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Doping the System:

Stories of Drug Use by UK Prisoners

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dope, n. A preparation, mixture, or drug which is not specifically named.

dope, v. trans. To administer dope to; to stupefy with a drug; to drug.

--Oxford English Dictionary, Second Edition

Introduction

According to results from the most recent British Crime Survey, 46.6% of 16 to 24 year olds have used an illicit drug (Chivite-Matthews *et al.*: 1-2). That nearly half of young people in this country have sought intoxication through chemical inebriants indicates that drug use is a pervasive feature of the British cultural landscape. Besides their possession of prohibited substances, most of these drug users do not engage in any other form of criminal activity (Hough 1996). What is of concern, then, is the subset of users for whom drug use has become problematic.

The 'drugs-crime link' is one of the thorniest issues in current criminological research; it poses significant theoretical and methodological challenges (Bean 2002; Seddon 2000). Many attempts have been made to estimate the significance and scope of drug related crime. Drugs and crime have long been associated, but only recently have studies produced reliable data on the intersections of drug use and criminal offending behaviors. For example, in his evaluation of the New English and Welsh Arrestee Drug Abuse Monitoring (NEW-ADAM) Programme, Bennett found that over two-thirds of arrestees tested positive for at least one illegal drug (Bennett 2000: v). The cost of drug-related crime is substantial—the cumulative economic cost of crimes committed by dependent heroin users alone has been estimated at up to £864 million annually (Hough 1996: 5).

These figures are quite high, and although the data tells us that a lot of people in this country are engaging in illegal activities by smoking, snorting and pill-

popping, from a criminological perspective, the data tells us very little about *why* people choose to use illicit drugs in the first place. Why are cannabis, ecstasy, crack and heroin such popular drugs? We still do not fully understand how the processes of drug use and offending relate to each other. Very little research has addressed this subject using qualitative data from a user's perspective, which may provide experiential insights into the phenomenon of drug-taking. Instead of approaching drug use from a criminal justice perspective, it may be more fruitful to approach the issue from the opposite direction, that is, to see *drug use as a lens to crime* (see Pearson 1999).

Prevalence, Theory and Context

Prevalence of Drug Use

The total population of people who use illicit drugs can be divided into two groups: (1) known users who have been identified through registers, police records, treatment center rolls, prison assessments etc. and (2) unknown users, sometimes called hidden or invisible users (Robson 1999: 22; Parker *et al.* 1988: 80). Known users, such as prisoners enrolled in a treatment program, may provide a skewed picture of all users' behavioral patterns.[1] Researchers have attempted to sample the second, "hidden sector" through a variety of means (Parker *et al.* 1988: 80). For example, in a suburb of Liverpool in the late 1980s, Parker and colleagues used snowballing from known heroin users and calculated that approximately two-thirds of the total user population were 'unknown' (*ibid.*). Studies of this nature often use creative sampling tactics in order to identify a drug users, "experimenters" and "exposed nonusers" who have often taken pains to fly below the radar screen (Hughes 1977: 74-5). For example, in a recent study in Glasgow, Hutchinson sampled from a variety of non-traditional locations, including eight syringe exchanges, seven

[1] In their review of the causes of "predatory crime" (i.e. income generating, or acquisitive crime), Chaiken and Chaken state: "Among incarcerated offenders, the ones who are arrested frequently are actually a mix of offenders including two very distinct types of chronic offenders: inept, emotionally disturbed people...who do not commit many predatory offenses but are arrested nearly every time they commit a crime; and frequent users of multiple drugs who commit predatory crimes at high rates and are frequently caught because they are opportunistic and do not plan their criminal activities to avoid detection" (Chaiken & Chaiken 1990: 214-5; internal citations omitted)

pharmacists, twelve shopping centers and "other street locations" (Hutchinson 2000: 166). Finally, in the 'storefront' method pioneered by Preble, the research team rents out a storefront in a neighborhood with a high concentration of drug users (Preble & Casey 1969; Johnson *et al.* 1985: 195). The storefront operates as a home base from which to conduct interviews, usually as part of an epidemiological study.

Despite these creative sampling methods, the most reliable numbers on the prevalence of drug-taking in England and Wales still come from the British Crime Survey (BCS). The 2003-2004 BCS found that more than a third of the respondents (35.6% of 16 to 59 year olds) have used one or more illicit drugs in their lifetime; it is estimated that over eleven million people in this age range have at some point used an illicit drug (Chivite-Matthews *et al.* 2005: 1-2). The figures are even more striking for younger respondents. 46.6% of 16 to 24 year olds have used one or more illicit drugs in their lifetime; 27.8% used one or more illicit drugs in the last year and 17.3% in the last month (*ibid.*: 23). Most of these users began taking drugs in their teenage years: the median age of onset for taking cannabis is 15 (*ibid.* 78). Crack, ecstasy, LSD and psilocybin (magic mushrooms) were most frequently first taken at age 16 (*ibid.*). Cocaine had the highest age of onset at 18 years (*ibid.*: 78).

In a comparison of the prevalence of drug use around the world, the United Kingdom comes out ahead of its neighbours. A United Nations commissioned study has comprehensively aggregated data regarding the annual prevalence of drug use in the countries of the world. When compared with the rest of the world, the UK ranks 1st for amphetamines; when compared against its partners in Western Europe, the UK

ranks 4th for opiates, 3rd for cocaine, 2nd for ecstasy and leads the pack for cannabis (Office on Drugs and Crime 2004: 390, 395, 398, 400).

Prevalence rates for drug use amongst arrestees are significantly higher than for the rest of the population. In his evaluation of the NEW-ADAM, Bennett found that 69% of arrestees tested positive for at least one illicit drug, and that 36% tested positive for multiple drugs (Bennett 2000: v; see also Maden *et al.* 1991; Brooke *et al.* 1998; Singleton 2005). Although the NEW-ADAM Programme was not designed to explore a possible causal relationship between crime and drugs, Bennett did uncover a number of interest findings which shed light on the issue. For example, 42% of arrestees reported that their drug use and crime were connected (Bennett 2000: x). The report also raised questions about the frequency of offense rates amongst users who spent a lot of money on drugs. Arrestees who reported spending £100 or more on drugs in the last week also reported *ten times* the number of offences than those who didn't spend any money on drugs (*ibid.*). These individuals also reported significantly higher rates of arrest and eight times more income generated through illegal means (ibid.). Bennett concluded that the use of crack, cocaine and heroin were associated with higher rates of property crime: users of these drugs were more than five times more likely than non-users to report committing robbery and four times more likely to report shoplifting (Bennett 2000: ix).

The NEW-ADAM review also explored the role of drug "dependence" amongst arrestees and found that one-third claimed to be "dependent" on an illegal drug (Bennett 2000: xi). The need for treatment was not being met for two-thirds of users who reported they required treatment (Bennett 2000: xiii, 111; Brooke *et al.*

1998). Evidence of the treatment gap is even more compelling in the United States: approximately 70% of all state prison inmates are in need of substance abuse treatment, but only 15% complete a treatment program before their release (Office of Justice Programs 1998; National Institute of Justice 1996).

To monitor drug intake and to deter use, each prison now administers urinalysis mandatory drug testing (MDT) to a random sample of 5-10% of inmates each month. According to figures from the National Offender Management Service (NOMS), 50% of the drug tests came back positive in 1996-7, but that the figure has declined to just 12.5% last year (NOMS 2005: 18; Singleton 2005: xii). There has been speculation that prisoners are using strategies to beat the tests. For example, there also anecdotal reports of a practice called "flushing" whereby the inmate drinks excessive amounts of water to clear the body (see Edgar & O'Donnel 1998 for a full discussion). By far the most common drugs used in the prison setting are cannabis and heroin (Burows *et al.* 2000: 2; Edgar & O'Donnel 1998: 11; Darke *et al.* 1998). The prevalence of drug use by inmates enrolled in a prison drug treatment program is even higher; in one study, three-quarters reported that they took drugs while in prison (Burows *et al.* 2000: 2).

Drugs-Crime Link Theories and the Etiological Conundrum

The difficulty in evidencing the nature of the causal relationship has plagued inquiries into the drug-crime nexus (Bean 2002: 8; Seddon 2000: 102). To simplify matters, let us summarize the primary etiological possibilities as follows:

1. drug use leads to crime (Ball & Ross 1991);
2. crime leads to drug use (Mott & Taylor 1974; McBride & McCoy 1982);
3. there is a third "common cause" (Kaye *et al.* 1998); or
4. the phenomena are explained by a combination of the foregoing possibilities (Best *et al.* 2001: 125).

Each explanation has its fierce defenders and assailants, and frequently the debate is overshadowed by the contested public discourse on drugs between the 'drug warriors' and the pro-drug 'legalizers' (Bean 2002:11; Seddon 2000: 100). Leaving rhetoric aside, neither camp has been able to establish more than a weak causal connection (*ibid.*).

A variety of theoretical models have been proffered to explain the drug-crime connection. The "populist view" holds that addicts fund their habits through crimes such as shoplifting, theft, burglary and robbery; there is some research to support this "economic compulsive model" (Coid *et al.* 2000; Gandossy 1980; Johnson *et al.* 1985: 4; Ball *et al.* 1983; Bean 2002: 24). In a 1983 study of heroin addicts in Baltimore in the United States, Ball, Shaffer and Nurco found that heavy users committed high levels of property crime. They found that the men had committed more than 2,000 offenses per individual over an eleven year period. In total, the 243 study participants were responsible for 500,000 crimes (Ball *et al.* 1983: 122). The

thought that a few hundred men could be responsible for *half a million* crimes is astounding. What is particularly interesting about this study, however, is that the researchers were able to match periods of increased drug use with periods of increased criminality and vice versa (*ibid.*: 121-2). The researchers found that the men committed more crimes while addicted to heroin than during their periods of non-use; indeed, "there was a 6-fold increase in their criminality during their addiction periods" (*ibid.*: 122). That periods of addiction, recovery and relapse may parallel offense frequency bolsters the claim that addiction to heroin is a criminogenic influence. However, like many studies along these lines, the researchers could not substantiate a strict causal claim (*ibid.*: 139; Parker *et al.* 1988; Johnson *et al.* 1985).

Finally, some authors choose to focus on the psychopharmacological effects of drug use and subsequent aggressive or violent tendencies. Goldstein suggests taking drugs such as alcohol, crack or PCP may induce aggressive tendencies in some individuals (Goldstein 1985: 256). He also proposes that there are both short-term and long-term psychopharmacological implications for heavy drug users (*ibid.*). Fagan has also reviewed the links between intoxication and aggression, and identifies a number of possible perspectives on the relationship. These perspectives include biological, physiological, psychophysiological, endocrinal, genetic, psychopharmacological, psychological, psychiatric, personality development and emotional approaches (for a full discussion of this topic, see Fagan 1990). To bridge these perspectives, Fagan synthesizes these approaches into a meta-model which he terms "the integrated model of substance use and aggression" (Fagan 1990: 299). Unfortunately, even if this "integrated" model is a valid and true explanation of the

relationship between drugs and aggression, it is unclear what pragmatic application may be derived from it. Fagan's somewhat convoluted summary of the model is as follows:

> "The evidence from several disciplines suggests that individual attributes, both psychological and physiological, combine with cognitive and emotional factors that are interpreted through social-psychological contexts and situational factors to explain the interaction between substance and individual, set, culture, and behavior" (*ibid.*: 299).

