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<BOOK-PART><LRH>Paul Turnbull</LRH>

<RRH>The relationship between drugs and crime </RRH>

<BOOK-PART-META><LBL>2</LBL>

<TITLE>**The relationship between drugs and crime and its implications for recovery and desistance**</TITLE>

<SUBTITLE>**A short introduction**</SUBTITLE></BOOK-PART-META>

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<ABSTRACT><TITLE>**Abstract**</TITLE>

The chapter locates the book within a growing body of work establishing the link between desistance from crime and recovery from drug use, examining both the methodological and structural associations between the two phenomena. Thus, in addition to overlapping populations (people in recovery who are able to stop offending, and offenders who can stop their offending and as a result move away from problem drug use), there are major overlaps in terms of the mechanisms of change. The introduction outlines how these overlaps are reviewed in terms of conceptual frameworks, change mechanisms, applications and interventions, before concluding with an overview of common themes and future directions.</ABSTRACT>

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<BODY>A lot has been written about drug use and crime over the last 30 years. Many research studies have suggested a very close relationship in which drug use or crime leads to the other. Indeed, it has been termed one of the most reliable results obtained in criminology ([Welte et al. 2001](#)). Most considered academic opinion stops short of overplaying a causal relationship, instead highlighting a number of interconnecting influences and factors. As I will explain in the following chapter, drug use, in and of itself, is not the driver to commit crime but a range of factors including access to financial resources, employment, housing, support networks, previous involvement in crime and criminal networks can also be an influence. However, governments and policy makers have proceeded to enact laws, policies, procedures and interventions on the basis of a criminological ‘truth’, that drug-taking will lead to offending and that the minority of those using heroin and cocaine commit the most crime. This group were therefore seen as ‘responsible’ for escalating crime levels of the late twentieth century which carried on into early this century. So, it is also useful to revisit the discussions about drugs and crime at this point with falling crime rates.

In this chapter I will discuss the interplay between drugs and crime in order to consider the implications for recovery and desistance. I believe the key word here is 'interplay'; aiming to put the 'blame' for crime at the door of drug use is fool's gold, something that promises great value but is intrinsically worth nothing, particularly when addressing an issue such as recovery. I will take the benefit of hindsight of the last 20 years of research, policy, practice and discussion to draw out the implications for future policy and practice.

## <HEAD1><TITLE>The relationship between drug use and crime</TITLE></HEAD1>

The European Monitoring Centre for Drugs and Drugs Addiction ([EMCDDA 2007](#)) have described drug crimes in the following fourfold way:

- <BL>Induced: offences committed under the influence of a psychoactive substance – usually associated with alcohol and stimulants (cocaine or crack).
- Inspired: offences committed to obtain money (or drugs) to support drug use – most commonly associated with problematic use of heroin and crack.
- Defined: offences committed in violation of drug laws or other related legislation i.e. possession offences.
- Systemic: offences committed as part of the 'business' of drug supply, distribution or use i.e. violence between rival dealers/gangs.</BL>

This chapter will focus on the links between drug use and property crime (acquisitive offences like burglary, shoplifting, robbery and other theft) – those crimes that tend to dominate popular and political discourse.

What I will not be considering in this chapter are:

1. <NL>The links between alcohol and crime (mostly induced offences) and the 562,000 violent incidents where the victim believed the offender(s) to be under the influence of alcohol, according to 2016/17 Crime Survey of England and Wales ([Crime Survey of England and Wales 2017](#));
2. The violation of drug laws (defined offences), illustrated by the fact that in 2016 the EMCDDA reported over 1,100,000 recorded drug law offences across the EU member states ([EMCDDA 2018](#));
3. Or drugs and violence (systematic offences) related to drug markets and trafficking ([Goldstein 1985](#)) and the number of murders, estimated at more than 20,000 annually in Mexico since 2010 linked to the drugs trade there ([Heinle et al. 2015](#)).</NL>

It is important to make the point that the majority of those who use illicit drugs do not commit crime. In general, over 92 million people in the EU have tried an illicit drug, with the most commonly tried drug being cannabis; around 85 million have used at least once in their lifetime; and 3 million are daily users ([EMCDDA 2018](#)). The numbers trying cocaine and heroin are much smaller, with 17 million reporting cocaine use and 1.3 million reporting heroin use, but it is believed that only a small minority will go on to develop problematic patterns of use. As [Lloyd \(2010\)](#) points out, problem patterns of use is not a self-evident term that comes with a common understanding. Some have interpreted it to mean drug use which causes problems (i.e. medical, legal or social problems) ([Godfrey et al. 2002](#)). Estimates suggest between 280,000 and 500,000 problem uses in England and Wales ([Godfrey et al. 2002](#)).

