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Drugs Disorder by Design

Why Britain's War on Drugs Targets the Poor and Protects the Privileged

Elizabeth Peatfield

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*This book is dedicated to my twin sister Amanda.
Your recovery from all the challenges you have faced in your life is an
inspiration.
The way you have changed your life around and taken charge of it is
fabulous, and I am in awe of you for doing this.
It's been a long, old, complicated road, but you got there kiddo and mum
would have been so proud of the woman you have become.
Keep growing, keep learning and love yourself, like I love you
Your Twinny
Lizzbeth*

PREFACE

The words *drugs* and *drug user* still evoke a particular image in the public imagination: dirty needles, broken lives, crime-ridden backstreets. It's a powerful image—but it's also deeply misleading. The truth is, nearly all of us are drug users in one way or another. Whether it's the paracetamol we pop for a headache, the coffee we crave to get through the day, or the sugar we scoff in celebration, drug use is part of everyday life. We've just normalised some substances and demonised others—and that double standard is at the heart of this book.

The term *drugs* has been weaponised, reduced to a caricature: someone with a needle in their arm, strung out and broken. But most drug use in the UK is functional, not chaotic. Many people use substances—illegal and legal alike—without serious harm. Some even experience benefit, whether it's with cannabis, MDMA, or psychedelics. But our policies don't make that distinction. They criminalise use rather than understand it.

Every year, I ask my students, “How many of you drink alcohol?” Almost every hand goes up. Then I ask, “How many of you consider yourselves alcoholics?” Silence. The point is simple: using a drug is not the same as abusing it. And yet, our legal and policing frameworks often ignore that nuance.

I come to this topic wearing a few different hats. As a former magistrate, I've seen first-hand how drug laws derail lives—especially those of

young, working-class people from minoritised communities. As a criminologist, I've studied how these laws fail to reduce harm and often exacerbate it. And as someone who spent over two decades working Liverpool's night-time economy as a bouncer from the late 80s to the new millennium, I've lived through the evolution of street-level drug trends—from speed and booze in the '80s, to coke and ecstasy in the '90s, to today's surge in ketamine use. I've seen both the communal joy and the very real risks associated with drug use.

One night in particular still haunts me. A young woman, just starting university, died after taking a pill she believed was ecstasy. It had been cut with ketamine—something she was unknowingly allergic to. That tragedy wasn't caused by MDMA. It was caused by prohibition: by the criminalised, unregulated market that produces unknown, unpredictable substances. It was caused by a system that creates harm under the guise of preventing it.

We need to talk honestly about why people use drugs—not just to escape or self-medicate, but because it feels good. Pleasure, connection, curiosity—these too are reasons people take drugs. And yet, our policies deny this reality, feeding a moral panic that has very little to do with evidence or outcomes.

If harm were truly the measure of policy, then alcohol and tobacco—two of the most damaging substances available—would be far more restricted. Instead, they're legal, taxed, and culturally celebrated. Meanwhile, less harmful substances remain outlawed, and their users punished. The hypocrisy is staggering. We're told drug laws are rooted in science. But if you've lived in a city like Liverpool, you'll know that most people you grow up with have used both legal and illegal substances. These acts aren't deviant. They're normal. So why are some branded criminals, while others are left alone—or even applauded?

This book is a call for honesty. It offers critique, but also clarity. You'll find academic analysis, yes—but also stories from courtrooms, club nights, and everyday life. Stories of joy and injustice, of contradictions and courage. I hope they make you think, feel, and maybe even change your mind.

Because if we don't start telling the truth about drugs, we'll keep enforcing a policy that isn't just broken—it's *disorder by design*.