Unfortunately, this "integrated" model is so all-inclusive that it is of questionable utility. Nevertheless, it demonstrates the multiple factors that must be taken into account when addressing the relationship between drug-taking and aggression.

The second etiological formulation of the drug-crime link is that involvement in crime somehow leads individuals to use drugs; it is a reversal of the drug-crime link. In Chaiken and Chaiken's review of research, they found that although drug use and dependence might predate the onset of offending behaviors for some individuals, the reverse was true for others—a history of acquisitive crime facilitated an individual's initiation into drugs (Chaiken & Chaiken 1990). The age of first onset of offending behaviors generally occurred before the age of first drug use (*ibid.*: 216). In a Home Office sponsored study of 221 heroin users enrolled in a National Health Services clinic in East London, Coid *et al.* found that the onset of theft and shoplifting preceded their first opiate use by five years, and burglary preceded first opiate use by three years (2000). While this temporal progression does not necessarily refute the possibility that drugs cause crime, it certainly becomes more difficult to make that claim. Chaiken and Chaiken conclude: "continued criminality is more predictive of future drug use than is drug use predictive of criminality" (1990: 219; Davies 1997: 150). They come to the conclusion that there is "no simple general relation" that

explains the relationship between drug use and offending behaviors (Chaiken & Chaiken 1990: 210).

There is, however, some evidence that regardless of the order of age of onset, the heavy use of heroin may "accelerate" an already existing offending pattern (Chaiken & Chaiken 1990: 219). Nurco *et al.* found that amongst high-rate offenders who also used heroin, the "intensity of offending appears to vary directly with intensity of drug use" (Nurco *et al.* 1988; Chaiken & Chaiken 1990: 212). There is also ample evidence from self-reports that users tend to attribute their offending behaviors to their drug use: in the study by Coid *et al.* mentioned above, 67% of the heroin users believed there was a strong link between the two behaviors, and half claimed that their current offending served "solely to fund their drug habit" (Coid *et al.* 2000). User attributions can, of course, be criticized as a convenient way for users to dismiss their criminal culpability; drugs become an easily blamed scapegoat for crime.

The third etiological possibility circumvents the "chicken or the egg" drugs-crime debate and focuses on some antecedent third factor, or a "common cause" (Hughes 1977: 87; Thornberry & Krohn 1997: 218, 230; Sampson & Laub 1993: 242). Hough synthesizes the research into three explanative models:

1. the *coping model or self-medication model*, which stresses social deprivation as a causal factor of drug use (see Khantzian 1985; 1997);
2. the *structure model*, which argues that individuals who are denied access to socially legitimate opportunity structures will seek success through illegitimate structures (e.g. crime) (see Cloward & Ohlin 1960); and

3. the *status model*, which holds that individuals acquire status through drug dealing and related crime in "subcultures that respect anti-authoritarian machismo, risk taking and entrepreneurialism" (Hough 1996: 8; Bean 2002: 19-20).

In the fields of psychology and psychiatry, Khantzian's self-medication model has been instrumental in redefining the motivations for drug use. Drawing on clinical and psychiatric findings, Khantzian proposes that some drug users are predisposed to addiction because they suffer from "painful affect states" and have difficulty self-regulating their behaviors, such as self-calming and self care (Khantzian 1985 1997; Gossop 1993: 55-6). He suggests that drugs are not chosen randomly. Rather, they are chosen because they provide useful pharmacological properties. Heroin users prefer to use opiates because of "their powerful muting action on the disorganizing and threatening affects of rage and aggression" (Khantzian 1985). Cocaine and crack are used to relieve distress and is associated with depression, hypomania and hyperactivity (*ibid.*; 1997).

Hough's second primary explanation, the structure model, is based on the work of Cloward and Ohlin. In his review of Merton's anomie theory, Cloward noted that Merton had outlined a single "legitimate" opportunity structure; Cloward joined with Ohlin to develop a theory of delinquent gangs, wherein they proposed a second "illegitimate" structure of opportunity to complement Merton's "legitimate" opportunity structure[2] (Cloward & Ohlin 1960; see also Merton 1968). These structures are mediated by class, and as such, an individual's access to each opportunity structure is a necessary precondition for involvement in that structure

[2] See also Chaiken and Chaiken's discussion of "nontraditional lifestyle" (1990: 212) as well as Akers' application of social learning theory to alcohol and marijuana use (Akers 1992; Krohn 1999: 464).

(*ibid.*). Hough proposes that social status in certain subcultures is acquired through illegal activities such as drug dealing. Cloward and Ohlin propose that drug addiction is a retreat from both opportunity structures (Cloward & Ohlin 1960: 150).

Other possible "third cause" etiological factors include family structure, school performance, religious ties and peer associations (Fagan 1990: 279). That there are so many conflicting theories reflects the highly complicated nature of the relationship between drugs and crime. Best and colleagues conclude that there is no "simple, mechanistic relationship" between drug use and crime (Best *et al.* 2001: 125).

Historical and Medical Contexts

A 1909 textbook reads:

> "The sufferer is tremulous and loses his self command; he is subject to fits of agitation and depression. He loses colour and has a haggard appearance...As with other such agents, a renewed dose of this poison gives temporary relief, but at the cost of future misery" (quoted in Gossop 1993: 5)

This vile poison was none other than coffee. That the use of such a commonplace substance could have been deemed illicit less than a century ago reflects the shifting distinction between sanctioned "medicines" and illicit "drugs." The historical and medical contexts of illicit drug use are expansive. In his extensive review of the role of drugs in the "making of the modern world," Courtwright argues

that drugs should be viewed as mass-market commodities with "global production and distribution systems" (Courtwright 2001: 39). He identifies what he terms "the big three," namely alcohol, tobacco and caffeine; the "little three" are opium, cannabis and coca (*ibid.*) In his discussion of the medical uses of many currently illegal drugs, Courtwright highlights the pharmaceutical and medical origins of these infamous substances. For example, Parke Davis marketed cocaine; Smith, Kline & French promoted amphetamines; Bayer marketed morphine and heroin; and Merck created ecstasy (*ibid.*: 78, 86, 193; Robson 1999: 174).

As will be discussed in greater detail below, this study is in part concerned with why users prefer specific drugs. The preferred drugs of the study sample were cannabis, ecstasy, crack and heroin. Each compound has unique pharmacological expression, as well as a particular history of medical and recreational use. As such, a brief introduction to each of these substances at this point will provide a background for the findings discussed below.

Archaeological evidence suggests that cannabis has been used since ancient times for its medical and analgesic properties (Robson 1999: 66-7; Rudgley 1993: 173). It was administered in China, Greece and Assyria as a painkiller and to reduce fever and inflammation, and its applications were detailed in the Egyptian Ebers' papyrus, the world's oldest preserved medical document (*ibid.*). More recently, the nineteenth century saw the founding of the *Club des Haschischins* by Jacques-Joseph Moreau in 1844, who brought the plant to Paris from his travels in Egypt. Notable members included Alexandre Dumas, Gustave Flaubert, Théophile Gautier, Eugène

Delacroix, Victor Hugo, Honoré de Balzac and Charles Baudelaire (Gossop 1993: 95-6; Robson 1999: 69).

Pills sold on the black market as 'ecstasy' are often adulterated with other psychoactive compounds such as MDA, DXM and amphetamines. However, pure ecstasy is actually a compound known as MDMA, or methylenedioxymethamphetamine, and was created in 1912 by E. Merck (Robson 1999: 138). The drug was largely forgotten for half a century, but by the 1970s, the drug had returned and was clinically employed in psychotherapy sessions in the United States (*ibid*.). MDMA was criminalized in both the United States and the United Kingdom after prominent reports of ecstasy-related club deaths. Recently, however, there is renewed interest in MDMA for its therapeutic value: the Food and Drug Administration in the United States has approved two studies which are using MDMA to treat post-traumatic stress disorder (PTSD) and cancer anxiety (MAPS 2005; Conant 2005).

The coca leaf has a long history of cultural, medicinal and recreational usage. The earliest evidence of coca chewing in the archaeological record dates back to 3000 B.C. (Courtwright 2001: 46). Perhaps the drug's most famous proponent is Sigmund Freud, who in 1884 authored 'Uber Coca,' which he characterized as "a song of praise to this magical substance," for the "exhilaration and lasting euphoria" that it provided (quoted in Robson 1999: 88; Gossop 1993: 136). Freud advocated coca's medicinal application "to counteract nervous debility, indigestion, cachexia (wasting), morphine addiction, alcoholism, high-altitude asthma and impotence" (Courtwright 2001: 48). The drug also has a place in the pharmacological history. In 1892, the

pharmaceutical company Parke, Davis published a lengthy review of the substance in *The Pharmacology of the Newer Materia Medica*; 240 pages were devoted to coca and cocaine, but only three pages addressed cocaine's well known dangers (*ibid.*: 86).

Powdered cocaine is usually snorted, but it can be converted to crack cocaine by "freebasing" the powder with sodium bicarbonate (baking soda); in this 'rock' form it is usually smoked in a pipe (NIDA 2005). Courtwright states that cocaine had been a relatively expensive drug, but that in the 1980s, the cheaper form of crack brought the cocaine high within "the reach of the poor," and catalyzed widespread adoption of crack in the inner cities (Courtwright 2001: 52). Cocaine and crack are designated Schedule II drugs in the United States and are listed as a Class A drug under the Misuse of Drugs Act 1971.

The opium poppy plant holds an important place in the medical and social epistemes of mankind (Courtwright 2001: 32). Egyptians, Sumerians, Greeks, Persians and Romans employed it for its analgesic properties (Robson 1999: 170-1). It is also widely believed that the Homer's "nepenthe," given to Helen of Troy, was in fact an opium brew (Gossop 1993: 7). People have administered the drug in a variety of mixtures and forms. In the sixteenth century, Paracelsus created laudanum (Latin for "worthy of praise"), a mix of opium and alcohol (Robson 1999: 170-1). In 1821, Thomas de Quincey's *Confessions of an English Opium Eater* was first published. It laid bare the secret habit of many London elites; it also details his struggle to free himself of opium's "accursed chain" (de Quincey 2003: 3-5).[3] In Cambridgeshire, as

[3] de Quincey writes "If opium-eating be a sensual pleasure, and if I am bound to confess that I have indulged in it to an excess, yet not recorded of any other man, it is no less true, that I have struggled against this fascinating enthralment with a religious zeal, and have, at length, accomplished what I

documented in the travel narrative of Charles Kingsley, the use of opium was more socially acceptable; indeed, in the swampy Fens, it was customary to drink beer with a dram of opium dissolved in it[4] (Gossop 1993: 8). Political men have indulged opium habits: Marcus Aurelius was an avid opium user, as was Otto von Bismarck and Hermann Göring (Courtwright 2001: 32, 37-8, 93). Literary types too were users of opium: Lord Byron, Percy Bysshe Shelley, John Keats, Charles Lamb and Walter Scott (Wish & Gropper 1990: 350; Gossop 1993: 8; Robson 1999: 172). Some authors came to use the drug so heavily they became addicted to it: William Wilberforce, George Crabbe, Samuel Taylor Coleridge (*ibid.*)

Morphine is derived from opium and is named for Morpheus, the Greek god of dreams (*ibid.*: 174). The medical use of morphine was a boon to soldiers on the battle front—it soon became a drug of choice. Opiate addiction in the American Civil War was known as 'the soldier's sickness' or 'the army disease' (Gossop 1993: 124; Robson 1999: 174). Estimates of the number of American opium addicts after the war range from 200,000 and 264,000 by 1920. (Gossop 1993: 124). During the Great War, Harrods sold morphine and cocaine kits as "useful present[s] for friends at the front" (Robson 1999: 175; Gossop 1993: 155). Morphine was such a heavily abused substance that the search for a replacement drug was on: heroin was developed at St.

