A SENSE OF PERSPECTIVE

The history of the 'drugs problem'

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Wellcome Institute Library, London

If you'd talked about the 'drugs problem' two hundred years ago, no one would have known what you meant. There was no notion then of 'drugs', in the sense of a small group of substances scientifically believed to be harmful because addictive or personality destroying, the availability of which is restricted by law. The term 'drugs' as a shorthand for a bunch of assorted narcotics is in fact a twentieth-century coinage: if you'd mentioned 'drugs' to anyone in George III's time or in the Victorian era, they'd have thought you were referring to the remedies physicians prescribed and apothecaries made up (hence the American 'drug-store' for what we call a chemist's shop).

Even the idea of addiction is quite recent. Of course it had been well known since Antiquity that some substances may be harmful, indeed poisonous: Socrates had to drink the hemlock. And others were known to be intoxicating or incapacitating: the Bible presents the warning tale of Noah getting blind drunk. But nobody before 1800 thought in terms of substances having chemical properties that routinely caused dependency.

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Eighteenth century pain relief

Take opium. Medicinally used since Antiquity, opium was prescribed through the Renaissance and into the eighteenth century - for coughs, dysentery and as a pain-reliever - without any real notion of harmful consequences. 'Providence has been kind and gracious to us beyond all Expression', wrote one of the greatest eighteenth-century British doctors, George Cheyne, 'in furnishing us with a certain *Relief*, if not a Remedy, even to our most *intense Pains* and *extreme Miseries*' - 'the End will be obtained without any Fear of *Over-dosing*' he added. When the mother of the great actor, David Garrick, fell ill in 1734 with a hip problem, he reported 'Nothing gives her ease but opium'. There was then no idea of an 'addict type'. Likewise everyone knew that some habitually got drunk - the 1730s and 40s brought the Gin Craze in England - but no one thought of even the worst drunkards as addicted: the word 'alcoholic' wasn't coined (because it was not needed) until the mid-nineteenth century.

In these circumstances, many substances which later became matters of concern and regulation were freely available. In the eighteenth century you could buy opium in your corner shop in halfpenny paperfuls to help cope with aches and pains. It was especially helpful in fenland areas where it was used by chronic sufferers from 'marsh fever' (malaria). British farmers were actually encouraged to grow opium poppies and could win prizes for bumper crops. The pains as well as the pleasures were explored for example by Thomas De Quincey's *Confessions of an English Opium Eater* (1822), but it is worth remembering that De Quincey successfully managed his opium habit and sustained a forty-year long writing career.

Politics and expediency

There long remained powerful pressures to keep such substances legal and freely available. Victorian politicians and medical men battled against religious zealots and teetotallers urging policies of total abstention. In the 1840s and 50s Britain fought two major wars to compel the Chinese government to continue importing British opium grown in India. In 1893 the Raj reaffirmed its approval of the availability of cannabis for the native Indian population: it kept them quiet and brought in tax revenue.

So where did the 'drugs problem' come from? There is no one single answer. In the nineteenth century awareness grew of the dangers attending traditional substances like opium. Breakthroughs in medical research played their part: laboratory synthesis of morphia and heroin (out of opium) and cocaine (out of the coca leaf) led to a huge increase in the dispensing by physicians and the therapeutic consumption of substances that sometimes proved habit-forming - explaining the success of the British medical profession in getting such drugs made prescription-only from the 1860s.

But all the indications suggest that the 'drugs problem' in the USA and UK has primarily been created by a combination of political zeal and opportunism, media panic, and the criminalisation policies pursued jointly by the police and the legal and medical professions. In America the punitive Harrison Act of 1914, the first measure which banned 'hard drugs', was largely directed against opium-using Chinese immigrants. Criminalisation in turn created a black market and a narcotics underworld, and encouraged youthful experimentation, leading to the problem of dealers, pushers and the Mafia.

After the ending of alcohol prohibition in 1933, newly unemployed anti-drink crusaders and bureaucrats needed to find another substance to demonize and picked on marijuana, associated with urban blacks and criminalised in 1937. Initially this was without the support of the medical profession, who had no evidence that it

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was seriously harmful; political pressures soon brought the doctors into line behind Congress. The consequence of such legal and political changes was that in the USA drugs became an industry and a culture which dominant groups (police, drug experts, the criminal fraternity, and politicians) had an overwhelming stake in sustaining. In 1971 President Nixon declared that 'America's Public Enemy No. 1 is drug abuse' - the truth was, however, that it was him. By the early 1980s, some 300,000 Americans a year were being arrested on cannabis charges alone.

