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THE EXTENT OF STUDENT KNOWLEDGE ON THE CURRENT UK DRUGS POLICY, AND THEIR PERCEPTION OF HARMS IN ILLEGAL DRUGS.

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Abstract.

This project will measure university students' knowledge on the current classifications of drugs and the sentencing penalties resulting from possession of an illegal drug. In addition the perceptions of how harmful drugs can to be. This will be done through self-completion questionnaires from a sample of 42 students from the University of East London. One of the main aims of the UK drug policy is to deter the public from consuming illegal drugs. However, previous studies have shown that young people have the highest level of illegal drug consumption, suggesting that drug policy is not working as effectively as it could be. The results of this study indicated a lack of knowledge on the current drugs policy and varying views of the harms drugs carry.

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Introduction

The wide-spread use of illegal drugs and its commonplace in many parts of the world have led them to become 'one of our greatest contemporary concerns' (Newburn, 2007: 474). Despite the best efforts of government, public health advocates, policymakers and concerned citizens, the use of drugs is still prevalent (Babor *et al*., 2010). This project is concerned with 'illegal drugs', which are those, prohibited under current drugs legislation, the *Misuse of Drug Act 1971*. In the UK, drug policies are implemented to safeguard society and lessen drug use. The government's drug strategy, *Every Child Matters*, aims to prevent young people from taking drugs (HM Government, 2004). It is based on firm beliefs that there are links between drug use and crime (Bennett and Holloway, 2005) therefore; a main effort is to disrupt these links. For the use of this project, the term *drug policy* will only refer to the work of the Government, although policy stretches to many other non-governmental organisations.

When examining previous research in this area, it is evident there has been much debate in the area of illegal drugs in society (e.g. Nutt *et al*., 2010; Amsterdam *et al*., 2010). This project will focus on the arguments in society about the current classification system, as the classification of drugs in terms of their harms is inevitably controversial. The UK drug policy has been described as a failure (Rosmarin *et al*., 2012), which has developed a 'critical division in the world of drug policy'(Roberts *et al*., 2005, pg. 3) with those who want complete dissolution of the use and availability of drugs and those who have come to acknowledge that drug misuse will continue.

There has been much research into the increasing consumption patterns of young people; hence this project will focus on young people. It will also assess students' perception on the level harms certain drugs carry, and compare results to similar previous research. Furthermore, the purpose of this study is to highlight areas of the drugs policy that must be widely known and abided by, as the basis for any drugs policy is to deter people from consuming classified drugs. It is important for the public to be knowledgeable on drugs so they are able to support drug policies based on correct information (Keene, 1997). However, previous research suggests that the public feel custodial sentences for possession of an illegal drug are not necessarily productive (Jacobson *et al*., 2011). People in society have not stopped using drugs since the introduction of the Misuse of Drugs Act 1971. So for many, the punishment of drug users, especially young people, is seen to only criminalise them, which may actually cause more harms in that individual's life than consumption itself (Grover and Paylor, 2010).

The aim of this project is to assess the effectiveness of drugs law and policies in the UK by focusing on university students' knowledge on the classification of drugs; knowledge on sentencing associated with possession of an illegal drug; which court an individual can be sentenced in; and perceptions on the level of harms associated with drugs. These questions will produce interesting data derived from a section of society which is deemed by the public and media as 'reckless' drug users (The Guardian, 2012). In order to explore these aims this will be achieved by distributing questionnaires to students at the University of East London, and will therefore reach the desired target sample and also explore the existing literature in relation to young people and drugs.

This project consists of six chapters; chapter two will examine official statistics and, also consider previous research and literature exploring the drug consumption patterns of young

people in the UK. Chapter 3 will discuss how the primary research shall be conducted and look at approaches to conducting research. Chapter 4 will lay out the findings of the study. Chapter 5 will discuss the main results of the study and compare its findings with previous research to suggest novel approaches in relation to drug policy in the UK. Finally, chapter 6 will conclude the research aims. Overall findings from this study show that university students lack general knowledge and information about the current UK drugs policy and there perception of harm differed significantly from that of the government classification system.

Literature Review: Consumption Patterns in Young People.

This chapter will focus on the recreational use of drugs by young people; it will briefly discuss past generations and where we are today. It will focus on the general consumption patterns of illegal drug use in young people, by closer examining university students drug consumption within the UK. There have been many studies conducted in the UK about the level of drug consumption among university students (Newbury-Birch, 2001; Strote, 2002; Webb et al., 1996, 1997).A main aim of drug policies is to reduce alcohol and drug consumption, especially in young people (Department of Health, 1991). However, drug and alcohol consumption have increased in university students since the 1950s and the same trend has been observed in young people, compared to the consumption patterns of the general population (Measham and South, 2012; Royal College of Physicians, 1995).

Young people have long been blamed for numerous wrong doings in society and became the subject of the creation of 'moral panics' (Cohen, 1973). In the 1950s new found freedom and affluence among young people. Post-war, full employment and new 'classless societies', from this the 'teddy boys' were formed and their drug of choice was alcohol, followed by the mod's with amphetamines and Rastafarians with cannabis use (Muncie, 2009). In the 1960s, the term 'hippie' was coined, after lifestyle developments were based on the use of marijuana and particularly lysergic acid diethylamide (LSD or 'Acid'). Widespread use led to LSD becoming illegal in September 1966, and there was obvious signs of increased usage of marijuana, as rates of convictions for possession of marijuana went from 235 in 1960 to 11,111 in 1973 (Muncie, 2009, pg. 204). In the summer of the 1980's a new drug emerged from a research laboratory in California, methyldioxymethamphetamine (MDMA), this drug found itself on the nightlife scenes of Texas, Chicago and New York (Jay, 2012). Mid 1980s in the UK, rave culture emerged, dancing at mass all-night events and the use of the Class A substance, Ecstasy (Muncie, 2009). During the late 1980s, warehouse parties and mass-gatherings became subject to the controls of the police and the criminal justice system. This drew wide-spread media attention, mainly adult attention, and formed the foundations of the 1994 Criminal Justice and Public Order Act, stopping gatherings of people listening to loud music (Brown, 2005). This brief history of youth subcultures and the drugs associated with them, highlights drug use among young people is not a new phenomenon in the UK.

The Crime Survey for England and Wales (Home Office) has consistently shown that drug consumption among young people is higher compared to that of adults (Home Office, 2012). One of the Home Offices key results from the recently published 'the extent and trend in illicit drug use among young people aged 16 to24' (Home Office, 2012) reveals that levels of illegal drug use increases the more an individual visits a nightclub or pub on a weekly basis. It shows that 30 percent of 16 to15 year olds had taken drugs if they had visited a nightclub

or pub four or more times in one month, compared to the 6.5 percent who had not taken drugs and had not visited a pub or nightclub (See Table 1) (Home office, 2012). In addition, it has been shown in previous research that British university students often exceed the recommended sensible drinking limit proposed by the UK Department of Health (Department of Health, 1995). The most popular reason for drinking was pleasure and, many students perceived this phenomenon to be a part of everyday life (Webb *et al*., 1996). Based on the above evidence, this project assumes that there is a correlation between higher levels of alcohol consumption and higher consumption of illegal drugs.

TABLE 1- 16 to 59 year olds reporting use of illicit drugs in the last year by frequency of nightclub visits in the past month. (Percentage).

No. of visits.	**2008/09**	**2009/10**	**2010/11**	**2011/12**
None	6.8	6.0	6.0	6.5
1 to 3 visits	21.4	18.7	21.1	18.7
4 or more visits	34.2	30.3	32.7	30.7

(Source adapted from Home Office, 2012).

Cannabis has been shown to be the most used illegal drug among university students, and more widely in the general population (Home Office, 2012). Webb *et al.* (1996, 1997) suggest that there is a correlation between cannabis use and alcohol consumption, with surveys confirming that cannabis consumption is widespread amongst university students (Webb *et el.*,1997). As emphasised by Parker *et al*. (1998), drinking and illegal drug taking is part of hedonistic youth culture today. This is reflected in the Home Office findings (See Table 2), which shows that overall a much higher percentage of young people are consuming drugs. Furthermore, attitudes towards cannabis use have been described as 'normalised' and that there has been a degree of cultural accommodation towards illegal drug use (Parker *et al*., 2002). The evidence given by Parker *et al*. (2002) suggests that the 'normalisation' of drugs may explain why drug consumption in young people is on the rise.

