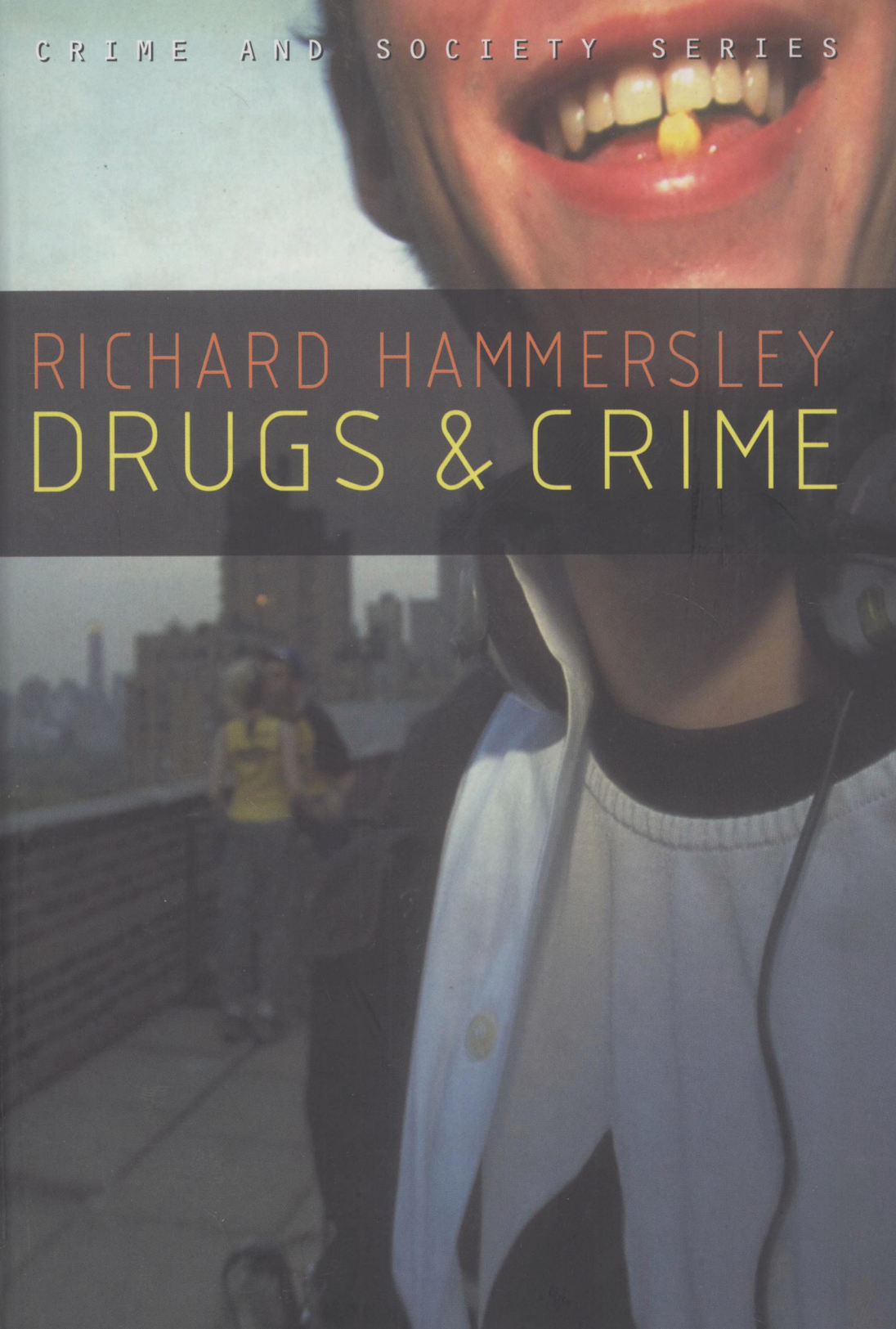


CRIME AND SOCIETY SERIES

RICHARD HAMMERSLEY  
DRUGS & CRIME





# Drugs and Crime

## Theories and Practices

Richard Hammersley



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# Drugs and Crime



*To my daughters Clara, Marika and Suzanna:  
may you know little of either*



# Preface

People are often surprised, sometimes shocked, when I do not share fully their grave concerns about drugs and crime. There is often an eagerness to hear from 'an expert' how bad the problems are, maybe even worse than they imagined. Through my research and reading I believe that drugs and crime problems are no larger than many other problems in the world, that they may be unavoidable consequences of the types of society many of us live in today, and that more caring about some of the larger problems, rather than drugs, might be more beneficial to humankind, as well as perhaps having the pleasant spin-off effect of reducing drugs and crime problems. Among those larger problems are poverty, famine, injustice, ignorance and avarice.