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British 'drugs problem'

To some degree, the British 'drugs problem' as it emerged in the twentieth century was simply a pale reflection of American attitudes and policies. Press panic-creation early in the century centred on the Chinese 'dope-fiends' of Limehouse and their Bohemian hangers-on; by the 1960s it was juvenile delinquents who were identified as the drug-taking demons. From then on, being 'tough on drugs' became the slogan of every macho police chief and every Home Secretary seeking the votes of the moral majority. The rest is depressingly familiar.

It has not been my intention in this brief historical survey to assess the injuriousness of certain substances (all the evidence suggests a mixed verdict). Rather what I have aimed to show is that the perception of a 'drugs problem' is quite modern; it has little to do with the substances involved - with chemistry and physiology - and much to do with social crisis and the strategies of politicians, police and 'experts'. For long in this country political pressures kept 'drugs' available; in the course of the last hundred years, political pressures have reversed the old policies. As a result, the formulation of theories of addiction and the pursuit of criminalisation have together created a problem that will not easily go away.

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Drug misuse and the criminal justice system: a review of the literature

Michael Hough

More problem drug users probably pass through the hands of the police and the courts than through any other agency dealing with drug misuse. This makes the criminal justice system a potentially pivotal component in the machinery for tackling drug misuse. This paper summarises a literature review on the topic which I conducted last year for the Home Office Central Drugs Prevention Unit. The review covered recent English-language research on the links between drugs use and crime and on ways within the criminal justice system of reducing demand for drugs amongst problem users. A great deal of this research is American, and some caution is needed in extrapolating to this country.

Links between drug use and crime

Both drug use and acquisitive crime are widespread amongst the young population: a third of males have acquired a criminal record by their mid thirties; and a third or more will have had some experience of illicit drugs. The vast majority, of course, have limited involvement in either drugs or other crime, and emerge with little or no difficulty. Only a very small proportion is heavily involved in either drugs or crime.

Drug misuse and other forms of crime have causal roots in common. Both are often prompted by curiosity, hedonism, the pursuit of risk and excitement, and the rejection of authority. It is impossible to say precisely how much crime is drug-related, because there is such a variety of linkages. It is fairly clear that most recreational drug use lacks obvious links with crime - beyond the offence of possession itself: it is no more closely related to property crime than any other forms of discretionary spending amongst young people, whether on clothes, alcohol or CDs.

Nor are the links between problem drug use and crime as simple as media and popular discussion often suggests. The stereotype of the casual user getting 'hooked' and then being driven by dependence to property crime represents the minority of cases; the relationship between the two can take many other forms, for example:

- Involvement in serious crime often pre-dates any problem drug use.
- Property crime can pay for heavy drug use, and thence dependence.
- Property crime and drug dependence may increase in a vicious spiral.

That there is a connection between drugs and acquisitive crime is beyond doubt. Individual drug users finance their drug use from many sources - income, loans, gifts, debt, prostitution and drug-dealing. However, a large minority of dependent drug users admit to financing their habit - at least partly - through acquisitive crime; estimates vary from a fifth to almost three quarters, depending on the samples and their drug use. Research has also shown - not quite the same thing - that a large minority of dependent drug users' aggregate income is raised through crime; estimates range from a fifth to a half. Some problem users need substantial sums of money to finance their drug use. Figures can run to several hundred pounds a week for dependent heroin users, and higher figures still have been reported for some crack users.

