

Summary of Proceedings

International Seminar on Socio-Cultural  
Factors in Non-Medical Drug Use —

November 3-5, 1975

(75-NI-99-0043)

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UNITED STATES GOVERNMENT

# Memorandum

DEPARTMENT OF JUSTICE  
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

TO : LEAA Library

DATE: June 7, 1976

FROM : Frederick Becker  
Office of Technology Transfer

SUBJECT: Transmittal of Summary

Attached is the summary of proceedings of the November 3-5, 1975 "International Seminar on Socio-Cultural Factors in Non-Medical Drug Use". The seminar took place under Grant 75-NI-99-0043.

The complete proceedings are expected to be published soon.

UNIVERSITY OF MARYLAND

COLLEGE PARK 20742

DIVISION OF BEHAVIORAL AND SOCIAL SCIENCES  
INSTITUTE OF CRIMINAL JUSTICE  
AND CRIMINOLOGY

May 25, 1976

Mr. Frederick Becker, Jr.  
Program Manager  
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Washington, D.C. 20531

Ref: Grant No. 75-NI-99-0043

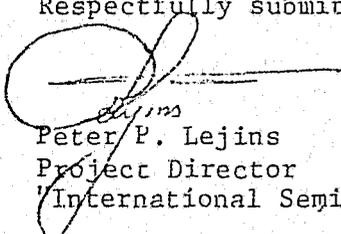
Dear Mr. Becker:

The Summary of Proceedings of the "International Seminars on Socio-Culture Factors in Non-Medical Drug Use" convened November 3-5, 1975 is submitted to the Law Enforcement Assistance Administration at this time.

The Seminar was convened by the Institute of Criminal Justice and Criminology on the University of Maryland Campus at the Center of Adult Education. It was attended by eight foreign participants and seven participants from the United States. Two representatives from the Law Enforcement Assistance Administration were in attendance - Mr. Charles Work, Deputy Administrator, and Mr. George H. Bohlinger, III, Project Monitor. Several observers from the University of Maryland faculty and graduate student body attended as informal observers. A copy of the list of participants (pp. 34-36), the agenda (pp. 37-39) and a sample letter of invitation (pp. 40-41) are attached.

The Seminar Proceedings, including complete texts of the participants' presentations, will be published shortly. The Summary Report submitted at this time, prepared by the Project Coordinator, is the report to the Law Enforcement Assistance Administration on the Seminar. The published Proceedings, of course, will be submitted to LEAA upon completion.

Respectfully submitted,

  
Peter P. Lejins  
Project Director  
"International Seminars...etc." Project

PPL/et  
Enclosures as stated

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International Seminar on Socio-Cultural Factors in Non-Medical Drug Use

University of Maryland

Summary of Proceedings

Prepared by

Mary J. Wood

Welcoming Remarks and Introductions

The Seminar was opened by Dr. Peter P. Lejins, Project Director of the "International Seminars and Training Programs in Criminal Justice" grant. He introduced Dr. Mary F. Berry, Provost, Division of Behavioral and Social Sciences, University of Maryland, who welcomed the participants on behalf of the President of the University, Dr. Wilson H. Elkins, and the Chancellor, Dr. Robert L. Gluckstern.

Dr. Lejins then introduced Mr. Charles Work, Deputy Administrator of the Law Enforcement Assistance Administration. Mr. Work welcomed the participants on behalf of the Law Enforcement Administration and its Administrator, Mr. Richard Velde. He stressed LEAA's high hopes for the international projects with which the agency has become involved, such as the one resulting in this Seminar.

Following the welcoming remarks and the introduction of the participants by Dr. Lejins, the substantive part of the Seminar was begun by a General Introduction to the Seminar - i.e., the scope and purpose of the Seminar - by Dr. Lejins acting as Chairman.

Purpose of the Seminar

The Chairman stated that the primary purpose of the Seminar was an intensive analytical and comparative exploration of socio-cultural factors in

non-medical drug use. He pointed out that the need for such an exploration emerged from the discussions of the XXIV International Course in Criminology of the International Criminological Society, held in May 1974 in Teheran, on the topic of Drug Addiction and Criminality. In the course of that meeting, it became apparent that four major themes were being discussed which are briefly outlined here.

1. The first type of relationship between drugs and criminality consists in the fact that when drugs are legally prohibited, then their use, possession, distribution - not for profit, distribution for profit - especially organized commercially, and their manufacturing are against the law and all of these activities become criminal offenses. In this context there has been a vast amount of discussion as to what activities are prohibited, why they are prohibited, what the penalties or correctional methods are or should be, etc.

2. The second major theme or complex of issues is the effect of the use of drugs on human behavior; more specifically the direct "causing" of criminal behavior by drugs. Many different kinds of criminal offenses are sometimes considered the result of the use of many different kinds of drugs. Thus there is a wide field for exploration. Examples:

a. aggressive behavior presumably under the impact of cocaine - assaults, murders.

b. traffic violations under the impact of marijuana, etc.

3. The third major theme is a specific and a very important one. It deals with the fact that the strongly addictive drugs create an irresistible impulse, based on intolerable withdrawal symptoms, to continue using the drug, which means having to acquire it, to buy it, to have money to buy it -- hence committing crimes when there is no money to buy the drug. Thus, so this theory or interpretational

model goes, addiction to certain drugs may be a reason for a vast number of various crimes.

Concretely, the drug presently most frequently mentioned in this connection is heroin, and the offenses are theft, burglary, shoplifting, embezzlement, fraud (such as fraudulent checks) etc.

4. Fourthly and finally, drug use is analyzed nowadays as part of the culture or the lifestyle of a certain segment of the society. In this context drug use is viewed as a social phenomenon culturally linked with criminal behavior.

As an example, and only as an example, drug use and any criminality connected with it has been viewed as the result of the underprivileged segments of the society - as American sociology has often put it - the alienated, especially alienated youth, suffering from an unfavorable opportunity structure, seeking escape from an intolerable situation, or using drugs as a gesture of protest.

Following this brief summary the Chairman stated that these four themes address themselves to questions of quite different order, which require, to be answered, research and data of a quite different nature. Only delimitation of the discussion in the area of each theme to issues which are relevant to the particular question to be answered can lead to a gradual sharpening of issues, formulation of hypotheses, and assembling of proper data for testing these. The conclusions reached in the areas of the above four themes or any additional meaningful themes that might be added, can then be assembled for a broad perspective on the total issue of drug-abuse-related criminality. The current unstructured "free for all" discussion which often characterizes even professional conferences is not likely to lead us to any kind of solutions. We have to get out of the situation where a paper which reports on the effect of some drug on the attitudes in problem-solving situations is followed by a critique that is

concerned with the political and ideological implications of the identification of some segment of the populations as having high drug-related criminality rates, to be further followed by a paper describing the provisions of the positive law in some country regulating drug traffic. If we are thinking in terms of some progress based on research in dealing with criminality-related drug addiction, we have to end general discussion that welcomes any thought and any data on anything at any time, but engage in discussion that as clearly as possible identifies and defines the issues and formulates hypotheses in a structured fashion, providing data collection and analysis pertinent to each particular issue. This Seminar was designed for the above purpose, that is, to limit itself to the exploration of only one of these themes, in this case theme 4.

