

DIFFERENT STROKES

The impacts of drug control policy on the consumption and supply of cannabis

Maggy Lee

Cross-national drug policy-outcome studies suggest that a clear-cut relationship between drug policy and prevalence in cannabis users does not exist. Rather, different policies are associated with similar levels of prevalence while in other locations similar policies have been formed to be associated with different levels of prevalence.

Reducing the penalties for possession

Between 1973 and 1978 in America, twelve states enacted laws that reduced the penalties for possession of small amounts of marijuana for personal use. Prison sentences were replaced with small fines for first offence possession of small amounts of marijuana. As a result there appeared to be no substantial increase in marijuana use which could be attributed to the relaxation of drug prohibition in the 1970s. Analysis of data from annual surveys of high school seniors found little evidence of differential change in marijuana use between those states which decriminalised possession of marijuana and those states which did not. Any increase in marijuana use in the decriminalised states, taken as a group, was equal to or less than the increases

being observed in the rest of the country.

In 1987, South Australia introduced the Cannabis Expiation Notice system (CEN) under which 'on the spot' fines can be issued to adults alleged to have committed a 'simple cannabis offence'. An evaluation study initiated by the Office of Crime Statistics suggested that, although the rate of police detections of minor cannabis offences increased under the CEN, it was less than the long-term rate of increase over the previous thirteen years. Annual surveys on self-reported alcohol and other drug use among South Australian school children found no evidence of increase in cannabis consumption among at risk groups nor experimentation amongst previous non-users since the introduction of CEN: the percentage of students who reported weekly cannabis use remained stable at less than 6%. About 20% of pupils reported ever having used cannabis, again a stable figure. By contrast, for Australia as a whole, national survey data showed a slight increase in the percentages of Australians aged 14 and over who have ever used cannabis. This is despite the 9-year National Campaign Against Drug Abuse (which started in 1985) and toughened drug enforcement. Thus, it appears that implementation of CEN has had little impact on levels of use in South Australia, when considered against the background of other national factors.

Implementing tougher sanctions for possession

In the USA, the anti-drug crusades of the 1980s translated into new legislation and

enforcement policies that relied heavily on criminal sanctions to control drug use and drug selling. Against the background of a 'war on drugs', what were the patterns of marijuana consumption of the 1980s? Various surveys have shown that the prevalence of marijuana use declined sharply throughout this period. Trend data from the National Household Survey on Drug Abuse and the High School Seniors Surveys suggest that daily use of most drugs rose from the early to late 1970s, peaked between 1979 and 1982, and then declined throughout the rest of the 1980s. The decline was most significant in the use of marijuana and among the youngest age group. Between 1979 and 1990, the percentage of young people who had ever used marijuana or had used recently almost halved.

Whether or not the decline in marijuana use was a direct result of the 'war on drugs' is debatable. Commentators have argued that the decline is perhaps not so much a result of tougher punishment as of changes in attitudes towards the health consequences of cannabis use as reported in the High School Senior Surveys. However, such changes in perception may also stem partly from vigorous enforcement and the accompanying 'Say No' programmes. To complicate things further, the more recent High School Senior Survey in 1993 reported a halt to the long term decline in marijuana use and the latest household survey figures indicate that cannabis use among 12-17 years olds nearly doubled from 1992 to 1994. Thus, on the available evidence, it appears that a hardening of policy vis-a-vis drug possession may co-exist with decreases, increases, or no change in levels of use of cannabis - depending on the historical periods observed.

Controlling the supply of drugs

From the perspective of drug control policy, the objectives of supply-reduction efforts are to maximise the risk to suppliers, increase the price, and reduce the availability of drugs to illicit markets. Such objectives are also valuable from a consumption-reduction point of view, insofar as supply-reduction efforts lead to reduced drug use and reduced adverse consequences of drug use. Is there any empirical evidence to support these potential causal connections? In the USA,

Percentages of respondents in different age groups who used cannabis ever and in the last month (Britain, 1994)					
Age group	No drug	Only Cannabis	Cannabis and other drug(s)	Other(s) only	Total
Ever/lifetime					
16-29	57	11	22	9	100
30-59	78	7	8	7	100
All 16-59	72	9	12	8	100
Last month					
16-29	86	8	4	2	100
30-59	98	1	-	-	100
All 16-59	94	3	1	1	100

Source: *Drug Misuse Declared: Results of the 1994 British Crime Survey*. Ramsay, M & Percy, A. Home Office Research Study 151. 1996.

