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► [Drugs, crime and public health: the political economy of drug policy.](#)

Stevens A.

Routledge-Cavendish: 2010.

Book which includes a critique of the evidence that crime reduction measures featuring coerced treatment for offenders have reduced overall crime levels in Britain and more generally of the use of evidence in policymaking, based partly on observations made while the author was a government adviser.

Abstract Five themes recur throughout this book. The first is the role of national and professional self-interest in the criminalization of drugs and drug users. In the UK, the imperial economy and the medical profession drove the early regulation of opiates. In the USA, the federal government aligned itself, sometimes against the medical profession, with abstentionist moral entrepreneurs in ways that suited law enforcement and diplomatic priorities. The second theme is the association of prohibited drugs with threatening foreigners and with unruly members of the working class, although the emphasis on these two targets has also varied in different countries. Thirdly, we see a focus on drugs as a direct cause of criminality. This focus has historically been given more priority in the USA. Although there were doctors who argued before the British Rolleston committee of 1926 that heroin caused their patients to be criminals – and so should itself be dealt with as a criminal matter – these were prison doctors dealing with working class offenders. The committee preferred to follow the advice of other doctors whose patients were middle-class users – often members of their own profession. For these doctors, heroin use was a medical issue. And so the British system of heroin maintenance was born (although this system was supervised by the Home Office and always accompanied by law enforcement control of the non-medical use of heroin). A fourth theme, then, is differentiation in the response to the users of psychoactive substances. People who use psychoactive substances have long been regulated on the basis of who they are, not what they take. From the distinctions made between genteel, iatrogenic American heroin users and the 'junkmen' who scavenged scrapyards to fund their habits in the early twentieth century, to the differential policing of cannabis in contemporary life, it has always been the case that drugs have been a useful tool to separate the presumed community of 'law-abiding citizens' from the 'suitable enemies' who are supposed to threaten their well-being. A final theme is how the available

evidence of the effects of drugs – in particular their effect in causing crime – has continually been exaggerated or distorted in order to justify policies which contribute both to the creation of inequality and to the production of harm.

These themes will be explored in more depth throughout the chapters of this book. Chapter 2 will focus on the link between drug-related problems and inequality. It will show that there is nothing natural or inevitable about current levels of inequality. These levels have risen dramatically and produce high levels of harms. They are produced, and can be reduced, by conscious human action. International studies show that drug use occurs throughout society and often does not lead to offending or health damage. The harms associated with drug use, including death, illness and criminal victimization are, in contrast, concentrated in socio-economically deprived areas and groups.

Chapter 3 will focus attention on the concept of drug-related crime. It will examine the exaggeration of the causal effect of drugs in producing crime, with a specific critical focus on Goldstein's tripartite framework of the drug-crime link. In place of reductionist, empirically inadequate accounts, participation in drug markets and chronic drug use will be viewed sociologically as 'subterranean structuration'. This is a deliberately dense phrase. I hope it will draw attention to the constraints placed on the choices made by the people who have been most affected by the withdrawal of employment in deprived areas. These people are forced to make choices in situations which offer them little hope of pleasure, purpose or respect, no matter how hard they struggle for it.

Chapter 4 examines why the copious evidence of both the harms of inequality and the failures of prohibition have been so often ignored in making drug policy. Through ethnographic observation of the process of policy making in the UK government, it will show there are some genuine efforts to reconcile policy with the available knowledge. Policy making is oversaturated with evidence which is often inconclusive. This process is systematically distorted by the use of evidence to tell stories that boost the status and career prospects of their tellers. Uncertainty is methodically omitted from these stories. They contribute to the creation of policies which do not achieve their declared goals, but do operate to sustain the systematically unequal distribution of power and resources.

In Chapter 5, contemporary English policies on drugs and crime will be used in order to test this approach. It will do this through discourse analysis of three policy cases: the Drug Treatment and Testing Order (DTTO); the Drugs Act 2005; and the cannabis reclassifications of 2004 and 2009. These cases show the effect on policy outcomes of the ideological process of policy creation. The policies that emerge from this process tend to follow the modus operandi of ideology that John Thompson has identified. Specifically, they legitimize inequalities, they fragment people and drugs into 'domestic' and 'foreign' categories and they reify the use of state coercion to control these threatening outsiders.

Chapter 6 will take the analysis further by testing the practical effects of the policies whose discursive effects are discussed in Chapter 5. It will show that the DTTO helped many drug users to reduce their drug use and offending. It did not lead, as some advocates of 'alternatives to imprisonment' had hoped, to a reduction in the number of people being sent to prison. The use of imprisonment has grown. This rise has been especially rapid for drug law offenders, with particularly severe consequences for people of African heritage and other visible minorities. The large over-representation of black people in drug law arrests, convictions and imprisonments cannot be explained by any evidence that they are more likely to commit drug offences. Its explanation is more likely

to include the inequalities of which racism consists. Chapter 6 will also demonstrate the bifurcation in contemporary English drug policy between class A drug suppliers and the majority of drug (i.e. cannabis) users. They now face less formal punishment, but a higher rate of interception and supervision by the state.

Chapter 7 will broaden the analysis to include international perspectives on the effects of drug policy. It will show that the USA, which has been the prime mover of international prohibition, has some of the largest drug-related harms in the world. Many of these harms are self-inflicted, including the costs and pains associated with a policy of mass incarceration. They fall particularly heavily on the people who have been socially and racially marginalized from the achievement of the American dream. It will examine the policy of Sweden, to test whether this provides a stronger case for the effectiveness of prohibition. Competing perspectives will be compared to show that Sweden's relatively low rates of drug-related problems may not, as has been claimed, be the result of a restrictive policy. It will also discuss the example of the Netherlands, which has similar rates of drug-related harms, but a very different policy. It has arrived, through a number of stages, at a policy of 'dynamic harm reduction' which seems to fit its needs. Chapter 7 will also discuss the possibility that the rates of drug-related harms that are experienced by a country are more closely associated with levels of inequality and social support than with the type of drug policy that they pursue.

The final, eighth chapter will summarize the preceding arguments. It will examine proposals that have already been made for improving British drug policy. Through a critically analysis of these proposals, and building on the analysis of the previous chapters, it will propose an agenda for progressive decriminalization. This will aim at the minimization of harm and the maximization of freedom through three strategies: the reduction of social inequalities; the reform of international law; and evidence-dependent steps towards the decriminalization of both drug use and drug supply. The recommendations presented here will be based on the rule of mutual respect to which we are all rationally committed. The most important recommendation will be that we need to keep our minds open as knowledge evolves. If this book encourages readers to see that knowledge in a new light or to create better, more accurate representations of drug-related harms and policies, it will have fulfilled its aim. But if it contributes to radical change in policies, without there being any widespread political movement for reform, it would be disproving its own theoretical perspective on the ideological use of knowledge.

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