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## ECONOMIC INSECURITY, WELFARE RETRENCHMENT AND HEROIN USE BETWEEN THE 1970S AND 2000

A multi-cohort analysis

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### Introduction

There is growing evidence of an association between socio-economic context in childhood and later drug use. Manhica et al. (2021) found that in a Swedish national birth cohort, exposure to poverty in the early years increased the risk of drug use and associated problems in adulthood. We contribute to this small body of work via the analysis of two British birth cohorts born 12 years apart and seek to explore changes in socio-economic contexts over time which altered the exposure to risks associated with drug use. We seek to answer questions such as: why do some people consume potent, highly addictive substances?; do the social groups in a society who use drugs such as heroin change over time, and if so, why might that be?; and in what ways, if any, might widespread drug usage be a reflection of wider social and economic policies and their effects on inequality and insecurity?

This chapter seeks answers to those questions by examining the experiences of people living in Britain<sup>1</sup> during the 1970s and 1980s, with a particular focus on the role of economic philosophy and the social welfare provisions which were deployed (or, more commonly during this time period, withdrawn) to alleviate the needs caused by economic change. As such, the story we tell is about temporal change (in policies and their social outcomes) and the ways in which these shifts affected drug use in that society. Our chapter starts by investigating which social groups used heroin over time, before exploring the economic and social changes which Britain experienced during the 1980s. We then outline our research strategy before outlining our findings, namely that socio-economic restructuring was associated with more widespread heroin use for the first time amongst the working class.

These findings contribute to understanding how the unequal distribution of economic insecurity between social groups has severe effects on drug use.

### **Social class and heroin use at the end of the 20th century**

What do we know about those who use heroin? Much of the literature published in the 1970s and 1980s dealt with the individual heroin user's psychopathology or other deficiencies of the individual, and did not concern itself much with matters of social class or wider social and economic causal processes. Those studies which did deal with social class did not suggest a clear consensus in the relationship between social class and heroin use, likely due to the idiosyncratic sampling methods used by some of these studies (in turn due to the hidden nature of heroin users themselves).

Bean (1971), for example, studied two courts in London's West End in 1968, one a Magistrate's court and one a juvenile court. He reported that heroin usage was concentrated amongst the higher social classes, but this is likely due to the fact that these courts were located in more affluent areas of London. Stimson and Oppenheimer (1982) studied heroin users in treatment centres in 1969 in London. They found that few users at this time were leading the 'chaotic' lifestyles associated with later heroin users, and most were 'stable' or 'loners' who were associated with the fewest hospital admissions and health complications, did not engage in criminal activity, and were residentially and economically stable. Hartnoll et al. (1985) also found that heroin usage in 1980–1981 was concentrated in higher social classes, but their study was again based on courts in areas with higher social classes in north London.

Pearson's study (1987), for which the data collection was in 1983–1984, argued that until the early-1970s there was no association between social class and heroin use, although there was between social class and cannabis and LSD use, such that it was 'bohemian', middle-class youth and 'dropouts' who used such drugs (1987, p. 64). He argued that 1979–1983 represented a turning point, whereby heroin started to be used by those living in working-class areas. This he read as signalling that there was a 'new' type of heroin user—those who lived in working-class areas in the rapidly de-industrializing heartlands.

Parker et al. (1988), in a study based in north-west England (based on interviews conducted in July 1984–June 1985), found that heroin users tended to be unemployed. However, this study used snowball sampling, starting with a group of known heroin users, so it may have resulted in biases in the achieved sample. Reviewing three studies in northern England, Fazey et al. (1990) found a strong association between heroin use and markers of lower socio-economic status (such as unemployment, domestic over-crowding and coming from social classes IV and V). Seddon (2006) suggested that there

was no association between heroin use and social class during the 1970s, but that this emerged during the 1980s. However, and critiquing this literature, Seddon notes there is little empirical evidence cited to support such claims. What literature there is tends to be based on notified or registered heroin users who had been reported to the Home Office, and few studies (such as Pearson's own) actually asked the respondents to identify their social class. This does not, it must be said, make these studies' claims about social class and heroin use invalid, but rather raises questions about the degree of certainty in their findings. None of these studies were nationally representative, relying instead on local data collection techniques based in particular cities or regions, and often relying on those in treatment or in contact with the courts for drug possession. Few of these studies conducted any sort of long-term follow-up, and those which did (such as Chappie et al., 1972; Ogborne & Stimson, 1975) often did not focus on social class.

More recently, Morgan's report for the United Kingdom (UK) Home Office (2014) reviewed much of what is known about the heroin epidemic of the 1980s and 1990s. Like some of the literature reviewed above, Morgan (2014, p. 24) notes that heroin was not used extensively in the UK prior to the 1970s and that those who did use heroin at this time tended to be exclusively located in London and were mainly from middle-class backgrounds (citing Parker et al., 1988 to support this). On the subject of the relationship between heroin use and crime, Morgan argues that the relationship changed around 1977–1978, such that there was an increasingly strong relationship between the two due to a new supply route opening up from Iran and Pakistan (Yates, 2002). This new supply route made heroin much easier to import into the UK making it, in turn, more affordable and more widely available. The forms of heroin imported from Iran and Pakistan were also easier to consume for novice users in that it could be smoked rather than injected. This made it more accessible to those discouraged from injecting, perhaps supported by the myth that heroin was not addictive if consumed by smoking.

Overall, this literature suggests that up until the late-1970s heroin users tended to come from the higher social classes. This fits with the narrative that heroin, up to this point, was not as readily available and so heroin users were more likely to be those of a higher social class with the financial resources and physical access to the drug.

## Critique

The studies discussed above undoubtedly had to grapple with the reality of drug use and the sometimes-chaotic lives of drug users in their study designs. Nevertheless, several gaps emerge, which we outline now. The major critiques which we extend, and attempt to respond to, focus on: the dominant

behaviouralist explanations employed, the relative paucity of studies of the long-term heroin use or the outcomes associated with its usage, and the scarcity of high-quality long-term data relating to both heroin use and its effects.

First, on the dominance of behaviouralism, we know that deviant behaviour is not simply a result of individual choices but is strongly affected by social structure and policies. With regards to truancy from school, for instance, Carlen and colleagues (Carlen et al., 1992; Gleeson, 1994; and, more recently, Farrall et al., 2019a) highlight the role of policy-making and political discourses in understanding individual-level behaviours. Carlen et al.'s work is an attempt to throw light on the structural causes of truancy as a counterpoint to the more common focus on individual-level failings. As Gleeson argues, the problem with behaviouralist explanations is that they 'purport to explain truancy in psychological terms, [but] do little more than pathologise such stereotypes, fixing them in popular myth' (1994, p. 16).

Indeed, Carlen et al. (1992) argue that psychological and behaviouralist explanations ignore 'the political, economic and educational consequences of government policy which condition such behaviour' (Gleeson, 1994, p. 16). As such, studies such as those by Carlen et al. (1992) and Farrall et al. (2019a) highlight the fact that previous research into the causes of truancy from school has overlooked the effects of recession, unemployment and social security cuts on the labour market, communities, schools, parents and pupils, and instead favours a more atomistic approach. Reflecting this criticism, our approach here is to attempt to understand the decision to start taking drugs such as heroin as, in part, a function of both socio-economic class and historical 'moment'.

