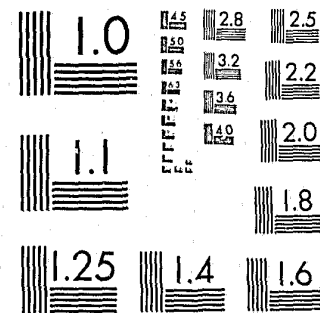


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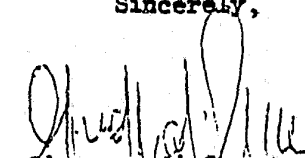
Dear Dr. Lipton,

Thank you for your letter of 3 October 1983 providing an assessment of the UNSDRI final report "Comparative Research on the Effectiveness of Socio-Legal Preventive and Control Measures in Different Countries between Criminal Behavior and Drug Abuse". I greatly appreciate the time and attention that you and Dr. Bruce Johnson devoted to this assessment.

Your comments on the report and your suggestions for approving future research are extremely helpful. I am sure that UNSDRI will incorporate some of your recommendations for improving the final draft of the report.

Thank you again for your assistance.

Sincerely,


Giuseppe di Genaro
Executive Director

United Nations Fund for Drug Abuse Control

92371

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FINAL REPORT
COMPARATIVE RESEARCH ON THE EFFECTIVENESS
OF SOCIO-LEGAL PREVENTIVE AND CONTROL
MEASURES IN DIFFERENT COUNTRIES ON THE
INTERACTION BETWEEN CRIMINAL BEHAVIOUR
AND DRUG ABUSE

U.S. Department of Justice
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UNSDRI 349

Final Report on

Comparative Research on the Effectiveness of
Socio-Legal Preventive and Control Measures
in Different Countries on the Interaction
between Criminal Behaviour and Drug Abuse

Rome, July 1983

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I. INTRODUCTION

a) Background

The idea that drug abuse is strictly connected to the very concept of criminality is well rooted in the popular tradition everywhere. This idea has evidently constituted one of the bases for the restrictive legislation which in each country regulates and controls the use of drugs and represses its abuse. Nevertheless, the issue of the interaction between drug abuse and criminality is more complex than it may appear at first glance: in fact, even if it is possible to guess the existence of a correlation between criminal behaviour and drug addiction, so far it has not been possible to demonstrate, from a scientific point of view, the type and nature of such correlation.

Three fundamental questions can be formulated in this respect, which should be kept quite distinct from a conceptual point of view:

First: to what degree and in what way does the abuse of drugs contribute to the determination of, or directly determines, criminal behaviour?

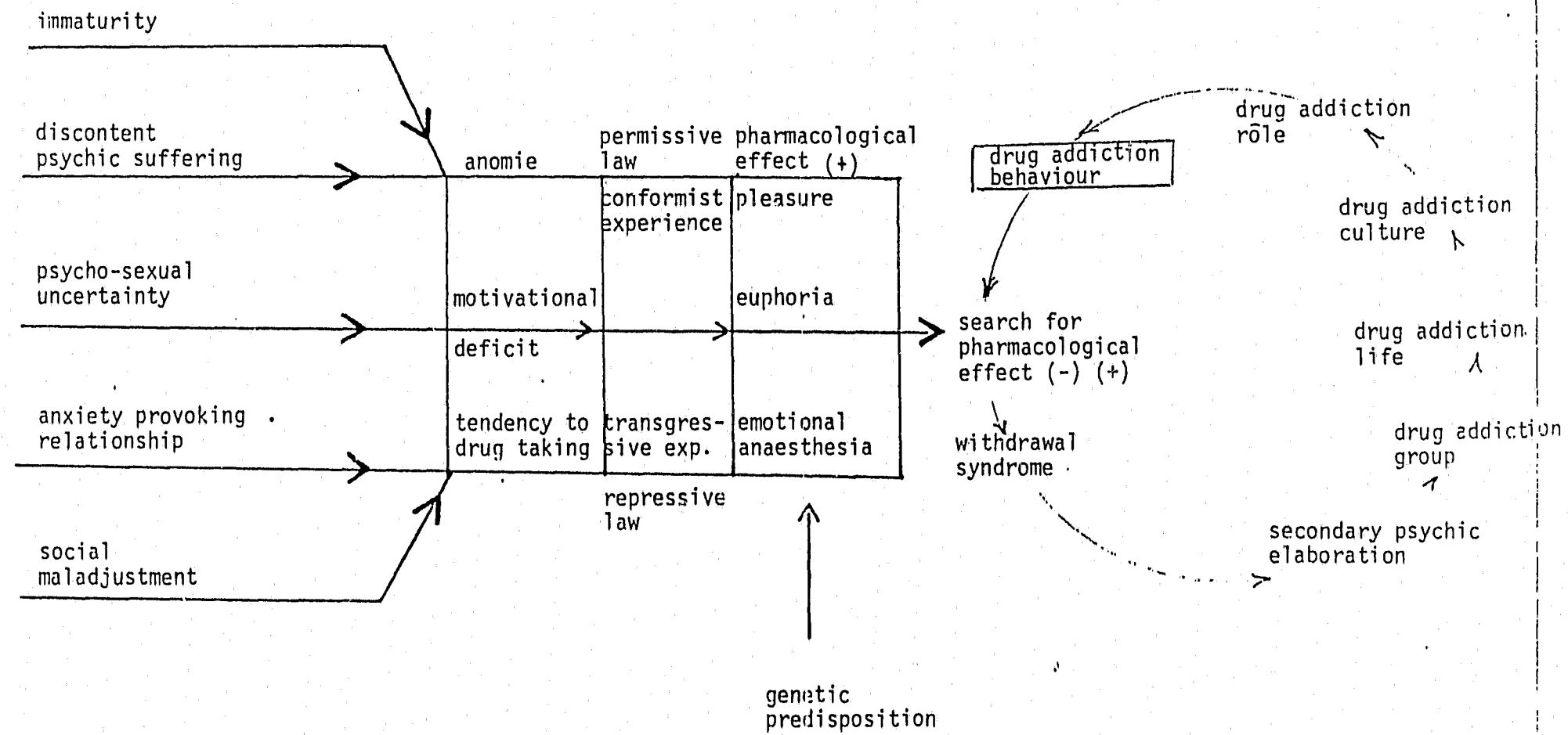
Second: to what degree and in what way does criminal behaviour contribute to the determination of, or directly determines, the abuse of drug?

Third: do common factors exist that contribute in causing both criminal behaviour and drug abuse (and if so which)?

In attempting to answer these queries only a multidisciplinary methodology can be used as the abuse of drugs cannot be simply considered as a medical, legal, or social phenomenon. It must, instead, be the behavioural result of many causes manifested at all the various levels of man's life in society. In fact, when discussing "abuse of drugs" or "drug addiction", the multiple and complex nature of this phenomenon is often forgotten and the tendency is to examine only the social, biological or psychological aspects, depending on the specific field of competence of the person involved.

In order to avoid this risk and to clarify the terms of the matter under study, Table 1 (Bruno, 1980) presents a theoretical dynamics of heroin dependency. This theory represents the syntheses of opinions

TABLE No. 1
Heroin Addiction



that currently meet with the highest consensus and which can, in part, be considered valid in describing the dynamics of addiction to drugs other than heroin. It is, of course, evident that, according to this etiological frame of reference, addicted behaviour is not penalized but tolerated, the degree of the deviant behaviour is minimum. In a repressive culture, instead, the behaviour under study can assume connotations of a generalized "contestation" position.

Although basic personality traits are essential prerequisites, these alone never constitute sufficient determinant factors of drug-addicted behaviour.

If and when drug experience tends to acquire the significance of a protest this needs to be strengthened, increased and supported by a general attitude of opposition which is characteristic of the youth culture. In this way, a real drug culture tends to develop among the youth to the point of becoming a deviant subculture placed within, and very often in contrast with, the national culture. This youth subculture generally follows a normal development across the societal learning process, its reinforcement, the isolation and the various rationalization mechanisms that characterize the growth of every other subculture. This process progressively leads to the perpetration and the diffusion of the drug culture and tends to isolate the drug addict from the general normative structure of the society which they consider hostile and by whom they are often considered alien or deviant.

When the drug culture reaches a subculture level the normal repressive and control mechanisms can no longer oppose the expansion of the phenomenon. In fact, these mechanisms can, on the contrary, reinforce the subculture values and encourage a continued participation in the drug addiction subculture. In other words, when "labelling" and "secondary deviance" intervene, criminal behaviour can become concomitant with that of drug addiction for the mere economic and socio-psychological need of the drug addict for the maintenance of his habit. The value system of the drug addict can acquire anti-social connotations until it reaches a truly criminal behaviour level.

Drug dependent behaviours, per se, come under the category of "crimes without victim", that is to say (according to Schur, 1965, and others) to the category of those forms of deviance from the norm which do not necessarily cause harm to the victim, but to the person of the perpetrator from which the "conditions of intention" are absent. From the criminological point of view it is evident that these characteristics indicate the necessity of giving different and separate consideration to the crime of drug abuse.

Whether or not it is desirable to include drug abuse among "penalized behaviours" is still an open issue. For some, criminalization of drug-addicted behaviour "could" have an "educational" impact, which should tend to diminish the frequency and seriousness of undesirable behaviour, increase norm compliance of the subject and, on the contrary, encourage adherence of the subject to systems of values which are the opposite of the current norms.

For others, on the contrary, the criminalization of the behaviour would fail in the objective of controlling the abuse of drugs and the crime to which it is linked. It would, vice versa, contribute to the isolation of the drug addict and to the higher cost of drug increasing, in turn, the criminogenic potentiality of the "drug dependency behaviour".

Those who are of the opposite opinion are discussing the possibility of total liberalization of the use of drugs for personal non-therapeutic purposes.

Progressive groups proposed a total ban on control of the personal use of drugs claiming, as the main motivation for their attitude, that this would cause black market drug sales to cease, the dangerousness of its use would diminish and consequently the social behaviour and performance of the drug addict would improve. Nevertheless, even those who support this extreme theory realize that total absence of control and rules would result in a very marked contrast with the ethics and cultural trends of the population at large and therefore difficult to accept.

In the two documents indicated below the United Nations declared the fundamental principles that should inspire the various national legislations:

Single Convention on Narcotic Drugs, 1961, adopted in New York, 30 March 1961 and as amended by the 1972 Protocol in Geneva, 25 March 1972.

Convention on Psychotropic Substances adopted in Vienna, 21 February 1971.

In accordance with these principles and their legal constitutional norms, the signatories to the two conventions agreed to consider as punishable infractions, when intentional, every act related to the production, distribution and illicit commerce of narcotic substances, and contemporaneously they agreed to adopt every possible measure to prevent the abuse of drugs and to ensure a speedy diagnosis, treatment, correction, aftercare, rehabilitation and social reinsertion of the persons concerned.

Furthermore, Article 36, paragraph 1b of the Single Convention foresees the possibility, on the part of the signatory countries, to substitute or complement with treatment, correction, aftercare, rehabilitation and social reinsertion measures, the penal sanctions for the crimes of production, distribution and trade (commerce) by persons who abuse drugs.

Not all the signatories have as yet modified their laws in accordance with the general principles expressed in the Convention and therefore a wide variance exists in the trends of each national legislation. This is more evident with regard to the measures that concern the possession and personal use of narcotic substances by those who are addicts, so that some countries still penalize this behaviour somewhat severely while others have depenalized it.

At a study group meeting, promoted by the World Health Organization, held from 7 to 10 September 1982 at Harvard University, with the objective of carrying out a comparative review of existing legislations on treatment of drug addicts, the participating experts presented various recommendations to WHO and to its member countries. Two of these appear to assume special importance: the first requests governments to submit to periodical monitoring the methods of application of the legislation regarding treatment and to prepare the necessary measures allowing for the guaranteed effectiveness of the programmes provided; the second

recommends the re-definition and up-dating of the terms "drug addict", "toxicomania" and "treatment" used in the legislations.

At a previous meeting held at the United Nations Social Defence Research Institute (UNSDRI) (Rome, 30 June-4 July 1980), to which experts from various countries were convened to discuss the feasibility of a research study on the interaction between drugs and crime, two main areas were identified: one of the areas constituted the description and the comparative study of the methods of application of the control systems and social policy in the field of drugs in various countries with different policies and systems; the second area constituted the empirical research on the phenomenon of interaction between drug abuse and criminality.

A research study, financed by the United Nations Fund for Drug Abuse Control (UNFDAC), on the efficacy of the socio-legal systems of control and prevention of the phenomena of association between drug abuse and criminal behaviour was subsequently developed and carried out by UNSDRI on the basis of the considerations presented above. The report that follows synthesizes and presents the overall results of the study.

b) Methodological problems

Excluding criminality strictly connected with the phase of production, sale and distribution of the drug cycle and the relative international traffic with its economic implications, it can be stated that drug abuse can lead to various groups of crimes that, from a penal point of view, assume different connotations depending on whether they are committed by a person under the influence of drug, under acute or chronic state of intoxication or, vice versa, committed by a person with the intention and the scope of providing for their personal need. In addition to these crimes, due consideration should be given within this frame to "unpremeditated" crimes resulting from an alteration in the capacity to discern, through the use of drug, or to the occasional but not exceptional use of narcotic substance to strengthen performances in the course of a criminal behaviour.

The first group (crimes committed under the influence of drug) comes under direct criminality, while indirect criminality is attributed to the second group (crimes committed for providing drug). The level of "drug-criminality" association may vary a great deal depending on the type of substance involved, reaching a maximum level in the case of amphetamines and psycho-disleptical drugs, while the minimum is registered with tetra hydrocannabinol. This type of criminality is a direct consequence of the biochemical and psychopharmacological properties of the drug which, nevertheless, do not appear to act directly on the aggressive qualities of a person's character, but rather seem to act with a double mechanism: on one side uncovering unconscious latent aggressiveness and, on the other, altering discernment and diminishing the capacity of control.

Some stimulating substances such as amphetamines, cocaine and other pharmaceuticals which are semi-antagonists of narcotics, can produce psychosis with all the consequences of an hallucinatory psychotic state. It is a known fact that the strong and chronic abuse of barbiturates is often associated with aggressivity. Obviously alcohol is the substance that is responsible for the highest number of direct criminal behaviours, specially of the aggressive type, but considering its specific characteristics and level of diffusion it cannot be considered jointly with the drugs under study here. Direct criminality caused by opioids, instead, is rare.

It is probably superfluous to recall how widely diffused drug addictions are within some jail environments and to what extent these can influence eventual institutional "treatment".

Finally, it is worth mentioning an aspect of the problem which appears to become increasingly more dramatic: the criminality exercised on drug addicts, that is to say all forms of crime of which drug addicts are the victims. In this new victimological category all types of crimes can be enumerated, even the most unusual and most humanly painful. There is no perception of most of these crimes for the simple reason that drug addicts do not report them, while many other crimes are removed from consciousness, as is very often the case with many other aspects of the "drug phenomenon".

In the case of indirect drug-criminality association, the problem of evaluating the degree and type of interrelation is more difficult to solve. Previous studies conducted by the Council of Europe on the subject had denied the proof of causal relation between drug and criminality. More recent studies, e.g. that carried out by NIDA and the Research Triangle Institute for the National Institute of Law Enforcement and Criminal Justice (USA, 1977-1978-1979), reached different conclusions but these are not definite. These studies, in fact, suggest the probability of a causal relation between the two phenomena but they do not exclude the possibility of a correlational type of link. Nevertheless, given the extension of the phenomenon of drug abuse in many countries, and the contemporaneous trend in the same countries to an increase in some specific forms of criminality, it is reasonable to assume, notwithstanding the difficulties and obstacles encountered in the research, that a certain level of relation between drug and criminality can exist. What is not known is the complex interaction between the various etiological factors and the eventual criminogenic action of the normative and control structures or, on the contrary, their preventive effectiveness.

There are, in fact, relatively few studies that attempt to understand the interaction between drugs and criminality. Elliott and Ageton (1976) divided the existing literature into two groups: "Studies conducted on subjects officially defined drug addicts and delinquents" (Chein, 1964; Chein et al., 1965; Weitzner et al., 1973; Friedman and Friedman, 1973), and "Studies conducted in a normal juvenile population" (Robins and Murphy, 1967; Jacoby et al., 1973; Friedman and Friedman, 1973; Goode, 1973; Johnston, 1973; O'Donnell et al., 1976; Jessor and Finney, 1973; Jessor, 1976; Gold and Reimer, 1974; Elliott and Ageton, 1976; Hindelang and Weiss, 1972).

When dealing with this topic, the main problem a researcher will encounter is methodological. Many of the existing studies are not totally reliable due to the general lack of availability and the scarce confidence in the obtainable data. Studies are often limited to drug addicts that have committed a crime or criminals that are drug addicts, thus limiting the sampling to one, non-representative category of subjects.

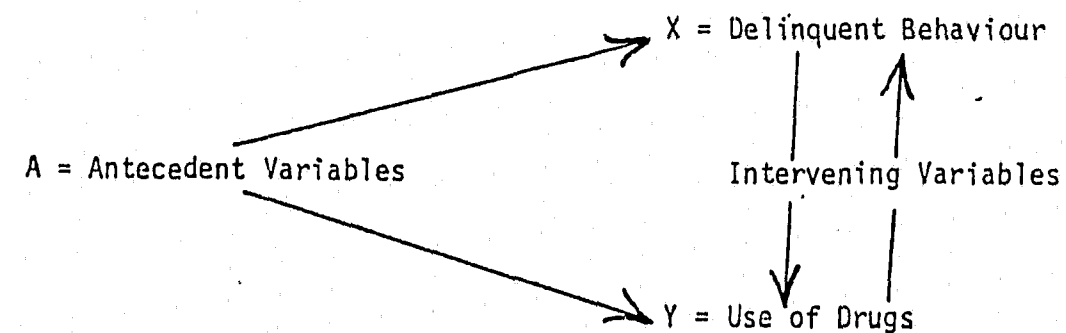
According to the findings of the abovementioned Research Triangle Institute, the ideal research design should be based on a longitudinal study of a general population where the initial drug addiction or criminal behaviours are recorded.

The methodological problems encountered when dealing with drug abuse and crime, as exemplarily defined by R.R. Clayton (1981), are very synthetically presented below. This author maintains that the most appropriate methodological models are those based on multivaried elaboration following the approach of Lazarsfeld (1955), Hyman (1955) and Rosenberg (1968) at non-parametric level, and that of Blalock et al. (1971) "Causal Modeling" at parametric level.

These models are based on probabilistic concepts and on causal criteria generally accepted by almost all social scientists.

TABLE No. 2

"Elaboration Model" (Clayton R.R.; Tuchfeld B.)



Clayton attempts a comparison between the results obtained in available research studies with that of causal criteria identified by Hirschi and Selvin (1967), that is to say, with "correlation", "temporal order" and "falseness of the relation". In this exercise he observes that Elliott and Ageton (1976) have found some connection between delinquency and the use of drugs in each of the studies under consideration, and that a general consensus exists in most of

the literature on the "temporary order" issue in the sense that it would appear that, as a rule, criminal behaviour precedes the use of narcotics and drug addiction.

Finally, on analysing the literature there appears to be sufficient consensus among the authors on the hypothesis that the relation between the use of drug and delinquency is tendentially spurious (illegitimate) since this correlation seems to disappear when the antecedent variables, causally correlated to delinquency on one side and to the use of drugs on the other, are statistically controlled.

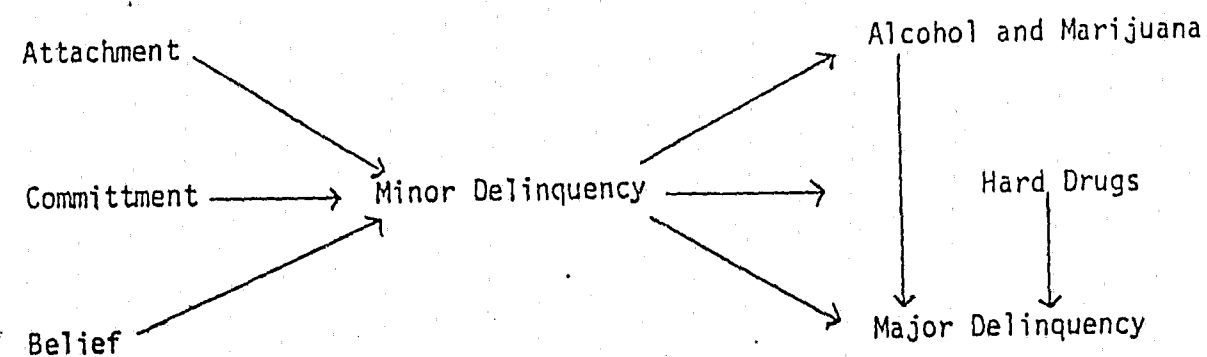
On summarizing the results of their review of the literature, Elliott and Ageton (1976) affirm that: "The results..... suggest that the association between marihuana use and income-producing or violent crimes is spurious and that marihuana use is normative for youth involved in any significant amount of delinquency..... these suggest that the use of hard drugs and the sale of marihuana or hard drugs is associated with both income-producing and violent crimes and that this relationship is not explained by one's general involvement in delinquency".

Following an important study on a sample representing the general population, Johnston and Colleagues (1978) affirm that: "It would appear that delinquency leads to drug use and not the contrary..... We also believe that the correlation between delinquency and drug use stems not only from such environmental factors but also from individual differences in personality. Both delinquency and drug use are deviant behaviours and therefore both are more likely to be adopted by individuals who are deviance prone".

Notwithstanding such a statement, Clayton (1981) submits to analysis, in accordance with the three causal criteria, the resulting data of a study on a representative sample of over 3,000 juveniles between the ages of 12 and 17 (Krohn and Massey, 1979) adhering to the following model:

TABLE No. 3

Revision of the Social Binding Theory Model (Krohn-Massey, 1979)
(Clayton, 1981)



Therefore at the end of his study he concluded that: "There is strong evidence that the relation between delinquency and the use of drugs is not spurious ... Nevertheless the implication that such a relation can be causal instead of spurious goes far beyond the empirical results".

The study carried out by UNSDRI in various countries on the effectiveness of the socio-legal prevention and control measures on the interaction between criminal behaviour and drug abuse has a different, more accomplishable, and perhaps more interesting approach than that adopted in the majority of controlled research studies.

This approach consists of studying not the phenomenon of drug abuse or that of criminality *per se*, nor the association between the two, but the impact of the various drug control systems on the association between drug and criminality. In this sense the approach must be trans-cultural and therefore must necessarily involve a number of different penal-juridical systems, from those repression/control oriented to those oriented toward permissiveness and treatment.

This perspective can lead to different results:

1. The system can influence the increase or decrease of the phenomenon of drug addiction, but not the criminality associated with it;
2. The system can only influence the association between drug and criminality and not the phenomenon in general;
3. Finally, the system might not have any influence whatsoever on the phenomenon in general or on the association between drug and criminality.

Hypothetically speaking, the various systems can be theoretically placed on a graded scale according to increasing levels of harshness of the foreseen sanctions. In this way it would be possible to differentiate between the therapeutic oriented systems and those that are repressive and compare both types with the drug/criminality phenomenon in the concerned society.

In this way the success of the research is no longer linked to the representativeness of the sample - since it is impossible for it to be able to guarantee results which can be generalized - but, instead, to the study and close examination of the form of impact of the system and of its consequence on the subject. Furthermore, it allows for considerations on the "subcultural" phenomenologies and dynamics of the drug addict and their interaction with the normative system.

As shown previously, the possibility of evaluating the effectiveness of the various systems is of great interest and it could provide objective indications with regard to methods of intervention. This is, of course, truer where the social alarm is high concerning a reality such as that of the fast diffusion and transformation of drug addiction.

c) Area and objectives of the research

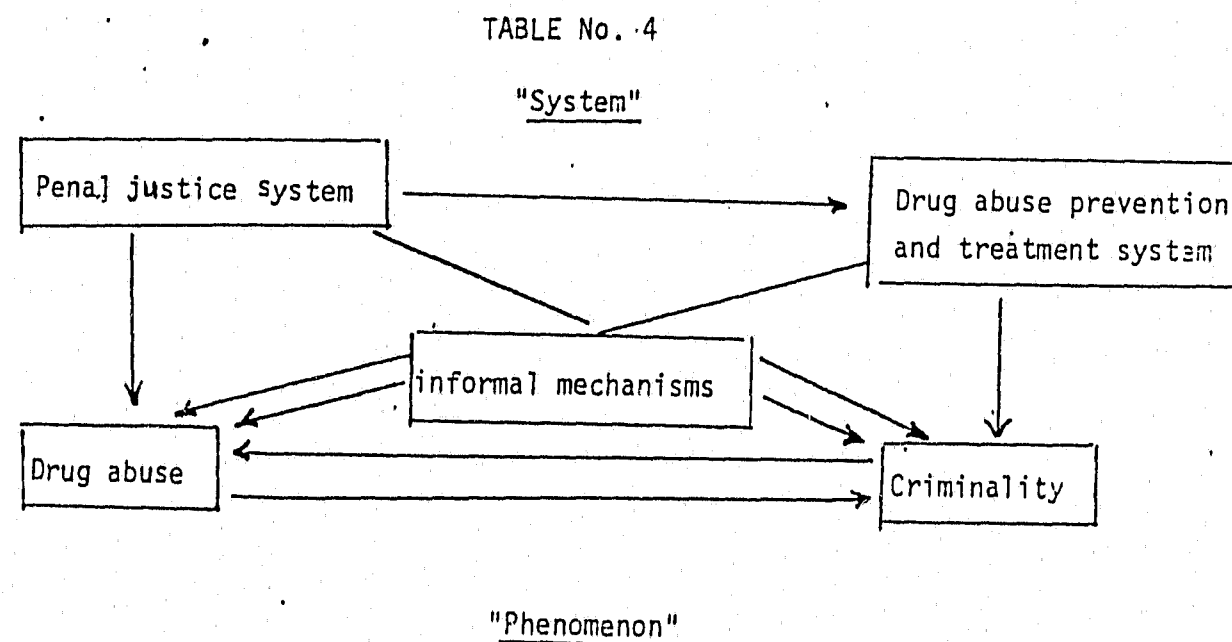
The belief that systems with varying levels of harshness of the foreseen sanctions must also exercise different levels of efficacy in reducing the criminal behaviour of drug addicts has been the basic hypothesis on which the research was constructed. Therefore it can be stated that the basic hypothesis rests on the concept of the key rôle of the system and on its capacity to act when confronting the individual.

Within the framework of a phenomenon, a "system" can be considered as a more or less structured assemblage of elements and functions which, in various ways, all tend to determine an objective. The system which opposes the phenomenon of drug addiction and that of the association between drug addiction and criminality can be considered as being constituted by one or more of the following sub-systems:

- a) penal justice
- b) prevention - treatment

The capacity of these sub-systems to function and to be effective is influenced by various concurring elements that are not easily measured: religious beliefs, cultural background, values, social structures such as family, etc.

These elements can be considered to be informal mechanisms of social control of various types of behaviour. Each sub-system is not totally separated from the other but, instead, it is often linked to the other by more or less complex relations of overlapping, association or dependence. Therefore, according to this definition, the following table shows the possible dynamic relations between the "system" and the association drug-criminality phenomenon, the object of this study.



The table clearly shows the multiplicity of influences each sub-system can exercise on both elements of the phenomenon.

Of course these influences can be diverse: the socio-economic system has a diffuse and specific influence that affects equally both drug addiction and crime; the penal system has a direct and constant influence both on crime and on drug addiction, keeping in mind that with regard to the latter, this influence is exercised with less rigour in the areas where it is not penalized; the prevention and treatment system certainly has a direct and constant influence on drug addiction, but it can also exercise an "occasional" influence on crime, sometimes as an alternative to the penal system. Finally, the ethic-religious system exercises a diffuse influence over all the sub-systems, but in some countries it can almost totally overlap the penal system or the prevention and treatment system and as such can determine an impact on the phenomenon. At this point it is logical to assume that each country has a different "system" and that each system differs not only because it is harsher or less harsh, but also because of its greater or lesser complexity and because of its diverse grade of flexibility.

Keeping all this in mind, it is evident that the general objective of the research constitutes the study of the impact of the different systems on drug abuse and on the criminal behaviour of the addict. The various systems have been described and evaluated with the scope of determining their efficacy in reducing the phenomenon. Therefore this research has given only indirect consideration to the epidemiology of drug abuse and the measure and tendency of criminality. Nevertheless, information has been collected from existing documentation and on the experience of experts with the scope of acquiring the widest perspective possible on each country.

The comparison between the legislative systems of different countries is difficult and the fact that the socio-cultural and geographic differences cannot be ignored adds to this difficulty. Nevertheless, an effort was made to examine the text of the law in each country regarding the use and possession of narcotic substances and information on the practical functioning of the administration of the law has been integrated

in this study. The research has been given an explorative orientation in order to determine the perception of drug addicts and operators regarding the efficaciousness of treatment and control systems.

Within the range of the hypotheses that have constituted the theoretical frame of reference of the research, the following facts should be accepted as given, as they have been sufficiently demonstrated by research findings and by numerous studies which have already been conducted.

a) The abuse of certain drugs incites the subjects, directly or indirectly prone, to commit criminal deeds which they would not otherwise have committed;

b) The criminal deeds referred to in point a) are on one side motivated by the need to procure the drugs and, on the other, the result of the influence of the drug intake;

c) The criminal justice system has an impact on the crime phenomenon in general and therefore also on the association between drugs and criminality;

d) The deviant and/or criminal behaviour is not only influenced by the legal provisions per se, but also by the way in which the laws are applied.

In order to achieve the pre-established objectives of the research it was necessary to solve various technical and methodological problems.

The first and most important problem was undoubtedly the difficulty, if not the impossibility, of comparing the various "systems" since these could not be isolated from the specific geographic, ethnic, social, political and cultural characteristics in which they operate. For this reason it was necessary to abandon the idea of a direct comparison between the "systems" and, instead, an attempt was made to isolate, identify and measure only one of the qualities of the various systems: their "harshness". For the same reason it was decided to isolate, identify and measure only one of the qualities of the phenomenon of drug addiction present within each country: its "seriousness". It was possible to give operative definitions of both these characteristics which allowed, in turn,

the construction of scales for measuring the various levels at which these are manifested in the different countries. In other words, in applying this method, the various systems and the various phenomena were not directly compared with each other, but with a theoretical model that contemplated the particular and specific characteristics of each country.

Therefore in line with this perspective it was decided not to conduct a theoretical study on the provisions of the law in each country, but instead to assign to the national teams the task of giving a realistic description of their system subject, nevertheless, to the directives of the central co-ordinators in order to achieve maximum homogeneity of the input from the national teams.

Information on the functioning and characteristics of each system was obtained through interviews with selected experts in the field of criminal justice and with operators in the field of treatment of drug addicts. Each group was composed of experts from all the different professional areas involved, who were interviewed on the specific matters following a standardized and pre-established model.

They were requested to provide some indications on the possible reaction of the penal system to a series of situations that concern various subjects and various behaviours typical of the phenomenon under study. This operation was carried out through the administration of specifically designed "vignettes" which provoked the replies which were given in terms of probability, i.e. "Which of the following hypotheses is more probable to activate the reaction of the system when confronted with the simulated standard situation presented in the vignette?"

The same exercise was repeated with a selected group of drug addicts of various ages with the object of determining the level of concordance or discordance in the perception of the impact and the reaction of the sub-systems among these subjects and the preceding group.

Another difficult problem to resolve was that connected with the selection of the experimental groups. In fact, most of the previous studies in this field have been centered either on drug addicts that had committed a crime or on criminals that were drug addicts. Each of

these two approaches is necessarily limited and for this reason the method chosen varies slightly from those applied previously.

Sampling on the general population was excluded since no matter how vast, it could have included only a very limited number of relevant cases. Nor could a sample of the criminal population (drawn from police, judiciary or prison sources) have comprised an adequate number of drug addict cases. Therefore, the procedure followed was that of identifying a group of drug addict subjects without prior consideration of criminality. The subjects were selected from the organizations where drug addicts are officially identified.

A third problem was the choice of the type of criminality to be studied. In fact, a number of crimes can be examined as a group or separately. For this reason, a criteria of relatively high specificity was followed which would allow for the overcoming of the variability between the codes of the different countries with a "set" of simple definitions, common to all participants, of the most important crimes. To achieve this end, the definitions given by the Office of Statistics of Justice of the United States were chosen. From among the crimes thus defined the following were chosen for the purposes of this study: homicide, rape, theft in its various forms, robbery, fraud and bodily injuries.

Finally, the following procedure was identified to solve the problem concerning the selection of the control groups: when the experimental groups were selected, parallel groups were formed composed of subjects who, in spite of having many characteristics in common, had not come in contact with the system. Both groups, experimental and control, were then studied with the retrospective longitudinal research method and their biographic and behavioural data were collected through guided interviews tending to stimulate "self reporting".

On final analysis, it can be stated that the research has been centered on the functioning and efficacy of the various prevention, repression and control systems in reducing the phenomenon of the association between drug addicted behaviour and criminal behaviour, isolating the quality of "harshness" and comparing its level with the drug addiction reality in each country.

The study was carried out at three different and integrated levels: the theoretical functioning of the system, the perception of the capacity of the system to function, and the practical functioning of the system deduced from what really occurred to the subjects in the experimental and control groups.

II. DESIGN OF THE RESEARCH

Modality of execution

One of the most important practical problems which arise in the implementation of a comparative research in the field of the social sciences is the need to reduce to a minimum the inevitable heterogeneous elements associated with the existing differences between the various objective situations encountered at the level of the individual participating countries. In fact, the historical, geographical, cultural, social, economic and political specificities that make a country different from another is not only reflected in the laws and institutions, but they also tend to manifest themselves in that which concerns the personal and everyday life, influencing attitudes and working habits of the various researchers. The design followed in carrying out this research was constructed keeping this problem in mind and attempting to achieve an acceptable level of homogeneity.

For this reason the co-ordination and the direction of the entire research were, as far as possible, centralized and entrusted to a staff of researchers operating at UNSDRI in Rome.

Every single phase of the research and the specific functions and duties of the researchers were foreseen and described in a detailed experimental design which, in turn, was defined with the collaboration of various experts in the different disciplines involved in the study (social psychology, criminology, penal law, sociology, psychiatry, statistics).

A group of researchers operating at national level was formed in each participating country, with the main duty of in-field implementation of the different phases of the research, collecting and arranging the necessary information.

The duties of the central research group (co-ordinator) were:

- i) General preparatory work
- ii) Bibliographical and documentation research
- iii) Planning of research design
- iv) Choice and setting-up of methodology

- v) Definition of the instruments for data collection
- vi) Co-ordination of the various national groups
- vii) Collection and centralization of all data
- viii) Analyses of the data and of the results
- ix) Preparation of the final report.

The duties of the national research groups were:

- i) Organization of in-field research
- ii) Execution of the various research phases
- iii) Collection of data regarding the country and its transmission to UNSDRI
- iv) Technical advice on the specific problems of the country
- v) Collaboration in the analysis of the results.

The following phases were foreseen in the design of the research:

1. General information phase

The scope of this phase was the collection of all the information necessary to carry out the next phase. Following an outline specially prepared for the collection of information, each team leader drew up a preliminary report on the conditions of the system and of the phenomenon of drug abuse in his country. The information collected in this manner concerns primarily the functioning of the prevention and treatment systems and the phenomenology of association between drug and criminality in the state or region where the research took place.

The topic areas to be explored included:

- a) The nature, extension, qualitative aspects and the trends of drug addiction in the country
- b) The nature, extension and qualitative aspects and the trends of the phenomenon of association between criminal behaviour and drug addictive behaviour
- c) Laws and organization structures relating to the phenomena under study
- d) Available information on the functioning of the systems
- e) Identification of the various "gates" (contact bridges) through which drug addicts who experience a formal impact with the system pass
- f) Conditions and possibility of access to subjects and "records" in the identified "gates"

g) Identification of experts on the characteristics of the various sub-systems.

2. Phase of identification of samples

The scope of the second phase of the research was the identification and organization, in each country, of the sample to be directly studied. The characteristics of the sample were the following:

a) Extension

For each country: the total number of subjects could not be less than 30 and not exceed 100; in other words, the experimental groups should be composed of a sufficiently ample number of persons, between 30 and 100.

b) Selection

Having identified the "gates" through which, in each country, subjects pass when they come in contact with the various systems, the national research group, at its discretion, choose the "gates" that seemed to gather the largest number of subjects. For practical reasons it was thought advisable that not more than 3 or 4 different "gates" should be selected. Once the specific "gates" were identified, it was necessary to establish a definite period of time in which to choose the subjects, which could vary depending on the frequency of "passages". Its invariability in all "gates" was nevertheless of importance.

Once a minimum of 15-20 subjects per "gate" were chosen, the experimental control group was selected. The procedure for this operation was the following: the national research group made a random choice of 15 or 20 subjects who, over a certain period of time, had passed through the established "gate"; following this, during the interview, each subject gave the name of one or more drug addict peers of the same sex and with similar socio-economic conditions who, although having known him for some time, has never had any impact with the system. These subjects were tracked down and submitted, if willing, to the same type of interview to which the directly chosen subjects had been submitted. In this way a control group was obtained which was totally similar to the experimental group in its principal characteristics, except for the fact that the subjects had never had any contact with the system.

c) Composition

The experimental and control groups were both composed of voluntary subjects within the age range of 14 to 35 years, males and females, addicts to one or more drugs, over a considerable period of time and with various experiences.

Only subjects that were clearly intensive or compulsive drug users were included in the study; according to other definitions, those who made occasional or very moderate use of drugs were not considered.

The type of addiction to drug was controlled by the components of the national research group and the operators from the various "gates". The admission and exclusion criteria, on the basis of type of drug addiction were adapted to the reality of the actual conditions of the phenomenon in the various countries.

3. Phase of inquiry on subjects

Once the subjects of the experimental and control groups were identified and contacted by the national researchers, two separate operations were carried out: guided interviews and the administration of vignettes.

a) Guided interview

All subjects were interviewed in a manner conducive to a sufficiently dependable and accurate "self reporting" on life-style and crimes that might have been committed in the past. Keeping in mind the personality characteristics of drug addicts and the reserve expressed in the literature on this method of investigation, the interview was conducted in such a way that these inconveniences were reduced to a minimum by applying the following rules:

The subjects submitted voluntarily and willingly, accepting to collaborate for the successful outcome of the research. To achieve this, it was necessary for the interviewer to discuss with the subject, at least along general lines, the scope of the investigation and the subject was particularly reassured of the absolute confidentiality and anonymity of the replies.

For each subject, and whenever possible, the interview was carried out by the researcher in two or three sessions lasting 2-4 hours to further a trustful relationship and contemporaneously to observe and evaluate behaviour and personality traits. It was aimed to use interviewers who have some rapport with the subjects by virtue of their caring profession relationship. The most important episodes for the scope of the study were, whenever possible, integrated by consulting records, personal diaries, official registers, etc., with the purpose of reducing the incidence of distortion, which are widely present even in the best conditions of "self reporting".

The interview developed in a free and detailed manner and a similar outline was followed for all subjects: this outline was included in a specific coding document forwarded to the co-ordinators of the national groups. At the end of the interview, a detailed questionnaire was answered by the interviewer summarizing the interview in as critical and synthetic a manner as possible. The "self reporting" covered the following areas of interest:

- i) Personal history of the subject up to the moment of the interview
- ii) Family and social environment
- iii) "Addiction" story (causes, modality, therapeutic attempts)
- iv) Psycho-physiological profile
- v) Delinquent facts, behavioural disturbances, deviant facts, sanctions
- vi) First impact with the "system": age, type of drug, type of crime, type of treatment, dispositions
- vif) Travels for procuring drugs, the use of drugs, relationships, friends and acquaintances.

b) Vignettes: administration and execution

All subjects were requested to give a response to a series of vignettes (descriptions of typical situations) centered on the experience based interpretation of what commonly happens, in the best and worst of hypotheses, in the described situations.

This is one of the most original and important stages of the research because it permits focalization and syntheses of the

perception of the functions of the system, on the part of the listener, who is the "action target" of the system.

Naturally, given the large number of variables that can be considered - age, sex, substance, behaviour, previous delinquent records, socio-economic conditions, etc. - if a complete image of the "system" was requested, an innumerable amount of vignettes would have had to be dealt with, resulting from all the combinations possible. Due to practical and economic reasons it was necessary to choose only some typical vignettes (8), able to offer an adequate image of the system.

The criteria followed in the selection of the vignettes was therefore of the situations that were most typical.

The vignettes dealt only with the possession of drug for personal use, non-therapeutic, and the association between drug and criminality. The subjects answered, choosing from various alternatives already foreseen or describing their own personal opinion if such was not included in the given choices.

4. Phase of inquiries on experts

Each national research group identified and selected a group of "experts" (from 4 to 8), individuals who were particularly competent and experienced with the system and the drug addiction phenomenon. The group was sufficiently varied to include the professions that come in contact with addicts, such as: doctors, psychologists, psychiatrists, operators from the treatment and recovery institutions, judges, lawyers, policemen, nurses, prison guards, and they were requested to solve the same series of vignettes that had been prepared for the addicts.

