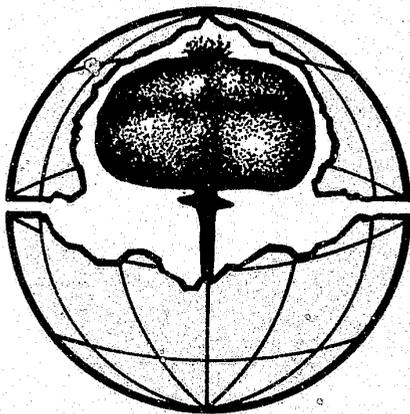


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Publication No. 21

COMBATTING DRUG ABUSE AND RELATED CRIME



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Rome, July 1984



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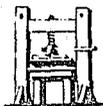
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COMBATTING DRUG ABUSE AND RELATED CRIME:

*Comparative research on the effectiveness of socio-legal preventive
and control measures in different countries on the interaction
between criminal behaviour and drug abuse*

Funded by the
UNITED NATIONS FUND FOR DRUG ABUSE CONTROL

by Francesco Bruno M.D.



Fratelli Palombi Editori

Rome, July 1984

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**U.S. Department of Justice
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TABLE OF CONTENTS

	Page
Foreword	3
<div style="display: flex; justify-content: space-around; align-items: center;"> NCJRS </div>	
Chapters	
I. Introduction	7
II. The research	21
III. Comparative analysis of legislations relating to the phenomenon of drug abuse in the participating countries	31
IV. Analysis of the data supplied by the national preliminary reports	39
V. Analysis of the data resulting from the administration of the «vignettes»	67
VI. Analysis of the data collected through guided interviews with drug addicts	95
VII. Summary of results	149
VIII. Conclusions, remarks, perspectives and policy implications	159
IX. The laws, criminal justice system, and treatment/rehabilitation system in New York State (USA) ...	167
X. Drug criminality and drug abuse in Sweden 1969-1981: The National Swedish Council for Criminal Behaviour	185
XI. Drug misuse and crime in the United Kingdom: Home Office Research and Planning Unit	193
Annexes	
1. Bibliography	211
2. List of experts and researchers involved in the study	245
UNSDRI Publications	249

FOREWORD

Research on «The effectiveness of socio-legal preventive and control measures on the interaction between criminal behaviour and drug abuse», the salient feature of the title of this study, in one country is difficult and complex enough. To extend the research to many countries of different legal systems and varied social, cultural and economic circumstances is a very ambitious and formidable task. Yet this has been done. As to be expected in the execution of the research problems were encountered and the way these problems were circumvented or overcome has been described.

It is appropriate to give some background information about the study. First of all a preliminary feasibility study group was convened by the United Nations Social Defence Research Institute in Rome, 30 June-4 July 1980. The group consisted of participants from nine countries - Brazil, Italy, Jordan, Libya, Malaysia, Nigeria, Sweden, The United Kingdom and the United States of America.

The group discussed the situation of the problem of drugs and crime, the relevant legislation, and the informal control mechanisms in the different countries represented and finally made recommendations for studies and projects for consideration and implementation by UNSDRI. This particular project emerged from the recommendations and the broad outline, strategy and methodology to be adopted were suggested.

The criteria for selection of countries to participate should include (a) representativeness of a wide range of drug problems and policies; (b) sufficient interest to take part; (c) availability of suitable local researchers.

The Institute's resolve to apply to the United Nations Fund for Drug Abuse Control (UNFDAC) for funding of the project was strengthened by the positive, constructive and enthusiastic contribution at this feasibility study group meeting and the concrete recommendations that emerged.

Even though most of the participants at the meeting expressed the desire to participate some had reservations about the collaboration within the country necessary for the total execution of the study. Two of the countries, Libya and Nigeria, which participated in the meeting, could not collaborate in the study. On the other hand, in compliance with the criteria suggested at the meeting, other

countries which were not represented at the meeting, Argentina, Costa Rica, Japan and Singapore, collaborated in the study.

The inclusion of Japan and Costa Rica is particularly noteworthy. Japan's participation in the study was through the agency of the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI) and Costa Rica's was through the Instituto Latinoamericano para la Prevención del Delito y Tratamiento del Delincuente (ILANUD). This demonstrates the usefulness and also strengthens the network of the United Nations Institutes on Crime Prevention and Treatment of Offenders.

It is also necessary to remark on the absence of any African country in this study especially as the problem of drug abuse in Africa has its own unique dimension. Indeed, determined and deliberate efforts were made to include at least one African country, but unfortunately communication broke down when it appeared that we had the chance of getting the participation of one country from earlier positive and enthusiastic response.

This breakdown in communication was not the only occasion. As it will be seen in the text, some material was also lost in transit by post during the execution of the project.

Attempts were also made to get the participation of some Eastern European countries. But these were also to no avail. The study was consequently deprived of the insight which could have been introduced by the Eastern European interesting experience.

One important aspect of this study which should also be mentioned is the use of local participants in every possible stage of the study. This participation of local operators and researchers not only offered the perspective of training in research for those collaborators not conversant with it, but also gave the study a high degree of reality, veracity and credibility, especially in the interpretation and elaboration of the scientific data. To achieve this latter end, a meeting of our collaborators was convened in UNSDRI, Rome, 21-25 February 1983, after the data had been collected and analysed. At this meeting the empirical findings of the research were discussed and the views and comments of the collaborators were sought to give flesh to the findings in terms of verification, explanation and elaboration. After this the format of the report was discussed and agreed upon.

So the report is the result of joint efforts and input from all concerned and no effort has been spared to faithfully reflect not only the hard data, but also the soft data and the information derived from local knowledge and experience.

For those who are anxious to know the findings of the research without having to go into details of the design, execution of the study and analysis of the data and those who are too busy to devote much time to read the report, it is suggested that they turn to Chapter VII, which puts the results together, followed by Conclusions, Perspectives and Policy Implications in Chapter VIII.

The Introduction in Chapter I deals with the relevant United Nations Conventions, methodological problems encountered in various studies addressing the issue of drugs and crime, and the area and objectives of the research.

Chapter II explains the design of the research and the rationale of this design; while Chapter III looks into the legislations relating to the phenomenon of drug abuse in the participating countries - especially regarding penal and treatment provisions.

Chapters IV, V and VI deal with the analysis of both the hard and soft data collected in the research. Chapter IX is a brief report on the criminal justice system and treatment and rehabilitation programme in New York State. This has been included because the methodology for the study used in New York State was a modified version of that recommended and also because most of the data collected was lost in the post.

Chapters X and XI are the autonomous reports from Sweden and the United Kingdom respectively. These deal with the legislations and the issue of drugs and crime.

In spite of the unavoidable problems encountered in the execution of such a formidable undertaking, it has certainly shed some light on the issues it addressed. The conclusions have been cautiously drawn. There are areas which need to be more thoroughly investigated and some of these areas have been suggested. There are also areas of tentative policy implications - tentative in that it is for the policy-makers to see how these fit into their overall national philosophy; tentative also in that the policy-makers may wish to seek a confirmation of the implications through appropriate deeper study of particular issues.

No single study, no matter how large, can satisfy the preoccupations of all academicians. We hope this will interest some and open a new area for further indepth studies. If in some way the study throws doubt on some assumptions, it will have opened the way for further research. The essence of research is the quest for knowledge and truth, which in the short or long run should influence policy. It is believed that this research has been focussed in that direction. It is

not perfect but given the limitations and constraints, it has addressed the issue the best way seen possible.

I hope the reader of this report will find it interesting, useful and stimulating as those who have participated in the research have found it exciting to be involved in such a challenging and rewarding task.

Finally, I wish to seize this opportunity to thank the United Nations Fund for Drug Abuse Control for giving UNSDRI the opportunity to make this contribution by their generous funding. The number of individuals, in addition to our country co-ordinators, who have carried out the field work with enthusiasm and diligence is too high for them to be named and thanked individually. We are indeed appreciative of their contribution. Nevertheless, particular mention should be made of two people, Professor Franco Ferracuti and Dr. Jean Paul Smith who were co-ordinators at the initiation of the study. They set the basis on which the project was formulated and carried out. Mrs. Margarita Furlong Minardi should also be mentioned for having contributed substantially beyond her work as secretary and translator.

Without the co-operation of the subjects of this study and the controls, it would have been impossible to carry it out. We salute them for their co-operation, and wish them luck.

To the author of this report, I wish to express my sincere appreciation and gratitude.

Rome, July 1984

*Tolani Asuni
Director*

CHAPTER I

INTRODUCTION

a) Background

The idea that drug abuse is strictly connected to the very concept of criminality is well rooted in the popular tradition everywhere. This idea has evidently constituted one of the bases for the restrictive legislation which in each country regulates and controls the use of drugs and represses its abuse. Nevertheless, the issue of the interaction between drug abuse and criminality is more complex than it may appear at first glance: in fact, even if it is possible to guess the existence of a correlation between criminal behaviour and drug addiction, so far it has not been possible to demonstrate, from a scientific point of view, the type and nature of such correlation.

Three different fundamental questions can be formulated in this respect:

First: to what degree and in what way does the abuse of drugs contribute to the determination of, or directly determines, criminal behaviour?

Second: to what degree and in what way does criminal behaviour contribute to the determination of, or directly determines, the abuse of drug?

Third: do common factors exist that contribute in causing both criminal behaviour and drug abuse (and if so which)?

In attempting to answer these queries only a multidisciplinary methodology can be used as the abuse of drugs must be considered as the behavioural result of many causes.

On the contrary, when discussing «abuse of drugs» or «drug addiction», the multiple and complex nature of this phenomenon is often forgotten and the tendency is to examine only the social, biological or psychological aspects, depending on the specific field of competence of the person involved.

In order to avoid this risk and to clarify the terms of the matter under study, Table 1 (Bruno, 1980) and Tables 2 and 3 (Bruno 1983) present a theoretical dynamics of heroin dependency and related interacting factors and effects between the addict and criminal behaviour. This theory represents the syntheses of opinions that currently meet with the highest consensus and which can generally be considered valid in describing the dynamics of addiction to the other opiates, and, in part, to other illicit drugs. It is, of course, evident

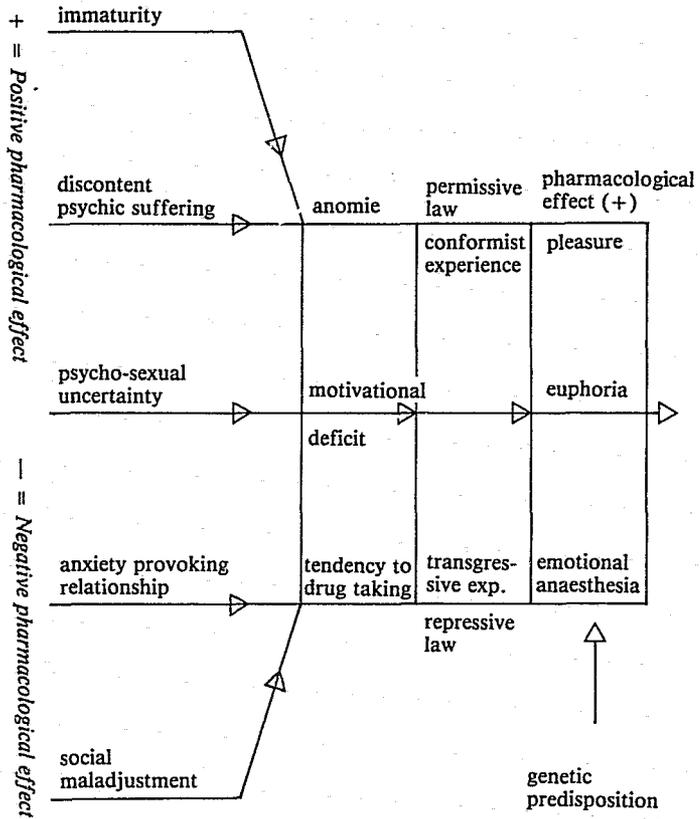


TABLE No. 1
Heroin Addiction

that, according to this etiological frame of reference, if addicted behaviour is not penalized but tolerated, the degree of the deviant behaviour is minimum. In a repressive culture, instead, the behaviour under study can assume connotations of a passive «contestation» of the system.

TABLE No. 2
Interaction between causes and consequences in the determination of
a state of drug dependence

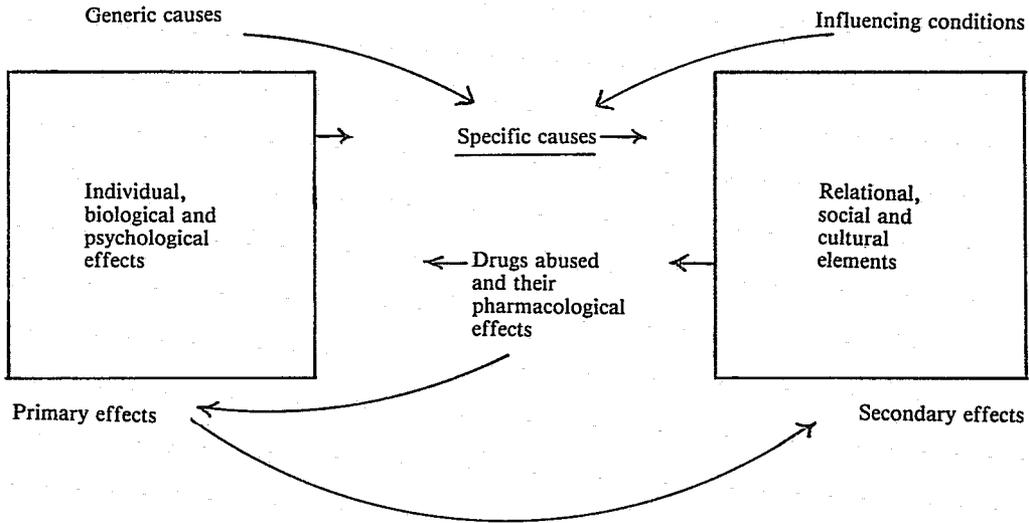
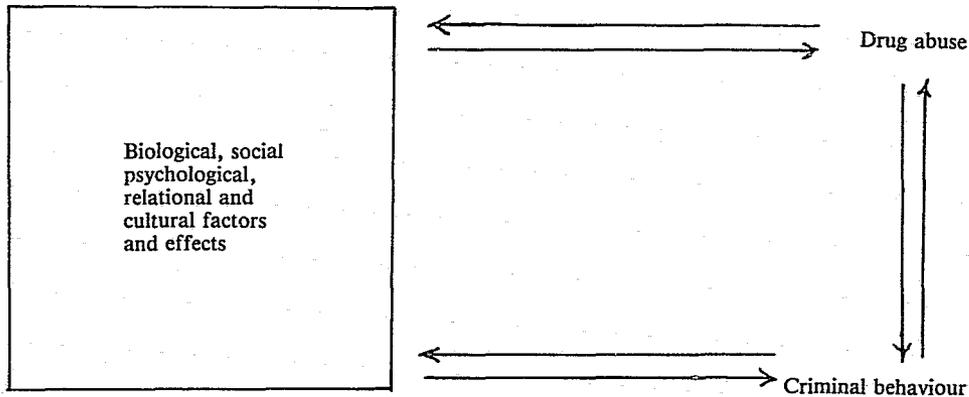


TABLE No. 3
Reciprocal interaction between drug abuse and criminal behaviour
mediated by causal factors and effects



Although basic personality traits are essential prerequisites, these alone never constitute sufficient determinant factors of drug-addicted behaviour.

Social factors can be considered as relevant as the personal elements. In this way, a real drug culture tends to develop among the youth to the point of becoming a deviant subculture placed within, and very often in contrast with, the national culture. This youth subculture generally follows a normal development across the societal learning process, its reinforcement, the isolation and the various rationalization mechanisms that characterize the growth of every other subculture. This process progressively leads to the perpetuation and the diffusion of the drug culture and tends to isolate the drug addict from the general normative structure of the society which they consider hostile and by whom they are often considered alien or deviant.

When the drug culture reaches a subculture level the normal repressive and control mechanisms can no longer oppose the expansion of the phenomenon. In fact, these mechanisms can, on the contrary, reinforce the subculture values and encourage a continued participation in the drug addiction subculture. In other words, when «labelling» and «secondary deviance» intervene, criminal behaviour can become concomitant with that of drug addiction for the mere economic and socio-psychological need of the drug addict for the maintenance of his habit. The value system of the drug addict can acquire anti-social connotations until it reaches a truly criminal behaviour level.

Drug dependent behaviours, *per se*, come under the category of «crimes without victim», that is to say (according to Schur, 1965, and others) to the category of those forms of deviance from the norm which do not necessarily cause harm to the victim, but to the person of the perpetrator from which the «conditions of intention» are absent. From the criminological point of view it is evident that these characteristics indicate the necessity of giving different and separate consideration to the crime of drug abuse.

Whether or not it is desirable to include drug abuse among «penalized behaviours» is still an open issue. For some, criminalization of drug-addicted behaviour «could» have an «educational» impact, which should tend to diminish the frequency and seriousness of undesirable behaviour, increase norm compliance of the subject and discourage adherence of the subject to systems of values which are the opposite of the current norms.

For others, on the contrary, the criminalization of the behaviour would fail in the objective of controlling the abuse of drugs and the crime to which it is linked. It would, vice versa, contribute to the isolation of the drug addict and to the higher cost of drug increasing, in turn, the criminogenic potentiality of the «drug dependency behaviour».

On the other hand the possibility of total liberalization of the use of drugs for personal non-therapeutic purposes is discussed. The most radical groups proposed a total ban on control of the personal use of drugs claiming, as the main motivation for their attitude, that this would cause black market drug sales to cease, the dangerousness of its use would diminish and consequently the social behaviour and performance of the drug addict would improve. Nevertheless, even those who support this extreme theory realize that total absence of control and rules would result in a very marked contrast with the ethics and cultural trends of the population at large and therefore difficult to accept.

In the two documents indicated below the United Nations declared the fundamental principles that should inspire the various national legislations:

— Single Convention on Narcotic Drugs, 1954, adopted in New York, 30 March 1954 and as amended by the 1954 Protocol in Geneva, 25 March 1954.

— Convention on Psychotropic Substances adopted in Vienna, 21 February 1971.

In accordance with the contained principles and with legal constitutional norms of their countries, the signatories to the two conventions agreed to consider as punishable infractions, when intentional, every act related to the production, distribution and illicit commerce of narcotic substances, and contemporaneously they agreed to adopt every possible measure to prevent the abuse of drugs and to ensure a speedy diagnosis, treatment, correction, aftercare, rehabilitation and social reinsertion of the persons concerned.

Furthermore, the amendment to Article 36, paragraph 1b of the Single Convention foresees the possibility, on the part of the signatory countries, to substitute or complement with treatment, correction, aftercare, rehabilitation and social reinsertion measures, the penal sanctions for the crimes of production, distribution and trade (commerce) by persons who abuse drugs.

Not all the signatories have as yet modified their laws in

accordance with the general principles expressed in the Convention and therefore a wide variance exists in the trends of each national legislation. This is more evident with regard to the measures that concern the possession and personal use of narcotic substances by those who are addicts, so that some countries still penalize this behaviour somewhat severely while others have depenalized it.

It is difficult for most countries in the process of combatting drug abuse and related crime, to choose between repressive and non-repressive laws when modifying their legislations.

At a meeting held at the United Nations Social Defence Research Institute (UNSDRI) (Rome, 30 June-4 July 1980), to which experts from various countries were convened to discuss the feasibility of a research study on the interaction between drugs and crime, two main areas were identified: one of the areas constituted the description and the comparative study of the methods of application of the control systems and social policy in the field of drugs in various countries with different policies and systems; the second area constituted the empirical research on the phenomenon of interaction between drug abuse and criminality.

A research study, financed by the United Nations Fund for Drug Abuse Control (UNFDAC), on the efficacy of the socio-legal systems of control and prevention of the phenomena of association between drug abuse and criminal behaviour was subsequently developed and carried out by UNSDRI on the basis of the considerations presented above. This report synthesizes and presents the overall results of the study.

b) Methodological problems

Excluding criminality strictly connected with the phase of production, sale and distribution of the drug cycle and the relative international traffic with its economic implications, it can be stated that drug abuse can lead to various groups of crimes that, from a penal point of view, assume different connotations depending on whether they are committed by a person under the influence of drug, under acute or chronic state of intoxication or, vice versa, committed by a person with the intention and the scope of providing for his personal need. In addition to these crimes, due consideration should be given within this frame to «unpremeditated» crimes resulting from an alteration in the capacity to discern, through the use of

drug, or to the occasional but not exceptional use of illicit drugs to strengthen criminal performances.

The first group (crimes committed under the influence of drug) comes under «direct criminality», while «indirect criminality» is attributed to the second group (crimes committed for providing drug). The level of «drug/criminality» association may vary a great deal depending on the type of substance involved, reaching a maximum level in the case of amphetamines and psycho-disleptical drugs, while the minimum is registered with tetra hydrocannabinol. This type of criminality is a direct consequence of the biochemical and psycho-pharmacological properties of the drug which, nevertheless, do not appear to act directly on the aggressive qualities of a person's character, but rather seem to act with a double mechanism: on one side uncovering unconscious latent aggressiveness and, on the other, altering discernment and diminishing the capacity of control.

Some stimulating substances such as amphetamines, cocaine and other pharmaceuticals which are semi-antagonists of narcotics, can produce psychosis with all the consequences of a hallucinatory psychotic state. It is a known fact that the strong and chronic abuse of barbiturates is often associated with aggressivity. Obviously alcohol is the substance that is responsible for the highest number of direct criminal behaviours, specially of the aggressive type, but considering its specific characteristics and level of diffusion it cannot be considered jointly with the drugs under study here. Direct criminality caused by opioids, instead, is rare.

It is probably superfluous to recall how widely diffused drug addictions are within some jail environments and to what extent these can influence eventual institutional «treatment».

Finally, it is worth mentioning an aspect of the problem which appears to become increasingly more dramatic: the criminality exercised *on* drug addicts, that is to say all forms of crime of which drug addicts are the victims. In this new victimological category all types of crimes can be enumerated, even the most unusual and most humanly painful. There is no perception of most of these crimes for the simple reason that drug addicts do not report them, on the other hand many other drug crimes are removed from consciousness, as is very often the case with many other aspects of the «drug phenomenon».

In the case of indirect drug/criminality association, the problem of evaluating the degree and type of interrelation is more difficult to

solve. Previous studies conducted by the Council of Europe had denied the proof of causal relation between drug and criminality. More recent studies, e.g. that carried out by NIDA and the Research Triangle Institute for the National Institute of Law Enforcement and Criminal Justice (USA, 1977-1978-1979), reached different conclusions but these are not definite. These studies, in fact, suggest the «probability» of a causal relation between the two phenomena but they do not exclude the possibility of a correlational type of link. Nevertheless, given the extension of the phenomenon of drug abuse in many countries, and the contemporaneous trend in the same countries to an increase in some specific forms of criminality, it is reasonable to assume empirically that a certain level of relation between drug and criminality can exist. What is more difficult to know is the complex interaction between the various etiological factors and the real value of the impact of the normative and control structures on the phenomenon.

Elliot and Ageton (1976) divided the existing scientific literature into two groups: «Studies conducted on subjects officially defined drug addicts and delinquents» (Chein, 1964; Chein et al., 1965; Weitzner et al., 1973; Friedman and Friedman, 1973), and «Studies conducted in a normal juvenile population» (Robins and Murphy, 1967; Jacoby et al., 1973; Friedman and Friedman, 1973; Goode, 1973; Johnston, 1973; O'Donnell et al., 1976; Jessor and Finney, 1973; Jessor, 1976; Gold and Reimer, 1974; Elliot and Ageton, 1976; Hindelang and Weiss, 1972).

When dealing with this topic, the main problem a researcher will encounter is methodological. Many of the existing studies are not totally reliable due to the general lack of availability and the scarce confidence in the obtainable data. Studies are often limited to drug addicts that have committed a crime or criminals that are drug addicts, thus limiting the sampling to one, non-representative category of subjects. According to the findings of the abovementioned Research Triangle Institute, the ideal research design should be based on a longitudinal study of a general population where the initial drug addiction or criminal behaviours are recorded.

The study carried out by UNSDRI in various countries on the effectiveness of the socio-legal prevention and control measures on the interaction between criminal behaviour and drug abuse has a different, more accomplishable, and perhaps more interesting approach than that adopted in the majority of controlled research studies.

This approach consists of studying not the phenomenon of drug abuse or that of criminality *per se*, nor the association between the two, but the «impact» of the various drug control systems on the association between drug and criminality. In this sense the approach must be trans-cultural and therefore must necessarily involve a number of different penal-juridical systems, from those repression/control oriented to those oriented toward permissiveness and treatment.

Hypothetically speaking, the various systems can be theoretically placed on a graded scale according to increasing levels of harshness of the foreseen sanctions. In this way it would be possible to differentiate between the therapeutic oriented systems and those that are repressive and compare both types with the drug/criminality phenomenon in the concerned society.

In this way the success of the research is no longer linked to the representativeness of the sample and to the quantitative variables but, instead, to the close examination of the form and the quality of impact of the system and of its consequence on the subject. Furthermore, such an approach allows for considerations on the «subcultural» phenomenologies and dynamics of the drug addict and their interaction with the normative system.

As shown previously, the possibility of evaluating the effectiveness of the various systems is of great interest and it could provide objective indications with regard to methods of intervention.

c) Area and objectives of the research

The belief that systems with varying levels of harshness of the foreseen sanctions must also exercise different levels of efficacy in reducing the criminal behaviour of drug addicts has been the basic hypothesis on which the research was constructed. Therefore it can be stated that the basic hypothesis rests on the basic concept of the «system» and on its key rôle, that is to say, its capacity to act on the individual.

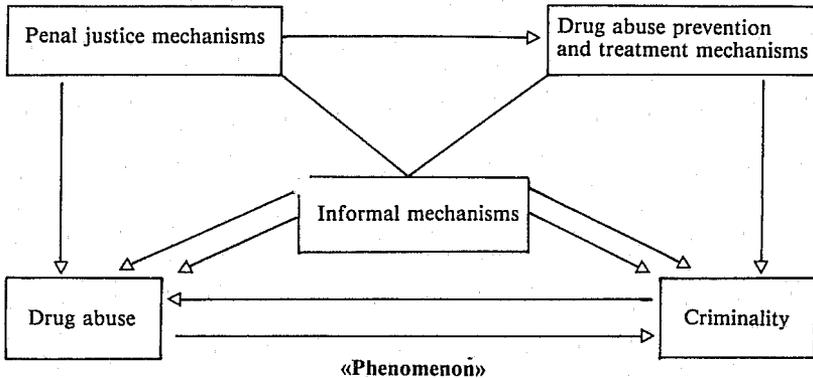
Within the framework of a phenomenon, a «system» can be considered as a more or less structured assemblage of elements and functions which, in various ways, tend to determine an objective. The system which opposes the phenomenon of drug addiction and that of the association between drug addiction and criminality can be considered as being constituted by one or more of the following sub-systems:

- a) penal justice mechanisms
- b) prevention - treatment mechanisms

The capacity of these sub-systems to function and to be effective is influenced by various pre-existing and interacting factors that are not easily measured: religious beliefs, cultural background, values, social structures such as family, etc.

These factors can be considered to be informal mechanisms of social control of various types of behaviour. Each sub-system is not totally separated from the other but, instead, is often linked to the other by more or less complex relations of overlapping, association or dependence. Therefore, according to this definition, the following table shows the possible dynamic relations between the «system» and the association drug/criminality phenomenon, the object of this study.

TABLE No. 4
«System»



The table clearly shows the multiplicity of influences each sub-system can exercise on both elements of the phenomenon.

Of course these influences can be diverse: the socio-economic system has a diffuse and specific influence that affects equally both drug addiction and crime; the penal system has a direct and constant influence both on crime and on drug addiction, keeping in mind that with regard to the latter, this influence is exercised with less rigour in the areas where it is not penalized; the prevention and treatment system certainly has a direct and constant influence on drug addiction, but it can also exercise an «occasional» influence on crime, sometimes as an alternative to the penal system. Finally, the ethic-religious system exercises a diffuse influence over all the sub-systems, but

in some countries it can almost totally overlap the penal system or the prevention and treatment system and as such can determine an impact on the phenomenon. At this point it is logical to assume that each country has a different «system» and that each system differs not only because it is harsher or less harsh, but also because of its greater or lesser complexity and because of its diverse grade of flexibility.

Keeping all this in mind, it is evident that the general objective of the research constitutes the study of the impact of the different systems on drug abuse and on the criminal behaviour of the addict. The various systems have been described and evaluated with the scope of determining their efficacy in reducing the phenomenon. Therefore this research has given only indirect consideration to the epidemiology of drug abuse and the measure and tendency of criminality. Nevertheless, information has been collected from existing documentation and on the experience of experts with the scope of acquiring the widest perspective possible on each country.

The comparison between the legislative systems of different countries is difficult and the fact that the socio-cultural and geographic differences cannot be ignored adds to this difficulty. Nevertheless, an effort was made to examine the text of the law in each country regarding the use and possession of narcotic substances and information on the practical functioning of the administration of the law has been integrated in this study. The research has been given an explorative orientation in order to determine the perception of drug addicts and operators regarding the efficaciousness of treatment and control systems.

Within the range of the hypotheses that have constituted the theoretical frame of reference of the research, the following facts should be accepted as given, as they have been sufficiently demonstrated by research findings and by numerous studies which have already been conducted.

a) The abuse of certain drugs incites the subjects, directly or indirectly prone, to commit criminal deeds which they would not otherwise have committed;

b) The criminal deeds referred to in point a) are on one side motivated by the need to procure the drugs and, on the other, the result of the influence of the drug intake;

c) The criminal justice system has an impact on the crime phenomenon in general and therefore also on the association between drugs and criminality;

d) The deviant and/or criminal behaviour is not only influenced by the legal provisions *per se*, but also by the way in which the laws are applied.

In order to achieve the pre-established objectives of the research it was necessary to solve various technical and methodological problems.

The first and most important problem was undoubtedly the difficulty, if not the impossibility, of comparing the various «systems» since these could not be isolated from the specific, geographic, ethnic, social, political and cultural characteristics in which they operate. For this reason it was necessary to abandon the idea of a direct comparison between the «systems» in all their various aspects and, instead, an attempt was made to identify, isolate and measure only one of the qualities of the various systems: their «harshness». For the same reason it was decided to identify, isolate and measure only one of the qualities of the phenomenon of drug addiction present within each country: its «seriousness». It was possible to give operative definitions of both these characteristics which allowed, in turn, the construction of scales for measuring the various levels at which these are manifested in the different countries. In other words, in applying this method, the various systems and the various phenomena were not directly compared with each other, but with a theoretical model constructed considering all the particular and specific characteristics of each country.

Another difficult problem to resolve was that connected with the selection of the experimental groups. In fact, most of the previous studies in this field have been centered either on drug addicts that had committed a crime or on criminals that were drug addicts. Each of these two approaches is necessarily limited and for this reason the method chosen varies slightly from those applied previously.

Sampling on the general population was excluded since no matter how vast, it could have included only a very limited number of relevant cases. Nor could a sample of the criminal population (drawn from police, judiciary or prison sources) have comprised an adequate number of drug addict cases. Therefore, the procedure followed was that of identifying a group of drug addict subjects without prior consideration of criminality. The subjects were selected from the organizations where drug addicts are officially identified.

A third problem was the choice of the type of criminality to be

studied. In fact, a number of crimes can be examined as a group or separately. For this reason, a criteria of relatively high specificity was followed which would allow for the overcoming of the variability between the codes of the different countries with a «set» of simple definitions, common to all participants, of the most important crimes. To achieve this end, the definitions given by the Office of Statistics of Justice of the United States were chosen. From among the crimes thus defined the following were chosen for the purposes of this study: homicide, rape, theft in its various forms, robbery, fraud and bodily injuries.

Finally, the following procedure was identified to solve the problem concerning the selection of the control groups: when the experimental groups were selected, parallel groups were formed composed of subjects who, in spite of having many characteristics in common, specially drug addiction, had not come in contact with the system. Both groups, experimental and control, were then studied with the retrospective longitudinal research method and their biographic and behavioural data were collected through guided interviews tending to stimulate «self-reporting».

On final analysis, it can be stated that the research has been centered on the functioning and efficacy of the various prevention, repression and control systems in reducing the phenomenon of the association between drug-addicted behaviour and criminal behaviour, isolating the quality of «harshness» and comparing its level with the drug-addiction reality in each country.

The study was carried out at three different and integrated levels: the theoretical functioning of the system, the perception of the capacity of the system to function, and the practical functioning of the system deduced from what really occurred to the subjects in the experimental and control groups.

CHAPTER II

THE RESEARCH

a) Modality of execution and methodology

One of the most important practical problems which arises in the implementation of a comparative research in the field of the social sciences is the need to reduce to a minimum the inevitable heterogeneous elements associated with the existing differences between the various objective situations encountered at the level of the individual participating countries. In fact, the historical, geographical, cultural, social, economic and political specificities that make a country different from another is not only reflected in the laws and institutions, but they also tend to manifest themselves in that which concerns the personal and everyday life, influencing attitudes and working habits of the various researchers. The design followed in carrying out this research was constructed keeping this problem in mind and attempting to achieve an acceptable level of homogeneity.

For this reason the co-ordination and the direction of the entire research were, as far as possible, centralized and entrusted to a staff of researchers operating at UNSDRI in Rome. Indeed there was convened in UNSDRI (30 June-4 July 1980) a preliminary feasibility meeting of potential collaborators, which discussed in general terms the methodology to be adopted in the study.

Every single phase of the research and the specific functions and duties of the researchers were foreseen and described in a detailed experimental design which, in turn, was defined with the collaboration of various experts in the different disciplines involved in the study (social psychology, criminology, penal law, sociology, psychiatry, statistics).

A group of researchers operating at national level was formed in each participating country, with the main duty of in-field implementation of the different phases of the research, collecting and arranging the necessary information.

As already mentioned, the general objective of the research was to study the impact of the different systems on drug abuse and on the criminality connected with drug addicts. To achieve this goal it was of primary importance to select a research methodology that could provide data on the subject, analysing it from three different perspectives.

The first perspective concerned the analysis of the general

realistic situation existing in the country with regard to the phenomenon of drug addiction and with regard to the socio-legal system responsible for combatting and controlling this phenomenon.

With the objective of acquiring as real a knowledge as possible of the realistic individual situations existing in the various participating countries, each of the national research teams was requested to carry out a theoretic and bibliographic study of these situations and to present the results in a standardized report following a pre-established outline prepared by the central co-ordinators.

This method of data collection was preferred to that of a preliminary comparative analysis which could have been carried out directly by the central co-ordinators on the various systems and on the characteristics of the phenomenon in each country, because it was the only way in which reliable information could be obtained on the actual functional aspects of the system in that specific national situation. In other words, the data acquired in this manner appear to be truer to the respective realities than those that could have been obtained by other means. In addition, as the study was carried out *in loco* by national researchers, the data are more reliable since they reflect a direct knowledge of the situation. Finally, they allow for a more accurate comparison because they respect the socio-cultural, historical and geographical specificity of the various countries.

Once the requested data and information had been gathered and transmitted to the central co-ordinators, they were given a quantitative form for comparison purposes and to allow for the construction of two scales in which each country could be represented showing the higher or lower level of seriousness of the phenomenon present and the major or minor level of harshness of the system in operation. In other words, only the quality of «seriousness» was selected for quantification with reference to the phenomenon of drug addiction, and only the quality of «harshness» with reference to the systems.

It was necessary to limit the study to these two aspects to allow for a comparison that would have otherwise proved technically and empirically impossible, given the complexity and specificity of the different national situations.

The characteristics «harshness of the system» and «seriousness of the phenomenon» were isolated and extracted from the data in each national report, and operative definitions were given to these on the basis of which it was possible to establish quantitative (numerical) evaluation criteria; this, in turn, allowed for the construction of scales for measuring the various levels of these in the various coun-

tries. The logical procedures that led to the construction of the two scales for the quantification of the data extractable from the national reports are described in detail in Chapter IV assigned to the analysis of the data.

By applying the method of empirical evaluation it was possible to calculate the seriousness of the phenomenon of drug addiction and the level of harshness of the socio-legal system operating in each country. The various values were then compared in order to show possible correlations and it proved useful as a reference table for analysis of the data collected by other methods.

The second perspective of the research concerned the analysis of the perception of the system, i.e. the effects of the system as perceived by the subjects who are at the receiving end of its action.

This objective was reached by submitting the subjects of the experimental groups (drug addicts that had experienced at least one contact with the system) and of the control groups (drug addicts who had not come in contact with the system) to a test consisting of the administration of a series of vignettes.

Eight vignettes were chosen that described 8 standard and simulated situations centered on the use of soft and hard drugs and on the criminality associated with drug abuse. The subjects were requested to carefully read these and answer the question: «Which, from the following hypotheses, would take place more often if the situation described in the vignette was verified?». Each vignette was followed by optional answers in increasing degrees of seriousness from «nothing would happen» to «the subject would be condemned to life imprisonment», from among which the subject should choose the option that, in his own experience, was most probable. In this way it was possible to measure primarily in terms of highest or lowest degree of harshness, but also according to other parameters (expectations of adherence to the legal provisions, therapeutic expectations, repressive expectations, etc.), the expectation of the subjects regarding their perceptions of the response of the system to the simulated situations. In view of the limited number and representativeness of the various samples, the results of this phase of the study cannot be generalized; nevertheless, they can be considered representative of the perception of some of the interviewees of the system and allow for a deeper knowledge of the perception factor of the quality of the system in the different national situations.

The analysis of the data contained in the vignettes was carried

out applying the Binary Automatic Scoring (B.A.S.) (Iovine R., Ghezzi F., An Automatic Method for the Analysis of the Questionnaires in Psychology, Bio-Medicine and Clinical Data, *Compt. Biol. Med.* 8, 139, 1978). According to the B.A.S. system the information regarding a population of n individuals characterized by n binary items is contained in a $n \times m$ matrix the elements of which are 0 or 1.

Generally speaking not all binary items can have the same weight and the same importance; for this reason it is necessary to provide component m with a vector or give weights.

$$P = (P_1, P_2 \dots P_m)$$

in which $0 < P_n < 1$ ($n = 1, 2 \dots m$)

If it is assumed that a «state» has been identified, for example that of the «perception» of the effects of a maximum harshness system and to have defined it with the sequence of vector:

$$\text{Mask} = (M_1, M_2 \dots M_m)$$

in which M_n $\begin{cases} = 0 \\ = 1 \end{cases}$ ($h = 1, 2 \dots m$)

vector Mask represents a sequence of items that define the maximum perception of harshness possible. To this perception the score that corresponds in a univocal manner is given by:

$$\max = \sum_{K=1}^m PK$$

where $\delta K=1$ if the answer corresponds with M_K , $K=0$ if the contrary is the case.

Evidently all the other individuals will have a perception equal to where:

$$r = \sum_{K=1}^m PK \delta K$$

Introducing the normalizing factor $100/P \max$ the normalized r norm perception is defined

$$r \text{ norm} = \frac{100}{P \max} \sum_{K=1}^n PK \delta K$$

which will be equivalent to a number between 0 (=perception of minimum harshness) and 100 (=perception of maximum harshness). Calculating this perception factor for each subject on all the items or characters it is possible to construct the following distribution functions:

- a) Scoring of reordered characters
- b) Scoring of reordered subjects
- c) Density of probability - scoring characters
- d) Density of probability - scoring subjects

In addition, the density of Shannon's Index can be evaluated for the attributes and for the subjects. Also for each copy of «items» h and K of the questionnaire the element matrices can be calculated.

- PhK (0.0): of negative coincidence
- PhK (1.1): of positive coincidence
- PhK (1.0) + PhK (0.1): of anti-coincidence

Such matrices for each h and K contain respectively the level, the association of absences, of the contemporaneous presence and of new exclusions for a couple of characters.

The sum of the three corresponding elements on the three matrices is equal to 1 since it individualizes an «event that is certain» within the space of probability.

On applying the B.A.S. system to the analysis of the data

obtained from the vignettes it was possible to evaluate the following characteristics for each country:

Level of conformity between the perception of and the provision by the law;

Perception of harshness of the system;

Level of conformity between the perception of the law and a punitive expectation;

Level of conformity between the perception of the law and a repressive expectation;

Level of conformity between the perception of the law and the expectation of being transferred within the system;

Level of conformity between the perception of the law and a permissive expectation;

Level of conformity between the perception of the law and a therapeutic expectation.

