Clinical Topics

Do drug offences matter?

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Summary and conclusions

Drug offences in addicts are often thought to indicate little more than continued dependency. In a four-year follow-up study of 60 men attending a drug clinic a history of repeated convictions for drug offences was found to be strongly related to patterns of delinquency. The following variables were associated with a history of repeated drug offences: a higher conviction rate for "non-drug" offences; younger age at first conviction; conviction preceding drug use; convictions for offences of sex and violence; longer prison sentences; and regular narcotic use and continued dependency at follow-up. Receiving a clinic prescription was not associated with a lower incidence of drug offences.

Repeated drug offences identified a subgroup of drug users who were characterised by extensive sociopathic behaviour. Such offences should not be dismissed as an unavoidable, unimportant part of addiction.

Introduction

Convictions for drug offences seem to be such predictable events among drug users that they have received little attention. Reports from British drug clinics describe a history of drug conviction in 50-60% of patients.¹⁻³ Patients attending drug clinics often regard convictions as an accepted irritation in a drug career, while clinic staff have tended to view them as an expected disappointment to their treatment aims, implying little beyond continued dependency. Research studies that include forensic data often divide criminal behaviour into "drug-related" and "non-drug related" offences, implying that drug-related offences have a readily comprehensible place in addictive disorders, while other offences have different implications. Generally, the attitude of patients and therapists to drug offences emerges as dismissive.

In a two-year follow-up study of over 300 British opiate users Mott⁴ found that the incidence of convictions among these addicts exceeded the incidence of reconviction for known criminal offenders of the same age, derived from national statistics. She attributed this difference to the proportion of addicts convicted solely for drug offences, which implied that drug offences have limited relevance in assessing criminality in drug users. In a first-year follow-up study of opiate users Blumberg⁵ found increased rates of drug and larceny convictions in patients who had received a clinic prescription, but found no evidence

of a parallel increase in illicit drug activity. He proposed increased surveillance of known addicts and drug-planting by police as possible explanations. Recent studies have described subgroups in drug-dependent populations that are differentiated by their social patterns and psychological profiles. I used data from a four-year follow-up study to examine histories of addicts with repeated drug convictions and to explore a hypothesis that repeated drug convictions are not only related to patterns of addiction but also reflect a propensity to criminal behaviour. I propose that addicts with repeated drug convictions may be differentiated from other users by factors correlated with delinquency.

Subjects and methods

Sixty men who had started to use drugs before the age of 21 and who had presented consecutively to a London drug clinic in 1970 were studied. Data on their social, familial, educational, occupational, and psychiatric histories and their patterns of drug use and delinquency have been described elsewhere.¹ Their subsequent addictive and criminal activities were described in a four-year follow-up study.⁸ Information was initially obtained at interview and later compiled from the following sources: medical records of all known clinic attendances; the register of deaths at Somerset House; coroners' reports; the drugs branch of the Home Office; Home Office criminal records; general practitioners; and voluntary agencies concerned with drug abuse. The patient sample was split near the median into two groups to examine relations between drug offences and other aspects of their histories. The groups comprised: (a) patients with repeated drug convictions at follow-up; and (b) patients with one or no drug convictions at follow-up.

Results

CONVICTION STATUS

At follow-up 58 patients (97%) had received a court conviction, but 23 (38%) had never been convicted of a drug offence. Fewer than half of the subjects (42%) had repeated drug convictions, which ranged from two to nine offences. The total conviction rate, measured as the yearly conviction rate for all offences from the year of first conviction until follow-up or death, was significantly higher in patients with repeated drug convictions ($t=3.40$; $P<0.002$). When drug offences were excluded from the comparison, the yearly conviction rate for non-drug offences remained significantly higher in repeated drug offenders ($t=2.09$; $P<0.05$). The conviction status of patients at follow-up for all convictions and for specific offences is shown in tables I and II.

ADDICTION STATUS

At follow-up nine patients (15%) had died, all from complications of drug use. Eight patients (13%) were in prison and 14 (23%) were known to be using drugs. Twenty-six patients (43%) had not been notified for at least two years, and were assumed to be abstinent. A history of repeated drug convictions was associated with continued dependency at follow-up ($\chi^2=4.24$; $DF=1$; $P<0.05$). Ten patients

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TABLE I—Conviction status at follow-up in 60 male drug addicts, according to type of offence. Figures are numbers (%) of patients

	All offences	Drug offences	Violence offences	Larceny offences
No convictions	2 (3)	23 (38)	29 (48)	10 (17)
One conviction	5 (8)	12 (20)	12 (20)	12 (20)
Two or more convictions ..	53 (89)	25 (42)	19 (32)	38 (63)

TABLE II—Age at first conviction and yearly conviction rates for drug and non-drug offences in 60 male drug addicts. Values are means ($\pm$ SE)

	Repeated drug offences (n = 25)	One or no drug offences (n = 35)	t	P
Mean age at first conviction ..	14.4 $\pm$ 2.3	16.5 $\pm$ 4.0	2.40	<0.02
Mean conviction rate/year ..	1.43 $\pm$ 0.84	0.74 $\pm$ 0.63	3.40	<0.002
Mean "non-drug" conviction rate/year	1.0 $\pm$ 0.72	0.64 $\pm$ 0.62	2.09	<0.05

(17%) had used soft drugs exclusively when they presented at the clinic, but only one was known to have progressed to narcotics. Repeated drug convictions were not significantly less frequent in those who exclusively used soft drugs, but a history of regular narcotic use (once or more weekly) on initial presentation at the clinic was associated with repeated drug convictions at follow-up ($\chi^2=5.13$; DF=1; $P<0.02$).