My research-based knowledge of drugs and crime has included interviewing over a hundred drug users myself over the years, also analysing interviews with many more conducted by other people. While experienced specialist practitioners and other researchers have had similar levels of exposure to drug users' lives, this amount of experience is not common among generalist practitioners, whether health-care professionals, law enforcement officers or social workers, policy makers, journalists or indeed drug users themselves, or their families. Too often, people play the ace of their lived experience in debate about drugs as if their relatively narrow experiences were the last word, or they simply rely upon a vague consensus that drugs are evils without parallel.

I also believe that many policy actions against drugs and crime have been motivated primarily by the need for policy makers and policy making to be seen to be doing something that looks to the public, particularly the media, to be likely to work. Often, policy simply panders to the crudest, cruellest and most ignorant opinions on drugs and



crime, which sells newspapers and satisfies society's most punitive urges, at least in public. One review notes that current UK policy uses prohibitionist rhetoric but implements harm reduction policies (RSA, 2007). This is better than implementing prohibitionist policies, which for example hindered HIV prevention in the USA (Drucker and Clear, 1999), and better too than the archaic and gleeful application of punishment under the guise of deterrence, despite its ineffectiveness.

### **The author's relationship with the textbook**

This book will look at the evidence for my beliefs, drawing on my previous writing, not from vanity, but usually because referencing myself directs the reader to the original paper, where the literature is reviewed in detail. I am deliberately challenging and controversial, although I strive to get my information straight too. The book will also consider alternative accounts of drugs and crime problems, as well as discussing why inaccurate stereotypes about drugs and crime are so persistent in society. It would be crass and inaccurate simply to blame politicians, or the media, for misrepresenting things. When this happens and other people disagree, the media and politicians are usually found out eventually. With drugs and crime, politics and the media perhaps more represent the way that our societies see these problems. There is a long history of demonizing drugs (RSA, 2007) – but why?

The focus of the book is the intersection between drugs and crime, not the entirety of both areas of knowledge, which would be overwhelming for the author and even more so for the reader. In writing the book, I have been very conscious of knowing much less about crime beyond drugs than about drugs in general. It will be interesting and perhaps useful to explain why this is.

I began my academic life as an applied cognitive psychologist. Through opportunism in a scant job market, I got a job with John B. Davies at the University of Strathclyde researching heroin use and crime instead. This appealed to me quickly because of the interest of a topic of obvious practical relevance that so clearly required a multi-disciplinary approach to understanding it. I was sympathetic towards such an approach because I, somewhat unusually, studied philosophy and politics with my psychology. I also realized that it was likely to be easier to get funding for drugs research than it was for memory psychology. I quickly felt that drug users were being demonized for activities that only a few months being in the field and reading the literature



suggested were no worse than drinking alcohol or smoking, which admittedly makes them pretty bad. To this day it still seems unfair and inhumane to attack those who are in biggest trouble and most distressed. In that early fieldwork I also learned a secret known to many practitioners but rarely made explicit: criminals (and criminal drug users) are not uniformly bad, or even untrustworthy, people. And I was struck early by the number of practitioners who commented that the people I was going to interview were complete liars, so I was wasting my time, then behaved in rather trusting and kindly ways towards them. Practitioners have to manage to be both cynical to protect themselves and caring to do their jobs. Only people who have little first-hand experience of drug users can afford to be completely cynical about them. Actually, almost everyone has first-hand experience of substance users with problems. The majority of extended families in the UK include someone with an alcohol, or these days drug, problem. Of course, that is different! However bad drug problems can be, alcohol problems can match them.

### **An aside on research funding**

I was partly right about funding opportunities in addiction research, but applied research funded by policy makers often comes with many strings attached, and more creative 'blue skies' research on drug problems is too often seen as asking questions to which we already know the answers. The major research councils in the UK fund a little addiction research, but it has to compete with theories and issues more central to individual academic disciplines. Not that I look at the USA with envy. There is major funding of addiction research there via the National Institute on Drug Abuse (NIDA) and other similar bodies, but there are even more strings attached. I have heard several American researchers say that to get funding from such bodies it is almost necessary to have done the research to be funded first, so you can promise the results. Of course scientific inquiry where specific results have to be promised is heavily compromised.