Naturally it was possible to compare these data with those extracted from the analysis of the national reports in order to make possible correlations evident.

The third perspective of the research regarded the analysis of the actual functioning of the system, i.e. the effects of the system on the criminal activity of drug addicts.

To achieve this goal the guided interview method was adopted. The experimental and control groups, composed respectively of subjects that had come in contact with the system and subjects that had not had any contact, were interviewed in a «sufficiently standardized» manner following the outline of the questionnaire for the guided interview. In this way information on their life, drug addiction history, criminal activity and the effects of the system on these activities was obtained.

All the information thus collected was analysed with the B.A.S. method in relation to the following variables:

- Country of origin
- Ethnic group
- Sex
- Age
- Nationality
- Religion
- Marital status
- Scholastic level

- Usual residence
- Moved from country of origin
- Continuity of occupational activities
- Field of activity
- Type of family
- Place of residence
- Socio-economic level
- Age at first drug abuse experience
- Reason for drug abuse
- Primary drug abused
- Pattern of use
- Method of use
- Quantity and cost of daily dose of drug
- Number of drugs used
- Type of drug first abused
- Illness related with drug abuse
- Number of rehabilitation treatments received
- Age of subject when admitted into a treatment programme for the first time
- Age of subject on first impact with the system
- Gate where the subject's first impact with the system occurred
- Occasion that determined the first impact
- Subject's perception of the first impact
- Duration of the first impact
- Consequence of the first impact on subject's life-style
- Consequence of the first impact on subject's drug addiction
- Number of contacts the subject had with the criminal justice system after the first impact
- Number of contacts the subject had with the prevention and treatment system after the first impact
- Criminal behaviour before the first impact with the system
- Criminal behaviour after the first impact with the system
- Perception of the further impacts
- Intervention of «informal mechanisms» of control
- Perception of the action exercised by the informal mechanisms of control.

b) Information on the conditions in which the research was carried out in the various participating countries

The following countries participated in the research:

Argentina	Malaysia
Brazil	State of New York (USA)
Costa Rica	Singapore
Japan	
Jordan	Sweden (autonomous study)
Italy	United Kingdom (autonomous study)

Not all countries participated in the various phases delivering equal quantities of data and material; the following table summarizes the data and material received at UNSDRI prior to 21 February 1983:

TABLE No. 5
RESEARCH MATERIAL RECEIVED AT UNSDRI AND ANALYSED
PRIOR TO 21 FEBRUARY 1983

Country	Preliminary Reports	Vignettes			Questionnaires	
		Op.*	Exp.*	Contr.*	Exp.*	Contr.*
Argentina	X	4	29	31	30	29
Brazil	X	—	—	—	—	—
Costa Rica	X	9	30	30	30	30
Japan	X	9	30	—	30	—
Jordan	X	4	—	—	36	25
Italy	X	17	21	20	53	30
Malaysia		5	—	—	5	—
State of New York	X	9	7	—	10	—
Singapore	X	—	50	—	50	—
Sweden	X	—	—	Autonomous Study		—
United Kingdom		—	—	Autonomous Study		—
Total		9	57	167	81	244
				81	244	114

* Op. = operators-«handlers»

Exp. = experimental group

Contr. = control group

Argentina

In Argentina the preliminary design of the research was scrupulously followed; some difficulty was encountered in identifying the control group. The majority of the subjects were contacted at the Centro Nacional de Reeducación Social (CE.NA.RE.SO.).

Brazil

For reasons beyond the control of the researchers, no experimental data was received from Brazil and, in fact, only the preliminary national report was received.

Costa Rica

The subjects of the experimental group were selected within the prison context mainly because of the lack of treatment centres for drug addicts in the country. The subjects were selected from two institutions: «Unidad de Admisión de San José» and «El Buen Pastor» (female prison). Much difficulty was encountered in the selection of the control group due to fear of being lifted by the police. It was therefore necessary to find the subjects in the poor neighbourhoods and among those living on the border of society; this was accomplished with the help and mediation of social workers. Prior to completion of the questionnaires of the guided interview, the subjects were interviewed to ensure the exclusion of those that lied or who were seriously affected with psychiatric syndromes.

Japan

Due to disfunction of the postal service the data from Japan arrived with considerable delay.

Jordan

The preliminary research design was completely followed by Jordan. Nevertheless, difficulties were encountered in the selection of the control group.

Italy

The preliminary research design was completely followed by Italy. The subjects in the experimental group were identified from various sources: 1) A university centre for criminological medicine and forensic psychiatry; 2) An assistance centre for drug addicts; 3) A magistrate's court. The subjects in the control group were contacted through those of the experimental group and the interviews were accepted without difficulty.

Malaysia

No information was made available regarding the research in Malaysia.

State of New York (USA)

For the State of New York the format of the vignettes was readapted excluding the two vignettes that concerned the family's attitude. The vignettes were distributed among 44 operators in the treatment system and 36 operators in the penal system: only 14 were completed by the former and 18 by the latter. Twenty-one street drug addicts accepted to be interviewed on payment of \$10 per interview. Unfortunately only one third of the collected data arrived at UNS-DRI, as the remainder had got lost in the mail.

Singapore

The research design was completely followed by Singapore, but the system does not allow for the existence of a control group as all known addicts must be reported to the relevant authorities.

Sweden

This country participated with an autonomous study which, nevertheless, was carried out without following the outline for the preliminary reports.

United Kingdom

This country also participated with an autonomous study and no experimental data was included.

CHAPTER III

COMPARATIVE ANALYSIS OF LEGISLATIONS RELATING TO THE PHENOMENON OF DRUG ABUSE IN THE PARTICIPATING COUNTRIES

The actual increase in the use of narcotics and psychotropics throughout the world, and in particular among juveniles, has sensitized and disturbed public opinion.

Moreover, the constant rise in criminality, in the broadest sense of the term, is one of the most important preoccupations of the present day.

At both national and international levels efforts have been made to combat drug traffic. At international level, attention should be drawn to the 1961 Convention on Drugs and to that of 1971 on Psychotropic Substances*, which represent two major phases in international legislation.

At national level it is considered equally desirable to fight against the traffickers on one hand and to adopt preventive and treatment measures on the other, which emerges from the opinion that through reduction of the «demand» illicit traffic would equally diminish.

This comparative study recognizes that the laws against drug abuse in the participating countries (e.g. Argentina, Brazil, Costa Rica, Japan, Jordan, Italy, the State of New York (USA), Singapore and Sweden) are very different and very complex. The following discussion will describe the evolution of these laws during the last ten years, but will not describe their actual administration and their effect upon drug abusers.

a) The phenomenon of drug addiction

As has already been specified, although the use of drugs is not a new phenomenon drug addiction started to reach disquieting dimensions only during the sixties. In Italy, Argentina, and Jordan the phenomenon was restricted to certain social classes.

The «mad years» between the two World Wars were character-

* See list in *Convention on Psychotropic Substances, UN Commission on Narcotic Drugs, 8 February 1982.*

ized by a wave of cocaine abuse. The general excitement which spread throughout the world at the end of the second World War was accompanied by a peak in the consumption, almost always illicit, of typical doping products such as amphetamines.

A similar situation existed in Costa Rica where, at the beginning of the century, problems with heroin and cocaine were encountered resulting in the establishment of laws regulating their consumption and import. In Argentina, Brazil, Jordan, Italy, Singapore and Sweden, the real problem of drug abuse only appeared towards the sixties.

As has already been said, the phenomenon was limited to a certain age group and, in some countries, to certain social classes. With the influence of the «contestation» wave which characterized the sixties, the use of drugs became a «cultural» phenomenon for juveniles who, beyond their rejection of the system, were also searching for an identity, a philosophy of life, specially in Western countries.

As regards the different types of substances the following can be stated:

In New York State (USA), heroin and opiate addiction has been a major problem since about 1910. During the 1965-1973 period large numbers of youths in low income communities of New York City began heroin use. Although many of these have limited or ceased their use, a relatively large number, over 200,000 per year, continue to abuse heroin and/or opiates. In addition, about one million individuals misuse other substances such as marijuana, stimulants, sedatives, tranquillizers and cocaine. In New York State (USA), Italy and Singapore the predominant drug abused is heroin.

In Japan, the phenomenon of sporadic use of narcotic substances dates back to the beginning of the century. Following the Second World War, the serious political, social and cultural problems in the country initiated a massive use of heroin which reached its maximum peak in 1963 (approximately 40,000 drug addicts). Through the implementation of Government policies in the years that followed, the consumption of heroin decreased but the use of psychotropic substances, instead, has steadily increased. These, and marijuana, have become the drugs mostly used in latter years.

In Argentina and Brazil abuse is mainly concentrated on pharmaceutical substances and marijuana.

In Costa Rica and Sweden the main drug abused is marijuana while in Jordan hashish is more diffused.

Extent of the phenomenon

Technical advancement has not only increased ten-fold the possibilities offered to the traditional drug users but has even placed new psychotropic substances at their disposal. Even if these latter differ greatly from the former, as regards the mechanism of their pharmacological action they are no less active. Change and evolution in the type of users (above all from the age point of view) and in the substances used (the effects of which have become more intense) together with an enlargement of the drug picture have occurred: from a phenomenon initially connected with the «large town», addiction has spread to the «small provincial town» and to actual rural areas in some countries like the United States, Italy and Jordan.

b) Legislative aspects

Because of this situation and in view of all the problems (which will be analysed later) resulting from addiction, the majority of the countries decided to establish a specific legislation aimed at controlling both the consumption and the traffic, as well as the criminality which might eventually accompany the phenomenon.

The majority of the experts in the field agree that over the last ten years, together with the increase in addiction, a notable increase in criminality in general has been verified and for certain crimes in particular. It should be noted that these are considered as being related to the drug phenomenon because they are committed by addicts, by individuals in possession of drugs and crimes correlated with drug traffic.

Statistics for all countries indicate that the highest increase is for crimes against property and, above all, in the large towns. The majority of the crimes consist of thefts with the intention of procuring money to buy drugs and thefts from pharmacies for the purpose of procuring pharmacological drugs. This increase would appear to be accompanied by a parallel increase in the dimensions of large cities and the phenomenon of urbanization resulting from the massive rural-urban migrations.

In the analysis of the addiction phenomenon importance should be attached to two different types of individuals:

- the consumer of both soft and hard drugs;
- the trafficker at all levels and for whatsoever type of drugs.

The anti-drug legislation can and should be analysed under the following two fundamental aspects: repression and treatment.

1. The problem of repression

Repression should be seen as an attempt on the part of the legislators to curb addiction by creating a «penal measure» for the consumer on one hand and for the trafficker on the other.

In all the countries drug abuse is regarded as a danger for society because of the medical and social consequences, such as social and personal danger, or psychological dependence resulting in the inability of the addict to play his normal rôle in society. However, a distinction is sometimes made in relation to the nature of the drug, whether soft or hard and, therefore, its dangerousness.

The penalization for the abuse of any type of drug has, as a first effect, the delineation of social types, such as drug addicts and drug abusers who may be imprisoned and mandated to receive treatment.

The problem now arises as to how the drug addict or abuser should be considered: there are two possibilities, one as a person who is «socially ill» and the other as a delinquent.

Over the last ten years an increase in drug abuse and addiction has occurred, mainly among juveniles. Therefore all the legislations, particularly those adopted in the countries participating in this study, have tried to avoid «stigmatizing» a juvenile, which could result from a contact with the penal system. For these juveniles the law provides the possibility of treatment either within the family with medical assistance or within the framework of re-educational centres. In comparison, the problem is more complex for adult addicts as they fall completely under penal law. The first question to be dealt with is the following: how is the illicit drug user punished?

A large number of experts consider it advisable to distinguish between soft and hard drugs, although this does not take one of the biggest problems into account, i.e. passing from soft to hard drugs; in fact, addiction is often manifested in a complex form with the use of various types of drugs. In this connection the only country, among those under review, where a distinction is made between use and possession of small and large quantities of soft drugs is the State of New York (USA) where possession of less than 25 gr. of marijuana is subject to fine, while over that amount incarceration is possible. On the contrary, the other legislations do not accept this difference; this appears to manifest different interpretations of the phenomenon in the various countries. Italian law allows possession

of a small quantity, the equivalent of a daily dose. Argentina and Sweden do not penalize use but condemn simple possession. Costa Rica foresees obligatory treatment measures for use and possession of drugs even when such possession is for personal use, which measures should be carried out in the re-educational centres of the country. In Jordan and Singapore the measures are much more repressive and in a different way they condemn both use and possession of drugs. In Singapore, for instance, the penalty can be up to ten years imprisonment together with a fine of 20,000 dollars. In the State of New York (USA) personal use and the possession of hard drugs is prohibited and the penalty increases in proportion to the quantity and to recidivism.

As regards the problem of traffickers, that is to say possession and sale of drugs, the legislations of the countries under review are much more repressive, on one hand in comparison with the previous laws and on the other hand in comparison with the more «permissive» laws vis-à-vis the actual consumer. This arises from the conviction that, in order to reduce addiction, the first step should be taken against the trafficker who is considered as being the root of the problem.

A complex problem is often encountered when a user lacking the financial means to procure the drug starts trafficking in order to allow him the possibility of obtaining the drugs for his personal use. This case would obviously never apply to a «large trafficker» who is never a consumer. The problem for the consumer-trafficker is the following: the consumer who becomes a trafficker (even with quantities just above the minimum) fails to obtain the benefits legally accorded to the consumer and instead falls under the punitive attitude adopted by the law for the trafficker. In other words, the consumer-trafficker not only rarely benefits from the comprehensive attitude oriented towards treatment which applies to consumers in the strict sense of the term but, worse still, he is submitted to harsher penalties than those originally foreseen since these have increased in proportion to the growing strongly punitive attitude towards the trafficker. It is sufficient to cite the penalties for drug sales or illegal transfers in the countries under consideration:

- *Italy*: 2 to 6 years imprisonment plus a fine of 100,000 to 8 million lire;
- *Argentina*: 3 to 12 years imprisonment plus a fine of 400,000 to 8 million pesos;

- *Jordan*: 5 to 10 years imprisonment plus a fine of 3,000 to 9,000 dollars;
- *Brazil*: 3 to 15 years imprisonment plus a fine of 50 to 360 dollars;
- *Japan* (depending on the type of drug): 10 years imprisonment for heroin and stimulants; 7 years imprisonment for opium; 5 years imprisonment for marijuana;
- *Costa Rica*: minimum 5 years imprisonment, even for the sale of one or two marijuana cigarettes;
- *Singapore*: a distinction is made between traffic of soft drugs, for which a minimum of 2 years imprisonment can be applied, and the traffic of hard drug for which the minimum penalty is 5 years imprisonment;
- *State of New York (USA)*: the penalties range from 0 to 8 years imprisonment for a first offence, in case of recidivism the penalty rises considerably.

The «large trafficker» is not normally a drug addict but only a merchant in the strict sense of the term for whom the sale of drugs is solely for financial gains and involvement in organized criminality (mafia gang...). Under other chapters of this report findings will be presented as to how the penal sanctions are imposed in these 8 countries, i.e. consumer-trafficker imprisonment, or whether they provide alternatives such as fines, voluntary treatment, mandatory treatment or other punishments.

2. *Treatment options*

The drug abuser or addict may also be considered as a sick person who should be treated as such. The importance of social danger and the need for lasting and effective action demands health and social measures which should have priority over repression. Although the drug legislation in the participating countries varies, some form of treatment is foreseen. These legislations have another objective: to return drug abusers and addicts to stability and social

productivity. Even though their sickness appears to involve only a pharmacological dependency, especially among juveniles, assistance is necessary at the psychological level. Therefore alongside the penal legislation, these countries have found it necessary to support the rehabilitative measures to encourage the psychological and social recovery of the addict and drug abuser and have therefore considered it essential to create their own treatment and rehabilitation programmes.

In Italy, the 1975 law foresees the establishment of regional and local institutions for the treatment and rehabilitation of addicts; the legislation also provides the possibility of intervention by the judicial authorities whereby the addict can be forcibly hospitalized in the centres for a period established by the authorities in accordance with the seriousness of his condition.

In Argentina, there is only one programme at national level, i.e. the National Centre of Social Re-education (CE.NA.RE.SO.) which was established in 1972.

In Jordan, no special programmes exist and treatment is currently carried out by private hospitals and in some psychiatric units of general hospitals.

In Costa Rica, the law foresees the establishment of centralizing institutions for the control and co-ordination of all treatment programmes in the national territory.

In Singapore, the treatment programmes are carried out in centres which are financed by the Government.

In the State of New York (USA), in accordance with the Mental Health Law of 1982, the Division of Substance Abuse Services is responsible for contacting and finding local treatment providers. All treatment is provided by local community organizations such as hospitals, mental health agencies, profit and non-profit organizations, and a variety of other groups. About 30,000 abusers received treatment for heroin addiction at any given time in 1982. Heroin abusers not currently undergoing treatment are among the most criminally active persons in New York.

In Brazil special treatment centres are provided. In localities where these do not exist, they are created within the social service and hospital structures.

In Sweden treatment programmes depend directly on the Ministry of Health and connected organizations.

In Japan numerous treatment programmes are provided which can be carried out both in private and public institutions.

This illustrates the framework of the recuperation centres for addicts. In practice, as has already been said, lack of financial resources or of qualified supervision very often lead to only a partial implementation of these programmes.

Thus, in Italy, the different interventions are made within the public or private structures but they are not co-ordinated and vary greatly from region to region.

In Costa Rica, on the other hand, contrary to what is foreseen by the law, there is no official centre specialized in treatment of addicts. The few existing institutions, both public and private, can only make fragmentary efforts because of lack of co-ordination.

As well as these centres, consideration has been given to the creation of treatment centres within the penitentiary framework to avoid the negative consequences of imprisonment on the subject's addiction on one hand and to allow him the possibility of both medical and social recuperation on the other. But at this level, in reality, the problem is very different and varies from country to country. For instance, in Italy, in the State of New York (USA) and in Sweden, specialized treatment programmes are more advanced than in Jordan and Costa Rica where no real specialized institutions exist for treating incarcerated addicts.

From this brief overview of the penal legislations and the treatment efforts relating to addiction, the conclusion can be reached that recent national legislations have attempted to achieve a balance between repression and medico-legal action according to the relevant UN Conventions. An effort has been made to provide alternatives to penal sanctions by providing medical and social options. As regards drug traffickers, penal action is extremely repressive while for the addicts this is moderated by medical and humane approaches.

However, notable differences exist between certain countries: thus it can be stated that Italy has a fairly permissive tendency, while Jordan and Singapore are oriented towards harsher legislative measures. The State of New York (USA), Argentina and Costa Rica appear to represent, from a number of points of view, the intermediate tendency between harshness on one hand and permissiveness on the other. But the basic objectives remain the establishment of efforts to aid the social recuperation of the addict and to annul drug traffic. In practice, however, realization of these objectives seems difficult. The moral and social problems connected with illicit traffic, and above all the psycho-sociological problem of the addict, are far from being resolved.

CHAPTER IV

ANALYSIS OF THE DATA SUPPLIED BY THE NATIONAL PRELIMINARY REPORTS

In the first phase of the study the research team in each country was requested to draw up a preliminary national report giving information on the following:

- the phenomenon of drug addiction and the phenomenon of association between drug addiction and criminality as described in relation to contemporary society;
- the legal system and institutions appointed to control and combat this phenomenon;
- the practical working situation of the system and institutions.

On the basis of an in-depth study of existing publications on the subject, on direct experience of members of the research group, and on the basis of the collaboration of experts available in the various countries, the information, object of the preliminary national reports, was collected.

All the preliminary national reports were written following a pre-established and standardized outline consisting of 24 questions and distributed to the local teams in the participating countries by the central co-ordinators of the research. This guaranteed receipt of the requested information in conformity with the basic conditions that had been established for this phase of the study, which were as follows:

- to obtain reliable information not only on the theoretical aspects of the various systems but on the practical aspects of the actual working competence of the system;
- to place the information within the historic, social, geographical and cultural characteristics of each country with respect for their specific national situation;
- to ensure completeness of the data necessary for the analysis and sufficient standardized information to achieve a reasonable level of comparability.

Once this data had been obtained from each country, it was necessary to select the significant «qualities» of the phenomenon and

of the system to be reduced to numerical form and to be subsequently reciprocally compared.

On the basis of the research objectives, the qualities selected for analysis were: «seriousness» of the phenomenon and «harshness» of the system.

The operative definitions of each quality were sought and on these bases it was possible to establish the quantitative evaluation criteria that would permit the construction of the scales to measure the various degrees at which these are present in the different countries.

a) General criteria for the construction of evaluation scales for the analysis of the preliminary national reports

In general terms it can be said that drug abuse and criminal behaviour can, in fact, be defined as «deviances» since they constitute actions or behavioural attitudes expressed by some members of the community which the majority of the members consider a «break-away» or deviation, at various levels of seriousness, from certain social norms.

Nevertheless, neither of these behaviours are, *per se* merely deviance phenomena: on the contrary, each tends to be characterized by the violation of a different type of norm. More specifically, prolonged, heavy, frequent or dependent use of drugs can violate the biological norm (natural and positive) and therefore it assumes the significance of a biological infringement or «disease», whilst criminal behaviour violates the juridical norm (codified law) and it therefore assumes the significance of a legal infringement or «crime».

The phenomenon that develops from the association of both behaviours is therefore an even more complex social issue — not easily reduced to only one or some of the psychological, biological, or normative elements that it constitutes, but which includes each one of them and tends therefore to characterize itself as an intrinsic part of society.

The great difficulty related to the attempt to quantify a phenomenon of this nature in order to measure its degree, clearly emerges from these considerations.

Nevertheless, notwithstanding the knowledge of such difficulties and consequently the serious methodological limitations, an attempt was made to submit to an empirical type of measurement at

least two of the components of the phenomenon under study selecting, of course, the most relevant both with regard to their importance for the scope of the research and for their social implications.

The following components of the phenomenon were therefore selected:

- a₁) level of diffusion of drug abuse in the country;
- b₁) socio-legal system of prevention, treatment and repression of the phenomenon of drug abuse in the country.

These components have been considered in their respective dimensions:

- a₂) seriousness of the diffusion of drug abuse in relation to the social dangerousness it provokes in the country;
- b₂) harshness of the socio-legal system of prevention, treatment and repression of the phenomenon of drug abuse in the sphere of the wider penal and socio-medical systems of the country in relation to the punishability of the individual.

In view of the following goals, the variables described were analysed and treated for each country from an empirical perspective which attempted to measure the subjective meaning of the phenomenon as understood by our subjects.

- 1) Relative comparability of variables a₁ and b₁ of one country with the corresponding variables for the rest of the countries participating in the research.
- 2) Construction of a scale pertinent to the seriousness of the phenomenon and of a scale pertinent to the harshness of the system on which to place in ordinal manner the different participating countries.
- 3) Accomplishment of an orderly reference system for the analysis and comparability of the data collected through the administration of the questionnaires and the vignettes.

b) Methods followed for the construction of the evaluation scales

Evaluation scale for the quantification of the level of seriousness of the drug abuse phenomenon

Taking into consideration the general idea that the seriousness of the phenomenon of drug abuse is principally determined by the

amount of social dangerousness the diffusion of addiction possesses, since it causes damage in the society in which it is manifested, the first logical step in the attempt to construct a relative evaluation system was that of defining in operative terms the concept of social damage.

Breaking down this concept into its various elements/factors, on the basis of the literature and the sociological experience in this sector, many other concepts were obtained that have the characteristic of being closer to practical experience than that of «social damage» which is generic and abstract.

The «break-down» and the analysis were carried out by five independent consultants each of whom prepared a list of elements, following which a meeting was held and agreement was reached on a series of elements which were considered as the most significant and probable.

The most important elements identified, in arbitrary and casual order, were the following:

- 1) Capacity of the phenomenon to spread and to involve an ever increasing number of subjects;
- 2) Capacity of causing social «alarm» at popular level;
- 3) Inefficiency of the preventive, control and repression measures;
- 4) Capacity of increasing the levels of aggressiveness, criminality and deviance in the social structure;
- 5) Capacity of producing social de-stabilization through the crisis of traditional values and through the possibility of inducing conflict between subcultures and the dominating culture;
- 6) Possibility of distracting juveniles from different forms of healthy social participation;
- 7) High economic costs in terms of loss of productivity and the cost of control measures resulting from social reaction;
- 8) Capacity of damaging the individual in physical terms (induced state of physical illness);
- 9) Capacity of damaging the individual in psychological terms (induced state of psychic alienation).

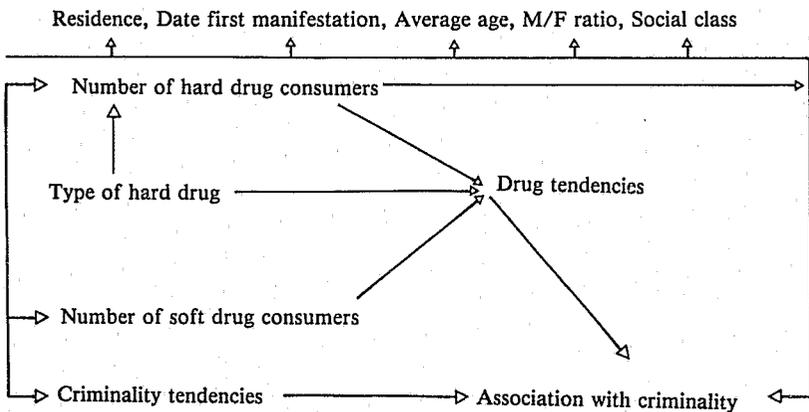
Once the breakdown was accomplished it was necessary to identify a certain number of indicators capable of expressing in quantitative terms the operative concepts mentioned above.

The following indicators were selected:

- 1) Type of hard drug mostly used;
- 2) Dimension of the consumption of hashish or marijuana;
- 3) Dimension of the consumption of heroin and/or cocaine and/or other opiates;
- 4) Date of appearance of the phenomenon;
- 5) Average age of hard drug users;
- 6) Male/female ratio;
- 7) Socio-economic conditions;
- 8) Area of residence;
- 9) General tendency of the phenomenon in time;
- 10) Frequency of association of the phenomenon of drug abuse with certain crimes;
- 11) Trend of general index of criminality.

Once the indicators had been selected their reciprocal relations were studied to separate pure from spurious variables and to assign a weight to them as proportional as possible to its real importance in determining social damage.

On analysing the various indicators selected on the basis of their capacity of expressing the various objective components of the social damage and on the basis of their reciprocal interaction, it was possible to identify those of greatest importance, from which in different measure the rest depend. It was possible in this way to construct the following diagram in which the arrows represent the direction and the course of the dependence relationship between the different variables:



As can be observed, four indicators (Number of hard drug consumers, Type of hard drug, Number of soft drug consumers, Criminality tendencies) can be considered as basic or fundamental: from among these the «heaviest» is certainly that represented by the number of hard drug consumers. Two indicators can be considered as «intermediate» (Drug tendencies and Association with criminality), since, although they depend in various measures on the basic indicators, they maintain their autonomous form and their individuality. The rest depend almost entirely on the heaviest basic indicator.

At this point, all that was left to do in the construction of the scale was to assign scores to the different levels that each indicator can assume in the various situations.

Once the two extremes of the scale had been theoretically established it was not particularly difficult for the five experts involved to assign rough scores to the variables with the characteristic of reflecting, in an approximate manner and in every situation possible, the proportional value to the general incidence of the indicator on the determination of a social damage.

The seriousness of the diffusion of the phenomenon in any one country was considered equal to 0 if the phenomenon did not exist in that country, and it was considered equal to 100, instead, if the phenomenon in that country had reached the maximum theoretical quantity realistically foreseeable.

This last measure was calculated in an arbitrary manner keeping in mind the average values that the various indicators assume in the participating countries. Therefore, in order to report the raw scores calculated on the established seriousness scale, and to be able to make a comparison between them it was necessary to devise a stratagem to transform the scores multiplying these by a coefficient resulting from the formula:

$$\frac{1}{a_4 + b_5 + c_7 + d_4 + e_4 + f_4 + g_6 + h_3 + i_5 + l_8 + m_4} : 100$$

where the letters in the denominator represent the maximum values possible of the raw scores for all the indicators.

In this way each weighted score expresses the percent value of incidence of the indicator on the total seriousness of the diffusion of the phenomenon in the country under consideration: in other words,

if the maximum seriousness (= 100) is compared to a cake dividable in portions, the weighted score of an indicator expresses the relative dimensions of the portion represented by the indicator under study. Always along these lines, we can therefore say that the total weighted score for each country represents the dimensions relative to the portion of cake that represents the seriousness of the phenomenon in that specific country.

Scale of evaluation of the harshness of the socio-legal system for prevention, treatment and repression of the phenomenon of drug abuse in relation to the punishment on the individual

The methodology followed for the construction of this scale does not differ substantially from that which was followed for the construction of the scale of seriousness.

The harshness of the system was calculated in terms of operative punishment on the individual, that is to say, on the capacity of the system to inflict on the individual an evaluative penalty in terms of more or less serious personal suffering on a physical, psychological and social level.

As in the previous case this concept (personal suffering induced by the penalty) was broken down into the factor terms of which it is composed and it was therefore possible to identify the following elements:

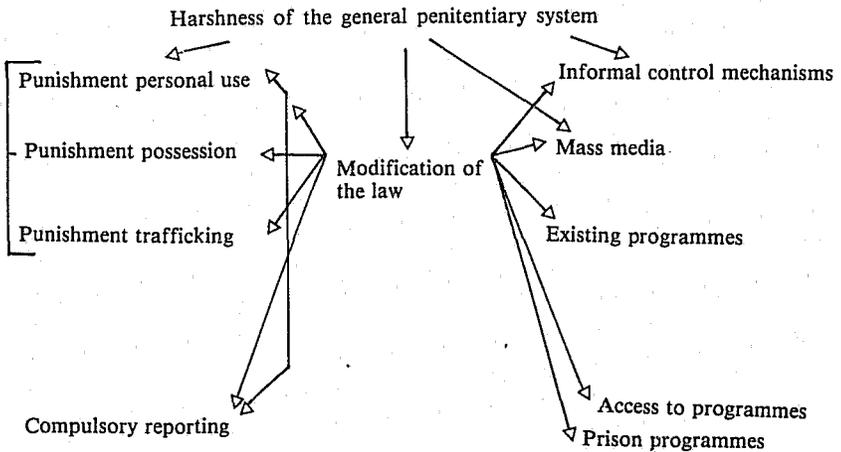
- 1) Loss of freedom;
- 2) Physical suffering through corporal punishment;
- 3) Decrease of assets through pecuniary punishment;
- 4) The more or less relevant lack of judicial guarantee for the subject;
- 5) The more or less relevant lack of alternative measures to imprisonment;
- 6) Suffering caused by the rigid and imperfect actual application of the socio-legal system;
- 7) Social stigmatization and emargination;
- 8) Lack of liberty in the choice and execution of treatment;
- 9) Physical and psychological suffering caused by some types of treatment.

The indicators identified as capable of expressing in quantitative terms the operative concepts previously listed were the following:

- 1) Penalty foreseen for the personal use of small quantities of drug;

- 2) Penalty foreseen for the possession of small quantities of drug for personal use;
- 3) Penalty foreseen for retail dealing;
- 4) Existence of obligatory reporting by operators;
- 5) Modification in drug legislation to increase or decrease harshness;
- 6) Existence of state treatment programmes;
- 7) Voluntariness of the access to treatment programmes;
- 8) Availability of treatment programmes in prisons;
- 9) Prevailing attitudes of informal control mechanisms;
- 10) Most diffused attitude of mass media;
- 11) Harshness of the penal system in general with regard to the crimes under consideration (homicide, robbery, rape, bodily injury, theft and fraud).

The diagram of the dependency relation between the different variables under study could have the following form:



The two extremes of the scale have been technically established as follows:

- 0: If personal use, possession and retail dealing are not foreseen

as a crime; if numerous free and permissive intervention programmes exist and no social stigmatization attitudes are present.

- 100: The theoretical maximum harshness foreseeable based on the comparative analysis of the systems in the various countries. If personal use is punished with over 10 years imprisonment, when no intervention programmes are foreseen except when compulsory and punitive, and when serious social stigmatization attitudes are present.

The raw scores of the single variables have been calculated respecting the degree of incidence of each variable in determining a state of personal suffering and these were then transformed into weighted scores by multiplying them by a coefficient obtained from the following formula:

$$\frac{1}{a_4 + b_4 + c_4 + d_2 + e_2 + f_3 + g_2 + h_3 + i_3 + l_3 + m_8 + n_3} : 100$$

where the letters in the denominator represent the maximum values possible of the raw scores for all the indicators.

c) Data analysis

Once the evaluation scales were constructed according to the criteria presented in the previous paragraphs, the group of experts proceeded to quantify the levels of seriousness of the phenomenon of drug abuse and harshness of the system of the various countries participating in this phase of the research.

The following countries forwarded the preliminary national reports from which the data to be analysed were taken:

- Argentina
- Brazil
- Costa Rica
- Japan
- Jordan
- Italy
- State of New York (USA)
- Singapore
- Sweden

The results of the quantification operated by converting the

evaluation scales into «Z» or weighted scores are presented in Tables 6 and 7.

Table 6 shows the «Z» scores assigned to the various factors that indicate the «seriousness» of the phenomenon, and the total score of «seriousness» in the 9 participating countries. Table 7 instead shows the «Z» score of the various factors that indicate the «harshness» of the system and, naturally, the total score of «harshness» of the system in the same countries.

The graphs showing the total «Z» scores of seriousness of the phenomenon and harshness of the system are presented in a single table for each country, from Tables 8 (Argentina) to 16 (Sweden).

On observing these graphs it is possible to have an immediate idea of the relative dimensions of the two variables in each country. The last table (17) presented in this chapter summarizes the total levels of seriousness of the phenomenon and harshness of the system for all the countries in the research. In fact, Table 17 shows that, on an ideal scale graded from 1 to 100, the participating countries occupy different positions in relation to both variables: «harshness» of the system and «seriousness» of the phenomenon. In other words, it can be stated that the phenomenon of the diffusion of drug addiction appears to acquire levels of «seriousness» that vary from country to country; the respective socio-legal prevention, control and repression system also appears to differ greatly with regard to the level of «harshness» that each country expresses. On observing the placement of each country on the two reference scales in Table 17 it is possible to make a very general consideration.

TABLE No. 6
FACTORS OF SERIOUSNESS OF THE «PHENOMENON» EXPRESSED IN «Z» SCORES
DATA OBTAINED FROM THE NATIONAL PRELIMINARY REPORTS

Factors of harshness	Participating countries								
	Argentina	Brazil	Costa Rica	Japan	Jordan	Italy	N.Y.S.	Singapore	Sweden
Type of hard drug	2.6	2.6	2.6	7.8	2.6	10	10.4	10.4	2.6
Use of hashish	3.1	6.2	12.5	3.1	1.5	6.2	12.5	3.1	6.2
Use of hard drug	7.8	2.6	2.6	2.6	2.6	23.5	39.2	23.5	2.6
Length of the phenomenon	1	1.5	1	1.5	1	1	1.5	1	1.5
Average age of consumers	1.5	1.5	1	5.2	0.5	1.5	1	1	3.8
M/F ratio	0.5	1	0.5	0.5	0.5	0.5	0.5	0.5	1.0
Socio-economic conditions	1.5	0.5	1.5	1.5	1.5	1.5	1.5	1	1.5
Residence of consumers	0.5	0.5	0.5	1.0	0.5	1	0.5	0.5	0.5
Drug trend	1.5	1.5	1.5	2	1.5	2	1	0.5	2
Assoc. with criminality	10.9	9.7	0	12.5	3.1	6.2	20.4	1.5	10.9
Crime trend	1.5	1.5	1.5	1.5	1.9	1.5	1.5	1	1.5
Total seriousness	32.4	24.5	25.2	40.3	17.2	56	90.5	44.4	34.5

TABLE No. 7
FACTORS OF HARSHNESS OF THE «SYSTEM» EXPRESSED IN «Z» SCORES
DATA OBTAINED FROM THE NATIONAL PRELIMINARY REPORTS

Factors of harshness	Participating countries									
	Argentina	Brazil	Costa Rica	Japan	Jordan	Italy	N.Y.S.	Singapore	Sweden	
Personal use	1.3	6.4	0	9	19.9	1.3	0	25.1	1.2	
Poss. small quantities	7	6.4	2.5	9	7	0.6	1.9	9.6	0.6	
Petty dealing	4.5	6.4	4.5	4.5	3.8	1.3	7.7	9.6	4.6	
Reporting to the auth.	1.3	1.2	1.3	1.2	3.8	0	0	3.8	0	
Legislative modifications	1.3	1.2	0	1.2	0.6	0	0	1.3	1.2	
Treatment programmes	0	0	0.6	0	1.3	0.6	0	0.6	0	
Voluntarily	0.6	0.6	0	0.6	1.3	0	0	1.3	0.6	
Orientation	0.6	0.6	0	0.6	1.3	0.6	0.6	1.3	0.6	
Treatment in prison	0.6	0	1.3	0	1.3	0.6	0.6	1.3	0	
Social stigmatization	0.6	1.9	1.9	1.9	5.1	1.3	3.8	2.5	1.2	
Mass media	2.5	0	2.5	6.1	6.1	0	2.5	2.5	2.5	
Penal system	12.9	12.9	9.6	5.8	12.9	5.1	7.7	13.4	7.0	
Total harshness	33.5	38	24.5	39.3	64.7	11.6	25.1	72.8	25.8	

TABLE No. 8
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

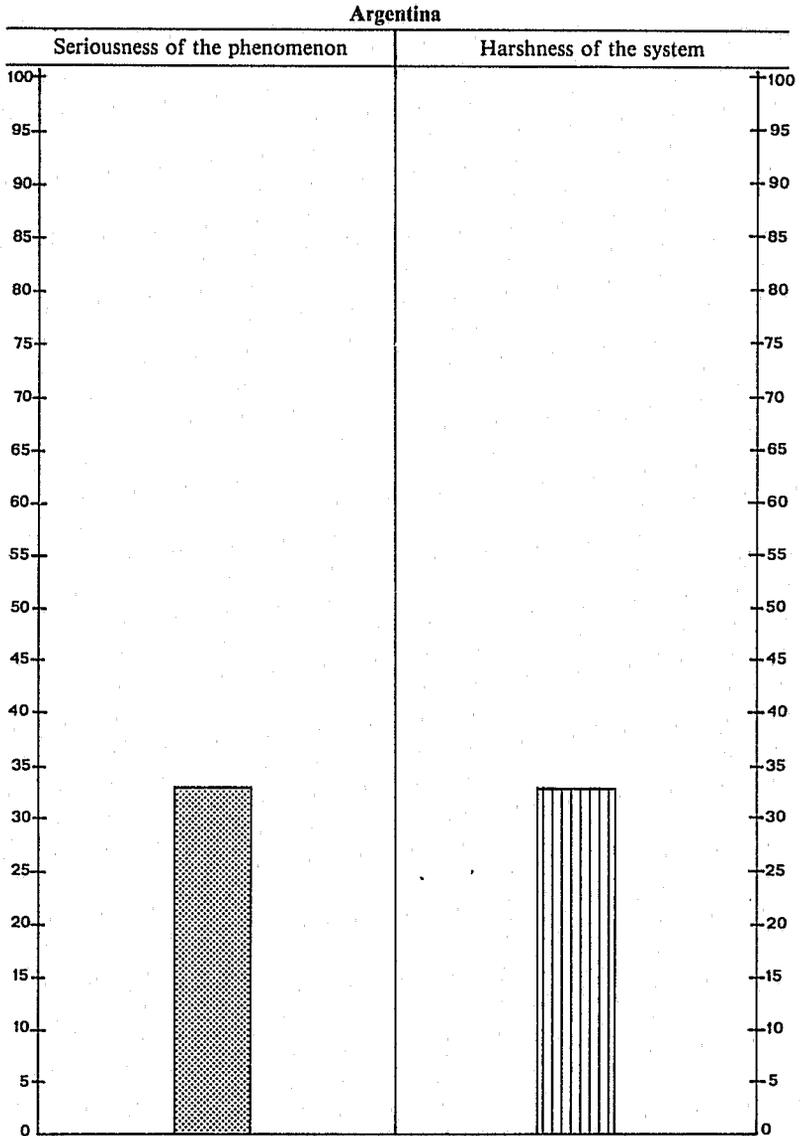


TABLE No. 9
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

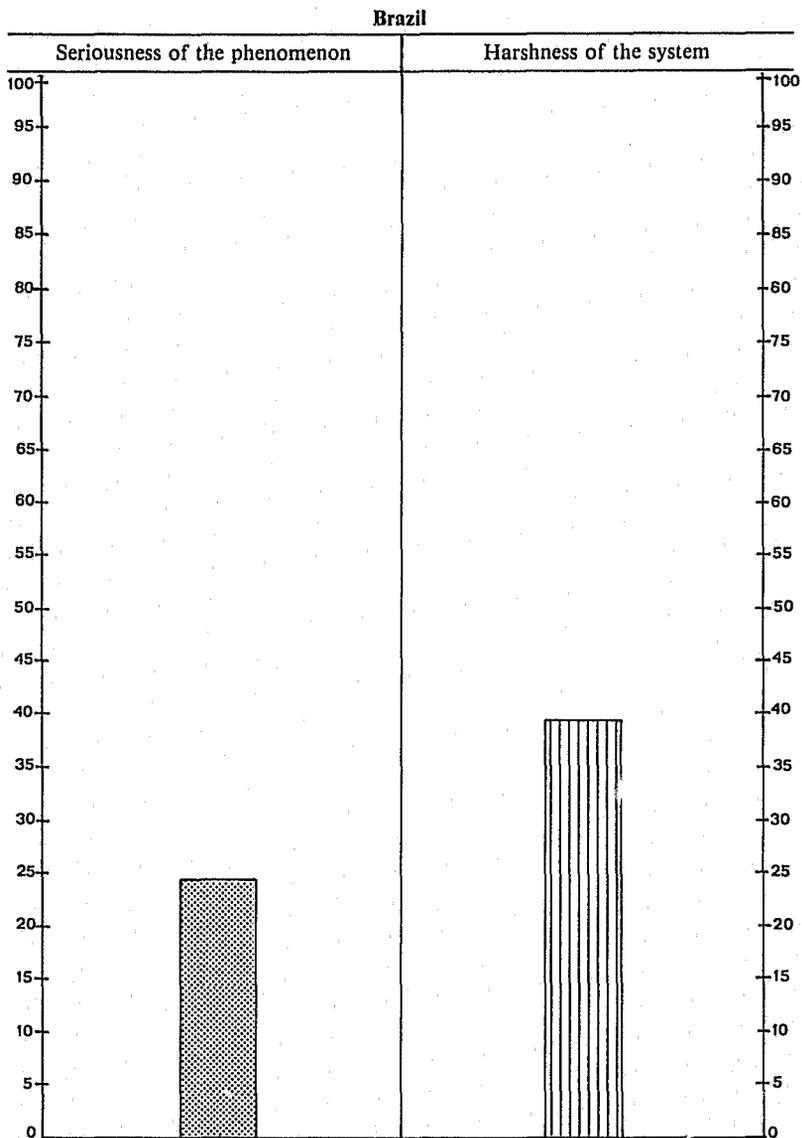


TABLE No. 10
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TOTAL EVALUATION EXPRESSED IN «Z» SCORES

