

DRUG CONSUMPTION IN LONDON AND  
WESTERN BERLIN DURING THE 1960S AND 1970S:  
LOCAL AND TRANSNATIONAL PERSPECTIVES

*Klaus Weinbauer*

Abstract. Between about 1964 and 1969, drug consumption was embedded into the transnational networks of a countercultural youth underground. In London the high mobility of the underground members was evoking a deep-rooted fear of a casual way of life. The West Berlin underground was much more politicized than its London counterpart. In West Berlin until the last third of the 1970s, there was no coordinated anti-drug policy. This changed when the situation of heroin users deteriorated. Politicians as well as the members of the self-help organizations began to realize that a close cooperation and an improved communication were imperative. The situation for heroin users in 1970s London was not that bad when compared to Berlin because a relatively well-functioning civil society already existed, and there were special clinics, the Drug Treatment Centers, and a relatively well-working network of voluntary organizations.

RESEARCH ON DRUGS OR DRUG CONSUMPTION<sup>1</sup> is still far away from having a strong foothold in the 'mainstream' of the historical professions. Currently drug problems are mainly researched by authors in medical or social sciences. Thus we have a number of studies whose findings can give historical research some stimulating impulses.<sup>2</sup> There are signs, however, that drugs have recently gained a growing interest among historians who do research on social problems in Western Europe and in the United States during the nineteenth and twentieth centuries. But even these recent historical studies mostly are focused on single countries.<sup>3</sup> A good test case for the potentialities of comparative analysis is the trans-

Klaus Weinbauer, PhD, is Research Fellow with the Faculty of History at the University of Bielefeld, Germany.

national spread of drug consumption.<sup>4</sup> It is against this background that the second half of the twentieth century deserves our attention. In these years in Western Europe and in the United States, drug consumption took the shape that it has today: it became an international youth problem.<sup>5</sup> On the one hand, in the course of the 1960s there was an “internationalization”<sup>6</sup> of youth and youth also became a “metaphor of change.”<sup>7</sup> Within the youth cultures of the 1960s, drugs were an expression of a revolt in lifestyle, which can be characterized by self-realization, hedonism, and by the “attainment of new worlds of experiences.”<sup>8</sup> On the other hand, debates about drugs figured prominently in a process of “normative self-assurance” of society, made to combat the erosion of social norms and values.<sup>9</sup> Moreover, we should keep in mind that writing about drugs means writing about moral panics and about deeper social anxieties: about self-control, gender and sexuality, otherness and violence.

The question is, however, what can be gained by a comparative social and cultural history of drug consumption? Which insights could be gained that otherwise would not come to light? A comparative social and cultural historic analysis of drug consumption must employ a broad perspective: it has to integrate findings about the developments of the respective societies. That means, comparative social and cultural historical studies of 1960s and 1970s drug consumption must take into consideration that these years saw multiple social transitions together with the fully established mass consumptive society of the postindustrial age came the problems of a “risk society.” To be more precise: in such a society risks could lurk everywhere, they had no social nor spatial nor temporal locations.<sup>10</sup> It is against this background that analyzing drug use in a comparative historical perspective can tell us a lot about state power, the welfare state, and its relationship to civil society.

Such an analysis should take a closer look at big cities because it was there that social transitions could be felt most intensely, and it was there where youth culture trends were born and spread. Much has been said about drug consumption in the United States and the

influence of US drug politics on other countries. Few authors, however, have written comparative studies with a focus on European cities. This contribution concentrates on West Berlin and London. Since West Berlin was the biggest German city it seems appropriate to take London, the British metropolis, as a point of reference. "Swinging London" was, until the late 1960s, the main trendsetter for many aspects of European youth cultures.<sup>11</sup>

There is nearly no historical research on German drug politics and drug consumption of the 1960s and 1970s, but a wealth of sociological and medical studies exists.<sup>12</sup> British drug policy and drug consumption, at least in the first third of the twentieth century, are much better researched than the German case. Notably, Virginia Berridge has written path-breaking historical studies.<sup>13</sup> Moreover there are many contemporary sociological and medical studies.<sup>14</sup> While in the course of the 1960s drug consumption (especially cannabis products and LSD) became deeply embedded into international youth cultures, during the 1970s heroin use became an established social problem in many big European cities.

In comparing the situation in Berlin and London this article has two aims. First, it will examine the size of the drug problem (age and social structure of drug users, patterns of consumption etc.). Second, it will analyze how institutions of the 1960s' and 1970s' civil society dealt with drug use. Was there any cooperation or communication between state agencies (police, local authorities) and non-statutory self-help organizations in handling the problems caused by drug use? All this means asking what kind of similarities and differences can be found in the consumption of drugs, in the drug scenes and in ways of handling drug problems in these cities. The first part of this article sketches the developments of German and British drug policy. The second part analyzes the counter-cultural "underground phase" of 1960s drug consumption in Berlin and London. The third part of this article looks at heroin consumption during the 1970s and its associated problems. Some concluding remarks will be made about similarities and differences in drug

German and British drug politics and about drug consumption in West-Berlin and London.

### *Drug Policy in Germany and Britain*

In Germany, as in Britain, the drug problem was by no means clearly identifiable by statistical numbers since all of these statistics had their own flaws and also mirrored only some aspects of the drug problem.<sup>15</sup> In Germany two different kinds of statistics on drug use existed.<sup>16</sup> One was kept by the Federal Health Office (Bundesgesundheitsamt). The other type, a criminal statistic, gave information about drug offences handled by the police or about persons convicted by courts. In Berlin the first type of statistic was part of the Annual Health Report (Jahresgesundheitsbericht) of the local Health Office (Gesundheitsamt).<sup>17</sup> For 1969 this source reports seventy-one “drug addicts,” in 1970 this number increased nearly five times (327) and reached 2,377 in 1980. During the 1970s the drug users, as recorded in the *Annual Health Reports*, were mostly heroin consumers which constituted from 36% (1976) up to 52.3% (1979) of the known drug users. Until the early 1960s the medical profession dominated the Berlin drug user population, which was mostly in their late forties or fifties.<sup>18</sup> The Berlin police as well as the court statistics were not very different; both spoke only of *Rauschgiftdelikte* or *Betäubungsmitteldelikte* (drug or narcotic offences).<sup>19</sup> Both statistics show a steady increase of drug consumption. This process started about 1968. In that year, the police recorded 140 drug offences (in 1967 it were only 57). In 1970 we find 858 cases and in 1980, 4,429.

In 1960s Germany the law regulating drug use dated back to the late 1920s. The regulations which led to the 1929 Opium Law (Opiumgesetz) were introduced because the Versailles peace treaty had obliged Germany and other countries to introduce drug laws into domestic legislation.<sup>20</sup> This Opium Law of 1929 had its main focus on the trade and distribution of drugs by the medical professions (mostly doctors and pharmacists), not on consumption.<sup>21</sup> After the

upswing of the drug problem during the 1960s, a new Narcotic Law (Betäubungsmittelgesetz) came into force in December 1971. The possession, trade, etc. of drugs became punishable. The regulations of this law were mostly centered on cannabis.<sup>22</sup> As drug consumption, especially of heroin, grew and caused severe social tensions, and as it became obvious that the 1971 *Narcotic Law* was outdated, a revision was made which came into force in January 1982. It focused on measures against organized large-scale drug trafficking, introduced higher penalties, and had a special section on therapeutic measures instead of punishment. The legal requirements made no distinctions between “soft” and “hard” drugs like cannabis and heroin, respectively.<sup>23</sup>

In Western Berlin of the 1960s, the official responsibility for dealing with drug use was shared between the state and some private welfare organizations. Among the latter was the *Berliner Landesstelle gegen die Suchtgefahren* [Berlin State Office against the Threats of Addiction]. The local *Gesundheitsämter* [health offices], however, had traditionally focused on the problems of middle-aged men and women with drinking problems. Moreover, the politics of these institutions were strongly influenced by temperance ideology and stressed the need for abstinence.<sup>24</sup> But this was not the motto of the 1960s drug youth.

Motivated by the growing drug problem, the Berlin authorities established an informal working group (*Arbeitskreis*) in August 1969 to exchange internal information and to discuss advice given by medical experts. In 1970 two reports on drug use were drawn up by the *Senator für Arbeit, Gesundheit und Soziales* [Senator for Work, Health and Social Issues].<sup>25</sup> These reports stressed that voluntary organizations of ex-users were not taken seriously. They could at most supplement the work of medical experts. The reason for this mistrust was, as it was stated in one of the reports, that the personalities of these ex-users were not yet mature and these groups were lacking a “sufficient number of constant and stabilizing elements.”<sup>26</sup> The Berlin authorities were convinced that the main focus of preventative drug policy had to be on giving information—mostly by

lectures. To sum up: in West Berlin, there was no real and coordinated anti-drug policy until the last third of the 1970s. The main burdens of dealing with drug problems were carried by the police, the general psychiatric clinics, some medical experts at the Free and at the Technical University, some ill-financed self-help organizations of ex-drug users, and church-based organizations.<sup>27</sup>

In Britain there were several types of drug statistics; one was kept by the Home Office, the others by police or the courts. From 1934, the Home Office Drugs Inspectorate kept an index of known drug addicts. Until the 1960s, most of the information gathered there came from police inspections of pharmacists' records. There were only a few contributions from prescribing doctors. This changed in February 1968 when statutory notification of drug users was introduced by the *Dangerous Drugs Act*.<sup>28</sup> The very influential Home Office record was mainly concerned with opiate and cocaine consumption. Similar to Germany, until the late 1950s the number of drug users was low, they were in their late forties or early fifties, and they were mostly people coming from health professions or war veterans. Before 1960 more than 80% of drug use in Britain were of iatrogenic or therapeutic origin. Users "injected themselves in the privacy of their room, and kept their habit a close secret."<sup>29</sup> The 1960s, however, brought some far-reaching changes. First, the number of known drug users rose from 330 in 1956, to 753 in 1964, and reached 2,881 by 1969. There was a steady decrease until 1976 (1,874), but then the figures rose to 3,844 in 1981, thus exceeding the 1969 level for the first time.<sup>30</sup> Second, the proportion of drug users under the age of 20 increased from 0.6% in 1962 to 24.4% in 1966. Third, the number of heroin users rose steadily from 94 in 1960 to 2,240 in 1968.<sup>31</sup>

