

Mixing the Medicine:

The unintended consequence of amphetamine control on the Northern Soul Scene

By Dr Andrew Wilson¹

ABSTRACT

Examining the influences leading to the introduction of amphetamine controls in Britain, this article focuses upon the consequences of the Drugs (Prevention of Misuse) Act 1964, and subsequent legislation. These laws had a major impact upon earlier Mod and later Northern Soul Scene subcultures in Britain, because both held amphetamine use as a central component of their recreational activities.

The paper aims to provide greater understanding of the way criminalisation of amphetamines impacted on a user subculture that developed prior to criminalisation. While the 1964 Act effectively restricted supplies of amphetamines from the grey market, its failure to reduce demand created the market conditions for illicitly manufactured amphetamines. The changed legal setting also provided subcultural justification for the burglary of retail pharmacies which began soon after criminalisation. The response of the authorities to increased burglary of pharmacies had a particularly damaging impact on the amphetamine user culture of the post-mod Northern Soul Scene in the mid-1970s. The introduction of tighter storage regulations, stipulating the need to store Class B drugs in a secure metal cabinet with the opiates, led to a new cultural exchange between the amphetamine using chemist burglars and opiate user groups that involved the sale of the unwanted class A drugs, including exchanging opiates for amphetamine powder. The resulting spread of intravenous drug use on the Northern Scene, introduced a number of negative health impacts including the spread of hepatitis and drug related deaths.

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INTRODUCTION

There is a temptation to ‘set aside discussion of earlier times, and drugs scenes from speeding mods to tripping hippies’ and see them as ‘essentially subcultural, temporary drugs fashions’ (Parker 2001: 3). However, the links between different drug cultures outlined in this paper can help to further our understanding of drug markets, and the uneven spread of drug user culture (Pearson *et al.* 1985: 9).

Clearly, there is a notable difference between the opiate user scene prior to the arrival of illicit supplies of South West Asian brown heroin in 1978 (Strang *et al.* 2005: 160) and later users. The three fold increase in known addicts between 1979 and 1983 (Pearson 1987: 65) gives a crude indication of the scale of the problem described by researchers (Pearson *et al.* 1985; Parker *et al.* 1988). This up-scaled problem marked a clear change from the drug scenes described in earlier British studies (Young 1971; Plant 1975; and Willis 1978), though there is a notable lack of understanding of the opiate users that did not present for treatment in this period (Zinberg 1984: 243-4).

Howard Parker’s dismissal of the earlier British drug scenes, excepting London with its relatively high concentration visible heroin users (Stimson and Oppenheimer 1982), makes sense when seen against the low level heroin use found in settings like Cheltenham (Plant 1975). The absence of a reliable supply of opiates, together with the decreasing availability of heroin on prescription (Stimpson and Metrebian 2003: 7), left users in the 1970s increasingly reliant on a variety of relatively unreliable sources that were convivially shared with other users linked through local and regional networks. Contacts established through both sets of networks in search of supplies, with users acting as ‘carriers of drug-using behaviour to new initiates,’ (Rathod 2005: 63) played a part in the introduction of opiate use to a small number of participants in the Northern Scene. This link between the Northern Scene and opiate using culture, initially through selling the unwanted opiates, reveals a hidden, or little understood aspect of British drugs history².

This paper examines how a recreational amphetamine culture, formed by use of this class of drug at all night dances prior to criminalisation in 1964, was affected by a series of changes stemming attempts to control amphetamine use. The most notable impact for many members of the Scene came from changes to regulations governing the storage of amphetamines in pharmacies. Rather than stem the theft of amphetamines, as intended, the mixing of amphetamines and opiates led to a growing trade between the amphetamine using chemist burglars and the buyers of the unwanted opiates.

The Northern Soul Scene

The Northern Soul Scene evolved from the Mods of the 1960s, retaining some of their central activities, specifically the use of amphetamines to attend all night dance clubs (allnighters). The allnighters were a central event of the Northern Scene, drawing

² This paper draws on a number of sources, including my personal involvement in the Northern Soul Scene from 1973 to 1983, interviews with fifty-five former participants, and various documentary sources.

participants from around the country to venues like Manchester's Twisted Wheel, to listen and dance to rare soul music.

For some members of the Scene there was a clear line of continuity between carrying out these activities as a Mod and doing the same as a member of what came to be called the Northern Soul Scene. For the purpose of this paper, it is enough to convey the notion that the allnighters performed two important functions. The first was that of central attraction; the second was that of providing a clearly bounded event (in time and space) that served to regulate drug uses by providing a 'behavioural setting' in the sense set out by Goffman (1984: 109), that is, 'any place that is bounded to some degree by barriers to perception'.³ The importance of this setting is that it underpinned the instrumental justification of amphetamine use on the Northern Scene by neutralizing (Sykes and Matza 1957) the negative images of drug use in the early 1970s. This rested upon *insider* 'knowledge' of the mistaken belief in the inevitability of escalating drug use from soft to hard drugs, and linked to that, the general lack of distinction between hippie drug use and junkies (Young 1971; Plant 1974). Although, within the Scene, the most common image drawn on to justify amphetamine use was that of the friendliness of the allnighters in comparison with the alcohol fuelled violence at 'normal' discos.

While the instrumental justification had wide currency within the Northern Scene, it needs to be set within context of the centrality of amphetamines to the culture of the Scene. This included a significant minority that promoted amphetamine use in a similar way that drug use within hippie drug use was 'exalted to such a paramount position' (Young 1971: 147). This could be seen in tattoos of drug company names such as SK&F and Riker and heard in rhymes like 'feeling down, try red and brown' or 'have no fears with green and clears'. For a significant minority of the Scene amphetamines symbolised the smart, on-the-ball, cool image summed up by Anne Sharpley in her *London Evening Standard* report of Mod amphetamine use:

'They [the teenagers] are looking for, and getting, stimulation not intoxication. They want greater awareness, not escape. And the confidence and articulacy that the drugs of the amphetamine group give them is quite different from the drunken rowdiness of previous generations on a night out (3 February 1964).'