5. Phase of analysis of the collected data

All the data collected in the participating countries, contained in the preliminary national reports, in the vignettes and questionnaires were transmitted to the central co-ordination group at UNSDRI for analysis.

Separate analyses were conducted on the three groups of data (preliminary report, vignette, questionnaire) for each country; the results were then compared to discover existing elements of similarity and difference between the three areas within each country (provisions of the system, perception of the system, functioning of the system) and between the various countries.

In the course of this phase a meeting of the researchers from the participating countries was held at UNSDRI, Rome, from 21 to 25 February 1983. The working group examined and discussed the available data to acquire a correct interpretation and a comprehensive presentation of the results of the study as a whole, in the light of the experience of each country.

a) Methodology

As already mentioned, the general objective of the research was to study the impact of the different systems on drug abuse and on the criminality connected with drug addicts. To achieve this goal it was of primary importance to select a research methodology that could provide data on the subject, analysing it from three different perspectives.

The first perspective concerned the analysis of the general realistic situation existing in the country with regard to the phenomenon of drug addiction and with regard to the socio-legal system responsible for combating and controlling this phenomenon.

With the objective of acquiring as real a knowledge as possible of the realistic individual situations existing in the various participating countries, each of the national research teams was requested to carry out a theoretic and bibliographic study of these situations and to present the results in a standardized report following a pre-established outline prepared by the central co-ordinators. This provided information on the specific areas described and listed on page 20, point 1, "General information phase".

This method of data collection was preferred to that of a preliminary comparative analysis which could have been carried out directly by the central co-ordinators on the various systems and on the characteristics of the phenomenon in each country, because it was the only way in which reliable information could be obtained on the actual functional aspects of the system in that specific national situation. In other words, the data acquired in this manner appear to be truer to the respective realities than those that could have been obtained by other means. In addition, as the study was carried out in loco by national researchers, the data are

more reliable since they reflect a direct knowledge of the situation. Finally, they allow for a more accurate comparison because they respect the socio-cultural, historical and geographical specificity of the various countries.

Once the requested data and information had been gathered and transmitted to the central co-ordinators, they were given a quantitative form for comparison purposes and to allow for the construction of two scales in which each country could be represented showing the higher or lower level of seriousness of the phenomenon present and the major or minor level of harshness of the system in operation. In other words, only the quality of "seriousness" was selected for quantification with reference to the phenomenon of drug addiction, and only the quality of "harshness" with reference to the systems.

It was necessary to limit the study to these two aspects to allow for a comparison that would have otherwise proved technically and empirically impossible, given the complexity and specificity of the different national situations.

The characteristics "harshness of the system" and "seriousness of the phenomenon" were isolated and extracted from the data in each national report, and operative definitions were given to these on the basis of which it was possible to establish quantitative (numerical) evaluation criteria; this, in turn, allowed for the construction of scales for measuring the various levels of these in the various countries. The logical procedures that led to the construction of the two scales for the quantification of the data extractable from the national reports are described in detail in Chapter IV assigned to the analysis of the data.

By applying the method of empirical evaluation it was possible to calculate the seriousness of the phenomenon of drug addiction and the level of harshness of the socio-legal system operating in each country. The various values were then compared in order to show possible correlations and it proved useful as a reference table for analysis of the data collected by other methods.

The second perspective of the research concerned the analysis of the perception of the system, i.e. the effects of the system as perceived by the subjects who are at the receiving end of its action.

As described in the previous paragraph, this objective was reached by submitting the subjects of the experimental groups (drug addicts that had experienced at least one contact with the system) of the control groups (drug addicts who had not come in contact with the system) to a test consisting of the administration of a series of vignettes.

Eight vignettes were chosen that described 8 standard and simulated situations centered on the use of soft and hard drugs and on the criminality associated with drug abuse. The subjects were requested to carefully read these and answer the question: "Which, from the following hypotheses, would take place more often if the situation described in the vignette was verified?". Each vignette was followed by alternative answers in increasing degrees of seriousness from "nothing would happen" to "the subject would be condemned to life imprisonment", from among which the subject should choose the alternative that, in his own experience, was most probable. In this way it was possible to measure primarily in terms of highest or lowest degree of harshness, but also according to other parameters (expectations of adherence to the legal provisions, therapeutic expectations, repressive expectations, etc.), the expectation of the subjects regarding their perceptions of the response of the system to the simulated situations. In view of the limited number and representativeness of the various samples, the results of this phase of the study cannot be generalized; nevertheless, they can be considered representative of the perception of some of the interviewees of the system and allow for a deeper knowledge of the perception factor of the quality of the system in the different national situations.

The analysis of the data contained in the vignettes was carried out applying the Binary Automatic Scoring (B.A.S.) (Iovine R., Ghezzi F., An Automatic Method for the Analysis of the Questionnaires in Psychology, Bio-Medicine and Clinical Data, Compt. Biol. Med. 8, 139, 1978). According to the B.A.S. system the information regarding a population of n. individuals characterized by n. binary items is contained in a n. x m. matrix the elements of which are 0 or 1.

Generally speaking, not all binary items can have the same weight and the same importance; for this reason it is necessary to provide component m with a vector or give weights.

$$P = (P_1, P_2 \dots P_m)$$

in which $0 < P_n < 1$ $(n = 1, 2 \dots m)$

If it is assumed that a "state" has been identified, for example that of the "perception" of the effects of a maximum harshness system and to have defined it with the sequence of vector:

$$\text{Mask} = (M_1, M_2 \dots M_m)$$

in which M_n $\begin{cases} = 0 \\ \\ = 1 \end{cases}$ $(h = 1, 2 \dots m)$

Vector Mask represents a sequence of items that define the maximum perception of harshness possible. To this perception the score that corresponds in a univocal manner is given by:

$$\max = \sum_{K=1}^m P_K$$

Where $\delta_K = 1$ if the answer corresponds with M_K , $K = 0$ if the contrary is the case.

Evidently all the other individuals will have a perception equal to where:

$$r = \sum_{K=1}^m P_K \delta_K$$

Introducing the normalizing factor $100/P_{\max}$ the normalized r norm perception is defined

$$r_{\text{norm}} = \frac{100}{P_{\max}} \sum_{K=1}^m P_K \delta_K$$

which will be equivalent to a number between 0 (= perception of minimum harshness) and 100 (= perception of maximum harshness). Calculating this perception factor for each subject on all the items or characters it is possible to construct the following distribution functions:

- a) Scoring of reordered characters
- b) Scoring of reordered subjects
- c) Density of probability - scoring characters
- d) Density of probability - scoring subjects

In addition, the density of Shannon's Index can be evaluated for the attributes and for the subjects. Also for each copy of "items" h and K of the questionnaire the element matrices can be calculated.

- PhK (0.0): of negative coincidence
PhK (1.1): of positive coincidence
PhK (1.0) + PhK (0.1): of anti-coincidence

Such matrices for each h and k contain respectively the level, the association of absences, of the contemporaneous presence and of new exclusions for a couple of characters.

The sum of the three corresponding elements on the three matrices is equal to 1 since it individualizes an "event that is certain" within the space of probability.

On applying the B.A.S. system to the analysis of the data obtained from the vignettes it was possible to evaluate the following characteristics for each country:

- Level of conformity between the perception of and the provision by the law
- Perception of harshness of the system
- Level of conformity between the perception of the law and a punitive expectation
- Level of conformity between the perception of the law and a repressive expectation
- Level of conformity between the perception of the law and the expectation of being transferred
- Level of conformity between the perception of the law and a permissive expectation
- Level of conformity between the perception of the law and a therapeutic expectation.

Naturally it was possible to compare these data with those extracted from the analysis of the national reports with the scope of making possible correlations evident.

The third perspective of the research regarded the analysis of the actual functioning of the system, i.e. the effects of the system on the criminal activity of drug addicts.

To achieve this goal the guided interview method was adopted. The experimental and control groups, composed respectively of subjects that had come in contact with the system and subjects that had not had any contact, were interviewed in a "sufficiently standardized" manner following the outline of the questionnaire for the guided interview. In this way information on their life, drug addiction history, criminal activity and the effects of the system on these activities was obtained.

All the information thus collected was analysed with the B.A.S. method in relation to the following variables:

- Country of origin
- Ethnic group
- Sex
- Age
- Nationality
- Religion
- Marital status
- Scholastic level
- Usual residence
- Moved from country of origin
- Continuity of occupational activities
- Field of activity
- Type of family
- Place of residence
- Socio-economic level
- Age at first drug abuse experience
- Reason for drug abuse
- Primary drug abused
- Pattern of use
- Method of use

- Quantity and cost of daily dose of drug
- Number of drugs used
- Type of drug first abused
- Illness related with drug abuse
- Number of rehabilitation treatments received
- Age of subject when admitted into a treatment programme for the first time
- Age of subject on first impact with the system
- Gate where the subject's first impact with the system occurred
- Occasion that determined the first impact
- Subject's perception of the first impact
- Duration of the first impact
- Consequence of the first impact on subject's life-style
- Consequence of the first impact on subject's drug addiction
- Number of contacts the subject had with the criminal justice system after the first impact
- Number of contacts the subject had with the prevention and treatment system after the first impact
- Criminal behaviour before the first impact with the system
- Criminal behaviour after the first impact with the system
- Perception of the further impacts
- Intervention of "informal mechanisms" of control
- Perception of the action exercised by the informal mechanisms of control.

Information on the conditions in which the research was carried out in the various participating countries

The following countries participated in the research:

- | | |
|------------|-------------------------|
| Argentina | Malaysia |
| Brazil | State of New York (USA) |
| Costa Rica | Singapore |
| Japan | Sweden |
| Jordan | United Kingdom |
| Italy | |

Not all countries participated in the various phases delivering equal quantities of data and material; the following table summarizes data and material received at UNSDRI prior to 21 February 1983:

TABLE No. 5
 RESEARCH MATERIAL RECEIVED AT UNSDRI AND ANALYSED
 PRIOR TO 21 FEBRUARY 1983

Country	Preliminary Reports	Vignettes			Questionnaires	
		Op.*	Exp.*	Contr.*	Exp.*	Contr.*
Argentina	X	4	29	31	30	29
Brazil	X	-	-	-	-	-
Costa Rica	X	9	30	30	30	30
Japan	X	9	30	-	30	-
Jordan	X	4	-	-	36	25
Italy	X	17	21	20	53	30
Malaysia		5	-	-	5	-
State of New York	X	9	7	-	10	-
Singapore	X	-	50	-	50	-
Sweden	X	-	-	Autonomous Study	-	-
United Kingdom		-	-	Autonomous Study	-	-
Total	9	57	167	81	244	114

* Op. = operators - "handlers"
 Exp. = experimental group
 Contr. = control group

Argentina

In Argentina the preliminary design of the research was scrupulously followed; some difficulty was encountered in identifying the control group. The majority of the subjects were contacted at the Centro Nacional de Reeducacion Social (CE.NA.RE.SO.).

Brazil

For reasons beyond the control of the researchers, no experimental data was received from Brazil and, in fact, only the preliminary national report was received.

Costa Rica

The subjects of the experimental group were selected within the prison context mainly because of the lack of treatment centres for drug addicts in the country. The subjects were selected from two institutions: "Unidad de Admisión de San José" and "El Buen Pastor" (female prison). Much difficulty was encountered in the selection of the control group due to fear of being lifted by the police. It was therefore necessary to find the subjects in the poor neighbourhoods and among those living on the border of society; this was accomplished with the help and mediation of social workers. Prior to completion of the questionnaires of the guided interview, the subjects were interviewed to ensure the exclusion of those that lied or who were seriously affected with psychiatric syndromes.

Japan

Due to disfunction of the postal service the data from Japan arrived with considerable delay.

Jordan

The preliminary research design was completely followed by Jordan. Nevertheless, difficulties were encountered in the selection of the control group.

Italy

The preliminary research design was completely followed by Italy. The subjects in the experimental group were identified from various sources: 1) A university centre for criminological medicine and

forensic psychiatry; a) An assistance centre for drug addicts; 3) A magistrate's court. The subjects in the control group were contacted through those of the experimental group and the interviews were accepted without difficulty.

Malaysia

No information was made available regarding the research in Malaysia.

State of New York (USA)

For the State of New York the format of the vignettes was re-adapted excluding the two vignettes that concerned the family's attitude. The vignettes were distributed among 44 operators in the treatment system and 36 operators in the penal system: only 14 were completed by the former and 18 by the latter. Twenty-one street drug addicts accepted to be interviewed on payment of \$10 per interview. Unfortunately only one third of the collected data arrived at UNSDRI, as the remainder had got lost in the mail.

Singapore

The research design was completely followed by Singapore, but the system does not allow for the existence of a control group as all known addicts must be reported to the relevant authorities.

Sweden

This country participated with an autonomous study which, nevertheless, was carried out without following the outline for the preliminary reports.

United Kingdom

This country also participated with an autonomous study and no experimental data was included.

III. COMPARATIVE ANALYSIS OF LEGISLATIONS RELATING TO THE PHENOMENON OF DRUG ABUSE IN THE PARTICIPATING COUNTRIES

The actual increase in the use of narcotics and psychotropics throughout the world, and in particular among juveniles, has sensitized and disturbed public opinion.

Moreover, the constant rise in criminality, in the broadest sense of the term, is one of the most important preoccupations of the present day.

As a consequence of these two phenomena the conclusion was too rapidly reached that a direct relation existed between drugs and criminality. This affirmation was however contradicted by the results of numerous studies which indicated that an indirect relationship exists between the two phenomena.

At both national and international levels efforts have been made to combat drug traffic. At international level, attention should be drawn to the 1961 Convention on Drugs and to that of 1971 on Psychotropic Substances ^{*/}, which represent two major phases in international legislation. Most countries have adopted UN conventions - therefore in this respect there is more consensus between legal systems. In spite of this, there is a wide difference in the legislation on drug abuse.

At national level it is considered equally desirable to fight against the traffickers on one hand and to adopt preventive and treatment measures on the other, which emerges from the opinion that through reduction of the "demand" illicit traffic would equally diminish.

This comparative study recognizes that the laws against drug abuse in the participating countries (e.g. Argentina, Brazil, Costa Rica, Japan, Jordan, Italy, the State of New York (U.S.A.), Singapore and Sweden) are very different and very complex. The following discussion will describe the evolution of these laws during the last ten years, but will not describe their actual administration and their effect upon drug abusers.

^{*/} See list in Convention on Psychotropic Substances

a) The phenomenon of drug addiction

As has already been specified, although the use of drugs is not a new phenomenon drug addiction started to reach disquieting dimensions only during the sixties. In Italy, Argentina, and Jordan the phenomenon was restricted to certain social classes.

The "mad years" between the two World Wars were characterized by a wave of cocaine abuse. The general excitement which spread throughout the world at the end of the second World War was accompanied by a peak in the consumption, almost always illicit, of typical doping products such as amphetamines.

A similar situation existed in Costa Rica where, at the beginning of the century, problems with heroin and cocaine were encountered resulting in the establishment of laws regulating their consumption and import. In Argentina, Brazil, Jordan, Italy, Singapore and Sweden, the real problem of drug abuse only appeared towards the sixties.

As has already been said, the phenomenon was limited to a certain age group and, in some countries, to certain social classes. With the influence of the "contestation" wave which characterized the sixties, the use of drugs became a "cultural" phenomenon for juveniles who, beyond their rejection of the system, were also searching for an identity, a philosophy of life.

As regards the different types of substances the following can be stated:

In New York State (U.S.A.), heroin and opiate addiction has been a major problem since about 1910. During the 1965-1973 period large numbers of youths in low income communities of New York City began heroin use. Although many of these have limited or ceased their use, a relatively large number, over 200,000 per year, continue to abuse heroin and/or opiates. In addition, about one million individuals misuse other substances such as marijuana, stimulants, sedatives, tranquillizers and cocaine. In New York State (U.S.A.), Italy and Singapore the predominant drug abused is heroin.

In Japan, the phenomenon of sporadic use of narcotic substances dates back to the beginning of the century. Following the Second World War, the serious political, social and cultural problems in the country initiated a massive use of heroin which reached its maximum peak in 1963 (approximately 40,000 drug addicts). Through the implementation of Government policies in the years that followed, the consumption of heroin decreased but the use of psychotropic substances, instead, has steadily increased. These, and marijuana, have become the drugs mostly used in latter years.

In Argentina and Brazil abuse is mainly concentrated on pharmaceutical substances and marijuana.

In Costa Rica and Sweden the main drug abused is marijuana while in Jordan hashish is more diffused.

Extent of the phenomenon

Technical advancement has not only increased ten-fold the possibilities offered to the traditional drug users but has even placed new psychotropic substances at their disposal. Even if these latter differ greatly from the former, as regards the mechanism of their pharmacological action they are no less active. Change and evolution in the type of users (above all from the age point of view) and in the substances used (the effects of which have become more intense) together with an enlargement of the drug picture have occurred: from a phenomenon initially connected with the "large town", addiction has spread to the "small provincial town" and to actual rural areas in some countries like the United States, Italy and Jordan.

b) Legislative aspects

Because of this situation and in view of all the problems (which will be analysed later) resulting from addiction, the majority of the countries decided to establish a specific legislation aimed at controlling both the consumption and the traffic, as well as the criminality which might eventually accompany the phenomenon.

The majority of the experts in the field agree that over the last ten years, together with the increase in addiction, a notable increase in

criminality in general has been verified and for certain crimes in particular. It should be noted that these are considered as being related to the drug phenomenon because they are committed by addicts, by individuals in possession of drugs and crimes correlated with drug traffic.

Statistics for all countries indicate that the highest increase is for crimes against property and, above all, in the large towns. The majority of the crimes consist of thefts with the intention of procuring money to buy drugs and thefts from pharmacies for the purpose of procuring pharmacological drugs. This increase would appear to be accompanied by a parallel increase in the dimensions of large cities and the phenomenon of urbanization resulting from the massive rural-urban migrations.

In the analysis of the addiction phenomenon importance should be attached to two different types of individuals:

- the consumer of both soft and hard drugs;
- the trafficker at all levels and for whatsoever type of drugs.

The anti-drug legislation can and should be analysed under the following two fundamental aspects: repression and treatment.

1. The problem of repression

Repression should be seen as an attempt on the part of the legislator to curb addiction by creating a "penal measure" for the consumer on one hand and for the trafficker on the other.

In all the countries drug abuse is regarded as a danger for society because of the medical and social consequences, such as social and personal danger, or psychological dependence resulting in the inability of the addict to play his normal rôle in society. However, a distinction is sometimes made in relation to the nature of the drug, whether soft or hard and, therefore, its dangerousness.

The penalization for the abuse of any type of drug has, as a first effect, the delineation of social types, such as drug addicts and drug abusers who may be imprisoned and mandated to receive treatment.

The problem now arises as to how the drug addict or abuser should be considered: there are two possibilities, one as a person who is "socially ill" and the other as a delinquent.

Over the last ten years an increase in drug abuse and addiction has occurred, mainly among juveniles. Therefore all the legislations, particularly those adopted in the countries participating in this study, have tried to avoid "stigmatizing" a juvenile, which could result from a contact with the penal system. For these juveniles the law provides the possibility of treatment either within the family with medical assistance or within the framework of re-educational centres. In comparison, the problem is more complex for adult addicts as they fall completely under penal law. The first question to be dealt with is the following: how is the illicit drug user punished?

A large number of experts consider it advisable to distinguish between soft and hard drugs, although this does not take one of the biggest problems into account, i.e. passing from soft to hard drugs; in fact, addiction is often manifested in a complex form with the use of various types of drugs. In this connection the only country, among those under review, where a distinction is made between use and possession of small and large quantities of soft drugs is the State of New York (USA) where possession of less than 25 gr. of marijuana is subject to fine, while over that amount incarceration is possible. On the contrary, the other legislations do not accept this difference; this appears to manifest different interpretations of the phenomenon in the various countries. Italian law allows possession of a small quantity, the equivalent of a daily dose. Argentina and Sweden do not penalize use but condemn simple possession. Costa Rica foresees obligatory treatment measures for use and possession of drugs even when such possession is for personal use, which measures should be carried out in the re-educational centres of the country. In Jordan and Singapore the measures are much more repressive and in a different way they condemn both use and possession of drugs. In Singapore, for instance, the penalty can be up to ten years imprisonment together with a fine of 20,000 dollars. In the State of New York (USA)

personal use and the possession of hard drugs is prohibited and the penalty increases in proportion to the quantity and to recidivism.

As regards the problem of traffickers, that is to say possession and sale of drugs, the legislations of the countries under review are much more repressive, on one hand in comparison with the previous laws and on the other hand in comparison with the more "permissive" laws vis-à-vis the actual consumer. This arises from the conviction that, in order to reduce addiction, the first step should be taken against the trafficker who is considered as being the root of the problem.

A complex problem is often encountered when a user lacking the financial means to procure the drug starts trafficking in order to allow him the possibility of obtaining the drugs for his personal use. This case would obviously never apply to a "large trafficker" who is never a consumer. The problem for the consumer-trafficker is the following: the consumer who becomes a trafficker (even with quantities just above the minimum) fails to obtain the benefits legally accorded to the consumer and instead falls under the punitive attitude adopted by the law for the trafficker. In other words, the consumer-trafficker not only rarely benefits from the comprehensive attitude oriented towards treatment which applies to consumers in the strict sense of the term but, worse still, he is submitted to harsher penalties than those originally foreseen since these have increased in proportion to the growing strongly punitive attitude towards the trafficker. It is sufficient to cite the penalties for drug sales or illegal transfers in the countries under consideration:

- Italy: 2 to 6 years imprisonment plus a fine of 100,000 to 8 million lire;
- Argentina: 3 to 12 years imprisonment plus a fine of 400,000 to 8 million pesos;
- Jordan: 5 to 10 years imprisonment plus a fine of 3,000 to 9,000 dollars;
- Brazil: 3 to 15 years imprisonment plus a fine of 50 to 360 dollars;

- Japan (depending on the type of drug): 10 years imprisonment for heroin and stimulants; 7 years imprisonment for opium; 5 years imprisonment for marijuana;
- Costa Rica: minimum 5 years imprisonment, even for the sale of one or two cigarettes;
- Singapore: a distinction is made between traffic of soft drugs, for which a minimum of 2 years imprisonment can be applied, and the traffic of hard drug for which the minimum penalty is 5 years imprisonment;
- State of New York (USA): the penalties range from 0 to 8 years imprisonment for a first offence, in case of recidivism the penalty rises considerably.

The "large trafficker" is not normally a drug addict but only a merchant in the strict sense of the term for whom the sale of drugs is solely for financial gains and involvement in organized criminality (mafia, gang...). Under other chapters of this report findings will be presented as to how the penal sanctions are imposed in these 8 countries, i.e. consumer-trafficker imprisonment, or whether they provide alternatives such as fines, voluntary treatment, mandatory treatment or other punishments.

2. Treatment options

The drug abuser or addict may also be considered as a sick person who should be treated as such. The importance of social danger and the need for lasting and effective action demands health and social measures which should have priority over repression. Although the drug legislation in the participating countries varies, some form of treatment is foreseen. These legislations have another objective: to return drug abusers and addicts to stability and social productivity. Even though their sickness appears to involve only a pharmacological dependency, especially among juveniles, assistance is necessary at the psychological level. Therefore

alongside the penal legislation, these countries have found it necessary to support the rehabilitative measures to encourage the psychological and social recovery of the addict and drug abuser and have therefore considered it essential to create their own treatment and rehabilitation programmes.

In Italy, the 1975 law foresees the establishment of regional and local institutions for the treatment and rehabilitation of addicts; the legislation also provides the possibility of intervention by the judicial authorities whereby the addict can be forcibly hospitalized in the centres for a period established by the authorities in accordance with the seriousness of his condition.

In Argentina, there is only one programme at national level, i.e. the National Centre of Social Re-education (CE.NA.RE.SO.) which was established in 1972.

In Jordan, no special programmes exist and treatment is currently carried out by private hospitals and in some psychiatric units of general hospitals.

In Costa Rica, the law foresees the establishment of centralizing institutions for the control and co-ordination of all treatment programmes in the national territory.

In Singapore, the treatment programmes are carried out in centres which are financed by the Government.

In the State of New York (USA), in accordance with the Mental Health Law of 1982, the Division of Substance Abuse Services is responsible for contacting and finding local treatment providers. All treatment is provided by local community organizations such as hospitals, mental health agencies, profit and non-profit organizations, and a variety of other groups. About 30,000 abusers received treatment for heroin addiction at any given time in 1982. Heroin abusers not currently undergoing treatment are among the most criminally active persons in New York.

In Brazil special treatment centres are provided. In localities where these do not exist, they are created within the social service and hospital structures.

In Sweden treatment programmes depend directly from the Ministry of Health and connected organizations.

In Japan numerous treatment programmes are provided which can be carried out both in private and public institutions.

This illustrates the framework of the recuperation centres for addicts. In practice, as has already been said, lack of financial resources or of qualified supervision very often lead to only a partial application of these principles.

Thus, in Italy, the different interventions are made within the public or private structures but they are not co-ordinated and vary greatly from region to region.

In Costa Rica, on the other hand, contrary to what is foreseen by the law, there is no official centre specialized in treatment of addicts. The few existing institutions, both public and private, can only make fragmentary efforts because of lack of co-ordination.

As well as these centres, consideration has been given to the creation of treatment centres within the penitentiary framework to avoid the negative consequences of imprisonment on his addiction on one hand and to allow the individual the possibility of both medical and social recuperation on the other. But at this level, in reality, the problem is very different and varies from country to country. For instance, in Italy, in the State of New York (USA) and in Sweden, specialized treatment programmes are more advanced than in Jordan and Costa Rica where no real specialized institutions exist for treating incarcerated addicts.

From this brief overview of the penal legislations and the treatment efforts relating to addiction, the conclusion can be reached that recent national legislations have attempted to achieve a balance between repression and medico-legal action according to the relevant UN Conventions. An effort has been made to provide alternatives to penal sanctions by providing medical and social options. As regards drug traffickers, penal action is extremely repressive while for the addicts this is moderated by medical and humane approaches.

However, notable differences exist between certain countries: thus it can be stated that Italy has a fairly permissive tendency, while Jordan and Singapore are oriented towards harsher legislative measures. The State of New York (USA), Argentina and Costa Rica appear to represent, from a number of points of view, the intermediate tendency between harshness on one hand and permissiveness on the other. But the basic objectives remain the establishment of efforts to aid the social recuperation of the addict and to annul drug traffic. In practice, however, realization of these objectives seems difficult. The moral and social problems connected with illicit traffic, and above all the psycho-sociological problem of the addict, are far from being resolved.

IV. ANALYSIS OF THE DATA SUPPLIED BY THE NATIONAL
PRELIMINARY REPORTS

The methods adopted and the motives that prompted these choices, to acquire as true and as realistic a knowledge of the phenomenon of drug addiction and the socio-legal system to combat and control the phenomenon existing in the participating countries, have been described in Chapter II (page 19) of this report.

In practice, the research team in each country was requested to draw up a preliminary national report giving information on the following:

- the phenomenon of drug addiction and the phenomenon of association between drug addiction and criminality as described in relation to contemporary society;
- the legal system and institutions appointed to control and combat this phenomenon;
- the practical working situation of the system and institutions.

On the basis of an in-depth study of existing publications on the subject, on direct experience of members of the research group, and on the basis of the collaboration of experts available in the various countries, the information, object of the preliminary national reports, was collected.

All the preliminary national reports were written following a pre-established and standardized outline consisting of 24 questions and distributed to the local teams in the participating countries by the central co-ordinators of the research. This guaranteed receipt of the requested information in conformity with the basic conditions that had been established for this phase of the study, which were as follows:

- to obtain reliable information not only on the theoretical aspects of the various systems but on the practical aspects

of the actual working competence of the system;

- to place the information within the historic, social, geographical and cultural characteristics of each country with respect for their specific national situation;
- to ensure completeness of the data necessary for the analysis and sufficient standardized information to achieve a reasonable level of comparability.

Once this data had been obtained from each country, it was necessary to select the significant "qualities" of the phenomenon and of the system to be reduced to numerical form and to be subsequently reciprocally compared.

On the basis of the research objectives, the qualities selected for analysis were: "seriousness" of the phenomenon and "harshness" of the system.

The operative definitions of each quality were sought and on these bases it was possible to establish the quantitative evaluation criteria that would permit the construction of the scales to measure the various degrees at which these are present in the different countries. These criteria are described in the following paragraph:

A. General criteria for the construction of evaluation scales for the analysis of the preliminary national reports

In general terms it can be said that drug abuse and criminal behaviour can, in fact, be defined as "deviances" since they constitute actions or behavioural attitudes expressed by some members of the community which the majority of the members consider a "break-away" or deviation, at various levels of seriousness, from certain social norms.

Nevertheless, neither of these behaviours are, per se merely deviance phenomena: on the contrary, each tends to be characterized by the violation of a different type of norm. More specifically, drug abuse violates the biological norm (natural and positive) and therefore it assumes the significance of a biological infringement or "disease", whilst criminal behaviour violates the juridical norm (codified law) and it therefore assumes the significance of a legal infringement or "crime".

The phenomenon that develops from the association of both behaviours is therefore an even more complex social issue - not easily reduced to only one or some of the psychological, biological, or normative elements that it constitutes, but which includes each one of them and tends therefore to characterize itself as an intrinsic part of the society it expresses.

The great difficulty related to the attempt to quantify a phenomenon of this nature in order to measure its degree, clearly emerges from these considerations.

Nevertheless, notwithstanding the knowledge of such difficulties and consequently the serious methodological limitations, an attempt was made to submit to an empirical type of measurement at least two of the components of the phenomenon under study selecting, of course, the most relevant both with regard to their importance for the scope of the research and for their social implications.

The following components of the phenomenon were therefore selected:

- a) level of diffusion of drug abuse in the country;
- b) socio-legal system of prevention, treatment and repression of the phenomenon of drug abuse in the country.

These components have been considered in their respective dimensions:

- a) seriousness of the diffusion of drug abuse in relation to the social dangerousness it provokes in the country;
- b) harshness of the socio-legal system of prevention, treatment and repression of the phenomenon of drug abuse in the sphere of the wider penal and socio-medical systems of the country in relation to the punishability of the individual.

The variables described were analysed for each country and treated with an empirical and widely subjective measuring method, operative for the scope of the research.

1) Relative comparability of variables a_j and b_j of one country with the corresponding variables for the rest of the countries participating in the research.

2) Construction of a scale pertinent to the seriousness of the phenomenon and of a scale pertinent to the harshness of the system on which to place in ordinal manner the different participating countries.

3) Accomplishment of an orderly reference system for the analysis and comparability of the data collected through the administration of the questionnaires and the vignettes.

B. Methods followed for the construction of the evaluation scales

1) Evaluation scale for the quantification of the level of seriousness of the drug abuse phenomenon

Taking into consideration the general idea that the seriousness of the phenomenon of drug abuse is principally determined by the amount of social dangerousness the diffusion of addiction possesses, since more than other deviance phenomena it causes relevant damage in the society in which it is manifested, the first logical step in the attempt to construct a relative evaluation system was that of defining in operative terms the concept of social damage.

Breaking down this concept into its various elements/factors, on the basis of the literature and the sociological experience in this sector, many other concepts were obtained that have the characteristic of being closer to practical experience than that of "social damage" which is generic and abstract.

The break-down was carried out by five independent consultants each of whom prepared a list of elements, following which a meeting was held and agreement was reached on a series of elements which were considered as the most significant and probable.

The most important elements identified, in arbitrary and casual order, were the following:

- 1) Capacity of the phenomenon to spread and to involve an ever increasing number of subjects;
- 2) Capacity of causing social "alarm" at popular level;
- 3) Inefficiency of the preventive, control and repression measures;
- 4) Capacity of increasing the levels of aggressiveness, criminality and deviance in the social structure;
- 5) Capacity of producing social de-stabilization through the crisis of traditional values and through the possibility of inducing conflict between subcultures and the dominating culture;
- 6) Possibility of distracting juveniles from different forms of healthy social participation;
- 7) High economic costs in terms of loss of productivity and the cost of control measures resulting from social reaction;
- 8) Capacity of damaging the individual (induced state of physical illness);
- 9) Capacity of damaging the individual in psychological terms (induced state of psychic alienation).

Once the breakdown was accomplished it was necessary to identify a certain number of indicators capable of expressing in quantitative terms the operative concepts mentioned above.

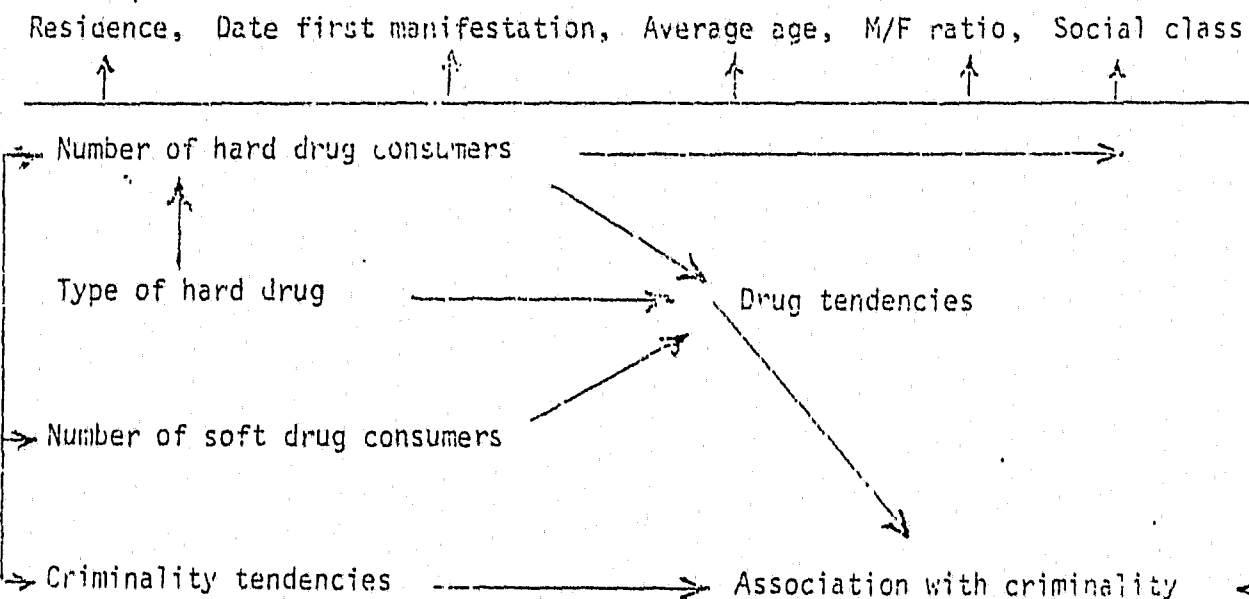
The following indicators were selected:

- 1) Type of hard drug mostly used;
- 2) Dimension of the consumption of hashish or marijuana;
- 3) Dimension of the consumption of heroin and/or cocaine and/or other opiates;
- 4) Date of appearance of the phenomenon;
- 5) Average age of hard drug users;

- 6) Male/female ratio;
- 7) Socio-economic conditions;
- 8) Area of residence;
- 9) General tendency of the phenomenon in time;
- 10) Frequency of association of the phenomenon of drug abuse with certain crimes;
- 11) Trend of general index of criminality.

Once the indicators had been selected their reciprocal relations were studied to separate pure from spurious variables and to assign a weight to them as proportional as possible to its real importance in determining social damage.

On analysing the various indicators selected on the basis of their capacity of expressing the various objective components of the social damage and on the basis of their reciprocal interaction, it was possible to identify those of greatest importance, from which in different measure the rest depend. It was possible in this way to construct the following diagram in which the arrows represent the direction and the course of the dependence relationship between the different variables:



As can be observed, four indicators (Number of hard drug consumers, Type of hard drug, Number of soft drug consumers, Criminality tendencies) can be considered as basic or fundamental: from among these the "heaviest" is certainly that represented by the number of hard drug consumers. Two indicators can be considered as "intermediate" (Drug tendencies and Association with criminality), since, although they depend in various measures on the basic indicators, they maintain their autonomous form and their individuality. The rest depend almost entirely on the heaviest basic indicator.

At this point, all that was left to do in the construction of the scale was to assign scores to the different levels that each indicator can assume in the various situations.

Once the two extremes of the scale had been theoretically established it was not particularly difficult for the five experts involved to assign rough scores to the variables with the characteristic of reflecting, in an approximate manner and in every situation possible, the proportional value to the general incidence of the indicator on the determination of a social damage.

The seriousness of the diffusion of the phenomenon in any one country was considered equal to 0 if the phenomenon did not exist in that country, and it was considered equal to 100, instead, if the phenomenon in that country had reached the maximum theoretical quantity realistically foreseeable.

This last measure was calculated in an arbitrary manner keeping in mind the average values that the various indicators assume in the participating countries. Therefore, in order to report the raw scores calculated on the established seriousness scale, and to be able to make a comparison between them it was necessary to devise a stratagem to transform the scores multiplying these by a coefficient resulting from the formula:

$$\frac{1}{a_4 + b_5 + c_7 + d_4 + e_4 + f_4 + g_6 + h_3 + i_5 + l_8 + m_4} \times 100$$

where the letters in the denominator represent the maximum values possible of the raw scores for all the indicators.

In this way each Z score expresses the percent value of incidence of the indicator on the total seriousness of the diffusion of the phenomenon in the country under consideration: in other words, if the maximum seriousness (= 100) is compared to a cake dividable in portions, the Z score of an indicator expresses the relative dimensions of the portion represented by the indicator under study. Always along these lines, we can therefore say that the total Z score for each country represents the dimensions relative to the portion of cake that represents the seriousness of the phenomenon in that specific country.

- 2) Scale of evaluation of the harshness of the socio-legal system of preventive, treatment and repression of the phenomenon of drug abuse in relation to the punishment on the individual

The methodology followed for the construction of this scale does not differ substantially from that which was followed for the construction of the scale of seriousness.

The harshness of the system was calculated in terms of operative punishment on the individual, that is to say, on the capacity of the system to inflict on the individual an evaluative penalty in terms of more or less serious personal suffering on a physical, psychological and social level.

As in the previous case this concept (personal suffering induced by the penalty) was broken down into the factor terms of which it is composed and it was therefore possible to identify the following elements:

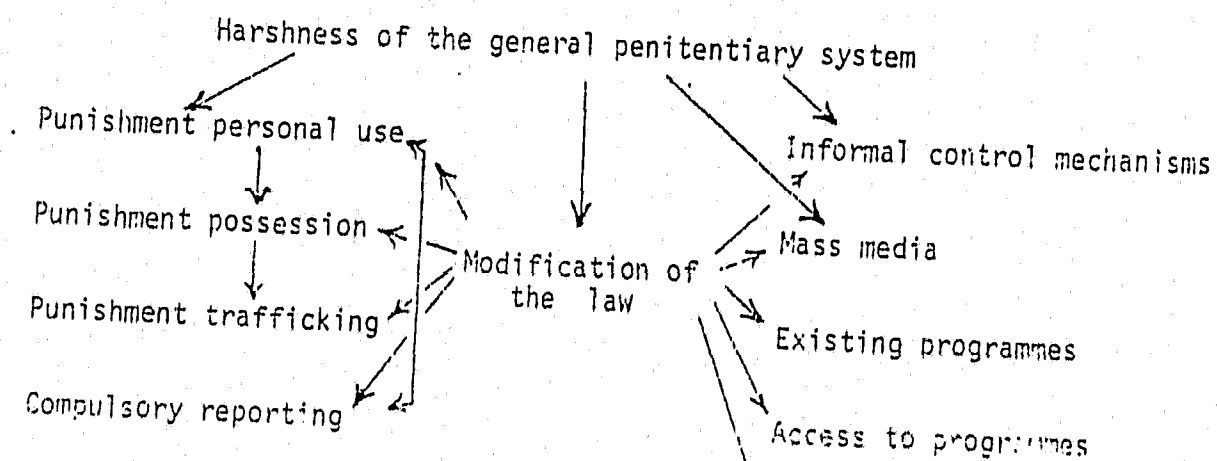
- 1) Loss of freedom
- 2) Physical suffering through corporal punishment
- 3) Decrease of assets through pecuniary punishment
- 4) The more or less relevant lack of judicial guarantee for the subject
- 5) The more or less relevant lack of alternative measures to imprisonment
- 6) Suffering caused by the rigid and imperfect actual application of the socio-legal system

- 7) Social stigmatization and emargination
- 8) Lack of liberty in the choice and execution of treatment
- 9) Physical and psychological suffering caused by some types of treatment.

