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SOCIAL ASPECTS OF DRUG ABUSE: A STUDY OF LONDON DRUG OFFENDERS

PHILIP BEAN*

Prior to 1955 there was hardly a problem of drug abuse in England and Wales. The first signs came with the increase in the use of oral amphetamines in the 1950's. By 1960 there were 94 heroin addicts known to the Home Office. In 1968 there were 2240 plus a further 542 addicted to other narcotics.

Similarly in the last two or three years there has been a large increase in the number convicted under the 1964 Drugs (Prevention of Misuse) Act¹ and the 1965 Dangerous Drugs Act.² In 1968 there were 5,870 convictions under these two acts compared with 4,674 for 1967.

In spite of this increase in convictions very little is known about these offenders,³ and it seems clear that exploratory, descriptive research would be useful at this stage. The aims of this study therefore were to gain factual information about aspects of the social background of the offenders and the predominant patterns of their drug abuse.

It was decided to interview 100 consecutive drug offenders who were charged and found guilty at Bow Street Magistrate's Court and Westminster Juvenile Court which serve an area of London which contains Piccadilly Circus where many arrests are made.⁴ In selecting these Courts it was recognized that a higher proportion of those arrested would be persistent and experienced users, but the area was chosen precisely because although atypical it was the most important area for a certain type of drug user. For present purposes a

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¹ The Drugs (Prevention of Misuse) Act of 1964, c. 64.

² The Dangerous Drugs Act of 1965, c. 15.

³ Factual information is almost exclusively confined to the Home Office statistics which are published annually.

⁴ Its importance probably stemmed initially from the presence of an all night chemist to dispense the drug prescriptions, plus the facilities for administering the drugs in the nearby underground station, plus the feeling that it is the "center of things" in London.

drug offender was defined as a person charged under one of the main acts dealing with the control of dangerous drugs.⁵ Persons charged with unrelated offences but known incidentally to be drug abusers were not included.

The data was collected in the Spring of 1968.⁶ It represents almost a complete census of cases appearing at these two London Courts over a ten week period.⁷ A lengthy structured schedule was used for the interviewing and no one was aware that the interviewer was a probation officer. Offenders were seen whenever possible during the various stages of their Court appearance, some before trial, some before sentence and some after sentence. In addition a few visits were made to the home.

As was to be expected a large number of offenders in this "sample", 49% in fact, were charged under the 1965 Dangerous Drugs Act for possessing or supplying drugs such as heroin, cocaine or phsyptone. Two-thirds admitted taking heroin. Eighty were born in the United Kingdom, nine in Eire and the remainder in the United States, the West Indies or parts of Europe. There were 88 males and 12 females with an age range between

⁵ The Dangerous Drugs Act of 1965, c. 15 or The Drugs (Prevention of Misuse) Act of 1964, c. 64, The Magistrates Court Act of 1952, 15 & 16 Geo. 6 & 1 Eliz. 2, c. 55, §35, The Public Health Act of 1936, 26 Geo. 5 & 1 Edw. 8, c. 49, The Pharmacy and Poisons Act of 1933, 23 & 24 Geo. 5, c. 25; The Larceny Act of 1916, 6 & 7 Geo. 5, c. 50, §2, or The Forgery Act of 1913, 3 & 4 Geo. 5, c. 27, §7 (a), where larceny or forgery involved medical prescriptions.

This had to be included because the 1964 Act does not cover the supplying of any of the drugs scheduled as does §13 of the 1965 Act. If the drugs under the 1964 Act are unlawfully supplied then offenders are charged under §35 of the Magistrates Court Act as "aid, abet, counsel or procure the commission of a summary offence".

⁶ On March 25, 1968 the Dangerous Drugs (Supply to Addicts) Regulations, Stat. Instr. 1968, No. 416, were laid before Parliament and came into operation on April 16, 1968. These stated that no doctor unless so licensed by the Secretary of State could prescribe cocaine or heroin unless for the purpose of relieving pain due to organic disease or injury. They came into force just before the data collection had ended, but it is doubtful if they affected or altered the data collected.

⁷ Eight persons could not be interviewed for various reasons (including five United States citizens who were musicians).

14 and 43 years and a mean age of 20 years 5 months (12 were under 17 and 77 were under 25).

