that treatment is necessary - *Here I am absolutely convinced that it also takes therapeutic measures, yeah. (...)* (20% policeman, Bern), but some claimed that cocaine addicts do not receive treatment - *They don't come here, the pure coke people, they find life too great, they don't come looking for us. They do it differently.* (20% head of outpatient drug counselling, Bern).

Factors conducive to recovery from cocaine dependence:

- **early stage of addiction:** *(...) Like I said, cocaine is one of the most dangerous things, and the self-healing… maybe if you are still at the very beginning and have a good environment, then it's not a problem (...)* (20% head of outpatient alcohol counselling, Bern);
- **more resources and possibilities:** *(...) that is a drug that is used by people that have more settled conditions surrounding them. Maybe they have bigger opportunities, better resources and capability without getting in to the professional. Maybe they have other conditions. There is a different kind of clientele that is using that drug. (...) maybe they have a more stable conditions with work.* (65% social worker, Stockholm);
- **mental addiction stronger than physical addiction:** *Uhm, with cocaine it's less physical, well, uhm… it makes you addicted rather psychologically, and I think that's not so easy at all.* (40% judge, Frankfurt);
- **its use doesn't easily incur stigmatisation:** *Of course someone who's addicted to cocaine doesn't necessarily attract attention in public (...)* (40% judge, Frankfurt); *Probably just a little bit higher in the society, you can cover it up better…* (shop owner, Bern);
- **fashion:** *I see it maybe a bit higher..., because it's also this fashionable drug...* (60% head of an outpatient facility for alcohol addicts, Frankfurt);
- **party abuse:** *I am thinking when you say cocaine I associates to more a kind of party abuse. Somewhere maybe I am mistaken but I believe that they somewhere has an ability to easier quitting from there party abuse. (...)* (40% general practitioner, Stockholm);
- **change of social environment:** *(...) I can very well imagine that it could be possible in a different environment. That you change your environment and are no longer so much in the public eye.* (60% head of an outpatient facility for alcohol addicts, Frankfurt).

Factors hindering recovery from cocaine dependence:

- **strong addiction (like heroin):** *And cocaine addiction, I would see it again the same as heroin, as strongly psychologically and physically, I suppose…* (10% lawyer, Bern);
- **ritual of using and searching for cocaine:** *I think they need this ritual of getting stuff....(Going out) in the street, looking around, here and there, and going in.* (15% doctor, Bern);
- **gives illusory sense of safety:** *(...) it gives you security, that is the problem, there's this threat of unemployment and general world situation, I'm great and nothing else matter, my brain is happy (...)* (20% alcohol counsellor, Bern);
- **trivialised problem:** *I know some people there, too, I can speak from experience: the people I know don't think it's bad at all, cocaine, in certain circles it's just a part of life, I mean, it is simply being trivialised, I don't know a single person who says, he would like to give up coke, I don't know how difficult quitting would be.* (60% journalist of liberal newspaper, Bern);
- **possibility to hide an addiction:** *I think also the distribution channels, it's not actually intended to be somehow distributed by drug dealers in the woods, but rather in a way it's sort of a noble drug, an elite drug, so of course it is dealt with in different circles. So that somehow later you...You can hide it longer, just like alcohol. You can pursue this addiction in hiding easier than in case of heroin addict. And so I imagine that's why giving up is more difficult.* (10% judge, Bern);
- **advanced stage of addiction:** *(...) if it's more advanced, it's practically impossible.* (20% head of outpatient alcohol counselling, Bern);
- **negative social consequences:** *And it actually doesn't stop until there is some sort of a collapse. Lose your job, have debts, are mentally and otherwise actually ruined by the stuff.* (20% social worker, Bern).

Gambling

Speaking of **factors conducive to recovery from gambling** the respondents listed:

- **willpower and lack of physical addiction**: *Everything that happens in your head. (...) Shopping or gambling happens only in your head, you can re-program yourself if you want to (...)* (65% shop owner, Frankfurt);
- **socially acceptable image:** *(...) and a gambler is not as noticed in the same way. If you are an addict, somebody usually notices you. Maybe a policeman (...)* (40% social worker, Stockholm);
- **stable social circumstances:** *(...) the addictive gamblers and shoppers have their feet more steady on the ground. (...) It is possible but I think that a larger proportion have a stable life of those with gambling or shopping addictions.* (55% policeman, Stockholm);
- **lack of treatment:** *With gambling I'd say it's like compulsive shopping, but still I'm sure there are very hard cases, when it's really not so easy. (...) Yes, you can put it that way,*

that the less help there is out there, the more people have to rely on themselves to heal. (80% psychologist, Bern);

- **family pressure:** *(...) I know somebody who's had that, and then he simply quit. (...) because there was a lot of pressure from the family, you know. But what kind of solutions they have devised, I don't know. Maybe they have just budgeted his money, given him pocket money.* (40% social worker, Bern);
- **getting a casino ban:** *(...) They are the last to leave, and come back at midday, they are the first. (...) Not knowing, they have got themselves a ban, or their family members; they have done it. But the way it works, in a casino, they are not allowed inside anymore. (...)* (30% barkeeper, Bern);
- **other repression:** *(...) I don't know anybody who has been healed. Or* [it was] *simply enforced, because they've had everything blocked. I mean the bank account has been blocked, no new cards have been issued ... (...) It worked. Because then can't do anything anymore. And it goes through the police then, it does, who have a court injunction, you know. (...)* (30% barkeeper, Bern).

Stagnating in addiction until running out of all money - for some respondents it is a factor that aids, for others - that hinders recovery from addiction: *(...) gambling could obviously become an addiction. (...) As long as you have money I think it's difficult to quit gambling if you are caught by it.* (60 % journalist of conservative daily paper, Stockholm); *I think the question is, when do you start admitting to yourself that you're addicted to something like that? And I think that* [people] *admit it probably only when they've gotten into a financial bottleneck.* (25% doctor, Bern).

On the other hand the respondents listed several **factors hindering recovery from gambling** and breaking away from the vicious circle:

- **lack of public debate:** *(...) I think that about compulsive gambling and shopping… people don't talk about it, in society. It's not really a subject of discussion, is it?* (25% doctor, Bern);
- **the knowledge of how to recover from the addiction is not a public knowledge:** *For gambling there is not so much help. (...) Maybe people do not know how to do it or how to be treated since it is so unusual. (...)* (40% social worker, Stockholm);
- **availability of gambling:** *It is so easily available. (...) It is everywhere around you, it is probably hard to quit* (50% garbage worker, Stockholm);
- **loneliness:** *But I do believe that in all addictions you are very alone with it and that makes it very hard. Especially with gambling.* (50% garbage worker, Stockholm);
- **addiction that may take control over one's life:** *I think that gambling has an ability to completely take over your life and your thinking.* (25% lawyer, Stockholm);
- **disintegration of social circumstances:** *There are people who destroy both there own and other peoples whole lives because of this. (...)* (30% taxi driver, Stockholm);

- **genetic make-up:** *It is kind of in the same gene, I believe. (...) Well, the same, the same need to satisfy, yes, I mean there are certain, one hereditary component in this for sure.* (10% general practitioner, Stockholm);
- **high risk of relapse:** *I have met a lot of people who've embezzled millions, back then you had to go abroad… (...) They stopped going (to the casino) for maybe two or three months, but as soon as there was some money, they went again.* (10% journalist of liberal newspaper, Bern);
- **a vicious circle:** *Well, I mean, Dostoyevsky was also a gambler, so I think it is an old issue, which has been dealt with for years. I can imagine that you virtually never get out of it. Because I think that it has something to do with the attitude toward life, your own approach to life, and how you want to go through life. (...) I think that especially in case of gambling, this covers all life arrangements somehow. Your private life arrangements. (...) That every gambler at some point tells himself: "And some time the ball will roll into the right place for me too," you know. And all the systems they design, and probability calculations, everybody has his own system and believes in it… well, I think it's difficult to give it up without help…* (0% judge, Bern).

Compulsive shopping

First of all many respondents **do not treat this phenomenon as an addiction**:

- *Shopping shouldn't be so hard. (...) It's actually strange that I am rating shopping that low but maybe I don't see it like an addiction (...)* (85% journalist of conservative daily paper, Stockholm);
- *(...) So, I can't even imagine that it's an addiction! I have to say honestly.(...) I have to say… now it seems to me, you should actually be able to give it up easily. (...)* (60% barkeeper, Bern);

claiming, for example, that we all are a little addicted to shopping:

- *Well, I know what I am like when I am sad, I go and buy myself a sweater or something (laugh).* (60% alcohol director, Stockholm);
- *well, everybody is a little addicted to shopping. Even I am, like I have those phases, when I… (...)* (50% hairdresser, Bern).

The respondents estimate chances of natural recovery from compulsive shopping similarly as in case of gambling and nicotine - *(...) I suppose that on the one hand there are certain resources, but now I would* [rate] *it probably like smoking, no, a bit lower.* (40% head of outpatient alcohol counselling, Bern).

In their opinion the problem affects above all specific social groups, in this case: wealthy women - *(...) Me personally would never end up in a shopping addiction since I do not have the economic possibility. But the ladies from the rich parts of this city, I cannot imagine their amount of money.* (80% bar keeper, Stockholm).

Factors conducive to natural recovery from compulsive shopping:

- **lack of physical symptoms:** *Shopping or gambling happens only in your head, you can re-program yourself if you want to, or focus on something else, but there are no physical symptoms to remind you of the addiction, like with cocaine or heroin, or things like that.* (65% shop owner, Frankfurt);
- **is does not incur health problems:** *I just think that with all the other addictions on the list, in the end your health is affected (...). Every body realises this at some stage. Unlike compulsive shopping, which doesn't cause damages to your health.* (25% doctor, Bern);
- **willpower:** *Well... if you have willpower, then perhaps you have a chance of quitting alcohol and cigarettes on your own, compulsive shopping and gambling perhaps too. But with those chemical drugs, or synthetic drugs, I see that you rather need to get help.* (50% garbage worker, Frankfurt);
- **re-evaluation of one's life:** *It's a question of setting priorities in your life. Compulsive shopping means the priority of material things, maybe it's even a matter of age, or the question of what kind of social circumstances you are currently in, so maybe being down, or a divorce, or so, and you say: "It is a different kind of consolation, with material goods." But I can also imagine that those values shift again.* (90% lawyer, Bern);
- **change of family situation:** *You could give it up, too, maybe a bit more easily than some other addictions, if the family environment, if the relationship could maybe develop differently, uhm…* (40% head of an outpatient facility for alcohol addicts, Frankfurt);
- **quick detection of the problem:** *(...) it's probably something, which becomes evident right away, because at some point the piles of debt tower above your head.* (social worker, Bern);
- **repression:** *(...) If you get the pressure, that you either stop shopping, or you get assistance, or even a guardian. So I believe that some repression can do much more there.* (25% doctor, Bern);
- the respondents view the fact of **running out of money** as an aiding factor: *Like, you can get out of compulsive shopping when your money is gone, when you've made that experience.* (100% hairdresser, Frankfurt).

