

# DRUGS AND DEPRIVATION

AS DRUG MISUSE has claimed its increasing share of public attention and fantasy, there have been good reasons for demanding sound, independent information about the nature and dimensions of the problem. Locally-based prevalence studies have been the primary source of new information, and several of these have begun to consider whether there is a link between deprivation, unemployment and drug misuse.<sup>1, 3, 4, 8</sup>

The most usual approach has been to assess the social characteristics of an area using indices of deprivation. The extent of the correlation between high prevalence of reported drug misuse and severe deprivation has then been examined. Results from different areas have proved remarkably similar. The Nottinghamshire survey<sup>1</sup> correlated the geographical reporting of individual problem drugtakers (as defined by Hartnoll *et al* in 1981<sup>2</sup>) to a recent district index of deprivation. The report concluded: "With a good degree of certainty there is a strong correlation between an index of deprivation and the prevalence of drug misuse in Nottinghamshire".

The Wirral prevalence study<sup>3</sup> used nine socioeconomic indicators derived from 1981 census data to analyse the distribution of drug misuse within the survey area, concluding: "These areas with large numbers of problem users clearly have the highest rates of unemployment and other indicators of relative social deprivation". Both studies also suggest that in any area those individuals who suffer relatively high levels of social deprivation will be more likely to become problem drugtakers.

Perhaps the most striking finding in the Wirral was that over 80 per cent of identified problem drugtakers were unemployed, of which more than two-thirds had been unemployed for over a year.

The Nottinghamshire and Wirral studies identified individual drug users (mainly

Politicians score points and academics wrangle, while to the 'man in the street' the relationship between drugs and deprivation probably seems beyond question. But just what is this relationship? Ira Unell investigates one of the most politically sensitive issues in the drugs field today.

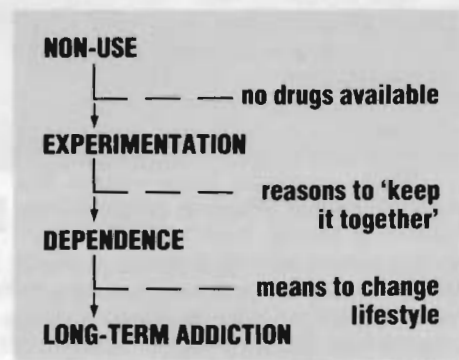
Ira Unell

using markers instead of names) and could show statistical correlations. Other studies, such as that carried out in Glasgow,<sup>4</sup> did not mark individuals but concluded: "Qualitatively, heroin use has become normalised among some groups of young people and has spread particularly rapidly in communities which are currently experiencing high levels of unemployment and, as a consequence, multiple social deprivation".

ment is that problem drug users drift into the poorer areas of cities as they progressively lose status, job, family and home. This is countered by the view that the deprived circumstances experienced by some individuals make oblivion through problem drug use a viable alternative to the harsh realities of their lives. In both these versions, drug misusers are seen as passive victims, either of their drug use or of their economic circumstances.

But how far do drug users actually feel oppressed by their circumstances? Does the image of the 'trapped' user simply provide conventional society with an explanation for the 'inexplicable' behaviour of people who have rejected its goals and values? Nigel South and Nick Dorn<sup>5</sup> have suggested that drug misusers are not passive, lazy loners, but active and committed entrepreneurs within a fast-growing fringe economy. This alternative economy generates a wide diversity of enterprise, including: small-scale production; cash-in-hand building work, repair and renovation; transport; personal and sexual services; and the buying and selling of drugs. It is precisely in areas of economic decline that this fringe economy will grow the fastest. It is regulated not only by economic forces but by the need to organise personal, social and economic life around the opportunities available in areas in which the formal economy has retracted.

So there is a dichotomy between the perception of drug misusers as active, entrepreneurial actors on the broad stage

