The social context of crack using careers: An ethnographic study in London.

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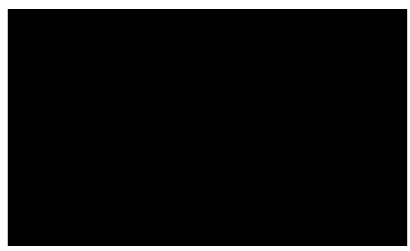
Signed Declaration

I, Daniel Briggs, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the resubmission of this thesis.



Abstract

Despite over two decades of crack use in the UK, there is little UK-focused research and little understanding of crack careers, the social context of crack use and health-related risks. This is of concern because research in the UK suggests that service provision for crack users is inadequate. Research also suggests that there are high attrition rates of crack users in drug support services. Based on ethnographic data collected in 2004/2005, this thesis examine how crack cocaine users start using crack, what happens over time, and where they end up as a consequence – the crack scene. Many become mistrustful because of the manipulative and violent interactions that take place in these spaces. This is not helped when crack users reflect on past mistakes, which only results in increased crack use. As practical and health issues become too problematic, ways out, too, become more difficult. In addition, many find it difficult to place trust in drug support services because of negative past experiences, and feel ashamed about past failures in treatment. Taken together, the thesis shows how this is not helped by aggressive social policies, law enforcement and the configuration of drug support services.

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Glossary of terms

Slang terms and phrases most commonly used are:

ABC: are Anti-social behaviour contracts and precede the use of ASBOs as a warning that unless behaviour changes, an ASBO will be sought.

ASBO: Anti social behaviour order.

To be **'Bailed out':** An advance of crack or/and heroin.

Bag (of heroin): An amount of heroin.

To **bang it up:** Smoking, and in some contexts, injecting crack and/or heroin.

Benzos: Benzodiazepines.

To talk **bollocks:** To talk rubbish.

Booting: Smoking crack/heroin.

Brown: Heroin.

'Buzz': A good feeling from substances.

CARAT workers: 'Counselling, Assessment, Referral, Advice and Throughcare' workers identify drug users in prison and give them advice, and refer them to other welfare services on release.

'Clucking': Suffering physical withdrawals from heroin/crack.

Copper: Policeman/woman.

'Crack head': Subjective label for someone who uses crack.

Go/act **'digi':** Crack use resulting in facial muscle spasms.

Dirty hit: Injecting with dirty equipment which results in intense sickness.

DAT: Drug Action Team. Each borough has a team which is responsible for drug prevention and treatment in the local area.

DF118: Dihydrocodeine, which is an opioid painkiller.

Dog end: Cigarette butt.

DTTO: Drug Testing Treatment Order.

DVT: Deep vein thrombosis.

Fix/fixing: Most commonly associated with injecting crack and/or heroin but can mean to take drugs.

Flush: A flush is undertaken after the vein has been found and the syringe is withdrawn and blood fills the syringe before this process is repeated a number of times.

On the **foil:** Smoking crack or/and heroin on foil.

Gear: Mostly used to mean heroin but can also mean drugs or even crack and heroin.

Geezer: Person.

Graft/Grafting: Making money for crack or/and heroin through criminal activity such as theft, robbery, etc.

A **grand:** One thousand pounds.

HCV/Hep C: Hepatitis C.

HIV: Human Immunodeficiency Virus.

'Lick': Smoking/getting a hit off a crack pipe.

'Nick': To steal or also known as prison.

One on one: Known as one bag of heroin and one rock of crack. Some dealers offered 'two-on-two's – two crack rocks and two heroin bags and/or 'two-on-one's – two crack rocks and one heroin bag.

PCSO: Police Community Support Officer.

Ponce/poncing: A person who begs/begging or to beg off someone. It may also mean hassling depending on social context.

'Prang' or **'Wired':** A state of paranoia and high anxiety when/or after using crack.

Punter: Client – normally used in the context of sex workers.

Rock: An amount of Crack, usually valued at between £10 and £20.

Runner: Someone delivering drugs (most likely to be crack and heroin).

RSL: Registered social landlords.