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never yet heard attributed to any other man—have untwisted, almost to its final links, the accursed chain which fettered me." (de Quincey 2003: 4)

[4] '"Yoo goo into druggist's shop o' market day, into Cambridge, and you'll see the little boxes, doozens and doozens, a' ready on the counter and never a venman's wife goo by, but what calls in for her pennord o' elevation, to last her out the week. Oh! ho! ho! Well it keeps women-folk quiet, it do; and its mortal good agin ago' (ague) pains."
"But what is it?"
"Opium, bor' alive, opium"'
--Travel narrative of Charles Kingsley Alton Locke in the Cambridge market, 1850 (quoted in Gossop 1993: 8; O'Kelly et al. 2004: 1)

Mary's Hospital in London in 1898 and was heralded as a safe and non-addictive substitute to be used in the treatment of morphine addiction (Gossop 1993: 125).

In the United Kingdom during the twentieth century, public policy on illegal drug use and misuse was informed by two dominant approaches to drug-taking: medicalization and criminalization (Bean 2002: 52). In 1924, the Rolleston Committee published its report, wherein it adopted a disease model of drug addiction (MacGregor & Smith 1998: 71). The report suggested that addiction should be regarded as an illness that required medical care and treatment, rather than as a crime that called for imprisonment (*ibid.;* Robson 1999: 176). It directed that doctors ought to give their patients scripts for morphine or heroin so as to wean the users off these drugs (*ibid.*). Thus, the "British System" came into being, whereby the social control of drugs was vested with medical authorities (for a full discussion of the development of the "British System" see MacGregor & Smith 1998). The Misuse of Drugs Act (1971) are Regulations passed in 1985 are now the central legal texts controlling the use of drugs; they created a drugs classification scheme delineating A, B and C class drugs (Robson 1999: 240; Bean 2002: 52). Additionally, sentences were increased for the possession, supply or trafficking of these substances (*ibid.*). Most recently, New Labour's 1998 manifesto: "Tackling Drugs to Build a Better Britain" outlined a national drugs strategy that emphasized prevention, reducing supply, reducing drug-related crime and its impact on communities and drug treatment. (Home Office 1998; Robson 1999: 246; Kothari 2002: 414)

Drug Use Etiology

Why do people use drugs? This simple question has dogged theorists, in part because of its cross-field, multi-disciplinary nature. In their 1990 review of research in this area, Anglin and Hser conclude that: "Unfortunately, drug-use etiology is still poorly understood beyond the general realization that it is a complex, multiply determined behavior influenced by genetic, psychobiological, sociocultural and environmental factors" (Anglin & Hser 1990: 402). Before we begin a brief review of drug use etiology, a useful distinction should be made between the study of intoxication and the study of addiction. The former is concerned with issues of altered states of consciousness and subjective experience; it asks the following sorts of questions: What needs do drugs meet? What about the drug experience causes a drug user to seek it out? The latter, the study of addiction, is concerned with issues such as compulsive drug-taking, loss of control and physical dependency; it seeks to answer the question: why does a drug user continue to use despite adverse health, social, or legal consequences? Intoxication and addiction, while related in a variety of ways, should not be conflated.

There is a dearth of qualitative literature on drug-taking and the experience of drug-induced intoxication. We still do not know much about what compels an individual to use drugs, especially from a criminological point of view. Studies of addiction tend to focus on the negative aspects of drug use and ignore or downplay what users report are the positive aspects of their drug experiences (Parker *et al.* 1988: 44). A number of authors have noted the pleasure and euphoria produced by

the ingestion of certain substances within an addiction framework, but they have declined to investigate those positive effects further (Bejerot 1980; Hatterer 1980; McAuliffe & Gordon 1974). Peele even argues that "any powerful experience" can become the object of addiction (1985: 54-5). However, in order to explain why certain individuals prefer intoxication to sobriety, we must seriously ask the question: why do people use drugs in the first place? Subsequently we can focus on addiction as a habitualized and problematic behavior.

Andrew Weil proposes that human beings innately seek out ways of changing their conscious states (Weil 1986). He suggests that like the hunger or sex drives, this drive is normal and fulfills a basic human need. Weil cites a variety of phenomenon to support his thesis: twilight states, hypnogogic and hypnopompic states (just before and just after sleep), daydreams, trances, meditatative states, hypnotic states and delirium; even children spinning until they fall over is an example of a natural inducement of altered consciousness (*ibid.*; Robson 1999: 8). As Courtwright puts it: "the desire to vacate ego-centred consciousness is deep-seated" (Courtwright 2001: 92). Weil suggests that drugs are a "quick and effective" way to satisfy this need, but that "they fail us over time" (Weil 1986).

The search for altered conscious states is not new. In 1860, Baudelaire wrote an ode to hashish entitled *Les Paradis Artificiels*, or *Artificial Paradises* (Baudelaire & Diamond 1996). A mere four years later, Baudelaire died of venereal disease, a confirmed opium addict (*ibid.*). Nevertheless, his idea that people prefer artificial paradises to the reality of boredom and monotony was widely adopted. Ferrel, a cultural criminologist, argues that boredom is a defining characteristic of modernism

and everyday life, and that boredom has encouraged "illicit excitement" and "ephemeral crimes committed against boredom itself" (Ferrell 2004: 287). Other writers have synthesized the idea of artificial paradises with Weil's thesis, applying these concepts to the use of intoxicants throughout time and across cultures (Courtwright 2001: 92; Gossop 1993: 196-7; Rudgley 1993: 3; Wasson *et al. 1986*).

Another possible explanation of drug use is the phenomenon of sensation seeking. Despite the risks inherent to some activities, many individuals are still willing to pursue a variety of novel, complex and intense experiences. Zuckerman has pioneered this field and applies sensation seeking theory to behaviors such as alcohol and drug use, as well as to driving, gambling, sex and sports (Zuckerman 1994).[5] Recent studies have identified a pharmacological basis to these behaviors—a dopamine deficiency in certain individuals characterized by a "reward-deficiency syndrome" that may lead to sensation seeking and drug use (Gardner 1999). Gardner argues that cocaine blocks the dopamine reuptake transporter in the brain, thereby flooding the brain with this pleasure-producing hormone (*ibid.*). Unfortunately, criminological research into the relationship between sensation seeking, drug use and criminal offending has been quite limited (Egan *et al.* 2001).

Finally, we turn to addiction. Although addictionology is complexly related to the study of intoxication and to the theories mentioned above, it constitutes its own distinct discipline. It is not within the scope of this paper to fully review the sprawling addiction literature, but a brief outline of the various theories of addiction is appropriate. In their survey of addiction literature, Anglin and Hser identify three

[5] See also Katz's discussion of novelty seeking and moral seduction (Katz 1988)

primary models of addiction, each of which implied a different approach to treatment and prevention:

- the *moral model* attributes drug addiction to moral weakness and forwards moral education or punishment as its remedies;
- the *disease model* sees physiological or psychobiological dependence as the cause of addiction and advocates medical or behavioral management; and
- the *behavioral model* views addiction as a pattern of maladaptive learned habits to be modified by cognitive or behavioral techniques (Anglin & Hser 1990: 402; Bean 2002; see also Robson 1999: 197-216; Elster 1999).

The moral model has fallen out of favor amongst treatment providers, but the latter two models are sometimes combined in application, such as in a treatment program that uses methadone maintenance treatment (MMT) in conjunction with cognitive behavioral therapy (CBT) (Anglin & Hser 1990: 402). Other theorists conceive of addiction as an expedient social construct and criticize the dominant disease model as a pathologization of human behavior (Peele 1985).

Description of the Study

Methodological Discussion

The British Crime Survey, while an essential mode of data collection, includes only a small section on drug use tacked to the end; it has been criticized for failing to provide detailed information upon which to base drugs policy decisions (MacDonald 1999; Pearson 1999). Psychologist Wendy Hollway points out the limits of quantitative methodology and questions its ability to explain the complex and sometimes irrational workings of the human mind (Hollway & Jefferson 2000; Hollway 2001). Quantitative methodologies often fail to problematize research questions, limit the collection of data to discrete information and avoid analyzing data that is not operationalizable (*ibid.*). Qualitative methodology takes up this challenge by developing an epistemological framework centered on the creation, rather than the collection of knowledge.

Pearson lauds information gathered through qualitative methods, especially ethnographic field research on drug use, which he calls "an essential but threatened resource" (Pearson 1999: 482-3). In his critique of the standard economic compulsion model of the drugs-crime link, Seddon finds that the model is "not wholly supported by empirical research" and is "flawed at a theoretical level" (Seddon 2000: 98-9). He outlines a need for research in this area:

> "...in order to tease out these detailed workings, a series of ethnographies of the drug–crime association is required. These would need to look not only at drug-using offenders but also at non-drug-taking groups with similar sociodemographic characteristics in order to illuminate the processes by which people become involved in different patterns of delinquency and by which some remain non-delinquent. It follows too from the notion of 'soft determinism' that such studies would need to set these processes in their wider social, economic and cultural contexts" (Seddon 2000: 102-3).

Through ethnographies, interviews and other techniques, qualitative methodology is well suited to address questions of meaning, subjective experience and transformation within their relevant contexts (McAdams 1999: 492).

The interview method allows the researcher to collect stories and subjective experiences through a process of intersubjective data generation. The old model of the interview as a simple data collecting exercise "in the manner of shelling peas" has been largely abandoned (Collins 1998: 1.1, 4.4). Interviews are in fact constructive activities in which new data is generated within a negotiated, intersubjective dialogue.

Methods of interviewing exist on a continuum from highly structured through semi-structured to unstructured (Burgess 1984; Collins 1998: 1.3). There are clear advantages to utilizing the structured interview technique: it minimizes interviewer bias and simplifies the coding and analysis of data. However, the disadvantages of structured interviews are many: they are inflexible, provide no means of probing for further detail and segment the life course into predefined (and perhaps ill conceived) chronological categories. On the other end of the spectrum, the unstructured interview possesses the advantage of having no strict agenda and alleviates researcher bias by eschewing the superimposition of research goals onto the interview. As such, unstructured interviewing is best conducted as part of ethnographic fieldwork. A

serious critique of this method, however, is that "even the most 'unstructured' interview is actually structured at a number of levels" (Collins 1998: 1.3).

