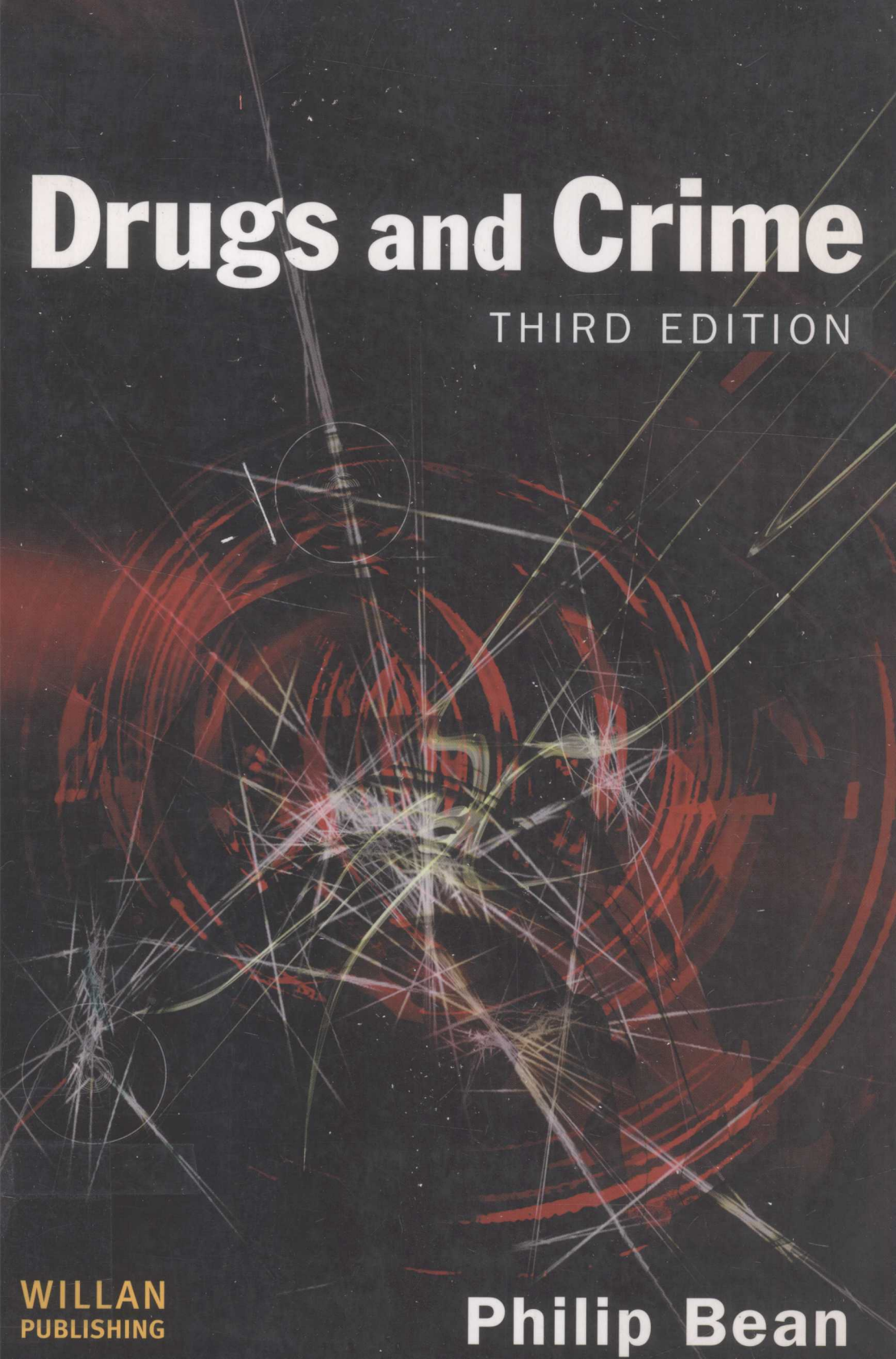
Drugs and Crime

THIRD EDITION



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Preface and acknowledgements

Writing in the late 1960s on drug taking and crime, I thought any link (such as there was) would be complex, and full of pitfalls for the unwary. I little realised how true this was, nor how many and deep were the pitfalls. Nor was I able to see that drugs and crime would dominate government thinking. In the 1960s questions were rarely asked about crime, but of over-prescribing, about the role of the medical profession, and how best to explain drug taking within the context of the social attitudes of the time.

