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**PATHWAYS TO DRUG ABUSE AMONGST GIRLS  
IN BRITAIN AND HOLLAND**

by

**Betsy THOM, Maria BLOM, Ton VAN Den BERG**

**Claire STERK and Charles KAPLAN**

**BADIA FIESOLANA, SAN DOMENICO (FI)**

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Ton Van Den Berg, Claire Sterk  
and Charles Kaplan  
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European University Institute  
Badia Fiesolana  
I-50016 San Domenico (Fi)  
Italy



## PREFACE

In November 1985, as a result of generous sponsorship by the Italian government (Ministero degli Interni) and the European Policy Unit of the EUI, a conference was held in Florence on "The prevention and treatment of juvenile delinquency among girls in the EEC: towards an evaluation". Seventy-two scholars and practitioners attended, from eleven different European countries. The purpose of the conference was to celebrate the United Nations Year of Youth by constructive discussion about how and why girls and young women come to the attention of the criminal justice and welfare systems, how they are treated, and how practices for the care and control of girls and young women might be improved.

The value of comparative work of this kind was amply demonstrated both theoretically and in terms of policy and practice. The big lack was clearly of studies designed and intended for comparative purposes. The 27 conference papers collected together in ten EUI Working Papers (of which this volume is one) reveal both these strengths and this need.

Theoretically what was surprising and of importance were the similarities between countries with very different cultures and political economies in the way girls and young women are treated. Their employment prospects are everywhere worse; their sexuality is heavily policed by their male and female peers, with the ultimate sanction of non-marriageability to a 'good' man having the potential of causing both economic and social and psychic pain. The efforts of a minority of girls and young women to break out of this cycle appear to be policed by state agencies - the welfare and justice systems - although the part played in some countries by private (often religious) agencies remains to be explored. For other girls non-conformity could not properly be understood as rebellion: but whatever its cause the directions and occasions of control were similar.

This cross-nation similarity suggests that a theoretical reduction of these constraints in the direction of familial coupling to an effect of capitalism or of class structure is not adequate, given the wide variations in political economies already alluded to.

The second important similarity which seemed to emerge - although requiring much more detailed work before adequate theorising is achieved - is that policy in relation to delinquent girls is for some matters based on boys' behaviour patterns and career paths. This emerged most clearly in relation to British and Dutch ways of dealing with drug offenders, in the contributions by Thom and Blom (WP 87/298). Such policies, being inappropriate, were also ineffective. But for the most part both court decision making and the practice of subsequent sentences were gendered. This, however, seemed to the contributors to be inappropriate too. The demand, therefore, is not for formal sameness but for appropriate differences in welfare practices in relation to girls, based on careful feminist and sociological analysis of their life spaces and possibilities rather than on male mythologies about the needs and natures of young females. It is to this end that more detailed comparative work must be directed - a project which the conference participants already have in hand.





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PATHWAYS INTO DRUG USE FOR ADOLESCENT GIRLS IN THE U.K.

Betsy Thom  
Addiction Research Unit  
Institute of Psychiatry  
101 Denmark Hill  
London SE5

Paper presented at the conference on the Prevention and Treatment of Juvenile Delinquency Among Girls in the EEC: Towards and Evaluation. European University Institute. Florence, Italy, 5th - 7th November, 1985.





### Women and Drug Use - An Everyday Occurrence

As little as a century ago, opiates, freely available from druggists' stores were commonly used by women as much as by men for self-medication and recreation. Dependence on opiates went largely unrecognised and was not, in itself, sufficient reason for comment, condemnation or social ostracism (Berridge/Edwards, 1981; Duster, 1970). When, early this century, a combination of political and social factors resulted in legislation restricting the availability of opium products, unprescribed use of these drugs fell dramatically. Until the early 1960s, the numbers of registered male and female drug addicts were approximately the same - if anything, females outnumbered males. They consisted largely of therapeutic addicts (those who became addicted in the course of treatment) and professional addicts (those whose employment gave them easy access to drugs). Around 1963, when figures for registered addicts began to rise steadily, the greatest increase was in male addiction and illicit drug use was seen as a largely male activity. By 1967, there was a ratio of 2.7 male registered addicts to 1 female but in the under 35 age group the preponderance of male addicts was particularly marked with 4.4 males to 1 female (d'Orban, 1970).

The fact that women no longer equalled or predominated over men in the use of illegal drugs is not to say that they ceased to be major drug consumers. A rapid rise in tobacco smoking by women occurred during the Second World War when attitudes towards "unladylike" smoking behaviour began to change (Jacobson, 1981). From the mid 1950s till the mid 1970s, 42 to 45% of women aged 16 and over were smokers and although smoking by women has since declined to around 33%, the decline is less marked among women than among men and smoking rates for girls at least equal those for boys (Jacobson/Amos, 1985).

Similarly attitudes towards women's drinking have changed greatly over the last 20 years, a period during which women's consumption of alcohol has been rising and which has seen an accompanying rise in alcohol related problems among women (Camberwell Council on Alcoholism, 1980). Again there is some evidence to suggest that drinking habits among teenage girls are changing and that drinking patterns and behaviours formerly thought of as "male" are now not uncommonly seen in girls.

One area of increasing concern over the last 10 years has been the large number of women who become dependent on legally prescribed drugs (Edwards/Busch, 1981) and in particular on the minor tranquillisers (Edwards/Busch, 1981; Cooperstock/Parnell, 1980; Vogt, 1985). Prescriptions for minor tranquillisers to women outnumber those to men by at least 2:1 in most western industrialised countries (Cooperstock/Parnell, 1980) and although dependence on these drugs is generally a problem among older women, teenage girls are more likely to be users than teenage boys (Vogt, 1985). Since, however, these drugs are legal and since, more often than not, they are used by women to enable them to fulfil the demands of their expected roles as wives and mothers (Cooperstock/Lennard, 1979), social attitudes tended to condone rather than condemn their use. As Berridge and Edwards (1981) note:

"One may well suspect that diazepam is taken as much for the relief of anomie as for any diagnosable medical condition, and for the young mother living in the tower block, its role is closely similar to that of opium in the 19th Century slums".

It is against this background of normal drug use by women as an acceptable means of relaxation and of coping with the stresses of everyday life, that we turn to a consideration of women's involvement in the illegal drug scene.



### Prevalence of Illicit Drug Use Among Adolescent Girls

It is the young who are predominantly at risk of using illicit drugs and it is on the apparently dramatic increase in illicit drug use among adolescents that current anxieties are fixed. Newspaper headlines have informed the public of the new heroin epidemic among schoolchildren with shock headlines such as "Heroin Girl, 12, Victim of Pushers' Free Gifts" (Daily Telegraph, 6/7/84); "Pushers Prey on Children" (South London Press, 21/2/82); "The Primary Kids Who Fix at a Fiver a Time" (Times Educ. Supp., 9/3/84) and "1 in 3 Secondary School Pupils 'On Drugs or Glue'" (Telegraph, 6/7/84).

Reliable figures on the real extent of drug use and addiction among the young are harder to come by. Official statistics<sup>1</sup> tell us that in 1984 there were 798 registered new narcotic addicts under 20 years of age; 27% of them were girls. As Table 2 clearly shows, the decline in the percentage of new, registered adolescent male addicts which took place at the end of the 1970s did not occur to anything like the same extent for girls and, most years, a proportionately larger number of girls than boys who become registered addicts are under 20 years of age (See Table 1).

These figures present a very incomplete picture of the extent of drug use in the U.K. They reflect only the number of people who become addicted to opioids and only those who become registered addicts. Many people who use drugs control their use or stop using before becoming dependent. All users do not progress to heroin or other opium products. Many, particularly women, it is believed, try to avoid contact with agencies which may result in notification to the authorities (Dorn/South, 1985). Undoubtedly, the official figures under-represent the extent of drug addiction and tell us very little about the extent or nature of drug use by adolescents since the majority of addicts do not become registered in their teens although drug use may have begun during adolescence.

Some idea of the extent of illicit drug use by girls can be gained from surveys and studies of schoolchildren and students and from local population studies. Table 2 lists some of the studies<sup>2</sup>. The deficiencies of the data obtained from these studies have been commented on elsewhere (Edwards/Busch, 1981; ISDD, 1984). In brief, many of the studies are out of date and are unlikely to reflect current patterns of use in the communities researched; drug use varies enormously between geographical areas, between schools or colleges and within local populations or even housing estates. Very often the data obtained reports on use only, without distinguishing users according to the frequency, regularity or duration of their drug consumption. These problems, along with differences between studies in their methods of sampling and data collection, make it well nigh impossible to gauge trends in drug use with any certainty. It would seem, however, that overall, girls are still somewhat less likely to use illegal drugs than boys - although the gap appears to be narrowing - and that the percentage of adolescents who use a drug at some time are increasing for both sexes.

### Routes Into Drug Use - A Social Process

A considerable body of research has attempted to identify the factors associated with illegal drug taking and to establish whether a causal link can be drawn between pre-existing psychological and social characteristics and individuals' drug use. However valuable such work is in understanding the association between different variables, the results are often inconclusive and contradictory and tell us very little about how, or why, girls become involved in the illegal drug scene. (These



studies have been comprehensively reviewed in Edwards/Busch, 1981; and Oppenheimer, 1985)

Another body of research, beginning with Becker's classic study of marijuana smokers (Becker, 1963), has concentrated on an examination and description of the process by which individual's become involved with drugs (e.g. Dorn/Thompson, 1975; Stimson/Oppenheimer, 1982; Rosenbaum, 1981; Kaplan et. al., 1984; Merfert-Diete/Soltau, 1984; Vogt, 1985; Kandel, 1985). These studies have attempted to disentangle the complexities of the social process by examining the interaction between individual and environmental factors and by trying to distinguish patterns of social action and the meaning of action for those involved with drugs. Several of the studies share a common approach in that they begin with "normal" processes of socialisation and learning within the family and seek to locate pathways into drug use within the context of non-pathological family life. As Rosenbaum points out in her study of heroin addicted women, the process of involvement with illegal drugs begins in the life circumstances and situations of girls (and boys) long before they reach the point of access to illegal substances.

#### BECOMING A WOMAN - DILEMMAS OF THE FEMALE ROLE

Vogt, for one, in a study of the consumption of legal drugs, has argued that there is a relationship between the development of gender identity and the development of sex specific health beliefs and behaviours which put girls, more than boys, at risk of receiving prescribed psychotropic drugs (Vogt, 1985). Similar aspects of the "normal" female socialisation process, the reinforcement of traditional female values and behaviours and in particular the creation of dependency, are seen by Merfert-Diete/Soltau, 1984, to underly women's addiction to both legal and illegal substances. Addiction, the authors claim, is a specific manifestation of women's general position within society.

For girls, a dominant image has been, and still is to a large extent, that of a passive "victim of circumstances", coming, very often, from a disrupted family background, more psychologically disturbed than her male counterpart, "naturally" dependent on men in the drug network, and reacting to social pressures and changes in her environment rather than taking active responsibility for her own fate. (Perry, 1979; Edwards/Busch, 1981).

There is considerable evidence in the research literature to support the view that many women who end up addicted to heroin have experienced disruption, poor parental relationships and often violence and drug abuse in their families of origin (see reviews by Plant in Edwards/Busch, 1981; and by Beschner/Treasure, 1979). It is easy to find an example of this from two studies currently in progress at the Addiction Research Unit <sup>3</sup>. One woman who had experienced parental separation had moved constantly during her childhood between schools, children's homes and her mother's home. She told us:

".... I'd always been unhappy you know. I'd been depressed when my peers didn't know what depressed meant . And I noticed today, talking to somebody, that from the age of five, I went for negative attention .... I have always woken up terrified ... Also my mother, I think, had quite a bit to do with it, you know, setting standards, setting presidents for types of behaviour. I grew up with my mother screaming that she couldn't cope - I don't mean just saying it - psychotic. My mother took



amphetamines, prescribed, over-prescribed in the days when people didn't really know .... my mother was psychotic and I thought she was mad ... mad for me was the same as burglar, vampire .... I think that perhaps my having seen her, in absolute pitsville, you know, I then knew that I could go that far".