As a beginning point for the discussions by the international experts the Chairman addressed the issue of socio-cultural interpretations of non-medical drug use in the United States. He pointed out that there are many interpretations that could be subsumed under the rubric of socio-cultural interpretations of drug use in the United States. Four general interpretations, however, can be delineated although there is certainly overlap among the four.

First, there is the interpretation of drug use as an escape. By escape is usually meant a break with the continued context of reality or of personality - getting high, going on a "trip", etc. The person has an inability to cope with certain environmental situations in his/her life and uses escape through drugs as a way out, if only temporarily, of the situation.

Second, drug use as the result of purposelessness in society generally, or of society's inability to provide purpose to certain segments of the society is another interpretation. If the society does not provide enough challenge,

enough worthwhile things to catch the imagination of youth, perhaps the youth will innovate in terms of resorting to something new and daring, such as drug use.

Third, again overlapping and somewhat similar to the others, is the protest interpretational model. Here drug use is referred to as a gesture of protest, resorting to drugs as an additional avenue, as an additional instrumentality of protest against the existing order, against the establishment.

A fourth broad interpretational model is that of value conflict. Within this model are the theories which interpret drug use as the result of culture conflict - that is, someone emigrating from a country that does not prohibit drug use to a country that does prohibit the use of certain drugs. In such a case a conflict of values between different cultures exists. Also within this model would be value conflicts between different subgroups that are and have been a part of the same society.

Following the Chairman's remarks, each participant was asked to make a brief presentation related to the topic. Summaries of presentations by the participants follow.

#### Summary of Presentation by Dr. James W. Fox

Fox stated, by way of introduction, that resiliency of the culture and social system of the society, which provides for viable adjustments to deviancy among its members or to environmental change, is basic to the continued health of that society. The culture and social system "are not static or rigid in a health society. They are, everchanging, pulsating in rhythm with the entire society and its changing physical and social environment." Nor can the culture or social system be allowed to turn upon themselves in a healthy society. Rather, dysfunctional elements in either require systematic responses which are consistent with both the culture and social system.

Fox then stated that these observations were presented in an effort to provide a setting for the analysis of the dysfunctional characteristics of the drug related subsystems and subcultures. The thrust of these observations are that the drug culture and the related system of interactions pose a two-fold threat to the society. The first aspect of this threat, one posed by the introduction of any significant new social element to a society, is that of "freezing" the interaction processes of cultural and social elements in existence and inhibiting the healthy flexibility necessary for appropriate reaction. The second aspect of the threat is that of the very real threat of a major counter-culture in any society.

Fox stated that a society needs to analyze the problem of the drug culture in terms of its own culture and social system. Societal reactions must be consistent with the values and normative structure of society, lest the reaction cause more threat to the society than the deviance. Societal reaction must be in proportion to the danger, regardless of the status of offenders, lest the problem of drugs become a class struggle.

Fox made a distinction between the drug society or drug subculture and a drug counter-culture. He stated that a drug counter-culture forms out of a general drug using population which Fox referred to as the drug society or subculture. It is the drug counter-culture that appears to be the greatest threat to a society since by its very nature it is in opposition to the dominant culture, particularly the normative system, of society. In the drug counter-culture groups drugs are used as symbols of the anti-social nature of the groups as well as an important means of reducing inhibition for further deviant behavior. In addition, drug sales can provide the financial basis for other activity. Law enforcement agencies, however, often confuse the drug

counter-culture with the drug society or the drug culture which are not as dangerous to society as the former. According to Fox, individuals relate in a variety of ways to the drug society:

1) The "loner" is one who relates exclusively on a one-to-one basis to the rest of the system. He attempts to keep his drug-taking a secret, and is usually supplied by both legal and illegal sources. Often this individual functions well in society, and his addiction is not evident. The cost to society in the case of the loner is through the loss of his talents and the cost of his rehabilitation; but the money he has paid for drugs goes to support a variety of other illicit activities, i.e., "the covert nature of the transaction itself becomes a threat to the parent society."

2) A second category of individuals are involved in an ideologically neutral subculture in which the focus is on social interaction. The drugs involved are usually inexpensive and the threat of legal sanction minimal. Use revolves around some social activity, and the emphasis is on social interaction, not the need for the drug. This group poses similar threats to society as the loners. But the ultimate threat of these subculture groups is that, because of their illegal activity, they provide recruits for the drug counter-culture group. This link is reinforced by law enforcement agencies which tend to blur the distinction between these two groups in their all-out "war against drugs."

3) The drug counter-culture is characterized by the presence of a few leaders, an inner circle of action-type decision-makers, a third circle of less involved participants in action-type decision making and a fourth circle of participants who are not involved in action-type decision-making. Drug use typically diminishes from the outer ring of participants inward.

A distinguishing characteristic of the counter-culture is its reason for existence, "which is the opposition to some or all aspects of the larger culture or social system. Drugs provide a means to existence, a lubricant for interaction, the illegality of which binds the group." It is this group which poses the greatest threat to society in that its members are actively opposed to society, its laws and values. To function these counter-culture groups need sustaining linkages with the drug subculture element, a linkage which paradoxically is strengthened by the law enforcement reaction of not distinguishing between the two.

#### Summary of Presentation by Dr. Tolani Asuni

Asuni reviewed the problem of non-medical drug use in Nigeria, and noted the difference in intensity between Nigeria and the United States. He stated that the problem is limited and does not include use of such hard drugs as heroin and cocaine. In Nigeria, non-medical drug use centers around marijuana, amphetamine-like drugs, Mandrax (a sleeping pill), Pethadine, and barbiturates.

Unlike the United States, drug use is not a problem of the ghetto and poverty areas, but rather concerns the children of affluent parents. For the first time in a culture that is traditionally family-oriented, the current generation of children of wealthy parents are being raised in a permissive, non-supervised atmosphere. These children are also better educated than their contemporaries which has led to the widespread use of amphetamines while studying for exams. The move to urban areas has also increased the isolation of the nuclear family by removing the controls usually exercised by the extended family and the community.

