

Dr Russell Newcombe

The people on drugs

British attitudes to drug laws and policy

How do people in Britain feel about drug policy?

There have been no large-scale surveys to find out, but a review of the smaller ones is revealing.

Most evidence on British attitudes to drug policies comes from sporadic market research and scattered academic studies. There has been no systematic large-scale research into people's attitudes to past, current and future ideas for drug policy in the UK.

In addition to their dates, studies vary in three main ways.

1. The sample – typically young adults, but more recently from the general population or professional groups (police officers, doctors).
2. The drugs – surveys tend to focus on cannabis or to cover most drugs.
3. The policy – most surveys ask about legalising possession and supply.

Some focus on specific legal reforms: decriminalisation, depenalisation, medical prescribing. Some ask about reasons for permitting drug use: medical, religious, recreational. A few are on areas of drug strategy: treatment, prevention, education, enforcement.

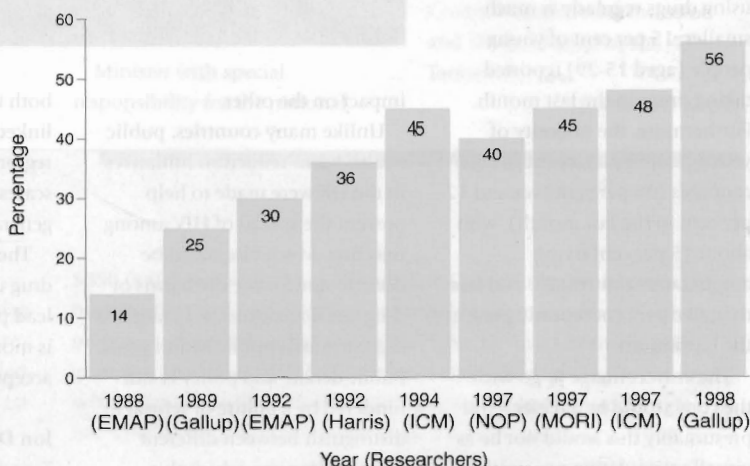
There are few relevant studies prior to 1988. Surveys fall into three groups, young people, professional groups and the general population.

Surveys of young people

Survey samples tend to be from schools, colleges and universities or polls of young adults (upper age limit 24-40).

A 1989 Gallup survey of men aged 18-35 years found that 25 per cent

Percentage of young adults in Britain supporting decriminalisation or legalisation of cannabis – surveys 1988-1998



supported cannabis legalisation. A survey of a over 500 11-20 year-olds in 1992 by EMAP found that 30 per cent believed cannabis should be legalised, compared with 14 per cent in a similar survey in 1988.

In January 1992, Harris interviewed almost 700 16-25 year-olds queuing outside British nightclubs in 18 cities and towns. Thirty-six per cent believed cannabis should be legalised – nearly half the men, but just a quarter of the women.

Support for cannabis legalisation varied from over two in ten in the Northwest to over six in ten in London and the Southeast. Only 10 per cent believed drugs other than cannabis should be legalised: top of this list was ecstasy (5 per cent), followed by LSD/ amphetamines (4 per cent), cocaine (2 per cent) and heroin (1 per cent). Just 4 per cent thought that all drugs should be legal.

The Observer commissioned a telephone survey of a random sample of 500 young adults in October 1994. Nearly half supported legalisation of cannabis (notably younger men), only 5 per cent believed any other drugs should be legalised, see table 1.

Surveys of students and youth magazine readers are common. In a 1992 survey of 357 sociology students at Glasgow University 33 per cent agreed that the laws on ecstasy should be relaxed.¹ A 1994 survey of over 3,000 'Oxbridge' students found that 72 per cent supported decriminalisation of cannabis. In a November 1997 survey of 2,400 'Oxbridge' students, legalisation of cannabis was supported by 74 per cent at Cambridge and 51 per cent at Oxford.

