

Heroin in the '90s: from A to B

WITH ECSTASY STORIES running out of steam, we have recently seen a new media feeding frenzy over the ultimate bogey drug – heroin. The notion that “Smack Is Back” has been gaining momentum since last year, as broadsheet ‘lifestyle’ stories suggested that heroin had replaced cocaine as the new aperitif for the dinner party set – a drug for the fearful nineties rather than the go-getting eighties.¹ And then of course, there is the ballyhoo over “That Film” which has been criticised for blurring the boundaries between the grim reality of heroin and the upbeat world of dance culture.² A recent article in *The Big Issue* concluded that there was a new explosion of heroin use which record seizures for 1995 tend to confirm.³

When *Druglink* was first published, 1986’s Addict Index recorded that over 90 per cent of addicts were notified as addicted to heroin and that 91 per cent of new addicts were notified for the drug. In 1979, the proportions had stood at just 65 and 70 per cent respectively. Allowing for differences in the way notifications are calculated and that the Addict Index is far from perfect, there has been a steady rise in the number of those notified for heroin (almost certainly tripling) to over 22,000 in 1994. If those notified only for methadone are excluded, then 1994’s heroin users make up 87 per cent of all addicts and 93 per cent of new addicts. In other words, the ‘smack is back’ story needs a bit of rewriting – it never went away, and may in fact be reinforcing its position. In the past two or three years, a change in international distribution networks and a consequent upsurge in availability has impacted significantly on the heroin scene in Britain. (See *The Heroin Trail* box.)

Heroin in the countryside

A recent article in *Community Care* highlighted the problem of heroin use in rural areas.⁴ Over the last decade, the largest increases in notifications have been in Avon, Somerset, Devon and Cornwall.⁵ A drug worker who lives in the type of rural idyll portrayed in the media told *Druglink*:

“smack is just swimming around this village, it’s phenomenal. Most of the young people here use heroin on a recreational basis”.

The first Druglink in May 1986 looked at the heroin situation in Britain. In this, our tenth anniversary issue, we revisit the drug and its new-found publicity through Trainspotting and ask the question “is smack back – or did it never go away?”

by

Harry Shapiro

Supervising editor, Druglink

SUMMARY

Recent media interest has once more put heroin in the spotlight. However, it seems that there is substance to the rumours that heroin is once more a drug to be reckoned with. Interviews conducted by the author with drug workers support the view that younger and younger heroin users are seeking help. Three new types of user are identified – crack users who have self-medicated with heroin; young socially deprived users (the ‘new scag kids’); and graduates from the dance scene. Agencies appear to be ill-equipped to deal with this sudden influx.

This takes us on to another significant change – the age profile of problem heroin users seems to have fallen. The core client group for many drug agencies are the ‘scag kids’ of the mid 1980s who are now the stable older client group receiving methadone scripts. But some agencies are seeing a drop in the average age of clients down from late to early twenties. Others are finding an increase in the absolute numbers of those in their teens coming forward for help. Leaquat Lal from the Bridge Project notes:

“the aging population of heroin users in Bradford is not contributing to the increase we are seeing. In the past two years, the average age has reduced from near 30 down to 22”.

There have always been very young heroin users and so one must be cautious about trumpeting a new era of ‘teeny addicts’. However, words such as “frightening” and “terrifying” peppered the interviews conducted for this article. Mark Gilman of Lifeline in Manchester says they are seeing heroin users much earlier in their ‘career’ than before – “they’ll just drop in for a chat, but might not come for a script for a year or more”. Colin Wisely of Unit 51 in Huddersfield told *Druglink* that “five years ago we didn’t have anybody under the age of 21. Now we’ve 89 and it wasn’t a steady increase, it just suddenly happened at the end of 1994.”

Three groups

Apart from the ageing group of established heroin users, there currently appear to be three groups of drug users for whom heroin is causing demonstrable problems.

First are the older group of crack users who self-medicated with heroin and now find themselves with a heroin problem. Dave Francis of Nottingham’s Crack Action Team says that cost is a factor in this change-over – “people who were long term crack users are now using heroin as their main drug. Crack is the treat, the cherry on the cake because they can’t afford to maintain the crack habit.”

The second group seems to be made up of ‘hidden populations’ of young people – truants, homeless people, those in care and those in contact with the criminal justice system. Many

of these young street users will have low literacy levels, experience high unemployment and engage in criminal activity – in other words, the ‘scag kids’ revisited.

A small study conducted by Sheffield Hallam University looked at such people in different settings and found that most of a school-based group – although currently dabbling in cannabis and LSD – could foresee a future without drugs. Those in residential care and intermediate treatment, however, were reluctant even to discuss the future.⁶ These people will have a complex pattern of street drug use.

In the last year and a half, Kevin Flemmen of the Hungerford Drug Project has seen a substantial increase in young people’s use of street heroin – often via methadone linctus, which is sometimes sold as liquid ecstasy. Clearly many people will not like the effects, but others may quickly develop a taste for methadone: “It’s a soft route into opiates. Methadone’s clean, pharmaceutical, you know what’s you’re getting and it’s just like medicine”.

But as Colin Wisely has seen, young users don’t just inhabit the mean streets:

“We’ve got young people coming to us saying, ‘I’ve got a good job, I’ve been doing heroin for a while, started using with my mates for something to do and now I’m taking it every day. I know I’ve got a problem, but I don’t want to lose my job’”.

