[PN]Part 1

[PT]Background considerations

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**[CT]The historical context of drug use by young people**

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**[HA]Abstract**

[FT]This chapter presents a brief survey of the history of illegal drug use and young people, focusing particularly on Britain since the 1960s. It examines key shifts in the scale and nature of drug-taking and the responses offered in terms of changes in the law and treatment. Fears about young people and drug use, both real and imagined, have helped to drive forward regulation of illicit drugs. Key developments in drug treatment and legislation took place in response to changing patterns of drug-taking among young people. This chapter suggests that the history of young people and drug use allows us to set the contemporary drug problem in context, and that we can better understand how to deal with it today by exploring the roots of young people’s drug use.

[BOX]

[HA**]Learning objectives**

[FT]After reading this chapter learners will be able to:

[BL]Outline the changing patterns of drug use among young people in Britain since the 1960s.

Identify the key changes and continuities in drug use and the response to this among young people.

Understand the factors responsible for these changes and continuities.

Set contemporary drug use in historical context, and relate the past to the present.[BLX]

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**[HA]Introduction**

[FT]Today, use of illicit drugs tends to be associated with young people, but this was not always the case. Psychoactive substances have been taken by people of all ages throughout history and across the globe. Cultivated opium poppy seeds, for example, have been found at Neolithic (Stone Age) settlements in Europe and the Middle East (Booth, 1996). Many drugs that are prohibited today began their histories as legally used products. In Victorian Britain, opium was widely used by men, women and children to cure a variety of ailments (Berridge, 1999). Attempts to ban the use of drugs like opium only began in the twentieth century, in part, because of concern about the effect drugs are likely to have on young people, especially women. Indeed, fears about young people and drug use, both real and imagined, have helped to drive forward regulation of illicit drugs. Key developments in drug treatment and legislation took place in response to changing patterns of drug-taking among young people.

[BT]This chapter presents a brief survey of the history of illegal drug use and young people, focusing particularly on Britain since the 1960s. Key shifts in the scale and nature of drug-taking are examined, as are responses offered to this in terms of changes in the law and treatment. This chapter suggests that the history of young people and drug use allows us to set the contemporary drug problem in context, and, by exploring the roots of young people’s drug use, we can better understand how to deal with it today.

**[HA]1920–1960s: The first drug laws**

[FT]The first laws to control the use of drugs such as opium and cocaine were introduced in Britain during, and in the immediate aftermath of, the First World War. Concern about the use of cocaine by troops on leave from the Western Front, coupled with the media storm surrounding the death of a young actress from a cocaine overdose in 1918, led to the introduction of the Dangerous Drugs Act in 1920. This prohibited the sale of drugs, including the opiates and cocaine, to individuals without a prescription from a medical practitioner (Berridge, 1999). The size and scale of drug use in this period are difficult to determine, and, though there was a small recreational drug scene centred on London’s West End, the actual number of drug users was likely to be very low by modern standards. Fear of drug use and drug users was also bound up with other concerns about the changing place of women in society and racist anxiety about the Chinese people, who were thought to be responsible for the drug trade (Kohn, 2001). The Rolleston Committee, convened in 1924, to examine the legitimacy or otherwise of prescribing morphine and heroin to individuals addicted to these drugs, found that addicts were few in number and mostly middle-aged, middle-class people who had become addicted following treatment for another condition. As a result, the Rolleston Committee recommended that doctors could prescribe opiate drugs to addicts on a long-term or maintenance basis if all other attempts to withdraw the individual from the drug had failed (Ministry of Health, 1926). This was the so-called ‘British System’ of drug treatment, although its supposed permissiveness was also backed up by legal penalties for people who were caught in possession of drugs without a prescription (Edwards, 1978; Spear, 1994).

**[HA]1960s-1970s: Heroin and cannabis**

[FT]Illegal drug use remained largely stable from the mid-1920s until the early 1960s when drug consumption patterns began to change. Although use of heroin is perhaps less commonly associated with the 1960s than cannabis or lysergic acid diethylamide (LSD), it was concern about opiate drug use by young people in this decade that helped to change ideas about drug addiction and how it should be dealt with. The number of known opiate addicts increased from 454 in 1959 to 753 by 1964. Moreover, addicts appeared to be getting younger: in 1959, 11 per cent were under 35 years of age, but, by 1964, 40 per cent were in this age group. The new addicts also seemed to have become addicted not as a result of treatment for another condition, but by taking drugs recreationally: in 1964, 94 per cent of people newly reported as addicts acquired their addiction from non-therapeutic origins (Ministry of Health, 1964).