Sharpley's observation, although made before the hippie image had taken shape, captures the spirit of justification of amphetamine use. Her comment could be read as a statement from an amphetamine manifesto, setting out principles that became the 'amphetamine ethos' of the Northern Scene (Wilson 2006).

Social change and sensitisation to amphetamine risk 1950-1964

The World Health Organisation (WHO) plays an important role in determining drug classification, deciding the terminology used to discuss the problems, and disseminating information about illicit drug use (Bentham 1998). WHO is linked to the British government through secondments from influential organisations such as

³ The use here is similar to the notions of 'free areas' (Cohen and Taylor 1976: 94-137) and 'Wild Zone' (Stanley 1997: 36).

the Pharmaceutical Society, the British Medical Association (BMA), and the Department of Health and Social Security.

The Pharmaceutical Society had three separate roles – professional, regulatory and law enforcement (Ferguson 2000). It performed a key role in disseminating knowledge about the effectiveness, or potential dangers, of drugs, through the *Pharmaceutical Journal* and membership of specialist committees, thus adding cohesion to the profession.

While this paper considers the background to amphetamine control, it is worth comparing the comments of professional organisations on amphetamines with those made about barbiturates.

Concern about barbiturates pre-dated concerns about amphetamines, with the WHO warning about the addictive qualities of barbiturates in 1950 (WHO 1950). In an address to the membership of the Pharmaceutical Society, Dr. W.R. Bett talked of the wonders of amphetamines, adding that:

‘No genuine case of addiction to amphetamines has been recorded. Habitual users of the drug are able to stop taking it without the obvious ill effects and without deprivation symptoms⁴.’

In April 1952 the WHO Expert Committee on Drugs appeared surer about the dangers of barbiturates by warning that the abuse of barbiturates was ‘causing acute problems’ in many countries, and that based on the evidence of addiction, they were ‘dangerous to public health’. The same report took a lighter view of amphetamines, suggesting a ‘close watch should be kept... so that appropriate measures for their control can be taken if such become necessary’ (WHO 1952).

Soon after the report of widespread public health problems caused by barbiturates, came evidence of amphetamine abuse in Japan. This stemmed from the release of wartime stocks of methamphetamine ampoules on the open market at a time when the Japanese economy and society was recovering from the effects of war (Morimoto 1957). At the peak of the ‘epidemic’ in 1954, it was estimated that 2,000,000 people were involved (Smart 1976). The epidemic was reported in the *Pharmaceutical Journal* in 1957 with the motives for use of the drug listed as: ‘night amusements such as mah-jong; curiosity; desperation; studying and slimming’. With addicts *seen* to have a number of psychological dispositions, such as ‘weak mindedness, emotional instability, and lack of confidence, conceitedness and explosive temper’.⁵

Within a year of the report of an amphetamine problem in Japan, the WHO issued a new definition of addiction and habituation, to include psychological habituation⁶. The statement added that the WHO’s Expert Committee on Addiction Producing Drugs issued a warning about drugs that depress or stimulate the central nervous system, setting up both amphetamines and barbiturates as potential problems.

⁴ *Pharmaceutical Journal* 111 (1950): 303

⁵ *Pharmaceutical Journal* 122 (1956): 150.

⁶ *Pharmaceutical Journal* 124 (1957): 204.

There was no suggestion that amphetamines were as harmful as substances such as opiates or barbiturates. The warning focused on the possibility that they could lead to habituation. Testimony to the government about both amphetamines and barbiturates by the Pharmaceutical Society in 1959 reflected a moral unease with the expanding prescriptive solutions:

‘The indiscriminate supply of drugs of this type encouraged the belief that by their use the problems and stresses of life can be escaped or evaded instead of faced and surmounted.’⁷

This growing concern about the increased range and prescription of drugs availability betrayed a tension between the BMA and the Pharmaceutical Society. It appears that the pharmacists felt that they were better placed to judge the pharmacological merits of the prescribed treatments. At the 1962 British Pharmaceutical Conference, there were warnings about both the growth in anti-obesity agents containing amphetamine and the increased use of barbiturates:

‘The extent of drug addiction in Great Britain is not large, but it could expand, and rapidly get out of control at any time. The pharmacist exercises considerable legal authority ... and by reinforcing this with his experience, knowledge of the pharmacology of the drugs, a shrewd conscience and professional honour he can, and does, play a vital role in controlling and attempting to diminish drug addiction. Together with the other professional persons entrusted with the control, manufacture, supply and prescribing of drugs of addiction, he shares a great public and moral responsibility.’

If danger was measured by addiction and death then barbiturates appeared to have shown their potential. But it appeared that, apart from high profile fatalities, such as the actress Marilyn Monroe, the increasing death toll from barbiturates tended to occur in isolation, so these personal troubles received less attention than the publicly visible use of amphetamines. At the beginning of 1964, publicity about the use of “Purple Hearts” in Soho (Leech 1973a: 35) appeared as evidence that the earlier Pharmaceutical Society warnings about the addictive potential of amphetamines were correct. The selectiveness of this concern, with its focus on the now familiar combination of young people (in this case, working class) and drugs created what O’Malley and Valverde (2004: 25) referred to as the discourse of ‘disreputable pleasures.’ While this discourse played a significant part in the debate, it is easy to underestimate the part played by a range of other interests, particularly those expressed by professional organisations, in the lead up to amphetamine controls.