It is however, equally true that an unknown number of drug users, including many who become dependent, have grown up in stable homes with adequate parental care and no apparent psychological and social disruption (e.g. Noble/Barnes, 1971; Binion, 1982; current ARU studies). We must then look to explanations which begin with the conventional socialisation process of girls and consider both the social control mechanisms which support adherence to traditional values and behaviours and the commitment felt by girls to traditional female roles. Konopka, among others, has contributed to this approach in her study of delinquent girls, many of whom had experience with drugs (Konopka, 1966). She points out (as do Beschner/Treasure, 1979; Vogt, 1985), that girls are subjected to contradictory expectations and a dubious image of womanhood as a desirable goal. The traditionally greater expectation of dependence and conformity in women, behaviours for which they are rewarded, is contradicted by the striving for independence shared by adolescent boys and girls alike. But, while manhood is a highly valued status, "growing up, close to her mother, the adolescent girl becomes sensitive to some of the less attractive aspects of a woman's role, particularly the boredom and drudgery associated with housework and child care" (Beschner/Treasure, 1979). Other role models, on the media for example, either support women's traditional roles or portray women who do not fit the image - in government business etc - as "oddities" and "exceptions" whose femininity is often suspect; or they are shown as unacceptable outcasts, "fallen angels" who have rejected their femininity altogether. Drug using mothers are often portrayed in the latter way (Perry, 1979). Thus, as Rosenbaum (1984) argues, in approaching adulthood girls face a narrower set of options than boys. Drug use may seem to offer, at first, a broadening set of horizons, an entrée into the male world of greater freedom and independence, new experiences and risk taking as well as, for some girls, the promise of fulfilling unmet affiliative needs.

## PARENTAL INFLUENCE

Within the broader framework of adolescent socialisation in the family, recent work from the U.S.A. has drawn attention to important differences between boys and girls in the nature and extent of parental influence on drug use (Binion, 1982; Kandel, 1985; Brook et. al., 1985). Data from a large scale longitudinal study of adolescents found that parental influence was particularly strong with respect to basic values, future life goals and aspirations. Parental influence "as definers and modelers" was strongest at the early stages of drug involvement, especially with respect to the use of alcohol. Once drugs had been experimented with, parental influence was found to exert itself mostly indirectly through the choice of friends by the adolescent. While the general findings were relevant to both boys and girls, the latter appeared to be more receptive to interpersonal influences whether these were of parents or of friends. Girls also tended to be influenced more by their peers than by their family (Kandel, 1985). Binion, too, found that among a sample of heroin addicts, there were sex differences in the perceptions of family interaction (rather than in the actual circumstances as "objectively" measured). Women were more likely than men to report negative impressions of their childhood and to have noticed differences in adults' treatment and expectations of boys and girls. Like Kandel, Binion concluded that initial drug use for women was closely related to interpersonal affiliative issues and that women were more likely than men to seek out an addict peer group as a reaction to an unhappy family situation (Binion, 1985).



Due attention has been paid in the literature to the influence of maternal factors on child development in general (Hinde in Rutter, 1982) and on female drug use in particular (see review by Beschner/Treasure, 1979; Kandel, 1985). Female addicts have been found to display feelings of hopelessness and helplessness related to their unsatisfactory relationships with their mothers who have been characterised as distant, authoritarian and cold (Beschner/Treasure, 1979) and using power-assertive techniques of discipline (Brook et. al., 1985).

The importance of distinguishing separately paternal as well as maternal influence on substance use is highlighted in the work of Brook et. al. (1985). Examining the influence of fathers on their daughters' marijuana use, it emerged that paternal factors directly influenced marijuana use by girls. Fathers of marijuana users tended to be unconventional and to serve as models of drug use for their daughters; a close father-daughter relationship influenced in the direction of non-use and the daughter's conscious identification with her father served to insulate her from drug taking. Further, certain protective father factors served to mitigate certain maternal risk factors in that a weak mother-daughter attachment was offset by conventionality in the father and a close father-daughter bond (Brook et. al., 1985). Other studies, too, have indicated that fathers function as role models for their daughters as well as their sons and that their influence should be considered separately from that of the mother (Vogt, 1985; Kandel/Adler, 1982).

#### LEARNING ABOUT DRUGS

Contrary to the impression gained from the media, opiates are not the most frequently abused drug for the adolescent age group despite the undoubted increase in heroin use over the past few years. Cannabis remains by far the most popular drug with a variety of other drugs such as amphetamines being preferred to heroin (Edwards/Busch, 1981; ISDD, 1984). The most recent British study to examine the use of different drugs by boys and girls found that girls were more likely to report the use of amphetamines than were boys, somewhat less likely to report using cocaine and opiate drugs and more or less equally likely to say they had used other kinds of illicit drugs (Plant et. al., 1984)

There is however, increasing recognition of the problem of multi-drug use among the young, a problem which applies to girls as much as to boys (Plant, 1984). This includes the use of alcohol and tobacco, which research findings both from Britain (McKay, et. al., 1973; Plant, 1984) and from the U.S.A. (Kandel, 1982; Kaplan et. al., 1984; Clayton/Ritter, 1985) suggest often precedes the use of illegal substances and influences both directly and indirectly progression to illegal drug use. In their study, Plant et. al. found that for both boys and girls there "appeared to be a relatively high degree of association between levels of alcohol consumption, tobacco and illicit drug use and, in the case of males, serious alcohol related consequences".

Learning about drugs is, in itself, a social process which begins within the family where youngsters come into contact with beliefs about the use of different drugs, where they observe and experience patterns of consumption and ways of relating to drugs and where they learn the "rules" governing the use of different substances. Vogt, for example, has reported that the young people in her sample experienced greater permissiveness from their parents towards the use of alcohol than towards the use of tobacco (Vogt, 1985). The role of parents as "models" of drug use has been explored in several of the studies mentioned already (Waldorf, 1973; Kandel/Adler, 1982; Kaplan et. al., 1984; Vogt, 1985; Brook et. al., 1985) and it has been suggested that women addicts are more likely than men to come from families



where there has been an alcohol or drug problem (e.g. Waldorf, 1973). But at least one study has indicated that parental influences in the form of parental use of alcohol, manifest themselves mainly indirectly in the choice of friends made by the children:

"Thus alcohol use, per se, cannot be said to be the cause of marijuana use, although it facilitates the development of social networks, on the one hand, and of attitudes, on the other, that are crucial to the subsequent processes of involvement in marijuana" (Kandel/Adler, 1982).

As noted earlier, attitudes to smoking and alcohol use by women have become less restrictive within the last few generations and women's behaviour in relation to these drugs has changed greatly. If we support the notion of a typical (though not inevitable) progression in adolescent drug use, then recent changes in girls smoking and drinking behaviour are likely to increase the probability of their subsequent use of illegal drugs.

#### Initiation Into Illicit Drug Use

A number of attempts have been made to describe the social process of becoming a drug user, to identify the different stages in the process and examine the mechanisms by which routes into addiction may evolve (Dorn/Thompson, 1975; Kaplan et. al., 1984; Kandel, 1985). Dorn and Thompson (1975), for example, have distinguished three distinct steps in the process of initiation into drug use:-

- "no contact", not knowing a drug user  
to
- "contact", knowing a drug user  
to
- "offered", being offered a drug  
to
- "accepted", accepting one offer, not necessarily any  
subsequent offers

In their study of schoolchildren between the ages of 14 and 16, they found that girls were more likely than boys to take the first step and get to know a drug user. Of the girls, 47% knew someone who took drugs, compared to 31% of the boys. This makes the prevalence rates from their studies reported in Table 2 (9% boys and 12% girls had used) all the more interesting since it implies that for this age group girls run a greater risk of becoming involved with drugs. Dorn and Thompson point out that most studies omit this crucial first stage providing figures only for the number of drug users as a percentage of the total sample. Once this first step had been taken, there were no significant differences between the percentage of boys and girls taking the next two steps. Among those who knew a drug user, 41% of the girls and 47% of the boys were offered a drug; and of those offered, 61% of the girls and 63% of the boys accepted.

A slightly earlier study of medical students by McKay et. al. (1973) showed males somewhat more likely to be offered drugs (35% males compared to 23% females in the 1971/72 sample and 46% males compared to 30% females in the 1972/73 sample). Males were also more likely to accept the offer (45% males accepted compared to 38% females in 1971/72 and 44% males accepted compared to 37% females in 1972/73).



Similar results were reported by Somekh (1976) who found that among male students 67% had been offered a drug and 56% had accepted while among female students the figures were 58% offered and 52% accepted.

#### MAKING CONTACT WITH DRUG TAKERS

One possible explanation for the greater contact of girls with drug takers is that girls are inclined to mix with an older social set outside school and, in particular, to have older boyfriends (Dorn/Thompson, 1975). Certainly, the studies currently in progress at the Addiction Research Unit provide plenty of anecdotal evidence from women drug addicts as to the importance of older friends in their initiation into drug use. One woman, for instance, described her mental attitude as "much older than girls in my class. I wasn't really interested in them. They were very babyish and silly. I was always with older people. I could take to them and get on with them better than I could with people my own age". She began using drugs with her older circle of friends and the man who was later to become her husband. Similarly, someone else commented:

"I knew them from when I was fourteen. I went out with a guy that was nineteen and told him I was about sixteen, so I met quite a lot of people that were a bit older. And they were into hash and bottles of wine and that was good really. And when I went and lived with that couple, it was like getting the acid and stuff as well".

#### "ONE OF THE CROWD" - THE INFLUENCE OF PEERS

Whether the adolescent girl relates to others of the same age or to a somewhat older age group, the influence of peers is of foremost importance in initiation into drugs. Indeed, earlier comments have indicated the findings of some studies that peer groups become more influential than families at this stage (Kandel, 1985) - although family influence does not necessarily lose all its impact - and that girls are likely to be more susceptible than boys to the influence of their associates (Binion, 1982; Kandel, 1985). In a society which expects women to be conformist and to be sensitive to interpersonal influences, such a finding should not surprise us. Moreover, in the current situation of increasing availability of illegal drugs in the U.K. and of increasing experimentation with drugs among young people, the adolescent is likely to encounter situations where the refusal of drugs is seen as deviant by the peer group. One recent report on drug abuse in an inner city area of London had this to say:

"Many of the young users who are coming forward for help still live with their families in neighbourhoods where traditional values and strong informal care networks have in the past guarded against involvement with illicit drugs. Today, however, drug use appears to be an established feature (like particular clothes, music, hairstyles, etc) of some of the youth communities within these neighbourhoods. Young drug users are coming from (and returning to) a sub-culture in which drug use is the norm and is often not viewed by users as a problem". (Working Party Report, 1984).

#### CIRCUMSTANCE, PRESSURE AND CHOICE

Almost invariably the women interviewed for the ARU studies would tell us that



they became involved in groups where drug use was commonplace. "Everybody I knew was doing it" was, perhaps, the most common remark we heard. Sometimes drugs were encountered casually because the girl happened to be in the right place at the right time - one woman began using cannabis at the age of 14 when she met some art students in a pub. Another told how when she was 14, she "just sat down in a group of us and I was offered it". She added, "I knew it wasn't right but it didn't really bother me at the time". Pressure from peers, both indirect and direct was evident in many of the women's remarks:

"I took cocaine, tablets and that. I don't know what they were. I was just sort of taking anything ..... I don't know what I expected, I just did it. I mean, all my friends at the time were doing it".