Scag/Scaghead: Heroin/someone who uses heroin.

Score: To make an exchange for crack and/or heroin.

Smack: Heroin.

Speedballing/Snowballing: Using crack and heroin together (most commonly in a syringe but also in pipes and on foil).

Spliff: Form of roll up cigarette which may include drugs like cannabis, crack, etc.

STIs: Sexually transmitted infections.

Stone: An amount of crack.

TB: Tuberculosis.

Tenner: £10.

A **'Touch':** A moment or run of good fortune.

Weed: Cannabis.

The **White:** Crack.

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Chapter 1 - Introduction

Introduction

Using ethnographic research over nine months in 2004/05 with crack cocaine users ('crack users' hereafter) in South London, this thesis examines the social context of crack using careers. Other objectives are to consider how these careers impact on attitudes to health and perceptions of the self. This introductory chapter introduces the rationale, aims and structure of the thesis. The chapter also briefly synthesises available literature, including policy literature, to review United Kingdom (UK) treatment policy responses to 'the problem of crack' and the development of drug services for crack users. The limits of the evidence base reviewed are noted and the case for ethnographic social research outlined.

Cocaine: A global issue

After cannabis, cocaine is the second most trafficked illicit drug in the world (EMCDDA, 2007). In 2005, global seizures of cocaine totalled 756 tonnes, with the largest quantities exported to the U.S. and Europe from Colombia, Peru and Bolivia (UNODC, 2007). Cocaine's expansion to Europe gained momentum following various US 'crackdown policies' ('War on drugs') which diversified market opportunities. Consequently, increases in cocaine prevalence rates were seen across Europe in the 1980s and 1990s (Shifano and Corkery, 2008), although rates did not reach the same levels as the U.S. (EMCDDA, 2007). The UK was not exempt from this expansion (Seddon, 2006). As with European countries, UK cocaine seizures have risen year on year (GLADA, 2004) and rose five-fold (from 1636 to 7744 tons) between 1990 and 2003. Cocaine use and heroin use had also steadily increased from 1975 but this was augmented in the mid-to-late 1990s by the advent of crack use in the UK (Shifano and Corkery, 2008).

Crack and its effects

Crack is a smokeable and injectable form of cocaine which is made into small lumps or 'rocks' (Hasaan and Prinzleve, 2001). To make crack, cocaine is boiled in a mixture of water and ammonia or sodium bicarbonate (baking soda) until it forms lumps

or rocks. Its name comes from the crackling sound it makes when being burnt (Chitwood *et al.*, 1996; NIDA, 2004; NIDA, 2005). Crack can be smoked in spliffs and on glass pipes, as well as makeshift devices such as aluminium cans, inhalers, or other metal or glass implements (Firestone *et al.*, 2006). Injecting crack is made possible by mixing it with an acid such as lemon juice or citric (Buchanan *et al.*, 2006).

In comparison to cocaine, the 'high' said to be produced by crack is more intense (Ford, 2004). The *"effects of crack"* are *"extreme and short-lived"* and *"users are driven to obtain the drug repeatedly to avoid withdrawal symptoms"* (Turning Point, 2005: 4). When crack is used, crack users *"feel more alert and energetic, confident and physically strong and frequently believe that they have enhanced mental capacities"* (Ford, 2004: 2). Low and moderate 'hits' from crack produce euphoric sensations as well as increased self-confidence and reduced social inhibition (Al-Rahman *et al.*, 2007). Furthermore, crack can reduce fatigue and the need to sleep, while increase vigilance, nerve and sexual activity (Gold and Millner, 1997; Marcos *et al.*, 1998). It can also lead to increased irritability, restlessness, and paranoia resulting in psychosis – a state in which the user loses touch with reality and experiences auditory hallucinations (NIDA, 2004).

One characteristic of managing the 'wired effect' of crack is through the use of depressant drugs such as cannabis, heroin and alcohol (Parker and Bottomley, 1996; Parker *et al.*, 1998; Usdan *et al.*, 2001; Zule *et al.*, 2003; EMCDDA, 2007). This, however, can lead to dependence on such drugs (Falck *et al.*, 2007); some crack users have as many as four or five drug dependence issues (Stitzer and Chutape, 1999). Crack is considered psychologically addictive (Brain *et al.*, 1998; Turning Point, 2005) and does not appear to have any physically addictive properties (Harocopos *et al.*, 2003).