Not surprisingly, a 1996 survey of 4,000 readers of *Mixmag* dance music magazine reported that 60 per cent believed ecstasy should be fully legal.²

Dr Russell Newcombe is Joint Coordinator of the MSc in Drug Use and Addiction at Liverpool John Moores University, and Director of 3D Research Bureau, Liverpool

Table 1: ICM Observer poll of attitudes to drug legalisation among adults in Britain 1994

	ALL	Male	Female	18-24	25-34
No drug use at all should be legalised	50	43	56	42	55
Soft drug use only should be legalised	45	51	39	53	39
The use of all drugs should be legalised	5	6	3	4	5

In 1997 Release conducted a more detailed survey among over 500 young adults attending dance clubs and parties at 18 venues in London and southeast England. Overall, 97 per cent agreed that ecstasy testing should be available in clubs.

Two key questions were asked: should possession of various drugs be legalised, and should supply of various drugs be legalised? Support for legalisation was generally greater among males, older respondents, and those who had used drugs. Most supported legalisation of possession of 10 of the 12 listed drugs (not heroin or crack), though fewer than half supported legalisation of the supply of any drug other than cannabis.

A Gallup survey for the *Daily Telegraph* in January 1998 found that 56 per cent of 18-34 year olds supported decriminalisation of cannabis.

MORI surveyed 648 16-21 year olds in September 1998, only 25 per cent believed cannabis should remain illegal, but 60 per cent believed ecstasy should stay prohibited.

Professional groups

A panel of over 100 doctors surveyed by the *News Review of the British Medical Association* reported in February 1994 that 'a clear majority of GPs would like to see drug laws changed to allow the prescription of cannabis ... [and] a substantial minority - nearly 30 per cent of the panel - go further by stating that cannabis should be decriminalised.'³

Three in five GPs and three in four hospital doctors believed that 'cannabis should be available on a strictly controlled prescription basis for proven therapeutic reasons'. Over a third of hospital doctors and almost a third of GPs believed that cannabis should be decriminalised for personal use. Only 11 per cent of hospital

doctors and 6 per cent of GPs believed any other illicit drugs should be decriminalised. A report by the BMA in November 1997 supported legal rescheduling of cannabis for medical treatment.

A survey of Chief Constables by *The Times* in 1994 found that four in five supported drug policy reform of some kind; three in five believed cannabis laws were too harsh.

In Liverpool in 1995, 50 police officers and 50 members of the public were surveyed about their views on opiates and other drugs,⁴ see table 2.

London Weekend Television surveyed the 243 MPs making up the new 1997 intake (average age 43

years). Almost two-thirds (65 per cent) would support a Royal Commission to review drug laws, less than a third (31 per cent) opposed it. Just over half (51 per cent) believed the cannabis laws were too harsh, only 1 per cent said they were too 'soft'.

Twenty-three per cent of new MPs admitted to having used illicit drugs, and 64 per cent had friends or associates who had used them.

In June 1998, 1,570 delegates of the Townswomen's Guild voted on the issue of legalising cannabis for medical use - 74 per cent voted for rescheduling cannabis.

General population

In 1992 Sheffield University, funded by the Home Office Drug Prevention Initiative, conducted a household survey among over 5,000 adults in Bradford, Glasgow, Nottingham and Lewisham,⁵ see table 3.

About three in 10 supported legalisation or decriminalisation, ranging from 27 per cent in Bradford to 36 per cent in Lewisham. Men were more pro-legalisation than women (this survey also included booster samples for key groups).

A survey of a representative sample of British adults concluded that attitudes to cannabis smoking are becoming increasingly liberal (Gould, Shaw & Ahrendt, 1996). In 1995, 58 per cent opposed cannabis legalisation, while 31 per cent supported it. This margin of 27 per cent compared with 42 per cent in 1993 and 66 per cent in 1983. Positive attitudes toward cannabis legalisation were associated with younger age, experience of the drug and education.

Of those who had not tried cannabis 77 per cent wanted it kept illegal, compared with 22 per cent of those who had tried it (63 per cent of the latter wanted cannabis available through licensed shops, and 14 per cent wanted it available without restrictions). However 86 per cent wanted heroin to be kept illegal (no change on 1993).

In 1996 Lewisham set up a 'Citizens' Jury' to debate drug education and treatment. The 'verdicts' of the jury included calls for the legalisation of cannabis, the rejection of the 'Just Say No' message, and the controlled medical availability of heroin.