Situated between these two poles, the semi-structured interview avoids many of these shortcomings. Unlike the structured method, the semi-structured interview allows the interviewer to probe and engage the interviewee, especially when recalling complicated or traumatic life events. Similarly, when compared with the unstructured interview technique, the semi-structured approach possesses the virtue of presenting the research inquiry in a relatively transparent manner. In semi-structured format, the interviewer usually uses an "interview guide" instead of a stricter "interview schedule" (Bernard 1988: 205). Additionally, the dialogue is allowed to flow in a more natural, less formalized progression. As such, a long semi-structured interview encourages the development of trust and rapport. One of the strengths of open-ended interviews is that the format promotes the fuller expression of individualized processes of addiction and offending.

Using semi-structured interviews, previous studies have succeeded in drawing relationships between drug use and offending, but they have fallen short of explaining how these phenomena function within the life of an individual. For example, in a study of drug injectors in Glasgow, Hutchinson and colleagues found a "clear positive relationship between crime and drug expenditure," but could not explain this relationship "at an individual level" (Hutchinson 2000: 171). In another example, in a series of semi-structured interviews of heroin users living in Melbourne public housing, the researchers conceptualized the impact of heroin addiction as "vary[ing] from person to person" and were unable to apply their findings to the lives of "heroin

users *per se*" (Dalton 2004: 231-2; Seddon 2000: 102-3). This does not mean that common patterns and themes of heroin use cannot be developed, but it is clear that researchers should be cognizant of individual variations when designing methodologies into drug use.

The use of illicit drugs, burglary and mugging are highly stigmatized behaviors; self-reporting of these behaviors will vary widely depending upon the method of data collection (Perlis *et al.* 2003: 885). Heavy drug users who also engage in criminal activity are deemed to be social pariahs regardless of class or ethnicity (Perlis *et al.* 2003: 885). Hence, under-reporting is a serious concern. The social desirability hypothesis proposes that the presence of a human interviewer promotes lower self-reporting of socially stigmatized behaviors (Kraus 2000: 469). A number of studies have assessed this hypothesis by comparing self-reporting rates collected through three different methods: traditional paper-and-pencil questionnaires, Audio Computer Assisted Self-Interviewing (A-CASI)[6] and face-to-face interviews. Some studies have shown that when compared with interviews, traditional questionnaires elicit either similar or slightly higher rates of reported drug use from respondents (Aquilino 1994; Rosen *et al.* 2000: 419). Yet higher still were the rates of self-reporting of stigmatized behavior collected by the A-CASI method. In an assessment of A-CASI and structured face-to-face interviews at drug treatment programs, researchers found that "A-CASI was associated with greater reporting of potentially stigmatized drug, sex and HIV risk behavior" (Perlis *et al.* 2003: 885). In another study, researchers alternated between A-CASI and face-to-face methods

[6] In this approach, the participant listens to pre-recorded questions through earphones, and responds to questions on a computer screen. In this way, the responses are not colored by the intonations and inflections of the interviewer (Perlis *et al.* 2003: 895).

when interviewing injecting drug users at syringe exchange programs in the United States. The study found that respondents under-reported HIV risk behaviors such as needle sharing in the face-to-face structured interviews (Des Jarlais 1999: 1657).

There is evidence that face-to-face interviews may yet possess certain advantages which cannot be replicated with a computer. Newman and colleagues have found that in certain categories, psychological distress for example, interviewees were more likely to report sensitive data to a human than to a machine (Newman *et al.* 2002). Factors such as "maintaining social respect, obtaining social support and altruism" were provided to explain the difference in reporting of sensitive data (*ibid.*). These studies compared *structured* face-to-face interviews with other data collection methods, not with *semi-structured* interviews. To the best of this researcher's knowledge, there are no studies which compare self-report of sensitive information between structured and semi-structured interviews. However, there are reasons to believe the semi-structured interview is superior to the unstructured interview in this regard. For example, the data collected from closed questions is limited in its ability to flesh out the contours of complex processes (Ragin 1994: 75). As one research team concluded: "gathering threatening, complex, sensitive, or confrontative data may be difficult using structured questionnaires" (Bauman & Greenberg Adair: 11). The willingness of a study participant to engage with former drug and crime experiences is in part dependent upon the candor, rapport and trust which is developed between interviewer and interviewee (Johnson *et al.* 1985: 197).

The under-reporting of socially stigmatized behaviors is but one of many possible validity concerns. Established social roles of the "suffering addict," "crack

fiend," "junkie" and stories of the reformed user ("straight and narrow") may provide an approved "official account" that reifies norms, values and ideals (Bourdieu 1977: 37). In his discussion of self-help groups, Lofland argues that it is "ironic" that these groups endorse the same identity categories as "the social control establishment" (1969: 287). The performance of a sanctioned social role may even preclude the telling of some stories (McAdams 1999: 481). Maruna raises the problem of roles and "preferred stories" (Maruna 2001). These socially desirable stories limit the available identities reforming deviants may adopt "within existing paradigms of public discourse" (Maruna 2001: 8, citing Foote & Frank 1999 and Henry & Milovanovic 1996). When choosing participants in his study, Maruna was careful not to oversample members of Alcoholics Anonymous or other rehabilitative organizations because these therapeutic programs offer "somewhat prepackaged narratives and interpretations"[7] (Maruna 2001: 177). As members of an intensive therapeutic community, participants may parrot official program language and adopt socially sanctioned identity roles.

It is also possible that the bias of social desirability may not be immediately apparent. For example, in a methadone maintenance therapy setting, polydrug cocaine and heroin users are seen as "problem patients by methadone program staff" (Perlis *et al.* 2003: 895). In this setting the use of heroin is deemed desirable, while the use of cocaine is undesirable.

Within narrative theory, an important distinction must be made between the changes "within individuals" and comparisons "between individuals" (Sampson &

[7] See also Goffman's discussion of genuineness, transformation narratives and social performance (Goffman 1969: 24, 222).

Laub 1993: 204). Let us address the former. The life-course perspective is concerned with the entire life-course of the individual, its trajectories, transitions and turning points (*ibid.*: 8; Gadd & Farrall 2004: 125). The narrative analysis of a life story is sensitive to temporal order; it pays particular attention to an individuals' reflexive creation and transformation of identity (Maruna 2001: 7; Giddens 1991: 52; McAdams 1999; Abbott 1992: 53, 64-65). Maruna states that the telling of one's life story is an exercise in "sense-making" (Maruna 2001: 7). Through this process, the individual develops a "personal myth" that stresses internal coherence, but may or may not conform to standards of external validity (*ibid.*).

Regarding changes "between individuals," one of the challenges of narrative methodology is the multi-case comparison of unique stories. Abbott addresses this issue directly in his discussion of the "ontology of cases" (Abbott 1992: 64). Firstly, he defines a "case" as an agent with a unique "plot" (*ibid.*: 53). Abbott then critiques positivist, analytic approaches for adhering to a single "plot" hypothesis and for forcing each case, or 'unit of analysis,' to fit within the bounds of that plot. The analyst's allegiance to his or her particular hypothesis (or to use Abbott's language, to "the theoretical dominance of the narrative plot") results in case homogenization (*ibid.*: 65). Abbott champions the formalized utilization of narrative methodology as a more appropriate approach to the agentic case. He dichotomizes the two approaches as follows:

> "Thus the ontology of cases differs sharply in population/analytic and case/narrative approaches. The former requires rigidly delimitable cases, assigns them properties with trans-case meanings, builds cases on the foundation of simple existence, and refuses all fundamental transformations. The latter, by contrast, assumes cases will have fuzzy boundaries, takes all properties to have case-specific meanings, analyzes by simplifying

presumably complex cases, and allows, even focuses on, case transformation" (*ibid.*: 64).

Despite the advantages of narrative methodology, Abbott bemoans its sloppy and informal application. He argues that there is a need to formalize the discipline and to move beyond the single case narrative approach to "create narrative generalizations across cases" (*ibid.*: 79).[8]

Background and Methodology

The study was designed broadly as exploratory research, and as such avoided a narrowly defined research scope and fixed analytic frame (Ragin 1994: 75). A variety of research questions were considered, which can be summarized as follows:

1. Why do prisoners use specific drugs and how do prisoners report experiencing those drugs?
2. How are their stories of drug use contextualized?
3. How are prisoners' experiences with drugs, crime and incarceration related?

Participants were initially informed that the research was concerned with "narratives of drug use" by prisoners, but the matter was not further elaborated.

Study participants were selected from a pool of users enrolled in a twelve-step drug rehabilitation program at HMP The Mount, a Category C prison in Hemel Hempstead, northwest of London. In a scathing report on The Mount recently published by Her Majesty's Inspectorate of Prisons, Chief Inspector Anne Owers states: "[T]he first responsibility of those running a prison is to provide a safe and

[8] See also Josselson's "methodological commandments" (Josselson 1999: ix)

decent environment. At the time of the inspection, The Mount was neither" (HMP The Mount 2005). The inspection report described an "overall dismal picture" and Owers stated: "prisons should not be allowed to deteriorate to this level" (*ibid.*; Report 2005: 5). As of May 2005, when the study was conducted, the prison was still rated as a level two on a performance scale from one to four, but had been making gains on key performance indicators.

Through contacts at the University of Cambridge Institute of Criminology and the Prison Service, the researcher was introduced to the psychology staff at HMP The Mount, as well as to the staff of the prison's RAPt program. The Rehabilitation for Addicted Prisoners Trust (RAPt) is a contracted agency that provides drug rehabilitation services through nine prison-based twelve-step programs, community twelve-step programs and prison-based CARAT (Counseling, Advice, Referral, Assessment and Throughcare) services (RAPt 2005). The RAPt program is modeled as an in-prison therapeutic community and consists of three distinct phases: (1) an initial stage called Assessment, Education and Pre-Admission, lasting at least four weeks (AEP); (2) an intensive Primary program lasting approximately twelve weeks in which clients complete steps one through five of the twelve step program; and (3) Aftercare, a period with less programming of variable length, followed by a transition back into the prison or some other form of criminal justice supervision. All participants are subject to a voluntary drug testing (VDT) regime.

Ten participants were selected according to a stratified purposeful sampling strategy in order to explore a cross-section of program participants and to facilitate comparisons (Patton 1990). Two participants were in the initial phase of treatment

(AEP), two were in the Primary stage, three were in Aftercare and one was a full graduate of the program. Two participants were included who had been dismissed from the RAPt program for breaking program rules, such as testing positive for drugs or for supplying "clean" urine to another prisoner. As only two interviews were conducted each day, participants were selected based upon the program's busy schedule and their availability. This is a recognized problem even with purposive sampling; while it is not believed that the sampling was biased in any particular direction, the ad hoc nature of the sampling did allow for discretion on the part of the RAPt staff to choose study participants in a non-random manner.