This third group could be typified as ‘fall-out from the rave generation’. Believe it or not, rave culture is now as old as *Druglink* itself. Some people now in their twenties have come to heroin either through sheer boredom with ecstasy or through the self-medication route where first cannabis and tranquillisers and now heroin have been used to take the edge off E.

Brown sugar

But whatever the route into heroin, for many young drug users, heroin just

1. Moore A. “Why heroin is suddenly so horribly sexy.” *Cosmopolitan Magazine*, February 1996, p.42-4.
2. McCormick N. “Too much junkie business?” *The Daily Telegraph*, 15/2/96, p.16.
3. Johnston L. “Smack is back.” *The Big Issue*, 161, 18 December-1 January 1995-6, p.8-13.
4. Rickford F. “Needles in the haystack.” *Community Care*, 2-8 November 1995.
5. Home Office. *Statistics of drug seizures and offenders dealt with, United Kingdom 1994. Issue 24/95*. London: Home Office, 1995.
6. Hirst J. et al. *The place and meaning of drugs in the lives of young people. Health Research Institute Report No.7*. Sheffield: Sheffield Hallam University, 1994.
7. Gilman M. “No more junkie heroes?” *Druglink*, 1992, 7(3), p.16.
8. *The Geopolitical Drug Despatch*, 1992, 3, p.1.
9. *The Geopolitical Drug Despatch*, 1992, 4, p.1; Sillaste G. “The drug situation in Russia and other CIS States.” *Drugs: education, prevention and policy*, 1996, 3(1).
10. United Nations. *Report of the International Narcotics Control Board for 1995*. Vienna: INCB, 1996.

THE HEROIN TRAIL

Although heroin seizures have been rising consistently throughout the 1980s and 1990s – to last year’s record of over a ton – apparently this has had no effect on the street price of the drug. The average national price per gram has remained at around £80 for the last decade. And in some areas, the price of heroin has actually fallen – it can be bought in Sheffield for not much more than £40 a gram. So if rising seizures have no effect on prices, what’s going wrong?

There appear to be three main developments which have acted as harbingers of greater availability in Britain – increased production in the near East, the political shakeup in eastern Europe and the easing of border controls in western Europe. In the 1980s, war spurred on the development of opium production (to pay for arms) within Afghanistan, and the collapse of

communism allowed this production to seep into the Central Asian republics and the Ukraine.⁹ The Yugoslavian war created yet another arms requirement and another demand for heroin as a tradeable commodity. Furthermore, the disruption of supply routes caused by the war tended to disperse heroin traffic through much of eastern Europe which, having shrugged off totalitarianism, was becoming a haven for the entrepreneurial dealer. As the International Narcotics Control Board notes in its latest report: “The Board regrets that ... no comprehensive drug legislation has been enacted in any of the formerly socialist countries in eastern Europe”.¹⁰ Taken together with Maastricht and the reduction in border controls across western Europe, it is hardly surprising that heroin is enjoying an easier passage to Britain.

doesn’t seem so beyond the pale as it once was in the ‘good old days’ of the *Heroin Screws You Up* campaign. Heroin is sold under the name ‘brown’ and youngsters might not even know what it is. As Dave Francis says, “you don’t often hear the name heroin and because of the cannabis drought in Nottingham, people have been making up spliffs with bits of cannabis mixed with heroin and smoking that”.

Heroin’s a drug for the fearful nineties rather than the go-getting eighties

Political and media attention has focused on crack-related violence at one end and ecstasy and rave culture at the other. For nearly a decade, cocaine seizures have outstripped heroin. Even the 1995 ‘all time record’ for heroin is still half the 1994 figure for coke. But it’s unlikely that coke dealers are twice as stupid as heroin dealers. Both the formation of a special Metropolitan Police Crack Unit (since disbanded) and the genesis of the Drug Prevention Initiative in the wake of 1989’s crack scare, suggest policy imperatives which sidelined heroin as a constant unremarkable backdrop to the British scene.

Perhaps, too, the stereotypical older heroin user is seen as an integral part of a politically inconvenient and voter-unfriendly ‘underclass’ – hardly a health policy priority for any political party. Patently, these are not the otherwise ‘normal’ kids wrenched from the bosom of family and friends by a Love Dove.

But the evidence indicates a changing scene, with heroin lurking on the edge of a ‘net of normalisation’ currently populated by ecstasy, amphetamine and teenage drug users.

The interviews conducted for this anniversary feature have graphically shown that younger heroin users are presenting themselves to drug agencies. Just how ill-prepared specialist and generic services are for this influx has been damningly highlighted in the Health Advisory Service report *Children and young people – substance misuse services*, which identified deficiencies in virtually all aspects of service provision.

Younger problem users also conjure up nightmares for health bureaucrats, nightmares which may not be banished by the Drug Action Teams. A drug worker in the west country gave this example:

“The NHS service has been seeing under 18 year olds for some time and has just been told by the Health Trust that it’s an adult service and they have to stop. Child and adolescent psychiatry don’t know what to do with them, and the children’s hospital was not happy about taking them in.”

Back in 1992, Mark Gilman constructed the A/B typology where A were the older opiate dependants and B, the much larger body of non-opiate recreational users. At that time, the overlap between the two groups was perceived as small. He said, “the most pressing policy task as I see it is to keep the two groups as far apart as possible”.⁷ But four years on, both groups have grown larger still with a new group of younger heroin users populating what appears to be an increasing area of overlap. Whatever happens in the future, the policy task still remains the same, and arguably is even more pressing. ○