Because children of the elite have initiated the use of drugs in Nigeria, Asuni sees the potential problem of the less advantaged emulating the behavior

of higher status individuals. Since the problem is in its beginning stages, there are few regulatory controls over the selling of drugs in Nigeria, and this factor adds to the risk of increasing drug use. Doctors have contributed to this situation by not being sufficiently aware of the dangers of addiction to prescription drugs.

Asuni sees a lack of strong family structure as the principal precipitating factor for drug addiction. With the rapid social changes now taking place in Nigeria, there is a dangerous potential for epidemic problems unless the family is educated in methods with which to combat the use of drugs.

Summary of Presentation by Dr. Peter R. Maida

Maida stated that the range of social control mechanisms in any society is quite extensive. Socio-cultural explanations of non-medical drug use can be considered mechanisms of social control. He stated that the purpose of this paper is two-fold; that is, to gain insight into the ways in which our socio-cultural explanations can be considered social control mechanisms and to consider the issue of the relationship of these explanations to other mechanisms of social control.

Others have demonstrated the need to be critical about the political role of the social and behavioral sciences. Some have been suggested that control of drug use is tantamount to political control. What is suggested here is that by treating our socio-cultural explanations as mechanisms of social control and looking at their relationship both to the criminalization process and to treatment we can more easily make a distinction between the social control role of these explanations and the actual reasons for drug using behavior. This, in one sense may free the social or behavioral scientist to understand more clearly the reasons for drug use -- both non-medical and medical.

Certain concerns in the last ten years in the behavioral and social sciences have led to a re-examination of the socio-cultural explanations of non-medical drug use in the United States. These concerns have been: 1) the general critical atmosphere in the social and behavioral sciences created by the "radical" perspective, 2) the cynical posture which is taken toward the possibility of explaining behavior, 3) the lack of effective treatment techniques, 4) the recognition that not all non-medical drug use is negatively sanctioned, 5) that proscriptive social control is a dimension of the general process of social control which heretofore has been explained by the use of such specific perspectives as labelling, deviant behavior and differential association, 6) that "cultures of resistance" develop in instances of colonialism, and 7) that the role of individual volition has been neglected by social and behavioral science research.

The following format is used to evolve the basic position of the paper. First, the question of the importance of placing our socio-cultural explanations of drug use within an historical context is raised. For example, it would be important to understand the historical conditions which serve to identify a particular drug use pattern as one which needs to be proscribed. Related to this would be the process whereby certain explanations of drug use come to be more appropriate or reasonable than others.

Second, a general context within which to frame types of socio-cultural explanations is presented. These ideas follow a path which has been developed by other social scientists who see certain trends in our thinking about 'problem' behavior. Related to these socio-cultural explanations are specific conditions which facilitate the proscribed behavior. For example to use marijuana you need a certain drug, certain attitudes, certain peers, and a certain social setting. There are secondary behaviors which are identified as being related

to the proscribed drug use. An example would be relating heroin addiction to assault or marijuana use to impaired ability to operate a motor vehicle. The variation in these secondary behaviors may be limited or contained by the framework which is currently being used to understand problem behavior.

Third, is a consideration of how our explanations of drug use may be considered relevant in the study of social control. When a society attempts to control the use of certain drugs by prohibiting the act of actual use this is an example of proscriptive social control. It becomes a duty not to use the prohibited drug. The explanation of why the drug is used tends to shore-up the reasons for proscription.

Fourth, the ideas coming from both the literature elaborating the marginal man concept and the literature describing the effects of colonialism are used to help us understand the social control dimensions of socio-cultural explanations of non-medical use. This literature is used because it contains the basis for some generally systematic interpretations of the social control dimensions of social structures. In addition, some clarity is provided as to how these aspects of society are used to control behavior and what the response of those whose behavior is to be controlled may be. It is suggested that our ideas about drug use are inextricably bound to the need to control unwanted drug use by society and to the response to these controls by users of proscribed drugs. Consequently our socio-cultural explanations may be limited or colored by the fact that they are related to need to control and response to control. The question which remains is whether this is all one can really understand especially about reasons for prohibited behavior.

Fifth, the role of socio-cultural definitions of non-medical drug use in formal social control, e.g. the development and enforcement of laws and

treatment is considered. Since definitions of behavior involve more than just a description of behavior, how does this fact result in the spreading of the base or reasons for social control? This statement can be exemplified in several ways. First, if certain behaviors are associated with drug use, then not only can the drug use be identified as a focus for social control but also the associated behaviors. Second, the process of becoming a criminal or criminalization sets into motion any number of control mechanisms which may not have existed for the drug user prior to the fact of his/her use of a proscribed drug. When the proscribed behavior is perceived as so threatening to require a control which would be more deliberate than could be accomplished through voluntary treatment -- not that legislation always follows the practice of voluntary treatment -- legislation is developed to restrict the societally proscribed behavior. A concomitant of this is that the drug user will also be labeled as a "criminal". Third, depending upon the treatment involved, again, other characteristics may serve to identify the drug user as someone whose behavior must be circumscribed. Certain variables which are identified in the socio-cultural explanations are seen as modifiable. Those variables which are seen as modifiable define what treatment is appropriate. The treatment for drug use involves the individual in a situation where he/she becomes labeled not only as a drug user but also a "sick" drug user. The circle of social control for the user of proscribed drugs becomes ever-widening both for the society and in the perception of the drug user.

Notions similar to the above are discussed when the subject of decriminalization of prohibited behaviors is considered. Many behaviors -- including drug use -- have a wide range of associated behaviors (whether fact or not) which would be unleashed in society if the prohibited behaviors were allowed. Once

a specific drug using behavior is identified, and from the general society's point of view is considered marginal, there are soon numerous other characteristics which place a person more firmly at the margin of the society. The identifying characteristics of the marginal may include not only the actual behavior but also lifestyle (e.g. length of hair), mental illness, and criminal status.

Finally, Maida presented some conclusions with respect to the role of socio-cultural definitions of non-medical drug use. Particularly how these explanations tell us the currently acceptable way to control or treat the drug user and not necessarily why a particular drug user may use a proscribed drug.

#### Summary of Presentation by Dr. Alfred R. Lindesmith

In discussing the non-medical use of drugs, Lindesmith described the role of the courts and the law enforcement system as contributing to what is currently considered a drug problem in the United States.

According to Lindesmith, there is little reliable information on addicts, which creates a situation in which bureaucrats can cite whatever statistics would be beneficial to their purposes.

Because of this, a stereotype has arisen, particularly regarding the heroin addict, which perceives him as a young male of the urban slums, usually from a minority group. This picture has predominated since the institution of a punitive approach to drug use during World War I. Prior to this time, drug addicts were predominately women of the upper classes, usually elderly. In addition, the use of drugs was never connected with the crime problem.