Factors hindering natural recovery from compulsive shopping:

- **personal problems – dependency as a symptom -** *(...) Well, that's probably quite difficult (...) Well, it seems somehow to be a psychological problem that they [seek] compensation, that's it. Also concealed compensation.* (75% taxi driver, Bern)
- **marketing campaigns:** *I'm sure that it's going to be one of our biggest problems. Because… I can see it already with my daughter (16), for her it's obvious that you have a Natel [mobile phone], she has to… I told her quite clearly what the limits are. (...) The industry that is interested in teenagers becoming customers… from little on with Natel, with trendy jewellery, trendy clothes (...)* (20% policeman, Bern)

- **bad example of parents:** *(...) The industry (...) – one of the biggest problems. Because the parents don't counter this and they give the children a bad example.* (20% policeman, Bern)

Factors hindering natural recovery from addiction

Social factors

Disintegration of social circumstances (lack of resources and social capital)

- **lack of social network (family and friends), lack of social support:** *If someone, on account of his social relations, his environment, is not supported, doesn't feel supported, has no network of social relations that could carry him.* (head of outpatient drug counselling, Bern);
- **lack of job and education:** *(...) and then it still depends on what you can fall back on, financial resources are obvious, so if you have no job, unemployed for nine years, divorced, living in the attic miracles happen but I think the self-healing chance is small there (...)* (head of outpatient alcohol counselling, Bern);
- **community of other addicts:** *(...) So, external factors would definitely be certain social surroundings. So, in a marriage, when the partner smokes. That is definitely a hindering factor. The same with alcoholics. I mean when they are in a social environment where people drink, then it's much more difficult. And I think that in the case of harder drugs it's anyway so, that at the moment when they start to detach themselves from society, they move in… I mean this detachment... then they just move mostly in a milieu where they are among their kind.* (doctor, Bern).

Self-change unfriendly societal climate

- **lack of belief that it is possible - treatment is necessary:** *I think the main obstacle is when you feel that it won't work, or that it's also a popular belief: "Look, once you are hooked, you will never get out of it," that kind of crap. (...) What bothers me is that many people have this opinion, that it requires professional help.* (head of outpatient alcohol counselling, Bern); *You know, when somebody comes to my office and says: "I have decided now, I'll quit taking heroin," that then in most cases the first thing I would also probably, I mean in most cases, the first thing I feel would be scepticism and astonishment. And the other person sees that at once, you know. It's not actually positive support, but rather questioning.* (doctor, Bern);
- **no response from an environment:** *I think, it is very hard. The society to make a change of the people around you, the ones you spend time with. Where people are more observant and can point at problems. At the same time it is very hard for a friend or close*

acquaintance to just say to someone that you have a problem, you have to quit. (taxi driver, Stockholm);

- **criminalisation:** *And than the help you get from the people around you off course, how you can be supported, in the process of quitting. Because it brings along other issues too, some abuse do lead to criminality since you have to finance it somehow, so you have a lot that you have to get away from.* (garbage worker, Stockholm);
- **high availability of substances:** *(...) And also the access to drugs.* (journalist of liberal daily paper, Stockholm);
- **active interest groups (drug business, tobacco and alcohol industry):** *One crucial aspect with both legal and illegal drugs is the profit, people who gain from drug trafficking, or shopping. If there wasn't this economical interest there wouldn't be a market for it.* (director of a drug treatment program, Stockholm).

Stereotypes and stigmatisation

- **perceiving addiction in moral terms:** *Even if it is legally classified as an disease, I don't think that is how it is seen as among most people. More of; it is your own fault, kind of.* (shop owner, Stockholm);
- **social visibility affects first of all marginalized people:** *(...) Because most people who abuse something are not the ones sitting on a parkbench, fighting over a bottle of Vino Tinto. They are in every class in the society. There are directors who can't go to work without drinking a whole bottle first. And there are housewives who take a glass of Gin every now and then. Just to make the time pass faster or for put up with everything.* (40% taxi driver, Stockholm);
- **being an addict stigmatises for the whole life:** *You could actually say that about all addicts: once an addict, always an addict. You either use, or you let it go. It's as if you were brandmarked.* (head of outpatient drug counselling, Bern);
- **addicted are not given a chance:** *(...) If you don't give an addicted person a chance, if he gets always thrown back on his own history then he can't simply shut it out. And he shouldn't, either. (...) I think the stigma that happens anyway, the social [one], that is something that can be an obstacle.* (head of outpatient drug counselling, Bern);
- **not everybody fit a stereotypical description of an addict***: I think that there's a large number of self-healers* [among gamblers]. *Mostly because of the type of person, because of the addict himself, who's trying to be inconspicuous, that's why they look like business people, not dirty, just not to attract attention, always very correct (...)* (60% head of outpatient alcohol counselling, Bern);
- **stigmatisation handicaps an employment possibilities:** *(...) Prejudices are so big, that people who are addicted can't work, they are not in a position to be independent.* (social worker, Frankfurt);
- **stigmatisation as a result of criminalisation:** A large hindering factor is the illegality of many addictions, or the stigma that's placed on it. (barkeeper, Frankfurt).

Individual factors

Lack of abilities to cope with problems on one's own

- **lack of personality predisposition:** *Well, low self-confidence (...) I think it basically depends on how the person is structured (...)* (shop owner, Frankfurt);
- **shame / difficulty with confessing to an addiction - a weakness:** *(...) I have feeling that most people have a problem (...) talking about it* (barkeeper, Bern);
- **fear of returning to the other side:** *(...) Maybe you are afraid of getting out if it and get problems in other areas instead. Maybe you are afraid of the other world that you have not been familiar with for several years. It depends on what king of addiction it is. It does not concern smoking or snuffing but only alcohol and narcotics.* (social worker, Stockholm);
- **lack of knowledge of how to do it, no alternatives:** One barrier may be that you do not know how to quit. (social worker, Stockholm); *Well, first of all I'd say that I believe using drugs is always a strategy to reach a certain goal. And, a major obstacle, if you have no alternative strategy, yeah.* (head of a therapeutic facility for drug addicts, Frankfurt);
- **difficulties with introducing new daily routine:** *Of course it is… maybe much of it is a habit. I mean, all people need… at least many people need a certain daily routine. Good, probably a part of it is also when you drink some coffee, when you drink a beer, and when you smoke a cigarette, and so on. But you have to try, probably, to somehow overcome those structures, those daily routines, deliberately.* (journalist of conservative newspaper, Bern).

Lack of possibilities of auto-therapy

- **lack of insight:** *That people lack insight into their abuse I think is the absolutely most important barrier.* (lawyer, Stockholm);
- **no insight in the causes of addiction:** *Not doing anything about the causes to why people are drinking.* (psychologist, Stockholm);
- **lack of motivation:** *First of all lack of motivation.* (policeman, Frankfurt);
- **health problems:** *(...) Uhm, but also that it depends on (...) how many additional health (...) damages you have suffered because of that. If someone is HIV-positive or has been repeatedly psychiatrically diagnosed, then it becomes very, very difficult.* (head of a therapeutic facility for drug addicts, Frankfurt).

Substance-related factors

- **hereditary of dependence:** *Especially in vulnerable families that might have a hereditary predisposition for abuse.* (general practitioner, Stockholm);
- **type of addiction/properties of a given substance:** *It depends on what kind of addiction they have. That is where the barriers appear.* (...) (bar keeper, Stockholm);

- **benefits from addiction:** *You are addicted to something that, at least at the moment, improves the current situation. I mean, somehow at that moment… if you are unhappy, maybe it makes you happy again, or lets you forget, and so on, and… (...) And that is probably the main reason why you keep [coming] back, if at the moment you feel so bad again, or you have a bad mood, or so, then you just get…* (journalist of conservative newspaper, Bern);
- **problems with overcoming withdrawal symptoms on one's own:** *I suppose, if I think of heroin, or other hard drugs, when you withdraw, it must be very hard, this is definitely probably one of the reasons… if you have the worst toothaches for 48 hours, then you do something about it, and I suppose that it nearly kills heroin addicts, when they don't have the stuff…* (journalist of liberal newspaper, Bern);
- **problems with overcoming the alcohol/drug craving on one's own:** *(...) and also the actual physical and psychological part of the abuse. The crave for the drug to sum it up.* (journalist of liberal daily paper, Stockholm);
- **denial of the existence of the problem (for oneself and for others):** *First to make people realise that they have an abuse problem, that is the first thing, and that might be anything from shopping to heroine to gambling. (...) Yes, because it is a taboo today, with alcohol, a lot of times you hide an abuse both for acquaintances and friends, and maybe at some point also for yourself.* (taxi driver, Stockholm);
- **risk of relapse:** *I think that if you try alone, or just with friends, then the danger of relapse is too high, because what has triggered the addiction hasn't been processed enough to make you really, resistant to it.* (lawyer, Frankfurt);
- **advanced stages of addiction:** *(...) and the history of addiction. The longer someone is really down there, the worse the perspective, that's for sure.* (head of outpatient drug counselling, Bern).