"You know, it starts off with blow and then it goes on to popping pills and then it just progresses and then everybody else was doing it so you do it because they are doing it. You don't like to be left out when you are a teenager. You like to be involved in everything. It's the same with smoking cigarettes isn't it, the kids do it because everybody else does".

It was, however, not uncommon for women to report that they had deliberately sought out drugs and drug using contacts:

"I had a group who were older than me, because I think I purposely chose this. It was sort of, like, hippie people. I didn't really mix with them at school - well, some of them still went to school. They were about 16" (Comment by a woman who began using Mandrax and cannabis at 11 and was heavily involved by the age of 14).

"I was interested myself anyway. It just seemed to be at that time there was a lot of propoganda and whatnot and I brought up the subject and a couple of friends about the same age, guys actually, were able to lend a hand, and I gave them a little bit of cash".

"Well when I was 13 I just started myself really, things like shoe conditioner, inhale and that, and then when I was 14 I got involved with a boy and he was smoking hash and taking LSD and at the time really I mean I was willing to take it because I was just looking for an escape. I just wanted to escape from everything that was happening at home and school ... I was looking for it anyway. I mean, I would have got it one way or another because I used to take my mum's sleeping pills as well all the time .... I didn't know about the dangers. I never knew about how addictive drugs could be or deadly, but I was certainly aware about how they altered your consciousness".

If the young girl did experience fears or anxieties about the possible effects of the drug, this could be allayed by watching others in the group:

"I was frightened at first, because I thought, Oh God, it will send me absolutely doolally and I'll probably really show



myself up and do something really stupid .... Anyway, I saw everybody else's reaction after they'd smoked and I thought oh well, they don't seem too bad. They seemed pretty much the same ... so I started smoking and it didn't affect me at all".

"I saw the way my boyfriend was taking it and it didn't make much difference to him, methadone you know".

#### FIRST EXPERIENCES

When asked what effect they expected drugs to have on them, most of the women spoken to in the course of the ARU studies replied that they had not know what to expect. They began to use drugs, as we have seen, because their peers were involved. They also started because they were curious, were "looking for something", or wanted to belong - to an image of a more glamorous and desirable world as much as to the groups of people with whom they were mixing. Illustrations from our studies show that the motives attributed to their entry into the drug scene by female users themselves, were as varied, and differed little from, the motives reported by male users (Rosenbaum, 1984). Entry was also the point where learning about illegal substances began, through experience of the physical, psychological and social effects of the drugs.

- First experience with illegal drugs with LSD, taken with a girlfriend:

"Acid as we called it, and we split this minute little pill in half and we waited until the Saturday that was probably payday it probably was a Friday and on the Saturday we both took half each in the morning and spent the whole day absolutely tripping and it was really good and I used to think ... you know ... I want to be part of this and it really did attract me. It was all so, I remembered feeling very very soon, feeling a part of something as well. I remember very soon feeling um, what is the word, quite big if you like, or quite important because I was doing something very dangerous. It was a bit of that type of feeling. I was always like that in fact up until there has always been an element of that and um ... It was ... and that continued from that tablet of acid that night. It went on to pep pills and my whole sort of life became drugs".

- First experience with barbiturates (glue sniffing at the same time) when she was 13 years old:

"I began using barbiturates and glue. I was a punk at the time and the places I used to go to everybody was taking barbiturates that sort of thing, sniffing glue and drinking. I was living on an Estate. I was going to places like concerts where you could get it. I had a lot of friends that were punks. I seen them on the telly and in the streets and I thought, yeah, I want to be like that. I want to belong to something ... I knew about punk ideas. I didn't actually know what it meant at the time, I mean about Anarchy and it sounded great at the time. It fitted in with me rebelling at school because I didn't like it.... Nobody in my school was into it. I just dyed my hair and ripped my clothes up and went out. I went to places where there were punks ...



My mother didn't mind because she was a rebel when she was younger. Yeah, she thought it was okay .... My grandmother - she did mind. My grandmother's very old-fashioned. I liked it when people minded because I liked shocking people... There was a lot of barbiturates around at the time. I suppose anybody who was anybody was taking them ... It is like being very drunk. I found that when I was ... I'd let my aggression out because I think I've always had a lot of aggression in me but never actually let it out. That was my way of getting my aggression out".

- Most commonly, first experiences were with cannabis:

"At the time, I thought, well, it doesn't make me feel anything really. It just made me feel quite sort of adventurous and doing something that was not allowed".

"It was just doing something that I wasn't allowed to, that I knew my parents wouldn't approve of".

"I was just curious about it .... my elder brother used to have a lot of friends and they used to come round and smoke dope, and I was just interested, just curious. Then I was talking to a friend about it during the holiday, and she said her dad smoked it. So she went back home and took some from her dad ... The first joint - I got really, really high .... very happy .... you know. I had the giggles. But I remember that that didn't last too long. After a couple it didn't have the same effect".

"There was a little crowd on the Estate .... some were the same age. Most were older but only by about 3 or 4 years .... I was with a few of my friends in a youth club .... I expected to get stoned I suppose. And I remember thinking it wasn't as good as I thought it would be. It just used to make me feel relaxed, happy".

### Beyond Initiation

Following the initial experience of drug use, a common pattern among those we spoke to was to experiment with a considerable range of drugs, often using more than one substance at a time, substituting one drug for another according to availability and trying out various combinations of drugs. Cocaine was tried by one of our informants and her boyfriend - they

" ... went out to get it to find out once and for all what this thing was that people went on about such a lot and that was so expensive. We decided together that we would try this thing. A bit like going to an expensive restaurant, that people had told you was good, and one day when you'd got the money you might think, what is it that all these people are going on about? Very much that feeling. And I was thoroughly disappointed, I didn't really notice anything. And then I had it with smack. Somebody else's gear and they gave it to me and said, 'try this', and it - the combination of the two was very nice".



A few people progressed very quickly into heroin but many spent a number of years using other drugs before they reached that stage. Some drugs were tried and rejected because the user did not like the effects. Barbiturates, for instance, were eventually rejected by one woman because "you can overdose so easily and I don't like being that out of control. I don't know what's happening and it's not even pleasant".

Almost invariably media stories of drug use are morality tales. The adolescent becomes involved with drugs and inevitably proceeds to dependence, physical, social and moral degeneration. In one newspaper, under the heading "Tragedy of Woman Heroin Addict", we are told of Lynne, a 31 year old married woman with a young daughter. Using cannabis since the age of 16, Lynne had turned to heroin in her mid twenties, financed her habit by prostitution, sold all her belongings and was finally found by police "surrounded by empty syringes" after taking a massive overdose (Liverpool Daily Post, 18/10/83). Such stories are by no means unusual and do indeed reflect one possible end to the pathway. But as previous comments have made clear, adolescent drug use does not always continue throughout and beyond the teenage years, nor does it necessarily lead to opiate use or to dependence on drugs, much less to a ruined life and the fate met by Lynne.

Beyond the initiation stage, which may involve no more than experimenting a few times, patterns of drug use vary greatly as to the frequency and regularity of use, the quantity of drugs taken, the duration of use and the types of drug used. McKay et. al. (1973), for instance, found that in 1970/71, of the 20 women students who had used a drug at least once, only 3 (15%) continued drug use. Among male students in the same session, 24 out of 80 users (30%) continued to take drugs. The 1971/72 session saw a slight increase in the number of females who continued to use (20%) and a decrease in the number of males (24%). Kosviner and Hawks (1977) in a study of cannabis use among British university students found that 40% of those who had ever used had stopped; among "novices" (those who had used 10 times or less) 63% said that they had stopped smoking cannabis. Trends were similar for male and female students.

Unfortunately, most UK studies have concentrated either on the initial stages of drug use or have traced the drug careers of people who have ended up addicted and entered medical, rehabilitative or penal institutions. Few attempts have been made to trace the drug pathways of those who do not become dependent or to investigate possible differences between men and women in this respect. One exception is the study by Blackwell (1983) which explored the behavioural controls exercised by 12 female and 39 male opiate users. The women who participated in the study tended to report less heavy and more episodic use histories than the men and nine of them were "drifters". The "drifters" were people who had not felt the need to impose self-regulation. They were "genuinely 'casual' users for whom self control had never been an issue". Blackwell offers a number of possible explanations for the state of "drift". One possibility was that being committed neither to a deviant subculture nor being completely bound by society's rules, drifters used or abstained according to the circumstances of their lives. Lack of enthusiasm for the psychotropic effects of opiates or for the heroin "high" and negative feelings about the use of the needle were other possible reasons. Only males (14) reported that they had become dependent at some time. The remaining 3 women had found it necessary to devise mechanisms for controlling their drug use.

Blackwell concludes that the "less heavy involvement of the woman is not surprising since women seem to be more likely to take their drug using cues from their social



environment, usually their male friends or lovers .....". Her findings, in agreement with research findings from the U.S.A. (Waldorf, 1981) suggest that "women who do become dependent are much more likely than men to become "situational addicts"; that is, the course of their dependence is relatively more responsive to changes in their external environment. There is, however, very little evidence either to support or reject Blackwell's conclusions. Studies which have examined the factors associated with the development of a drug problem have generally derived their data from wholly or predominantly male samples; those which have included females have paid little attention to possible sex, let alone gender, differences and as already noted, most of the data comes from those who become addicts.

Certainly, in the course of our own work at the ARU we did meet some women who (almost) fitted the passive/dependent/peripherally involved portrait. But we met many who did not. Earlier comments have indicated that, among the women we spoke to, several saw themselves as actively and deliberately involved from the start. They had set out to find ways and means of obtaining drugs; some had, themselves, been dealers and one woman reported that most of the dealers she knew were other women.

### Three Case Studies

Without wishing to create yet more stereotypical images of women drug users, I would like to provide three case studies to illustrate not only differences in the routes into drug use but also the complexity of the process and the many factors which might explain progression along the route. It is all too easy, in complying with the demands of a clear presentation of ideas, to present the pathways into drug use in a piece meal fashion, spotlighting one or other factor at a time and separating the integrated strands of action from one another. Hopefully, the presentation of these case studies will bring us back to a more complete view of the process by which young girls become involved with illicit drugs.

#### 1) Enjoyment

At 20, Jo could look back on her childhood as a normal, happy one with caring parents. "I had almost everything I wanted. I was always loved. I always had my mum to go and sit on her lap and everything. I've never been left out". At the same time, she felt in some way different from her sisters although she was unable to say more than "they dress different, they like to look nice, high shoes and all that. But I'm just completely different really, different in so many ways". She had enjoyed school where she had done quite well and had continued her education to O Level standard.

According to Jo, no-one in her family drank much but around the age of 12 she had begun to use Alcohol and between the ages of 16 and 17 was drinking heavily. "I'd just get a bottle out of my house so that my mum and dad didn't notice. I just poured some from every bottle and drank the lot and just got drunk.... I enjoyed it. I enjoyed being drunk". Later, during periods when other drugs were not available, she had turned to alcohol again.

Her experience of illicit drugs began when she was 16 and she began going around with her male cousin (who was older than her) and his friends. "I was like one of the boys really. Everything they did I was there and I did as well.... and they used to say 'Jo's like one of us'. They used to look at me like one of the boys I think". On reflection she thought that getting involved with drugs may not have been entirely by chance.