An exception to this stereotype is the large number of physicians who are prone to drug addiction, presumably because of their easy access to drugs and

their skill in administering them. Another exception is the increasing use of drugs in the middle and upper classes.

Lindesmith also discussed the way in which the slum culture supports drug trafficking, with its ready supply of unemployed youth who are willing to take a risk in return for the money that trafficking provides. This atmosphere is supported further by the compliance and profiteering of police, as the Knapp Commission revealed.

In discussing the methadone treatment program, Lindesmith pointed out that there is no coherent national policy on the issue, and the punitive approach continues at the same time that a token gesture towards a medical treatment approach is also evident.

Lindesmith stated that drug addiction can be institutionalized in one of three ways. One he termed the "do-it-yourself maintenance system" which is operated by organized crime and involves the obtaining of drugs on the street at black market prices. Methadone treatment involves the substitution of a guaranteed drug for one of dubious quality, and run not by criminals, but by the government. The third he called the "morphine maintenance system" that has always been operated by the medical profession to assist a few privileged addicts, i.e., writing prescriptions for the non-medical use of drugs, thereby keeping the individual immune from both the underworld and government intervention.

#### Summary of Presentation by Dr. Peider Konz

Konz warned against over-generalization in approaching the problem of non-medical drug use, particularly with regard to cross-cultural hypotheses as these relate to (1) the definition of abuse, (2) motivation of the offender, and (3) ensuing policy decision.

He reviewed the difficulties of making broad generalizations in cross-cultural studies, in space as well as time. He also addressed a problem with the word "culture" per se, particularly in light of the many sub- or counter-cultures existing within each separate culture. He recommended an approach that is both more comprehensive and more specific; specific particularly as it refers to environment, economic reality, and the availability of drugs.

The term "abuse" is a relative one, according to Konz, and its application largely dependent upon cultural factors. Replacing the term "abuse" with "non-medical use" indicates a certain liberalism, but also introduces another bias, i.e., "non-medical" use often reflects the economic interests of particular industries such as the alcohol and pharmaceutical manufacturers. For example, the stringent measures taken against cannabis use in many countries as compared to the relative laxity in regards to amphetamine and alcohol use. According to Konz, this is indicative of industry interests taking precedence over the relative harmfulness of the drugs or the problems involved in controlling their use.

Konz stated that one response to the non-medical use of drugs is for legislation to reflect the social reality, i.e., a legal reflection of cultural tolerance towards the non-medical use of certain drugs. On the other hand, even culturally condoned drug use can evolve into a problem for the entire society, and certain drugs can be exported to other countries whose cultures are not equipped to handle their use. He recommended that, due to these problems, legislatures should be aware of the necessity of innovation in spite of socio-cultural reality.

In regard to the motivational aspect of non-medical drug use, Konz cited the wide range of theories available in Western societies, and the relative paucity of information regarding motivation in other, especially Third World, cultures.

In conclusion, Konz emphasized the difficulties of enforcing drug legislation and penalties. Because the success of enforcement depends on community support, it must correspond to the mores of the culture which might possibly be antagonistic with regard to drug use. He emphasized the need for control policies to have a cultural impact in order to be effective.

Summary of Presentation by Dr. Juan Carlos Negrete

Negrete first described the overall social and demographic picture of Latin American countries. He pointed out that the term Latin America refers to 21 independent countries, a population of 300 million people which is expected to double before the end of the century, and countries that are considered to be in the developing stages, with some large urban centers growing at an alarming pace.

Negrete then presented three examples of traditional drug habits in Latin American countries which he considers, in terms of the number of persons involved and the social consequences, to be the most important drug problem in the region.

1) Coca Leaf Chewing: Although in pre-Columbian times this practice was restricted to ritual and ceremonial occasions, with the arrival of the European colonizers the established order was altered and the habit spread over large sectors of the central Andean population (Peru, Bolivia, northern Argentina, parts of Ecuador and Colombia). Coca leaves were offered as a way of gaining the cooperation of the masses. Coca leaves are sold freely at food markets in Bolivia, Peru, and northern Argentina.

After discussing the population characteristics of those who chew coca leaves, Negrete reviews some research done at McGill University which has studied the effects of coca leaf chewing. The findings confirm that there

is a psychological defect positively correlated both with the number of years and amount of chewing, especially with regard to the ability to think abstractly.

2) Ayahuasca and San Pedro: Ayahuasca is an hallucinogenic preparation used primarily in the Amazon region, and San Pedro is a mescaline drink used on the northern coast of Peru. These drugs have been used primarily as part of folk healing practices. Negrete pointed out that large sectors of the population, which engage in the use of these potent mind-altering drugs for medical purposes, could possibly be turned away from this practice if adequate official health care resources were available to them. Such resources, however, are not available at this time.

3) Peyote and Mushrooms are hallucinogenic drugs (mescaline and psilocybin) used by native groups in Mexico during religious ceremonies. Peyote is believed to allow an easier communication with the higher spirits and is an essential part of worship; for example, 200,000 members of the Native American Church use Peyote as a regular practice.

Negrete pointed out that the drug habits given as examples are by no means restricted to their traditional forms. Many non-native middle and upper class Latin Americans do use these drugs. Further, drugs currently in use in more industrialized societies of the Western Hemisphere have also made their way into Latin American society but to a relatively small extent.

Negrete concluded that the most important social action called for in Latin America concerns the drug habits mentioned above as they involve millions of persons.

#### Summary of Presentation by Dr. Irving Lukoff

Lukoff reviewed current studies of heroin addiction in the United States, pointing out how these new studies have drastically reformed long-standing theories with regard to heroin users.

Our previous knowledge of heroin addiction was based on very selective groups of compulsive drug users, primarily treatment and prison populations in the United States. These studies showed that despite therapy and detoxification efforts, almost all users returned to heroin addiction following release from the treatment program. These studies were the basis on which subsequent theories of heroin use and addiction were built.

Recent studies, however, have concentrated on populations outside institutions, and the results have been significantly different in a number of ways.

1) Most studies indicate that the majority of heroin addicts cease their drug use completely at some point. In a current study of individuals who were identified as narcotics users in Baltimore during the years 1952 to 1971, the results show that over half of them are no longer using drugs, and only a very small proportion of the users are involved in treatment systems. Follow-up studies conducted by Robins in St. Louis have shown that only a third of a group identified as compulsive heroin users were continuing to use heroin 15 years later. Most of those who stopped using heroin had never been involved in a treatment program. The Vietnam follow-up studies, also conducted by Robins, have shown the same results. A 1970 study of 3,000 young men has shown that although a percentage of them experimented with heroin, only a small number moved on to daily and compulsive use.