The indicators identified as capable of expressing in quantitative terms the operative concepts previously listed were the following:

- 1) Penalty foreseen for the personal use of small quantities of drug
- 2) Penalty foreseen for the possession of small quantities of drug for personal use
- 3) Penalty foreseen for retail dealing
- 4) Existence of obligatory reporting by cooperators
- 5) Modification in drug legislation to increase or decrease harshness
- 6) Existence of state treatment programmes
- 7) Voluntariness of the access to treatment programmes
- 8) Availability of treatment programmes in prisons
- 9) Prevailing attitudes of informal control mechanisms
- 10) Most diffused attitude of mass media
- 11) Harshness of the penal system in general with regard to the crimes under consideration (homicide, robbery, blackmail, rape, bodily injury, theft, fraud and embezzlement).

The diagram of the dependency relation between the different variables under study could have the following form:



The two extremes of this scale have been technically established as follows:

- 0: If personal use, possession and retail dealing are not foreseen as a crime; if numerous free and permissive intervention programmes exist and no social stigmatization attitudes are present.
- 100: The theoretical maximum harshness foreseeable based on the comparative analysis of the systems in the various countries. If personal use is punished with over 10 years imprisonment, when no intervention programmes are foreseen except when compulsory and punitive, and when serious social stigmatization attitudes are present.

The raw scores of the single variables have been calculated respecting the degree of incidence of each variable in determining a state of personal suffering and these were then transformed into Z scores by multiplying them by a coefficient obtained from the following formula:

$$\frac{1}{a_4 + b_4 + c_4 + d_2 + e_2 + f_3 + g_2 + n_3 + i_3 + l_3 + m_8 + n_3} : 100$$

where the letters in the denominator represent the maximum values possible of the raw scores for all the indicators.

C. Data analysis

Once the evaluation scales were constructed according to the criteria presented in the previous paragraphs, the group of experts proceeded to quantify the levels of seriousness of the phenomenon of drug abuse and harshness of the system of the various countries participating in this phase of the research.

The following countries forwarded the preliminary national reports from which the data to be analysed were taken:

- Argentina
- Brazil
- Costa Rica
- Japan
- Jordan
- Italy
- State of New York (USA)
- Singapore
- Sweden

The results of the quantification operated by converting the evaluation scales into "Z" scores are presented in Tables 6 and 7.

Table 6 shows the "Z" scores assigned to the various factors that indicate the "seriousness" of the phenomenon, and the total score of "seriousness" in the 9 participating countries. Table 7 instead shows the "Z" score of the various factors that indicate the "harshness" of the system and, naturally, the total score of "harshness" of the system in the same countries.

The graphs showing the total "Z" scores of seriousness of the phenomenon and harshness of the system are presented in a single table for each country, from 8 (Argentina) to 16 (Sweden).

On observing these graphs it is possible to have an immediate idea of the relative dimensions of the two variables in each country. The last table (17) presented in this chapter summarizes the total levels of seriousness of the phenomenon and harshness of the system for all the countries in the research. In fact, Table 17 shows that, on an ideal scale graded from 1 to 100, the participating countries occupy different positions in relation to both variables: "harshness" of the system and "seriousness" of the phenomenon. In other words, it can be stated that the phenomenon of the diffusion of drug addiction appears to acquire levels of "seriousness" that vary from country to country; the respective

TABLE No. 11

FACTORS OF SERIOUSNESS OF THE "PHENOMENON" EXPRESSED IN "Z" SCORES
 DATA OBTAINED FROM THE NATIONAL PRELIMINARY REPORTS

Participating countries Factors of harshness	Argentina	Brazil	Costa Rica	Japan	Jordan	Italy	N.Y.S.	Singapore	Sweden
	Type of hard drug	2.6	2.6	2.6	7.8	2.6	10	10.4	10.4
Use of hashish	3.1	6.2	12.5	3.1	1.5	6.2	12.5	3.1	6.2
Use of hard drug	7.8	2.6	2.6	2.6	2.6	23.5	39.2	23.5	2.6
Length of the phenomenon	1	1.5	1	1.5	1	1	1.5	1	1.5
Average age of consumers	1.5	1.5	1	5.2	0.5	1.5	1	1	3.8
M/F ratio	0.5	1	0.5	0.5	0.5	0.5	0.5	0.5	1.0
Socio-economic conditions	1.5	0.5	1.5	1.5	1.5	1.5	1.5	1	1.5
Residence of consumers	0.5	0.5	0.5	1.0	0.5	1	0.5	0.5	0.5
Drug trend	1.5	1.5	1.5	2	1.5	2	1	0.5	2
Assoc. with criminality	10.9	9.7	0	12.5	3.1	6.2	20.4	1.5	10.9
Crime trend	1.5	1.5	1.5	1.5	1.9	1.5	1.5	1	1.5
Total seriousness	32.4	24.5	25.2	40.3	17.2	56	90.5	44.4	34.5

TABLE No. 7
 FACTORS OF HARSHNESS OF THE "SYSTEM" EXPRESSED IN "Z" SCORES
 DATA OBTAINED FROM THE NATIONAL PRELIMINARY REPORTS

Participating countries Factors of harshness	Participating countries									
	Argentina	Brazil	Costa Rica	Japan	Jordan	Italy	N.Y.S.	Singapore	Sweden	
Personal use	1.3	6.4	0	9	19.9	1.3	0	25.1	1.2	
Poss. small quantities	7	6.4	2.5	9	7	0.6	1.9	9.6	0.6	
Petty dealing	4.5	6.4	4.5	4.5	3.8	1.3	7.7	9.6	4.6	
Reporting to the auth.	1.3	1.2	1.3	1.2	3.8	0	0	3.8	0	
Legislative modifications	1.3	1.2	0	1.2	0.6	0	0	1.3	1.2	
Treatment programmes	0	0	0.6	0	1.3	0.6	0	0.6	0	
Voluntarily	0.6	0.6	0	0.6	1.3	0	0	1.3	0.6	
Orientation	0.6	0.6	0	0.6	1.3	0.6	0.6	1.3	0.6	
Treatment in prison	0.6	0	1.3	0	1.3	0.6	0.6	1.3	0	
Social stigmatization	0.6	1.9	1.9	1.9	5.1	1.3	3.8	2.5	1.2	
Mass-media	2.5	0	2.5	6.1	6.1	0	2.5	2.5	2.5	
Penal system	12.9	12.9	9.6	5.8	12.9	5.1	7.7	13.4	7.0	
Total harshness	33.5	38	24.5	39.3	64.7	11.6	25.1	72.8	25.6	

TABLE No. 8
 DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
 TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

ARGENTINA

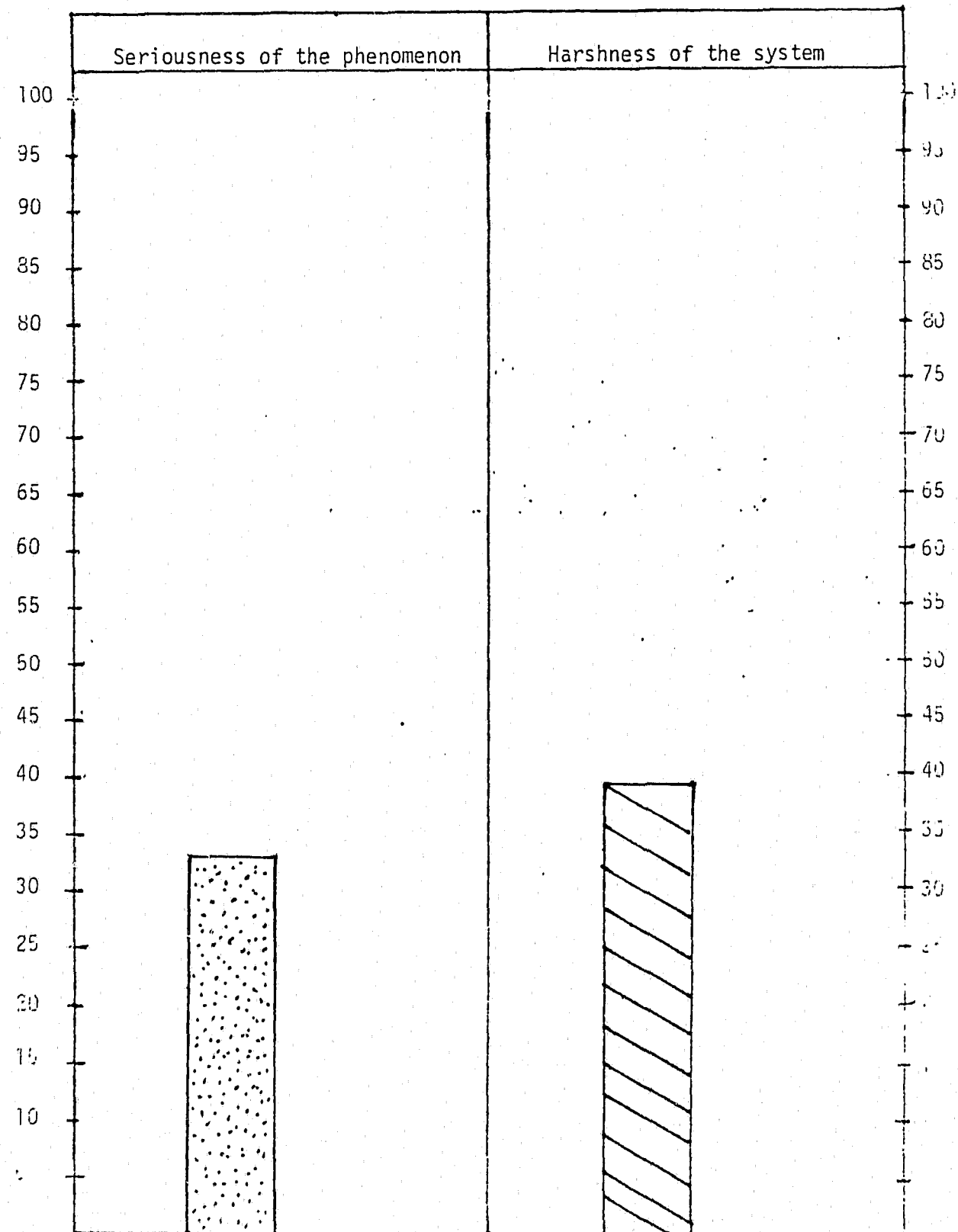


TABLE No. 9
 DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
 TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

BRAZIL

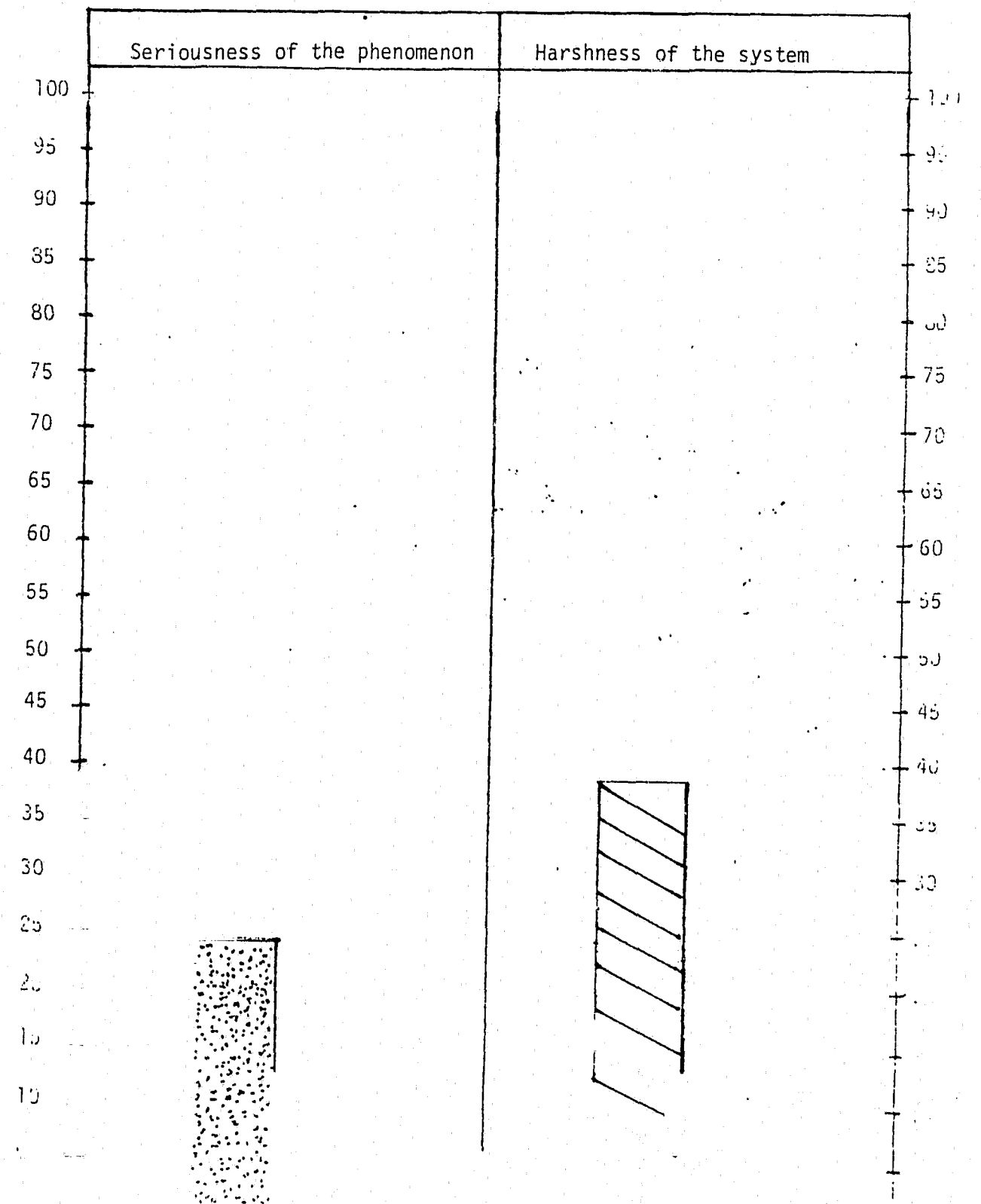


TABLE No. 10

DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

COSTA RICA

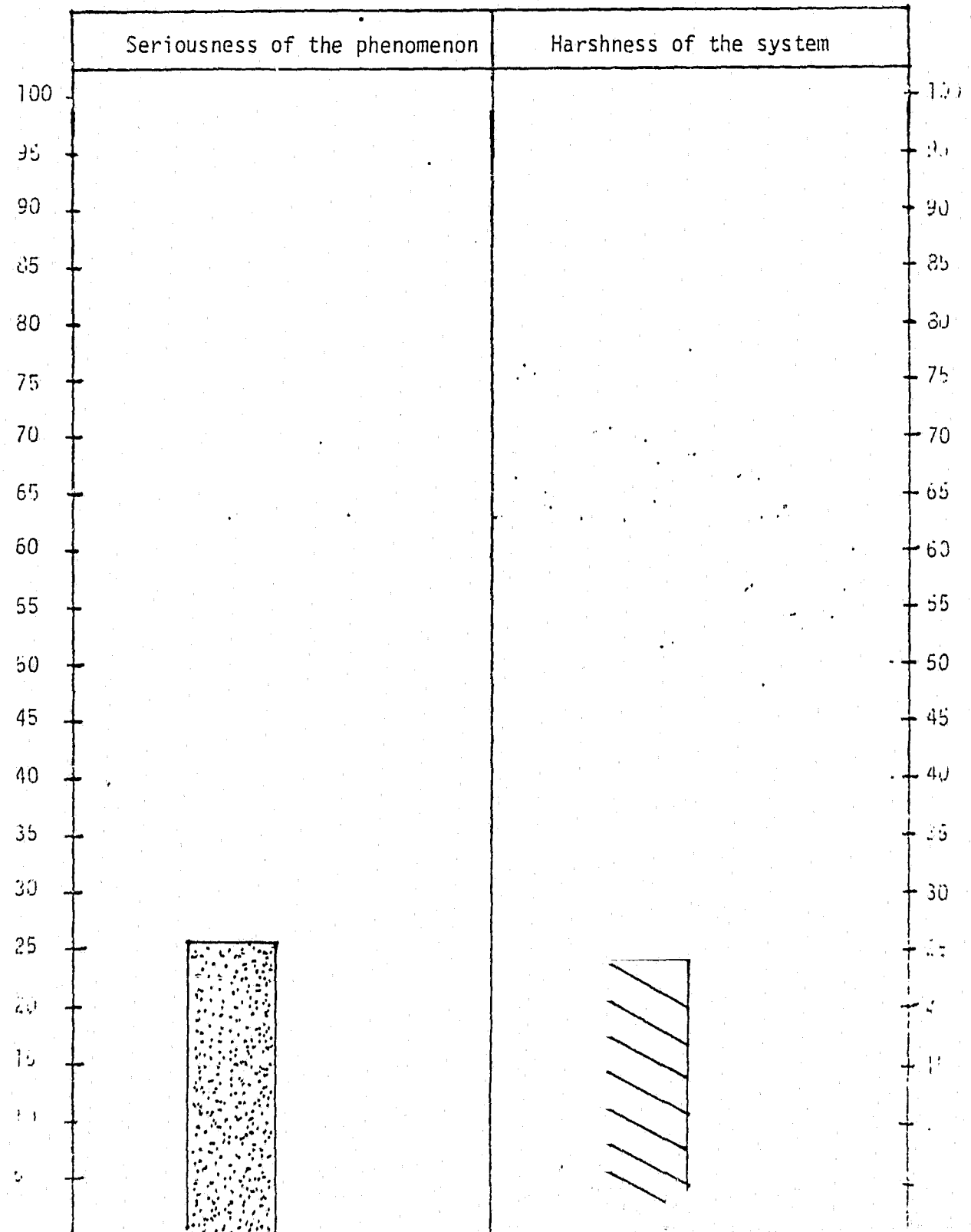


TABLE No. 11

DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

JAPAN

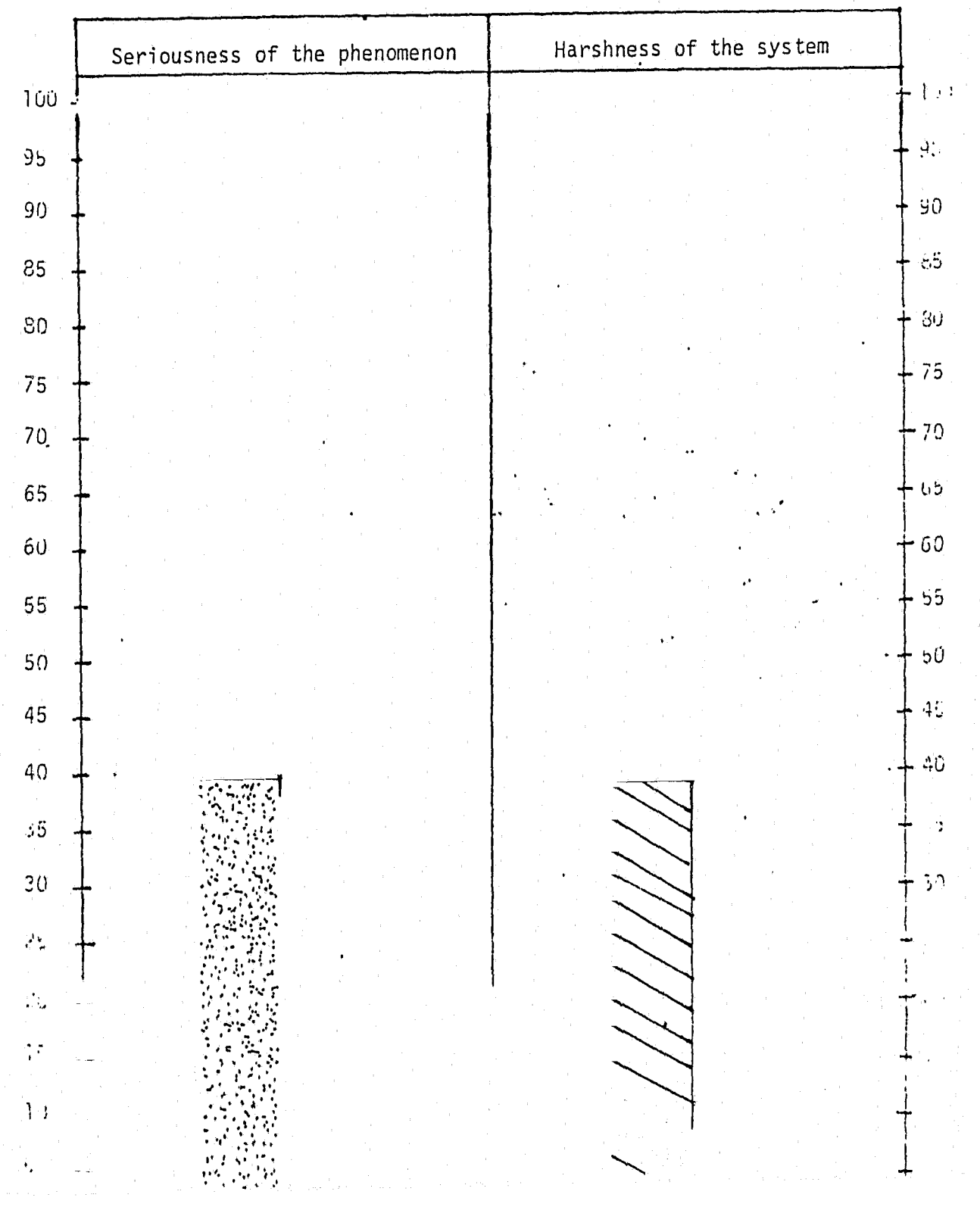


TABLE No. 12
 DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
 TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

JORDAN

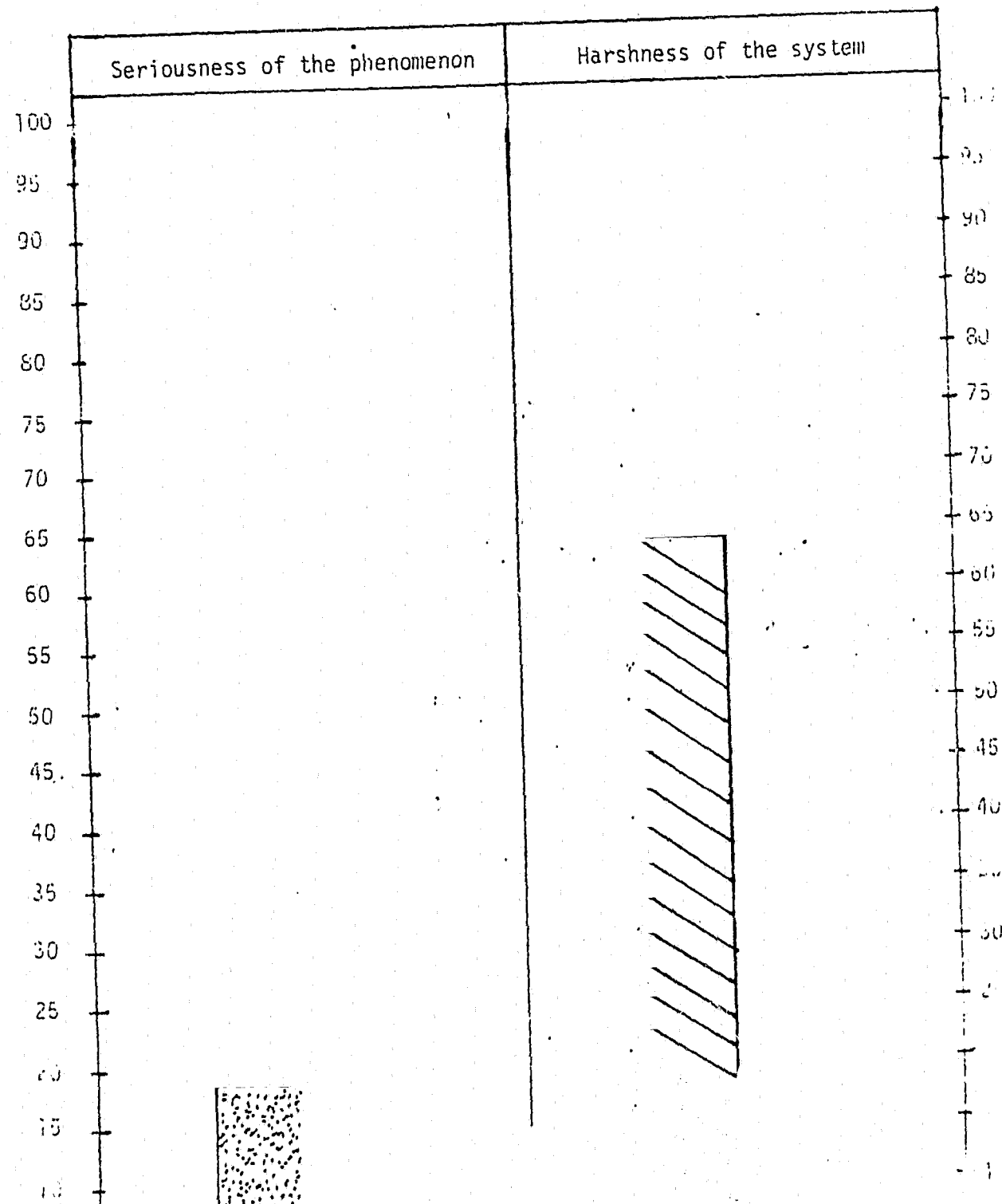


TABLE No. 13
 DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
 TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

ITALY

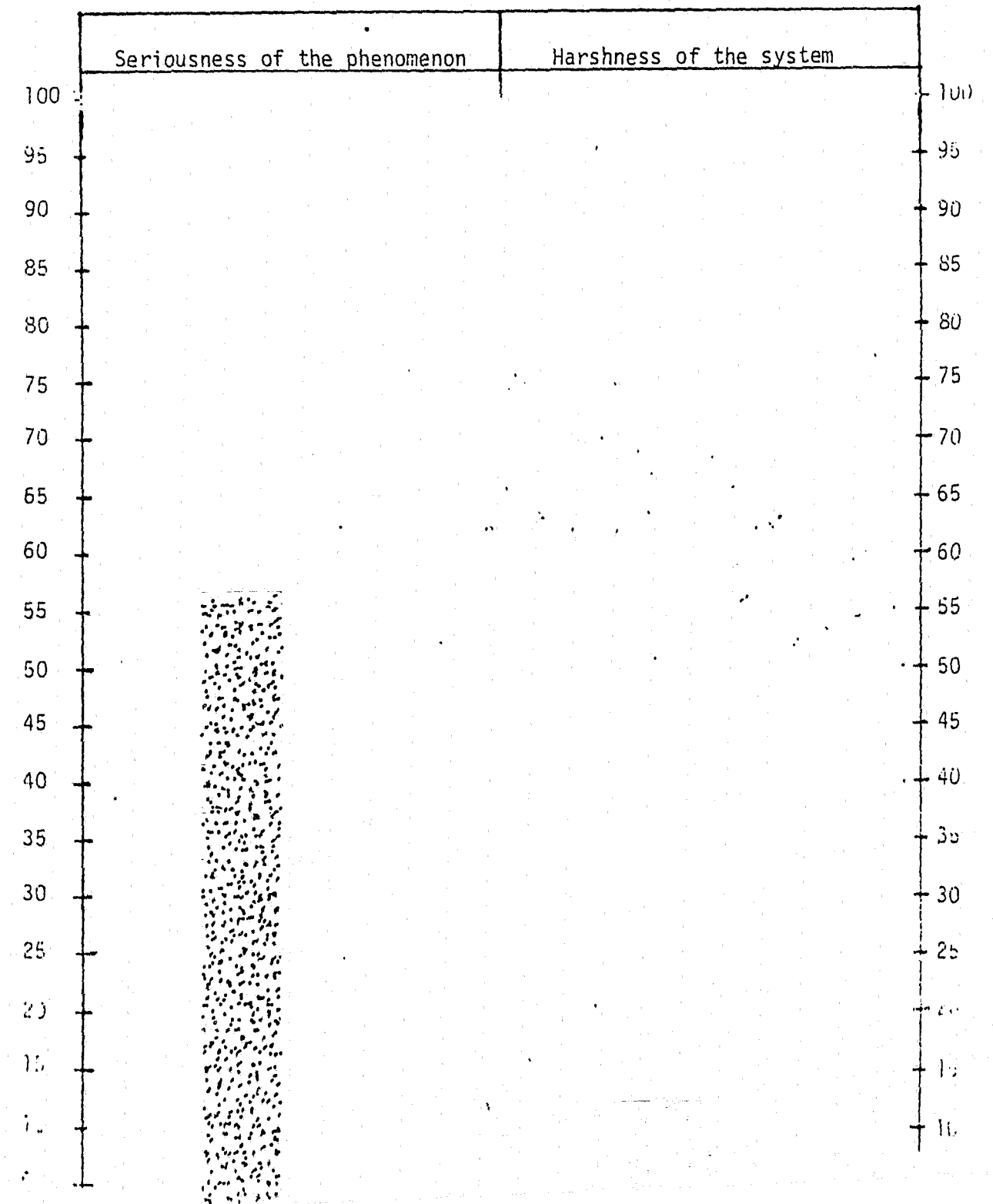


TABLE No. 14

DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

NEW YORK STATE

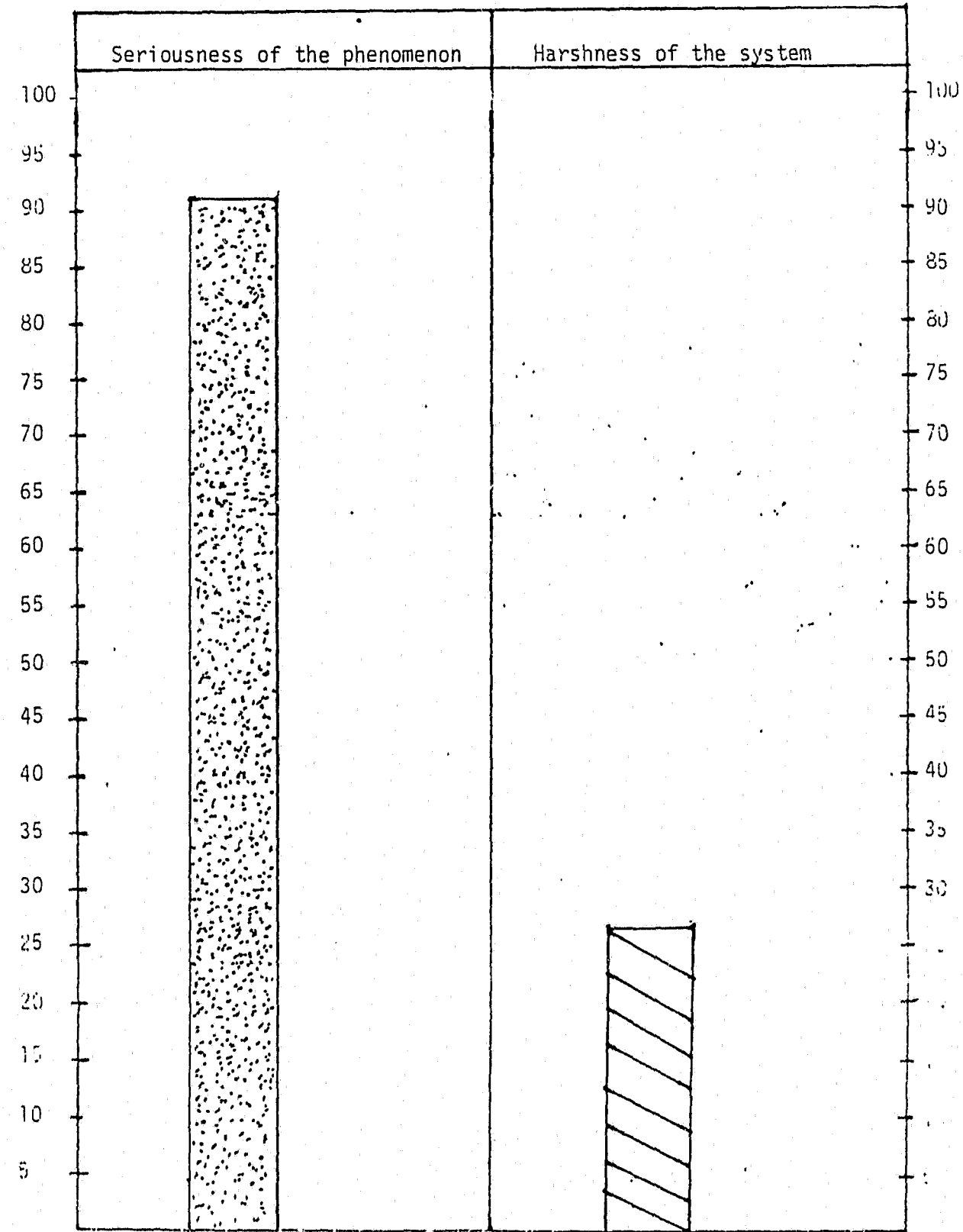


TABLE No. 15

DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

SINGAPORE

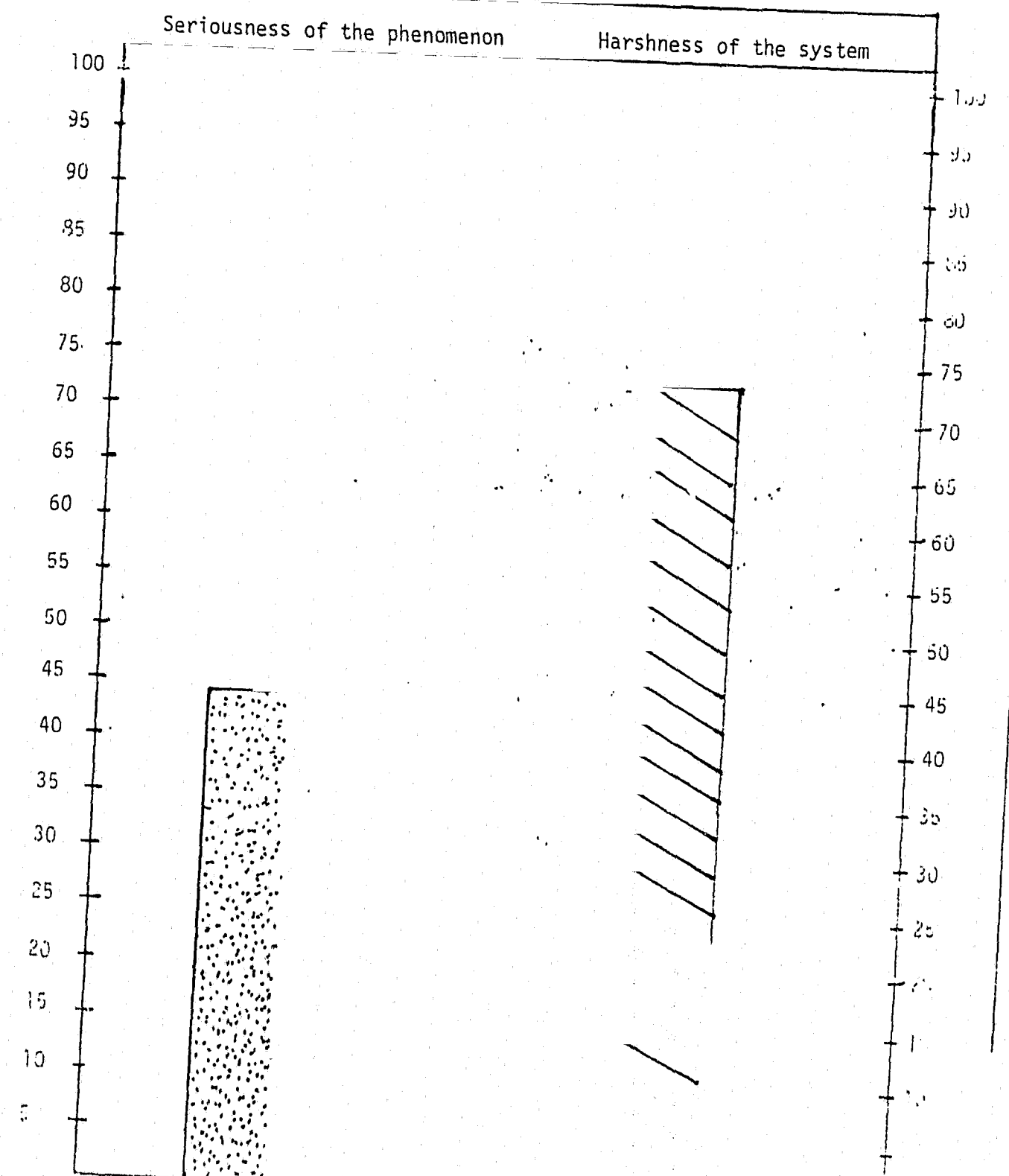


TABLE No. 16
 DATA OBTAINED FROM THE NATIONAL INFORMATIVE PRELIMINARY REPORTS
 TOTAL EVALUATION EXPRESSED IN 'Z' SCORES

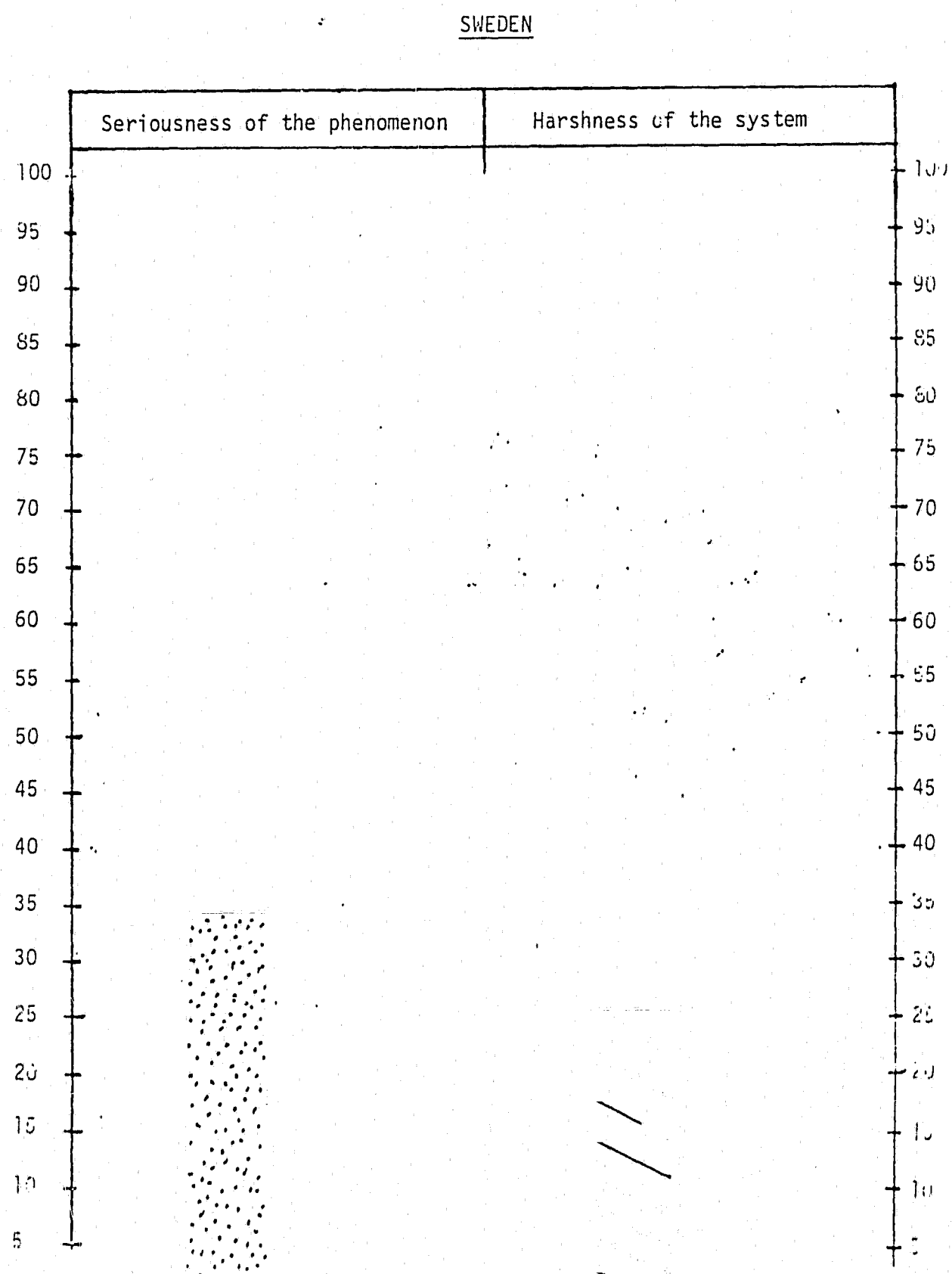
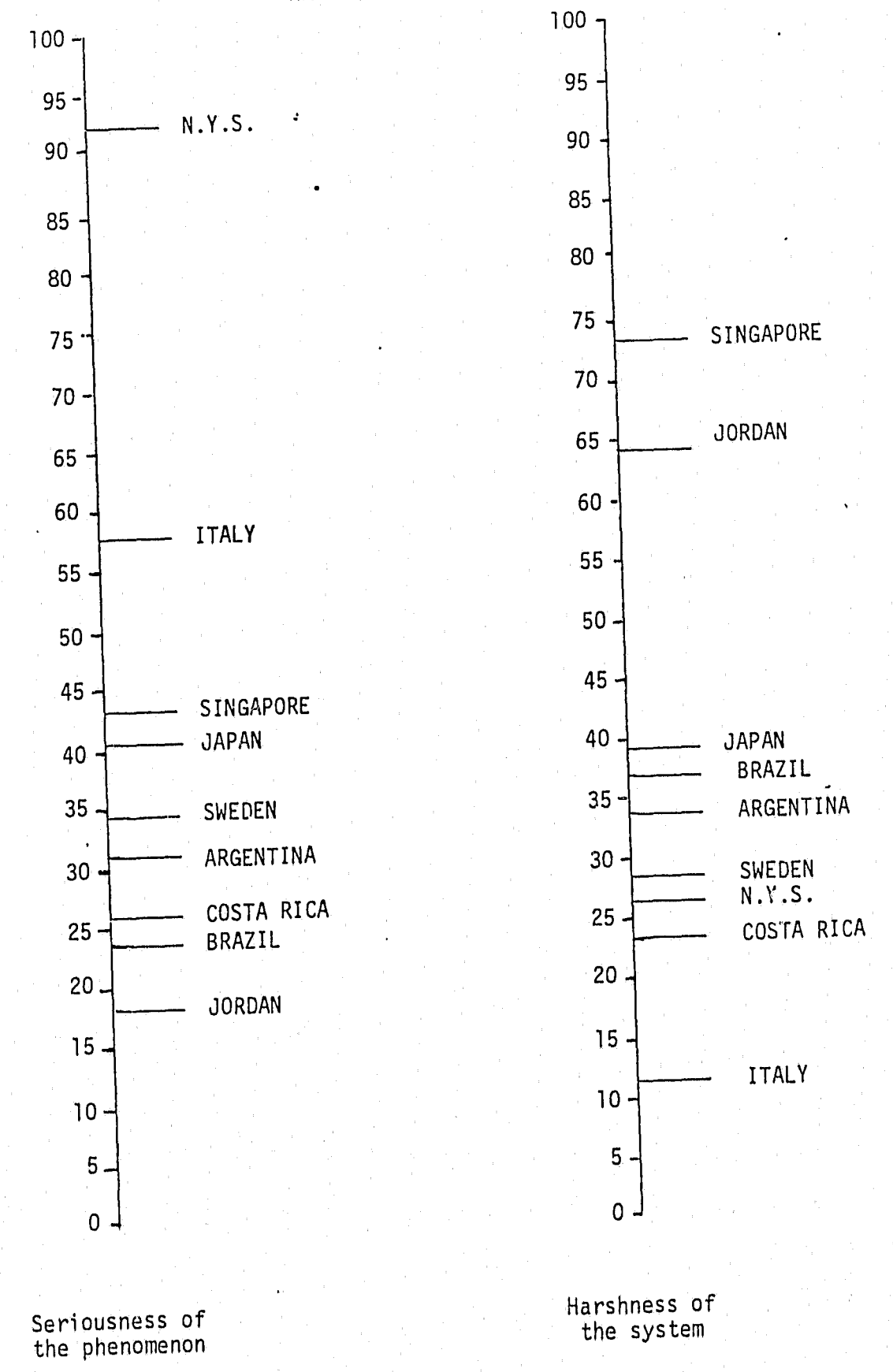


TABLE No. 17
 SYNOPTIC TABLE OF THE LEVELS OF SERIOUSNESS OF THE PHENOMENON AND HARSHNESS OF THE SYSTEM EXPRESSED IN "Z" SCORES. DATA OBTAINED FROM THE PRELIMINARY NATIONAL REPORTS



socio-legal prevention, control and repression system also appears to differ greatly with regard to the level of "harshness" that each country expresses. On observing the placement of each country on the two reference scales in Table 17 it is possible to make a very general consideration.