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the retail price of marijuana has increased significantly between 1978 and 1987 even after adjusting for potency increases and inflation. This coincided with a decline in marijuana use over the same period. Insofar as the availability of marijuana is concerned, however, the High School Senior Surveys suggest that enforcement has had limited success. Marijuana availability has remained essentially unchanged since 1975; each year 80% to 85% respondents report that marijuana is readily available or available.

The Dutch experience

The amended Opium Act which was introduced in the Netherlands in 1976 separated the market of 'drugs presenting unacceptable risks' from the drug market of 'traditional hemp products' such as hashish and cannabis. The legislation could not and did not legalise cannabis, but a rather visible retail market of cannabis petty-dealers and consumers was allowed to develop. This policy co-existed with periods of stability as well as apparent increase in levels of cannabis use. Survey results suggest there was an increase in cannabis use between 1979 and 1983, particularly in the 19-24 age group. A national survey carried out among young people indicate that the percentage of current cannabis users among the 12+ pupils rose to 6.5% in 1992, twice as high as in 1988 and almost three times the percentage in 1984. However, household surveys in cities such as Amsterdam indicate that lifetime prevalence rates of cannabis among those aged 12 to 24 decreased slightly between 1987 to 1990.

Conclusion

The available evidence is insufficiently robust to generate clear answers to the question of the outcomes of stable drug policies or changes. This may be related to fundamental limitations in policy-outcome research and the neglect of geophysical factors in influencing supply and use of drugs. Other commentators have also pointed to other non-drug policy factors (social welfare, economic, health policies) and political contexts to explain the lack of clear-cut drug research findings. ■

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What works in drugs prevention: lessons from research

Karen Duke and Susanne MacGregor

The Government's recent White Paper *Tackling Drugs Together* promotes a community-based management strategy for tackling drug misuse. It signals the beginning of what could potentially be a radical shift in our response to drugs. Dorn and Seddon (1995) have seen the White Paper as "an important event in the history of drug policy". It brings in greater emphasis on prevention and a wider spread of involvement to include responses from the community. For example, nearly £6 million is to be made available in 1995/96 for prevention within education, while the strategy continues to involve GPs, schools, community police, tenants and residents associations and local groups.

Is there, however, any evidence that community-based approaches actually work in preventing drugs misuse?

Community approaches

This new policy is in line with current work in other countries such as the United States, Australia and Canada. It is generally thought desirable to move towards a community-based, multi-component, multi-agency approach targeted at clearly defined target groups, pursuing specific objectives and involving research as an integral part of the intervention strategy.

Most community-based prevention work aims to influence individuals to change their behaviour or attitudes. The community may be seen as the route through which to access the individual (eg. through the school or workplace), but once contact has been made, relatively conventional methods are often utilised. Sometimes, peers, parents, teachers or the media are used as part of the intervention strategy, but with the focus still being on changing the individual. A very different approach is to aim to influence the community itself, to change the context within which individuals live and work. Here, for example, through improving

community resilience or through changes in modes of regulation the aim is to change what are thought of as damaging social patterns.

The key questions to ask of anyone engaged in drugs prevention strategy are: what are you trying to prevent? what or whom are you aiming to influence? how are you doing this? why do you do it this way? how are you assessing the results of what you do? what results have been shown? what is the cost of what you do? and how are results fed back in to further develop your programme?

Information only, affective/competency programmes and alternatives or diversionary programmes alone do not in general impact effectively on behaviour. The most effective programmes seem to have been based on a 'social environmental model'. These multi-faceted and multi-component strategies involve training in identifying and resisting situational pressures together with normative education. They may be located in schools or in communities. Community efforts aim to reinforce non-using norms among parents, school personnel, local business and community leaders. Sponsorship from the latter is often important in gaining support from the intervention.