Factors improving chances for natural recovery from addictions

- **previous treatment experiences:** *It's also a matter of when you give up... of course there is also self-healing in the sense that people first use professional help unsuccessfully, but then later quit through a self-healing process. Maybe they actually profit from those earlier experiences in a professional context, or from some learning processes that took place there, that's possible. In the biography project there is a whole such group, they had professional help but consider themselves self-healers. And that is also a question. To what extent is this self-change;* (psychologist, Bern);
- **low availability of treatment**: *Yes, you can put it that way, that the less help there is out there, the more people have to rely on themselves to heal.* (psychologist, Bern);
- **pressure from the environemnt:** *It probably depends on how much push you have from the people in the surroundings that can also contribute to whether you can make it.* (garbage worker, Stockholm);
- **counteracting social exclusion:** *Well, maybe through a more open approach to this subject, without demonising it. I mean smoking pot is still being demonised and*

criminalised, and that's somehow wrong, when you're a part of a fringe group, or you're forced into a fringe group, then of course you can't deal with it openly, or start a self-help group, and I mean something that will be acknowledged, and not looked upon. (shop owner, Frankfurt)

- **social climate:** *(...) It's about the climate in society and how people treat each other. If you are open with your problems and meet with understanding for people with problems, it's still on the individuals level.* (judge, Stockholm);*(...) So, some kind of bigger understanding in the society for these kinds of persons that has problems. That would make it easier I think. One maybe would dare to take some kind of step. Because you can see it and it is there and somewhere I guess you are aware of it anyway. I think that in that case it would be easier to recover. (...)* (shop owner, Stockholm);
- **support from family, friends and colleagues:** *Friends are important, as a shoulder to lean on during the whole process, to say: "Listen, you'll make it.* (lawyer, Frankfurt); *But it just takes a lot of time… first of all, time, and family – people who stand by you, who you can rely on. It can be the family, it can be friends… it could be you, it could be me (...)* (hairdresser, Bern); *I can imagine that for example in work environment you definitely could… so I suppose I had somebody here, an employee who I know is an alcoholic, and he wants to give up, then I would definitely look… I mean, first of all support, you know… (...) So absolutely not exclude, and try to integrate as much as you can, you know.(...)* (shop owner, Bern);
- **knowing somebody who recovered from addiction naturally**: *And then of course you need someone from outside, who either has already quit, or who has experience and can help. (...) someone who used to be addicted to alcohol, and who tells you how he quit, and who also tells you how he started.* (hairdresser, Bern);
- **taking full responsibility for one's life:** *By... sure, it's connected to... imposing on those people responsibility for themselves. (...) You say, you have a therapy group here, a therapy group there, you get on your knees, pat on the head and say: "Yes, we know, you have gone so far, because it's our fault, the society and so on," I mean, this goes down like honey, you know.* (policeman, Bern);
- **becoming aware of benefits from recovery from addiction:** *I think that someone who has realised that through giving up, through distancing himself from addictive behaviour, through attempts to find some alternatives...that he wins something by freeing himself from addiction... someone who realises this, who can act on it, rationally, I think he has quite a high chance of quitting.* (doctor, Bern);
- **change of environment:** *Um, with changing your circle of friends, or maybe a new partner and so on, maybe you can, reorient yourself anew.* (policeman, Frankfurt);
- **take advantage of resources:** *(...) people are essentially capable of devising their own solutions and don't need some psychologists, psychiatrists or other people, for everything, that is certainly the case, it depends on the resources, so to speak, yes. What he can rely on. If he has many friends and is well rooted in society, then, um, he has certainly better chances to become clean on his own (...)* (head of a therapeutic facility for drug addicts, Frankfurt); *(...) So someone who has a good education, who still has a job, who still*

works, who hasn't been really addicted for a long time yet, and is still somehow integrated, has a daily routine, he has definitely better chances than somebody who is already quite disintegrated (...) (head of outpatient drug counselling, Bern); *(...) I think that people who still clearly remember that in a professional career a certain willpower is necessary, certain ambition, and it's somehow still there, and can be poked a little… I think those have a much greater chance than someone who has never really experienced this in his life. So I think perhaps social background and also social position play some part.* (doctor, Bern);

- **change of life conditions:** *(...) it depends on factors which individuals can't influence at all, such as luck for example (...)* (psychologist, Bern); *Without knowing someone personally I hear and read about it in the media and it seems like something extraordinary must happen before you quit using drugs. There must be some important motive and incitement to quit, and even though it is difficult. Some motive could be pregnancy for example.* (journalist of conservative daily paper, Stockholm);
- **social campaigns that would incorporate ideas of a natural recovery or deepen an understanding of the problem:** *Well, one of the possibilities is certainly information, that you… I don't know exactly… show some ways, in newspapers, in books, on the radio, and in TV programs, how people could also quit on their own. Or maybe even in schools, explaining to people that… without necessarily doing individual therapies, but that…* (journalist of conservative newspaper, Bern);
- **informative campaigns:** *An important part would surely be information, generally, what kind of information people get about addictions, what kind of pictures or images people have, I think that it could have an important function. Though absolutely it shouldn't create the impression that it's no problem at all, you can take anything you want and then give it up any time, but maybe a little bit… this image that is presented, those junkies, they are all on the edge, and I can see myself that it's difficult to bring about significant changes.* (head of outpatient alcohol counselling, Bern);
- **self-help materials:** *Maybe you can* [provide] *some guidelines, little aids, so that someone can cope with the problems better, even if they come from the person themselves.* (judge, Frankfurt).

CONCLUSIONS

The first and fundamental conclusion that comes to mind after qualitative analysis of data is that the differences in respondents' opinions on the perception of particular psychoactive substances, compulsive behaviours and barriers hindering natural recovery from addiction are not so evident despite dissimilar social policy solutions to the problem of dependency in the countries under study.

Illicit drugs

Respondents from Bern spoke mainly about chances of recovery from cannabis and hashish addiction. Only they claimed that there is a possibility of controlled, trouble-free using of cannabis. Maybe it is a result of public debate connected with the idea of legalisation of these substances in Switzerland – irrespective of whether they took part in the debate or not, they become well-informed. It is they who compared smoking cannabis with smoking nicotine.

In almost every city (except Warsaw) there were people who admitted they smoked cannabis themselves and that one may naturally grow out of using this substance – in such cases chances of natural recovery from addiction were very high (75%-100%). Only respondents from Stockholm stressed that *cannabis is a gateway leading to other drugs.*

Respondents from all cities under study have in mind a similar picture of heroin – it is a strongly addictive substance giving high risk of relapse and difficult to overcome withdrawal symptoms, a substance leading to marginalisation of addicts. What is surprising – only professionals from Bern and Warsaw – managers of drug treatment units – listed factors conducive to natural recovery from this addiction. It seems that professionals fear heroine less than laymen.

On the other hand two respondents (from Bern and Frankfurt) spoke about the possibility of controlled use of heroine: *There are people who are addicted to heroin, for whom it's enough to* [take] *from time to time, you know, or for whom a relatively small daily dose is enough.* (judge, Frankfurt).

In the majority of cities (Warsaw, Frankfurt, Stockholm) cocaine is associated with fashion, lifestyle of elite and dance culture. It seems that treating cocaine as an elite drug is related to its conventional perception and may also influence trends in fashion. In Bern cocaine become more popular, it is used by people from different age groups, from different social strata, also addicted to heroin. It is confirmed by study results and falling price of this drug in Switzerland. Question about cocaine brought up the issue of stigmatisation and resources available to those who would like to recover from addiction. In the opinion o many respondents it is a drug that addicts as strongly as heroin, however many respondents added

that, despite similarities, it is easier to recover from cocaine than from heroine addiction due to larger social capital of cocaine users and greater social acceptance. Besides they do not come to treatment units. – *They don't come here, the pure coke people, they find life too great, they don't come looking for us. They do it differently.* (head of outpatient drug counselling, Bern).

Legal drugs

Nicotine is treated as "ordinary addiction" – many respondents smoke or smoked cigarettes and know people who quitted smoking. There were also humorist responses: *I'll take my cigarettes, that is an addiction, too. I think I can manage even without professional help… I actually already have, yeah, it may sound stupid, managed a few times.* (policeman, Frankfurt). Despite the obvious contradiction, the statement *that is an addiction too* is very characteristic of many justifications. Respondents from all cities pointed to the fact of experiencing many relapses that is a major hindering factor in the process of recovery from addiction. There are people who after one of the next attempt finally recover from addiction. The vast majority of factors conducive to quitting smoking were listed by respondents from Bern. They related to important life events (a new partner, pregnancy), health (doctor's advice, health problems and decreased athletic prowess), health policy (anti-nicotine campaign, bibliotherapy and lack of treatment programs) – it reminds of Swiss anti-nicotine campaign *Milestones*, with its main principles (Klingemann et al. 2001). Respondents from other cities more often linked the possibility of quitting smoking with the fact of having the right motivation and strong will.

The by-effect of smoking restrictions in public is really striking – of course many people decided to quit smoking but others started using snuff: *(...) Snuff has a lot more nicotine and is more addictive. And you can take snuff everywhere. Today you can not smoke everywhere, but you can actually snuff everywhere, there is nothing that stops you. And it is really more socially accepted to snuff than to smoke which reduce your motivation to quit. (...) No one is complaining.* (taxi driver, Stockholm).

An alcohol – the next legal drug: *(...) Today some things are forbidden from a societal perspective, but a hundred years ago maybe wouldn't have been seen the same way. I believe that for example alcohol, if it was new today, it would never be allowed. It would probably be considered as a kind of drug that is not good for us. Now, it happens to be legal and we have been doing it for so many thousands of years, there has been wine.* (shop owner, Stockholm). The main facet in a discussion about chances of natural recovery from alcohol addiction is the fact *how we define addiction* (lawyer, Bern). In the opinion of some respondents *the line for addiction is drawn where the addiction is not so severe.* (lawyer, Stockholm). Besides, the knowledge about alcohol seems quite good – especially in Sweden and Poland – maybe it is the result of public debate connected with lowering of alcohol prices forced by EU accession, also anti-alcohol campaigns organised in these countries: *(...) I think that the information*

regarding these issues is, at least in Sweden, well developed. (policeman, Stockholm). Only respondents from Warsaw among many factors influencing chances of natural recovery from addiction listed advantages of drinking alcohol – enjoyment, oblivion, escape from problems (lawyer, Warsaw).

