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# Race and Problem Drug Use in an English City

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# Race and Problem Drug Use in an English City

Anita Kalunta-Crumpton

**Abstract:** *The primary aim of this article is to look at the impact of drugs on the drug-using Black population, and in doing so, the article draws comparative attention to drug use within the White community. The article is based on a research study of problem drug users registered with a London drugs project in 2000 and 2001. During the period of fieldwork, the vast majority of clients of the drug project were male, and the gap in the sex composition of the clients was more conspicuous in the Black group. For the sake of clarity in the use of statistical information, the article draws substance solely from information on the Black and White male clients. The findings present the Black community as a group who is also victimised by drugs but whose experiences of drug victimisation have often been undermined in the "war on drugs" rhetoric about drug trafficking.*

**Keywords:** *race; drug use; criminal justice*

Traditionally, heroin has stood as the major drug of concern in British debates, policies, and practices relating to substance misuse. In the many years of studying the problems of "hard" drug use, principally heroin, as encountered by drug users themselves, little attention has been given to the drug-using circumstances of the Black community. Not only is research and literature in this area very limited, but what exists has tended to accord primacy to the relationship between Black people and crack cocaine use (see Chantler, 1998; Y. Pearson, 1996; Perera, Power, & Gibson, 1993). Such interest in crack cocaine use has somewhat been influenced by a view that the drug is mostly used by Blacks rather than Whites. There is ample evidence to support this viewpoint. For example, findings from national studies have shown that whereas Black drug use is either lower than White drug use (see Graham & Bowling, 1995; Leitner, Shapland, & Wiles, 1993) or comparable to it (see Mott & Mirrlees-Black, 1995), the use of crack cocaine is slightly higher for Blacks than Whites (see Home Office, 1996). A notable limitation of those studies is that they have aimed at measuring lifetime prevalence rates of drug use in its recreational pattern rather than engaging in attempts to explore the problems posed by drug misuse for the users. Thus, the extent to which problem drug use differs according to race at the national level is yet to be determined.

This article was prompted by a research study of drug offence trials that the author conducted in 1991 (see Kalunta-Crumpton, 1999, for more details on research methodology and findings). Through a 7-month systematic observation of trials involving 15 Black and 16 White defendants charged with a drug traffick-

ing offence at a London crown court (that is, a higher court), the research revealed how the legal rhetoric of court proceedings undermined Black drug use by associating Black defendants with drug trafficking. The author's observations of drug-trafficking trials showed that it was far more likely for criminal justice officials to relate problem drug misuse to White defendants than to Black defendants in similar cases where both groups claimed to be problem drug users to contest their innocence against allegations of drug trafficking. The racial disparity was most evident in criminal justice responses to the two-count charge of "unlawful possession of a controlled drug with intent to supply," which was the most common drug-trafficking charge brought against the defendants and in particular the Black defendants. Often, both Black and White defendants charged with the above offence pleaded guilty to being in unlawful possession of a controlled drug, claiming it was for their own personal use, and pleaded not guilty to having the intentions to supply. The unlawful possession of a controlled drug with intent to supply and other "supply" charges are subject to the provisions of the law meant for the control of drug trafficking (see Home Office, 1986). A conviction for any of such drug-trafficking offences is more than likely to attract a harsh penalty in the form of a custodial sentence. For trafficking in a Class A drug, a maximum penalty of life imprisonment is allowed under the 1985 Controlled Drugs (Penalties) Act (see Home Office, 1985).

The charge of unlawful possession of a controlled drug with intent to supply was grounded on one or more of the following four basic factors: the quantity of drug involved, profits from drug trafficking, the number of portions into which the drug was separated, and the existence of drug-related paraphernalia such as tin foil and cling film. Although the above supporting pieces of evidence were agreed by criminal justice officials, from the police to the judiciary, to be individually or jointly essential to the institution of the aforementioned charge, variations occurred in how they were interpreted in the context of drug trafficking. There were no clear specifications and distinctions as to how each of them constituted evidence of unlawful possession of a controlled drug with intent to supply. The amount of drug, items identified as drug-related paraphernalia, the number of packages into which a drug was split, and assets alleged to be the proceeds of drug trafficking lacked a precise definition with regard to how they evidenced the drug-trafficking charge. To ascertain "intent" was dependent on the discretion of criminal justice officials so that in similar drug cases racially based disparity was shown not only in the drug charges instituted against Black and White defendants but also in how their cases were defined during a trial.

Black defendants were more likely than their White counterparts to have been charged with unlawful possession of a controlled drug with intent to supply, regardless of similarities in drug cases involving the two racial groups of defendants. Black defendants were more likely to have gone through a contested jury trial. As a result of plea bargaining, a significant number of the White defendants were exempted from the adversarial jury trial, having exchanged a not guilty plea to the two-count charge of unlawful possession of a controlled drug with intent to

supply for a guilty plea to the lesser charge of unlawful possession of a controlled drug. During jury trials, race underlined the ways in which those agreed on grounds for the drug-trafficking charge were viewed and described by criminal justice officials. Evidence attracted differing meanings and emphases that seemingly portrayed the Black defendants, and not their White counterparts, as drug traffickers. Consequently, Black defendants were in a more likely position of being convicted for drug trafficking. As the jury verdicts showed, Black defendants were more likely than their White counterparts to have been found guilty by the jury irrespective of similarities in drug-trafficking cases.