Ten semi-structured in-depth interviews were conducted by a single researcher using an interview guide. Interviews lasted approximately two hours each and were conducted in an interview room on the RAPt spur on Brister. Before each interview, participants were provided with a form which explained the purpose of the study; they were also orally briefed on the matter. All participants provided informed consent, were apprized of the fact that the interviewer was independent of the prison administration, that interview data was strictly confidential, and that what they said would have no bearing whatsoever on their privileges or prison records. Data gathered included the age of first use for certain drugs and whether an individual had sold drugs. A comprehensive inventory of drugs used by each participant was also taken; for a summary of this data, see Appendix A. Interviews were tape recorded and subsequently transcribed and coded using a grounded method and content analysis (Corbin & Strauss 1990; Dalton 2004: 232).

It is important to note that as this is exploratory research, the aim of the content analysis was to identify stories, patterns and themes embedded in the data across participants. No effort has been made to analyze the data using a life stories-based narrative method. True narrative methodology remains faithful to an individual's life story as the primary unit of analysis and would retain narrative, temporal order (Ragin 1994: 159; Abbott 1992: 53). An additional research goal was to give voice to prisoners—to collect and share their stories of drug use so as to contribute an often ignored point of view to the discourse on the drugs-crime link. Finally, as Sampson and Laub have pointed out: "qualitative data are particularly useful in suggesting important areas for future research consideration" (Sampson & Laub 1993: 252). It is hoped that these data and the resulting conceptual analysis will inform the design of future research in this area.

Findings

Stories of Drug Use

Tom, a black male now in his twenties, recounted the story of his first use of crack at the age of fourteen. His older sister had asked him to pick up something down the street, which he discovered was a rock of crack:

> "She fight with me that day, I was, I got really scared y'know, 'cause she was pregnant. I saw her sway, and y'know, she was holding onto her stomach, and I was really worried about the baby, y'know. I was asking her questions like 'how do you feel, are you alright, should I call an ambulance or something like that' and she called me down, [pause] and um, she offered me some. And um, I took it, y'know, and uh, and it, it really gave me the buzz that I believe I was looking for. And, from that day on, I abandoned weed, I abandoned weed. I said I don't want weed anymore. Y'know this stuff keeps me up, keeps me alert, and it really gives me that buzz that I'm looking for. Everyday I'd try to score a piece of crack. Everyday, every single day. That's when I got into burglary. I started burgling, mugging people on the streets, snatching people's, snatching women's handbags, y'know, when the night was dark, when it was really dark, that was the time to go out...I loved my sister for giving it to me, because it really made me feel good, feel confident, no worries."

Tom's story touches on many of the points that will be raised throughout this section. Tom used a specific drug for a specific reason; his experience of the drug's effects was positive and pleasurable; he used it as a way to forget his troubles; and he linked his initiation into crime with his initiation into drug use.

A content analysis of the data provided for different possible organizing principles. For a variety of reasons, it was decided that the data should be presented in sections according to the four major preferred drugs: cannabis, ecstasy, crack and

heroin. Each substance has its own unique pharmacological properties and social use context. Although a number of common threads run throughout the stories of drugs, to group these themes according to these threads would gloss over important drug-specific findings. The differentiation of "polydrug use" into specific drugs yields important insights into drug use etiology and user reports.

Cannabis Experiences: A "Happy Space"

Cannabis was the only illicit substance used by all ten participants and was generally described as a drug taken with great frequency. Smoking cannabis made some participants feel "relaxed" and "carefree," and was generally smoked in a communal setting amongst friends. One user claimed the drug "makes you feel lighter than what you are." Nick, a white male in his early twenties, stated that his father had a "problem" with cannabis and gambling. Nick said that he smoked cannabis because:

> "It took away fear...I had a lot of trouble fitting in. I was shy, and I was scared to talk to other people, talk to girls and stuff like that. Cannabis...it would take that fear away, you know? I could've coped with it and talked to her."

Cannabis was used to alleviate anxiety, and three participants reported that it gave them confidence in anxiety-provoking social situations. After tobacco and alcohol, cannabis is important as it was generally the user's first experience with drug induced intoxication. Cannabis was also a substance to which many users repeatedly returned. For one user who claims to have "tried virtually everything under the sun," cannabis was the "thing that done it for me." It was the high he had been seeking.

Another user, Ollie, a white male in his forties, told a long and difficult life story with three defining events: (1) a memory of his mother being beaten by police officers when he was a young child, (2) his brother being arrested and "taken away" from him, and (3) being raped by a church warden while in his care during a trip to London. Ollie reports being defiant and violent as an adolescent. He was sent to a borstal at the age of thirteen, the same age as his first cannabis experience, of which he said:

> "When I first smoked cannabis, it took away all the fears I had inside of me. Like the child abuse, my mum, my brother being taken away from me. The loneliness I felt. It took all that away, I didn't have to think about any of that. It put me in a space that I enjoyed being in. A happy space, where I was laughing. Anything would amuse me...it would give me the confidence to talk to strangers"

The metaphor of being put into a "different space" or being "brought to a place where..." was used repeatedly by the participants when asked to describe a drug experience.

Users also reported a variety of negative effects including nausea, vertigo, lassitude and paranoia. One participant's father kicked him out of his house for possession of cannabis. Two users reported being addicted to cannabis and defined their use as 'problematic,' while the other users viewed their use of cannabis as less troublesome.

Ecstasy Experiences: Affection and Euphoria

Nine of the ten study participants reported using ecstasy. Most users reported feelings of affection for friends and fellow rave-goers, feelings of being "loved up," "you love everyone," "wanting to hug people" and "floating." The ability to openly express affection was a major breakthrough for Ollie. A white male in his forties, Ollie reported that he was raped as a child by a "sick bastard," a church warden who was his caretaker on a trip to London. He attributes his violent tendencies to his aversion to men touching him: "I do not like being touched. I hate men touching me. I *hate* it. I've hated it all my life. Police...anybody at all, any male touching me—I would get very violent." Ollie was openly defiant to figures of authority throughout his time at approved schools and at a borstal. Before serving his first adult prison sentence, Ollie reveled in violent pub fights and "football violence." Upon his release, his friends introduced him to the rave scene and gave him a pill of ecstasy:

> "And all of a sudden I fucking got this feeling I never ever had before in my life. Now the music I've fallen in love with anyway, acid house, all of a sudden I got this rush I never ever had. It felt like my whole body was coming into itself and going out of itself. At a really fast rate... [my mate] said 'it's lovely isn't it?' And he just grabbed me and started cuddling, and suddenly I was just cuddling him. I went 'Yeah, this is great.' ... I fell in love with them [ecstasy pills] mate. I fell in love with them. I went raving every single weekend. I just went out committing burglaries just to go raving all over the country."

Ollie, who had previously loathed men touching him, found that ecstasy helped him to express sincere affection and even to "cuddle" his mates.

Superlatives were frequently invoked to describe the ecstasy experience: "the buzz is like nothing else," "better than crack or heroin," "the best," and "amazing." When asked to describe his experience of ecstasy, one participant recounted being in

a rave with strobe lights and smoke machines; he states "[I] was dancing on my own little cloud...I was higher than anyone could be." Joe, a black male in his mid twenties, was especially effusive while describing the following experience:

> "[it's the] best feeling you can get in the world, the best, you can't beat it, you know, the best, you're so confident. I never got turned down from a girl when I was on ecstasy, I never got turned down. It's like, I was just, I was like. I was a pussy magnet when I was on ecstasy. I was the best dancer in the club, it makes you feel the best. You're lovin', you love everybody."

This quotation highlights a related aspect of ecstasy use seemed to revolve around increased self-confidence, self-control and attractiveness ("center of attraction"). Joe claimed that he would often engage in sexual intercourse while using ecstasy. Another participant concurred that ecstasy "makes you feel the center of attraction."

Three users reported problematic behavior relating to their ecstasy use. Whereas most of the participants used ecstasy recreationally and only on the weekends at clubs and raves, a couple of participants began ingesting ecstasy pills on a daily basis and would sometimes down a dozen pills in a single night. Others lamented that what goes up must come down: "With ecstasy I really got it. That euphoria...your troubles go away. They're real when you come down, sort of, you can't get away from your troubles." Generally, the stories of ecstasy use were told with particular nostalgia; the drug had helped to provide powerful and meaningful experiences to many of the participants.

Crack Experiences: Feelings of Invincibility

> "For me, when I was young, it made me very hyperactive, y'know, superman feelings. No one can beat me. I'm the best, y'know that's the kind of feeling it gave me. I don't know. Any overconfident kind of feeling. As I got older, the feelings it gave me were para, paranoia. I hated the buzz, I hated it. I was smoking, just for the sake of smoking"
>
> –Joe, when asked to describe his experiences with crack

The nine participants who had used cocaine or crack variously described how they felt on the drug as "untouchable," "very powerful and together," "rush of blood to the head" and "superman feelings." These feelings of invincibility were often linked with increased assertiveness and sometimes aggression. Bill, a black male in his thirties, began smoking crack at the age of twenty-three. At first, he would smoke it only on the weekends and with friends, but eventually he would stay awake for three or four days in a row, smoking crack. For £20 he would buy a stone and break it into three bits; he would then smoke each bit in a session called a "lick." He reported that his use of crack was exhilarating; it made him "untouchable," and "invincible." He states:

> "The crack, I don't care if there's ten people in that room, if I had smoked some crack, I'd come into that room and say 'yeah, I can take the whole lot of you on.' And I'd believe that I could win. There's *no way on this earth* that these ten people in the room could beat me. Very powerful, very assertive, sometimes very aggressive and intimidating....Regardless of whether you just robbed someone down the road to get the money to get it [crack], all that goes out of your head. As soon as you take that first lick on that pipe, everything's good. Everything's good."

Flush with feelings of confidence and invincibility, Bill's behavior while on crack was unpredictable and sometimes violent.

Bill reported developing his crack habit over twelve years, excluding a six year sentence for armed robbery. Before using crack, however, he would commit armed robberies of post offices and other stores. These armed robberies produced an "adrenalin" rush. In retrospect, he found that crack "is something that can give me something similar to the rush I got when robbing the post office." Although his stated reasons for using crack are complicated, Bill asserts that he was "depressed" and used crack "to take me out of how I was feeling." Bill has recently graduated from the RAPt program and now acts as a peer supporter to other RAPt clients.

Although many users had used cocaine, most preferred to freebase cocaine into crack because the high was more potent and less expensive. Other participants described this high as giving them a "rush of blood to the head" and making them feel "hyperactive," "top of the world" and "on cloud nine." One user described his initial experience with the drug, smoking it out of a crack pipe, as follows: "...straight to the brain, it was unbelievable. I thought: this is my new wife!" He would fetishize the "beautiful" and ornate pipe, and he discussed his relationship with crack in much the same way as he discussed his relationship with other important people in his life.

A user's romance with crack began with a honeymoon period, but the relationship would eventually sour. A common narrative progression of crack use was that of the "primrose path": an initial period of positive experiences, followed by normalization and habitualization, followed in turn by desperation and addiction. Users often made mixed statements about their relationship to the drug. Tom states, "when you have that pull, there is no worries. There is no worries...because the crack takes over, it dominates you." Similarly, another user said of crack: "I was a slave to

it." When he returned to prison for a robbery and related charges, Bill remembers he was psychologically fixated on smoking crack in prison: "I had all these mad thoughts about crack—in my dreams, in my waking hours." Bill characterizes his addiction to crack cocaine as "a mental thing," and doesn't believe he has ever been physically dependent upon the substance. No user reported being physically dependent on cocaine or crack, although four reported being "mentally" addicted to the drug.