Non-chemical addictions

In the opinion of respondents gambling has also a socially acceptable image. Gamblers do not succumb to an addict stereotype, they are able to maintain a stable social situation for a long time. Their environment has no knowledge of addiction. Due to these factors gamblers cling to the addiction until they spend all financial resources, but then it is usually very difficult to recover naturally. Respondents from cities with present public debate on gambling (Bern, Stockholm) listed more factors then others. Some respondents claimed that this addiction is like a spiral with no way out. Respondents from Warsaw pointed out that the only chance is to abandon hope, accept the loss, the defeat - *... that is the problem of a gambler... he still thinks he will win... still hopes he'll recoup his losses...*(manager of drug treatment unit, Warsaw). Besides, they linked gambling with alcohol addiction. Similar description give Polish therapists working with people addicted to gambling (Ginowicz 2004). They call this dependency an isolation disease – gamblers hide their problems, neither establish nor maintain relations with other gamblers, *as far as alcoholics or young drug addicts who go to treatment are sometimes accompanied by families, gamblers by far come alone. (...) The fact of the exclusion from the environment is a consequence that it one of the most difficult to bear* (Sieczkowska 2004).

For a change there are few respondents who treat seriously the possibility of getting addicted to shopping. It is difficult to ascertain unambiguously whether it is a factor that aid or hinders natural recovery from this problem. On the one hand such treatment of compulsive shopping may lead to lack of treatment offer (as in case of nicotine or gambling, what is stressed by respondents) what in turn will increase the probability of independent attempts to fight the addiction, on the other hand, when the problem is diagnoses too late, after manifestation of severe consequences of addiction, it may mean that it is too late. In the opinion of respondent it is women who are more susceptible to this addiction.

Factors hindering the self-change

Respondents listed three groups of factors hindering natural recovery from addiction: factors related to the type of substance one is addicted to, factors connected with personality traits of an addicted person and social factors. Generally the more advanced stage of addiction and greater social disintegration of an individual the lower are chances of natural recovery from addiction. Motivation and determination are essential in the process of a recovery from addiction.

It is emotions that an individual must cope with. Maybe it is emotions connected with dependence that hinder full appreciation of his situation and making a decision to break himself of dependence. Respondents list hindrances on a path of people who try to recover naturally from addiction, they also spoke about shame, uncertainty, fear, despondence and lack of hope.

Lack or exhaustion of resources available to an individual and the pressure from other addicts not to recover from addiction – these were the first and foremost social hindrances listed by the respondents. Besides, social environment inimical to change – high availability of a substance and active interest groups recruiting new users.

Some responses of respondents from Stockholm referred to stereotypes and stigmatisation of addicted functioning in a given society. A negative stereotype of an addict is shaped first by a social visibility of people that are marginalized: *(...) Because most people who abuse something are not the ones sitting on a park bench, fighting over a bottle of Vino Tinto. They are in every class in the society. There are directors who can't go to work without drinking a whole bottle first. And there are housewives who take a glass of Gin every now and then. Just to make the time pass faster or for put up with everything.* (taxi driver, Stockholm). At the same time dependence is still perceived in moral categories: *Even if it is legally classified as an disease, I don't think that is how it is seen as among most people. More of; it is your own fault, kind of.* (shop owner, Stockholm).

Respondents from Bern pointed to difficulties in shaking off the label of an addict: *You could actually say that about all addicts: once an addict, always an addict. You either use, or you let it go. It's as if you were brand marked.* (head of outpatient drug counselling, Bern). It is the reason why addicts are not given a second chance: *(...) If you don't give an addicted person a chance, if he gets always thrown back on his own history then he can't simply shut it out. And he shouldn't, either. (...) I think the stigma that happens anyway, the social [one], that is something that can be an obstacle.* (head of outpatient drug counselling, Bern). As respondents from Stockholm they pointed to the fact that some addicts do not conform to a stereotypical image of a dependent person: *I think that there's a large number of self-healers* [among gamblers]. *Mostly because of the type of person, because of the addict himself, who's trying to be inconspicuous, that's why they look like business people, not dirty, just not to attract attention, always very correct (...)* (head of outpatient alcohol counselling, Bern).

Respondents from Frankfurt also pointed that addicts don't get a second chance: *(...) Prejudices are so big, that people who are addicted can't work, they are not in a position to be independent.* (social worker, Frankfurt). Conviction that one is an addict for a lifetime results in distrust: *Well, I wouldn't employ a drug addict, frankly speaking. Even if he crosses his heart, he won't do anything anymore. I still wouldn't employ him, because I'd be scared to death that it happens again and I won't be able to handle it. And you just don't want to take*

unnecessary burdens. And many people have no jobs. (hairdresser, Frankfurt). The other kind of stigmatisation is connected to criminalisation of drugs.: *A large hindering factor is the illegality of many addictions, or the stigma that's placed on it.* (barkeeper, Frankfurt).

Some respondents pointed to stereotypes circulating in the society, which can impede recovery from addiction. Macho stereotype is one of them - a belief that a man must be strong and should not show weakness: (...) *People do not want to acknowledge their weaknesses (...) problem comes with the gender. It is easier for women than for men to admit weakness (...)* (manager of outpatient alcoholism therapy unit, Warsaw) and a conviction resulting from it that "*a man must drink*" (lawyer, Warsaw). Also a stereotype of an addict: *dirty, being on a fringe of society* (director of alcohol treatment program, Warsaw). (Żulewska-Sak, Dąbrowska 2003).

Factors improving chances for natural recovery from addiction

Some respondents had difficulty naming factors conducive to natural recovery: *Well, I really have no good answer to that.* (general practitioner, Stockholm). It was hard for them to free themselves from the medical paradigm, they spoke about prevention and treatment. It seems that the research induced a deepened reflection on the available treatment offer – respondents spoke about the necessity to create easily accessible programs, tailored to a patient's needs and generally, about creating a positive image of dependency treatment. Previous experiences from treatment can also influence a natural recovery from addiction in the later time (delayed effect)**:** *It's also a matter of when you give up... of course there is also self-healing in the sense that people first use professional help unsuccessfully, but then later quit through a self-healing process. Maybe they actually profit from those earlier experiences in a professional context, or from some learning processes that took place there, that's possible.* (psychologist, Bern). Also the low availability of treatment offers can be conducive to natural recoveries: *Yes, you can put it that way, that the less help there is out there, the more people have to rely on themselves to heal.* (psychologist, Bern).

According to respondents from all cities it is especially important that a dependent person has a support in his environment: *(...) people who stand by you, who you can rely on. It can be the family, it can be friends… it could be you, it could be me (...)* (hairdresser, Bern). A dependent person can also actively search for and activate *self-healing potential* and resources available in his environment: *(...) people are essentially capable of devising their own solutions and don't need some psychologists, psychiatrists or other people, for everything, that is certainly the case, it depends on the resources, so to speak, yes. What he can rely on. If he has many friends and is well rooted in society, then, uhm, he has certainly better chances to become clean on his own (...)* (head of a therapeutic facility for drug addicts, Frankfurt). Sometimes the best solution is to change the environment: *Uhm, with changing*

your circle of friends, or maybe a new partner and so on, maybe you can, reorient yourself anew. (policeman, Frankfurt).

We wrote on Canadian research results (Cunningham 1998) indicating that people are unwilling to share with others their problems associated with dependency, but on the other hand those who recovered naturally from addiction more frequently know other self-healed. Respondents confirm this:: *And then of course you need someone from outside, who either has already quit, or who has experience and can help. (...) someone who used to be addicted to alcohol, and who tells you how he quit, and who also tells you how he started.* (hairdresser, Bern)

Respondents pointed to the necessity of social campaigns that take into account ideas of natural recovery or increasing the understanding of a dependency problem. Some respondents from Stockholm claim that their knowledge of dependencies is good enough and subsequent information campaigns would not avail more than what already was accomplished. At the same time it was they who stressed the need to chance the social climate about dependency: *(...) So, some kind of bigger understanding in the society for these kinds of persons that has problems. That would make it easier I think. One maybe would dare to take some kind of step. Because you can see it and it is there and somewhere I guess you are aware of it anyway. I think that in that case it would be easier to recover. (...)* (shop keeper, Stockholm).

Discussion

Oddly enough it was the representatives of health service that estimated chances of natural recovery from addiction the lowest among Warsaw respondents. Generally it may be due to the fact of the medical aspect of the dependency phenomenon and a specific therapeutic perspective: *After all there are quite a lot of cases that people recovered without any therapy, they gave up drinking. (...) But it doesn't mean they get better. (...) Because it is possible not to drink and still be an alcoholic and be drunk. Not to drink and to be drunk. To think like a drunk. (...) Generally, it's very difficult to regain mental health. That's why these 20%. Because there is a large number of people who don't drink. But how do they function!? How do they become embroiled!* (a director of alcohol treatment program, Warsaw).

Maybe to some degree a discussion about natural recoveries creates the sense of being threatened. On of the Frankfurt representatives of health service upon hearing the information about the aims of the study, had the Dictaphone turned off and asked whether the study didn't lead to cuts in the health sector funding. The interview was resumed only after solemn assurance that it is definitely not the aim of the study.

Klingemann provides yet another possible area of interpretation: *(...) an individualistic perspective implicating more reinforcements and a stronger sense of one's efficiency is*

contrary to remnants of collective perspective associated with the system in which the state took care of its citizens. If these values are the basis of treatment's reaction to the phenomenon of dependency, then it rejects the idea of natural recoveries and its attendant philosophy of stepped care. However in my opinion the structural chances in Polish society associated with the processes of transformation and integration with European Union would probably influence the social policy toward dependency problem (...) and those its elements that threaten social health and by implication lower chances of natural recovery (Żulewska-Sak 2004).

Polish authors present similar views: *(...) the arrogative stance instilled in Poland during the socialist period is a conviction that the responsibility for health rests on national institutions and on the system of formal doctors' services. That type of attitudes comprising not only view on health have been greatly petrified in people's consciousness during last 50 years (...)Dissemination of the auto-creative attitude seems to be a significant change in the view on health. It is associated with the perception that an individual is solely responsible for his lot (...)* (Piątkowski 2002b).