"I read a book called 'Go Ask Alice' about a girl who was only young, about 15 I think, and she started taking bits and pieces and then she got into heavy gear. It was her diary. I really enjoyed the book. I cried my eyes out at the end and I wasn't really into anything then. I used to take bits and pieces now and again. Then I asked my sister to read it. I said, 'Read this book, it's really good'. Then when it was all forgot about a couple of years later when I was really into the gear, not very long ago, one of my other sisters said to me, like she was taking me to the hospital, we was driving up there one day and she said 'I've got to say this to you, I think you made up your mind. Do, you remember that book you read, 'Go Ask Alice', I think you made up your mind what you wanted to be when you read that book. You were telling everyone to read that book. You made such a thing about it; read that book, it's really good. You cried over it and everything else and you made up your mind what you wanted to be then'. When she said that I thought about it and I think that's right. Sitting here now I don't want to be that but when I think about it when I read that book I think I did think that what I wanted was to be like her".

She never really enjoyed cannabis, using only 2 or 3 times a week, if it were offered in a group situation. Subsequently, she began to experiment with a variety of drugs, some of which she liked and used more frequently, trying others only a few times. Curiosity seems to have been an element in her experimentation since has had no particular expectations of the effects of any drug but "took it to find out what it was". It was difficult for her to remember the exact sequences and details of her drug usage but it appears to have progressed as follows:

- Age 12 Began to use alcohol but not heavily until the age of 16.
- Age 16 Continued to use alcohol heavily until age of 17. Began to use cannabis 2 or 3 times a week approximately.
- Age 17 Used Amphetamines daily for 7 months, feeling dependent on them after two weeks.
- Age 18 Experimented twice with LSD and mushrooms but did not like the effects. Started to use heroin and became heavily involved.
- She had had no difficulty acquiring heroin.

"There are so many people near where I live that use. One person, like you'll be in a group and one person will say, 'I found a new place where to score, so and so and so'. And then another person will be round there and they'll score for them and introduce them. It's just so easy. I mean there are so many places. You can go to one place and if they haven't got nothing just walk two yards and go to another flat. There's just so many places. You get it on the level of other users, that other users supply users. Literally hundreds..... Well I always hang around with blokes all the time and they were all using, and every time I took it I'd always hear 'Jo you better not have any tomorrow; you'll end up dead' and all that crap. But really I used to think, what are they talking about? But really they didn't even give a shit".



A male friend had shown her how to inject heroin and she had both injected and "chased". The sheer enjoyment of the drug and the ritual of using it came across very strongly.

"I just enjoy being like that. I just enjoy it. When I first started using I was always ending up hurting my veins, but then when it starts to get used to your body you need more and more to keep getting out and that, but then you got to get more and more money and if you haven't then you just take it to put you straight. But I just enjoy taking it altogether. I just enjoy putting the needle in my arm. I enjoy sitting there just chasing it up and down with foil. I just enjoy everything about it".

She had stopped once while she was still 18 because her mother had found out and because she; herself, felt she'd had enough of it - "At night I could never sleep or anything else. I looked like a skelton". But she had returned to heroin and had been injecting a few weeks before her entry to the Rehabilitation house where she was interviewed.

Age 19 She took Tuinal (Barbiturates) for 4 days. She tried Mogadon and Mandrax and had liked the latter but found it difficult to get. She tried and enjoyed Valium, using it for 3-4 weeks till her supply ran out. This she also found difficult to get.

Age 20 She had snorted cocaine about 7-8 times but did not feel she could get addicted to it.

The main reason for entering a Rehabilitation house was that she was facing a court case and the alternative was to be arrested and jailed. After 8 days in the house, she was beginning to feel that the Rehabilitation house could really help her but her feelings about using drugs were still ambivalent.

"Being here I've found that some of the people have gone through, really like hell, and I feel that I haven't been through half of what they've been through. I haven't had to prostitute. I haven't had to mug anybody, things like that. But I haven't really had anything bad done to me like I haven't been raped, things like that. But I just still enjoy it. I'm finding that gradually getting to know people I'm gradually finding out that they still enjoy it and and they still want to take it as well but they've got to just learn to say no..... I mean I've never really thought. Well, I've wondered why I have to be out of my brains all the time but I've only been here 8 days and I'm beginning to see that we've all got something in common here. The reason why we take drugs and want to be out of our brains and all the rest of it is because we can't face up to reality. I suppose I want it handed on a plate really. I just want the gear there every day, not having to go out and thief or do this and do that to get it. I just wish the gear was there every day, and that I could still take it. But I mean they say that you'll end up dead but I don't believe that. I think the only way you'll end up dead is if you are injecting. But if you are chasing, I mean, I've heard it for myself, I've heard it from the top doctors on the programme "Skag Kids". The man said on there that it's the same as smoking a cigarette - how people say you're killing yourself is the same way as that so....."



## 2) Affiliation

The interview with Claire was not taped. The following excerpts are taken from the interviewer's notes.

Claire, who was 26 at the time of interview, was brought up by both parents and lived most of her life in Liverpool. When she was 15 her father was made redundant and the family moved to the South of England. Soon after, when Claire was 16, her mother died and Claire began to rebel against her father. She stayed at school long enough to take some O Levels and then at the age of 16 ran away from home with her boyfriend, John, who became her husband.

It was John who first introduced her to drugs, persuading her to take cannabis when she was 16. At one point she used it every night if available but when her husband was not using she had no access to supplies. Throughout her drug using career, Claire was completely dependent on her husband for supplies of illegal drugs as she did not know other drug takers. She had tried most drugs, not, she said, through choice, but because her husband had wanted her to - to keep him company. He had injected her a few times with heroin, which she disliked and he had suggested that she use cocaine linctus, telling her, "If you can keep this bottle down it'll give you a buzz". She became addicted to codeine linctus which she bought from the chemist's shop but did not know she was addicted until her baby was born and suffered withdrawal symptoms.

At the time of interview, John was in prison. Claire was homeless because he had not paid the rent and she was living with her 2 children in a hostel. She had gone to a drug clinic to try to come off drugs.

The interviewer's notes contained the following observation:

"She lies on the bed all day with the baby and smokes and takes cough mixture. Until her husband has been sorted out and is drug free, it seems unlikely that Claire's life will change very much. She seemed a nice girl, who could do with a friend to talk to, someone to get her back into the world again - so that the quality of her life didn't depend on John".

## 3) Rebellion

Miriam left home at 17 after a chaotic childhood.

"There were 3 of us, me and an older sister and a younger brother. My mum didn't want us that was it. She had two kids die before we were born, I don't think she wanted kids anyway. My dad is quite well off. She was into alcohol then and pills before I was even born. So in those days it was easy. For sleeping pills they just gave you barbiturates and that is what my mum was taking.... at that time she used to love her pills and drink, she did that from when I was quite young. I thought she was ill. It used to frighten me when I used to see her staggering about up the stairs. It used to frighten me and then I remember going to the doctors with her and her crying for these pills. I didn't know what they were, I just thought it was funny that my mum could sit there and cry for a pill. My dad never drank; he doesn't smoke; he doesn't drink. He is very violent he has



no other vices except being a bit violent.... He just used to lose his temper I think it was the strain of my mum really and he used to take it out on us, but she kept leaving and coming back and leaving and coming back, all those sorts of things...."

While still at school, she had had a Saturday job at the local theatre and there she had met people who used drugs.

"It's just people I met, that's how I got into it. Just smoking that is all they were doing in there it was just smoking. A guy who was working in the theatre was also a registered addict. Right, I was hearing about drugs in the media, it was like when David Bowie was around so it was all over the place. The Rolling Stones it was in the media a lot then ... I started drinking a lot and then I stopped the drink and started the drugs. It was the seventies. It was the generation of David Bowie, like all those people who were into drugs ... I wanted to be a junkie".

"First of all I started smoking dope, and then I very quickly accelerated into injecting heroin. I was injecting heroin by the time I was 18. I was into heroin, so it was like straight into the deep end. I was very lonely at the time .... I left school and then almost immediately left home. I had a job as a receptionist for a time and then I had another job where I was the manageress of a shop and that is when I started using because I was on my own ... I was in charge of this shop at about 17. It was too much, that's when I started, when I was on my own ... First of all I used mostly on my own. I had been told where to get bottles of cough mixture, that sort of thing, and then I moved into the scene".

"I reckon it was that I wanted to get out of the family, and I wanted to get away from my mum and what she done to me. I started taking drugs. I started going out with women, anything that was wrong or outrageous, especially in the area where I lived, it's not like London. It's very, it's things like that don't get accepted too well. It seems even more outrageous in a town like that to be a lesbian and to take drugs and be in a total mess. And amongst the sort of gay community at that particular time there was a lot of drug use among the other women. I had a relationship with this lesbian girl - the only other lesbian in my town or what I knew of. She was a heroin user".

"I think at that time I was looking for a mother figure. I didn't trust men at all. Because I have always found it very hard to trust men which is weird because it was always me mum that always run off. I was sexually assaulted a few times. I think that put me off men. When I was a child, the first time when I was 5, I used to get a lot of molesters pick on me for some reason ... flashers in the street. I still feel close to women. I would say that I am bi-sexual. I wouldn't say I wouldn't contemplate having another affair with a woman".

"The woman I was living with introduced me to my first fix. She was actually fixing and I used to watch her. I was always really fascinated by it, I used to sit and watch people. I used to watch a lot, I used to watch people fixing and then I used to watch the effect ... I was in the drug scene then but I



wasn't actually injecting myself. I was just taking speed not anything more. Nobody would sell me anything, cos in those days they didn't use to push onto you, that's a lot of old rubbish, people didn't used to give it to me ... My mum gave me my first fix, well she didn't mean to because she had been on sleeping pills for years. I had an accident and ended up getting barbiturates off her for sleeping. Before long I was injecting it".

"I suppose I was introduced to it by my friends really, but they introduced me to it and got out of it. But I really never did. For them it was a phase they went through a lot of people who actually first introduced me to it.... It wasn't just a phase for me. Because I was, like all this childhood that I had. I mean, I did have a lot of problems emotionally, I was very disturbed at the time ... I wouldn't have said that then because that was what people said about me. And I still don't like to say that I was disturbed but I know I was disturbed".

Miriam continued to use heroin and a variety of other drugs. She was sent to borstal (which she "loved") for breaking into a chemist's shop and supplying drugs. Later she spent time in Holloway Prison and was deeply involved in dealing. She formed a relationship with a man, mainly because she had always wanted a baby, and had a child by him which she managed to keep with her despite her drug problem. A number of times she attended clinics (mainly to obtain a script for drugs) but had never succeeded in staying off drugs. At the time of interview, she had recently completed a rehabilitation programme and had been drug free. Since then she had had a "bit of dope and a bit of linctus". She was living with her son and her son's father who was still using drugs. Miriam was 29 when we met her.

### Reconstructing the Past and Looking to the Future

These case histories illustrate well the problems of investigating the reasons why adolescents become involved in drug use from the first-hand retrospective accounts of addicts contacted in institutions. As we all do, the women re-arrange and construct past events to explain and give meaning to their actions. The explanations derive, in part, from their contact with others - including the researcher and the staff of treatment facilities - and reflect others' interpretations of their behaviour. Sometimes this is clearly visible in the comments; for example, when Jo looks back on her sister's remarks about the influence of the book "Go Ask Alice"; or when Miriam reluctantly faces the fact that she must have been disturbed because "people" said so. At other times it is less obvious, as when Jo tries to explain why she felt different from her sisters. Without the researcher's questions she may never have thought about it or attempted to relate it to her subsequent drug use. Would it be fair to deduce from her comments about "high shoes"; "looking nice" and being "one of the boys" that she was rejecting, or at least ill at ease with, some aspects of the traditional female role?