VARIABLES ASSOCIATED WITH REPEATED DRUG CONVICTIONS

Several variables were associated with repeated drug convictions (table III). Those with repeated convictions for drug offences tended to have lost their fathers before the age of 16 more often, but the most significant association at initial clinic interview was a history of conviction preceding drug use. As 56 patients (93%) held a conviction for a non-drug offence, it is not surprising that a record of repeated drug convictions was not associated more frequently with a record for non-drug offences. Nevertheless, a record of repeated drug convictions was associated with conviction for two specific offences—indictable offences of violence and sexual offences. Almost one-third had more than one conviction for an indictable offence of violence, and repeated drug convictions and repeated offences of violence were even more significantly associated. Repeated drug offenders were more likely to have received a prison sentence of over three months, though these longer sentences were not predominantly received for drug offences. Over 75% of longer sentences were incurred for offences of violence, theft, and fraud, and fewer than 25% were received for drug offences.

TABLE III—Variables associated with drug offences. Figures are numbers of patients

Variable	Repeated drug offences (n = 25)	One or no drug offences (n = 35)	χ^2	P
Conviction before drug use ..	16	13	4.21	<0.05
Paternal loss	14	11	3.62	0.10
Regular opiate use at presentation	20	18	5.13	<0.02
Abstinent at follow-up	5	16	4.24	<0.05
Violence offence	17	14	4.58	<0.05
Recurrent violence offence ..	12	7	5.28	<0.02
Sexual offence	6	2	4.21	<0.05
Prison sentence of over three months	20	11	11.90	<0.001

Discussion

An association between drug abuse and delinquency is now widely recognised in British clinic populations. The high incidence of criminality in drug users is acknowledged as an underestimate, since much criminality escapes detection. Most committed drug users admit that illicit drug possession and trading are an integral part of their life style,⁵⁻⁹ but a drug con-

viction is clearly not an inevitable consequence of dependency. Although only two patients (3%) in this study had never received a conviction, almost 40% had avoided conviction for drug offences when seen at follow-up. Abstinence is certainly a factor that limits the likelihood of a drug conviction, but repeated drug convictions indicate more than a persisting drug habit. One of the expressed aims of British drug policy is to avoid illicit drug use through legitimate clinic prescription. In her comprehensive study of opiate addicts Mott⁶ found that 60% of their drug offences were for unauthorised possession, though most patients were receiving prescriptions. Receiving a prescription for drugs was not associated with a lower incidence of drug conviction in the present study.

A study of these patients at follow-up* showed the value of combining forensic and addiction data in prognostic assessment. For example, the high mortality from drug abuse occurred exclusively among patients who continued to be both addicted and convicted during follow-up, with no deaths among patients who remained addicted but free of court convictions. In the present study repeated conviction for drug offences reflects factors more commonly linked with delinquency than with patterns of addiction. Repeated drug offenders are characterised by a younger age at first conviction and a background of delinquency before they become addicts. Their criminal propensity is further reflected in a higher conviction rate for non-drug offences, an association with the more serious offences of sex and violence, and a tendency to have received severer prison sentences. Addiction patterns are reflected only in an inverse association with abstinence and an established narcotic habit when presenting at the clinic. It is difficult to accept that repeated drug convictions in these users are simply the consequence of their addictive habit. Repeated convictions may rather reflect characteristics of certain drug users that favour continued dependency.

Similarities between drug users and young offenders have already been described in studies of both their social characteristics¹⁰ and personality profiles.¹¹ Two recent studies of clinic patients have shown personality differences between convicted and non-convicted addicts. Gossop and Kristjansson⁴ described higher extraversion scores in convicted addicts, which rose with the seriousness of the offence, as well as higher scores on a criminality dimension than those obtained from British prison populations. Gossop and Roy⁵ found that measures of hostility differentiated convicted from non-convicted addicts, most clearly in those convicted for violent crime but also in those with drug convictions. A recent study of a British penal population¹² showed that offences of violence and sex, and especially drug offences, scored highly on a factorial dimension of psychiatric disturbance. My findings also suggest that repeated drug offences in drug users are associated with psychiatric disturbance in which hostility and sociopathic behaviour are major features. Repeated drug offences emerge as an indicator of extensive, often serious, deviancy and should not be dismissed as an unavoidable, insignificant part of an entrenched addictive habit without implications for prognosis and management.

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