TABLE 2-16 to 59 year olds reporting use of illicit drugs in the last year by age group. (Percentage)

Age ranges.	1996	2008/09	2009/10	2010/11	2011/12
16-19	31.6	22.2	22.3	23.0	19.6
20-24	28.2	22.9	18.1	18.4	19.0
25-29	18.3	16.1	13.3	13.9	14.0
30-34	9.5	11.4	8.9	8.7	10.3
35-44	6.0	6.1	5.5	5.4	5.6
45-54	1.9	3.1	2.5	2.7	3.1
55-59	1.0	1.7	1.5	1.6	1.8

(Source adapted from Home Office, 2012)

Whilst cannabis remains the most commonly used drug among young people, there has been an increase in other illegal drugs over the last decade (Winstock, 2001). A study conducted by Webb *et al*. (1996), in which 3075 students participated in across ten universities, shows that the most commonly reported drugs used were LSD, amphetamines and ecstasy. It found that the most frequent reason for consuming drugs was for pleasure (70%) and, less commonly, out of curiosity (20%). Other studies have shown that the UK has one of the highest levels of ecstasy use (Griffiths *et al*., 1997). A survey conducted by The Guardian newspaper and Mixmag magazine (The Global Drugs Survey) found that 34 percent of their cohort were likely to use MDMA when they went out (See Table 3) (The Guardian/Mixmag, 2012), supporting the two latter studies. Data from another student survey indicates that ecstasy use among students is rising, and that users of ecstasy have a tendency to binge drink, smoke marijuana and are more promiscuous. However unlike Webb's study (1996), this study does not make clear why students take ecstasy and why consumption is increasing (Strote, 2002).

General consumption patterns in young people.

This section will look at the results of three large scale surveys conducted in the UK regarding consumption patterns of illegal drugs in young people. The three surveys included are; the Crime Survey for England and Wales 2011/12 (CSEW) conducted by the Home Office on an annual basis and completed by a 'national representative sample of 16 to 59 year olds' of the general household population (Home Office, 2011/12). The World Drug Report 2012, conducted by the United Nations Office on Drugs and Crime (UNODC), which is a large scale survey completed by 192 different countries. And the Global Drugs Survey 2012, produced by The Guardian newspaper and Mixmag magazine, which was completed by 15,500 regular drug users, mainly young people with an average age of 28 (The Guardian/Mixmag, 2012). Regular clubbers were described as people who had been clubbing

at least once within the last month; potentially making this survey bias (The Guardian, 2012). The three surveys should give a good insight into public and media (The Guardian/Mixmag), government (Home Office) and international (UNODC) findings and perceptions about the extent of the drug consumption in young British people.

For the purpose of this discussion, only statistics focusing on annual prevalence shall be used. As assessing figures from the last year, instead of lifetime prevalence or monthly prevalence, is a good indicator to measure the extent of drug use in young people (UNODC, 2012). In the Home Office survey, it is reported that the use of illegal drugs has actually decreased and is at its lowest level since the survey began in 1996, however the survey has consistently shown that drug use among young people is relatively higher compared to that of adults (Home Office, 2012). The CSEW showed that last year within the age group of 16 to 19 drugs consumption was 19.6 percent, and 20 to 24 year olds drug use was 19.0 percent (See Table 2). This trend is mirrored in the Guardian and Mixmag survey, which shows that among regular clubbers there is high percentage that regularly consumes illegal drugs (See Table 3).

TABLE 3- The Guardian and Mixmag drugs survey results 2012, UK respondents. (Percentages)

	Drugs ever tried	**Last 12 months**	**Last 12 months***
Cannabis	91.1	68.2	69
MDMA	75	53.7	77
Cocaine	69.4	41.8	54
Ketamine	47.8	24.5	40
Mephedrone	42.7	19.5	30
Mushrooms	53.1	13.9	13.9
Speed	52.9	11.8	8
Heroin	7	1.1	1

(Source adapted from: The Global Drugs Survey 2012, The Guardian/ Mixmag)

* Regular clubbers- having been clubbing once in the last month. (The Guardian, 2012)

As discussed above, the use of illegal drugs is seen as 'largely a youth phenomenon in most countries' (UNODC, 2012: 59). The UNODC survey shows that cannabis use among 15 year olds in the UK is at a high with 21.1 percent, especially when compared to other European countries. For example 15 to 16 year olds in Sweden in which annual prevalence use of cannabis is only five percent (See table 4). There is a noticeable difference here, even though the two countries are fairly similar in terms of economic success and liberal welfare states

(Johansson, 2011). This may suggest that Sweden's drug policy is more effective than the UK's.

TABLE 4- Prevalence of drug consumption among youths in Europe. (Percentages)

	Country	Age	Life-time	Past Year	Past Month
	HIGHEST				
1	Czech Republic	16	45.1	34.8	18.1
2	Spain	14 - 18	33	26.4	17.2
3	Liechtenstein	12-19	16.2	24.4	
4	Luxembourg	11-17	27.4	22.4	
5	United Kingdom	15		21.1	
	LOWEST				
1	Cyprus	16	5	4	3
2	Sweden	15 – 16	7	5	
3	Norway	15 –16	6	6	
4	Finland	15 –16	8	6	2
5	Greece	15 – 16	7.2	6.3	4.1

(Source adapted from: The World Drug Report 2012, United Nations Office on Drugs and Crime).

The most important thing to be taken into consideration when examining any type of data-set is that it will have limitations, for example when looking at drug statistics, very much a victimless crime, only a small minority of this sort of crime will be recorded (Newburn, 2007). However, the Home Office states that it is a particularly important survey that provides a more complete picture of crime because it includes crime that has not been reported (Home Office, 2012). It is apparent all three studies are reaching a broad number of the general public in the UK, but all three hold disadvantages as they do not include those who are of no fixed abode. A recommendation by Smith (2007, cited Newburn, 2007) suggested that the likes of the Home Office survey should include certain types of residences like university halls. As the Home Office, UNODC and the Guardian/Mixmag survey do not include places like university halls, there is an important section of the public who are being eliminated from the surveys. Overall, these three sets of statistics show that the level of drug consumption in young people is high.

This chapter has had briefly looked at the extent of the consumption patterns in young people and university students. Previous research has shown that alcohol is the most popular drug that is constantly misused by young people (Advisory Council on the Misuse of Drugs, 2006;

Sutherland and Willner, 1998), and evidence has shown that experimenting with illegal drugs at university is considered to be the norm (Larimer *et al*., 2005). This information provides an insight to the possible reasons why young people consume drugs and how frequently they consume drugs; and it can help to understand the correlation between alcohol consumption and increased drug use. The information confirms the purpose and aims of the study, to understand the extent of knowledge university students have on current UK drugs policy and to assess their views on the harms associated with certain drugs. .

Methodology

For the data collection element of the research project, a structured questionnaire was chosen because it offers a relatively cheap method (May, 1997) while providing quick results (Kane, 1985). A self-completion questionnaire, in which the respondent reads each question themselves and enters the replies on the form (Kane, 1985; Bryman, 2008), ensures the researcher's influence over the reaction to the survey is limited (May, 1997). As a result, there is reduced possibility of interviewer bias (Allan and Skinner, 1991).

The nature of a self- completion questionnaire is that respondents answer alone, therefore it is important to ensure that questions are clear and unambiguous (Bryman, 2008). In addition the layout of the questionnaire is equally as important as the wording of the questions (Kane, 1985). This avoids confusing the respondent and also the researcher during data analysis (Allan and Skinner, 1991). Self-completion questionnaires also allow greater convenience for the researcher, because he/she can distribute the questionnaire allowing them to be immediately handed back when the respondent is finished, so there is capacity to achieve a 100 per cent response rate (Allan and Skinner, 1991). The questionnaire asks questions involving knowledge, therefore care has been taken to ensure the choice of answers given are exclusive and exhaustive (Allan and Skinner, 1985).

Sampling

The participants were selected using non-probability convenience sampling, as it 'is one that is simply available to the researcher by virtue of its accessibility' (Bryman, 2008, pg. 183). Using this sampling method, the researcher is able to target students at University of East London (UEL), a sample relevant to the project topic. The questionnaires were handed out by the researcher and by using convenience sampling the researcher is able to ask anyone who happens to be present and available at the time (Kane, 1985). The choice to distribute by hand, rather than online surveys, ensures the researcher can be in control of how many are completed within a given time frame. One of the major issues with using online surveys is the lack of urgency or importance for the participant to complete and return the questionnaire promptly, which can result in a low response rate and a slow collection process. Another problem associated with online surveys is that they are not a cost effective choice as there are normally monthly charges to conduct and disperse. The choice of sampling method generated 42 participants.

When choosing a sample it is essential for it to be representative of the population (Frankfort-Nachmias and Nachmias, 1992). A random sample would allow every student and every

university to have an equal opportunity to partake in the survey; eliminating bias in the selection process and reducing any sampling error (Bryman, 2008). However, with time and money constraints this sampling method would have been difficult to facilitate. It will be hard to generalise the results of this survey as not every student and British university took part. Nevertheless, the aim of this research is to look at a small-scale population of UEL students, and to establish the extent of their knowledge on the UK drugs policy, this requirement is satisfied by the method implemented.