Despite such obvious problems, there is a long tradition within the field of deviance of using personal accounts both to question existing theories and to generate new directions of thought (Plummer, 1983). We still know too little about the process of entering the drug world for adolescent girls. By talking to women involved with drugs and allowing them to speak for themselves, we have sought to obtain a better understanding of the issues pertaining to female drug abuse. The ARU studies have convinced us that we should look more closely at the arguments which suggest that involvement with illegal drugs is different for



girls and boys. As earlier comments have indicated, there are many respects in which the process of entry into drug abuse is similar for females and males; girls of today are not necessarily more likely to be "led astray" or involved circumstantially and involuntarily with illicit substances; nor are they so clearly only passively or peripherally involved with drugs as earlier theories have suggested. At the same time, it would be misleading to dismiss the argument that there are differences between boys and girls as regards their career paths into drug use. However, if we are properly to understand the nature of these differences, it seems we must go further than attempting just to access the influence of groups of preceding factors. We must consider the socialisation of girls within the family and the social and economic structures within which girls mature into, and perform, their female roles. It is by distinguishing more clearly both the similarities as well as the differences between boys and girls in their career paths into drug use that we can best hope to inform policy and direct policy makers' attention towards the interests of women drug users.

## NOTES

1) Official statistics are collected by the Home Office. Any doctor who knows or suspects a patient to be addicted to "notifiable" drugs must inform the Home Office. Addicts attending for treatment or involved with enforcement agents (police, court officials) are likely to be notified. Only confirmed cases of opioid addiction are counted in the statistics. "Notifiable" drugs are 13 opioids (including heroin, methadone, opium, dipipanone) and cocaine. The latter does not substantially affect the statistics which should be considered as reflecting opioid dependence.

2) The table does not include studies of solvent misuse, although it is, of course, a "deviant" activity. Most of the studies report boys to be the major users by far (Merrill, 1985) although in one London Borough it has recently been estimated that as many girls as boys were misusing solvents and it may be that this form of substance abuse is increasing among girls (Working Party Report, 1984).

3) Two studies are currently in progress. One (Oppenheimer/Sheehan) is investigating patterns of help seeking by men and women approaching 4 London treatment agencies for help with drug dependence. The other (Oppenheimer/Thom) is looking specifically at women's drug use by talking to women drug users and those who work with them. Examples given in the text are taken from both studies.



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A typology of life and work styles of 'heroinprostitutes': from  
a male career model to a feminized career model

by Maria Blom and Ton Van Den Berg

In 1981 and 1982 we carried out an ethnographic research project on the subculture of 'heroinprostitution'. The study was commissioned by the Mr. A. de Graafstichting Foundation, a Dutch national institution for documentation, research, information and advice in the field of prostitution. The underlying motive for this research was the question why girls did not participate in treatment programmes as frequently as boys.

Between November 1981 and September 1982 we did fieldwork in the redlight district--the streetwalking areas and heroin markets of Amsterdam--in order to record "the subculture of heroinprostitution": the milieu of addicted prostitutes, pimps, dealers, hotelkeepers, etc. Part of the original research plan was to collect a number of life histories in order to get material on the process of becoming a prostitute. We also wanted to study the prostitutes' 'sub culture'.

Because heroinprostitution is a delicate subject in relation to the outside 'respectable world', we felt we would have to be very careful in building up research relationships in the field. We did not go into the field from an institutional base first of all because the question we were asking was why so many girls, relatively speaking, were invisible as far as institutions and treatment programmes are concerned. Moreover, heroinprostitutes who do contact institutions do not always report that they are "working", as they themselves call it. We preferred to make contacts in the street with girls who were visibly 'working and using'. One of the researchers had access to the heroin-and-prostitution world via his contact with a key figure, a former pimp and dealer high up in the street life hierarchy, but now a heroin user in an ever declining position in this world. This person proved to be very useful in making contacts with other key figures in the business. These key figures, or sponsors--a hotel keeper, an ex-hotel keeper, and the owner of a black bar close to the heroinmarket--gave us passive protection. We were able to work as researchers from then on. The combination of a male and a female researcher worked well: we were seen as "the couple who want to know everything", a non-threatening label. As long as we were not police or journalists, it seemed to be alright.

The interviews were carried out in a room (our 'fieldstation') close to the streetwalking areas. In the course of the fieldwork it gradually appeared that most respondents were willing to tell us their personal histories. In excess of our original expectations, the number of respondents grew to 65, each giving interviews from one to three hours.

This unanticipated quantity of material encouraged a shift in our theoretical perspective: from an ethnographic towards a biographical (developmental) design. Moreover, as we went along the 'subculture' hypothesis had to be dropped: it could not account for the diversity we discovered. Instead the scene appeared to be a 'wild' prostitution market in which the street is the lowest level of a larger prostitution structure with



specific market mechanisms. In large part the street market takes its character from non-professional prostitutes (heroin users). This finding was confirmed by two and a half months field observations in Rotterdam.

### Problems with applying a male career model to prostitution

The different life and work styles which we observed and which the girls reported are connected with different 'routes' leading to the same streetmarket. An examination of these routes reveals a major distinction between these life and work styles, depending on whether the girls appear at the street level as either prostitutes who use heroin or heroin users who prostitute themselves. We will return to this distinction later on.

The original theoretical basis of our career model was borrowed from a Dutch research project (1) on 80 male heroin users. This model is based on the assumption that people have valid reasons for using heroin; reasons that are derived from participation in 'youth subcultures'. The model suggests that at first heroin use is a typical activity of peer groups which can themselves be seen as exemplifying social class related youth cultures. The predominant pattern in this model involves a career from a starting position (class and family background) to a transitory position (adolescence) to a present position and perspective within the heroin structure (differentiated into items like structural relations outside the heroin world, present competences, self image, social vision and future perspective). Janssen and Swierstra (1982) presented their data as a descriptive typology of heroin users, followed by prototypical case histories.

Our female respondents, however, cannot be fitted into this male career model and in many respects they deviate from the predominant pattern. First, females are not as class-loyal in their participation in youth cultures as males are. Some girls in our sample had made a dramatic descent in class through romantic relations. In most cases the girls' parents were separated, so the social class of their fathers (the usual mode of reckoning in sociology) was of little relevance. Furthermore, a number of respondents can be seen as having made a 'false start', a term used by us for youngsters from all social classes whose family situation has not allowed a balanced development of emotional and caring relationships, because of alcoholism, violence, incestuous approaches and so on.

For most of the girls beginning to take heroin seemed rather to be a natural step in a romantic relationship with a heroin user who was probably from a different youth subculture. The girls' 'opportunity structures' were personified by their lovers.

On the subcultural level, females more or less disappear in masculine subcultures; most participate in male-dominated subcultures only indirectly, through their partner. They derive their positions and perspectives from their partners in male-constructed subcultural discourses. Consequently a break-up with a partner results in an erosion of their former identification with the partner's subculture and its discourse.



Faced by our inability to classify female biographies into a male career model, we had to make a second shift in theoretical perspective. The male model had to be feminized. First, it had to be adjusted to take into account specifically female career transitions. Secondly, it had to take into account the implications of sexrole performance in youth cultures, (2) especially those of ethnic minorities.

A major characteristic of female biographies and careers is that most career transitions are made because of personal relationships with lovers and "best friends". For girls personal relations are a catalyst for a change in both position and perspective on the surrounding world; and on the other hand for girls subcultural experiences play a more or less subordinate role. This came out very strongly in our interview materials.

In order to bring some order into our data about the quality of the relationships with their boyfriends which the girls reported we established a typology of sexrole performance. There appeared to be two dimensions along which the relationships varied, namely self-determination/subordination and instrumental/romantic associations of sexuality.

These three variables: family of origin, personal affiliation, and style of sexrole adopted enabled us to construct a typology of heroinprostitutes which explains their differing routes into heroinprostitution and their responses to different kinds of treatment programme. Our more complex alternative model is thus based on the girls' positions and orientations as well as their life experiences. This model explains the differing views of girls about treatment programmes, and why many heroinprostitutes stay away from them. It is not surprising that when male career models are used to 'explain' these young women their responses to treatment appear totally arbitrary !

We constructed five different types of heroinprostitutes to fit the fifty-nine girls and women whom we interviewed in the course of our fieldwork. These types were:

- (i) the professional prostitute (N 13);
- (ii) the occasional prostitute (N 5);
- (iii) the romantic heroin user (N 14);
- (iv) the loyal heroin user (whose career was affected by a "best-friend" rather than a lover) (N 7);
- (v) and the enlightened-romantic heroin user (N 17).

Three interviews could not be used, in one case because of doubts about validity, and in two cases because of bad tape quality.

#### The professional prostitute: heroin as a downfall

Girls in this category typically come from lower class backgrounds where the female style is that of extreme subordination to men. Their starting position in life is in marginal social milieus. Often these girls had been given contradictory information and messages by their parents about what constituted a desirable sexrole performance. In most cases the affective ties between the girls and their families were disturbed because of divorce or alcoholism; in a few cases incest was reported. Some parents had apparently been too rigid,



others too lax in their discipline. The girls reported that they saw valid reasons for running away from their home situation. They did so at an early age (12-14 years old) and most of the girls consequently had not received the minimum of required schooling.

The runaways concerned their parents not least because they were so young and typically got involved in sexual relationships by means of which they arrived at their inevitable destination as a 'man's woman' prematurely (too soon, that is, according to prevalent standards of female behaviour). Typically again for these girls their parents (or the law) had sought professional aid to take over the task of education. The girls were taken into care, where education is arranged strictly in accordance with a traditional female role model; but while they were there they built up a history of running away. In their minds these girls had already made the transition from a position as girl and daughter into that of a 'man's woman'--the only social spaces available to them. Once they had tasted the (relative) freedom of being treated as a woman and not as a child, they said, they were not controllable any more. The subcultural discourse inside the childcare institutions, a true 'bedroom-culture' which concentrated on subjects like romance and running away, reinforced the validity of their reasons for running away. 'Safe' addresses of places to go to were exchanged inside. These girls eventually completed their career transition via romantic relationships with older boyfriends, in many cases from ethnic minorities, and landed up in extremely masculine, deviant subcultures.

Via subcultural connections the boyfriends of these girls had an entrée to the world of prostitution. Depending on the position of their boyfriend in the milieu the girls started either on a high or a middle level in the prostitution structure. The main reason for prostitution was a financial one; but another aspect of the career transition into prostitution was, paradoxically, a romantic one. The girls started to work as prostitutes in the context of a discourse of extreme subordination to their man, and they did so out of love for him. They said that by using their femininity as a commodity they pleased their lover. And in this way they were able to re-translate their behaviour into a romantic perspective. (4) Prostitution was the price of their relationship. Their men could be seen as pimps, able to handle the situation and to direct the romance into prostitution without losing their girlfriends.

Gradually the girls learned from other people and from experiences in their work environment to see prostitution as a profession, with rules which were necessary to protect the trade.

Heroin entered the lives of these girls via the structural overlap between the world of heroin-use and the world of prostitution. Heroin was either part of the girls' working environment or part of the subculture they were temporarily included in via their man.

The time the girls started to use heroin usually coincided with the 'bankruptcy' of their romantic relationship. In most cases the man did not accept heroin use by his woman, even if he



himself was using. Sometimes new relationships followed, with men in lower status positions in the street culture, but the longer the girl was using, the less she could afford to be dependent. Because of their heroin use, these prostitutes were eventually driven out of their professional working environment and had to retreat to the streetmarket. This was the situation of the girls when we interviewed them, but these professional prostitutes still held on to their professionalism in their work style and had a strong dislike for the non-professionals who damage their trade by working cut price on the same streetmarket.

In general, the perspective of the 'professional prostitute' on heroin is that heroin is a weakness. She finds it hard to accept her addiction, whereas she has accepted without difficulty her life style as a prostitute.