Second, there are few studies which have developed insights into the long-term use of heroin or the outcomes associated with it in the UK and which use an objective or consistent measure of social class. This, therefore, hampers the full assessment of the relationship between social class and heroin use over time.

Third, there is a scarcity of high-quality data. Most of the studies rely on samples which are *not* nationally representative or which were not followed up for very long, which were collected via treatment centres or from within the criminal justice system, both of which have biases in arrest and sentencing outcomes, or which relied on snowball sampling.

In sum, there are few studies which have:

- Explored how macro developments such as *economic inequality* and *social class* are correlated with *heroin use* and the extent to which this may or may not have changed over time;
- Relied on *nationally representative studies*; or
- Conducted a follow-up of *more than a few years*.

We try to address these gaps using existing data sets which started in the late 1950s and very early 1970s. In so doing we are able to address two specific research questions, namely: were there a new group of heroin users in the 1980s as suggested by Pearson (1987), and to what extent was this associated with the economic restructuring (from industrial to service sector) taking place at this time?

### **Economic insecurity, inequality and heroin: Developing a political sociology of drug use in Britain**

Our account identifies several factors in explaining why drug use increased during the 1980s, and why the social base of drug users changed in such a short period of time. The principle drivers, we argue, were:

- Economic policies adopted from the early 1980s which withdrew support for the industrial sector, and which then, following the miners' strike of 1984–1985, saw the rapid decline of employment in this sector. This was disproportionately concentrated in northern England, South Wales, and central Scotland.
- The restriction of social welfare policies, which made the social security system in Britain much less generous than previously.
- Wider geopolitical changes which took place outside of Britain (principally Iran and Pakistan), but which nevertheless affected the availability of drugs on the streets of some of the country's inner-cities.

### ***Changing economic philosophy***

Throughout the 1970s the UK faced considerable economic difficulties; for example inflation reached 24% in 1975 (Hay, 2009, p. 551) and still stood at over 13% in 1979. Unemployment rates stabilized around 5% between 1976 and 1979 (Thompson, 2014, p. 45). Eventually, the breakdown of the unemployment-inflation relationship led governments to retreat from Keynesianism and to adopt monetarist policies, bringing with it welfare retrenchment (Tomlinson, 1990, and a topic we deal with in more detail in the section 'Welfare retrenchment' of this chapter).

In 1979, the UK elected its first political administration to fully try to embrace neoliberal philosophies. Led by Margaret Thatcher, one of the first things the incoming government did was to increase interest rates. This weakened the UK's manufacturing sector (Thompson, 2014, p. 38–9) and produced a dramatic decline in manufacturing output from 1979 to 1981 (Thompson, 2014, p. 38). As it happened, the economy saw negative growth for much of the early 1980s (Thompson, 2014, p. 39). The early Thatcher government tried to reduce inflation and retreated from the goal of maintaining

full employment, resulting in a sharp rise in unemployment (Figure 9.1). Although the Conservatives had abandoned their monetarist ideals by 1984, the UK's economic troubles persisted for many years with widespread economic disruption and unemployment. As part of this process of economic restructuring, the National Union of Mineworkers waged (and lost) a year-long strike (1984–1985), resulting in the closure of many mines and the loss of tens of thousands of jobs. Moreover, the Conservative governments pursued programmes of privatisation and financial deregulation (1983–1986). These policies led to severe economic and social turbulence which was, however, not evenly distributed across the UK. The communities most heavily impacted were those most reliant upon heavy industry and manufacturing (such as coal mining, ship-building, steel production, car manufacturing and the railway network), and which were predominantly located in the North of England, South Wales and central Scotland. Accordingly, unemployment rates rose further, reaching almost 12% by the mid-1980s. This period of economic restructuring, almost always associated with processes of deindustrialisation (which had started in the late-1960s, Tomlinson, 1990), was consistently associated with rising unemployment, which led to increasing social and political polarization (Walker & Walker, 1997). In short, the economic restructuring which had started in the 1960s reached a zenith during the 1980s, and from the mid- to late-1980s the UK started the transition to a post-industrial nation. Figure 9.1 shows the national unemployment rate in the UK between 1970–2006, with data sourced from *Social Trends no. 37* (Office for National Statistics, 2007, p. 51).

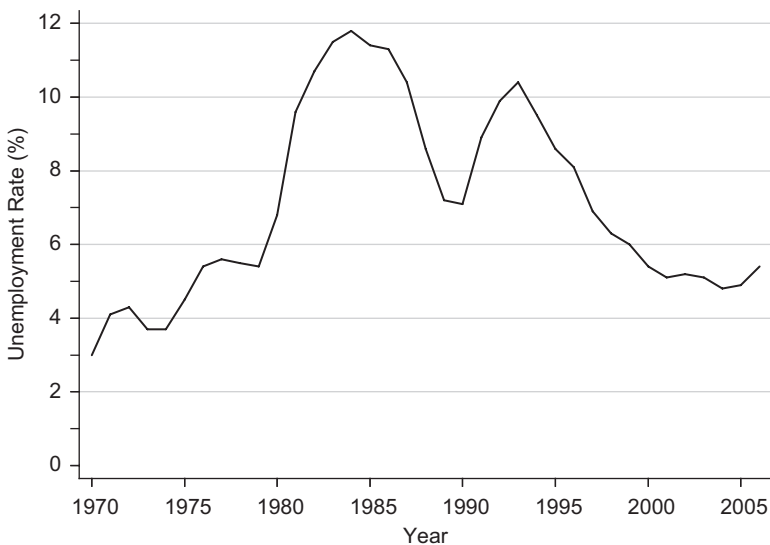


FIGURE 9.1 National unemployment rate (%), 1970–2006

The authors of the report go on to say (Office for National Statistics, 2007, p. 47):

Over the last 25 years the UK economy has experienced structural change. [...] the extraction and production industries, made up of agriculture and fishing, energy and water, manufacturing, and construction showed a combined fall of 43% from 8.2m jobs in 1981 to 4.7m jobs in 2006. Manufacturing alone accounted for 81% of this decline, with the number of employee jobs in this sector nearly halving from 5.9m in 1981 to 3m in 2006.

### ***Welfare retrenchment***

The same Conservative administration, simultaneously to the economic transformations it wrought on the UK economy, also sought to re-structure both the social security system and the social housing system. The social security model established in the 1940s assumed a system in which individuals paid into a scheme which they could access in times of need. Social welfare benefits covered retirement, widowhood, sickness, unemployment, child-rearing, housing costs and low incomes, some of which were means-tested. From 1979, the Conservative government (under Thatcher) radically altered the approach to welfare provision. Mabbett (2013, p. 43) argued that:

The Thatcher government had a plan for rolling back the state based on a clear philosophy: that everything that could be privatised would be privatised, leaving only a residual role for the state in securing the living standards of the population... The norm should be that the market is the principal provider of welfare.

The Conservatives' assumption was that poverty was not a problem; rather public expenditure on welfare was a problem for the economy (Hill & Walker, 2014). From 1980 there was a raft of legislation which changed the welfare state. During the 11 years that Thatcher was in office (1979–1990) there were 15 Acts of Parliament reforming social security.