At this point it is important to consider why academics and researchers were reticent to make strong claims about the crime reduction potential of drug treatment. Importantly they have argued that there is likely to be a range of influencing factors on, and drivers of, involvement in crime. These include drug type and its relationship to specific crimes as well as the influence of age, gender and ethnicity ([MacCoun et al. 2003](#)). Bennet and Holloway, is based on It provides a useful description of the different explanatory models of the relationship between drugs and crime that academics and researchers were considering.

Starting from Goldstein's original tripartite framework published in 1985 ([Goldstein 1985](#)), [Bennett and Holloway \(2005\)](#) identify several connections between drugs and crime: drug misuse causes crime, crime causes drug use, reciprocal and prohibition. A causal connection is one where the cause must precede the effect and the effect must be a product of the cause ([Bennett and Holloway 2005](#)). Two models do not isolate a causal connection; the connection here is either spurious or there is a third factor at play. To understand this I will now look more closely at each of these explanations.

## <HEAD2><TITLE>*Putative models*</TITLE></HEAD2>

### <HEAD3><TITLE>*Drug misuse causes crime*</TITLE></HEAD3>

This link is primarily explained by economic necessity; there is an overriding need to generate money to buy a relatively expensive commodity. Many of those using heroin and crack do not have access to a legitimate source of money; therefore they have to resort to income-generating crime to finance their drug use. Shoplifting, burglary, vehicle crime and robbery were the crimes most commonly committed by this group ([Gossop et al. 2003](#)).

However, most research has also found that not all problematic heroin and crack users committed acquisitive crime, with many using legal means and selling small quantities of

drugs. In a study of treatment-seekers, 75 per cent of crimes were reported to have been committed by 10 per cent of the sample consisting of and 50 per cent reported no acquisitive crime at all ([Gossop et al. 2003](#)), in a national UK sample of primarily heroin users entering treatment.

There is also some evidence to show that the disinhibiting effects of some drugs can lead to offending behaviour in a more direct way. The pharmacological impact can change or alter cognitive functioning, which in turn can lead to effects such as aggression, increased courage or reduce fear to commit a crime, and impaired judgement ([Bennett and Holloway 2009](#)).

### <HEAD3><TITLE>Crime causes drug use</TITLE></HEAD3>

Here, crime provides money and the contacts to buy drugs, or, criminal culture and deviant value systems make drug use and offending acceptable behaviour. Often some of the strongest evidence supporting this explanatory model is focussed on the early experiences of those involved in drugs and criminal careers.

Pudney's analysis of the Youth Lifestyles Survey ([2002](#)) found that data from a survey of young people indicated that there was no significant impact of 'soft' drug use on later 'hard' use; and there was little impact from 'soft' drug use on risk of involvement in crime. However for those who did find themselves involved in drug use and crime the bullet points below were the common sequence of events:

- <BL>Onset of truancy 13.8 years
- Onset of crime 14.5 years
- Onset of soft drugs 16.2 years
- Onset of hard drugs 19.9 years</BL>

A number of other studies have highlighted and strengthened the argument against a simple economic explanation. [Hammersley et al. \(1989, 1990\)](#), using cohorts of Scottish opioid and crack users, found that being involved in crime explained opioid use more clearly than opioid use explained involvement in crime. More recently Hayhurst and colleagues ([2012](#)) have described that their data on 1,380 clients of treatment services found:

<DISP-QUOTE>Behavioural and demographic factors were associated more strongly with acquisitive crime than drug use expenditure, suggesting that the need to finance drug use is not necessarily the main factor driving acquisitive offending by drug users.

<ATTRIB>([Hayhurst et al. 2012](#), p. 29)</ATTRIB></DISP-QUOTE>

Evidence does suggest that opioid and crack use may not be causally linked to initiation or early development of a criminal career, however it can be an accelerant, markedly increasing

the volume of crime an individual commits, and can lengthen a criminal career. From his analysis of the available data [Morgan \(2014, p. 79\)](#) concludes on the crime-causes-drug-use explanatory model that:

<DISP-QUOTE>Opiate/crack use is likely to be causally related to crime to a degree, though the magnitude remains uncertain. For the group who start offending in line with or after initiation into regular opiate/crack use, this seems clear, but even for those whose offending preceded drug misuse, studies suggest that opiate/crack use would be likely to have accelerated their offending and extended their criminal career to some extent, which would cause additional offending in the aggregate.</DISP-QUOTE>

This evidence indicates that for young people who get involved in crime they quite quickly progress into using drugs, with some heavy patterns of use of heroin and crack which in turn lead to increased levels of offending.