Research Design

The questionnaire was carefully designed, as many factors can influence a participant's decision to fully participate in the survey potentially leading to lower-response rates. The layout of a questionnaire can be just as important as the wording (Kane, 1985) such the objective was to have a clear presentation to avoid confusion. Concise and simple wording was used to avoid confusion for the participants, but also for ease when analysing the data (Allan and Skinner, 1991). The initial length of the questionnaire was a problem, as it became apparent that there were too many questions. However, the questionnaire was piloted on five students and because of the clear layout and concise wording of the questions; they all managed to complete it within 5-7 minutes.

Closed-ended questions are used because they are easy and quick to answer (Frankfort-Nachmias and Nachmias, 1992) and the respondent is not required to spend time writing out answers, meaning analysis can be carried out easily and promptly without any confusion. As closed-ended questions can limit the number of possible answers, all but one of the answers is exhaustive (May, 1997). The questionnaire has omitted a 'don't know' option to engage the participant rather than allowing them to take a convenient option. A single open-ended question is present at the end of the questionnaire in order to allow the participant to elaborate; in the event questions were skipped or the participant was unsure of any of the questions being asked. This limits the possibility of the participant feeling annoyed at possibly not knowing a particular answer (Allan and Skinner, 1991). The questionnaire includes a likert-scale so 'not to rely upon one question as an indicator' (May, 1997, pg 96) and ultimately to effectively assess the attitudes of participants perception of levels of harms towards different drugs. A control question was included in the questionnaire, the purpose of this being to simply see if the participants would choose that answer even though it is not part of the UK drugs legislation.

Ethical Considerations

When conducting primary research 'ethical issues cannot be ignored' (Bryman, 2008, pg 113), it is important to safeguard participants and report the findings both truthfully and accurately (Noaks and Wincup, 2004). Before carrying out any research, ethical considerations, determined by The British Society of Criminology (BSC) and the University Research Ethics Committee (UREC), must be considered. Ethical issues considered in this project include informed consent, by which to obtain credible results the consent must be voluntary, and informed (Frankfort-Nachmias and Nachmias, 1992). A second consideration is the right of the participants to withdraw at any time, allowing any information to be removed from the study (Hagan, 2005). The confidentiality and privacy of the participant is

an important factor as 'the right to privacy is a tenant that many of us hold dear' (Bryman, 2008, pg. 123). Ignorance to these issues would render the research methods deceitful and untruthful, affecting the overall value of the research.

Before the study commenced, an ethics form (Appendix 1) was submitted before the UREC, to ensure the nature and aims of the research were credible. In this study the participants were fully informed about the true nature of the aims of the research prior to participation in the questionnaire. Participants were given a consent form (Appendix 2) to read and sign ensuring full consent to participation in the study. The questionnaire was made completely anonymous and confidential by not requesting names or contact details of the participants. Considering the rights of the participant to withdraw at any time it was stated in the consent form that they have the right to withdraw at any time. Contact information for the university wellbeing team was provided on an extra information sheet (Appendix 4) along with the questionnaire, TALKTOFRANK details were given and if any further questions arose regarding drugs, the website address for DrugScope, the Sentencing Council and Parliament UK were also given. Those under the age of 18 are not legally allowed to provide consent (Tisdall, 2009), however as the research targeted a student population there was no ethical issues raised in regards to age as all students at the University of East London are over 18. Therefore, all ethical guidelines given by The British Society of Criminology and the University of East London's University Research Ethics Committee were satisfied before issuing any questionnaires to participants.

Results

This chapter will look at the findings of the primary research conducted; overall there was 42 respondents from the University of East London aged 18 to 24. The sample was compromised of 62 percent female, and 38 percent male. This chapter will describe the responses for the classifications of the nine mentioned drugs, and the responses for maximum and minimum sentences that an individual may receive when caught in possession of a drug. It will also describe the answers given for which court an individual can be sentenced in and shall also look at the respondents' perception of how harmful they believe the nine mentioned drugs to be.

Class of drugs.

The first question asked the participant to state what the classification of the nine mentioned drugs. Throughout the questionnaire, that question was repeated but the name of the drug changed each time.

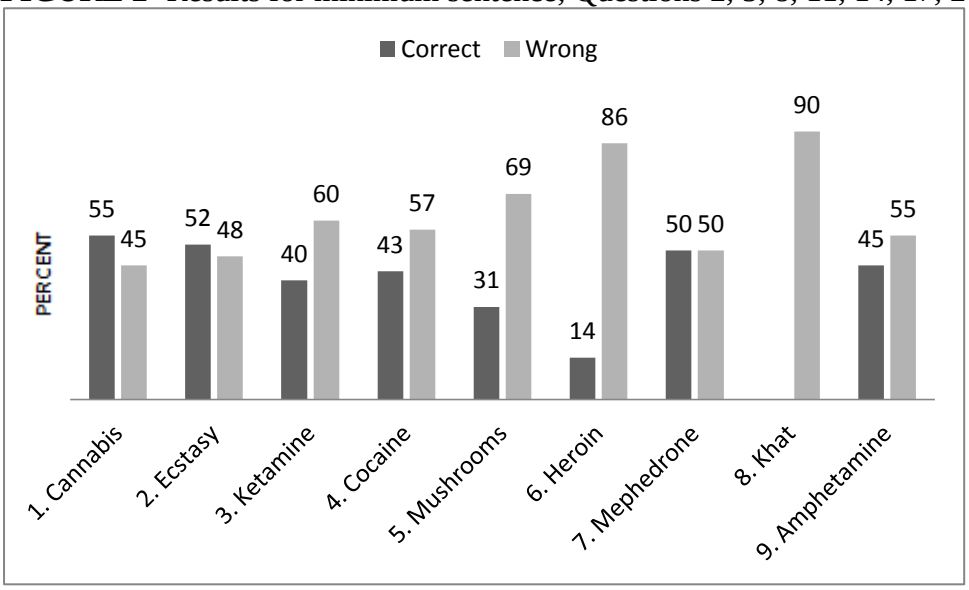
FIGURE 1- Results for classification; Questions 1, 4, 7, 10, 13, 16, 19, 22 and 25. (Percentages).

	Class A	Class B	Class C	Class D	Legal	Correct Answer
1. Cannabis	7	50	43			Class B
2. Ecstasy	86	14				Class A
3. Ketamine	17	45	36		2	Class C
4. Cocaine	100					Class A
5. Mushrooms	31	31	38			Class A
6. Heroin	100					Class A
7.Mephedrone	10	33	40		17	Class B
8. Khat	2	20	29		49	Legal
9. Amphetamine	33	40	19	7		Class B

Figure 1 shows that all of the respondents (100%) chose the correct answer for heroin and cocaine. Nearly half chose Class B (50% correctly) and Class C (43% incorrectly) for cannabis. Interestingly, 17 percent of the respondents still believe mepehdrone to be legal. Most of the respondents correctly classified ecstasy as class A, but 14 percent classed it incorrectly as a Class B. Roughly half of the respondents (51%) believed khat to be illegal, despite it being the only legal drug placed in the questionnaire. The majority of participants chose the incorrect answers for magic mushrooms (64% incorrect) and amphetamine (59% incorrect). Ketamine showed a similar trend with only 35 percent classifying it correctly and 2 percent believing ketamine to be legal.

Sentencing

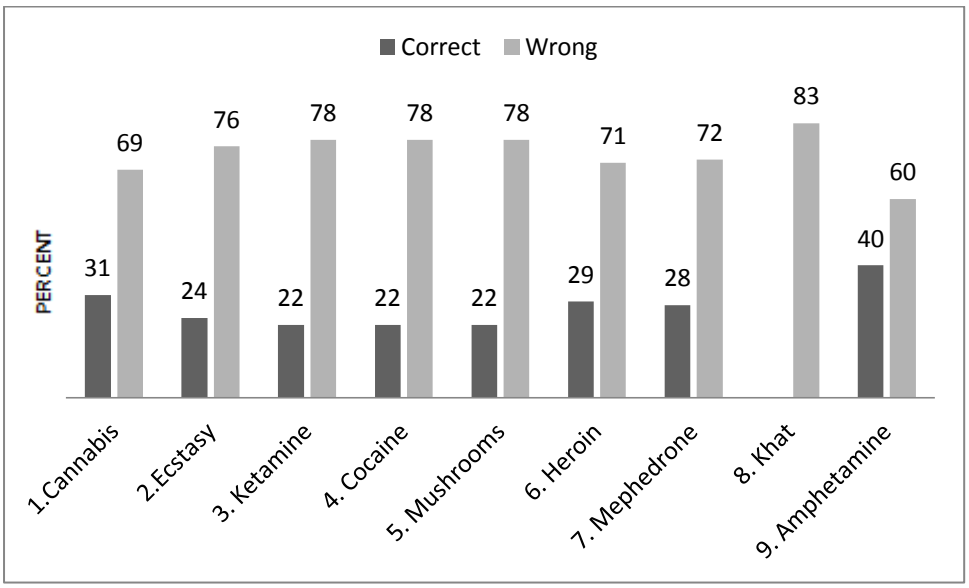
FIGURE 2- Results for minimum sentence; Questions 2, 5, 8, 11, 14, 17, 20, 23 and 26.