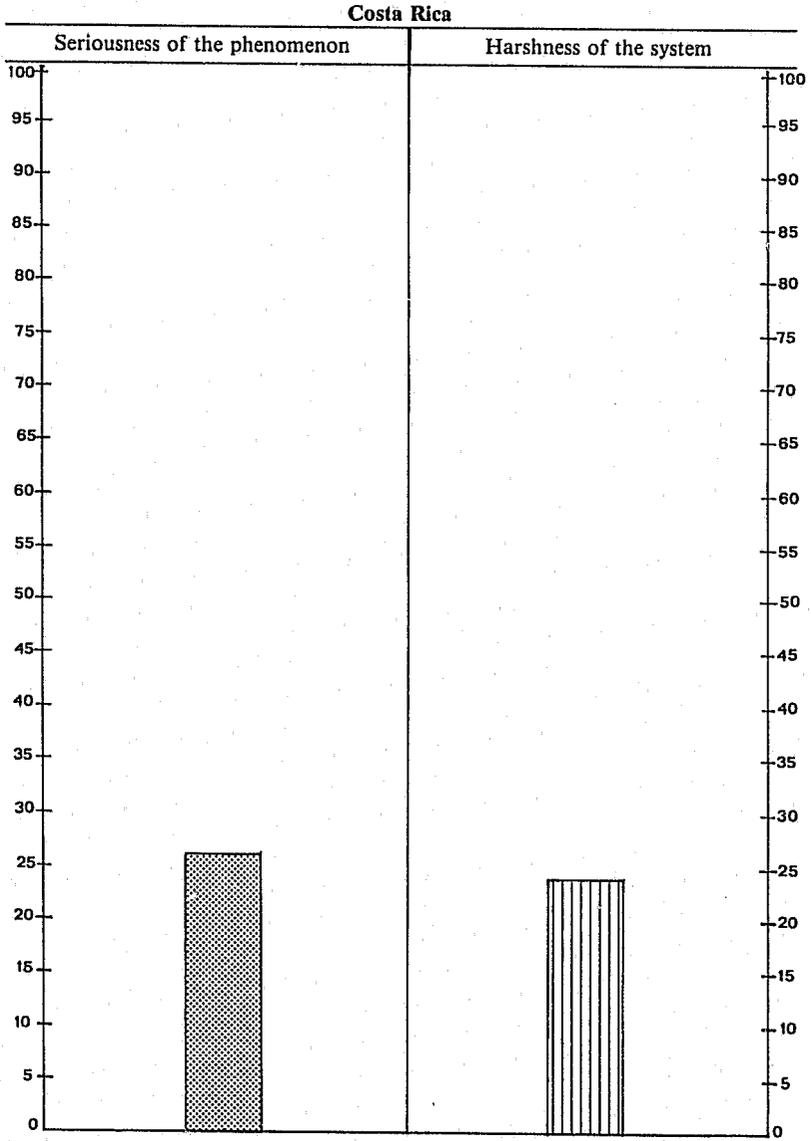


TABLE No. 11
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TOTAL EVALUATION EXPRESSED IN «Z» SCORES

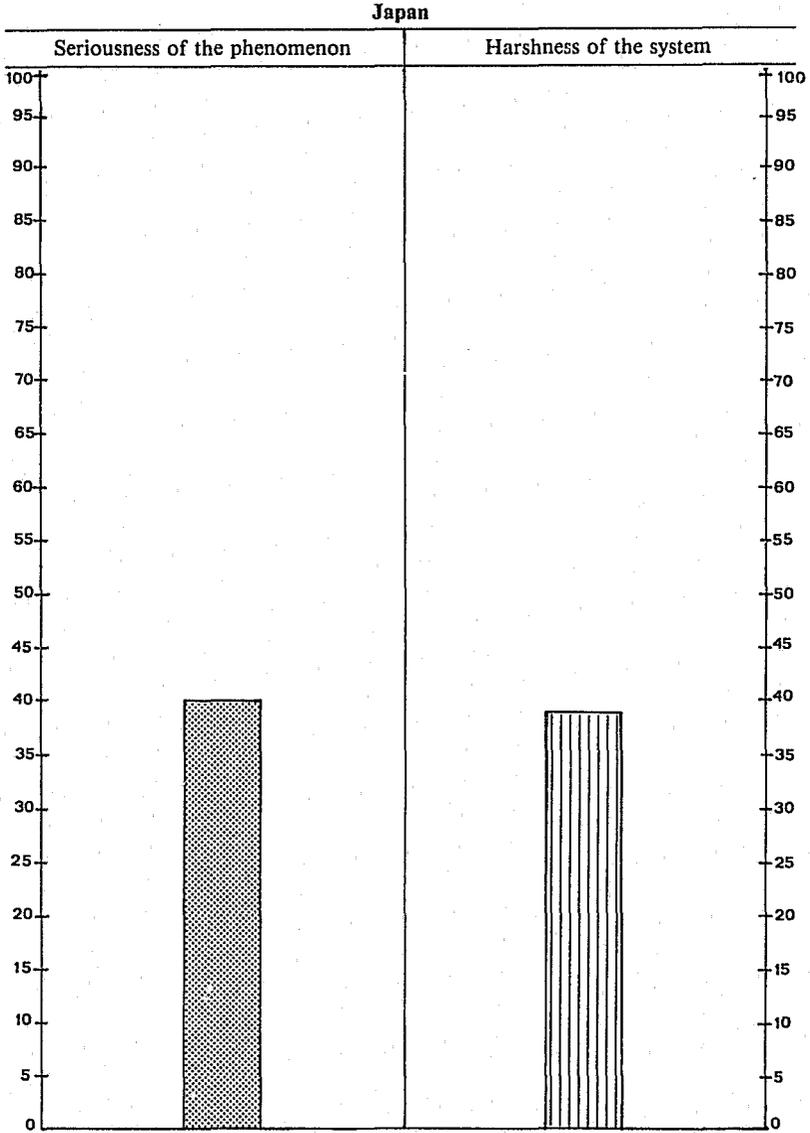


TABLE No. 12
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

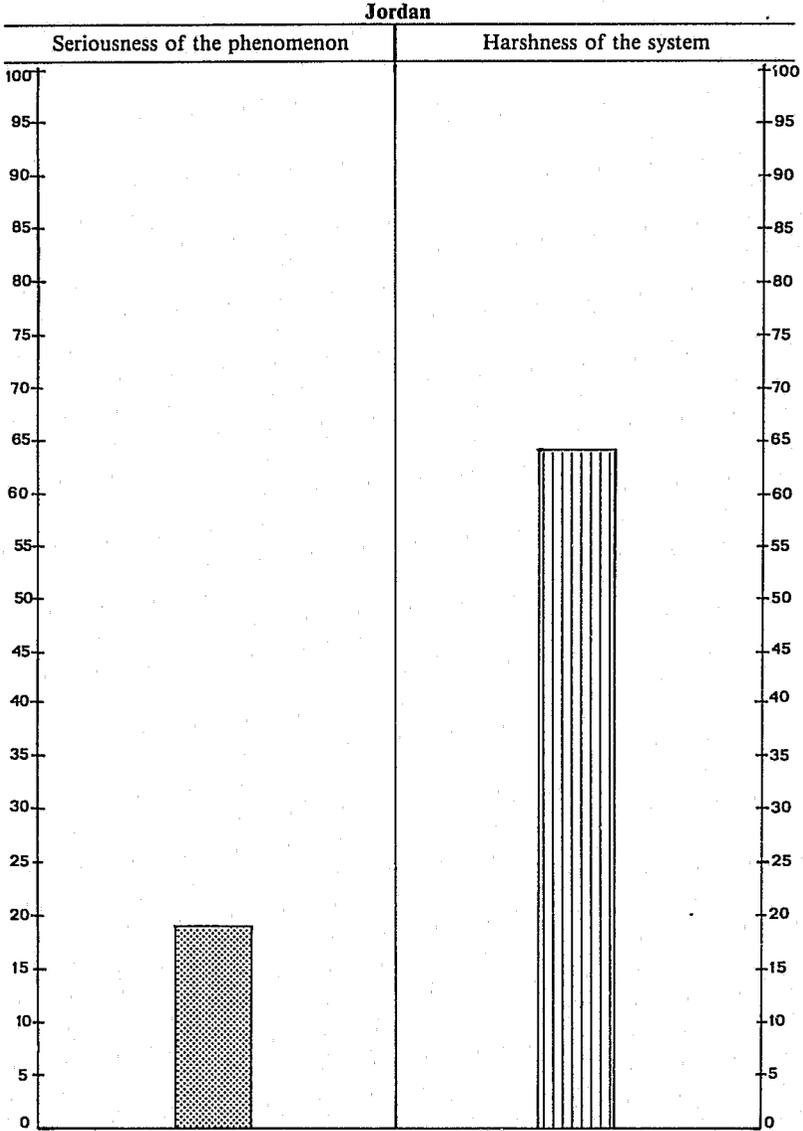


TABLE No. 13
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

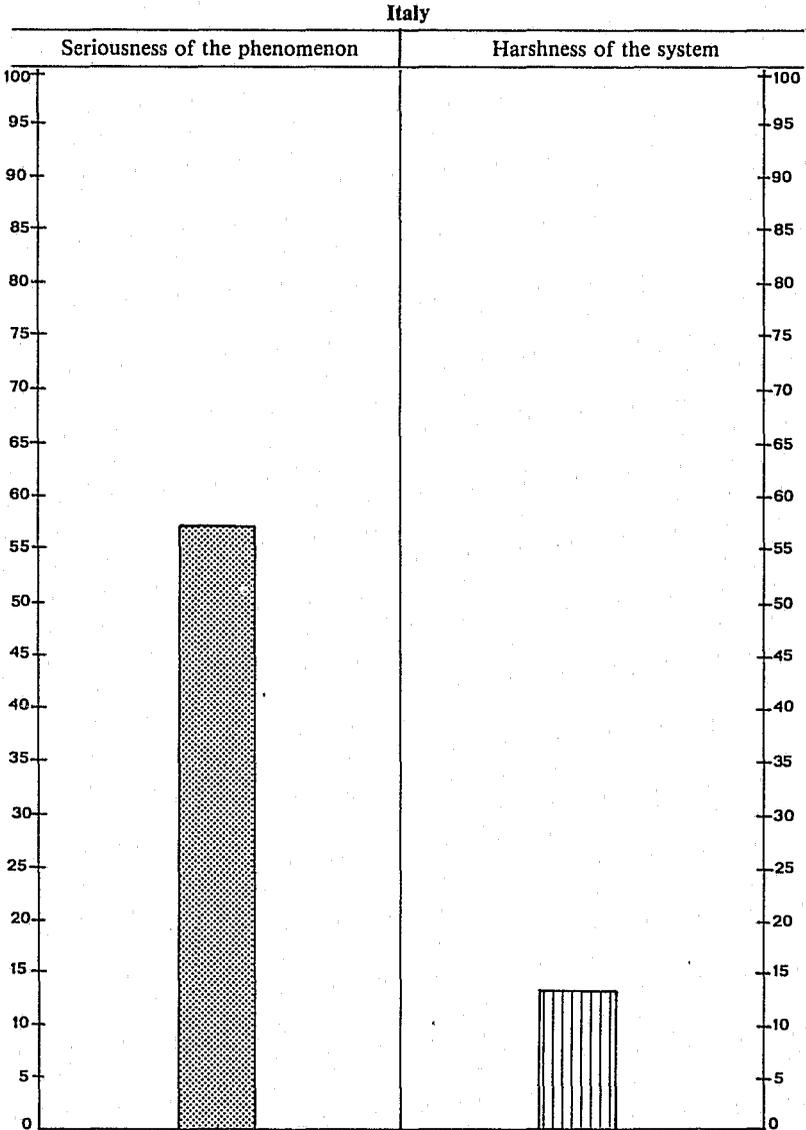


TABLE No. 14
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

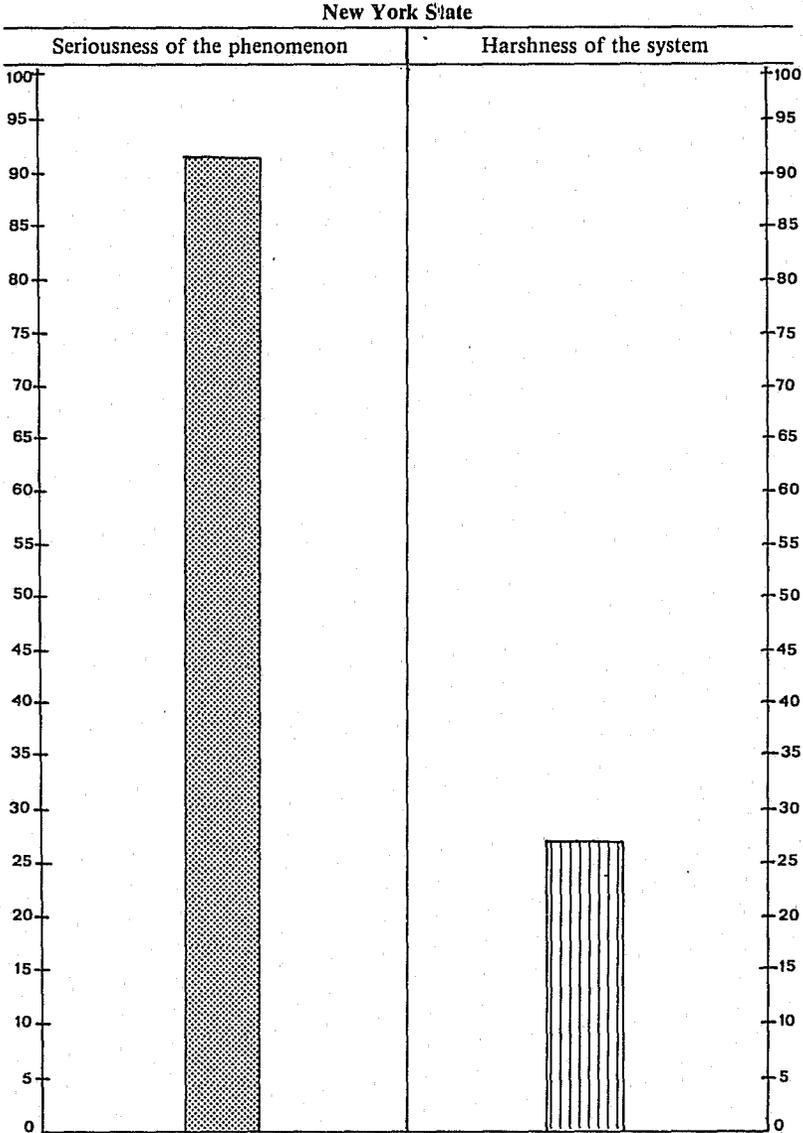


TABLE No. 15
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

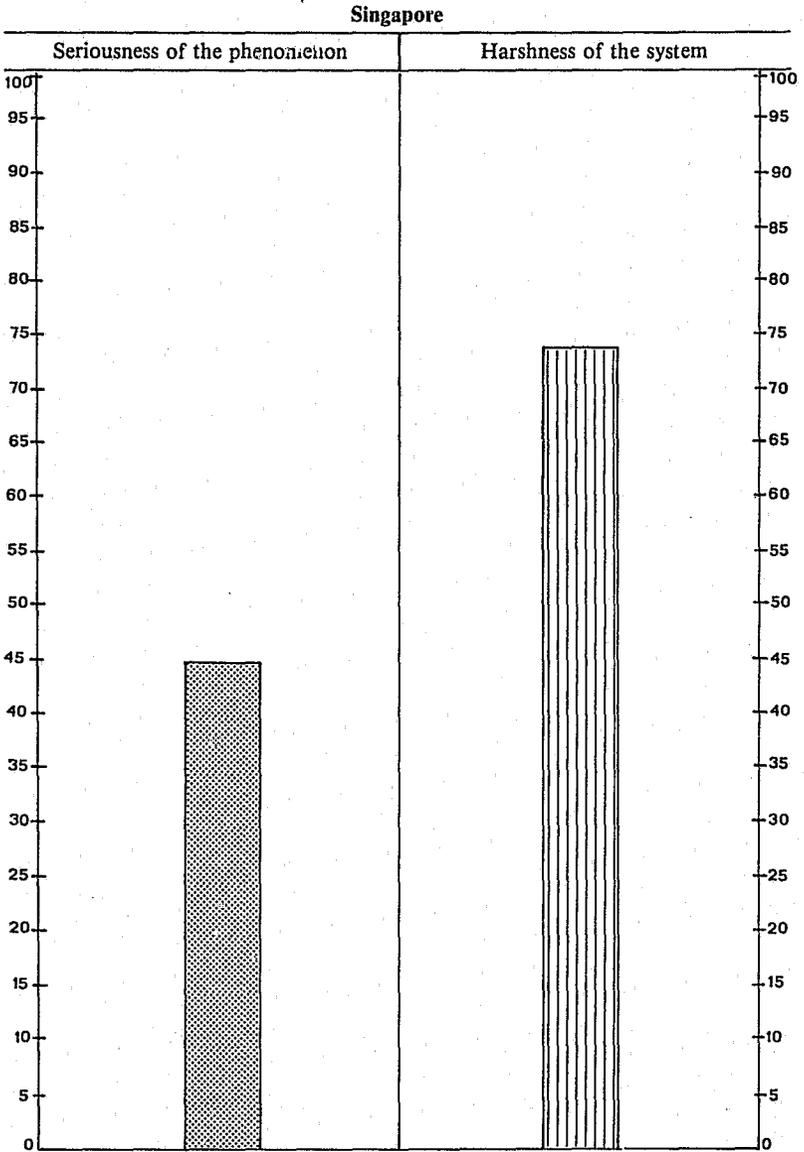


TABLE No. 16
DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN «Z» SCORES

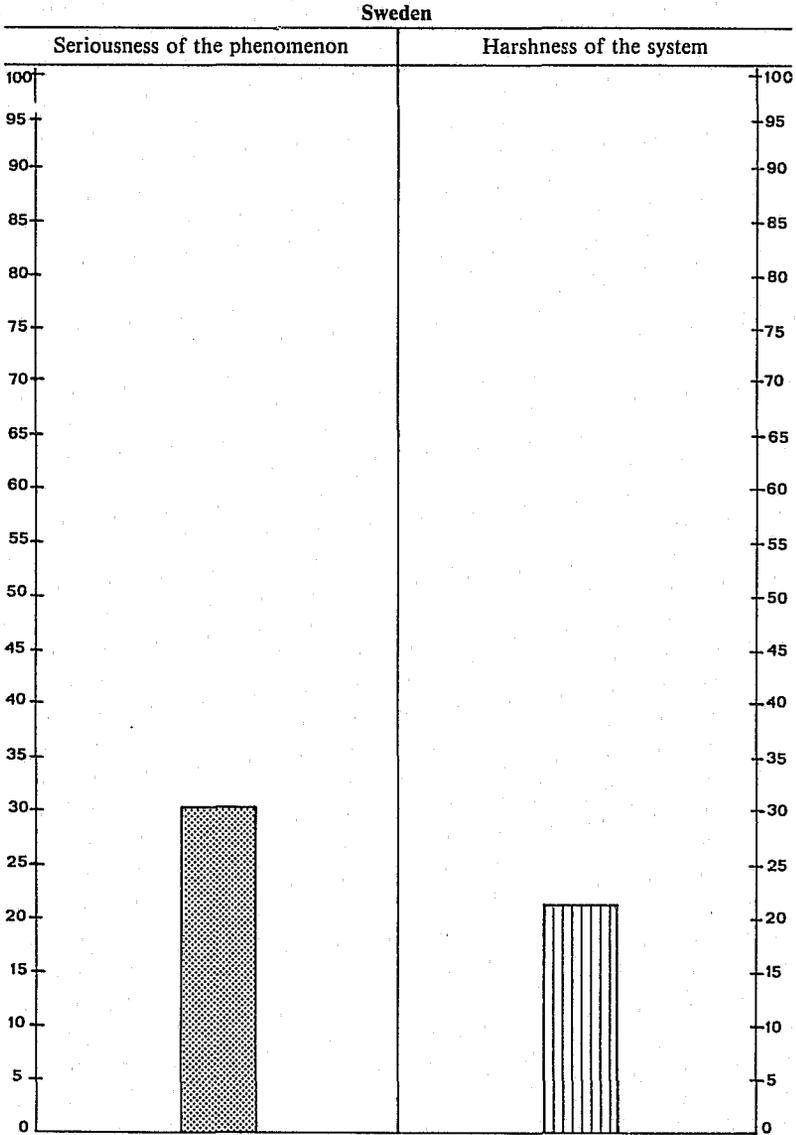
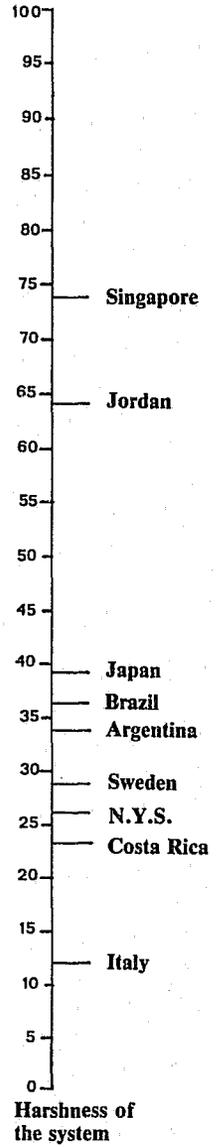
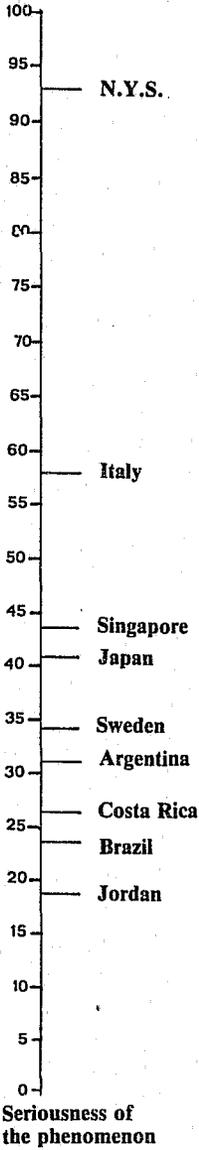


TABLE No. 17
SYNOPTIC TABLE OF THE LEVELS OF SERIOUSNESS OF THE
PHENOMENON AND HARSHNESS OF THE SYSTEM EXPRESSED IN «Z»
SCORES. DATA OBTAINED FROM THE PRELIMINARY
NATIONAL REPORTS



On the «seriousness» scale the highest levels were reached by the State of New York (USA) and Italy, two countries that although from different continents both reflect a Western cultural identity. Singapore and Japan followed, which, although geographically and culturally belonging to the Far East, in some aspects are greatly influenced by the Western culture. Lower levels of seriousness were reached by Argentina, Brazil and Costa Rica, all representative of the Latin American culture. The lowest level was that expressed by Jordan, a Middle East country of liberal Arab Muslim culture. Sweden occupied an intermediate position, between the Far East and Latin American countries. On the «harshness» of the system scale, instead, the order of the placement of the countries representing the various cultures is very different and appears to be partially inverted with respect to that previously described. In fact, in this case the highest levels were registered by Singapore and Jordan, intermediate, and similar levels were recorded for Japan, Brazil, Argentina, Sweden, State of New York (USA) and Costa Rica; finally, the lowest level was that registered by Italy.

In other words, the placement of the various countries within each scale appear to somehow reflect the existing socio-cultural similarities between them since countries with similar cultures present similar levels of seriousness of the phenomenon of drug addiction and similar degrees of harshness of the system.

From this point of view both the seriousness of the phenomenon and the harshness of the system appear to correlate with the socio-cultural identity of the various countries; vice-versa, they do not appear to correlate with each other within each country. In order to verify this consideration, the correlation «r» coefficient was calculated between the scores represented on both scales for each country. The result ($r=0.383$) of this calculation appears to demonstrate that a sufficient correlation index of the two series of scores does not exist to allow confirmation that the two variables are somehow correlated to each other. In fact, given the number of countries these scores represent, the percentage of probability that correlation exists between harshness of the system and seriousness of the phenomenon in each country is too low ($P>0.1$) and therefore the value of «r» cannot be considered significant.

Nevertheless, one consideration can be made regarding the «r» sign which is negative and therefore expresses an inversion value tendency on both scales. This confirms the observation already made that, at least for the countries placed at the extreme ends of both

scales, an inverted relation exists between seriousness of the phenomenon and harshness of the system.

In other words it can be said that in the State of New York (USA) and Italy, where the phenomenon is more serious, the system is more lenient and less punitive, while, on the contrary, in Jordan where the phenomenon is less serious the system is one of the harshest. For all the other countries, except Singapore where the system is the harshest, it can be stated that sufficient equilibrium exists between the values that represent on one side the seriousness of the phenomenon and on the other the harshness of the system.

To evaluate the dimensions of variability the various seriousness and harshness factors assume in the participating countries, \bar{X} (mean) and SD (standard deviation) were calculated for each line in Tables 6 and 7.

Subsequently for each item σ (variance) was calculated according to the formula:

$$\sigma = \frac{SD}{\bar{X}} \times 100$$

σ = variance

SD = standard deviation

\bar{X} = mean

Table 18 shows the results of this calculation regarding the values of the elements that constitute the seriousness of the phenomenon in the different countries. The various elements are placed in decreasing variability order by mean «Z» score.

TABLE No. 18
FACTORS OF SERIOUSNESS OF THE PHENOMENON IN THE VARIOUS
COUNTRIES PLACED ACCORDING TO THE DIMENSION
OF VARIANCE ($\sigma = \frac{SD}{\bar{X}} \times 100$)

Factors of seriousness	σ	\bar{X}	SD
Use of hard drug	113	11.88	13.52
Average age of consumers	81	1.86	1.52
Association with crime	76	8.33	6.38
Type of hard drug	66	5.73	3.79
Use of hashish	66	6.04	4.03
M/F ratio	36	0.61	0.22
Residence of consumers	36	0.61	0.22
General trend of phenomenon	29	1.55	0.46
Socio-economic condition	26	1.33	0.35
Duration of the phenomenon	21	1.22	0.26
General crime trend	14	1.48	0.21

Table 19 shows the results of the same operation with the values of the factor of harshness of the system.

It is possible to note from Table 18 that the maximum value variability is projected by the factor «use of hard drug» and that the minimum variability is projected by the factor «general criminality tendency». Nevertheless, for the use of hard drug alone the estimate of the variability by mean «Z» score rendered a value over 100 which, although the highest, did not exceed the causal variability limit which reached 200. This could mean that, as regards the factors that constitute the seriousness of the phenomenon, the participating countries, in spite of presenting a certain variability contributing to the establishment of the various and peculiar forms in which the phenomenon is manifested in each, they do not differ from each other to the point of suggesting the existence of non-casual reasons for variability.

In Table 19 it is possible to develop similar considerations as regards the variance of the factors that establish harshness of the system. In fact, also in this case no variance value exceeds the limit of 200, and the items «treatment programmes», «personal use» and «compulsory reporting» although exceeding 100 do not exceed 200.

With the objective of verifying whether or not significant correlation exists between the values attributed to the various items in the two evaluations scales (harshness of the system and seriousness of the phenomenon), the data in Tables 6 and 7 were submitted to variance analysis.

For the scale on the «seriousness of the phenomenon» variance F was calculated among the values of items: «type of heavy drug mostly used», «amount of heroin and/or cocaine consumption», «amount of hashish and marijuana consumption» and no significant relation was verified among these three variables neither as regards the value these have acquired in the various countries ($F_c = 2.379$), nor as regards their inter-relationship in each country ($F_r = 2.420$); in both cases P is not significant.

TABLE No. 19
FACTORS OF HARSHNESS OF THE SYSTEM IN THE VARIOUS
COUNTRIES PLACED ACCORDING TO THE DIMENSION
OF VARIANCE ($\sigma = \frac{SD}{\bar{X}} \times 100$)

Factors of harshness	σ	\bar{X}	SD
Treatment programmes	135	0.34	0.46
Personal use	130	7.13	9.31
Reporting to the authorities	105	1.4	1.47
Voluntarily	90	0.55	0.50
Treatment in prison	88	0.63	0.56
Legislative modifications	80	0.75	0.60
Possession of small quantities	71	4.95	3.56
Mass media	71	2.52	1.80
Social stigmatization	62	2.24	1.40
Orientation	57	0.68	0.39
Retail dealer	46	5.2	2.4
Penal system	34	9.7	3.39

In the same way it cannot be stated that significant differences exist between the countries with regard to the variables: «average age of drug consumers», «M/F ratio» and «socio-economic conditions» ($F = 1.182$). A similar consideration can be made for the variables: «duration of the phenomenon» and «residence of the consumers» ($F = 1.144$).

Finally the correlation «r» coefficient was calculated between couples of variables with the objective of identifying possible significant correlations.

For example, «r» was calculated between the general tendency of the phenomenon and the general tendency of criminality and a rather high value was obtained ($r = 0.552$) on the limits of statistical significance ($r = 0.600$ by $P < 0.05$). This appears to indicate a tendency to co-variability between the two trends.

Nevertheless, on calculating «r» between «the association with criminality» and «the use of cannabis» or «the use of hard drugs» the values obtained were undoubtedly not significant, in fact, in the first instance $r = 0.217$ and in the second case $r = 0.338$. In this sense it can be stated that according to this data non-casual co-variable relations do not exist between the abuse of drugs and the association of drug abuse with criminality in the countries under study.

With regard to the scale on harshness of the system, variance analysis was conducted with the objective of verifying whether significant correlation exists between the component items.

For the factors «personal use», «possession of small quantities» and «petty dealing», no significant relation exists ($F=2.421$) between the countries under study; on the contrary, a significant relation appears to exist for the two groups concerning treatment — «compulsory reporting», «voluntary action», «compulsory action» ($F=6.505$ $P<0.01$) and «law modifications», «treatment programmes», «possibility of treatment in prison» ($F=18.480$ $P<0.01$) — and for the group of variables that concern the system in general — «social stigmatization», «mass media», «penal system» ($F=3.696$ $P<0.05$).

In other words, the variables that depend mostly on the treatment system and those dependent on the general attitude towards drug abuse tend to acquire very similar values in the countries under study; on the contrary, the variables that depend on the specific penal system tend to differ from one country to another.

CHAPTER V

ANALYSIS OF THE DATA RESULTING FROM THE ADMINISTRATION OF THE «VIGNETTES»

The second phase of the research consisted of the gathering of data through the administration of a series of 8 vignettes to different groups in each country. As already mentioned in Chapter II, the implementation of this phase of the research allowed information to be drawn regarding the perception of the system, or on the effects of the system as perceived by the subjects that are on the receiving end of the actions of the system. The countries that participated in this phase of the study and who delivered the completed forms were:

- Argentina
- Costa Rica
- Japan
- Jordan
- Italy
- Malaysia
- State of New York (USA)
- Singapore

Not all countries forwarded the same quantity of material (Table 5). The data from Jordan, Malaysia, State of New York (USA) included only a few subjects and therefore could not be considered indicative. Although these were analysed for reasons of completeness, the data were not taken into account in the conclusions of the analysis.

On analysing the data contained in the vignettes, the Binary Automatic Scoring (B.A.S.) technique was applied, which has been described in Chapter II, as well as through the quantification obtained by applying an evaluation scale of the level of harshness of the system constructed by assigning to each of the possibilities foreseen by the vignette a variable score from 1 to 15 expressing the level of positiveness in relation to the actual possibility. This quantification scale was constructed «*ad hoc*» with the participation of five independent experts, each of which had previously given an autonomous seriousness score to each of the foreseen possibilities.

At a meeting following this operation the five experts unanimously agreed on the attribution of the various scores and, therefore, the final version of the scale represents the average evaluation criteria agreed upon by the experts.

Naturally, the quantification thus obtained remains a largely subjective evaluation but keeping in mind the high qualifications of the five experts, it represents a relevant evaluation, and given the manner in which it was obtained, minimally dependent on the individual attitude of each expert.

The first objective in the analysis of the data from the vignettes was to quantify as objectively as possible the perception of «harshness» of the system as could be detected from the answers given by the subjects that had been administered the vignettes in the various countries. To achieve this the evaluation scale described before was used. From a practical point of view the procedure was the following: first, the responses given by all the subjects (operators - both groups of drug addicts) to each of the 8 vignettes for each country were collected; following this, a score was given to each response according to the specific scale of evaluation of the perception of harshness; and finally, the mean was calculated for all the answers to each vignette for each country.

The result of this work is summarized in Table 20 which presents the levels of «harshness» of the system perceived by the subjects as expressed by the mean of the average scores obtained from the responses to each vignette in each country. From this table it is possible to know the mean scores obtained in each country for each vignette. This score expresses the average degree of harshness with which the system reacts, according to the subjects' perception, to a situation similar to that described in the vignette; and the mean (\bar{X}) of the average scores assigned to all 8 vignettes in each country, which in turn expresses the average degree of harshness with which the subjects in that specific country expect the system to react to the group of drug abuse related behaviours described. This \bar{X} score can therefore be considered a reliable evaluation of the punitive effects of the system in the perception of the subjects who personally experience the effects of the action of the socio-legal system in repressing and controlling drug addiction in each participating country.

It should be noted that the data for the State of New York (USA) is incomplete because vignettes E and F (perception of family's attitude regarding a drug addict son) were not administered.

Table 21 shows graphically the relative placement of the various participating countries on an ideal centesimal scale according to the total perception mean of the harshness of the system functioning in each country. In this table it is also possible to notice that the highest

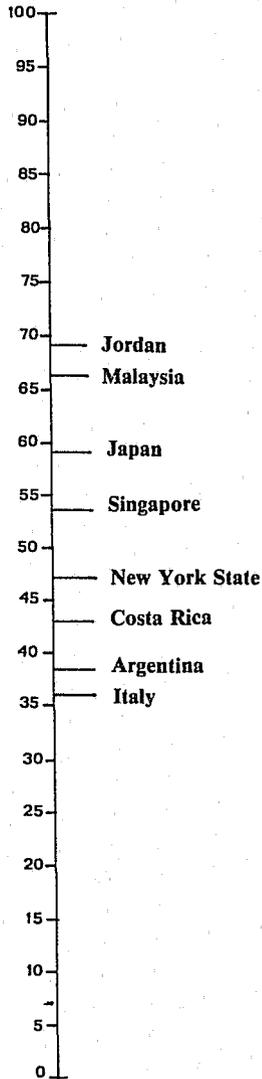
perception of harshness of the effects of the system is to be found in Jordan closely followed by Malaysia, Japan and Singapore. In Italy, instead, the perception is of lesser harshness; whilst the countries in America, State of New York (USA), Argentina and Costa Rica are in an intermediate position between the Far Eastern countries and Italy. In this case it can also be stated that the relative placement order of these countries on this perception of harshness scale tends to conform with the geographic and socio-cultural analogies existing between the various countries. For example, it can be stated that all the countries that belong to the Eastern area are placed above the mean score of 50 on the scale, while all the countries that belong to the Western area are placed below this mean value.

TABLE No. 20
PERCEPTION OF THE HARSHNESS OF THE SYSTEM EXPRESSED BY MEAN SCORES FOR EACH VIGNETTE AND COUNTRY
DATA OBTAINED FROM THE ANALYSIS OF THE VIGNETTES

Vignettes	Participating countries							
	Argentina	Costa Rica	Italy	Japan	Jordan	Malaysia	N.Y.S.	Singapore
Vign. A	3.2	3.62	1.12	6.43	9.25	6.4	3	6.72
Vign. B	4.53	4.33	2.29	6.15	9.25	6.6	2.25	3.5
Vign. C	5.12	6.04	1.29	6.74	9.25	7.8	3.81	6.86
Vign. D	4.29	3.75	4.32	8.28	9.25	9	6.56	6.86
Vign. E	0.96	0.60	0.68	2.82	0	1.6	—	1.78
Vign. F	2.06	0.28	1.44	2.56	0	2.6	—	2.58
Vign. G	4.93	8.76	8.94	6.41	9.25	8.8	6.37	6.72
Vign. H	5.93	8.21	9.39	8.10	9.25	10	7.5	6.72
X	3.87	4.44	3.68	5.93	6.93	6.6	4.74	5.21
S D	1.67	3.13	3.56	2.15	4.28	3.03	2.05	2.20

Each value represents the mean of the scores combined with the responses given by all the subjects interviewed in each country for each vignette.

TABLE No. 21
PERCENTAGE OF THE HARSHNESS OF THE SYSTEM EXPRESSED IN «Z»
SCORES ($\bar{x} \times 100$ OF THE MEANS OF THE SCORES COMBINED WITH THE
RESPONSES GIVEN BY ALL THE VIGNETTES). DATA OBTAINED FROM
THE ANALYSIS OF THE VIGNETTES.



If Table 20 is examined carefully it is possible to note that, for the first 4 vignettes (A,B,C,D), which refer to typical drug-addiction associated behaviour (drug addiction to soft and hard drugs, first impact with police and recidivism), the scores concerning the harshness are, in reciprocal relation, very similar to the reciprocal relation existing between the placement of the countries on the scale in Table 21 in the sense that the highest scores regard Eastern countries and the lowest Western countries. Furthermore the scores related to all the countries for vignette D (recidivism to the abuse of heroin) are, on the average, higher than the scores related to the previous vignettes.

In vignettes E and F (family attitude) the average scores are much lower than those of the other vignettes that regard the penal system and this is totally comprehensible; what is interesting to note is that in Jordan where the vignettes that regard the penal system present the highest scores, the vignettes that regard the families' attitude present the lowest scores, as if in this country the perception of the strong harshness of the system greatly contrasted with the perception of a certain amount of permissiveness on the part of the family.

