

The 1970s era of female dealers, DIY harm reduction and the baton-wielding Special Patrol Group (SPG) was a very different one to the pizza-style deliveries, labyrinthine drug services and violence of 21st century drug culture. **Max Daly** talks to Rick Rutkowski (above), a



user in the 70s, and current user Erin O'Mara (left) about 30 years of changes at street level

Echoes from the street

PRESCRIBING

RR: The early 70s were really the beginning of the end as far as the old British prescribing system was concerned. We were only offered an oral methadone prescription, between 30-40ml at the time, it was a take it or leave it job. The only people that were getting injectable scripts were people who had never been busted. For the rest of us who got nicked, like I did in 1974, it was mostly impossible.

The Chinese heroin trade started around 1969 when the clinic system started to bite (implemented in 1968) and people found their injectable scripts being reduced and methadone linctus taking its place. Between 1970-1973, Chinese Heroin and the Gerard Street scene were in full flight. By 1974 the West End drugs squad, Scotland Yard and the crown courts had put just about everyone involved in this business in jail.

This left the way open for enterprising drug users to tap into Harley Street as a source of prescribed drugs. In a very short time there were some half a dozen prescribing doctors handing out up to 15 10mg ampoules of Physeptone each day, along with Ritalin, Dexedrine, Spansule capsules, Valium, Physeptone pills, Diconal and Palfium. Doctors would hand out scripts just because they liked the look of you. Very often you had to build up a network of doctors because what they gave you wouldn't last very long. So I would go along and get different things from different doctors. There was a lot of wheeling and dealing to be done.

EOM: Today it seems that even though efforts have been made to regulate clinics and to be more realistic about doses there still is a post code kind of situation which I guess is similar to back then. It depends on what doctor you see and where you see them as to what kind of script you get.

There is a new generation of users stuck in a 'clinic net', who are getting on scripts fairly young and staying on methadone while still using on top. They are still doing their running around on the black market but they are linked into this kind of clinic life which, I feel, makes it very hard to get on with your own life and move away from the whole thing. All that stuff about standing in line everyday and collecting

your juice, seeing the same people; it makes it very difficult to move on.



DRUG SERVICES

RR: There weren't a lot of treatment services in the 70s. It only started in 1985 when HIV hit and harm reduction and minimisation started to be the buzz words and everybody started to talk about the need of fresh equipment. Getting advice was more of a peer thing. I knew all I needed to know from older users: they showed me how to inject, how to mix up fixes and how to take air bubbles out of your works. And in a sense they were the harm reductionists of the day. When I went to score they would say 'How long have you been using, what are you using?' and so on. If I tried to brag to them and ask for a grain or something they would say 'You are not using that much, I know you are not. I'll give you a couple of pills and see how you get on', just like that. The Hungerford Day Centre in the West End was about the only place that was a non-statutory service that would deal with drug-related health problems.

EOM: Now we have a vast network of services which has created some frustration for users. You go to lots of these places expecting a certain amount of treatment or advice and in many cases you don't get it. You don't get the right sort of advice or they don't know, they have attitudes and they make communicating very difficult. With the development of services there is a lot of expectation. When people want to go to rehab or want to go into detox or do need some sort of help, it is actually a labyrinth to try and get to where you need to go. The assessment is a long-winding road and it can be very frustrating.

USERS VOICES

RR: There was no users' voice in the 1970s. The only voice users had was when they were screaming abuse at doctors for not getting what they wanted and usually get thrown out of the surgery or struck off the clinic. In 1974 when I was going to University College Hospital and I was getting 10ml of linctus and I was using Chinese heroin, probably three grams a day, I



Rick Rutkowski
in the 1970s

kept going to my clinic and saying to my doctor: 'Look, I am not asking the world but if you were to give me four or five 10ml amps it would stop me going out and buying all this other junk and injecting it.' He wouldn't have it, he wouldn't have the story from me at all.