Whilst the proportion of national expenditure on social security increased during the 1980s (due to the growing number of people who were dependent on financial support), the Conservatives reduced all forms of social security provision, so although the cash value spent on the social security system rose each claimant received a smaller amount. There were two Social Security Acts in 1980 and the minister introducing the first Bill admitted that the proposed changes would be 'unpalatable' to many MPs (Hansard, 1979). The first act, the *Social Security Act (No. 1) 1980*, installed a much tighter and complex set of regulations on who could claim what and removed the

discretionary system that operated Supplementary Benefits. The second Act of 1980, *Social Security (No. 2) Act*, introduced new uprating rules<sup>2</sup> for unemployment and sickness benefits, reduced access to Sickness Benefit and cut benefits for those on strike. This Act also abolished earnings-related supplements, reducing family incomes (affecting children, Atkinson, 1989, by moving them onto supplementary benefit). Davidson notes that “cutting back benefit levels made savings, but it also allowed benefits to ‘wither on the vine’ as their value diminished” (2020, p. 215).

Another technique to reduce the welfare budget was a cut to social housing subsidies and to replace these with means-tested Housing Benefit (from 1982). New regulations introduced in 1983 by the Department of Health and Social Security (DHSS) placed limits on payments relating to ‘Board and Lodging’ for unemployed people under 25 years. Marwick (2003, pp. 310–311) lists a variety of economically vulnerable groups (older unemployed men in former industrial areas, females in part-time positions, older people, younger people and single-parent families) as amongst those experiencing the sharpest cuts in welfare provision, resulting in increased deprivation, neglect, increasing atomization and social divisions (Marwick, 2003, 372). Indeed, the reforms of the *Social Security Act 1986* had the net effect of further reducing the benefits of those under 25 years of age, those without children and the unemployed (Timmins, 2001, p. 399). From April 1988 (following the *Social Security Act 1986*, Black, 2004, p. 135), 16–17-year-olds were no longer eligible for income support, instead needing to register for Youth Training Schemes (Timmins, 2001, p. 447; Cook, 1989). However, the Youth Training Scheme ignored the fact that many young people had left home after abuse, were released from care, or could not secure a Youth Training Scheme place. These young people frequently ended up on the streets (Timmins, 2001, pp. 447–448). McGlone (1990) reports that the *Social Security Act 1986* pursued the trend to ‘lesser eligibility’ and compelled young adults to accept low-wage jobs, particularly under-18s leaving school, who were excluded from the social security system, but were now eligible for places on Youth Training Schemes (Dominelli, 1988). Thane (2018) notes one of the effects of the increasingly complex welfare system was that significant numbers of eligible recipients failed to apply for support, causing further financial stress.

The housing market was also substantially reorganised by the Thatcher administration following the *Housing Act 1980* and subsequent related Acts. The *Housing Act 1980* allowed for the sale of council housing to tenants, and subsequent Acts discouraged local councils from building new housing. This resulted in the residualisation of housing stock (as the better-quality stock was bought by its tenants, and councils were left with poorer accommodation such as high-rise flats in harder-to-let estates). The economic downturn and the loss of jobs in manufacturing increased reliance on this tenure type amongst the poorest sections of society (Farrall et al., 2016) which, being



geographically unevenly distributed in Britain, meant that disadvantaged housing estates were clustered together and housed communities where fewer people worked. In short, working-class families were corralled into larger housing estates where worklessness was common and where poverty became endemic.

Welfare systems, of course, do not exist in a vacuum, and the context in which welfare was cut coincided with sustained efforts by the government to stigmatise welfare claimants as ‘scroungers’ and ‘cheats’ (Crewe & Searing, 1988), growing inequality (Goodman & Webb, 1994; Murie, 1997), high unemployment (Albertson & Stepney, 2019) and decreasing and deteriorating social housing provision (JRF, 2009; Murie, 2014).

Taken together, the challenges faced by the economy throughout the 1980s, the cuts to social security budgets and the programme of welfare retrenchment meant a dramatic rise of insecurity for certain social groups: many young, more vulnerable individuals, living in the Britain’s former industrial heartlands found themselves without secure (or any) employment, living in communities in which work had evaporated and in which their political voice and power was removed from them via the defeat of the trade unions movement and the relegation of their sectorial interests. This was a recipe for hopelessness, especially amongst young people born in the 1970s and who were growing up in such communities during the 1970s and 1980s.

### ***Social dislocations, individual loss and heroin use***

Against the period of social and economic turbulence described above it is hardly surprising that drugs such as heroin started to emerge in some of these communities. Heroin and similar drugs ‘took the pain away’ and relieved the sense of despair, both expressions of normlessness and anomie (Durkheim, 1898; Merton, 1938; Agnew, 1985). Our theorising of why drug use increased as a consequence of the dislocations draws upon on those of Durkheim (1858–1917), who adopted the term ‘anomie’ to refer to the weakening of social norms and sense of ‘dislocation’ which sudden social change brought about for individuals (Durkheim; 1897). It was, however, the American sociologist Merton (1938) who employed Durkheim’s term in such a way as to make it operationalisable for empirical study. Merton’s use of anomie incorporated Marxist theories of crime causation, coupled with his own observations of US society in the 1930s, its economy and (recorded) crime rates. Merton re-theorised anomie as a socially -based set of discontents which act to generate deviancy (and crime). Following Merton, we believe that the causes of crime are related to the cultural and structural processes in which individuals find themselves. Structural-level processes impede (or in some cases, fully block) the legal opportunities for individuals’ social and economic advancement. As a result, some individuals will resort to illegal activities to achieve success

or status. In some cases, individuals will express their frustration at finding their routes to advancement 'blocked' through deviant or criminal behaviour (Agnew, 1985).

Agnew (1985) further revised Durkheim and Merton's theorising by arguing that anomic feelings were also provoked by the perception that one was 'trapped' in aversive situations. Similarly, we argue that structural-level processes prevent individuals from achieving what they desire, and hence motivate the use of illegal activities to achieve these goals or, in some cases, to simply express their frustration. Hence, in our argument, national and regional crime rates are not simply the 'aggregating up' of individual-level action, but rather are the outcomes of those social forces that shape and mediate individual actions. Governments, therefore, 'produce' variations in crime rates (and in our case, heroin use) through the impacts they have on these underlying processes.

Our thinking is supported not just by structural sociology, but also by psychotherapeutic research on individual loss. The concept of the assumptive world refers to those beliefs that stabilise or orient people and give them a sense of purpose and meaning to their lives as well as providing feelings of belonging and connection to others. Parkes writes that the assumptive world 'is the only world we know and it includes everything we know or think we know. It includes our interpretation of the past and our expectations of the future, our plans and our prejudices' (1971, p. 102). Beder (2004, p. 258) argues that the assumptive world:

is an organised schema reflecting all that a person assumes to be true about the world and the self on the basis of previous experiences; it refers to the assumptions, or beliefs that ground, secure, and orient people, that give a sense of reality, meaning and purpose to life.

In short, our assumptions about our social worlds make us think it is understandable, worth caring about and investing in, and unthreatening to ourselves. Applying this thinking (derived from sociological structuralism and psychotherapy) to economic restructuring and heroin use, we argue that economic restructuring produces a sense of anomie in younger people and serves to motivate drug use, especially if it involves widespread, long-term parental unemployment, the loss of career pathways, secure housing and other social safety nets. In this way, our theorising seeks to explain how and why economic restructuring provokes drug use but avoids falling foul of the tendency to only be able to explain *increases* in rates of offending, a problem which plagued many classical theories of offending.