In the study there is a group of respondents who represent the health service, there is also a group of so-called. *everyday-life therapists*, that is people who due to their profession or informal contacts with many people and their problems serve in this study as informants. Hypothesis about the potential auxiliary role of everyday-life therapists in the process of natural recover is also interesting. What is more fascinating they perceive themselves also in these categories: *And of course the state institutions that are there, or which are there especially for this purpose… but for me there are simply too many theorists, who have no practical experience. Those who sit there, there are many, many theorists (...) and they follow pattern X and they forget that there's also the heart. They are "brain-heavy." I've been a hairdresser for 20 years and I talk to my customers… I have a very close relationship to my customers and that's why… there is some experience… Yeah, I... the best thing is about a customer, who used to come every two months to do his hair, and he was in such a phase, when something was definitely wrong. And then came to do his hair nearly every other week, so that he could talk, an exchange… someone listens to you, someone who maybe sometimes offers an impartial opinion, or who says sometimes, "Listen, I would change that, otherwise you'll fall into pieces," or "If you don't do something now, you'll drown," you know.(...) When he comes to me and says: „Listen, Giacinto, I have this feeling deep inside me, I want to do something about it," only on this basis can I start working. Otherwise it doesn't work. I mean I can't try to force somebody. It won't work. It's wasting time and money. It must always be co-operation, you know, otherwise it won't work. (...) Then you can give them a lot of support.(...)It just takes time, patience and amazing sensitivity…* (hairdresser, Bern).

Piątkowski writes that medicine loses monopoly on offering health services. In case of problems other than dependency only 9% of Polish respondents profit solely from a doctor's advice, whereas more than 50% of the respondents tries to cure oneself. The most frequent

reasons for not going to treatment unit are the conviction that the health problem is not serious, distrust of doctors, lack of time or money (Piątkowski 2002a).

Some respondents contemplating the idea of society that would support natural recoveries were very pessimistic: *(...) It seems to me... sometimes I almost have a feeling that it's... it sounds a bit pessimistic – that it is already kind of too late. Because, every civilization has had a climax, I would say, it sounds nasty, the Egyptians, the Romans, and then it deteriorates… And somehow, the way we pour concrete over the whole world, how we deal with water, deal with air, the egoism… I just have this feeling that it is a… somehow simply… we are slowly degenerating.* (policeman, Bern). However in our opinion it is still not to late.

Limitations of the study

The study was a pilot project of a survey character therefore the group of the respondents is not representative. We cannot generalise our conclusions about the whole population however we obtained a general picture of diverse views, opinions and convictions about natural recoveries present in the society.

Unfortunately the very process of conducting the research was not uniform, for example the time of study and the way the respondents were questioned about specific issues. Hence the researchers had to make a particularly thorough analysis of gathered data and it excludes any quantitative processing of data.

The majority of people dependant on drugs are below the age of 30, however in case of other dependencies (on alcohol, tobacco, gambling or compulsive shopping) there is no age factor. It seems that limiting the age group to the age of 30 to 50 was not necessary.

First of all it seems that it is experiencing the contact with dependent people (or even one's own attempt to overcome an addiction) that determines attitudes of respondents to chances of natural recovery from addiction. In this sense the profession influences the estimates just because of a professional contact with dependent people and problems they have to face. The study lacks questions about these experiences.

Future recommendations

As we have already mentioned, so far the issue was not thoroughly researched in Poland. When discussing the results of Swiss version of SINR Klingemann have said: *On the basis of the results of the qualitative part of the project we plan to conduct SINR study on a general population. We would like to obtain data we would discuss on the international forum, not only project managers but also social policy makers from respective countries and treatment representatives. It is possible that the results of the second stage of SINR – provided we obtain a grant for it – would help to adjust a social message to ideas and values present in*

the society. It could be a next step toward a society that would promote natural recoveries, a society characterised by a lessened stigmatisation and better social support for dependent people who try to fight their addiction (Żulewska-Sak 2004). The study on a representative sample was conducted in Switzerland in autumn 2004. It would be worthwhile to conduct the comparable study in Poland.

On the basis of qualitative part of the SINR study we have created example response categories that could be used in opinion poll in general population (Addendum no 6).

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ADDENDA

Addendum no. 1: Questionnaire – English version

Introduction:

The University/School of … is conducting a study about whether people think it is possible to quit an addictive behaviour without treatment. We would appreciate your views on; the interview will take maximum of 10 minutes of your time. If you don't mind we would like to tape record this. All the material will be handled confidentially and be used for scientific purposes only.
Could you please indicate your age first?
Can we start now?

(1a) How do you rate chances that people who are addicted can change on their own without professional help on a scale from 0 percent to 100 percent?
0 percent meaning' impossible' and 10 meaning 'that this is for sure possible

(1b) Could you give some reason for your estimate? (open ended, please note)

(2) Do you think that people's chances to quit differ by type of addiction?

if no: please explain why (proceed with question 3)

if yes, please rate the following types of addictions again on a scale from 0 percent to 100 percent and give a short comment on each rating please

2.1 cannabis abuse	comment
2.2 heroin abuse	comment
2.3 cocaine abuse	comment
2.4 tobacco abuse	comment
2.5 alcohol abuse	comment
2.6 compulsive shopping	comment
2.7 pathological gambling	comment

(3) What do you think are the most important barriers which keep people from solving their problem?

(4) What possibilities do you see to improve chances for people to quit on their own without professional help?

Thanks again for your help. Do you mind if I take your photograph? It might be useful to illustrate the research report and make it more lively. If you want to, we will ask your permission again prior to publication.
If you like a print of your picture and information about the results of the study, please say so and where to send these to.

Addendum no. 2: City context -Warsaw

General information on the participant city – social problems

Warsaw – the capital and the largest city of Poland (1,700 thousands of inhabitants). Warsaw is the seat of the parliament, the president and central authorities. It is an important scientific, cultural, political and economic centre of Poland. It is also a seat of several technical universities, (among others University of Warsaw), the Polish Academy of Sciences, and many government institutes. Students account for almost 16% of Warsaw population. In 2002 Warsaw was visited by 2,510,000 tourists, mainly from Germany (610,000), Ukraine (310,000), Byelorussia (240,000), Russia (190,000) and North America (120,000). In Warsaw the level of unemployment is running at 6.1% (November 2003) comparatively to 19.3% for the whole country in the same period.

In Warsaw there are two governmental agencies addressing problems of additions – the National Bureau for Drug Prevention and the State Agency for Prevention of Alcohol Related Problems (PARPA).

Presence and local visibility o addiction issues

In Warsaw the visibility of such social problems as drug addiction or alcoholism is comparatively high. In the 2002 research conduced on a representative sample of citizens (beyond the age of 16) there was a question about the most important social problem on a local scale. Respondents were to choose from 14 problems: crime against company assets, common offence, drug addiction, environment pollution, alcoholism, moral crisis, bad state of society's health, lowering of living standards, housing conditions, family violence, violence and aggression in the streets, young people drinking, unemployment, AIDS. In Warsaw the most important problems were unemployment, common offence, crime against company assets and violence and aggression in the streets. The drug problem was fifth on the list, alcoholism - eighth (Sierosławski 2002). In the opinion of 64% of adult citizens of Warsaw a drug addict is first and foremost an ill person, 15.6% - that he is an unhappy person, 5.7% chose the qualification "an adventurer, a sponger". Accordingly 75.5% of respondents opine that addicts need treatment, 14.9% would provide care for them, offer help, whereas 5.9% claims the addicts should be held incommunicado.

Accessibility and opportunities

Nine of ten adult citizens of Warsaw know such psychoactive substances as cannabis, hashish, heroine or cocaine. 15.5% of them opine that the availability of cannabis derivatives is very high, 7.5% equals heroin and cocaine availability. The percentage of adults aged 18-50 who ever used drugs during their life and during last 12 months is much higher in Warsaw than Polish average.

	Lifetime		Last 12 months	
	1997	**2002**	**1997**	**2002**
Cannabis	19,5%	25,1%	8,9%	10,1%
Cocaine	2,5%	3,4%	1,7%	1,6%
Heroin	1,8%	0,8%	1,1%	0,0%

In 2002 an average consumption of alcoholic beverages (in litres of 100% alcohol) equalled in Warsaw 4.06 (the national average 3.67) – it was higher for men – 6.12, for women equalled 2.18. The

percentage of people who do not drink alcohol equalled 9.8% (a national average 15.4%). The percentage of Warsaw citizens from a so called risk group (yearly consumption above 10 litres of alcohol in case of men and 7.5 litres in case of women) equalled 12% (Poland 9.1%) – among men 16.9%, among women 7.5%.

The most common games of chance in Poland are gambling machine, bingo, roulette, horse racing, bookmakers' betting services. All these are accessible in Warsaw. The professional help is sought chiefly by people using gambling machines, these are mainly men (Ginowicz 2004).

Responses to addiction problems: institutional measures, projects and campaigns.

Warsaw treatment offer for people having problems with using psychoactive substances seems especially broad and diversified based on the needs. There are several help lines and tens of ambulatory units offering not only treatment (individual or group psychotherapy) but also educational and informational services (consultancy, medical and legal advisory services). The help is extended to children, young people and adults having problems with using psychoactive substances and also to families of these people. Some units offer programs on damage reduction: methadone programs, needle and syringe exchange programs, the possibility of analysis of a delivered substance and HIV tests. Several places offer detoxification and short- and long-term residential therapy. The question of gambling addiction or compulsive shopping is not a part of social debate on dependency. People who are dependent of gambling get help in alcohol treatment units.

Local control policies

Social Policy Bureau (Dependency Division) of the City Hall co-ordinates many activities initiated by non-government organisations, it also supports a professional treatment network. There is a constant effort to give Warsaw care programs for dependants a comprehensive character. A great store is set by a diagnosis of the phenomenon and good knowledge of city epidemiological situation.

Sobering-up station

Warsaw Sobering-up Station is the largest unit of this type in Poland, it came into being on 15th of May, 1956. In 2002 over 37,000 people were detained, 62% more than in 1993. The majority, as much as 92% of the detained were adult men, a little over 7% of the detained were adult women, under age detained account for less than 1% of total detainment. People who in 2002 visited the station thrice or more times a year accounted for 18% of all detained, in 1993 this percentage was 5%, i.e. 3.3 times less. It may signify the deepening marginalisation of people abusing alcohol. The majority of detained are unemployed (76% in 2002). As to the circumstances of a detainment, in 2002 about 30% of detainment were linked to sleeping on a bench, in the street, etc., 26% – to disturbance of public order, 24% – to family violence.

