

DRUGS AND CRIME

Pharmacology, necessity, deviance and the drug markets

When discussing the links between illegal drugs use and crime it is important to distinguish between 'recreational' drug use, when drugs are taken to enhance the experience of leisure activities, and 'problem' use which creates personal, medical or legal problems for the drug taker. Whatever their reasons for taking drugs controlled by the Misuse of Drugs Act 1971, all those who do so without a doctor's prescription have, by definition, committed the offence of being in unlawful possession of the drugs.

Problem drug use

Most research on the links between drug taking and crime has involved 'problem' heroin users - those who have come to the notice of the police or the medical and drug services - many of whom are polydrug users seemingly taking whatever other drugs come their way. In the 1960s and 1970s illicitly obtained opiates and barbiturates were often taken in addition to prescribed heroin and cocaine while in the mid 1980s benzodiazepines, particularly temazepam, became popular supplements and, more recently, cocaine or crack.

Until the late 1970s heroin use was not regarded as a major source of criminal behaviour in this country (Mott 1991). During the 1960s most dependent heroin users were found in London and south-east England. They usually took the drug by injection and were treated by being prescribed injectable heroin and cocaine. Spillage from prescriptions and thefts from pharmacies rather than illegal imports supplied the black market. Analysis of the criminal histories of heroin users coming to the notice of doctors during this time showed that, after they began to be treated and during follow-up periods of two to five years, they were no more likely to be convicted of non-drug offences than the general run of offenders of similar age and number of previous convictions. They were most likely to be convicted of drug offences involving heroin and other opiates. An analysis

of the criminal records of users who were first notified by doctors as addicts between 1979 and 1981 found much the same pattern of offending.

By the beginning of the 1980s there was no doubt that supplies of illicitly imported heroin were readily and cheaply available and the number of regular or dependent heroin users was increasing in some parts of the country, most particularly in the North West of England and southern Scotland. It also became clear that many were committing thefts and burglaries to pay for illicit supplies of heroin.

Research on Merseyside showed that

most took it for granted that the only way they could afford to buy heroin was by committing acquisitive offences (Parker, Bakx and Newcombe 1988). Similar findings were reported from Nottingham, Glasgow and London.

A survey in 1988/89 of sentenced prisoners found that 12 per cent of adult men and 23 per cent of adult women were drug dependent, mainly on heroin. Fifty per cent of both sexes had been sentenced for burglary or theft offences. The men were more likely than non-drug-dependent prisoners to have been sentenced for such offences but less likely for violent offences (Maden et al 1992).

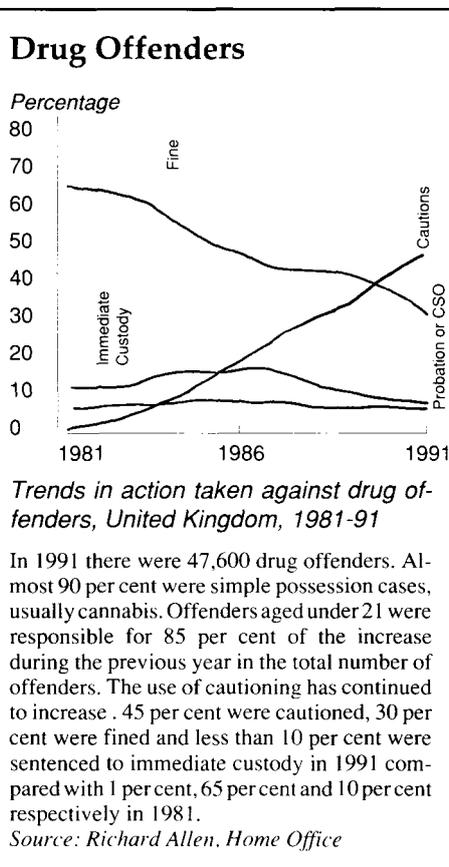
Research on injecting amphetamine users in the North West of England found two thirds admitted to thefts 'in the last six months', mainly shoplifting but also burglaries, theft from cars and cheque or credit card frauds. The most criminal users were young unemployed men who had been convicted of offences before they began to use drugs and who regularly binged on amphetamines and occasionally used heroin (Klee 1991).

Drug markets

There has not been much research on the operation of drug markets. What there has been suggests that when there are few users, who are likely to know each other, drugs are distributed through friendship networks of user-dealers but when the number of users increases the market becomes more structured. Dorn and Murji (1992) refer to the increasing involvement of professional or career criminals in the drug trade since the late 1970s. A recent study described a local crack market as involving larger-scale dealers employing runners equipped with mobile telephones to distribute the drugs, with 'soldiers' acting as debt collectors and prepared to use violence to do so (Bean and Pearson 1992). Anecdotal reports suggest that the popularity of Ecstasy on the 'rave' scene on Merseyside has led to increased competition and violence between dealers.

