

# Opiate users' views on decriminalisation of drug use

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**In this study we explored the views of 245 opiate users attending a regional drug dependency unit about decriminalisation of drug use and their perception of the consequences of free availability on themselves and society. Contrary to expectation, opiate dependent individuals were not in support of decriminalisation but favoured controlled availability.**

The use of illicit drugs is one of the world's most pressing and debated problems. Currently available drug policies aimed at criminalising drug use are said to have failed despite the allocation of extra resources, and various alternatives have been suggested (Nadelmann, 1989). Those in support of decriminalisation argue that current drug prohibition laws and policies have failed to eradicate, or significantly reduce, the problem. They also argue that the current drug laws may have contributed, indirectly, to drug-related problems such as increased crime, corruption, the spread of diseases due to needle sharing and death by overdose. It has been assumed that negative consequences of drug misuse are expected to decrease if drugs were legally regulated and made available, as well as affordable, to whoever chooses to use or misuse drugs (Chambliss & Scorza, 1989). While admitting the pitfalls of the current policies, those who oppose decriminalisation argue that the potential risks are enormous and the benefits are at best speculative. Few studies have looked at the issue of legislation from the users' points of view. Covington (1987) reported that 33% of heroin users were wholly supportive of legislation and 12% expressed 'qualified support'. Katz *et al* (1991), in a controlled study, reported that chronic users were more likely to support decriminalisation.

In this study of opiate users 'in treatment', we explored their views on levels of availability of illegal drugs, and their perceptions of the consequences of free availability on themselves and on society.

## The study

This study was undertaken at the Liverpool Drug Dependency Clinic and the Maryland Centre.

The Clinic provides a district drug service and prescribes both oral and injectable methadone to a clinic population of about 800 opiate dependent individuals. The Maryland Centre runs a syringe exchange scheme and has a cumulative case-load of about 3000 clients. Many clients in this study use both services.

The information was gathered through a self-administered questionnaire. Every fourth patient who attended the Clinic for a repeat prescription of methadone or attended the Needle Exchange Centre for a needle/syringe on a particular day was given a questionnaire. A total of 300 questionnaires were distributed over a four-week period. Two hundred and sixty-five questionnaires were returned, 20 of which were rejected because of inadequate information. Participation in the study was voluntary and in the case of refusal the next patient after the refusal was given a questionnaire and then every fourth patient thereafter. The questionnaire contained items on demographic variables, drug use history, current drug use, treatment variables, current criminal activities and clients' views on the legal status of currently illegal drugs. All participants met the ICD-10 criteria for opiate dependency syndrome.

## Findings

Of the 300 questionnaires, 245 (82% response rate) were entered in the analysis. Sixty-seven per cent of the respondents were male and 33% were female. The mean age was 29 (s.d. 7) years. There was no difference in the mean age of male (30) and female (29) patients. The majority (84%) of the respondents were unemployed. Seventy-two per cent were single, 12% divorced, 11% cohabiting and 5% married. Of the total sample, 94% recorded heroin as their main drug but a significant proportion (55%) admitted to using other drugs in addition, particularly cannabis. Sixty-four per cent had been showing evidence of opiate dependency for more than five years. The preferred method of drug use was injecting in 46%, smoking in 31%, and orally (methadone) in 23%. Thirty-three per cent had never been opiate free since they had become regular users, while

Table 1. Opiate users' views on level of availability (%)

| Level of availability                              | Lysergic acid diethylamide |           |          |             |         |          |          |
|--|----------------------------|-----------|----------|-------------|---------|----------|----------|
|  | Heroin                     | Methadone | Ecstasy  | Amphetamine | Cocaine | Cannabis |          |
| Free availability, like alcohol                    | 24 (10)                    | 17 (7)    | 24 (10)  | 33 (13)     | 36 (15) | 27 (11)  | 171 (70) |
| Available without prescription, like cough mixture | 15 (6)                     | 11 (4)    | 2 (1)    | 7 (3)       | 10 (4)  | 8 (3)    | 14 (6)   |
| Available from GP, like antibiotics                | 52 (21)                    | 86 (35)   | 14 (6)   | 20 (8)      | 36 (15) | 36 (15)  | 19 (8)   |
| Available from specially licensed doctors          | 89 (36)                    | 109 (44)  | 46 (19)  | 43 (18)     | 78 (32) | 83 (34)  | 20 (8)   |
| Total ban  | 51 (21)                    | 9 (4)     | 140 (57) | 125 (51)    | 68 (28) | 79 (32)  | 13 (5)   |
| No comments  | 14 (6)                     | 13 (5)    | 17 (8)   | 17 (7)      | 17 (7)  | 12 (5)   | 8 (3)    |

66% had been opiate free on at least one occasion (not including periods in prison). Twenty-three per cent were engaged in drug-inspired offences while 77% funded their habit by various non-criminal means.