Addiction-related events during the SINR interview phase

National drug and alcohol policy

At the end of 2002 the Minster of Finances decided to lower excise duty on spirits. It resulted in bringing down of spirit beverages prices, and subsequently an abrupt 25% increase in an average consumption of spirit beverages. Also the research that was commissioned by PARPA and conducted by Sopot Institute of Social Studies indicated that the increase in spirit beverages consumption had a impacted directly the structure of consumption. It pointed to distinct increase in the share of spirit beverages in the overall structure of the alcohol consumption (from 39% in 2002 to 44% in 2003) and simultaneous decrease in the share of beer in the overall structure of the alcohol consumption (from

52% in 2002 to 48% in 2003). The largest increase was noted among people who drink the most – over 12 litres of pure alcohol a year. During the year (from June 2002 to June 2003) this population noted over 35% growth (over 1/3).

Polish Drug Prevention Act from 1997 in the moment of adoption was one of the more up-to-date acts in Europe. However after several amendments, among others the one from October 2000 that changed a liberal and coherent bill in a legal restrictive document. It was then that even the smallest amount of a drug for one's own use become punishable. The legislative assumption that stood behind that chance was an increased efficiency of prosecution of small drug dealers.

Media campaigns

Country-wide preventive and educational campaign "Don't poison yourself" (2003), initiated by a parliamentary Health Commission, was prepared by the State Agency for Prevention of Alcohol Related Problems and the Oncology Centre – the Institute. It is the first undertaking of this kind directed to the youth where organisers aim at drawing attention of young people to not only damages health and social damage of alcohol drinking and cigarette smoking but also to the risk connected with the presence of these substances in every day life and their "chemical nature".

A country-wide social and educational campaign "Alcohol – illicit for juveniles" was started in July 2003. Its purpose was to reduce the scope of phenomenon of selling alcohol to juveniles and to change attitude of shop attendants and onlookers to this issue. Experiences and observations so far indicate that selling alcohol to juveniles still occur far too frequently. According to the Act on Upbringing in Sobriety and Counteracting Alcoholism it is a criminal offence penalised with a fine, revocation of license to sell alcohol or foreclosure on alcoholic beverages. The campaign was addressed to shop attendants and shop owners and also to outlets that sell alcoholic beverages to be consumed on the premises – restaurants, pubs and cafeterias. People who witness selling of alcohol were also recipients of the campaign. The organisers want people to react when they see alcohol being sold to teenagers.

Country-wide anti-drug campaign "Drugs - the best not to take" – the National Bureau for Drug Prevention (2003). DRUGS – DEALER WILL ELABORATE. *Anti-drug help line. Somebody coaxes you into taking drugs... You or your pal needs help... There's nobody you could talk with... Call.* A preventive postcard advertising Anti-drug Help Line for young people. Distributed in pubs, discotheques and cinemas in the whole country.

Social campaign "Let's talk about AIDS. Past can be dangerous" (August 2003) was to inform about the danger of HIV/AIDS infection and the necessity to conduct HIV test. The campaign targeted women and men aged 18-39 staying in a long-term, formal or informal relation. The campaign encouraged to talk with a partner about previous sex life and the possible danger of HIV/AIDS infection, it also persuaded to do HIV test.

Justyna Żulewska-Sak (November 2003)
Department of Studies on Alcohol and Drug Dependence
Institute of Psychiatry and Neurology

Addendum no. 3: City context – Bern

General characteristics and social problems of the participating city

Bern is the capital of Switzerland and the administrative centre of the country. However, as to size, international and economic importance, it ranks after Geneva and Zurich. In the year 2003, Bern had a population of 127'519 inhabitants (47 % male); 21 % of the population are foreigners (equals roughly the national average), 66% are between 20 and 64 years old; 19% are 65 years old or older. The unemployment rate amounts to 4.3% (June 2004) with great differences between various neighbourhoods (ranging between 1.5% and 8%). Since January 2003 (3.9% unemployed), the jobless rate is on the rise continuously and has reached a peak in February 2004 (4.9%) after which it has been declining again. An estimated 11% of the city population is on some kind of welfare or lives below the minimum level of income. The political makeup of the city follows more or less trends in other Swiss cities: A split between city quarters which vote mainly 'red-green' and working class dominated city districts which previously were strongholds of the social democrats now have drifted to the political right. Voting shares in distributes as follows: 18.5% (right wing) Swiss Peoples Party (SVP), 34% Social Democrats, 18.1% Liberals, 4.1 % Christian Peoples Party (CVP) and 14% Green Party (2003 elections).

Local importance and visibility of addiction problems

Alcohol and other illicit 'hard' drugs. Every year, the citizens of the city of Bern are surveyed and list the most pressing problems of the city. In the 2004-survey pollution, vandalism and spraying buildings topped the list. Drug and alcohol problems rank occupy the third rank, just slightly above crime and night time safety issues. Communal policies dealing with marginalized groups in the city play a major role during the municipal elections in November 2004. This comes somewhat as a surprise, considering that the situation nowadays is much more relaxed, compared to the situation 12 years ago, when about 200 to 500 people lived at the open drug scenes, such as the (Kocher) needle park or 6 years ago, when about 100 drug users lived at the semi-open drug scene in the vicinity of the main railroad station. Taken together, public tolerance toward marginalized social groups has declined. Citizens have become used to small drug scenes with about 30 drug users or 40 alcohol abusers. These groups do not form a coherent subculture and often don't mix but distance themselves from each other. In most cases, their health status is not precarious or life threatening but critical as surveys have shown. Most live in an apartment and receive a pension, draw an invalid compensation or receive welfare.

Objective access, opportunity structure

In the canton (state) of Bern, restaurants and bars have to close by 0.30 the latest; at the same time they may receive a special permit for extended opening hours until 3.30; after hours cannot start before 5.00 with only one exception in Bern (Club 'Dead End' from 0.00 – 6.00) . Marginalized groups people fluctuate between living in the street, psychiatric facilities and prison, because less and less tolerated public space and possibilities to retreat are available to them.

Cannabis. The narcotics statistics showed a prevalence rate of 3.5 individuals per 1000 inhabitants which is low compared to the French speaking part of Switzerland and about average compared to the remaining part of German speaking Switzerland. On a more general note, a normalisation of the public attitude toward cannabis consumption seems to be under way. In 2002, Bern counted 20 shops which sold hemp products and one can assume a comparable dark figure.

Tobacco smoking. Nine out of 26 cantons have implemented smoking restriction within public buildings. In the restaurant and bar business non smoker sections have to be defined, but only, when the conditions of the workplace and the firm make it feasible.

Gambling. According to the only Swiss survey on the prevalence of pathological gambling in Switzerland, the prevalence rate is situated at 0.8% for compulsive gamblers and at 2.2 % for problem gamblers. A survey on the local level in Bern, conducted in 27 school classes (8^{th} to 10^{th} grades) showed, that only 8% had gambled during the preceding two months and most of those gamblers mainly a few times per month (Institute of Social and Preventive Medicine, Bern). The canton of Bern has still a great number of gambling machines in restaurants and pubs contrary to other cantons where a total ban of gambling machines is already in effect since 2000 (for Bern a five year transition period has been granted to the restaurant owners and the industry). In July 2002 opened a Grand Casino (one of seven in Switzerland after the revision of the law) with unlimited possibilities stakes for gambling.

Local response to addiction problems

Alcohol and illicit 'hard' drugs. The situation for marginalized groups in the city of Bern has become more precarious due to a lack of possibilities to retreat and be accepted and tolerated in defined public places. Therefore more and more people spend according to a regular pattern and as part of an informal routine, time in psychiatric institutions or in prison. For a period of four years legal provisions (Lex Wasserfallen named after a conservative municipal city council member) and measures enable the local police to dissolve groups disturbing 'the public order'. Consequently about 800 administrative measures/sanctions and 1000 notifications per year have been handed down. The inclusion of the railroad station as a public space and therefore (?) subject to similar regulations has been blocked so far by the court.

Bern has one night shelter and a school pupil initiative distributes every Sunday free meals in front of the train station (through the week cheap meals in the night shelter). Street work is supported by the church and a municipal drop in is available. The Salvation Army, a foundation and a private association run additional shelters. 10 institutions/programs cover a broad range of accommodation facilities for the mentally ill, addicts and released prisoners such as individual housing, homes or collective housing with social assistance. The offer of therapy and counselling programs for alcohol and drug dependent people in Bern is quite comprehensive. The city of Bern has officially listed 12 institutions which offer counselling and help in various forms. This offer is complemented by three self-help organisations and 10 prevention programs. Finally 9 work rehabilitation programs are available. The most prominent organisation active in many areas is called Contact Netz (contact net).

Cannabis. In the year 2002 three shops which offered hemp products had to be closed after police controls. To improve the situation hemp shop owners founded an association (joint interest association of the hemp shops of the city of Bern, IGHSB), which agreed on a joint code of conduct after negotiations with city authorities. Since August 2002 the association is also co-operating with Contact Netz in prevention matters.

Tobacco, smoking. Smoking problems and prevention activities are not addressed on the communal level but are included in cantonal or federal policies only. The campaign to support dissonant smokers who want to stop, is implemented in Bern by the counselling network "Bernese Health" (Berner Gesundheit).

Gambling. In 1993 a popular vote eliminated the casino ban and in 2002/2003 regular casinos started operating. In Bern, which has received the license for one of the seven Grand Casinos, the demand for counselling by compulsive gamblers has increased significantly since this liberalisation. This can be shown by the number of new cases handled by the "Bernese Health" counselling network

which is the only one addressing this problem group. A close co-operation with the association for debt counselling is part of this scheme.