Finally, with reference to vignettes G and H that regard criminality with the scope of procuring drug, it can be stated that the values are high in all the countries and that the relative order no longer respects the existing geographic and socio-cultural analogies between them.

It would appear that the perception of harshness of the penal systems regarding repression of criminality, even when related to drug abuse, does not depend on the socio-cultural specificity of the various countries, as would appear to be the case for the perception of harshness of the specific socio-legal system in relation to the abuse of drugs. In other words, the penal system is perceived as being hard in all the countries under study, while the socio-legal drug prevention, control and repression system is perceived as being harsher in some countries and less harsh in others. The difference in perception appears to be associated with the historic, geographic and socio-cultural specificity of the different countries.

To conclude, the data in Table 21 was compared with that in Table 17 which relates to the harshness of the system and the seriousness of the phenomenon obtained from the analysis of the preliminary reports. This operation was possible because the data in both tables were expressed in centesimal score. In other words, with

the scope of verifying the possible correlation between the degree of perception of harshness of the system and the degree of harshness foreseen by the system, the correlation «r» coefficient was calculated between the two similar series of scores (excluding the scores of the countries present only in one scale). The result of this was: «r» = 0.601 which appears to demonstrate, with a $P < 0.2$ degree of probability, that a non-casual direct co-variation relationship exists between the two variables. That is to say, that in the countries with a harsher system the perception is also that of a very harsh system and that this fact is very probably non-casual.

The scores regarding the perception of «harshness» of the system were also compared with those regarding the «seriousness» of the phenomenon in the various countries. The value of «r» in this case was: «r» = -0.631, which appears to demonstrate, with a $P < 0.2$ of probability, that a non-casual inverted co-variation relation exists between the two variables. This relation can be considered of great importance because it appears to indicate that in the countries where the phenomenon of drug addiction is objectively more serious, the system is perceived as less harsh and in all probability this fact is not casual. Unfortunately the data of the research do not clarify the tendency of this relation in the sense that they do not show a cause-effect relation between the variables.

The second objective in analysing the data resulting from the vignettes was that of comparing the actual responses given by the subjects in the various countries with the hypothesized theoretical expectations regarding the functioning of the system in order to learn how near their actual expectations were to that which the system really provides. To achieve this objective, the B.A.S. technique (described in Chapter II) was applied. In synthesis, the co-ordinators of the participating countries provided a series of 8 imaginary responses to the 8 vignettes, each of which identified, in its content, a specific theoretical expectation. In other words, from among the possible answers, each country co-ordinator selected those responses which in his opinion the subjects would have chosen if they had a specific expectation with regard to the action of the system. Following this, an automatized «scoring» technique was applied to establish what percentage of subjects in each country had supplied a series of responses similar to that theoretically predisposed for each expectation; this data was employed as an indirect measure of the expectation on the part of the subject in that country. In this way Table 22 was constructed showing in percentage values the sequence of re-

sponses given by all the subjects to the series of vignettes in each country regarding theoretical expectations with respect to the action of the system.

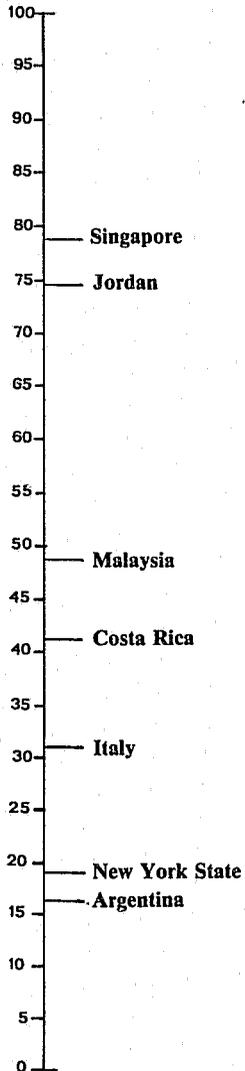
— «*Expectations regarding the law*»

This is given by the sequence of responses the subject should have supplied if he had known the exact provision of the law in a situation like that described in the vignette. The measure of this expectation indirectly implies an evaluation of the subjects' degree of knowledge of the law. On observing Table 22 and the graph in Table 23, showing the placement of the various countries on a centesimal scale according to the interviewed subjects' degree of knowledge of the provisions of the law in each country, it is possible to see that Singapore and Jordan have the highest degree of knowledge of the law, while Argentina and the State of New York (USA) have the lowest; the other countries occupy intermediate positions. The coefficient «*r*» correlation calculated between «*harshness of the system*» (Table 7) and «*expectations regarding the law*» (Table 22) rendered an «*r*» value of «*r*» = 0.834. This appears to indicate that a direct co-variant relation, probably non-casual ($P < 0.05$), exists between the two variables; in other words, drug dependence laws appear to be better known in countries where the system tends to be harsher. Vice versa, a sufficient correlation «*r*» coefficient does not appear to exist to suggest the existence of a co-variant relation between the variables «*seriousness of the phenomenon*» and «*expectations regarding the law*». In fact, in this case $r = -0.598$ and P is not significant.

TABLE No. 22
SEQUENCES OF RESPONSES SIMILAR TO SOME ACTUAL EXPECTATIONS OF SUBJECTS WITH RESPECT TO THE
SYSTEM, EXPRESSED IN PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL THE SUBJECTS TO THE SERIES
OF VIGNETTES IN EACH COUNTRY

Responses Countries	Expectations regarding the law	Punitive expectations	Repressive expectations	Transfer expectations	Therapeutic expectations	Permissive expectations
Argentina	15.28%	14.7%	16.6%	39.5%	15.23%	15.1%
Costa Rica	42.86%	32.14%	29.9%	22.2%	12.5%	19.25%
Jordan	75%	25%	75%	25%	50%	12.5%
Italy	31.03%	27.2%	26.9%	29.4%	22.2%	21.5%
Malaysia	47.5%	0%	0%	15%	12.5%	12.5%
New York State	15.47%	22.2%	0%	18.7%	19.06%	16.6%
Singapore	79.25%	22.5%	29.1%	62.3%	13.6%	13.4%

TABLE No. 23
SCALE OF CONFORMITY BETWEEN THE PERCEPTION OF THE LAW
AND THE LAW PROVISIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL
THE SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.



— «*Punitive expectations*»

This is given by the sequence of answers the subjects should have given if a more punitive reaction of the system was expected. It can be noted from Table 22 and the graph in Table 24 that this is the expectation of a small percentage of subjects in all the participating countries and that only for Costa Rica it exceeds 30%. It is interesting to note that almost all the countries place themselves between 20 and 30 on the centesimal scale showing therefore how small the existing differences which it had been possible to establish are from the point of view of expectations of punishment.

— «*Repressive expectations*»

This is given by the sequence of answers the subjects should have given if penal repression, not hardened by particular elements of punishment, was expected from the system. On observing the scores in Table 22 and the graph in Table 25 it is immediately noticeable that the State of New York (USA) and Malaysia show a repressive expectancy percentage equal to 0. In all probability this does not signify that in these two countries repressive expectations do not exist, but rather that, due to the small number of subjects interviewed, by chance none had these expectations. Also in this case, for all the countries, except Jordan, the percentage of an only repressive expectation does not exceed 30%.

— «*Transfer expectations*»

This is given by the sequence of answers the subjects should have given if expecting a reaction of the system oriented towards an uprooting from the drug related situation in the place of origin and transfer to a different area and a different situation. Here again on observing Table 22 and the graph in Table 26 it can be noted that, except for Singapore and Argentina, this expectation regards only a small percentage of subjects in all the other countries.

TABLE No. 24
SCALE OF CONFORMITY TO THE PUNITIVE EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL
THE SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.

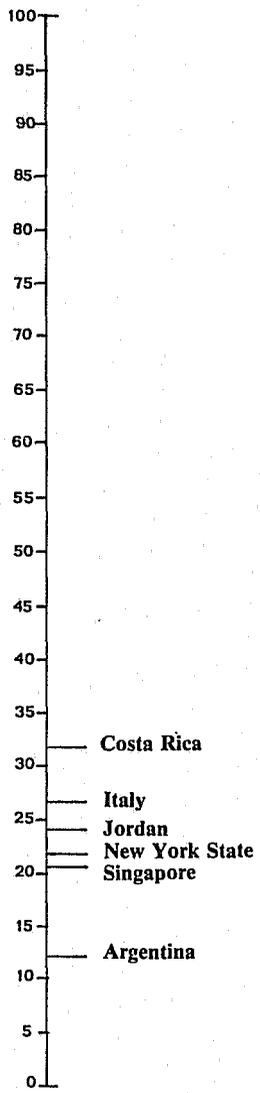
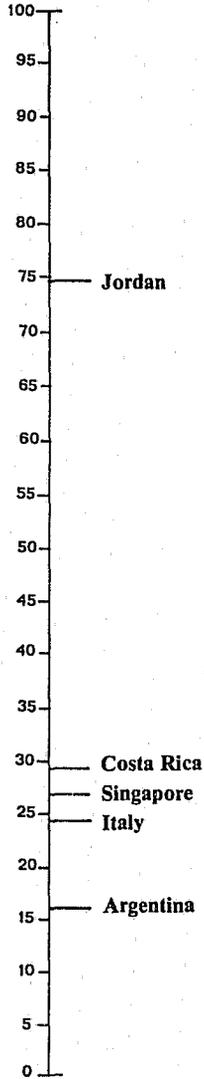


TABLE No. 25
SCALE OF CONFORMITY TO THE REPRESSIVE EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL
THE SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.



— «*Therapeutic expectations*»

This is given by the sequence of answers the subjects should have given if the reaction of the system was expected to be primarily oriented towards treatment and rehabilitation, devoid of penal elements. The scores of these expectations are also shown in Table 22 and in the graph in Table 27. The considerations made for all the other expectations, excluding that regarding conformity with the law, are valid for these two tables. In fact, except for Jordan, the percentage of subjects in all the countries that foster these expectations do not exceed 25%.

— «*Permissive expectations*»

This is the expectation represented by the sequence of responses that the subject should have supplied if he did not expect any punishment or treatment on the part of the system. When observing the score in Table 22 and in the graph in Table 28 it is impossible not to notice that this is the expectation which is certainly less frequent in all the participating countries.

To make a global evaluation of the various expectations under study in all the participating countries, the mean (\bar{X}), the standard deviation (SD) and the variance (σ) were calculated on the percentages of each expectation between all the countries.

These values are shown in Table 29.

TABLE No. 26
SCALE OF CONFORMITY TO THE TRANSFER EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL THE
SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.

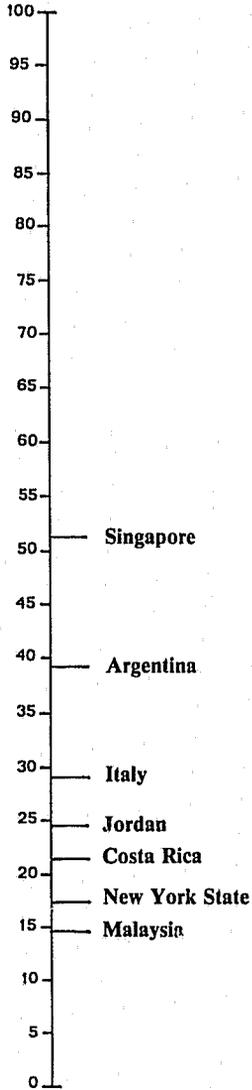


TABLE No. 27
SCALE OF CONFORMITY TO THE THERAPEUTIC EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL THE
SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.

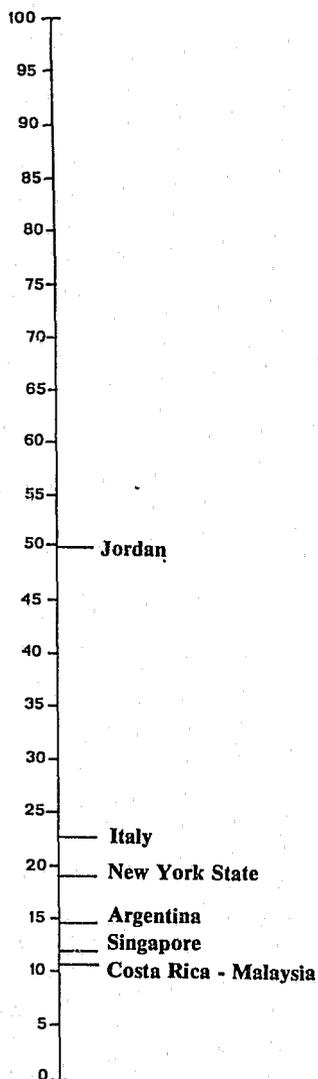


TABLE No. 28
SCALE OF CONFORMITY BETWEEN THE PERCEPTION OF THE LAW
AND THE LAW PROVISIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL THE
SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.

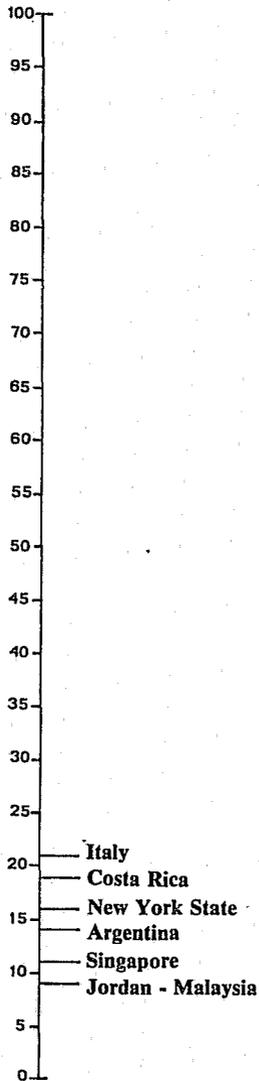


TABLE No. 29

\bar{X} (mean) of the percent values of the expectations analysed in all the participating countries (SD = standard deviation, σ = variance)

Expectations	\bar{X}	SD	σ
Expectations regarding the law	43.77	25.89	59
Punitive expectations	20.53	10.49	51
Repressive expectations	25.35	25.37	100
Transfer expectations	28.87	13.02	45
Therapeutic expectations	20.71	13.41	64
Permissive expectations	15.83	3.48	21

From this table it can be noted that the most diffused expectation in the various countries is that conforming to the law, whilst the less diffused is that regarding permissiveness. The repressive expectation is that which varies most from country to country, whereas the permissive frequency is that which varies less.

The third part of this phase of data analysis consists of the analysis of the responses to each vignette to evaluate the perception of the effects of the system in relation to the various specific simulated situations. The results of this operation have been synthetically presented in Tables 30, 31, 32, 33, 34, 35, 36 and 37, each of which is headed by the text of the vignette to which the data refer. The lower part of the page is divided into 3 columns: the names of the participating countries are indicated in the first, the middle column shows the percent values that refer to the number of subjects in each country who gave the vignette at the top of the page the type of response indicated in the third column. The most frequent responses in each country were chosen. These tend to express the most common expectation among the interviewed subjects with regard to the action of the system in a specific situation like that simulated in the vignette.

TABLE No. 30
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

A. *The police catch an 18-year old male in the act of smoking hashish or marijuana on a park bench. He has no criminal record.
 At the police station this young man is identified as a regular user of hashish or marijuana and is psychologically dependent on the drug.*

Participating country	% Responses	Type of response
ARGENTINA	14% 12%	Open rehabilitation institute Closed rehabilitation treatment institute
COSTA RICA	40.5%	Custody by police
ITALY	44.8%	Nothing
JAPAN	23% 23%	Compulsory work Obligatory residence
JORDAN	75%	Prison
MALAYSIA	20%	Closed rehabilitation treatment institute
NEW YORK STATE	25%	Returned to family
SINGAPORE	96%	Closed rehabilitation treatment institute

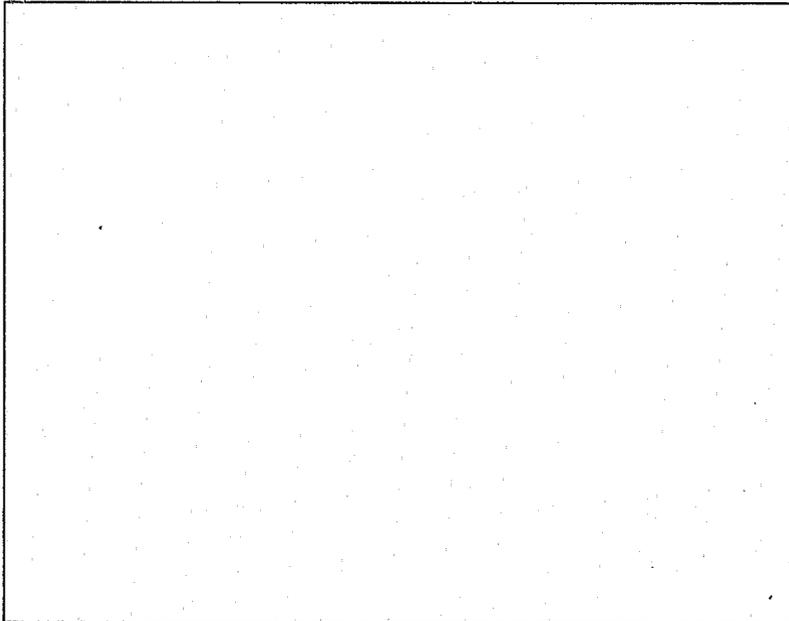


TABLE No. 31
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

B. The police catch an 18-year old male, without criminal record, in the act of self-injecting a dose of hard drug (heroin or cocaine) on a park bench. At the police station this young man is identified as being addicted to that substance.

Participating country	% Responses	Type of response
ARGENTINA	25%	Closed rehabilitation treatment institute
COSTA RICA	31.8%	Custody by police
ITALY	32.4%	Out-patient rehabilitation treatment programme
JAPAN	25%	Probation without treatment
JORDAN	75%	Prison
MALAYSIA	80%	Closed rehabilitation treatment institute
NEW YORK STATE	25%	Probation with treatment
SINGAPORE	50%	Closed rehabilitation treatment institute

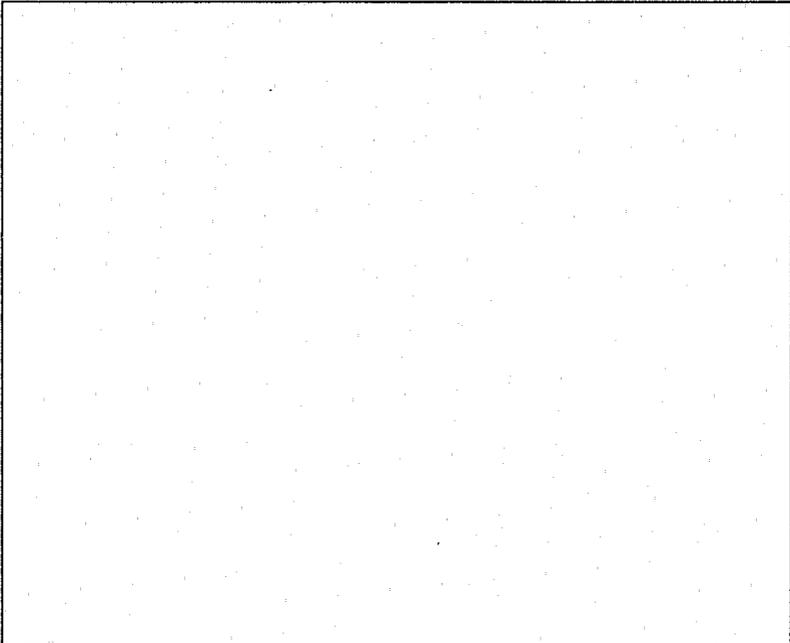


TABLE No. 32
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

C. *The police catch an 18-year old male in the act of smoking hashish or marijuana on a park bench.*
At the police station it is discovered that this young man had been treated or penalized more than once for the same behaviour and that, in spite of his past experience, he is a regular user of hashish or marijuana and is psychologically dependent on the drug.

Participating country	% Responses	Type of response
ARGENTINA	32.8%	Closed rehabilitation treatment institute
COSTA RICA	44.9%	Custody by police
ITALY	27.5% 22.4%	Nothing Returned to family
JAPAN	20.5%	Compulsory work
JORDAN	75%	Prison
MALAYSIA	40%	Prison
NEW YORK STATE	31.25%	Closed rehabilitation treatment institute
SINGAPORE	98%	Closed rehabilitation treatment institute

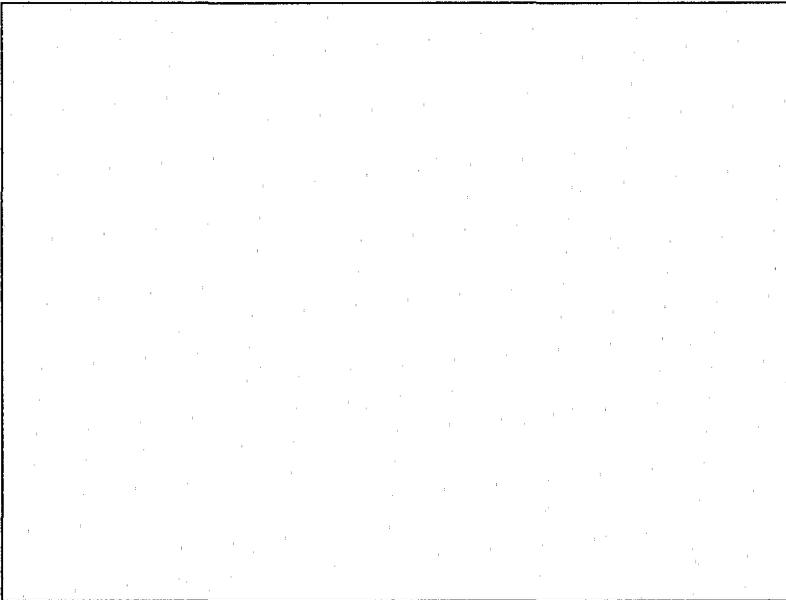


TABLE No. 33
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

D. The police catch an 18-year old male in the act of self-injecting a dose of hard drug (heroin or cocaine) on a park bench. At the police station it is discovered that this young man had been treated or penalized more than once for the same behaviour and that, in spite of his past experience, he is addicted to that substance.

Participating country	% Responses	Type of response
ARGENTINA	37.5%	Closed rehabilitation treatment institute
COSTA RICA	33.3% 26%	I don't know Prison
ITALY	36.2% 20.6%	Custody by police Out-patient rehabilitation treatment programme
JAPAN	43.5%	Prison
JORDAN	75%	Prison
MALAYSIA	60%	Prison
NEW YORK STATE	18.7%	Closed rehabilitation treatment institute
SINGAPORE	98%	Closed rehabilitation treatment institute

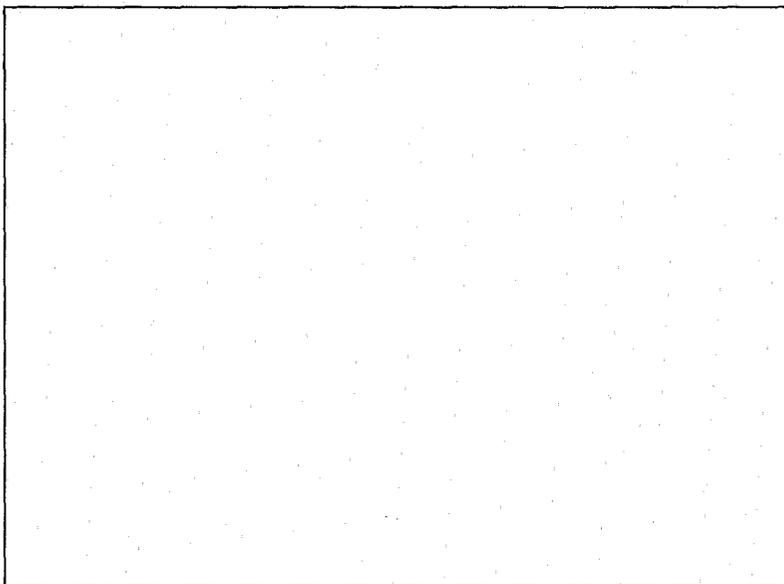


TABLE No. 34
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

E. A family discovers that their 18-year old son is smoking hashish or marijuana and that he is psychologically dependent on the drug.

Participating country	% Responses	Type of response
ARGENTINA	50%	The family helps without informing the authorities
COSTA RICA	50.7%	The family helps without informing the authorities
ITALY	50%	The family helps without informing the authorities
JAPAN	58%	The family informs the authorities for treatment
JORDAN	50%	The family offers a gift
MALAYSIA	40%	The family offers a gift
	40%	The family informs the authorities
NEW YORK STATE*	---	---
SINGAPORE	32%	The family helps without informing the authorities

* No answer was given by New York State to this vignette.

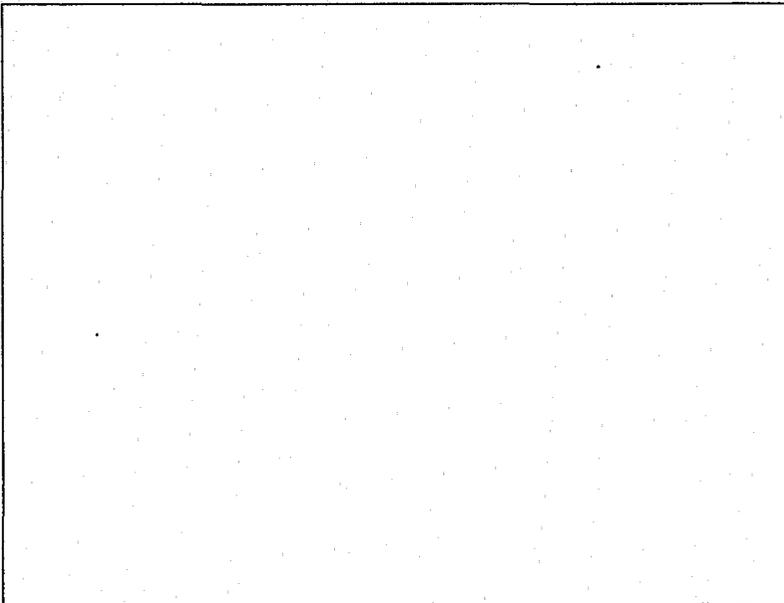


TABLE No. 35
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

F. A family discovers that their 18-year old son is a hard drug (heroin or cocaine) addict.

Participating country	% Responses	Type of response
ARGENTINA	32.8%	The family informs the authorities
COSTA RICA	34.7%	The family helps without informing the authorities
ITALY	41.3%	The family helps without informing the authorities
JAPAN	51.2%	The family informs the authorities for treatment
JORDAN	100%	The family helps without informing the authorities
MALAYSIA	60%	The family informs the authorities
NEW YORK STATE*	---	---
SINGAPORE	42%	The family informs the authorities

** No answer was given by New York State to this vignette.*

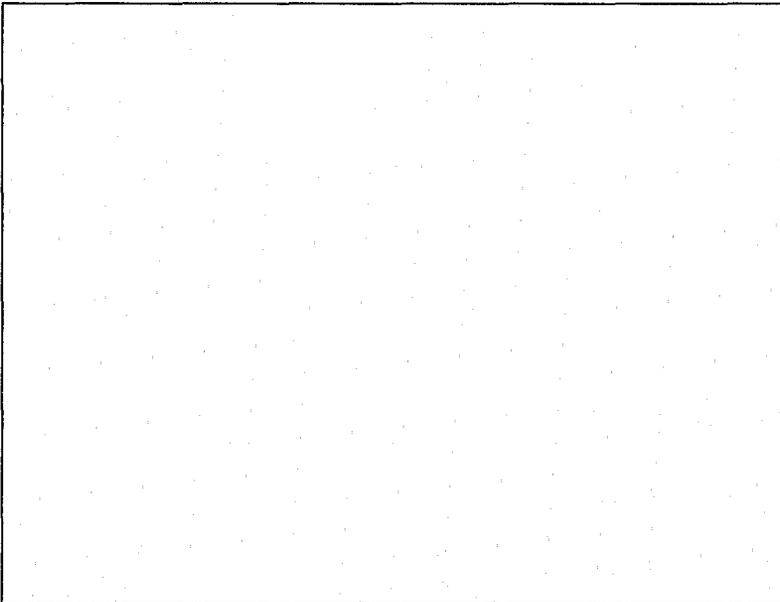


TABLE No. 36
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

G. *The police catch an 18-year old male in the act of stealing an article worth about \$100 for selling in order to get money for buying his necessary dose of drug.*

Participating country	% Responses	Type of response
ARGENTINA	25%	Prison
	20%	Closed rehabilitation treatment institute
COSTA RICA	52.17%	Prison
ITALY	72.4%	Prison
JAPAN	23%	Compulsory work
	20.5%	Probation
JORDAN	75%	Prison
MALAYSIA	60%	Prison
NEW YORK STATE	31.25%	Closed rehabilitation treatment institute
	31.25%	Fine
SINGAPORE	96%	Closed rehabilitation treatment institute

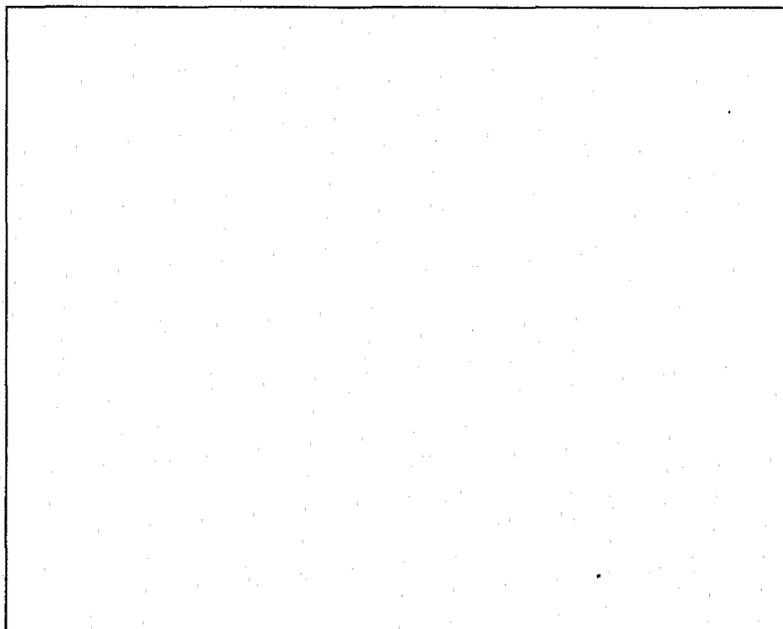
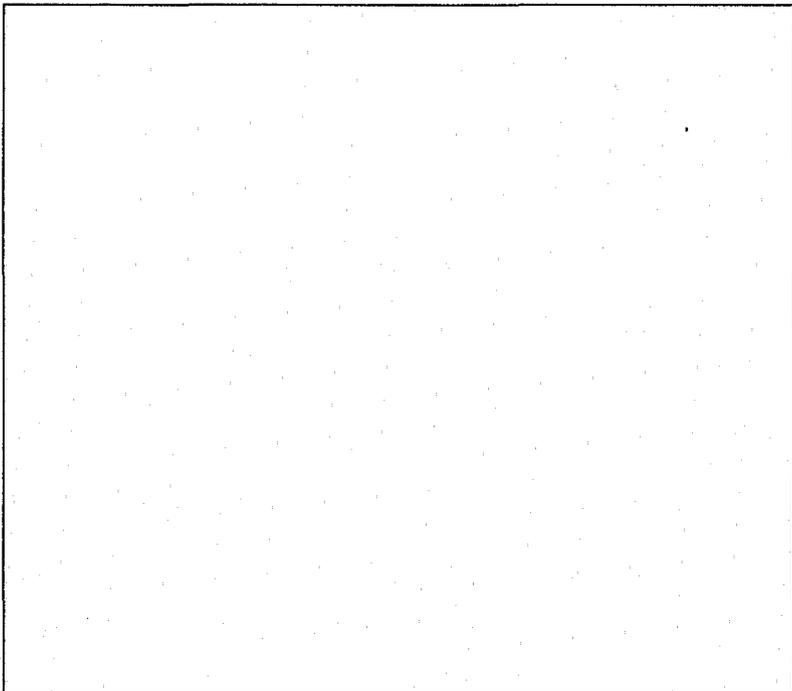


TABLE No1 37
MODAL RESPONSES GIVEN BY THE SUBJECTS TO THE VIGNETTES

*H. The police catch an 18-year old male in the act of stealing an article worth about \$100 for selling in order to get money for buying his necessary dose of drug.
This young man has been previously caught more than once for the same crime and therefore has a criminal record.*

Participating country	% Responses	Type of response
ARGENTINA	37.5%	Prison
COSTA RICA	60.8%	Prison
ITALY	87.9%	Prison
JAPAN	46.1%	Prison
JORDAN	75%	Prison
MALAYSIA	100%	Prison
NEW YORK STATE	50%	Prison
SINGAPORE	96%	Closed rehabilitation treatment institute



When an excessive dispersion was verified in the responses, the two most frequent were chosen.

Table 30 shows that the responses to the most extreme expectations are those with the highest percentage of frequency. Almost 50% of the interviewed subjects in Italy responded that no reaction was expected on the part of the system in respect to the mere consumption of hashish or marijuana, whereas in Jordan 75% expect imprisonment. Finally, in Singapore, 96% expect compulsory internment in a closed treatment centre.

Table 31, consumption of hard drug, shows a wide variety in the responses most frequently given; nevertheless, in Argentina, Malaysia and Singapore, for this and the above types of behaviour, the most frequent expectation is compulsory internment in a closed treatment centre from where release is foreseen only when treatment has been completed.

In Tables 32 and 33, which refer to recidivist behaviour in hashish and heroin consumption, a considerable increase is observed in the number of countries that more frequently expect action from the penal system consisting of arrest or prison. In Tables 34 and 35 regarding the family's attitude towards a young son who has been discovered using hashish or heroin: for the first instance, except for Japan, the prevailing expectation is comprehension on the part of the family who would not inform the authority, whereas for the second instance, one half of the countries expect the family to report to the authority for the necessary measures.

Finally, in Tables 36 and 37, which refer to criminal behaviour related to the need of procuring the means to buy drug, two considerations can be made: first, that there is a remarkable increase, in all countries, of the average frequency mean for all the responses; second, that there is a total and net prevalence of the expectation of harsh action from the penal system.

CHAPTER VI

ANALYSIS OF THE DATA COLLECTED THROUGH GUIDED INTERVIEWS WITH DRUG ADDICTS

The method selected in conducting this phase of the research was based on the gathering of direct information from the subjects in the experimental and control groups by means of guided interviews.

These interviews were conducted in the field by the national research teams who had been provided with questionnaires specifically prepared by the central co-ordinators of the study. The preliminary draft of these questionnaires had earlier been circulated to the collaborators for their comments which were taken into account in the preparation of the final draft which was then pretested.

The questionnaire, which guided the interview, allowed for the acquisition of numerous data on forty variables relating to three fundamental areas: anagraphic and social characteristics of the interviewed subjects, principal characteristics of their drug addiction, the functioning of the system in their life experience.

It should be stressed here that the interviews were carried out very carefully, in various sessions, stimulating the subjects' sincerity and collaboration, encouraging them to feel at ease and closely observing their behaviour. It helped if the interviewer had had previous relationship with the subject. In this way, a sufficiently reliable «self-reporting» was obtained, although drug addicts are notoriously insincere and inclined to magnify certain behaviours and carefully hide others.

The analysis of the data contained in the questionnaires was also conducted through the B.A.S. (Binary Automatic Scoring) technique. The responses to be given to the «items» of the questionnaires were codified; once the codification of the open «items» was completed and the data given binary form, these were computer analysed.

The percentage of subjects that responded for each country and for each group (experimental and control), was calculated in relation to each single variable, the results of which are shown in Tables 38 to 75.

From an examination of these tables it is possible to compare the mean values obtained from the variables in the participating countries and to make some considerations on these comparisons.

a) Anagraphic and social characteristics of the interviewed subjects

— Sex (Table 38): Here it can be observed that the number of males is higher than that of the females, even if in different proportions, in all the countries. In Argentina, Costa Rica and Italy the male prevalence in the control group is less than that registered by the experimental group.

— Age (Table 39): The average age of the subjects varies considerably from country to country: it is lower in Argentina (19 years) and higher in Jordan (29 years); in Costa Rica, Italy and Japan the average age is 24-25 years, whereas in Malaysia and Singapore it is 26-27. In the State of New York (USA) the average age is 28 years. The average age of the subjects in the control group differs from those in the experimental group, nevertheless, in general it tends to be lower in all the countries except Costa Rica, where the average age of the subjects in the control group is slightly higher.

— Nationality (Table 40): Almost all the interviewed subjects have the nationality of the country where they were interviewed.

— Religiousness (Table 41): The level of religiousness appears to differ considerably from country to country, although the subjects in the control group in all the countries, except Jordan, are more frequently found to be religious than those in the experimental group.

— Cohabitation (Table 42): The majority of the subjects (2/3 - 3/4) do not cohabit, except for Jordan where the opposite is true. It appears interesting to note that the percentage of single individuals is increasingly high among the subjects in the control group.

— Living with the family (Table 43): In all countries, except Italy and Malaysia, the majority of the interviewed subjects no longer live with their family. The percentage of subjects who live alone is, however, always lower in the control group. In Argentina, 62% of the subjects in the control group live with only one parent; this is also true of 10% of the experimental group and 20% of the control group in Costa Rica; 16.6% in Japan; 12% in Jordan; 33.3% of the experimental group and 20% of the control group in Italy; 20% in Malaysia and the State of New York (USA) and 18% in Singapore. Therefore, in each country 15 to 30% of the subjects come from «broken» families.