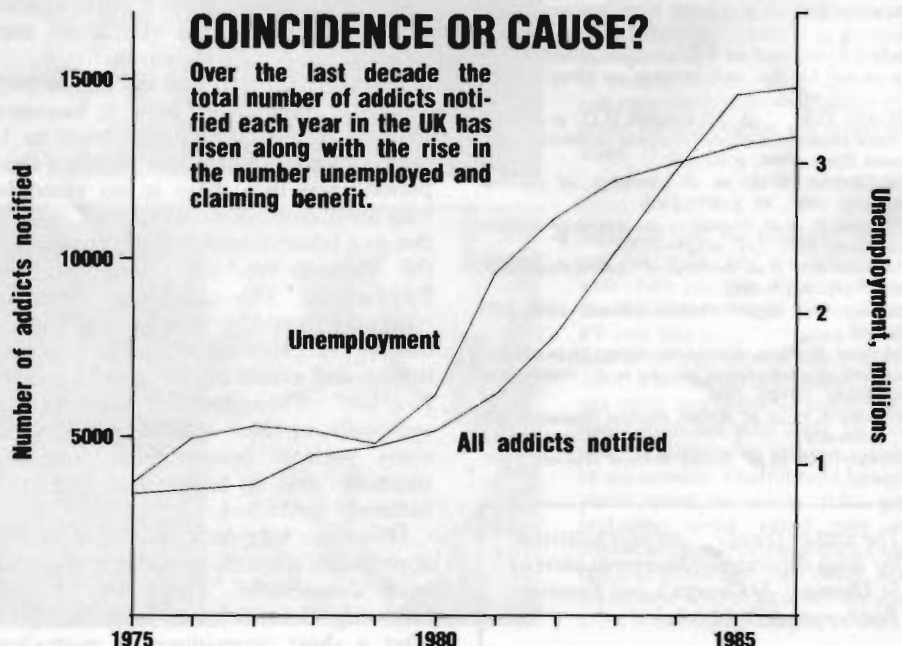


Factors which could block the transition from non-use through to addiction may be lacking in deprived areas.

Recent research therefore confirms the common intuitive assumption that problem drug use and deprivation go hand in hand. Explanations for this relationship are of two main kinds, roughly corresponding to two political philosophies. The first argu-

1. Bradbury J. *et al.* *Drug problems in Nottinghamshire: a survey of prevalence.* Nottinghamshire County Council, 1986.
2. Hartnoll R. *et al.* *Monitoring problematic drug use.* London: North East London Drug Indicator Project, 1981.
3. Parker H. *et al.* *Drug misuse in Wirral.* University of Liverpool, 1986.
4. Haw S. *Drug problems in Greater Glasgow.* Glasgow: Standing Conference on Drug Abuse, 1985.
5. Dorn N. *et al.* *A nation of shopkeepers: dynamics of drug distribution.* ISDD, 1985.
6. Lewis R. *et al.* "Scoring smack: the illicit heroin market in London, 1980-83." *British Journal of Addiction*: 1985, 80 (3), p.281-290.
7. Pearson G. "Social deprivation, unemployment and patterns of heroin use." In: Dorn N. *et al.* eds, *A land fit for heroin?*, London: Macmillan, 1987.
8. Polley S. *et al.* *Drug survey 1985-86.* Leeds Addiction Unit, 1986.
9. Personal communication.

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of the fringe economy, and those who see them as the passive, dejected victims of an economic system which limits choice. Rather than wholly embracing one or other of these contrasting views, it may be more realistic to see drug misusers, like other people, as taking both active and passive roles within personal, social and economic relationships. However, it is likely that some forms of drug misuse exaggerate the swings between active and passive orientations. Hyperactivity brought on by amphetamine use may, while it lasts, make the user more inclined to act on pressing but mundane problems such as a disconnected electricity supply. When withdrawing from amphetamines, lethargy may descend.

ALL THE MODELS outlined so far imply a causal relationship between drug use and deprivation, but even if valid, they cannot provide a full explanation. What is certain is that the decision to use a drug is a complex one. It is influenced by many factors including price, availability, peer-group pressure, boredom, the wish to enjoy the consciousness-altering effect, personality and, for some, physical and or psychological dependence. How does social deprivation interact with these factors?

Over the last five years the cost of some illicit drugs, particularly heroin and amphetamines, has fallen.<sup>6</sup> As a result, at least in some areas of the country, they now compete with legal drugs such as alcohol or with less harmful prohibited drugs, notably cannabis. Younger poly-drug users can show great flexibility in switching between drugs. The lower price of dangerous drugs, combined with their wider availability in areas of social deprivation and high levels of use, make experimentation more likely — a pattern further encouraged by the high price of cannabis.

Many unemployed people complain of boredom, and this is especially true of young people without personal or family commitments who have many 'vulnerable' hours in the day. High unemployment in an area is usually associated with a poor standard of public housing and leisure provision. There may be very few activities which are both socially approved and acceptable to young people themselves. Illicit drug use, however, is exciting and absorbing — an effective antidote to boredom. One of the more bizarre effects of the recent advertising campaign against drug misuse has been the elevation of the youth with the spotty skin and the heroin habit into a minor cult hero in many areas. The chance to identify as a 'junkie' may compensate for some of the emptiness of unemployment.