### *Thinking-through how economic insecurity ‘drove’ heroin use*

We are not the first to argue or find that economic insecurity or deprivation is related to drug use. For example, Shaw et al. (2007, p. 10), following their review of studies in Britain, reported that:

The individuals who are most at risk of developing problem drug use are those who are at the margins of society. They are individuals who are socially and economically marginalised and disaffected from school, family, work and standard forms of leisure.

The question remains, however, why might economic deprivation (which we argue was caused by *both* economic restructuring *and* welfare retrenchment) be related to subsequent heroin use? Pearson’s work (which collected data during the 1980s (the same time period we are principally interested in) proposed that area-level deprivation was associated with individual-level heroin use for a number of reasons (Pearson, 1987). The transformed housing market spatially concentrated those with the greatest housing needs (which would have included injecting drug users) together, reinforcing both social and economic deprivation and entrenched heroin use. This made heroin more readily available via user-, dealer- and user/dealer-networks. Over time, and as both the demand for heroin increased and the financial profits for dealers emerged, heroin dealing became a way of establishing status in communities in which other avenues for so doing (via work, ‘home-building’ and family formation for example) were in short supply. In such communities in which work was absent, where housing was in short supply and the processes of starting and raising a family were made harder, occasional heroin use was more likely to become entrenched use. The daily routines of frequent heroin users (seeking ways to pay for drugs, buying the drugs, using them and recovering from them) replaced the vacuum created by a lack of employment. As such, the involvement in the informal or illegal economy was not simply an *economic* response to changes in the labour market wrought by economic policies but was also a *cultural* response in that users were seeking to create a meaningful daily structure and identity in the face of the loss of their assumptive worlds. In these ways, theft from homes and shops, prostitution, dealing and the supply of heroin to others both created new daily routines and reinforced deprivation. Our earlier analyses of the two cohorts we examine in more depth below have suggested that welfare retrenchment was associated with Class A<sup>3</sup> drug use (including heroin for both cohorts, but especially so those born in 1970, Gray et al., 2022) and that changes in housing tenures were associated with negative life outcomes for the 1970 cohort, but not the 1958 cohort (Farrall et al., 2019b). Using just a cohort of people born in 1970, we also found that areal-level economic restructuring away from heavy

industry was also associated with alienation from school, offending at age 16 years and offending as an adult (Farrall et al., 2020).

### **Multi-cohort design and analytical strategy**

To explore changes in the socio-economic characteristics of those who used heroin over time, we required data sets with very specific research designs. The 1958 National Child Development Study (NCDS) and the 1970 Birth Cohort Study (BCS70) represent good longitudinal studies with which to examine these issues. The individuals included in the NCDS were born in one week of March 1958. The initial sample comprised 17,414 respondents born in all four countries of the UK, but only cases living in Britain were followed up after 1958. Data were collected about and from the sample members in 1958 (birth), 1965 (aged 7), 1969 (11), 1974 (16), 1981 (23), 1991 (33), 2000 (42) and at various points since. The study has maintained very good retention rates. This cohort is used to explore the characteristics of the 'old' heroin users because the 1958 cohort would, in all likelihood, have started to use heroin during the mid-1970s for early onset users, or late-1970s when they were in their early 20s (the average age of initiation being approximately 18–20), as noted by Morgan (2014, p. 30).

The BCS70 cohort, on the other hand, is used to explore the characteristics of the 'new' heroin users. The 1970 cohort members were not likely to be using heroin before the very late-1980s, or perhaps mid-1980s for early onset users. This cohort had a slightly smaller sample size ( $n = 16,135$ ) than the NCDS and cohort members were born in one week of April 1970. Again, the cases were initially collected in all four countries in the UK, with subsequent follow-ups only taking place for those living in Britain. Data was collected about the cohort members in 1970 (birth), 1975 (aged 5), 1980 (10), 1986 (16), 1996 (26), 2000 (30) and again since at various points. The sample has generally good response rates, with around two-thirds of cohort members successfully interviewed at sweeps since 2000, and the sample remains representative of the original births (Gerova, n.d., p. 7).

This style of research design is described as the 'pairing [of] strategically related longitudinal samples' (Almeida & Wong, 2009, p. 16). By using two cohort studies with respondents born 12 years apart, we aim to highlight 'variations and differences within and between individuals as they develop in multidimensional social–historical contexts' (Almeida & Wong, 2009, p. 142). Both of these cohorts were interviewed using identical questionnaires and questions in the year 2000 (when they were 42 and 30, respectively). The specific survey questions we rely on are outlined when discussing the analyses below. We start by exploring the social classes of the cohort members' fathers and families when they were born in 1958 and 1970.<sup>4</sup>

Like any study there are strengths and limitations of relying on these cohorts. The strengths are that they are nationally representative samples drawn from beyond the criminal justice or healthcare systems and more than one local area, involve long-term follow-up beyond the peak age of conviction, received identical survey instruments in the year 2000 (from which most of our analysis is drawn), include a wide range of additional variables which can be used to assess outcomes, include non-heroin users for comparison, track two generations of heroin users born 12 years apart and who we argue represent the ‘old’ and ‘new’ heroin users referred to by Pearson (1987), and provide data about a sufficiently large number of cases for tests of significance to be undertaken.

The major limitation of these studies is that some heroin users in either cohort may have been lost to follow-up before the 2000 sweep which we use for the majority of our analyses. Some cohort members may have also been lost to follow-up or died before the year 2000 so it would not be possible to know if they used heroin or not—cohort members are only asked in the year 2000 if they have ever used heroin so if an individual had been using in, say, 1990 but died before the year 2000 they would not be recorded as a user. However, we argue this is unlikely because the death rates of both cohorts are low, reflecting the young age of the cohorts at the time of the 2000 sweep, suggesting that even if some did use heroin but were not recorded in the 2000 sweep this will have been limited to a very small number of cases. Moreover, both of the cohorts have very good rates of follow-up and the rates of recorded usage derived from the 2000 data are in line with other estimates of the extent of heroin usage at this time. Therefore, we argue that the findings we present below are not biased by selective attrition beyond the usual caveats surrounding research of this nature.

### **The numbers, relative incidence and characteristics of heroin users in each cohort**

In 2000, when the cohorts were 42 and 30 years old respectively, respondents in both the NCDS ( $n = 10,203$ ) and BCS70 ( $n = 10,248$ ) were asked the same questions about their previous drug consumption: ‘Have you ever tried heroin?’. Possible responses for the NCDS were: ‘Never’; ‘Yes, not in last 12 months’; ‘Yes, in last 12 months’ and ‘Not answered’ (Centre for Longitudinal Studies, 2002). Possible answers for the BCS70 were: ‘Don’t know’; ‘Never’; ‘Yes, not in last 12 months’; ‘Yes in last 12 months’; and ‘Not answered’ (Centre for Longitudinal Studies, 2002).

In the NCDS cohort there were 14 ‘current’ users of heroin (respondents who had used heroin in the past 12 months) in the year 2000, and 97 respondents who were previous heroin users (those who had used heroin but not in the last 12 months). In total there were therefore 111 members of the NCDS

cohort who had ever used heroin. There were seven who did not know or did not answer, with the remaining 10,085 respondents having never used heroin.

In comparison in the BCS70 cohort, there are 40 'current' users of heroin (i.e. those who were using within the last 12 months when asked in the year 2000), 132 respondents who were previous users, and therefore 172 respondents in the BCS70 cohort who had ever used heroin. Eight did not answer or did not know, leaving 10,068 respondents who had never used heroin.