In figure 2, the questionnaire asked participants what they believed to be the minimum sentence an individual may receive if caught in possession of an illegal drug. Figure 2, shows

that most participants chose the correct sentence for cannabis (55%) and ecstasy (52%). For mephedrone the answers were split directly (50% correct and 50% incorrect). In addition, the answers for amphetamine were similar with 45 percent of participants answering correctly and 55 percent answering incorrectly. The majority of participants answered khat (90%) and heroin (86%) incorrectly. Participants chose the incorrect answer more frequently for ketamine (60%), cocaine (57%) and magic mushrooms (69%).

FIGURE 3- Results for maximum sentence; Questions 3, 6, 9, 12, 15, 18, 21, 24 and 27.



Participants were asked what they believed was the maximum sentence resulting from possession of one of the nine listed drugs. Figure 3 shows that the majority of participants answered incorrectly, with an average of 74 percent incorrect answers across all drugs. Most of the respondents answered the maximum sentence for khat incorrectly (83%), followed by ketamine (78%), cocaine (78%) and magic mushrooms (78%). The rest of the incorrect answers given were as follows; ecstasy (76%), mephedrone (72%), heroin (71%), cannabis (69%) and the amphetamine (60%).

Courts

FIGURE 4- Results for which court; Question 28.

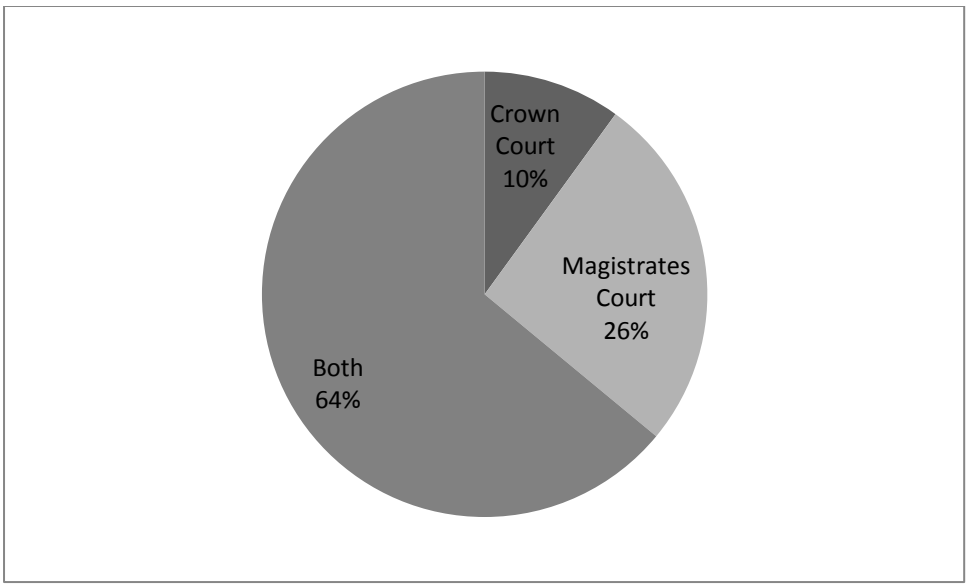
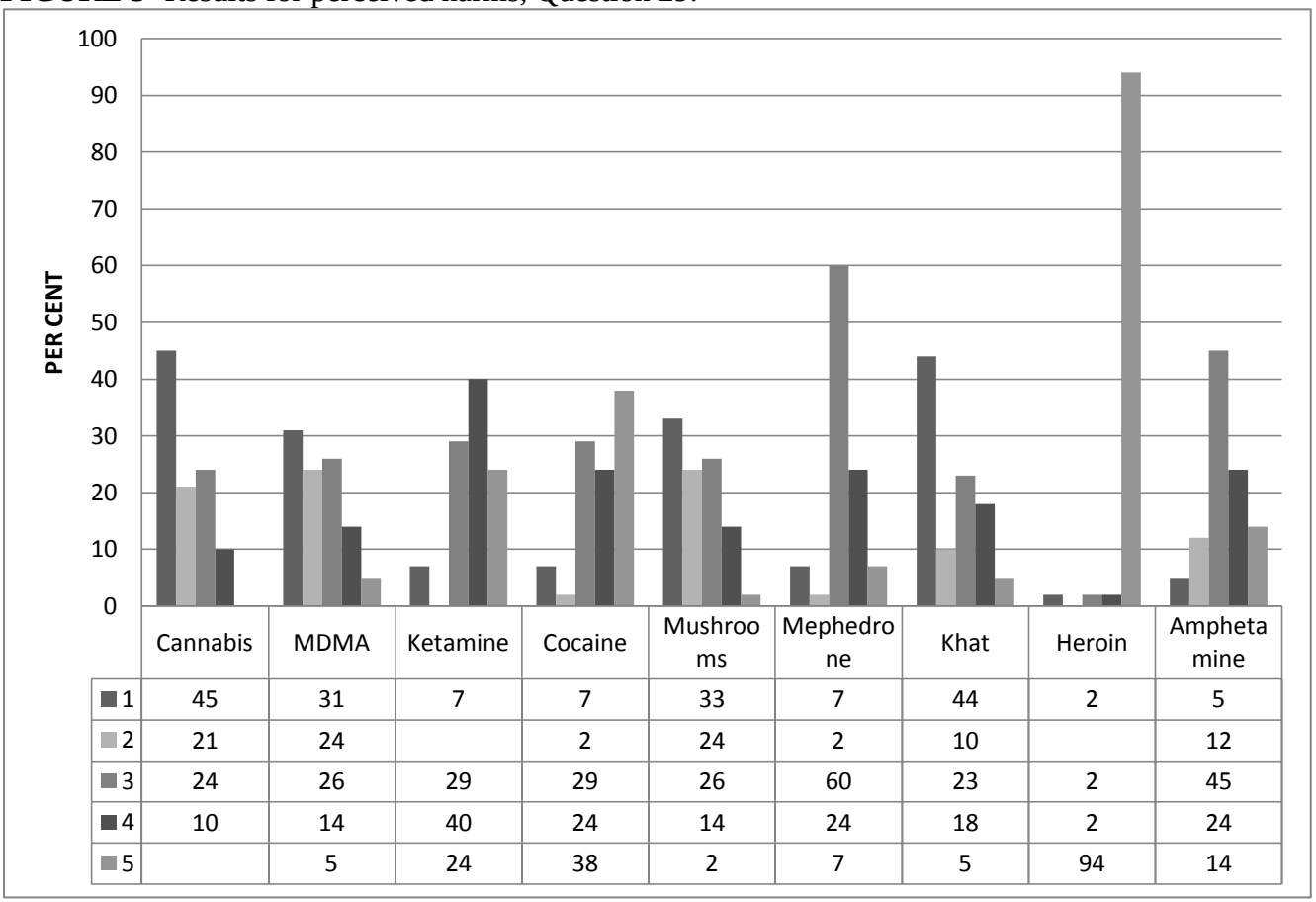


Figure 4 shows that over half (64%) of respondents knew that it was possible to face trial in both a Crown Court and a Magistrates court for possession of a controlled substance. Only 10 percent believed that you can be tried in a Crown Court, which can issue harsher penalties than the Magistrates Court, only a small amount of people (26%) believed an individual could be dealt with in a Magistrates Court.

Harms

FIGURE 5- Results for perceived harms; Question 29.



	Cannabis	MDMA	Ketamine	Cocaine	Mushrooms	Mephedrone	Khat	Heroin	Amphetamine
1	45	31	7	7	33	7	44	2	5
2	21	24		2	24	2	10		12
3	24	26	29	29	26	60	23	2	45
4	10	14	40	24	14	24	18	2	24
5		5	24	38	2	7	5	94	14

We asked participants what they perceived to be the most harmful drug, one being the least harmful and five being the most harmful. Figure 5 clearly shows that the majority of participants perceived heroin to be the most harmful (94%), followed by cocaine (38%), ketamine (24%) and amphetamine (14%). Nearly half of respondents' perceived cannabis to be the least harmful (45%), and cannabis was the only drug that was not perceived to be most harmful drug. Respondents' perceived khat (44%) to be the second least harmful drug, which was the only legal drug included in the questionnaire, followed by mushrooms (35%) and then MDMA (31%). The implications of the results described in this chapter will be discussed in the next.