On the "seriousness" scale the highest levels were reached by the State of New York (USA) and Italy, two countries that although from different continents both reflect a Western cultural identity. Singapore and Japan followed, which, although geographically and culturally belonging to the Far East, in some aspects are greatly influenced by the Western culture. Lower levels of seriousness were reached by Argentina, Brazil and Costa Rica, all representative of the Latin American culture. The lowest level was that expressed by Jordan, a Middle East country of liberal Arab Muslim culture. Sweden occupied an intermediate position, between the Far East and Latin American countries. On the "harshness" of the system scale, instead, the order of the placement of the countries representing the various cultures is very different and appears to be partially inverted with respect to that previously described. In fact, in this case the highest levels were registered by Singapore and Jordan, intermediate, and similar levels were recorded for Japan, Brazil, Argentina, Sweden, State of New York (USA) and Costa Rica; finally, the lowest level was that registered by Italy.

In other words, the placement of the various countries within each scale appear to somehow reflect the existing socio-cultural similarities between them since countries with similar cultures present similar levels of seriousness of the phenomenon of drug addiction and similar degrees of harshness of the system.

From this point of view both the seriousness of the phenomenon and the harshness of the system appear to correlate with the socio-cultural identity of the various countries; vice-versa, they do not appear to correlate with each other within each country. In order to verify this consideration, the correlation "r" coefficient was calculated between the scores represented on both scales for each country. The result ($r = 0.383$) of this calculation appears to demonstrate that a sufficient correlation index of the two series of scores does not exist to allow confirmation that

the two variables are somehow correlated to each other. In fact, given the number of countries these scores represent, the percentage of probability that correlation exists between harshness of the system and seriousness of the phenomenon in each country is too low ($P > 0.1$) and therefore the value of "r" cannot be considered significance.

Nevertheless, one consideration can be made regarding the "r" sign which is negative and therefore expresses an inversion value tendency on both scales. This confirms the observation already made that, at least for the countries placed at the extreme ends of both scales, an inverted relation exists between seriousness of the phenomenon and harshness of the system.

In other words it can be said that in the State of New York (USA) and Italy, where the phenomenon is more serious, the system is more lenient and less punitive, while, on the contrary, in Jordan where the phenomenon is less serious the system is one of the harshest. For all the other countries, except Singapore where the system is the harshest, it can be stated that sufficient equilibrium exists between the values that represent on one side the seriousness of the phenomenon and on the other the harshness of the system.

To evaluate the dimensions of variability the various seriousness and harshness factors assume in the participating countries, \bar{X} (mean) and SD (standard deviation) were calculated for each line in Tables 6 and 7.

Subsequently for each item σ (variance) was calculated according to the formula:

$$\sigma = \frac{SD}{\bar{X}} \times 100$$

σ = variance

SD = standard deviation

\bar{X} = mean

Table 18 shows the results of this calculation regarding the values of the elements that constitute the seriousness of the phenomenon in the different countries. The various elements are placed in decreasing variability order by mean "Z" score.

TABLE No. 19

70.

FACTORS OF SERIOUSNESS OF THE PHENOMENON IN THE VARIOUS COUNTRIES PLACED ACCORDING TO THE DIMENSION OF VARIANCE ($\sigma = \frac{SD}{\bar{X}} \times 100$)

Factors of seriousness	σ	\bar{X}	S.D.
Use of hard drug	1.13	11.88	13.52
Average age of consumers	81	1.86	1.52
Association with crime	76	8.33	6.38
Type of hard drug	66	5.73	3.79
Use of hashish	66	6.04	4.03
M/F ratio	36	0.61	0.22
Residence of consumers	36	0.61	0.22
General trend of phenomenon	29	1.55	0.46
Socio-economic condition	26	1.33	0.35
Duration of the phenomenon	21	1.22	0.26
General crime trend	14	1.48	0.21

Table 19 shows the results of the same operation with the values of the elements of harshness of the system.

It is possible to note from Table 18 that the maximum value variability is projected by the element "use of hard drug" and that the minimum variability is projected by the element "general criminality tendency". Nevertheless, for the use of hard drug alone the estimate of the variability by mean "Z" score rendered a value over 100 which, although the highest, did not exceed the causal variability limit which reached 200. This could mean that, as regards the elements that constitute the seriousness of the phenomenon, the participating countries, in spite of presenting a certain variability contributing to the establishment of the various and peculiar forms in which the phenomenon is manifested in each, they do not differ from each other to the point of suggesting the existence of non-casual reasons for variability.

In Table 19 it is possible to develop similar considerations as regards the variance of the elements that establish for harshness of the system. In fact, also in this case no variance value exceeds the limit of 200, and the items "treatment programmes", "personal use" and "compulsory reporting" although exceeding 100 do not exceed 200.

Nevertheless, when comparing Tables 18 and 19 it appears that the values of the variability of the elements that constitute the harshness of the system are, in media, superior to the elements that constitute the seriousness of the phenomenon. This appears to indicate that, for the characteristics being analysed, the systems differ more from one country to another than the phenomena.

With the objective of verifying whether or not significant correlation exists between the values attributed to the various items in the two evaluation scales (harshness of the system and seriousness of the phenomenon), the data in Tables 6 and 7 were submitted to variance analysis.

For the scale on the "seriousness of the phenomenon" variance F was calculated among the values of items: "type of heavy drug mostly used", "amount of heroin and/or cocaine consumption", "amount of hashish and marijuana consumption" and no significant relation was verified among these

TABLE No. 19

FACTORS OF HARSHNESS OF THE SYSTEM IN THE VARIOUS COUNTRIES PLACED
 ACCORDING TO THE DIMENSION OF VARIANCE ($\sigma = \frac{S.D.}{\bar{X}} \times 100$)

Factors of harshness	σ	\bar{X}	S.D.
Treatment programmes	135	0.34	0.46
Personal use	130	7.13	9.31
Reporting to the authorities	105	1.4	1.47
Voluntarily	90	0.55	0.50
Treatment in prison	88	0.63	0.56
Legislative modifications	80	0.75	0.60
Possession of small quantities	71	4.95	3.56
Mass media	71	2.52	1.80
Social stigmatization	62	2.24	1.40
Orientation	57	0.68	0.39
Retail dealer	46	5.2	2.4
Penal system	34	9.7	3.39

three variables neither as regards the value these have acquired in the various countries ($F_c = 2.379$), nor as regards their inter-relationship in each country ($F_r = 2.420$); in both cases P is not significant.

In the same way it cannot be stated that significant differences exist between the countries with regard to the variables: "average age of drug consumers", "M/F ratio" and "socio-economic conditions" ($F = 1.182$). A similar consideration can be made for the variables: "duration of the phenomenon" and "residence of the consumers" ($F = 1.144$).

Finally the correlation "r" coefficient was calculated between couples of variables with the objective of identifying possible significant correlations.

For example, "r" was calculated between the general tendency of the phenomenon and the general tendency of criminality and a rather high value was obtained ($r = 0.552$) on the limits of statistical significance ($r = 0.600$ by $P < 0.05$). This appears to indicate a tendency to co-variability between the two trends.

Nevertheless, on calculating "r" between "the association with criminality" and "the use of cannabis" or "the use of hard drugs" the values obtained were undoubtedly not significant, in fact, in the first instance $r = 0.217$ and in the second case $r = 0.338$. In this sense it can be stated that according to this data non-casual co-variable relations do not exist between the abuse of drugs and the association of drug abuse with criminality in the countries under study.

With regard to the scale on harshness of the system, variance analysis was conducted with the objective of verifying whether significant correlation exists between the component items.

For the elements "personal use", "possession of small quantities" and "petty dealing", no significant relation exists ($F = 2.421$) between the countries under study; on the contrary, a significant relation appears to exist for the two groups concerning treatment - "compulsory reporting", "voluntary action", "compulsory action" ($F = 6.505$ $P < 0.01$) and "law modifications", "treatment programmes", "possibility of treatment in prison" ($F = 18.480$ $P < 0.01$) - and for the group of variables that concern the system

in general - "social stigmatization", "mass media", "penal system"
($F = 3.696$ $P < 0.05$).

In other words, the variables that depend mostly on the treatment system and those dependent on the general attitude towards drug abuse tend to acquire very similar values in the countries under study; on the contrary, the variables that depend on the specific penal system tend to differ from one country to another.

V. ANALYSIS OF THE DATA RESULTING FROM THE ADMINISTRATION OF THE "VIGNETTES"

The second phase of the research consisted of the gathering of data through the administration of a series of 8 vignettes to different groups in each country. As already mentioned in the second chapter (page 19), the implementation of this phase of the research allowed information to be drawn regarding the perception of the system, or on the effects of the system as perceived by the subjects that are on the receiving end of the actions of the system. The countries that participated in this phase of the study and who delivered the completed forms were:

- Argentina
- Costa Rica
- Japan
- Jordan
- Italy
- Malaysia
- State of New York (USA)
- Singapore

Not all countries forwarded the same quantity of material (see Table 5, page 32). The data from Jordan, Malaysia, State of New York (USA) regarded only a few subjects and therefore could not be considered indicative. Although these were analysed for reasons of completeness, the data were not taken into account in the conclusions of the analysis.

The vignettes, which have been included in Annex 2 are brief descriptions of eight standardized and simulated situations centered on the use of soft and hard drugs and on criminality associated with drug abuse.

These texts were submitted to a variable number of subjects chosen from among operators in the field of drug addiction, drug addicts that had come in contact with the system, and drug addicts that had never come in contact with the system. The subjects were requested to read the texts carefully and to answer the question: "Which of the following hypotheses could take place more frequently should the described situation happen?" In his reply each subject could choose from among numerous predetermined possibilities characterized by an increasing degree of harshness and seriousness that went from: "nothing happens" to "the subject is condemned to life imprisonment".

It is evident that in selecting the reply to each vignette the subject has kept in mind his own experience and attitude, thus indirectly manifesting his own perceptions on the effects of the system.

On analysing the data contained in the vignettes, the Binary Automatic Scoring (B.A.S.) technique was applied, which has been described in Chapter II (page 27), as well as through the quantification obtained by applying an evaluation scale of the level of harshness of the system constructed by assigning to each of the possibilities foreseen by the vignette a variable score from 1 to 15 expressing the level of positiveness in relation to the actual possibility. This quantification scale, which has been included as Annex 3, was constructed ad hoc with the participation of five experts, each of which had previously given an autonomous seriousness score to each of the foreseen possibilities.

At a meeting following this operation the five experts unanimously agreed on the attribution of the various scores and, therefore, the final version of the scale represents the average evaluation criteria agreed upon by the experts.

Naturally, the quantification thus obtained remains a largely subjective evaluation but keeping in mind the high qualifications of the five experts, it represents a relevant evaluation, and given the manner in which it was obtained, minimally dependent on the individual attitude of each expert.

The first objective in the analysis of the data from the vignettes was to quantify as objectively as possible the perception of "harshness" of the system as could be detected from the answers given by the subjects that had been administered the vignettes in the various countries. To achieve this the evaluation scale described before was used. From a practical point of view the procedure was the following: first, the responses given by all the subjects (operators - both groups of drug addicts) to each of the 8 vignettes for each country were collected; following this, a score was given to each response according to the specific scale of evaluation of the perception of harshness; and finally, the mean was calculated for all the answers to each vignette for each country.

The result of this work is summarized in Table 20 which presents the levels of "harshness" of the system perceived by the subjects as expressed by the mean of the average scores obtained from the responses to each vignette in each country. From this table it is possible to know the mean scores obtained in each country for each vignette. This score expresses the average degree of harshness with which the system reacts, according to the subjects' perception, to a situation similar to that described in the vignette; and the mean (\bar{X}) of the average scores assigned to all 8 vignettes in each country, which in turn expresses the average degree of harshness with which the subjects in that specific country expect the system to react to the group of drug abuse related behaviours described. This \bar{X} score can therefore be considered a reliable evaluation of the punitive effects of the system in the perception of the subjects who personally experience the effects of the action of the socio-legal system in repressing and controlling drug addiction in each participating country.

It should be noted that the data for the State of New York (USA) is incomplete because vignettes E and F (perception of family's attitude regarding a drug addict son) were not administered.

Table 21 shows graphically the relative placement of the various participating countries on an ideal centesimal scale according to the total perception mean of the harshness of the system functioning in each country. In this table it is also possible to notice that the highest perception of harshness of the effects of the system is to be found in Jordan closely followed

TABLE No. 20

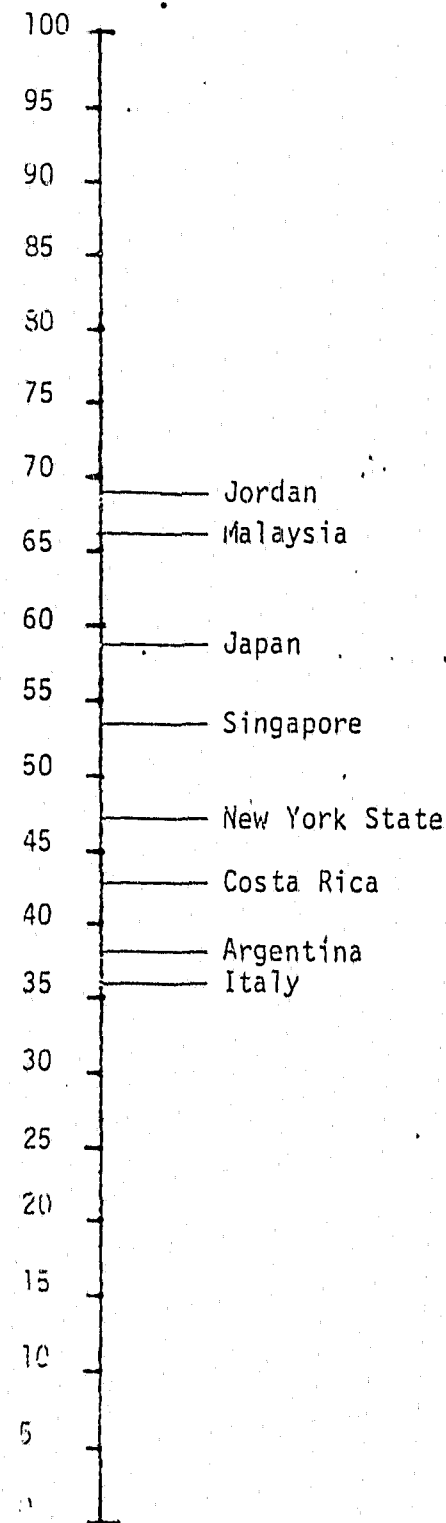
PERCEPTION OF THE HARSHNESS OF THE SYSTEM EXPRESSED BY MEAN SCORES FOR EACH VIGNETTE AND COUNTRY
DATA OBTAINED FROM THE ANALYSIS OF THE VIGNETTES

Participating countries Vignettes	Argentina	Costa Rica	Italy	Japan	Jordan	Malaysia	N.Y.S.	Singapore
	Vign. A	3.2	3.62	1.12	6.43	9.25	6.4	3
Vign. B	4.53	4.33	2.29	6.15	9.25	6.6	2.25	3.5
Vign. C	5.12	6.04	1.29	6.74	9.25	7.8	3.81	6.86
Vign. D	4.29	3.75	4.32	8.28	9.25	9	6.56	6.86
Vign. E	0.96	0.60	0.68	2.82	0	1.6	--	1.78
Vign. F	2.06	0.28	1.44	2.56	0	2.6	--	2.58
Vign. G	4.93	8.76	8.94	6.41	9.25	8.8	6.37	6.72
Vign. H	5.93	8.21	9.39	8.10	9.25	10	7.5	6.72
\bar{x}	3.87	4.44	3.68	5.93	6.93	6.6	4.74	5.21
S.D.	1.67	3.13	3.56	2.15	4.28	3.03	2.05	2.20

Each value represents the mean of the scores combined with the responses given by all the subjects included in each country for each vignette.

TABLE No. 21

PERCENTAGE OF THE HARSHNESS OF THE SYSTEM EXPRESSED IN "Z" SCORES ($\bar{X} \times 100$ OF THE MEANS OF THE SCORES COMBINED WITH THE RESPONSES GIVEN BY ALL THE VIGNETTES). DATA OBTAINED FROM THE ANALYSIS OF THE VIGNETTES.



by Malaysia, Japan and Singapore. In Italy, instead, the perception is of lesser harshness; whilst the countries in America, State of New York (USA), Argentina and Costa Rica are in an intermediate position between the Far Eastern countries and Italy. In this case it can also be stated that the relative placement order of these countries on this perception of harshness scale tends to conform with the geographic and socio-cultural analogies existing between the various countries. For example, it can be stated that all the countries that belong to the Eastern area are placed above the mean score of 50 on the scale, while all the countries that belong to the Western area are placed below this mean value.

If Table 20 is examined carefully it is possible to note that, for the first 4 vignettes (A,B,C,D), which refer to typical drug addiction associated behaviour (drug addiction to soft and hard drugs, first impact with police and recidivism, the scores concerning the harshness are, in reciprocal relation, very similar to the reciprocal relation existing between the placement of the countries on the scale in Table 21 in the sense that the highest scores regard Eastern countries and the lowest Western countries. Furthermore the scores related to all the countries for vignette D (recidivism to the abuse of heroin) are, on the average, higher than the scores related to the previous vignettes.

In vignettes E and F (family attitude) the average scores are much lower than those of the other vignettes that regard the penal system and this is totally comprehensible; what is interesting to note is that in Jordan where the vignettes that regard the penal system present the highest scores, the vignettes that regard the families' attitude present the lowest scores, as if in this country the perception of the strong harshness of the system greatly contrasted with the perception of a certain amount of permissiveness on the part of the family.

Finally, with reference to vignettes G and H that regard criminality with the scope of procuring drug, it can be stated that the values are high in all the countries and that the relative order no longer respects the existing geographic and socio-cultural analogies between them.

It would appear that the perception of harshness of the penal systems

regarding repression of criminality, even when related to drug abuse, does not depend on the socio-cultural specificity of the various countries, as would appear to be the case for the perception of harshness of the specific socio-legal system in relation to the abuse of drugs. In other words, the penal system is perceived as being hard in all the countries under study, while the socio-legal drug prevention, control and repression system is perceived as being harsher in some countries and less harsh in others. The difference in perception appears to be associated with the historic, geographic and socio-cultural specificity of the different countries.

To conclude, the data in Table 21 was compared with that in Table 17 which relates to the harshness of the system and the seriousness of the phenomenon obtained from the analysis of the preliminary reports. This operation was possible because the data in both tables were expressed in centesimi. In other words, with the scope of verifying the possible correlation between the degree of perception of harshness of the system and the degree of harshness foreseen by the system, the correlation "r" coefficient was calculated between the two similar series of scores (excluding the scores of the countries present only in one scale). The result of this was: "r" = 0.601 which appears to demonstrate, with a $P < 0.2$ degree of probability, that a non-casual direct co-variation relationship exists between the two variables. That is to say, that in the countries with a harsher system the perception is also that of a very harsh system and that this fact is very probably non-casual.

The scores regarding the perception of "harshness" of the system were also compared with those regarding the "seriousness" of the phenomenon in the various countries. The value of "r" in this case was: "r" = -0.631, which appears to demonstrate, with a $P < 0.2$ of probability, that a non-casual inverted co-variation relation exists between the two variables. This relation can be considered of great importance because it appears to indicate that in the countries where the phenomenon of drug addiction is objectively more serious, the system is perceived as less harsh and in all probability this fact is not casual. Unfortunately the data of the research do not clarify the tendency of this relation in the sense

that they do not show a cause-effect relation between the variables.

The second objective in analysing the data resulting from the vignettes was that of comparing the actual responses given by the subjects in the various countries with the hypothesized theoretical expectations regarding the functioning of the system in order to learn how near their actual expectations were to that which the system really provides. To achieve this objective, the B.A.S. technique (described in Chapter II) was applied. In synthesis, the co-ordinators of the participating countries provided a series of 8 imaginary responses to the 8 vignettes, each of which identified, in its content, a specific theoretical expectation. In other words, from among the possible answers, each country co-ordinator selected those responses which in his opinion the subjects would have chosen if they had a specific expectation with regard to the action of the system. Following this, an automatized "scoring" technique was applied to establish what percentage of subjects in each country had supplied a series of responses similar to that theoretically predisposed for each expectation; this data was employed as an indirect measure of the expectation on the part of the subject in that country. In this way Table 22 was constructed showing in percentage values the sequence of responses given by all the subjects to the series of vignettes in each country regarding theoretical expectations with respect to the action of the system.

"Expectations regarding the law"

This is given by the sequence of responses the subject should have supplied if he had known the exact provision of the law in a situation like that described in the vignette. The measure of this expectation indirectly implies an evaluation of the subjects' degree of knowledge of the law. On observing Table 22 and the graph in Table 23, showing the placement of the various countries on a centesimal scale according to the interviewed subjects' degree of knowledge of the provisions of the law in each country, it is possible to see that Singapore and Jordan have the highest degree of knowledge of the law, while Argentina and the State of New York (USA) have the lowest; the other countries occupy intermediate positions. The coefficient "r" correlation calculated between

TABLE No. 22

SEQUENCES OF RESPONSES SIMILAR TO SOME ACTUAL EXPECTATIONS OF SUBJECTS WITH RESPECT TO THE SYSTEM, EXPRESSED IN PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL THE SUBJECTS TO THE SERIES OF VIGNETTES IN EACH COUNTRY

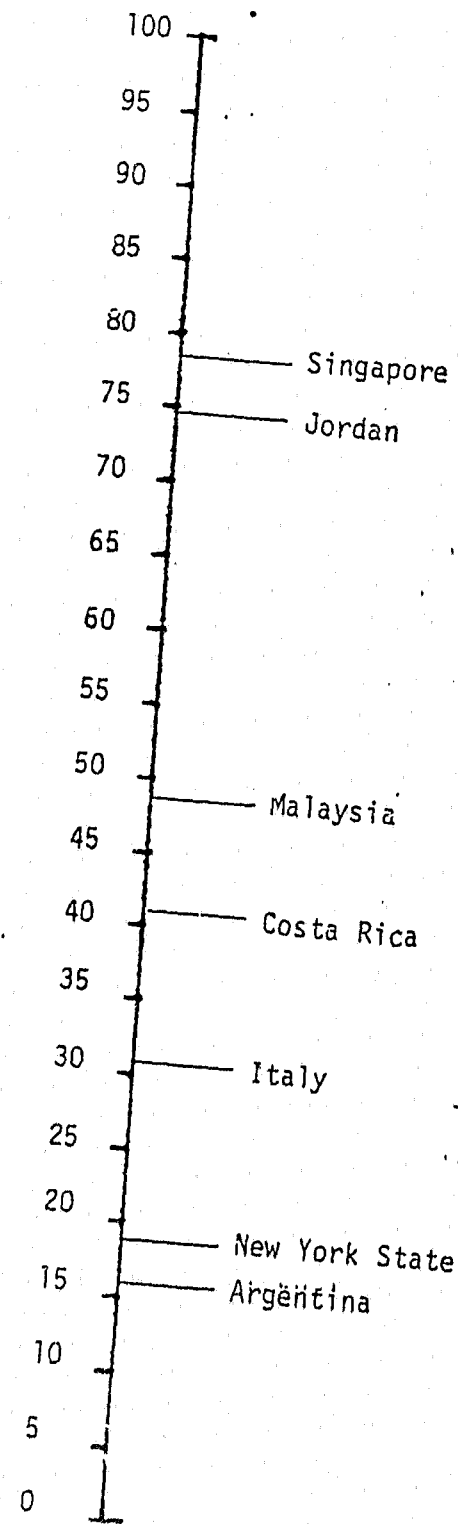
Responses Countries	Expectations regarding the law	Punitive expectations	Repressive expectations	Transfer expectations	Therapeutic expectations	Permissive expectations
Argentina	15.28%	14.7%	16.6%	39.5%	15.23%	15.1%
Costa Rica	42.86%	32.14%	29.9%	22.2%	12.5%	19.25%
Jordan	75%	25%	75%	25%	50%	12.5%
Italy	31.03%	27.2%	26.9%	29.4%	22.2%	21.5%
Malaysia	47.5%	0%	0%	15%	12.5%	12.5%
New York State	15.47%	22.2%	0%	18.7%	19.06%	16.6%
Singapore	79.25%	22.5%	29.1%	62.3%	13.6%	13.4%

CONTINUED

1 OF 3

TABLE No. 23

SCALE OF CONFORMITY BETWEEN THE PERCEPTION OF THE LAW AND THE LAW PROVISIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL THE SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.



"harshness of the system" (Table 7) and "expectations regarding the law" (Table 22) rendered an "r" value of $r = 0.834$. This appears to indicate that a direct co-variant relation, probably non-casual ($P < 0.05$), exists between the two variables; in other words, drug dependence laws appear to be better known in countries where the system tends to be harsher. Vice versa, a sufficient correlation "r" coefficient does not appear to exist to suggest the existence of a co-variant relation between the variables "seriousness of the phenomenon" and "expectations regarding the law". In fact, in this case $r = -0.598$ and P is not significant.

"Punitive expectations"

This is given by the sequence of answers the subjects should have given if a more punitive reaction of the system was expected. It can be noted from Table 22 and the graph in Table 24 that this is the expectation of a small percentage of subjects in all the participating countries and that only for Costa Rica it exceeds 30%. It is interesting to note that almost all the countries place themselves between 20 and 30 on the centesimal scale showing therefore how small the existing differences which it had been possible to establish are from the point of view of expectations of punishment.

"Repressive expectations"

This is given by the sequence of answers the subjects should have given if penal repression, not hardened by particular elements of punishment, was expected from the system. On observing the scores in Table 22 and the graph in Table 25 it is immediately noticeable that the State of New York (USA) and Malaysia show a repressive expectancy percentage equal to 0. In all probability this does not signify that in these two countries repressive expectations do not exist, but rather that, due to the small number of subjects interviewed, by chance none had these expectations. Also in this case, for all the countries, except Jordan, the percentage of an only repressive expectation does not exceed 30%.

"Transfer expectations"

This is given by the sequence of answers the subjects should have given

TABLE No. 24

SCALE OF CONFORMITY TO THE PUNITIVE EXPECTATIONS.
RECENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL SUBJECTS TO THE SERIES
OF VIGNETTES FOR EACH COUNTRY.

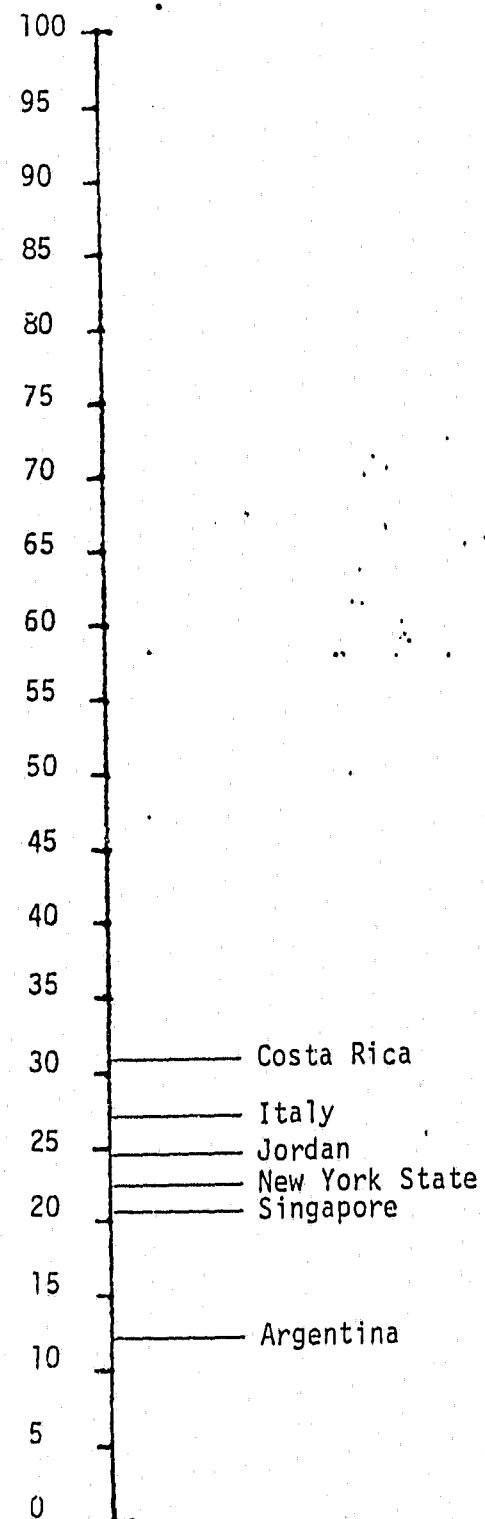
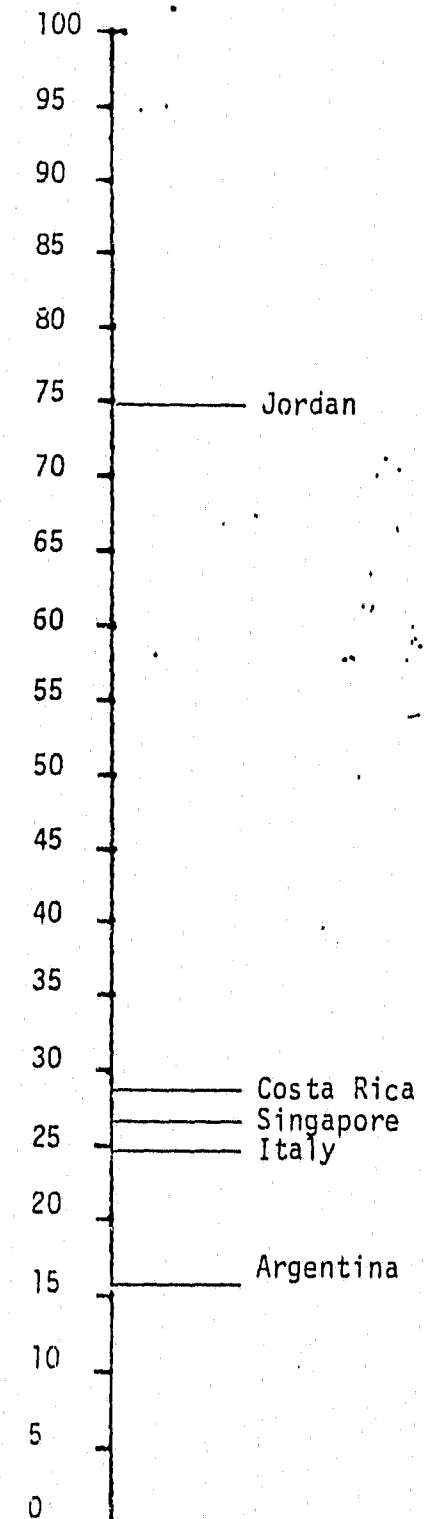


TABLE No. 25

SCALE OF CONFORMITY TO THE REPRESSIVE EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL SUBJECTS TO THE SERIES
OF VIGNETTES FOR EACH COUNTRY.



if expecting a reaction of the system oriented towards an uprooting from the drug related situation in the place of origin and transfer to a different area and a different situation. Here again on observing Table 22 and the graph in Table 26 it can be noted that, except for Singapore and Argentina, this expectation regards only a small percentage of subjects in all the other countries.

"Therapeutic expectations"

This is given by the sequence of answers the subjects should have given if the reaction of the system was expected to be primarily oriented towards treatment and rehabilitation, devoid of penal elements. The scores of these expectations are also shown in Table 22 and in the graph in Table 27. The considerations made for all the other expectations, excluding that regarding conformity with the law, are valid for these two tables. In fact, except for Jordan, the percentage of subjects in all the countries that foster these expectations do not exceed 25%.

"Permissive expectations"

This is the expectation represented by the sequence of responses that the subject should have supplied if he did not expect any punishment or treatment on the part of the system. When observing the score in Table 22 and in the graph in Table 28 it is impossible not to notice that this is the expectation which is certainly less frequent in all the participating countries.

To make a global evaluation of the various expectations under study in all the participating countries, the mean (\bar{X}), the standard deviation (SD) and the variance (σ^2) were calculated on the percentages of each expectation between all the countries.

These values are shown in Table 29.

TABLE No. 26

SCALE OF CONFORMITY TO THE TRANSFER EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL SUBJECTS TO THE SERIES OF VIGNETTES FOR EACH COUNTRY.

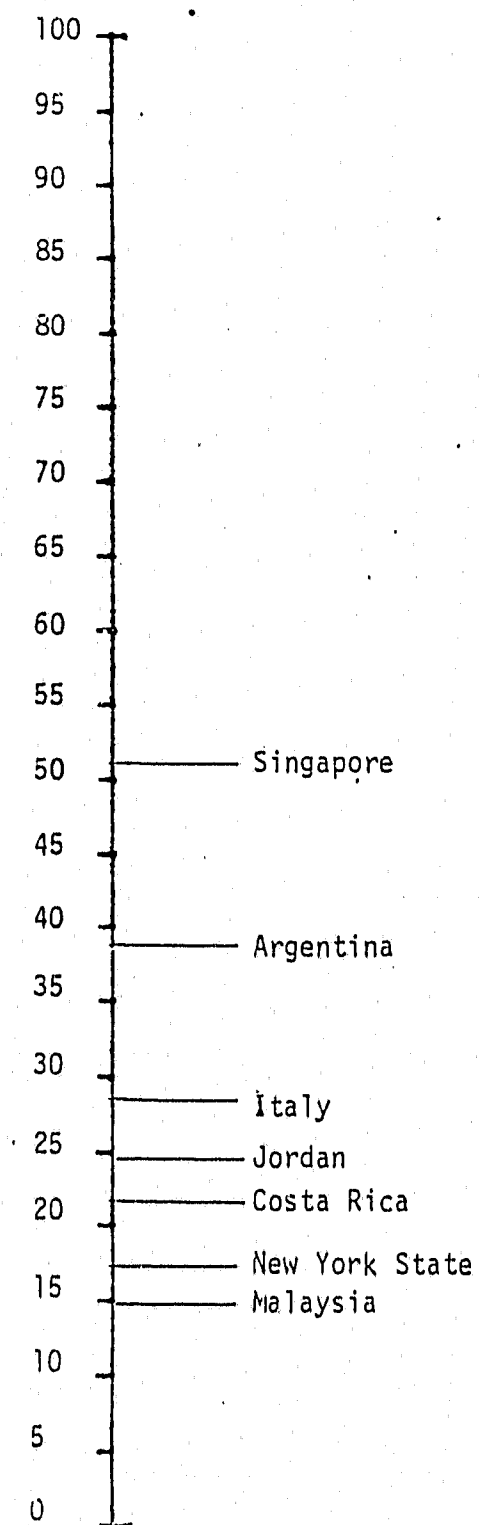


TABLE No. 27

SCALE OF CONFORMITY TO THE THERAPEUTIC EXPECTATIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL SUBJECTS TO THE SERIES
OF VIGNETTES FOR EACH COUNTRY.

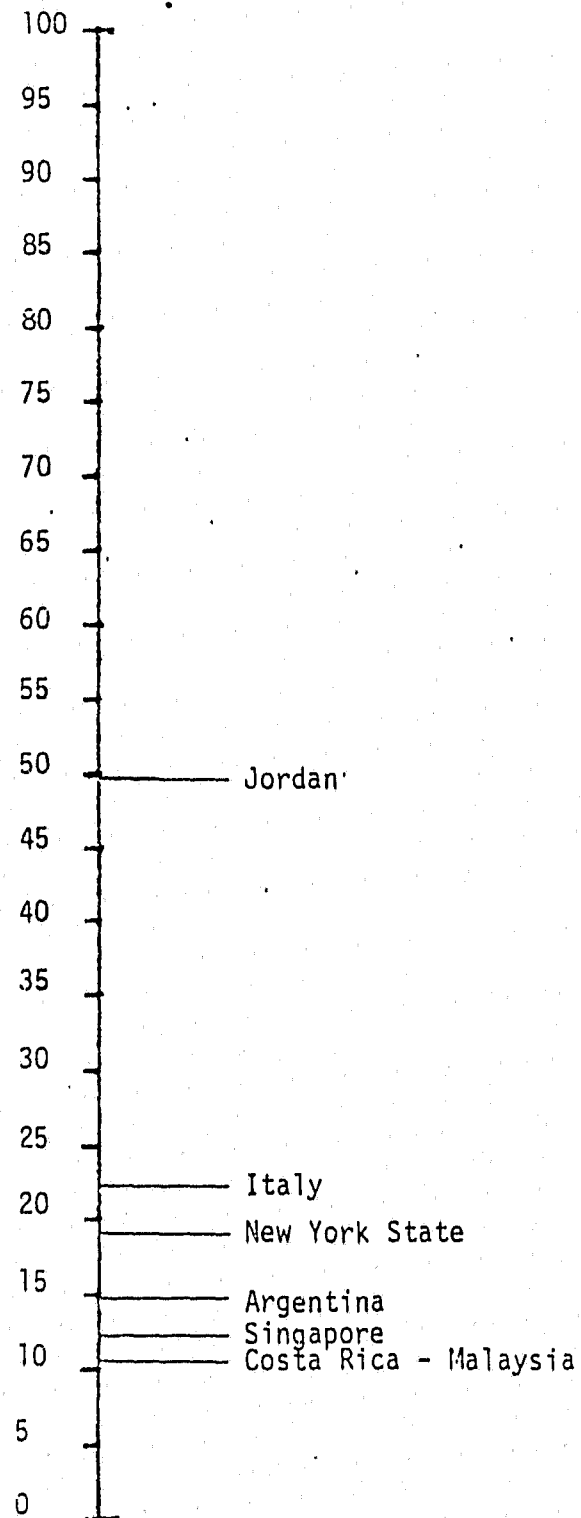


TABLE No. 28

SCALE OF CONFORMITY BETWEEN THE PERCEPTION OF THE LAW AND THE LAW
PROVISIONS.
PERCENT VALUES ON THE TOTAL RESPONSES GIVEN BY ALL SUBJECTS TO THE SERIES
OF VIGNETTES FOR EACH COUNTRY.