Effective programmes

Kumpfer (1991) concludes that "cost-effective programs are likely to be those which include the following elements: community volunteers working with youth in community settings, strategies



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which target high risk youth, messages that stress healthy lifestyles and focus on short-term consequences, and integrated programs with enduring, co-ordinated and pervasive strategies that address ... environmental domains". The same author suggests prevention interventions need to be targeted and based on the best known aetiological factors. The preferred prevention strategies are those that co-ordinate local community involvement including messages that stress healthy lifestyles, target high-risk youth, and are enduring naturalistic prevention programs.

The majority of drugs prevention programs have not been guided by empirical data but have been based on commonsense notions. However, there is a growing body of studies which can be used to improve the effectiveness of intervention strategies. One of the key difficulties in assessing and evaluating community-based drugs prevention is demonstrating clear causal links. The effects of community-based interventions may spread through social networks, building up change over time, which need to be assessed using different methodologies.

What is clear is that 'community approaches' are currently fashionable and are being prioritised. What is less clear is whether sufficient well conducted research will be supported in this country to assess whether these developments have much impact in the short and long term.

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Kumpfer, K L (1991) "Children and adolescents and drugs and alcohol abuse and addiction: review of prevention strategies" in *Comprehensive Handbook of Drug and Alcohol Addiction* edited by Norman S Miller, Marcel Dekker, Inc.

Drug-users as peer educators

Mike Shiner and Tim Newburn

During the last decade there has been an apparently inexorable increase in drug use by young people. While, in some quarters, this has resulted in either panic or a sense of defeatism, in others it has stimulated innovative attempts at education and awareness raising. Significantly, the Government, in launching its parents' guide to drugs, recently abandoned the 'Just Say No!' approach which has long been discredited among drug education professionals. Given this Governmental reorientation, one might now realistically argue that there is an emerging consensus which emphasises the need for drug work with young people to be educative rather than prescriptive. Who is to provide such a service now becomes perhaps the key question.

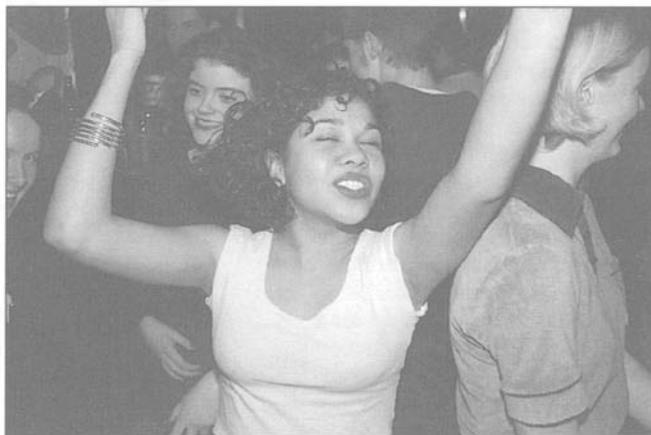
Providing credible drug education

Following the demise of traditional responses to drug use by young people, 'peer' approaches have become increasingly popular. Such approaches are based on the view that educational messages in fields such as this only stand a chance of being effective if they coincide in some way with the general value system of the people they are aimed at. This is generally taken to mean that the message bearer should be roughly the same age as those the message is aimed at. In relation to drugs education there are examples, however, where the word 'peer' is defined more broadly, involving older rather than same age 'peers', or focusing on experience rather than age and, consequently, involving drug users in drugs education.

The involvement of ex-users in drug education has, however, had a lukewarm reception from some parts of government. In 1994, the Department for Education, as it then was, warned that former drug users 'may perversely serve to glamorise drug misuse and actually encourage experimentation' as they provide 'living proof that recovery is possible'. We take issue with this view as a result of evaluating the work of the Youth Awareness Programme (YAP), one of the best known examples of a project in which young people who have used drugs play a central role as educators. Part of the Newham Drugs Advice Project, YAP's work centres around a series of school and youth club based workshops, in which users and non-users of drugs participate. YAP emphasise the importance of using educators who are slightly older than its target and, while many of its volunteers have been involved with drugs, it has a policy that individuals must be drug-free for a year before they can become volunteers.

Despite the controversial nature of using users in this way, we concluded that the central involvement of people who have used drugs is a crucial part of providing credible drug education to young people, especially those who have, themselves, used drugs (Shiner and Newburn 1996). As was implied in the DFE circular cited above, we found that it was indeed the case that participants in workshops run by YAP were fascinated by workers' drug-using experiences. However, this was not because they felt it to be glamorous. Rather because it lent credibility to the message bearer.