Liverpool, UK

Elizabeth Peatfield

ABOUT THIS BOOK

This book critically examines the failures and contradictions of UK drug policy, exposing how current laws disproportionately target marginalised communities while overlooking the widespread harms of legal substances like alcohol. Drawing on the author's unique experiences as a magistrate and bouncer, alongside academic research, policy analysis, and lived experience testimonies, it reveals the systemic injustices embedded in drug enforcement. By contrasting the treatment of so-called “problematic” versus “functional” drug users, the book highlights how class, race, and power shape who is punished and who is protected. It also interrogates the influence of moral panic, media narratives, and political ideology on drug legislation, questioning the absence of evidence-based, harm-reduction approaches. Ultimately, the book aims to challenge prevailing assumptions, inform public discourse, and advocate for a more just, ethical, and effective drug policy rooted in health, evidence, and equality.

INTRODUCTION

This book is a blend of academic knowledge, research practice, and lived experience. It draws on decades of observation and involvement with drugs and drug users, both professionally and personally.

Growing up in Liverpool in the early 1960/1970s, I was always surrounded by drugs of one kind or another. To be honest, we all are—it just depends on what we define as a “drug.” Many of the people I grew up with, including friends and their parents, used substances in one form or another. Whether it was alcohol, cigarettes, marijuana, or even mushrooms, drug use was part of the social fabric.

No one ever encouraged me to take drugs, but my thinking around their use has always been shaped by the social context I grew up in. That’s the crux of it: we all use drugs. Whether you rely on steroids for asthma, take a paracetamol for a headache, enjoy a morning coffee, or use energy drinks to get through the day—unless you’re extremely lucky and extremely healthy, you’ve used a drug at some point.

But the problem isn’t drugs. It’s the stories we tell about them—who’s allowed to use them, and who’s punished for doing so. As a former magistrate and a criminologist, I’ve seen the stark contrast between how society treats “respectable” drug use and how it criminalises and stigmatises others. The same drug, when taken by a white-collar professional, can be overlooked or excused—but in the hands of someone poor, racialised, or already marginalised, it becomes a justification for surveillance, punishment, or exclusion.

So, what is it about certain drugs that causes so much fear and controversy? Why do some substances spark public outrage or moral panic, while others are silently accepted or even promoted? Why do politicians treat drug policy like a game, constantly shifting the narrative without ever tackling the real issues?

I've seen both the benefits of drugs and the dark consequences of addiction. But after all these years (and I am quite old now), I can honestly say: no other area of law and policy feels as random and inconsistent as drug legislation. You'd think drug policy would be guided by scientific research, by principles of harm reduction, or at the very least by health outcomes—but nothing could be further from the truth.

This book sets out to explore those contradictions. It will examine the policies, highlight both good and bad practice, and weave in stories from my many years of working as a bouncer, and from my time engaging with drug users, enforcers, and communities. These personal tales are not here for shock value—they serve as lived illustrations of the policy failures (and occasional successes) that shape the UK's relationship with drugs.

As you read this book, I ask you to honestly reflect on a few key questions: What makes a drug dangerous? Why is it that some substances—like alcohol, arguably one of the most toxic and harmful drugs available—are legal and widely consumed, while others, like ecstasy (which was originally designed to be a safer alternative to alcohol), are banned and heavily criminalised? Yes, I did say designed to be safe—and we'll come back to that.

You also need to consider: What does prohibition really look like to you? What kinds of drug use do you consider acceptable, and what kinds are not—and, more importantly, why? What shapes your view? Is it based on evidence, or on what you were taught to fear?

What harms does prohibition actually cause? And is the enormous investment of time, money, and resources by the criminal justice system to keep many drugs illegal really worth it? These are uncomfortable questions—but essential ones if we want a policy that serves public health and social justice, not just political theatre.

So, let's begin at the beginning.

Where did drug legislation come from? Why was it developed in the first place, and who exactly decided which substances should be criminalised—and which should be accepted, taxed, and sold? The truth is, drug laws were never purely about health, science, or public safety.