The findings of the above research led the author to ask if the Black community is in reality free of problematic drug use. Is it far removed from the effects of drugs on the users, those close to them, and the wider community? Given the very little information available on Black heroin use, this article draws attention to the place of heroin in the lives of Black drug users in its attempt to address the issue of Black problem drug use. Below, the article first reviews the literature to chart the invisibility (and visibility) of race in mainstream concerns about drugs. Subsequently, the article provides empirical descriptions of the characteristics of Black<sup>1</sup> male problem drug users registered with the aforementioned drug project, with a view to presenting similarities and differences between problems pertaining to their drug use and those of their White<sup>2</sup> male counterparts.

### **THE INVISIBILITY (AND VISIBILITY) OF RACE IN CONCERNS ABOUT DRUG USE**

For many years, there has been a racial dichotomy embraced in discourses of, and responses to, drugs in the United Kingdom. This was probably most evident in the 1980s, especially with regard to the heroin epidemic. Due to concerns about the effects of heroin misuse at both individual and societal levels, that period witnessed a significant transformation of political and research interests into the epidemiology of heroin use. The centre of interest was the White population and “White” heroin use, and those concerns prompted a relative increase in treatment and rehabilitation services (see Dorn & South, 1985; Jamieson, Glanz, & MacGregor, 1984; MacGregor, 1989). No visibility was given to any influence that the heroin epidemic might have had on Britain’s Black population, at both individual and community levels. As G. Pearson and Patel (1998) clearly observed, “The ‘whiteness’ of Britain’s heroin epidemic was so much taken for granted. . . that social researchers almost invariably did not even bother to use any system of ethnic monitoring when studying local populations” (p. 199). But despite indications that the Black population was insignificant in the drug-using context of the heroin epidemic, their presence was hugely felt elsewhere in the discursive and practical reactions to the epidemic. Black people were visible in law enforcement concerns and strategies to control domestic and international drug trafficking: They were largely blamed for Britain’s drug epidemic. The

arrival of the crack cocaine tremor by the late 1980s produced a mix of discourses around Black use of, and trafficking in, crack. Whereas crack use was viewed as a feature of the Black community, it was Black people's supposed involvement in its supply that remained powerful amid media and law enforcement representations of race, the "Yardies," and crack (see Dorn, Murji, & South, 1992; Keith, 1993; Murji, 1998).

The relatively limited debate that emerged in the late 1980s on the issue of Black problematic drug use emphasised the underrepresentation of Black people in the numbers of those who present to drug treatment services, primarily aimed at opiate users (see Mirza, Pearson, & Philips, 1991). Hence, whether the Black community was relatively drug problem free formed a crucial question embraced in the debate on their low usage of drug treatment services (see Awiah, Butt, & Dorn, 1990, 1992; Ruggiero, 1992). Despite pointing out the underrepresentation of Black people as clients of drug services, Mirza, Pearson, et al. (1991) drew a link between Black drug use and the criminal justice system. They noted that the majority of drug users known to criminal justice agencies are Black people who are most likely to be arrested for a drug offence. Relating such arrests to crack and cocaine, Mirza, Philips, and Pearson (1991) observed that although such police actions present crack and cocaine use as a primarily Black problem, White people make up the vast majority of users of these drugs. Their observation indicates that a significant proportion of Black problem drug use may be "hidden" in institutions outside of drug treatment services.

The extent to which the Black population suffers problematic drug use, particularly heroin use, has not been properly investigated, thus presenting an unclear picture of the harm caused by drugs on the Black community. In a sense, it does seem that such difficulties have also been complicated by the contradictory accounts within which Black drug use has been located. On one hand are observations that imply the existence of a Black drug problem at least sufficient to deserve policy intervention, and on the other hand are views that condemn the association of the Black community with drugs. For example, in explaining the underrepresentation of Black people in treatment services, Awiah et al. (1990, 1992) (also see Perera et al., 1993) related it to Black people's reluctance to seek help in agencies run by White staff for White drug (mainly heroin) users. Simultaneously, Awiah et al. (1990) have tended to dissociate Black people from extensive drug use; instead, they claim that the conception that many Black people misuse drugs, primarily crack cocaine and cannabis, is merely a myth derived from racial stereotypes rather than evidence. What seems clear is that conflicting attitudes toward Black drug use owe a great deal to race: Those with interest in the problem of Black drug use are constantly torn between addressing the needs of Black drug users and avoiding the reproduction of racial stereotypes. The crucial role of race in attitudes toward drug use has been observed in various studies. For example, in a study conducted by the City University, London, Department of

Sociology (1997), how race underlines images of Black people and drugs is mirrored thus:

Notions about drug usage and needs in those communities have been informed more by racist constructions of criminality and assumptions of “ethnic welfare” than fact. The representation of the cannabis smoking, crack dealing Afro-Caribbean attests to the former, whilst in the latter that of the “Asians don’t do drugs”, or “Afro-Caribbeans don’t inject” is still prevalent in the approach of agencies towards black communities. (p. 76)

A major consequence of such racially based assumptions according to Chantler (1998) is that they harbour the tendency to preclude “any mention of drug related activity in Black communities’ (p. 8) due to fears of reproducing already existing stereotypical notions of Black people and drugs. Ultimately, any drug service needs that Black people might have are undermined (see Dorn & Murji, 1992).