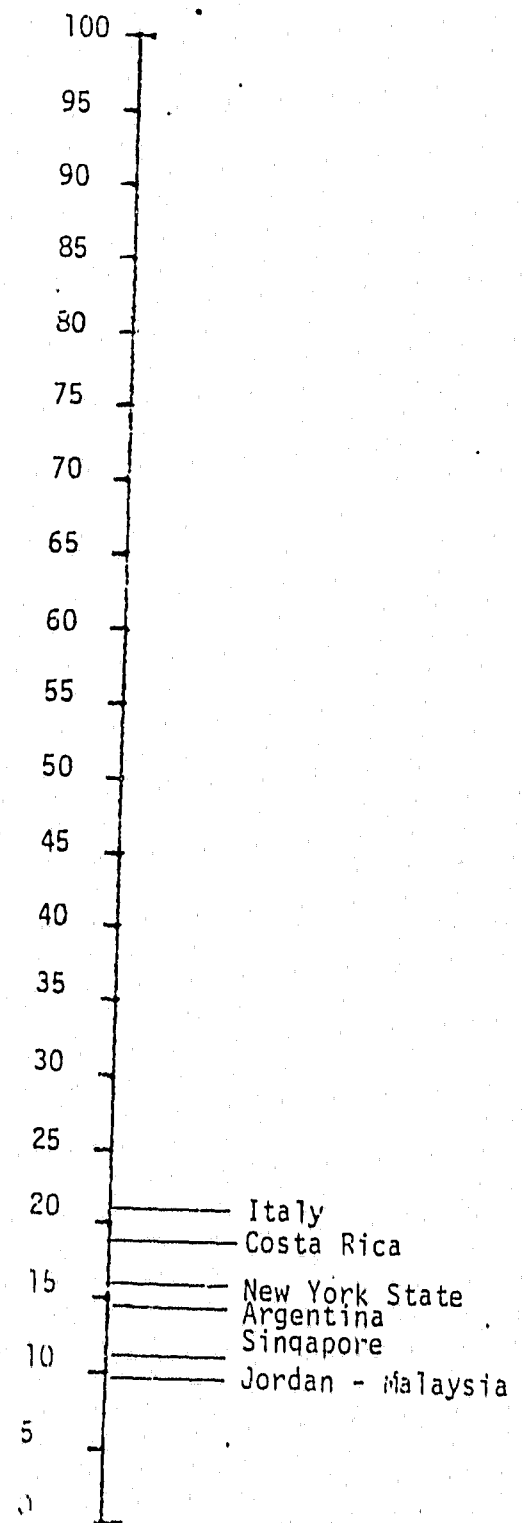


TABLE No. 29

\bar{X} (mean) of the percent values of the expectations analysed in all the participating countries (SD = standard deviation, σ^2 = variance)

Expectations	\bar{X}	SD	σ^2
Expectations regarding the law	43.77	25.89	59
Punitive expectations	20.53	10.49	51
Repressive expectations	25.35	25.37	100
Transfer expectations	28.87	13.02	45
Therapeutic expectations	20.71	13.41	64
Permissive expectations	15.83	3.48	21

From this table it can be noted that the most diffused expectation in the various countries is that conforming to the law, whilst the less diffused is that regarding permissiveness. The repressive expectation is that which varies most from country to country, whereas the permissive frequency is that which varies less.

The third part of this phase of data analysis consists of the analysis of the responses to each vignette to evaluate the perception of the effects of the system in relation to the various specific simulated situations. The results of this operation have been synthetically presented in Tables 30, 31, 32, 33, 34, 35, 36 and 37, each of which is headed by the text of the vignette to which the data refer. The lower part of the page is divided into 3 columns: the names of the participating countries are indicated in the first, the middle column shows the percent values that refer to the number of subjects in each country who gave the vignette at the top of the page the type of response indicated in the third column. The most frequent responses in each country were chosen. These tend to

TABLE No. 30

Modal responses given by the subjects to the vignettes

A. The police catch an 18-year old male in the act of smoking hashish or marijuana on a park bench. He has no criminal record. At the police station this young man is identified as a regular user of hashish or marijuana and is psychologically dependent on the drug.		
Participating country	% Responses	Type of response
ARGENTINA	14% 12%	Open rehabilitation institute Closed rehabilitation treatment institute
COSTA RICA	40.5%	Custody by police
ITALY	44.8%	Nothing
JAPAN	23% 23%	Compulsory work Obligatory residence
JORDAN	75%	Prison
MALAYSIA	20%	Closed rehabilitation treatment institute
NEW YORK STATE	25%	Returned to family
SINGAPORE	96%	Closed rehabilitation treatment institute

TABLE No. 31

Modal responses given by the subjects to the vignettes

B. The police catch an 18-year old male, without criminal record, in the act of self-injecting a dose of hard drug (heroin or cocaine) on a park bench.
At the police station this young man is identified as being addicted to that substance.

Participating country	% Responses	Type of response
ARGENTINA	25%	Closed rehabilitation treatment institute
COSTA RICA	31.8%	Custody by police
ITALY	32.4%	Out-patient rehabilitation treatment programme
JAPAN	25%	Probation without treatment
JORDAN	75%	Prison
MALAYSIA	80%	Closed rehabilitation treatment institute
NEW YORK STATE	25%	Probation with treatment
SINGAPORE	50%	Closed rehabilitation treatment institute

TABLE No. 32

Modal responses given by the subjects to the vignettes

C. The police catch an 18-year old male in the act of smoking hashish or marijuana on a park bench.
At the police station it is discovered that this young man had been treated or penalized more than once for the same behaviour and that, in spite of his past experience, he is a regular user of hashish or marijuana and is psychologically dependent on the drug.

Participating country	% Responses	Type of response
ARGENTINA	32.8%	Closed rehabilitation treatment institute
COSTA RICA	44.9%	Custody by police
ITALY	27.5% 22.4%	Nothing Returned to family
JAPAN	20.5%	Compulsory work
JORDAN	75%	Prison
MALAYSIA	40%	Prison
NEW YORK STATE	31.25%	Closed rehabilitation treatment institute
SINGAPORE	98%	Closed rehabilitation treatment institute

TABLE No. 33

Modal responses given by the subjects to the vignettes

D. The police catch an 18-year old male in the act of self-injecting a dose of hard drug (heroin or cocaine) on a park bench. At the police station it is discovered that this young man had been treated or penalized more than once for the same behaviour and that, in spite of his past experience, he is addicted to that substance.

Participating country	% Responses	Type of response
ARGENTINA	37.5%	Closed rehabilitation treatment institute
COSTA RICA	33.3% 26%	I don't know Prison
ITALY	36.2% 20.6%	Custody by police Out-patient rehabilitation treatment programme
JAPAN	43.5%	Prison
JORDAN	75%	Prison
MALAYSIA	60%	Prison
NEW YORK STATE	18.7%	Closed rehabilitation treatment institute
SINGAPORE	98%	Closed rehabilitation treatment institute

TABLE No. 34

Modal responses given by the subjects to the vignettes

E. A Family discovers that their 18-year old son is smoking hashish or marijuana and that he is psychologically dependent on the drug.

Participating country	% Responses	Type of response
ARGENTINA	50%	The family helps without informing the authorities
COSTA RICA	50.7%	The family helps without informing the authorities
ITALY	50%	The family helps without informing the authorities
JAPAN	58%	The family informs the authorities for treatment
JORDAN	50%	The family offers a gift
MALAYSIA	40% 40%	The family offers a gift The family informs the authorities.
NEW YORK STATE ^{*/}	---	----
SINGAPORE	32%	The family helps without informing the authorities

*/ No answer was given by New York State to this vignette

TABLE No. 29

Modal responses given by the subjects to the vignettes

F. A family discovers that their 18-year old son is a hard drug (heroin or cocaine) addict.		
Participating country	% Responses	Type of response
ARGENTINA	32.8%	The family informs the authorities
COSTA RICA	34.7%	The family helps without informing the authorities
ITALY	41.3%	The family helps without informing the authorities
JAPAN	51.2%	The family informs the authorities for treatment
JORDAN	100%	The family helps without informing the authorities
MALAYSIA	60%	The family informs the authorities
NEW YORK STATE ^{*/}	---	---
SINGAPORE	42%	The family informs the authorities

^{*/} No answer was given by New York State to this vignette

TABLE No. 30

Modal responses given by the subjects to the vignettes

G. The police catch an 18-year old male in the act of stealing an article worth about \$100 for selling in order to get money for buying his necessary dose of drug.		
Participating country	% Responses	Type of response
ARGENTINA	25% 20%	Prison Closed rehabilitation treatment institute
COSTA RICA	52.17%	Prison
ITALY	72.4%	Prison
JAPAN	23% 20.5%	Compulsory work Probation
JORDAN	75%	Prison
MALAYSIA	60%	Prison
NEW YORK STATE	31.25% 31.25%	Closed rehabilitation treatment institute Fine
SINGAPORE	96%	Closed rehabilitation treatment institute

TABLE No. 27

103.

Modal responses given by the subjects to the vignettes

H. The police catch an 18-year old male in the act of stealing an article worth about \$100 for selling in order to get money for buying his necessary dose of drug This young man has been previously caught more than once for the same crime and therefore has a criminal record		
Participating country	% Responses	Type of response
ARGENTINA	37.5%	Prison
COSTA RICA	60.3%	Prison
ITALY	87.9%	Prison
JAPAN	46.1%	Prison
JORDAN	75%	Prison
MALAYSIA	100%	Prison
NEW YORK STATE	50%	Prison
SINGAPORE	96%	Closed rehabilitation treatment institute

express the most common expectation among the interviewed subjects with regard to the action of the system in a specific situation like that simulated in the vignette.

When an excessive dispersion was verified in the responses, the two most frequent were chosen.

Table 30 shows that the responses to the most extreme expectations are those with the highest percentage of frequency. Almost 50% of the interviewed subjects in Italy responded that no reaction was expected on the part of the system in respect to the mere consumption of hashish or marijuana, whereas in Jordan 75% expect imprisonment. Finally, in Singapore, 96% expect compulsory internment in a closed treatment centre.

Table 31, consumption of hard drug, shows a wide variety in the responses most frequently given; nevertheless, in Argentina, Malaysia and Singapore, for this and the above types of behaviour, the most frequent expectation is compulsory internment in a closed treatment centre from where release is foreseen only when treatment has been completed.

In Tables 32 and 33, which refer to recidivist behaviour in hashish and heroin consumption, a considerable increase is observed in the number of countries that more frequently expect action from the penal system consisting of arrest or prison. In Tables 34 and 35 regarding the family's attitude towards a young son who has been discovered using hashish or heroin: for the first instance, except for Japan, the prevailing expectation is comprehension on the part of the family who would not inform the authority, whereas for the second instance, one half of the countries expect the family to report to the authority for the necessary measures.

Finally, in Tables 36 and 37, which refer to criminal behaviour related to the need of procuring the means to buy drug, two considerations can be made: first, that there is a remarkable increase, in all countries, of the average frequency mean for all the responses; second, that there is a total and net prevalence of the expectation of harsh action from the penal system.

VI. ANALYSIS OF THE DATA COLLECTED THROUGH GUIDED INTERVIEWS WITH DRUG ADDICTS

The method selected in conducting this phase of the research was based on the gathering of direct information from the subjects in the experimental and control groups by means of guided interviews.

These interviews were conducted in the field by the national research teams who had been provided with questionnaires specifically prepared by the central co-ordinators of the study.

The questionnaire, which guided the interview, and a copy of which has been included in Annex 2, allowed for the acquisition of numerous data on forty variables (see page 30 of this report) relating to three fundamental areas: anagraphic and social characteristics of the interviewed subjects, principal characteristics of their drug addiction, the functioning of the system in their life experience.

It should be stressed here that the interviews were carried out very carefully, in various sessions, stimulating the subjects' sincerity and collaboration, encouraging them to feel at ease and closely observing their behaviour. It helped if the interviewer had had previous relationship with the subject. In this way, a sufficiently reliable "self-reporting" was obtained, although drug addicts are notoriously insincere and inclined to magnify certain behaviours and carefully hide others.

The analysis of the data contained in the questionnaires was also conducted through the B.A.S. (Binary Automatic Scoring) technique. The responses to be given to the "items" of the questionnaires were partly modified and partly codified; once the codification of the open "items" was completed and the data given binary form, these were computer analysed.

The percentage of subjects that responded for each country and for each group (experimental and control), was calculated in relation to each single variable, the results of which are shown in Tables 38 to 75.

From an examination of these tables it is possible to compare the mean values obtained from the variables in the participating countries and to make some considerations on these comparisons.

a) Anagraphic and social characteristics of the interviewed subjects

Sex (Table 38): Here, it can be observed that the number of males is higher than that of the females, even if in different proportions, in all the countries. In Argentina, Costa Rica and Italy the male prevalence in the control group is less than that registered by the experimental group.

Age (Table 39): The average age of the subjects varies considerably from country to country: it is lower in Argentina (19 years) and higher in Jordan (29 years); in Costa Rica, Italy and Japan the average age is 24-25 years, whereas in Malaysia and Singapore it is 26-27. In the State of New York (USA) the average age is 28 years. The average age of the subjects in the control group differs from those in the experimental group, nevertheless, in general it tends to be lower in all the countries except Costa Rica, where the average age of the subjects in the control group is slightly higher.

Nationality (Table 40): Almost all the interviewed subjects have the nationality of the country where they were interviewed.

Religiousness (Table 41): The level of religiousness appears to differ considerably from country to country, although the subjects in the control group in all the countries, except Jordan, are more frequently found to be religious than those in the experimental group.

Cohabitation (Table 42): The majority of the subjects (2/3 or 3/4) do not cohabit, except for Jordan where the opposite is true. It appears interesting to note that the percentage of single individuals is increasingly high among the subjects in the control group.

Living with the family (Table 43): In all countries, except Italy and Malaysia, the majority of the interviewed subjects no longer live with their family. The percentage of subjects who live alone is, however, always lower in the control group. In Argentina, 62% of the subjects in the control group live with only one parent; this is also true of 10% of the experimental group and 20% of the control group in Costa Rica; 16.6% in Japan; 12% in Jordan; 33.3% of the experimental group and 20%

TABLE No. 38

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

SEX

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Male	86.6	55.1	60	56.6	76.6	100	100	71.7	63.3	80	90	100
Female	13.3	44.8	40	43.3	23.4	--	--	28.3	36.6	20	10	--

TABLE No. 39

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

AGE

Experim. group - Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
< 14 years	-	-	-	-	3.3	-	-	-	-	-	-	2
14 - 18	10	37.9	13.3	6.67	6.6	-	-	5.66	3.33	-	-	2
19 - 22	33.3	34.4	23.3	33.3	33.3	2.78	4	26.4	26.6	20	-	6
23 - 26	13.3	6.9	23.3	26.6	10	5.56	4	33.9	40	40	10	22
27 - 30	26.6	-	10	20	20	13.8	12	26.4	26.6	-	60	20
> 30	-	10.3	30	16.6	26.6	77.7	80	7.55	3.33	40	40	42
Average age	19.6	19	24.7	25.4	24.2	29.2	29.2	25.7	24.6	26.1	28.7	27.3

TABLE No. 40

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

NATIONALITY

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Same nationality	86.6	96.5	93.3	83.3	100	83.3	92	92.4	100	100	100	96
Foreign	13.3	3.45	6.6	16.7	--	8.3	--	7.5	--	--	--	--

TABLE No. 41

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

RELIGIOUSNESS

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Religious	46.6	62	63.3	73.3	30	100	96	43.4	56.6	80	100	64
Non religious	53.3	37.9	36.6	26.6	70	--	--	56.6	43.3	20	--	30

TABLE No. 42

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

COHABITATION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
Cohabitation	13.3	-	30.	23.3	36.6	63.8	64	33.9	20	20	-	28
Living alone	80	100	66.6	73.3	63.3	36.1	66	66	80	80	100	60

TABLE 43

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
LIVING WITH THE FAMILY

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Living alone	93.3	6.9	73.3	50	70	94.4	72	49	20	40	80	38
With both parents	-	31	13.3	30	13.3	2.8	20	46.7	40	40	-	46
With one parent	-	62	10	20	16.6	-	12	33.3	20	20	20	18

of the control group in Italy; 20% in Malaysia and the State of New York (USA) and 18% in Singapore: Therefore, in each country 15 to 30% of the subjects come from "broken" families.

Family socio-economic level (Table 44): The family socio-economic level has been divided into three classes: low, medium and high. On observing the figures in the table, in the countries where a sufficiently numerous sample has been selected, the interviewed subjects are well balanced according to the various foreseen classes. A certain overall balance can also be noticed between the socio-economic level of the experimental group and that of the control group, except for Costa Rica where the subjects of the former group appear on the average poorer than the subjects in the latter group.

Usual residence (Table 45): The majority of the subjects, in all the countries, live in metropolitan areas. In Costa Rica and in Malaysia the quota of subjects that live in small towns is somewhat higher than in the other countries.

Change of residence (Table 46): This item was introduced in the questionnaire with the intention of evaluating the incidence of emigration processes (internal and towards urban areas) on groups of drug addicts. As is easy to see, the countries where these phenomena appear to present consistent incidence are Costa Rica (36.6 - 30%) and Italy (32.8 - 33.3%)

Education (Table 47): The level of education varies noticeably between the different countries, even if on an average, in all countries, this appears higher among the subjects in the control group than among those in the experimental group.

Subject's occupation (Table 48): From the figures in this table it is easy to observe that the mean of the percentage of subjects not in permanent employment is higher among the control group.

Field of occupation of the subjects (Table 49): As above, except for Argentina, the subjects that have no occupation are less in number among the control group than the experimental group. The rest of the subjects, in all the countries involved, tend to be distributed among the various fields of activity.

TABLE No. 44

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

FAMILY SOCIO-ECONOMIC LEVEL

expt. group control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
	26.6	20.6	76.6	43.3	36.6	50	32	15	20	20	50	30
ium	60	79.3	20	33.3	63.3	33.3	48	50.9	53.3	80	30	66
1	10	--	--	3.33	--	13.8	20	33.9	26.6	--	--	2

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

USUAL RESIDENCE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
City	93	75.8	63.3	50	70	94.4	84	84.9	90	60	100	100
Small town	5.6	24.1	26.6	23.3	16.6	2.7	8	15	6.7	40	-	-
Rural area	-	-	10	23.3	13.3	2.7	8	-	3.3	-	-	-

TABLE No. 46

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

CHANGE OF RESIDENCE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Exp. group	10	-	36,6	30	13,3	2,8	4	32,8	33,3	20	10	4
Control group	100	100	50	66,6	86,6	94,4	96	66	66,6	80	90	96

TABLE No. 47

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

EDUCATION

E - Experimental group C - Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
Illiterate	-	-	3,33	6,67	-	22,2	16	-	-	-	-	-
Primary school	-	-	46,6	13,3	-	27,7	16 16	1,89	6,67	20	-	28
Junior high school	33,3	34,4	36,6	70	80	25	28	37,7	20	40	20	52
Senior high school	66,6	58,6	13,3	10	16,6	19,4	32	54,7	56,6	40	70	12
University	-	6,9	-	-	3,3	-	8	5,66	16,6	-	-	-

TABLE No. 48

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

SUBJECT'S OCCUPATION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Occupation	43.3	37.9	23.3	6.67	6.6	41.6	12	41.5	33.3	--	70	4
Permanent occupation	--	27.5	36.6	53.3	26.6	11.1	44	11.3	33.3	40	10	90
Intermittent occupation	30	3.45	33	30	66.6	36.1	32	45.3	33.3	60	20	6

TABLE No. 49

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
FIELD OF OCCUPATION OF THE SUBJECT

Experimental group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	40	44,8	20	3,3	6,6	16,6	12	35,8	20	-	10	4
Study	3,33	10,3	6,67	-	-	2,78	-	7,55	16,6	-	-	-
Agriculture	-	-	6,67	20	3,3	-	24	-	-	-	-	4
Industry	13,3	10,3	16,6	30	20	-	-	15	10	-	70	18
Business	3,33	6,90	23,3	10	20	11,1	8	16,9	23	20	-	12
Administrative services	23,3	17,2	23,3	36,6	50	47,2	56	24,5	30	80	20	58

Present place of residence of the subject (Table 50): This table shows the different places where the subjects were living at the time of the interview. As can be observed 90% of the subjects in the experimental group in Costa Rica, 50% in Japan, 89.3% in Jordan and 100% in Malaysia were in a prison; 96.6% of the subjects in the experimental group in Argentina were in a rehabilitation centre; almost the total number of subjects in the control groups in all the countries were in freedom, and in Italy this also applied to the experimental group.

b) Characteristics related to the drug addiction of the interviewed subjects

Age at first use of any drug (Table 51): The average age in which subjects have first used drug, in all the countries, varies between 14 and 18 years, but tends to be lower for the subjects in the experimental group everywhere. This appears to indicate that, at the time of the interview, the drug addiction cycle was longer in subjects in the experimental group.

Type of drug used on the first occasion (Table 52): In all countries, with the exception of Singapore and Japan, the majority of the subjects initiated drug abuse using soft drugs (derivative of cannabis). The number of subjects that, vice versa, started by using hard drugs appears slightly but constantly higher among the subjects in the control group.

Reasons given as cause of first drug use (Table 53): The principal motivations given are very similar in all the various countries. In fact, in Argentina, State of New York (USA), Singapore and Japan the majority of the subjects declared that they started drug use out of "curiosity"; in Costa Rica, Jordan and Malaysia to "imitate friends"; in Italy, instead, for both these reasons and for "pleasure". No appreciable difference is noticeable, both for quantity and constancy, between the responses given by the subjects in the control group and those in the experimental group.

Primary drug abuse (Table 54): The primary drug abused, that on which the subject is most dependent varies from one country to another. In Argentina the primary drugs of abuse are marijuana and psycho-pharmaceuticals, in Costa Rica marijuana, in Japan amphetamines, in Jordan hashish,

TABLE No. 50

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
PRESENT PLACE OF RESIDENCE

E - Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPO
	E	C	E	C	E	E	C	E	C	E	E	E
No fixed abode	3,33	-	-	3,33	-	-	4	5,66	-	-	-	6
Family home	3,33	96,5	3,33	60	16,6	13,8	52	49	83,3	-	20	62
Own home	-	3,45	-	30	16,6	2,78	36	45,2	16,6	-	80	30
Rehabilitation centre	96,6	-	6,67	3,33	-	-	-	-	-	-	-	-
College	-	-	-	-	10	-	-	-	-	-	10	-
Prison	-	-	90	-	50	89,3	-	-	-	100	-	-
Other institutions	-	-	-	3,33	6,6	-	-	-	-	-	-	2

TABLE NO. 51

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

AGE AT FIRST USE OF ANY DRUG

E = Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
< 14	40	3,45	53,3	43,3	13,3	-	4	22,6	6,67	20	40	2
14 - 18	50	68,9	36,6	36,6	50	22,2	8	39,6	40	20	50	26
19 - 24	6,67	27,5	6,67	10	10	36,1	48	30,1	36,6	50	10	42
25 - 30	-	-	3,33	-	20	16,6	8	7,55	16,6	-	-	14
> 30	3,33	-	-	3,33	6,6	19,4	24	-	-	-	-	16

TABLE No. 52

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

TYPE OF DRUG USED ON THE FIRST OCCASION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Soft	53,3	41,3	73,3	63,3	13,3	91,6	80	98,1	86,6	80	90	24
Hard	46,6	55,1	16,6	33,3	86,6	5,56	16	1,89	13,3	-	10	74

TABLE No. 53

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

REASONS GIVEN AS CAUSE OF FIRST DRUG USE

E = Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
I don't know	-	-	3,33	3,33	-	-	-	11,3	3,33	-	20	4
Curiosity	55,6	65,5	30	16,6	53,3	33,3	4	22,6	16,6	-	60	44
To enhance pleasure	10	3,45	10	13,3	10	5,56	4	32,8	23	20	-	12
Imitation	6,67	20,6	30	46,6	16,6	52,7	76	15	26,6	60	20	24
Novelty	13,3	3,45	6,67	6,67	6,6	-	12	3,77	10	20	-	4
Treatment	6,67	6,90	6,67	-	-	-	-	5,66	3,33	-	-	6
Other	6,67	-	13,3	6,67	16,6	5,56	4	13,2	20	-	-	6

TABLE No. 54

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

PRIMARY DRUG ABUSED

E = Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAP
	E	C	E	C	E	E	C	E	C	E	E	E
Opium	-	-	-	-	-	-	-	-	-	-	-	14
Heroin	-	-	-	-	-	2,78	12	96,2	96,0	00	20	82
Morphine	-	-	3,33	-	-	-	-	1,89	3,33	-	-	-
Methodone	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine	3,33	-	-	-	-	-	-	11,3	-	-	30	-
Marijuana	26,6	6,30	90	100	-	-	-	-	-	40	20	4
Hashish	-	3,45	3,33	-	-	94,4	84	-	-	-	-	-
Oil of hashish	-	-	-	-	-	-	-	-	-	-	-	-
Amphetamines	20	27,5	-	-	76,6	-	-	1,89	-	-	-	-
Hallucinogenic substances	3,33	-	-	-	-	-	-	-	-	-	-	-
Barbiturates	-	3,45	-	-	-	-	-	-	-	-	-	-
Inhalants	-	3,45	3,33	-	23,4	-	-	-	-	-	-	-
Tranquillizers	16,6	13,7	-	-	-	-	-	-	-	-	-	-
Others	30	37,9	3,33	-	-	2,78	4	-	-	-	50	-

in Italy, Malaysia and Singapore heroin, in the State of New York (USA) psycho-pharmaceuticals, heroin and cocaine appear to prevail. In this regard, no wide variations of frequency exist in the two groups under study.

Method of intake (Table 55): Obviously this variable also varies from country to country depending on the type of drug mostly used. Oral intake prevails in all countries, with the exception of Italy and Japan where parenteral administration predominates.

Method of use (Table 56): The pattern of use also varies considerably between one country and another, and this depends mostly on the type of drug used. No major differences are observed between the two groups.

Average quantity and cost of the daily dose of drug (Table 57): The average daily dose of drug needed by the subjects varies from country to country and is certainly dependent on the type of drug and type of drug-dependence. Nevertheless, a general tendency is observed of a more moderate intake of drug among the subjects in the control group who, therefore, spend smaller amounts of money as compared to those in the experimental group.

Number of different drugs the subject has used in the past (Table 58): The majority of the subjects in Italy, Jordan and Singapore consume only one type of drug, whereas in the other countries they consume 2 or 3 types. It is interesting to note that the subjects in the control group tend to consume less drug as compared to those in the experimental group.

Consequence of drug addiction on subjects' health (Table 59): The most frequent consequences and health complications caused by addiction to drug are listed in this table. It can be observed that the subjects in the experimental group declare to have undergone, in various measures, almost all the foreseen consequences, whereas the subjects in the control group, in all countries, appear to have suffered these consequences less frequently. In other words, the drug addicts in the control group appear to have suffered fewer psycho-physical consequences from drug addiction.

TABLE No. 55
METHOD OF INTAKE

Experm. group Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
Oral	53.3	82.7	6.69	100	-	97.2	88	-	3.33	80	60	100
Parenteral	10	6.90	-	-	90	-	8	94.3	86.6	20	30	-
Sniff	3.3	6.90	3.33	-	20	2.78	4	5.66	6.67	-	30	-

TABLE No. 57

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
 AVERAGE QUANTITY AND COST OF THE DAILY DOSE OF DRUG

Experimental group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Moderate	6.67	17.2	3.33	23.3	6.6	27.7	20	30.1	46.7	40	-	0
Average	6.67	24.1	26.6	66.6	20	30.5	16	41.5	46.7	60	20	12
Large	20	34.4	56.6	10	30	8.33	4	28.3	3.33	-	40	4
<20 \$	13.3	13.7	73.3	80	6.6	30.5	8	16.9	30	100	60	98
20 - 50 \$	-	-	-	3.33	16.6	-	-	50.9	56.6	-	-	-
50 - 100 \$	-	-	-	-	6.6	-	-	28.3	16.6	-	-	-
>100 \$	-	-	-	-	-	-	-	3.77	-	-	-	-

TABLE No. 55

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
 NUMBER OF DIFFERENT DRUGS THE SUBJECT HAS USED IN THE PAST

E - Experimental group Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOF
	E	C	E	C	E	E	C	E	C	E	E	E
	6,67	5,57	50	66,6	46,6	2,78	-	39,6	30	60	-	40
	70	31	13,3	10	6,6	13,8	-	50,6	-	20	80	4
> 6	20	3,45	-	-	-	-	4	-	-	-	20	

PERCENTAGE OF THE INTERVIEWED EXPRESSED IN PERCENT VALUES
CONSEQUENCE OF DRUG ADDICTION ON SUBJECTS' HEALTH

Experimental group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
None	30	80.6	40	73.3	50	83.3	80	11.3	80	60	10	-
Internal	13.3	-	3.33	3.33	6.6	5.56	-	81.1	13.3	-	20	6
Toxical	16.6	-	23.3	16.6	6.6	2.78	-	32.8	13.3	-	60	-
Traumatic	13.3	-	3.33	-	3.3	-	-	17.8	-	40	20	92
Psychiatric	20	3.45	26.6	-	33.3	2.78	16	13.2	-	20	10	-

c) Performance of the "system" according to the direct experience of the interviewed subjects

Previous rehabilitation treatment the subject has undergone (Table 60): The majority of the interviewed subjects in the experimental group had been admitted to some rehabilitation treatment, with the exception of those in Costa Rica, Japan and Jordan where these also had a high percentage of subjects (70-80%) who had not undergone treatment. Vice versa in Argentina, Italy, Malaysia, State of New York (USA) and Singapore the majority of the interviewed subjects had undergone more than one treatment.

Age of the subject when admitted into rehabilitation treatment (Table 61): The data on this characteristic are incomplete for Costa Rica, Japan and Jordan. In the other countries, for the majority of the subjects, this age ranges from 14 to 18 in Argentina, 18 to 24 in Italy, Malaysia and Singapore, 24 to 30 in the State of New York (USA).

Number of treatments that succeeded the first (Table 62): This table not only refers to the past rehabilitation treatments of the subject, but also to any contact he might have had with the system up to the time of the interview. Italy no doubt appears to be the country with the highest number of contacts.

Age of the subject at the time of the first impact with the system (Table 63): At the time of their first impact with any one of the structures of the system (penal or treatment) the average age of the subjects in the experimental group tends to differ from country to country. For example, in Argentina and the State of New York (USA) a large number of subjects had their first impact between the ages of 15 and 18; in Costa Rica, Japan and Singapore this occurred in the 19 to 22 age group; in Malaysia and again in the State of New York (USA) between 23 and 26 years; finally, in Jordan over the age of 30.

Structure where the first impact took place (Table 64): From this table it can be seen that Argentina, Italy and Costa Rica are the countries where the largest number of structures are involved with regard to the first impact; in Argentina, in most cases the first impact was with treatment institutions or psychiatric hospitals; in Costa Rica, Jordan and the State of New York (USA) a first impact with prisons prevails; 75% of first impacts in Italy were with the health service doctor, with

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CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
PREVIOUS REHABILITATION TREATMENT THE SUBJECT HAS UNDERGONE

E = Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
None	20	62	73.3	30	86.6	72.2	80	3.77	86.6	20	20	2
< 5	76.6	3.45	3.33	-	13.3	11.1	4	66	6.67	80	60	98
6 - 10	6.67	-	3.33	-	-	-	-	18.8	-	-	20	3
> 10	-	-	3.33	-	-	-	4	11.3	-	-	-	-

TABLE No. 61

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

AGE OF THE SUBJECT WHEN ADMITTED INTO REHABILITATION TREATMENT

i - Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPO
	E	C	E	C	E	E	C	E	C	E	E	E
< 14	-	-	6.67	-	-	-	-	-	-	-	-	-
14 - 18	11.1	14.8	6.67	-	1.1	-	-	22.6	3.33	-	10	10
18 - 24	10.6	11	1.11	-	1.1	-	-	58.4	1.33	60	20	14
24 - 30	23.3	10.3	3.33	-	6.6	8.33	4	15	-	-	40	25
> 30	6.67	10.3	3.33	-	-	33.3	-	-	-	20	10	20

TABLE NO. 62

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

NUMBER OF TREATMENTS THAT SUCCEEDED THE FIRST

E - Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOI
	E	C	E	C	E	E	C	E	C	E	E	E
None	10	3.45	43.3	10	26.5	66.6	92	13.2	-	40	20	8
1 - 3	43.3	-	16.6	-	-	2.78	-	32.8	-	40	40	82
4 - 6	10	3.33	-	-	-	-	-	32.8	-	-	20	2
7 - 10	-	-	-	-	-	-	-	11.3	-	-	-	-
> 10	-	-	-	-	-	-	-	11.3	-	-	-	-

TABLE No. 63

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

AGE OF THE SUBJECT AT THE TIME OF THE FIRST IMPACT WITH THE SYSTEM

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
< 14	6.67	3.45	16.6	3.33	6.6	-	-	-	-	-	-	-
15 - 18	30	48.2	13.3	10	23.3	-	-	20.7	-	20	40	10
19 - 22	26.6	27.5	23.3	-	23.3	5.56	4	49	-	20	20	32
23 - 26	20	6.90	20	-	13.3	19.4	32	24.5	-	40	40	28
27 - 30	10	3.45	6.67	-	13.3	8.33	12	3.77	-	-	-	10
> 30	3.33	10.3	13.3	-	13.3	63.8	48	-	-	20	-	20

TABLE No. 64

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

STRUCTURE WHERE THE FIRST IMPACT TOOK PLACE

E = Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOI
	E	C	E	C	E	E	C	E	C	E	E	E
Doctor	13.3	--	--	--	--	--	16	16.9	--	--	--	2
Social health service	6.67	--	--	--	--	--	--	--	--	40	--	--
General hospital	3.33	--	3.33	--	--	--	--	15	--	20	10	--
Therapeutic community	26.6	93.1	10	--	--	--	--	1.89	--	20	--	--
Outpatient service	--	--	--	--	--	--	--	1.89	--	--	10	--
Psychiatric hospital	23.3	--	6.67	--	6.6	--	--	24.5	--	--	--	--
School or college	--	--	3.33	3.33	3.3	--	--	--	--	--	--	--
Army	--	--	3.33	--	--	--	--	1.89	--	--	--	--
Court	6.67	--	--	3.33	63.3	16.6	--	5.66	--	--	--	2
Prison	13.3	--	70	3.33	16.6	80.5	32	32.8	--	20	70	--
Other	6.67	--	3.33	10	10	2.78	52	--	--	--	20	92

psychiatric clinics and with prisons; in Japan with the courts; in Malaysia with social assistance structures; and in Singapore with special closed treatment institutions.

Duration of the first impact (Table 65): The total duration of the first contact with the system was generally very long (one year or over) in Argentina, Costa Rica, Jordan, Malaysia and Singapore. On the contrary, it was very short (less than a week) in Italy. In the State of New York (USA) for 50% of the subjects it lasted up to a month and for 30% it exceeded one year.

Circumstances that favoured the first impact (Table 66): With regard to the modality characterizing the first impact with the system it can be stated that the occasion was voluntary. For a large number of cases in Argentina and Malaysia and for almost all cases in Costa Rica, Japan, Jordan, State of New York (USA) and Singapore it was compulsory by the police; for one quarter of the cases in Italy it was voluntary and for the rest it was compulsory by the family or by the police.

Subject's perception of harshness of the first impact (Table 67): The first impact with the system was perceived in a different manner from one country to another: in the majority of the cases in Argentina, Malaysia and Singapore it was felt as non-punitive; vice versa in Costa Rica, Japan, Jordan and the State of New York (USA) it was felt as punitive. In Italy 47% of the subjects felt it was punitive and 43% non-punitive.

Consequences of the first impact on the subject's drug addiction (Table 68): It can be stated that following the first impact with the system the subject's drug addiction pattern improved only in the following percentages: in Argentina 30%, in Costa Rica 6.67%, in Japan 50%, in Jordan 47.2%, in Italy 11.3%, in Malaysia 40%, in the State of New York (USA) 30% and in Singapore 50%. For the rest of the subjects their drug addiction pattern either did not change or, in fact, became worse.

Consequences of the first impact on the subject's way of life (Table 69): A positive change in the subject's life style was verified only in the following measure: in Argentina in 23% of the cases, in Costa Rica 3%, in Japan 33%, in Jordan 30%, in Italy 22%, in Malaysia 40%, in the State of New York (USA) 30% and in Singapore 32%.

TABLE No. 65
 CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
 DURATION OF THE FIRST IMPACT

E - Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
Within a day	3.33	-	-	5.57	6.6	5.56	16	22.6	-	-	10	-
Within a week	3.33	3.33	-	-	10	5.56	16	32.8	-	-	10	-
Within a month	-	-	-	-	-	5.56	28	37.7	-	60	20	2
Within a year	23.3	-	36.6	-	10	25	-	3.77	-	40	20	78
1 year	10	-	30	-	6.6	44.4	20	3.77	-	-	30	20

TABLE No. 66

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
CIRCUMSTANCES THAT FAVOURED THE FIRST IMPACT

Experimental group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Voluntary	33,3	65,5	3,33	-	-	-	12	24,5	-	40	-	-
Compulsory (family)	23,3	6,90	6,67	-	13,3	-	12	35,8	-	40	10	4
Compulsory (police)	23,3	-	86,6	13,3	86,6	97,2	76	37,7	-	20	30	92
Other	20	3,45	3,33	3,33	-	2,78	-	1,89	-	-	-	-

TABLE No. 67

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES
 SUBJECT'S PERCEPTION OF HARSHNESS OF THE FIRST IMPACT

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
I don't know	-	3,45	-	-	6,6	-	-	9,43	-	20	-	4
Punitive	35,6	3,45	90	13,3	80,5	11,7	76	47,1	-	20	80	38
Non-punitive	50	37,9	3,33	-	6,6	-	12	43,4	-	60	20	58

TABLE No. 68

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

CONSEQUENCES OF THE FIRST IMPACT ON THE SUBJECT'S DRUG ADDICTION

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
Did not change	30	-	43.3	-	46.0	33.3	-	39.6	-	20	30	36
Improved	3.0	3.45	6.57	-	5.0	47.2	22	11.2	-	40	30	1.0
Worsened	26.6	-	46.0	10	3.3	13.8	4	49	-	40	40	14

TABLE No. 69

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

CONSEQUENCES OF THE FIRST IMPACT ON THE SUBJECT'S WAY OF LIFE

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	E	C	E	C	E	E	C	E	C	E	E	E
No change	26.6	6.90	23.3	3.33	56.6	5.56	4	37.7	-	40	30	60
Positive change	23.3	3.45	3.33	-	33.3	30.5	80	22.6	-	40	30	32
Negative change	30	-	66.6	6.67	10	63.8	8	33.6	-	20	40	6

For the rest of the cases it can be stated that no change took place or that, in fact, a deterioration was verified.

Number of contacts with the penal system that succeeded the first (Table 70): Except for Japan, Jordan and Italy, where the majority of the subjects had not had successive contacts with the penal system, in the other countries the majority of the subjects had from 1 to 6 successive contacts.

Subject's perception of harshness of the successive contacts with the penal system (Table 71): Except for Italy, where these contacts were not experienced as punitive by 62% of the subjects, in the other countries the majority perceived them as punitive.

Type of informal control mechanisms that, according to the subject, have acted in the system (Table 72): The results of the analysis show that the family is the most active mechanism of informal control in all the countries especially in Japan, Jordan, Italy and Malaysia; in Costa Rica the church appears to have considerable influence; according to these data school, neighbours and work environment can be considered as secondary among the informal control mechanisms.

Subject's perception of harshness of the action of informal mechanisms of control (Table 73): The action of the informal mechanisms of control is considered as being hard and punitive by 13% of the subjects in Argentina, 50% in Costa Rica, 66% in Japan, 55% in Jordan, 22% in Italy, 20% in Malaysia and the State of New York (USA) and by 44% in Singapore. For the rest it was experienced as positive and helpful.

Type and frequency of criminal behaviour revealed by the subject before and after the first impact with the system (Tables 74 and 75): In Argentina the criminality rate among the subjects in the experimental group prior to the first impact with the system was 43.4%, following which it increased to 53.4% - approximately a percentage increase of 10 points. The crimes committed more frequently were theft and robbery, and these tend to increase after the impact.