Moreover we have criminal statistics about the activities of the police and the courts.<sup>32</sup> In order to obtain information about cannabis use, we can look at court statistics of the number of people found guilty or cautioned for drug offences.<sup>33</sup> These statistics demonstrate that, as Geoffrey Pearson has put it, the "major enforcement effort in Britain is directed against cannabis"<sup>34</sup> (11,476 persons in 1973)

rather than heroin (435 persons in 1973). The Metropolitan Police statistics tell the same story. Herein we find that, among the arrests for drug offences made by the Metropolitan Police, between 75.5% (in 1977) and 80.5% (in 1980) involved cannabis.<sup>35</sup>

The British way of dealing with drug use had remained relatively unchanged from the mid-1920s, when the *Rolleston Report* was submitted in 1926.<sup>36</sup> The big difference when compared to the German *Opium Law* was that drugs such as heroin could be prescribed by doctors. Although the police became active against drug users, the drug problem, which mostly was created by heroin and morphine users, was primarily treated medically. Starting in the late 1950s, the increasing drug use gained attention at least among some specialists. On June 3, 1958, an Interdepartmental Committee on Drug Addiction (under the Chairmanship of Lord Brain, known as the "First Brain Committee") was appointed by the Minister of Health. Its final report was published in April 1961.<sup>37</sup> As there was no threatening drug problem at that time, this paper did not receive much public attention. But a change was already under way at the time the report was published. There was a growing concern about the consumption of amphetamines and cannabis. British Government reacted in two ways. Home Secretary Henry Brooke introduced the *Drugs (Prevention of Misuse) Act* which came into force on October 31, 1964. Moreover, in May 1964, the Brain Committee was reconvened. Its final report was published in November 1965.<sup>38</sup> The main concerns of the meetings of the Second Brain Committee were the rising numbers of heroin users, who often got prescriptions from certain general practitioners. Its report made three main recommendations which became part of the *Dangerous Drugs Act* that came into force on October 27, 1967<sup>39</sup>: There should be a compulsory notification of addicts, special clinics should be established, and there should be a restriction of the right of doctors working outside these clinics to prescribe heroin and cocaine.<sup>40</sup>

The establishment of the Drug Treatment Centres (DTC) marked a main change<sup>41</sup> since the treatment of drug problems was taken out of the hands of the general practitioners. From that point on,

the clinic doctors, mostly psychiatrists, bore the main responsibility for handling the drug problem. As a consequence of the second *Brain Report*, beginning in 1968 heroin could only be prescribed by certain licensed clinic doctors. A license was only valid for prescribing at a named hospital: the DTCs. Most of them were parts of the London teaching hospitals and opened in April 1968; fourteen were situated in London. With the *Misuse of Drugs Act* which came fully into operation in 1973, drugs were divided into three classes (A, B, C). The highest severity of punishment was for class A (LSD, heroin, cocaine etc.), class B (amphetamines, cannabis etc.) and the lowest fines were for class C drugs (less potent stimulants). Barbiturates were not included.<sup>42</sup>

*The “Underground” Phase of Drug Consumption (c. 1964-1969)*

In West-Berlin as well as in London until the early 1960s, there were no coherent drug scenes with a special drug user argot or jargon.<sup>43</sup> In London roughly between 1958 and 1962, however, the social and the age structure of drug takers changed. On the one hand white male working-class youth attending West End pubs, mostly teenagers looking for weekend pleasure, began to consume drugs, mostly amphetamines. These drugs kept the teenagers awake, permitting “staying out all week-end” and “going home early on Monday morning.”<sup>44</sup> Especially in the West End, the traffic in such “pep-pills” was increasing mostly in “low class dance halls, clubs and cafes.”<sup>45</sup> Some of the new consumers were mods, some were beatniks, some participated in the “Ban the bomb” marches.<sup>46</sup> In this teenage drug scene, oral drug consumption was predominant. On the other hand, there was also a steep rise in heroin use. Heroin was mainly consumed by parts of the white youth, while black consumers were “disproportionately few.”<sup>47</sup> Additionally, as mentioned above, more and more young heroin consumers, some under twenty, appeared on the Home Office statistics. In the eyes of an older addict, these consumers “go around with long hair and

dark glasses . . . with the hypodermic sticking out of their top pocket kind of thing, just advertising the fact that they're on drugs."<sup>48</sup>

Against the background of these developments, it comes as no surprise that beginning in the early 1960s, the popular press published sensational reports about drug consumption. Before that time, the press had characterized drug users as tragic creatures being "sad rather than bad."<sup>49</sup> At the current state of research, it is not easy to answer the question why drug consumption was considered as being so dangerous and so threatening to society, but at least some features stand out. Society's concern with drug use grew when it became obvious that it was not merely some fringe kids with working-class backgrounds that took drugs while looking for pleasure in West End pubs. Rather, middle- and upper-class youth got involved in drug taking. Another fact becomes obvious when we look at cannabis users in London as, by far, the largest group of drug consumers. Until 1964 cannabis was mainly consumed among the West Indian and African population in London. But it then spread to white middle-class youth, among them many students and political activists. In 1964 for the first time, the white cannabis offenders outnumbered those of West Indian and African origin.<sup>50</sup> The spread of cannabis consumption had not been confined to the West End. Other London areas such as Notting Hill, Brixton, Chelsea, and Kingston were also affected.<sup>51</sup> Cannabis, especially marijuana, was a "vital element in creating a 'moral panic.'"<sup>52</sup> It was the images of drug users losing their self-control, of pot-smokers acting out their sexual fantasies, and, additionally, of heroin users killing other people that caused great concern in the press.<sup>53</sup> Drug use, which even might lead to insanity,<sup>54</sup> seemed to threaten conventional notions of a Western lifestyle and morality. Fears surfaced that white middle- and upper-class youth—the future of the designated elite of the country—might be infected by a drug which was closely connected with being "not-white." After a pause in press reporting in 1967, these "darker sides of flower power began to be emphasized."<sup>55</sup> As the London newspaper *Evening Standard* reported, some judges were sure that drugs lead to

“complete moral destruction” and were a “growing canker in our midst.”<sup>56</sup> In Germany the spread of drug use in the early 1960s was seen as a consequence of the activities of “colored American soldiers” and of “guest workers” coming to Germany.<sup>57</sup>

To come to more precise results about the public fears about drug use, we must take a closer look at the patterns of drug consumption of the 1960s. From the middle to late 1960s, drug consumption was a collective activity among like-minded people.<sup>58</sup> This was not only a local but also an international pattern of consuming drugs.<sup>59</sup> When compared to the “traditional” drug consumers, the new drug youth of the 1960s did not hide in private places. Rather, smoking cannabis “joints” or taking LSD trips collectively were celebrated in public spaces, like the Berlin Tiergarten or in London’s Hyde Park.<sup>60</sup> This leads us to the very novelty of drug consumption of the 1960s: drug consumption was embedded into the networks of the international youth “underground.”

Starting in the mid-1960s, society had to face juveniles who were part of a complex, more or less counter-cultural, “underground.”<sup>61</sup> This vaguely-defined underground was a transnational phenomenon. Even if the size and intensity of the underground differed from city to city, it had some typical features. The underground networks were upheld by face-to-face interactions but also by the high mobility of its members. Be it to Amsterdam, London, Berlin, Formentera, Katmandu, or Morocco, “underground” people were on the road.<sup>62</sup> It was this mobility which made the public watch skeptically the activities of some underground members. This was reinforced by the fact that in the late 1960s many homeless young drifters were attracted by the underground and especially by its drug scenes.<sup>63</sup> Especially in London, deep-rooted fears about the casual way of life resurfaced; the casual labor question had been among the main threats of late nineteenth- and early twentieth-century London.<sup>64</sup>

The underground had a highly communicative structure, facilitated by the underground press and its intellectuals, music clubs, and shops, especially book shops.<sup>65</sup> It was especially pop and rock

music that played an important role for underground communication and feelings, not only in London.<sup>66</sup> Moreover, the Vietnam War had some homogenizing effects. As Richard Neville, one of the leading London underground activists, put it, the “One Great Youth Unifier has been Vietnam.”<sup>67</sup> The underground in both cities should not be seen as primarily clandestine phenomena. As Jonathan Green described it, the London underground was “as visible as a neon-decked billboard,” and “it proclaimed its credos . . . at top volume.”<sup>68</sup>

In West Berlin, as in other German big cities, the underground consisted of different scenes. One centered more on political issues, another on “soft” drugs (hashish, marijuana, LSD), and, thirdly, another on “hard” drugs (heroin).<sup>69</sup> The West Berlin underground was concentrated in precincts like Kreuzberg, Tiergarten, Charlottenburg, and Schöneberg. This city area had a high density of pubs and many big apartments.<sup>70</sup> The latter were places for a “culture of people sharing apartments” [*Wohngemeinschaften*]. Moreover, in these areas could be found occupied houses, some self-administered projects (for instance, cinemas and alternative youth clubs),<sup>71</sup> drug support facilities, and publishing houses.<sup>72</sup>

In London the countercultural underground was “split between the West End and the West, from Notting Hill Gate itself to the two Groves, Westbourne and Ladbrooke, and stretching as its furthest limits to Bayswater in the West and Kensal Rig in the East.” Its northern boundary was Harrow Road.<sup>73</sup> Until 1968 the Piccadilly area was the main drug market with the “Pillhead” scene (mostly amphetamine and barbiturate users) north of Shaftesbury Avenue and the “Junkie” scene directly at Piccadilly Circus.<sup>74</sup> The pharmacy Boots at Piccadilly Circus had a twenty-four hour service; so did John Bell & Croyden in Wigmore Street.<sup>75</sup> As the *Evening Standard* put it, “it was one of the most macabre tourist sights of London back in the sixties—that grim queue of addicts lining up outside the Piccadilly Circus Boots at midnight waiting for their subscriptions.”<sup>76</sup> Notting Hill, also known as “Scene W. 11,” was the intellectual centre of the underground. It was here where Release

(established in 1967) and the information bureau BIT (Binary Information Transfer) were founded.<sup>77</sup> Famous underground clubs were the *Rio*, *U.F.O.*, and *Middle Earth*.<sup>78</sup> Moreover, the London underground was famous because of its *Arts Lab*, communes, and squatters.<sup>79</sup>