There were more heroin users ('current' or 'ever') in the BCS70 ( $n = 172$ ) than the NCDS ( $n = 111$ ). Therefore, in the NCDS cohort approximately 1.1% of respondents had used heroin in their lifetime, compared to 1.7% for the BCS70 cohort. In both the NCDS and BCS70 the majority of respondents who had used heroin were male. In the NCDS approximately 34% of previous users were women, whilst in the BCS70 approximately 24% of previous users were female. This suggests at some point between the two cohorts it became less common for females to use heroin.

### Conditions at birth and young childhood

Reflecting the book's theme on unequal insecurity, the main research interest of this chapter is to examine whether the economic and social disruptions generated by the Thatcherite social and economic policies and the related increase in economic insecurity for certain social groups have had an impact on the social characteristics of heroin users. To do so, we use the most consistent and comparable proxy for social status available in both the NCDS and BCS70, namely the question about social class of the respondent's father at birth. We also compare indicators of macro-level economic restructuring to assess wider shifts in the economy and their impact on heroin usage.

#### *Family social class*

In the NCDS the social class of the respondent's mother's husband (or the respondent's mother if there was no mother's husband for the cohort member) was used as an indicator of familial social class.<sup>5</sup> The 1951 the UK General Register Office (GRO) social class groups categorized Class V as 'unskilled' and Class I as 'professional'.

We removed students, retired and 'unemployed, sick' as these had few cases and did not fit easily in rank order. Furthermore, we included those mothers recorded as 'single, no husband' to the lower end of the socio-economic scale as these mothers were more likely to have reduced financial resources. In the NCDS, that is the survey of 42-year-old respondents in 2000, social class is distributed as in Table 9.1.

Table 9.1 shows that whilst 4.5% of the 1958 births were in social class I (the highest), there were over 7% of the heroin users in this cohort in that

**TABLE 9.1** NCDS social class of family

<i>Class</i>	<i>n</i>	<i>Percent</i>
I Professional	746	4.5
II Managerial and technical	2133	13.0
III Skilled	9981	60.6
IV Partly-skilled	1995	12.1
V Unskilled	1616	9.8
Total	16471	100

**TABLE 9.2** NCDS heroin user social class of family

<i>Class</i>	<i>n</i>	<i>Percent</i>
I Professional	8	7.2
II Managerial and technical	20	18.0
III Skilled	65	58.6
IV Partly-skilled	10	9.0
V Unskilled	8	7.2
Total	111	100

social class (Table 9.2). Similarly, for the 1958 births, whilst 18% of heroin users came from social class II, social class II itself only made up 13% of the total population (Tables 9.1 and 9.2). Overall, in the 1958 births, heroin use was skewed towards the upper social classes.

Thus in the NCDS cohort, heroin users were slightly more likely to come from a higher social class (II or I) than the cohort overall, and slightly *less* likely to come from a lower social class (V, IV or III). To test this formally we use a Mann–Whitney U non-parametric test (alternatively known as a Wilcoxon two-sample test) between groups (i.e. one group is heroin non-users and the other group is heroin users) with social class as an ordinal dependent variable. We specify a one-tailed test as our alternative hypothesis is directional, i.e. that heroin users are more likely to be from a *higher* social class (as we are looking at cohorts that were not yet affected by the increased economic vulnerability created by Thatcher’s economic policies). Under these assumptions the test is statistically significant, suggesting there is indeed evidence that heroin users were statistically significantly more likely to come from higher social class backgrounds in the NCDS cohort ( $U = 509022$ ,  $p = 0.0298$ ).

We now consider social class and heroin use in the BCS70 cohort (that is the 30-year-old respondents in 2000). If we consider the social class of the BCS70 cohort, we would, according to our hypothesis, expect a turn-around in the social class characteristics of heroin users with a substantial increase of lower-class users as compared to the NCDS cohort. The general

**TABLE 9.3** BCS70 social class of family

<i>Class</i>	<i>n</i>	<i>Percent</i>
I Professional	856	5.1
II Managerial and technical	2245	13.2
III Skilled	9941	58.3
IV Partly -skilled	2881	16.9
V Unskilled	1129	6.6
Total	17052	100

**TABLE 9.4** BCS70 heroin user social class of family

<i>Class</i>	<i>n</i>	<i>Percent</i>
I Professional	12	7.0
II Managerial and technical	19	11.0
III Skilled	102	59.3
IV Partly -skilled	29	16.9
V Unskilled	10	5.8
Total	172	100

distribution of social class of the cohort is presented in Table 9.3 which we can again compare to the distribution of social class of heroin users in the BCS70 (Table 9.4).

From the tables, we can see that the distribution of social class is similar for both heroin users and non-users in the BCS70 cohort, and much more so than in the NCDS. For example, in the BCS70, heroin users are slightly more likely to be class I, but slightly less likely to be class II, so the overall distribution is less uniform than was the case with the NCDS. Also, whereas partly skilled workers were using heroin to a lesser extent in the NCDS cohort compared to the general distribution, this difference vanishes for the BCS70 cohort. As with the NCDS, we performed statistical tests on the BCS70 cohort comparing social class and heroin use. We specified a one-tailed directional test to be consistent with the test performed on the NCDS, and we also performed a two-tailed test for the avoidance of doubt. The results of both tests are not statistically significant ( $U = 884020$ ,  $p = 0.697$  and  $U = 884020$ ,  $p = 0.607$ , respectively). This suggests that in the BCS70 heroin use was *not* related to social class whilst in the NCDS it was. We believe this lends credence to Pearson's hypothesis that there were a group of 'new heroin users' that emerged as a social group between the mid-1970s to mid-1980s, as a greater proportion of heroin users in the latter BCS70 cohort were from 'lower' social class backgrounds.



**TABLE 9.5** NCDS: Father's social class and economic restructuring

	<i>Low</i>	<i>Medium</i>	<i>High</i>
I Professional	0.86	0.11	0.03
II Managerial and technical	0.85	0.13	0.02
III Skilled	0.78	0.19	0.04
V Unskilled	0.78	0.19	0.03
IV Partly -skilled	0.77	0.19	0.04

**TABLE 9.6** BCS70: Father's social class and economic restructuring

	<i>Low</i>	<i>Medium</i>	<i>High</i>
I Professional	0.70	0.30	0.01
II Managerial and technical	0.66	0.34	0.00
III Skilled	0.56	0.43	0.01
IV Partly =skilled	0.52	0.47	0.01
V Unskilled	0.42	0.56	0.02

For the BCS70 cohort, the data relating to the social origin of the heroin users was less skewed (Table 9.4). Of course, during the intervening 12 years, and especially during the 1960s, the UK's economy boomed, and we see more families in the upper two social classes when compared to the 1958 births. The key differences, however, are to be found in the social class origins of the heroin users. Despite the growth in social classes I and II, there were fewer of these social classes represented in the heroin users. Most starkly, whilst 18% of heroin users in the 1958 cohort came from social class II, this had dropped to 11% for the 1970 births (compare Tables 9.2 and 9.4). In short, whilst some 25.2% of the 1958 births came from upper-class families in social classes I and II, for the 1970 births, this figure was 18% despite the growth of families in social classes I and II (from 17.5% for the 1958 births to 18.3% for the 1970 births). In sum, whilst generally the 1970 birth cohort was made up of higher social classes, the proportion of heroin users was increasingly drawn from lower social classes compared to the 1958 births. Crucially, however, whilst some 16.2% of heroin users in the NCDS came from the lower two social classes (IV and V), for the BCS70 this has risen to 22.7%—an increase of 6.5 percentage points on the NCDS numbers, or of 140% of the NCDS numbers.