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2 OF 3

TABLE No. 70
 CHARACTERISTICS OF THE INTERVIEWS EXPRESSED IN PERCENTAGE

NUMBER OF CONTACTS WITH THE PENAL SYSTEM THAT SUCCEEDED THE FIRST

E - Experimental group
 C - Control group

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK N.	SEACAP
	E	C	L	C	I	I	I	I	I	I	I	I
	3.45	13.3	6.67	26.6	47.2	88	60.3				10	1
	3.33	6.67	3.33	26.6	11.1	6	11.1			100	10	100
4 - 6	3.33	3.33	-	-	-	2.78	-	3.77				
7 - 10	-	-	6.67	-	-	-	-	-	-	-	10	
	-	3.33	-	-	-	-	-	-	-	-		

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2 OF 3

TABLE No. 71

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

SUBJECT'S PERCEPTION OF HARSHNESS OF THE SUCCESSIVE CONTACTS WITH THE PENAL SYSTEM

	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK STATE	SINGAPORE
	= Experm. group = control group	E	C	E	C	E	E	C	E	C	E	E
I don't know	-	3,45	-	-	-	-	-	20,7	-	60	-	26
Punitive	23,3	-	76,6	10	26,6	13,8	-	11,3	-	20	40	34
Non-punitive	20	-	-	-	-	2,78	-	62,2	-	20	10	36

TABLE No. 72

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

TYPE OF INFORMAL CONTROL MECHANISMS THAT, ACCORDING TO THE SUBJECT, HAVE ACTED IN THE SYSTEM

E = Experimental group C = Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
None	23,3	6,00	20	3,33	-	2,78	8	3,77	-	20	30	18
Family	30	-	60	63,3	96,6	97,8	72	94,3	3,33	80	20	62
Church	3,33	-	33,3	13,3	-	2,78	4	1,89	-	20	-	-
School	-	-	33,3	20	-	-	4	3,77	-	-	-	4
Neighbours	3,33	-	3,33	30	16,6	16,6	28	15	-	20	-	30
Work environment	3,33	-	10	13,3	6,6	-	12	16,9	-	20	-	18

TABLE No. 73

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

SUBJECT'S PERCEPTION OF HARSHNESS OF THE ACTION OF INFORMAL MECHANISMS OF CONTROL

EXPERIMENTAL GROUP	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK N.Y.	SINGAPORE
	E	C	E	C	E	E	C	E	C	Γ	Γ	Γ
Control group												
Positive	13,3	-	3,33	13,3	3,3	2,78	8	43,4	3,33	20	-	12
Hard	3,33	-	10	6,67	10	5,56	4	13,2	-	20	-	30
Punitive	10	-	40	46,6	56,6	50	-	9,43	-	-	20	12
Helpful	20	-	3,33	10	26,6	41,6	64	24,5	-	40	10	20

TABEL No. 74

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

TYPE AND FREQUENCY OF CRIMINAL BEHAVIOUR REVEALED BY THE SUBJECT BEFORE THE FIRST IMPACT WITH THE SYSTEM

E - Experimental group C - Control group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
None	56,6	-	23,3	52,9	26,6	55,5	88	18,8	53,3	60	10	12
Homicide	-	-	3,33	-	-	-	-	-	-	-	-	-
Rape (rare)	-	-	6,67	-	-	-	-	-	-	-	-	-
Rape (frequent)	-	-	-	-	-	-	-	-	-	-	-	-
Robbery (rare)	3,33	-	10	-	-	-	-	7,55	-	-	-	4
Robbery (frequent)	-	-	10	3,33	-	-	-	1,80	-	-	10	-
Bodily injuries (rare)	-	-	10	-	13,3	-	-	9,43	-	-	10	-
Bodily injuries (frequent)	-	-	3,33	-	10	-	-	-	-	20	-	-
Theft (rare)	-	-	13,3	-	6,6	-	-	18,8	6,67	-	10	20
Theft (frequent)	10	-	40	13,3	30	-	-	41,5	23,3	-	80	36
Fraud (rare)	3,33	-	-	-	3,3	-	-	5,66	3,33	-	-	-
Fraud (frequent)	-	-	3,33	-	-	-	4	18,33	-	-	-	2
Extortion (rare)	-	-	-	-	6,6	-	-	3,77	-	-	-	4
Extortion (frequent)	-	-	-	-	13,3	-	-	-	-	20	-	2
Others (drug peddling, etc.)	3,33	-	13,3	43,3	6,6	33,3	-	45,2	33,3	20	40	16

TABLE No. 75

CHARACTERISTICS OF THE INTERVIEWEES EXPRESSED IN PERCENT VALUES

TYPE AND FREQUENCY OF CRIMINAL BEHAVIOUR REVEALED BY THE SUBJECT AFTER THE FIRST IMPACT WITH THE SYSTEM

Experimental group	ARGENTINA		COSTA RICA		JAPAN	JORDAN		ITALY		MALAYSIA	NEW YORK S.	SINGAPOR
	E	C	E	C	E	E	C	E	C	E	E	E
None	46,6	-	16,6	-	20	58	88	16,9	36,6	40	-	74
Homicide	-	-	-	-	3,3	-	-	-	-	-	10	-
Rape < before	-	-	3,33	-	-	-	-	-	-	-	-	-
Rape > before	-	-	-	-	-	-	-	1,89	-	-	-	-
Rape = before	-	-	3,33	-	-	-	-	-	-	-	-	-
Robbery < before	-	-	-	-	-	-	-	1,89	-	-	30	-
Robbery >= before	6,67	-	13,3	-	3,3	-	-	3,77	-	-	30	2
bodily injuries < before	-	-	6,67	-	3,3	-	-	5,66	-	-	10	-
bodily injuries > before	-	-	20	3,33	20	-	-	-	-	-	-	-
Theft < before	-	-	-	-	6,6	-	-	20,7	-	-	70	2
Theft >= before	13,3	-	40	6,67	3,3	-	-	41,5	-	20	30	22
Fraud < before	-	-	3,33	-	-	-	-	7,55	-	-	-	-
Fraud >= before	-	-	-	-	-	-	-	18,8	-	-	-	-
Extortion < before	-	-	-	-	-	-	4	3,77	-	-	-	-
Extortion >= before	-	-	-	-	3,3	-	-	-	-	-	-	2
Sexual violence	-	-	13,3	-	20,3	11,1	-	15	-	20	10	2
Other	-	-	3,33	3,33	11	25	-	32,3	-	11	3	-

In Costa Rica the criminality rate among the subjects in the experimental group prior to the first impact with the system was 76.7%, following which it increased to 83.4% - approximately a percentage increase of 7 points. Here again the crimes committed more frequently were theft and robbery, although rape, homicide, bodily injuries and fraud were also present. All these crimes tend to become more frequent after the impact with the system. The criminality rate in the control group was 47.1%.

In Italy the criminality rate among the subjects in the experimental group prior to the first impact with the system was 81.2%, following which it increased to 83.1% - an increase of 2 points. The most common crimes were theft, drug peddling, robbery, bodily injuries and fraud. In most cases these crimes became more frequent after the impact with the system. The rate of criminality in the control group was 46.7% and it consists mainly of drug peddling and theft.

In Malaysia the criminality rate was 40% before the impact with the system, it increased approximately 20 points after the impact. The most common criminal behaviour in this country are: bodily injuries, extortion and drug peddling. Following contact with the system, theft is added to the list of crimes and drug peddling becomes more frequent.

In the State of New York (USA) the criminal rate which, prior to contact with the system was 90%, became 100% - an increase of 10 points. Most common criminal behaviours were: theft, robbery, bodily injuries and drug peddling. While theft and bodily injuries tend to decrease after the impact, the other crimes tend to increase.

Singapore differs from the other countries because following contact with the system, the rate of criminality decreased considerably, in fact, it went from 88% to 26% - a decrease of 62 points. In this country the most common crimes are: theft and drug peddling, but whereas the former tends to increase, the latter tends to decrease following contact with the system.

As in the case of the analysis of the vignettes and preliminary reports, to complete this analysis of data collected through guided interviews, a quantification and evaluation were carried out on the "harshness"

of the system derived from the available data regarding the performance of the system according to the interviewed subject's direct experience. In other words, the last 16 variables in the questionnaire, shown in Tables 60 to 75, were taken into consideration, and from these, 8 which were regarded as indicative of the harshness of the system, were chosen. Following a similar procedure to that already described in previous chapters, five independent consultants prepared a scale for the quantification and evaluation of these 8 variables according to an attributed level of harshness. An empirical instrument was thus made available for the evaluation and quantification of indicative elements of harshness of the system examined through the guided interview of the subjects; a copy of this table has been included as Annex 3. On applying this scale to the data relating to the chosen variables, the scores presented in Table 76 were obtained. These, in fact, show the "harshness" factors of the system expressed in "Z" scores for each single variable and for each participating country.

For the analysis of the 8 remaining variables relating to the performance of the system, a second evaluation and quantification scale was prepared following the same procedure (copy included as Annex 3). The application of this scale allowed the evaluation and quantification of indicative elements of the "efficacy" of the system according to the direct experience of the subject. In other words, by applying this second instrument, the scores shown in Table 77 were calculated. These represent the efficacy factors of the system expressed in "Z" scores for each variable and for each participating country.

Finally, in Table 78 a synoptic representation has been constructed of the relative subjective "efficacy" and "harshness" levels of the operating systems in the countries participating in the research placed on a 0 to 100 centesimal scale. On observing the two scales in Table 78 it is immediately evident that in both scales the reciprocal position of the countries do not follow geographic or socio-cultural similarities between each other, as was the case with the relative position of the countries on the seriousness and harshness scales constructed through the analysis of the preliminary reports. It would appear that the

TABLE No. 26

FACTORS OF "HARSHNESS" OF THE SYSTEM EXPRESSED IN "Z" SCORES

DATA OBTAINED FROM THE QUESTIONNAIRES FOR GUIDED INTERVIEWS AND QUANTIFIED ACCORDING TO THE SPECIFIC EVALUATION SCALES

Participating countries Factors of "Harshness"	ARGENTINA	COSTA RICA	JAPAN	JORDAN	ITALY	N.Y. STATE	SINGAPORE
Age at first impact	5.65	4.95	4.66	1.25	6.32	6	4.04
Entity of first impact	5.27	14.37	11.09	17.9	8.29	15.3	11.08
Occasion of first impact	4.77	13.22	13.42	14.6	7.1	13.9	13.96
Harshness of first impact	3.6	9	8.73	7.7	4.89	8	3.88
Duration of first impact	2.93	8.1	1.26	9.98	3.07	7.6	10.88
Number of successive impacts	0.85	1.32	0.46	0.82	0.89	2.6	2.64
Harshness of successive contacts	2.86	7.86	2.6	1.3	1.54	4	3.92
Harshness of informal control mechanisms	2.05	4.93	7.3	6.97	2.88	1	4.04
\bar{X} score	3.49	7.93	6.19	7.56	4.37	7.3	6.8

FACTORS OF EFFICACY OF THE SYSTEM EXPERIENCED IN "X" COUNTRIES

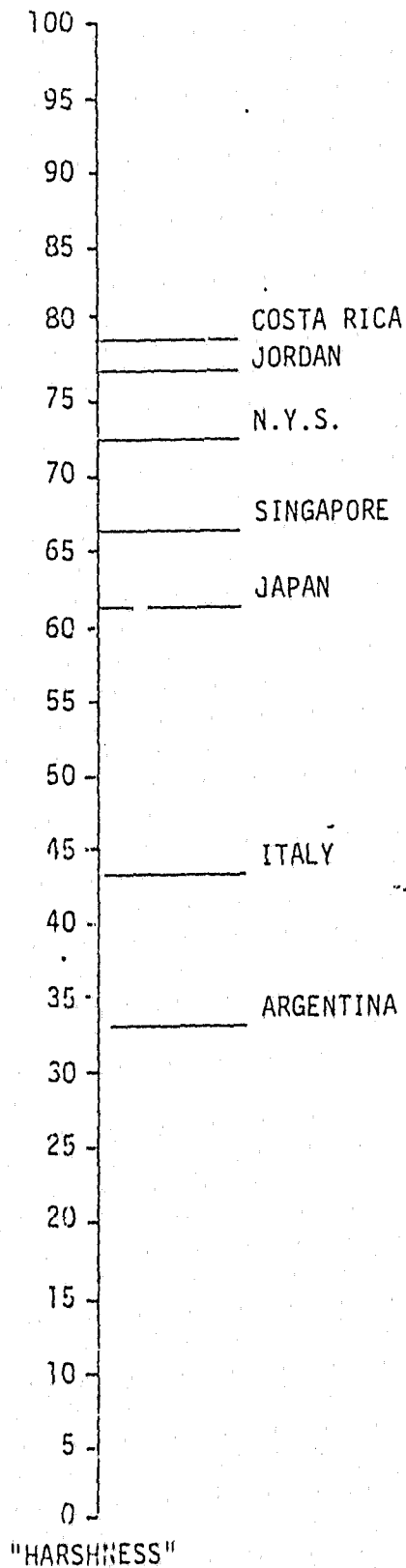
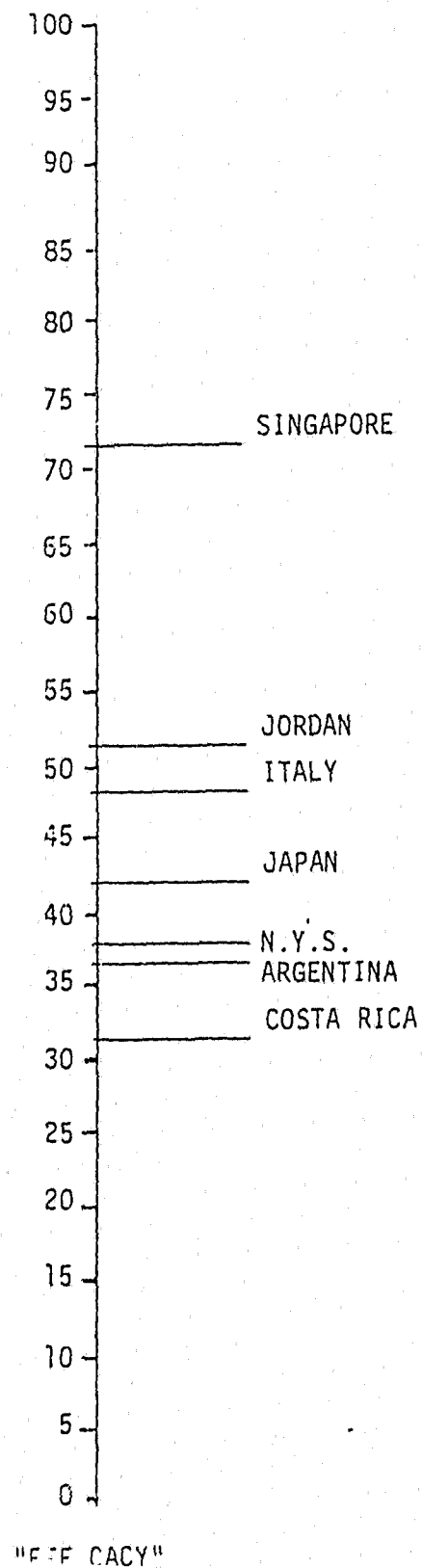
DATA OBTAINED FROM THE QUESTIONNAIRES FOR GUIDED INTERVIEWS AND QUANTIFIED ACCORDING TO THE SPECIFIC EVALUATION SCALE

Participating countries Factors of "Efficacy"	ARGENTINA	COSTA RICA	JAPAN	JORDAN	ITALY	N.Y. STATE	SINGAPORE
Age at first treatment	4.98	1.43	2.96	0,16	5.6	2.8	3.96
Age at first impact	5.66	4.95	4,66	1.25	5.64	6	4.04
Consequences on life-style	4.82	1.64	7.75	4.77	5.27	6	7.8
Consequences on drug-addiction	6	3,15	9.8	8.70	3,67	6	9.3
Number of successive treatments	3.79	5.26	2.6	6,76	8,81	5.2	6,32
Successive contacts with penal system	5.11	3.83	3.98	4.86	4.81	5.2	5.76
Decrease of criminality	0	0	0	12	0	0	16
Informal control mechanism	0.74	5.64	2.31	1,98	4.72	0.2	3.66
\bar{X} score	3.89	3.23	4.25	5.06	4.81	3.92	7.10

TABLE No. 78

SYNOPTIC TABLE OF THE SUBJECTIVE "EFFICACY" AND "HARSHNESS" LEVELS OF THE SYSTEM EVALUATED IN "Z" SCORES

Data obtained from the questionnaires for guided interviews and quantified according to the specific evaluation scales.



geographic, cultural and social analogies between the various countries has more influence on the provisions of the system than on its actual performance.

On calculating the correlation "r" coefficient between the values in both scales, the resulting value is - 0.282 and therefore not indicative of the presence of correlation. In other words the subjective "harshness" does not appear to be correlated to the subjective "efficacy" of the system.

In the same way, no correlation appears to exist between the levels of "harshness" of the system that derive from the analysis of the questionnaires, in fact also in this case "r" equals 0.335. This appears to indicate that there is no co-variation link between the harshness foreseen by the system and the "real" harshness experienced personally by the subjects in the course of their lives.

Although higher, a similarly insufficient correlation coefficient results from the calculation between the levels of "real" harshness and the levels of the values of seriousness of the phenomenon derived from the analysis of the preliminary reports. In this case "r" equals - 0.502.

The results of the calculation of correlation "r" coefficient between the values of levels of seriousness of the phenomenon and the values of levels of subjective "efficacy" of the system is also negative (r = -0.211) and it therefore tends to exclude a correlation between them.

On the contrary, correlation "r" coefficient between the values of the levels of expectation of harshness of the system derived from the analysis of the vignette and the values of the levels of subjective "efficacy" render a very significant result, in fact, in this case r = 0.838.

This appears to indicate that a non-casual (P < 0.01) direct co-variant relation exists between the two variables, to the increased expectation of harshness of the system there is a corresponding tendency of increase of its subjective "efficacy".

Likewise, a non-casual ($P < 0.01$) direct ($r = 0.943$) co-variant relation exists between the variables: "level of conformity of the expectations to the provisions of the law", derived from the analysis of the preliminary reports, and "level of subjective efficacy" of the system. In other words, it appears that also in this case the more the provisions of the system are known, the higher is the level of its subjective "efficacy".

Finally, correlation "r" coefficient was calculated between the values of the variables: "harshness of the system", derived from the preliminary reports, and subjective "efficacy". In this case the value of "r" is equal to 0.695; this coefficient is slightly below the limit of significance ($P < 0.05$ by $r = 0.707$), nevertheless this expresses a tendency to direct co-variation between the two variables.

VII. RESULTS, CONCLUSIONS, PERSPECTIVES

Introduction

The idea of carrying out a research on the interrelation between drug abuse, criminal behaviour and the socio-legal system was supported by some basic hypotheses which, in turn, counted on experience and evidence. Naturally, the first of these hypotheses regarded the certainty that some connection existed between drug abuse and criminal behaviour, considering that in all the countries where the abuse of narcotic or psychotropic substances was diffused a marked association was evident between these two behaviours. The second general hypothesis, instead, regarded the conviction that all the various elements and social and legal functions that in each country oppose, in various ways, the diffusion of drug and the association between drug and criminality, constitute in reality a more or less structured "system" aimed at controlling, preventing and repressing such phenomena and which is somehow identifiable by some of its general qualities or forms of application. Finally, the third hypothesis regarded the conviction that a dynamic model of the interaction between system and phenomenon existed in each country.

Based on these three fundamental hypotheses, the general objective of the research was identified in an experimental study of the contact and the interaction between the system (structures, functions and interventions) and the drug addicts which are the subjects that can manifest criminal activity associated with their drug addiction.

It is evident that the "system", in the connotation it has been given, does not act only by means of contact with drug addict subjects and is not directed only towards them; on the contrary, from a general point of view it could be said that the functioning of the socio-legal system is felt not only by those who receive its direct effect, but also by those who are indirectly affected by their "perception" of its impact.

It is nevertheless evident that the need to limit the field of observation as much as possible has prevented this research from considering this last aspect of the performance of the system. In other words, the strategy of this experimental study was only the aspect related to the performance of the system in its direct impact on drug abuse and on criminality committed by drug addicts.

Keeping in mind the "impact" variable, considered as any material contact drug addict subjects have had with a structure, or the intervention of the socio-legal prevention control and repression system in the course of their life, the various systems were analysed on the variability of the system in relation to the characteristics of "harshness" or punitiveness on the individual on one hand, and on the other the variability of the efficacy of these systems both on the phenomenon in general and on individual subjects. As shown in the design of the research, the objective was to carry out this analysis, stemming from three different perspectives.

The first of these relates to the analysis of the real general situation existing in each country with regard to the phenomenon of drug addiction and with regard to the socio-legal system appointed to combat and control this phenomenon.

The second regards the analysis of the perception of the system, or the effects of the system as perceived by the subjects who are the receivers of the action.

The third regards the analysis of the real performance of the system, or of its direct effects on the criminal activity of drug addicts.

From an experimental point of view, therefore, the following three different sources of data have been considered for each perspective:

a) Direct information provided by a group of local experts on the characteristics of the phenomenon and on the characteristics and performance of the system.

b) Direct information provided by a group of operators and by two groups of drug addicts on their perception on the effect of the system.

c) Direct information provided by two groups of drug addicts (one

composed of subjects that had already had an impact with the system, the other of subjects that had not had such an impact) on the effects the system has exercised on them in the course of their life.

In order to collect all this information it was necessary to construct instruments such as "vignettes" to stimulate "perception", guided interviews for the "experience" and standardized outlines for the theoretical and bibliographical information. The information thus collected was then quantified through the application of specific evaluation and quantification scales which are included in this report.

As can be observed, the entire angle of the research is empirical but, given the originality of the objectives and the extreme complexity of the phenomena under study, it could not have been otherwise.

The groups of experimental and control subjects are not sufficiently numerous to allow the generalization and "reification" of the results of the study, even for those statistically significant. The results of the research should therefore be interpreted on a qualitative rather than a quantitative level. This allows for the formulation of hypotheses on the mechanisms of performance of the system on the interaction between drug, criminality and socio-legal system. The verification of such hypotheses, which for the first time are presented in a scientific manner, can be the objective of further and in-depth researches.

The main problem encountered in the implementation of comparative and transcultural research are of theoretic/methodological as well as practical order. In this research both types of problems were compared, although it is probable that they have not been completely resolved.

The first problem, of theoretic/methodological order, is constituted by the impossibility to compare complex and specific situations which are not comparable because they differ completely from each other. For example, it is evident that it is impossible to compare Italy with the United States given the marked geographical, cultural, historic, social, political, economic, etc. differences existing between them, whereas it

might be possible to compare the existing level of inflation between the two countries because it is a quantitative measure and limited to one function. Nevertheless it is also evident that the meaning of inflation is also different in dissimilar economic systems, and therefore even this comparison meets with an unsurmountable limit.

In the research this difficulty was avoided by applying two stratagems: in the first place by not comparing the entire phenomena and the entire system with each other, but only one of their qualities made quantifiable by applying specific scales; in the second place, a theoretical model of harshness and seriousness was constructed and each country was compared with this theoretical model, not with each other. In this manner the comparison was rather between each country and the theoretical model of reference. This guaranteed a discrete measure of comparability between the various scores assigned to the various centesimal scales.

The second problem, of practical order, which had to be faced and resolved in order to allow adequate data comparability was that of the existing operational difference in the various countries on the conducting of scientific research. This difficulty was avoided by standardizing the instruments and data collection methods to the maximum extent, by centralizing data analysis and, finally, by developing a continuous exchange of views and information with the national research teams in the course of various meetings.

To conclude, it must be added that maximum efforts were made to avoid as much as possible the theoretical comparison of the laws and phenomena with one another, and instead an effort was made to acquire a realistic image of these, screened through the direct experience of the experts of each country. In this manner the analysis obtained of the merits of the various systems was given directly by those who are better acquainted with them since they live and operate in the countries where these systems function.

a) Results

Given the large proportion of data analysed and the numerous considerations which can be made on these, it is not easy to present synthetically and in a complete manner all the results of the research.

The following results, on the interpretation of which agreement was reached among the researchers that participated in the study and who had the opportunity to discuss the available data at a meeting held at UNSDRI, Rome, from 21-25 February 1983.

Before proceeding further it would be advisable to summarize briefly some of the comprehensive data shown in Tables Nos. 79, 80, 81, 82 and 83.

Table No. 79 summarizes the total "Z" scores obtained from the participating countries in the various evaluation scales.

Table No. 80 shows graphically, on a 1 to 100 scale, the same data presented in the previous scale. This table shows clearly the various levels and the sequence of the countries on the various scales.

With reference to levels, higher variability is immediately seen on the scales that indicate "seriousness of the phenomenon", "theoretical foreseen harshness of the system" and "knowledge of the law" as compared to the variability on the scales which show instead "efficacy of the system", "total harshness" and "perception of harshness". Concerning the sequence of the countries on the various scales, that which relates to the seriousness of the phenomenon fully reflects the existing geographical and socio-cultural similarities between the participating countries, whereas this does not appear to occur in the scales that relate to the performance of the system. In the latter, the order of placement of the various countries reflects only in part the geographical and socio-cultural similarities between them.

With reference to placement and scoring for each country on the various scales, the following can be observed:

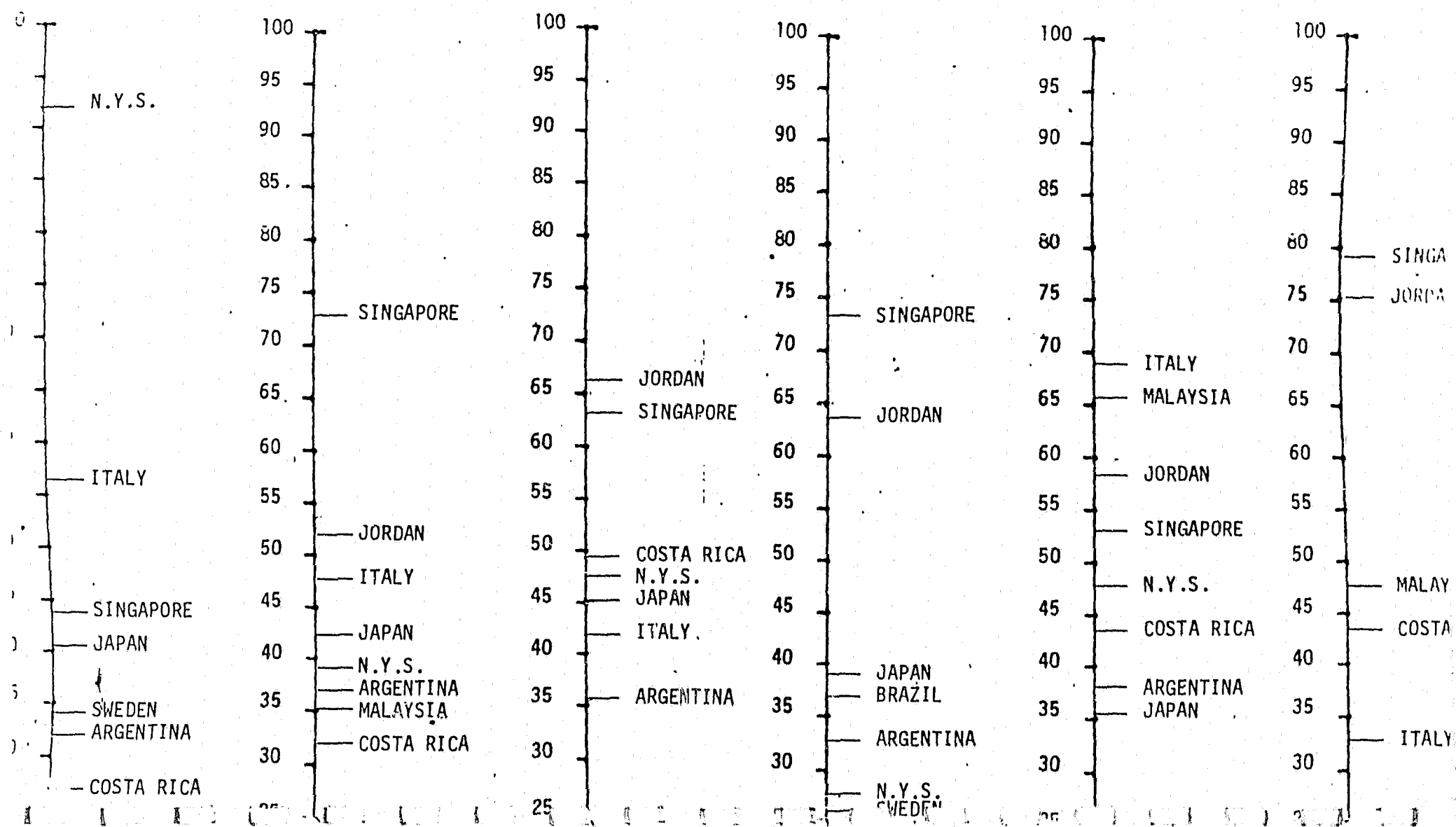
Argentina appears to show an intermediate level of seriousness of the phenomenon (32.4) and an intermediate level of theoretical foreseen harshness of the system (33.5), whereas it is placed at a relatively

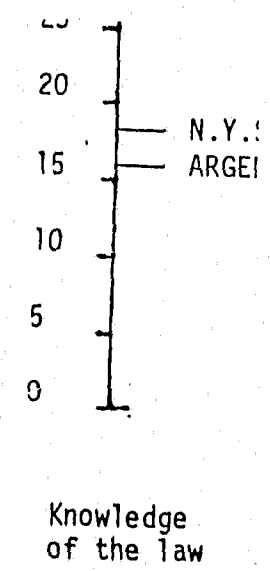
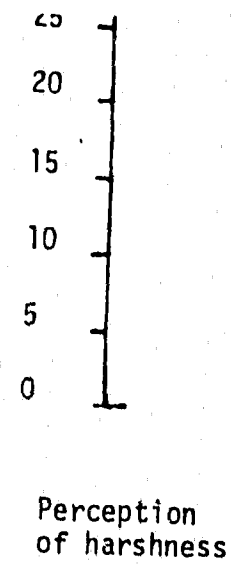
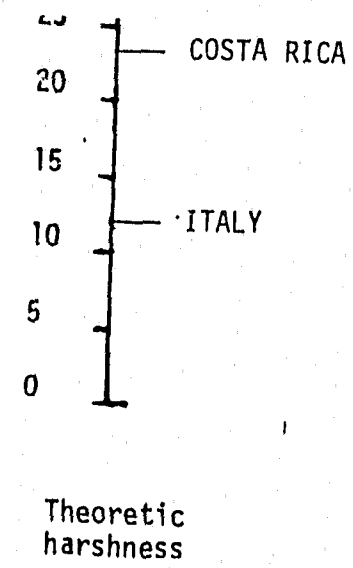
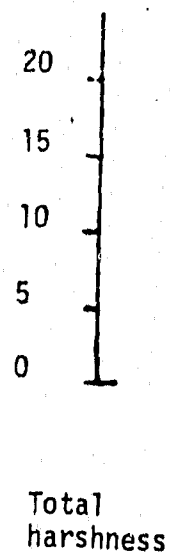
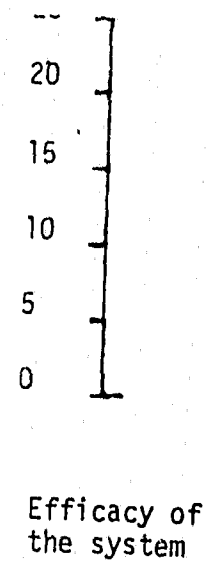
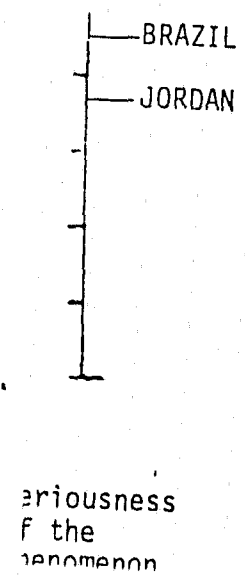
TABLE No. 79

SUMMARY OF THE TOTAL "Z" SCORES OBTAINED FROM THE PARTICIPANT COUNTRIES IN THE VARIOUS EVALUATION SCALES
(EACH SCALE RELATED TO THE VARIOUS ANALYSED FUNCTIONS HAS A 0 TO 100 WEIGHT)

	Seriousness of the phenomenon	Efficacy of the system	Total harshness	Foreseen harshness	Actual harshness	Perception of harshness	Knowlec of the law
ARGENTINA	32.4	38.9	35.7	33.5	34.9	38.7	15.2
BRAZIL	24.5	-	-	38	-	-	-
COSTA RICA	25.2	32.3	49.4	24.5	79.3	44.4	42.8
JAPAN	40.3	42.5	46	39.3	61.9	36.8	-
JORDAN	17.2	50.6	66.5	64.7	75.6	59.3	75
ITALY	56	48.1	41.5	11.6	43.7	69.3	31.0
MALAYSIA	-	36.6	-	-	32.6	66	47.5
NEW YORK STATE	90.5	39.4	48.5	25.1	73	47.4	15.4
SINGAPORE	44.4	71.1	64.3	72.8	68	52.1	79.2
SWEDEN	34.5	-	-	25.8	-	-	-

TABLE No. 80
 SYNOPTIC TABLE OF PLACEMENT OF THE VARIOUS COUNTRIES ON THE EVALUATION SCALES





low level with regard to "efficacy" of the system (38.9), total harshness (35.7), "perception" of harshness (38.7) and real "harshness" (34.9).

Brazil appears to present a lower level of seriousness of the phenomenon (24.5) and an intermediate level of theoretical foreseen harshness of the system (38).

Costa Rica appears to reveal intermediate levels for "seriousness" of the phenomenon (25.2), total "harshness" (49.4), and "knowledge" of the law (42.8), whereas it is placed at lower levels in relation to "efficacy" of the system (32.3), theoretical harshness (24.5) and perception of harshness (44.4); vice versa it appears to present the highest value in relation to real "harshness" (79.3).

Japan occupies an intermediate level in all the scales.

Jordan presents the lowest score in relation to seriousness of the phenomenon (17.2), but appears to occupy the highest levels in relation to efficacy of the system, knowledge of the law and, finally, in all the various forms of harshness of the system analysed in the study.

Italy presents one of the highest levels in seriousness of the phenomenon (56) and also in theory its system appears to be the mildest (11.6) and is globally among the most lenient (41.5). Nevertheless, it occupies an intermediate level on the "efficacy" scale (48.1), "knowledge" of the law (31.03) and real "harshness" (43.7), whereas it appears to be the country where the perception of the system is the harshest (69.3).

Malaysia appears to present a low level of "efficacy" (36.6) and a low level of real harshness (32.6); vice versa it presents a very "hard" perception of the system (66) and an intermediate knowledge of the law.

State of New York (USA) certainly has the highest level as regards seriousness of the phenomenon (90.5), whereas it occupies the lowest levels in relation to knowledge of the law (15.4) and foreseen "theoretical harshness" (25.1); vice versa, it presents an intermediate level in relation to "efficacy" (39.2), total harshness (48.5) and both "perception" of harshness and real "harshness" (73).

Singapore presents an intermediate level of seriousness of the phenomenon, but occupies the highest levels in relation to all the other scales except that on perception of harshness.

Sweden also presents an intermediate level of seriousness of the phenomenon and foreseen harshness of the system.

Table 81 shows the values of the indices of correlation "r" related to the comparison of the scores obtained from the participating countries in the various evaluation scales. As can be clearly seen, significant correlations are evident between "efficacy of the system" and "foreseen theoretical harshness". On proceeding further with this analysis, another element that can be stressed is constituted by the fact that all the correlation indices for "seriousness" of the phenomenon and the various "actions" on the part of the system, are negative; whereas those between "efficacy" of the system and the other qualities of the same system, are positive. Therefore, a tendency appears to exist towards a further deterioration of the phenomenon when the action of the system appears to be less incisive, and vice versa towards an increase in efficiency the more incisive the action of the system.

Tables 82 and 83 are a graphic representation of the distribution of the various countries on a plane determined by two orthogonal axis that represent the various evaluation scales two in two.

On each plane the countries can be placed, according to their "Z" scores in the various scales, or in a random manner, therefore without any reciprocal correlation, or along a main line which if starting from the beginning of the two axis it expresses a direct co-variant relation; if instead, it joins the ends of the two axis it expresses an inverted co-variant relation.

These graphic representations confirm the values of the indices of correlation "r" between the various scales.