In London and Berlin members of the underground mostly originated in the educated middle-classes, but there were certain differences between these two cities. In London until 1968, most of the underground members were promoting cultural rather than political revolution,<sup>80</sup> although there were different factions, with some more interested in politics and others who had a stronger interest in lifestyle and mind expansion. But the May events in Paris, as well as the Grosvenor Square anti-Vietnam War demonstrations in March and October, 1968, made this year a turning point.<sup>81</sup> A stronger politicization began<sup>82</sup> and the underground became “divided into battling factions.”<sup>83</sup> Among others there were the militant squatters or the Angry Brigade. But there were also “pot-smoking, vegetarian, woolly-hatted hippies living in a commune.”<sup>84</sup> Even a militant but fragile White Panther Party was founded.<sup>85</sup> But even after the violent clashes between the police and the demonstrators during the anti-Vietnam protests, “no one could honestly deny that the police had shown a remarkable degree of sophistication.” Moreover, most protestors did not want more than a peaceful show of strength, and they wanted to strengthen existing social institutions with no radical or even revolutionary break.<sup>86</sup>

In the Berlin underground, we find similar developments but also a major difference. This underground spawned groups that were much more radical and anti-state than their British counterparts. From the early times of the existence of the Berlin underground, there were close ties between the “soft drug” scene and left-wing militants. Early political activists regarded drug consumption as a “useful tool” for political work.<sup>87</sup> Members of the political as well as of the drug scenes cooperated when it came to defending their “turf” after underground clubs and pubs had been raided by the police. It was in these situations that a climate of hatred against these

intruding police forces developed. Sometimes such police actions were instrumental in politicizing members of the underground scenes.<sup>88</sup> The killing of student protestor Benno Ohnesorg by a policeman on June 2, 1967, the attack on Rudi Dutschke in April 1968, and the ensuing violent demonstrations accelerated the radicalization of factions of the Berlin underground. During the first half of 1969, the *Zentralrat der umherschweifenden Haschrebellen* (Central Council of Roaming Hash Rebels) came into being. Some of the people who later joined the militants of the *Bewegung 2. Juni* (June 2nd Movement), had been part of the Berlin drug scenes.<sup>89</sup> But this militancy was not bred inside the underground itself. It developed as part of an interaction with state institutions like the courts and the police.<sup>90</sup> Thus, on the one hand, the violent actions of German police and the fact that West German society and its institutions were neither willing to integrate the demands of the student protestors nor accept their way of life, contributed very much to the anti-state radicalization of parts of the German underground, and not only in Berlin. On the other hand, the militant activists of the Red Army Faction and the June 2nd Movement consciously cut themselves off from an interactive communication with representatives of the West German state. All in all, in London as well as in West Berlin, the temporary homogeneity of the underground was gone by late 1969. People tried to find their individual way either in agricultural communes, with the Jesus People, by professionalizing their skills like printing and publishing, or by terrorist activism.<sup>91</sup>

*Touchstone of Civil Society: Heroin Consumption during the 1970s*

Often dark pictures have been painted of the demise of the “soft” drug underground and the emergence of heroin consumption.<sup>92</sup> William S. Burroughs described the basic situation of heroin consumption in his *Naked Lunch* brilliantly: heroin, he writes, is the “ultimate merchandise. No sales talk necessary. The client will crawl through a sewer and beg to buy.” The dealer “does not sell his product to the consumer, he sells the consumer to his product

. . . . A dope fiend is a man in total need of dope. Beyond a certain frequency need knows absolutely no limit or control. In the words of total need: Wouldn't you? Yes, you would. You would lie, cheat, inform on your friends, steal, do anything to satisfy total need."<sup>93</sup> A German heroin user went even further in stating that "in hating the fixer, society passionately hates itself." In his eyes, the fixer was a precise symbol of mass consumptive society as he "consumes himself."<sup>94</sup> Simply put, heroin use was close to being something like a total consumption.

Heroin consumers, however, did seldom share such pessimistic impressions. The question is: why was the consumption of heroin held in so high esteem by its users? We can find an answer when we take a closer look at patterns of heroin consumption. Heroin consumption was individualized and scarcely group-based. When compared to the collectivity of the consumption of cannabis, the consumption of heroin could be used for an individualistic identity formation and for proving one's masculinity. Heroin consumers, especially during the initial phase, staged their first "shooting-up" (their first injections) individually, following the motto: "making a cult out of a shot."<sup>95</sup> They either carried the syringe (their "gun") in black wooden boxes lined with fine red satin or—in a more masculine rough way—stored the syringes in the walls of their rooms.<sup>96</sup> Moreover, the first injection of the "stuff" was also a test of courage, an initiation rite.<sup>97</sup> After the injection of heroin, the "fixer" was completely rapt and disinterested in his environment. This "total concentration on the state of euphoria, which was independent from external things and which could not be steered," signaled a state of well-being. It was this state (the "flash") that heroin consumers were striving for.<sup>98</sup> Even in a critical perspective, this heroin-induced state of euphoria, which was felt most intensely after the very first "shots" (and sometimes never came back in later phases), the "flash" resembled, as a heroin user recalled it, an "orgasm in each cell" or a feeling of "total release."<sup>99</sup>

This was the basic situation for heroin consumers in Berlin as well as in London. In 1970s West Berlin, the heroin "junkie" became the

folk devil of this decade and took the place of the long-haired hippie-type cannabis consumer of the late 1960s. As contemporary social science studies revealed,<sup>100</sup> in the early 1970s Berlin drug consumption (especially of heroin) spread among junior high school pupils and among students of vocational schools.

Beginning around 1973, an independent “hard” drug scene came into being. In general, when compared to cannabis consumption, heroin use was more widespread among the lower strata of society. Since the mid-1970s, heroin scenes were spread all over Berlin.<sup>101</sup> The authorities were sure to know that there were about 3,500–5,000 drug consumers, among them about 2,000–3,500 heroin consumers.<sup>102</sup> Around 1977–78, social cohesion inside the cities’ “hard” drug scenes hardly existed anymore. It was the time when the ragged, emaciated, and aggressive “junkie-type” heroin consumer—as described in the film “Christiane F.”—began to pre-dominate the scene.<sup>103</sup> Thus, in Berlin as in other German cities, many heroin users in Berlin became part of the “treadmill of opium: . . . everything you do is for o.”<sup>104</sup> What were the reasons for these developments that made the heroin scene in Berlin so markedly different from the situation in 1970s London, which was bad enough in itself, but where the ragged proletarian junkie was not that predominant?

As noted above, in Berlin until 1977–78 the drug problem was mainly handled by non-specialized state agencies (police, authorities, prisons, borstals), by psychiatric clinics, and by ill-financed organizations of the ex-drug users.<sup>105</sup> In the closed psychiatric wards of the hospitals, the drug users were treated together with alcoholics and mentally-ill persons. The city’s first voluntary organizations of ex-drug users were founded in 1971. The overwhelming majority among these institutions were therapeutic communities. Their main task was getting their members off drugs. Among these therapeutic communities in Western Berlin, Release (established in October 1971 and in 1975 renamed “Synanon”) was the most influential. There were sister organizations in many German cities such as Heidelberg and Hamburg. Their staff exchanged information about drug therapies and other drug-related day-to-day problems.

They also held some loose contacts to the London-based Release. But there were no general guidelines or nationwide actions. Thus, Release could be seen as a prototypical organisation of the drug underground: it acted via transnational contact networks, through a loose exchange of ideas and concepts, but there were no centralized decision-making processes or uniform policies.<sup>106</sup>

Between 1971 and 1976 in West Berlin, fifteen different groups had established twenty-eight therapeutic communities with about one hundred beds. In order to coordinate the activities of these organizations, among them many church-based initiatives, in February 1975 they established an informal meeting: the *Drogenmeeting* (drug meeting). The only tentative effort to establish a community oriented counseling center, the *Drogen-Info-Beratungsraum* (drug information and advice room) which was closely associated with a local drug pub, "The Unlimited," had to close down after it had been raided by the police.<sup>107</sup>

All in all, in Berlin there were no institutions that were engaged in drug-centered community work. This lack of active community work was still bemoaned at the 1982 *Bundesdrogenkongress* (federal drug congress). As one participant demanded, drug work (*Drogenarbeit*) "must get out of its self chosen social ghetto."<sup>108</sup> In Berlin drug use was considered to be a problem that should be tackled without the help of the inhabitants of the local communities. Thus, putting anti-drug policy into practice was highly polarized and politicized. The activists of the self-help organizations (like Release) were not taken seriously by the local authorities and by city politicians.<sup>109</sup> A psychologist of the Technical University summarized this as very lenient: there had been a "certain fear of contact (*Berührungsangst*) and a certain reservation."<sup>110</sup> Moreover, anti-drug policing had a destructive influence on the heroin scene in Berlin. This marks another crucial difference between the London and Berlin heroin scenes. In Berlin in the course of the 1970s, more and more heroin consumers developed a "cop horror"; in each tourist they saw a drug squad policeman.<sup>111</sup> Since the police played an important role in dealing with drug problems in Berlin, at least until

the last third of the 1970s, conflicts with self-help institutions could escalate very easily. When the premises of Release were repeatedly searched by the police, the activists fought back with accusations calling police raids “sabotage” and “destructive actions.”<sup>112</sup> It was a situation without real communication.

In London we find a different situation. To begin with, the number of drug users in 1970s London seemed to be lower than in Berlin.<sup>113</sup> But this could not make for the big differences described above. Overall, British drug policy was based on a culture of communication, negotiation, and mediation. Aside from the question of who gave direction to the drug policy—the medical profession, the Home Office or the police—most of the participants followed a pattern of a “government by discussion.” This was not only true for the many committees that were established by it the Advisory Council on the Misuse of Drugs (ACMD) and its subcommittees but also for the Standing Conference on Drug Abuse (SCODA).<sup>114</sup> Of course, there were different opinions but they were tolerated. Yet even if precise information is still missing, there were two special features that made the problems associated with drug use a bit more moderate: the activities of the DTCs and the mediating functions of the network of self-help and voluntary organizations.