### *Economic change*

A second way of grasping the unequal insecurity generated by the economic disruptions in Britain during the 1980s is to analyse the geographical

distribution of economic change. We do so by measuring area-level economic restructuring summing two variables from the UK census in 1961 and 1971. These were the proportion of the economically active population employed in coal mining in each county and the proportion of economically active males who were unemployed in that same area at the subsequent census.<sup>6</sup> Counties were based on 1974–1996 counties<sup>7</sup>. In our modelling, ‘*disadvantaged area (1961–1971)*’ is our measure of areal economic restructuring in which the NCDS cohort member was living in 1974. Similarly, ‘*disadvantaged area (1971–1981)*’ is our measure of areal economic restructuring in which the BCS70 cohort member was living in 1986. We choose data for those working in coal mining in 1961 and 1971 as these are a good barometer of industrial strength in Britain<sup>8</sup>, whilst unemployment rates in the same area ten years later is a good measure of loss of such work. In 1960 there were approximately 607,000 people (mainly men) working in 698 British mines, whilst in 1970 these figures had reduced to 290,000 people working in 293 mines.<sup>9</sup> Ultimately, we developed a composite measure for each county that combined the following:

1. The proportion of people in each county who were employed in mining in 1961 (or 1971 for the BCS70) and
2. The proportion of economically active male employees (traditionally the ‘breadwinner’ in working-class households at that time) who were unemployed in 1971 (or 1981 for the BCS70).

These variables therefore measure change in local employment patterns, tracking shifts in the rapid loss of male employment in mining (and related) industries at two points of time.

Whilst there were other social changes which took place alongside these processes, such as the greater inclusion of females in the labour market, for many individual households these developments were, in part, a response to the loss of traditional forms of (male) employment. Many such communities lived and worked closely together such that local state housing estates (‘council houses’) were dominated by families who derived their household incomes from the same employer (or interdependent employers), meaning that when coal production declined or ceased altogether in one community, so the livelihoods of whole estates were impacted upon.

Tables 9.5 and 9.6 summarise the relationship between area-level economic restructuring (divided into low, medium and high levels of restructuring) and father’s social class. They indicate that the higher the father’s social class, the less likely the cohort member was to live in areas with a high degree of economic restructuring. For the NCDS children, father’s social class was an individual-level risk factor (in that those with fathers in *higher* social classes were more likely to use heroin, probably because they had the

financial means to purchase it). However, for the BCS70, having a father of a *lower* social class was a risk factor for heroin use. In this way the objective risk factors for heroin use during the 1960s to 1990s changed: what was once a relative protective factor (having a father of a lower social class) became a marker of high risk.

What does this relationship between social class and areas of economic restructuring mean for the relationship to heroin use? As Tables 9.1–9.4 have shown, heroin use was not simply an individual-level risk factor, since in this instance fathers' social class indexed the geographically clustered social contexts of deprivation, and is consistent with work by Shipton et al. (2013) and Scott-Samuel et al. (2014). Indeed, as Pearson (1987) also detailed in his research in northern England in the 1980s, we cannot set aside the intricate relationship between heroin use and familial and structural-level factors, which converged in this period of radical social change. Moreover, those who misused heroin would likely find it more difficult to access the support required to address their addiction if they lived in areas affected by poverty in the early 1980s, since publicly funded treatment programs had not kept pace with the upward shift in heroin use (Stimson, 1987).

## Discussion

We set out, via the analysis of two British birth cohorts born 12 years apart, to explore the ways in which changes in socio-economic contexts over time might have altered the exposure to risks associated with heroin use during the 1970s and 1980s. We sought to uncover why some people consume potent, highly addictive substances such as heroin, if the social groups who use the drug changed over time and why that might have been the case. Our starting premise was to explore if widespread heroin use in Britain might be a reflection of wider social and economic policies and their effects on inequality.

Let us commence with a discussion of the limitations of the data sets we have used. Because heroin use was not common nationally, we found small numbers of heroin users in both cohorts. Nevertheless, the numbers are quite large for such a small group of drug users, and the differences between the two cohorts are both sufficiently large and in keeping with expectations for us to remain confident of the validity of our findings. The strengths of our analyses, on the other hand, are the use of national-level data sets of the highest quality from two highly respected studies, which enabled us to examine the unfolding of differential regional impacts of economic restructuring and welfare retrenchment on heroin drug use. Furthermore, the two cohorts we have studied (as opposed to the more commonly used single-cohort studies which are often drawn from within the health or criminal

justice systems of one town or city and which, as such, do not permit analyses of regional differences) are both national samples and number cases in the thousands (rather than hundreds).

There were hints in the exiting literature, based on qualitative studies, that the changes of the 1980s had shifted the underlying social groups which used heroin. In 1987, for example, Pearson proposed that there was a new 'type' of heroin user (1987), with the emergence of the new 'type' being around 1979–1981 (Seddon, 2006). Pearson argued that, unlike the previous 'type' of users who were from upper social class backgrounds and lived predominantly in London, the 'new heroin users' tended to come from working-class backgrounds and were from towns and cities concentrated in the former industrial heartlands. In this chapter we explored the extent to which the heroin users of the 1980s really were from a different social class to previous users, and what may have accounted for this change in which social groups used heroin. We made this assessment using two nationally representative birth cohorts, the National Child Development Study (NCDS) and the British Cohort Study (BCS70). The NCDS birth cohort were born in 1958 so their peak age of drug use was likely to have been during the mid- to late-1970s, prior to the (reputed) change in the social class of heroin users of 1979–1981. The BCS70 cohort members were born in 1970, so those in this cohort who did use heroin would not have begun using until at least the mid-1980s, after the hypothesized change in heroin user 'type'.

Whilst Pearson asserted that there was a 'new' heroin user, he provided limited empirical evidence that there was such a new group. We offer empirical, quantitative evidence that indeed the social class structure of heroin users had changed. We argue this is a result of the unequal distribution of economic repercussions of Thatcherite reform policies that affected some social classes (and geographic areas) more profoundly than others. Using these two longitudinal cohorts born only 12 years apart, we found that there was a new group of heroin users who emerged during the 1980s. Those born in 1958 (the 'old' users) were likely to be drawn from higher social classes (based on their father's occupation) than those born in 1970 (the 'new' users). The 1970 birth cohort still contained some upper social-class heroin users, but these were now in the minority.

As well as finding that father's social class was related to heroin use in the NCDS, we explored the extent to which the level of economic restructuring was related to heroin use. Having constructed a measure of economic restructuring we sought to assess the extent to which this was related to heroin use in the two cohorts. When we assessed the relationship between social class and areal-level rates of economic restructuring, we found that families from lower social class backgrounds were more likely than those of higher-class backgrounds to be living in areas with high rates of economic restructuring when the cohort members were pre-adolescent. This suggests

that one reason why the new heroin users which Pearson identified 40 or so years ago came from the communities in which they did was because these were precisely the areas which bore the brunt of the economic changes of the 1980s. This turbulence, however, was gendered in that it was mainly (but not exclusively) male-dominated professions (such as coal mining, steel production, railway distribution networks and vehicle manufacturing) which were affected by the economic restructuring of the 1980s and the associated loss of 'assumptive worlds' (Kauffman, 2013) with which these were identified. The change in the social background of the 'new' heroin users which emerged so quickly was due to a number of influences. The first of these was the arrival in the UK of 'smokeable' brown heroin which could be used without the stigma or problems of access to needles to administer (Yates, 2002).