Discussion

This chapter will examine the results of the present study and compare them with previous research findings. It will examine how 'harmful' the participants perceived the nine mentioned drugs to be and also what class they believed the nine mentioned drugs to be. In light of these results it shall discuss issues of how the current drugs system is based on the considered 'harms' of drugs. It will also take a brief look and see if there is any correlation between the knowledge that students have on sentencing powers for certain drugs and how

harmful they believe that drug to be. It will then go on to explore previous research that has suggested how improvement in drugs law education at universities could be helpful for young people.

Harms and Classifications.

The present study provides some interesting results when participants are asked what they perceive to be the most 'harmful' and the least 'harmful' drugs. The top two most harmful drugs ranked heroin (95%) and cocaine (38%), which is not surprising as these two drugs carry much stigma in society (Lloyd, 2010). Aside from cocaine and heroin, ketamine was ranked as one of the most 'harmful' drugs; 20 percent voted it the most harmful, and 40 percent believed it to be harmful but not the most harmful. Reports on ketamine use have grown in the UK over the past decade (Dalgarno and Shewan, 1996), with it being widely used alongside other major 'party' drugs; ecstasy, MDMA and amphetamines (Dillon *et al*., 2003). The other set of results derived from the harm scale show that the participants perceive; cannabis (45%), followed by khat (44%), mushrooms (33%) and ecstasy (31%) to be the least 'harmful'.

When we examine the results and look at the existing literature and research it reveals that cannabis has come under much scrutiny, and there has been many debates over its potential harms. Cannabis is associated with much less risk and harm than other substances because many outcomes like overdose deaths and infectious disease are not seen as affiliated with its use (Hall and Pacula, 2003). However many experts would argue that cannabis is a 'gate-way drug' to the use of 'harder' drugs (Vans Ours, 2003). But recently, the state of Colorado and Washington in America, like many other parts of the world, decriminalised the possession of cannabis for recreational use (BBC, 2012). The UK is far from decriminalising cannabis, but a poll done by the Transform Drugs Policy Foundation (2013) shows that out of a sample of 946 British people aged over 18, 53 percent wanted cannabis to be legalised or decriminalised. This suggests the public view cannabis to be less harmful than government policy infers, a point which will be discussed further on in this project. Not surprisingly khat was perceived to be one of the least 'harmful' drugs, as it is the only legal drug included in the questionnaire. Interestingly, khat has been compared to the likes of cocaine and described as addictive and dangerous, even though it is legal and easily bought from everyday convenience shops in the UK (Kalix, 2006; Klein *et al*., 2009). However, cannabis was perceived to be less harmful than khat, the reason why respondents may have believed it to be more harmful or illegal is because it was placed in-between other commonly used and known illegal drugs (Bryan *et al*., 2002).

Mushrooms and ecstasy were also perceived to be one of the least 'harmful' drugs to a person. This finding echoes the conclusion of previous research (Nutt *et al*., 2010), which assessed the harmfulness of drugs by taking into consideration the physical, psychological and social harms to the user and also the physical, psychological and social harms to others. Another similar study also assessed the actual harms of illegal drugs (Amsterdam *et al*., 2010), and the study supported the results of this present study, which also shows mushrooms to be not very harmful. However the present study differs, as it only takes into consideration the perceived harmfulness given by participants on an individual basis.

In addition to the above results, the study also looked at the classification of illegal drugs. The participants were asked which class the nine mentioned drugs are, and were given the choice of three possible answers, changed depending on the drug (See Appendix 2). Heroin and cocaine were unanimously voted as Class A, which was correct, as discussed previously this is probably because of the stigma attached and the well known risks these drugs carry (Lloyd, 2010; Hall and Pacula, 2003). When asked what class cannabis is, the results showed some confusion with nearly half choosing Class B and half choosing Class C (Class B, 50% and Class C, 43%). This came as no surprise as in 2004 there was a reclassification of cannabis from Class B to Class C. In 2007, the Home Secretary suggested it to be moved back to Class B, then later in 2009 the Prime Minister, Gordon Brown, announced to parliament the decision for it to be reclassified as a Class B. This demonstrates a country in confusion over which class cannabis should be, being described as 'swung like a yo-yo' (McKeganey, 2010, pg. 94), which questions the stability of the classification system.

Other results from the classification question also show confusion over the class of drugs. This is shown with drugs such as; ketamine, mushrooms, mephedrone and amphetamine, as there is little difference between the figures. The most equally distributed response came with magic mushrooms; overall 31 percent chose Class A, 31 percent chose Class B and 38 percent chose Class C. Also, when examining the results for mephedrone a lack of knowledge on the classification system was observed. It shows that 17 percent believed mephedrone to be legal, with only 33 percent choosing the correct answer; Class B. Mepedrone was made illegal in April 2010, so this is a possible reason why some of the participants believed it to still be a legal. Overall this question has raised concerns about the current drugs classification in the UK, as the results have shown the participants are unsure what categories the nine mentioned drugs are in.

When reflecting on these two sets of results, it raises question that have been highlighted in previous literature and research. The current division of illegal drugs into the three tier classification system is based on their perceived harmfulness (Newburn, 2007). The classification system is represented in the UK by the *Misuse of Drugs Act 1971*, which is there to protect and prevent use of illegal drugs in society. However, legislation does not define how 'harm' is to be assessed and does not give any criteria of harm or dangerousness by which the drugs can be measured (Reuter and Stevens, 2007). Unfortunately, these points have made an important piece of legislation observed as an 'ill-defined concept' (UKPDC, 2013: 7).

Although this study is based on perceived harms and previous research is based on actual harms the results of this study support previous research (e.g. Nutt *et al*., 2010; Amsterdam *et al*., 2010), which suggest that mushrooms are not a harmful drug, so should not be classified Class A. Class A drugs are 'considered to be the most likely to cause harm' (Home Office, 2012), and mushrooms are in the same category as highly addictive substances such a heroin and crack cocaine, which suggests they are highly dangerous. This raises the argument as to why this particular drug, alongside LSD and ecstasy, which was perceived by respondents to be not particularly harmful, is alongside addictive substances like heroin and cocaine in Class A.

However, as discussed, the current classification system in the UK is based on harms, after examining the results it shows that there is some presumed support for the classification system. This is shown as cocaine and heroin is perceived to be the most harmful drug by the participants, which supports the *Misuse of Drugs Act 1971*. These results are mirrored in a

similar study in which 80 percent of respondents placed cocaine as 'dangerous' or 'harmful' (Erickson, 1982). However, on the basis of the above discussion, the respondents perceived ketamine to be a 'harmful' drug to a person; ketamine is currently classified as Class C. The current classification system suggests cannabis and mushrooms to be less harmful that ketamine, which is the opposite of the respondents' views on those particular drugs.

The three tiered classification system carries different penalties for each class; therefore the severity of punishment is based on the potential harms of the drug. If we take into account the discussed lack of knowledge students possess on the classification system and their perception of harms drugs carry, how can the *Misuse of Drugs Act* accomplish as a deterrent and a protective piece of legislation? The results of this study suggest the classification system is seeing individuals being processed through the criminal justice system unfairly, as 'harm' is influenced by variations from cultures and societies and is subjective and normative concept (Babor *et al*., 2010), so therefore varies from person to person and place to place.

Overall the findings of the present set of questions show students have a lack of knowledge and understanding on the drugs classification system. It highlights a hindrance of the current classification of drugs in the UK, in which the use of a deterrent affect has not been successful. It is presumed that by placing a particular drug in a higher Class it will produce a deterrent effect; however there has been little evidence and research that suggest it is working (House of Commons Science and Technology Committee, 2006). As discussed in chapter 2, young people, and especially university students, consume more illegal drugs than the general population of their age group. Therefore this project highlights that because students do not know the classification and possible legal sanctions they could face, how can they make an informed choice about consuming and being in possession of a drug which could land them a criminal record potentially jeopardising their future.

Reuter and Stevens (2007) highlight that the current drugs policy is not irrelevant, as which could be the message conveyed from this project. This project is not suggesting an abolition of the system or the decriminalisation of drugs, it is merely bringing to the forefront that there will never be such thing as a drug-free Britain. It must be highlighted that the British government are not neglecting drugs in society; it is just not addressing the minor problems which could save the futures of many young people.