Moral objection, MPs and the media: the move to control

While the media play a central role in amplifying concerns about drug use, they do not necessarily produce them. A range of influences can come into play, including police action (Young: 1971) or the activism of moral crusaders (Becker 1963; Gusfield 1972). In the case of amphetamine control, four individuals played an important role, though each appears to have had different motives. The first was self-

⁷ *Pharmaceutical Journal* 138 (1964): 110.

proclaimed 'moralist', Lee Harris, who moved to London after taking flight from the apartheid regime in South Africa (Harris 2006). Second, the Labour MP Kenneth Robinson whose failed ambition for a medical career (Moore 1997) was compensated by his interest in parliamentary medical matters in opposition, leading to a ministerial role as Minister of Health in the Labour Government (from October 1964 to October 1968). Third, the Labour MP Ben Parkin, a backbencher committed to campaigning on social issues, often related to housing, as shown by his successful crusade against the exploitative residential property landlord Rachman⁸. Fourth, the *London Evening Standard* investigative journalist, Anne Sharpley, who supported Parkin's campaign against Rachman.

Harris recalled his part in the move towards amphetamine control when interviewed by Harry Shapiro:

'Well I was 27 when the 'mods' came... I was aware at the scene clubs, a whole dance thing, a lot like the Ecstasy generation later. [It] happened suddenly all these, 15 to 17, with short hair and the Parkers [sic], a whole lot of young kids... two-three o'clock in the morning, hundreds of kids, and they were drifting into the dives... And I noticed that they were all chewing gum and big dilated pupils, and started finding out and it was six pence a purple heart, that some of these kids were taking 80 or 90 a weekend, and having amphetamine psychosis, and brilliant dancing, because amphetamine is a perfect stimulant if you want to dance all night. And the clubs would end at five o'clock... and these kids would have nowhere to go, all stoned out of their heads... then I bumped into a boy there who was having horrors and bad scenes, and I went to his home and met his father, and he was badly addicted. (Harris 2006).'

Concerned about the behaviour he witnessed, Harris contacted Parkin because was impressed by the MPs campaign to regulate property landlords like Rachman.

'Parkin said to me, look I do not know anything about pep pills and drugs, there was an interview, [he said] I will raise questions in the Houses of Parliament, and then anyone who wants to know, I will give them your telephone number, because I was telling him... I'd seen this boy who was having psychosis and going paranoid... I suppose I was still an innocent... I was a moralist... Ben Parkin MP brought up the first pep pill things in parliament. I got a call from Anne Sharpley who was a top investigative reporter on the Evening Standard... a guy I met in 62/63... I introduced Anne Sharpley to him, and he was bubbling and we did a magnificent tour of Wardour Street late at night, where she went outside all the clubs and saw these thousands of young people, and saw the dealers passing the pills, and we went to the dives and that Monday was the heading of the front page of the Evening Standard, beginning of 1964, with a hand with pep pills, 'I See Soho's Pep Pill Craze', and it was the biggest story of the whole week... from then onwards I was rung up by Michael Hamlyn of the Sunday Times.'

⁸ See Paragon Review, Issue 5, Brynmor Jones Library for further details.
<http://www.hull.ac.uk/oldlib/archives/paragon/1996/parkin.html> (accessed 8/2/1999)

It is likely that Kenneth Robinson's links to professional medical organisations may have sensitised him to the reports of amphetamine related arrests⁹. Given Robinson's later promotion to Minister of Health, Robinson was almost duty bound to ask what the Secretary of State for the Home Department intended doing about the 'large number of cases before the courts in recent weeks involving the illegal possession by young persons in St Pancras and elsewhere in London of Drinamyl tablets'¹⁰. Parkin, presumably after being contacted by Harris, showing his detachment from professional regulatory bodies, asked the Secretary of State for the Home Department 'if he would take steps to make illegal the possession of all compounds containing amphetamine'¹¹. In reply to both questions the Secretary of State, Henry Brooke, replied:

'I am gravely concerned about the misuse of amphetamine-like drugs, especially by young people... I am also in contact with the Pharmaceutical Society about retail trade in these drugs... If further action proves necessary, I will not hesitate to take it'¹².

On February 3 Ben Parkin, the MP who confessed that he did not know anything about drugs, submitted two questions, one to the Minister of Health, Anthony Barber, the other to Henry Brooke. He asked Barber, 'in view of the increase in teenage Drinamyl addiction' what preventative and treatment measures were to be introduced, and whether the Medical Research Council should 'conduct an inquiry into the long-term toxic effects... resulting from illicit use by young people of Drinamyl'¹³. Responding for Barber, Bernard Braine, rejected the call for an inquiry adding that the toxic effect of these drugs was well known¹⁴. Parkin's question to Brooke also called for a committee, this time 'to inquire into all aspects of the illicit manufacture and distribution of amphetamine'. He also asked the Secretary of State to consider, with the British Pharmaceutical Industry, the desirability of changing the shape of Drinamyl tablets to make them 'less easily saleable when supplies obtained illicitly are repacked in small envelopes'¹⁵. The Joint Under Secretary of State replied that both the Home Office and the Pharmaceutical Society had discussed with manufacturers 'changing the distinctive shape and colour of Drinamyl'¹⁶.

The first of Anne Sharpley's two reports on Mod amphetamine use appeared on 3 February 1964 under the headline 'Purple Heart Trip in Soho: Super teenagers are the prey for pushers', followed by part two 'The non-stop world of Pill's Paradise' the next day. Both reports contained a mix of perceptive and sensational reporting which painted a clear picture of addiction and abuse. Sharpley's first report made very similar points to those put by Ben Parkin, indicating that the politician and journalist

⁹ A thorough search of local newspapers for this period failed to uncover reports of arrests, so I assume this refers to other sources, such as reports from magistrates.