TABLE No. 38
Characteristics of the interviewees expressed in percent values

SEX

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
Male	86.6	55.1	60	56.6	76.6	100	100	71.7	63.3	80	90	100
Female	13.3	44.8	40	43.3	23.4	—	—	28.3	36.6	20	10	—

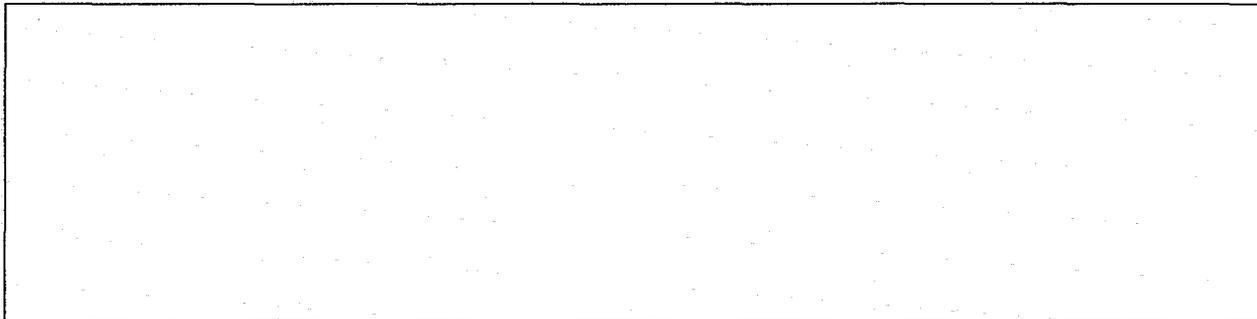


TABLE No. 39
Characteristics of the interviewees expressed in percent values

AGE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
< 14	—	—	—	—	3.3	—	—	—	—	—	—	2
14 - 18	10	37.9	13.3	6.67	6.6	—	—	5.66	3.33	—	—	2
19 - 22	33.3	34.4	23.3	33.3	33.3	2.78	4	26.4	26.6	20	—	6
23 - 26	13.3	6.9	23.3	26.6	10	5.56	4	33.9	40	40	10	22
27 - 30	26.6	—	10	20	20	13.8	12	26.4	26.6	—	60	26
> 30	—	10.3	30	16.6	26.6	77.7	80	7.55	3.33	40	40	42
Average age	19.6	19	24.7	25.4	24.2	29.2	29.2	25.7	24.6	26.1	28.7	27.3

TABLE No. 40
Characteristics of the interviewees expressed in percent values

NATIONALITY

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Same nationality	86.6	96.5	93.3	83.3	100	83.3	92	92.4	100	100	100	96
Foreign	13.3	3.45	6.6	16.7	—	8.3	—	7.5	—	—	—	—

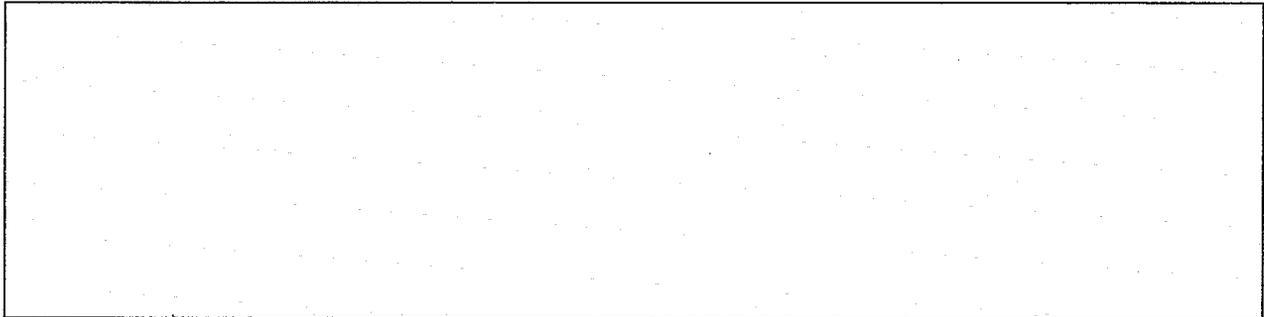


TABLE No. 41
Characteristics of the interviewees expressed in percent values

RELIGIOUSNESS

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
Religious	46.6	62	63.3	73.3	30	100	96	43.4	56.6	80	100	64
Non-religious	53.3	37.9	36.6	26.6	70	—	—	56.6	43.3	20	—	30

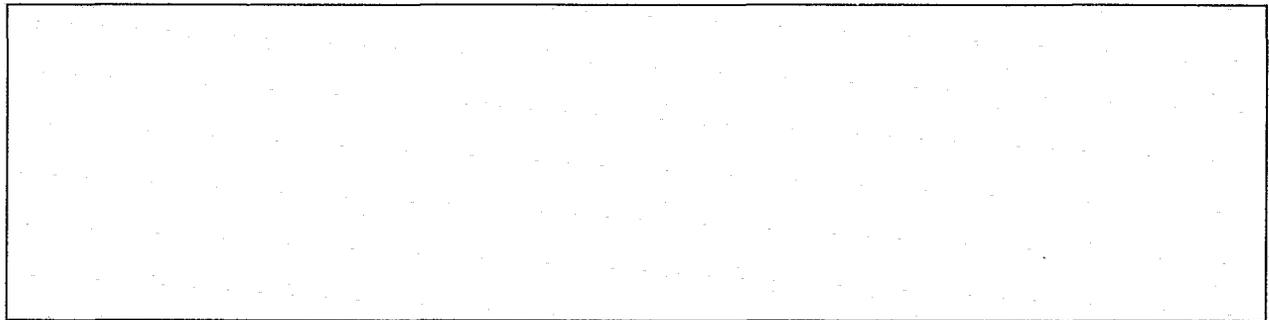


TABLE No. 42
Characteristics of the interviewees expressed in percent values

COHABITATION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E = Exp. group C = Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
Cohabitation	13.3	—	30	23.3	36.6	63.8	64	33.9	20	20	—	28
Living alone	80	100	66.6	73.3	63.3	36.1	66	66	80	80	100	60

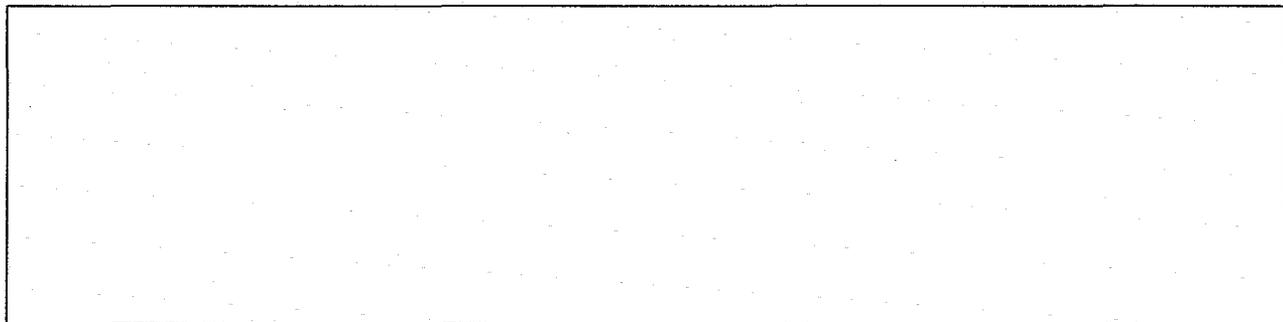
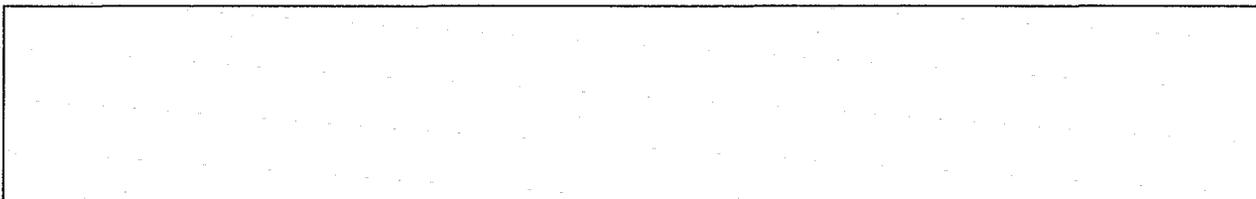


TABLE No. 43
Characteristics of the interviewees expressed in percent values

LIVING WITH THE FAMILY

	ARGENTINA		COSTA RICA		JAPAN	JORDAN			ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E	
Living alone	93.3	6.9	73.3	50	70	94.4	72	49	20	40	80	38	
With both parents	—	31	13.3	30	13.3	2.8	20	46.7	40	40	—	46	
With one parent	—	62	10	20	16.6	—	12	33.3	20	20	20	18	



— Family socio-economic level (Table 44): The family socio-economic level has been divided into three classes: low, medium and high. On observing the figures in the table, in the countries where a sufficiently numerous sample has been selected, the interviewed subjects are well balanced according to the various foreseen classes. A certain overall balance can also be noticed between the socio-economic level of the experimental group and that of the control group, except for Costa Rica where the subjects of the former group appear on the average poorer than the subjects in the latter group.

— Usual residence (Table 45): The majority of the subjects, in all the countries, live in metropolitan areas. In Costa Rica and in Malaysia the quota of subjects that live in small towns is somewhat higher than in the other countries.

— Change of residence (Table 46): This item was introduced in the questionnaire with the intention of evaluating the incidence of emigration processes (internal and towards urban areas) on groups of drug addicts. As is easy to see, the countries where these phenomena appear to present consistent incidence are Costa Rica (36.6-30%) and Italy (32.8-33.3%).

— Education (Table 47): The level of education varies noticeably between the different countries, even if on an average, in all countries, this appears higher among the subjects in the control group than among those in the experimental group.

— Subject's occupation (Table 48): From the figures in this table it is easy to observe that the percentage of subjects in permanent employment is higher among the control group.

— Field of occupation of the subjects (Table 49): Except for Argentina, the subjects that have no occupation are less in number among the control group than the experimental group. The rest of the subjects, in all the countries involved, tend to be distributed among the various fields of activity.

TABLE No. 44
Characteristics of the interviewees expressed in percent values

FAMILY SOCIO-ECONOMIC LEVEL

	ARGENTINA		COSTA RICA		JAPAN	JORDAN			ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E	
Low	26.6	20.6	76.6	43.3	36.6	50	32	15	20	20	50	30	
Medium	60	79.3	20	33.3	63.3	33.3	48	50.9	53.3	80	30	66	
High	10	—	—	3.33	—	13.8	20	33.9	26.6	—	—	2	

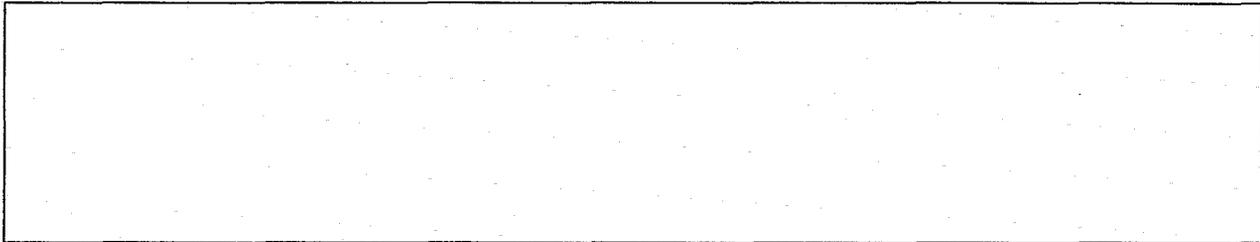


TABLE No. 45
Characteristics of the interviewees expressed in percent values

USUAL RESIDENCE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN			ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E	
City	93	75.8	63.3	50	70	94.4	84	84.9	90	60	100	100	
Small town	6.6	24.1	26.6	23.3	16.6	2.7	8	15	6.7	40	—	—	
Rural area	—	—	10	23.3	13.3	2.7	8	—	3.3	—	—	—	

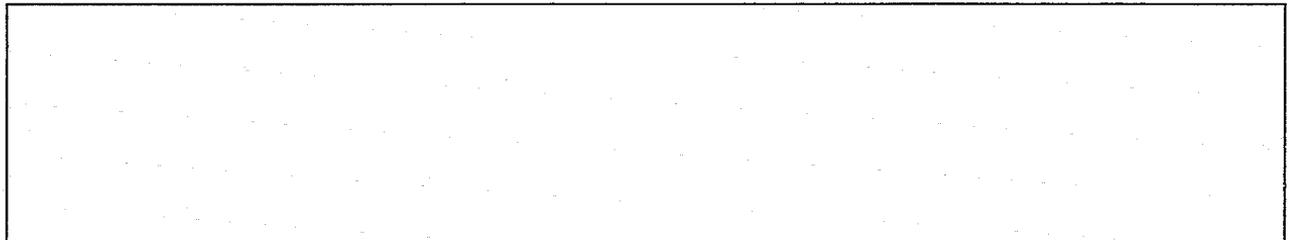


TABLE No. 46
Characteristics of the interviewees expressed in percent values

CHANGE OF RESIDENCE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
Yes	10	—	36.6	30	13.3	2.8	4	32.8	33.3	20	10	4
No	90	100	60	66.6	86.6	94.4	96	66	66.6	80	90	96

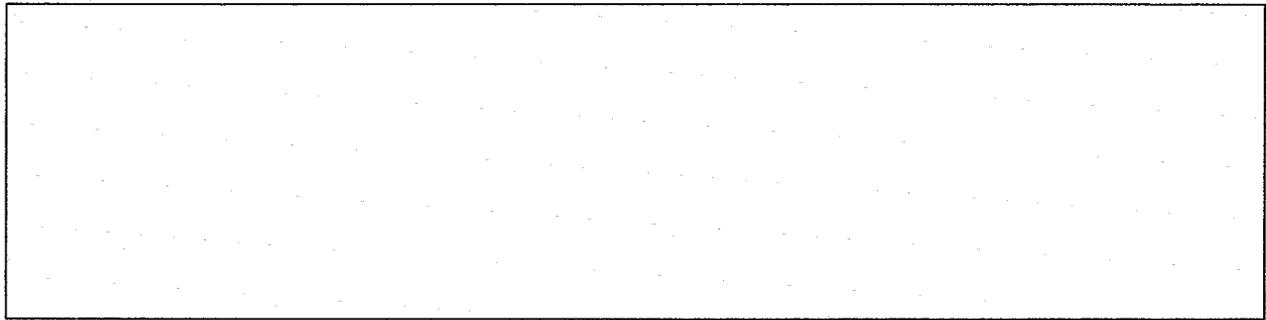


TABLE No. 47
 Characteristics of the interviewees expressed in percent values

EDUCATION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Illiterate	—	—	3.33	6.67	—	22.2	16	—	—	—	—	—
Primary school	—	—	46.6	13.3	—	27.7	16	1.89	6.67	20	—	28
Junior high school	33.3	34.4	36.6	70	80	25	28	37.7	20	40	20	52
Senior high school	66.6	58.6	13.3	10	16.6	19.4	32	54.7	56.6	40	70	12
University	—	6.9	—	—	3.3	—	8	5.66	16.6	—	—	—

TABLE No. 48
Characteristics of the interviewees expressed in percent values

SUBJECT'S OCCUPATION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
No occupation	43.3	37.9	23.3	6.67	6.6	41.6	12	41.5	33.3	—	70	4
Permanent occupation	—	27.5	36.6	53.3	26.6	11.1	44	11.3	33.3	40	10	90
Intermittent occupation	30	3.45	33	30	66.6	36.1	32	45.3	33.3	60	20	6

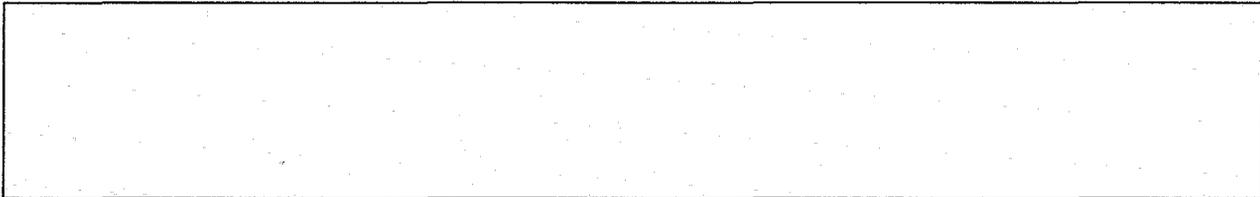


TABLE No. 49
Characteristics of the interviewees expressed in percent values

FIELD OF OCCUPATION OF THE SUBJECT

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	40	44.8	20	3.3	6.6	16.6	12	35.8	20	—	10	4
Study	3.33	10.3	6.67	—	—	2.78	—	7.55	16.6	—	—	—
Agriculture	—	—	6.67	20	3.3	—	24	—	—	—	—	4
Industry	13.3	10.3	16.6	30	20	—	—	15	10	—	70	18
Business	3.33	6.90	23.3	10	20	11.1	8	16.9	23	20	—	12
Administrative services	23.3	17.2	23.3	36.6	50	47.2	56	24.5	30	80	20	68

— Present place of residence of the subject (Table 50): This table shows the different places where the subjects were living at the time of the interview. As can be observed 90% of the subjects in the experimental group in Costa Rica, 50% in Japan, 89.3% in Jordan and 100% in Malaysia were in a prison; 96.6% of the subjects in the experimental group in Argentina were in a rehabilitation centre; almost the total number of subjects in the control groups in all the countries were in freedom, and in Italy this also applied to the experimental group.

b) Characteristics related to the drug addiction of the interviewed subjects

— Age at first use of any drug (Table 51): The average age in which subjects have first used drug, in all the countries, varies between 14 and 18 years, but tends to be lower for the subjects in the experimental group everywhere. This appears to indicate that, at the time of the interview, the drug addiction cycle was longer in subjects in the experimental group.

— Type of drug used on the first occasion (Table 52): In all countries, with the exception of Singapore and Japan, the majority of the subjects initiated drug abuse using soft drugs (derivative of cannabis). The number of subjects that, vice versa, started by using hard drugs appears slightly but constantly higher among the subjects in the control group.

— Reasons given as cause of first drug use (Table 53): The principal motivations given are very similar in all the various countries. In fact, in Argentina, State of New York (USA), Singapore and Japan the majority of the subjects declared that they started drug use out of «curiosity»; in Costa Rica, Jordan and Malaysia to «imitate friends»; in Italy it was for both these reasons and for «pleasure». No appreciable difference is noticeable, both for quantity and constancy, between the responses given by the subjects in the control group and those in the experimental group.

— Primary drug abuse (Table 54): The primary drug abused, that on which the subject is most dependent varies from one country

to another. In Argentina the primary drugs of abuse are marijuana and psycho-pharmaceuticals, in Costa Rica marijuana, in Japan amphetamines, in Jordan hashish, in Italy, Malaysia and Singapore heroin, in the State of New York (USA) psycho-pharmaceuticals, heroin and cocaine appear to prevail. In this regard, no wide variations of frequency exist in the two groups under study.

TABLE No. 50
Characteristics of the interviewees expressed in percent values

PRESENT PLACE OF RESIDENCE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
No fixed abode	3.33	—	—	3.33	—	—	4	5.66	—	—	—	6
Family home	3.33	96.5	3.33	60	16.6	13.8	52	49	83.3	—	20	62
Own home	—	3.45	—	30	16.6	2.78	36	45.2	16.6	—	80	30
Rehabilitation centre	96.6	—	6.67	3.33	—	—	—	—	—	—	—	—
College	—	—	—	—	10	—	—	—	—	—	10	—
Prison	—	—	90	—	50	89.3	—	—	—	100	—	—
Other institutions	—	—	—	3.33	6.6	—	—	—	—	—	—	2

TABLE No. 51
 Characteristics of the interviewees expressed in percent values

AGE AT FIRST USE OF ANY DRUG

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
< 14	40	3.45	53.3	43.3	13.3	—	4	22.6	6.67	20	40	2
14 - 18	50	68.9	36.6	36.6	50	22.2	8	39.6	40	20	50	26
19 - 24	6.67	27.5	6.67	10	10	36.1	48	30.1	36.6	60	10	42
25 - 30	—	—	3.33	—	20	16.6	8	7.55	16.6	—	—	14
> 30	3.33	—	—	3.33	6.6	19.4	24	—	—	—	—	16

TABLE No. 52
Characteristics of the interviewees expressed in percent values

TYPE OF DRUG USED ON THE FIRST OCCASION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
Soft	53.3	41.3	73.3	63.3	13.3	91.6	80	98.1	86.6	80	90	24
Hard	46.6	55.1	16.6	33.3	86.6	5.56	16	1.89	13.3	—	10	74

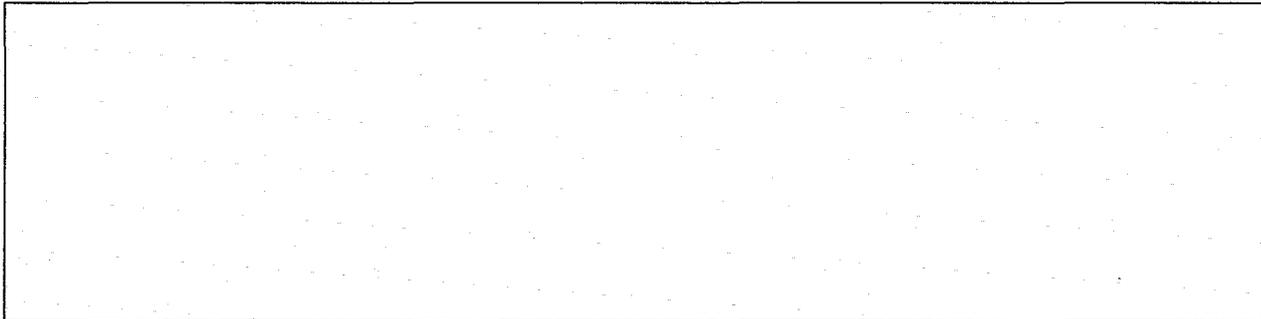


TABLE No. 53
Characteristics of the interviewees expressed in percent values

REASONS GIVEN AS CAUSE OF FIRST DRUG USE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
I don't know	—	—	3.33	3.33	—	—	—	11.3	3.33	—	20	4
Curiosity	56.6	65.5	30	16.6	53.3	33.3	4	22.6	16.6	—	60	44
To enhance pleasure	10	3.45	10	13.3	10	5.56	4	32.8	23	20	—	12
Imitation	6.67	20.6	30	46.6	16.6	52.7	76	16	26.6	60	20	24
Novelty	13.3	3.45	6.67	6.67	6.6	—	12	3.77	10	20	—	4
Treatment	6.67	6.90	6.67	—	—	—	—	5.66	3.33	—	—	6
Other	6.67	—	13.3	6.67	16.6	5.56	4	13.2	20	—	—	6

TABLE No. 54
 Characteristics of the interviewees expressed in percent values

PRIMARY DRUG ABUSED

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Opium	—	—	—	—	—	—	—	—	—	—	—	14
Heroin	—	—	—	—	—	2.78	12	96.2	96.6	60	20	82
Morphine	—	—	3.33	—	—	—	—	1.89	3.33	—	—	—
Methadone	—	—	—	—	—	—	—	—	—	—	—	—
Cocaine	3.33	—	—	—	—	—	—	11.3	—	—	30	—
Marijuana	26.6	6.90	90	100	—	—	—	—	—	40	20	4
Hashish	—	3.45	3.33	—	—	94.4	84	—	—	—	—	—
Oil of hashish	—	—	—	—	—	—	—	—	—	—	—	—
Amphetamines	20	27.5	—	—	76.6	—	—	1.89	—	—	—	—
Hallucinogenic substances	3.33	—	—	—	—	—	—	—	—	—	—	—
Barbiturates	—	3.45	—	—	—	—	—	—	—	—	—	—
Inhalants	—	3.45	3.33	—	23.4	—	—	—	—	—	—	—
Tranquillizers	16.6	13.7	—	—	—	—	—	—	—	—	—	—
Others	30	37.9	3.33	—	—	2.78	4	—	—	—	50	—

— Method of intake (Table 55): Obviously this variable also varies from country to country depending on the type of drug mostly used. Oral intake prevails in all countries, with the exception of Italy and Japan where parenteral administration predominates.

— Pattern of use (Table 56): The pattern of use also varies considerably between one country and another, and this depends mostly on the type of drug used. No major differences are observed between the two groups.

— Average quantity and cost of the daily dose of drug (Table 57): The average daily dose of drug needed by the subjects varies from country to country and is certainly dependent on the type of drug and type of drug-dependence. Nevertheless, a general tendency is observed of a more moderate intake of drug among the subjects in the control group who, therefore, spend smaller amounts of money as compared to those in the experimental group.

— Number of different drugs the subject has used in the past (Table 58): The majority of the subjects in Italy, Jordan and Singapore consume only one type of drug, whereas in the other countries they consume 2 or 3 types. It is interesting to note that the subjects in the control group tend to consume less drug as compared to those in the experimental group.

— Consequence of drug addiction on subjects' health (Table 59): The most frequent consequences and health complications caused by addiction to drug are listed in this table. It can be observed that the subjects in the experimental group declare to have undergone, in various measures, almost all the foreseen consequences, whereas the subjects in the control group, in all countries, appear to have suffered these consequences less frequently. In other words, the drug addicts in the control group appear to have suffered fewer psycho-physical consequences from drug addiction.

TABLE No. 55
Characteristics of the interviewees expressed in percent values

METHOD OF INTAKE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E = Exp. group C = Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
Oral	53.3	82.7	6.69	100	—	97.2	88	—	3.33	80	60	100
Parenteral	10	6.90	—	—	80	—	8	94.3	86.6	20	30	—
Sniff	3.3	6.90	3.33	—	20	2.78	4	5.66	6.67	—	30	—

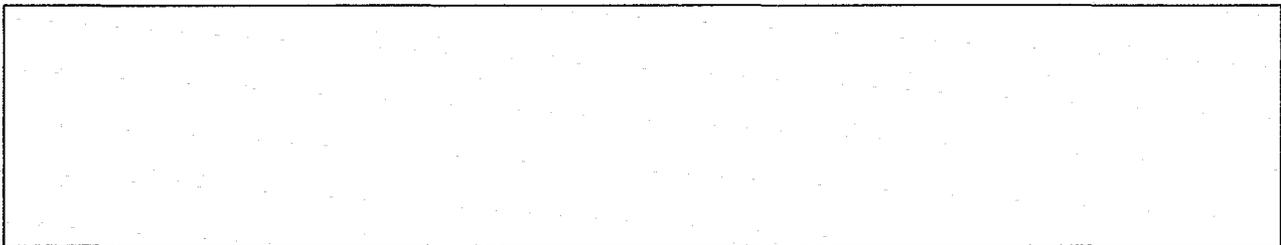


TABLE No. 56
Characteristics of the interviewees expressed in percent values

PATTERN OF USE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Occasional	23.3	10.3	—	—	40	22.2	52	—	—	—	30	2
Circumstantial	13.3	27.5	16.6	13.3	13.3	44.4	28	—	—	20	—	—
Intensive	13.33	51.7	83.3	86.6	10	22.2	16	11.3	20	40	60	24
Compulsive	3.33	6.90	—	—	36.6	5.56	4	88.6	80	40	10	68



TABLE No. 57
 Characteristics of the interviewees expressed in percent values.

AVERAGE QUANTITY AND COST OF THE DAILY DOSE OF DRUG

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Moderate	6.67	17.2	3.33	23.3	6.6	27.7	20	30.1	46.7	40	—	84
Average	6.67	24.1	26.6	66.6	20	30.5	16	41.5	46.7	60	20	12
Large	20	34.4	56.6	10	30	8.33	4	28.3	3.33	—	40	4
< 20 \$	13.3	13.7	73.3	80	6.6	30.5	8	16.9	30	100	60	98
20 - 50 \$	—	—	—	3.33	16.6	—	—	50.9	56.6	—	—	—
50 - 100 \$	—	—	—	—	6.6	—	—	28.3	16.6	—	—	—
> 100 \$	—	—	—	—	—	—	—	3.77	—	—	—	—

TABLE No. 58
 Characteristics of the interviewees expressed in percent values

NUMBER OF DIFFERENT DRUGS THE SUBJECT HAS USED IN THE PAST

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
One	3.33	10.3	33	20	46.6	80.5	100	54.7	73.3	20	—	56
2 — 3	6.67	51.7	50	66.6	46.6	2.78	—	39.6	30	60	—	40
4 — 6	70	31	13.3	10	6.6	13.8	—	56.6	—	20	80	4
> 6	20	3.45	—	—	—	—	4	—	—	—	20	—

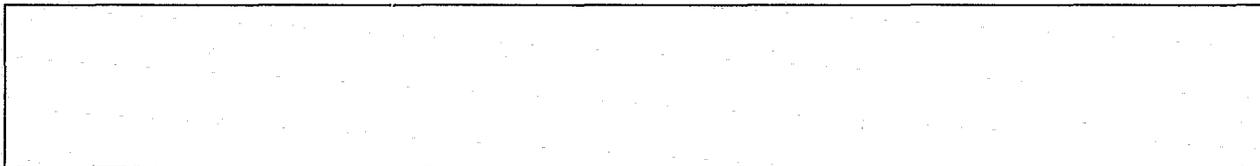


TABLE No. 59
Characteristics of the interviewees expressed in percent values

CONSEQUENCE OF DRUG ADDICTION ON SUBJECTS' HEALTH

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E=Exp. group C=Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
None	30	80.6	40	73.3	50	83.3	80	11.3	80	60	10	—
Internal	13.3	—	3.33	3.33	6.6	5.56	—	81.1	13.3	—	20	6
Toxical	16.6	—	23.3	16.6	6.6	2.78	—	32.8	13.3	—	60	—
Traumatic	13.3	—	3.33	—	3.3	—	—	17.8	—	40	20	92
Psychiatric	20	3.45	26.6	—	33.3	2.78	16	13.2	—	20	10	—



c) Performance of the «system» according to the direct experience of the interviewed subjects

— Previous rehabilitation treatment the subject has undergone (Table 60): The majority of the interviewed subjects in the experimental group had been admitted to some rehabilitation treatment, with the exception of those in Costa Rica, Japan and Jordan where there also was a high percentage of subjects (70-80%) who had not undergone treatment. Vice versa in Argentina, Italy, Malaysia, State of New York (USA) and Singapore the majority of the interviewed subjects had undergone more than one treatment.

— Age of the subject when admitted into rehabilitation treatment (Table 61): The data on this characteristic are incomplete for Costa Rica, Japan and Jordan. In the other countries, for the majority of the subjects, this age ranges from 14 to 18 in Argentina, 18 to 24 in Italy, Malaysia and Singapore, 24 to 30 in the State of New York (USA).

— Number of treatments that succeeded the first (Table 62): This table not only refers to the past rehabilitation treatments of the subject, but also to any contact he might have had with the system up to the time of the interview. Italy no doubt appears to be the country with the highest number of contacts.

— Age of the subject at the time of the first impact with the system (Table 63): At the time of their first impact with any one of the structures of the system (penal or treatment) the average age of the subjects in the experimental group tends to differ from country to country. For example, in Argentina and the State of New York (USA) a large number of subjects had their first impact between the ages of 15 and 18; in Costa Rica, Japan and Singapore this occurred in the 19 to 22 age group; in Malaysia and again in the State of New York (USA) between 23 and 26 years; finally, in Jordan over the age of 30.

— Structure where the first impact took place (Table 64): From this table it can be seen that Argentina, Italy and Costa Rica are the countries where the largest number of structures are involved with regard to the first impact; in Argentina, in most cases the first impact was with treatment institutions or psychiatric hospitals; in Costa Rica, Jordan and the State of New York (USA) a first impact with prisons prevails; 75% of first impacts in Italy were with the health service doctor, with psychiatric clinics and with prisons; in Japan with the courts; in Malaysia with social assistance structures; and in Singapore with special closed treatment institutions.

TABLE No. 60
Characteristics of the interviewees expressed in percent values

PREVIOUS REHABILITATION TREATMENT THE SUBJECT HAS UNDERGONE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	20	62	73.3	30	86.6	72.2	80	3.77	86.6	20	20	2
< 5	76.6	3.45	3.33	—	13.3	11.1	4	66	6.67	80	60	98
6 — 10	6.67	—	3.33	—	—	—	—	18.8	—	—	20	3
> 10	—	—	3.33	—	—	—	4	11.3	—	—	—	—

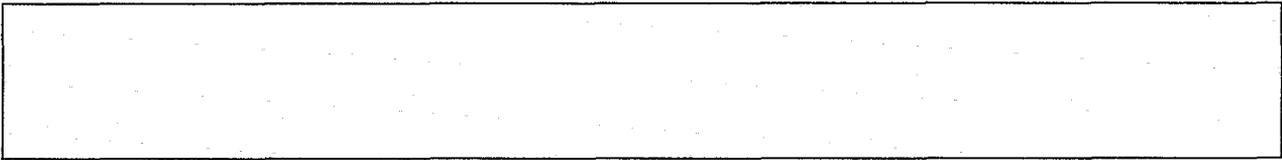


TABLE No. 61
Characteristics of the interviewees expressed in percent values

AGE OF THE SUBJECT WHEN ADMITTED INTO REHABILITATION TREATMENT

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
< 14	—	—	6.67	—	—	—	—	—	—	—	—	—
14 — 18	33.3	44.8	6.67	—	3.3	—	—	22.6	3.33	—	10	10
18 — 24	36.6	31	3.33	—	3.3	—	—	58.4	3.33	60	20	44
24 — 30	23.3	10.3	3.33	—	6.6	8.33	4	15	—	—	40	26
> 30	6.67	10.3	3.33	—	—	33.3	—	—	—	20	10	20

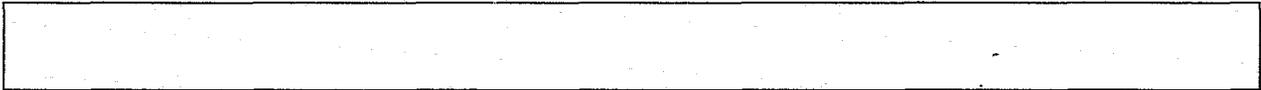


TABLE No. 62
Characteristics of the interviewees expressed in percent values

NUMBER OF TREATMENTS THAT SUCCEEDED THE FIRST

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	10	3.45	43.3	10	26.5	66.6	92	13.2	—	40	20	8
1 — 3	43.3	—	16.6	—	—	2.78	—	32.8	—	40	40	82
4 — 6	10	3.33	—	—	—	—	—	32.8	—	—	20	2
7 — 10	—	—	—	—	—	—	—	11.3	—	—	—	—
> 10	—	—	—	—	—	—	—	11.3	—	—	—	—

TABLE No. 63
Characteristics of the interviewees expressed in percent values

AGE OF THE SUBJECT AT THE TIME OF THE FIRST IMPACT WITH THE SYSTEM

	ARGENTINA		COSTA RICA		JAPAN	JORDAN			ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E	
< 14	6.67	3.45	16.6	3.33	6.6	—	—	—	—	—	—	—	—
15 — 18	30	48.2	13.3	10	23.3	—	—	20.7	—	20	40	10	10
19 — 22	26.6	27.5	23.3	—	23.3	5.56	4	49	—	20	20	32	32
23 — 26	20	6.90	20	—	13.3	19.4	32	24.5	—	40	40	28	28
27 — 30	10	3.45	6.67	—	13.3	8.33	12	3.77	—	—	—	10	10
> 30	3.33	10.3	13.3	—	13.3	63.8	48	—	—	20	—	20	20

TABLE No. 64
Characteristics of the interviewees expressed in percent values

STRUCTURE WHERE THE FIRST IMPACT TOOK PLACE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Doctor	13.3	—	—	—	—	—	16	16.9	—	—	—	2
Social health service	6.67	—	—	—	—	—	—	—	—	40	—	—
General hospital	3.33	—	3.33	—	—	—	—	15	—	20	10	—
Therapeutic community	26.6	93.1	10	—	—	—	—	1.89	—	20	—	—
Outpatient service	—	—	—	—	—	—	—	1.89	—	—	10	—
Psychiatric hospital	23.3	—	6.67	—	6.6	—	—	24.5	—	—	—	—
School or college	—	—	3.33	3.33	3.3	—	—	—	—	—	—	—
Army	—	—	3.33	—	—	—	—	1.89	—	—	—	2
Court	6.67	—	—	3.33	63.3	16.6	—	5.66	—	—	—	—
Prison	13.3	—	70	3.33	16.6	80.5	32	32.8	—	20	70	—
Other	6.67	—	3.33	10	10	2.78	52	—	—	—	20	92

— Duration of the first impact (Table 65): The total duration of the first contact with the system was generally very long (one year or over) in Argentina, Costa Rica, Jordan, Malaysia and Singapore. On the contrary, it was very short (less than a week) in Italy. In the State of New York (USA) for 50% of the subjects it lasted up to a month and for 30% it exceeded one year.

— Circumstances that favoured the first impact (Table 66): With regard to the modality characterizing the first impact with the system it can be stated that the occasion was voluntary. For a large number of cases in Argentina and Malaysia and for almost all cases in Costa Rica, Japan, Jordan, State of New York (USA) and Singapore it was compulsory by the police; for one quarter of the cases in Italy it was voluntary and for the rest it was compulsory by the family or by the police.

— Subject's perception of harshness of the first impact (Table 67): The first impact with the system was perceived in a different manner from one country to another: in the majority of the cases in Argentina, Malaysia and Singapore it was felt as non-punitive; vice versa in Costa Rica, Japan, Jordan and the State of New York (USA) it was felt as punitive. In Italy 47% of the subjects felt it was punitive and 43% non-punitive.

— Consequences of the first impact on the subject's drug addiction (Table 68): It can be stated that following the first impact with the system the subject's drug-addiction pattern improved only in the following percentages: in Argentina 30%, in Costa Rica 6.67%, in Japan 50%, in Jordan 47.2%, in Italy 11.3%, in Malaysia 40%, in the State of New York (USA) 30% and in Singapore 50%. For the rest of the subjects their drug-addiction pattern either did not change or, in fact, became worse.

— Consequences of the first impact on the subject's way of life (Table 69): A positive change in the subject's life style was verified only in the following measure: in Argentina in 23% of the cases, in Costa Rica 3%, in Japan 33%, in Jordan 30%, in Italy 22%, in Malaysia 40%, in the State of New York (USA) 30% and in Singapore 32%.

TABLE No. 65
Characteristics of the interviewees expressed in percent values

DURATION OF THE FIRST IMPACT

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Within a day	3.33	—	—	6.67	6.6	5.56	16	22.6	—	—	10	—
Within a week	3.33	3.33	—	—	10	5.56	16	32.8	—	—	10	—
Within a month	—	—	—	—	—	5.56	28	37.7	—	60	20	2
Within a year	23.3	—	36.6	—	10	25	—	3.77	—	40	20	78
1 year	10	—	30	—	6.6	44.4	20	3.77	—	—	30	20

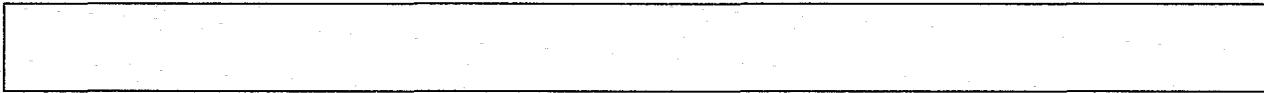


TABLE No. 66
Characteristics of the interviewees expressed in percent values

CIRCUMSTANCES THAT FAVOURED THE FIRST IMPACT

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Voluntary	33.3	65.5	3.33	—	—	—	12	24.5	—	40	—	—
Compulsory (family)	23.3	6.90	6.67	—	13.3	—	12	35.8	—	40	10	4
Compulsory (police)	23.3	—	86.6	13.3	86.6	97.2	76	37.7	—	20	90	92
Other	20	3.45	3.33	3.33	—	2.78	—	1.89	—	—	—	—



TABLE No. 67
Characteristics of the interviewees expressed in percent values

SUBJECT'S PERCEPTION OF HARSHNESS OF THE FIRST IMPACT

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
I don't know	—	3.45	—	—	6.6	—	—	9.43	—	20	—	4
Punitive	36.6	3.45	90	13.8	86.6	77.7	76	47.1	—	20	80	38
Non-punitive	60	37.9	3.33	—	6.6	—	12	43.4	—	60	20	58

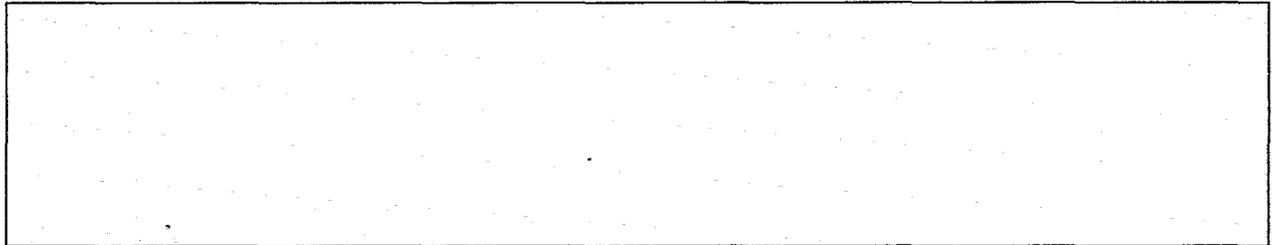


TABLE No. 68
Characteristics of the interviewees expressed in percent values

CONSEQUENCES OF THE FIRST IMPACT ON THE SUBJECT'S DRUG ADDICTION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
E=Exp. group C=Contr. group												
Did not change	30	—	43.3	—	46.6	33.3	—	39.6	—	20	30	36
Improved	30	3.45	6.67	—	50	47.2	88	11.3	—	40	30	50
Worsened	26.6	—	46.6	10	3.3	13.8	4	49	—	40	40	14

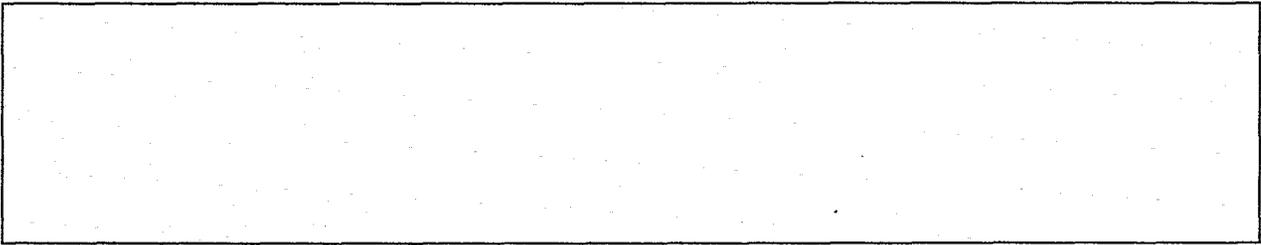
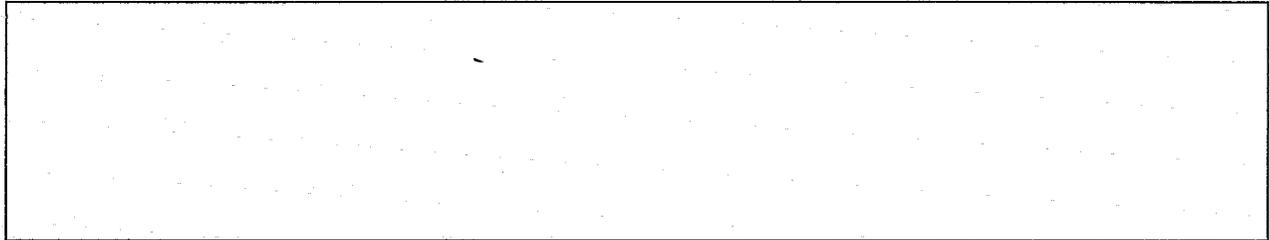


TABLE No. 69
Characteristics of the interviewees expressed in percent values

CONSEQUENCES OF THE FIRST IMPACT ON THE SUBJECT'S WAY OF LIFE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
No change	26.6	6.90	23.3	3.33	56.6	5.56	4	37.7	—	40	30	60
Positive change	23.3	3.45	3.33	—	33.3	30.5	80	22.6	—	40	30	32
Negative change	30	—	66.6	6.67	10	63.8	8	39.6	—	20	40	6



For the rest of the cases it can be stated that no change took place or that, in fact, a deterioration was verified.