[BT]This different type of addict appeared to require a different type of response. The Second Interdepartmental Committee on Heroin Addiction (the Brain Committee), created in 1958, described heroin addiction as a ‘socially infectious condition’ (Ministry of Health, 1964: 5–8). Concerned that heroin use might spread to the wider population, the Brain Committee recommended a number of measures to treat and control heroin addiction. They included establishing specialist treatment centres, notifying incidences of addiction to the Home Office, and introducing licences for doctors to prescribe heroin to individuals addicted to the drug. These methods were deemed to be necessary in order to deal with the new, young heroin addicts who, unlike the middle-aged morphine addicts of the 1920s, were thought to pose a threat to the fabric of society (Trebach, 1982).

[BT]At the same time as the use of heroin appeared to be increasing, so, too, did the use of other drugs, especially cannabis. Since the 1950s, there had been some cannabis use among the West Indian community, but this practice did not spread to the white population until the mid-to-late 1960s. Cannabis became popular with young people who considered themselves to be members of the counter-culture. This increase in the use of cannabis can be seen in the rising number of convictions for possession of the drug: in 1965, there were 626 convictions for the possession of cannabis, but, by 1967, there were 2,393 (Advisory Committee on Drug Dependence, 1968). In response, the Dangerous Drugs Act was revised three times (1964, 1965, 1967) over the course of the 1960s to increase penalties for the possession of drugs, such as cannabis, and governmental advisory committees were convened to examine the use of cannabis and LSD, in 1968, and police powers of search and arrest, in 1969 (Advisory Committee on Drug Dependence, 1968; 1969). Despite these efforts, cannabis remained popular with some young people and there were a number of unsuccessful campaigns to legalise the drug, supported by figures from youth culture including bands such as the Beatles and the Rolling Stones (Green, 1999: 181–5).

[BT]Drug use continued to increase during the 1970s. In 1973, 11,476 people were found guilty of, or cautioned for, cannabis-related offences, a figure that is likely to reflect just a small proportion of people using the drug. Yet, the number of convictions related to other drugs remained relatively low until towards the end of that decade. While the number of people found guilty of offences relating to some drugs, such as cocaine, increased, convictions related to other drugs, such as LSD, decreased. Indeed, the total number of drug convictions in 1973 (14,977) was slightly higher than in 1979 (14,339). Drug convictions, however, only tell part of the story. Notifications of heroin addiction rose over the decade, from 353 in 1970 to 1,181 by 1980, and over 80 per cent of addicts were under 29 years of age (Advisory Council on the Misuse of Drugs, 1982: 132). Treatment of heroin addiction, which was largely confined to the specialist Drug Dependence Units (DDUs), initially involved maintenance, the long-term prescription of heroin or a substitute drug to addicted patients. Over the course of the 1970s, maintenance, and particularly maintenance with heroin, fell out of favour with doctors working in DDUs, principally because it was not thought to help to cure the addict of their condition. Withdrawal treatment became more common, causing some addicts to leave the clinics and seek treatment, or drugs, elsewhere (Mold, 2008).

**[HA]1980s: Heroin and HIV/AIDS**

[FT]Up until the end of the 1970s, the vast majority of illicit heroin in Britain came from the so-called ‘grey market’, which consisted of drugs that had either been stolen from pharmacies or obtained legitimately and then sold on. Following the Iranian Revolution in 1979, imported black market heroin began to enter the UK (Lewis, 1994: 42–65) The amount of illicit heroin seized by police and customs, which is likely to represent only a fraction of the total smuggled into the UK, rose considerably. The authorities seized just 3 kilograms of heroin in 1973, compared to 93 kilograms in 1981 (Advisory Council on the Misuse of Drugs, 1982). What is more, the price of black market heroin fell in real terms by as much as 25 per cent between 1980 and 1983 (Griffiths *et al*. 1994: 124). Addiction to heroin increased rapidly during the 1980s. The number of known addicts rose from 2,666 in 1979 to 10,389 by 1987 (Home Office, 1987). Despite better reporting of addiction, these figures were thought to be a significant underestimate (Stimson, 1990: 260–81; Mott, 1994: 287). Some commentators argued that it was quite possible that there were as many as 100,000 heroin addicts in Britain by the end of the 1980s (MacGregor, 1989: 3).