### <HEAD3><TITLE>Common cause model</TITLE></HEAD3>

The common cause model suggests there is no causal relationship between drugs and crime but that they share some explanatory factors, they occur within an individual because drug use and crime originate from the same roots.

Common causes can include individual or intra-personal factors such as psychological, genetic and personality disorders, or parental alcoholism and poor relationships with parental figures. A further example of common cause could be shared subcultural norms where certain groups promote crime and drug use as proof of masculinity ([White and Gorman 2000](#)).

Also included in this explanation are situational and environmental factors such as poverty, social disorganisation, high unemployment, poor community infrastructure, and limited social capital. The obvious example here centres on those communities where unemployment is high, avenues of legitimate employment are scarce and individuals are able to make more money from engaging in illegal activity. Those communities are, in turn, more likely to have both a high crime rate and a high rate of drug use ([Ford and Beveridge 2004](#)). [LeBel et al. \(2008\)](#), in a follow-up study of male property offenders, found structural social problems had a significant impact on recovery and desistance.

### <HEAD3><TITLE>Coincidence models</TITLE></HEAD3>

[Bennett and Holloway \(2005\)](#) describe the coincidence model alternatively as the 'spuriousness model'. Drugs and crime 'are related spuriously and co-exist with other conjunctive factors in the same situation' ([2005, p. 77](#)); they exist in the middle of linked and

problematic behaviours.

Some argue that the coincidence explanatory approach and the common cause model are very similar ([Bennett and Holloway 2005](#)). The main difference is that the coincidence approach locates drug use and crime occurring within a complex setting and neither can be independently connected; there is no clear causal connection between any of the variables.

### <HEAD3><TITLE>*Reciprocal model*</TITLE></HEAD3>

Criminal and drug-using careers often develop in parallel: acquisitive crime providing people with enough surplus cash to develop a drug habit, and the drug habit 'locking' them into acquisitive crime ([Edmunds et al. 1998](#)). Drug use sometimes causes crime and crime sometimes causes drug use. There is a bi-directional process; drug use and crime are not only causally linked but they are mutually reinforcing.

### <HEAD3><TITLE>*Prohibition causes crime*</TITLE></HEAD3>

Discussion about the system of drug laws and how, in and of themselves, they create crime has developed as the numbers using drugs, the numbers of users who get caught up in the criminal justice system and the criminality arising from this has increased. It is argued that prohibition has failed to prevent or reduce the production, trafficking, or availability of drugs. In most countries access to a range of illicit drugs increased year on year from the later twentieth century and has continued ([World Drug Report 2017](#)). Given that laws have been in place for many years and drug use has not reduced, it is unclear what impact they have on levels of use. The illegality of the market creates a large number of crimes including the production, trafficking, supply and dealing of drugs, which in turn have inflated prices of drugs like heroin and cocaine ([EMCDDA 2018](#)). Users therefore have to find the resources to maintain their supplies of drugs, they turn to income-generating crimes, and thus there are increased levels of acquisitive crime and drug-related harms. This model draws on the concept of systemic drug crimes: those parts of the business of supply; defined drug crimes, breaking of drug laws; and induced drug crimes, the economically motivated acquisitive crimes. Partially in response to this, a number of countries (Portugal, Uruguay and Canada) and some US states have decriminalised drug possession or legalised cannabis. Although many of these changes are relatively recent and the long-term impacts are still not known, there is some evidence that changes have had little impact on the overall numbers using and have reduced the harms associated with some aspects of drug use ([Pardo 2014](#)). A recent review of the research evidence covering the first 15 years since the decriminalisation of all drugs in Portugal suggests that consumption of substances actually decreased (and is very low among young people); the number of cases of HIV and AIDS in drug users also

decreased; the average number of deaths by drug overdose stabilised; the number of drug users seeking medical treatment has increased; it is estimated that the social cost of drug consumption has reduced by 18 per cent ([Cabral 2017](#)).