¹⁰ House of Commons Parliamentary Debates, 5th Series, Vol. 688, cols.85-86.

¹¹ Ibid

¹² Ibid

¹³ Commons Parliamentary Debates, 5th Series, Vol. 688, col. 109

¹⁴ Ibid

¹⁵ Commons Parliamentary Debates, 5th Series, Vol. 688, col. 121

¹⁶ Ibid

were sharing notes on this issue. After publishing Sharpley's feature articles the *London Evening Standard* seems to have reported every 'purple heart' story they encountered in February 1964.¹⁷

On February 5 the Pharmaceutical Society held a meeting to draft a statement on Drinamyl, which was published in the *Pharmaceutical Journal*. It stated the belief that:

'The availability for the purpose of abuse of tablets containing amphetamine must be due to thefts from warehouses and supplies in transit, forged prescriptions and supplies bought from other countries.'

The statement went on to say:

- (a) It should be an offence to be in unauthorised possession of amphetamine and preparations containing it.
- (b) The importation of amphetamine and preparations containing it from abroad should be controlled.

Although these measures are needed, the Society considers that the main safeguard against abuse is a much greater sense of responsibility in the public towards medicines of all kinds and Government policy should be directed towards creating the conditions in which this responsibility can develop.¹⁸

Those recommendations, along with a third, appeared that day in the *London Evening Standard* under the headline, '3 ways to fight Purple Hearts'. The third proposal was the one raised by Parkin, which was to change the shape and colour of the blue triangular tablets that seemed to be *at the heart of the problem*.

On 7 February 1964, the Home Affairs Committee (HP (64) 4th Meeting)¹⁹ authorised the preparation of a Bill for the control of both amphetamines and barbiturates. The Committee was unable to reach a decision on the inclusion of barbiturates in the Bill, so the police were given the final say. While one or two Chief Constables believed that the opportunity to restrict barbiturates should be taken, the consensual view was that barbiturates did not pose the same type of problem as amphetamines.

It is notable that the pharmaceutical industry also opposed greater controls on barbiturates, arguing that they 'are a sedative and that there is not the same incentive to use them for "kicks"' (HP (64) 4th Meeting). This rapid change of heart on the relative dangers of amphetamines and barbiturates appears to have been brought about by this short burst of publicity linking young people with use of amphetamines. As

¹⁷ In February the *London Evening Standard* reported: 4/2/64, 'The Purple Heart plot'; 5/2/64 'Purple Menace' and a letter 'Come on, Teenagers, stamp out The Pill-Pushers'; 10/2/64, 'Purple hearts action'; 15/2/64 'Black out comedian took pep pills'; 17/2/64 'Purple Heart pills stolen'; 26/2/64 'Purple Hearts in West End'; 27/2/64 'Now Yard can step-up war on Purple Hearts' - the last two reports relate to police appeals against magistrates dismissal of possession charges 'against Soho club girl... in possession of 410 purple heart tablets' in May 1963.

¹⁸ *Pharmaceutical Journal* 138 (1964): 110

¹⁹ Public Records Office reference MH 149/ 217

later research shows, this view of barbiturates was incorrect (Walker 1972; Burr 1983).

The provisions proposed in the Stimulant Drugs Bill were woven into the 1964 Drugs (Prevention of Misuse) Act by the time the Mod and Rocker disturbances hit the headlines at the end of March 1964²⁰. Although, as Cohen (1972: 134) noted, the 1964 Act was ‘presented by the mass media as if it were a result of what had happened at Clacton and, moreover, its supporters justified it by employing images from the Mods and Rockers inventory’.

The control of amphetamines may have come about through ‘hastily constructed legislation’ (*The Times*: 31 March 1964) to produce ‘a singularly ill-conceived bill’ (*The Economist*: 4 April 1964) that appeared to represent a ‘random relationship between policy and problem’ (Cohen 1972: 135). However, earlier reports of amphetamine abuse in Japan (Morimoto 1957) and Sweden (Goldberg 1968) added up to other forms of background ‘chatter’ by professional medical organisations, in particular the WHO and Pharmaceutical Society. These concerns about amphetamines had raised the status of the drug to that of potential problem among professional organisations to that of a ‘problem in waiting’ – that is, a potential problem waiting for evidence of its realisation. The *London Evening Standard* reports of young Mods ‘addicted’ to amphetamines hanging around Soho in a psychotic state was seen as evidence that amphetamines potential for abuse had been realised.

The impact of amphetamine controls on supply and demand

In 1954 both amphetamines and barbiturates were placed under the control of the 1954 Pharmacy and Poisons Act, ending the ability of persons deemed “fit and proper” by the pharmacist to buy these drugs over the counter. Philip Bean (1974: 86) suggests this change was unlikely to have been made as a measure against abuse, though the restriction did lead to prescription forgery to obtain amphetamines.²¹ In a later issue, the editorial noted this as an effect of the change:

‘The restriction on the sale of amphetamine appears to have given rise to the device of resorting to the use of forged prescriptions to an increasing extent. [Presented at] various London West End pharmacies during the last twelve months.’²²

This relatively minor change was enough to create a market for illicitly obtained, or non-prescription, sources of amphetamines. While it was illegal to sell amphetamines, it was not an offence to be in possession of them, so this allowed a grey market to develop. By 1963, amphetamines could be easily bought ‘under-the-counter’ at coffee bars or from dealers at the allnighters. Criminalisation both changed the nature of the amphetamine sellers’ relationship with their trade, and introduced a number of practical obstacles to the supply chain. The latter led to reduced opportunities for

²⁰ *Daily Mirror*, 30/3/1964, ‘Scooter gangs “beat up” Clacton. “Wild Ones” invade seaside – 97 arrests’

²¹ *Pharmaceutical Journal* 119 (1954): 282.