— Number of contacts with the penal system that succeeded the first (Table 70): Except for Japan, Jordan and Italy, where the majority of the subjects had not had successive contacts with the penal system, in the other countries the majority of the subjects had from 1 to 6 successive contacts.

— Subject's perception of harshness of the successive contacts with the penal system (Table 71): Except for Italy, where these contacts were not experienced as punitive by 62% of the subjects, in the other countries the majority perceived them as punitive.

— Type of informal control mechanisms that, according to the subject, have acted in the system (Table 72): The results of the analysis show that the family is the most active mechanism of informal control in all the countries especially in Japan, Jordan, Italy and Malaysia; in Costa Rica the church appears to have considerable influence; according to these data school, neighbours and work environment can be considered as secondary among the informal control mechanisms.

— Subject's perception of harshness of the action of informal mechanisms of control (Table 73): The action of the informal mechanisms of control is considered as being hard and punitive by 13% of the subjects in Argentina, 50% in Costa Rica, 66% in Japan, 55% in Jordan, 22% in Italy, 20% in Malaysia and the State of New York (USA) and by 44% in Singapore. For the rest it was experienced as positive and helpful.

— Type and frequency of criminal behaviour revealed by the subject before and after the first impact with the system (Tables 74 and 75): In Argentina the criminality rate among the subjects in the experimental group prior to the first impact with the system was 43.4%, following which it increased to 53.4% - approximately a percentage increase of 10 points. The crimes committed more frequently were theft and robbery, and these tend to increase after the impact.

TABLE No. 70
Characteristics of the interviewees expressed in percent values

NUMBER OF CONTACTS WITH THE PENAL SYSTEM THAT SUCCEEDED THE FIRST

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	30	3.45	13.3	6.67	26.6	47.2	88	60.3	—	—	10	12
1 — 3	33.3	—	40	3.33	23.3	33.3	4	33.9	—	100	60	82
4 — 6	3.33	3.33	—	—	—	2.78	—	3.77	—	—	10	4
7 — 10	—	—	6.67	—	—	—	—	—	—	—	10	2
> 10	—	3.33	—	—	—	—	—	—	—	—	—	6

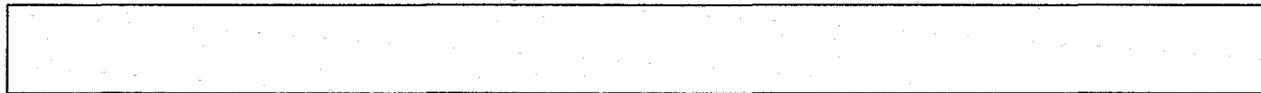


TABLE No. 71
Characteristics of the interviewees expressed in percent values

SUBJECT'S PERCEPTION OF HARSHNESS OF THE SUCCESSIVE CONTACTS WITH THE PENAL SYSTEM

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E = Exp. group C = Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
I don't know	—	3.45	—	—	—	—	—	20.7	—	60	—	26
Punitive	23.3	—	76.6	10	26.6	13.8	—	11.3	—	20	40	34
Non-punitive	20	—	—	—	—	2.78	—	62.2	—	20	10	36

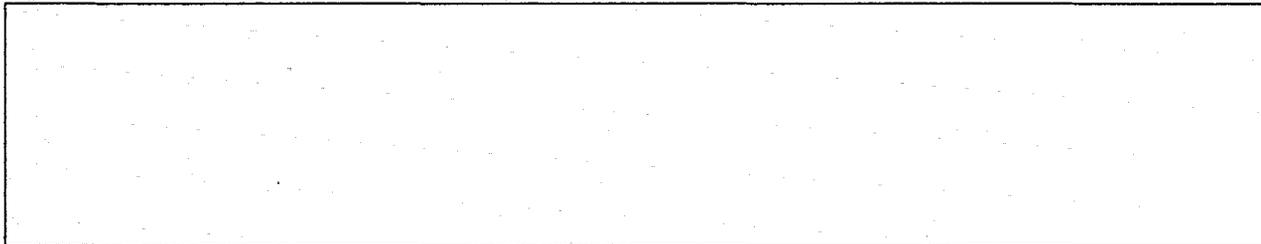


TABLE No. 72
Characteristics of the interviewees expressed in percent values

TYPE OF INFORMAL CONTROL MECHANISMS THAT, ACCORDING TO THE SUBJECT, HAVE ACTED IN THE SYSTEM

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
E = Exp. group C = Contr. group	E	C	E	C	E	E	C	E	C	E	E	E
None	23.3	6.90	20	3.33	—	2.78	8	3.77	—	20	30	18
Family	30	—	60	63.3	96.6	97.8	72	94.	3.33	80	20	62
Church	3.33	—	33.3	13.3	—	2.78	4	1.89	—	20	—	—
School	—	—	33.3	20	—	—	4	3.77	—	—	—	4
Neighbours	3.33	—	3.33	30	16.6	16.6	28	15	—	20	—	30
Work environment	3.33	—	10	13.3	6.6	—	12	16.9	—	20	—	18

TABLE No. 73
Characteristics of the interviewees expressed in percent values

SUBJECT'S PERCEPTION OF HARSHNESS OF THE ACTION OF INFORMAL MECHANISMS OF CONTROL

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
I don't know	3.33	—	10	16.6	3.3	—	12	7.55	—	—	20	6
Positive	13.3	—	3.33	13.3	3.3	2.78	8	43.4	3.33	20	—	12
Hard	3.33	—	10	6.67	10	5.56	4	13.2	—	20	—	32
Punitive	10	—	40	46.6	56.6	50	—	9.43	—	—	20	12
Helpful	20	—	3.33	10	26.6	41.6	64	24.5	—	40	10	20



TABLE No. 74
Characteristics of the interviewees expressed in percent values

TYPE AND FREQUENCY OF CRIMINAL BEHAVIOUR REVEALED BY THE SUBJECT BEFORE THE FIRST IMPACT WITH THE SYSTEM

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	56.6	—	23.3	52.9	26.6	55.5	88	18.8	53.3	60	10	12
Homicide	—	—	3.33	—	—	—	—	—	—	—	—	—
Rape (rare)	—	—	6.67	—	—	—	—	—	—	—	—	—
Rape (frequent)	—	—	—	—	—	—	—	—	—	—	—	—
Robbery (rare)	3.33	—	10	—	—	—	—	7.55	—	—	—	4
Robbery (frequent)	—	—	10	3.33	—	—	—	1.80	—	—	10	—
Bodily injuries (rare)	—	—	10	—	13.3	—	—	9.43	—	—	10	—
Bodily injuries (frequent)	—	—	3.33	—	10	—	—	—	—	20	—	—
Theft (rare)	—	—	13.3	—	6.6	—	—	18.8	6.67	—	10	20
Theft (frequent)	10	—	40	13.3	30	—	—	41.5	23.3	—	80	36
Fraud (rare)	3.33	—	—	—	3.3	—	—	5.66	3.33	—	—	—
Fraud (frequent)	—	—	3.33	—	—	—	4	18.88	—	—	—	2
Extortion (rare)	—	—	—	—	6.6	—	—	3.77	—	—	—	4
Extortion (frequent)	—	—	—	—	13.3	—	—	—	—	20	—	2
Others (drug peddling, etc.)	3.33	—	13.3	43.3	6.6	33.3	—	45.2	33.3	20	40	16

TABLE No. 75
Characteristics of the interviewees expressed in percent values

**TYPE AND FREQUENCY OF CRIMINAL BEHAVIOUR REVEALED BY THE SUBJECT AFTER THE FIRST
IMPACT WITH THE SYSTEM**

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	46.6	—	16.6	—	20	58	88	16.9	36.6	40	—	74
Homicide	—	—	—	—	3.3	—	—	—	—	—	10	—
Rape < before	—	—	3.33	—	—	—	—	—	—	—	—	—
Rape > before	—	—	—	—	—	—	—	1.89	—	—	—	—
Rape = before	—	—	3.33	—	—	—	—	—	—	—	—	—
Robbery < before	—	—	—	—	—	—	—	1.89	—	—	30	—
Robbery ≥ before	6.67	—	13.3	—	3.3	—	—	3.77	—	—	30	2
Bodily injuries < before	—	—	6.67	—	3.3	—	—	5.66	—	—	10	—
Bodily injuries > before	—	—	20	3.33	20	—	—	—	—	—	—	—
Theft < before	—	—	—	—	6.6	—	—	20.7	—	—	70	2
Theft ≥ before	13.3	—	40	6.67	3.3	—	—	41.5	—	20	30	22
Fraud < before	—	—	3.33	—	—	—	—	7.55	—	—	—	—
Fraud ≥ before	—	—	—	—	—	—	—	18.8	—	—	—	—
Extortion < before	—	—	—	—	—	—	4	3.77	—	—	—	—
Extortion ≥ before	—	—	—	—	3.3	—	—	—	—	—	—	2
Other < before	—	—	13.3	—	23.3	11.1	—	15	—	20	10	2
Other ≥ before	16.6	—	23.3	3.33	30	25	—	32.8	—	20	30	—

In Costa Rica the criminality rate among the subjects in the experimental group prior to the first impact with the system was 76.7%, following which it increased to 83.4% - approximately a percentage increase of 7 points. Here again the crimes committed more frequently were theft and robbery, although rape, homicide, bodily injuries and fraud were also present. All these crimes tend to become more frequent after the impact with the system. The criminality rate in the control group was 47.1%.

In Italy the criminality rate among the subjects in the experimental group prior to the first impact with the system was 81.2%, following which it increased to 83.1% - an increase of 2 points. The most common crimes were theft, drug peddling, robbery, bodily injuries and fraud. In most cases these crimes became more frequent after the impact with the system. The rate of criminality in the control group was 46.7% and it consists mainly of drug peddling and theft.

In Malaysia the criminality rate was 40% before the impact with the system, it increased approximately 20 points after the impact. The most common criminal behaviours in this country are: bodily injuries, extortion and drug peddling. Following contact with the system, theft is added to the list of crimes and drug peddling becomes more frequent.

In the State of New York (USA) the criminal rate which, prior to contact with the system was 90%, became 100% - an increase of 10 points. Most common criminal behaviours were: theft, robbery, bodily injuries and drug peddling. While theft and bodily injuries tend to decrease after the impact, the other crimes tend to increase.

Singapore differs from the other countries because following contact with the system, the rate of criminality decreased considerably, in fact, it went from 88% to 26% - a decrease of 62 points. In this country the most common crimes are: theft and drug peddling, but whereas the former tends to increase, the latter tends to decrease following contact with the system.

As in the case of the analysis of the vignettes and preliminary reports, to complete this analysis of data collected through guided interviews, a quantification and evaluation were carried out on the «harshness» of the system derived from the available data regarding the performance of the system according to the interviewed subject's direct experience. In other words, the last 16 variables in the questionnaire, shown in Tables 60 to 75, were taken into consideration, and from these, 8 which were regarded as indicative of the

harshness of the system, were chosen. Following a similar procedure to that already described in previous chapters, five independent consultants prepared a scale for the quantification and evaluation of these 8 variables according to an attributed level of harshness. An empirical instrument was thus made available for the evaluation and quantification of indicative factors of harshness of the system examined through the guided interview of the subjects. On applying this scale to the data relating to the chosen variables, the scores presented in Table 76 were obtained. These, in fact, show the «harshness» factors of the system expressed in «Z» scores for each single variable and for each participating country.

For the analysis of the 8 remaining variables relating to the performance of the system, a second evaluation and quantification scale was prepared following the same procedure. The application of this scale allowed the evaluation and quantification of indicative factors of the «efficacy» of the system according to the direct experience of the subject. In other words, by applying this second instrument, the scores shown in Table 77 were calculated. These represent the efficacy factors of the system expressed in «Z» scores for each variable and for each participating country.

Finally, in Table 78 a synoptic representation has been constructed of the relative subjective «efficacy» and «harshness» levels of the operating systems in the countries participating in the research placed on a 0 to 100 centesimal scale. On observing the two scales in Table 78 it is immediately evident that in both scales the reciprocal position of the countries do not follow geographic or socio-cultural similarities among each other, as was the case with the relative position of the countries on the seriousness and harshness scales constructed through the analysis of the preliminary reports. It would appear that the geographic, cultural and social analogies among the various countries have more influence on the provisions of the system than on its actual performance.

TABLE No. 76
FACTORS OF «HARSHNESS» OF THE SYSTEM EXPRESSED IN «Z» SCORES
 Data obtained from the questionnaires for guided interviews and quantified
 according to the specific evaluation scales

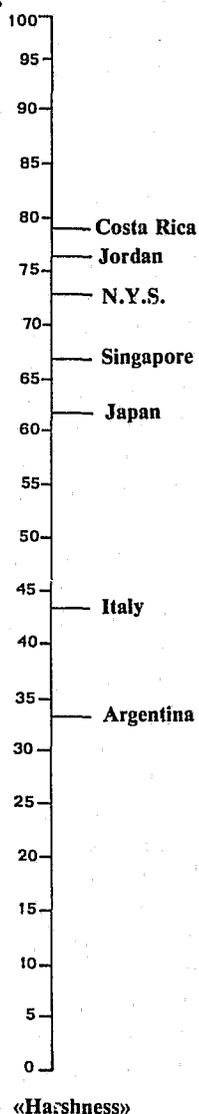
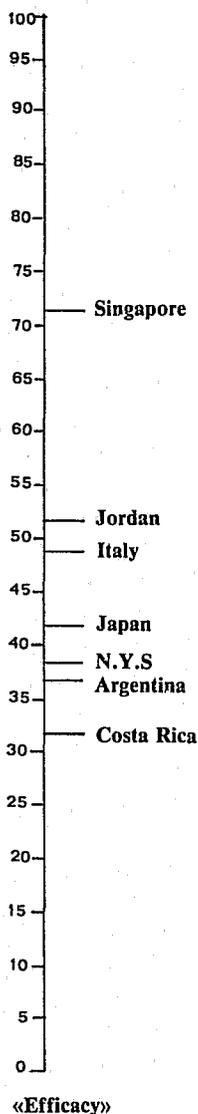
Participating countries							
Factors of «harshness»	Argentina	Costa Rica	Japan	Jordan	Italy	N.Y.S.	Singapore
Age at first impact	5.65	4.95	4.66	1.25	6.32	6	4.04
Entity of first impact	5.27	14.37	11.09	17.9	8.29	15.3	11.08
Occasion of first impact	4.77	13.22	13.42	14.6	7.1	13.9	13.96
Harshness of first impact	3.6	9	8.73	7.7	4.89	8	3.88
Duration of first impact	2.93	8.1	1.26	9.98	3.07	7.6	10.88
Number of successive impacts	0.85	1.32	0.46	0.82	0.89	2.6	2.64
Harshness of successive contacts	2.86	7.86	2.6	1.3	1.54	4	3.92
Harshness of informal control mechanism	2.05	4.93	7.3	6.97	2.88	1	4.04
\bar{X} score	3.49	7.93	6.19	7.56	4.37	7.3	6.8

TABLE No. 77
FACTORS OF «EFFICACY» OF THE SYSTEM EXPRESSED IN «Z» SCORES
 Data obtained from the questionnaires for guided interviews and quantified
 according to the specific evaluation scales

Factors of «Efficacy»	Participating countries						
	Argentina	Costa Rica	Japan	Jordan	Italy	N.Y.S.	Singapore
Age at first treatment	4.98	1.43	2.96	0.16	5.6	2.8	3.96
Age at first impact	5.66	4.95	4.66	1.25	5.64	6	4.04
Consequences on life-style	4.82	1.64	7.75	4.77	5.27	6	7.8
Consequences on drug-addiction	6	3.15	9.8	8.70	3.67	6	9.3
Number of successive treatments	3.79	5.26	2.6	6.76	8.81	5.2	6.32
Successive contacts with penal system	5.11	3.83	3.98	4.86	4.81	5.2	5.76
Decrease of criminality	0	0	0	12	0	0	16
Informal control mechanism	0.74	5.64	2.31	1.98	4.72	0.2	3.66
\bar{X} score	3.89	3.23	4.25	5.06	4.81	3.92	7.10

TABLE No. 78
SYNOPTIC TABLE OF THE SUBJECTIVE «EFFICACY» AND «HARSHNESS»
LEVELS OF THE SYSTEM EVALUATED IN «Z» SCORES

Data obtained from the questionnaires for guided interviews and quantified according to the specific evaluation scales



On calculating the correlation «r» coefficient between the values in both scales, the resulting value is -0.282 and therefore not indicative of the presence of correlation. In other words the subjective «harshness» does not appear to be correlated to the subjective «efficacy» of the system.

In the same way, no correlation appears to exist between the levels of «harshness» of the system that derive from the analysis of the questionnaires, in fact also in this case «r» equals 0.335 . This appears to indicate that there is no co-variation link between the harshness foreseen by the system and the «real» harshness experienced personally by the subjects in the course of their lives.

Although higher, a similarly insufficient correlation coefficient results from the calculation between the levels of «real» harshness and the levels of the values of seriousness of the phenomenon derived from the analysis of the preliminary reports. In this case «r» equals -0.502 .

The results of the calculation of correlation «r» coefficient between the values of levels of seriousness of the phenomenon and the values of levels of subjective «efficacy» of the system is also negative ($r = -0.211$) and it therefore tends to exclude a correlation between them.

On the contrary, correlation «r» coefficient between the values of the levels of expectation of harshness of the system derived from the analysis of the vignettes and the values of the levels of subjective «efficacy» render a very significant result, in fact, in this case $r = 0.838$.

This appears to indicate that a non-casual ($P < 0.01$) direct co-variant relation exists between the two variables, to the increased expectation of harshness of the system there is a corresponding tendency of increase of its subjective «efficacy».

Likewise, a non-casual ($P < 0.01$) direct ($r = 0.943$) co-variant relation exists between the variables: «level of conformity of the expectations to the provisions of the law», derived from the analysis of the preliminary reports, and «level of subjective efficacy» of the system. In other words, it appears that also in this case the more the provisions of the system are known, the higher is the level of its subjective «efficacy».

Finally, correlation «r» coefficient was calculated between the values of the variables: «harshness of the system», derived from the

preliminary reports, and subjective «efficacy». In this case the value of «r» is equal to 0.695; this coefficient is slightly below the limit of significance ($P < 0.05$ by $r = 0.707$), nevertheless this expresses a tendency to direct co-variation between the two variables.

CHAPTER VII

SUMMARY OF RESULTS

Given the large proportion of data analysed and the numerous considerations which can be made on these, it is not easy to present synthetically and in a complete manner all the results of the research.

The following are the results of the interpretation of the data on which agreement was reached among the researchers that participated in the study and who had the opportunity to discuss the available data at a meeting held at UNSDRI, Rome, from 21-25 February 1983.

Before proceeding further it would be advisable to summarize briefly some of the comprehensive data shown in Tables 79, 80, 81, 82 and 83.

Table No. 79 summarizes the total «Z» scores obtained from the participating countries in the various evaluation scales.

Table No. 80 shows graphically, on a 1 to 100 scale, the same data presented in the previous scale. This table shows clearly the various levels and the sequence of the countries on the various scales.

With reference to levels, higher variability is immediately seen on the scales that indicate «seriousness of the phenomenon», «theoretical foreseen harshness of the system» and «knowledge of the law» as compared to the variability on the scales which show instead «efficacy of the system», «total harshness» and «perception of harshness». Concerning the sequence of the countries on the various scales, that which relates to the seriousness of the phenomenon fully reflects the existing geographical and socio-cultural similarities among the participating countries, whereas this does not appear to occur in the scales that relate to the performance of the system. In the latter, the order of placement of the various countries reflects only in part the geographical and socio-cultural similarities among them.

With reference to placement and scoring for each country on the various scales, the following can be observed:

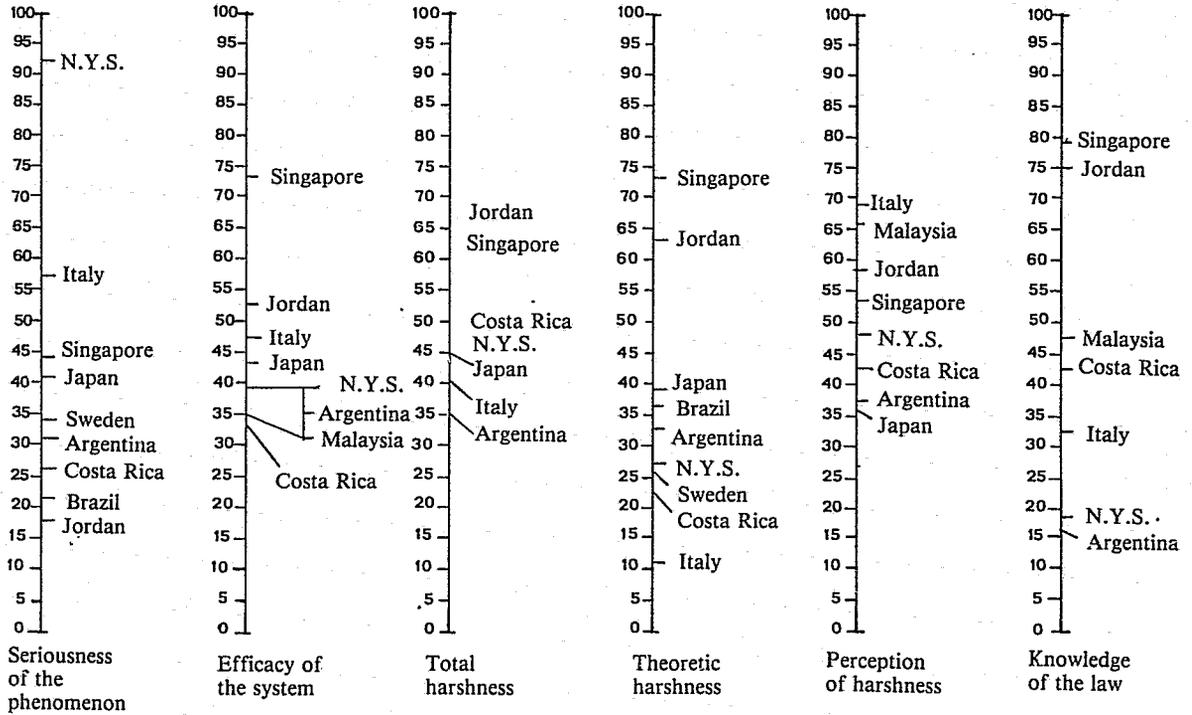
Argentina appears to show an intermediate level of seriousness of the phenomenon (32.4) and an intermediate level of theoretical foreseen harshness of the system (33.5), whereas it is placed at a relatively low level with regard to «efficacy» of the system (38.9), total harshness (35.7), «perception» of harshness (38.7) and real «harshness» (34.9).

TABLE No. 79
SUMMARY OF THE TOTAL «Z» SCORES OBTAINED FROM THE PARTICIPANT COUNTRIES IN THE VARIOUS EVALUA-
TION SCALES

(Each scale related to the various analysed functions has a 0 to 100 weight)

	Seriousness of the phenomenon	Efficacy of the system	Total harshness	Foreseen harshness	Actual harshness	Perception of harshness	Knowledge of the law
ARGENTINA	32.4	38.9	35.7	33.5	34.9	38.7	15.2
BRAZIL	24.5	—	—	38	—	—	—
COSTA RICA	25.2	32.3	49.4	24.5	79.3	44.4	42.8
JAPAN	40.3	42.5	46	39.3	61.9	36.8	—
JORDAN	17.2	50.6	66.5	64.7	75.6	59.3	75
ITALY	56	48.1	41.5	11.6	43.7	69.3	31.03
MALAYSIA	—	36.6	—	—	32.6	66	47.5
NEW YORK STATE	90.5	39.4	48.5	25.1	73	47.4	15.4
SINGAPORE	44.4	71.1	64.3	72.8	68	52.1	79.2
SWEDEN	34.5	—	—	25.8	—	—	—

TABLE No. 80
 SYNOPTIC TABLE OF PLACEMENT OF THE VARIOUS COUNTRIES ON THE EVALUATION SCALES



Brazil appears to present a lower level of seriousness of the phenomenon (24.5) and an intermediate level of theoretical foreseen harshness of the system (38).

Costa Rica appears to reveal intermediate levels for «seriousness» of the phenomenon (25.2), total «harshness» (49.4), and «knowledge» of the law (42.8), whereas it is placed at lower levels in relation to «efficacy» of the system (32.3), theoretical harshness (24.5) and perception of harshness (44.4); vice versa it appears to present the highest value in relation to real «harshness» (79.3).

Japan occupies an intermediate level in all the scales.

Jordan presents the lowest score in relation to seriousness of the phenomenon (17.2), but appears to occupy the highest levels in relation to efficacy of the system, knowledge of the law and, finally, in all the various forms of harshness of the system analysed in the study.

Italy presents one of the highest levels in seriousness of the phenomenon (56) and also in theory its system appears to be the mildest (11.6) and is globally among the most lenient (41.5). Nevertheless, it occupies an intermediate level on the «efficacy» scale (48.1), «knowledge» of the law (31.03) and real «harshness» (43.7), whereas it appears to be the country where the perception of the system is the harshest (69.3).

Malaysia appears to present a low level of «efficacy» (36.6) and a low level of real harshness (32.6); vice versa it presents a very «hard» perception of the system (66) and an intermediate knowledge of the law.

State of New York (USA) certainly has the highest level as regards seriousness of the phenomenon (90.5), whereas it occupies the lowest levels in relation to knowledge of the law (15.4) and foreseen «theoretical harshness» (25.1); vice versa, it presents an intermediate level in relation to «efficacy» (39.2), total harshness (48.5) and both «perception» of harshness and real «harshness» (73).

Singapore presents an intermediate level of seriousness of the phenomenon, but occupies the highest levels in relation to all the other scales except that on perception of harshness.

Sweden also presents an intermediate level of seriousness of the phenomenon and foreseen harshness of the system.

Table 81 shows the values of the indices of correlation «r» related to the comparison of the scores obtained from the participating countries in the various evaluation scales. As can be clearly seen, significant correlations are evident between «efficacy of the system»

and «foreseen theoretical harshness». On proceeding further with this analysis, another element that can be stressed is constituted by the fact that all the correlation indices for «seriousness» of the phenomenon and the various «actions» on the part of the system, are negative; whereas those between «efficacy» of the system and the other qualities of the same system, are positive. Therefore, a tendency appears to exist towards a further deterioration of the phenomenon when the action of the system appears to be less incisive, and vice versa towards an increase in efficiency the more incisive the action of the system.

Tables 82 and 83 are a graphic representation of the distribution of the various countries on a plane determined by two orthogonal axis that represent the various evaluation scales two in two.

On each plane the countries can be placed, according to their «Z» scores in the various scales, or in a random manner, therefore without any reciprocal correlation, or along a main line which if starting from the beginning of the two axis it expresses a direct co-variant relation; if instead, it joins the ends of the two axis it expresses an inverted co-variant relation.

These graphic representations confirm the values of the indices of correlation «r» between the various scales.

Summarizing briefly the other results of the research, the following can be recalled as among the most significant:

TABLE No. 81
VALUES OF THE «r» CORRELATION INDEX RELATED TO
THE COMPARISON OF THE SCORES OBTAINED FROM THE
PARTICIPATING COUNTRIES IN THE VARIOUS EVALUATION SCALES

	Seriousness of phenomenon	Efficacy of system
Total harshness	— 0.416	0.487
Foreseen harshness	— 0.383	0.695**
Actual harshness	— 0.502	— 0.282*
Perception of harshness	— 0.631**	0.838*
Knowledge of the law	— 0.558	0.943*

** P < 0.01

* P < 0.02

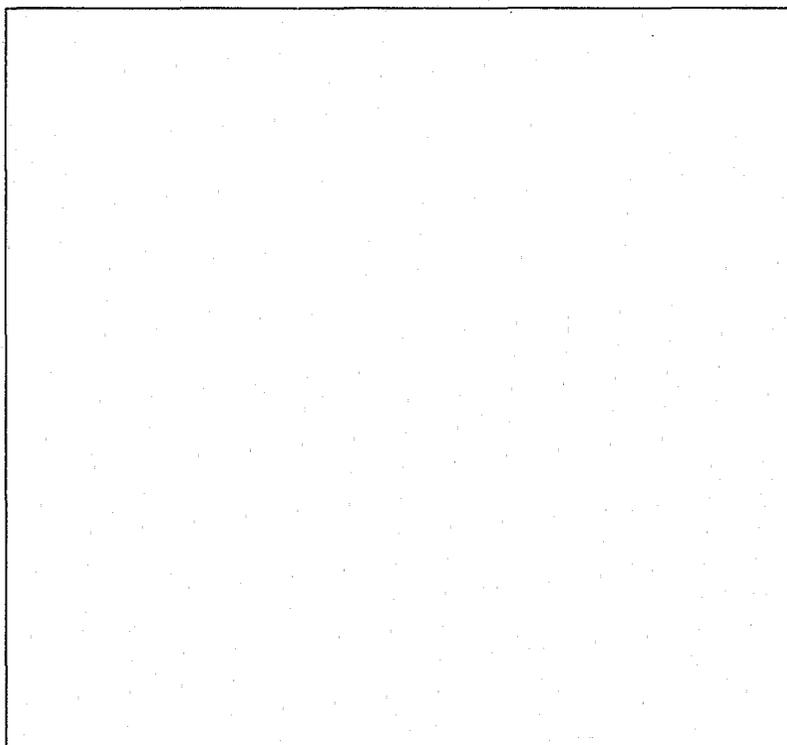


TABLE No. 82
DISTRIBUTION OF THE VARIOUS COUNTRIES ACCORDING TO THE SCORES OBTAINED
FROM THE VARIOUS EVALUATION SCALES

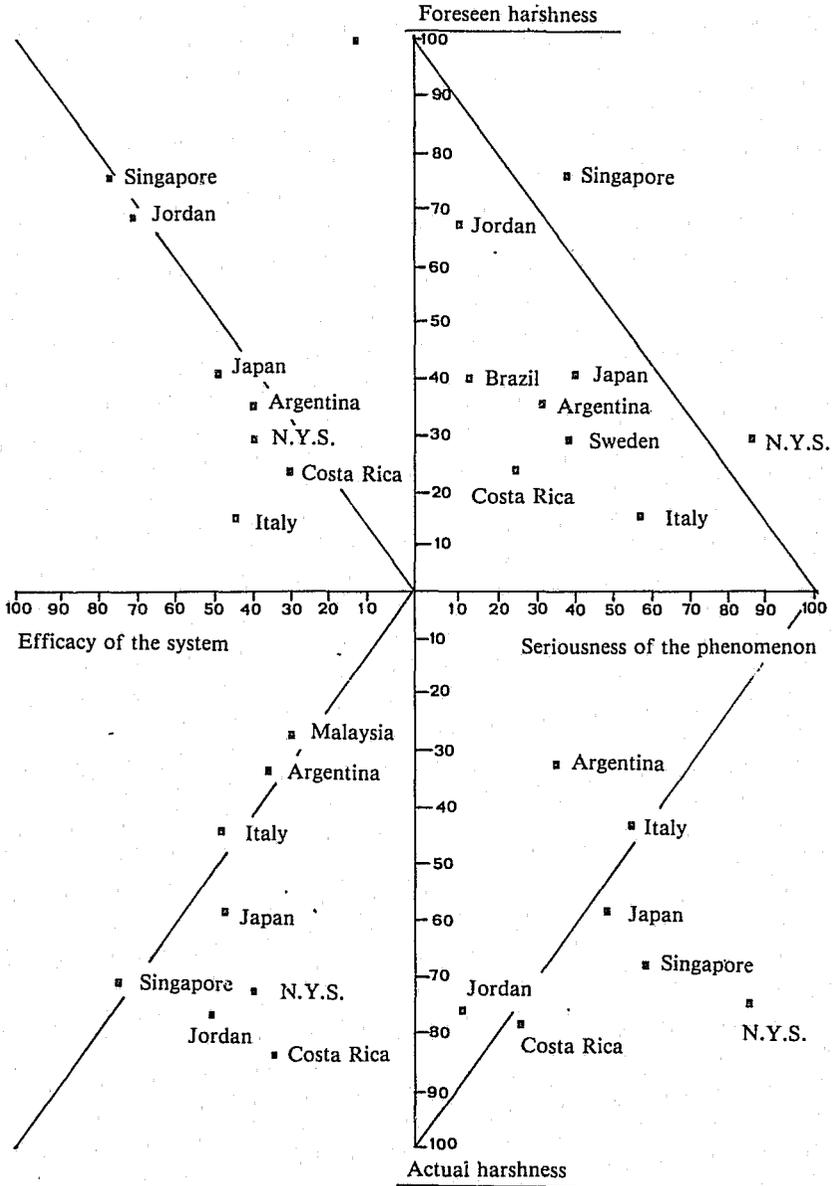
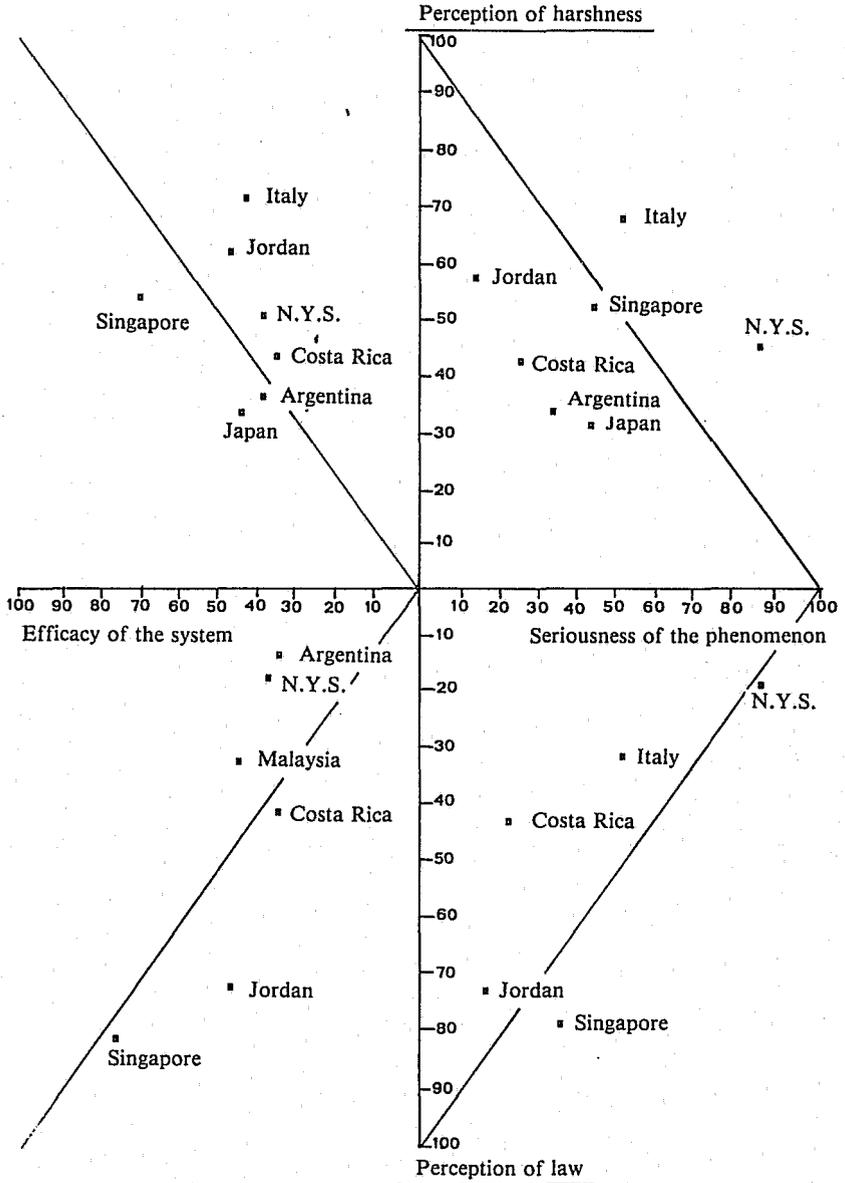


TABLE No. 83
DISTRIBUTION OF THE VARIOUS COUNTRIES ACCORDING TO THE SCORES OBTAINED
FROM THE VARIOUS EVALUATION SCALES



— Evidence of the direct co-variability tendency between the general trend of criminality and that of drug abuse in the various countries (according to the data of the preliminary reports).

— Evidence that the various systems are similar in relation to the provisions that regard treatment and in relation to the general attitude toward the phenomenon of drug abuse, whereas they tend to differ among each other in relation to legal provisions regarding drug abuse (according to the data of the preliminary reports).

— Evidence that the perception of harshness of the system in relation to the simple abuse of drugs tends to acquire different values that reflect the cultural similarities among the various countries, whereas the perception of harshness of the system in relation to the association between the abuse of drug and criminal behaviour tends to be similar for most of the countries concerned (according to the data of the vignettes).

— The demonstration that for all the countries the expectations of a reaction of the system in accordance with the provisions of the law is more constant than other punitive or permissive expectations (according to the data of the vignettes).

— Evidence that the phenomena in the various countries, although presenting different levels of seriousness, resemble each other under some formal aspects such as socio-anagraphic characteristics of drug addict subjects, life histories and life-style in general in relation to the abuse of drugs of the same subjects, the association between criminal behaviour and abuse of drugs. These, however, appear to differ under some substantial aspects such as the type of drug mostly used and the real and effective performance of the system (according to the data of the interviews).

— Evidence of a high level of association between the abuse of drug and criminal activity in all the countries in the sense that a high percentage of subjects in the experimental group also exhibit criminal activities (according to the data of the interviews).

— The demonstration of the existence of a lower rate of criminality among the subjects in the control group with respect to those in the experimental group (according to the data of the interviews).

— Evidence in most countries of an increase in the rate of criminality among the subjects in the experimental group following contact with the system, as regards behaviour prior to such contacts (according to the data of the interviews).

CHAPTER VIII

CONCLUSIONS, REMARKS, PERSPECTIVES AND POLICY IMPLICATIONS

a) Conclusions

On the basis of the previous observations it is possible to propose some conclusions that appear to emerge from the results of the research. These conclusions can be schematically summarized in the following points:

— The phenomenon of abuse of narcotic and/or psychotropic substances is present in all the countries that have participated in the research, and it tends to present itself in different forms and at different levels of seriousness from country to country. The countries that belong to the same geographic and cultural areas present similar levels of seriousness of the phenomenon.

— Notwithstanding the formal and quantitative differences that distinguish the phenomena of drug abuse in evidence in the various countries, the subjects that in each country show drug-addicted behaviour present many similar elements both on the socio-anagraphic level and on that of their psychological and cultural situation.

— The prevention, control, repression, treatment and socio-legal systems in the participating countries differ considerably from one country to another as regards harshness of the punishment foreseen for the crimes related to the abuse of drugs. Vice versa the differences that exist with regard to the real harshness of the system, to the mean total harshness, to the perception of harshness and, finally, to the efficacy of the system, are not as marked as the theoretical differences. In other words, it could be stated that the various systems differ more from one another in theory than in actual fact or that they differ more in the provisions of the law than in their modality of application.

— On the contrary, the treatment systems operating in the various countries present many similar structures and instruments of intervention, but they tend to be applied differently from country to country.