## <HEAD1><TITLE>Urban decay, drug use and rising crime in the late twentieth century</TITLE></HEAD1>

As urban drug problems developed, crime rates started to rise and grew exponentially during the 1980s and 1990s in the US, in many western European countries and in those with developed economies, for example Australia. In particular the spread of heroin and crack cocaine use is generally associated with exponential growth in property crime ([Morgan 2014](#)). So-called ‘epidemics’ of heroin and crack use became established in inner-city urban areas and those towns with collapsing job markets, in particular those dependent on heavy industries such as steel production, coal mining and ship building. Inequality between those with work and those without became more obvious, and opportunities for those without skills or an education were in decline. This decline coincided with the rise in the drug economy.

Some have argued that industrial decline and urban decay helped fuel the desire to use drugs, and capitalise on the drugs trade ([Curtis 1998](#)). *Trainspotting*, a very successful film which follows a group of heroin addicts in an economically depressed area of Edinburgh, Scotland, seems to represent this view well from a UK perspective, whereas in the US crack-overrun neighbourhoods as represented in *The Wire* come to mind. However fictional these popular representations may be, some regard these two examples as extremely close to real life. Heavy drugs use, industrial decline and urban decay appear to have played out in tandem and also possibly fed and fuelled each other. In the UK, heroin use is believed to have increased between ten and twentyfold during the 1980s and 90s, with users numbering in the 100,000s. This significant rise has been described, and was certainly perceived, as having reached epidemic proportions ([Morgan 2014](#)). Information from Europe also shows that, in aggregate, crime, mainly property offences, peaked in western Europe in the early 1990s and crime in central and eastern Europe peaked around a decade later ([Aebi 2004](#)). A similar pattern is to be found in the spread of heroin across Europe, according to the EMCDDA. In a detailed analysis of data of first exposure to treatment for help with heroin use and injection, Barrio and colleagues conclude that: ‘the beginning of the heroin use epidemic probably occurred more recently in Central and Eastern European countries than in western ones’ ([Barrio et al. 2013](#), p. 28).

Besides changes in drug use, crime rates began to escalate during the 1980s at the same time as mass consumerism took off with affordable domestic electronic goods, such as



TVs, video players and recorders, home computers and gaming systems. The opportunity to steal goods with a high re-sale value existed in virtually every street, from homes with little in the way of security or protection, compared to today's standards. Those needing to access cash without legitimate means had an opportunity on their door-step and domestic burglary increased by 122 per cent between 1980 and 1993 ([Morgan 2014](#)). There was also a big increase in vehicle crime at the same time as the ownership of cars increased dramatically ([Ross 2013](#)).

## <HEAD1><TITLE>**The role of drug treatment as a crime reduction measure**</TITLE></HEAD1>

The debate about the relationship between drug use and crime came to the fore in the 1990s, as did the discussions about how to tackle high and rising crime rates and the involvement of heroin and crack users, in particular, in those crimes. There was a widely held belief that drug treatment, and opioid substitute treatment in particular, could help reduce dependent drug use and escalating crime rates. This was fuelled in part by the consistent findings from international research reviews that a range of treatments can be effective, to varying degrees, in reducing illicit drug use and involvement in crime as well as improving social functioning (e.g. [Prendergast et al. 2002](#); [Gossop et al. 2003](#); [Digusto et al. 2006](#); [Stevens et al. 2006](#); [McSweeney et al. 2008](#)). Holloway and colleagues, for example, reviewed 55 published studies (45 of them originating from the USA) which considered the effectiveness of different interventions aimed at reducing criminality amongst drug users in a range of settings. Results of the meta-analysis revealed that most drug treatment programmes are effective in reducing crime, although some more than others; in particular, therapeutic communities, post-release supervision and maintenance prescribing ([Holloway et al. 2006](#)).

There was also emerging evidence about the relative ineffectiveness of conventional sanctions in deterring drug use and related crime leading towards high rates of relapse in drug use and offending. For example: studies showing that 70 per cent, or more, of those using heroin in the month prior to imprisonment reported continued use while in custody ([Strang et al. 2006](#)); high rates of reconviction on release from prison, mainly for property offences to get money to buy drugs and not for drug offences, with various studies showing recently released prisoners committing crimes within a short period after release from prison ([Howard 2006](#); [Marlowe 2006](#); [Cunliffe and Shepherd 2007](#)). Starting from this lack of impact that imprisonment had on (problem) drug-using offenders, alternatives to imprisonment were promoted. It was suggested that alternatives to imprisonment were likely to be more cost-effective – given the high costs of building and using prison places (£2.7 billion per year in

the UK) – and have fewer adverse effects on individuals’ social and psychosocial well-being ([McSweeney et al. 2008](#)). In 2012 the UK National Health Services produced publicity materials categorically stating any drug addict not in treatment costs society over £26,000 per year, with most of this related to crime; robbery, shoplifting and burglary. They claimed that every ‘addict’ not in treatment committed 13 robberies, 23 burglaries, 21 car-related thefts and more than 380 shoplifting offences; they went on to estimate that drug treatment prevented nearly 100,000 crimes in 2011/12. The National Institute of Drug Abuse (NIDA) in the US also makes similar claims ([NIDA 2018](#)).