#### The occasional prostitute: heroin as a trap

The starting position of the girls of this type whom we interviewed is located in the (lower) middle classes. Their female style was one of relative selfdetermination. Although broken homes were reported, this type of girl did not refer to them as an important factor in her career towards heroin-prostitution.

The parents of these girls too did not, or were not able to, make their discipline very effective. Some of them thought there was nothing wrong with a certain degree of freedom for their daughters. It fitted their image of a female style of selfdetermination. In this ambience the girls had enough space for experimental behaviour without being questioned. They developed a lifestyle of going out as an every day activity which pushed school or work into the background. Fashionable clothes, hashish, and sometimes cocaine were part of this subcultural lifestyle, to which they were linked both via girlfriends and by flirtations with boys. Romance was not yet a very serious subject for these girls. Their friendships with their best friends were still intimate and protective. The "swinging" lifestyle they were involved in was, however, too expensive in proportion to the money they actually had. Extra money had to be earned somehow.

Prostitution, first seriously considered as a possibility by a best friend, provided the solution. Typically the use of sexuality for non-sexual aims was regarded as legitimate by these best friends, and so moral inhibitions could be set aside without too much difficulty. In the discourse between these girlfriends prostitution was typically regarded as an occasional and short-term affair about which nobody else in their personal environment needed to know anything. The girls started to work in the street because they could go there relatively unnoticed. They did not want to identify themselves with professional prostitution and did not see themselves as prostitutes. Their market value was high: they were new and young. The money earned with prostitution enabled them to develop an independent material status which in the context of their overall lifestyle fitted well with the female style of self determination to which their families had predisposed them. This contrasts with the subordination experienced by the professional group at the same age and career stage.



Once again, however, the structural overlap of the prostitution and heroin worlds brought the girls into contact with heroin. In some cases together with, in others introduced by, the best friend they first tried heroin after work as a prostitute. Soon heroin became connected with 'working': it made 'working' a lot easier. The spiral of 'working and using' brought them into full-time prostitution. In this phase of their career girls of this 'occasional' type of heroinprostitute got into steady relationships with boyfriends they had met in places where their subcultural lifestyle flourished: mainly in coffeeshops and discos. The boyfriends were from varied ethnic groups, white as well as black, and roughly from the same class background as the girls. Their attitudes towards females were moderately traditional. In this situation romance sometimes worked the other way around: most of these boyfriends started their own heroin use via their girlfriend.

At the time of interview, when they were already heroinprostitutes, these girls typically were trying to retain their female style of selfdetermination and economic independence, to at least a limited extent. They wanted to hold on to a separate economic identity; when the boyfriend was unable to earn enough money for his own habit they would support him, but they did not want to be a permanent breadwinner for two.

As long as prostitution provided them with enough money, these girls did not see working as a problem and could survive relatively comfortably in the heroinprostitution milieu. When the girls in our study did kick their habit for a while, the danger of recidivism was hidden by working from time to time in order to get some money. For these girls 'working' has become so entwined with using that it is hard to stay away from heroin at the place of work.

The way the occasional prostitute sees prostitution and heroin is ambivalent. Her workstyle has become semi-professional but she does not want to identify herself with the world of prostitution nor does she want to see herself as a real junkie who goes to extremes in the use of drugs.

The romantic heroin user: prostitution in a caring perspective

This type of heroinprostitute can also be characterized by her female style of subordination. Traditional sexrole aspirations are a matter of course in the lower and lower middle classes in which these girls were born.

The homes from which these girls came were characterized by alcoholism, violence and neglect. Being female, a structural change of position could only be attained by these girls if they searched for and found 'the right man' with whom a family of their own could be started. Their schooling and their jobs were attuned to this sole end.

A lot of girls of this type also ran away from home when their first serious romance began. These first boyfriends were typically oriented to a subcultural lifestyle in which the use of drugs was a central activity. Most of the boyfriends were heroin users before they met the girls, but (with a few exceptions) these boys as yet had no links with the world of prostitution.



The kind of romantic relations that the girls developed can best be described as 'harmonious inequality': the position of subordination suited the girls as a clear and familiar one.

As in the case of those who became professional prostitutes, running away from home led to a doomed attempt at rehabilitation on the part of the authorities by subjecting the girls to care orders. The girls, of course, ran straight back to their boyfriends again. But unlike those who became professionals they did not get involved in the opportunity structure of prostitution, since they did not have to use their sexuality to secure 'a safe place' to spend the night. For these girls sexuality is connected only with romance and--in the back of their minds--with the stability of their position as a 'man's woman'.

For the romantic heroin user the heroin opportunity structure is personified by her lover: she derives valid reasons for heroin use from her romantic relationship. Heroin will unite her more than before with her boyfriend. Sometimes a process of isolation from the respectable world because of her romance with a heroin user has preceded and facilitated this step; sometimes, however, heroin was tried without premeditation.

At first the boyfriends paid for the heroin. In a few cases the girls cooperated with them (albeit from a subordinate position) in illegal activities, but most of the girls whom we classified in this way said they stayed in the background rather passively. However, when times got hard, when their joint income decreased while more heroin was needed, new strategies had to be developed in order for the couple to survive as heroin users.

Again, as in almost every case, prostitution was thought of because of the structural overlap of the heroin and the prostitution worlds. The girls knew the possibilities from what they saw in their daily environment and from contacts with other girls on the heroin market. After having gone through several economic crises, prostitution eventually became an acceptable alternative for these girls. Most of them started without any knowledge of the work, whether they began on their own initiative or at the instigation of their boyfriend. Discursively and psychologically the girls have been able to build prostitution into their relationships by shifting from a romantic to a caring perspective. The money, they say, keeps their boyfriend from dangerous activities and enables them to bind him closer to them.

In the course of their career as heroinprostitutes some girls have experienced a 'bankruptcy' of the romantic relationship for a variety of reasons: the pressure of the lifestyle, rejection by the boyfriend because of her very action in starting work as a prostitute, or because they discovered that they were being pimped after all. Most girls do not regard their boyfriends as pimps, however, especially not when they themselves have taken the initiative in taking up prostitution. They see their present situation as a logical consequence of heroin use which leaves them no other alternative. Besides their boyfriends do not behave like pimps.

In the course of her career as a heroinprostitute the typical romantic heroin user comes to see prostitution as a means



of survival. Over time, her workstyle develops from an amateur to a semi-professional style. With support in their immediate environment (boyfriends) and a still more or less romantic perspective on heroin use, these girls have not lost their self-respect because of being heroin prostitutes. As they see it, to use heroin is no shame and to work as a prostitute is the only way to sustain the habit. Then again, prostitution does not cause any harm to the outside world, so why is everybody so concerned ?

A best friend route towards heroin use: heroin and prostitution as a downfall

Typically these heroin prostitutes started life in the (lower) middle class. Their female style is one of relative self-determination: The girls we classified in this way interpreted their family situations variously in ways ranging from problematic to normal; in most cases the situation had not led to these girls running away from home.

In conversation all these girls described an intimate relationship with a 'best friend' during adolescence. In some cases this friend was regarded as the only person worthy of their affection. These best friends were often older, more experienced, and had a wider range of social contacts. The best friends of the girls in our sample had all become involved in a drug-subculture themselves as a result of a romantic relationship, and had started to use heroin. They invited their girlfriends to try heroin as well. The girls accepted the invitation, sometimes out of curiosity, sometimes--as they expressed it--because they had nothing to lose except their girlfriend. Looking back at that moment of entry into the heroin world this type of heroinprostitute often says she was more or less talked into heroin use by her girlfriend. In that respect she differs from the (enlightened) romantic heroin user who defends her connection (her boyfriend).

Once inside the heroin world these girls have not managed to settle into a position that they experience as relatively safe, that is in a romantic relationship with a male heroin user. It seems as if from the moment these girls realized the consequences of heroin use, they felt they had chosen the wrong path; but by then they were unable to turn back. This ambivalence towards heroin use is visible all through their careers.

Heroinprostitutes who had begun their careers in this way also had a romantic view of sexuality. However, they tended to concentrate their romantic feelings on men that they met outside the heroin world. Without a settled position inside the heroin world, an image of the road out of it was kept open, via a romantic relationship with a non-user. Some of the girls had managed to stay away from heroin that way for a considerable period of time, but went back to heroin use after a collapse of the relationship.

These girl heroin users have always thought of prostitution as the lowest they could possibly sink and have tried to delay this step as long as possible. Their middle class backgrounds have enabled them to develop alternative competences: some girls were able to stick to their (legal) job for a while: others had



learned illegal trades as a result of short term alliances with other heroin users. At a certain point in their career, however, these girls turned to prostitution: circumstances slowly broke down their resistance to using their sexuality as a commodity. The entry into prostitution was often facilitated through a girlfriend, who was already 'ahead' of them in that respect. Prostitution led them quickly into a vicious circle of 'using and working': heroin is unbuyable without prostitution and prostitution is unbearable without heroin.

This interconnection between heroin and prostitution applies to all the heroinprostitutes we interviewed, and especially so to those who have not been able to accept the use of their sexuality for non-sexual aims. This type of girl gets no approval from any significant person in her environment. Since in her case heroin does not have a symbolic reference to romance, she has more difficulty in developing a personal theory which can justify her lifestyle as a heroinprostitute. Her continuous ambivalence towards heroin makes it difficult to find an excuse for the addiction itself. Some of the girls in this category did have affairs with heroin users in the course of their careers as heroinprostitutes. If possible, they stopped working; if not, they hardly ever shared their incomes with their partners. In their present situation and with this ambivalent orientation these girls are unable to cope with the fact of their prostitution: their work style is still non-professional.

This kind of heroinprostitute is a frequent user of treatment programmes, 'high barrier' programmes included, but after having tried and failed several times such a girl may feel she is a failure on all fronts; these girls feel this more than any other type of heroinprostitute.

The enlightened romantic heroin user: prostitution as a downfall

The heroinprostitutes that we classified this way were typically emancipated and self-determining, having had an emancipatory middle class education. Although their families could have supported them during higher education most of the girls did not finish school: a premature break with their home environment prevented this. They reported parental separation or situations of serious conflict, which they themselves saw as part of the reason for their leaving home. Besides these 'push factors', rebellion against the total social order as represented by their parents was for them a valid enough reason for a break from the family. This 'rebellion' was personified in the choice of a boyfriend who participated in the youth subculture. With two exceptions, none of these girls was sent into care. Evidently, such institutions do not cater for those from the middle classes.

In tune with the spirit of the times, the girls got acquainted with different subcultures, derived from middle class discourses (hippies, punks) mixed with lower class elements. The sexrole performance in these subcultures can be characterized as moderately masculine. The girls got acquainted with the discourse and settled into the subculture because of their romantic attachments, and were able to adapt to the subculture as females presenting themselves as relatively selfdetermining. But this career transition via a romantic relationship did not mean



that now they had reached their destination. Other options stayed open at this stage apart from simply 'being a woman'. However, their relations with men did involve a total way of life: the girls made a total commitment to romance within a total subcultural lifestyle. In many cases their first big love was a man from a different social economic background from their own.

Typically these girls' partners were either beginners as heroin users not yet entangled in the problems that are consequent upon addiction, or they went hand in hand with their girlfriend over the threshold towards first heroin use as a result of the man's subcultural connections with the heroin world, which became their joint 'heroin opportunity structure'. The period of starting to use heroin was experienced as a double honeymoon: the euphoria of love combined with the euphoria of heroin. For the romantic heroin users the romantic relation with their lover was an encouragement to set aside emerging doubts about the danger of heroin.