Heroin Experiences: Feeling "Warm and Glowing"

Nine participants had used heroin, but two reported having tried it only once, but decided it was an "acquired taste." All heroin users had administered the drug by "chasing the dragon" or simply "chasing," a process by which heroin is heated on foil and the fumes are sucked through a tube and inhaled (see also Parker *et al.* 1988: vii). This method of administration was preferred to injection; no users reported having injected the drug. When asked to describe the experience of chasing heroin, users said "you're in a bubble, you feel warm and glowing;" "you feel warm all around your body;" and you get "a feel good factor." One user said that amongst his friends, the heroin experience was known as the "Ready Brek man," a reference to a cereal box cover on which a man is suffused by a glowing white light. Other descriptions of the sensation emphasize its intensity: "fucking brilliant," "it blows the mind." Bill began using heroin as a way to "come down" from crack when he was "too high." He

states: “You literally just have no problems, you’re carefree, just feel good about yourself and about everything around you.”

The state of well-being delivered by the heroin high was not long-lived, however. One user, who had completed steps one through five and had graduated from the RAPt program, described “fighting a losing battle” to achieve the effects of the first high: “the first one’s the best one, and you keep on chasing it, you think ‘yeah, if I have another one I can get that same feeling I just had,’ but it’s never the same.” Most users who had regularly used heroin endorsed the idea that they were physically dependent on the drug. A common distinction between crack and heroin was that crack is mentally addictive, whereas heroin is physically addictive: “For crack you just have the urge that you want more. For heroin, you actual body craves it.”

The process of heroin craving was called “clucking” (as in clucking for heroin). Questions regarding the severity of “withdrawal” elicited a wide range of descriptions. At one end of the spectrum, Matt and Nick stressed the intensity of the process of withdrawal. Nick reported that he had “come off” of heroin without medical supervision in prison. Of the experience, he stated: “it just knocks the shit out of you. You can’t be arsed. You can’t eat, you can’t sleep, you feel like getting in your bed and curling up in a ball.” On the other end of the spectrum, Ben and Mike endorsed the position that the severity of clucking was overstated. Mike said the experience was “like a flu.” Ben desisted from using heroin on three separate occasions; the first two times weren’t bad, but he claimed the third time was the worst, but still minor. He states:

> "I think some people tend to exaggerate, personally...it's a mind thing, really...that wasn't that bad. Why was I so scared of withdrawal? It wasn't as bad as I thought, you know what I mean. I think for some people it's just, the thought of 'I'm gonna be sick, it's gonna be rattlin' and that.' And they build up a fear in their mind of it."

Most users seemed to be in agreement that withdrawal was a uniquely individual phenomenon, and that it was directly related to a user's dosage level and frequency of administration.

Like Bill, many participants began using heroin as a way to "come down" from the cocaine high. Within the realm of polydrug use, these two drugs seem inextricably linked: "In London, it's a fact that where you buy crack, you can buy heroin. They're complementary." One user reported that his crack habit had escalated to the point where he was experiencing what he called "the blackout effect," or a short-term overdose. He said: "It's horrible, it gets to that point when it becomes horrible. It becomes a nightmare. It becomes something that you want to step out, but you can't step out." People turn to cannabis, tranquilizers and/or heroin to lessen the extremes of crack and to reduce cravings—heroin "took the edge off of wanting the crack." The reverse was also evident: snorting cocaine or smoking crack could energize someone enervated by too much heroin. The simultaneous use of crack and heroin is called speedballing, although of the participants who used both of these "complementary" drugs, most preferred to alternate between the two over a period of a day or more.[9]

[9] The complementary use of cocaine and opiates has a famous antecedent in the feature production of *The Wizard of Oz*, a film reknown for its political allegory. A common interpretation is as folllows: on their way to the Emerald City, Dorothy and her crew are thwarted in the poppy fields by the Wicked Witch of the West; those of flesh (the Cowardly Lion and the Tin Man) fall into an opium induced sleep. Glenda the Good Witch induces snow to fall, and as a white flake lands on Dorothy's nose, she opens her eyes and awakes. "Snow" is common slang for cocaine.

Using Drugs in Prison: Heroin as the "Bird Killer"

In the prison context, heroin is known as the "bird killer," meaning it causes time to pass quickly. Two of the participants were initiated into heroin use in prison; one used heroin solely in prison. Participants reported that while on heroin, "the day just seemed to fly by" or made statements to similar effect. Ben, a black man in his fifties had been a heroin user inside and outside of prison for the last eighteen years. Of heroin in prison, he said:

> "After 1990, it became a popular drug. I think the reason was because you take heroin, it calms you down and you forget about your problems, didn't you? And people used to say it was a bird killer, which means you can do your time and you don' think 'bout it. Your mind goes blank for maybe three hours and that's why I think it's the choice of prisoners, because it doesn't make you, you don't think of all your problems, you know?"

Participants reported that at HMP The Mount, cannabis and heroin were the preferred drugs because both were calming, caused time to pass and helped one to "forget" one's problems and one's confinement.

One user had ulterior motives when he asked to be transferred to HMP The Mount; he heard it was an easy place to "score weed." In the recent report from the Inspectorate of Prisons, 44% of prisoners at HMP The Mount said it was easy to get hold of illegal drugs (HMP The Mount 2005). This participant said he transferred to The Mount, "90 percent for the weed and 10 percent for the recovery." He described his use of cannabis in prison as a palliative to the quality of prison life: "you forget where you are. I was so high on certain days that I forgot I was in prison."

In addition killing time, most users had used heroin or cannabis in prison because prison was "boring" or to mentally escape. As Tom put it:

> "People use drugs in prison 'cause we get bored. There's nothing, um, mentally stimulating for us here, y'know. It's also because we can escape from this reality, being locked behind our doors and not being able to see our loved ones. Y'know, receiving letters and feelin' sorrow and stuff like that out there. Having something to use, having some drugs, is a bit of enjoyment and a bit of escape from this whole thing that we've been put into."

The passive voice used in the final sentence indicates that Tom has not accepted responsibility for his incarceration; indeed, as a former international drugs trafficker, he views his incarceration as unjust. Tom was dismissed from the RAPt program for failing a drug test and for being found in the possession of a mobile phone. Escape, boredom and enjoyment were frequently cited reasons for the use of drugs in prison.

Self-Medicating

Interviewer: "How did the heroin make you feel?"

Nick: "At peace, I guess. That's what it felt like...I've got a lot of things that have happened in my past, that um, I don't know, that just wind me up. And and, they needle away at me, you know? And I took heroin to help me take away that needling, you know? And I guess I do know where my anger comes from. I hate my dad with a passion. And that's where my anger comes from."

Interviewer: "Why do you hate your father so much?"

Nick: "Because he left my mom with four kids when I was eight years old, you know, and the only time he'd ever really come around and see us after that was to either beat us, or to promise us stuff and not fulfill that promise."

Nick reported that when he was a child, his parents were physically violent toward each other and that he had been "beaten." He reported a history of homelessness starting at the age of sixteen. Nick also recounted that at one point he

had swallowed an entire bottle of methylphenidate (ritalin) pills in a failed suicide attempt. Nick first used heroin in prison; he said that he used the drug as a way to find peace. While discussing his drug "binges," Nick said: "Oblivion, you know, that's what I would do my drugs to, until I was so far gone, I couldn't do, I couldn't get up anymore. That was me." Nick understood his use of heroin as part of a search for peace and oblivion.

Sam reported that he used to binge on crack and heroin, alternating between one and the other over a course of days. Of these binges, he said: "The times I got into that, I felt that was like, times of trouble, and like, seeking solace." At first, Sam characterized this behavior as a way of "*forgetting* about my problems," but only a minute later he restated it as a way of "*running away* from my problems," which is language used in the twelve-step program. This theme of escape ran throughout many of the interviews. It was directly addressed by one participant: "On emotional terms, some people use drugs to escape, because they don't like the place where they're at, they can't handle the pain, so they take drugs to escape—by using pain to try and help pain. It's crazy." Bill, who reported periods of depression, said that he used crack "to take me out of how I was feeling."

The participants frequently said that the drug would take them "to a place," a place deemed preferable in some way to sober reality. Ollie, the participant discussed above who had struggled with his own aggression and violence, had this to say about his experience of the rave culture and ecstasy:

> "[Ecstasy] shows you that there doesn't have to be violence in this world. Right, um. You love, everybody loves everybody. There's no hate...I would say that pills were giving a world that everybody really wants to be in but are too scared to go to. A world of freedom, joy, pleasure, happiness,

> understanding, pleasantness. Everything about them—I still love pills, but I know I can't take them. I used to take pills all day just to curb my violence"

In this statement and others, it was evident that Ollie, who had graduated from the RAPt program, was still struggling internally with the positive and negative aspects of his use of ecstasy. As noted above, Ollie had recounted a number of incidents of gratuitous violence in pubs, at football matches and on the street. Unlike many of his friends who would take ecstasy pills only on the weekend in a rave setting, Ollie would take multiple pills each day for months at a time, crashing to sleep every few days. He claimed that the pills helped him to "curb [his] violence." He also stated that his feelings of love and affection while on the drug were genuine, but that his addiction to ecstasy was a self-destructive behavior. Before the end of the interview, Ollie affirmed his commitment to complete abstinence.

Other participants spoke of their drug use as a way to soothe their anxieties and relieve stress. Joe's account of his use of cannabis illustrates this perspective: "I became a father. I didn't know how to be a father...I couldn't deal with it, I got stressed out, it got crazy, I couldn't handle it anymore. I went out and had a smoke [of cannabis]." Joe explained that the pressures of fatherhood made him anxious. Joe professed an inability to calm himself; instead he relied on cannabis to "chill out" and to regulate his stress levels. One participant, whose use of crack took away his "worries," was straightforward in his conception of addiction: "Drug, drug addiction becomes medication. It becomes something that we need...after awhile, taking drugs becomes the norm, it becomes normal." The habitualized use of a specific drug to fulfill a specific emotional or psychological purpose became a normalized part of the daily regimen.

Drugs were also employed to boost self-confidence and to ease social situations that participants experienced as awkward. Dan, a white male in his early thirties, reported that he was born with clubfeet and that this physical trait had made him overly self-conscious with other people. He stated:

> "When I was on drugs, I used to lose that feeling of being self-conscious, it's like, cause I was relaxed on cannabis. I felt, like um, that I had a bubble around me where that self-conscious weren't coming in and hitting me...I think that's why I used to be so desperate for cannabis and would do anything for it...You know when you don't feel comfortable inside yourself, you know what I mean? You just feel—you don't feel normal."

The "bubble" simile illustrates the user's feelings of being insulated from his troubles, which were perceived as external and threatening. Dan reported that his happiest memories always involved some sort of drug use, especially during his teenage years. His use of cannabis relieved his feelings of self-consciousness about his body and his not feeling "normal." He understood his desperation for cannabis as a form of "mental" addiction.