There are claims that national drug policy initiatives have been relatively silent on the needs of problematic drug users among Black and other visible minority ethnic groups (see Chantler, 1998; Johnson & Carroll, 1995; Khan, 1999). It is the sort of silence that, as Chantler (1998) stated, “even if well intentioned, ultimately does black communities a disservice as it fails to acknowledge the need for drug services in those communities” (p. 8). This absence of recognition is, for instance, reflected in the limited drug service provisions and deliveries available to Black and other visible minority ethnic communities (see Dale-Perera & Farrant, 1999; Khan, 1999; Nefertari & Ahmun, 1999). Mainstream drug services attract the most funds and resources, and given that they are run by White people, access to those services is restricted for Black and other visible minority ethnic groups (see Southwell, 1995).

## THE STUDY

The fieldwork for this study was conducted in 2000 and 2001 over a 6-month period ending in January 2001. The research included a detailed study of 81 files of problem drug users (26 Blacks and 55 Whites) registered with a London drug project.<sup>3</sup> A semistructured questionnaire interview with staff of the drug project was also carried out. The drug project, which from now on assumes the pseudonym *Carlton*, has a well-established and long-standing history of rendering services to drug users, primarily long-term users of opiate. Its services include harm reduction programmes such as needle exchange schemes and outreach work, counseling, medical referrals, referrals and advice on housing and benefits, and assistance with legal matters.

The primary intention of the research was to look at the nature of problems surrounding Black drug use, which is an underresearched area when compared to the extensive research literature on White problematic drug use in the United King-

dom. The author's choice of Carlton as a research site was significantly influenced by its location in a multiracial/multiethnic part of London and therefore the assumption that it would suit the research objective. The selection of files was not premised on a system of random sampling; instead, purposive and convenience nonprobability sampling techniques were used, and that was because the busy daily operation of Carlton did not lend itself to systematic random sampling of clients' files.<sup>4</sup> Nevertheless, the working arrangements of Carlton were such that accessing files on the basis of ethnic groups was made easier. Once the purpose to target the files of Black and White clients was clear, the files studied were ones readily available during the data collection period.

The research aim was to deduce from clients' files the nature and level of problems associated with their drug use, particularly heroin use. This focus was guided by the definition of problematic drug use given by the Advisory Council on the Misuse of Drugs (1982, 1988), initially in 1982, to mean excessive consumption of drugs on a regular basis and/or dependence on drugs resulting in physical, psychological, social, or legal problems and, in 1988, broadened to recognise the spread of HIV/AIDS through intravenous drug use. Clients' patterns of drug victimisation were researched along these lines. The direction of the interview was based on findings drawn from the Black clients' files; thus, the interview questions revolved around the specific drug-using needs of this racial group of clients. Findings from the interview gave more clarity to issues identified in the Black clients' files.

### **SOCIODEMOGRAPHICS OF CLIENTS**

Table 1 shows the sociodemographic profile of the clients. As indicated earlier, the vast majority of Carlton's clients were male. This is reflective of the traditional makeup of users of drug services, who are often male, although mostly of White racial origin (see, for example, Department of Health, 2001). Many of the male clients in this study had children. This related to 75% ( $n = 20$ ) and 56% ( $n = 41$ ) of the Black and White clients, respectively. Information on marital status shows that the clients were more likely to be single than in a relationship.

The age composition of the clients showed that the majority were in their 30s at the time of fieldwork. For both racial groups, the next most salient age group is the 40s. Although the figures show Black and White problematic drug use to be most common among the more adult population, and especially those in their 30s, the figures are not a reflection of the actual time length of problematic drug use. However, one of the inferences that has been drawn from the age profile of drug users related to age at time of presentation to drug treatment services. This aimed at ascertaining the ages of those most likely to seek help. According to the 1995 Greater London Drug Misuse Database, White males in their mid-20s are typical of heroin users who present to treatment services (see North and South Thames Regional Database Managers, 1995). Similarly, recent data from the Regional

**TABLE 1**  
A PROFILE OF CLIENTS' SOCIODEMOGRAPHIC CHARACTERISTICS

	<i>Black Sample (%)</i>	<i>White Sample (%)</i>
Age group ( <i>n</i> )	26	54
Teens	4.0	0.0
20s	15.3	6.0
30s	62.0	56.0
40s	19.2	31.4
50s	0.0	7.4
Marital status ( <i>n</i> )	24	52
Single	58.3	50.0
Partner/cohabiting	33.3	37.0
Married	4.0	2.0
Separated	0.0	4.0
Divorced	4.0	8.0
Employment ( <i>n</i> )	24	54
Unemployed	92.0	85.0
Employed	8.3	15.0
Housing ( <i>n</i> )	26	55
No fixed abode	23.0	15.0
Local authority	73.0	78.1
Private renting	0.0	5.4
Owner occupier	0.0	2.0
Prison	4.0	0.0

Drug Misuse Databases on drug use in England (see Department of Health, 2001) reflect previous findings by the Department of Health that presentation is mostly common among drug users in their 20s. However, findings from the author's research show that the highest number of presentations among White clients ( $n = 54$ ) occurred when they were in their 30s and 40s, comprising 50% and 26% of the clients, respectively. For the Black clients ( $n = 26$ ), presentation in the 30s age category ranked highest, making up 42% of the clients; a significant number (38%) were in their 20s at time of presentation, although the majority were older than 25. Most of the presentations for both racial groups occurred in the 1990s.