Summarizing briefly the other results of the research, the following can be recalled as among the most significant:

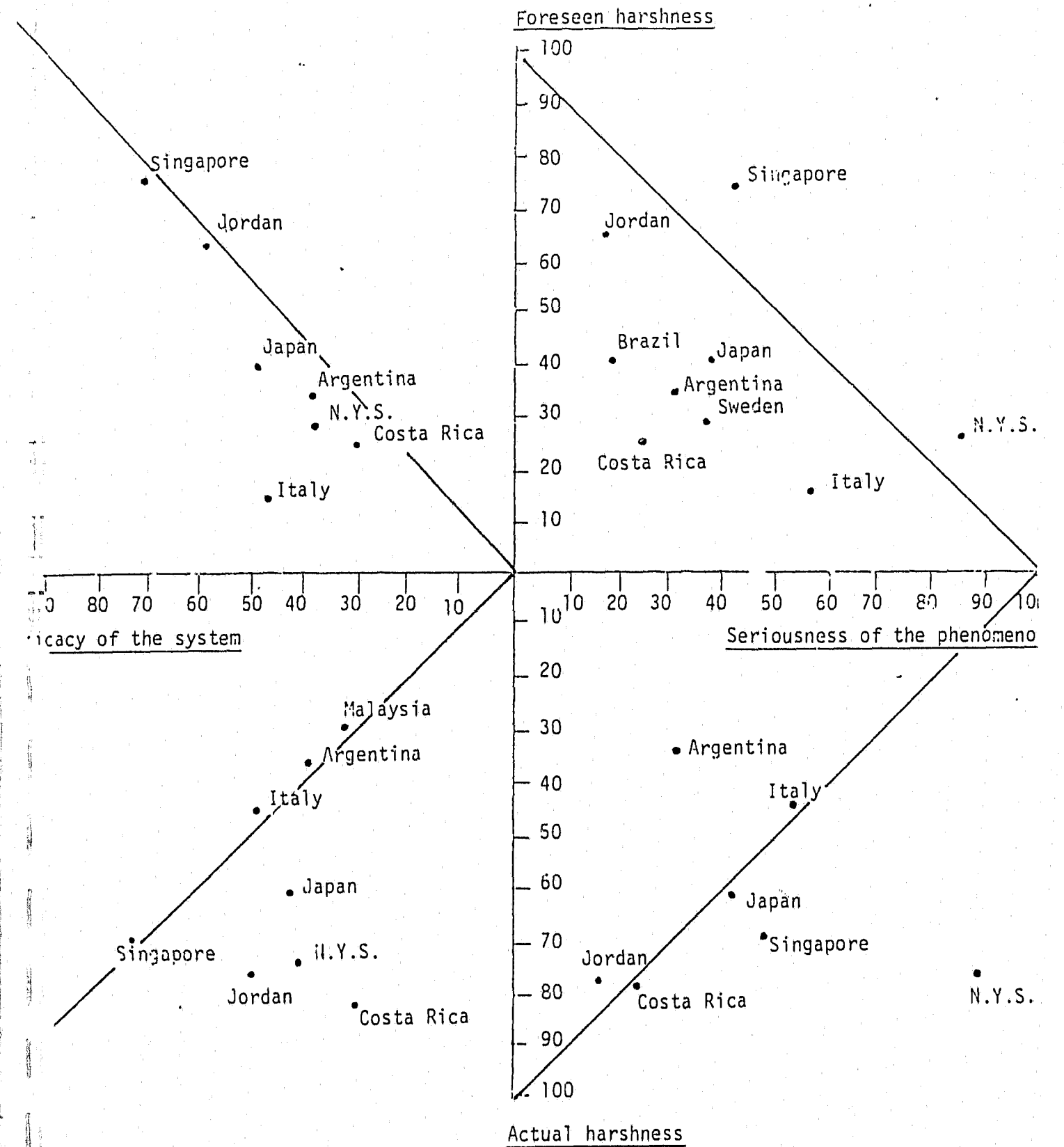
TABLE No. 81

VALUES OF THE "r" CORRELATION INDEX RELATED TO THE COMPARISON OF THE SCORES OBTAINED FROM THE PARTICIPATING COUNTRIES IN THE VARIOUS EVALUATION SCALES

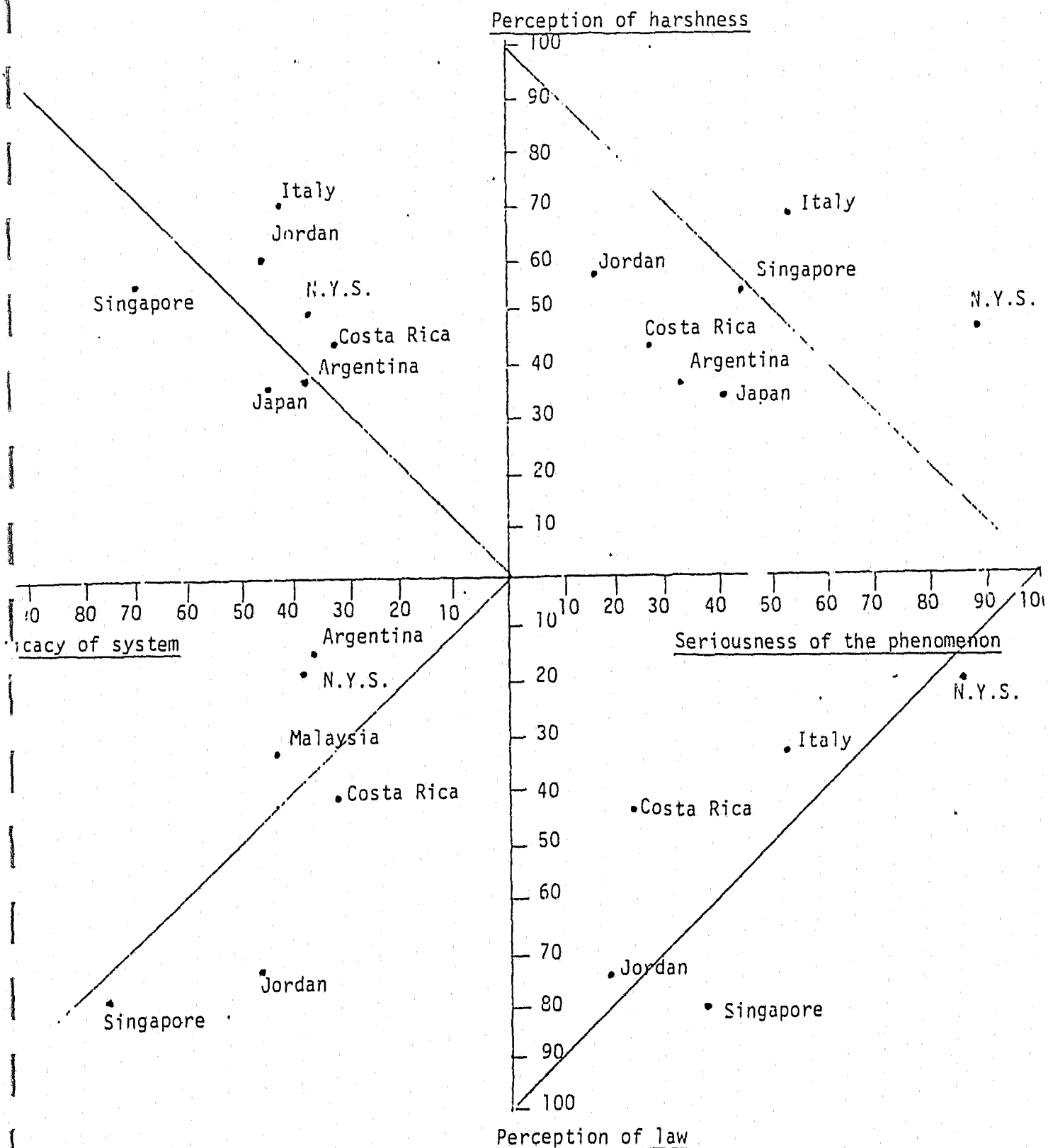
	Seriousness of phenomenon	Efficacy of system
Total harshness	- 0.416	0.487
Foreseen harshness	- 0.383	0.695 **
Actual harshness	- 0.502	- 0.282 *
Perception of harshness	- 0.631 **	0.838 *
Knowledge of the law	- 0.558	0.943 *

** p < 0.01
* p < 0.02

DISTRIBUTION OF THE VARIOUS COUNTRIES ACCORDING TO THE SCORES OBTAINED FROM THE VARIOUS EVALUATION SCALES



DISTRIBUTION OF THE VARIOUS COUNTRIES ACCORDING TO THE SCORES OBTAINED FROM THE VARIOUS EVALUATION SCALES



- The demonstration of the direct co-variability tendency between the general trend of criminality and that of drug abuse in the various countries (according to the data of the preliminary reports).
- The demonstration that no relation of co-variability exists between addiction to hard drugs (heroin or cocaine), or the addiction to soft drugs (hashish or marijuana), and the seriousness of the association phenomenon between abuse of drug and criminal behaviour (according to the data of the preliminary reports).
- The demonstration that the various systems are similar in relation to the provisions that regard treatment and in relation to the general attitude toward the phenomenon of drug abuse, whereas they tend to differ among each other in relation to legal provisions regarding drug abuse (according to the data of the preliminary reports).
- The demonstration that the perception of harshness of the system in relation to the simple abuse of drugs tends to acquire different values that reflect the cultural similarities between the various countries, whereas the perception of harshness of the system in relation to the association between the abuse of drug and criminal behaviour tends to be similar for most of the countries concerned (according to the data of the vignettes).
- The demonstration that for all the countries the expectations of a reaction of the system in accordance with the provisions of the law is more constant than other punitive or permissive expectations that acquire marginal values (according to the data of the vignettes).
- The demonstration that the existing phenomena in the various countries, although presenting different levels of seriousness, resemble each other under some formal aspects such as socio-anagraphic characteristics of drug addict subjects, life histories and life-style in general in relation to the abuse of drugs of the same subjects, the association between criminal behaviour and abuse of drugs. These, however, appear to differ under some substantial aspects such as the type of drug mostly used and the real and effective performance of the system (according to the data of the interviews).

- The demonstration that a high level of association exists between the abuse of drug and criminal activity in all the countries in the sense that a high percentage of subjects in the experimental groups also exhibit criminal activities (according to the data of the interviews)
- The demonstration of the existence of a lower rate of criminality among the subjects in the control groups with respect to those in the experimental group (according to the data of the interviews).
- The demonstration in most countries of an increase in the rate of criminality among the subjects in the experimental group following contact with the system, as regards behaviour prior to such contacts (according to the data of the interviews).
- The demonstration, at least as regards Italy, that in personality structure, on intellectual level and in socio-anagraphic characteristics, the subjects in the experimental group exhibit a very high rate of criminality that tends to deteriorate in quality following contact with the system. The subjects in the control group also present a high rate of criminality which, although lower than that of the experimental group, their criminal activity appears both qualitatively and quantitatively less serious than that presented by the others (according to data from Italy).

b) Conclusions

On the basis of the observations made in the previous paragraph it is possible to propose some conclusions that appear to emerge from the results of the research. These conclusions can be schematically summarized in the following points:

- The phenomenon of abuse of narcotic and/or psychotropic substances is present in all the countries that have participated in the research, and it tends to present itself in different forms and at different levels of seriousness from country to country. The countries that belong to the same geographic and cultural areas present similar levels of seriousness of the phenomenon.
- Notwithstanding the formal and quantitative differences that distinguish the phenomena of drug abuse in evidence in the various countries, the subjects that in each country show drug-addicted behaviour present many similar elements both on the socio-anagraphic level and on that of their psychological and cultural situation.

- The prevention, control, repression, treatment and socio-legal systems in the participating countries differ considerably from one country to another as regards harshness of the punishment foreseen for the crimes related to the abuse of drugs. Vice versa the differences that exist with regard to the real harshness of the system, to the mean total harshness, to the perception of harshness and, finally, to the efficacy of the system, are not as marked as the theoretical differences. In other words, it could be stated that the various systems differ more from one another in theory than in actual fact or that they differ more in the provisions of the law than in their modality of application.
- On the contrary, the treatment systems operating in the various countries present many similar structures and instruments of intervention, but they tend to be applied differently from country to country.
- The results of the research in relation to the comparison between the participating countries appear to confirm the non-existence of significant correlation between the level of seriousness and the various types of harshness of the system (total, effective and theoretic) analysed; vice versa, a significant correlation has been demonstrated between the seriousness of the phenomenon and the perception of harshness of the system. In other words, the phenomena tend to present a lower level of seriousness, not where the systems are objectively harsher, but where they are perceived as being harsher. The perception of harshness, or the expectation of a harsh reaction on the part of the system appears, therefore, to be the most correlated variable with the objective and general seriousness of the phenomenon in the countries under study.
- The efficacy of the system, evaluated at an individual and subjective level correlates significantly to the foreseen theoretic harshness, and even more significantly to the "knowledge" of the law and to the perception of harshness of the system on the part of the

subjects concerned. It is therefore evident that the element of the system that appears to have most influence both on the efficacy of the system and the general seriousness of the phenomenon is precisely the "perception" of harshness of the system, as revealed from the responses the subjects have given to the vignettes.

- The abuse of drug and criminal behaviour of the drug addict present a marked level of association in almost all the countries in the sense that in a high percentage of cases the interviewed subjects, beyond the addiction to drug, also express criminal behaviour. Nevertheless this criminal behaviour does not appear to correlate with the type of substance used, soft or hard.
- Vice versa the frequency of drug abuse behaviour per se, appears to increase in the various participating countries parallel to the increase of the frequency of criminal behaviour. Summarizing, the results of the research appear to indicate that the association between drug abuse and criminal behaviour is very close and that such association correlates more to the diffusion of criminality in general and to the formal aspects of drug dependence than to the quality of drug used.
- In all countries, the subjects of the control group tend to show an inferior rate of criminal activity than those in the experimental group. In the majority of the countries the subjects in the experimental also tended to present more frequent and more serious criminal behaviour following contact with the system as compared to their prior behaviour.
- In other words, it can be stated that the phenomenon of interaction between drug abuse and criminal behaviour exists in all the countries. This appears to be somehow associated with the development of the drug addicts' life-cycle, to the interaction between drug abuse and criminal behaviour, and to the general development of criminality in the country.

- In the general sphere of the reaction of the system to drug addict behaviour it can be stated that the form and the characteristics of the impact that the system appears to exercise on drug addicts is very complex and variable, and appears to depend mainly on the perception of harshness of the system and on the knowledge drug addicts themselves have of the law, and furthermore probably by the presence and intervention of contingent "factors" related to the modality of application of the system that can act in the same manner even within systems which are very different from one another.

c) Perspectives

To conclude it can be stated that in fact, the element which has mostly characterized this research, that is to say: to have utilized as conceptual abstraction a unitary and general idea of the "system" as a compound of socio-legal elements of prevention, control and treatment of drug abuse, has paradoxically constituted on one side its highest value because it was possible to analyse the system as a whole, and on the other side its maximum limitation because in this way it was not possible to analyse in detail the various factors that constitute the system.

If, in fact, it has been possible to arrive at the previously stated conclusions, this has been due to the fact that the impact of the system was analysed with the subjective and objective reality of the phenomenon starting from a very general perspective and considering an impact any type of contact the subject had with whatsoever structure or intervention of the "system", without defining the type.

In this way it has been possible to pick out the general aspects of the problem and to arrive at some conclusive basic hypotheses that can be thus summarized:

There is somewhat close association between drug and criminality in every participating country, which appears to depend mainly on the very characteristics of drug addiction behaviour, of the environmental reaction to such behaviour and to the general criminality trend in the country and, therefore, it would appear to depend more on objective facts of social nature than on subjective facts of personal biological nature.

The phenomenon of drug abuse acquires different levels and characteristics of seriousness in the various countries, which can also be said for the socio-legal systems designed for the prevention, control and treatment. Nevertheless, these systems differ more in theory than in actual fact, and more from a penal than from a socio-medical point of view. No correlation exists between the level of harshness of the system and the level of seriousness of the phenomenon: on the contrary, the systems that appear to influence the phenomenon and subjects most appear to be those that are perceived as being the harshest and whose laws are best known. Specifically, in most countries direct impact of the system with the subjects does not appear to improve the association between drug abuse and their criminal behaviour.

This last hypothesis is only apparently pessimistic, in fact, as already seen, to have considered the impact in general terms has avoided meeting with the particular complexity that characterizes the action of the system on the individual.

In reality, it can be supposed that the efficacy of the impact of a system with the life-cycle of a drug dependent subject can depend on the effective way in which such an impact is carried out (evidently not only in terms of harshness), and on the type of impact accomplished.

It can also be supposed that several more or less independent "factors" intervene in every type of impact which can contribute in various measures to construct different impacts and that the efficacy of these depend more on some factors than on others. For this reason, supposing this hypothesis to be true, it could be understood how in reality many impacts appear to be inefficacious. The positive action of some "factors" could be hidden by the negative action of others.

Therefore, in perspective this research could continue in two directions: on one hand it could be extended to confirm statistically the definite hypothesis, on the other in an extended and in-depth manner to control the efficacy of the various "active factors" that appear to act in the different types of impact and intervention that can be carried out within the structure of the general socio-legal prevention, control and treatment systems.

The next 3 chapters (VIII, IX and X) are devoted to the preliminary national reports of New York State (USA), Sweden and United Kingdom as they may not have been adequately dealt with in the preceding chapters for reasons already indicated (in particular see Table 5 page 32, and page 34).

VIII. THE LAWS, CRIMINAL JUSTICE SYSTEM, AND TREATMENT/REHABILITATION SYSTEM IN NEW YORK STATE (USA).

In early 1981, the United Nations Social Defence Research Institute (UNSDRI) contacted the National Institute on Drug Abuse and National Institute of Justice for assistance by the U.S. in undertaking an international study of the rôle of legal and penal measures upon the linkages of criminal behaviour and drug abuse. These federal agencies contacted the current authors (Johnson and Lipton) to assist the United Nations in this study.

This UNSDRI study has three major components: a) Describing existing laws, the criminal justice/penal system, and the treatment rehabilitation system (the focus of the current report); b) Interviewing addicts and drug abusers regarding their criminal and drug use behaviour; c) Interviewing addicts, drug abusers, criminal justice authorities, and drug treatment personnel regarding a variety of "vignettes" or short stories about the probable outcomes of arrests for drug possession/sale or crimes committed under the influence of drugs or to obtain funds for drugs. A similar study and research design was undertaken in 1982 in other countries (Argentina, Brazil, Costa Rica, Italy, Japan, Jordan, Malaysia, Singapore, Sweden, and United Kingdom).

Drs. Johnson and Lipton agreed to provide information only about New York State and not the USA as a whole. The following report provides preliminary information about the laws, criminal justice system, and treatment rehabilitation system in New York State. Occasional references are made to Federal (U.S.) laws or treatment rehabilitation measures which influence the New York State system. Since readers of this report may be from countries having very different criminal/penal justice systems and no or little knowledge about American law and/or treatment systems, these are described in more detail than may be necessary for American readers.

The history and laws of New York State have been extensively documented, as has the criminal justice/penal system and treatment rehabilitation system. Rather than attempt a comprehensive examination of the many aspects of this complex system, this report provides a condensed summary of the important laws, structures, and systems. This report has the following organizational structure: A) A brief history of New York State efforts to control drugs and crime related to drugs. B) The current laws and penalty provisions for drug-related crimes. C) A description of the current law enforcement, criminal justice, and penal systems. D) A description of the current treatment/rehabilitation system for drug addicts and drug abusers.

A) A brief history of the drug control efforts in New York State

The early history of America's attempt to control the non-medical use of drugs, primarily opiates, has been extensively documented in Brecher (1972), Musto (1973a, 1973b), King (1972), Kramer (1971), Austin (1978), and Courtwright (1981). The experiences of and legislation in New York City and State have critically influenced American history.

In the late 19th century, opium smoking among Chinese immigrants was common, as was the consumption of opium in pill form and in patent medicines by the general population. Morphine and other derivatives of opium were available from physicians. The Pure Food and Drug Act of 1906 required that the contents of all foods and medications be clearly labelled; patented medicines with opium and over-the-counter opium became less common as a result (Musto 1973a, 1973b).

Around 1910, morphine addiction and heroin consumption by injection began to become common in some parts of New York City (Musto, 1973a; Street, 1956); the State began a search for methods of controlling the distribution of opiates and cocaine. In 1914, the Federal government passed the Harrison Act which attempted to restrict opiate dispensing to medical channels. A controversy arose as to whether physicians could dispense opiates to "addicts". Rather than face possible prosecution by federal authorities, most physicians ceased providing opiates to addicts. New York State passed laws in 1915-1918 which permitted physicians to dispense to addicts. New York City and upstate cities responded in 1919

by establishing narcotic clinics where addicts were to be withdrawn, but where many were maintained (Musto, 1973). But the Federal Narcotics Bureau took legal action against physicians and closed all clinics in the early 1920's. No longer could addicts obtain a legal supply of drugs; all opiates were henceforth illicitly obtained and violators punished (Musto, 1973; King, 1972). Efforts to establish rehabilitation centres for addicts did not materialize.

After the clinics were closed, the controversy over addiction continued and a leading antinarcotics and alcohol prohibition crusader, Richmond Hobson, effectively led most Americans to believe that heroin was associated with crime and violence (Musto, 1973, 193) -- although the actual evidence was less compelling. Federal treatment centres for addicts were established in Lexington, Ky. and Fort Worth, Texas. Despite occasional concern in the 1930's and 40's about heroin addiction and crime, public concern and controversy was less intense than in the 1920's.

After World War II, heroin use among black urban youth and some whites emerged as a major concern. The penalty provisions for heroin/cocaine possession and sale became more severe. Efforts were undertaken to rehabilitate addicts at Riverside Hospital in New York City, but with relatively little evidence of success (Chein, et. al., 1964; Lindesmith, 1947, 1965).

During the administration of Governor Nelson Rockefeller, the current structure of drug laws, criminal statutes and treatment/rehabilitation system were developed. In 1967, New York State established special funding to oversee the treatment and rehabilitation of addicts and drug abusers, and, in part, to keep addicts out of the state prison (penal) system. The New York State treatment/rehabilitation system, administered by a special state agency ^{*}/, had two major components:

1) Civil and Criminal Commitment:

Persons who were found to be physically addicted to narcotics (heroin mainly) could be referred to a secure rehabilitation facility. Such "addicts" could volunteer for this treatment (civil commitment) or

^{*}/ This agency was the Narcotic Addiction Control Commission (1968-1970), Drug Abuse Control Commission (1971-1975), the Office of Drug Abuse Services (1976-1978), and Division of Substance Abuse Services (1979 - Present).

could be sentenced by courts to these facilities instead of state prison (criminal commitment). Criminals could be held in these facilities for a year and placed on "aftercare" (a form of parole) for up to 5 years after commitment. If conditions of "aftercare" were violated (they used narcotics or associated with other criminals), addicts could be returned to the secure treatment facility.

In the early 1970's, New York State had over 22 different rehabilitation (civil/criminal) commitment facilities with almost 5,000 residential, and 10,000 aftercare clients. These 15,000 addicts were the most criminally active in the State. With New York State's fiscal crisis in 1975-76, a growing awareness of the benefits of community-based treatment, and the lack of cost effectiveness of its facilities, the State closed them during the period 1976-1978. In addition to New York State, California and the federal government also established criminal commitment facilities in the late 1960's; all have been closed by 1982. As New York State phased out its treatment facilities and the laws providing for criminal and civil commitment, community based programmes took over the rôle of providing all drug abuse treatment. By 1982, there were almost 500 treatment and intervention programmes providing services in 1,700 locations.

2) Funding for Community-based Treatment Programmes:

New York State funds were provided to municipal governments which developed a treatment programme (such as the Addiction Services Agency in New York City 1968-1979), or which subcontracted with local hospitals and nonprofit organizations to provide treatment to addicts and other drug abusers in that community. Such clients were generally not involved with or were diverted from the criminal/penal system.

Four major types of community-based treatment "modalities" have emerged: chemotherapy (chiefly methadone maintenance treatment programmes), therapeutic communities and residential treatment programmes, outpatient drug-free programmes, and school based

prevention/intervention programmes (These are described under section D below). These treatment/rehabilitation programmes continue to provide services to a large number of addicts and non-addict drug abusers throughout New York State as documented in annual state plans and comprehensive planning reports (DSAS, 1981, 1982). In addition, the treatment prototypes developed in New York have expanded into other states in the U.S. and to foreign countries.

In 1973, the "Rockefeller" Drug Law was passed which mandated some of the harshest penalties ever imposed upon persons accused of violating drug laws (Japha, et. al., 1978). Life sentences without parole provisions were to be imposed upon those convicted of selling or possessing large amounts of controlled substances. Persons charged with such offences had little or no opportunity to "plea bargain" to a lesser charge having a lesser penalty. Persons with a prior felony conviction(s) ("predicate felons") were to be given a longer sentence if convicted. Additional state funds were appropriated to fund several "narcotics parts" (courts established to conduct trials in drug cases). Almost all persons convicted of such drug offences are sent to state prisons. (The penalty provisions are discussed in Section B below.)

The most recent major change in drug legislation occurred in 1978 when marijuana-related offences were removed from narcotics legislation and penalties by the state legislature. This change "decriminalized" the possession and sale of small amounts of marijuana and somewhat reduced the penalties if a person was convicted of sale or possession of large amounts of marijuana in comparison with the pre-1978 penalties.

There is an extensive literature on the magnitude of and changes in the use of heroin, cocaine, and other drugs since the late 1960's in New York State. This documentation shows that there was a major epidemic of heroin addiction between 1966-1973, especially among minority youth in New York City (DSAS, 1978b; Boyle and Brunswick, 1978; Brunswick, 1979; Clayton and Voss, 1981) -- which has also been documented else-

where in America (Rittenhouse, 1976; O'Donnell, et. al., 1976; Hughes, 1978).

A similar set of studies shows increases in the consumption of non-heroin drugs by the general youth population in New York State and elsewhere in the USA. In 1965, probably less than 5% of the state's high school youth or college students used marijuana or other drugs -- and probably less than half of the users consumed drug on a weekly basis (Johnson, 1973). By 1978, over half of the youth in grades 7 - 12 had tried marijuana in the past 6 months and 17% had used it 10 or more times in the past 30 days. Twenty-nine percent of the youth had used two or more substances non-medically within about the past six months (DSAS, 1978a). Even in the general population of all adults, approximately 15 percent report any use of marijuana and 27 percent report use of one or more drugs in the past 6 months (DSAS, 1981). These trends in New York State are parallel to those in the nation as a whole (Johnston, et. al., 1981; Fishburne, et. al., 1980).

Although many efforts have been undertaken in the legal/penal system to change patterns of illegal drug use and the connection to crime, such efforts have had little measurable impact upon existing patterns of drug consumption and distribution. For example, an evaluation of the "Rockefeller" Drug Law (Japha, et. al., 1977) concluded that the supply of heroin was ample and stable and not much different than in other cities outside New York State after this law went into effect. There was no evidence of a sustained reduction in heroin use after 1973. Predicate felony laws did not deter felony offenders from committing additional crimes. Moreover, recidivism rates were about the same before and after the new drug law. Despite investments in court personnel to try narcotics cases, the number of prison sentences imposed on repeat felony offenders did not increase greatly (Japha, et. al., 1977).

Likewise, decriminalization of marijuana possession and sale had little measurable impact upon levels of marijuana use. The proportion of marijuana users in New York State increased at about the same rates

as the Nation as a whole (Johnston, 1980; Johnston, et.al., 1981; Johnson and Uppal, 1980). Nevertheless, about 40,000 persons are receiving drug abuse services at any given point in time, at approximately 400 treatment unit clinics in the state. Such programmes appear to have an important impact upon patterns of criminal activity of active heroin addicts although such treatment does not completely eliminate crime by addicts and drug abusers.

B) Current New York State Criminal/Penal Law Regarding Drug Possession and Sale

New York State Law regarding the possession and sale of drug(s) are complex. Moreover, legislative amendments to the existing statutes occur regularly; court interpretations and case law further alter the application of the penalties. The basic definition of drugs and classifications in five "schedules" follows the federal (U.S.) statute: the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 93-513. The New York State penalty provisions are generally harsher than comparable federal provisions. With the exception of marijuana, persons may be arrested, convicted, and imprisoned for criminal possession or sale of a controlled substance, (Section 220 of N.Y. State Penal Law) depending upon the type of substance, the quantity possessed/sold, and whether they have prior felony convictions. These penalty provisions are summarized in Table 1. The following terms used in Table 1 are briefly defined below:

"Narcotic Drug" includes heroin, cocaine, most medically prescribed opiates, and most derivatives of opium/opiates or coca leaves.

"Narcotic Preparation" includes codeine and other opiate-based cough medicines which are mixed with other syrups or suspensions -- but in relatively small amounts.

"CSCS 2 Sec. 220.41 P.L." refers to Criminal Sale of Controlled Substances in the second degree, in Section 220.41 of the N.Y. State Penal Law.

"CPCS 4 Sec. 220.09 P.L." refers to Criminal Possession of Controlled Substances in the fourth degree, in Section 220.09 of the N.Y. State Penal Law.

"Concentrated Cannabis" refers to hashish.

In addition under the Marijuana Decriminalization Law of 1977 (Section 221), the sale and possession of relatively large amounts of marijuana remains a felony offence for which a person can be imprisoned depending upon the amount sold/possessed. Persons selling marijuana can also be fined sizable amounts or up to double the profit which a person made from selling marijuana. The possession of any amount up to 25 grams at home is not punishable by imprisonment or jail, but fines for possession may be imposed. Moreover, there are relatively few restrictions on plea bargaining, so many arrests with over 25 grams involving possession and even sale may result in a fine and no imprisonment. These provisions of the New York State law regarding marijuana are summarized in Table 2.

In addition to penal law, a wide variety of laws and regulations, based mainly upon federal statutes, govern the rights of physicians to prescribe controlled substances (N.Y. State Public Health Law, Article 33). Narcotics, stimulants, some barbiturates, and many other substances must be kept in a locked room or safe, each transaction carefully recorded, and records of large amounts maintained by each pharmacy or hospital dispensing room. In addition, physicians can write prescriptions in their offices for several amphetamines and barbiturates; but these must be entered on a special narcotics prescription form which must be forwarded to the State Department of Health where records are maintained for each prescriber, pharmacy, and other providers. Based upon information from such forms, the State Health Department may act to revoke physicians privileges to prescribe controlled substances and, in major cases, lead to criminal prosecutions of physicians or pharmacists.

C. Description of the Criminal Justice/Penal System in New York State

The New York State criminal justice and correctional system is also complex, but it is similar to that in other states and jurisdictions in the USA. This system has several components which are briefly described below.

1. Police and Enforcement Personnel

American society has given the power of arrest to local and state

police. The police department is typically controlled by the municipal or town governments. In smaller towns and unincorporated areas, sheriffs, state troopers, and other law enforcement personnel have the power of arrest. In large metropolitan areas, specially in New York City, the police department is organized by speciality areas. For example, a special narcotics bureau has major responsibility for enforcement of narcotic and drug laws and for arresting violators. Nevertheless, many of the drug arrests are made by police officers in local precincts. In addition to local (New York City) police officers, the Drug Enforcement Administration (the Federal Drug Enforcement Agency) has responsibility for and has assigned several agents to investigate and make arrests in cases involving interstate drug transactions in the New York Metropolitan Area.

The decision to arrest person(s) for violations of drug laws is complex and greatly circumscribed by case law and legal decisions. Since almost no one involved in a drug transaction complains to the police (i.e. drug possession and sale are "victimless" crimes), officers must frequently witness a sale or make a purchase with marked money to build a case which will result in a conviction. Limitations upon the kind of evidence which can be admitted in court proceedings, and the way in which the evidence was obtained, means that many cases or arrests for drug possession or sale may not be prosecuted nor a conviction secured, even though the arrestee appears clearly guilty of the offence.

2. Court System and Organization

When persons are arrested for drug possession or sale or for some crime (i.e. burglary) committed by an addict, they will be taken by the police officer to the Precinct station house or to "Central Booking" where the formal arrest information is given and the formal charges (more than one violation of law may have occurred) are sworn out against the arrestee. The arrestee is typically held in a local jail or detention facility until formal charges ("arraignment") are presented without delay by the (city or state) prosecutor to a lower court judge. The arrestee ("defendant") is typically represented by an attorney, usually a legal aid lawyer or

public defender, or a private attorney. If the facts of the arrest are inadequately documented or appropriate procedure was not followed by the police, or the arrest was not valid for any of various legal reasons, charges may be dismissed by the judge. If the charges appear valid (a "prima facie case"), the judge: a) may set bail (a money bond posted to assure the defendant's return to court), b) release the defendant on his own recognizance (with the promise to return), c) suggest diversion of the defendant to a drug treatment or other rehabilitation programme, d) accept a "guilty plea" to the same or a lesser charge, e) refer the case for another hearing (or set of hearings) by another criminal court judge, e) refer a felony case to a "grand jury", or f) some combination of all of these.

After arraignment, the defendant may be involved in several additional court appearances where lawyers attempt to admit or suppress evidence, reduce charges, change conditions of bail or treatment involvement, etc. While the largest bulk of cases receive the least serious dispositions (a - d) above, the most serious cases (the "felony" cases) are typically referred to the "grand jury" which hears the prosecutor's evidence for a given case and determines whether enough evidence exists to send the case to trial. If so, the defendant is formally "indicted", and the prosecutor begins to prepare the case for trial. If a case goes to trial, the defendant is presumed "innocent until proven guilty". The prosecutor must prove "beyond reasonable doubt" that the defendant committed the offence(s) charged.

Depending upon the type of offence, the strength of the prosecutor's case, and the defendant's willingness, most cases are settled prior to trial, and frequently before grandjury indictment by "plea bargaining". This occurs when the defendant's lawyer negotiates with the prosecutor that if the prosecutor will withdraw the original charges at arrest, for which a lengthy sentence is mandated, the defendant will admit to committing (plead guilty) a similar offence having a lesser sentence. Frequently, the sentence is informally agreed to by the prosecutor, defence

attorney, and judge prior to the official entry of the guilty plea.

In many cases where a defendant has been indicted by the grand jury, especially of major drug sales (felony levels A, B, and C), New York State law currently is designed to prevent "guilty pleas" to misdemeanour crimes and lower level felonies which carry substantially lower sentences.

After a guilty plea or a trial, which finds the defendant guilty of some criminal charge, the judge obtains a "presentence" report from the probation officer and defendant may submit information in his behalf for persons who know him assessing his character and background. The judge then imposes a sentence within the legally prescribed minimum and maximum sentence given by statute. If the conviction is for felony, the defendant is typically sentenced to one or more years in a state prison, depending upon the level of the felony (see Section B and Tables 1 and 2). New York State prisons now hold about 23,000 convicted felons; approximately 60% of these are believed to be drug addicts by correctional officials. If drug users/addicts, are convicted of a less severe felony or misdemeanour charge, they may be sentenced to serve up to 12 months in a local jail or county penitentiary, or be placed upon probation, or probation with a condition of participating in a drug treatment programme, or be fined, or a combination of all these outcomes.

At the current time, persons convicted of a non-drug crime (like robbery, burglary, grand larceny) who are also heroin addicts, will generally be convicted and sentenced like non-addict criminals to a term in state prison. During the period of Criminal Commitment programmes (1968-77), many such addicted felons convicted of non-drug crimes were treated in the state's rehabilitation facilities.

Upon completion of a prison sentence, many ex-felons are released on "parole". This involves regular reporting to a parole officer on a weekly or monthly basis. Parolees are to remain drug free and avoid involvement with other criminals. If they are arrested, or otherwise violate parole conditions, they can be returned to prison.

D. Description of the Drug Treatment/Rehabilitation/Prevention System

The treatment/rehabilitation system for drug abusers in New York State is described in annual reports. The most recent report is provided in the Division of Substance Abuse Service's Statewide Comprehensive Five-Year Plan 1982-83 (DSAS, 1982).

Since the closing of the Criminal/Civil Commitment rehabilitation facilities in 1976-77, all treatment services are provided by local community providers such as county or city governments, hospitals, mental health agencies, non-profit and for-profit clinics and organizations, and a variety of other groups.

The State agency has the major responsibility, under Mental Hygiene Law (Appendix C -- DSAS, 1982), for entering into contracts with such local providers. Under existing legislations, this agency also develops needs assessments and statewide plans, conducts research and evaluation, develops state budget requests, distributes state and federal funds received, licenses programmes, enters into contracts with and monitors the performance of treatment programmes, provides technical assistance and training, and otherwise assures that high quality services are provided to drug abusers in need of treatment.

The treatment/rehabilitation/prevention system which has emerged in New York State has four major thrusts -- which are frequently referred to as "modalities". Moreover, each modality described below may have variations which are important for selected groups of respondents.

1. Chemotherapy -- Methadone Maintenance Programmes (MMTP)

Methadone maintenance treatment was developed by Dr. Vincent Dole in the late 1960's, as a major way of treating a large number of heroin addicts at a relatively low cost. This involves a physician determining whether an applicant is physically dependent upon heroin or other opiate for more than a year. If so and if the person is accepted into treatment, the MMTP client is given oral methadone, a long acting opiod, upon which he/she is maintained for a period of time.

These MMTP clients are currently treated in clinics, generally affiliated with a hospital, (although some are private, for-profit clinics), generally having about no more than 300 clients. In 1982, there were 137 clinics treating about 31,500 Methadone clients. Most of the clients reside in the New York City area where the majority of programmes are located.

2. Residential Drug Free Treatment Programmes

Another major modality is residential drug free treatment. This involves the addict/drug abuser volunteering (or being assigned as a condition of probation/parole) to a residential treatment programme. They attend a programme where they live in a residence and receive intensive therapy and efforts to change their life patterns during the course of one year or more of treatment.

One major subtype of residential programmes is referred to as "Therapeutic Communities". These programmes have a highly articulate philosophy of attempting to reconstruct an addict's (or drug abuser's) personality through intensive group therapy, rewards and punishments, and helping the client understand how his life needs to change. In 1982, there were approximately 50 units offering residential treatment to almost 3,300 clients.

3. Day Care/Outpatient Drug Free Programmes

This modality of community drug programme covers a wide variety of treatment/rehabilitation services offered by local community health care agencies and non-profit organizations. Typical clients are not heroin addict but abusers of other drugs. Such service providers do not dispense methadone or other chemical agents and their clients do not live in a programme's residence. As in other types of treatment, the client is generally in the programme on a voluntary basis or as a condition of parole or probation. The clients continue to reside in their own community and homes. They participate in a structured daily treatment and constructively spend time away from drugs while developing new and positive behaviour patterns.

These programmes offer various forms of counselling, vocational, psychotherapy, group and individual therapy, and multiple services for youth. The types of services provided are adjusted to fit within local community needs. New York State currently funds about 210 day care programmes attended by about 10,000 clients.

4. Prevention/Intervention Programme

State funds also support programmes which direct efforts towards reducing the incidence of drug abuse, with particular emphasis upon school-aged youth and other underserved high risk groups such as the elderly, handicapped, and ethnic minorities.

Such prevention efforts include:

- a) public information campaigns providing factual data about the dangers of substance misuse and abuse;
- b) school-based programmes which assist students in developing the social skills necessary to function without reliance upon substances;
- c) alternative and recreational diversion programmes sponsored by local drug prevention councils;
- d) intervention efforts emphasizing both short-term and long-term counselling and referral services;
- e) development of parent and community groups to organize and work with other institutions in local areas to stop drug traffic and use among youths.

In 1982, State funds provided services in 83 public school-based prevention/intervention programmes operating in 900 school buildings in districts serving over 60% of the students in the State.

Thus, drug treatment/rehabilitation/prevention efforts in New York State are widespread, diverse in content, and reach a large number of persons -- although a much larger proportion of the population continues to report routine involvement in substance abuse and to be in need of treatment (DSAS, 1982).

NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
 Table 1 -- Criminal Sale or Possession of Controlled Substances
 In Effect as of 1982

Penal Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences (In Years)	
					Minimum	Maximum
CPS 1 Sec. 220.43 P.L.			CPCS 1 Sec. 220.21 P.L.			
1 - 1	1) Narcotic Drug	1) 2 Ounces or More	1) Narcotic Drug	1) 4 Ounces or More	15 - 25	Life
	2) Methadone	2) 2,800 MG or More	2) Methadone	2) 5,760 MG or More		
CPS 2 Sec. 220.41 P.L.			CPCS 2 Sec. 220.18 P.L.			
2 - 2	1) Narcotic Drug	1) 1/2 Ounce or More	1) Narcotic Drug	1) 2 Ounces or More	First Conviction 3 - 10 1/2	
	2) Methamphetamine	2) 1/2 Ounce or More	2) Methamphetamine	2) 2 Ounces or More	Predicate Felon 6 - 12 1/2	
	3) Stimulant	3) 3 G or More	3) Stimulant	3) 10 G or More		
	4) L.S.D.	4) 5 MG or More	4) L.S.D.	4) 25 MG or More		
	5) Hallucinogen	5) 125 MG or More	5) Hallucinogen	5) 625 or More		
	6) Hallucinogenic Substance	6) 5 G or More	6) Hallucinogenic Substance	6) 25 G or More		
	7) Methadone	7) 360 MG or More	7) Methadone	7) 2,880 MG or More		
CPS 3 Sec. 220.39 P.L.			CPCS 3 Sec. 220.16 P.L.			
3 - 3	1) Narcotic Drug	1) Any amount	1) Narcotic drug with intent to sell	1) Any amount	Life Imprisonment	
	2) Stimulant, Hallucinogen, Hallucinogenic Substance, and LSD	2) Any amount and previously convicted of Art. 220 Offense or attempt or conspiracy	2) Stimulant, Hallucinogen, Hallucinogenic Substance or LSD	2) Any amount and previously convicted of Art. 220 Offense or Attempt or Conspiracy	First Conviction 0 - 10 1/3	
	3) Stimulant	3) 1 G or More	3) Stimulant with intent to sell	3) 1 G or More	Predicate Felon 4 1/2 - 12 1/2	
	4) LSD	4) 1 MG or More	4) LSD with intent to sell	4) 1 MG or More		
	5) Hallucinogen	5) 25 MG or More	5) Hallucinogen with intent to sell	5) 25 MG or More		
	6) Hallucinogenic Substance	6) 1 G or More	6) Hallucinogenic Substance with intent to sell	6) 1 G or More		
	7) Methamphetamine	7) 1/8 Ounce or More	7) Methamphetamine with intent to sell	7) 1/8 Ounce or More		
	8) Phenylethylamine	8) 1 G or More (Undiluted)	8) Stimulant	8) 5 G or More		
	9) Narcotic Preparation	9) Any amount to person under 21	9) LSD	9) 5 MG or More		
			10) Hallucinogen	10) 125 MG or More		
			11) Hallucinogenic Substance	11) 5 G or More		
			12) Narcotic Drug	12) 1/2 or More		

NEW YORK STATE PENAL LAW REVISIONS: DRUG VIOLATIONS
 Table 1 (Continued) -- Criminal Sale or Possession of Controlled Substances
 In Effect as of 1992

Felony Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences (in years)	
					Minimum	Maximum
	CPCS 4 Sec.220.34 P.L.		CPCS 4 Sec.220.09 P.L.		(10 years)	
	1) Narcotic Preparation 2) Dangerous Depressant 3) Depressant 4) Marijuana	1) Any Amount 2) 10 Ounces or More 3) 2 Pounds or More 4) Any Amount Concentrated Cannabis	1) Narcotic Drug 2) Methamphetamine 3) Narcotic Preparation 4) Stimulant	1) 1/8 Ounce or More 2) 1/2 Ounce or More 3) 2 Ounces or More 4) 1 G or More	First Conviction 0 - 5 1 - 15	
	5) Phencyclidine 6) Methadone	5) 500 MG (Undiluted) 6) Any Amount	5) LSD 6) Hallucinogen 7) Hallucinogenic Substance 8) Dangerous Depressant 9) Depressant 10) Marijuana 11) Phencyclidine 12) Methadone	5) 1 MG or More 6) 25 MG or More 7) 1 G or More 8) 10 Ounces or More 9) 2 Pounds or More 10) 1 Ounce or More Concentrated Cannabis 11) 2,500 MG (Undiluted) 12) 360 MG or More	Predicate Felon 1 - 7 1/2 6 - 15	
	CPCS 5 Sec.220.31 P.L.		CPCS 5 Sec.220.06 P.L.			
	1) Any Controlled Substance	1) Any Amount	1) Controlled Substance 2) Narcotic Preparation 3) Phencyclidine 4) Marijuana	1) Any Amount 2) 1/2 Ounce or More 3) 500 MG 4) 1/4 Ounce or More Concentrated Cannabis	First Conviction 0 - 3 1/2 1 - 7 Predicate Felon 3 - 5 1/2 4 - 7	
	NONE		CPCS 6 Sec.220.05 P.L. 1) Phencyclidine	1) 100 or More but less than 500 MG Undiluted Phencyclidine	First Conviction 0 - 0 1 - 4 Predicate Felon 2 - 7 1/2 4 - 7	
	1) A Controlled Substance	Any Amount			One Year Maximum	

NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
 Table 1 (Continued) -- Criminal Sale or Possession of Controlled Substances
 In Effect as of 1982

Felony Class	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences (in Years)	
					Minimum	Maximum
	CPCS 4 Sec.220.34 P.L.		CPCS 4 Sec.220.09 P.L.		(in Years)	
	1) Narcotic Preparation 2) Dangerous Depressant 3) Depressant 4) Marijuana	1) Any Amount 2) 10 Ounces or More 3) 2 Pounds or More 4) Any Amount Concentrated Cannabis	1) Narcotic Drug 2) Methamphetamine 3) Narcotic Preparation 4) Stimulant	1) 1/8 Ounce or More 2) 1/2 Ounce or More 3) 2 Ounces or More 4) 1 G or More	First Conviction 0 - 5 1 - 15	
	5) Phencyclidine 6) Methadone	5) 500 MG (Undiluted) 6) Any Amount	5) LSD 6) Hallucinogen 7) Hallucinogenic Substance 8) Dangerous Depressant 9) Depressant 10) Marijuana 11) Phencyclidine 12) Methadone	5) 1 MG or More 6) 25 MG or More 7) 1 G or More 8) 10 Ounces or More 9) 2 Pounds or More 10) 1 Ounce or More Concentrated Cannabis 11) 2,500 MG (Undiluted) 12) 360 MG or More	Predicate Felon 1 - 7 1/2 6 - 15	
	CPCS 5 Sec.220.31 P.L.		CPCS 5 Sec.220.06 P.L.			
	1) Any Controlled Substance	1) Any Amount	1) Controlled Substance 2) Narcotic Preparation 3) Phencyclidine 4) Marijuana	1) Any Amount 2) 1/2 Ounce or More 3) 500 MG 4) 1/4 Ounce or More Concentrated Cannabis	First Conviction 0 - 3 1/2 1 - 7 Predicate Felon 2 - 4 1/2 4 - 7	
	NONE		CPCS 6 Sec.220.05 P.L.	1) 100 or More but less than 500 MG Undiluted Phencyclidine	First Conviction 0 - 0 1 - 1 Predicate Felon 2 - 3 1/2 1 - 7	
			1) A Controlled Substance	Any Amount	One Year Maximum	

NEW YORK STATE PENAL LAW REGARDING DRUG VIOLATIONS
 Table 2 -- Criminal Sale or Possession of Marijuana
 in Effect as of 1982

Category	Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences (Minimum/Maximum)	
					Minimum	Maximum
C	Marijuana 1 Sec. 221.55 P.L.	More than 16 Ounces	Marijuana 1 Sec. 221.30 P.L.	More than 10 Pounds	First Offense	
	Marijuana		Marijuana		1-5 Yrs.	1-15 Yrs.
					Predicate Felon 1/2 Max 6-15 Yrs. FINE: \$5,000 or up to double the profit.	
D	Marijuana 2 Sec. 221.50 P.L.	1) More than 4 Ounces OR 2) Cells to person less than 18 Years Old	Marijuana 2 Sec. 221.25 P.L.	More than 16 Ounces	First Offense	
	Marijuana		Marijuana		1 - 2 1/2 Yrs. OR UP TO 1 YEAR MANDATORY	1 - 7 Yrs.
					Predicate Felon 1/2 Max 1 - 7 Yrs. MANDATORY FINE: \$5,000 or up to double the profit.	
E	Marijuana 3 Sec. 221.45 P.L.	1) More than 25 Grams	Marijuana 3 Sec. 221.20 P.L.	More than 8 Ounces	First Offense	
	Marijuana		Marijuana		1 Yrs. OR UP TO 1 YEAR MANDATORY	1 - 4 Yrs.
					Predicate Felon 1/2 Max 1 - 4 Yrs. FINE: \$5,000 or up to double the profit.	