2) The long-standing theory that heroin addiction was a result of deprivation is being disproven by current studies. Results have shown that the heroin population is most likely to come from the native-born segment of the community rather than from the migrant population. Assuming that the migrants would suffer more than the native population in terms of unemployment, poor

housing, and adjustment problems, the deprivation factor cannot account for the lower incidence of addiction among the newly settled groups.

3) Studies are now indicating that addicts come from the upper levels of their various ghetto groups, rather than the more disadvantaged levels. This is most obvious in studies which compare IQ levels of drug users and non-users within particular communities with the same socio-economic levels.

Because current studies have stressed the importance of family control over the activities of children, Lukoff recommended an emphasis on family treatment which would void the influence of peer groups on the individual's behavior.

#### Summary of Presentation by Mr. James Moore

Moore reviewed the work of UNSDRI on non-medical drug use, in particular its policy regarding the importance of socio-cultural factors in studying drug use. According to Moore, these cultural factors, which vary from one society to another, must provide the framework upon which research hypotheses and methodologies are based. The Institute in Rome has recommended that research in individual countries be conducted by teams of local researchers, "applying methodologies and analytical techniques based on local conditions and cultural factors germane to both investigating and interpreting the phenomenon." The use of local research teams provides that the program would have the following characteristics: (1) it would have to have policy relevance for those in government responsible for policy development and implementation, and (2) it would require a research infrastructure with a degree of longevity with which to monitor continuing trends.

Moore then made some general comments on the countries study program of UNSDRI which began in 1972 and utilized the above discussed backdrop, the final report of which should be available in 1976.

He questioned the hypothesis which characterizes drug use not as an isolated activity but as part of the lifestyle or culture of a certain segment of the population, a gesture of protest of underprivileged groups whose problems can be solved effectively only by major political, economic, and social reforms. Moore stated that he recognizes that this approach is drawn from United States research and data, but he questions to what degree one can generalize this conclusion not only to other countries and cultures, but even to the largest part of the drug-using population of the United States itself. Depending on the forms of non-medical drug use being discussed, one finds different user populations. He stated that drug use, like all other forms of human behavior, must be rigorously identified in the context of the drug, the dosage, the frequency of use and, of paramount importance, the characteristics of the population using it.

Summary of Presentation by Ms. Joy Mott

From research conducted in Great Britain, Mott has hypothesized that valid distinctions can be made between those who use drugs by injection and those who do not; and within these major groups, social class is an important variable determining the pattern of, and ideologies associated with, non-injecting drug use.

In the 14 studies of self-reported drug use conducted during the last nine years, cannabis was the most commonly-used drug, and considerable regional and local differences were evident. Recent anecdotal evidence suggests that the use of cannabis may be declining (Hindmarch 1975), and the use of alcohol increasing.

Stimson (1972, 1973) was able to distinguish four discrete patterns of behavior in a sample of opiate users attending clinics attached to hospitals

near London. He used four major variables - the user's recent employment history, his current major source of income, the type and frequency of self-reported delinquency, and his degree of involvement with other opiate users. The four behavioral types identified were:

1) "Stables", a third of the sample, the great majority of whom were working, and reported the least amount of delinquency and contact with other opiate users.

2) "Junkies" (17%), the majority of whom were unemployed and whose income came mainly from theft. They reported the highest level of delinquency and the most contact with other opiate users.

3) "Loners" (29%), none of whom were working but whose major source of income was from social security benefits, who reported a low level of delinquent activity, and who were not particularly involved with other opiate users.

4) "Two-worlders" (21%), who were employed, but reported a high level of delinquency and contact with other opiate users.

A three-year follow-up of this sample showed that the "stable" group had changed very little while varying proportions of the other three groups were no longer attending the clinics.

Plant (1975) distinguished between three types of drug users in a provincial town in the west of England: students (37%), middle class bohemians (20%), and a combined working class and unemployed group (43%).

Users in all three groups agreed that their drug use and the variety of drugs they had used was shared and supported by their friends. For the students and middle-class users, drug use had an explicit ideological significance associated with left wing political beliefs or interest in associated new political forms. They tended to lead conventional lives during the week, reserving their drug taking for leisure hours or weekends.

The working class users associated almost exclusively with other working class users, with the highest status being based largely upon intensity of drug use, range of drugs used, and the injection of drugs. Users tended to be indifferent to social issues and, in general, expressed attitudes that were an exaggeration of working class leisure values.

Mitcheson and Hartnoll (1972) also found that social class background appears to be the major factor determining the pattern of drug use and its ideological significance. Kosviner (1974) and Young (1972, 1973) also found that drug use is an expression of particular attitudes and values, which differ from one social class to another, whether it be a repudiation of materialism for middle-class users or an escape from boredom for working class drug-takers.

#### Summary of Presentation by Dr. Peter Manning

Manning disputed the claims of social control agencies that the corrective model reduces the negative effects and consequences of drug use. While law enforcement agencies claim credit for the reduction of drug use by arresting those involved in it, they ignore the interdependence between the processes of enforcement and the using, dealing, and buying of drugs.

Four implicit propositions can be deduced from the corrective control model: (1) arrests reduce the availability of drugs; (2) changes in price/purity of drugs indicate direct or indirect effects of police intervention; (3) narcotics enforcement reduces crime; and (4) narcotics enforcement reduces the numbers of persons involved in and the viability of the addict subculture.

Manning countered these suppositions in the following way:

1) Arrests reduce the availability of drugs. According to Manning, police often encourage and increase drug use through the search for evidence with which to arrest and convict, e.g., the "buying" of information from a

drug-using informant and the undercover procedure of buying drugs from a suspected dealer. In the latter case, such money is infrequently recovered after the arrest is made, and so goes into the drug market. In addition, police will often forego the arrest of lower members of the drug dealing pyramid in an attempt to get at the dealers and suppliers.

2) Changes in the price/purity of heroin indicate direct or indirect effects of narcotics enforcement. The key assumption of the control model is that the quality of heroin is positively related to its location in the market structure; therefore either price or purity or some combination can be used to indicate enforcement/treatment impacts on the market system. However, according to Manning, the findings of many studies are inconclusive in this regard.

3) Narcotics enforcement reduces crime. Because the illegal drug business cannot be run along the conventional lines of other corporations, with contractual arrangements and legal recourse, dealings are based mainly on trust. The violation of this trust leads frequently to retributive acts of violence, thereby creating more crime. Law enforcement intervention often produces these violations of trust by causing betrayal, chaos, and violence within the system. Furthermore, police are directly supporting the habits of users who they employ as informants; when betrayed by an informant, they often expose his previous cooperation to the community, in effect setting him up for retribution from the people he had been informing on.

4) Enforcement reduces the number of persons involved and the viability of the addict subculture. Enforcement agencies have the opposite effect and actually increase crime by: (1) strengthening the remaining dealers by driving off some of the competition; (2) making users more wary and sophisticated in

dealing with strangers who might be undercover police; and (3) undercover work and entrapment tactics can encourage and strengthen the addict sub-culture.