Crime and Sensation Seeking

> "The rush and the high, uh, that I got from robbing the post office, which is how I got the six year sentence, I wanted to try and revisit that high, it was, um, it was like an adrenalin rush and I tried all these different drugs to find, to see if I could regain that, and I was unable to. I couldn't find no drug to replace that high that I got from robbing this post office. The closest one to it was crack, which is what I eventually got hooked on, and that was the only reason why I tried all these different drugs."
>
> – Bill

Participants reported that there was a certain "thrill" to their illegal activities, often described as "exciting" or as "an adrenalin rush." This "buzz" was frequently

compared to the high provided by smoking crack, or engaging in other stimulating activities, such as rapid sports. The participant often traced his proclivity for sensation back to his youth: "it was a buzz man, it was a buzz, even at a young age." Nearly all the participants fondly recalled memories of stealing sweets, chocolates and cigarettes (sugar, cacao, nicotine) from the local shopkeeper at a young age. One participant remembered his first encounter with the police at the age of eight; he and a friend had stolen a Mars bar and a packet of rollos from the corner store, but were discovered by the manager, who called the police. In a detailed chase scene, the young Dan sprinted through yards and over walls, and disposed of the chocolate evidence by tossing it over the hedges. Another participant described how he used to "nick" sweets as "an excitement thing." There is a subversive element to these childhood stories of transgression—an allure in being naughty, and then gobbling the reward.

Some participants drew parallels between their patterns of behavior as youths and their adult offending behaviors. Matt viewed his penchant for thrills as a factor in his compulsory behavior, whether it be sports, drugs or crime. He said:

> "From a very, very young age, even before drugs came, I've always seeked a high. I've had a very addictive personality. I was like, it's always been [inaudible], right. One minute it'd be football, then I'd be into boxing, athletics, I mean, even, even sometimes crimes can be addictive for me as well. I mean money, and I've gone out and committed crime...it just became compulsory to me."

The parallelism in behavior can be seen to reflect a substitution effect, whereby an individual experiments with different activities (e.g. sports, crack, robbery) in order to find the desired "buzz," often substituting more potent drugs (e.g. moving from cigarettes to cannabis) or more dangerous activities (e.g. moving from shoplifting to

burglary). As Bill, an avid crack user noted: "if I could have jumped out of a plane with a parachute, I would've done it, but I couldn't afford it, so I went to the next best thing, which was trying the drug to get me where I wanted to be. That eventually got me to crack." Bill saw *crack as a substitute for crime*: "[crack is] something that can give me something similar to the rush I got when robbing the post office."

Many participants described a progression from initially stealing for the "buzz" to stealing for the money. As Sam put it: "crime, when I first used to go out, it weren't about money, ...the buzz of it was breaking the law. The last time, I remember, it became for the money...I didn't really enjoy it." Although one participant linked drugs and crime in a straightforward manner ("I burgled to get high") most of the participants explained that the relationship was more complicated. Participants attributed their acquisitive crimes (shoplifting, burglary, mugging) in part to their desire to buy drugs, in part to pay for necessities such as shoes, clothes and rent, and sometimes to buy luxuries such as cars, hotel rooms or escort girls. Sam acknowledged that there was no simple reason for why he committed burglaries: "At times I committed offenses for drugs, drug related, yeah. At other times, it might be more complicated reasons...desperation, homelessness, having no money, a couple times for revenge, all sorts of reasons really."

The statements participants made regarding the relationship between their offending behaviors and drug use were complex and resistant to a reductionist analysis. For example, Dan, a white male in his early thirties, blamed his addiction to cannabis as the cause of his offending, but he cites other factors, such as peer expectations and sensation seeking. Dan says:

> "I'm mentally addicted to cannabis, I'd say. I'd do anything, y'know what I mean, when I was sixteen, seventeen, I'd break into anywhere, burgle anything, steal anything to get some cannabis...people I was hanging around with, y'know, smoking day in, day out. I thought, in a way I felt, I didn't feel I had to go out stealing, but I felt if I didn't have cannabis, I weren't really part of the crew, I suppose. I've never been one to sponge off other people...I'd like to contribute, I suppose, and if it meant stealing, then that didn't really bother me I suppose. But um, yeah, sometimes I got a bit of a high off of actually going out and robbing."

Regardless of their causes, these behaviors, once adopted, became habitualized patterns or even compulsions that were in some way self-reinforcing.

Participants made statements about the influence of class and lifestyle decisions in their decision-making histories. One participant remarked that "Most people on this RAPt course are like on the lower end of the scale." Another explained that since he left school without qualifications, he could only get "monotonous" "little jobs, like shelf stacker, or factory worker, or polisher." Another user complained that his factory job on a conveyor belt did not challenge him and was "boring." A number of users had held "straight" jobs for extended periods of time, but then opted for more lucrative and exciting criminal money-making ventures. One user who worked in on a factory conveyor belt claimed he wasn't challenged by the job and was bored with work. He decided to sell drugs.

Seven of the ten participants in the study had at some point sold or trafficked illegal drugs. Most of these individuals viewed selling drugs as a rational decision, given their opportunity structures. Ben had this to say:

> "Listen, people in this country, they're all working. Most people are working class. There's so much pressures of living: your council tax, your rent, your phone bill, your car tax, this. It's just too much pressure on people. Some people give up...People struggling in life, and they think. God, you know, they could go out and do a nine to five and then earn four or five hundred pounds a week. Or they can go sell drugs, earn their fifteen hundred pound, two thousand pound a week. They're gonna go for that choice, in't they?"

The pressures of "trying to make ends meet" was often perceived as too demanding. Given their sets of options, many participants saw drug-selling as a rational decision. The participants universally expressed dissatisfaction with their "straight" jobs. They also had some form of access to illegitimate opportunity structures (e.g. a participant knew a drug supplier or someone who could teach him how to hotwire a car). Eventually, the decision to choose illegal means of income generation resulted in arrest and incarceration.

Discussion

Individuals are constantly regulating their relationships with the external world by imbibing a variety of substances and experiences such as food, sex, television, people, environments and ideas. Alcohol and drugs are particularly powerful substances in their ability to effect change; they are on the edge between the sacred and the profane in their power to transform consciousness and experiential reality. The drug experience is unlike any other experience—the cannabis high, the ecstasy euphoria, the crack rush or the heroin glow—one of these may be the "it" the user has been seeking. For many users, it is the key that fits the door to another reality, an artificial paradise. Even if that drug-induced experience only lasts a few minutes or a few hours, it is so compelling that it may form the basis for future behavioral patterns. The other offerings of mundane reality pale in comparison to this experience. As the users of ecstasy described, that experience can be heavenly and celestial, but it can also become demonic and hell-like (*pers. comm.* with Jeffrey Guss, M.D.). In either case, the transformative nature of the drug experience becomes a source of great meaning to the user.

A common thread throughout the stories of drug use, regardless of the drug, was the user's "problems," or "troubles." The "troubles" is actually a polysemic idiomatic expression; depending on the context, it can mean stress, depression, spiritual bankruptcy, financial strains, relationship problems etc. Its meaning must be construed within a particular context.

The first primary context for the "troubles" is that of class, economic exclusion and opportunity structures. As outlined by Cloward and Ohlin, opportunity theory suggests that there are two opportunity structures available to individuals: the legitimate and the illegitimate. A user must have access to each opportunity structure in order to "succeed" within it. Many of the participants reported difficulties accessing legitimate success structures due to their lack of qualifications or contacts. For those that worked in a "straight" job, they found the experience boring and unsatisfying. They also found that the burdens of family and bills multiplied the sources of external stress. On the other hand, all the participants had access to illegitimate opportunity structures, which they found to be lucrative, challenging and exciting. For a variety of related reasons, they also found the various states of intoxication to be preferable to the state of sobriety. Many participants presented this decision as a rational choice to use drugs and to generate illegal income: "[I] said, 'Right. *If I want to do this* [smoke crack], I've gotta do something to maintain it.' So anyway, I started selling heroin." Of course, the rational actor paradigm and opportunity theory are theoretical simplifications, but they can be successfully invoked in order to explain a good deal of the data.

Regarding the applicability of opportunity theory, a distinction can be made between drug use and drug selling. Opportunity theory sees drug selling as a rational decision to take advantage of opportunities afforded by illegitimate structures, a view espoused by many of the study participants and generally supported by the data. However, opportunity theory also characterizes drug use as a retreat from both opportunity structures (Cloward & Ohlin 1960; Merton 1968). While this view was

supported by one participant ("some people just give up"), most of the participants made statements that contradict this retreatist explanation. The data suggests that the reasons for drug use are more complicated and may differ according to each drug—a retreatist explanation is insufficient.

The second primary context for the "troubles" is the psychological aspect of drug use. Many participants reported depression, anxiety, self-consciousness, lack of self-esteem and/or poor self-image. Three users reported attempting suicide. The drug experience allowed them to "escape" from these problems, or brought them "to a place," a mental space in which these problems were no longer threatening. Cannabis relived anxiety, ecstasy granted a temporary "euphoria," crack made the user "invincible," despite his lack of self-esteem, and heroin created an insulating "bubble" around the user which protected him from the menacing aspects of his psychological reality; it granted "peace" and "oblivion." Generally, drugs were chosen for specific pharmacological and experiential properties.

Much of the literature employs the term 'polydrug use' to simplify what are in fact a variety of complex drug usage patterns. Within this small sample, there were at least four distinct reasons given for the usage of multiple drugs. (1) Experimental sampling: where the participant tried a variety of drugs until he discovered his "drug of choice." For example, Bill "tried virtually everything under the sun" but found that in the end, cannabis was "it" for him. For others, the "it" drug was crack or ecstasy. Similarly, some users reported using different drugs for different reasons (e.g. speed for energy or ketamine for its body disassociative properties). (2) Complementary use: where two or more drugs were used in concert to enhance their

effects or, alternatively to stave off undesired affects (e.g. speedballing crack and heroin). (3) Social context and subgroup norms: where the participant reported using different drugs depending on the social context. When asked about his polydrug use, one user reported:

> "a way to experience different things in life, basically, but um, it comes down to the crowd of people I used to hang around with. I had a lot of different friends from all over the place, this is why I ended up getting so much different drugs because this one, this group of friends—they use crack, this one they use weed, these ones, ecstasy every day, and these ones, they drink a lot. Y'know, and these ones take LSD. All different friends in different circles"

This statement suggests that subgroups develop around a particular drug and that the drug itself contributes to the definition of group norms. Finally, (4) indiscriminate and excessive use: where the participant reported administering drugs as they became available in an uncontrollable manner. Joe recounted, "it wouldn't just be cannabis on its own, or ecstasy on its own. I'd be smoking cannabis, drinking alcohol, taking ecstasy, smoking crack, snorting cocaine—all in one night." For Joe, his pattern of indiscriminate and excessive use offered him a variety of novel experiential states, which can be understood as form of novelty seeking. These three polydrug usage behaviors can be understood as illustrative of an individual's desire for change and transformation.