Nearly half supported the legalisation of cannabis (notably younger men), though only 5 per cent believed any other drugs should be legalised

Table 2: Survey of drug attitudes of police and public in Liverpool, 1995

	Use of illegal drugs		Views on legal control of opiates		
	Opiates	Others	Prohibit	Prescribe	Legalise
Public	12	36	45	29	26
Police	3	43	63	32	5

Table 3: Four-city household survey of drug use and attitudes, 1992

All drugs should be legal, without any restrictions	1 per cent
All drugs should be legal, but with some restrictions	8 per cent
Some drugs should be legal, without any restrictions	5 per cent
Some drugs should be legal, but with restrictions	16 per cent
All currently prohibited drugs should remain illegal	66 per cent

Table 4: Survey of British adults' attitudes to cannabis legalisation, comparing 1983 and 1995

	Percentage disagreeing that cannabis should be legalised	
	1983	1995
18-24	60 per cent	33 per cent
25-34	65 per cent	44 per cent
35-44	80 per cent	51 per cent
45-54	86 per cent	71 per cent
55+	83 per cent	70 per cent
ALL	78 per cent	58 per cent

A MORI survey for *The Economist* in 1997 questioned nearly 1,000 British adults.⁶ Overall, 22 per cent supported the legalisation of cannabis, including 20 per cent of Liberal voters and 23 per cent of Labour voters. One in three 18-34 year olds supported legalisation of cannabis.

An NOP poll of 997 English adults in September 1997 found that 29 per cent supported legalisation of cannabis. Men were more likely than women to be pro-legalisation of cannabis (35 per cent-24 per cent), as were 15-34 year olds compared with 35-54 year olds (40 per cent-28 per cent); and class ABC1s compared with class C2DEs (33 per cent-26 per cent). Among those who supported legalisation of cannabis, only 9 per cent supported legalisation of other drugs.

A random sample of 1,108 British adults was carried out by ICM for the *Daily Mail* a week after the *Independent on Sunday's* MORI poll in October 1997, see table 5. A third supported legalisation of cannabis, though less than 5 per cent supported legalisation of any other drug (5 per cent ecstasy, 4 per cent amphetamines or LSD). Support for cannabis legalisation decreased with age, from over half of 18-24 year olds to just one in seven senior citizens.

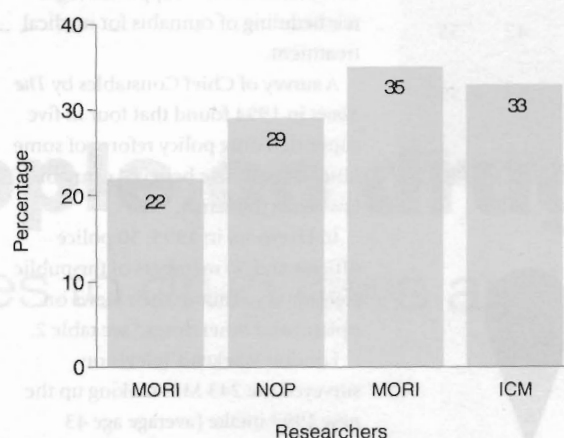
ICM interviewed 1,201 adults for *The Guardian* in June 1998 – 65 per cent supported workplace drug testing and 75 per cent supported drug education in primary schools. Also, 16 per cent of under-35s stated that they would buy drugs if they were legalised.

Broadcasting and press polls over the year ending March 1998 typically found that two-thirds to three-quarters of voters in phone/mail surveys supported legalisation of cannabis. Several thousand people called a Talk Radio drugs debate in March 1997, 67 per cent voted for legalisation of cannabis.

A telephone vote by viewers of ITV's *Up Front* programme in November 1997 also found 75 per cent in favour of legalising cannabis. Two newspaper polls found that readers were two to one in favour of decriminalising cannabis (*Daily Mirror*, October 1997) or legalising cannabis (*The Sun*, January 1998).

Up to 25,000 people attended the 'March to Decriminalise Cannabis' in London on 28 March 1998.