[BT]This rapid increase in heroin addiction met with a variety of responses. In 1985–1986, the government-run Central Office of Information launched an anti-drug campaign targeting would-be heroin users. Based around the tag line ‘Heroin Screws You Up’, the £2 million campaign consisted of advertisements in teenage magazines, billboard posters and a 30-second television commercial (Ashton, 2002: 136). At the same time, there was also an expansion in drug treatment and support services in the UK. In 1982, the Central Funding Initiative (CFI) for drug services was introduced. The CFI was a multi-million pound programme that was designed to foster a multi-disciplinary approach to intervening with drug use, including providing a range of services, such as residential rehabilitation and street-based counselling, for drug users (Mold and Berridge, 2010). This was in contrast to the primarily medically-orientated response to drug use that had been in existence since the late 1960s, based on outpatient treatment in the NHS DDUs.

[BT]Towards the end of the 1980s, added impetus was given to such a multi-disciplinary approach when HIV/AIDS was discovered among injecting drug users. The government’s advisory group on drug use, the Advisory Council on Drug Misuse (ACMD), examined the issues raised by HIV/AIDS and concluded that ‘HIV is a greater threat to public and individual health than drug misuse’ (Advisory Council on the Misuse of Drugs, 1988: 1, 17, 75). This assertion led the ACMD to recommend a series of measures aimed primarily at harm reduction rather than drug withdrawal. Borrowing from the voluntary sector and the example of other European countries, such as The Netherlands, programmes including needle exchanges were introduced in order to try to stop the spread of HIV. The long-term prescription of opiate drugs for addicts was also re-examined (Mold, 2008). Drug treatment and support services became more flexible, and there was a greater degree of involvement from a range of bodies, including those in the voluntary sector (Mold and Berridge, 2010). Partly as a result of developing multi-disciplinary services and the harm reduction approach, the HIV epidemic among injecting drug users in Britain did not materialise on the scale that had been feared initially.

**[HA]1990s: Criminal justice approaches and the emergence of dance drugs**

[FT]During the 1990s, matters relating to criminal justice, another long-present element within drug policy and practice, began to assume increasing importance. The introduction of a succession of drug strategy documents in 1985, 1995 and 1998 (HMSO, 1985; 1995; 1998) placed more emphasis on the link between drug use and crime. Some drug users, it was argued, committed crimes in order to support their habit. Thus, it was found in 1995 that just over 1,000 drug users reported more than 27,000 acquisitive criminal offences in a 90-day period before starting treatment (Gossop, 2005: 3). Policy for drug treatment and practice began to combine certain elements with activities in the criminal justice system in order to break this link between drug use and crime (Duke, 2006: 409–15) One such measure was the introduction of Drug Treatment and Testing Orders (DTTOs) in 1998. DTTOs compelled drug users to enter treatment, often as an alternative to a custodial sentence (Finch and Ashton, 2005: 187–97). Tools such as the DTTOs were representative of the introduction of a greater degree of coercion into drug treatment policy, but as discussed at the beginning of the chapter, criminal justice approaches have long been part of British drug policy.

[BT]Although heroin use continued to increase during the 1990s, a new drug problem appeared in this decade which eclipsed heroin in its popularity. The amphetamine MDMA, or ecstasy, had been used since the mid-1980s by clubbers on the Spanish island of Ibiza, but, towards the end of the decade, the drug began to appear in British nightclubs. The development of the Acid House music scene was strongly associated with the use of ecstasy, often taken at large music events, or raves, attended by as many as 20,000 people (Hunt *et al*., 2011: 128–9) . Convictions relating to ecstasy rose from just 289 in 1990 to 6,630 in 2000 (Home Office, 2000: 48). Yet, while ecstasy use may well have been common among a sub-set of young people, it was by no means ubiquitous. In 1994, the British Crime Survey found that 2.8 per cent of young adults (aged 16–30 years) had used ecstasy in the last year, compared to the 19.8 per cent of young people who admitted to taking cannabis, the most widely used illicit drug (Shiner, 2009: 10). The risk to users’ health posed by ecstasy was hotly debated. The death of teenager Leah Betts in 1995, who had died after drinking too much water while taking ecstasy, prompted a media panic about the drug. The risk of death associated with taking ecstasy was low, between 1 in 650,000 and 1 in 3 million (Jansen, 2001: 93), but the Betts case echoed fears about the safety of young people, and particularly young women, that had been associated with drug use since at least the 1920s (Blackman, 2001: 170–4).