The socioeconomic characteristics (see Table 1) of the clients show their unemployment rates to be high, but higher for the Black group. The Black clients in employment were in semiskilled jobs, and the majority of the employed White clients were either in unskilled or semiskilled jobs. Many of the unemployed clients were on state benefits as pertained to 88% of the Black clients ( $n = 17$ ) and 100% of the White clients ( $n = 40$ ). In relation to housing, the vast majority of the clients from the two racial groups had stable accommodations, particularly in local authority housing. Those who would be classed as having no fixed abode because they were temporarily residing with friends or relatives, or living in a



**TABLE 2**  
AGE AT FIRST HEROIN USE

	<i>Black Sample</i> (n = 24) (%)	<i>White Sample</i> (n = 49) (%)
Age group		
Younger than 13	4.1	0.0
Teens	21.0	49.0
20s	42.0	43.0
30s	29.1	8.1
40s	4.1	0.0

squat, comprised a relatively small percentage of the clients. Aside the one Black client who was in prison at the time of fieldwork, all the Black and White clients resided in an inner-city locality, often in a deprived area.

#### **DRUG USE: CHARACTERISTICS AND HEALTH ISSUES**

All the clients presented heroin as their primary drug, and the drug was consumed on a daily basis at the time of presentation to Carlton. The amount of heroin used by the Black clients ranged from 0.25 grams to 1.5 grams a day and for the White clients 0.25 grams to 2 grams daily. The Black clients were seemingly more likely than their White counterparts to have had their first taste of heroin later in their adult life (see Table 2), often in their 20s. Of the Black clients, 75% were in the 20s to 40s age range at first heroin use as opposed to 51% of their White counterparts. There was the tendency for heroin use to start in the teenage years among the White clients; however, the youngest and the only client younger than 13 at first heroin use was Black.

Despite that the Black and White clients presented with an opiate problem, many were engaged in poly-drug use (see Table 3). Crack cocaine was the most common combination. This finding tallies with G. Pearson's (1992) observation that crack use is more likely to present as a secondary feature of heroin use. Other drugs used by clients were cannabis, cocaine, amphetamines, LSD, ecstasy, and methadone. Apart from crack cocaine and cannabis, which were more likely to be used by the Black clients than the White clients, the other drugs seemed to find more favour among the latter group. Although most combinations were limited to heroin and crack, 45% of the Black clients and 41% of the White clients who used crack also used another drug. Found to be rare among the Black clients was the use of tranquillisers, which was reported in 4% of cases; similarly, the use of anti-depressant drugs was seemingly nonexistent among this racial group. For the

**TABLE 3**  
**DRUGS USED AND METHOD OF ADMINISTRATION**

	<i>Black Sample (%)</i>	<i>White Sample (%)</i>
Drug type ( <i>n</i> )	26	55
Heroin (main drug)	100.0	100.0
Crack	85.0	49.0
Cannabis	35.0	16.3
Cocaine	4.0	9.0
Amphetamines	4.0	7.2
Ecstasy	4.0	7.2
LSD	0.0	2.0
Methadone	8.0	36.3
Method of administration of heroin ( <i>n</i> )	24	55
Intravenous	33.3	67.2
Smoke	54.1	20.0
Combination (injection and smoke)	13.0	13.0
Method of administration of crack ( <i>n</i> )	18	24
Intravenous	22.2	38.0
Smoke	72.2	46.0
Combination (injection and smoke)	6.0	17.0

White clients, the use of tranquillisers and depressants was reported in 27% and 31% of cases, respectively. Drug users, especially those who use crack or cocaine have been known to rely on tranquillisers and antidepressants to tackle problems of anxiety, sleeplessness, depression, and suicidal thoughts that accompany certain forms of drug use (see Brain, Parker, & Bottomley, 1998; Gossop, 1993). These drug-induced symptoms, including the more serious instances of self-harm and suicide attempts, were exhibited by some of the Black and White clients.

Clients administered heroin by intravenous injection and/or by smoking, although the preferred route of administration varied according to racial group (see Table 3). Although smoking was the most favoured sole route of heroin use among the Black clients, a significant number purely injected it. Unlike the Black group, the vast majority of White clients used heroin purely by intravenous injection. Despite that information on route of administration of crack is based on relatively small numbers of Black and White clients, it does present a pattern similar to that of heroin use as far as the Black clients are concerned. For the White clients, intravenous drug use started to lose its popularity when it came to crack use; nevertheless, injection crack use still remained significant.

Carlton highly commended non-intravenous drug use in health assessments of clients, and in such reports, what was highlighted were concerns over the health risk factor and the importance of harm reduction in drug use. In Britain, the rela-

tionship between intravenous drug use and HIV infection has featured uppermost in health concerns about drug use. Such concerns found origin in the 1980s heroin epidemic, during which the spread of HIV was largely attributed to the use of shared drug-injecting paraphernalia among injecting drug users (see Gossop, 1993; MacGregor, 1989; G. Pearson, 1992). HIV infection was considered as the most serious complication of injecting drug use, and according to the Advisory Council on the Misuse of Drugs (1988), it posed "a greater threat to public and individual health than drug misuse" (p. 1). HIV infection was reported in 12% of the Black clients and 2% of the White clients;<sup>5</sup> AIDS was diagnosed in a further 2% of the White clients. Other serious infections that can be contracted and spread through the sharing of injecting equipment have included types of the hepatitis virus (see Gossop, 1993). Of the clients, 8% (one of the clients who was also HIV positive) of the Black clients and 35% (including those with HIV/AIDS) of the White clients were diagnosed with the hepatitis virus. Carlton's concerns about the injecting practices of its clients were not only restricted to the health implications of sharing injecting equipment. Carlton drew a distinction between "good" and "bad" injecting practices. This was usually related to the state of a client's injecting sites. One notable consequence of a bad injecting practice was the formation of abscesses on the injecting site. Rarely were the Black clients reported to present problems relating to bad injecting practices. In contrast, almost one third of the White clients showed signs of a chaotic injecting drug use, revealed in visible injecting sites and the decision to inject in unusual parts of the body such as the veins in the groin, neck, leg, and foot. According to Gossop (1993), injecting in those parts of the body noted above is a practice that occurs when drug users fail "to discover any further sites to inject themselves" due to the "formation of scar tissue and other vein damage" (p. 131) on a vein abused through continuous injection. This unconventional practice is not without its consequences, such as severe abscesses and deep vein thromboses, which a good number of the White clients suffered.

