

WHEELING AND DEALING

THE ESTATE whose recent drug use history is described here is a long-established, predominantly white, working class community in north London, where the extended family is very evident and also very important. Employment is traditionally based on street markets and the print industry, where job opportunities depend largely on family connections and who you know. The comparatively high incomes from these sources are frequently spent in a conspicuous and hedonistic way: champagne parties in the West End, night clubs, expensive 'designer' clothes, winter holidays in the Canaries.

Most social activities centred on alcohol, though by the mid-70s cannabis and some stimulants were being used by the younger generation. However, by 1980 there was an influx of cheap heroin and drug patterns changed dramatically. Initially, the drug was used only by young men, mainly at parties, often with friends, complementing the 'man about town' image of the well-heeled, 'cool', sophisticated lavish spender. Heroin was seen as conferring high status — as daring, trendy and masculine. Illicit drug use also seemed to fit in with the image of the 'wheeler-dealer' market trader always out for a 'quick buck' or ready to do a mate a favour.

Assimilation of heroin use into the dominant male culture meant the community, although not condoning it, did not actively seek to stop it. By the end of 1981 a wider circle of people became involved as recreational heroin use, with the emphasis on sociability and sharing, started to compete with more traditional weekend activities. During this period most 17-25 year olds on the estate seemed to know of people using heroin and a large minority were using heroin experimentally or recreationally, along with some cocaine, amphetamines and cannabis.

Drugs were distributed through small-time sellers, but on a widespread scale. Heroin became another commodity; it could be given as a favour; exchanged; quite frequently 'lent' or 'borrowed', like money, labour and skills; or shared as a form of conspicuous consumption. Sellers would not be handling more than three grams a week: a seller on a Monday might be a buyer at the weekend.

Distributed through local family and social networks, heroin became very accessible, every street or block having its own seller. The drug was very pure and relatively cheap at £80 a gram. It was smoked or 'snorted' rather than injected and no distinction was made between daily and 'weekend' users.

The author is now coordinator of the new Enfield Drug Project, having worked as a social worker at a drug dependency unit in north London. He has known the group of drug users described in this article since 1980.

How local culture can influence the nature and spread of heroin use — sometimes tacitly encouraging, sometimes effectively resisting.

Tom Aldridge



BY 1986 THE PICTURE had changed. Now there are a number of well identified (by the community) drug using individuals and families, regarded as atypical and excluded from the 'macho', sophisticated, group. The new generation of 17-20 year olds and their predecessors from 1980 are becoming less involved with heroin. Instead alcohol and to some extent stimulants have become preferred drugs. No longer is heroin use condoned, but actively discouraged.

The way heroin is distributed has also changed. Sellers are now involved with much larger amounts — up to two ounces a week — supplied by one dealer who no longer lives there, and who, except for the sellers, has no direct contact with users.

There is no longer a sense of fellowship or friendliness involved in acquiring drugs, partly due to the dramatic increase in violence, with poor payers, or sellers who have fallen behind with their sales, being terrorised and beaten up and, on at least one occasion, forced to commit other crimes. Heroin distribution has increasingly become a business, meaning sellers have had to deal outside the community to maintain sales. A drug use pattern that grew out of the local culture has turned into an alien offspring, clearly connected to an external criminal world. Members of the community still involved are ostracised.

Reasons for these changes are many and complex: perhaps most fundamentally, the community's image of the drug user changed. From being an 'accessory' to the role of the cool sophisticate, heroin has come to be associated with drug dependent individuals, and families suffering problems ranging from imprisonment to chil-

dren being taken into care. The experimentation that does take place now is much more low-key and secret and certainly does not have community approval.

Decline of the print industry and the street markets, and increasingly dismal job opportunities for young people, mean money is no longer so available on the estate. For some it was possible to maintain heavy heroin habits (half a gram daily) and continue to work, but redundancy, unemployment and changing social circumstances, have made financing drug purchases more difficult. Most decided to quit taking heroin, but a few continued.

Obtaining drugs now entails a high risk of involvement with a dangerous criminal group. To most people in the area, petty crime is part of everyday life, but there is strong social pressure against more serious or socially 'demeaning' crimes such as burglary, robbery or prostitution. Only those most committed to drugs or already criminally involved would associate themselves with these activities in order to continue their drug use.

The role of women in the community has changed as problems developed. Heroin use was initially mainly a male activity, the woman's role being to observe and admire. Later, coinciding with an increase in female use, women were expected to support and look after men developing problems with dependent drug use. Very early on, heroin use by women was seen as unacceptable: 'female' reasons for not using heroin — bad mothering, prostitution, etc — were highlighted out of all proportion to the incidence of these behaviours.

What seems to have happened is that, in a male-dominated culture, women heroin users became scapegoated as the embodiment of the problems caused by the drug. Consequently, women drug users who needed care and support obtained it only from other women, frequently being refused help by men they had previously cared for.

A further factor influencing the development of the area's heroin problem, is the nature of the heroin itself. Partly through control of distribution by 'outsiders' and the urge to maximise profits, heroin on the streets is much less pure, so more users are injecting. Today most drug users in the area are not specifically heroin users, but polydrug users taking large amounts of tranquilisers and sleeping tablets.

THE EXPERIENCE of this estate seems to show how changing patterns of drug use can owe more to local social and cultural mores than to changes in the availability of heroin. When heroin use was seen to 'fit', it was a widespread, tolerated, social-recreational activity. When it became associated with problems incompatible with the valued sophisticated, wheeling-and-dealing lifestyle, then the community turned against it and only the more committed or the already 'deviant' persisted. □