In conclusion, the corrective control model is an inexact and perhaps misleading conceptualization of very complex social processes, and contains very crude assumptions about the impact of social control activities upon the market and the addict population.

#### Summary of Presentation by Mr. Yves Roumajon

Roumajon reviewed the history of drug use in France from the early 19th century to the present. The earliest evidence of the non-medical use of drugs involved opium in the 1840's, coming at a time when interest in, and travel to, the Middle and Far East was common. Hashish was also introduced at this time, and its use became extremely popular, particularly among the upper classes.

Morphine appeared during the war of 1870 when it was used to ease the pain of the wounded. In 1878, doctors began treating morphine addiction with cocaine, leading to the subsequent widespread non-medical use of this substance as well.

Drug use declined between the two world wars, and it was not until 1964 and arrival of young American hippies that it again became a problem. Drug-related arrests peaked in 1972, and have gradually declined since that year.

Roumajon cited substantive differences between drug use prior to the mid-20th century and the current problem as it now exists following the rise in drug use in the 1960's.

1) In the mid-19th century, drug users tended to come from the elite class of the population: artists, highly-placed civil servants, and the wealthy. This was true until the rise of opium dens in the early years of the 20th century spread the use of this drug to other classes. But the widespread

use of drugs -- throughout all classes -- was never as strong as at the present time where the use of drugs is essentially age-related, i.e., users tend to be from 16 to 35 years of age.

2) A study made in 1880 (Levinstein) indicated that more than 50% of a group of morphine addicts were connected with the medical or para-medical profession (e.g., doctors, doctors' wives and children, pharmacists and their families, etc.). Statistics compiled in 1971 do not show this relation of drug users to the medical field; in fact, 22% of the addicts were unemployed. This is in contrast to the almost exclusive use of drugs by the idle rich a hundred years ago.

According to Roumajon, the ever-present problem in France is the high per capita consumption of alcohol and suggests that the declining rate of arrests for drug use probably indicates an increase in consumption of wine and liquor.

Summary of Presentation by Dr. Angel Pacheco

Pacheco made the preliminary statement that prior to the discussion on culture and addiction, some considerations regarding the relationship between culture and human actions in general must be examined. He stated that in a broad sense we can talk of socio-cultural understandings that delineate broad meaning and human action parameters within which individuals select their options for actions and interactions. Although with this view the issue of determinism is still present, at least the individual is seen as an actor or decision maker even though acting within the parameters drawn by the socio-cultural context. Too often culture has been used with a causal-linear deterministic connotation, for example, if you come from a Puerto Rican ethnic background (generally poor) it is assumed that in that background we will find

the "causes" of addiction. The question remains, however, of why an equally significant number of persons from the same ethnic background are not drug addicts.

Pacheco then reviewed the background for Puerto Rico with regard to non-medical use of drugs. He stated that aside from alcohol, Puerto Rico does not have a traditionally used non-medical drug as is the case in Jamaica, Peru, etc., which would contribute to an explanation of the non-medical use of drugs in Puerto Rican society. Yet, non-medical drug use is a fact in Puerto Rico and has been looked at and interpreted in terms of three different stages or orientation: (1) moral or religious sanction -- addiction as a sin and moral disgrace; (2) legal sanction -- addiction as a crime; and (3) medical sanction -- addiction as an illness, subdivided into psychiatric illness and psychological problem. Pacheco stated that presently the view of addiction is largely influenced by the psycho-social model, that is, the psychological problem subcategory.

Pacheco then reviewed the literature regarding the present drug use situation in Puerto Rico with emphasis on the salient feature of the addict. He added to his discussion a review of some major socio-cultural factors that he believes are an integral part of the context of non-medical drug use in Puerto Rico, although systematic research data on them is missing. They are: (1) family related problems; (2) the effects of internal, external and return migrations; and (3) the pattern of alcohol use and abuse.

In conclusion, Pacheco stated that given the rapid industrialization and urbanization of Puerto Rico, the prevention strategies of the Puerto Rican Department of Addiction Services seek to promote an integral development of the individual by stressing community solidarity, cultural identity, and prosocial behaviors. The challenge, of course, remains of ordering the priorities for

economic development in such a way that the severe social dislocations endured thus far are significantly reduced.

Summary of Presentation by Dr. Walter B. Miller

Miller's emphasis was not so much on the non-medical use of drugs, as on the aspects of youth culture which leads to drug use. He stated that drug addiction is not an aberration within this subculture, but rather that it "flows logically out of the normal conditions of the adolescent subculture."

Miller first defined what he means when he uses the concept subculture. He pointed out that he makes a distinction between three things: (1) status class, (2) subculture, and (3) a behavioral practice. He defined status class as a "designated group of individuals characterized by some identifiable characteristics." He further delineated status class into prime and non-prime status classes. He defined subculture as "a set of conceptions of appropriate behavioral practice maintained by persons by virtue of their identification with and/or affiliation with a designated status class." Behavioral practice is defined by Miller as observable things, usually things that people do on a repetitive basis such as driving on the right hand side of the road in a given country. Miller pointed out that, using his definitions, only a status class can manifest a subculture. He asserted that a subculture of violence or a subculture of delinquency does not exist in the sense of these being useful concepts in terms of a systematic approach.

Miller explained that when he describes subcultures of different status classes he uses the concept which he calls a focal concern. He defined a focal concern as "an area of activity or behavior or conception which strongly engages people who are involved in a particular status class." Defining adolescence as

a time of life roughly falling between the ages of 12 and 22, Miller cited the following areas of importance or focal concerns to this group.

- 1) Mating, or the seeking out of potential partners, is a prime concern.
- 2) Excitement and the enhancement of experience is a concern that arises out of what is apparently a low boredom threshold. Adolescents seek some release from their ordinary experiences, which are seen as tedious and routine, that will alter their states of consciousness and experience.
- 3) In the development from childhood to adult status, the adolescent is concerned with the exploration of his world and the experiences available to him. This exploration covers a wide variety of avenues such as inner exploration, psychic exploration, and external exploration of the world.
- 4) Fashion, or fads, play an important role in the teenager's approach to his culture and his acceptance by his peer group.
- 5) The adolescent is also concerned with his status, identity, or placement in the world, and much of his exploration involves finding his position not only with respect to his peers but also in the larger social world.
- 6) Congregation is another vital aspect of the adolescent's concerns, whether this means social functions such as parties or simply hanging out with others of the same age.
- 7) Autonomy is the final focal concern and involves the breaking down of ties on which the adolescent has been dependent. He begins placing more emphasis on his desire to control his own behavior.