**[HA]Conclusion: normalisation and decline?**

[FT]Despite periodic drug panics such as that surrounding the death of Leah Betts, by the 2000s, it was suggested that drug consumption had become a normal part of the life of young people. Based on studies that indicated that between a quarter and a half of all young British people had taken an illegal substance, Parker, Measham and Aldridge (1998) contended that drug use was no longer a deviant, sub-cultural activity. They asserted that, instead, it had moved towards the mainstream of youth culture (ibid.). The normalisation thesis has been criticised for both underplaying the importance of previous drug cultures and overestimating the significance of current ones (Shiner, 2010). The vast majority of young people who use drugs use only cannabis, and in recent years drug consumption appears to be declining for the first time since the 1960s. In 1996, 29.7 per cent of young adults (aged 16–24 years) had used an illicit drug in the last year, compared to 22.6 per cent in 2008–09 and 20 per cent in 2009–10 (Health and Social Care Information Centre, 2011). By 2015–16, this percentage had fallen still further, with just 18 per cent of young adults reporting illicit drug use (Health and Social Care Information Centre, 2016).

[BT]If such a decline in drug consumption were to continue to be sustained, it would represent a shift in the history of drug use and young people. From the 1960s to the early 2000s, drug use tended to increase year-on-year and a wider range of substances are used today than were taken 50 years ago. The long view of drug use by young people also points to some recurring patterns, such as anxiety about the damage drugs can do, especially to young women. These fears have driven the development of drug policy and practice. While some of these concerns may be well grounded, history suggests that other factors may also be at work, and careful attention should be paid to the context surrounding both drugs and the people who use them.

[BOX]

[**HA]Key points**

[NL]Drug use among people of all ages is an ancient and global phenomenon.

Patterns of drug use and who is using drugs change over time and place.

Drug use among young people has attracted particular attention, often as a result of wider fears connected to youth, gender and social order.

There have been a range of different types of response to drug use among young people, including medical treatment and the criminal justice system.[NLX]

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**[HA]Bibliography**

Advisory Committee on Drug Dependence. *Cannabis*. London: HMSO, 1968.

Advisory Council on Drug Dependence. *Search and Arrest*. London: HMSO, 1969.

Advisory Council on the Misuse of Drugs. *Treatment and Rehabilitation*. London: HMSO, 1982.

Advisory Council on the Misuse of Drugs, *AIDS and Drug Misuse: Part One.* London: HMSO, 1988.

Ashton, R. *This Is Heroin*. London: Sanctuary House, 2002.

Berridge, V. *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth Century and Early Twentieth Century England*. London: Free Association Books, 1999.

Blackman, S. *Chilling Out: The Cultural Politics of Substance Consumption, Youth and Drug Policy.* Maidenhead: Open University Press, 2001.

Booth, M. *Opium: A Short History*. London: Simon & Schuster, 1996.

Dangerous Drugs Act, 1964.

Dangerous Drugs Act, 1965.

Dangerous Drugs Act, 1967.

Duke, K. ‘Out of crime and into treatment? The criminalization of contemporary drug policy since *Tackling Drugs Together*’. *Drugs: Education, Prevention and Policy* 13(5) (2006): 409–15.

Edwards, G. ‘Some years on: evolutions in the “British System”’, in D.J. West (ed.) *Problems of Drug Abuse in Britain: Papers Presented to the Cropwood Round-Table Conference*. Cambridge: Institute of Criminology, 1978, pp. 1–51.

Finch, E. and Ashton, A. ‘ Treatment to order: the new drug treatment and testing orders’. In J. Strang and M. Gossop (eds) *Heroin Addiction and the British System*,vol. 2*: Treatment and Policy Responses*. London: Routledge, 2005.

Gossop, M. *Drug Misuse Treatment and Reductions in Crime: Findings from the National Treatment Outcome Research Study (NTORS)*.London: National Treatment Agency, 2005.