Established in 1968, the DTCs became the “flagship”<sup>115</sup> of British anti-drug policy of the 1970s. Nothing comparable existed in Germany. With doctors who considered drug consumption to be a “medical problem with medical solutions,”<sup>116</sup> the DTCs had to find their way between their social, political, and medical aims on the one side and the needs of their clients and the drug market on the other side. In the clinics, the psychiatric interviews with the drug users often tended to “degenerate into covert bargaining about the size of the prescription.”<sup>117</sup> Some researchers estimate that in the early 1970s about 50% of opiate users came to the clinics.<sup>118</sup> There are two reasons for this situation. First, injecting heroin at the DTCs was not attractive for many users because the “fixing ritual was as, or more, significant than the substance in the syringe.”<sup>119</sup> In a hospital where the preparation and consumption was done “cold and

clinically,” as one heroin user claimed, “takes the kick out of it.”<sup>120</sup> Second, in the course of the 1970s, the clinics developed a policy of uniformity, with a strong notion of turning away from the prescription of heroin and of any injectables.<sup>121</sup> Moreover, efforts were made to reduce the drug dosage of their clients.<sup>122</sup> The motivations for the policy shift are not yet clear. Some authors are convinced that this was motivated by a “fear of over-prescribing”<sup>123</sup> and strong objections against heroin. Others emphasize it was not so much an outcome of a planned policy but was more likely to have been the “result of frustrations and overwork.”<sup>124</sup> Overall, judgments about these clinics remain controversial. The former Chief Inspector of the Home Office Drugs Inspectorate (1977-86), Bing Spear, remained deeply critical towards the achievements of the clinics. He stated freely: these clinics started with high expectations but in the end the “treatment center era was an unmitigated disaster.”<sup>125</sup> Alex Mold, however, underlines that much more research has to be done before a thorough understanding of the activities of these important institutions can be achieved.<sup>126</sup> Even if some critics may be right in stating that the clinics “have not always been able to provide a comprehensive service to people dependent on a wide range of drugs including amphetamines and barbiturates,”<sup>127</sup> at least a considerable proportion of London drug users attended the DTCs. This was one big difference to the situation in Berlin.

The DTCs affected drug consumption and the drug market in several ways. Until the DTCs opened in April 1968, 100% pure pharmaceutical heroin dominated the black market in Britain. There was nearly no “criminal involvement or commercialization in the heroin supply chain.”<sup>128</sup> But when the prescription of heroin and cocaine was taken out of the hands the general practitioners and transferred to clinics, matters changed.<sup>129</sup> One temporary effect was that drug users began to buy their drugs all over the city. Since the DTC patients got their prescriptions from a pharmacy next to their home or working place, there was less need to “go up the [Piccadilly] Circus.”<sup>130</sup> During the mid 1970s, however, Piccadilly Circus once again became the main place where opiates were

bought and sold.<sup>131</sup> One of the reasons that the “Circus” regained importance was the DTCs’ “new policy of confrontation and oral methadone”<sup>132</sup> as described above.

Moreover, the way drugs were administered changed after the late 1960s. Until then “injectors” were a small minority among drug users.<sup>133</sup> Because 100% pure pharmaceutical heroin was available, there was no need for intravenous injection. This changed when the clinics were established and the prescription of heroin was taken out of the hand of the general practitioners. Now the market of pharmaceutical heroin began to dry out. For heroin consumers, this gap in the supply of heroin was of crucial importance. They had to find substitute drugs of their choice. The market offered three alternative drugs, which often were taken depending on their availability. First, in early 1968, non-pharmaceutical heroin, called “Chinese Heroin,” appeared on the market. It was not as pure as the pharmaceutical heroin and was sold in the West End, in Gerard Street.<sup>134</sup> Although some experts feared that for the first time drugs were being “pushed by substantial commercial operators,”<sup>135</sup> this was a tiny local market. Second, the other drug that could be a substitute for heroin was Methedrine. This drug’s popularity grew in the late 1960s as it was relatively easy to obtain by prescription.<sup>136</sup> Methedrine and the poorer quality of the “Chinese Heroin” were two factors which led to the rise of a “needle culture.”<sup>137</sup> Thus the process of injection was brought “closer to the centre of youth drug cultures.”<sup>138</sup> This evolving culture of intravenous drug injection was non-substance-specific because the “process of injection assumes more importance than the substance used.”<sup>139</sup> Third, since the early 1970s, injecting barbiturates or methadone became widespread. Thus, the heroin problem had “simply been converted into a multi-drug problem.”<sup>140</sup> Or, as the Home Office put it in 1970, there was a “clear evidence of the existence of a ‘needle cult’, the young members of which are quite literally prepared to inject any substance likely to produce a ‘high’ or ‘buzz’.”<sup>141</sup> Simply put, starting in the late 1960s and early 1970s, the syringe became some kind of multi-purpose tool for injecting nearly every drug available.

When compared to Berlin, there was, however, another effect the DTCs had on heroin consumption in London. The heroin scene in Berlin was characterized by a cult of youthfulness. In this lifestyle there were no models of behavior for being or getting old, since most of the members of the heroin scene accepted that they would die young. These heroin users cultivated a masculine “sweet-short-life-ideology” where the risk of dying was ignored.<sup>142</sup> In looking at the situation in London, we can be more precise and underline that this was probably only true for those users that bought their heroin on the black market. Even in London the latter were very concerned with death: the one who was thought to be the next to die became a “king figure . . . of junk.”<sup>143</sup> “Stable” users in London, however, who during the 1970s got their heroin at the DTCs, seemed to be better off, since such an extreme culture of youthfulness was not reported to exist among them.<sup>144</sup>

Although the DTCs may have lost some of their stabilizing functions in the course of the 1970s, London had, as early as 1969, a relatively well-working network of voluntary organizations operating therapeutic and residential communities and day centers for drug users.<sup>145</sup> Release was founded in June 1967 as one of the pioneers of social and community work. As one of its founding members, Caroline Coon, recalled, it “was not about drugs *per se* . . . , Release was essentially about civil liberties, legal rights, and what we now call human rights.”<sup>146</sup> In December 1969 in Soho, Reverend Kenneth Leech set up “Centrepoint,” a day center for homeless youth, especially drug consumers.<sup>147</sup> Even if some Home Office officials stated that his methods “seem to be very questionable,”<sup>148</sup> with the help of many volunteers Centrepoint became an established feature among the voluntary organizations involved in drug work. As a self-critical review put it: at Centrepoint there was always “a good atmosphere with plenty of humor, not infrequent rows and strong teams of volunteers.”<sup>149</sup> The transnational dimension of drug use is underlined by the fact that between December 1969 and April 1970, among the 182 non-British visitors of Centrepoint, mostly between the ages of seventeen and twenty-two, the majority (79) were of French ori-

gin, followed by twenty-one clients who were of German origin.<sup>150</sup> Other non-statutory voluntary bodies were Care Understanding and Research Education (CURE), a therapeutic day community in Chelsea that was also known as the Chelsea Addiction and Research Centre (it was the rehabilitation unit at the National Addiction Research Institute); the Community Drug Project (CDP) in South London (established in July 1968) and, closely associated with the CDP, the therapeutic drug free community Phoenix House (established in February 1970).<sup>151</sup> When compared to the DTCs, the work of these institutions was characterized by three special features. First, in the non-statutory organizations social workers played an important role. Second, these institutions had contact with very different types of drug users: the homeless drifters and the poly-drug users. Finally, an important challenge was establishing a good relationship with local authorities and with the inhabitants of the surrounding community.

Around 1971, the restrictive prescribing policies of some DTCs caused an increasing hostility among drug users. Thus, institutions such as the CDP gained importance.<sup>152</sup> In July 1970 until December 1971, there were 176 different clients; they were called “attenders” at the CDP. In 1977, this number had risen to 585.<sup>153</sup> The social workers at the CDP aimed at delivering an “integrated treatment service”<sup>154</sup> for those “right at the bottom of the motivational spectrum.”<sup>155</sup> The CDP became a helpful “street level contacting point for opiate users.”

There were tentative efforts of the CDP’s staff to separate the more highly motivated from the poorly motivated attenders and staff tried to keep contact with those who got off drugs. Attending court and visiting their clients in prison or in hospital were some ways that the CDP’s staff established relationships with their clients.<sup>156</sup> Since the CDP, in contrast to the clinics, was not allowed to prescribe drugs, all the manipulative talks about prescriptions and dosage of drugs could be avoided. The work of the CDP was not aimed at pressing drug users towards withdrawal or treatment. Rather, it was about establishing contacts with the drug users of

the local drug scenes. One of the CDP's main tasks was preventing people from becoming rootless and helping them to keep contact with people from "normal" society.

In the first phase of its existence, the CDP neglected the important task of establishing a good communicative relationship with the local authorities and with the members of the surrounding community. Often the latter were complaining about drug users hanging around in public parks and on the streets, leaving their syringes scattered everywhere.<sup>157</sup> But a change came in 1969 when the CDP established a Neighbourhood Liaison Committee where local residents, representatives from local authorities, schools, the Health Department, the police, from the local DTCs, and staff of the CDP were involved. In a cooperative attempt, they tried to "prevent incidents from becoming major issues by taking early action."<sup>158</sup> This philosophy had some success as local drug users had established a more socially stable way of life in the local community.<sup>159</sup> Apparently what the CDP achieved was not only to get some of their attenders off drugs, but also to integrate them into local society. For this double purpose communication and mediation mattered.