Percentage of adults in Britain supporting legalisation or decriminalisation of cannabis – four surveys in 1997



Support for cannabis legalisation decreased with age, from over half of 18-24 year olds to just one in seven senior citizens

Independent on Sunday

A telephone poll of a random sample of 619 British adults conducted by MORI in October 1997:

1. Just 17 per cent believed current cannabis prohibition should continue (3 per cent did not know) – leaving 8 in 10 who believed the law should be reformed, including:
 - i. 45 per cent supporting cannabis use for medical treatment only;
 - ii. 35 per cent supporting relaxing laws on personal use – which breaks down into:
 - 9 per cent supported decriminalisation for personal use only;
 - 17 per cent supported legal supply through government outlets;
 - 9 per cent supported legal commercial supply, like alcohol and tobacco.
2. 64 per cent believed that a national debate on the cannabis laws is a good idea, including 71 per cent of 18-44s, and 57 per cent of over 45s.
3. 7 per cent admitted they had used cannabis.
4. 55 per cent believed the police should devote more time to prosecuting hard drug users.

BBC Radio 1 set up a five-day nationwide telephone poll in the third week of March 1998, based on the question 'should people have the right to take drugs?' The announcer asked: 'If you think you should be allowed to do whatever you like with your mind or body providing it hurts no one else, you should vote yes. If you believe we need to keep the current laws in place in order to protect us vote no'. More than 20,000 listeners responded, with 84 per cent in favour of the proposition, and just 16 per cent against it.

The BBC1 series *Watchdog* *Healthcheck* on 27 July 1998 examined arguments for and against rescheduling cannabis for medical use. Viewers were asked to phone in and vote yes or no to 'should cannabis be legalised for medical use?' Over 42,000 people called in, 96 per cent supported legal prescribing and dispensing of cannabis for treatment of medical problems.

Support for reform

Compared with other areas of drugs research, studies of attitudes to drug policy in the UK are scarce and scattered, though have clearly increased over the last decade. Interpretation of the evidence is hindered by methodology problems. These include differences in samples; differences in data collection methods (instruments and venues); the use of undefined or ambiguous terms (legalise, decriminalise); and neglecting attitudes to specific drug strategies (treatment, education) while focusing heavily on attitudes to drug legislation.

On available evidence, support for relaxing the laws on cannabis has grown considerably over the last decade – among both the general population (particularly men) and various professional groups (notably the police, doctors and MPs).

Four in five people now support rescheduling cannabis to allow medical use, and a substantial minority believe in reforming the laws on personal use – including one in three who support legalising possession and one in four who endorse legalising supply. The strongest evidence is provided by surveys of young adults, which indicate that support for legalising

Table 5: ICM Poll of attitudes toward drug legalisation among British adults (1997)

1. Believe that particular drugs should be legalised:

	%	Legalise	Prohibit	Don't know
Cannabis	33	62	5	
Ecstasy	5	92	3	
Amphetamine	4	92	3	
LSD	4	93	3	
Cocaine	3	94	2	
Heroin	3	95	2	

2. Believe that cannabis should be legalised – age breakdowns:

	%	18-24	25-34	35-44	45-64	65+
Legalise	56	42	36	29	14	
Prohibit	39	53	58	66	81	
Don't know	4	5	6	4	4	

3. Believe that:

- cannabis should be legalised for medical use: 71 per cent (8 per cent don't know)
- crime would fall if drugs were legalised: 24 per cent (11 per cent don't know)
- the police put too little effort into arresting and prosecuting drug pushers: 56 per cent (3 per cent too much, 27 per cent about right, 14 per cent don't know)
- existing penalties for drug pushers are not severe enough: 80 per cent (2 per cent too severe, 11 per cent about right, 7 per cent don't know)

cannabis has risen from a quarter to over half of young adults during the last decade.

Support for legalisation of any other drug has rarely climbed above 5 per cent in general population surveys, though it has been notably higher among surveys of some sections of the young adult population (dance-club goers, students, drug users).

One-third for cannabis

Though public support for legalisation of drugs in general has changed little over the last decade, relaxation of the laws on cannabis is now supported by a third of the British population and by over half of young adults. Recent

research also indicates that about four in ten young adults have now used cannabis (over half in cities), and that the majority have friends who use cannabis.⁷

Yet the Government's new 10-year drugs strategy – *Tackling Drugs to Build a Better Britain* (1998) – mentions neither decriminalisation nor legalisation, nor does it refer to the growing public support for such major reforms of drug policy.