I. EXTENT OF DRUG ABUSE

Seven drugs were chosen because of their supposed popularity and because it was believed they represented a wide cross section of the drugs being currently used. These seven drugs were diamorphine (heroin), methadone hydrochloride (physeptone), cocaine hydrochloride (cocaine), cannabis sativa or cannabis indica (cannabis), D-lysergic acid diethylamide (L.S.D.), methylamphetamine hydrochloride (methedrine), dexamphetamine sulphate (dexedrine) and dexamphetamine sulphate amylobarbitone (drinamyl). In the analysis that follows dexedrine and drinamyl have been grouped together as the "amphetamines" but methedrine which is often taken intravenously is classified as a separate drug. The offenders were also asked about the consumption of alcohol.

Number of Drugs Taken

Each person was asked if he had taken any of the seven listed drugs. It is clear from Tables 1 and 2 that a wide variety had been taken. Over half had taken five or more and one quarter had taken all seven. Only five said they had taken one drug and a further five denied drug taking at all. In addition 99% had taken alcohol.

It was thought that a rapid progression towards the use of several different drugs should be related to the age at introduction. However, no such pattern emerged and the connection between age at onset and number of drugs taken is unclear. Some who had begun drug taking over the age of 21 had taken all seven drugs within a few weeks while others had used their first drug when they were fifteen and for a number of years had continued to use one drug only. Those who had taken all seven drugs had begun drug taking at an earlier age than those who had taken three or four but this was probably because they had more time to progress from one drug to another and may have little to do with the age at introduction.

To examine the current extent of drug taking each person was asked how many drugs had been taken within a period of thirty-six hours prior to arrest. A wide variety of drugs had been used within that comparatively short period. Although no one admitted taking all seven drugs, twenty admitted taking four or more, forty-one admitted three or more and sixty-five admitted two or more.

TABLE 1
NUMBER OF PERSONS WHO ADMITTED HAVING
TAKEN EACH DRUG AT SOME TIME

Amphetamines	Heroin	Cocaine	Physeptone	Methedrine ⁸	Cannabis	L.S.D.
75	67	45	50	80	90	43

TABLE 2
NUMBER OF DRUGS TAKEN PER PERSON

Number of Different Drugs Taken	Number of Persons
Taken 7 drugs	26
" 6 "	15
" 5 "	10
" 4 "	17
" 3 "	10
" 2 "	12
" 1 "	5
Denied taking any drugs	5
	100

Twelve others were in possession but had not taken them when arrested. It was also found that those who had taken seven drugs at some time had also taken the largest number within the period of thirty-six hours prior to arrest. This would suggest that current drug taking is related to the total experience of drugs. By this I mean that these drug takers do not necessarily move from one drug to another and give up the old one when a new drug is tried. Rather they tend to retain the use of old drugs, and so the larger the number of drugs that had been tried the larger the number retained.⁹ The full extent of the drug-taking habits was not shown by this study, as the schedule was restricted to seven drugs. Sixteen also admitted taking opium, mescaline and peyote (*Lophora williamsii*) and a number of others had taken methylphenidate hydrochloride (ritalin) or phenobarbitone dexamphetamine sulphate (stimplete). It has often been suggested that those who take heroin do not take

⁸ On October 2, 1968, six months after the data collection, an agreement was made between the Home Office and the manufacturers of methedrine that methedrine should no longer be manufactured except for a limited quantity for hospital use.

⁹ The term "polytaker" or "polyaddict" was used by Dr. Ian James in his paper given to the Institute for the Study and Treatment of Delinquency in August 1968. It describes the drug taking habits of his sample of heroin users.

alcohol, but twenty-five had taken both within that period.

Daily use of each drug

The term "addict" has not been used because of the difficulties in defining and measuring addiction. The term "daily use" was preferred and is defined as the use of one drug at least once per day for a period of seven consecutive days. In the "sample" no one admitted the daily use of L.S.D. but 76% of those who had taken heroin and 48% of those who had taken cannabis had had a period of daily use.

There were quite large variations in the period from the time of introduction to each drug to the beginning of the first period of daily use. Some began within thirty-six hours of first taking the drug, while others waited months and even years (e.g. four heroin users waited more than eighteen months). The usual time, however, was within one month. Sixty per cent of the heroin users began the first period of daily use within one month, as did fifty per cent of the daily users of cannabis.

Similarly there were quite pronounced differences in the first experience of drug taking. Some said the initial sensation of drugs such as heroin or cannabis was most unpleasant, others said quite the opposite. Even so, some began daily use at the time of introduction even though the initial experience was unpleasant, while others found the initial experience pleasant but did not bother to follow it up. I had the impression that in some cases this was an almost conscious decision to be an "addict", irrespective of the initial impact of drugs.

Sequence of Drug Taking

Amphetamines and cannabis were both taken at a significantly earlier age than the five other drugs.¹⁰ The first experience of amphetamines and cannabis was on the average two to three years earlier. For example, the peak age for introduction to cannabis was sixteen, but for heroin it was nineteen.