²² *Pharmaceutical Journal* 124 (1957): 217-18

employee theft of these products through a number of small changes stemming from the 1964 Act, such as increased supervision of the production process and tighter internal storage regulations.

The unclear picture we have of demand for amphetamines in this period makes it difficult to gauge the impact on controls on the supply. Cohen claimed that the 1964 Act 'was not effective; the next three years saw rapid increase in the amount of drug usage in seaside towns' (1972: 135). Other indicators suggest that changes in fashion, particularly the rise of 'flower power' led to an increase in the use of drugs associated with hippies, such as cannabis and LSD, and a reduction in the popularity of amphetamines. The association of amphetamines with Mod violence marked a change in fashion that ran counter to the peace-loving image of the emerging hippy culture.

The warning about amphetamines by the poet Allen Ginsberg (1965: 1) that 'all the nice gentle dope fiends are getting screwed up by the real horror monster Frankenstein speed freaks' gives an indication of the subcultural opposition to amphetamines. This opposition, based on the evidence of intravenous use of methamphetamine in the hippy district of Haight-Ashbury in San Francisco, turned into an active "Speed Kills" campaign against amphetamines by the underground self-help group, Release (Leech 1973b: 32) and others such as the 'underground newspaper *International Times*, and the information organization, BIT' (Young 1971: 221).

Evidence to show that the 1964 Drugs Act had not stemmed the flow, or illicit use of amphetamines, came in July 1965 with the announcement of new legislation from the under-secretary of state for the Home Department. He said the proposals were designed to check the distribution from manufacturing works through medical representatives and other person's of "purple hearts" and "black bombers" (Durophet 20mg) and similar drugs. Yet in the same session he admitted having little information about the way such drugs reached coffee bars, "beat" clubs and other unauthorised distribution points. In 1965, the *Pharmaceutical Journal* expressed the Society's opinion in an editorial headed "Theft of Drugs":

'Even the severe penalties imposed by the Drugs (Prevention of Misuse) Act seem not to have deterred to any obvious extent those who misappropriate and misuse drugs – notoriously those of the amphetamine mixture type. The spate of forged prescriptions seems to continue unabated and pharmacists need to remain on the alert against that modern plague. Another method of obtaining potent drugs which seems to be finding increased favour with criminals is that of robbery: lorries carrying supplies of drugs are "hi-jacked", pharmacies are broken into. In the latter case often nothing else is taken but those tablets or capsules which, although cheap enough in themselves, have high value on the black market.

The drugs most sought after – amphetamine, and barbiturates, or combinations of the two – do not, by law, need to be stored under lock and key in the pharmacy and often, indeed, such precautions merely attract the special attention of thieves.

Anyway, a locked receptacle of light construction is not difficult to break open. The main answer would seem to be to make the premises themselves as far as possible burglar-proof and to keep under conditions of maximum security within the premises those drugs which may be easily recognised by the intruder'²³.

Further acknowledgement that purging the grey-market for amphetamines had led to increased criminal activity came in July 1966 when Home Secretary Roy Jenkins announced that, 'much stricter' security in the premises of manufacturers and wholesalers and pharmacists had now become an 'urgent necessity' in dealing with the illegal use of amphetamines.²⁴ The report went on to say that this stemmed from a few, but serious, thefts of large quantities of amphetamines. Two months after reporting a pharmacy burglary in Kings Norton where 50,000 tablets were stolen,²⁵ the Pharmaceutical Society expressed concern about the high level of pharmacy burglaries where:

'The offences carry identical characteristics. No excessive damage is caused and the stock remains intact except a small range of specified drugs. The offender can recognise these tablets and capsules at sight and departs immediately with as many as he can carry'²⁶.

It is notable that there was no suggestion that the opiates, at this time held in locked wooden cabinet separate from the tablets and capsules on the shelves of the pharmacy, were stolen. The above Pharmaceutical Society comment went on to note that in 1966, 16 of Salford's 47 pharmacies were burgled. Evidence of the continuation of this trend came in the 1969 Report of Her Majesty's Inspector of Constabulary, which noted that 'many forces had reported increases in the number of pharmacy break-ins'. In the first six months of 1969, there were 210 reports of burglary in buildings 'other than dwelling houses'²⁷ in which controlled drugs were stolen (this may have included a range of premises; from manufacturers and wholesalers to pharmacies and doctors surgeries).

Hardening the target

At the beginning of 1969, representatives from the Pharmaceutical Society met with the Drugs Branch at the Home Office²⁸ to discuss draft regulations for the safekeeping of drugs under the Dangerous Drugs Act 1967. The result of the discussions was:

'New regulations setting stringent standards for the safe-keeping of controlled drugs' in pharmacies. From July 1 (1973), pharmacists must ensure that all

²³ *Pharmaceutical Journal* 195 (1965): 165.

²⁴ *Pharmaceutical Journal* 197 (1966): 128.

²⁵ *Pharmaceutical Journal* 198 (1967): 159

²⁶ *Pharmaceutical Journal* 198 (1967): 428

²⁷ *Pharmaceutical Journal* 205 (1970): 14

²⁸ Later records suggest that insurance companies and the National Pharmaceutical Union were included in the discussions.

controlled drugs ... are kept in a locked receptacle as at present required for Dangerous Drugs.'

There is no indication of the level of support for this move in the *Pharmaceutical Journal*, though there is evidence to suggest that this was a decision driven by the high cost of increased security to protect what were low value goods.

The Pharmaceutical Society warning, noted earlier, that a locked receptacle would be vulnerable, and attract the special attention of thieves, proved correct. While the varying quality of cabinet construction made some cabinets difficult to open, they did not provide a significant obstacle to the theft of controlled drugs. The new regulations meant that the amphetamines were no longer stored in alphabetical order on the shelves of the pharmacy, thereby set apart from the Class A drugs; usually they were locked in a wooden cupboard. After the introduction of the new regulations the Class B drugs were stored alongside the Class A drugs secure cabinets, with the barbiturates remaining on the shelves.