An individual's use of drugs can range from 'one-off' experimentation to physical and psychological dependence. So far, little research has been done on the relationship between experimentation and the availability of illicit drugs. However, it is not unreasonable to assume that the wider availability of drugs in deprived areas is a stimulus to experimentation. But do deprived social circumstances encourage experimental users to go on to develop a more permanent habit? Once again, there is no conclusive evidence. But it is likely

that such circumstances give experimenters few persuasive reasons for 'keeping it together'.<sup>7</sup>

Also, users may become trapped into a deviant identity if they turn to crime to finance their habit. The combination of criminal activity and use of illicit drugs is more likely to make users targets for social control than drug misuse alone. Recent publicity about drug problems among pop stars and the sons and daughters of the rich and famous is a timely reminder that drug misuse happens at all social levels. However, because privileged drug users have independent financial resources and high social status, they are both less likely to need to resort to illicit means of sustaining their habit, and less likely to be suspected of drug misuse. They may therefore indulge in drug misuse with less risk of becoming confirmed in a deviant identity.

The power of social circumstances to limit personal choice is revealed most starkly among drug users from deprived areas who decide it is time to change and abandon their habit. Change requires the construction of a new, non-drugtaking identity. Access to money, the ability to move house, supportive family contacts, non-drug using friends, and educational qualifications, are among the resources needed for this transformation. For people in socially deprived areas, they may simply be unavailable.

While there appears to be an association between social deprivation and drug misuse, simple 'cause-and-effect' explanations cannot do justice to the complex factors involved. It must be remembered too that not all areas of high unemployment have a high prevalence of drug misuse. Leeds, for example, has an unemployment rate well above the national average but a relatively small drug problem.<sup>8</sup> Perhaps a combination of factors is needed to provide a fertile environment for a drug problem to grow. A deprived area with poor transport networks may be less likely to import illicit drugs or to generate the small active core of opiate users who provide the first stimulus for the growth of a local market. Drug treatment units in areas where drug misuse is at a low level, may help prevent such a market from growing. As one patient with a long-term prescription said: "Methadone makes you lazy, you don't always want to go out and hustle".<sup>9</sup>

A PROPER UNDERSTANDING of drug misuse demands more than 'off-the-peg' explanations of deviant behaviour. There is convincing new evidence of an association between social deprivation and drug misuse, but this cannot be explained by a simple cause-and-effect relationship. The operation of any local drug scene shows that it is constantly shifting and adapting to a complex variety of circumstances, including illicit and prescribed drug supply. Individual drug users therefore act within a changing social and economic context which may affect the likelihood of their coming across and deciding to experiment with or continue to use drugs, but never absolutely determines their behaviour to the exclusion of other, often more important factors. □

## UNEMPLOYMENT AND DRUGS: THE POLITICAL DEBATE

"... although high unemployment might be a factor in causing frustration and difficulty among youngsters, the evidence shows that drug abuse does not necessarily reflect the economic circumstances of an area."

— Sir Bernard Braine, Conservative MP, April 1984.

"... the Government must take a major share of the blame for the substantial increase in drug addiction... Most importantly, they have created the social conditions, in terms of unemployment, which have allowed drug abuse to flourish."

— Robert Kilroy-Silk, Labour MP, March 1985

"Of course Labour is worried by the drugs menace... [but] people do not become depraved just because they are deprived."

— *Yorkshire Post* editorial on the 1985 Labour Party conference.

"Perhaps some sought sanctuary in drugs because of the hopelessness and misery of bad housing, unemployment and run-down inner cities. Maybe others were lured because so-called 'fashionable' people talk of getting a kick..."

— Neil Kinnock, Labour leader, May 1985.

"Historically, heroin has always been depicted as the drug of despair and there is certainly much despair and hopelessness about in parts of Britain today. It has, however, been vigorously denied by this Government that there is any link between drug addiction and employment... [This] Government... bears a considerable responsibility for increasing the unemployment figures, but it is ridiculous to pretend that they are responsible for the growth in drug offences or narcotic addicts."

— Dr David Owen, SDP leader, October 1985.

"... the Government has so far been totally silent over the [Home Office] Report's recommendations for alleviating drug abuse in terms of policies 'directed towards the well-being of society, including measures for redistributing wealth and reducing unemployment'. They have a vested interest in doing so. Because changing the day-to-day reality of most people's lives... would mean changing the basis of our society which rewards the few at the expense of the many."

— from *Cold comfort* by Labour MPs Michael Meacher, Margaret Beckett, Frank Dobson and Harriet Harman. (Michael Meacher, 1984)