Given this difference in the age at introduction to drugs, it follows that amphetamines or cannabis were likely to be the first drugs used. For the ninety-five persons who admitted taking drugs, ninety had first taken amphetamines or cannabis

and only five had begun with other drugs. Amphetamines and cannabis are the major "soft" drugs so in the "sample" there was a clear move from soft drugs to hard.

Furthermore, where amphetamines were the first drug taken, cannabis was usually the second and vice-versa. In other words, users did not move to the "hard" drugs until they had tried both the "soft" ones. Methedrine, L.S.D. and heroin were more likely to be taken as the third drugs than cocaine or physeptone. Where heroin was the third drug taken half had begun with amphetamines and half with cannabis.

The move from "soft" to "hard" drugs is even more clearly seen when we compare the order in which cannabis and heroin were taken. The sixty-seven who had taken heroin had all taken cannabis—sixty-two before heroin and five after. However, there were a further twenty-three who had taken cannabis but had not taken heroin although nineteen had taken another "hard" drug, mainly L.S.D. Of course these figures cannot be taken as confirmation that cannabis use *in general* "leads to" the taking of "hard" drugs.

Source of Supply

Although all seven drugs could be obtained from a doctor (even though it is rare to prescribe amphetamines and cannabis to young drug users) most offenders received their supplies from illicit sources. Only 42% of those who had ever taken heroin had received their drugs from a doctor and only 54% of those who had taken physeptone. Even for the fifty-one daily users of heroin thirty-five had never received it from a doctor, yet these thirty-five were taking an average of two grains per day. Conversely, there were twelve people who were receiving heroin from a doctor who had never taken it each day, and there were similar differences for cocaine and methedrine. If these offenders are to be believed, then these important differences may explain the existence of one source of the comparatively large quantities of drugs that were available for sale in the Piccadilly Circus area. At least twelve heroin takers claimed to be dependent on heroin but never needed to take the drug more than once per day for seven consecutive days, yet presumably the doctor who prescribed it believed they were "addicted"—and therefore needed at least a daily supply—as there was no other reason to prescribe it.

For those who obtained their drugs in unlawful circumstances, heroin, cocaine, physeptone and

¹⁰ For amphetamines and cannabis the mean age at introduction was 17.4 years and the Standard Deviation was 3.03. The difference in the mean age was significant at the 1 in 1000 level ($t = 6.63$).

cannabis were usually given by a friend on the first occasion, but about half bought their first supply of amphetamines, methedrine and L.S.D. Professor Chein¹¹ in his New York study says "in most cases the heroin was obtained easily and without cost. In only 10% of the cases did the boy pay for his first dose". In London in this sample, 38% bought their first heroin. This would suggest that as far as this sample was concerned, the freer distribution of heroin through the medical profession and the National Health Service did not remove trafficking.

Drug taking as a group activity

We know very little about the social situations in which drugs are taken or if there is any difference between the social situations for the novice and the experienced user. In this study a person was classified as an experienced user if he had taken a drug more than six times and a novice if he had taken it less. An analysis showed that there was a tendency for drugs which were taken intravenously, such as heroin, to be more frequently taken in company in the earlier stages of using the drug, but less frequently when experience was gained. Even so, 21% of experienced users of heroin regularly took their heroin in company and 13% did so occasionally. Amphetamines, cannabis and L.S.D. were more likely to be taken in company whether the user was experienced or not, although this tendency was less strong for the experienced amphetamine user than for the users of the other two drugs.

II. FAMILY, EDUCATION, SOCIAL CLASS AND EMPLOYMENT

The Family

The majority (85%) were single. About one third were living with their parents; about a quarter were of no fixed abode and presumably living in or around the West End. The majority of the remainder were living with friends. Only seven of the fifteen who were married were living with their marriage partners.

Thirty came from broken homes in the sense that at some time before the offenders were aged fifteen years their parents were married but not living together. A further five had broken homes after they reached the age of fifteen¹² and seven others

were illegitimate, giving a total of forty-two from broken homes. This is much higher than the national incidence of broken homes, but about the same as that found among boys in Borstal and Detention Centres¹³—although of course assessments of this sort are often not made on a uniform basis.