Reflecting on this, the Transform Drug Policy Foundation has observed that the classification system seems to be a minor importance to the police, so it is probably not fit for purpose (House of Commons Science and Technology Committee, 2006). This supports the view that the reclassification of drugs should be taken into consideration by the government; and it was also supported by the chair of Police Foundation's independent inquiry who suggested that there should be a reclassification of cannabis to Class B to Class C, to make it a non-arrestable offence, and the reclassification of ecstasy and LSD from Class A to Class B, which was also supported by the Home Affairs Select Committee (2002).

Unfortunately, over published unclear facts and judgements on drugs cloud the minds of the public and media, which develop concepts that all drugs are dangerous, and initially impairs the ability for people and the government to develop intelligible policy responses and beliefs on certain drugs (Babor *et al*, 2010). Because of unclear facts and statistics it leads many of the public to believe that if the government were to reclassify certain drugs it would result in increased consumption. However, if we take a look at Portugal's decision to decriminalisation all drugs in July 2001, it shows there has been a positive effect on the drug

consumption patterns within its society, which demonstrates that consumption did not increase (Hughes and Stevens, 2007, 2010; Greenwald, 2009; Chatwin, 2003, 2011).

The potential issues raised by this are the dangers of stigmatisation and the criminalisation of mainly law-abiding people, and the possible discrimination aimed at employees (Grover and Paylor, 2010). A criminal record can limit employment options for individuals, particularly in current times of austerity (Pager, 2003). As mentioned previously, the classification of a drug will reflect the severity of the punishment, and the results of this study clearly show a lack of knowledge and understanding about the classification system, sentencing and perception of harms certain drugs carry.

This is just one avenue that has been discussed and explored in context to reformation of UK drug policy. The results of this study have produced information that points towards a more understandable and common sense, scientific approach that should be taken on board in relation to the classification of drugs.

Sentencing

The questionnaire asked participants what they believe to be the current maximum and minimum sentence when caught in possession of one of the nine mentioned drugs (See Appendix 2). The results indicated a lack of insight in relation to the possible penalties that an individual could receive for possession of a controlled substance. However, it has to be assumed, that the question asked is probably not common knowledge for people who have not come into contact with the criminal justice system. Therefore, the results show a mixture of answers given by the participants, for example heroin and cocaine were the two drugs that nearly all of the respondents classified correctly as Class A. This was shown by the answers participants chose; 48 per cent chose six months for the minimum question and 69 per cent chose 15 years custody. It is shown in Figure 2 and 3 show that the majority of respondents got the answer wrong.

Cannabis has continuously been shown to be the most popular drug among students (Larimer *et al*., 2005), and as discussed previously, over the last decade cannabis has been subject to governmental changes. The results of this study in relation to cannabis show that the majority of the respondents were more likely to choose the lower choice of sentencing out of the options given to them to select from. The results of this confirm previous research (Parker *et al*., 1998), which implies a 'normalisation' in society towards softer drugs such as cannabis. Previous research has been conducted on public attitudes towards the sentencing guidelines (Jacobson *et al*., 2011) for drug offences, and the results of the study showed that the public do not favour custodial sentences for drug possession (Jacobson *et al*., 2011). Furthermore the latter study supports the findings of the present study, as it supports the presumption that the drugs which were perceived to be least harmful by participants such as cannabis, khat and mushrooms (See Figure 5), all received the lowest possible sentence of choices given to them in the minimum and maximum sentence questions (See Appendix 2).

The above discussion presumes that the present findings show an interesting correlation between two questions, the drugs which were perceived to be the most harmful by participants received the harsher penalties for possession; and *vice-versa*, the drugs which were perceived to be the least harmful by participants received less severe penalties for possession (See Figure 2 and Figure 3). The results of the present study, support previous

research (Bryan *et al*., 2002), in which it showed those aged 18 to 29 were less likely to agree that illegal drugs were harmful to health than those in older categories. Overall these particular findings suggest that people, who perceive drugs to be more detrimental to one's health, feel the sentencing for possessing that drug should be higher. For example, the findings show that heroin is perceived to be the most harmful drug to a person, and out of the choices available to the participants, they felt heroin deserved the highest custodial sentence, this was also shown with cocaine, ketamine and amphetamine (Figure 3).

Finally, participants were asked at which court you could get sentenced if caught in possession of a controlled substance. Over half of the respondents answered correctly (64%), and only 10 percent thought you could be dealt with in a Crown Court which can issue higher penalties. The offence of possession of a controlled substance is a triable either way offence.

The above discussion leans towards a possible recommendation for a radical change in the UK. In addition to this it also indicates that there could be improved chances to introduce drugs law education on the further harms of drugs into universities. However, UK universities either do not provide drug education or they deliver it in a very low-key manner (Advisory Council for the Misuse of Drugs, 2006). This chapter has had a look at previous research which implies a reconsideration of the reclassification of drugs in the UK, it shall now continue to discuss the usefulness of drug education in universities.

As the results of this study indicate a poor understanding of the UK's drug policy, an approach to introduce better drugs law education on further harms at universities will be explored. Drugs law education is not a statutory requirement and the effort to introduce it to universities relies on the individual institution itself (Polymerou, 2007). Previous research, and also highlighted in Chapter 2, show the use of illegal drugs in the UK is much more common amongst young people aged 16 to 24 (Roe and Man, 2006), and that it seems that students use illegal drugs more, when compared to their age group of the general population (Polymerou, 2007), which continues to support the use of participants aged 18 to 24 sampled in this present study.

There is little information to what higher education institutions are doing with regards to drug education and awareness campaigns, and if they are implementing it, how effective their efforts are (Aveyard, 1999). However, one campaign called 'Study Safely' which ran across London for those aged over 18, issued booklets and posters on drugs and ways to avoid the dangers (Drugscope, 2004). Evaluations of this campaign found that students showed high levels of awareness and thought the booklet was informative and provided information that proved useful in avoiding harm or unwanted experiences (Polymerou, 2007; Drugscpoe, 2004). Providing education and facts on drugs gives individuals the essential tools to make an informed choice about the risk that they could face when they use drugs; at a certain dose, and a certain frequency and the way it is administered (Rolles, 2009). Very simple lessons can be taught about drugs, for example how gammabutyrolactone (GBL) when mixed with alcohol can be lethal (Talk to Frank). As discussed in Chapter 2, high consumption of alcohol in students has become the norm and is an accepted part of how students socialise (Gill, 2000). Considering this information, it is apparent that universities are in a very good position to promote the law on drug-related harms to students (Dunne and Somerset, 2004). Results from previous studies also support that further health education about drugs should be included at universities (Webb *et al*., 1996, 1997). However, if universities were to integrate drugs education into their institutions there is a possibility that students may not make the choice to attend out of hour's education and some of the public may see this as scheme for

young people to get round the drug laws. In light of this, it would still not be a lost cause as students would have the choice to attend, and reaching those who attend is better than giving information to nobody.

Overall the present study shows that university students are ill informed and also have little knowledge on the current classification system and sentencing powers. It also confirms that the majority of students included in this sample have conflicting views on the perceived harms of drugs compare to that of the current classification system. However, if we look at the responses received for maximum and minimum sentences and compare it with the overall ranking of harms, it suggests that the attitudes of the participants towards highly addictive drugs, like heroin and cocaine, are similar to that of the governments. However, participants felt that ketamine was more dangerous than the government has classed it. This chapter has explored avenues that could benefit students, and potentially protect them from the harms of misusing drugs.

Limitations and Research Implications.

The results of this study need to be handled with care, mainly because the sample size used was small and there were more female respondents (62%) than males (38%). Because of the small sample size, this study cannot be generalised to the wider population of the public. The questionnaire did not include all possible drugs; therefore the findings of this research could be extended if other types of drugs. Limitations may also have occurred when the questionnaire asked which court an individual can be sentenced in, as confusion may have arisen because a deciding factor on which court a person can be sentenced in can depend on the amount of drugs the person was carrying, and where the person was caught when in possession of the illegal drugs. A further study may want to include a wider age range and break the study down to compare younger and older views and student and non-student knowledge on drugs, as only university students were asked. Also if a further study was to be conducted, including the public would produce more exciting and varied findings.

Conclusion.

Overall the aims of this study attempted to address the gaps in the area to understand the extent of how much knowledge university students have on the current UK drugs policy and their perception of the harms drugs carry. The use of primary research helped to address this aim, by handing out self-completion questionnaires it enable this project to draw on information gathered and discuss the aims highlighted above. As discussed in the literature many previous studies were concerned with the level of drugs consumed by students, so this study helped open up the notion of how much knowledge students possess on the current classification of drugs, the sentences an individual can face when caught in possession of a controlled substance, the courts where a person can be sentence and students perceptions on the harms certain drugs carry. As discussed in chapter 2, students are more likely to consume drugs compare to others their age in the general population, which supports the studies choice of using students.