Since drug use is a very dynamic social problem, new challenges emerged in 1977-78: the spread of poly-drug use, the growing consumption of barbiturates, the increasing popularity of solvent abuse and all the associated problems like homelessness.<sup>160</sup> Moreover, with the emergence of punk rock in 1977-78, amphetamines or "speed" reemerged and were held in high esteem among punk rockers such as the Sex Pistols and also in the Northern Soul scene. There also was a renaissance of cannabis use rooted in the Reggae music scene and in its Rastafarian ideology.<sup>161</sup>

For tackling all these drug problems, City Roads (Crisis Intervention) Ltd was opened in May 1978.<sup>162</sup> In December 1977, the CDP was the last day centre in London to close its doors after ongoing tensions about its "fixing-toilet." Among the CDP's staff, frustration had spread because the treatment of barbiturate users could be challenging, since "communication was at times extremely difficult and limited." Compared to the behavior of heroin users, that

of barbiturate users, as one voluntary organization recalled in 1978, has “proved to be of a more violent, aggressive or comatose nature. It is virtually impossible to engage in meaningful communication.”<sup>163</sup> Finally, in May 1978, a fire had forced CDP to move into other premises.<sup>164</sup> After its move, CDP began to turn its attention more towards the “hidden scene” of legal and therapeutic drugs like tranquilizers (especially among middle aged housewives) or other psychotropic and psychoactive drugs.<sup>165</sup>

In both London and Berlin, the last third of the 1970s marked a pause in drug consumption as well as in anti-drug policies. This break was reinforced by the changes on the international heroin market. In London, 1978-79 was a “watershed year for heroin use in Britain,” with heroin from Iran, and later from Turkey, dominating the black market. “Ready availability, an apparently attractive price, sub-cultural familiarity with, and, sometimes, acceptance of, use seem to have made heroin the drug of preference for most casual, regular and dependent opioid users in London and other parts of the country.”<sup>166</sup>

In Berlin in the last third of the 1970s, the numbers of dead heroin users were steadily increasing, the prisons had massive problems in containing the spread of drug use, and the heroin market became increasingly dominated by gangs with deep roots in organized crime.<sup>167</sup> Facing this unprecedented set of complex problems, authorities and politicians began to realize that a close cooperation and an improved communication with non-statutory self-help organizations had become imperative. The Berlin government held a large hearing to which delegates from non-statutory organizations as well as medical and social science experts were invited.<sup>168</sup> A drug representative [*Drogenbeauftragter*] was appointed in order to improve the coordination of drug policy, and the funding of anti-drug measures and the financial support of non-statutory organizations were massively improved (from 44,000 Marks in 1977 to 1,022,000 Marks in 1978). Plans for a closely-knit therapy chain (stretching from street work to social reintegration of former drug users) were quickly put into effect.<sup>169</sup> A culture of communication and mutual

acceptance was slowly put into practice. When compared with the authoritarian and self-righteous attitudes which shaped the actions of politicians, medical experts and authorities as well as the thinking of many self-help organizations of the early 1970s, these new activities were crucial steps towards a civil society based on communication, trust and the acceptance of the self-organization of society.<sup>170</sup>

### *Conclusion*

Drug consumption from the mid-1960s onwards became radically different, in large German cities as well as in London. It was no longer confined to some members of the medical professions who followed their habit in quiet privacy. Rather, between about 1964 and 1969, drug consumption (mainly cannabis products and LSD) was embedded into the networks of a countercultural youth underground with its emphasis on hedonistic consumption, pleasure, and self-expression. The underground in Berlin as well as in London had a highly communicative structure and was not exclusively concentrated in the traditional problem areas of the cities, in the red light or in port districts, but also in the city centers, in wealthy quarters as well as in the suburbs.<sup>171</sup> Moreover, it was not underclass youth which constituted the central groups of the underground. Rather, members of the middle and higher strata of society dominated. Thus, the emergence of the underground meant a spatial as well as social expansion of delinquent milieus.<sup>172</sup> Moreover, it was the high mobility of the members of the underground that caused suspicion. Especially in London, it was evoking a deep-rooted fear against a casual way of life. All in all, in London as well as in West Berlin, the temporary homogeneity of the underground was gone by late 1969.

There was one big difference between the underground in West Berlin and in London. People in the latter were more lifestyle oriented and more focused on mind expansion. Even after 1969, thinking about political revolution was not that widespread on the agenda of

the underground members in London, while in Berlin there was a much stronger politicization. This anti-state radicalization of some factions of the West Berlin underground had three causes: first, the violent reactions of West German policemen against the student protests; second, the unwillingness of West German society and its institutions to integrate the demands of the student protestors nor accept their way of life; and third, militant activists of the Red Army Faction and June 2nd Movement consciously cut themselves off from an interactive communication with representatives of the West German state. In West German domestic politics, this partial politicization of drug consumption in Germany was perpetuated during the 1970s, when fighting drug use was considered nearly as important as fighting terrorism.<sup>173</sup>

Heroin consumption of the 1970s and the fight against this social problem became a touchstone for civil society in both cities. In Western Berlin until the last third of the 1970s, drug use was considered to be a problem that should be tackled without the help of the inhabitants of the local communities and without self-help organizations.<sup>174</sup> Moreover, the activists of the self-help organizations were not taken seriously by the local authorities and by city politicians. This was reinforced by the fact that anti-drug policing had a destructive influence on the heroin scene in Berlin. Thus, putting this repressive anti-drug policy into practice had highly polarizing and politicizing effects. Neither the members of the heroin scene nor the activists of the self-help organizations had any trust in the state and in its institutions. Both sides watched each other with distrust. In 1977-78, however, a change in anti-drug policy came about because the situation of heroin users deteriorated: the numbers of dead heroin users were steadily increasing, the prisons had massive problems in containing the spread of drug use, and the heroin market became more and more dominated by organized crime. In the last third of the 1970s, politicians as well as the members of the self-help organizations began to realize that a close cooperation and an improved communication were imperative. A drug representative [*Drogenbeauftragter*] was appointed, the funding of anti-drug

measures and the financial support of non-statutory organizations were massively improved, and plans for a closely knit therapy chain (stretching from street work to social reintegration of former drug users) were quickly put into effect. These were crucial steps towards a civil society based on communication, trust, mediation, and the acceptance of the self-organization of society.

The situation for heroin users in 1970s London was different because a functioning civil society already existed. There were, however, two special reasons why the situation of heroin users was not that bad when compared to the situation in Berlin. First, there were the DTCs that had been established in 1968. A considerable proportion of London drug users received their drugs from these clinics. Second, London had—as early as 1969—a relatively well-working network of voluntary organizations operating therapeutic and residential communities and day centers caring for drug users. When compared to the DTCs, the work of these institutions was characterized by three special features. In the non-statutory organizations social workers played an important role. Moreover, these institutions had contact with very different types of drug users: the homeless drifters and the poly-drug users. Last but not least, an important challenge was establishing a good relationship with local authorities and with the inhabitants of the surrounding community. The activities of the CDP demonstrate that it achieved not only getting some of their attenders off drugs but also helping to integrate them into local society.

During the 1980s in both countries, HIV/AIDS and an expanding drug scene brought another set of challenges for the existing institutions of civil society.<sup>175</sup> It seems as if it was this time that in the drug field British civil society, with its culture of communication and trust, was put to a real test. At that time it was not only Thatcherism cutting down expenditures for welfare state institutions, but also the fact that early 1980s drug consumption was not confined to London anymore, but was spread all over the country. Heroin had “arrived in the mainstream” of male youth culture.<sup>176</sup> As a social sci-

entist put it: the Chinese “dragon had landed.” “Big H.” suddenly “seemed to be everywhere.”<sup>177</sup>

In the end, one impression leaps into view: the collectivity and the rituals of cannabis smoking in the youth cultural underground of the 1960s provided security in a society in transition. In Victor Turner’s understanding, these years marked a liminal phase in social development.<sup>178</sup> Heroin consumption with its cult of the self, its focus on youthfulness, individuality and risk management, was typical for an individualizing (modern) consumer society of the 1970s. One question, however, remains: was heroin consumption one of the consequences of the stimulation of consumer society by the underground and its industrial commercialization that followed?

*University of Bielefeld*

klaus.weinhauer@uni-bielefeld.de

#### NOTES

1. In this article I will use the terms drug consumption, drug use or drug taking synonymously. In order to avoid misunderstandings I will not speak of addiction, dependence etc.

2. See for example Axel Klein, Marcus Day and Anthony Harriot, eds., *Caribbean Drugs: From Criminalization to Harm Reduction* (London: Zed Books, 2004); Ross Coomber and Nigel South, eds., *Drug Use and Cultural Contexts ‘Beyond the West’: Tradition, Change and Post-Colonialism* (London: Free Association Books, 2004); Janet Farrell Brodie and Marc Redfield, eds., *High Anxieties: Cultural Studies in Addiction* (Berkeley: University of California Press, 2002).

3. See Sara W. Tracy and Caroline Jean Acker, eds., *Altering American Consciousness: The History of Alcohol and Drug Use in the United States, 1800-2000* (Massachusetts: University of Massachusetts Press, 2004); Timothy A. Hickman, “‘Mania Americana’: Narcotic Addiction and Modernity in the United States, 1870-1920,” *The Journal of American History* 90 (2004): 1269-94; Caroline Jean Acker, *Creating the American Junkie: Addiction in the Classic Era of Narcotic Control* (Baltimore: The John Hopkins University Press, 2002); Alex Mold, “The British System of Heroin Addiction Treatment and the Opening of Drug Dependence Units, 1965-1970,” *Social History of Medicine* 17 (2004): 501-17; James H. Mills, *Cannabis Britannica: Empire, Trade, and Prohibition, 1800-1928*

(London: Oxford University Press, 2003); Detlev Briesen, *Drogenkonsum und Drogenpolitik in Deutschland und den USA* (Frankfurt: Campus, 2005); Robert Stephens, "The Drug Wave: Youth and the State in Hamburg, Germany 1945-1975" (Ph. D. diss., University of Texas at Austin, 2001); Klaus Weinbauer, "The End of Certainties: Drug Consumption and Youth Delinquency in West Germany of the 1960s and 1970s," in *Between Marx and Coca Cola: Youth Cultures in Changing European Societies, 1960-1980*, eds. A. Schildt and D. Siegfried (New York: Berghahn Books, 2006); David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge: Harvard University Press, 2002).

4. Contemporary comparative studies (Britain and United States) include Arnold Trebach, *The Heroin Solution* (New Haven: Yale University Press, 1982); Horace Freeland Judson, *Heroin Addiction in Britain* (New York: Vintage Books, 1973); Edwin M. Schur, *Narcotic Addiction in Britain and America: The Impact of Public Policy* (Bloomington: Indiana University Press, 1964). See on transnational aspects of the drug problem Richard Davenport-Hines, *The Pursuit of Oblivion: A Global History of Narcotics 1500-2000* (London: Orion Books, 2001); William B. McAllister, *Drug Diplomacy in the Twentieth Century: An International History* (New York: Taylor & Francis Books Ltd, 2000); Ethan A. Nadelman, *Cops Across Borders: The Internationalization of U.S. Criminal Law Enforcement* (Pennsylvania: Penn State University Press, 1993); see for an overview, David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World*.