The accounts of members of the Northern Soul Scene involved in chemist burglary at this time give common support for the claim that they were only interested in obtaining amphetamines – the subculturally valued drug (Wilson 1999). The new regulations created a more significant problem than the secure cabinet, as one regular chemist burglar I interviewed suggests:

'The first time we came across the new DDA's gerrin it open were a right job... we didn't have two screwdrivers, you needed two good screwdrivers... but it was often noisy so you had to sweep everything into a bag and get out as quick as you could (Personal interview 1996).'

Sweeping the opiates up as well made sense because of the tension of executing the break-in. This was likely to have either taken a long period of time with little noise or if quickly, for example, through the front door of the pharmacy, with a lot of noise and with a clear sign of intrusion. After opening the cabinet, illuminating the contents with a torch would have added the unnecessary risk of having to sort the amphetamines from the opiates. In fact, some accounts suggest, not knowing what drugs they had stolen until they were in safe place was the most exciting, or rewarding, aspect of the burglary. Often it was easier, or quicker, to remove the cabinet from its location bolted to the wall to later open it in a safer setting. Both methods meant that the burglar from the Northern Scene was now in possession of both the sought after amphetamines and the unwanted Class A drugs. This was significant for two main reasons: one was the perception that Class A drugs attracted the special attention of the police and media; and the other reason was the negative image of opiates within the subculture. It is important to appreciate how the centrality of amphetamines and the justification of amphetamine use hinged on the total rejection of opiate use, in much the same way ecstasy users later rejected heroin (McElrath and McEvoy, 2001). Set within the context of drug use in this period, prior to the notions of normalisation of recreational drugs (Parker *et al.* 1998), this came to place the burglars in new set of relationships.

One of my interviewees, Dean, recalled his alarm when he discovered that the contents of the drug cabinet he broke open during a burglary at a chemists shop

included bottles of arsenic and strychnine. Fearing that this would lead to a police hunt for the poisons he posted them through another chemist shop's letter box. Initially, the opiates brought about a similar response. Four of the chemist burglars in my study claimed that they flushed the unwanted opiates down the toilet:

“The thing about that (breaking into chemist shops), honest Andy, I were flushing all the junk. I didn't ever offer it to people... I just asked what it were ... (They said) ‘*oh that's heroin*’ meaning it's rubbish, get rid of it.” (Wilson 1999).

Another chemist burglar produced a copy of a list of drugs police recovered following his arrest for two burglaries in the 1970s. The list itemises drugs recovered from three locations that reflected the different status of the drugs. The subculturally valued amphetamines, the ones reserved for personal use, and the lesser amphetamines that were packed in brown envelopes to sell to associates were both stashed in two locations in his home. The drugs in the third location were all opiates that were, as the police recorded on the list, ‘recovered from outside public toilets’. He had been unable to flush them because he had found the toilets locked for the night, so had hidden them with the intention of returning the next day, but he was arrested before having the chance to dispose of them.

The friendship networks within the Northern Scene linked people spread over a wide geographic area. This meant that news of the availability of amphetamines following a chemist burglary spread along networks linked by reciprocal arrangements for buying and selling amphetamines. News about amphetamines carried with it, to the few members of the Scene that were interested, the probability that opiates were also available. This, however, was after the sale of opiates had become established. Chris recalled how his attitude to opiates changed after taking some ‘red and browns’ (Durophet M) to Wigan for a friend he met in Borstal. The friend asked what had happened to the opiates, when he was told they had been flushed he made Chris promise to keep the Diconal from the next chemist burglary. Another chemist burglar said that he started to sell opiates through establishing contract with a local ‘junkies’ after approaching them to value the opiates following the shock remarks about his disposal of them. Within six months to a year the drug trade had taken on a different complexion, with opiates being sold through a combination of contacts through the Scene, including former members of the Scene, institutions like Borstal, or hometown opiate users. Recognition that the other drugs had a realisable value, that is, knowing someone who was prepared to buy them, changed the chemist burglar's relationship to his enterprise:

“We could sell all the amphetamines and coke we could get hold of, but selling the junk weren't easy. They'd string us along, I spent a day waiting for him in Manchester to scrattin' around to get the cash together. You could lay it on some of them, go back a few days later... I always said, if we could 'ave found somebody reliable... if they could've turned it around quicker, we'd've turned over more canteens (chemist shops).” (Personal interview by Wilson 1997).

The need to find new outlets for opiates extended supply lines from Yorkshire to Greater Manchester. The old justifications for chemist burglary may have still applied

as a ‘technique of neutralisation’ (Sykes and Matza: 1957), but it was weakened by the new reality. Selling opiates may have brought its own set of justifications, but the activity raised a new set of conflicts, including a clash with the preferred self-image of the chemist burglar. Resolving this conflict may, for some, have cleared the path towards opiate use, though it is important to appreciate the importance of the seller/buyer relationship. While some burglars, like Dean and Chris, rejected opiates, others, such as Jack, found that their association with opiate users weakened the negative image, leading to addiction to opiates.