Communal control policies

Alcohol, tobacco and illicit hard drugs. Even though the city government has a red-green majority, drug policy measures bear the imprint of individual counsel members sympathising more with a more repressive approach. The policy toward marginalized groups will be a hot issue during the upcoming municipal elections in November 2004. Different attitudes cross traditional party lines. The municipal social services want to take up again proactive street work with the PINTO program (prevention-intervention-tolerance) which will be discussed before the next elections in the city council. Intervention teams will provide assistance and counselling but also enforce discipline. There seems to be broad support for this project. Under discussion is the opening of a low-threshold program for alcohol dependants and longer opening hours for the drop in for addicts which closes right now already by 21.30.

The city council has also accepted two political motions to ban commercials for tobacco and alcohol on communal ground. Currently a law on this is being drafted.

Cannabis. In July 2004, 16 members of the city council made a symbolically significant move by declaring publicly their solidarity with two cannabis users. At the same time they admitted having used cannabis themselves. Right wing parties reacted immediately and questioned the bad model behaviour of politicians.

Addiction-related reports and critical incidents in the media

The interviews for the SINR project have been conducted in Bern city from the 20 March to the 25 July 2003. During this period of time the following media reports dealt with addiction issues:

March 2003:

- The lower chamber of the national parliament agrees with lowering the blood alcohol level when driving from 0.8 to 0.5 (Der Bund, 6. and 7. March 03)
- Suggestion of the parliament commission to liberalise cannabis consumption (Der Bund, 29. March 2003)

April 2003:

- Start of the bill campaign ‘drink or drive’ of the Swiss Traffic Security Council (VSR)
- Start of the Stop-AIDS campaign 2003 (28 April 2004)

June 2003:

- Launch of the campaign ‘Smoking harms ..” 2003 by the Swiss Federal Office of Public Health (BAG)
- Survey on politicians’ attitudes towards the de-criminalisation of cannabis conducted by the weekly journal FACTS

Another potential influence on the interviewees reactions – at least theoretically – could be linked to the broad discussion in political bodies and the media of the possibility to liberalise cannabis.

Prof. Dr Harald Klingemann (October 2004)
Institute for Social Planning and Social Management
University of Applied Sciences Bern - School of Social Work

Addendum no. 4: City context – Stockholm

General characteristics and social problems of the participating city

Stockholm is the capital of Sweden and the country's by far largest city with a bit more than 760.000 inhabitants. Of these 64 % are between 20 and 64 years old, 15 % are 65 and older and 21 % are below 20 years. About 21 % of the population are foreign citizens and/or born in foreign countries. The unemployment rate is 3,6 % of the population aged 20 – 64 years (September 2004), which is less than the average for the country. Almost half of the adult population have some form of high school education, which is higher than the average for Sweden, and largely reflects the structure of the city's work life. The percentage of the adult population who were on social allowance was 5,6 % in 2003, but the figure has varied over the past years. Stockholm is divided into 18 city districts and increasing segregation among these is a concern. For example, the unemployment rate varies between 2,3 % and 5,4 %, the proportion of inhabitants with a foreign background between 12,7 % and 47, 9 % and the share of people on social allowance between 2,7 % and 27,7 %. Generally, the inner districts are the wealthiest and the outer suburbs the poorest. Politically, Stockholm is presently run by a coalition between the Social Democrats, the Leftist party and the Greens, but the pattern is that there is a shift of power between the major political blocks almost every election. In the last election, in 2002, the Leftist party got 11,2 % of the votes, the Social democrats 32,1 %, and the Greens 5,3 %. On the bourgeois side, the Liberals got 15,8 % of the votes, the Moderate party (right-wing) 26,0 %, the Christian democrats 4,4 % and the Centre party (former farmer's party) 1,3 %. On the whole the political situation in Stockholm is slightly more polarised than in the rest of Sweden. Geographically, the voting pattern follows the socio-economic pattern of the city.

Local importance and visibility of addiction problems.

Concerns about drinking and drug problems have traditionally been high on the agenda in Sweden. Although Sweden's approach to narcotic drugs is probably the toughest in Europe,
the trade goes on relatively openly in the inner city as well as in certain suburbs. As concerns alcohol, Sweden's accession to the EU has meant the end to the country's traditional restrictive policy, and consumption, as well as various alcohol related problems have increased considerably during the past years. For example, there has been an increasing concern over alcohol and violence in and around pubs and restaurants. Traditionally, Sweden has spent larger resources than most countries on various forms of care for people afflicted by addiction problems and similar ailments. Even if this is probably still true, the recession of the early 1990s meant considerable cuts in these budgets, which means that these problems have become more visible than before. For example, beggars and homeless people selling Situation Stockholm (the Swedish version of Big Issue) are phenomena that have appeared in the street scene over the past five or ten years.

Objective access, opportunity structure etc.

As concerns alcohol, Sweden's traditional import restrictions have gradually been lifted since the country's accession to the EU, meaning that the overall consumption of alcohol has increased from about 7,5 litres of pure alcohol per year and person over 15 years in the mid 1990s to about ten litres today. At the same time the proportion of this consumption that concerns alcohol sold by the still existing state monopoly for retail is rapidly decreasing. As for Stockholm, the close ferry connections with Finland and the Baltic states plays a significant role in private alcohol import. In addition, Swedish taxes have been reduced and further reductions are discussed in an effort to "save" the retail

monopoly. Together with longer opening hours this means that the availability of alcohol has generally increased.

As for narcotic drugs, Sweden makes no difference between "soft" and "hard" drugs[2], and has a harsh attitude towards all narcotics classified substances. A major drug crime may be punished by ten years' imprisonment which can add to more by combining several penalties. Not only possession for personal use but drug use in itself may actually be punished by six months' imprisonment. Nonetheless, the number of experimental as well as "heavy" drug misuers have increased in Sweden during the 1990s. According to official statistics Sweden had in 1998 about 26,000 heavy drug misusers (intravenous and/or daily use), whereof about 5,000 in Stockholm. In addition, since the EU-membership has made customs control more difficult, the availability of illicit drugs is reported to be high, an prices comparatively low.

As concerns smoking, a combination of high taxes and state campaigns has meant that the proportion of smokers has decreased from around one third of the adult population in the beginning of the 1980s to less than 20 % in 2003 (almost equal proportions of men and women). Part of this development may be explained by increasing use of "snus" (snuff), that is used orally. Public transportations as well as most workplaces are smoke free, and from July 1 in 2005 all pubs, bars, restaurants and similar enterprises will have to bee smoke free according to a new legislation.

Gambling is often depicted as a new and increasing problem in Sweden, although Swedes have traditionally had a strong interest in the pools and betting on horses. Gambling is a state monopoly in Sweden, but today this is circumvented by gambling on the Internet. Partly to meet international competition, Sweden has, during the past few years, opened a number of state casinos, one of which is placed in Stockholm. There have been increasing concerns about this, and a growing number of private treatment centres are demanding that a larger part of the state's revenues from gambling is spent on treatment. According to some sources there are about 300,000 dependent gamblers in Sweden at present.

Local response to addiction problems

The care and treatment of people with addiction problems in Sweden differs in a number of respects from the situation in most other countries. For one thing, Sweden has traditionally spent more resources in this area than most, even if the resources have decreased since the early 1990s. Secondly, the main responsibility for handling these problems lies with the municipal social services, even if the regional health care system is responsible for tending to medical and psychiatric complications, and also offers a number of treatment programs. Third, addiction care in Sweden has traditionally relied on inpatient care, often for extended periods (several months or even a year), even if there is a growing tendency, partly for financial reasons, to use outpatient alternatives. According to official statistics, during 2003 almost 2,000 addicts in Stockholm were referred by the social services to shelters or other living facilities, about 1,600 were given various forms of outpatient care, about 1,700 were referred to various treatment homes, and slightly less than 150 were cared for in families. In addition, around 100 addicts from Stockholm are each year sentenced to coercive care. There is also a larger number of voluntary organisations who, with financial support from the city, offers overnight shelters, protected living, day care etc. to various marginalised groups, often with addiction problems.

[2] Traditionally, central stimulants have – together with cannabis - been the main narcotic drug in Sweden, but heroin has over the years become more and more common

Communal control policies

The city runs a couple of relatively large prevention programs, aimed at stopping young people from drinking, using drugs and engaging in criminality. One is predominantly aimed at teaching school staff and parents effective methods for dealing with these issues, the other is aimed at stopping sales of beer and tobacco to under-aged, and to prevent over-serving in pubs, bars and restaurants. Surveillance of alcohol serving is also a municipal duty, and permits can be withdrawn if irregularities are revealed. There have also been a number of anti-drug projects in co-operation between the social services and the police, aimed at striking at drug use in particularly afflicted city districts, stopping sales and persuading and/or forcing users into treatment.

Addiction-related reports and critical incidents in the media.

Generally, issues concerning addiction problems, homelessness and psychiatric problems have been high on the agenda for public discussions and media attention during the past couple of years. Sweden's gradual abandonment of the traditional restrictive alcohol policy has caused much concern, accentuated by a bribe scandal within the state monopoly retail company. At the same time as alcohol policy has become more and more liberal, a national campaign – Mobilisation against drugs – has been launched by government to strengthen Sweden's restrictive – and according to many critics repressive – drug policy. A number of violent acts – in Stockholm and other places – by persons with combined psychiatric and addiction problems, including the murders of Sweden's foreign secretary, Anna Lind, has directed attention to deficiencies in the care system, and the government has recently promised increased resources both to psychiatric care and addiction care. Finally, some spectacular actions by an organisation for the homeless reached much media attention during Spring 2004, when the SINR interviews were performed (April).

Prof. Jan Blomqvist
Research and Development Unit
Social Services Administration

Addendum no. 5: City context – Frankfurt

General information on the participant city – social problems

Frankfurt is the largest city of the federal state Hesse (city zone: 650,000 inhabitants; Frankfurt metropolitan area: 1.6 million). The proportion of foreigners amounts to 26%.

In 2002 a total of 40,000 people received subsistence aid (23,000 Germans, 17,000 foreigners, 21,000 women, 19,000 men). Frankfurt's gross expenditure on social security in 2002 totalled 294,792,000 euro.

In the year 2002 a total of 99,864 criminal offences were committed, with property offences leading the statistics with 47,000 criminal acts. At present the Frankfurt administration consists of a coalition of CDU, SPD, GRÜNE and FDP. The city mayor is Petra Roth (CDU).