— The results of the research in relation to the comparison among the participating countries appear to confirm the non-existence of significant correlation between the level of seriousness and the various types of harshness of the system (total, effective and

theoretic) analysed; vice versa, a significant correlation has been demonstrated between the seriousness of the phenomenon and the perception of harshness of the system. In other words, the phenomena tend to present a lower level of seriousness, not where the systems are objectively harsher, but where they are perceived as being harsher. The perception of harshness, or the expectation of a harsh reaction on the part of the system appears, therefore, to be the most correlated variable with the objective and general seriousness of the phenomenon in the countries under study.

— The efficacy of the system, evaluated at an individual and subjective level correlates significantly to the foreseen theoretic harshness, and even more significantly to the «knowledge» of the law and to the perception of harshness of the system on the part of the subjects concerned. It is therefore evident that the element of the system that appears to have most influence both on the efficacy of the system and the general seriousness of the phenomenon is precisely the «perception» of harshness of the system, as revealed from the responses the subjects have given to the vignettes.

— The abuse of drug and criminal behaviour of the drug addict present a marked level of association in almost all the countries in the sense that in a high percentage of cases the interviewed subjects, beyond the addiction to drug, also express criminal behaviour. Nevertheless this criminal behaviour does not appear to correlate with the type of substance used, soft or hard.

— Vice versa the frequency of drug abuse behaviour *per se*, appears to increase in the various participating countries parallel to the increase of the frequency of criminal behaviour. Summarizing, the results of the research appear to indicate that the association between drug abuse and criminal behaviour is very close and that such association correlates more to the diffusion of criminality in general and to the formal aspects of drug dependence than to the quality of drug used.

— In the countries which have supplied complete data the subjects of the control group tend to show an inferior rate of criminal activity than those in the experimental group. In the majority of the countries the subjects in the experimental also tended to present more frequent and more serious criminal behaviour following contact with the system as compared to their prior behaviour.

— In other words, it can be stated that the phenomenon of interaction between drug abuse and criminal behaviour exists in all the countries. This appears to be somehow associated with the

development of the drug addicts' life-cycle, to the interaction between drug abuse and criminal behaviour, and to the general development of criminality in the country.

— In the general sphere of the reaction of the system to drug-addict behaviour it can be stated that the form and the characteristics of the impact that the system appears to exercise on drug addicts is very complex and variable, and appears to depend mainly on the perception of harshness of the system and on the knowledge drug addicts themselves have of the law, and furthermore probably by the presence and intervention of contingent «factors» related to the modality of application of the system that can act in the same manner even within systems which are very different from one another.

b) Remarks and perspectives

Our attempt to understand the interaction between drug addiction and socio-legal response in the various countries in a way which took into account all the complex and interacting variables has created for us both an advantage and a disadvantage. Advantage in that it has allowed us to analyse the system as a whole, and disadvantage in that it was not possible to analyse in detail the various factors that constitute the system. We well understand the desirability to provide simple answers to complex problems or questions. In our judgement to do so would be more to mislead than to inform. If we have done nothing more than map out the issues that should be addressed in further research, we would be satisfied that some contribution has been achieved. On the other hand, there are some policy directions suggested by our findings which decision-makers might be interested in, a topic to which we will return.

The impact of the system was analysed with the subjective and objective reality of the phenomenon starting from a very general perspective and considering as an impact any type of contact the subject had with whatsoever structure or intervention of the «system», without defining the type.

Moreover, as can be observed, the entire angle of the research is empirical, but given the originality of the objectives and the extreme complexity of the phenomena under study, it could not have been otherwise.

The groups of experimental and control subjects are not sufficiently numerous to allow for the generalization and the «reification»

of the results of the study, even for those statistically significant.

The results of the research should therefore be interpreted on a qualitative rather than a quantitative level. This allows for the formulation of hypotheses on the mechanisms of performance of the «system» on the interaction between drug abuse, criminality and socio-legal factors.

The reification of such hypotheses, which for the first time are presented in a scientific manner, can be the objective of further and in-depth researches. In fact, the present research is also limited by considering the «system» only from the point of view of its contact with the subjects while it could be said that the functioning of the socio-legal systems is felt not only by those who receive their direct effect, but also by those who are indirectly affected by their «perception» of their action.

Anyway, it has been possible to pick out the general aspects of the problem and to arrive at some conclusive basic hypotheses that can be thus summarized:

There is somewhat close association between drug and criminality in every participating country, which appears to depend mainly on the very characteristics of drug-addiction behaviour, of the environmental reaction to such behaviour and to the general criminality trend in the country and, therefore, it would appear to depend more on objective facts of social nature than on subjective facts of personal biological nature.

The phenomenon of drug abuse acquires different levels and characteristics of seriousness in the various countries, which can also be said for the socio-legal systems designed for the prevention, control and treatment. Nevertheless, these systems differ more in theory than in actual fact, and more from a penal than from a socio-medical point of view. No correlation exists between the level of harshness of the system and the level of seriousness of the phenomenon: on the contrary, the systems that appear to influence the phenomenon and subjects most appear to be those that are perceived as being the harshest and whose laws are best known. Specifically, in most countries direct impact of the system with the subjects does not appear to improve the association between drug abuse and their criminal behaviour.

This last hypothesis is only apparently pessimistic, in fact, as already seen, to have considered the impact in general terms has avoided meeting with the particular complexity that characterizes the action of the system on the individual.

In reality, it can be supposed that the efficacy of the impact of a system with the life-cycle of a drug dependent subject can depend on the effective way in which such an impact is carried out (evidently not only in terms of harshness), and on the type of impact accomplished.

It can also be supposed that several more or less independent «factors» intervene in every type of impact which can contribute in various measures to construct different impacts and that the efficacy of these depend more on some factors than on others. For this reason, supposing this hypothesis to be true, it could be understood how in reality many impacts appear to be inefficacious. The positive action of some «factors» could be hidden by the negative action of others.

Therefore, in perspective this research could continue in two directions: on one hand it could be extended to confirm statistically the definite hypothesis, on the other in an extended and in-depth manner to control the efficacy of the various «active factors» that appear to act in the different types of impact and intervention that can be carried out within the structure of the general socio-legal prevention, control and treatment systems.

c) Policy implications

It is obvious that a research that is carried out in a United Nations Institute and financed both by various member countries and a United Nations agency for combatting drug addiction does not only have a strictly cognitive purpose. On the contrary, such a research should contribute, on an information level, to the solution of the multiple social or technical problems encountered by the international community in its efforts to control the diffusion of drug abuse. The more research contributes at a practical level, the greater its importance and significance.

From this point of view we believe that at least three of the findings resulting from this research should be particularly emphasized and it is our intention to summarize them in this paragraph in order to point out «policy» implications.

The first point that appears important to underline is that which represents the significant correlation between the perception of harshness of the system and the seriousness of the phenomenon in the various countries.

Our data indicates that, regardless of the real harshness of the

system, the phenomenon tends to appear both quantitatively and qualitatively more serious where the system is perceived as less harsh and more permissive. It is evident that this result, which emerged clearly from the study, should be kept in mind by «policy-makers».

In fact, this means that public perception of harshness of the system is one of the factors, from among those analysed, which most influences behaviour in a positive sense. Keeping in mind that the perception of harshness of the system does not only, or as much, depend on the harshness of the punishment foreseen by law, but also and above all on the certainty of the sanction, the speed of its application and the existence of moral and cultural values which the subject feels he is infringing, it appears logical to deduce that emphasis should be placed on efficiency of the system and practical mode of application.

In other words, it is not only a matter of making laws and discussing whether these should be harsh and repressive or permissive and therapeutic-oriented, but an effort should be made, instead, to ensure their rapid and certain implementation and their application in a cultural and social context that could be oriented towards condemning the abuse of drugs primarily from an ethical point of view.

The second point which we consider important is the significant correlation existing between knowledge of the law and the efficacy of the system, which in part constitutes a logical consequence of what has been stated above.

It is in fact evident that for a law to have a deterrent effect it is necessary, in the first place, to divulge its content in as precise a manner as possible.

This is rarely the case with regard to anti-drug legislation which in some countries is often so complex that it is unknown not only by the lay person but also by those who use it, such as technicians.

Therefore, while even without having read the penal code everybody knows what would happen to a person that steals or kills someone, only a few people know what would happen to a drug addict that comes in contact with the law. In order to ensure the efficacy of laws they should first be known and therefore consequently perceived as harsh. To achieve this the texts should be clear and synthetic, containing few articles and without excessive and subtle differentiations between the possible variations of the same crime. Finally, the laws should be publicized through the mass-media and explained in a clear and unmistakable manner.

The political implications connected with the first two points are numerous and are related to many other aspects of the problem, nevertheless these cannot be discussed in further detail in this study - the scope of which is a faithful presentation of the results of the research.

The third and last point which we consider important enough to be brought to the attention of the «policy-makers», is the close association verified between the abuse of drugs and criminal behaviour, mainly among subjects who had already come in contact with the system.

The data in fact appear to suggest that, when the drug addiction persists, the mere penal sanction does not only fail to reduce the criminal behaviour of the subjects, but, on the contrary, it appears to initiate it and/or cause it to increase. In a certain sense it can be said that for these subjects incarceration represents an ulterior stigma that facilitates the adherence to a deviant and often criminal model of life instead of encouraging readaptation to productive life. It appears, therefore, evident that penal sanctions *per se* are insufficient when not associated with serious therapeutic and rehabilitative measures capable of modifying, in a positive sense, the addictive behaviour of the subjects.

Alternative measures to penal sanctions and incarceration should be seriously studied, provided and experimented in order to create a genuine therapeutic approach to correcting the deviant behaviour of the subjects concerned. In this way, the simple repressive aspect of the penal law could remain, without in any way undermining the rehabilitative aims of a medical alternative. By keeping the two regimes separate, penal and medical, it might be possible to maximize the advantages of each without confusing either the public or the addicts concerned as to what these separate enterprises are designed to achieve.

CHAPTER IX

THE LAWS, CRIMINAL JUSTICE SYSTEM, AND TREATMENT/REHABILITATION SYSTEM IN NEW YORK STATE (USA) (*)

a) Introduction

In early 1981, the United Nations Social Defence Research Institute (UNSDRI) contacted the National Institute on Drug Abuse and National Institute of Justice for assistance by the U.S. in undertaking an international study of the rôle of legal and penal measures upon the linkages of criminal behaviour and drug abuse. These federal agencies contacted the current authors (Johnson and Lipton) to assist the United Nations in this study.

This UNSDRI study has three major components: a) Describing existing laws, the criminal justice/penal system, and the treatment/rehabilitation system (the focus of the current report); b) Interviewing addicts and drug abusers regarding their criminal and drug use behaviour; c) Interviewing addicts, drug abusers, criminal justice authorities, and drug treatment personnel regarding a variety of «vignettes» or short stories about the probable outcomes of arrests for drug possession/sale or crimes committed under the influence of drugs or to obtain funds for drugs. A similar study and research design was undertaken in 1982 in other countries (Argentina, Brazil, Costa Rica, Italy, Japan, Jordan, Malaysia, Singapore, Sweden, and United Kingdom).

Drs. Johnson and Lipton agreed to provide information only about New York State and not the USA as a whole. The following report provides preliminary information about the laws, criminal justice system, and treatment/rehabilitation system in New York State. Occasional references are made to Federal (U.S.) laws or treatment/rehabilitation measures which influence the New York State system. Since readers of this report may be from countries having very different criminal/penal justice systems and no or little knowledge about American law and/or treatment systems, these are described in more detail than may be necessary for American readers.

(*) *This chapter was contributed by our collaborators from New York State. (The State of New York participated in the research with a partially modified design).*

The history and laws of New York State have been extensively documented, as has the criminal justice/penal system and treatment/rehabilitation system. Rather than attempt a comprehensive examination of the many aspects of this complex system, this report provides a condensed summary of the important laws, structures, and systems. This report has the following organizational structure: a brief history of New York State efforts to control drugs and crime related to drugs; the current laws and penalty provisions for drug-related crimes; a description of the current law enforcement, criminal justice, and penal systems; and a description of the current treatment/rehabilitation system for drug addicts and drug abusers.

b) A brief history of the drug control efforts in New York State

The early history of America's attempt to control the non-medical use of drugs, primarily opiates, has been extensively documented in Brecher (1972), Musto (1973a, 1973b), King (1972), Kramer (1971), Austin (1978), and Courtwright (1981). The experiences of and legislation in New York City and State have critically influenced American history.

In the late 19th century, opium smoking among Chinese immigrants was common, as was the consumption of opium in pill form and in patent medicines by the general population. Morphine and other derivatives of opium were available from physicians. The Pure Food and Drug Act of 1906 required that the contents of all foods and medications be clearly labelled; patented medicines with opium and over-the-counter opium became less common as a result (Musto 1973a, 1973b).

Around 1910, morphine addiction and heroin consumption by injection began to become common in some parts of New York City (Musto, 1973a; Street, 1956); the State began a search for methods of controlling the distribution of opiates and cocaine. In 1914, the federal government passed the Harrison Act which attempted to restrict opiate dispensing to medical channels. A controversy arose as to whether physicians could dispense opiates to «addicts». Rather than face possible prosecution by federal authorities, most physicians ceased providing opiates to addicts. New York State passed laws in 1915-1918 which permitted physicians to dispense to addicts. New York City and upstate cities responded in 1919 by establishing narcotic clinics where addicts were to be withdrawn, but where many were maintained (Musto, 1973). But the Federal Narcotics Bureau

took legal action against physicians and closed all clinics in the early 1920's. No longer could addicts obtain a legal supply of drugs; all opiates were henceforth illicitly obtained and violators punished (Musto, 1973; King, 1972). Efforts to establish rehabilitation centres for addicts did not materialize.

After the clinics were closed, the controversy over addiction continued and a leading antinarcotics and alcohol prohibition crusader, Richmond Hobson, effectively led most Americans to believe that heroin was associated with crime and violence (Musto, 1973) - although the actual evidence was less compelling. Federal treatment centres for addicts were established in Lexington, Ky. and Fort Worth, Texas. Despite occasional concern in the 1930's and 40's about heroin addiction and crime public concern and controversy was less intense than in the 1920's.

After World War II, heroin use among black urban youth and some whites emerged as a major concern. The penalty provisions for heroin/cocaine possession and sale became more severe. Efforts were undertaken to rehabilitate addicts at Riverside Hospital in New York City, but with relatively little evidence of success (Chein, et.al., 1964; Lindesmith, 1947, 1965).

During the administration of Governor Nelson Rockefeller, the current structure of drug laws, criminal statutes and treatment/rehabilitation system were developed. In 1967, New York State established special funding to oversee the treatment and rehabilitation of addicts and drug abusers, and, in part, to keep addicts out of the state prison (penal) system. The New York State treatment/rehabilitation system, administered by a special state agency*, had two major components:

1) Civil and Criminal Commitment

Persons who were found to be physically addicted to narcotics (heroin mainly) could be referred to a secure rehabilitation facility. Such «addicts» could volunteer for this treatment (civil commitment) or could be sentenced by courts to these facilities instead of state prison (criminal commitment). Criminals could be held in these facilities for a year and placed on «aftercare» (a form of parole) for

* This agency was the Narcotic Addiction Control Commission (1968-1970), Drug Abuse Control Commission (1971-1975), the Office of Drug Abuse Services (1976-1978), and Division of Substance Abuse Services (1979 - Present).

up to 5 years after commitment. If conditions of «aftercare» were violated (they used narcotics or associated with other criminals), addicts could be returned to the secure treatment facility.

In the early 1970's, New York State had over 22 different rehabilitation (civil/criminal) commitment facilities with almost 5,000 residential, and 10,000 aftercare clients. These 15,000 addicts were the most criminally active in the State. With New York State's fiscal crisis in 1975-76, a growing awareness of the benefits of community-based treatment, and the lack of cost effectiveness of its facilities, the State closed them during the period 1976-1978. In addition to New York State, California and the federal government also established criminal commitment facilities in the late 1960's; all have been closed by 1982. As New York State phased out its treatment facilities and the laws providing for criminal and civil commitment, community-based programmes took over the rôle of providing all drug abuse treatment. By 1982, there were almost 500 treatment and intervention programmes providing services in 1,700 locations.

2) Funding for Community-based Treatment Programmes

New York State funds were provided to municipal governments which developed a treatment programme (such as the Addiction Services Agency in New York City 1968-1979), or which subcontracted with local hospitals and nonprofit organizations to provide treatment to addicts and other drug abusers in that community. Such clients were generally not involved with or were diverted from the criminal/penal system.

Four major types of community-based treatment «modalities» have emerged: chemotherapy (chiefly methadone maintenance treatment programmes), therapeutic communities and residential treatment programmes, outpatient drug-free programmes, and school based prevention/intervention programmes. (These are described under Section D below.) These treatment/rehabilitation programmes continue to provide services to a large number of addicts and non-addict drug abusers throughout New York State as documented in annual state plans and comprehensive planning reports (DSAS, 1981, 1982). In addition, the treatment prototypes developed in New York have expanded into other states in the U.S. and to foreign countries.

In 1973, the «Rockefeller» Drug Law was passed which mandated some of the harshest penalties ever imposed on persons

persons accused of violating drug laws (Japha, et.al., 1978). Life sentences without parole provisions were to be imposed upon those convicted of selling or possessing large amounts of controlled substances. Persons charged with such offences had little or no opportunity to «plea bargain» to a lesser charge having a lesser penalty. Persons with a prior felony conviction(s) («predicate felons») were to be given a longer sentence if convicted. Additional state funds were appropriated to fund several «narcotics parts» (courts established to conduct trials in drug cases). Almost all persons convicted of such drug offences are sent to state prisons. (The penalty provisions are discussed in Section B below.)

The most recent major change in drug legislation occurred in 1978 when marijuana-related offences were removed from narcotics legislation and penalties by the state legislature. This change «decriminalized» the possession and sale of small amounts of marijuana and somewhat reduced the penalties if a person was convicted of sale or possession of large amounts of marijuana in comparison with the pre-1978 penalties.

There is an extensive literature on the magnitude of and changes in the use of heroin, cocaine, and other drugs since the late 1960's in New York State. This documentation shows that there was a major epidemic of heroin addiction between 1966-1973, especially among minority youth in New York City (DSAS, 1978b; Boyle and Brunswick, 1978; Brunswick, 1979; Clayton and Voss, 1981) - which has also been documented elsewhere in America (Rittenhouse, 1976; O'Donnell, et.al., 1976; Hughes, 1978).

A similar set of studies shows increases in the consumption of non-heroin drugs by the general youth population in New York State and elsewhere in the USA. In 1965, probably less than 5% of the state's high school youth or college students used marijuana or other drugs - and probably less than half of the users consumed drug on a weekly basis (Johnson, 1973). By 1978, over half of the youth in grades 7-12 had tried marijuana in the past 6 months and 17% had used it 10 or more times in the past 30 days. Twenty-nine percent of the youth had used two or more substances non-medically within about the past six months (DSAS, 1978a). Even in the general population of all adults, approximately 15 percent report use of marijuana and 27 percent report use of one or more drugs in the past 6 months (DSAS, 1981). These trends in New York State are parallel to those in the nation as a whole (Johnston, et.al., 1981; Fishburne, et.al., 1980).

Although many efforts have been undertaken in the legal/penal system to change patterns of illegal drug use and the connection to crime, such efforts have had little measurable impact upon existing patterns of drug consumption and distribution. For example, an evaluation of the «Rockefeller» Drug Law (Japha, et.al., 1977) concluded that the supply of heroin was ample and stable and not much different than in other cities outside New York State after this law went into effect. There was no evidence of a sustained reduction in heroin use after 1973. Predicate felony laws did not deter felony offenders from committing additional crimes. Moreover, recidivism rates were about the same before and after the new drug law. Despite investments in court personnel to try narcotics cases, the number of prison sentences imposed on repeat felony offenders did not increase greatly (Japha, et.al., 1977).

Likewise, decriminalization of marijuana possession and sale had little measurable impact upon levels of marijuana use. The proportion of marijuana users in New York State increased at about the same rates as the nation as a whole (Johnston, 1980; Johnston, et.al., 1981; Johnson and Uppal, 1980). Nevertheless, about 40,000 persons are receiving drug abuse services at any given point in time, at approximately 400 treatment unit clinics in the state. Such programmes appear to have an important impact upon patterns of criminal activity of active heroin addicts although such treatment does not completely eliminate crime by addicts and drug abusers.

c) Current New York State criminal/penal law regarding drug possession and sale

New York State laws regarding the possession and sale of drug(s) are complex. Moreover, legislative amendments to the existing statutes occur regularly; court interpretations and case law further alter the application of the penalties. The basic definition of drugs and classifications in five «schedules» follows the federal (U.S.) statute: the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 93-513. The New York State penalty provisions are generally harsher than comparable federal provisions. With the exception of marijuana, persons may be arrested, convicted, and imprisoned for criminal possession or sale of a controlled substance (Section 220 of N.Y. State Penal Law), depending upon the type of substance, the quantity possessed/sold, and whether they have prior felony convictions. These penalty provis-

ions are summarized in Table 1. The following terms used in Table 1 are briefly defined below:

- «Narcotic Drug» includes heroin, cocaine, most medically prescribed opiates, and most derivatives of opium/opiates or coca leaves.
- «Narcotic Preparation» includes cocaine and other opiate-based cough medicines which are mixed with other syrups or suspensions - but in relatively small amounts.
- «CSCS 2 Sec. 220.41 P.L.» refers to Criminal Sale of Controlled Substances in the *second* degree, in Section 220.41 of the N.Y. State Penal Law.
- «CPCS 4 Sec. 220.09 P.L.» refers to Criminal Possession of Controlled Substances in the *fourth* degree, in Section 220.09 of the N.Y. State Penal Law.
- «Concentrated Cannabis» refers to hashish.

In addition under the Marijuana Decriminalization Law of 1977 (Section 221), the sale and possession of relatively large amounts of marijuana remains a felony offence for which a person can be imprisoned depending upon the amount sold/possessed. Persons selling marijuana can also be fined sizable amounts or up to double the profit which a person made from selling marijuana. The possession of any amount up to 25 grams at home is not punishable by imprisonment or jail, but fines for possession may be imposed. Moreover, there are relatively few restrictions on plea bargaining, so many arrests with over 25 grams involving possession and even sale may result in a fine and no imprisonment. These provisions of the New York State law regarding marijuana are summarized in Table 2.

In addition to penal law, a wide variety of laws and regulations, based mainly upon federal statutes, govern the rights of physicians to prescribe controlled substances (N.Y. State Public Health Law, Article 33). Narcotics, stimulants, some barbiturates, and many other substances must be kept in a locked room or safe, each transaction carefully recorded, and records of large amounts maintained by each pharmacy or hospital dispensing room. In addition, physicians can write prescriptions in their offices for several amphetamines and barbiturates; but these must be entered on a special narcotics prescription form which must be forwarded to the State Department of Health where records are maintained for each prescriber, pharmacy, and other providers. Based upon information

from such forms, the State Health Department may act to revoke physicians privileges to prescribe controlled substances and, in major cases, lead to criminal prosecutions of physicians or pharmacists.

d) Description of the criminal justice/penal system in New York State

The New York State criminal justice and correctional system is also complex, but it is similar to that in other states and jurisdictions in the USA. This system has several components which are briefly described below.

1. Police and Enforcement Personnel

American society has given the power of arrest to local and state police. The police department is typically controlled by the municipal or town governments. In smaller towns and unincorporated areas, sheriffs, state troopers, and other law enforcement personnel have the power of arrest. In large metropolitan areas, specially in New York City, the police department is organized by speciality areas. For example, a special narcotics bureau has major responsibility for enforcement of narcotic and drug laws and for arresting violators. Nevertheless, many of the drug arrests are made by police officers in local precincts. In addition to local (New York City) police officers, the Drug Enforcement Administration (the Federal Drug Enforcement Agency) has responsibility for and has assigned several agents to investigate and make arrests in cases involving interstate drug transactions in the New York Metropolitan Area.

The decision to arrest person(s) for violations of drug laws is complex and greatly circumscribed by case law and legal decisions. Since almost no one involved in a drug transaction complains to the police (i.e. drug possession and sale are «victimless» crimes), officers must frequently witness a sale or make a purchase with marked money to build a case which will result in a conviction. Limitations upon the kind of evidence which can be admitted in court proceedings, and the way in which the evidence was obtained, means that many cases or arrests for drug possession or sale may not be prosecuted nor a conviction secured, even though the arrestee appears clearly guilty of the offence.

2. Court System and Organization

When persons are arrested for drug possession or sale or for

some crime (i.e burglary) committed by an addict, they will be taken by the police officer to the precinct station house or to «Central Booking» where the formal arrest information is given and the formal charges (more than one violation of law may have occurred) are sworn out against the arrestee. The arrestee is typically held in a local jail or detention facility until formal charges («arraignment») are presented without delay by the (city or state) prosecutor to a lower court judge. The arrestee («defendant») is typically represented by an attorney, usually a legal aid lawyer or public defender, or a private attorney. If the facts of the arrest are inadequately documented or appropriate procedure was not followed by the police, or the arrest was not valid for any of various legal reasons, charges may be dismissed by the judge. If the charges appear valid (a «prima facie case»), the judge: a) may set bail (a money bond posted to assure the defendant's return to court), b) release the defendant on his own recognizance (with the promise to return), c) suggest diversion of the defendant to a drug treatment or other rehabilitation programme, d) accept a «guilty plea» to the same or a lesser charge, e) refer the case for another hearing (or set of hearings) by another criminal court judge, e) refer a felony case to a «grand jury», or f) some combination of all of these.

After arraignment, the defendant may be involved in several additional court appearances where lawyers attempt to admit or suppress evidence, reduce charges, change conditions of bail or treatment involvement, etc. While the largest bulk of cases receive the least serious dispositions (a-d) above, the most serious cases (the «felony» cases) are typically referred to the «grand jury» which hears the prosecutor's evidence for a given case and determines whether enough evidence exists to send the case to trial. If so, the defendant is formally «indicted», and the prosecutor begins to prepare the case for trial. If a case goes to trial, the defendant is presumed «innocent until proven guilty». The prosecutor must prove «beyond reasonable doubt» that the defendant committed the offence(s) charged.

Depending upon the type of offence, the strength of the prosecutor's case, and the defendant's willingness, most cases are settled prior to trial, and frequently before grand jury indictment by «plea bargaining». This occurs when the defendant's lawyer negotiates with the prosecutor that if the prosecutor will withdraw the original charges at arrest, for which a lengthy sentence is mandated, the defendant will admit to committing (plead guilty) a similar offence

having a lesser sentence. Frequently, the sentence is informally agreed to by the prosecutor, defence attorney, and judge prior to the official entry of the guilty plea.

In many cases where a defendant has been indicted by the grand jury, especially of major drug sales (felony levels A, B, and C), New York State law currently is designed to prevent «guilty pleas» to misdemeanour crimes and lower level felonies which carry substantially lower sentences.

After a guilty plea or a trial, which finds the defendant guilty of some criminal charge, the judge obtains a «presentence» report from the probation officer and the defendant may submit information on his behalf from persons who know him assessing his character and background. The judge then imposes a sentence within the legally prescribed minimum and maximum sentence given by statute. If the conviction is for felony, the defendant is typically sentenced to one or more years in a state prison, depending upon the level of the felony (see Section B and Tables 1 and 2). New York State prisons now hold about 23,000 convicted felons; approximately 60% of these are believed to be drug addicts by correctional officials. If drug users/addicts are convicted of a less severe felony or misdemeanour charge, they may be sentenced to serve up to 12 months in a local jail or county penitentiary, or be placed upon probation, or probation with a condition of participating in a drug treatment programme, or be fined, or a combination of all these outcomes.

At the current time, persons convicted of a non-drug crime (like robbery, burglary, grand larceny) who are also heroin addicts, will generally be convicted and sentenced like non-addict criminals to a term in state prison. During the period of Criminal Commitment programmes (1968-77), many such addicted felons convicted of non-drug crimes were treated in the state's rehabilitation facilities.

Upon completion of a prison sentence, many ex-felons are released on «parole». This involves regular reporting to a parole officer on a weekly or monthly basis. Parolees are to remain drug free and avoid involvement with other criminals. If they are arrested, or otherwise violate parole conditions, they can be returned to prison.

e) Description of the drug treatment/rehabilitation/prevention system

The treatment/rehabilitation system for drug abusers in New

York State is described in annual reports. The most recent report is provided in the Division of Substance Abuse Service's Statewide Comprehensive Five-Year Plan 1982-83 (DSAS, 1982).

Since the closing of the Criminal/Civil Commitment rehabilitation facilities in 1976-77, all treatment services are provided by local community providers such as county or city governments, hospitals, mental health agencies, non-profit and for-profit clinics and organizations, and a variety of other groups.

The State agency has the major responsibility, under Mental Hygiene Law (Appendix C - DSAS, 1982), for entering into contracts with such local providers. Under existing legislations, this agency also develops needs assessments and statewide plans, conducts research and evaluation, develops state budget requests, distributes state and federal funds received, licenses programmes, enters into contracts with and monitors the performance of treatment programmes, provides technical assistance and training, and otherwise assures that high quality services are provided to drug abusers in need of treatment.

The treatment/rehabilitation/prevention system which has emerged in New York State has four major thrusts - which are frequently referred to as «modalities». Moreover, each modality described below may have variations which are important for selected groups of respondents.

1. Chemotherapy - Methadone Maintenance Programmes (MMTP)

Methadone maintenance treatment was developed by Dr. Vincent Dole in the late 1960's, as a major way of treating a large number of heroin addicts at a relatively low cost. This involves a physician determining whether an applicant is physically dependent upon heroin or other opiate for more than a year. If so and if the person is accepted into treatment, the MMTP client is given oral methadone, a long acting opiod, upon which he/she is maintained for a period of time.

These MMTP clients are currently treated in clinics, generally affiliated with a hospital (although some are private, for-profit clinics), generally having about no more than 300 clients. In 1982, there were 137 clinics treating about 31,500 methadone clients. Most of the clients reside in the New York City area where the majority of programmes are located.

2. Residential Drug Free Treatment Programmes

Another major modality is residential drug free treatment. This involves the addict/drug abuser volunteering (or being assigned as a condition of probation/parole) to a residential treatment programme. They attend a programme where they live in a residence and receive intensive therapy and efforts are made to change their life patterns during the course of one year or more of treatment.

One major subtype of residential programmes is referred to as «Therapeutic Communities». These programmes have a highly articulate philosophy of attempting to reconstruct an addict's (or drug abuser's) personality through intensive group therapy, rewards and punishments, and helping the client understand how his life needs to change. In 1982, there were approximately 50 units offering residential treatment to almost 3,300 clients.

3. Day Care/Outpatient Drug Free Programmes

This modality of community drug programme covers a wide variety of treatment/rehabilitation services offered by local community health care agencies and non-profit organizations. Typical clients are not heroin addicts but abusers of other drugs. Such service providers do not dispense methadone or other chemical agents and their clients do not live in a programme's residence. As in other types of treatment, the client is generally in the programme on a voluntary basis or as a condition of parole or probation. The clients continue to reside in their own community and homes. They participate in a structured daily treatment and constructively spend time away from drugs while developing new and positive behaviour patterns.

These programmes offer various forms of counselling, vocational, psychotherapy, group and individual therapy, and multiple services for youth. The types of services provided are adjusted to fit within local community needs. New York State currently funds about 210 day care programmes attended by about 10,000 clients.

4. Prevention/Intervention Programmes

State funds also support programmes which direct efforts towards reducing the incidence of drug abuse, with particular emphasis upon school-aged youth and other underserved high risk groups such as the elderly, handicapped, and ethnic minorities.

Such prevention efforts include:

- a) public information campaigns providing factual data about

the dangers of substance misuse and abuse;

b) school-based programmes which assist students in developing the social skills necessary to function without reliance upon substances;

c) alternative and recreational diversion programmes sponsored by local drug prevention councils;

d) intervention efforts emphasizing both short-term and long-term counselling and referral services;

e) development of parent and community groups to organize and work with other institutions in local areas to stop drug traffic and use among youths.

In 1982, State funds provided services in 83 public school-based prevention/intervention programmes operating in 900 school buildings in districts serving over 60% of the students in the State.

Thus, drug treatment/rehabilitation/prevention efforts in New York State are widespread, diverse in content, and reach a large number of persons - although a much larger proportion of the population continues to report routine involvement in substance abuse and to be in need of treatment (DSAS, 1982).

**TABLE No. 1
NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
Criminal Sale or Possession of Controlled Substances in Effect as of 1982**

Felony Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences (In Years)	
					minimum	maximum
A - 1	CSCS 1 Sec. 220.43 P.L.		CPCS 1 Sec. 220.21 P.L.		15 - 25	Life
	1) Narcotic Drug	1) 2 Ounces or More	1) Narcotic Drug	1) 4 Ounces or More		
	2) Methadone	2) 2.880 MG or More	2) Methadone	2) 5.760 MG or More		
A - 2	CSCS 2 Sec. 220.41 P.L.		CPCS 2 Sec. 220.18 P.L.		First Conviction	
	1) Narcotic Drug	1) 1/2 Ounce or More	1) Narcotic Drug	1) 2 Ounces or More	3 - 8 1/2	Life
	2) Methamphetamine	2) 1/2 Ounce or More	2) Methamphetamine	2) 2 Ounces or More		
	3) Stimulant	3) 3 G or More	3) Stimulant	3) 10 G or More	Predicate felon	
	4) LSD	4) 5 MG or More	4) LSD	4) 25 MG or More	6 - 12 1/2	Life
	5) Hallucinogen	5) 125 MG or More	5) Hallucinogen	5) 625 or More		
	6) Hallucinogenic Substance	6) 5 G or More	6) Hallucinogenic Substance	6) 25 G or More		
	7) Methadone	7) 360 MG or More	7) Methadone	7) 2.880 MG or More		
B	CSCS 3 Sec. 220.39 P.L.		CPCS 3 Sec. 220.16 P.L.		(Lifetime Probation) First Conviction	
	1) Narcotic Drug	1) Any Amount	1) Narcotic Drug with Intent to Sell	1) Any Amount	0 - 8 1/3	3 - 25
	2) Stimulant, Hallucinogen, Hallucinogenic Substance, and LSD	2) Any Amount and Previously Convicted of Art. 220 Offense or Attempt or Conspiracy	2) Stimulant, Hallucinogen, Hallucinogenic Substance or LSD	2) Any Amount and Previously Convicted of Art. 220 Offense or Attempt or Conspiracy		
	3) Stimulant	3) 1 G or More	3) Stimulant with Intent to Sell	3) 1 G or More	Predicate Felon	
	4) LSD	4) 1 MG or More	4) LSD with Intent to Sell	4) 1 MG or More	4 1/2 - 12 1/2	9 - 25
	5) Hallucinogen	5) 25 MG or More	5) Hallucinogen with Intent to Sell	5) 25 MG or More		
	6) Hallucinogenic Substance	6) 1 G or More	6) Hallucinogenic Substance with Intent to Sell	6) 1 G or More		
	7) Methamphetamine	7) 1/8 Ounce or More	7) Methamphetamine with Intent to Sell	7) 1/8 Ounce or More		
	8) Phencyclidine	8) 1 G or More (Undiluted)	8) Stimulant	8) 5 G or More		
	9) Narcotic Preparation	9) Any Amount to Person Under 21	9) LSD	9) 5 Mg or More		
			10) Hallucinogen	10) 125 MG or More		
			11) Hallucinogenic Substance	11) 5 G or More		
		12) Narcotic Drug	12) 1/2 or More			

TABLE No. 1 (Continued)
NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
Criminal Sale or Possession of Controlled Substances in Effect as of 1982

Felony Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences (In Years)	
					minimum	maximum
C	CSCS 4 Sec. 220.34 P.L.		CPCS 4 Sec. 220.09 P.L.			
	1) Narcotic Preparation	1) Any Amount	1) Narcotic Drug	1) 1/8 Ounce or More	First Conviction	
	2) Dangerous Depressant	2) 10 Ounces or More	2) Methamphetamine	2) 1/2 Ounce or More	0 - 5	3 - 15
	3) Depressant	3) 2 Pounds or More	3) Narcotic Preparation	3) 2 Ounces or More		
	4) Marijuana	4) Any Amount	4) Stimulant	4) 1 G or More	Predicate Felon	
	5) Phencyclidine	5) 500 MG (Undiluted)	5) LSD	5) 1 MG or More	3 - 7 1/2	6 - 15
	6) Methadone	6) Any Amount	6) Hallucinogen	6) 25 MG or More		
			7) Hallucinogenic Substance	7) 1 G or More		
			8) Dangerous Depressant	8) 10 Ounces or More		
			9) Depressant	9) 2 Pounds or More		
			10) Marijuana	10) 1 Ounce or More		
				Concentrated Cannabis		
		11) Phencyclidine	11) 2,500 MG (Undiluted)			
		12) Methadone	12) 360 MG or More			
D	CSCS 5 Sec. 220.31 P.L.		CPCS 5 Sec. 220.06 P.L.			
	1) Any Controlled Substance	1) Any Amount	1) Controlled Substance	1) Any Amount	First Conviction	
			2) Narcotic Preparation	2) 1/2 Ounce or More	0 - 2 1/3	3 - 7
			3) Phencyclidine	3) 500 MG	Predicate Felon	
		4) Marijuana	4) 1/4 Ounce or More	2 - 3 1/2	4 - 7	
			Concentrated Cannabis			
E	NONE		CPCS 6 Sec. 220.05 P.L.			
			1) Phencyclidine	1) 100 or More but less than 500 MG Undiluted Phencyclidine	First Conviction	
					0 - 0	3 - 4
				Predicate Felon		
				2 - 3 1/2	4 - 7	
Misdemeanour						
A	NONE		1) A Controlled Substance	Any Amount	One year Maximum	

TABLE No. 2
NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
Criminal Sale or Possession of Marijuana in Effect as of 1982

Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences
A	Marijuana 4 Sec. 221.45 P.L.		Marijuana 4 Sec. 221.15 P.L.		
	Misdemeanour Marijuana	Less than 25 Grams Any Quantity Except as in Section 221.35	Marijuana	More than 2 Ounces	Up to 1 Year Fine: \$1,000 or up to double the profit
B	Marijuana 5 Sec. 221.35 P.L.		Marijuana 5 Sec. 221.10 P.L.		
	Misdemeanour Marijuana	1 Cigarette or 2 Grams or less transferred without consideration?		1) In public places burning or open to public view OR 2) More than 25 Grams	Up to 1 Year Fine: \$500 or up to double the profit
	NONE		Possession of Marijuana Sec. 221.05	Any Quantity	<u>First Offense*</u> Fine up to \$100 <u>Second Offense*</u> Fine up to \$200 <u>Third Offense*</u> Fine up to \$250 or jail up to 15 days or both

* Within 3 years of either
article 220 or article 221
offense of the penal law

TABLE No. 2 (Continued)
NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
Criminal Sale or Possession of Marijuana in Effect as of 1982

Felony Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences	
					Minimum	Maximum
C	Marijuana 1 Sec. 221.55 P.L.		Marijuana 1 Sec. 221.30 P.L.		First Offense	
	Marijuana	More than 16 Ounces	Marijuana	More than 10 Pounds	1 - 5 Yrs	3 - 15 Yrs
					Predicate Felon	
					1/2 Max	6 - 15 Yrs
					FINE: \$5,000 or up to double the profit	
D	Marijuana 2 Sec. 221.50 P.L.		Marijuana 2 Sec. 221.25 P.L.		First Offense	
	Marijuana	1) More than 4 Ounces OR	Marijuana	More than 16 Ounces	1 - 2 1/2 Yrs	3 - 7 Yrs
					Up to 1 year mandatory Predicate Felon	
					1/2 Max Mandatory	4 - 7 Yrs
					FINE: \$5,000 or up to double the profit	
E	Marijuana 3 Sec. 221.45 P.L.		Marijuana 3 Sec. 221.20 P.L.		First Offense	
	Marijuana	More than 25 Grams	Marijuana	More than 8 Ounces	1 Yr	3 - 4 Yrs
					Up to 1 year mandatory Predicate Felon	
					1/2 Max	3 - 4 Yrs
					FINE: \$5,000 or up to double the profit	

CHAPTER X

DRUG CRIMINALITY AND DRUG ABUSE IN SWEDEN 1969-1981: THE NATIONAL SWEDISH COUNCIL FOR CRIMINAL BEHAVIOUR (*)

Drug abuse and other criminality than drug offences

The causal connection between drug abuse and criminality in general is difficult to analyse on the basis of drug offences. It is evident that drug abusers often commit crimes against the Narcotic Drugs Act and the Smuggling of Goods Act, involving drugs. This is principally a result of the criminalization of drug traffic in different forms. Another more perceptible connection between drug abuse and criminality is when drug abusers commit other types of crimes such as crimes against property, against persons, etc. In such cases it is considered that the drug abuse generates the criminal activity. There are different points of view concerning drug abuse as criminogenic factor, among which that drug abusers exhibit a high crime rate (Bejerot, 1975) and that a large proportion of criminals are drug addicts (Knutsson and Kühnhorn, 1980). Political debates often reveal a simplified view of drugs as cause of crime.