How is drug taking related to crime?

There are three major explanations for links between problem drug taking and crime - the pharmacological effects of the drugs, economic necessity and devi-



a considerable rise in household burglaries had occurred between 1981 and 1985 in Wirral at the same time as increasing numbers of local unemployed young people were regularly using heroin by smoking it. It was also found that more of them than would be expected were convicted of theft and burglary offences after they had started to take heroin, and

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ant lifestyle - which need not be mutually exclusive. No drug has inherent criminogenic properties, although stimulants can increase irritability so that the user might respond aggressively to a perceived slight or threat. Certainly many of the heroin and stimulant users who have been studied had been convicted of offences before they began to use drugs, some had unconventional lifestyles, most were unemployed, and most said they funded their drug use from thefts, sometimes while high on drugs, and from dealing in drugs.

However, this is not to say that, apart from drug offences, there is an inevitable link between drug use and crime. Almost all the problem drug users studied by research workers have been contacted through introductions from drug agencies or outreach workers and so, by definition, most had social or legal problems or both. Users who are not currently in touch with such services are hard to come by, particularly those with large enough legitimate incomes to fund their drug use or to pay for treatment for their problem use from private doctors or clinics.

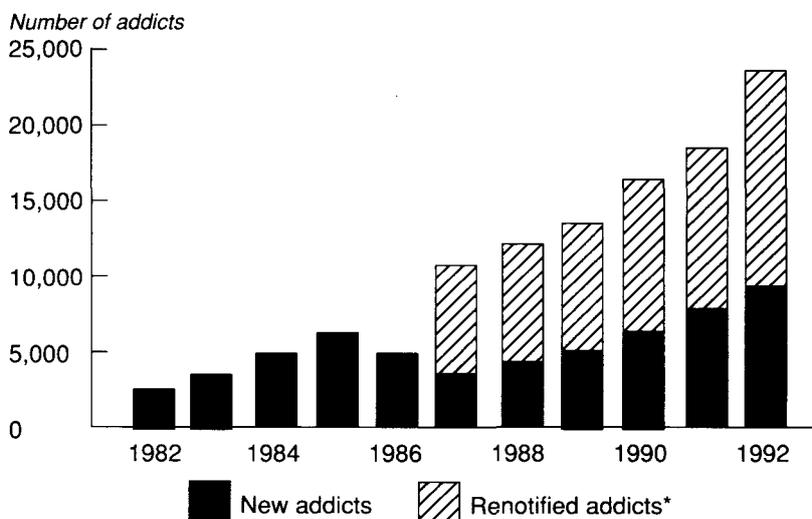
Reducing crime by problem drug takers

Delinquency predates heroin use for a significant minority of problem drug takers so that any social measures that reduce delinquency in general might also help to reduce heroin and other drug misuse.

It is now widely accepted that efforts aimed at reducing the demand for illicit drugs should reduce the casualties of drug taking as well as making illicit drug production and trafficking less profitable. Such efforts include public information campaigns, health education and community action. The major aim of the Home Office Drug Prevention Initiative, set-up in 1990, is 'to stimulate and harness community action against drug misuse' by twenty locally-based prevention teams. Among other schemes, the teams have supported telephone help lines, drug awareness activities and projects aimed at diverting young people from drug taking.

There is evidence that when heroin users are receiving medical treatment, which often involves the prescribing of

Drug Addicts



* No comparable figures are available before 1987 for renotified addicts

Drug addicts notified to the Home Office, United Kingdom, 1982-92

The number of drug addicts notified to the Home Office in 1992 increased by 19 per cent to 24,700, broadly the same rate of increase as in recent years.

The proportion addicted to heroin, the most frequently reported drug, fell below 70 per cent of all notified addicts but this is balanced by an increase in notifications of addiction to methadone which now ac-

counts for over 40 per cent of notifications. Less than 10 per cent were reported to be addicted to cocaine though the proportion is increasing.

In general, the highest numbers of all categories of notified addicts are to be found in London and the north west of England.

Source: Richard Allen, Home Office Research & Statistics Department

methadone, they are less likely to commit acquisitive offences (Jarvis and Parker 1990). Users may be readier to seek and remain in treatment at some times in their lives than at others, for example, when they feel they are growing out of the drug-using lifestyle and tired of the daily round of 'thieving and scoring'.

Joy Mott is a Principal Research Officer at the Home Office Research and Planning Unit.

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