According to Miller, two of the above-mentioned focal concerns are of particular importance in understanding drug addiction, namely excitement and exploration. Both combine to encourage the use of drugs to broaden experience and alter states of consciousness. Concern with fads also enters in, in that the peer group influences the use of whichever particular drug is currently in fashion.

Other factors are involved in the potential for drug addiction. Because current fashion influences the type of drug used, the possibility of physical addiction varies according to which drug is in question. In addition, the cost

of various drugs varies widely, and economic factors enter into the picture. The third factor influencing the possibility of addiction is that compulsive drug use can make it possible to actualize the other focal concerns, e.g., mating.

Summary of Presentation by Dr. Giacomo Canepa

Canepa reviewed the evidence pointing to the rapidly accelerating use of drugs in Italy, but explained that the statistics on the problem are informal and no official statistics exist that reflect the level of the national concern.

He analyzed the findings of research done by the Institute of Criminal Anthropology at Genoa relating to the legal and socio-cultural aspects of non-medical drug use. He emphasized the results of research done on the role of the family in precipitating drug addiction. A recent study (Bandini, Gatti, and Traverso, 1972) indicates that drug addicts in a prison population were relatively younger than the non-users, and that their families were characterized by disintegration early in the life of the addict. This was the case in spite of the relatively higher economic and education level of the addict's family.

Research into the socio-cultural factors in drug addiction (Canerini, 1972) verified the following hypotheses:

- 1) An addict's difficulties with his family and school were manifest early in his life;
- 2) The factors which lead to addiction also lead to other forms of juvenile maladaptation in general; and
- 3) The cultural stereotypes tied to social perception of drug addicts show that these are the same stereotypes involved in the general phenomenon of juvenile delinquency.

Canepa cited more recent research which analyzes the influence of peer groups on the individual who has a history of disintegrated family (Madeddu,

1974) and research which analyzes the relationship between social control measures prohibiting certain drugs resulting in these drugs, e.g., heroin, being introduced into the black market at a high cost to the user, leading to increased criminalization of the user population (Ponti, 1974).

Canepa concluded by emphasizing that future action in the field of prevention and treatment should develop in two directions:

- 1) In the field of "micro-factors", i.e., the psychological field of personality; and
- 2) In the field of "macro-factors", particularly in regard to fighting the supplying of drugs.

#### Summary of Presentation of Dr. Richard Brown

Brown suggested a level of analysis which focuses on the macro-political and economic aspects of the licit and illicit drug industries, and their relation to class struggles for power. He questioned whether law enforcement policies are the outcome of the rational analysis of scientific facts or rather the outcome of political conflicts.

Using an historical, cross-cultural approach, Brown maintained that (1) monopolistic or oligopolistic control of mind-altering staples historically appears to be "normal" rather than exceptional; (2) control of the monopoly may be of the highest strategic value for domestic and/or international affairs; and (3) the operation of the monopoly may involve illicit or criminal activities.

Brown suggested the employment of macro-political models to the understanding of the current state of law enforcement policy regarding drug use in the United States.

### Summary and Conclusions

Throughout the Seminar, several topics or prime issues were brought up which appeared to be of concern to all the participants. A very brief statement on each of these issues follows.

First is the very methodology of the Seminar -- having an intercultural or transcultural seminar on the question of socio-cultural factors in non-medical drug use. The question was raised throughout the Seminar by some of the participants as to what extent the interpretations of etiologies in drug addiction always have to be culture specific and to what extent data from comparative studies should be injected and are meaningful in the interpretation of etiologies. It was agreed that comparative studies do broaden one's perspectives on drug addiction and should be pursued. To some extent one can derive working hypotheses from cross cultural comparisons, but these hypotheses should not be oversold.

The second prime issue is that of definition. What is drug addiction, non-medical drug use, misuse, etc. There can be many definitions. For example, there is the legal definition, what is prohibited by law. There can also be medical definitions, mental health definitions, and even welfare definitions. There can be definitions regarding the various types of substances used and the degree of use. Furthermore, there can be public definitions of the behavior as well as professional or scientific ones. It was agreed by the participants that although it is important to know the definition(s) upon which group members base their discussions of the topic, it should not be the function of a Seminar such as this to play the definition game. Many of the participants pointed out that a tremendous amount of work in this area has been done by the World Health Organization and, therefore, any concerted effort regarding definitions would

merely be repetitive. It was pointed out, however, that definitions themselves are a major problem in that there is inconsistency and incompatibility in those definitions. Such a situation necessitates an analysis of differential definitions.

The third issue of importance raised throughout the Seminar is the need for data, both current and historical. Emphasis was placed on the need for historical data both as to the characteristics of the drug using population over time (age, sex, social class, minority status, degree of urbanism) and as to the patterns of suppression -- just exactly how the suppression worked if there was suppression. There was strong agreement among the participants as to the need for data. In addition to current and historical data as described above was mentioned the need for more emphasis on natural clinical histories.

The fourth general topic is the role of repression on the misuse of drugs, the addictionogenic effects of repression, the effect of the statutes, and especially the factor of the administration of the repressive measures. Questions as to the positive and negative effects, in terms of effectiveness, should be examined on the basis of the evidence available. It was suggested by some participants that perhaps emphasis on the role of repression in the sense of laws, statutes, and administration of the laws was not broad enough. The role of control generally, inclusive of medical control, social engineering control, and so on should be included. It was pointed out that each of the many control systems generate situations and problems similar to those encountered through use of the law enforcement control system.

The fifth and final general topic refers to etiological theories of drug addiction. Three general points were made prior to any discussion of specific

interpretational models regarding drug use. The first point was to raise the question as to whether a general theory which would explain drug addiction is potentially possible. Point two is that one should not commit the error of concentrating only on socio-cultural interpretations. Although the Seminar was convened specifically to discuss socio-cultural factors, this does not mean that such factors are the only ones. The door should be kept widely open for the introduction of other factors into the development of etiological theories. The third point raised was a suggestion that in terms of etiology one should perhaps accumulate an arsenal of interpretational models, all of which would be kept in mind and applied as the facts warrant. The development of such an arsenal would help avoid the problem of "faddism". Also, from a pragmatic orientation in terms of action programs which might be used, this arsenal of interpretational models could be pragmatically evaluated or determined.

Among the interpretational models or approaches one might include in such an arsenal are the following six mechanisms that have been related to non-medical drug use: (1) escape; (2) retreatism; (3) rebellion; (4) use of drugs as a weapon in a political conflict; (5) drug use as one of the by-products of the ills of a certain economic system; and (6) drug use by a certain segment of the population in search of new experience and excitement. Further, interpretational models which look at market systems as well as others, could be included.