### **PROFILING THE SOCIAL PROBLEMS OF CLIENTS' DRUG USE**

In various ways, the social contexts within which the clients' problem drug use was located display characteristics found in problem drug use in general. The socioeconomic composition of the clients demonstrates a familiar image of drug use and drug-related problems as a common feature of the lower class, the unemployed, and deprived inner-city areas (see European Monitoring Centre for Drugs and Drug Addiction, 2000; Home Office, 1996). However, such characteristics of socioeconomic marginalisation are highly suffered by Black people in general in comparison to other racial groups. High unemployment rates, unskilled or semi-skilled employment, low pay, poor housing conditions, and high concentration

levels in the most disadvantaged areas of the country are instant indicators of the socioeconomic marginalisation prevalent among Black people (see Oppenheim, 1993; Penal Affairs Consortium, 1996). The strong correlation between drug use and socioeconomic disadvantage, as Chantler (1998) has argued, poses major consequences for Black communities given their overall deplorable social and economic circumstances.

The extent to which the drug-using habits of the Black clients in this study were precipitated by socioeconomic needs or were the resultant effects of deprivation was unclear. There were indications that both Black and White clients suffered financial difficulties exemplified in rent and council tax arrears and outstanding utility bills. Such financial problems were most evident in relation to White clients, to whom Carlton associated the financial strain to chaotic and heavy drug-using habits. Evidently, the two racial groups of clients showed a very high level of unemployment and a significant reliance on state benefits, but simultaneously, unstable housing did not seem to be a common component of their socioeconomic needs. Presentations to drug services have been known to be influenced by practical problems, such as housing and employment, associated with drug use rather than to any objectives to break the drug-using habit. Herein, drug users merely wish to seek advice from drug agencies on how to tackle such practical problems (see Velleman & Rigby, 1990). The drug-related practical needs of the clients did not seem to significantly revolve around socioeconomic needs relating to housing and employment, and this observation tallies with the following statement made by Carlton in relation to their Black clients and by implication their White counterparts: "They are familiar with the system (that is, welfare system) and therefore need no more help than their English counterparts with housing, employment and/or social security benefits" (Carlton staff member, personal communication, April 2001). The Black clients' knowledge of how the welfare system works was based on the fact that they were mostly second-generation Black immigrants, born and bred in the United Kingdom. On very few occasions did Carlton come into contact with Black clients who had immigration issues and who relatedly may have needed assistance with accessing public funds. As almost all the Black clients were U.K. nationals and were habitually resident in the United Kingdom, they, like their White counterparts, had access to welfare services without having to face the restrictions imposed on persons of non-U.K. nationality (see Glover et al., 2001).

One of the areas of concern surrounding Black problematic drug use relates to gaps in service provision for Black drug users and barriers to seeking the help of drug services. As already stated, the underusage of drug treatment services by Black and other minority ethnic drug users has aroused a range of explanations, which have often voiced the perceptions of minority ethnic groups against services dominated by White staff (see Awiah et al. 1990, 1992; Dale-Perera & Farrant, 1999; Mirza, Pearson, et al., 1991). All in all, the reluctance on the part of mainstream services to accommodate and embrace cultural diversity in service

provision and delivery or the failure of national and local policy initiatives to prioritise culture-specific services for minority ethnic groups underlines some of the existing failures to capture clients from minority ethnic groups (see Nefertari & Ahmun, 1999; Southwell, 1995). Within other institutional spheres with links to drug treatment services, Eurocentric White images and views eclipse policy and practical applications of racial and cultural diversity while reinforcing racist stereotyping (see, for example, Chantler, 1998). In the following statement, Carlton reflects on the issue of diversity and how its perceived neglect across a range of institutions such as social services and the medical and criminal justice sectors affects the needs of Black drug users:

They are less likely to be aware of their drug treatment options. There is poor communication between professionals and themselves; they have great difficulty with self expression and getting their points of view across. They are less likely to leave a consultation session having all their concerns voiced. Although they speak English, if it is spoken with an accent or with cultural specific expression, it is often misunderstood and often seen as threatening, ignorance, or self-pity. (Carlton staff member, personal communication, April 2001)

Although the above scenario, which describes the apathy of agencies toward Black drug users, can account for the reluctance of Black drug users to turn to relevant services for help, it may well explain why this racial group of drug users tends to rely on family support for their drug problem even when drug services are involved. Family members have been known to play a significant part in initiating Black referrals to drug services (see Y. Pearson, 1996). This observation is relevant to Carlton where referrals of Black clients were reported to have had input from a family member who also took a positive approach toward a client's problem drug use. As a comparison, 30% ( $n = 23$ ) of the Black referrals and 3% ( $n = 38$ ) of the White referrals were family directed. The role of the family in the drug-using lives of Black people is well acknowledged by Carlton as very beneficial to addressing the needs of Black drug users:

I find Black families are generally much more involved with our Black clients. Family members are more likely to attend the service or contact us by phone. They are usually introduced to the service by the client, and consent is usually given to discuss care plans or ongoing matters. Generally, the role assumed is one of a buffer between the client and his/her family. This often acts as an important role for communication with someone that understands their cultural values and can provide the family with useful information about drugs that does not conflict and is also mindful of their belief system. This help is usually welcomed and well received by family members. Black families are more likely to remain in contact through thick and thin and see the care of their loved ones as their responsibility. (Carlton staff member, personal communication, April 2001)

A striking feature of the Black clients' problematic drug use is its relationship with the criminal justice system. Table 4 shows the sociolegal problems of the

**TABLE 4**  
CLIENTS' CRIMINAL HISTORY

	<i>Black Sample</i> (n = 26) (%)	<i>White Sample</i> (n = 53) (%)
Clients with a criminal record	96.1	77.3
Clients with no criminal record	4.0	23.0
Most common type of offence		
Acquisitive (e.g., theft, burglary, robbery, forgery, fraud)	73.0	60.3
Drug offence	50.0	21.0

Black and White clients' drug use. Virtually all the Black clients had a past criminal record; out of which, 68% were clearly shown to have served a prison sentence. For the White clients, 46% of those with a criminal record had served a custodial sentence. Offences for which both Black and White clients were mostly associated with were acquisitive crime such as theft, burglary, and robbery. Carlton's reports on the clients showed indications that such offences were committed as a direct consequence of their drug use. Nevertheless, there is nothing new in terms of how acquisitive crime and drug use complement each other, particularly among the socioeconomically disadvantaged. Any points of controversy over the relationship have broadly revolved around the preceding and superseding influence of drug use on crime (see Bennett, 1994; South, 1994), rather than attempts to deny their correlation. In fact, one of the major concerns during the 1980s heroin epidemic was related to the engagement of drug users in acquisitive crime to finance their heroin habit (see Jarvis & Parker, 1989; MacGregor, 1989). In recent years, this issue has also featured as one of the uppermost concerns in the political agenda (see Home Office, 1994, 1998) and has been charted in academic circles as a major form through which drug users fund their drug habit (see Brain et al., 1998; Hughes, 2000; Klee, 1994).

An obvious scenario in the clients' criminal history is that the Black clients were more likely than their White counterparts to be convicted for a drug offence. Furthermore, 85% of the Black clients whose convictions were shown to be related to a drug offence had also served a prison sentence for the same reason as opposed to 4% of the White clients. In some cases, the Black clients had a long history of custodial sentences, sometimes lengthy, for a drug offence. The most common drug offence involving the Black clients pertained to drugs supply, often in the form of unlawful possession of a controlled drug with intent to supply. In comparison, 77% of the Black clients as opposed to 18% of the White clients were associated with drug trafficking. Dealing in drugs is known to be one of the forms through which drug habits are financed (see Brain et al., 1998). In some cases,

Carlton clearly identified clients' engagement in a drug offence in general with their drug-using habit. However, there were overt instances where prosecutions and convictions for drug trafficking relating to the Black clients were believed to have undermined their drug-using needs. In such cases, Carlton had questioned accusations of drug trafficking by drawing attention to the "small" quantity of drug over which a client was charged for drug trafficking. This was to ascertain that the client's drug consumption rate meant that the drug was for personal use rather than for commercial purposes. Prison terms have had their consequences on the Black clients: Disruption of housing stability was evident, and some clients developed their drug-using habit in prison or had been introduced to a new type of drug such as crack. The latter scenario, which illustrates how an offender's drug use can commence on entering prison, has been observed in studies concerned with the misuse of drugs in prison (see Hucklesby & Wilkinson, 2001).

The criminal justice angle of the Black clients' problematic drug use further reveals itself in the number of referrals that had been directed by the probation service. Among the Black clients ( $n = 23$ ), 30% had a probation-directed referral, of which 86% were made in the year 2000 and 14% in 1998. For the White clients ( $n = 38$ ), 16% had probation-directed referrals, and 50% of them were made in 2000, 17% in 1999, and 33% in the 1980s. The recentness of many of the probation-directed referrals is perhaps reflective of the implementation of the Drug Treatment and Testing Orders under the 1998 Criminal Justice Act, which has strengthened the involvement of the courts and the probation service in the treatment strategies of problem drug users. The act empowers the courts "to make an order requiring the offender to undergo treatment as part of or in association with an existing community sentence" (Turnbull, McSweeney, Webster, Edmunds, & Hough, 2000, p. 2). Turnbull et al. (2000) identified two factors that distinguish it from past conditions of treatment that accompanied probation orders: "the requirement that courts regularly review offenders' progress" and "the requirement that offenders must undergo regular drug testing." The clients whose referrals were directed by the probation service were serving a probation order with treatment as a condition for the community sentence. For Black clients, although a probation-directed referral seemed a recognisable route to treatment services, there is evidence that some of the referrals were preceded by periods of past custodial sentences for offences directly or indirectly associated with the clients' drug use.