While we did find some justification



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for the view that the educator's age is important in establishing credibility with an audience, we concluded that the influence of age is mediated by and, in part, explained by experience of drug use. Age was used by participants as a way of judging whether or not individuals were likely to have used drugs. In general, drug use was seen as a young person's activity and as something that older people were unlikely to have experienced. This perceived link vindicates the basis of the peer approach. It means that younger people, rather than adults, are viewed as credible sources of drug information.

Added complexities

The relationship between age and credibility was complex however. We

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became aware, for example, that participants often felt that people of the same age would tend to have broadly similar levels of experience and knowledge, and that consequently they tended to favour educators that were slightly older than themselves. Moreover, there were also circumstances in which participants indicated that people who would not normally be considered credible because of their age, might be re-viewed as such if they were thought of as having had relevant experience. Thus one YAP worker, despite being in his mid to late 30s, retained credibility with the young people in the workshops in large part because he had used drugs.

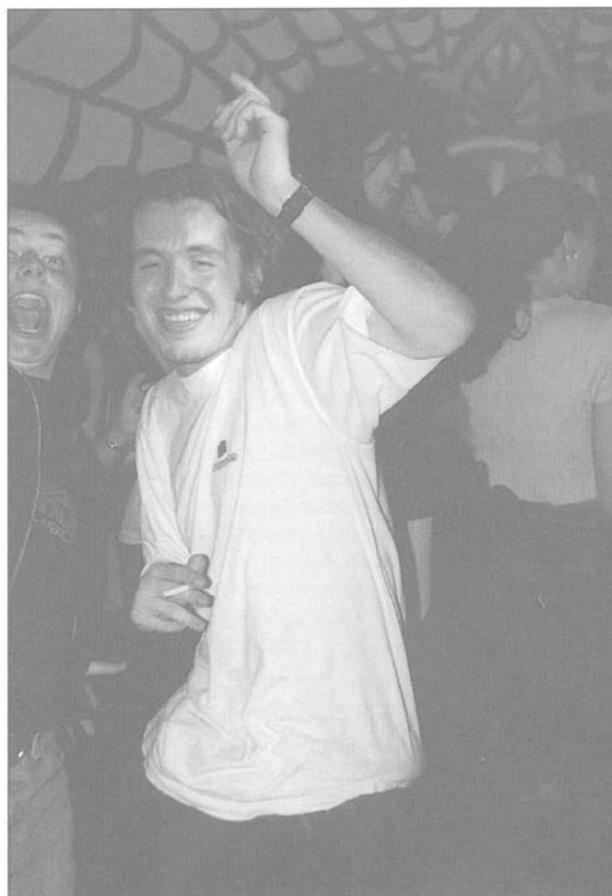
The 'secret' of peer education, however, is not entirely to be found in the characteristics of the message-bearer. The content of the message being relayed, and the way it is communicated are crucial. The YAP workers' rejection of a

prescriptive approach and their adoption of a relatively relaxed method of communication clearly enhanced their credibility. Just as important as the general tone of the message is the detailed information that is given out. Participants clearly evaluated the content of the workshops in the light of their own drug-related experience and the neat fit between these two sources of information also enhanced the workshop leaders' credibility.

Our study suggests that drug education, providing it is led by a credible educator and contains appropriate messages, can be effective in shaping young people's decisions about using drugs. It can heighten awareness of harm reduction techniques and, for non-users, it can consolidate anti-drug views and reinforce decisions not to use. Among drug users it can discourage the development and extension of drug repertoires and, for those who have started to question their own use, it can support and validate decisions to stop using or to reduce existing levels of use.

Conclusion

One of the consequences of the explosion of media interest in drug use by young people has been the further pathologisation of the drug user, and especially the drug seller. Despite the evidence of its failure, the 'war on drugs' mentality has far from disappeared. Nevertheless, the inadequacy of the 'Just Say No' approach in the face of increasing levels of youthful drug use has focused all but the most reluctant minds on the



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need to develop drug education services which are tailored to the needs and lives of young people. One way of increasing the likelihood that the messages being delivered by such services will be credible to young people, is to involve drug users in the provision of drug education. Doing so requires us all to develop a more sophisticated view of drug use and drug users.

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