By way of example may be mentioned the assertion that the consumption of marijuana leads directly to aggressiveness, violence and other criminal actions. Several research reports state that there is no evidence of cannabis having a criminogenic effect. Statements of the alleged relation between cannabis and acts of criminal violence are based upon inadequate investigations in which, quite simply, data of criminal acts have been combined with data on use of cannabis without analysing important background variables and without using comparable control groups (The Canadian Commission of Inquiry, 1972; Goode, 1975).

The causal connection between drug abuse and criminality should be seen as a more complicated phenomenon. To be able to study this connection it is important to have a more discriminating view of the abuse career, as a process of development from experimental, occasional and habitual abuse to freedom from abuse. We have already noted that an essential question when analysing

(*) Sweden has participated in the research with an autonomous study that is reported in this chapter.

correlation between criminality and drug abuse is the time sequence. Does drug abuse precede criminality or does criminality precede drug abuse?

Taylor and Albright (1981) studied a population of 1,328 heroinists in respect of their criminality before abuse of the drug and the connection between different types of crime unrelated to drugs and the use of heroin. They came to the following conclusion: crimes unrelated to drugs often precede the use of heroin since there is no correlation between age at start of use and age when crimes unrelated to drugs were committed on the first occasion.

Inciardi (1980) also analysed a group of heroin addicts. Almost all had committed crime. He stated that criminality had preceded the misuse of heroin. As evidence he calculated the median age for the first crime (14.2 years) and for the start of use of heroin (16.8 years). Also in a population using marijuana, alcohol, barbiturates and cocaine the median age for the start of crime was 13 years and for the first use of the drug 14.3 years. Inciardi, however, considers that the causal connection between drug abuse and crime may run a varying course in different youth groups.

Mott (1975) writes that the correlation between drugs and criminality depends, among other factors, on how often and at what age the drug abuser had his first contact with the control apparatus. Other factors as well, such as the type of drug used and the adolescent environment, may have a significance for the correlation. Such variables as adolescent environment and age at first commitment of crime play an important rôle, too, in non-addicts as regards predisposition to deviational behaviour. Similar conclusions were reached by Johansson and Bjerver (1982) in a study of drug abuse, social conditions and criminality among a population of 510 persons on remand in Stockholm. Their study covers both drug and alcoholic abuse. In 56% of the cases it was found that drug abuse (narcotics and alcohol) had preceded criminality and in 38% that criminality had preceded drug abuse. Their conclusion is that nothing in the resulting data points unambiguously to abuse as cause of criminality despite the existence of a certain statistical relation. Other factors appear to be the cause of both phenomena.

The type of drug and the phase in the abuser's career may have some significance for criminal activity. There is therefore reason to make a more thorough analysis of the connection between drugs and criminality. The problem involved should be more clearly specified. It is also important to study how the crime panorama is affected

after the start of drug abuse. The problem should be related, too, to the type of drug and to the intensity of abuse.

The interest of drug abuse researchers has hitherto been directed chiefly to very limited populations such as the clientele of the remand prison in Stockholm (Bejerot, 1975; Bjerver and Johansson, 1982). These studies often embrace an unproportionately large number of heavy addicts who have a high crime rate. The same objection applies to studies of abusers already listed in criminal registers (Hammar and Szulkin, 1981). It may be methodologically erroneous to generalize the results from these studies to other abuser groups.

Certain limited information concerning the crime panorama of persons sentenced for drug crimes or abusers of drugs can be obtained from the official criminal statistics. Table 1 shows the results of an analysis of prosecutions in drug cases involving other than drug offences. The data cover the period 1975-1980. One can see what other types of crime have been prosecuted simultaneously with (in the same year as) the drug offences. This statistic, however, gives an incomplete picture of the crime rate of those sentenced for drug offences. Particulars from other prosecutions of these persons are lacking. A supplementary analysis of the years 1979 and 1980 shows that in the periods 1975-1979 and 1975-1980 some of these persons had been found guilty of other types of crime in other than drug cases (Table 2).

The latter statistic as well gives a limited idea of the crime rate of the studied population. A certain lack in it is that it records the number of types of crime prosecuted but not the incidence of these types of crime.

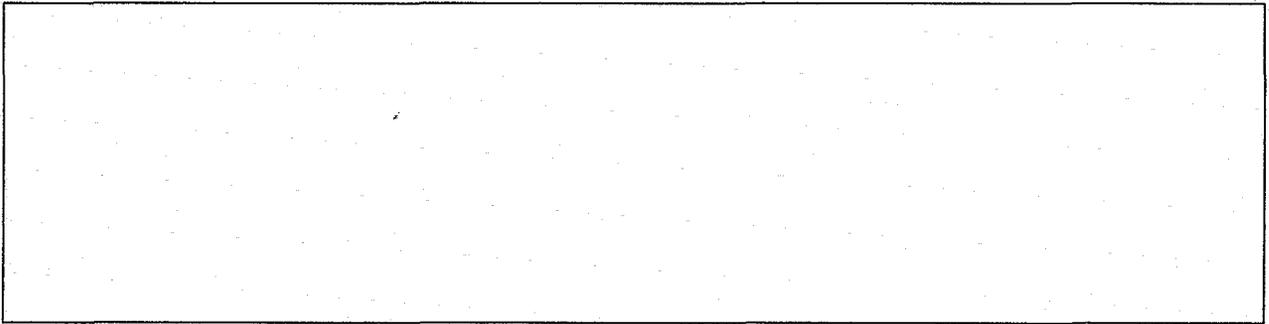
TABLE No. 1
PERSONS CONSENTING TO SUMMARY FINE BY PROSECUTOR OR SENTENCED FOR DRUG OFFENCE,
ACCORDING TO WHETHER THE CHARGE COVERED OTHER THAN A DRUG OFFENCE, 1975-1980

N.B. When a charge covers one or more «other crimes», all of these are prosecuted.
 A charge may thus occur in several columns but only on one line

Year	No other crime	Other crimes than drug offences					Crime against the public	Crime against the State	Crime against the Road Traffic Offences Act	Crime against other laws
		Crime against person	Crime against property							
			Unauthorized taking	Receiving	Damage	Other				
1975	1,422	116	659	349	96	204	80	192	471	218
1976	1,273	142	809	469	102	305	133	187	635	284
1977	1,550	145	831	460	101	298	101	105	679	268
1978	1,856	136	751	393	93	235	115	129	551	252
1979	2,143	105	623	328	95	204	92	135	443	200
1980	3,442	197	1,003	472	172	345	164	148	605	285

TABLE No. 2
PERSONS CONSENTING TO SUMMARY FINE BY PROSECUTOR OR SENTENCED FOR DRUG OFFENCE,
1979 AND 1980, ACCORDING TO WHETHER THEY WERE FOUND GUILTY OF OTHER CRIMES THAN DRUG OFFENCES
IN THE PERIODS 1975-1979 AND 1975-1980

Year	No other crime	Other crimes than drug offences					Crime against the public	Crime against the State	Crime against the Road Traffic Offences Act	Crime against other laws
		Crime against person	Crime against property							
			Unauthorized taking	Receiving	Damage	Other				
1979	893	564	1,681	939	472	784	356	563	1,440	650
1980	1,246	952	2,572	1,178	749	1,158	455	772	2,165	1,102



Reported drug-related crimes of procurement

Data of crimes committed in order to procure drugs are considered to illustrate the crime rate of the drug abusers. Such crimes are, for example, fraud through the use of stolen prescription forms and forgery or thefts from chemists, pharmaceutical stocks, medical and dental clinics or hospitals.

As regards unlawful prescription of drugs there are no available data permitting an analysis of cases when a physician prescribes larger doses of abuse drugs than are medically justified. The extent to which drugs are procured through unlawful prescription is difficult to estimate without carrying out special investigations of prescriptions.

In Sweden about one million prescriptions for narcotic drugs are issued every year (principally soporifics and tranquillizers). One of the ways of unlawful acquisition of lawful drugs is that — especially in the cities — the abusers issue prescriptions over the telephone, professing to be doctors. There are no data concerning the frequency of this procedure. In practice a charge of fraud would appear to be preferred only in a limited number of cases.

There are no detailed figures of thefts of psychodrugs or lawful narcotics. But it may be presumed that the reason for most thefts from chemists, pharmaceutical stocks, doctors and dentists or hospitals is the procurement of habituating drugs. It may therefore be warranted to study the trend of reported thefts from chemists, pharmaceutical stocks, doctors, dentists and hospitals in the period 1969-1981.

The trend of thefts from chemists, pharmaceutical stocks, doctors, dentists and hospitals may depend on many factors; the availability of drugs on the illegal market, the price level, the quality of physical protection (e.g. alarm devices), the clearing-up rate, etc. The changes which have occurred since 1975 are not so great as to allow conclusions which would explain the trend of drug consumption in the country. An increase of thefts from hospitals or pharmaceutical stocks may be a result, for example, of difficulties of procurement on the illegal market regardless of whether drug consumption has gone up. This shows the problem of interpreting such changes.

TABLE No. 3
THEFTS FROM DOCTORS AND DENTISTS, HOSPITALS, CHEMISTS AND
PHARMACEUTICAL STOCKS, 1969-1981

	Doctors, dentists and hospitals	Chemists and pharmaceutical stocks	Total
1969	128	12	140
1970	118	15	133
1971	121	9	130
1972	106	11	117
1973	149	15	164
1974	117	37	154
1975	955	65	1,020
1976	1,285	82	1,367
1977	1,297	72	1,369
1978	1,094	91	1,185
1979	1,360	117	1,477
1980	1,256	110	1,366
1981	1,544	113	1,657

Final conclusions

Analysis of the available criminal statistics shows that drug criminality cannot be regarded as a direct indicator of the extent of the drug problem. During certain periods drug criminality may increase without drug abuse following at the same rate. A more restrictive criminal policy as regards drugs may lead to greater efforts on the part of the police, which in turn affects the number of reported drug crimes. The dark figure for drug crimes, moreover, may be of such magnitude that there is sufficient «scope» for new drug crimes without any change in actual criminality necessarily having occurred. The available criminal statistics afford evidence that this hypothesis is more probable.

Additional research is necessary to gain an overall picture of the

crime rate among drug abusers. This should comprise populations representing different forms of abuse, both occasional and habitual. Knowledge is lacking also of the preventive effect of the restrictive drug policy. A multifaceted evaluation of this could serve as a basis for conclusions as regards criminal policy.

CHAPTER XI

DRUG MISUSE AND CRIME IN THE UNITED KINGDOM: HOME OFFICE RESEARCH AND PLANNING UNIT (*)

The drug control legislation

1. The control legislation at present in force is the Misuse of Drugs Act 1971 (which came fully into force in July 1973). The Act retained the same regime of control as the earlier legislation. The main controls imposed by the Act regulate the import and export, production, supply and possession of the drugs specified in Schedule 2 of the Act. In the Schedule controlled drugs are divided into three classes according to the best judgement of the relative dangers of their misuse and penalty levels for offences involving them are set accordingly. Class A drugs include most of the natural and synthetic opioids (specified individually by name), cocaine, LSD, injectable amphetamines and cannabinal; Class B includes codeine, oral amphetamines and cannabis (including the resin and any part of the plant other than the mature stalk and seeds when separated from the plant); Class C includes methaqualone and certain amphetamine-type drugs.

2. The offences created by the Act include the unlawful production, supply, possession with intent to supply, and possession of the controlled drugs. Unlawful possession of any amount of a controlled drug, whether or not it is allegedly intended for personal use, is an offence. The effect of the Act is to make any activity in relation to a controlled drug unlawful unless it is positively authorized. Members of the medical and allied professions are authorized to carry out those activities involving controlled drugs which are necessary for the practice of their professions. Possession of controlled drugs by patients to whom they have been prescribed by a duly qualified medical practitioner is also, necessarily, authorized.

3. Offences under the Misuse of Drugs Act may be prosecuted summarily or upon indictment, and the maximum penalties are

(*) The United Kingdom has participated in the research with an autonomous study that is reported in this chapter.

related both to the type of offence and to the class of drug involved. Table 1 gives examples of the maximum penalties that may be awarded by the courts. The courts may deal with an offence under the Act by awarding any of the penalties available to them so long as the maxima for the offence is not exceeded (see Table 8 for the sentences awarded for drug offences in 1981). In general, under English and Scottish law there are no mandatory minimum penalties. The maximum determinate sentence of immediate imprisonment for any offence is 14 years and there is an indeterminate sentence of life imprisonment. There is no death penalty in the United Kingdom.

4. Offences involving controlled drugs may be committed under other statutes. The import and export prohibitions under the Misuse of Drugs Act are offences under the Customs and Excise Management Act 1979 and its predecessors. Other offences involving controlled drugs may be committed under the Theft Act 1968 or the Forgery Act 1913.

5. Drugs are also controlled by the Medicines Act 1968. All medicinal products other than those on a General Sales list (i.e. aspirin) may be sold only from registered pharmacies. Medicinal products containing controlled drugs are subject to this restriction and all, except those containing very small quantities of controlled drugs, may only be supplied on a prescription from a duly qualified medical practitioner. The psychoactive drugs (tranquillizers, sedatives and hypnotics) also require a prescription. It is intended that barbiturates should be controlled by the Misuse of Drugs Act. Prescriptions for controlled drugs (except from a medical practitioner who is specifically exempted by the Secretary of State) must provide full details of the prescriber, the drugs and the patient, and must be written in the prescriber's own handwriting.

6. The Misuse of Drugs Act (Notification and Supply to Addicts) Regulations 1973 require any doctor to notify the Chief Medical Officer of the Home Office if he sees a patient whom he considers to be, or has reasonable grounds to suspect is, addicted to any of fourteen Class A controlled drugs. These drugs include cocaine, diamorphine (heroin), dipipanone (Diconal), methadone, morphine, opium and pethidine. Under these Regulations the prescribing, supply or administration of heroin or cocaine to addicts is prohibited except under licence from the Home Secretary or for the purpose of treating organic disease or injury.

7. If any medical practitioner or pharmacist is convicted of an offence under the Act or under the Customs and Excise Management Act 1979, his authority to possess, prescribe, administer, manufacture, compound or supply controlled drugs may be withdrawn by direction from the Home Secretary. The Home Secretary may similarly withdraw the authority to prescribe such drugs from a medical practitioner he believes has been prescribing them irresponsibly. A system of tribunals has been established to advise him on these matters. Between 1976 and 1978 tribunals were convened on eight occasions and the authority to prescribe controlled drugs was withdrawn from five practitioners.

8. The Act established the Advisory Council on the Misuse of Drugs with the duty to keep under review the problems of drug misuse and to advise Ministers on ways of dealing with them.

9. The United Kingdom is a signatory to the United Nations Single Convention on Narcotic Drugs, and controls many of the substances scheduled under the 1971 Convention on Psychotropic Substances.

Treatment and rehabilitation for drug misusers

10. Every British resident is eligible for free treatment under the National Health Service (NHS). Anyone covered by these provisions and seeking help because of their drug misuse may approach a doctor who is a general practitioner who, if he accepts the person as a patient, may treat him as he thinks appropriate. The doctor may not prescribe heroin or cocaine, unless specially licensed to do so, to a patient he considers, or suspects, is addicted to any controlled drug. The rôle of the general practitioner since 1968 in treating misusers (i.e. since the licensing regulations came into force and the setting up of the Drug Treatment Centres) is largely unexplored, although there is evidence that their involvement is increasing.

11. The Drug Treatment Centres (DTCs) were established in 1968 primarily to treat heroin addicts. Patients dependent upon non-opioid drugs have not usually been accepted for treatment. The DTCs operate as out-patient clinics (with some access to in-patient beds) within the hospital service of the NHS. Patients may be referred by their general practitioners, by social work agencies or they may refer themselves. Long-term treatment depends largely

upon continued out-patient contact. Shortage of resources has meant that only a minority of drug misusers may be offered voluntary treatment in hostels or therapeutic communities by non-statutory agencies. Seeking and continuing to accept treatment from the DTCs by drug misusers or addicts is entirely voluntary.

12. There is no compulsory treatment of drug misusers in the United Kingdom. In the case of drug misusers found guilty of any offence the courts may award any sentence, within the maxima for that offence, that it considers appropriate. The court may, with the consent of the offender, make a probation order with the condition of psychiatric treatment, either in a hospital or as an out-patient. In England and Wales, if the court is convinced that the offender is suffering from mental disorder, as defined by the Mental Health Act 1959, it may make an order under the Act for the offender to be sent to a psychiatric hospital either with no restriction on release or requiring authorization from the Home Secretary. «Drug addiction» is not defined as mental disorder under the Act. It is not known how many notified addicts or drug misusers have been so sentenced but the number must be very small indeed as the courts make very sparing use of their powers under the Act.

13. A recent report by the Advisory Council on the Misuse of Drugs, «Treatment and Rehabilitation» (1982), noted that there was considerable variation between DTCs in their assessment, treatment and prescribing practices. The majority of new patients are usually prescribed small daily doses of oral methadone only, and injectable opioids are now rarely prescribed to them. Prescribing of opioids is usually considered to be only part of a treatment programme, although some clinicians are prepared to continue to prescribe injectable opioids over an indefinite period. In some DTCs patients who have been so prescribed may be encouraged, or required, to accept oral methadone instead. Some DTCs do not prescribe opioids in any form at all.

14. The report, noting that most drug dependent persons use a variety of different drugs, recommends that the treatment and rehabilitation services for them should be geared to helping problem drug takers «... to solve common problems rather than to be merely substance or diagnosis centred». It is recommended that the present DTCs should continue to treat the most serious «problem drug takers», who are defined as «drug takers for whom the misuse of

drugs, whether opioids, other drugs controlled by the Misuse of Drugs Act, or such drugs as barbiturates and tranquillizers which are not controlled, is a central feature of their life style».

15. Stimson and Oppenheimer (1982), in a review of the operation of the DTCs, note that in contrast to the methadone maintenance programmes in the United States, the treatment policy and practice of the United Kingdom DTCs is left entirely to the discretion of the clinicians in charge of them, almost all of whom are psychiatrists. (The Advisory Council report recommends that guidelines should be drawn up on good medical practice in the treatment of problem drug takers.)

16. Comparing their own observations of some London DTCs and interviews with the staff and patients in 1969 with similar information collected between 1977 and 1981, they found marked changes in the attitudes and prescribing practices of the doctors. Most particularly, there was a questioning of, and a disenchantment with, the efficacy of the maintenance prescribing of injectable opioids. Edwards (1979) has described the earlier prescribing practice of the DTCs as «competitive prescribing» which, in addition to its treatment function for individual patients, also played a vital rôle in prevention by undercutting the cost of drugs on the black market, and making an illicit trade in heroin less attractive to the criminal entrepreneur.

17. Stimson and Oppenheimer note that since 1975/76 almost all patients at the DTCs have been prescribed oral methadone only and suggest that this change in treatment practice has probably resulted in a change in the clientele attending. In the early days the drug users attended because they wanted, and expected to get, a licit supply of injectable drugs. Now that such drugs are unlikely to be prescribed, the people who go to the DTCs and stay with them may only be those who seek help to become abstinent.

18. They adduce the evidence that many drug users — casual users of opioids, barbiturate users and polydrug users — do not attend the DTCs. There has been an increase in the number of addicts notified by «other doctors» (see Table 4) and studies of hospital accident and emergency departments have shown that many patients treated for drug overdoses are drug dependent and not in contact with a DTC (Ghodse, 1977).

The prevalence of opioid use

19. Doctors who see patients whom they consider to be, or suspect are, addicted to certain Class A controlled drugs are required to notify the patient to the Chief Medical Officer of the Home Office (see paragraph 6). The notification should include the names, address, sex, date of birth, date of attendance and the names of the drug or drugs the patient is using.

20. Each year a small number of persons are notified who have become addicted to controlled drugs in the course of treatment for disease, the «therapeutic addict». In addition, there are also small numbers of persons notified who, in the course of their occupations or profession have ready access to controlled drugs, i.e. doctors, nurses, pharmacists, the «professional addict». Such therapeutic and professional addicts are not considered here.

21. The statutory requirement that doctors should notify the Home Office of their addict patients was introduced in 1968 as a means of preventing addicts from attending more than one DTC and perhaps receiving several supplies of drugs. So that the DTCs could trace their patients an Index of notified addicts was set up by the Home Office. The police are not routinely informed of the names of notified addicts.

22. The information in the Addicts Index is used to compile the statistics on addiction in the United Kingdom. The Index does not, and cannot, provide accurate information about the number of persons who have ever, or who may be currently misusing controlled drugs. The Index obviously does not include opioid users who have not come to the notice of a doctor nor does it include persons who misuse controlled drugs other than those specified in the Notification Regulations. Nor is it certain that all doctors are aware of the Regulations and of all the drugs covered by them.

23. The Advisory Council report suggests that, at the time it was written, there were probably at least 20,000 opioid addicts in the United Kingdom and, in addition, that there may be a similar number misusing other drugs. The report noted that increasingly new notifications were being received from most parts of the United Kingdom, particularly from the major urban conurbations, although the majority continue to be notified from the Greater London area.

24. Table 2 shows the number of persons notified to the Home

Office during each year since 1971. The most notable feature of the table is the annual increase, particularly since 1976, in the number of persons notified who were not previously known to the Home Office, i.e. new cases. The increase may be due, in part at least, to improved notification practice by general practitioners.

25. Table 3 shows the age and sex distributions of new notifications since 1973. During the period the sex ratio has been around 4 males to one female. The majority of new cases have been aged under 30, with rather fewer males than females aged under 20.

26. Table 4 shows the number of first notifications, i.e. new cases by source of notification since 1970. The table shows that the total number of new notifications, and new notifications of persons using heroin, from DTCs and from prison medical officers has declined during the period while the proportion from general practitioners (GPs) has increased.

Drug offences

27. Table 5 shows the total number of persons, by age group, found guilty of, or cautioned by the police, since 1973 for offences under the Misuse of Drugs Act and for offences under other statutes when a controlled drug was involved. The police may caution any offender who admits the offence and who agrees to accept a caution, as an alternative to prosecution. Around 2% of drug offenders have been cautioned annually, almost all for offences involving cannabis. The proportion of offenders aged under 21 has declined from 45% of all those dealt with in 1973 to 25% in 1981.

28. There was a decline in the number of persons dealt with (i.e. found guilty or cautioned) for drug offences in the years 1974 to 1977 as compared with 1973. Table 6 shows that since 1978 there has been an annual increase in the numbers dealt with for all types of offence with the exception of «permitting premises to be used for unlawful purposes». Unlawful possession of a controlled drug remained the most common type of offence.

29. Table 7 shows that the majority of drug offenders have been dealt with for offences involving cannabis. Since 1978 the number of persons dealt with for offences involving each type of drug have tended to increase, most particularly for offences involving cocaine, heroin, methadone or dipipanone.

30. Table 8 shows the sentences awarded in 1981 for drug offences by the type of drug involved in the offence. The great majority of drug offenders in England and Wales are found guilty and sentenced by magistrates courts where the lower maximum sentences apply (see Table 1). It is not possible to describe separately the details of sentences awarded to drug offenders in each part of the United Kingdom.

31. Mott (1981) examined the sentencing of persons found guilty of drug offences between 1967 and 1979. She found, hardly surprisingly, that the type of sentence awarded was related both to the type of offence and to the drug involved in the offence. Offences of unlawful possession were sentenced least severely, with the majority of offenders being fined, and offences of unlawful import or export sentenced most severely, with the majority of offenders awarded sentences of immediate imprisonment (the most severe sentence the court can award). Any offence involving heroin tended to be sentenced more severely than offences involving cannabis.

32. Table 9 shows that in 1981 more persons found guilty of unlawful possession of any controlled drug were fined, and fined smaller amounts, than those found guilty of unlawful import or export. More of those found guilty of unlawful import or export were sentenced to immediate imprisonment, and fewer were awarded short prison sentences of six months or less, than those found guilty of unlawful possession.

33. Table 9 also shows that fewer of those found guilty of any offence involving heroin were fined, and were fined larger amounts, than those whose offences involved cannabis. A greater proportion of heroin offenders were imprisoned and fewer were awarded short sentences than those whose offences involved cannabis.

TABLE No. 1
MAXIMUM PENALTIES FOR CERTAIN OFFENCES UNDER THE MISUSE
OF DRUGS ACT 1971

Class of drug	Unlawful supply		Unlawful possession		Possession with intent to supply unlawfully	
	Summary	Indictment	Summary	Indictment	Summary	Indictment
A	6 months imprisonment or fine of £1000 or both.	14 years or fine or both.	6 months or fine of £1000 or both.	7 years or fine or both.	6 months or £1000 or both.	14 years or fine or both.
B	6 months or £1000 or both.	14 years or fine or both.	3 months or £500 or both.	5 years or fine or both.	6 months or £1000 or both.	14 years or fine or both.
C	3 months or £500 or both.	5 years or fine or both.	3 months or £200 or both.	2 years or fine or both.	3 months or £500 or both.	5 years or fine or both.

Summary conviction means conviction by a lower court, and indictment conviction by a higher court (or case passed to a higher court for sentence).



TABLE No. 2
NARCOTIC DRUG ADDICTS KNOWN TO THE HOME OFFICE BY NEW NOTIFICATIONS AND NUMBERS NO LONGER
RECORDED AS ADDICTS AND YEAR

	Number of persons										
	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Addicts known to be receiving drugs at 1 January	1,426	1,549	1,617	1,816	1,967	1,949	1,874	2,016	2,402	2,666	2,846
Persons notified during the year as addicts by medical practitioners:											
Not previously known	774	800	807	870	922	984	1,109	1,347	1,597	1,600	2,248
Known in earlier years	562	587	599	566	536	541	622	753	788	841	1,063
Total notified during the year	1,336	1,387	1,406	1,436	1,458	1,525	1,731	2,100	2,385	2,441	3,311
Persons no longer recorded as addicts at 31 December:											
Removed by reason of death	58	65	61	77	68	63	40	60	49	73	46
Admitted to penal or other institution	1,155	1,254	(438	388	484	513	442	484	553	429	546
No longer seeking treatment			(708	820	924	1,024	1,107	1,170	1,519	1,759	1,721
Total no longer recorded	1,213	1,319	1,207	1,285	1,476	1,600	1,589	1,714	2,121	2,261	2,313
Addicts known to be receiving drugs as at 31 December	1,549	1,617	1,816	1,967	1,949	1,874	2,016	2,402	2,666	2,846	3,844

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.

TABLE No. 3
NEW ADDICTS NOTIFIED TO THE HOME OFFICE BY SEX
AND AGE GROUP

	Males N	Females N	Total N	Aged			
				under 20		20 - 30	
				M %	F %	M %	F %
1973	644	163	807	23	25	66	61
1974	665	205	870	22	20	62	55
1975	719	203	922	11	20	73	62
1976	745	239	984	8	17	75	65
1977	817	292	1109	7	17	67	63
1978	1003	344	1347	7	14	70	67
1979	1162	435	1597	6	13	68	66
1980	1140	460	1600	10	11	65	70
1981	1607	641	2248	9	14	66	64

Source: *Home Office Statistical Department.*

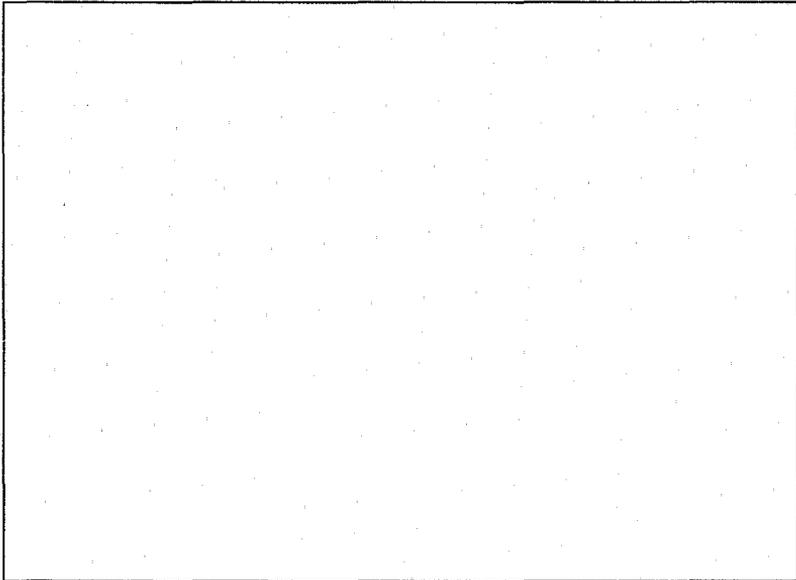


TABLE No. 4
NEW NOTIFICATIONS OF ADDICTS BY SOURCE OF NOTIFICATION

	1970	1975	1980	1981
Total number of new notifications received (all notifiable drugs*)	762	905	1637	2248
Received from:				
Drug Treatment Centres	344 (45%)	381 (42%)	584 (36%)	737 (33%)
General practitioners	111 (15%)	260 (29%)	803 (49%)	1191 (53%)
Prison medical officers	307 (40%)	264 (29%)	250 (15%)	320 (14%)
Total number of new notifications received for heroin	353	511	1181	1660
Received from:				
Drug Treatment Centres	163 (46%)	202 (40%)	463 (39%)	692 (36%)
General practitioners	20 (6%)	118 (23%)	499 (42%)	791 (48%)
Prison medical officers	170 (48%)	191 (37%)	219 (19%)	267 (16%)

* Cocaine, dextromoramide, diamorphine (heroin), dipipanone, hydrocodone, hydromorphone, levorphanol, methadone, morphine, opium, oxycodone, pethidine, phanazocine and piritramide.

Source: Advisory Council on the Misuse of Drugs «Treatment and Rehabilitation» 1982.

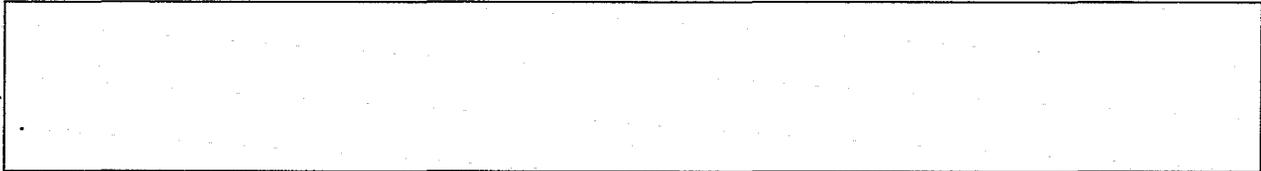


TABLE No. 5
PERSONS (1) FOUND GUILTY OF OR CAUTIONED FOR DRUGS OFFENCES BY AGE GROUP AND YEAR

Age group	Number and percentage of persons								
	1973	1974	1975	1976	1977	1978	1979	1980	1981
Number of persons									
Under 14	7	5	1	5	—	4	4	12	8
14 and under 17	615	330	202	166	185	145	210	270	285
17 and under 21	6,109	4,446	3,470	3,273	3,044	3,163	3,185	3,691	4,068
21 and under 25	5,030	4,410	4,416	4,564	4,354	4,364	4,319	4,846	4,886
25 and under 30	2,033	2,129	2,441	3,168	3,442	3,674	3,952	4,665	4,709
30 and over	1,183	1,212	1,316	1,578	1,882	2,254	2,669	3,674	3,965
All ages	14,977	12,532	11,846	12,754	12,907	13,604	14,339	17,158	17,921
Percentage of persons									
Under 14	—	—	—	—	—	—	—	—	—
14 and under 17	4	3	2	1	1	1	1	2	2
17 and under 21	41	35	29	26	24	23	22	22	23
21 and under 25	34	35	37	36	34	32	30	28	27
25 and under 30	14	17	21	25	27	27	28	27	26
30 and over	8	10	11	12	15	17	19	21	22
All ages	100	100	100	100	100	100	100	100	100

(1) In addition 3 Companies were found guilty of offences in 1973 and 1 each in 1974, 1975 and 1978.

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.



TABLE No. 6
PERSONS (1) FOUND GUILTY OF OR CAUTIONED FOR DRUGS OFFENCES BY OFFENCE AND YEAR

Type of offence	Number of persons									
	1973	1974	1975	1976	1977	1978	1979	1980	1981	
Offences under Drugs Acts:										
Unlawful production	4	6	15	17	18	21	19	7	25	
Unlawful supply	648	812	772	836	757	772	712	892	1,000	
Possession with intent to supply unlawfully (2)	82	311	448	496	477	495	489	572	699	
Unlawful possession	13,868 (3)	11,201 (3)	10,443	11,097	10,987	11,771	12,152	14,030	14,850	
Cultivation of cannabis plant	384	456	565	771	985	932	1,225	2,173	1,581	
Permitting premises to be used for unlawful purposes	511	384	317	366	308	321	340	332	263	
Other Drugs Acts offences	48	82	134	125	180	176	173	213	254	
All Drugs Acts offences	14,351	11,811	11,146	11,941	11,994	12,646	13,226	15,852	16,471	
Unlawful import or export	365	405	517	629	815	880	982	1,186	1,357	
Other offences involving drugs	712	827	764	641	499	499	416	401	400	
All drugs offences	14,977	12,532	11,846	12,754	12,907	13,604	14,339	17,158	17,921	

(1) As the same person may be found guilty of or cautioned for more than one offence, rows cannot be added together to produce totals.

(2) This offence was introduced by the Misuse of Drugs Act 1971, which came into force on 1 July 1973.

(3) Includes offences of procuring of drugs committed before 1 July 1973 when the Misuse of Drugs Act 1971 came into force.

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.

TABLE No. 7
PERSONS (1) FOUND GUILTY OF OR CAUTIONED FOR DRUGS OFFENCES BY DRUG TYPE AND YEAR

Type of drug	Number of persons								
	1973	1974	1975	1976	1977	1978	1979	1980	1981
Cocaine	181	375	379	327	309	348	331	476	566
Heroin	435	444	393	464	393	483	520	751	808
Methadone	347	464	484	416	347	369	298	363	445
Dipipanone	198	369	409	361	378	493	453	440	498
LSD	1,323	905	826	647	279	291	208	246	345
Cannabis	11,476	9,517	8,987	9,946	10,607	11,572	12,409	14,910	15,388
Amphetamines	1,777	1,482	1,501	1,909	1,788	1,093	760	827	1,074
Other drugs	1,672	1,654	1,642	1,293	1,298	1,262	1,165	1,292	1,141
All drugs	14,977	12,532	11,846	12,754	12,907	13,604	14,339	17,158	17,921

(1) As the same person may be found guilty of or cautioned for offences involving more than one drug rows cannot be added together to produce totals.

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.

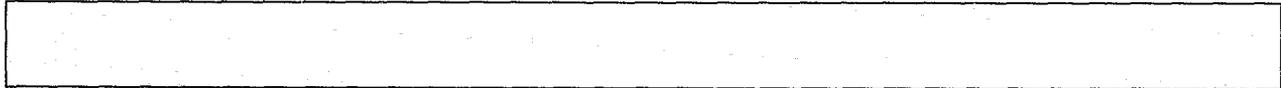


TABLE No. 8
PERSONS FOUND GUILTY OF DRUGS ACT OFFENCES BY SEX, DRUG AND SENTENCE OR ORDER

1981

Percentage (1) of total persons found guilty

Sex and type of drug	Total found guilty (= 100%)	Absolute or conditional discharge	Probation or supervision order	Fine	Detention centre	Borstal training	Suspended sentence	Immediate imprisonment (2)	Otherwise dealt with (3)
Male:									
Cocaine	389	6	5	39	—	1	12	34	3
Heroin	554	5	10	32	—	1	15	34	2
Methadone	312	15	15	23	—	1	14	27	4
Dipipanone	304	9	15	22	—	1	16	31	6
LSD	288	5	7	53	—	1	12	17	5
Cannabis	12,479	9	3	74	—	—	4	6	3
Amphetamines	849	7	5	57	—	1	8	17	5
Other drugs	803	11	9	32	—	1	14	27	5
All drugs (4)	14,263	9	3	70	—	—	6	8	3
Female:									
Cocaine	59	(10)	(14)	(39)	*	(—)	(17)	(17)	(3)
Heroin	124	15	21	18	*	1	19	21	5
Methadone	72	(29)	(18)	(21)	*	(—)	(18)	(13)	(1)
Dipipanone	59	(14)	(24)	(20)	*	(—)	(25)	(5)	(12)
LSD	41	(15)	(12)	(61)	*	(—)	(5)	(5)	(2)
Cannabis	1,611	18	8	63	*	—	5	3	3
Amphetamines	149	15	13	54	*	1	8	6	2
Other drugs	128	23	16	26	*	—	13	18	5
All drugs (4)	1,956	19	10	57	*	—	7	4	3

(1) Percentages in brackets are based on fewer than 100 persons.

(2) Includes both effective and concurrent sentences of imprisonment.

(3) Covers all other forms of sentences or order awarded by the courts and, in particular, care orders and community service orders.

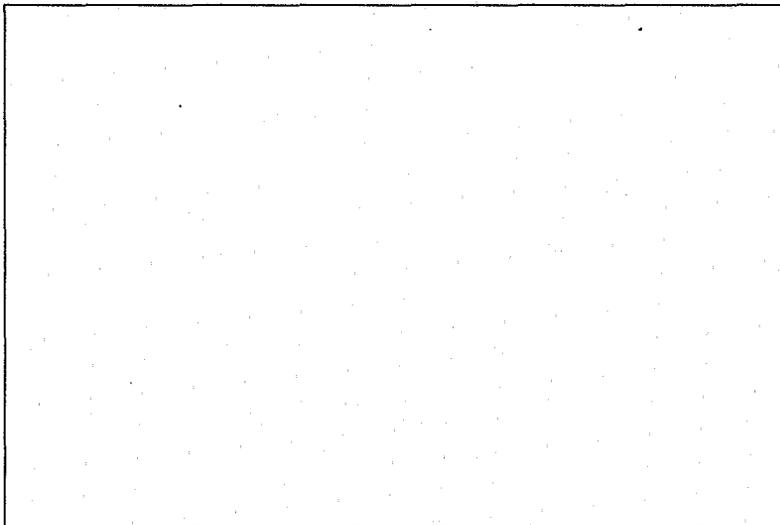
(4) As the same person may be found guilty of offences involving more than one drug, rows cannot be added together to produce totals.

Source: Home Office Statistics on the misuse of drugs, Supplementary Tables 1981.

TABLE No. 9
PERCENTAGES OF PERSONS FOUND GUILTY OF CERTAIN DRUG
OFFENCES AND AWARDED SENTENCES OF IMMEDIATE
IMPRISONMENT OR FINED IN 1981

Offence	Sentence awarded	
	Fine	Immediate imprisonment
Unlawful import or export of any controlled drug	44% (Average amount of fine £268)	44% (20% sentenced to 6 months or less)
Unlawful possession of any controlled drug	73% (Average amount of fine £53)	5% (83% sentenced to 6 months or less)
Any offence involving heroin	28% (50% fined £50 or less. (Average amount of fine £133)	37% (26% sentenced to 6 months or less)
Any offence involving cannabis	72% (71% fined £50 or less. Average amount of fine £64)	8% (53% sentenced to 6 months or less)

Source: *Home Office Statistics on the misuse of drugs in the United Kingdom, Supplementary Tables 1981.*



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TABLE OF CONTENTS

	Page
Foreword	3
Chapters	
I. Introduction	7
II. The research	21
III. Comparative analysis of legislations relating to the phenomenon of drug abuse in the participating countries	31
IV. Analysis of the data supplied by the national preliminary reports	39
V. Analysis of the data resulting from the administration of the «vignettes»	67
VI. Analysis of the data collected through guided interviews with drug addicts	95
VII. Summary of results	149
VIII. Conclusions, remarks, perspectives and policy implications	159
IX. The laws, criminal justice system, and treatment/rehabilitation system in New York State (USA) ...	167
X. Drug criminality and drug abuse in Sweden 1969-1981: The National Swedish Council for Criminal Behaviour	185
XI. Drug misuse and crime in the United Kingdom: Home Office Research and Planning Unit	193
Annexes	
1. Bibliography	211
2. List of experts and researchers involved in the study	245
UNSDRI Publications	249