It will be interesting to see how much longer government can ignore this growing vote of no-confidence in the prohibition of cannabis from young people, key professional groups, and the general population ■

1. Ditton J. Unpublished paper. University of Glasgow, 1993.

2. Petridis A. and Sherlock K. 'How much ecstasy do the British really take?' *Mixmag*; November/December 1996.

3. Doctors Decide panel. 'Doctors support use of cannabis on prescription.' *BMA News Review*; 1997, 23(4), p.18.

4. Matthews M. *Should the opioid drugs be legalised?* Research into the opinions of the enforcers and general public on Merseyside. Liverpool: John Moores University (Msc. Dissertation), 1996.

5. Leitner, Shapland & Wiles. *Drug usage and drugs prevention*. Home Office, 1993.

6. Editorial. 'What people really want.' *The Economist*; 3 May 1997, p.22.

7. Newcombe R. *Summary of UK Drug Prevalence Surveys – Update 1995-97*. Liverpool: 3D Research Bureau, 1998.

Other sources:

Newcombe R. *Attitudes to drug policy and drug laws: an international review*. Liverpool: 3D Research Bureau, 1999.

Drugs and Dance Survey: an insight into the culture. London: Release, 1997.

Skræting A. 'Attitude of the Norwegian population to drug policy and offences.'

Addiction; 1993, 88, p.125-132.

Druglink News pages, eg, 1996/98, 12(4), p.7; 12(6), p.6.

EMCDDA (1999). Switzerland rejects legalisation of drugs. *DrugNet*, 15(7)

[referendum in 11/97 found 26 per cent supported decriminalisation of drug possession]

Independent on Sunday (1997/99). Cannabis Campaign. (weekly series).

Also: various UK mass media reports and various Internet sites, 1988-99.

DRUG POLICY – A BASIC FRAMEWORK

Opposition to the international drug prohibition policy (war on drugs) implies support for drug policy reform. To have a constructive debate on alternative policies to prohibition a common conceptual framework and agreed terminology is required. There are five main 'ideal types' of drug strategy – real-world drug policies may combine elements of two or more of these:

1. ULTRA-PROHIBITION (US zero tolerance) – including such measures as:

- increased powers for police/customs detection and surveillance (phone taps, hidden cameras, body searches);
- more severe sentences by the courts – such as life imprisonment for supply, death sentence for importation, or increased sentences for users;
- increased 'war on drugs' propaganda, through schools, mass media and social engineering (directive therapy);
- treatment response based on detoxification or controlling 'patients' with highly sedative drugs, brain surgery, threats of incarceration and so on.

2. PROHIBITION – this remains UK policy in response to reports over the last decade advising liberalisation. It stays with:

- criminalisation of possession, production or supply of specific drugs;
- an abstinence-focused medico-social strategy (detox, rehabilitation);
- a lower priority harm-reduction strategy, including police cautioning for first/minor offences, methadone maintenance, needle exchange and so on.

3. DEREGULATION – 'relaxing' the drug laws by changing regulations, namely:

- depenalisation – reducing sentences for drug offences by either moving drugs down a class (from A to B, B to C or to a new Class D), or making drug possession/offences into non-custodial or fiscal ones;
- rescheduling – moving drugs down one or more schedules (1 to 5), thus reducing restrictions on prescribing by doctors and dispensing by chemists.

4. DECRIMINALISATION – the repeal of drug offences, typically:

- possession of drugs in Class A, B or C and other offences related to consumption (smoking opium, use of premises, and so on);
- the small-scale production and supply of drugs – this policy may also be accompanied by reductions in maximum sentences for all drug trafficking.

5. LEGALISATION – the legitimate options open to purveyors of legal drugs, like tobacconists, bars and pharmacies. The main models are:

- regulation/licensing: controlled availability, with drug-specific controls on price, purity, point of sale, place of use, permitted behaviours and so on;
- free market: the most unrestricted model with controls similar to those on caffeine products (food hygiene laws, controls on advertising and so on).