Eventually I wound up going to my clinic one day thinking 'I have got nothing to lose'. I went in and asked him for a script and he said 'no, no, no', so I just got the bottle out got the spoon out, poured the whole bottle into the spoon squirted some water on it, tied up and shot up right in front of him. I said: 'This is what two-thirds of a gram does to me' and he said: 'I'll tell you what two-thirds of a gram has done to you, it has just reduced your script to 70ml'. Trying to prove I was injecting quite a large amount each day on top of the oral thing completely backfired. He saw me as just another stropky drug user, which I was at the time.

EOM: What Rick is talking about still goes on today, users still argue with their doctors. But we have gained a bit more power and do have some influence on government policy. Hopefully there will be more user involvement in services and more will be tailored towards talking to the individual person and what individual users really need rather than the state saying 'this is our system and this is your role in it'. There is a generation of people who end up throwing in the towel with these places all together and rather score on the street because at least you have a bit of control. But it is all kind of new territory in the sense that we are only talking 20 years since the government looked at harm reduction as an issue.

POLICING

RR: This was the era of the Special Patrol Group. To anyone who lived in London in the 70s and was a user, the letters SPG was what policing of drug users was all about in London. They used to come to Piccadilly Circus subway in two or three vanloads, pile out and grab everybody who looked like a drug user. The mentality was that they were going to have these sweeps every so often. They would throw you into a van very unceremoniously and drive you down to Vine Street nick where they would strip search everybody.

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Half would end up in Bow Street Magistrate Court the next morning. There were an awful lot of people on remand in Brixton Prison for drugs offences.

EOM: These days street drug users are just moved by the police from one spot down the road to another. It's like a big loop and a few months later they're back to the same spot again. Now you have this extra problem where local businesses have started to get involved because drug addicts outside your shop are bad for business and look dirty. This has been happening in Camden and the West End and you get vigilantes' and residents' campaigns.

You would expect a bit more of an enlightened approach in 30 years than there is.

FEMALE DEALERS

EOM: I was involved in dealing to afford drugs. But now I think it would be too dangerous. Then dealers would give you a certain amount of credit to kick off with. I don't think I know of one woman dealer.

RR: There were a lot of women dealers in the 70s, certainly in the early 70s when the Chinese heroin scene was very, very big. There were far more women dealers than I had ever seen in any other period of time. In Gerard Street you had up to ten people sitting on orange boxes along the street just serving up – and a lot of them were women dealers. Towards the late 1970s that started to decrease. It got a lot more violent and more difficult for women to be in that sort of business.

DRUG MARKETS

RR: I kind of set myself up as the man who knew everybody who had everything. A lot of people who came into the West End looking for drugs would be told to come and ask me and even if I didn't know, because that was my business, I would tell them 'You sit here, get a cup of coffee, I'll be back in ten minutes'. I would go off and hassle my pants off until I found someone who had what that guy was looking for. It was almost totally street based. The buyers would have to have a relationship with you, they would trust you and you would trust them and they would give you the money and you would go off and do the business and come back and give them the gear. I used to collect around £150 in cash from six or seven people when I was picking up Chinese heroin.

EOM: What has definitively developed has been deliveries. Certainly these days the first rule is never to give anybody money, it used to happen a bit when I started but now nobody would let go of their money before they see the drugs. Crack dealers have pumped people's habit up ten-fold. My doctor was telling me that some of her clients, those living on estates, have dealers knocking on their doors three times a day saying 'Do you want something? Do you want something?' Imagine that! Imagine trying to get away!

RR: I do think that is very, very different. It was very much a buyer's market most of the time. It wasn't a seller's market. In fact if anything, as a seller, you were sometimes hard pushed to get rid of what you had because so many other people would have the same thing. But it wasn't always easy for the buyer, dealers started to find ways of ripping people off. Right at the



Erin O'Mara
in 2004

- end of Gerard Street there used to be a bookies, they used to have a toilet in this betting office and it had a plaster board wall and if you went in there, there was a hole in the wall, scraped by people who would then go out and sell it.

THE DRUGS

RR: We didn't have crack.