As demonstrated in the results the respondents showed a clear lack of knowledge when it came to knowing what classification the mentioned drugs were, the most confusion was

shown in cannabis and as discussed in chapter 5 was most probably due to the changes from Class B to Class C, then back to Class C (McKeganey, 2010). The findings also explored the participants' views on the perceived harmfulness of a drug. It showed that in relation to the current classification system which is based on 'harms', the respondents thought certain drugs were less harmful than they are currently classified as. However it did confirm that the current classification, for example heroin and cocaine were agreed upon by the participants. It also showed that participants are uneducated about what sentence a person could face when caught in possession of a controlled substance, and also briefly looked at the lack of knowledge participants possess for knowing which court a person can be sentenced in.

To explore this area with greater detail and to produce results that could be generalised to the wider population it would be beneficial to include people of an older age, who are not university students and to carry out research on a longitudinal basis with a much larger sample. Due to time and money constraints this project could not carry out such a study. Despite the results of this study not being able to be generalised to the wider population, it shows that university students perceive the harmfulness of drugs to be lower than that of the current classification system. It has also helped to understand that the people who are consuming drugs more frequently than the general population do not know enough about the potential future damage and implications it can cause them if caught in possession of a controlled substance.

In addition to the findings of this present study, the project discussed recommendations that additional drugs law education could help students become more equipped with information to make well informed choices about the drugs they may wish to consume. The results establish that participants do not have much knowledge when it comes to the UK drugs policy, and as found in existing research, education on drugs is not prevalent in universities. It highlights that drugs law education could be beneficial to students in avoiding the risks taking drugs can carry.

As illustrated in chapter 5, avenues were explored to reform the reclassification of the current ABC system (*Misuse of Drugs Act 1971*). Justification behind this was because the majority of the respondents perceived the harms of certain drugs to be lesser than the government has classed them, with the exception of heroin and cocaine. As discussed, the current classification system is based on the harms drugs carry and punishment is proportionate to the harms of the drugs, therefore by changing the class of certain substance it would help reduce the risk of young people facing a criminal record. Although there is little evidence to suggest that drug policies influence drug users (Reuter and Stevens, 2007), with the reclassification of the current system it could have the potential to lower the rates of young being processed through the criminal justice system.

The results of this study have demonstrated that the respondents have little knowledge about which class the nine mentioned drugs are, with most of the answers producing a split in the results, with the exception of heroin and cocaine, in which all of the respondents answered the question correctly. The results of the second area of questioning showed us that the participants also have little knowledge on the possible maximum and minimum sentences an individual can face when in possession of a controlled substance, in which the participants produce more incorrect answers than correct. The third area of questioning about the courts also showed a divide in answers with just over half of the participant (64%) answering correctly. Finally, the questionnaire looked at the perceived harmfulness of the nine

mentioned drugs rated by the participants. The results showed that overall the respondents perceived most Class A drugs as not very harmful, with the exception of heroin and cocaine.

Overall the results of this study have achieved the aims of the project and have understood that the student population is under educated on the current UK drug policy. Therefore the purpose of this project has helped to suggest that a review of Britain's approach to drugs, and the introduction of drugs education in universities could help students make a better informed choice about the drugs they may consume and limit the potential damage to their future careers and health. To conclude this is supported in previous research that shows 67 percent of the British public want a review of Britain's approach to drugs (UKPDC, 2013).

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APPENDIX 1

UNIVERSITY OF EAST LONDON

APPLICATION FOR THE APPROVAL OF A RESEARCH PROGRAMME INVOLVING HUMAN PARTICIPANTS

Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form.

1.	**Title of the programme:** **Title of research project (if different from above):** Should the United Kingdom rethink the current drugs policy for possession? **Name of researcher (s) (including title):** Ms Coral Higson **Nature of researcher (delete as appropriate):** Project **If "others" please give full details:** **Student number:** u1006478 **Email:** coral78@hotmail.co.uk
2.	**Name of person responsible for the programme (Principal Investigator):** Coral Higson

Status: Student

Name of supervisor (if different from above) : James Windle

Status: Lecturer in Criminology

3. **School:** University of East London **Department/Unit:** Law and Social Sciences

4. **Level of the programme (delete as Appropriate):** Year 3

5. **Number of:**

(a) researchers (approximately): 1

(b) participants (approximately): 50-60

6. **Nature of participants (general characteristics, e.g University students, primary school children, etc):**

The age range of participants will 18-24, and shall be current University of East London students. The reason for such a specific choice of age is partly because the British Crime Survey's age range for young people is 16-24, so sticking within those limits will make the research more comparable to other studies. I have chosen not to include 16-17 as this would result in the need to travel further and more ethical approval.

7. **Probable duration of the research:**

from (starting date): December 2012 **to (finishing date):** March 2013

8. **Aims of the research including any hypothesis to be tested:**

The aims of this study will be to;

- Measure the participants understanding about the current drugs laws.
- Measure the participants' factual knowledge about classifications of drugs.
- Measure the participants trust in the current drugs law.

This study is to test the hypothesis, that young people may have a low knowledge of the drugs laws, which will indicate a suggestion that the drugs policy of possession in the UK possibly needs to be updated to a more understandable level for the public.

9. Description of the procedures to be used (give sufficient detail for the Committee to be clear about what is involved in the research). Please append to the application form copies of any instructional leaflets, letters, questionnaires, forms or other documents which will be issued to participants:

This research will be using multiple choice questionnaires as the method of data collection; respondents must read each question themselves and answer the questions themselves (Bryman, 2008). The administration of these questions will be done by handing them out to chosen participants; selection for participants will be done by approaching people and then introducing the questionnaire and the nature of the research. Because there is a desired age-range the individual who shall be approached will be asked their age and if it falls within the desired age, continue to inform them about the questionnaire. The research shall be conducted around the university campuses and shall not be administered off the university grounds. The questionnaires will be handed out to students around Duncan House and to students around the Docklands campus in the AVA building and in the quad area. When handing out questionnaires the researcher will walk around continuously, as to not be standing in one place and getting in any bodies way, so not cause any health and safety problems.

10. **Are there potential hazards to the participant(s) in these procedures?** No

If yes: **(a) what is the nature of the hazard(s)?** Not applicable

(b) what precautions will be taken?

11. **Is medical care or after care necessary?** No

If yes, what provision has been made for this? Not applicable

12. **May these procedures cause discomfort or distress?** No

If yes, give details including likely duration:

The questions asked in the questionnaire are not of an intrusive or potentially upsetting nature, so therefore are unlikely to cause distress. The participants may feel slightly frustrated after completing the questionnaire, as they may want to want to know the true answers of the questions asked. This will be overcome by handing the participants a small piece of paper once they have completed the questions, with links for further information.

13. **(a)** **Will there be administration of drugs (including alcohol)?** No

If yes, give details: Not applicable

(b) **Where the procedures involve potential hazards and/or discomfort or distress, please state what previous experience you have had in conducting this type of research:**

Not applicable.

14. **(a)** **How will the participants' consent be obtained?**

On approaching the participants, the researcher shall give a very brief outline of what shall go ahead and then will go on to ask

the individual's age. If the individual's age falls within the desired age group to complete the questionnaire then they will be asked if they would like to participate in the survey. The participant will be informed that at any time they can stop the research if they wish. Informed consent is a key principle in social research ethics, it implies that prospective research participants should be given as much information as might be needed to make an informed decision about whether or not they wish to participate in the study (Bryman, 2008). Along the top of the questionnaire sheet handed to participants, shall be a paragraph with all the information needed.

(b) What will the participants be told as to the nature of the research?

The participants will be told that the nature of the study is to find out how much knowledge and understanding they have on the UK drugs policy for possession.

15. **(a)** **Will the participants be paid?** No

(b) **If yes, please give the amount:**

(c) **If yes, please give full details of the reason for the payment and how the amount given in 16 (b) above has been calculated (i.e. what expenses and time lost is it intended to cover):**

16. **Are the services of the University Health Service likely to be required during or after the research?** No

If yes, give details: Not applicable

17. **(a)** **Where will the research take place?**

The research will take place around the university campuses, mainly around the Duncan House campus and at the Docklands campus in the AVA building and the outside areas.

(b) **What equipment (if any) will be used?**

(c) **If equipment is being used is there any risk of accident or injury?**

If yes, what precautions are being taken to ensure that should any untoward event happen adequate aid can be given:

18. Are personal data to be obtained from any of the participants? Yes

If yes, (a) give details: Age, gender, course they are studying and where they are from.

(b) state what steps will be taken to protect the confidentiality of the data?

I will fully reassure the participants they will have full anonymity, and it is completely confidential. Because there is no upsetting or personal questions asked it will be easy to assure them of consent.

(c) state what will happen to the data once the research has been completed and the results written-up. If the data is to be destroyed how will this be done? How will you ensure that the data will be disposed of in such a way that there is no risk of its confidentiality being compromised?