The use of their basic identity, their femininity, for money, was the very last possibility to which these girls resorted in order to get heroin. Before that crucial change in position most girls had learned quite a lot of survival strategies. They made the career transition into prostitution only when all other possibilities like dealing, burglary, fencing, etc. which they had learned either from their boyfriend or by now, through their own subcultural contacts, had failed and neither they nor their boyfriends were able any longer to provide the necessary money for a growing addiction. This type of heroinprostitute began her trade directly at streetmarket level, without any prior knowledge of the business.

The career transition into prostitution was a downfall in the eyes of both the girls and their boyfriends. The girl had to adjust her romantic perspective on love and learn to use her sexuality for non-sexual aims; the man, if he knew, had to accept his status as a prostitute's boyfriend. Both had difficulty in coping with it. Prostitution was used to balance the budget; as soon as other possibilities were available, prostitution was stopped. For most of these girls at a certain point in their career as heroinprostitutes the romantic relationship ended or became empty due either to circumstances related to druguse (especially cocaine) or to the experienced inequality between the partners because of their differences in social background (mostly the girls were the ones who broke up relations because of this). Afterwards the girls chose to operate as prostitutes independently and when they are independent, as at the time of interview, they deal with love on a part-time basis or put it aside for a drug-less future.

Given their present position and self image the workstyle of this type of heroinprostitute is non-professional. These girls have not managed adequately to translate their femininity into prostitution. In their work they undercut the market price and use sexual techniques in a way that belongs rather in a romantic setting than in a professional one. In the meantime they keep looking for an alternative.



As prostitutes these girls do not accept themselves: as heroin users they still see valid reasons for drug use in the societal context they live in, which has got worse because of the spiral of 'using and working'.

#### Conclusion: the success and failure of treatment programmes

These five types of young women, with different approaches to themselves, to prostitution, and to drug use not surprisingly also have quite different views about drug treatment programmes, and use them to a varying extent.

For professional prostitutes participation in drug rehabilitation programmes is minimal, paradoxically because they see drug use as a weakness. Drug rehabilitation programmes are meant for "junkies", they say, whereas these young heroinprostitutes see themselves first and foremost as prostitutes and not as "junkies". So long as their professional competence is adequate to sustain their habit, they do not feel the need for help. A kind of pride is involved. Moreover, it will be remembered that this group of women had experience of being in care as children, and this past contact with official institutions has made them reluctant to repeat the experience. To emphasize this reluctance further, most of these girls said they were afraid of a double addiction if they used methadon as a substitute for heroin. They derived this point of view from their association with men from ethnic minorities. And finally, they saw no point since as professionals they would continue to work anyway.

The distance which the occasional prostitutes maintained from drug rehabilitation programmes was more remarkable. They no more wanted to be identified as "real junkies" than as "real prostitutes". From time to time one of them might kick her habit, but she would appear in the street again to make some "occasional" extra money, and again find out that for her this had become impossible without heroin. For these self-determining young women admitting addiction involved a loss of valued independence. And going on a treatment programme involved admission of addiction.

Romantic heroin users were, in some cases, willing to give drug-rehabilitation programmes a try--provided they offered unconditional help. They were willing to use methadon maintenance programmes to ease the burden of their lifestyle, working full time as a prostitute every single day. Such programmes enabled them to hoard black market methadon for the heroin supply crises which inevitably occur from time to time. They are able the better to car for the needs of their menfolk, in this way. But of course, 'high barrier' programmes are ineffective with these girls for thom heroin use is not seen as shameful, the only problem being to finance it.

'Loyal' users, for whom prostitution was a personal downfall and shame, were the least adjusted to their lives as heroinprostitutes and oriented to a dream of a male saviour beyond the confines of the prostitute-user world. So these girls were frequent users of treatment programmes, including high barrier ones. Plainly those for whom the programmes worked would not have been in our sample; but for the girls we spoke to who



had tried and failed several times to kick the heroin habit the experience of failure on the programme left them with no identity props. Such girls could feel that they were failures on all fronts: certainly they felt this more than any other type of heroinprostitute.

Finally, the enlightened-romantics saw no need either to kick their habit or to change their lifestyle so long as they were living with a partner. And even afterwards when they are operating independently heroin retains a symbolic value related to their romantic period in a user subculture. Heroin is still thought of as a pleasurable drug: only the consequences are terrible. The symbolic meaning of heroin wears off slowly, but traces remained in the girls we spoke to. And, they say, in any case it is society which creates the problems that make people want to use drugs.

Like the 'pure romantics', enlightened romantics use rehabilitation centres and methadon programmes not to kick but mainly to sustain the drug habit. In the main these girls do not want to change their lifestyle: therefore they do not want to make use of high barrier programmes. And furthermore, they say, social workers are prejudiced and treat all junkies alike: for these girls, their individuality is at stake.

This analysis shows very clearly why the available treatment programmes largely fail especially at the beginning of the girls' careers as heroin prostitutes. These programmes are not geared in any precise way to the girls' life experiences or their special needs as they understand them. Treatment programmes should take into account the specific reasons for drug use among girls and young women, the specific relationships that sustain their habit, or the specific (and very limited) alternative lifestyle opportunities open to them.

We have also tried to reveal the specific rationalities of the heroin-prostitutes we spoke to, and also the contingence of their life chances. For three of our five groups of girls it could truly be said that they got into their present life situation because of their romantic relationships with men; the fourth group acted rather independently of men, but the fifth group were looking to men as their only chance of a way out.

#### Notes

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THE HEROIN PROSTITUTE IN THE STREET NETWORK:  
LOW-DENSITY LIFE IN A HIGH VISIBILITY SETTING

by

Claire Sterk and Charles Kaplan

(c) Claire Sterk & Charles Kaplan 1985

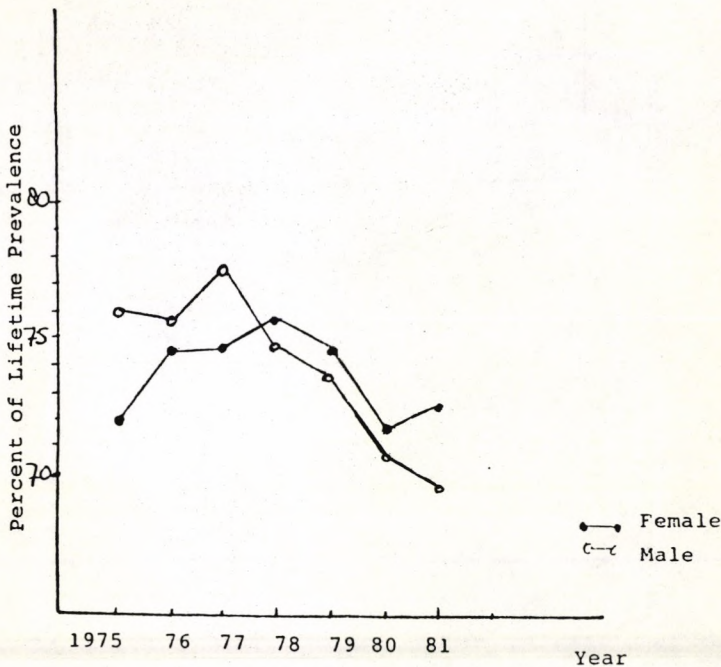




## Introduction

There is a growing awareness of the special problem of women and drugs. Public stereotypes have usually placed men as the problematic heroin and alcohol users and clinical programmes have tended to concentrate on "male solutions" for "male problems". However, recent United States data suggest that the gap between men and women is closing in this field. (1) One significant finding has been the change in smoking patterns, the drug that most young people begin with. Young women have not only surpassed young men in tobacco smoking in 1978, but the trend shows women increasing smoking while with men it is in decline. The "image" for substance takers is becoming more and more feminine. In the prevention field, this phenomenon is called the "Marlboro girls" phenomenon. The image of masculinity and drug taking is being eroded. The new trend is to feature women in advertisements.

Figure 1. Trends in lifetime prevalence of tobacco smoking among youth by sex from 1975-1981 in the United States

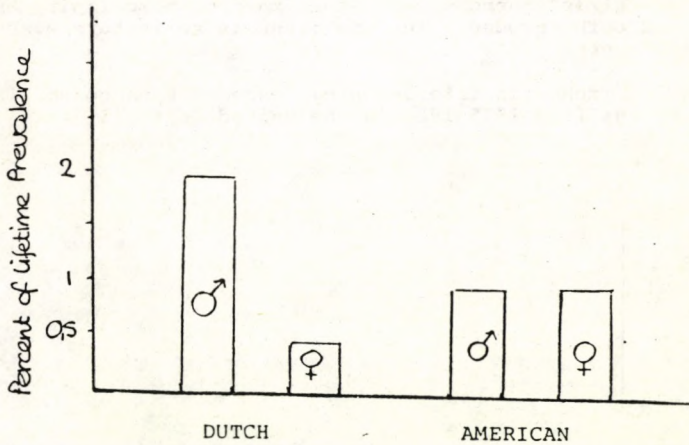


(Source: NIDA, 1983)



The focus of this paper is upon women in the Netherlands using a substance of great public concern, heroin. Actually heroin using is still a small problem by prevalence standards when compared to tobacco. Heroin use is predominantly a problem of young men, except in the United States where heroin use is about the same in the young female and male groups. In the Netherlands there are differences between young females and males. In 1983, 2% of young Dutch men and 0.5% of Dutch young women have used or are using heroin. The number of women using heroin is small, but it is socially significant. These young people are very visible in the society.

Figure 2. Lifetime prevalence of heroion use among males and females in the Netherlands and the United States



(Source: SWOARD, 1981  
NIDA, 1983)

The role of drug taking adolescent girls is paradoxical: on the one hand they are viewed as having a less serious drug problem than boys; on the other, a girl with a drug problem is considered to be sicker than her male counterpart. Women are seen as less stable than men (2).

There is a strong relationship between sex roles and street roles. The addiction of young women using heroin is often tied to careers in prostitution. An intensive study of American heroin addicts describes the life of these women as a "career of narrowing options" (3). The young women must enter prostitution to support their habits and this leads to social strains. Several studies show that there are two separate ways into the world of prostitution (4). One way is through first beginning prostitution and then later using heroin. In this case heroin acts as an occupational support allowing the young women to cope with the excessive pressures of this profession. The other way is first using heroin and then turning to prostitution as a stable way of supporting one's habit. The role of an intimate girl friend can be decisive: young women introduce one another to heroin or prostitution. Also it has been found that women are often introduced to heroin or prostitution through an intimate male friend. The male friend may be a "helping" pimp or he may be a lover. In each case the fear of losing the masculine relationship is exploited in the situation.

The research on which this paper is focussed is concentrated not only on the life-histories of heroin prostitutes but especially on their networks. This work complements the research of Van Den Berg and Blom on life-histories of heroin prostitutes (5). At the moment fieldwork is being conducted in Amsterdam and Utrecht, concentrating on the networks of heroin prostitutes. Amsterdam is the capital of the Netherlands and Utrecht is a medium-sized city. The population of Amsterdam is three times as great as that of Utrecht. Yet in both cities there are complex social networks of heroin prostitutes. This paper reports on an intensive analysis of a single network in Utrecht. It represents the "pilot" phase of our study. Comparative work is planned in networks of the two cities, but is not yet ready for reporting.

## Methodology

### Chain Referral Sampling

Heroin prostitution is a social activity. It is a social phenomenon in which social indicators (e.g. class, age) are less pertinent than social ties. Network analysis has become a proven technique for examining the structure of ties and links from which social phenomena are built. A network can be described as a set of specific linkages among a defined set of people, with the additional property that the characteristics of the linkages as a whole may be used to interpret the social behaviour of the people involved (6).