Following the Summary and Conclusions the Seminar was adjourned with thanks to the participants on behalf of the University of Maryland staff for their invaluable participation during the course of the Seminar.

## International Seminar on Socio-Cultural Factors in Non-Medical Drug Use

University of Maryland

Center of Adult Education

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International Seminar on Socio-Cultural Factors in Non-Medical Drug Use

Institute of Criminal Justice and Criminology  
University of Maryland  
November 3-5, 1975

at the

Center of Adult Education

PROGRAM

All sessions will meet in Room 1110 of the Center of Adult Education.

Monday - November 3, 1975

8:30 Transportation to Center of Adult Education

9:30 Transportation to Center of Adult Education

10:00 Opening of the Seminar

Peter P. Lejins

Welcoming Remarks

Dr. Mary F. Berry, Provost, Division of  
Behavioral and Social Sciences  
The Honorable Richard W. Velde, Administrator,  
Law Enforcement Assistance Administration

11:00-12:30

Plenary 1

General Introduction

Peter P. Lejins

Scope and purpose of the Seminar  
Tentative analytical overview of U.S. contributions

Peter P. Lejins and Mary J. Wood

Participant Presentations and Discussion

James W. Fox

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Monday - November 3, 1975 (continued)

12:30-2:00

Lunch

2:00-5:30

Plenary 2

Participant Presentations - continued

Tolani Asuni  
 Peter R. Maida  
 Alfred R. Lindesmith

3:30-4:00

Coffee Break

4:00-5:30

Plenary 3

Participant Presentations - continued

Peider Konz  
 J. C. Negrete  
 Irving Lukoff

5:30-7:00

Dinner

7:30

Reception hosted by Chancellor Robert L. Gluckstern, University of Maryland, College Park campus (Chancellor's residence - please meet in the lobby of the Center of Adult Education for transportation to the Chancellor's home at 7:00 p.m.)

Tuesday - November 4, 1975

7:30

Transportation to the Center

8:30

Transportation to the Center

9:00-10:30

Plenary 4

Participant Presentations - continued

James Moore  
 Joy W. Mott  
 Peter Manning

10:30-11:00

Coffee Break

- 3 -

Tuesday - November 4, 1975 (continued)

11:00-12:30	<u>Plenary 5</u> Participant Presentations - continued Yves Roumajon Angel Pacheco Walter B. Miller
12:30-2:00	Lunch
2:00-3:30	<u>Plenary 6</u> Participant Presentations - continued Giacomo Canepa Richard H. Brown
3:30-4:00	Coffee Break
4:00-5:30	<u>Plenary 7</u> Discussion
5:30	Dinner
8:00	Reception by invitation of Dr. and Mrs. Lejins

Wednesday - November 5, 1975

7:30	Transportation to the Center
8:30	Transportation to the Center
9:00-10:30	<u>Plenary 8</u> Discussion
10:30-11:00	Coffee Break
11:00-12:30	<u>Plenary 9</u> Tentative Proposals for Conclusions
12:30-2:00	Lunch
2:00-3:30	<u>Closing Session</u>

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Transportation to and from motel at times other than those indicated in the schedule will be provided upon request.

## UNIVERSITY OF MARYLAND

COLLEGE PARK 20742

DIVISION OF BEHAVIORAL AND SOCIAL SCIENCES  
INSTITUTE OF CRIMINAL JUSTICE  
AND CRIMINOLOGY

October 14, 1975

Dr. Alfred R. Lindesmith  
515 South Rose Ave.  
Bloomington, Indiana 47401

Dear Lindy:

Confirming our telephone conversation of today, I would like to invite you to participate in the International Seminar on Socio-Cultural Factors in Non-Medical Drug Use to be convened by the Institute of Criminal Justice and Criminology November 3-5 at the Center of Adult Education on the University of Maryland College Park campus. Your willingness to come is very much appreciated since your presence as one of the pioneers in research in drug addiction will add to the stature of the American participation.

The Seminar is intended as an intensive analytical and comparative exploration strictly limited to the above topic. The importance of and actually the need for such exploration emerged from the discussions of the XXIV International Course in Criminology of the International Criminological Society held in May of 1974 in Teheran on the topic of Drug Addiction and Criminality. In a paper presented by me in that Course (published in Drogue et Criminalité: Etiologie et Prévention by the International Centre for Comparative Criminology of the University of Montreal, pp. 1-10) I analyzed the explorations of drug addiction as centered on four major themes or topics. I suggested that at the present stage of development of the field it is important to focus the discussion and research explicitly on any one of these topics at a time rather than dealing with all of them together, as is the case in most conferences. One of the four topics suggested by me was the social and cultural factors in drug addiction. The role of these factors has been widely discussed in the United States, and there is a considerable amount of literature available on this topic. The idea of the Maryland Seminar is to handle this issue on a comparative basis, confronting the data and the interpretations of other countries with those of the United States. I am enclosing a mimeographed copy of my Teheran paper with the portions directly pertaining to the theme of the cultural factors marked in red for your convenience.

The Seminar will be made up of 15-20 participants about evenly distributed between the United States and other countries. Since the primary purpose of the Seminar is to bring together data and interpretations with regard to cultural factors in drug addiction from a variety of countries and cultures, no working paper structuring the topic will be distributed prior to the Seminar, so as not to influence the free flow of contributions from the participants. For the convenience of the discussants, however, a tentative analytical overview of the major United States thinking on the subject will be presented. I might add that the use of alcohol will not be of direct concern to the Seminar. The proceedings of the Seminar are to be published.

red R. Lind Dr. Alfred R. Lindesmith

- 2 -

October 14, 1975

We are asking each participant to prepare a statement of about 15 minutes to be made at the Seminar as an introduction to the general discussion of the topic. These statements are supposed to reflect the data and analysis with regard to the cultural factors in non-medical drug use in the participant's country or region with which he or she is familiar. We will appreciate having such a statement also from you.

The Seminar is being made possible by a grant from the Law Enforcement Assistance Administration. On the basis of the regulations governing such grants we can offer you the following coverage of expenses: the Institute will provide you with a roundtrip plane ticket to one of the Washington airports. We will provide transportation between the airport and the College Park campus if you notify us of your time and site of arrival. The grant provides for hotel accommodations as arranged by us for 3 nights or whatever your travel arrangements require and approximately \$12 for food per day, which is a reasonably adequate amount for the meals in the University's Center of Adult Education in which the Seminar will take place.

For any further particulars please telephone either me or Ms. Mary Jane Wood, our International Projects Coordinator, collect 301-454-5318.

I am looking forward to seeing you once again in College Park.

Sincerely yours,

Peter P. Lejins  
Director

PPL/lni

Enclosure as stated

P.S. - I am also enclosing a Bulletin describing our Institute.