Pill culture to powder

One of the main consequences of the reduction in supplies of pharmaceutically manufactured amphetamines reaching the Northern Scene from illicit sources such as chemist burglary was the erosion of the pillhead ideal. It should be noted that this occurred at a time when the Northern Scene was gaining in popularity, drawing larger attendance at the allnighters. One vital element of internal drug control within the Northern Scene, as noted above, was its anti-hippie (junkie) justification for drug use, which included rejection of syringe use. Contact with the opiate using subculture helped to erode that ideal through exposure to syringe users and the reciprocal exchange of goods – opiates for amphetamine. A case in November 1975 involving 33 people gives some indication of trade:

‘Loosely organised young gangs would travel throughout the North, particularly to Wigan and Cleethorpes, where the all-night soul party scene is at its height to barter and exchange the drugs they had stolen. Those who had the hard-type class A drugs – heroin, cocaine, and morphine – left over from raids on chemists for the softer drugs, such as amphetamines, would exchange them with the hard-drug addicts for soft drugs’ (*Yorkshire Evening Post*: 13/11/75).

The police brought together many loosely connected people to give the impression that this was a major drugs bust, though in reality this series of network connections was mainly made up of low-level buyers of the proceeds from a few chemist shop burglars. I know of two other groups of chemist burglars that traded opiates for amphetamine powder, one from Doncaster and the other from Greater Manchester. There was an obvious attraction to obtaining amphetamine powder at a discount price then selling it in smaller deals to ready buyers on the Northern Scene.

This trade, together with their contact with opiate users, had a significant impact on the drug culture of the Northern Scene. This point was noted during an interview with a former participant:

“Do you know summat? I reckon that it were [the large amount of powder] what led to cranking and consequently to junk ... [and] a lot of people on t’ nighters turning to junkies²⁹ ... They cranked the speed... People who cranked

²⁹ Pearson *et al.* (1985) later made a similar point when comparing the differing heroin cultures of the North West and Yorkshire. He identified the traditional needle culture in South Yorkshire as being the reason for the continued use of it in that area. A tradition that injection of amphetamine powder helped to develop.

speed tended to keep the company of others, they were a clique inside a clique. Crankers, you know warra mean, definitely knew who cranked and who didn't. I weren't injecting speed [tablets] ... Well you know powder it's different because best way to do powder is an injection... you get a better buzz of it, but thing is like ... we were getting pills and caps and you didn't have to inject them plus it were hard to prepare them." (Wilson 1999).

He could have added that the chemist burglars also formed a group within the Northern Scene, and this group tended to know the 'crankers'. Once someone had entered the needle culture it set them, not so much apart from the other amphetamine users, as within a like-minded user circle – within 'the company of others'. While they might have kept doing the same as everybody else, using amphetamines and engaging in the activities of the Scene, moving to intravenous use of the drug had taken them over a line of acceptability, rendering them liable to a sense of transparency (Matza 1969:150). They may have had the physical marks of needle use, but the sense of transparency was more likely to arise during conversation at an all-nighter after being asked 'what have you had?' This routine question about the amount and type of amphetamine taken had a central place within the culture of the Scene, it provided means of making judgements about other members of the Scene and it served the function passing on information about possible supplies of subculturally valued forms of amphetamine. When a needle user was asked this question by someone outside their user circle, they had to gauge the likely response of the other person, and then to think about lying or avoiding the question. Under these conditions, the incentive for seeking the company of the like-minded was, in part, produced by the effects of "ban" (Matza 1969: 154), though the translation of this effect was to make motivation appear more one of choice. This construction of logical choice, the selection of friends through avoidance of people who were thought likely to disapprove, not understand, or criticise is a crucial part of the process of constructing a protective narrative and membership of specific subcultural grouping - a 'clique within a clique' or what Oetting and Beauvais (1987) describe as a peer group cluster.

Once a person had come to accept intravenous drug use, they had also begun the process of breaking down a key barrier between needle using (opiate) cultures and the amphetamine culture of the Scene.

Once someone was at ease with their new status, the distinction between the two drug cultures became blurred through similar concerns stemming from needle use. This all contributed to making the movement into opiates easier than it would be for the person making the transition from oral to intravenous drug use. Whatever the personal circumstances and reasons for moving to intravenous drug use, the increased reliance on powder provided an incentive that had a major effect on the Northern Scene's drug culture.

Prior to 1974, the illicitly manufactured amphetamines supplied to the Northern Scene had conformed to 'pillhead' expectations with supplies coming in blue or yellow tablet form to be sold as "backstreet" blueys and dexys³⁰. Although powder or crystals

³⁰ Laurie (1971: 77) noted the development of illicit manufacture of amphetamine tablets.

were not unknown, it is important to appreciate the centrality of pill or capsule forms of amphetamine to the status of drug users in this period. Acceptance of illicitly manufactured powder came by force of necessity as supplies of amphetamine from traditional sources fell. That is, apart from the previously rejected Class C stimulants such as Duromine, Tenuate Dospan (Chalkies) and Apisate that were stocked on the shelves of the pharmacy. Interestingly, their lower status meant that a grey-market for these drugs developed through thefts from manufacturers and using similar methods to those used to obtain amphetamines prior to the 1964 Act. This seems to throw light on the way that the tighter controls of amphetamines affected the grey-market through a combination of extra security or employees being deterred from pilfering by the increased legal sanction.

While Chalkies did not have the subcultural cache of purple hearts, they did become one of the main sources of stimulation at the allnighters. The account of one seller of Chalkies gives some indication of the availability of this drug, and of its relatively low status:

“We met a bloke who used to supply ‘em, from Manchester. We used to meet him on ‘t service station, buy ‘em off him there. Buy ‘em from there and then start flogging them in ‘t service station. We always used to flog ‘em all. ... [We were getting] ... about three thousand at a time... We used to knock them out at five for a quid. We always got rid of ours like, then we changed ‘em into green and clears [Drinamyl Spansule] and red and browns [Durophet M].” (Wilson 1999).

However, the most significant result of de-stocking and increased security was the increased acceptance of illicitly manufactured amphetamine. The 1976 Report of Her Majesty’s Inspector of Constabulary noted the increased production of illicit amphetamine powder:

‘1976 was marked by increased availability of illicit amphetamines and methylamphetamine, a trend already reported in 1975 ... twelve illicit laboratories were discovered.’