From the very start, they were shaped by politics, racism, class prejudice, and colonial power structures. The early waves of legislation weren't introduced to protect people from harm—they were often about protecting the powerful, controlling certain populations, and reinforcing social hierarchies.

To understand how we got to today's messy and contradictory state of affairs, we need to look at the origins of drug control—both in Britain and globally. In doing so, we'll see that the question has rarely been “how dangerous is this drug?” and more often “who is using it — and how can we control them?”

ABOUT THE AUTHOR

Dr. Elizabeth Peatfield is a criminologist and senior lecturer in criminal justice at Liverpool John Moores University, UK, where she specialises in drug policy, criminal justice inequality, and lived experience research. She is Fellow of the Higher Education Academy. Before entering academia, she worked for more than 20 years as a bouncer in Liverpool's vibrant and chaotic nightlife scene and later served as a magistrate, presiding over drug-related cases in England's lower courts.

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A Condensed History of British Drug Policy and Legislation (1860–Present)

Abstract This chapter offers a critical historical overview of British drug policy and legislation from 1860s to the present, examining how shifting legal frameworks and political ideologies have shaped the national approach to substance use. It traces the evolution from Victorian-era medical regulation through the criminalisation solidified by the Dangerous Drugs Act 1920 and the emergence of the distinctive “British System” of medically supervised drug maintenance in the mid-twentieth century. It then analyses the seismic shift ushered in by the Misuse of Drugs Act 1971, which entrenched a punitive model of prohibition that still governs UK drug policy today.

The chapter explores key developments across subsequent decades, including the rise of recreational drug use in the 1960s, the moral panic of the 1980s, and the complex blend of public health and criminal justice strategies under New Labour. It also critically assesses more recent legislation such as the Psychoactive Substances Act 2016, arguing that symbolic lawmaking has often replaced evidence-led interventions. Special attention is paid to the political manipulation of drug classification, the marginalisation of scientific advisors, and the disproportionate policing of minority and working-class communities.

Moreover, the chapter highlights increasing divergence in drug policy within the UK’s devolved administrations. While Scotland, Wales, and Northern Ireland have sought to embed harm reduction within broader

social services, Westminster has remained wedded to prohibitionist strategies. The final section considers international models—especially Portugal’s decriminalisation approach—and evaluates growing domestic calls for reform grounded in public health, equity, and empirical evidence.

In sum, the chapter reveals that British drug policy has long struggled to reconcile the competing demands of law enforcement, medical ethics, and social justice. Despite rhetorical nods to harm reduction, criminalisation has remained the dominant response, often at odds with research and lived experience. As drug-related harms persist and political tensions deepen, the need for an honest, compassionate, and evidence-based policy framework is more pressing than ever.

Keywords Criminalisation-Harm Reduction · Misuse of Drugs Act 1971 · British System · Devolution · Public Health · Drug Classification · Prohibition · Drug Policy Reform · Evidence-Based Policy

A CONDENSED HISTORY OF BRITISH DRUG POLICY AND LEGISLATION (1860–PRESENT)

British drug policy has evolved significantly from the laissez-faire attitudes of the nineteenth century to today’s complex and often contradictory framework that oscillates between criminalisation, harm reduction, and public health. The nation’s approach to controlled substances has never been linear; rather, it has been shaped by shifting political ideologies, moral panics, imperial interests, medical developments, and international pressures. From the early use of opium in patent medicines and the relative freedom of drug commerce in the Victorian era, through the establishment of strict controls in the early twentieth century, to the punitive but rhetorically health-oriented policies of the twenty-first century, the evolution of UK drug legislation reflects broader social anxieties and governmental priorities.