In response to the question of why they were in treatment, 39% reported wanting to stabilise their drug using habit, 17% were in treatment because they could not support their drug using habit by other means and 44% reported being in treatment to come off street drugs. Table 1 lists opiate users' views on the levels of availability of currently illegal drugs. Table 2 lists the users' perceived personal effects on decriminalisation. The majority of the opiate users perceived decriminalisation of illegal drugs as having positive personal effects. However, about half of the sample (45.7%) said that decriminalisation would not have any effect on their injecting habit. Table 3 shows users' perceptions of the effects of decriminalisation on society. The majority of the users believed that decriminalisation of drugs would lead to an increase in the level of drug use, an increase in the quality of drugs, and a decrease in availability of black-market drugs.

Table 2. Perceived personal effects of decriminalisation, %

| Personal effects                 | Increase | Decrease | Same |
|----------------------------------|----------|----------|------|
| Time with family                 | 47.4     | 18.7     | 33.9 |
| Financial status                 | 61.7     | 23.5     | 14.8 |
| Time spent with other drug users | 23.0     | 56.7     | 20.3 |
| Involvement in crime             | 11.6     | 71.3     | 17.1 |
| Injecting of street drugs        | 24.5     | 29.8     | 45.7 |
| Sharing of injecting equipments  | 7.8      | 60.9     | 31.3 |
| Personal quantity of drug use    | 38.2     | 17.8     | 44.0 |

Only 17.8% said that their level of drug use would decrease.

### Comments

The significance of this study's findings is subject to speculation and it is accepted that its findings may not apply to drug users elsewhere. Although the sample was a random one, it is unlikely to be representative of a larger population of opiate users. The findings are also confined to those users 'in treatment'.

The majority of the opiate users in this study did not support free availability of most current illegal drugs apart from cannabis. Although there was general support for controlled availability, this also varied for different drugs. There was support for making opiates available through medical professionals, either general practitioners or licensed doctors. This may reflect the current practice which most of the users in this study are already used to. On the other hand it might be a reflection of support of the users for the unit in which the study was conducted. Fifty-seven per cent and 51% of the sample reported a total ban of lysergic acid diethylamide and ecstasy, respectively. Similarly high restriction was expressed in the cases of amphetamine and cocaine with 28 and 32%

Table 3. Users' perception of effect of decriminalisation on society, %

| Effects on society                 | Increase | Decrease | Same |
|------------------------------------|----------|----------|------|
| Drug users                         | 53.1     | 19.0     | 27.9 |
| Recreational drug users            | 65.3     | 8.5      | 26.1 |
| Regular drug users                 | 46.2     | 12.7     | 41.1 |
| Problem drug users                 | 48.4     | 31.7     | 19.9 |
| Quality of drugs                   | 85.0     | 9.8      | 5.2  |
| Availability of black-market drugs | 18.7     | 74.1     | 7.2  |

supporting a total ban in each case. Despite the high level of support for controlled availability, there was a general belief that decriminalisation would have positive personal effects (increase time spent with the family, improved financial status, decrease the time spent with other drug users, decrease involvement in crime and decrease sharing of injecting equipment). About 50%, however, believed that decriminalisation would not affect their injecting habit. The fact that 71.3% believed that decriminalisation would reduce their involvement in crime is interesting because opiate users are possibly in a better position to understand what effects decriminalisation will have on their life style. The majority of the opiate users believed that their drug use would either increase or remain the same. As for the consequences of decriminalisation on society, a greater proportion of users believed that there would be a general increase in the level of drug use and that the proportion of problem drug users would also increase. There was also a general belief among opiate users that black-market drugs may decrease.

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