There was a considerable history of problems prior to drug taking. Forty had run away from home or been ejected from home and a further twenty-five had left home after they had taken their first drug. At the time of arrest fourteen were already the parents of one or more illegitimate children, nine of whom had had illegitimate children before taking drugs. If we take into account those with criminal convictions before drug taking (see Section III) then only twenty had not run away from home or become parents of illegitimate children or been convicted before drug taking. As far as the twelve females in this sample were concerned, over half admitted to being homosexual.¹⁴

Education

Four were still attending school at the time of their arrest and four others were attending a College of Further Education. Of the eighty who were educated in England only ten had left school with any national qualification (G.C.E. 'O' Levels). Fourteen had attended grammar, public or direct grant schools and of these only five had remained at school after the statutory minimum school leaving age. Just over a quarter of those educated in the United Kingdom had attended some form of further education but almost all had left within three months. Two were University graduates.

Forty-two began some form of drug taking while at school; thirty-six had taken amphetamines or cannabis and a further six had taken heroin, cocaine or L.S.D. This was a much higher incidence

seven heroin users found 24% from broken homes. The *Lancet*, June 1, 1968, Vol. 1, at 1189.

¹² See C. BANKS & P. BROADHURST, *STUDIES IN PSYCHOLOGY* (1965). Using the definition of broken homes as being broken before the child reaches the age of fifteen, but not including illegitimate children, Dr. Banks found thirty-six of her Detention Centre sample coming from broken homes. Dr. Banks also quotes Dr. T. C. N. Gibbens' study of Borstal boys where 44% came from broken homes, and an unpublished paper by Dr. J. Douglas who found in his sample of manual workers that 9% came from broken homes.

¹⁴ Dr. P. T. D'Orban has noted the high incidence of homosexuality in his sample of women heroin addicts in Holloway Prison. See 65 *BRIT. J. ADDICTION* 70 (1970).

¹¹ I. CHEIN, *NARCOTICS, DELINQUENCY AND SOCIAL POLICY* 151 (1964).

¹² The Maudsley Addiction Unit in a study of thirty-

TABLE 3
SOCIAL CLASS OF PARENTS: THE DRUG OFFENDER
SAMPLE COMPARED WITH THE GENERAL
POPULATION

	Social Class	Drug Offenders (%)	General Population (%)
Higher professional.....	1	7	4
Management and other professional.....	2	20	15
Skilled manual.....	3	42	51
Semi-skilled manual.....	4	13	21
Unskilled manual.....	5	18	9
		100	100

than expected, yet only one person said the school authorities were aware that he was taking drugs. The proportion taking drugs at school was similar for the grammar/public school boys as for the others.

Social Class

A comparison between the social class of this population and the social class distribution shown in the Registrar General's classification for England and Wales¹⁵ shows the drug offenders to be over-weighted in Social Classes 1, 2 and 5 (see Table 3) but not too much weight should be attached to this finding as the sample is so small. However, studies of offenders convicted of other forms of delinquency generally show that Social Classes 1 and 2 are under-represented.¹⁶ In this respect the drug offenders differ not only from the population at large, but also from other types of delinquents.

Dr. Schur in the late fifties said, "all available evidence indicates that a large proportion of British addicts is found in medical and related occupations".¹⁷ Recent studies¹⁸ have indicated that there have been considerable changes since 1959 and that there are relatively fewer addicts in Social Classes 1 and 2 and considerably more in 4 and 5. In this sample 36% of the fifty-one daily users of heroin were from Social Classes 1

¹⁵ Census 1961, England and Wales: Occupation Table 20 (H.M.S.O. 1966).

¹⁶ χ^2 , 3 d.f. (Classes 1 and 2 combined) = 16.98, significant at the 0.1% level. Comparing classes 1 and 2 with the remainder, χ^2 , 1 d.f. = 4.16, significant at the 5% level.

¹⁷ E. SCHUR, *NARCOTIC ADDICTION IN BRITAIN AND AMERICA* 123 (1962).

¹⁸ See, e.g., a study of 100 heroin addicts by Drs. Bewley and Benari, *The Lancet*, Mar. 23, 1968.

and 2 and 26% from Classes 4 and 5. Classes 1 and 2 are still over-represented when compared with the general population but Classes 4 and 5 are almost equal to the proportion of persons in these classes in the population at large.

Employment

Only twenty-one out of the ninety-two not receiving full-time education were working at the time of their arrest. Over half had worked for less than ten weeks in the last twenty-six.¹⁹ Eighteen had not worked for a year and a further nine had not worked for at least three years.

