Recent trends in problem drug use should be viewed against wider socio-economic, cultural and political events in Britain. Economic growth, raising living standards and relatively full employment of the 1960s and early 1970s has given way to recession and economic stagnation. Unemployment has risen sharply, more so among the young, the unskilled and minority groups. Many inner-city areas have experienced steady deterioration in housing conditions, transport and other services.

Over the same period, the youth culture(s) of the late '60s and early '70s disintegrated, loosening informal constraints which helped define what drug use was acceptable to particular groups and what was not. Optimism has been replaced by cynicism, despair and anger, particularly among the young, unemployed working class and minority groups. Ageing 'hippies' have few options left.

Such a sketch of Britain sliding deeper into gloom is neither complete nor 'balanced'. Nor is it a sufficient explanation of problem drug use — the rapid expansion of non-medical drug use in the 1960s occurred at a time of boom. But it does provide part of the background against which some groups and individuals start or continue to use drugs. This brief account of recent trends in non-medical drug use in Britain is based in part on our own research in London, in part on the available research and statistical evidence, and in part on experiences from around the country. Different regions of the country present a variable picture.

Cannabis

Cannabis is the drug most commonly used for non-medical purposes in Britain. Use increased dramatically during the early 1970s, may have stabilised in the mid-1970s and has since steadily increased. Eight out of ten drug seizures and convictions involve cannabis, usually small amounts.

Since the '60s cannabis use has diffused across all classes, though it is most common in the under-40s. In line with this development, cannabis use no longer functions as a symbol of affiliation to an 'alternative' culture.

Good quality 'hash' (cannabis resin) retails at around £20-£28 per quarter ounce; for some regular users this might last less than a week. Due to increased cost, cannabis is now bought in smaller quantities than it was ten years ago, a fact which may imply less heavy use by the majority of users.

Cocaine

During the 1960s, cocaine use was largely restricted to heroin addicts receiving both drugs on prescription. After treatment of heroin addiction was transferred to special drug dependence clinics (in 1968), cocaine became relatively unconfined.

During the mid-1970s, cocaine gained popularity, especially where there was style, champagne and money. Cocaine also became widely used — though usually on an intermittent or occasional recreational basis — by a broad section of the drug using population from all classes. It is usually sniffed — smoking 'freebase' is not common.

Cocaine sells for £55-£70 per gram (typically 30 to 70 per cent pure). A couple of casual users might consume a quarter gram in an evening. Regular users with sufficient resources might use one to two grams a day. Since 1983, prices have fallen while Customs seizures have markedly increased. Coupled with fieldwork observations, these indicate increased supply, though not perhaps as dramatic as some American-inspired reports suggest. It is not used extensively by adolescents and is probably more common in London and the South.

Amphetamines

Amphetamine stimulants, once widely used for both medical and non-medical purposes, are rarely prescribed today. During the early and mid-1970s, illicitly manufactured amphetamine sulphate powder became available and fairly widely used. In the late '70s, it might appear from enforcement statistics alone that amphetamine use dropped considerably, but it remained available on the street, though at a higher price. Recent statistics suggest a considerable increase, an impression confirmed by fieldwork and a fall in price, indicating large quantities on the illicit market.

Amphetamine powder is usually sniffed; the exceptions are some opiate injectors and that group of multi-drug users who commonly inject opiates, barbiturates and stimulants.


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Although seemingly more of a working class drug than most controlled drugs, amphetamine is nevertheless used by various groups throughout society. Amphetamine is common in some colleges, studios, construction sites, and in the music business. In some of these groups it is used as an aid to maintaining long periods of concentration or physical work, in others purely as a recreational drug. A minority of individuals are compulsive users. After cannabis, amphetamine is the drug most commonly used by adolescents.

Amphetamine sulphate powder 20 to 40 per cent pure retails at around £10-£12 per gram, similar to the price ten years ago. A compulsive user might get through several grams a day, while a casual user with no substantial tolerance to the drug's effects could take several weeks to consume half a gram.

LSD

Widely used in the late '60s and early '70s, LSD became less apparent through the '80s, though there are indications that use is increasing again. As with other controlled drugs, LSD has lost much of its mystique, and is now used less as a self-conscious instrument of 'mind-expansion' than as simply a 'fun' drug, a trend associated with the dissolution of the '60s 'counter-culture' movement.