## <HEAD2><TITLE>*The role of the criminal justice system*</TITLE></HEAD2>

During the last 20 years, governments across the world have increased the focus of drug policy on the drugs–crime connection, indeed for some states it has become the dominant focus, for example in the UK ([Monaghan 2012](#)) and the US. The primary concern of the policies is to reduce drug-related crime.

Some of the consequences of the crime/heroin ‘epidemic’ of 20 to 30 years ago may still be being played out now, even though crime rates have dropped significantly (see later). For example, the prison population and the numbers of those caught up in the criminal justice system were similarly on the rise the 1980s and 90s. The sheer scale of the numbers of those using drugs and involved in the lower echelons of the drug trade who were held in prisons or supervised by criminal justice agencies did not become apparent until the late 1990s and early 2000s, with many countries finding over 50 per cent of their criminal justice populations had problems with drugs ([EMCDDA 2012](#)). In a systematic review of studies measuring the prevalence of substance abuse and dependence on entry into prison, Fazel and colleagues estimated the prevalence of drug abuse and dependence varied from 10 to 48 per cent in male prisoners and 30 to 60 per cent in female prisoners ([Fazel et al. 2006](#)). Many prisons were, and still are, ill-equipped to deal with the influx of those with heavily established patterns of drug use. Some help and treatment is available inside prison but only on a small scale and to a limited number of recipients. Indeed, most drug-using prisoners see little benefit in revealing their use, as they believe the treatment available is poor and they could be exposed to extra attention from the authorities, while many find they can maintain, albeit at a reduced level, their supply of drugs ([Penfold et al. 2005](#)).

Partly as a reaction to the situation in prison, alternative approaches were developed, aiming to intervene in the early stages of drug users’ contact with the criminal justice system. These approaches involved the criminal justice system and the health and social care systems working together. Initiatives have included: early identification of drug-using offenders via

the criminal justice system and signposting them to treatment services; diversion from custody to treatment; legally mandated treatment; and in-prison opiate substitute and therapeutic programmes. The success of these initiatives has generally been measured against a number of outcomes, but the main ones highlighted tend to be crime reduction and cost effectiveness. With this in mind, there appears to be reasonable evidence to support several alternatives to conviction or punishment such as: drug courts (for example [Wilson et al. 2006](#)); community-based court-ordered treatment and supervision ([McSweeney et al. 2008](#)); prison-based therapeutic treatment ([Mitchell et al. 2012](#)); and opioid detoxification and opiate substitute treatment in prisons ([Stallwitz and Stover 2007](#)). While these treatment approaches have also demonstrated good outcomes in the reduction of substance use they have shown modest health, social and re-integration outcomes ([Jones et al. 2009](#)). For example, in the UK a research study, based on those from both criminal justice and conventional referral pathways seeking drug treatments, found that crime fell substantially ([Jones et al. 2009](#)). Of the 1796 adults seeking treatment, 40 per cent had committed an acquisitive offence, usually relatively minor. Within three to five months this had been halved to 21 per cent, with a further reduction six months later to 16 per cent. The reduction flattened out six months after treatment. Although there were also changes in other outcomes, such as harm reduction, social integration and recovery, and engagement with treatment and recovery support systems, these were less marked.

### <HEAD1><TITLE>Falling crime rates</TITLE></HEAD1>

Since the debate began about the drug–crime relationship and the role of drug treatment in tackling crime, the background noise has changed. Many countries (including those in Europe, North America, South America, Australasia) have recorded considerable drops in rates of crime over the last decade ([Tseloni et al. 2010](#)). Many ideas have been put forward to help to explain this, including: changing patterns of crime; changes in drug markets (street-based to online); and high rates of imprisonment of prolific offenders removing the opportunity to commit crime. It seems clear that there is no simple explanation, or indeed no single explanation. Farrell and colleagues ([2014](#)) have completed a detailed analysis of key trends in crime and data sources testing 17 different hypotheses against a range of standardised evidence-based tests. This methodological approach obviously raises a number of questions. Standardised evidence-based tests can exclude a wide range of data because they do not meet specific methodological criteria and not all factors that influence crime rates may be amenable to capture using such methods, but their findings indicate that only one hypothesis stands up to scrutiny: increased security measures and, in particular, increased

security on vehicles and homes have had a significant impact on those crimes.