#### **CONCLUDING COMMENTS: A REFLECTIVE NOTE**

On looking at the findings from the author's Carlton study, there exist aspects that can contribute to existing theoretical and evidence-based research debates pertaining to the relationship between race and drug use. It is clear that problem



heroin use is not unfamiliar to Black people and neither is poly-drug use where the primary drug is heroin. As noted earlier in this article, the idea of Black people's involvement in "hard" drug use is that in which crack cocaine has been presented as *the* drug of interest to this racial group. Although there is an absence of national data in the United Kingdom on the extent of problem crack use according to race, evidence from local studies does show that crack cocaine is the predominant drug of choice of Black problem drug users (see Y. Pearson, 1996; Perera et al., 1993). Some have even claimed that many Black people who present to drug treatment services for heroin addiction started using heroin to cope with their addiction to their primary drug, crack (see Brixton Drug Project, 1998). In this sense, heroin use is not viewed as a typical feature of Black community drug use.

The link between crack and Black people has simultaneously undergone a negative process of racialisation (see Chantler, 1998; Perera et al., 1993). According to Chantler (1998) crack cocaine use is not only "stereotypically associated almost exclusively with African-Caribbean men," but also the "image of a crack user as violent, aggressive and paranoid feeds into existing stereotypes, specifically about young African-Caribbean men" (p. 18). There are claims that the association of crack with the Black community may be attributed to its neglect in policy intervention as implied in Chantler's warning:

Those who ignore crack use because they feel it can be contained within the Black community are. . . mistaken. Finally, those who talk about crack use as though it were exclusively or primarily a "Black problem" are fanning the fuels of racism. (p. 18)

Unlike crack cocaine use, opiate use, associated with the White community, has traditionally attracted extensive policy and practical attention in drug service provisions, more so since the 1980s following the HIV/AIDS epidemic among intravenous heroin users. Given that mainstream drug services primarily cater to the needs of opiate users, one implication for race and drug use is that the proportion of Black crack users unknown to drug services may continue to be far higher than the number of those who present to drug services (see Chantler, 1998). Likewise, it may continue to be the case that no significant attention is given to how heroin might constitute a problem to the heroin-using Black population. Seemingly, the relative neglect of Black heroin use is sustained by the mix of contemporary literature in which crack cocaine is placed uppermost in the drug-using life of the Black community. And yet unlike heroin, crack cocaine use, as some have claimed, has not been seen to pose a major problem in Britain (see Brain et al., 1998; G. Pearson, 1992).

The dangers of crack use are not to be undermined, but at the same time, it is important to note that Black problem drug use or any problem drug use for that matter needs not be confined to a specific drug type for it to be taken seriously. Rather, the key issue is to identify ways of tackling problems associated with drug



use across racial and ethnic groups. All the Black clients in the author's study presented heroin as their main drug, and whether their addiction to heroin developed as a coping mechanism for crack addiction does not undermine that they had a heroin problem. Like heroin, first crack use among the Black clients seemed to have mostly occurred when the clients were in their 20s. Although these data were available on only 14 clients who reported crack use, it does show that 79% of them were in their 20s, 14% in their teens, and 7% in their 30s. An interesting observation worth noting is that among the 14 clients, first heroin use preceded first crack use among 43% of the clients, whereas 28% of the clients were first introduced to crack before heroin. Those who were the same age at the time of both their first heroin and their first crack use made up the remaining 28%: What is unknown within this category is which of the drugs was used first.

Although the 1980s health concerns about heroin failed to overtly embrace racial diversity, the notion in recent years that injecting drug use is not common among Black drug users forms another issue that complicates attempts to decipher the nature of Black problem drug use. It is a notion that harbours implications for the Black community in terms of drug service provision and delivery. Evidence from Carlton shows smoking to be the most favoured route of drug administration among the sample of Black clients. As much as this observation can add to debates on Black drug use, there is the need to recognise that intravenous drug use was solely preferred by some of the Black clients; some others adopted the combination methods of smoking and injecting. Second, there were instances of HIV and hepatitis infection as shown among 5 clients, of whom 60% used drugs intravenously. These findings are perhaps a far cry from the actual level of intravenous drug use and drug injection-related HIV cases in the Black community, where certain held myths about drug use add further obstacles in the way of determining health issues and needs of Black drug users. Commonly held beliefs within the Black community that heroin use, injecting drug use, and HIV are a "White problem" have meant that Black heroin and intravenous drug users tend to deny or hide these patterns of drug use—viewed as "junkie behaviour"—for fear of being ostracised from other Black drug-using groups and the wider Black community (see Perera et al., 1993). Invariably, they will tend to form hard-to-reach groups within the Black drug-using population, and relatedly, any injection-related health problems will go unrecognised.

Unlike the United Kingdom, there seems to be a clearer picture on the health risks of Black problem drug use across the Atlantic. In the United States, African Americans are in great numbers affected by the spread of HIV and AIDS as a result of intravenous drug use. Lusane (2000) cited Day (1996) as reporting that more than 12,600 new injection-related cases reported in 1995 concerned African Americans. Within the period 1990 to 1995, "Over 70 per cent of all injection-related AIDS cases among African Americans have been reported" (Day, 1996, p. 20, cited in Lusane, 2000, p. 54). Lusane also referred to projections by Leigh (n.d.) that by the year 2001, African Americans will make up more than half of all

AIDS cases in the United States. Although it may still be the case that U.K. Black heroin users or Black drug users in general are underrepresented in drug treatment services, the characteristics of those who do present may well enlighten us on the problems associated with Black drug use and how best to tackle them. Black clients' patterns of drug use and health and social problems are issues that can be compared and contrasted with the drug-using characteristics of other racial groups of clients to implement appropriate drug treatment measures.