In the last 40 years or so things have changed. Then drug users were rare; now they are commonplace. Then they were pitied; now they are likely to be scorned. Then there was no supply system except through the over-prescribing doctors; today cocaine comes from the Andes, heroin from Afghanistan, Turkey and South East Asia, and amphetamines, ecstasy and similar drugs are manufactured in Britain or on the continent. In the last five years or so the government has reacted to the drug problem – but whether always with the appropriate vision or in the right direction remains a matter for debate. Some of the policies seem right, but others (which have led to the Drug Treatment and Testing Order) and the dominant role given to Drug Action Teams are surely not. In addition, government-funded research is scanty, often promoting short-term, small, atheoretical, epidemiological studies. Large-scale longitudinal studies which would provide detailed information about the natural history of the phenomena have not been forthcoming. Nor do non-governmental agencies (NGOs) fare better, for they too rarely promote high-quality research.

I offer this book as a way of assessing what is broadly known about drugs and crime and related matters such as policing, drug testing and treatment. I have also made suggestions about how best to proceed. Inevitably the topics selected represent a personal interest, and no claim is made to suggest they produce a compendium of the drugs–crime debate. None the less, it is hoped enough areas have been covered to sustain the claim that this book includes most of what we mean when we talk of drugs and crime, especially as these affect Britain.

It is nearly seven years since I wrote the first edition. Things have moved on since then. In some ways not as fast as one would have liked, for we are still a long way from meeting and dealing with some of the more obvious structural difficulties. There has been no attempt to replace the Drug Treatment and Testing Orders (DTTOs), and nothing has been done about trying to get treatment and criminal justice agencies to work together more closely. Nor has there been an evaluation of the way the Drug Action Teams operate, with their budget of about £400 million per year. Might all this be an indication that inertia or the like is the dominating force? Perhaps so. Let us hope someone somewhere will provide the necessary political drive to move things forward.

I have made further changes to this the third edition. The tables and data relating to Chapter 1 and Chapter 3 have been updated, at least where possible. It has been mightily difficult to find appropriate data and it is not an exaggeration to say that the UK national system for data collection and retrieval is a shambles. Accordingly, not all the earlier tables have been updated. Where there is no information I have pointed this out and have left the tables as in the second edition. Joy Mott, formerly of the Home Office Research Unit, has undertaken the burdensome task of finding the data and updating accordingly. I wish to acknowledge the enormous assistance given by her in these chapters.

Some chapters have been left unaltered but others, particularly Chapter 6 and Chapter 7, have been rewritten to take account of additional material and to fill the gaps in earlier texts. For example, in Chapter 7 I have added a section on 'ice' and extended the section on police tactics to include 'stop and search', 'test purchase', and so on. In doing so, I hope to have strengthened these chapters, particularly through the inclusion of more British research. Chapter 10 is new and entirely devoted to the 'legalisation debate'. It was pointed out to me that a book on drugs and crime ought to deal with the questions surrounding legalisation if only because legalisation or prohibition

provides the basis from which almost all else follows. I have therefore tried to set out the main arguments in that debate in a manner which is informative without sitting on the fence, concluding that the case for legalisation in its full-blooded form has not been satisfactorily made. Chapter 11 (the old Chapter 10) has been amended in a way that I hope improves and strengthens my conclusion by setting out the arguments in a more systematic way. My aim throughout has been to produce a book which covers most of the central areas of the debate on what has always been an important and interesting subject.