5. See as an overview Arthur Marwick, *The Sixties: Cultural Revolution in Britain, France, Italy and the United States* (London: Oxford University Press, 1998), 480-96; Bill Osgerby, *Youth in Britain Since 1945* (London: Blackwell Publishers, 1998); John Muncie, *Youth and Crime: A Critical Introduction* (London: Sage, 2001); John Davis, *Youth and the Condition of Britain: Images of Adolescent Conflict* (London: Athlone, 1990); Jakob Tanner, "The Times They Are A-Changin' Zur subkulturellen Dynamik der 68er Bewegungen," in *1968: Vom Ereignis zum Gegenstand*, ed. I. Gilcher-Holtey, (Goettingen: Vandenhoeck & Ruprecht, 1998).

6. Stephens, *Drug Wave*, 82.

7. Steve Chibnall, *Law-and-Order News: An Analysis of Crime Reporting in the British Press* (London: Tavistock Publications, 1977), 93.

8. Jakob Tanner, "Cannabis und Opium," in *Genussmittel: Eine Kulturgeschichte*, ed. T. Hengartner and C. M. Merki (Frankfurt and Leipzig: Insel Verlag, 2001), 245.

9. Jakob Tanner, "Rauschgiftgefahr und Revolutionstrauma: Drogenkonsum und Betaeubungsmittelgesetzgebung in der Schweiz der 1920er Jahre," in *Schweiz im Wandel: Studien zur neueren Gesellschaftsgeschichte*, ed. S. Braendli et al. (Basel: Helbing & Lichtenhahn, 1990), 399.

10. Anthony Giddens, *Consequences of Modernity* (Stanford: Stanford University Press, 1990); Ulrich Beck, *Risk Society: Towards a New Modernity* (London: Sage Publications, 1992).

11. See Marwick, *Sixties*, 456-79.

12. See the pioneering studies by Stephens, *Drug Wave* and "Drugs, Consumption, and Internationalization in Hamburg, 1960-1968," in *Consuming Germany in the Cold War*, ed. David F. Crew (New York: Berg Publishers, 2003), 179-206; Briesen, *Drogenkonsum*; Klaus Weinbauer, "Drogenkonsum und Jugendgewalt in bundesdeutschen Großstaedten der 1960/70er Jahre: Auf dem Weg zu einer neuen Unübersichtlichkeit," in *Jahrbuch Jugendforschung* (Opladen: VS Verlag für Sozialwissenschaften, 2005). Among the best sociological studies are Sebastian Scheerer, *Die Genese der Betaeubungsmittelgesetze in der Bundesrepublik Deutschland und in den Niederlanden* (Goettingen: Otto Schwartz & Co, 1982); Thomas Kutsch and Guenter Wiswede, eds., *Einstieg, Abhaengigkeit, Sucht* (Koenigstein: Anton Hain, 1980); Karl Heinz Reuband, ed., *Rauschmittelkonsum: Soziale Abweichung und institutionelle Reaktion* (Wiesbaden: Akademische Verlagsgesellschaft, 1976); Josef Schenk, *Droge und Gesellschaft* (Berlin: Springer, 1976); Arthur Kreuzer, *Drogen und Delinquenz: Eine jugendkriminologisch-empirische Untersuchung der Erscheinungsformen und Zusammenhänge* (Hamburg: Springer, 1975); for medical history see Michael de Ridder, *Heroin: Vom Arzneimittel zur Droge* (Frankfurt: Campus, 2000).

13. See especially Virginia Berridge, *Opium and the People: Opiate Use and Drug Control Policy in Nineteenth and Early Twentieth-century England* (London: Free Association Books, 1999) as well as Berridge, "Historical Issues," in *Drugs and British Society: Response to a Social Problem*, ed. Susanne MacGregor (London: Routledge, 1989). See also Marek Kohn, *Dope Girls: The Birth of the British Drug Underground* (London: Lawrence & Wishart, 1992); Terry M. Parssinen, *Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930* (Philadelphia: Institute for the Study of Human Issues, 1983).

14. Max M. Glatt et al., *The Drug Scene in Great Britain: The Journey into Loneliness* (London: Edward Arnold, 1967); Gerry V. Stimpson, *Heroin and Behaviour: Diversity Among Addicts Attending London Clinics* (New York: Wiley, 1973); a breakthrough sociological study is Philip Bean, *The Social Control of Drugs* (London: Martin Robertson, 1974). The best current overviews on British drugs politics and drug consumption from the 1960s onwards can be found in Bing Spear, *Heroin Addiction Care and Control: The British System 1916-1984*, ed. J. Mott (London: DrugScope, 2002); and John Strang and Michael Gossop, eds., *Heroin Addiction and Drug Policy: The British System* (Oxford: Oxford University Press, 1994).

15. For the Home Office Index see Spear, *Heroin Addiction*, 183-87; for crime statistics Muncie, *Youth and Crime*, 14f.

16. See Dr. Gewehr, "Die gesetzlichen Grundlagen der Bundesopiumstelle und ihr Aufgabenbereich," in Bundeskriminalamt, ed., *Rauschgift* (Wiesbaden: Bundeskriminalamt, 1956), 55-66; Ackermann, "Die Rauschgiftkriminalität im Spiegel der Polizeilichen Kriminalstatistik," in *ibid.*, 169-76.

17. See Senator für Gesundheit und Umweltschutz, ed., *Jahresgesundheitsbericht des Landes Berlin* (Berlin: no publisher given, 1968).

18. Gretel Schmidt, *Das Problem der Betäubungsmittelsucht in den Heilberufen – dargestellt anhand der Unterlagen des Landes Berlin*, (Hamburg, 1968) (Academy for State Medicine, unpublished manuscript), 39.

19. See Statistisches Landesamt Berlin, ed., *Statistisches Jahrbuch Berlin*, (Berlin: Senatsdruck, 1968).

20. Berridge, *Opium and the People*, 239-42; 258-60.

21. Scherer, *Genese*, 55.

22. Scherer, *Genese*, 120.

23. Harald Hans Körner, *Betäubungsmittelgesetz: Deutsches und internationales Betäubungsmittelrecht* (Munich: C.H. Beck, 1982); Jupp Joachimski, *Betäubungsmittelrecht: Taschenkommentar* (Stuttgart: Boorberg, 1985).

24. A good summary of the ideology and practice of these institutions could be found in Stephens, *Drug Wave*, 147.

25. Archive of the Senatsverwaltung für Justiz, Generalia 4061-IV/A.1, Vol. 1, Bericht über Art und Umfang des Rauschmittelmissbrauchs in Berlin, February 25, 1970; *ibid.*, Fortschreibungsbericht, January 1 to June 30, 1970.

26. Archive of the Senatsverwaltung für Justiz, Generalia 4061-IV/A.1, Vol. 1, Fortschreibungsbericht, January 1 to June 30, 1970, 12.

27. See as overview "Jugendliche und Drogenkonsum: Aus der Arbeit der ForschungsstelleS am Institut für gerichtliche und soziale Medizin der Freien Universität Berlin," *FU Pressedienst Wissenschaft* No 5 (May 1970); Senator für Gesundheit und Umweltschutz, *Bericht über vorhandene Einrichtungen zur Betreuung Drogenabhängiger und zusätzlich Maßnahmen zur Bekämpfung des Drogenmissbrauchs* (Drucksache 7/1046, November 11, 1977).

28. Spear, *Heroin Addiction*, 42 and 176.

29. I. Pierce James, "The Changing Pattern of Narcotic Addiction in Britain-1959 to 1969," *The International Journal of Addictions* 6 (1971), 119-34.

30. See for the 1960s Bean, *Social Control*, 103-107; 1970s Department of Health and Social Security, *Treatment and Rehabilitation: Report of the Advisory Council on the Misuse of Drugs* (London: HMSO, 1982), Appendix F.

31. Bean, *Social Control*, 104. Another interesting feature is that from the early 1960s there were more and more male drug users: their proportion rose from 44.6 % in 1960 up to 77.7 % in 1968, *ibid.*

32. See the annual reports of the Commissioner of Police of the Metropolis (London: New Scotland Yard, 1968). Besides the stop and search statistics the

reports give information about drug offences (until 1973) and about persons tried at crown courts (statistics starts in 1975).

33. See Geoffrey Pearson, "Drug-Control Politics in Britain," in *Crime and Justice. A Review of Research* 14 (1991): 197; see also Jacqueline Tombs, "Maximum Penalties and Sentencing Policy in Relation to Cannabis Offences," in *Cannabis: Options for Control*, ed. Frank Logan, (Sunbury: Quartermaine House, 1979); Bruce D. Johnson, "Interpreting Official British Statistics on Addiction," *The International Journal of the Addictions* 10 (1975).

34. Pearson, *Drug Control*, 197.

35. See the annual reports of the Commissioner of Police of the Metropolis.

36. Overviews are given by Spear, *Heroin Addiction*; Bean, *Social Control*.

37. Spear, *Heroin Addiction*, 90, 110.

38. See Spear, *Heroin Addiction*, 133-41, 151.

39. Bean, *Social Control*, 83.

40. Spear, *Heroin Addiction*, 133.

41. See on the DTCs Mold, "Heroin Addiction."

42. See Bean, *Social Control*, 88; Spear, *Heroin Addiction*, 235.

43. For a recent overview of the London drug scene see John Davis, "The London Drug Scene and the Making of Drug Policy, 1965-73," *Twentieth Century British History* Vol 17 (2006), 26-49; and also Schur, *Narcotic Addiction*, 146; for Berlin see Schmidt, *Betäubungsmittelsucht*.

44. Public Record Office (PRO) Ministry of Health (MH) 154/463, Philip H. Connell, Drug Dependence. Recent Developments in Great Britain (c.1967), 5.

45. Glatt et al, *Drug Scene*, 43-54.

46. Duff Gillespie, M.M. Glatt, D.R. Hills, and D.J. Pittman. "Drug Dependence and Abuse in England," *British Journal of Addiction* 62 (1967), 168.

47. Judson, *Heroin*, 78.

48. Gillespie et al., "Drug Dependence," 167.

49. Bean, *Social Control*, 151. An analysis of press reports of the 1950s gives Schur, *Narcotic Addiction*, 247; see also Jock Young, *The Drugtakers* (London: Tavistock, 1971).