Nevertheless, some of the evidence presented here and elsewhere (see [Morgan 2014](#) for a detailed analysis) does generally support the idea that a rise in levels of opiate/crack use had a substantial impact on levels of acquisitive crime over the last 40 years. Morgan states that changes in these patterns of use ‘can explain over one-half of the rise in crime in the period between 1981 and 1995 and between one-quarter and one-third of the fall since 1995’ ([Morgan 2014](#)). He goes on to conclude that although many other factors were at play, the notion of the heroin epidemic appears to have been a key driver of crime trends. Without this need for illicit drugs it would not have ‘translated into ... accelerated and extended offending ...’ ([Morgan 2014](#)). As mentioned earlier, the numbers using heroin have also declined during this period, with a peak of those entering treatment for help in 2007, followed by a decline until 2013 and stabilisation since then ([EMCDDA 2018](#)).

## <HEAD1><TITLE>Drugs and crime: recovery and desistance</TITLE></HEAD1>

So what are the implications of the discussion about the links between drugs and crime for recovery and desistance? It is clear that the focus on the link has had some benefits in creating an awareness of the close relationship between heavy drug use, social disadvantage and involvement in crime. It has, in many western and European nations, been a driver of increased investment in drug treatment and new ways of delivering treatment to previously untreated populations; opportunities for treatment have been created when previously those in contact with the criminal justice system would have experienced regular periods of imprisonment with little or no help to tackle the complex health, psychological and social issues they faced. However, generally, the new investment and treatment delivery modalities have been unambitious, with a focus on stabilising, managing and reducing levels of offending rather than working with clients to overcome deeply entrenched problems in several life domains.

The challenge for the criminal justice system is to find ways to work closely with the recovery and desistance agenda. This will mean recognising the recovery journey in practice but also in policy. Importantly, recognising that recovery from drug use and desistance from crime are processes that take considerable time and effort; relapse and reconviction are an inevitable part of those processes and responses to this need to be considered and **individualised**. This will also mean helping create meaningful roles for those trying to exit ‘spoiled’ identities, helping people feel part of the mainstream and giving self-worth. Supportive social networks are a strong predictor of quality recovery from drug use; those

working with drug-using offenders in the criminal justice system will need to consider this and how they can work with their clients to help them develop and sustain these networks.

## <HEAD1><TITLE>Conclusion</TITLE></HEAD1>

As this brief overview demonstrates, the exact nature of the relationship between drugs and crime is difficult to ascertain. As mentioned earlier, most people who use drugs or have used them in the past do not suffer adverse consequences in terms of their health, social functioning or becoming involved in crime. This can even be the case for those who use heroin and cocaine ([Shewan and Dalgarno 2005](#); [Warburton et al. 2005](#)). In short, there is little by the way of conclusive evidence of a causal link between drug use and criminality ([Monaghan 2012](#)), but there are a number of explanatory approaches which can come into play with different groups of users at different points of the drug-using and criminal careers. These models and explanations are not mutually exclusive or incompatible with others; different explanations may be more appropriate at different points in a drug-using career. Someone may use drugs initially for status reasons and later continue as a means of coping with the problems that continued use has created or amplified. Drugs and crime are often related in an interactive rather than unidirectional way and are not determined or inevitable.

Politicians and policy makers have, however, generally chosen to ignore this. As a consequence, it remains firmly part of the policy-making firmament and has been the buttress on which the overarching drug strategies of successive governments since the 1990s have been built ([Monaghan 2012](#)).

That said, there has, over recent years, been incremental change in direction and some reframing towards recovery and desistance ([Duke 2013](#)). While crime prevention was the policy priority and the basis for the justification of treatment in past decades, in the future it will at least be rivalled by public health objectives including reducing illness, premature death, and health inequalities. The quick-fix measures used to promote crime reduction via drug treatment are likely to lose their relevance with falling crime rates as well as with a realisation that a policy directed at a few simple outcomes will inevitably be seen as wanting. What is clear is that movement away from involvement in crime can only be part of a personal journey and part of a transformative treatment and integrated process.</BODY>

<BACK>

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