To study one or more networks the basic problem is how and where to find the right people; that is the problem of sampling. A technique that can be used is snowball or chain referral sampling. A chain referral sample is created through a series of referrals that are made within a circle of people who know one another (7). The method of snowball sampling is particularly



applicable when the focus of the study is on a sensitive issue, and thus requires the knowledge of insiders to locate people for study (8). The basic theory of chain referral sampling was developed by Goodman over 20 years ago. (9) He used the method when the structure of relations between people or other units of analysis possessing some attribute is to be sampled. For instance: if it is desired to sample heroin prostitutes, a probability sample of 1000 persons might only produce 10 heroin prostitutes, and only a few of these 10 women could be expected to know each other. This sampling procedure would provide little or no information about the structure of relations--that is the network--among heroin prostitutes. But if 150 of the initial 1000 respondents are able to provide the name of one heroin prostitute, and these women are then interviewed, many of them could be expected to know each other. Through direct application of the theory of chain referral sampling information on relations may be gathered (10). In "classical" chain referral sampling a probability sample of  $x$  persons is first selected; this sample is binomial. A subset of the  $x$  people is chosen at random for inclusion in the zero-stage sample, and people who are named by them are in the one-stage sample, and so on.

TenHouten linked the sampling method to statistical inference in order to test population parameters. The entire matrix of all relations for the population can be known only through interviewing the entire population. However, through the theory of snowball sampling a number of properties can be estimated without bias. According to TenHouten it is possible to use the sample matrix to estimate the chance expectancy for: the total sample size, the number of reciprocal choices, the number of "cycles" of a given length, the distribution of personal influence in the matrix, and the number of relations.

Biernacki and Waldorf (1981) used the method of snowball sampling in their study of ex-opiate addicts. They discuss five aspects of snowball sampling, namely: finding respondents and starting referral chains, verifying the eligibility of potential respondents, engaging respondents as research assistants, controlling the types of chains and number of cases in any chain, and pacing the monitoring chains and data quality. (11) Charles Kaplan, a student of TenHouten, together with a group of researchers in the Netherlands is working on the refinement of the method. The characteristic features of the method are: both qualitative and quantitative data are gathered, and the ethnographer doing the fieldwork and the network analyst are research roles of a single person.

#### A Heroin Prostitute Chain

In using the chain referral method the first methodological problem is to locate a study sample. In the exploratory study we departed somewhat from Goodman's "classical" procedure and did not start with a random probability sample. Instead we began with the procedure of Ten Houten involving the site sampling of "biased nets". That is, heroin prostitution is a phenomenon that is socially visible and it is not very difficult to locate heroin prostitutes. In Amsterdam and Utrecht heroin prostitutes work on the streets in certain neighbourhoods. These neighbourhoods, or more precisely, streets in the neighbourhoods, became our sampling sites. Parenthetically, although it is not very



difficult to find the sampling sites for heroin prostitutes, there is more difficulty in starting the sampling chains. In both cities there was the problem of the neighbourhood people. They protested against the presence of heroin prostitutes, their pimps, their clients and their dealers. The neighbours made known their problems through the media and did not make it easy for outsiders to contact the prostitutes. Therefore we were forced to work with closed nets and to use the probability methods not at the zero-stage, but at later ones.

The fieldworker (Claire Sterk) went to those neighbourhoods, hung around talking with some women and explained to them the aims of the research. The fieldworker, a woman, was no rival and the women interviewed felt support for the project. After some informal conversation the first referral chain was started. Anne was the first heroin prostitute systematically interviewed. She was asked to mention the names of three other heroin prostitutes.

Anne represented the zero-stage sample and the three women she mentioned are in the one-stage sample. One of them mentioned two other heroin prostitutes and they are in the two-stage sample. The broken lines in Figure 3 represent referrals that were non-selected by our probability procedure. The unbroken lines represent those referrals started and involved. Figure 3 represents a referral chain carried to four stages of sampling. Note that the number of reciprocal chains is low. The one-two-three-stage sample do not select "participants" of an earlier stage. This provides one parameter measure of the networks. The chain represents--network density. In Utrecht the density is low, which means that referrals are expanding out into the "general population". Apart from these formal parameters note also the "substance" of the chains. The network is young and mixed nationally. We will have more to say about this below.

## Interviews

Interviews are an important source of data on the substantial characteristics of the networks of heroin prostitutes. We employed a focussed interview for collecting background data as well as data on the variables used by Fraser and Hawkins (1984) in their network analysis of American heroin addicts. These variables are: social interaction in different social contexts, length of acquaintance, use of (hard) drugs or alcohol by network members, the degree to which network members support prostitution and the use of (hard) drugs, the desire to imitate people outside their network, closeness, density, the degree to which thoughts are shared, instrumental reciprocity and the network size (12).

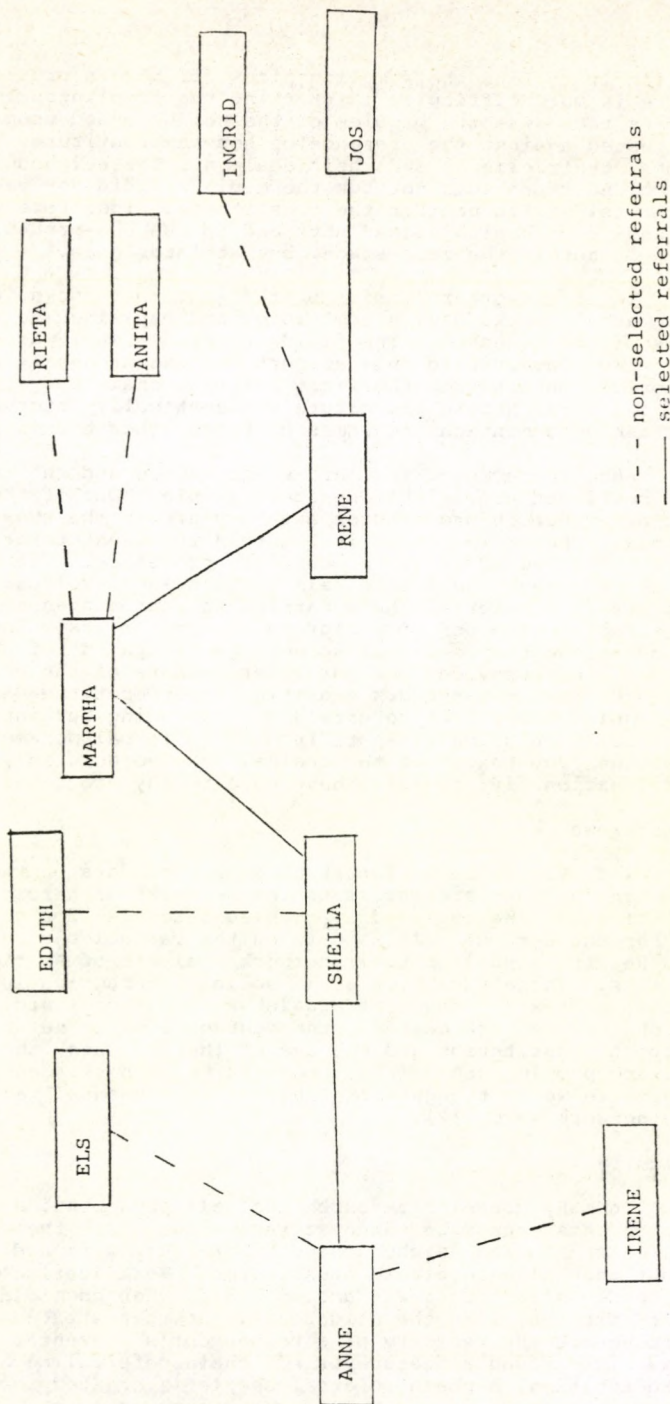
## Validity

In many areas of research the self presentation made by respondents cannot be taken at face value. All the women are approached in the neighbourhoods where they work and it is beyond doubt they all are heroin prostitutes. Verification of the respondents' accounts was accomplished, when possible, through third parties, like the neighbours. Another strategy used to corroborate the veracity of a respondent's presentation was made possible through a feature of the chain referral method itself. By definition, a chain referral sample is created through a



FIGURE 3

A HEROIN PROSTITUTE CHAIN



series of referrals that are made within a circle of people who know one another (13). Respondents are interviewed as they are located and become available. Note also that after the zero-stage, control over the referral chains becomes more specific in that the sample of heroin prostitutes begins reflecting the general characteristics of the population of heroin prostitutes. As the chain grows this means that the sample contains women from all classes, from different racial backgrounds, and from different geographic areas. Some women always lived in Amsterdam or Utrecht, but three quarters of them grew up in little towns in different parts of the Netherlands or abroad.

## Findings

In Fraser and Hawkins' study (1984) of the networks of heroin addicts, density was an important variable. They defined network density as "the natural log of the population of alters that know each other". Oddly enough, this variable did not cluster with other network variables such as closeness and size and was not related to crime, hard drug, conventional drug and intimacy influences. Yet, for the subgroup of heroin prostitutes, it seems, from our research, that density plays a significant role. In a sense, our definition for density was more strictly operational than the definition Fraser and Hawkins used. We defined network density as a function of the number of reciprocal referrals in a network, not by the more vague concept of knowing each other. We felt that to know one another was not as strict a measure as actually referring to one another. Therefore one main finding was that the Utrecht heroin prostitute network has a low density--a "zero" density in fact since, after four stages one would expect at least several reciprocal referrals. From our fieldwork in the networks we knew that many of the heroin prostitutes knew one another, but were not referring in an operational sense to one another. How can this be explained? One tentative explanation involves the fact that there is a strong ecological bond that determines the link between the prostitutes. It seems that neither nationality, education level or friendship bonds with non-heroin users accounts for the structure of referral processes. Rather it seems that prostitutes are referring to other prostitutes who are there on that special night in that special street. It seems in Utrecht at least that the prostitute networks are ecologically determined. Individual prostitutes develop links based upon the fact that they are working in the same street at the same moment. Unlike "house" prostitutes where the presence of pimps and non-heroin users, as well as ethnic relationship seems to determine the networks. For the networks of heroin prostitutes it is important to "belong to the streets". This accounts for the special aggression that the neighbourhood has towards these women. Instead of the low density of the networks of the heroin prostitutes are the high density networks of the neighbours.

This quality of low density networks for the heroin prostitutes is exemplified in the account of Rene. Normally speaking heroin prostitutes do not have much contact with their family. But they are pushed to their family when the neighbourhood becomes too hostile for their "low density", and "high visibility".



"The police is after me because I am too young and because I was hanging around in y-street. I know it is forbidden to work there (...). The police took me to their office (...). I have to wait for my fine. I don't have any money any more and the situation is getting too heavy. I am going to stay with my mother. She will take care of me".

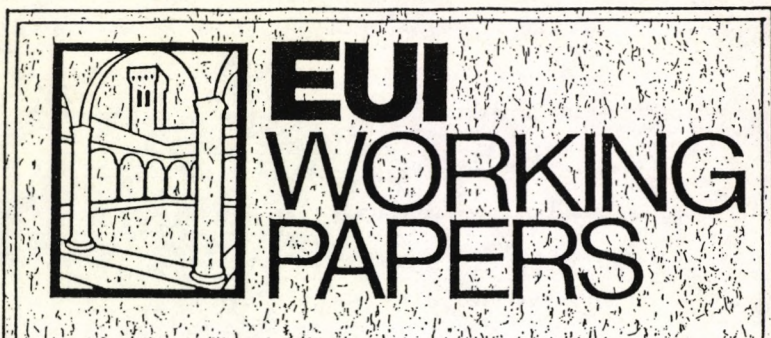
In our further research we will find out more as to under what conditions "low-density" networks function and we will test the hypothesis that this represents the general form of social relationship of heroin prostitutes or is just a special and/or exceptional case of the middle-size city of Utrecht.

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