The data suggests that Khantzian's self-medication hypothesis accurately describes the reasons why some of the participants used specific drugs for specific reasons. In his research, Khantzian found that addicted individuals are predisposed to addiction because "they suffer with painful affective states" (Khantzian 1985). Khantzian focuses on the ability of opiates to mute rage and aggression, and crack and cocaine's ability to relieve depression and hypomania. He suggests that

individuals who self-medicate with illegal drugs may also possess certain "self-regulation vulnerabilities," meaning they may have difficulty regulating their affective states, self-esteem, interpersonal relationships and self-care (*ibid.*) Much of the data supports this idea that participants were using drugs to self-regulate when they were unable to do so. For example, one participant took ecstasy pills to dull his aggressive impulses; one participant used cannabis to speak to girls because he lacked the necessary self-confidence; one participant used crack to feel powerful and untouchable when he normally felt inadequate and vulnerable; and one participant who expressed feelings of self-loathing and mental torment used heroin to find peace and oblivion.[10]

A central problem to the application of the self-medication hypothesis is that it assumes the drug-taker is in some way deficient or inadequate. He may lack the ability to self-calm and to self-regulate his behaviours. This pathologization of the individual is part of a larger trend toward a medicalized conception of the criminal user (see Shiner 2003). In this regard, the self-medication hypothesis is compatible with the disease model of addiction. However, the two models differ in their conception of the drug user. Leshner's concept of the disease model, adopted by the National Institute on Drug Abuse, defines addiction as a disease of the brain, and holds that the addicted person has lost control (Leshner 2005). In contrast, Khantzian's self-medication hypothesis conceives of the drug user as a rational actor

[10] Like all human behaviors, self-medicating is hardly new:

> "Give beer to those who are perishing,
> wine to those who are in anguish;
> let them drink and forget their poverty
> and remember their misery no more"
>
> *Proverbs* 31: 6-7

who takes his own medicine without medical sanction. It is important to note that not all drug-taking behaviors were explained by the self-medication hypothesis.

Data from this small sample suggests that for some individuals, their involvement with both drugs and crime may have a common antecedent: sensation seeking. Most users characterized their sober lives as "boring," but found drug-taking and illicit activities provided the excitement they desired. Katz has examined the "sneaky thrill" of initial experiences in property crime such as shoplifting and joyriding (Katz 1988: 52; Ferrell 2004: 287). Nearly all of the participants reported early experiences of stealing sweets and then cigarettes, or of pilfering money from their mothers' purses. They spoke of the "thrill" or the "excitement" generated by such mischievous acts. As one participant reported, at first the "buzz of it was breaking the law." While Katz's argument explains many initial offending behaviors, it does not address the corollary thrills of drug-taking nor does it investigate sensation seeking behavior from a biological context (Katz 1988). There has been some research in this area: Zuckerman investigated alcohol and drug use for evidence of sensation seeking and found preliminary evidence that these phenomena may be related (see Egan *et al.* 2001).

If it is true that due to a dopamine deficiency, some individuals suffer from a "reward-deficiency syndrome," then it does not necessarily follow that these same individuals must engage in destructive drug-taking or offending behaviors (Gardner 1999). Other more constructive behaviors might be substituted, or a pharmaceutical drug might be designed and made available that corrects and stabilizes the dopamine levels (see Gardner 1999). That many prisoners start or continue to use drugs while

in prison, a "boring" and underprogrammed experience, supports the sensation-seeking hypothesis.

There was a variety of data which supported the economic compulsion model (i.e. users commit acquisitive crime to fund their drug habits). Statements in support of this model include the following: "I burgled to get high," "...I committed offenses for drugs" and "I'd break into anywhere, burgle anything, steal anything to get some cannabis..." These self-reports should be evaluated critically, as the speaker has an incentive to blame his previous offending behaviors on a drug addiction. Other participants reported they committed acquisitive crimes to buy necessities, or to achieve status through cars, clothes other luxuries, or for "more complicated reasons." There was some evidence that continued drug use was a criminogenic influence.

The reverse causation was also evident, in that all users reported that their offending behaviors either predated or occurred nearly simultaneously with their use of drugs. Patterns of early adolescent vandalism, shoplifting or other childhood mischief were evident in many cases long before "getting high" became a motivation for acquisitive crime. Additionally, many users reported that their criminal connections (older brother's gang, delinquent peers at school, contacts from a borstal etc.) brought them into contact with drug users. That the onset of offending behaviors predates the onset of drug use supports Chaiken & Chaiken's etiological formulation of the drugs-crime nexus (1990).

The most interesting finding was that certain participants reported that the drug "high" was a more desirable substitute than the "buzz" that crime previously provided. As one user reported "[crack] is something that can give me something

similar to the rush I got when robbing the post office." In order to refer to this reported pattern of switching between drugs and crime, we will label this identified behavioral pattern the *sensation substitution effect,* which can be defined as the replacement of one form of sensation seeking behavior for another, preferred form. This substitution phenomenon may be bidirectional (e.g. moving from joyriding to ecstasy use, or moving from cannabis smoking to residential burglary). The thrill of a robbery and the rush of a crack high, while different in important ways, may both fulfill some common need for excitement. Sensation seeking may constitute a third etiological factor of the drugs-crime nexus—it may be an antecedent to both offending behaviors and drug use. Further clinical research in this area is required, especially on the relationship between sensation seeking and offending behaviors.

A common thread throughout many of the stories of drug use was the language of a "different place" or a more desirable state of consciousness. As one user commented: "you drink because you want to get into another mindset, you don't drink because you're thirsty." Much of these statements support Weil's thesis that human beings have an inborn desire to seek altered states and to induce euphoria. The use of ecstasy was particularly linked to the language of place. The rave scene can be understood as a constructed artificial paradise, an festival-like scene of flashing lights, aural universes, ritualized dancing and human communion: a drug-aided Dionysian orgy (Noschis 1998). One participant described this artificial paradise as follows: "I would say that pills were giving a world that everybody really wants to be in but are too scared to go to." Use of the drug allowed the participant to "escape" to a world of love and affection, an experience so compelling that upon their

return to sober reality, many users chose to escape again and again.[11] Heroin also temporarily created an artificial paradise. A "bubble" surrounded the user, insulating him from his "troubles" and infusing him with a glowing warmth and a sense of well-being. The search for these various states of consciousness may be a natural and healthy human activity, but the search often leads to problematic and destructive behaviors.

[11] Aldous Huxley writes: "That humanity at large will ever be able to dispense with Artificial Paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and always has been one of the principle appetites of the soul...for private, for everyday use there have always been chemical intoxicants...Most of these modifiers of consciousness cannot now be taken except under doctor's orders, or else illegally and at considerable risk. For unrestricted use the West has permitted only alcohol and tobacco. All the other chemical Doors in the Wall are labelled Dope, and their unauthorized takers are Fiends" (Huxley 2004: 62-3; originally published 1954)

Conclusions

This study purposefully sampled prisoners who were enrolled in a drug treatment program in order to gain the perspectives of individuals who have demonstrated both drug-taking and criminal offending behaviors, and who have been identified as "problem" users. The research objectives were to explore the relationship between drugs and crime by gathering subjective and experiential self-report data, and to locate drug use and intoxication within psychological, social and criminological contexts.

The results of this exploratory study point to a number of promising areas of future research. The economic compulsion model of drug use requires further study, as the onset of offending behavior predated the onset of drug use for many study participants. Opportunity theory was in part affirmed and in part contradicted by the data. It was affirmed in that drug selling was perceived as a rational decision to succeed through illegitimate channels, but it was contradicted in that drug-taking was not seen as a retreat from available opportunity structures. Another area of future research is polydrug distinctions; the data indicate that polydrug use actually implies a number of distinct drug-taking behaviors, and that a reductionist "polydrug" framework glosses over important drug-specific phenomena. The self-medication hypothesis was supported by the data and aids our understanding of why certain users used specific drugs as a form of self-treatment. Sensation seeking behaviors may be a

common “third factor” in the drug-crime etiological debate. The data also suggest that users substituted a crime “thrill” for a drug “buzz” and that the reverse was also evident—we have labeled this pattern the *drugs-crime substitution effect*. By analyzing drug use behaviors, we are working toward a more sophisticated understanding of drug use, through which we may begin to see drugs as a lens to crime.

Prohibited substances have long been used to induce altered states of consciousness, to forget suffering, to escape to artificial paradises, as part of a ritualized spiritual practice or simply as an aid to recreation. There are drinkers, smokers, snorters, pill-poppers, chasers and injectors, and their drug experiences provide powerful bases for future deviant behaviors. We began this examination with definitions of dope and doping, slang words for drugs and for the administration of a drug to stupefying effect. Dope is in the system: the physical systems of the body and brain, the psychological systems of desire and need, the social systems of affiliation, class and crime, and the medical and political systems which designate sanctioned and illicit use. Despite efforts to flush these systems, drugs continue to stupefy us in our attempts to understand how they function within these complex and interrelated systems.

Appendix A

Participants:	*Bill*	*Joe*	*Tom*	*Sam*	*Ben*	*Ollie*	*Mike*	*Matt*	*Dan*	*Nick*
Stage in Program*	Aftercare	AEP	Dismissed from RAPt	Aftercare	AEP	RAPt graduate	Dismissed from RAPt	Aftercare	Primary: step 3	Primary: step 3
Age of First Use										
Tobacco	20	11	9	11	13	11	14	11	9	11
Alcohol	16	11	10	12-13	13	11	16	15	11	13
Cannabis	20	11	13	12-13	14	13	16	9-10	13-14	14
Cocaine/Crack	23	13	14	23	29	34	24	18	26	N/A
Heroin	24	16	N/A	24	33	N/A	25	19	26	21
First arrest	18	14	15	14	15	9	21	14	16	13
Sold or smuggled drugs		√	√	√	√		√		√	√
Drugs Used**										
Heroin	√	√	√	√	√		√	√	√	√
Methadone	√		√	√	√			√	√	
Cocaine	√	√	√	√	√	√	√	√	√	
Crack	√	√	√	√	√		√	√	√	
LSD	√	√	√	√		√		√	√	
Psilocybin (magic mushrooms)	√	√		√	√		√	√	√	
Ecstasy (MDMA)	√	√	√	√	√	√		√	√	√
Amphetamines (speed)	√	√	√	√	√	√	√	√	√	
Palfium (palfs)				√						
Diconal (dikes; pinkies)				√						
Barbituates (Tuinal, Nembutal)	√			√					√	
Temazepam	√	√	√	√	√		√	√	√	
Cannabis	√	√	√	√	√	√	√	√	√	√
Tranquilizers***	√		√	√	√	√		√	√	
Ketamine ("special K")		√		√		√	√		√	
Poppers (amyl or alkyl nitrates)		√		√		√	√		√	
Solvents (gas)			√	√					√	√
Alcohol	√	√	√	√	√	√	√	√	√	√
Nicotine	√	√	√	√	√	√	√	√	√	√
Caffeine	√	√	√	√	√	√	√	√	√	√

* There are three stages of the RAPt Program: (1) AEP, or Assessment Education Pre-Admission; (2) Primary, inlcuding Steps 1-5; and (3) Aftercare

** "Drugs Used" includes any substance the participant reported trying, even if only once

*** Benzodiazepines - e.g. valium/diazepam, mogadon/nitrazepam, librium but not temazepam

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