Green, .J. *All Dressed Up: The Sixties and the Counterculture*. London: Pimlico, 1999.

Griffiths, P., Gossop, M. and Strang, J. ‘Chasing the dragon: the development of heroin smoking in the United Kingdom’. In J. Strang and M. Gossop (eds) *Heroin Addiction and British Drug Policy: The British System*. Oxford: Oxford University Press, 1994, pp. 121–33.

Health and Social Care Information Centre. *Statistics on Drug Misuse: England 2010*. London: Health and Social Care Information Centre, 2011.

Health and Social Care Information Centre. *Statistics on Drug Misuse: England 2016*. London: Health and Social Care Information Centre, 2016.

HMSO. *Tackling Drugs Together: A Strategy for England, 1995–1998*.Cmd 2846. London: The Stationery Office, 1995.

HMSO. *Tackling Drugs to Build a Better Britain*. Cmd 3945. London: The Stationery Office, 1998.

Home Office. *Tackling Drug Misuse: A Summary of the Government’s Strategy.* London: HMSO, 1985.

Home Office. *Statistics of Drug Addicts Notified to the Home Office, 1988*. London: HMSO, 1987.

Home Office. *Drug Seizure and Offender Statistics*. London: HMSO, 2000.

Hunt, G., Joe-Laidler, K., Moloney, M., van der Poel, A. and van de Mheen, D. ‘Dance drug scenes: a global perspective’. In G. Hunt, M. Milhet and H. Bergeron (eds) *Drugs and Culture: Knowledge, Consumption and Policy.* Farnham: Ashgate, 2011, pp. 125–48.

Jansen, K. ‘Mental health problems associated with MDMA use’. In J. Holland (ed.). *Ecstasy: The Complete Guide – A Comprehensive Look at the Risks and Benefits of MDMA.* Rochester, VT: Park Street Press, 2001.

Kohn, M. *Dope Girls: The Birth of the British Drug Underground*. London: Granta, 2001.

Lewis, R. ‘Flexible hierarchies and dynamic disorder: the trading and distribution of illicit heroin in Britain and Europe, 1970–1990’. In J. Strang and M. Gossop (eds) *Heroin Addiction and British Drug Policy: The British System*. Oxford: Oxford University Press, 1994, pp. 42–65.

MacGregor, S. ‘The public debate in the 1980s’. In S. MacGregor (ed.) *Drugs and British Society: Responses to a Social Problem in the 1980s*. London: Routledge, 1989, pp. 1–19.

Ministry of Health. *Departmental Committee on Morphine and Heroin Addiction*. HMSO: London, 1926.

Ministry of Health. *Drug Addiction: Report of the Second Interdepartmental Committee*. London: HMSO, 1964.

Mold, A. *Heroin: The Treatment of Addiction in Twentieth Century Britain*. DeKalb, IL: Northern Illinois University Press, 2008.

Mold, A. and Berridge, V. ‘Crisis and opportunity in drug policy: changing the direction of British drug services in the 1980s’. *Journal of Policy History*, 19(1) (2007): 29–48.

Mold, A. and Berridge, V. *Voluntary Action and Illegal Drugs: Health and Society in Britain since the 1960s*.Basingstoke: Palgrave Macmillan, 2010.

Mott, J. ‘Notification and the Home Office’. In J. Strang and M. Gossop (eds) *Heroin Addiction and British Drug Policy: The British System*. Oxford: Oxford University Press, 1994, pp. 271–91.

Parker, H., Meacham, F. and Aldridge, J. *Illegal Leisure: The Normalization of Adolescent Recreational Drug Use*.London: Routledge, 1998.

Shiner, M. *Drug Use and Social Change: The Distortion of History.* Basingstoke: Palgrave Macmillan, 2009.

Spear, H.B. ‘The early years of the “British System” in practice’. In J. Strang and M. Gossop (eds) *Heroin Addiction and British Drug Policy: The British System*. Oxford: Oxford University Press, 1994, pp. 6–27.

Stimson, G. ‘British drug policies in the 1980s: a preliminary analysis and suggestions for research’. In V. Berridge (ed.) *Drugs Research and Policy in Britain: A Review of the 1980s*.Aldershot: Avebury, 1990, pp. 260–81.

Trebach, A. *The Heroin Solution*. New Haven, CT: Yale University Press, 1982.