50. PRO MH 154/466, Cannabis Report 1968, 8.

51. PRO Home Office (HO) 305/10, Report of the Criminal Investigation Department, November 2, 1965. See also *Daily Mirror*, October 25, 1966; *Daily Mirror*, January 14, 1967.

52. Muncie, *Youth and Crime*, 181.

53. *Evening Standard*, October 30, 1967 (violent fantasies, killings); *Evening Standard*, May 21, 1968 (self control); *Daily Mirror* June 26, 1967 (sexual fantasies).

54. See Shane Blackman, *Chilling Out: The Cultural Politics of Substance Consumption, Youth and Drug Policy* (Maidenhead: Open University Press, 2004), 24.

55. Chibnall, *Law and Order News*, 90; see also Bean, *Social Control* 9, 151.

56. *Evening Standard*, July 28, 1967; *Evening Standard*, November 1, 1967.

57. See Dieter Schenk, "Rauschgiftgefahren in der BRD?," *Die Polizei* 59 (1968), 298-306 (quote, 299); see for a thorough analysis Stephens, *Drug Wave*, 275-284.

58. Horst Bieberstein, "Zur Situation der BTM-Kriminalitaet in Berlin," *Kriminalistik* 33 (1979): 251; see also Peter Waldmann, *Phantastika im Untergrund* (Bonn: H. Bouvier, 1970), 28; See for London Jonathon Green, *All Dressed Up: The Sixties and the Counterculture* (London: Pimlico 1998), 173.

59. Michael 'Bommi' Baumann, *Wie alles anfang* (Munich: Trikont, 1975), 50. For England compare Green, *All Dressed Up*, 182; for the United States, David Farber, "The Toxicated State and Illegal Nation: Drugs in the Sixties Counterculture," in *Imagine Nation: The American Counterculture of the 1960s and 1970s*, eds. P. Braunstein and M. W. Doyle (New York and London: Routledge, 2002), 17-40.

60. Berndt Georg Thamm and Walter Schmetz, *Drogenkonsumenten im Untergrund* (Berlin, 1973: unpublished manuscript), 32.

61. For the term underground see Walter Hollstein, *Der Untergrund: Zur Soziologie jugendlicher Protestbewegungen* (Neuwied: Hollstein, 1969), 24-27, 106-142; *Der Spiegel* 21, June 9, 1969, 142-155; for an international overview see Marwick, 489-492.

62. See Green, *All Dressed Up*, 224-29.

63. See *Daily Mirror*, March 30, 1968.

64. Gareth Steman Jones, *Outcast London* (Oxford: Clarendon Press, 1971); and in a transnational perspective Sam Davies et al., *Dock Workers: International Explorations in Comparative Labour History, 1790-1970* (Aldershot: Ashgate, 2000).

65. See Wolfgang C. Mueller and Peter Nimmermann, *In Jugendclubs und Tanzlokalen* (Munich: Juventa Verlag, 1968); Margarete Andrae, Hans Georg Buchholz and Lutz Roessner, "Jugend in Beat-Lokal," *Deutsche Jugend* 17 (1969): 545-552; and Rolf Pausch, "Diskotheken: Kommunikationsstrukturen als Widerspiegelung gesellschaftlicher Verhaeltnisse," in *Segmente der Unterhaltungsindustrie*, eds. H. Werner Heister et al. (Frankfurt: Suhrkamp, 1974), 196-214. The atmosphere in such meeting points of the different scenes is described by Klaus Gerdes and Christian von Wolffersdorff-Ehlert, *Drogenscene Suche nach Gegenwart: Ergebnisse teilnehmender Beobachtung in der jugendlichen Drogensubkultur* (Stuttgart: Enke, 1974), 133.

66. See as an overview Harry Shapiro, "Dances with Drugs: Pop Music, Drugs and Youth Culture," in *Drugs, Cultures, Controls and Every Day Life*, ed. Nigel South (London: Sage, 1999), 17-35; and by the same author, *Waiting for the Man: The Story of Drugs and Popular Music* (London: Quartet Books, 1990).

67. Richard Neville, *Play Power* (London: Cape, 1970), 15.

68. Green, *All Dressed Up*, 113.

69. "Hard" and "soft" drugs are by no means analytical terms. I use them here as generic terms in order to avoid listing all drugs that were consumed in the respective scenes.

70. Dieter Claessens and Karin de Ahna, "Das Milieu der Westberliner 'scene' und die 'Bewegung 2. Juni'" in *Analysen zum Terrorismus*, Bundesministerium des Innern (Opladen: Westdeutscher Verlag, 1982), vol. 3, 32-38; also Ralf Reinders and Ronald Fritsch, *Die Bewegung 2. Juni: Gespräche über Haschrebellen, Lorenzentführung, Knast* (Berlin: ID-Archiv, 1995), 11-26.

71. Claessens and de Ahna, "Milieu," 48.

72. See Till Meyer, *Staatsfeind: Erinnerungen* (Munich: Hoffmann und Campe, 1998), 149f; Gerd Koenen, *Das rote Jahrzehnt. Unsere kleine deutsche Kulturrevolution 1967-1977* (Cologne: Kiepenheuer & Witsch, 2001), 150-73.

73. Green, *All Dressed Up*, 160.

74. Spear, *Heroin Addiction*, 222.

75. Bing Spear, "The Early Years of the 'British System' in Practice," in *Heroin Addiction*, eds. J. Strang and M. Gossop (New York: Routledge, 2004), 8.

76. *Evening Standard*, April 3, 1973.

77. Kenneth Leech, *Keep the Faith, Baby: A Close-up of London's Drop Outs* (London: S.P.C.K., 1973), 72; Kenneth Leech, *Youthquake: The Growth of a Counter Culture Through Two Decades* (London: Sheldone Press, 1973), 129.

78. Mike Farren, *Give the Anarchist a Cigarette* (London: Johnathan Cape, 2002), 27; Neville, *Play Power*, 28; Green, *All Dressed Up*, 160, 215.

79. The Arts Lab was the "focal point of the underground," in the words of Marwick, *Sixties*, 353; see also Green, *All Dressed Up*, 168-72.

80. See Neville, *Play Power*; Leech, *Keep the Faith*, and *Youthquake*.

81. Green, *All Dressed Up*, 261-71. The events are described by the following contemporary activists: Stuart Christie, *Granny Made me an Anarchist: General Franco, The Angry Brigade and ME* (London: Scribner, 2004), 273, 288-295; Farren, 174-185; Barry Miles, *In the Sixties* (London: Johnathan Cape, 2003), 241. A solid analysis is in Nick Thomas, "Challenging Myths of the 1960s: The Case of Student Protest in Britain," *Twentieth Century British History* 13 (2002): 277-97.

82. *Guardian*, September 27, 1971.

83. Miles, *Sixties*, 240.

84. Miles, *Sixties*, 239.

85. Farren, *Anarchist*, 285; Miles, *Sixties*, 240.

86. Thomas, "Challenging Myths," 297; Green, *All Dressed Up*, 271.

87. See Baumann, *Wie alles anfing*, 51-54.

88. For such police actions see Reinders, Fritsch, *Bewegung 2. Juni*, 22-27; Thamm and Schmetz, *Drogenkonsumenten*, 71.

89. See Claessens and de Ahna, "Milieu," 106.

90. See Klaus Weinbauer, "Terrorismus in der Bundesrepublik der Siebzigerjahre Jahre: Aspekte einer Sozial- und Kulturgeschichte der Inneren Sicherheit," *Archiv für Sozialgeschichte* 44 (2004): 219-242; *Terrorismus in der Bundesrepublik: Medien, Staat und Subkulturen in den 1970er Jahren*. Ed. Klaus Weinbauer, Jörg Requate and Heinz-Gerhard Haupt (Frankfurt and Main: Campus Publishing House, 2006).

91. See Leech, *Youthquake*; for Germany, see Weinbauer, "End of Certainties."

92. Paul Schulz, *Drogenscene: Ursachen und Folgen* (New York: Herder & Herder, 1974), 205.

93. William S. Burroughs, *Naked Lunch* as quoted in Brodie and Redfield, eds., *High Anxieties*, 7.

94. Rolv Heuer, *Heft Euch selbst: Release Report gegen die Sucht* (Reinbek: Bertelsmann-Sachbuchverl, 1971), 149.

95. Herbert Berger et al., *Wege in die Heroinabhaengigkeit: Zur Entwicklung abweichender Karrieren* (Munich: H. Bouvier, 1980), 115.

96. For the following see Berger et al, *Wege*, 115, 123.

97. Arthur Kreuzer, "Kriminologische und kriminalpolitische Aspekte der Drogenproblematik: Erste Ergebnisse einer Erkundungsstudie," *Kriminalistik* 27 (1973): 100.

98. Berger et al., *Wege*, 81.

99. Heuer, *Heft euch selbst*, 45; Gerdes and von Wolffersdorff-Ehlert, *Drogenscene*, 269; Thamm and Schmetz, *Drogenkonsumenten*, 86.

100. See Thamm and Schmetz, *Drogenkonsumenten*; Projektgruppe TUdrop, *Heroinabhängigkeit unbetreuter Jugendlicher* (Weinheim: Beltz, 1984); Peter Noller and Helmut Reinicke, *Heroinszene: Selbst und Fremddefinitionen einer Subkultur* (Frankfurt: Campus, 1987); Peter Noller, *Junkie-Maschinen: Rebellion und Knechtschaft im Alltag von Heroinabhängigen* (Wiesbaden: Deutscher Universitäts Verlag, 1989).

101. Wolfram Huncke, *Die Drogen-Jugend: Berichte, Analysen und Fakten ueber die Heroin-Abhaengigkeit Jugendlicher* (Frankfurt: Ullstein, 1981), 81.

102. Senator für Gesundheit und Umweltschutz, Bericht über vorhandene Einrichtungen zur Betreuung Drogenabhängiger und zusätzliche Maßnahmen zur Bekämpfung des Drogenmissbrauchs (Drucksache 7/1046, November 11, 1977), 3.

103. Stefan Aust, *Der Pirat. Die Drogenkarriere des Jan C.* (Munich: Droemersch Verlag, 1992), 178; Christiane F., *Christiane F.: Wir Kinder vom Bahnhof Zoo* (Hamburg: Arlington Books 1981), 197-202; see the interpretation given by Stephens *Drug Wave*, 346-51.