EOM: Yes, I was about to say, crack has been one of the main differences. Nowadays most of the dealing is crack and smack. Most dealers do those and most people seem to buy both. With crack it is full on. You have to have more and more. If you can get £5, you can buy a rock. This is the reason for this explosion of opportunistic kind of crime, if you can just get that bit, maybe from someone's purse, then you can get another rock and you are out doing that. Speed is all gone apart from dex which is still quite difficult to get hold of. One thing which is interesting is the internet pharmacies. They are starting to get a lot of different types of valium, apparently the patent has run out on the Roche Valium and other firms are taking advantage. You can get variations on all sorts of pain killers without too much effort on the net.

RR: The West End was the Wild West between 1970-76. There was a different type of chaos from what there is now. It is hard for anyone to imagine going to Piccadilly Circus in the middle of the day and literally seeing bodies lying on the floor overdosed on barbiturates and people charging around speeding off their faces at the same time. It was everything and anything going on, all at the same time, all in close proximity of one another. I don't think you see that now. A bit of a stimulant with the heroin gave you that edge, it would perk you up when you first took it. People were taking barbiturates on top of scripts and dying. It was a bit like people now using heroin and drinking Tennants Super. One of the things that barbs did, especially with the heroin script, was to increase the effect. You would be off your face because the combination was so potent.

DRUG CULTURE

RR: I still think that through the 1970s problematic drug use was a subculture. It was a very insular thing. People would come around and say 'watch out because so and so is around'. It was a smaller community and words got around quicker. In the 1970s, although it had expanded, I knew practically everybody by name or by face. So it wasn't a risk in terms of who you were going to be selling to.

With heroin, things changed in the mid-80s when

brown heroin, smokable heroin, became available. I saw how quickly that spread. Suddenly people were smoking brown heroin in the same way they were smoking hash.

EOM: Now it's mainstream. Now it's anywhere you go, every block of flats, any street. Not only can you guess there is going to be drug use but you may very well get offered gear when you go into those streets. With crack smoking there is no sub culture like you had with amphetamine and mods, and ecstasy and clubbers. I can't think of music to go with it. Any kind of culture just goes out of the window. You don't want to hear music on crack.

SEX WORK

RR: You had very specific red light areas in London; one was Wardour Street and the other was Shepherd's Market, behind Mayfair. Lots of people who were on that scene were users and would come into the West End when they had enough money. They would buy 10 bags and a bit of speed or whatever and they would go back and maybe you wouldn't see them again for a couple of days. You didn't get to know them very well; I knew the faces of some of them but not their names.

EOM: These days sex workers will score and work over and over again during 24 hours. For some heroin and crack users it can easily escalate from giving your dealer a hand job for giving you extra gear to end up doing sex work. It is a first stop occupation for a lot of girls in particular. There are lot of using young men working as rent boys out there, and there are not many services for them. They are just traded, picked up, used and thrown away by the gay community. And as soon as they start looking slightly old, 25 or something, no one wants to know.

OVERDOSING

RR: The thing that almost anybody would say if somebody overdosed in your place was 'get them out or get out and be quick'. In those days if you were found in the premises with a body it was very likely that you would get implicated in that person's death. The police were not particularly sympathetic towards drug users and those who might have been complicit in their death. There have been times when I have been in a room where people had died and then taken whatever drugs and money they had and got out. Last time it happened, I was in a hotel room and I went down and said to the people at the desk 'There is a guy upstairs who doesn't seem to be well. I suggest you call an ambulance', because I already knew he was dead. It was very hard-assed stuff.

EOM: I am surprised how many people actually know CPR, although there are still quite a few who still do things like putting people in cold baths or slapping them around trying to wake them up or whatever, wasting time and get panicky. Although some police forces have a policy of not turning up when ambulances go to overdose incidents, to encourage people to call for help, some drug users still do a runner. ■

Sex, Drugs, But Not Much Rock 'n' Roll, a collection of 20 life stories from drug users and sex workers spanning the last four decades, is available from Mainliners on 020 7378 5480

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