Presence and local visibility o addiction issues

Every November the Bürgeramt Statistik und Wahlen (Department of Statistics and Elections) conducts a survey among Frankfurt's inhabitants with the intention of identifying what the city's biggest problems are from the point of view of its inhabitants. Whereas in the early 1990s the issue "drugs" occupied the second place, in 2003 it was ranked at place 10 (4% of the population identified the problem as particularly pressing). Compared with the early 1990s, the inhabitants of Frankfurt no longer see the drug issue as affecting the life of the community as much as for instance traffic, crime, public security, the city's financial problems, or the housing market. In the early 1990s the open drug scene was eliminated, which on weekends had previously attracted nearly 1,000 drug users and dealers to the centrally located city park. Since then, the open scene has largely shrunk to a few areas in direct proximity of the Central Station. The present open scene consists of around 150 to 200 drug users.

In the year 2002 there were 4,044 registered drug addicts in Frankfurt. International estimates indicate that a double number of registered drug addicts should be taken into account, i.e. around 8,000 drug addicts should be assumed to live in Frankfurt. The vast majority of drug addicts (2,360) display a polytoxicomanic pattern of consumption. In Frankfurt crack is at present time the single major drug, followed by heroin, cocaine, amphetamine and XTC. The number of first-time reported users in Frankfurt has been slightly dropping since 2000 and amounted to 624 persons in 2002.

The number of drug-induced deaths has been steadily declining since the early 1990s (N = 147) and amounted to N = 28 in the year 2002.

Apart from the open drug scene, in various areas of the city centre there are a number of small scenes with homeless alcohol addicts. They are tolerated, as long as the addicts do not stay on premises of public shopping centres.

There are occasional smaller cannabis scenes in different districts, but usually they quickly disappear due to persecution.

In general, the various scenes are not clearly separable from one another. In the last two years a new development has been taking place, which can be contributed mainly to the so-called "Russlanddeutsch" immigration (emigrants of German origin from the former CIS countries). This group participates both as users and as dealers. In addition, the group is distinguished by heightened alcohol consumption in combination with illegal drugs.

Accessibility and opportunities

Frankfurt, as an international communications hub, is the federal centre of drug trafficking. That is also confirmed by prevalence figures concerning the consumption of cannabis.. A survey of 15- to 18-year-old students revealed a lifetime prevalence of 52% and a 30-day prevalence of 21%, whereas boys report experience with cannabis slightly more often than girls (58% compared with 42%). In the context of the survey a classification model of starting drug consumption was reported, identifying the following levels:

- Level 1 – tried alcohol and nicotine since 13: 80 to 95 %.
- Level 2 – alcohol and nicotine on a regular basis, tried cannabis since 15: 50 %.
- Level 3 – alcohol and nicotine and cannabis on a regular basis, tried party drugs since 16: 10 %.
- Level 4 – alcohol and/or cannabis daily and/or party drugs from time to time, tried XTC, opium etc.: 4 – 6 %.
- Level 5 – regular use of party drugs, heroin and crack: 1 – 2 %.

Levels 1 and 2 are classified as experimental use out of curiosity. Level 3 is experimental consumption with a considerable risk factor, and levels 4 and 5 are considered as problematic drug consumption. An overall increase in alcohol consumption has been stated, traced back especially to alcopop drinks. It remains to be seen whether a fiscal intervention by the federal government leads to a consumption decrease in that area.

In the case of smoking an increasingly restrictive limiting of publicly tolerated opportunities to smoke can be observed. In public buildings, the subway, seats of large companies etc. smoking is generally forbidden. Smokers are therefore being forced to satisfy their needs in "inhospitable" places. The issue of addiction to gambling has not been a part of the general city-wide debate on addictions.

Responses to addiction problems: institutional measures, projects and campaigns.

The "Frankfurter Weg" ("Frankfurter Way"), a system of support introduced in the early 1990s, has developed especially in low-threshold, survival-oriented, and infection-prophylactic contexts. It has become an internationally acclaimed model. Whereas previously up to 15% of the affected persons could be reached by help initiatives, the institutional contacts with addicts increased to nearly 100% in the last 7 years. This has led to a general health improvement. In 1995 26% of surveyed persons reported being HIV-positive. In the year 2002 they were only 13%. Projects initiated by low-threshold centres proved to be especially effective, including free treatment of hepatitis available at consumption sites, medical TB surveys, free medical treatment of common diseases, etc. For instance, the number of medical treatments administered in Niddastrasse, the largest injection site in Frankfurt, increased from 312 in 2000 to 736 in 2002. The attempt to decentralize the drug scene has succeeded only partially. However, the implemented strategy has resulted in a lasting reduction of massive concentration in the city centre. Expanding the range of available assistance (e.g. opportunity of earning small amounts of money, work- and day-structuring actions, hygienic and medical care, etc.) has made it possible to create centres acceptable to drug addicts, even if they were located outside the city centre.

There are 10 ambulatory substitution sites in different parts of the city, which offer substitution to 535 persons (male to female ratio is 63% to 37%). The total number of substitution cases has grown to 1,182 clients, with licensed physicians increasingly taking over the substitution, which proves that the ambulatory services function as entry institutions into more independent substitution by licensed physicians. 25% of the clients stay one year in methadone-based programs, 40% remain there up to 5 years, and 35% of the clients have been in the program for over 5 years.

There are six drug counselling units, which serve a slightly increased number of counselling contacts. A distinctive increase should be noted in relation to massive cannabis consumption.
The drug counselling focuses on younger visitors and is oriented toward illegal drugs. Alcohol issues are handled by four counselling units.

In the last two years new preventive initiatives have been launched, partly in co-operation with the Lions Club, which are directed especially at students in the age bracket 12 – 15 years. The city of Frankfurt, in co-operation with various other organisations, has particularly focused on young adults and driving license applicants and introduced a broad prevention-oriented "Check, wer fährt"-project ("Check out who's driving"). In the same context various peer education projects have also been organised in co-operation with the Frankfurt Technical University.

Local control policies

As crack consumers particularly contribute to the public visibility of the drug issue, in 1999 a crack project was introduced, which directly addresses consumers by means of outreach social work and street work. It is to be assumed that the police has been exerting increased pressure in the last two years, although co-operation between drug care and law enforcement institutions was also regularly undertaken in the past. Recently a common project has been launched by drug care and the police: OSSIP ("offensive Sozial-Straßen-Initiative für Prävention", "Offensive Social Street Initiative for Prevention"), which is designed to refer drug users staying in public places to locally available institutions.

Addiction-related events during the SINR interview phase

In 2004 a pilot heroin prescription project started in Frankfurt. The initial stages of the project were accompanied by lively public discussion, especially concerning the location of the distribution site. Following the decision to locate the outpatient service in Frankfurt's Ostend district, numerous citizen initiatives used threats and petitions in an attempt to block the establishment of the project in their neighbourhood. On the occasion some old myths were also revived in mass media, for instance that drug addicts recruit schoolchildren using drugged candy. Provoked by the public debate, various local broadcast and TV magazines explored the wide field of current discussion of the drug issue. The position of the official responsible for the city's drug policy at the time was partly contradictory, as he strongly advocates abstinence programs, while at the same time he was expected to implement the relatively very expensive heroin program, which he took over from his predecessor in the office, so to speak contrary to his own interest.

In general, reporting on the drug issue has become more accurate and factual. Previously common headlines shouting about drug-related deaths, spectacular crime constellations in the drug scene and public insecurity are now isolated cases, appearing only in few reports. Apart from that, the prevailing opinion in Frankfurt is that a certain *modus vivendi* with the previously crucial drug problem has been accomplished; although there are still some difficulties, in general the impact of the problematic situation has clearly been significantly reduced.

Prof. Volker Happel
University of Applied Sciences Frankfurt
School of Social Work

Addendum no 6: Example questions and response categories used in SINR study in a general population.

Do you agree with the following statements?
The majority of addicts are criminals.
Addicts are first and foremost the people from the fringe of the society.
Addicts provoke rows and are aggressive.
Women more easily recover from addiction then men.
The treatment is the only way to overcome the addiction.
If anyone becomes addicted to drugs, it's mainly his own fault.
Once an addicts, always an addict.
Categories: *definitely yes, rather yes, rather not, definitely not, difficult to say*

What factors, in your opinion, make difficult to overcome the addiction?
Lack of support from the family and friends.
Lack of job.
Lack of alternatives.
Community of other addicts.
High availability of substances (an alcohol, drugs, nicotine).
Activities run by alcohol and nicotine industry and drug business.
Weak character of an addict.
Shame with confessing to an addiction.
Fear of living without addiction.
Hereditary of dependence.
Effects of substance somebody is addicted to.
Benefits from the addiction.
Advanced stages of addiction.
Categories: *definitely yes, rather yes, rather not, definitely not, difficult to say*

Could you mark 3 factors which are, in your opinion, the most important barriers to overcoming the addiction on your own?

1. ☐ 2. ☐ 3. ☐

Would you employ a former drug addict in your company?

☐ Yes ☐ No ☐ Difficult to say

Would you employ a former alcohol dependant in your company?

☐ Yes ☐ No ☐ Difficult to say

What factors, in your opinion, could improve chances of overcoming an addiction without professional help?
Low availability of appropriate treatment.
Pressure from the environment (family, friends, co-workers).
Providing a job and shelter.
Support from the environment (family, friends, co-workers).
Knowing somebody who recovered from addiction naturally.
Become aware of benefits from recovery from addiction.
Change of environment.
Luck, happy coincidence.
Finding new objectives in somebody's life.
Categories: *definitely yes, rather yes, rather not, definitely not, difficult to say*

Could you mark 3 factors which can, in your opinion, improve chances of overcoming the addiction on one's own?

1. ☐ 2. ☐ 3. ☐

What activities, in your opinion, should be run by state?
Informing of chances of overcoming the addiction without professional help.
Creating the new addiction treatment facilities.
Developing the new programmes for addicts according to their specific needs.
Developing the prevention programmes.
Informing of possibilities of getting professional help.
Dissemination of self-help materials.
Other, what? ……..
Categories: *definitely yes, rather yes, rather not, definitely not, difficult to say*

Could you choose 3 activities, which are, in your opinion most important ones?

1. ☐ 2. ☐ 3. ☐