There is no doubt that the 'drugs crime' problem remains central to criminology generally and government's thinking in particular. Sadly, I can see little in the way of government thinking which suggests that our elected leaders appear sufficiently concerned to get on top of the matter. There is much talk but little in the way of direct proposals aimed at turning a bleak situation around. Hopefully, this third edition will add to the debate and perhaps stimulate some new ideas.

I have burdened a number of people by asking them to comment on the chapter on legalisation and would wish to thank them for their assistance; Leo Goodman, Mike and Peach Partis, Philip McLean, Joy Mott and Teresa Nemitz. I am grateful to them and have welcomed their comments. I also wish to thank others too numerous to mention who have assisted me throughout, and especially my erstwhile colleagues at the University of Loughborough who did so much to make my time there stimulating and enjoyable. I also would repeat my thanks to Joy Mott who worked so valiantly on the data in Chapters 1 and 3. Needless to say the errors that remain are mine. Finally, I would thank publicly my friends and immediate family. That this book is dedicated to some close family members is a further indication of their importance.

Philip Bean

Contents

Chapter 1

Drugs and crime: an overview

A great deal has been said about the links between drugs and crime and, in Britain, an increasing amount of resources is given to drug-crime prevention programmes. For example, the Criminal Justice and Court Services Act 2001 involves estimated costs for national implementation of the new drug-testing proposals of approximately £45.5 million (House of Commons 2000: 24). This is a small part of an ever increasing spiral of expenditure aimed at reducing drug use – rightly described as the scourge of our age – and the corresponding social and economic problems it brings.

For our purposes, 'drugs' are defined as those substances controlled by the Misuse of Drugs Act 1971 (henceforth the 1971 Act) of which there are a number. (The terms 'drug misuse', 'substance misuse' or 'drug abuse' will be used interchangeably.) Cannabis, amphetamines, heroin, cocaine, 'crack', LSD and ecstasy are, for these purposes, the most important, as they tend to be the most widely used illegally. Debates about what constitutes a drug, the moral connotations attached to the term and about how or under what circumstances certain substances are selected for control are important but not considered here. These are topics in their own right warranting more consideration than space permits. The task here is different: it is to examine some of the major criminological implications of the drugs-crime nexus, to determine how drugs and crime are linked and to assess the responses made to those links.

The drugs-crime debate extends beyond the legislation to include, *inter alia*, policing (whether on matters of interdiction – i.e. before drugs enter Britain – or local procedures, including the use of

informers) and the sentencing of drug offenders involving treatment programmes, whether as part of a sentence of the court or not. It can, and indeed should, include the impact of drug use on local communities – not least because of the deleterious effect drugs have upon them (Barton 2003).

To complicate things further, many of the substances controlled by the 1971 Act can be prescribed by selected physicians to substances misusers. Maintenance prescribing has a long tradition in British drug policy, going back at least to the Rolleston Committee in 1926 (Bean 1974; Spear 2002). Without going into the merits or defects of maintenance prescribing, one of its critics defined it as 'producing a maladaptive pattern of use manifested by recurrent and significant adverse consequences related to the repeated use of substances with clinically significant impairment or distress' (Ghodse 1995; 162). This should alert us to some of the complexities. If substances can be prescribed, the question must be: for what reason? Are they to assist the offender or to reduce crime? And what, after all, is a 'maladaptive pattern'? Or, how are we to talk of dangerous drugs when some prohibited substances are not dangerous, whilst others not included are? Moreover, what are the boundaries of the debate? Hopefully some of these questions will be answered here, but some remain elusive and difficult to unravel. We can begin, however, with a workable definition of what we mean by 'drugs'. For these purposes, and to avoid a lengthy and acrimonious debate, a pragmatic, circular definition has been used – 'drugs' are what are usually included in the debate about drugs.