Drugs research is under-funded given even the most modest estimates of the scale and cost of the problems. For example, the UK government estimates that drug abuse costs at least £10 billion annually in England and Wales (Cave and Godfrey, 2005). It estimates that it spends £1.5 billion tackling the problem (RSA, 2007, 39). It is difficult to find out how much is spent on drug problems research because there are a lot of different funders. Guessing from the projects



that I knew were being funded as of 2005 (discounting neurological and biological research on drug mechanisms and general surveys and other research with some questions about drugs added in), I estimate that less than £7 million a year was being spent on drugs research, which represents less than a millionth of the estimated costs and about one two-thousandth of the money spent tackling the problem. This is not a level of expenditure commensurate with society's biggest change and challenge. Another possible comparison is that treatment services for drugs and alcohol have an annual cost of about £28 million in Greater Glasgow, which suggests that the costs for the whole of Scotland (population 5.5 million) is conservatively about £49 million. It is recommended that services should be supported by an evaluation/applied research spend of about 10 to 15 per cent, which would suggest that Scotland should be spending at least £5 million on this type of research about drug and alcohol services. As far as I can tell it spends less than a million. Yet another comparator is that in 2001 in the UK the alcohol industry spent £180 million on advertising (Alcohol Concern, 2004), allegedly to promote different brands but not to:

- 1 have the alcoholic strength, relatively high alcohol content, or the intoxicating effect as a dominant theme
  - 2 suggest any association with bravado, or with violent, aggressive, dangerous or antisocial behaviour
  - 3 suggest any association with, acceptance of, or allusion to, illicit drugs
  - 4 suggest any association with sexual success
  - 5 suggest that consumption of the drink can lead to social success or popularity
  - 6 encourage illegal, irresponsible or immoderate consumption, such as binge drinking, drunkenness or drink-driving
  - 7 have a particular appeal to under-eighteens
  - 8 incorporate images of people who are, or look as if they are, under twenty-five years of age, unless there is no suggestion that they have just consumed, are consuming or are about to consume alcohol
  - 9 suggest that the product can enhance mental or physical capabilities.
- (Portman Group, 2003)

This expenditure simply to promote different types of alcoholic drink is in stark contrast to that given over to research solutions to the problems caused by alcohol and drugs. These problems would include an understanding of most of the things the Portman Group



code of practice excludes from advertising, and proper research should cost, say, ten times as much? As will be discussed in chapter 6, we have no idea how much the illicit drugs industry spends on advertising and promotion of its interests, but it would be false stereotyping of criminals to assume they spend nothing, and the industry certainly has the money to spend. Indeed they sometimes have so much money they cannot do anything with it except bury it in the ground (Strong, 1995).

There is more expenditure on interventions against drug and alcohol problems, but most of it is directed at customs and police work of uncertain effectiveness (RSA, 2007). Neither service is confident that it can control drugs or alcohol problems without more work addressing the underlying causes of these problems, in society and in people.

Research and interventions against crime are similar, also longer on rhetoric than on expenditure, and often tightly controlled for political and publicity purposes. Some have wondered whether political initiatives can impact crime at all – the so-called nothing works period in criminology (e.g., Cohen, 1988; Taylor, Walton and Young, 1973). Nowadays, it is clear that crime can be reduced in a variety of ways (and for reasons nothing to do with deliberate intervention), but it is still unclear that grand political initiatives work. It is also clear that assessing the effectiveness of anti-drug and anti-crime interventions is heavily politicized. By this I mean that those responsible for the interventions do their best to deny or avoid responsibility for failure, seize on any evidence of success, and will readily take the credit for any ‘improvement’ found, whatever its cause and even if the change was merely an accident or the result of a long-term trend. The politicization of interventions can politicize research also. It can be extremely difficult to fund research that challenges common-sense definitions of drug use or offending.

### **The need for pluralism**

To understand drugs and crime we need to engage a huge range of academic disciplines, from politics to biology, not forgetting philosophy, social policy, law, sociology, geography, anthropology, sociology, criminology, psychology, psychiatry, public health, forensics and neurosciences in between. Every advance and discovery about drugs and crime in one discipline has to be framed by the others. Personally, I am a health psychologist with an interest in criminology and a



sophisticated training in cognitive psychology. I bridge science and social science on purpose, and am truly comfortable with both quantitative methods and qualitative ones. Within the bounds of one discipline, there are many examples of theories that seem wrong or confused from the understandings of another discipline. For instance, the sociology of 'risk society' (Beck, 1992; Giddens, 1991) fits poorly with the psychological decision-making approach to risk (e.g., Slovic, 2000), which fits poorly again with the influential but flawed 'risk factors' approach to predicting offending and substance use (see Armstrong, 2004) and poorly again with understandings of risk as socially constructed (e.g., Adams, 1995).

There are also important issues about the extent to which drugs and crime problems are set up and thought about within common but sometimes incorrect sets of social assumptions about them. A theme of this book will be that, to an extent, drugs and crime problems are manufactured by these social assumptions. This morass of complexity appeals to me, and I remain suspicious of offers of simple solutions to a complicated problem that should include very central and serious debate about the definitions that we are using to study it. I hope this book will prepare readers to think about and discuss drugs and crime in a more critical manner.



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