This chapter traces the development of drug policy in the UK from 1860 to the present day, critically evaluating the major legislative landmarks and the ideological underpinnings that have informed them. It begins by examining the regulatory origins of drug control, such as the Pharmacy Act 1868 and the Dangerous Drugs Act 1920, which laid the groundwork for a legal-medical approach to addiction. It then explores

the rise and decline of the so-called “British System,” a medical model of addiction management that offered a globally distinctive response to drug dependency. The analysis continues through the politicised turn of the 1971 Misuse of Drugs Act, which remains the cornerstone of modern prohibition, and into the late twentieth and early twenty-first centuries, where public health imperatives have struggled to assert themselves against entrenched criminal justice frameworks.

Critically, this chapter interrogates not only what laws were enacted but also why they were introduced, whose interests they served, and what impact they have had on individuals and communities. By evaluating these developments in historical and policy context, this account aims to shed light on the enduring contradictions within British drug policy—contradictions that remain highly relevant to debates around decriminalisation, harm reduction, and evidence-based reform today.

EARLY REGULATION: MEDICINES AND POISONS (1860–1920)

The first significant step in British drug policy was the **Pharmacy Act 1868**, which sought to control the sale of poisons and certain drugs such as opium, morphine, and cocaine by restricting their sale to qualified pharmacists (Berridge, 1999). Notably, the act was rooted more in consumer safety than in moral panic or criminality. During the Victorian period, drug use was relatively unproblematic socially, with substances like opium and laudanum used widely and legally across classes (Musto, 1991).

However, concerns about dependency and social impact grew during the late nineteenth and early twentieth centuries, especially in the context of the British Empire and fears about non-white populations’ drug habits being a threat to social order (Seddon, 2010). These anxieties culminated in the Dangerous Drugs Act 1920, influenced by Britain’s obligations under the 1912 Hague Opium Convention. This Act marked a shift towards prohibitionist logic and introduced criminal penalties for possession and unlicensed supply.

“The 1920 Act formalised the ideological link between drug use and criminality, establishing a framework still recognisable in current policy” (Berridge, 1999; 172).

Medicalisation and the “British System” (1920–1960). Despite the criminalisation introduced by the Dangerous Drugs Act 1920, Britain

adopted a relatively liberal and medically oriented approach to addiction management through what came to be known as the British System. Under this framework, doctors were permitted to prescribe controlled drugs such as heroin and morphine to individuals with addiction, provided they were registered and operating under the supervision of the Home Office. This model did not criminalise the addict as such but instead treated addiction as a chronic, relapsing medical condition that could be stabilised through ongoing medical care.

The approach was largely codified following the Rolleston Committee Report of 1926, chaired by Sir Humphry Rolleston. The report was a direct response to ambiguities in the 1920 legislation and growing concern over the professional role of doctors in the care of drug users. The committee concluded that, in certain cases, maintaining an individual on controlled substances might be preferable to withdrawal, particularly where abstinence would lead to severe distress, a breakdown of social functioning, or risk of death (Rolleston, 1926; Stimson, 1987). Rather than promoting abstinence as the only acceptable goal, the Rolleston Report explicitly permitted maintenance prescribing when it served the patient's best interests.

This pragmatic and non-punitive stance placed Britain in sharp contrast to the prohibitionist regimes emerging in the US, where addiction was increasingly viewed as a moral failure and criminal behaviour. In the UK, general practitioners retained the discretion to manage addiction within a clinical framework, and the Home Office issued licences to those authorised to prescribe. This fostered a relatively small and stable population of "notified addicts," the majority of whom were middle-class individuals addicted through medical use rather than recreational experimentation (Berridge, 1999).

Throughout the 1930s to the 1950s, this policy remained largely uncontroversial, with addiction numbers remaining low and largely invisible in public discourse. The British System attracted international attention for its apparent effectiveness and its humane ethos. By allowing controlled access to drugs, the system reduced the need for black market supply and prevented many of the harms associated with criminalisation and social marginalisation.

"The British System represented a unique model of harm minimisation before the term gained traction globally, allowing controlled use under medical guidance and reducing the risks associated with untreated or criminalised addiction" (Spear, 2002, p. 50). However, the system was