Extent of drug use

Who, and how many, are the users? Drug misuse is largely an illegal activity, making it difficult to measure. Traditionally, national estimates have been based on a set of indicators which have included convictions for possession or supply, drug seizures by police and HM Customs and Excise, and notification to the Addicts Index where notification was required under the Misuse of Drug (Notification of and Supply to Addicts) Regulations 1973. Taken together they provided some evidence of trends of use throughout Britain. These standard indicators are still used, although to what effect remains unclear. The Addicts Index has been replaced by what is now called a 'starting agency episode'. This is where users are recorded when they first attend a selected drug treatment agency, or reattend after a

break of six months or more. Unfortunately data from these starting agency episodes are not comparable with that of the older Addicts Index, and of course seizures or possession offences in themselves are uncertain indicators, reflecting the activities of the police and HM Customs rather than measuring the extent of use. Accordingly I have selected some key indicators which, in their way, provide insights into the current position. The data come from large-scale, national, self-report surveys such as the British Crime Survey (BCS), from the National Treatment Agency for Substance Misuse, and from research projects commissioned by the Home Office.

Prevalence of the use of controlled drugs in the general population

First we have the surveys. The Home Office, the Scottish Executive and the Northern Ireland Office conduct regular household surveys of people's experience of crime which include questions about drug use (see Corkery 2003 for an excellent summary of this data up to 2002/03 and Northern Ireland Office 1999). These surveys provide a measure of the prevalence of drug misuse in the United Kingdom in the general population. (For a review of how survey methodology in this field has developed see Ramsay and Percy 1997).

In the three national surveys, more 16 to 24 year-olds report drug use last year and last month than people in other age groups and with more men than women doing so, with cannabis by far the most commonly used drug. Very few people in the general population admitted to heroin use (Frisher *et al.* 2007).

England and Wales

The British Crime Survey (BCS) covers people living in private households in England and Wales. Younger people, aged between 16 and 24, report higher levels of drug use than older people, with more men than women saying so. The proportions of people in the BCS from 1996 to 2005/06, who said they had used any controlled drug in the last year and last month, are shown in Table 1.1 below. While the proportion of 16 to 59 year-olds has remained constant (at 11–12% for last year use during the ten year period) there has been a significant drop in the proportion of 16 to 24 year-olds (from 30% to 25%, with a corresponding drop in last month use) from 19% to 15%.

Between the 2000 and 2005/6 BCS the estimated number of 16 to 24 year-olds who admitted to using one or other of certain controlled,

Table 1.1 England and Wales: use of any drug in the previous year and month (BCS 1996–2005/06 expressed as rounded percentages).

	Last year		Last month	
Age:	16–59	16–24	16–59	16–24
1996	11	30	7	19
1998	12	32	7	21
2000	12	30	7	19
2001/02	12	30	7	19
2002/03	12	29	7	18
2003/04	12	28	8	18
2004/05	11	27	7	16
2005/06	11	25	6	15

Source: Roe and Mann 2006.

drugs in the last year and the last month dropped, largely due to fewer people reporting use of cannabis. There was a significant increase in the number reporting their use of cocaine in powder form.

Scotland

The 2000 Scottish Crime Survey (SCS) found people aged 16 to 29 were most likely to report drug use in the last year and the last month (17% and 13% respectively) compared with those aged 30 to 59 (with 3% and 2% respectively). More 16 to 19 year-old women than men had used drugs in the last year (21% and 15% respectively) with less difference in the 20 to 24 age group (17% and 19% respectively) (see Fraser 2002). The 2003 SCS found this sex difference had reversed with more men than women reporting drug use in the last year in both age groups (27% and 20% respectively of 16 to 19 year-olds, and 33% and 25% respectively of 20 to 24 year-olds) (see Anderson and Frischer 1997; Murray and Harkins 2006).

Both the 2000 and 2003 SCS showed that cannabis was the most commonly used drug, with very small numbers of respondents reporting the use of any other. However, Corkery (2003) states that, in reality, heroin, crack and methadone are widely used – as is shown by the comparatively high numbers of deaths involving these drugs.