Clearly, the involvement of Black drug users with the criminal justice system is seemingly the most worrying social implication of Black drug use. It is an observation that reiterates images of Black people and drugs that have over the years clouded concerns that might have been highlighted around Black drug use. The stereotype of the Black drug trafficker and the overrepresentation of Black people in crime figures for drug offences, especially drug trafficking (see Home Office, 1999), have culminated in relegating Black problem drug use to the bottom of the mainstream agenda on drug policies. Like the findings from the author's 1999 study (Kalunta-Crumpton, 1999), the Black clients of Carlton were more likely than their White counterparts to be convicted and imprisoned for the more serious form of drug offence, drug trafficking. Despite that full details of drug offences were almost unavailable on clients' files, there were a number of files that held sufficient information on drug charges, and they embraced ingredients similar to those evident in the author's 1991 study of drug offence trials involving Black and White defendants. This point is illustrated in the following two case studies, which draw on two files: One of the files belonged to one Black client, and the other concerned two White clients who appeared in court as codefendants.

*Case 1: A Black male client.* The client was arrested by the police for being in unlawful possession of heroin. The quantity of the heroin in question was 1 gram, which was in eight separate wraps. The client was charged with unlawful possession of a Class A drug with intent to supply, and he entered a guilty plea to unlawful possession and a not guilty plea to intent to supply. He claimed that he had the drug for his own personal use and to share with his girlfriend on a noncommercial basis. Carlton supported this claim in a report to the court in which it was stated that the client and his girlfriend consumed that amount of heroin on a daily basis. Following arrest, the client was remanded in custody pending trial. He was convicted for the drug trafficking charge and sentenced to 3 years in prison.

*Case 2: A White male and a White female.* The two clients were a married couple. They were arrested by the police after 12.2 grams of diamorphine, 714 phsyseptone tablets containing methadone, and £5,790 were found in their home. They were charged with unlawful possession of Class A drugs with intent to supply. The clients had pleaded not guilty to the two-count charges. Following plea bargaining, the clients changed their plea: They pleaded guilty to unlawful possession, and the charge of intent to supply was dropped. Their dependence on

drugs was presented to justify the possession charge. Respectively, both clients received 2 years probation with a condition of drug abuse treatment.

Not all the antecedents to these cases were available to the author, for example, processes surrounding the prosecution and court appearances or trials of the clients. However, it was apparent in the Black client's file that he had many years of substance misuse involving cannabis, heroin, and crack cocaine; similarly, the two White clients had a long history of heroin use. It was also clear that the Black client had a long history of offending and custodial sentences mostly in connection with acquisitive crime. It was during two of his prison terms that he was first introduced to heroin and crack, respectively, and subsequent offending involving acquisitive crime became tied in with his drug use. The White clients also had a lengthy criminal record mostly involving acquisitive crime, but neither of the White clients had served a prison sentence. That the Black client was convicted and imprisoned for drug trafficking over a "small" quantity of heroin may stand to show a strong interface between Black drug use and the criminal justice system.

Offences of drug trafficking, which catapult a high number of Black people toward prison may well hide the drug-using needs of many Black people as victims, while they simultaneously reinforce already existing images of race and the perpetration of drug trafficking. Many years of concerns over Britain's drug problem have expressed themselves through a drug policy within which drug supply is primarily targeted via law enforcement (see Home Office, 1985, 1988, 1994). This is a response that has clearly marked a racial difference in the composition of those most likely to be arrested, convicted, and imprisoned for drug-trafficking offences. Yet such clarity does not seem to exist in the government's antidrug strategy toward drug demand reduction where the focus is on prevention and treatment. In their Home Office study titled "Dealing With Diversity," Johnson and Carroll (1995) acknowledged the gap in issues of racial and cultural diversity in prevention work, viewing it as an obstacle that can be tackled if the often culturally homogenous structuring of drug prevention services begins to fully embrace the demands of diversity. If drug treatment service provision is to address racial and cultural diversity, it is imperative to first acquire a comprehensive detail of the level of problem drug use across racial and ethnic groups by tapping into varied sources of information. For Black problem drug users, it appears that they are quick to make contact with the criminal justice system. Because measuring the extent of their problem drug use is known to be hampered by their limited use of drug treatment services, a large amount of such information can be deduced from their contacts with the criminal justice system. The number of probation-directed referrals of the Black clients of Carlton shows the unique position of the criminal justice system in a multiagency approach to the treatment of drug use, not least to the detection and treatment of drug use among those who have the most contact with it.

## NOTES

1. *Black* refers to people of African descent.
2. *White* refers to White people of U.K. origin (excluding the Irish).
3. The total number of Black and White clients' files studied were 29 and 82, respectively. In terms of gender, 3 of the Black clients and 27 of the White clients were female. As already stated, this article is based on data drawn from 26 Black male and 55 White male clients. However, as the clients' demographic data show, there are instances where data were not available on all the clients.
4. The application of nonprobability sampling methods is not to claim that the sample sizes for the racial groups were unrepresentative of their total numbers in the drug project. By the end of August 2000, when the total number of Carlton's clients was 382, the number of Black and White clients (including females) was 39 and 166, respectively. No statistical breakdown of the ethnic composition of Carlton's clientele had been compiled for the period following August 2000. Carlton's records of client figures are based on new presentations, closed cases, and reopened cases, and this results in fluctuations in recorded client statistics.
5. Three White clients refused to be tested for HIV and hepatitis.

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