The report also commented on the ‘continued widespread theft of drugs from retail pharmacies’, adding that in the majority of cases only uncontrolled drugs such as Tenuate Dospan and barbiturates were taken. The report did not indicate whether, as some chemist burglars recounted, the barbiturates were stolen after a failed attempt to open the secure cabinet, or where the Class A and B drugs were stored in a safe. The other possibility is that this was an early sign of the type of barbiturate abuse described by Angela Burr (1983; 2005).

Consequences of storage changes

The paper has shown how four individuals had an important bearing on the introduction of amphetamine controls: the self-proclaimed ‘moralist’, Lee Harris acted as witness and informer by contacting the campaigning Labour MP Ben Parkin, who formed a political link to the media through his association with the campaigning journalist Anne Sharpley of the London Evening Standard; and finally, the Labour MP Kenneth Robinson who was linked with the Pharmaceutical Society through

personal interest in medical issues, making him the most sensitive to the professional chatter about amphetamines filtering through the PS and WHO.

While some of the criminal consequences of amphetamine controls can be seen as inevitable, it appears that little consideration was given to the likely impact of storing amphetamines with opiates. This may be part explained by a false sense of security stemming from the higher value, more addictive, opiates being left untouched in the locked wooden cupboard of the burgled pharmacy. It is difficult to see why, given the Pharmaceutical Society earlier comment that a 'locked receptacle of light construction is not difficult to break open', mixing Class A and B drugs was seen as a solution to chemist shop burglary.

A powerful composition of forces

The sequence of events flowing from the 1964 Act, the reduced availability of pharmaceutical supplies of amphetamines, the mixing of opiates with amphetamines, had a powerful impact on the drug culture of the Northern Scene. The changes introduced a number of young people to opiates who were otherwise unlikely to have been exposed to them. It is also clear that, as the Department of Health and Social Security Grey Book (1970) noted, death from amphetamine was very rare. Only one of the 22 deaths of participants in the northern scene that I recorded, were due to amphetamine use alone and only one occurred before 1974.

Drugs were the direct cause of death in twelve of the twenty-one deaths I recorded from 1975 to 1982. Ten of those were opiate overdoses, and two followed suicide with barbiturates. The burglars and their associates made up eleven of the twelve drug deaths (including the two suicides) I knew all of the people that died, except one person that I only read about in the *Wigan Observer*. While access to large amounts of opiates may have played a part in some of these deaths, at least two of these died after using very low-level doses. Another factor may have been the poor support offered when using opiates without being a part of user culture. For example, another person died after injecting eight Diconal tablets, although it was widely believed that his death would have been prevented if the friend he was with at the time, not an opiate user, had recognised the danger and taken appropriate action (Wilson 2006).

CONCLUSION

While the Pharmaceutical Society and the WHO had an important impact on the Drugs (Prevention of Misuse) Act 1964, it is clear that their input does not explain the origin of the Act. The lack of action to control barbiturates, after repeated warnings from both organisations about the potential health risks posed by this class of drug, suggests that the decision to control was based on factors other than the addictive qualities of the drugs. At the beginning of 1964, both of these drugs were regarded as having the potential for abuse. The use of amphetamines by Mods in Soho was seen as evidence that the drug was likely to be abused, whereas the evidence of the harmful and addictive qualities of barbiturates was not seen to be of sufficient importance to proscribe the drug. The government decision to allow the police to have the last say on the control of barbiturates, after consulting with the Pharmaceutical Society, exposes the emphasis on social control in the 1964 Act. It also reveals the way that the responses to changes in fashion can both ignore danger signals (as it did with

barbiturates) and produce damaging unintended consequences. As the paper shows, the move to control failed to reduce subcultural demand for amphetamines, but it did drive out supplies from the more tightly controlled, and criminalised, grey-market. While the changed legal status of the drug created a new group of offenders, it did not stop supply shortage and demand for amphetamines creating a market ripe for criminal exploitation.

The reduced availability of pharmaceutically manufactured amphetamines had a negative impact on the drug culture of the Northern Scene. This was compounded by changes to the regulations for safe storage of controlled drugs in 1973 leading to class A and B drugs being stored in a secure cabinet. Where chemist burglars from the Northern Scene had previously only stolen the subculturally valued amphetamines, after introduction of the new cabinets, they stole both amphetamines and opiates. The theft of opiates led to drug trading between members of Northern Scene and opiate users. This introduced an opiate user culture, including needle use, to the Northern Scene. The needle culture became particularly significant when supplies of illicitly manufactured amphetamine powder, some of this arising from trade with opiate users, became more common in the mid-1970s.

Looking back at the sequence of events following the introduction of amphetamine controls, it is easy to see how the mistakes could have been avoided. While there is much to be said for following the advice of Matza and Morgan (1995: 230):

‘To understand the history of prohibition, we must separate the intention from the consequences of meaningful actions, as well as grasping the difference between prohibition and actually controlling drug use. Moreover, we must include in the social history the changing labels attached to various drugs and users throughout the period.’

Understanding the context may offer an antidote to policy makers driven by the need to be seen to do something about the worst case examples used to promote a distorted image of the regular recreational user. In the case of amphetamines, the available evidence suggests that oral amphetamine use is not a significant problem, and that subcultural, or self-regulation of this drug operates more effectively than the authorities appreciate. This is not to say that amphetamines do not cause problems, as they do for some people, and they tend to do so more when they are injected (recognised by its class A status in this form) or smoked³¹.

³¹ DrugScope (2006) ‘The evidence base for the classification of illegal drugs’, Submission of evidence by DrugScope to the Commons Science and Technology Select Committee evidence, March.

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