19. Will any part of the research take place in premises outside the University? No

Will any members of the research team be external to the University? No

If yes, to either of the questions above please give full details of the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event:

20. Are there any other matters or details which you consider relevant to the consideration of this proposal? If so, please elaborate below:

No.

21. If your programme involves contact with children or vulnerable adults, either direct or indirect (including observational), please confirm that you have the relevant clearance from the Criminal Records Bureau prior to the commencement of the study.

Not applicable.

22. DECLARATION

I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this programme.

Personal data will be treated in the strictest confidence and not passed on to others without the written consent of the subject.

The nature of the investigation and any possible risks will be fully explained to intending participants, and they will be informed that:

(a) **they are in no way obliged to volunteer if there is any personal reason (which they are under no obligation to divulge) why they should not participate in the programme; and**

(b) **they may withdraw from the programme at any time, without disadvantage to themselves and without being obliged to give any reason.**

NAME OF APPLICANT: **Coral Higson** **Signed:**

(Person responsible)

Date: 17.12.12

NAME OF DEAN OF SCHOOL: **Signed:** _

_____

__Fiona Fairweather_____ Date:
___18.12.12_____

References

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APPENDIX 2

Questionnaire

My name is Coral Higson, I am a third year student and I am conducting questionnaires for my research project. The aim of this research is to examine the understanding and knowledge that aged 18- 24 year old students have on the UK drugs policy.

You are being asked to complete this voluntary questionnaire, lasting 5-10 minutes. There will be a series of questions asking the possible sentences for drug possession and your view on harmful drugs. This questionnaire is completely anonymous; it will not ask you for your name, address, or email address. You will not be asked about any personal drug use. You have the right to withdraw at any time without having to give reason.

Thank you for taking the time and agreeing to complete this questionnaire. By completing this questionnaire you are confirming your consent to take part in this study.

Please answer all questions by ticking the appropriate box:

Your details:

Age: _____ **Gender:** Male ☐ Female. ☐

Where are you originally from? : _____

What course are you studying? : _____

1) **What class is cannabis ('weed', 'ganja')?**

Class A ☐

Class B ☐

Class C ☐

2) **What is the minimum penalty for being caught in possession of cannabis?**

6 months custody ☐

Discharge ☐

A fine ☐

3) **What is the maximum penalty for being caught in possession of cannabis?**

10 years custody ☐

6 months custody ☐

7 years custody ☐

5 year' custody ☐

4) **What class is ecstasy ('MDMA')?**

Class A ☐

Class B ☐

Class C ☐

5) **What is the minimum penalty for being caught in possession of ecstasy?**

Discharge ☐

A fine ☐

1 years custody ☐

6) **What is the maximum penalty for being caught in possession of ecstasy?**

15 years custody ☐

7 years custody ☐

2 years custody ☐

10 year' custody ☐

7) **What class is Ketamine ('K', 'donkey-dust')?**

Class A ☐

Class B ☐

Class C ☐

Class D ☐

Legal ☐

8) **What is the minimum penalty for being caught in possession of Ketamine?**

Community Order ☐

Discharge ☐

A fine ☐

9) **What is the maximum penalty for being caught in possession of Ketamine?**

2 years custody ☐

5 years custody ☐

6 months custody ☐

7 years custody ☐

10) **What class is Cocaine ('ching', 'charlie')?**

Class A ☐

Class B ☐

Class C ☐

11) **What is the minimum penalty for being caught in possession of Cocaine?**

Discharge ☐

6 months custody ☐

A fine ☐

12) **What is the maximum penalty for being caught in possession of Cocaine?**

15 years custody ☐

7 years custody ☐

2 years custody ☐

10 years custody ☐

13) **What class are Magic Mushrooms ('shrooms', 'Philosopher's Stone')?**

Class A ☐

Class B ☐

Class C ☐

14) **What is the minimum penalty for being caught in possession of Magic Mushrooms?**

Discharge ☐

A fine ☐

2 months custody ☐

Community Order ☐

15) **What is the maximum penalty for being caught in possession of Magic Mushrooms?**

15 years custody ☐

7 years custody ☐

8 years custody ☐

2 years custody ☐

16) **What class is heroin ('brown', 'skag')?**

Class A ☐

Class B ☐

Class C ☐

17) **What is the minimum penalty for being caught in possession of heroin?**

A fine ☐

Discharge ☐

Community Order ☐

6 months custody ☐

18) **What is the maximum penalty for being caught in possession of heroin?**

15 years custody ☐

7 years custody ☐

2 years custody ☐

5 years custody ☐

19) **What class is Mephedrone ('meow-meow', 'm-kat')?**

Class A ☐

Class B ☐

Class C ☐

Legal ☐

20) **What is the minimum penalty for being caught in possession of Mephedrone?**

Discharge ☐

A fine ☐

Community Order ☐

21) **What is the maximum penalty for being caught in possession of Mephedrone?**

5 years custody ☐

7 years custody ☐

15 years custody ☐

6 months custody ☐

22) **What class is Khat ('chat', 'qat')?**

Class A ☐

Class B ☐

Class C ☐

Legal ☐

23) **What is the minimum penalty for being caught in possession of Khat?**

Discharge ☐

A fine ☐

Community Order ☐

24) **What is the maximum penalty for being caught in possession of Khat?**

5 years custody ☐

2 years custody ☐

7 years custody ☐

15 years custody ☐

25) **What class is Amphetamine ('speed', 'base')?**

Class A ☐

Class B ☐

Class C ☐

Class D ☐

26) **What is the minimum penalty for being caught in possession of Amphetamine?**

Discharge ☐

6 months custody ☐

A fine ☐

27) **What is the maximum penalty for being caught in possession of Amphetamine?**

6 years custody ☐

5 years custody ☐

16 years custody ☐

3 years custody ☐

28) **In which court would you be dealt with for possession of a controlled substance?**

Crown Court ☐

Magistrates Court ☐

Both ☐

Neither ☐

29) **What drug do you think is the most 'harmful' to a person?**
(Please circle the number which you think suits best; 1 being the least harmful and 5 being the most harmful)

a) Cannabis **1 2 3 4 5**

b) MDMA **1 2 3 4 5**

c) Ketamine **1 2 3 4 5**

d) Cocaine **1 2 3 4 5**

e) Mushrooms **1 2 3 4 5**

f) Mephedrone **1 2 3 4 5**

g) Khat **1 2 3 4 5**

h) Heroin **1 2 3 4 5**

i) Amphetamine **1 2 3 4 5**

If you could not answer any of the questions or have any feedback on this questionnaire, please feel free to write below.

_____

_____

_____

_____

_____

APPENDIX 3

Consent Form

Title: Is it time for the United Kingdom to revaluate its drugs policy for possession?

University of East London

The aims of the research are to:

1. Measure participants factual knowledge of the UK drugs policy.
2. Measure which drugs participants think are the most harmful to the user.
3. Measure the participants understanding of criminal procedures associated with drug possession in the UK.
4. Assess the extent to which 18-24 year olds understand UK drug policy.

If you choose to take part in this study, you will be asked to complete a questionnaire.

The nature and purpose of the research has been explained to me, and I have had an opportunity to discuss the details and ask questions.

I understand that my involvement in this study will be confidential.

I will remain anonymous, my name and any other personal information that might lead to my identity will not be used. I will be given a code ID.

It has been explained to me what will happen once the research has been completed. I therefore:

- Consent to the questionnaire being used for research purposes;
- Understand that I do not have to answer all the questions. I do not have to answer any question that makes me feel uncomfortable or relates to matters that I do not wish to talk about.
- Understand that I have the right to withdraw from the interview at any time without disadvantage to myself and without being obliged to give any reason;
- If you find you would like to withdraw from the study after the questionnaire has been completed, please contact Coral Higson (C.Higson@uel.ac.uk) or Dr James Windle (J.Windle@uel.ac.uk / 0208 223 7457) and all information you provided will be removed from the study and destroyed.

I hereby freely and fully consent to participate in the study which has been fully explained to me.

Participant Signature…….

Investigator's Signature…….

Date: …….

APPENDIX 4

Below are some useful websites and contact numbers if you have been adversely affected by anything in this study or would like some further information on the topic itself.

Health/ Advice:

- www.talktofrank.com **Phone:** 0800 77 66 00
- **Phone** : For Docklands and Stratford: 020 8223 7611 **(Mon-Fri 10am to 2pm)**
- **Email**: wellbeing@uel.ac.uk

Further Information:

- http://sentencingcouncil.judiciary.gov.uk/docs/Drug_Offences_Definitive_Guideline_final_(web).pdf
- www.drugscope.org.uk
- www.parliament.uk