Although used more casually than in the '60s, LSD is supplied, and therefore probably used, in units of lower average strength. Today a single, usually weak, dose of LSD costs around £2-£3.

Barbiturates and tranquillisers

During the early '70s, barbiturate use by heroin addicts and young multi-drug users aroused particular concern. Changes in prescribing practices have steadily reduced availability, but 'barbs' remain a problem among some heavy multi-drug users. The sources are still physicians, pharmacy thefts and diversion from legitimate prescriptions. There is no evidence of illicit manufacture. In London, barbiturate use is now largely restricted to the more chaotic, multiple drug use scene in the centre of the city.

Attention has rightly been focussed on the issue of long-term prescribing of tranquillisers. However, they are also used as 'street drugs', replacing 'barbs' in poly-drug combinations.

Solvents

Glue sniffing gained much publicity a few years ago. Since solvent use is not illegal and is not recorded in any systematic way, it is hard to know its extent. It is likely that there has
THE MAIN FEATURES

- Since 1970, the number of people using opiates regularly has risen, probably at least ten-fold. Most of the increase has occurred since 1978. The primary drug involved is illicitly imported heroin. This increase may now be slowing down.
- The illicit drug market has expanded, especially for cannabis, heroin, amphetamine sulpha and cocaine. Sums of money involved have increased dramatically. It has also become more organised and attracted the attention of criminal groups who, several years ago, would not have wanted to become involved. This is particularly true of cannabis and amphetamine, and, in the past five years, of heroin.
- Very few addicts now receive heroin on prescription from drug dependence clinics. Methadone is usually prescribed instead. A few years ago, most methadone was prescribed in injectable form; now most clinics prescribe oral methadone only to the majority of new patients or to patients returning into treatment.
- Private doctors and GPs have re-emerged as a source of opiates other than heroin. Methadone and DF 118 are the most commonly prescribed (legal restrictions on prescribing methadone apply only to heroin, diethylpropion does not). Similarly, prescriptions are the original source of most barbiturates and of some stimulants such as dexamphetamine, diethylpropion, Ritalin, etc.
- Boundaries separating subcultural patterns of drug use became blurred as the 'youth cultures' of the late 1960s and early '70s disintegrated. Multi-drug and combination drug use have become more apparent. Dealers are more likely to supply a variety of drugs, although some still supply only cannabis as a matter of principle.
- Younger drug users appear to be using cannabis, solvents, amphetamines, pills such as ecstasy and amfetamine. Apart from alcohol, they are inexpensive and unlikely to lead to convictions for drug offences, though the consequences of use may still be disturbing. In the past five years, a minority have started to use heroin. In areas such as Wirral or Glasgow, this is a substantial minority.
- Cannabis ('ganja') is integral to the culture of significant parts of black communities. Among Asian communities use is less apparent, though there is some opium and cannabis use. Depending on their degree of integration into British culture, some minority communities have assimilated the general pattern of drug use in Britain. There are recent suggestions of some heroin use among black Asian communities.

Synthetic opiates

Use of synthetic opiates illegally 'diverted' from legitimate sources has surged. The legitimate medical market has remained relatively stable. They are used both as drugs of choice and as substitutes for heroin, though heroin's increased availability has diminished their relative importance.

Methadone is prescribed to addicts in treatment at drug clinics, and by physicians outside hospitals under circumstances that may or may not be considered part of a treatment programme. Since stricter prescribing controls imposed in 1984, Diconal use has diminished, but use of codeine and DF 118 appears to have risen.

Despite controversy over the prescribing of synthetic opiates, there can be little doubt that heroin is the major opiate involved in non-medical use.

Multi-drug use

Multi-drug use has become more widely recognised since the '60s, though this change may have as much to do with perceptions as with drug using behaviour, which for a long time has often included more than one drug.

- Freebaseing involves chemically converting cocaine hydrochloride so that it can be smoked through a pipe, a route of administration that gives a much more immediate effect than snuffing. However, this is an exceptionally expensive method of taking cocaine.