Those who had taken drugs such as heroin for any length of time were often unkept, dirty and undernourished. Their appearance alone would make them a poor employment prospect.²⁰ Yet it was difficult to decide whether this was an assumed role which fitted their image of how drug takers ought to look and behave, or whether there was an intense preoccupation with the drug taking and its accompanying rituals which led to chronic personality disintegration.²¹

Unlike many classic studies in the United States, there was nothing in the present study to suggest that this population came from areas of Britain which were especially deprived. Equally there was nothing to suggest that they were heavily concentrated in any one particular area of London. The homes which were visited could not be classified as "bad slums"—some were structurally poor but no worse than many in other parts of London. In the United States the incidence of drug abuse is highly correlated with deprived

¹⁹ This assumes all subjects were at work during this period unless attending full-time education. Such an assumption had to be made because it was not possible to show how much time each person had spent in hospital or prison during the last six months. Records showed that only three had spent more than four months in prison during the last six months.

²⁰ See Finestone, *Narcotics & Criminality*, in *NARCOTIC ADDICTION* 156-57 (J. O'Donnell & J. Ball ed. 1966), "Despite the ragged state of their clothing . . . they regarded themselves as the members of an elite, the true 'down cats' on the best 'kick' of them all, 'Horse'."

²¹ Dr. E. M. Schur says that "in general the [heroin] addict probably suffers less organic harm and interference with his normal functioning than the chronic alcoholic" and quotes D. L. Gerard who distinguishes the two conditions: "The addict is comfortable and functions well as long as he receives large enough quantities of drugs to stave off his abstinence syndrome. The chronically intoxicated alcoholic on the other hand cannot function normally as long as he maintains his intoxicating intake of alcohol." G. SCHUR, *supra* note 17, at 23.

TABLE 4
SENTENCE

	All	Possessing Heroin	Possessing Cannabis
Cond. Dis./Abs. Dis.	28	9	6
Fined.	19	5	6
Probation.	23	11	5
Approved School.	2	1	—
Suspended Sentence.	15	5	3
Borstal.	6	3	1
Prison up to 3 months.	1	1	—
Prison 12 months only.	2	2	—
Others ²²	4	4	—
	—	—	—
	100	41	21

imprisonment, Borstal or approved school. No one was sent to prison for possessing cannabis, although one person was sent to Borstal. Compared with the action taken in regard to indictable offenses generally these drug abusers were relatively rarely awarded custodial sentences and relatively frequently given probation or conditional discharge. In some cases a requirement of out-patient treatment at a hospital was coupled with a probation order. Most of the offenders spent some time in custody since there was usually a remand for the drug to be analysed, and 36% were further remanded for pre-sentence reports.

Many of the 100 offenders were persistent delinquents²³ often in other respects besides drug abuse. A majority (57%) had two or more previous con-

TABLE 5
TYPES OF OFFENCES COMMITTED BEFORE AND AFTER DRUG TAKING

	Larceny Receiving, False pretences	Breaking and Entering	Violence and Offensive Weapons	Taking a Motor Vehicle without Consent	Drug	Other	Total
Before drug-taking.	38	27	4	4	1	14	88
After drug-taking.	43	11	17	14	19	32	136

minority groups. In this population only two persons were non-white; both were convicted of possessing cannabis and neither admitted taking other drugs.

III. PRESENT AND PREVIOUS CRIMINAL CHARGES

Of the 100 offenders 66 were arrested after being stopped and searched by the police under the new power conferred by the Dangerous Drugs Act 1965. Many of the offenders persistently frequented Piccadilly Circus although they must have known that the area was under constant police surveillance. Six were arrested with a syringe in their hands about to have an injection, and one offender actually approached a C.I.D. man asking for heroin. He said he thought the officer was a junkie!

Table 4 shows the sentence passed on the 100 offenders and the second and third columns show separately the sentence passed on those charged with possession of heroin or cannabis. Those charged with possessing heroin account for most of the small minority (12%) who were sentenced to

victions for indictable offenses and 30% had five or more. Of the ninety-five offenders who admitted taking drugs thirty-nine had been convicted of some indictable offense before drug taking began. Thirty-two of these (or 82%) were subsequently reconvicted apart from the current offense and twenty-seven of these (or 48%) were convicted of offenses other than drug charges. Table 5 shows the distribution of offenses recorded against these ninety-five offenders both before and after first taking drugs. Offenses against property predominate. There was no evidence of any reduction in other forms of criminality after drug taking began.

The offenders who had a criminal conviction prior to drug taking were as a group more predominantly of low social class and had more frequently left school at the earliest allowable age than those without previous conviction. Furthermore, those with previous convictions had been daily users of an average of three different drugs whereas those without previous convictions had used an average of only two drugs. It may be that these drug offend-

²³ Information was obtained from Criminal Records Office for previous convictions.

²² Includes one Detention Centre order.