The second of these was the process of economic restructuring which Britain embarked upon during the 1980s. This was in part a response to changes in the wider global economy, but was also politically motivated by politicians on the political right who embraced neoliberalist philosophies, and in so doing allowed economic and social inequalities to rise substantially. The process of shifting away from an industrial base to a more services-orientated economy meant that large parts of Britain experienced a widespread reduction in jobs in the industrial sector. Such jobs were often spatially concentrated, meaning that whole communities lost work in a rapid period of time. The loss of such jobs meant also that the assumptive worlds of the young people growing up in those communities—which would have been founded upon the idea of working in pits, steel mills or in allied trades—were removed within just a few years. Additionally, changes to the social support for unemployed people (especially younger unemployed people) were cut during the 1980s, forcing some of them into precarious living arrangements and 'survival crimes' such as prostitution, and the drug use associated with hopelessness and destitution. Using this same longitudinal data, we have been able to follow the trajectories of both of these cohorts of users (and their non-using contemporaries) over the course of 30 or 40 years in order to assess the impact of heroin use on their lives, something that few studies have previously been able to do.

The insecurities which led to the increased use of heroin amongst working-class children born in the mid- to late-1960s and early- to mid-1970s (and which related to their understandings of their 'place' in the world and the futures which they could imagine for themselves) were driven by the social and economic changes wrought on Britain by the Thatcher administrations. These policies had an uneven geographical distribution; some places (parts of London and the south-east of England) saw dramatic increases in wealth and incomes, whilst other areas (most notably the industrial heartlands) saw declines in work, reductions in incomes and erosions of some of the certainties of life for working-class children. In short, the changes

initiated in the early-1980s altered what was imaginable for those growing up during the 1980s; assumptive worlds were shattered and in their place young people elected to truant from school (Farrall et al., 2019a), engaged in crime (Farrall et al., 2020) and, it would appear in many cases, began to use heroin. As such, whilst the legacies of radical change can produce outcomes which are detected at national or regional levels (Farrall et al., 2020), such legacies can also be detected at the level of the individual life-course (Farrall et al., 2022). That ought to give politicians of all shades and colours reasons to pause before enacting far-reaching policy change.

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### Notes

- 1 We use the term Britain to refer to the countries of England, Scotland and Wales, and the term UK to refer to those three countries and Northern Ireland. At times, we use UK to refer to generic processes common to all four countries, and use Britain when discussing processes or data sources which apply only to England, Scotland and Wales.
- 2 The uprating rule meant that increases in the value of benefits need only to be in line with prices, instead of the previous rule which was set to the higher value of *prices or wages* index.
- 3 In the UK, controlled drugs are listed in the *Misuse of Drugs Act 1971* and are divided into three classes: A, B and C. Class A drugs are considered the most harmful and include heroin, methadone, crack-cocaine and cocaine.
- 4 See Farrall et al. (2022) for a discussion of the wider theoretical approach adopted.
- 5 We acknowledge the inherent sexism of this measurement strategy, which was a decision of the original data collectors. We note, however, that in this era it was common for the male's social class to be used as a measure of family social class as the head of the household and that at this time this was a reasonable assumption to have made.
- 6 We were unable to simply use the proportion of the economically active working-age population employed in mining in later censuses because by the 1981 census coal mining was aggregated with other primary industries, such as energy and water, so it was not comparable after this date.
- 7 Censuses for 1961 and 1971 were geocoded from smaller areas to these 1974–1996 counties.
- 8 The proportion of people working in coal mining is used as a proxy for employment in other heavy industries, since coal mining was frequently co-located with steel production and processing in South Wales, South Yorkshire, Central Scotland and Teeside, and ship-building (in and around Glasgow in particular),

and the maintenance of locomotives and railway distribution in centres in Derby, Doncaster, Nottingham, Sheffield, York and Central Scotland.

- 9 Our data comes from: <https://www.gov.uk/government/statistical-data-sets/historical-coal-data-coal-production-availability-and-consumption-1853-to-2011>. Last accessed: January 2019.

## Bibliography

- Agnew, R. (1985). A revised strain theory of delinquency. *Social Forces*, 64(1), 151. <https://doi.org/10.2307/2578977>
- Albertson, K., & Stepney, P. (2019). 1979 and all that: A 40-year reassessment of Margaret Thatcher's legacy on her own terms. *Cambridge Journal of Economics*, bez037. <https://doi.org/10.1093/cje/bez037>
- Almeida, D., & Wong, J. (2009). Life transitions and daily stress processes. In G. H. Elder & J. Z. Giele (Eds.), *The craft of life course research*. Guilford Press.
- Atkinson, A. B. (1989). *Poverty and social security* (1. publ.). Harvester Wheatsheaf.
- Bean, P. (1971). Social aspects of drug abuse: A study of London drug offenders. *The Journal of Criminal Law, Criminology, and Police Science*, 62(1), 80.
- Beder, J. (2004). Loss of the assumptive world – how we deal with death and loss. *OMEGA: Journal of Death and Dying*, 50(4), 255–265.
- Black, J. (2004). *Britain since the seventies: Politics and society in the consumer age* (1. publ.). Reaktion Books (Contemporary worlds).
- Carlen, P., Gleeson, D., & Wardhaugh, J. (1992). *Truancy: The politics of compulsory schooling*. Open University Press.
- Centre for Longitudinal Studies. (2002). *NCDS age 42 / BCS70 age 30 Questionnaire*. Retrieved July 16, 2024, from <https://cls.ucl.ac.uk/wp-content/uploads/2017/08/NCDS-Age-42-Questionnaire.pdf>
- Chappie, P. A. L., Somekh, D. E., & Taylor, M. E. (1972). A five-year follow-up of 108 cases of opiate addiction. *British Journal of Addiction to Alcohol & Other Drugs*, 67(1), 33–38.
- Crewe, I., & Searing, D. D. (1988). Ideological change in the British conservative party. *American Political Science Review*, 82(2), 361–384. <https://doi.org/10.2307/1957391>
- Cook, D. (1989). *Rich law, poor law: Differential response to tax and supplementary benefit fraud*. Open Univ. Press.
- Davidson, R. (2020). Thatcher's legacy and social security. In A. Mullen, S. Farrall, & D. Jeffery (Eds.), *Thatcherism in the 21st century: The social and cultural legacy* (pp. 209–228). Palgrave Macmillan.
- Dominelli, L. (1988). Thatcher's attack on social security: Restructuring social control. *Critical Social Policy*, 8(23), 46–61. <https://doi.org/10.1177/026101838800802304>
- Durkheim, É. (1897). *Suicide: A study in sociology* (G. Simpson, Ed.). Free Press.
- Farrall, S., Gray, E., Jennings, W., & Hay, C. (2016). Thatcherite ideology, housing tenure, and crime: The socio-spatial consequences of the right to buy for domestic property crime. *British Journal of Criminology*, 56(6), 1235–1252.
- Farrall, S., Gray, E., & Jones, P. M. (2019a). The role of radical economic restructuring in truancy from school and engagement in crime. *The British Journal of Criminology*, 60(1), 118–140.
- Farrall, S., Gray, E., & Jones, P. M. (2019b). Council house sales, homelessness and contact with the criminal justice system: Evidence from the NCDS and BCS70 birth cohorts. *Geoforum*, 107, 188–198.