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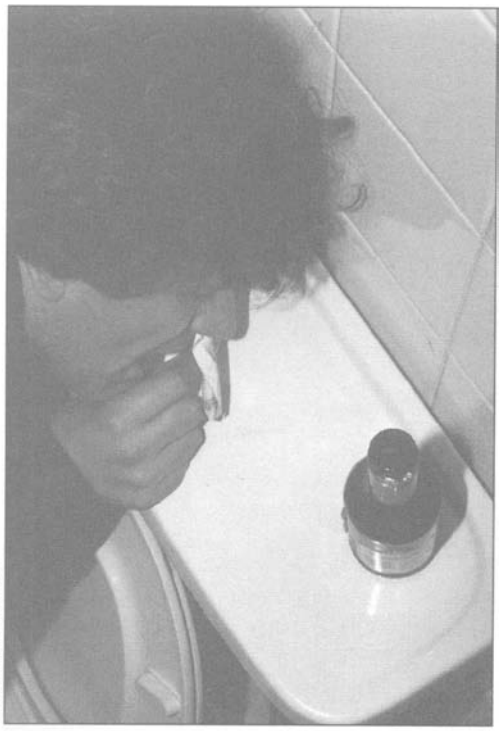
The other side of the coin is that a large minority of convicted offenders have been identified as problem drug users: up to a fifth of offenders on probation may be problem drug users; one in ten men in prison, and a quarter of women, may have been drug dependent before admission; more will have had problems relating to their drug use.

AND JUSTICE



Stuart Harkness

Various tentative estimates have been made of the proportion of crimes which are drug-related. Our current knowledge is so patchy that all we can say for certain is that drug misuse is responsible for a significant minority of crime in England and Wales. The number of drug-driven crimes certainly numbers in the hundreds of thousands, but it could run to a million - which would represent a fifth of recorded crime - or more. The number of crimes which are more loosely related to drugs is certainly higher. The costs to the criminal justice system of dealing with drug misusers are substantial; if drug-related crime absorbed 5 per cent of criminal justice resources, this would cost about £500 million.

The criminal justice system can be an important conduit through which drug users with serious drug problems reach treatment.

Interventions before sentence

There are several strategies for reducing demand for drugs amongst dependent and other heavy misusers which can be deployed in advance of - or sometimes instead of - court proceedings. Low-level enforcement (or 'inconvenience policing') can clearly be successful in disrupting drug purchase. Though 100 per cent displacement is unlikely, its impact on demand for illegal drugs is hard to quantify. It is obviously important to think through all the range of intended and unintended consequences which can flow from the dispersal of drug markets.

Arrest referral schemes are growing in popularity as a means of putting problem users in touch with drug agencies. They typically have very low referral rates, but well-resourced schemes have produced significant flows of referrals; they can probably be cost-effective even when the numbers of offenders entering treatment are small.

Treatment delivered via the criminal justice system

The literature on the treatment of dependent drug misusers (heroin users in particular) has demonstrated that a variety of treatment methods can yield benefits - though success is often partial. Drop-out rates are significant and relapses frequent. Total abstinence may be a desirable goal, but it cannot be achieved simply or quickly. Going for second-best initially may be the best long-term strategy. Research - not necessarily conducted within the criminal justice system - has found that:

- Methadone maintenance programmes reduce both illegal heroin use and related crime
- Higher rates of daily dosage (60 mg or more) of methadone seem to be more effective than lower ones.
- Medically supervised detoxification has no benefits over and above unsupervised detoxification and reduction prescribing of methadone will not achieve as much as maintenance prescribing
- Therapeutic communities have high drop-out rates, but those who stay full-term do much better than comparison groups
- Other types of counselling and social skills training can be effective, provided that they can retain clients in treatment.

There appear to be three key elements of successful treatment - whether or not delivered within the criminal justice system. First, it is important to get misusers with serious drug problems into treatment quickly. Secondly, they need to be kept in treatment for as long as possible, and for a minimum of three months. And thirdly, the treatment ethos is important; incentives are needed to keep misusers in treatment, which must be delivered in a positive and supportive environment.

The criminal justice system can be an important conduit through which drug users with serious drug problems reach treatment. Research findings specifically on the impact of community-based treatment within the criminal justice system are:

- Legally coerced treatment is no less effective than treatment entered into 'voluntarily'
- The criminal justice system is well placed to coerce people into treatment and keep them there
- Drug testing can provide a solution to problems of disclosure in identifying illegal drug use, and can help secure compliance with treatment conditions
- Drug testing should form an integral part of treatment, rather than being used simply as a form of surveillance.

Coerced treatment and drug-testing can obviously raise ethical dilemmas. In resolving these, it may be important to ensure that coerced treatment stops short of being compulsory treatment, and that treatment is no more restrictive of the liberty of offenders than a conventional and proportionate punishment. It is obviously essential to ensure that the coerced treatment is appropriate to the individual in question. ■

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Problem Drug Use and Criminal Justice: a review of the literature, Home Office Drugs Prevention Initiative Paper No. 15, by Michael Hough. 1996