A superior data set comes from the University of Glasgow (self report studies such as from the Scottish Crime Survey notoriously under report drug misuse and drug users rarely complete

Table 1.2 Best estimates of numbers of people aged 16 to 24 in the population of England and Wales who had used selected drugs in the last year and the last month, 2000 and 2005/06 (thousands).

	Last year		Last month	
	2000	2005/06	2000	2005/06
Any cocaine	285	370	103	189
Cocaine powder	–	367	–	188
Crack	50	24	11	13
Heroin	46	10	18	4
Any Class A	533	526	275	251
Cannabis	1,503	1,338	959	810
Any drug	1,649	1,575	1,036	941

Source: Ramsay *et al.* 2001; Roe and Mann 2006.

questionnaires). The Centre for Drug Misuse, University of Glasgow, using a methodology which incorporated data from various sources including the police, has produced estimates of the prevalence of drug misuse in Scotland for the calendar year 2003, focusing on the 15 to 54 age group (Hay *et al.* 2005). They report that there were an estimated 51,582 individuals misusing opiates and/or benzodiazepines in the year 2003. This, they say, corresponds to 1.84% of the population aged between 15 and 54. The 95% confidence interval (CI) attached to the national estimate ranges from 51,456 to 56,379 (1,842.01%). The proportion estimated to be female is 31% and for males this is 69%. The age breakdown among males was 30% aged between 15 and 24, 45% between 25 and 34, and 25% aged between 35 and 54.

Somewhat surprisingly they found the highest prevalence of problem drug misuse within a DAAT area was in the Dundee City DAAT area, with a prevalence rate of 2.80% for those aged 15 to 54 (95% CI 2.51–3.22%), and not in Glasgow – although this was followed by Greater Glasgow with a prevalence of 2.64% for the 15 to 54 age range (95% CI 2.55–2.87%). In terms of drug injecting, it was estimated that 18,737 people were injecting opiates and/or benzodiazepines in 2003 (95% CI 17,731 to 20,289). The highest drug-injecting prevalence rates were identified in the Argyll & Clyde, Greater Glasgow and Grampian NHS Board areas; in each of these areas it was estimated that just under 1% of the population was injecting drugs (Hay *et al.* 2006).

Table 1.3 2003 Scottish Crime Survey: people reporting the use of selected drugs last year and last month by age (rounded percentages)

	Last year			Last month		
Aged:	16–59	16–19	20–24	16–59	16–19	20–24
Any cocaine	1	3	5	*	1	1
Crack	*	0	1	*	0	1
Heroin	*	0	1	*	0	1
Cannabis	8	21	25	5	14	15
Any drug	10	24	28	5	15	17

*less than 1%

Source: Murray and Harkins 2006.

To repeat an earlier point: these are the best available data in the UK and accordingly comparisons with data for England and Wales are not likely to be worthwhile.

Northern Ireland

The Northern Ireland Crime Surveys between 2001 and 2005 showed a significant drop in the proportion of 16 to 24 year-olds reporting any drug use last year or last month, largely accounted for by a drop in cannabis use (McMullan and Ruddy 2006; NACD and DAIRU 2003).

As in England, Wales and Scotland, cannabis was the drug most commonly used last year and last month in the 2001, 2003/04 and 2005 Northern Ireland surveys. Very few people of any age reported the use of cocaine, crack or heroin (Hague *et al.* 2000).

Estimates of the prevalence of problem drug use in England and Wales

Problem drug users are less likely to be reached by surveys of the general population because they may not be living in private households or, if they do, may not be willing to be interviewed. Sophisticated statistical methods (capture/recapture and multiple indicator) have been used to estimate the prevalence of 'problem drug use' in England in 2004/05 (Hay *et al.* 2006), and also in Scotland.

Problem drug use was defined as those who used opiates (heroin, methadone or other opiates) and/or crack cocaine. It was estimated that in 2004/05 there were 327,466 problem drug users in England and Wales, of whom 281,320 used an opiate drug and 192,999 used