- Farrall, S., Gray, E., & Mike Jones, P. (2020). Politics, social and economic change and crime: Exploring the impact of contextual effects on offending trajectories. *Politics and Society*, 48(3), 357–388.
- Farrall, S., Gray, E., & Jones, P. M. (2022). Life-courses, social change and politics: Evidence for the role of politically motivated structural-level influences on individual criminal careers. *Criminology & Criminal Justice*. <https://doi.org/10.1177/17488958221126667>.
- Farrall, S., Hay, C., & Gray, E. (2020). *Exploring political legacies*. SPERI Pivot Series. Palgrave.
- Fazey, C. S. J., Brown, P. J. B., & Batey, P. W. J. (1990). *A socio-demographic analysis of patients attending a drug dependency clinic*. Economic & Social Research Council, Regional Research Initiative.
- Gerova, V. (n.d.). *BCS70 data note 1: Enhancing the BCS70 16-year head teacher school level dataset*. Centre for Longitudinal Studies: Institute of Education.
- Gleeson, D. (1994). Wagging, bobbing and bunking off: An alternative view. *Educational Review*, 46(1), 15–19.
- Goodman and Webb (1994) *The Distribution of UK Household Expenditure 1979–1992*. Available at: [https://ifs.org.uk/sites/default/files/output\\_url\\_files/comm49.pdf](https://ifs.org.uk/sites/default/files/output_url_files/comm49.pdf). Accessed: 13/08/2024.
- Gray, E., Farrall, S., & Jones, P. M. (2022). The long arm of welfare retrenchment: How new right socio-economic policies in the 1980s affected contact with the criminal justice system in adulthood. *British Journal of Criminology*, 62(5), 1175–1195 (Special Issue on Crime, Politics and Insecurity).
- Hansard, V. (1979). *Social security bill. Volume 976: Debated on Tuesday 20 November 1979*. Retrieved July 16, 2024, from <https://hansard.parliament.uk/Commons/1979-11-20/debates/8f32ca97-33a1-422e-bd04-11c2de4a954c/SocialSecurityBill>
- Hartnoll, R., Mitcheson, M., Lewis, R., & Bryer, S. (1985). Estimating the prevalence of opioid dependence. *The Lancet*, 325(8422), 203–205.
- Hay, C. (2009). The winter of discontent thirty years on. *The Political Quarterly*, 80(4), 545–552.
- Hill, M., & Walker, A. (2014). What were the lasting effects of Thatcher's legacy for social security? The burial of Beveridge? In S. Farrall & C. Hay (Eds.), *The legacy of Thatcherism* (pp. 77–99). British Academy.
- Joseph Rowntree Foundation (JRF). (2009). *Growing up in social housing in Britain*. <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/social-housing-britain-FULL.pdf>
- Kauffman, J. (2013). *Loss of the assumptive world: A theory of traumatic loss*. Routledge.
- Mabbett, D. (2013). The second time as tragedy? Welfare reform under thatcher and the coalition. *The Political Quarterly*, 84, 43–52.
- Manhica, H., Straatmann, V. S., Lundin, A., Agardh, E., & Danielsson, A. K. (2021). Association between poverty exposure during childhood and adolescence, and drug use disorders and drug-related crimes later in life. *Addiction*, 116(7), 1747–1756.
- Marwick, A. (2003). *British society since 1945* (4th ed., New ed.). Penguin Books (The Penguin social history of Britain).
- McGlone, F. (1990). Away from the dependency culture? Social security policy. In S. P. Savage & L. Robins (Eds.), *Public policy under Thatcher*. Macmillan Education UK. <https://doi.org/10.1007/978-1-349-20855-5>
- Merton, R. K. (1938). Social structure and anomie. *American Sociological Review*, 3(5), 672. <https://doi.org/10.2307/2084686>



- Morgan, N. (2014). *The heroin epidemic of the 1980s and 1990s and its effect on crime trends: Then and now*. Home Office.
- Murie, A. (1997). Linking housing changes to crime. *Social Policy & Administration*, 31(5), 22–36. <https://doi.org/10.1111/1467-9515.00073>
- Murie, K. (2014). The housing legacy of Thatcherism. In S. Farrall & C. Hay (Eds.), *The legacy of Thatcherism: Assessing and exploring Thatcherite social and economic policies* (1st ed.). Published for the British Academy by Oxford University Press. (British Academy original paperbacks)
- Office for National Statistics. (2007). *Social trends No. 37*. Palgrave Macmillan.
- Ogborne, A. C., & Stimson, G. V. (1975). Follow-up of a representative sample of heroin addicts. *International Journal of the Addictions*, 10(6), 1061–1071.
- Parker, H. J., Bakx, K., & Newcombe, R. (1988). *Living with heroin: The impact of a drugs “epidemic” on an English community*. Open University Press.
- Parkes, C. M. (1971). Psycho-social transitions: A field for study. *Social Science & Medicine* (1967), 5(2), 101–115. [https://doi.org/10.1016/0037-7856\(71\)90091-6](https://doi.org/10.1016/0037-7856(71)90091-6)
- Pearson, G. (1987). *The new heroin users*. Basil Blackwell.
- Scott-Samuel, A., Bamba, C., Collins, C., Hunter, D., McCartney, G., & Smith, K. (2014). The impact of thatcherism on health and well being in Britain. *International Journal of Health Services*, 44(1), 53–71.
- Seddon, T. (2006). Drugs, crime and social exclusion. *The British Journal of Criminology*, 46(4), 680–703.
- Shaw, A., Egan, J., & Gillespie, M. (2007). *Drugs and poverty: A literature review*. Scottish Drugs Forum. Retrieved July 16, 2024, from [https://www.drugsandalcohol.ie/11489/1/Drugs\\_and\\_Poverty\\_Literature\\_Review.pdf](https://www.drugsandalcohol.ie/11489/1/Drugs_and_Poverty_Literature_Review.pdf)
- Shipton, D., Whyte, B., & Walsh, D. (2013). Alcohol-related mortality in deprived UK cities. *Journal of Epidemiological and Community Health*, 67(10), 805–812.
- Stimson, G. V. (1987). British drug policies in the 1980s: A preliminary analysis and suggestions for research. *British Journal of Addiction*, 82(5), 477–488.
- Stimson, G. V., & Oppenheimer, E. (1982). *Heroin addiction: Treatment and control in Britain*. Tavistock Publications.
- Thane, P. (2018). *Divided kingdom: A history of Britain, 1900 to the present*. Cambridge University Press.
- Thompson, H. (2014). *The thatcherite economic legacy*. In S. Farrall & C. Hay (Eds.), *The legacy of thatcherism: Assessing and exploring thatcherite social and economic policies* (pp. 33–68). Oxford University Press.
- Timmins, N. (2001). *The five giants: A biography of the welfare state* (Fully rev. and updated, paperback ed.). HarperCollins.
- Tomlinson, J. (1990). *Public policy and the economy since 1900*. Clarendon Press.
- Walker, A., & Walker, C. (Eds.). (1997). *Britain divided: The growth of social exclusion in the 1980s and 1990s*. Poverty Publication.
- Yates, R. (2002). A brief history of British drug policy, 1950–2001. *Drugs: Education, Prevention, and Policy*, 9, 113–124.