PENAL LAW VIOLATIONS
 Article 2 (continued)
 Criminal Sale or Possession of Marijuana
 In Effect as of 1982

Criminal Sale of:	Quantity	Criminal Possession of:	Quantity	Sentences
Marijuana 4 Sec. 221.45 P.L.		Marijuana 4 Sec. 221.15 P.L.		
Marijuana	less than 25 Grams Any Quantity Except as in Section 221.35	Marijuana	More than 2 Ounces	Up to 1 Year Fine: \$1,000 or up to double the profit
Marijuana 5 Sec. 221.35 P.L.		Marijuana 5 Sec. 221.10 P.L.		
Marijuana	1 Cigarette or 2 Grams or less transferred without consideration?	Marijuana	1) In public places burning or open to public view OR 2) More than 25 Grams	Up to 1 Year Fine: \$500 or up to double the profit
		Possession of Marijuana Sec. 221.05	Any Quantity	First offense* Fine up to \$100 Second offense* Fine up to \$200 Third offense* Fine up to \$250 or jail up to 15 days or both *Within 1 year of either article 220 or article 221 offense of the penal law

IX. DRUG CRIMINALITY AND DRUG ABUSE IN SWEDEN 1969-1981
THE NATIONAL SWEDISH COUNCIL FOR CRIMINAL BEHAVIOUR

Drug abuse and other criminality than drug offences

The causal connection between drug abuse and criminality in general is difficult to analyse on the basis of drug offences. It is evident that drug abusers often commit crimes against the Narcotic Drugs Act and the Smuggling of Goods Act, involving drugs. This is principally a result of the criminalization of drug traffic in different forms. Another more perceptible connection between drug abuse and criminality is when drug abusers commit other types of crimes such as crimes against property, against persons, etc. In such cases it is considered that the drug abuse generates the criminal activity. There are different points of view concerning drug abuse as criminogenic factor, among which that drug abusers exhibit a high crime rate (Bejerot, 1975) and that a large proportion of criminals are drug addicts (Knutsson and Kùhlhorn, 1980). Political debates often reveal a simplified view of drugs as cause of crime.

By way of example may be mentioned the assertion that the consumption of marijuana leads directly to aggressiveness, violence and other criminal actions. Several research reports state that there is no evidence of cannabis having a criminogenic effect. Statements of the alleged relation between cannabis and acts of criminal violence are based upon inadequate investigations in which, quite simply, data of criminal acts have been combined with data on use of cannabis without analysing important background variables and without using comparable control groups (The Canadian Commission of Inquiry, 1972; Goode, 1975).

The causal connection between drug abuse and criminality should be seen as a more complicated phenomenon. To be able to study this connection it is important to have a more discriminating view of the abuse career, as a process of development from experimental, occasional and habitual abuse to freedom from abuse.

We have already noted that an essential question when analysing correlation between criminality and drug abuse is the time sequence. Does drug abuse precede criminality or does criminality precede drug abuse?

Taylor and Albright (1981) studied a population of 1,328 heroinists in respect of their criminality before abuse of the drug and the connection between different types of crime unrelated to drugs and the use of heroin. They came to the following conclusion: crimes unrelated to drugs often precede the use of heroin since there is no correlation between age at start of use and age when crimes unrelated to drugs were committed on the first occasion.

Inciardi (1980) also analysed a group of heroin addicts. Almost all had committed crime. He stated that criminality had preceded the misuse of heroin. As evidence he calculated the median age for the first crime (14.2 years) and for the start of use of heroin (16.8 years). Also in a population using marijuana, alcohol, barbiturates and cocaine the median age for the start of crime was 13 years and for the first use of the drug 14.3 years. Inciardi, however, considers that the causal connection between drug abuse and crime may run a varying course in different youth groups.

Mott (1975) writes that the correlation between drugs and criminality depends, among other factors, on how often and at what age the drug abuser had his first contact with the control apparatus. Other factors as well, such as the type of drug used and the adolescent environment, may have a significance for the correlation. Such variables as adolescent environment and age at first commitment of crime play an important rôle, too, in non-addicts as regards predisposition to deviational behaviour. Similar conclusions were reached by Johansson and Bjerver (1982) in a study of drug abuse, social conditions and criminality among a population of 510 persons on remand in Stockholm. Their study covers both drug and alcoholic abuse. In 56% of the cases it was found that drug abuse (narcotics and alcohol) had preceded criminality and in 38% that criminality had preceded drug abuse. Their conclusion is that nothing in the resulting data points unambiguously to abuse as cause of criminality despite the existence of

a certain statistical relation. Other factors appear to be the cause of both phenomena.

The type of drug and the phase in the abuser's career may have some significance for criminal activity. There is therefore reason to make a more thorough analysis of the connection between drugs and criminality. The problem involved should be more clearly specified. It is also important to study how the crime panorama is affected after the start of drug abuse. The problem should be related, too, to the type of drug and to the intensity of abuse.

The interest of drug abuse researchers has hitherto been directed chiefly to very limited populations such as the prison clientele of the clientele of the remand prison in Stockholm (Bejerot, 1975; Bjerver and Johansson, 1982). These studies often embrace an unproportionately large number of heavy addicts who have a high crime rate. The same objection applies to studies of abusers already listed in criminal registers (Hammar and Szulkin, 1981). It may be methodologically erroneous to generalize the results from these studies to other abuser groups.

Certain limited information concerning the crime panorama of persons sentenced for drug crimes or abusers of drugs can be obtained from the official criminal statistics. Table 1 shows the results of an analysis of prosecutions in drug cases involving other than drug offences. The data cover the period 1975-1980. One can see what other types of crime have been prosecuted simultaneously with (in the same year as) the drug offences. This statistic, however, gives an incomplete picture of the crime rate of those sentenced for drug offences. Particulars from other prosecutions of these persons are lacking. A supplementary analysis of the years 1979 and 1980 shows that in the periods 1975-1979 and 1975-1980 some of these persons had been found guilty of other types of crime in other than drug cases (Table 2).

The latter statistic as well gives a limited idea of the crime rate of the studied population. A certain lack in it is that it records the number of types of crime prosecuted but not the incidence of these types of crime.

TABLE 10. 1

PERSONS CONSENTING TO SUMMARY TRIAL BY PROSECUTOR OR SENTENCED FOR DRUG OFFENCE, ACCORDING TO WHETHER THE CHARGE COVERED OTHER THAN A DRUG OFFENCE, 1975-1980

N.B. WHEN A CHARGE COVERS ONE OR MORE "OTHER CRIMES", ALL OF THESE ARE PROSECUTED. A CHARGE MAY THUS OCCUR IN SEVERAL COLUMNS BUT ONLY ON ONE LINE

Year	No other crime	Other than drug offences					Crime against the public	Crime against the State	Crime against the Road Traffic Offences Act	Crime against other laws
		Crime against person	Unauth- orized taking	Crime against property	Receiving	Damage				
1975	1,422	116	659	349	96	204	80	192	471	218
1976	1,273	142	809	469	102	305	133	187	635	284
1977	1,550	145	831	460	101	298	101	105	679	268
1978	1,856	136	751	393	93	235	115	129	551	252
1979	2,143	105	623	328	95	204	92	135	443	200
1980	3,442	197	1,003	472	172	345	164	148	605	285

TABLE No. 2

PERSONS CONSENTING TO SUMMARY FINE BY PROSECUTOR OR SENTENCED FOR DRUG OFFENCE,
1979 and 1980, ACCORDING TO WHETHER THEY WERE FOUND GUILTY OF OTHER CRIMES THAN
DRUG OFFENCES IN THE PERIODS 1975-1979 AND 1975-1980

Year	Other crimes than drug offences (gross figures)									
	No other crime	Crime against person	Crime against Unauth- orized taking	Crime against property Receiv- ing	Damage	Other	Crime against the public	Crime against the State	Crime against the Road Traffic Offences Act	Crime against other laws
1979	893	564	1,681	939	472	784	356	563	1,446	616
1980	1,246	952	2,572	1,178	749	1,158	455	772	2,165	1,102

INSTITUT DE RECHERCHE DES MATIÈRES CÉLÈSTES

Reported drug-related crimes of procurement

Data of crimes committed in order to procure drugs are considered to illustrate the crime rate of the drug abusers. Such crimes are, for example, fraud through the use of stolen prescription forms and forgery or thefts from chemists, pharmaceutical stocks, medical and dental clinics or hospitals.

As regards unlawful prescription of drugs there are no available data permitting an analysis of cases when a physician prescribes larger doses of abuse drugs than are medically justified. The extent to which drugs are procured through unlawful prescription is difficult to estimate without carrying out special investigations of prescriptions.

In Sweden about one million prescriptions for narcotic drugs are issued every year (principally soporifics and tranquillizers). One of the ways of unlawful acquisition of lawful drugs is that - especially in the cities - the abusers issue prescriptions over the telephone, professing to be doctors. There are no data concerning the frequency of this procedure. In practice a charge of fraud would appear to be preferred only in a limited number of cases.

There are no detailed figures of thefts of psychodrugs or lawful narcotics. But it may be presumed that the reason for most thefts from chemists, pharmaceutical stocks, doctors and dentists or hospitals is the procurement of habituating drugs. It may therefore be warranted to study the trend of reported thefts from chemists, pharmaceutical stocks, doctors, dentists and hospitals in the period 1969-1981.

The trend of thefts from chemists, pharmaceutical stocks, doctors, dentists and hospitals may depend on many factors; the availability of drugs on the illegal market, the price level, the quality of physical protection (e.g. alarm devices), the clearing-up rate, etc. The changes which have occurred since 1975 are not so great as to allow conclusions which would explain the trend of drug consumption in the country. An increase of thefts from hospitals or pharmaceutical stocks may be a result

for example, of difficulties of procurement on the illegal market regardless of whether drug consumption has gone up. This shows the problem of interpreting such changes.

TABLE No. 3.
 THEFTS FROM DOCTORS AND DENTISTS, HOSPITALS,
 CHEMISTS AND PHARMACEUTICAL STOCKS, 1969-1981

	Doctors, dentists and hospitals	Chemists and pharmaceutical stocks	Total
1969	128	12	140
1970	118	15	133
1971	121	9	130
1972	106	11	117
1973	149	15	164
1974	117	37	154
1975	955	65	1,020
1976	1,285	82	1,367
1977	1,297	72	1,369
1978	1,094	91	1,185
1979	1,360	117	1,477
1980	1,256	110	1,366
1981	1,544	113	1,657

Final conclusions

Analysis of the available criminal statistics shows that drug criminality cannot be regarded as a direct indicator of the extent of the drug problem. During certain periods drug criminality may increase without drug abuse following at the same rate. A more restrictive criminal policy as regards drugs may lead to greater efforts on the part of the police, which in turn affects the number of reported drug crimes. The dark figure for drug crimes, moreover, may be of such magnitude that

there is sufficient "scope" for new drug crimes without any change in actual criminality necessarily having occurred. The available criminal statistics afford evidence that this hypothesis is more probable.

Additional research is necessary to gain an overall picture of the crime rate among drug abusers. This should comprise populations representing different forms of abuse, both occasional and habitual. Knowledge is lacking also of the preventive effect of the restrictive drug policy. A multifaceted evaluation of this could serve as a basis for conclusions as regards criminal policy.

X. DRUG MISUSE AND CRIME IN THE UNITED KINGDOM
HOME OFFICE RESEARCH AND PLANNING UNIT

The drug control legislation

1. The control legislation at present in force is the Misuse of Drugs Act 1971 (which came fully into force in July 1973). The Act retained the same regime of control as the earlier legislation. The main controls imposed by the Act regulate the import and export, production, supply and possession of the drugs specified in Schedule 2 of the Act. In the Schedule controlled drugs are divided into three classes according to the best judgement of the relative dangers of their misuse and penalty levels for offences involving them are set accordingly. Class A drugs include most of the natural and synthetic opioids (specified individually by name), cocaine, LSD, injectable amphetamines and cannabinol; Class B includes codeine, oral amphetamines and cannabis (including the resin and any part of the plant other than the mature stalk and seeds when separated from the plant); Class C includes methaqualone and certain amphetamine-type drugs.

2. The offences created by the Act include the unlawful production, supply, possession with intent to supply, and possession of the controlled drugs. Unlawful possession of any amount of a controlled drug, whether or not it is allegedly intended for personal use, is an offence. The effect of the Act is to make any activity in relation to a controlled drug unlawful unless it is positively authorized. Members of the medical and allied professions are authorized to carry out those activities involving controlled drugs which are necessary for the practice of their professions. Possession of controlled drugs by patients to whom they have been prescribed by a duly qualified medical practitioner is also, necessarily, authorized.

3. Offences under the Misuse of Drugs Act may be prosecuted summarily or upon indictment, and the maximum penalties are related both to the type of offence and to the class of drug involved. Table 1 gives examples of the maximum penalties that may be awarded by the courts. The courts may deal with an offence under the Act by awarding any of the penalties

available to them so long as the maxima for the offence is not exceeded (see Table 8 for the sentences awarded for drug offences in 1981). In general, under English and Scottish law there are no mandatory minimum penalties. The maximum determinate sentence of immediate imprisonment for any offence is 14 years and there is an indeterminate sentence of life imprisonment. There is no death penalty in the United Kingdom.

4. Offences involving controlled drugs may be committed under other statutes. The import and export prohibitions under the Misuse of Drugs Act are offences under the Customs and Excise Management Act 1979 and its predecessors. Other offences involving controlled drugs may be committed under the Theft Act 1968 or the Forgery Act 1913.

5. Drugs are also controlled by the Medicines Act 1968. All medicinal products other than those on a General Sales list (i.e. aspirin) may be sold only from registered pharmacies. Medicinal products containing controlled drugs are subject to this restriction and all, except those containing very small quantities of controlled drugs, may only be supplied on a prescription from a duly qualified medical practitioner. The psychoactive drugs (tranquillizers, sedatives and hypnotics) also require a prescription. It is intended that barbiturates should be controlled by the Misuse of Drugs Act. Prescriptions for controlled drugs (except from a medical practitioner who is specifically exempted by the Secretary of State) must provide full details of the prescriber, the drugs and the patient, and must be written in the prescriber's own handwriting.

6. The Misuse of Drugs Act (Notification and Supply to Addicts) Regulations 1973 require any doctor to notify the Chief Medical Officer of the Home Office if he sees a patient whom he considers to be, or has reasonable grounds to suspect is, addicted to any of fourteen Class A controlled drugs. These drugs include cocaine, diamorphine (heroin), dipipanone (Diconal), methadone, morphine, opium and pethidine. Under these Regulations the prescribing, supply or administration of heroin or cocaine to addicts is prohibited except under licence from the Home Secretary or for the purpose of treating organic disease or injury.

7. If any medical practitioner or pharmacist is convicted of an offence under the Act or under the Customs and Excise Management Act 1979, his authority to possess, prescribe, administer, manufacture, compound or supply controlled drugs may be withdrawn by direction from the Home Secretary. The Home Secretary may similarly withdraw the authority to prescribe such drugs from a medical practitioner he believes has been prescribing them irresponsibly. A system of tribunals has been established to advise him on these matters. Between 1976 and 1978 tribunals were convened on eight occasions and the authority to prescribe controlled drugs was withdrawn from five practitioners.

8. The Act established the Advisory Council on the Misuse of Drugs with the duty to keep under review the problems of drug misuse and to advise Ministers on ways of dealing with them.

9. The United Kingdom is a signatory to the United Nations Single Convention on Narcotic Drugs, and controls many of the substances scheduled under the 1971 Convention on Psychotropic Substances.

Treatment and rehabilitation for drug misusers

10. Every British resident is eligible for free treatment under the National Health Service (NHS). Anyone covered by these provisions and seeking help because of their drug misuse may approach a doctor who is a general practitioner who, if he accepts the person as a patient, may treat him as he thinks appropriate. The doctor may not prescribe heroin or cocaine, unless specially licensed to do so, to a patient he considers, or suspects, is addicted to any controlled drug. The rôle of the general practitioner since 1968 in treating misusers (i.e. since the licensing regulations came into force and the setting up of the Drug Treatment Centres) is largely unexplored, although there is evidence that their involvement is increasing.

11. The Drug Treatment Centres (DTCs) were established in 1968 primarily to treat heroin addicts. Patients dependent upon non-opioid drugs have not usually been accepted for treatment. The DTCs operate as out-patient clinics (with some access to in-patient beds) within the hospital service

of the NHS. Patients may be referred by their general practitioners, by social work agencies or they may refer themselves. Long-term treatment depends largely upon continued out-patient contact. Shortage of resources has meant that only a minority of drug misusers may be offered voluntary treatment in hostels or therapeutic communities by non-statutory agencies. Seeking and continuing to accept treatment from the DTCs by drug misusers or addicts is entirely voluntary.

12. There is no compulsory treatment of drug misusers in the United Kingdom. In the case of drug misusers found guilty of any offence the courts may award any sentence, within the maxima for that offence, that it considers appropriate. The court may, with the consent of the offender, make a probation order with the condition of psychiatric treatment, either in a hospital or as an out-patient. In England and Wales, if the court is convinced that the offender is suffering from mental disorder, as defined by the Mental Health Act 1959, it may make an order under the Act for the offender to be sent to a psychiatric hospital either with no restriction on release or requiring authorization from the Home Secretary. "Drug addiction" is not defined as mental disorder under the Act. It is not known how many notified addicts or drug misusers have been so sentenced but the number must be very small indeed as the courts make very sparing use of their powers under the Act.

13. A recent report by the Advisory Council on the Misuse of Drugs, "Treatment and Rehabilitation" (1982), noted that there was considerable variation between DTCs in their assessment, treatment and prescribing practices. The majority of new patients are usually prescribed small daily doses of oral methadone only, and injectable opioids are now rarely prescribed to them. Prescribing of opioids is usually considered to be only part of a treatment programme, although some clinicians are prepared to continue to prescribe injectable opioids over an indefinite period. In some DTCs patients who have been so prescribed may be encouraged, or required, to accept oral methadone instead. Some DTCs do not prescribe opioids in any form at all.

14. The report, noting that most drug dependent persons use a variety of different drugs, recommends that the treatment and rehabilitation services

for them should be geared to helping problem drug takers "..... to solve common problems rather than to be merely substance or diagnosis centred". It is recommended that the present DTCs should continue to treat the most serious "problem drug takers", who are defined as "drug takers for whom the misuse of drugs, whether opioids, other drugs controlled by the Misuse of Drugs Act, or such drugs as barbiturates and tranquillizers which are not controlled, is a central feature of their life style".

15. Stimson and Oppenheimer (1982), in a review of the operation of the DTCs, note that in contrast to the methadone maintenance programmes in the United States, the treatment policy and practice of the United Kingdom DTCs is left entirely to the discretion of the clinicians in charge of them, almost all of whom are psychiatrists. (The Advisory Council report recommends that guidelines should be drawn up on good medical practice in the treatment of problem drug takers.)

16. Comparing their own observations of some London DTCs and interviews with the staff and patients in 1969 with similar information collected between 1977 and 1981, they found marked changes in the attitudes and prescribing practices of the doctors. Most particularly, there was a questioning of, and a disenchantment with, the efficacy of the maintenance prescribing of injectable opioids. Edwards (1979) has described the earlier prescribing practice of the DTCs as "competitive prescribing" which, in addition to its treatment function for individual patients, also played a vital rôle in prevention by undercutting the cost of drugs on the black market, and making an illicit trade in heroin less attractive to the criminal entrepreneur.

17. Stimson and Oppenheimer note that since 1975/76 almost all patients at the DTCs have been prescribed oral methadone only and suggest that this change in treatment practice has probably resulted in a change in the clientele attending. In the early days the drug users attended because they wanted, and expected to get, a licit supply of injectable drugs. Now that such drugs are unlikely to be prescribed, the people who go to the DTCs and stay with them may only be those who seek help to become abstinent.

18. They adduce the evidence that many drug users - casual users of opioids, barbiturate users and polydrug users - do not attend the DTCs. There has been an increase in the number of addicts notified by "other doctors" (see Table 4) and studies of hospital accident and emergency departments have shown that many patients treated for drug overdoses are drug dependent and not in contact with a DTC (Ghodse, 1977).

The prevalence of opioid use

19. Doctors who see patients whom they consider to be, or suspect are, addicted to certain Class A controlled drugs are required to notify the patient to the Chief Medical Officer of the Home Office (see paragraph 6). The notification should include the names, address, sex, date of birth, date of attendance and the names of the drug or drugs the patient is using.

20. Each year a small number of persons are notified who have become addicted to controlled drugs in the course of treatment for disease, the "therapeutic addict". In addition, there are also small numbers of persons notified who, in the course of their occupations or profession have ready access to controlled drugs, i.e. doctors, nurses, pharmacists, the "professional addict". Such therapeutic and professional addicts are not considered here.

21. The statutory requirement that doctors should notify the Home Office of their addict patients was introduced in 1968 as a means of preventing addicts from attending more than one DTC and perhaps receiving several supplies of drugs. So that the DTCs could trace their patients an Index of notified addicts was set up by the Home Office. The police are not routinely informed of the names of notified addicts.

22. The information in the Addicts Index is used to compile the statistics on addiction in the United Kingdom. The Index does not, and cannot, provide accurate information about the number of persons who have ever, or who may be currently misusing controlled drugs. The Index obviously does not include opioid users who have not come to the notice of a doctor nor does it include persons who misuse controlled drugs other than those specified in the Notification Regulations. Nor is it certain that all doctors are aware of the Regulations and of all the drugs covered by them.

Supplementary Tables 1981.

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23. The Advisory Council report suggests that, at the time it was written, there were probably at least 20,000 opioid addicts in the United Kingdom and, in addition, that there may be a similar number misusing other drugs. The report noted that increasingly new notifications were being received from most parts of the United Kingdom, particularly from the major urban conurbations, although the majority continue to be notified from the Greater London area.

24. Table 2 shows the number of persons notified to the Home Office during each year since 1971. The most notable feature of the table is the annual increase, particularly since 1976, in the number of persons notified who were not previously known to the Home Office, i.e. new cases. The increase may be due, in part at least, to improved notification practice by general practitioners.

25. Table 3 shows the age and sex distributions of new notifications since 1973. During the period the sex ratio has been around 4 males to one female. The majority of new cases have been aged under 30, with rather fewer males than females aged under 20.

26. Table 4 shows the number of first notifications, i.e. new cases by source of notification since 1970. The table shows that the total number of new notifications, and new notifications of persons using heroin, from DTCs and from prison medical officers has declined during the period while the proportion from general practitioners (GPs) has increased.

Drug offences

27. Table 5 shows the total number of persons, by age group, found guilty of, or cautioned by the police, since 1973 for offences under the Misuse of Drugs Act and for offences under other statutes when a controlled drug was involved. The police may caution any offender who admits the offence and who agrees to accept a caution, as an alternative to prosecution. Around 2% of drug offenders have been cautioned annually, almost all for offences involving cannabis. The proportion of offenders aged under 21 has declined from 45% of all those dealt with in 1973 to 25% in 1981.

Supplementary Tables 1981.

28. There was a decline in the number of persons dealt with (i.e. found guilty or cautioned) for drug offences in the years 1974 to 1977 as compared with 1973. Table 6 shows that since 1978 there has been an annual increase in the numbers dealt with for all types of offence with the exception of "permitting premises to be used for unlawful purposes". Unlawful possession of a controlled drug remained the most common type of offence.

29. Table 7 shows that the majority of drug offenders have been dealt with for offences involving cannabis. Since 1978 the number of persons dealt with for offences involving each type of drug have tended to increase, most particularly for offences involving cocaine, heroin, methadone or dipipanone.

30. Table 8 shows the sentences awarded in 1981 for drug offences by the type of drug involved in the offence. The great majority of drug offenders in England and Wales are found guilty and sentenced by magistrates courts where the lower maximum sentences apply (see Table 1). It is not possible to describe separately the details of sentences awarded to drug offenders in each part of the United Kingdom.

31. Mott (1981) examined the sentencing of persons found guilty of drug offences between 1967 and 1979. She found, hardly surprisingly, that the type of sentence awarded was related both to the type of offence and to the drug involved in the offence. Offences of unlawful possession were sentenced least severely, with the majority of offenders being fined, and offences of unlawful import or export sentenced most severely, with the majority of offenders awarded sentences of immediate imprisonment (the most severe sentence the court can award). Any offence involving heroin tended to be sentenced more severely than offences involving cannabis.

32. Table 9 shows that in 1981 more persons found guilty of unlawful possession of any controlled drug were fined, and fined smaller amounts, than those found guilty of unlawful import or export. More of those found guilty of unlawful import or export were sentenced to immediate imprisonment, and fewer were awarded short prison sentences of six months or less, than those found guilty of unlawful possession.

... misuse of drugs, supplementary tables 1991.

33. Table 9 also shows that fewer of those found guilty of any offence involving heroin were fined, and were fined larger amounts, than those whose offences involved cannabis. A greater proportion of heroin offenders were imprisoned and fewer were awarded short sentences than those whose offences involved cannabis.

... misuse of drugs, Supplementary Tables 1991.

TABLE No. 1

MAXIMUM PENALTIES FOR CERTAIN OFFENCES UNDER THE MISUSE OF DRUGS ACT 1971

Class of drug	Unlawful supply		Unlawful possession		Possession with intent to supply unlawfully.	
	Summary	Indictment	Summary	Indictment	Summary	Indictment
A	6 months imprisonment or fine of £1000 or both.	14 years, or fine or both.	6 months or fine of £1000 or both.	7 years or fine or both.	6 months or £1000 or both.	14 years or fine or both.
B	6 months or £1000 or both.	14 years, or fine or both.	3 months or £500 or both.	5 years or fine or both.	6 months or £1000 or both.	14 years or fine or both.
C	3 months or £500 or both.	5 years, or fine or both.	3 months or £200 or both.	2 years or fine or both.	3 months or £500 or both.	5 years or fine or both.

Summary conviction means conviction by a lower court, and indictment conviction by a higher court (or case passed to a higher court for sentence).

TABLE No. 2

NARCOTIC DRUG ADDICTS KNOWN TO THE HOME OFFICE BY NEW NOTIFICATIONS AND NUMBERS NO LONGER RECORDED AS ADDICTS AND YEAR

Number of persons

	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Addicts known to be receiving drugs at 1 January	1,426	1,549	1,617	1,816	1,967	1,949	1,874	2,016	2,402	2,666	2,846
Persons notified during the year as addicts by medical practitioners:											
Not previously known	774	800	807	870	922	984	1,109	1,347	1,597	1,600	2,248
Known in earlier years	562	587	599	566	536	541	622	753	788	841	1,063
Total notified during the year	1,336	1,387	1,406	1,436	1,458	1,525	1,731	2,100	2,385	2,441	3,311
Persons no longer recorded as addicts at 31 December:											
Removed by reason of death	58	65	61	77	68	63	40	60	49	73	46
Admitted to penal or other institution											
No longer seeking treatment	1,155	1,254	(438 708)	388 820	484 924	513 1,024	442 1,107	484 1,170	553 1,519	429 1,759	546 1,721
Total no longer recorded	1,213	1,319	1,207	1,285	1,476	1,600	1,589	1,714	2,121	2,261	2,313
Addicts known to be receiving drugs as at 31 December	1,545	1,617	1,816	1,967	1,949	1,874	2,016	2,100	2,385	2,441	2,846

CONSOLIDATED STATE DEFENSE SOCIETY

TABLE No. 3

NEW ADDICTS NOTIFIED TO THE HOME OFFICE BY SEX AND AGE GROUP

	Males N	Females N	Total N	Aged			
				under 20		20 - 30	
				M %	F %	M %	F %
1973	644	163	807	23	25	66	61
1974	665	205	870	22	20	62	55
1975	719	203	922	11	20	73	62
1976	745	239	984	8	17	75	65
1977	817	292	1109	7	17	67	63
1978	1003	344	1347	7	14	70	67
1979	1162	435	1597	6	13	68	66
1980	1140	460	1600	10	11	65	70
1981	1607	641	2248	9	14	66	64

Source: Home Office Statistical Department.

TABLE No. 4

NEW NOTIFICATIONS OF ADDICTS BY SOURCE OF NOTIFICATION

	1970	1975	1980	1981
Total number of new notifications received (all notifiable drugs*)	762	905	1637	2248
Received from:				
Drug Treatment Centres	344(45%)	381(42%)	584(36%)	737(33%)
General practitioners	111(15%)	260(29%)	803(49%)	1191(53%)
Prison medical officers	307(40%)	264(29%)	250(15%)	320(14%)
Total number of new notifications received for heroin	353	511	1181	1660
Received from:				
Drug Treatment Centres	163(46%)	202(40%)	463(39%)	602(36%)
General practitioners	20(6%)	118(23%)	499(42%)	791(48%)
Prison medical officers	170(48%)	191(37%)	219(19%)	267(16%)

* Cocaine, dextromoramide, diamorphine (heroin), dipipanone, hydrocodone, hydromorphone, levorphanol, methadone, morphine, opium, oxycodone, pethidine, phanazocine and piritramide.

TABLE No. 5

PERSONS⁽¹⁾ FOUND GUILTY OF OR CAUTIONED FOR DRUGS OFFENCES BY AGE GROUP AND YEAR

Age group	Number and percentage of persons								
	1973	1974	1975	1976	1977	1978	1979	1980	1981
	Number of persons								
Under 14	7	5	1	5	-	4	4	12	8
14 and under 17	615	330	202	166	185	145	210	270	285
17 and under 21	6,109	4,446	3,470	3,273	3,044	3,163	3,185	3,691	4,068
21 and under 25	5,030	4,410	4,416	4,564	4,354	4,364	4,319	4,846	4,886
25 and under 30	2,033	2,129	2,441	3,168	3,442	3,674	3,952	4,665	4,709
30 and over	1,183	1,212	1,316	1,578	1,882	2,254	2,669	3,674	3,965
All ages	14,977	12,532	11,846	12,754	12,907	13,604	14,339	17,158	17,921
	Percentage of persons								
Under 14	-	-	-	-	-	-	-	-	-
14 and under 17	4	3	2	1	1	1	1	2	2
17 and under 21	41	35	29	26	24	23	22	22	23
21 and under 25	34	35	37	36	34	32	30	28	27
25 and under 30	14	17	21	25	27	27	28	27	26
30 and over	8	10	11	12	15	17	19	21	22
All ages	100	100	100	100	100	100	100	100	100

(1) In addition 3 Companies were found guilty of offences in 1973 and 1 each in 1974, 1975 and 1978.

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.

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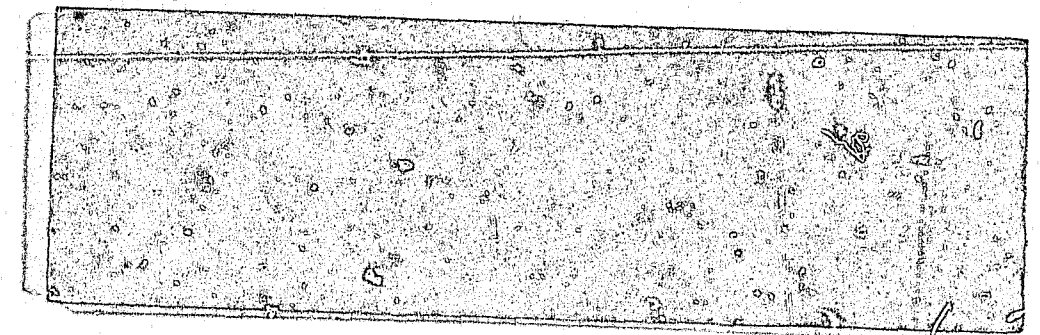


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All ages	14,977	12,532	11,846	12,754	12,907	13,604	14,339	17,158	17,921
	Percentage of persons								
Under 14	-	-	-	-	-	-	-	-	-
14 and under 17	4	3	2	1	1	1	1	2	2
17 and under 21	41	35	29	26	24	23	22	22	23
21 and under 25	34	35	37	36	34	32	30	28	27
25 and under 30	14	17	21	25	27	27	28	27	26
30 and over	8	10	11	12	15	17	19	21	22
All ages	100	100	100	100	100	100	100	100	100

(1) In addition 3 Companies were found guilty of offences in 1973 and 1 each in 1974, 1975 and 1978.

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.

TABLE No. 6

PERSONS⁽¹⁾ FOUND GUILTY OF OR CAUTIONED FOR DRUGS OFFENCES BY OFFENCE AND YEAR

Type of offence	Number of persons								
	1973	1974	1975	1976	1977	1978	1979	1980	1981
Offences under Drugs Acts:									
Unlawful production	4	6	15	17	18	21	19	7	25
Unlawful supply	648	812	772	836	757	772	712	892	1,000
Possession with intent to supply unlawfully (2)	82	311	448	496	477	495	489	572	699
Unlawful possession	13,888 ⁽³⁾	11,251 ⁽³⁾	10,443	11,097	10,987	11,771	12,152	14,030	14,850
Cultivation of cannabis plant	384	456	565	771	925	932	1,225	2,173	1,581
Permitting premises to be used for unlawful purposes	511	384	317	366	308	321	340	332	263
Other Drugs Acts offences	48	82	134	125	180	176	173	213	254
All Drugs Acts offences	14,351	11,811	11,146	11,941	11,994	12,646	13,226	15,852	16,471
Unlawful import or export	365	405	517	629	815	800	982	1,186	1,357
Other offences involving drugs	712	827	764	641	499	499	416	401	400
All drugs offences	14,977	12,532	11,846	12,754	12,907	13,604	14,339	17,158	17,921

(1) As the same person may be found guilty of or cautioned for more than one offence, rows cannot be added together to produce totals.

(2) This offence was introduced by the Misuse of Drugs Act 1971, which came into force on 1 July 1973.

(3) Includes offences of procuring of drugs committed before 1 July 1973 when the Misuse of Drugs Act 1971 came into force.

Source: Home Office Statistical Bulletin Issue 13, 82. Statistics on the misuse of drugs in the United Kingdom, 1981.

TABLE No. 7

PERSONS⁽¹⁾ FOUND GUILTY OF OR CAUTIONED FOR DRUGS OFFENCES BY DRUG TYPE AND YEAR

Type of drug	Number of persons								
	1973	1974	1975	1976	1977	1978	1979	1980	1981
Cocaine	181	375	379	327	309	348	331	476	566
Heroin	435	444	393	464	393	483	520	751	808
Methadone	347	464	484	416	347	369	298	363	445
Dipipanone	198	369	409	361	378	493	453	440	498
LSD	1,323	905	826	647	279	291	208	246	345
Barbiturates	11,474	9,517	8,331	6,366	5,657	4,572	3,459	2,419	1,588
Amphetamines	1,777	1,622	1,551	1,353	1,138	1,033	757	577	416
Other drugs	1,672	1,654	1,642	1,293	1,298	1,262	1,165	1,292	1,161
TOTAL	12,477	12,592	11,936	12,754	12,907	13,604	14,339	17,158	17,921

(1) As the same person may be found guilty of or cautioned for offences involving more than one drug, rows cannot be added together to produce totals.

Source: Home Office Statistical Bulletin Issue 13/82. Statistics on the misuse of drugs in the United Kingdom, 1981.

TABLE No. 8
 PERSONS FOUND GUILTY OF DRUGS ACT OFFENCES BY SEX, DRUG AND SENTENCE OR ORDER

1981	Percentage 1/ of total persons found guilty								
Sex and type of drug	Total found guilty (=100%)	Absolute or conditional discharge	Probation or supervision order	Fine	Detention centre	Borstal training	Suspended sentence	Immediate imprisonment 2/	Otherwise dealt with 3/
Male:									
Cocaine	389	6	5	39	-	1	12	34	3
Heroin	554	5	10	32	-	1	15	34	2
Methadone	312	15	15	23	-	1	14	27	4
Dipipanone	304	9	15	22	-	1	16	31	6
LSD	288	5	7	53	-	1	12	17	5
Cannabis	12,479	9	3	74	-	-	4	6	3
Amphetamines	849	7	5	57	-	1	8	17	5
Other drugs	803	11	9	32	-	1	14	27	5
All drugs 4/	14,263	9	3	70	-	-	6	8	3
Female:									
Cocaine	59	(10)	(14)	(39)	*	(-)	(17)	(17)	(3)
Heroin	124	15	21	18	*	1	19	21	5
Methadone	72	(29)	(18)	(21)	*	(-)	(18)	(13)	(1)
Dipipanone	59	(14)	(24)	(20)	*	(-)	(25)	(5)	(12)
LSD	41	(15)	(12)	(61)	*	(-)	(5)	(5)	(2)
Cannabis	1,611	18	8	63	*	-	5	3	3
Amphetamines	149	15	13	54	*	1	8	6	2
Other drugs	128	23	16	26	*	-	13	18	5
All drugs 4/	1,956	19	10	57	*	-	7	4	3

1/ Percentages in brackets are based on fewer than 100 persons.
 2/ Includes both effective and concurrent sentences of imprisonment.
 3/ Includes other forms of sentence or order adopted by the court, not, in particular,

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TABLE No. 9

PERCENTAGES OF PERSONS FOUND GUILTY OF CERTAIN DRUG OFFENCES AND AWARDED SENTENCES OF IMMEDIATE IMPRISONMENT OR FINED IN 1981

Offence	Sentence awarded	
	Fine	Immediate imprisonment
Unlawful import or export of any controlled drug.	44% (Average amount of fine £268)	44% (20% sentenced to 6 months or less)
Unlawful possession of any controlled drug	73% (Average amount of fine £53)	5% (83% sentenced to 6 months or less)
Any offence involving heroin	28% (50% fined £50 or less. Average amount of fine £133)	37% (26% sentenced to 6 months or less)
Any offence involving cannabis	72% (71% fined £50 or less. Average amount of fine £64)	8% (53% sentenced to 6 months or less)

Source: Home Office Statistics on the misuse of drugs in the United Kingdom, Supplementary Tables 1981.

END