104. Thamm and Schmetz, *Drogenkonsumenten*, 87.

105. For an analysis of the situation in Hamburg, where there were at least in the early 1970s more coordinated efforts to deal with drug consumption, see Stephens, *Drug Wave*, 212-25.

106. See Heuer, *Helft Euch selbst; Der Release Trip 1970-1973* (Hamburg: Release-Verlag, c. 1974); and as an overview the journal *Päd: Extra Sozialarbeit* 1977 No 3, 23-30.

107. *Päd: Extra Sozialarbeit* 1977 No 3, 24.

108. *Fünfter Bundesdrogenkongress '82, Dokumentation* (n.p. n.d.), 65.

109. Archive of the Senatsverwaltung für Justiz, Generalia 4061-IV/A.1, Vol. 1, Fortschreibungsbericht für die Zeit vom 1. Januar bis 30. Juni 1970, 12.

110. Ausschuss für Gesundheit und Umweltschutz, 35th Session, August 31, 1977, 22.

111. Thamm and Schmetz, *Drogenkonsumenten*, 87.

112. Archive of the Senatsverwaltung für Justiz, Generalia 4061-IV/A.1, Vol. 4, Razzia im Therapiezentrum, June 26, 1973. A similar situation in Hamburg is described in the "Release Anfang 1970 Hamburg Bornstr," in *Der Release Trip*.

113. Of the 2,846 drug users known to the Home Office in December 1980, 1,441 (50.6%) were notified in Greater London, Department of Health and Social Security, *Treatment and Rehabilitation: Report of the Advisory Council on the Misuse of Drugs* (London: H.M.S.O, 1982), Table 1. Western Berlin had c. 3,500-5,000 drug users, see see footnotes 19 and 102.

114. See the minutes in PRO MH 149 and MH 154.

115. David Whynes, "Drug Problems, Drug Politics" in *Policing and Prescribing: The British System of Drug Control*, ed. D. K. Whynes and P. T. Bean (London: Macmillan, 1991), 1-14, 3.

116. Whynes, "Drug Problems," 3.

117. *Drugs and Society* 1 (1972) 10, 9.

118. Herbert H. Blumberg et. al., "British Opiate Users. I. People Approaching London Drug Treatment Centres," *The International Journal of the Addictions* 9 (1974): 1-23.

119. Spear, *Heroin Addiction*, 239.

120. Glatt et al., *Drug Scene*, 39.

121. Even in December 1969 only one third of the 1466 known drug users had received heroin prescriptions. John Strang et al., "Prescribing Heroin and Other Injectable Drugs," in *Heroin Addiction*, eds. Strang and Gossop, 197.

122. Spear, *Heroin Addiction*, is especially critical on how the clinics handled the drug problem. See also the criticism put forward by Whynes, "Drug Problems," 3f.

123. Spear, *Heroin Addiction*, 301.

124. Pearson, "Drug-Control Politics," 179. See for a different position Strang et al., "Prescribing," 198.

125. Spear, *Heroin Addiction*, 310.

126. Mold, "Heroin Addiction," 515.
127. Department of Health and Social Security, *Treatment and Rehabilitation: Report of the Advisory Council on the Misuse of Drugs* (London: H.M.S.O, 1982), 55 (point 7.17).
128. Spear, *Heroin Addiction*, 224.
129. Robert Power, "Drug Trends since 1968, in *Heroin Addiction*, eds. Strang and Gossop, 29.
130. James, "Changing Pattern," 122.
131. Spear, *Heroin Addiction*, 240.
132. Spear, *Heroin Addiction*, 252; see also Strang et al., "Prescribing," 197; Martin Mitcheson, "Drug Clinics in the 1970s," in *Heroin Addiction* ed. Strang and Gossop, 178-91.
133. Kenneth Leech, *Drugs and Pastoral Care* (London: Darton, Long & Todd, 1998), 48.
134. Spear, *Heroin Addiction*, 228-31.
135. *Daily Mirror*, May 7, 1969.
136. Power, "Drug Trends" in *Heroin Addiction*, eds. Strang and Gossop, 30.
137. Leech, *Keep the Faith*, 28. Research on more recent drug cultures have suggested that injecting drugs could also be stimulated if a traditional needle culture exists, Pearson, "Drug-Control," 206.
138. Leech, *Care*, 48.
139. Kenneth Leech, "The Role of Voluntary Agencies in the Various Aspects of Prevention and Rehabilitation of Drug Abusers," *British Journal of Addiction* 67 (1972), 131.
140. Leech, "Role," 131; Mitcheson, "Drug Clinics," in *Heroin Addiction*, eds. Strang and Gossop, 184.
141. PRO HO 287/249, The Current United Kingdom Drug Scene (March 11, 1970).
142. Berger et al., *Wege*, 123.
143. Glatt u.a., *Drug Scene*, 41.
144. See Gerry V. Stimson and Edna Oppenheimer, *Heroin Addiction: Treatment and Control in Britain* (London: Tavistock, 1982). The authors could subdivide their sample of heroin users in stables, loners, two worlders, and junkies.
145. See David Turner, "The Development of the Voluntary Sector: No further need for pioneers?" in *Heroin Addiction*, eds. Strang and Gossop, 184; Paul Toon and Richard Lynch, "Changes in Therapeutic Communities in the UK," in *Heroin Addiction*, ed. Strang and Gossop, 231-39.
146. Caroline Coon, "We were the Welfare Branch of the Alternative Society," in *The Unsung Sixties: Memoirs of social innovation*, eds. H. Curtis and M. Sanderson (London: Whiting and Birch 2004), 185; also Green, *All Dressed Up*, 189-91.

147. See *Centrepont Soho: A Report on a Year's Work at St. Anne's Soho All Night Centre, London* (London, April 1971).
148. PRO MH 154/464, Memo, April 10, 1968 (Ottey).
149. City of Westminster Archives 2288/32, *The Early Days* by Tim Miller.
150. *Centrepont Soho: A Report on a Year's Work at St. Anne's Soho All Night Centre, London* (London, April 1971), 3.
151. See *Drugs and Society* June 1971, 6-10; *ibid* 1 (1972) No. 6, 9-13; *ibid* No 7, 6-7; *ibid* No. 10, 7-9.
152. PRO MH 154/433 CDP, Third Report (July 1970-December 1971).
153. PRO MH 154/433 CDP, Third Report (July 1970-December 1971); PRO MH 154/433 CDP, Annual Report (January 1977-May 1978).
154. PRO MH 154/433, Community Drug Project (CDP), Report July 1968-July 1969,
155. *Drugs and Society* 1 (1972) 10, 7.
156. PRO MH 154/433 CDP, Third Report (July 1970-December 1971).
157. PRO HO 383/396, Friends of Phoenix (no date given); PRO HO 383/396, Material for Annual Report 1970-71, 3.
158. PRO MH 154/433 CDP, Third Report (July 1970-December 1971).
159. *Ibid*.
160. PRO MH 154/433 CDP, Annual Report (January 1977-May 1978); PRO MH 154/433 CDP Annual Report 1980-81, 5.
161. John Savage, *England's Dreaming: Anarchie, Sex Pistols, Punk Rock* (Berlin: Bittermann, 2001), 175; David Simonelli, "Anarchy, Pop and Violence: Punk rock Subcultures and the Rhetoric of Class, 1976-1978," *Contemporary British History* 16 (2002): 121-144; see also Spear, *Heroin Addiction*, 269.
162. *Druglink* Spring 1981, No 15, 1-6, 1.
163. PRO MH 154/433, CDP, Annual Report, January 1977 – May 1978.
164. PRO MH 154/433 CDP, Policy Statement (September 1978).
165. PRO MH 154/433 CDP, Policy Statement (September 1978).
166. Roger Lewis et al., "Scoring Smack: The Illicit Heroin Market in London," *British Journal of Addiction* 80 (1985), 282; Angela Burr, "Chasing the Dragon: Heroin Misuse, Delinquency and Crime in the Context of South London Culture," *British Journal of Criminology* 27 (1987): 333-57; William J. Chambliss, "Markets, Profits, Labor and Smack," *Contemporary Crises* 1 (1977): 53-77; Pearson, "Drug Policy."
167. See Abgeordnetenhaus Berlin, session from February 24, 1977, 2176-87.
168. See Abgeordnetenhaus Berlin, Ausschuss für Gesundheit und Umweltschutz sessions No 35 and 36, August 31 and September 7, 1977.
169. See Abgeordnetenhaus Berlin Drucksache 8/683 Nr. 214, Bericht über Maßnahmen zur Suchtprophylaxe, January 15, 1981; Abgeordnetenhaus Berlin Drucksache 8/172 Nr. 285, October 11, 1979.

170. Manfred Hildermeier et al., eds., *Europäische Zivilgesellschaft in Ost und West: Begriff, Geschichte, Chancen* (Frankfurt: Campus, 2000), 26.

171. For a summary see Arthur Kreuzer, *Drogen und Delinquenz: Eine jugendkriminologisch-empirische Untersuchung der Erscheinungsformen und Zusammenhaenge* (Wiesbaden: Akademische Verlagsgesellschaft, 1975), 137-49.

172. See for Germany Klaus Weinbauer, "Drogenkonsum."

173. See Sebastian Scheerer, "Die gegenwaertigen Tendenzen in der deutschen Drogenpolitik," in *Drogenpolitik zwischen Therapie und Strafe*, ed. R. Mader and H. Strotzka (Wien: Jugend & Volk 1980), 336.

174. See for overview "Jugendliche und Drogenkonsum: Aus der Arbeit der Forschungsstelle S am Institut für gerichtliche und soziale Medizin der Freien Universität Berlin," *FU Pressedienst Wissenschaft* 5 (1970); Senator für Gesundheit und Umweltschutz, *Bericht über vorhandene Einrichtungen zur Betreuung Drogenabhängiger und zusätzlich Maßnahmen zur Bekämpfung des Drogenmissbrauchs* (Drucksache 7/1046, November 11, 1977).

175. On HIV see Virginia Berridge, *AIDS in the UK* (Oxford: Oxford University Press, 1996).

176. Lee O'Bryan, "Young People and Drugs," in *Drugs*, ed. MacGregor, 66.

177. S. M. Appavoo, "Addiction: Plague of the Dragon," *Police Journal* 58 (1985), 32-48, 32.

178. Victor Turner, *Vom Ritual zum Theater* (Frankfurt: Campus, 1989).