It is widely thought that crack is instantly addictive and destroys the lives of its users (Garland, 2008; Provine, 2006; Reinarman and Levine, 1997, 2004; Williams, 1990). However, U.S. research suggests that crack's pharmacological properties do not necessarily promote chaotic or continual use (Jackson-Jacobs, 2002; Morgan and Zimmer, 1997) because many who try crack, do not remain regular users; much less 'lose control' and destroy their lives (SAMHSA, 1995). UK research tends to suggest that the drug 'changes' people and that increased use leads them to use crack more 'chaotically'.

For example, in the Home Office's *Tackling Crack: A National Plan* (2002: 8), it is hypothesised:

> *However, as their use increases, or crack becomes the predominant drug, their dependency and need for the drug may become more chaotic and desperate. A primary crack user may thus have acute periods of almost constant craving where normal restraints on their behaviour are relaxed, but at other times show little obvious signs of dependency, sometimes going several weeks between purchases. At the height of a binge, they may be buying crack almost 24 hours a day for several days or even weeks.*

UK descriptions of 'how one gets addicted to crack' and 'how crack is experienced' tend to discount emotional, social and structural factors which may have affected the individual, and these misperceptions also often appear in UK local policy literature. For example:

> *Usually the first hit they have or the one at the beginning of the binge is the strongest and gives the biggest buzz. This is because the brain develops a tolerance to the crack and because of the depletion of dopamine and serotonin. Simply put, people only have certain amounts of these chemicals; the more people use, the less they have available to give then the high they are searching for. This explains why the high becomes less and less intense as the binge goes on and users are forever chasing this initial high.* (Lindsell, 2005: 11)

While these perspectives are useful, they do not tell the whole story and miss other areas of influence such as individual histories and life situations, peer and social networks, drug-using conditions and the impact of larger social forces (Agar, 2003). Indeed, while crack is said to produce neuro-pharmacological effects which can bring about harm, the effects, in terms of dependence, appear to be mediated by social factors which affect particular populations more than others (Agar, 2003; Bourgois, 1995). American commentators therefore indicate that crack addiction is more about the social circumstances of the user (Morgan and Zimmer, 1997; Reinarman *et al.*, 1997).

Crack: New social problems?

Unlike cocaine powder which enjoys both 'party drug' and 'high-class' status, in the U.S. crack came to be associated with inner-city crime, violence, broken communities, deprivation and marginalisation, and minority ethnic groups (Adler 1985; Fryer *et al.*, 2005; Goldstein *et al.*, 1989; Venkatesh and Levitt, 2000; Williams 1990). Initially linked with recreational use among U.S. upper-middle class populations in the 1980s (Chitwood *et al.*, 1996; Jackson-Jacobs, 2002), crack's availability shifted to at-risk populations, such as inner-city minority communities, the homeless, sex workers, drug users, immigrants, and groups otherwise outside formal social systems (Bourgois, 1989; Tourigny, 2003). These people tended to *"have fewer bonds to conventional society, less to lose, and far fewer resources to cope with or shield themselves from drug-related problems"* (Reinarman and Levine, 1997: 47), were economically deprived, bereft of opportunity and illicit forms of income generation were considered the norm (Dunlap, 2006).

Crack use in these areas was bolstered by intense media attention, moral panics, political rhetoric and anti-drug use policies which declared 'crack's potential to destroy communities' (Belenko, 1993; Boland, 2008; Garland, 2008; Reinarman and Levine, 1997, 2004). Subsequent crime-control policies in U.S. ghettos became increasingly punitive and some say this contributed to the tripling of the prison population from 1980 to 1994 (Wacquant, 2002, 2004). The U.S. crack epidemics, as some indicate, were a symptom of the ongoing problem of hard-drug use and other persistent, underlying social and structural problems (Bourgois, 1995; Golub and Johnson, 1996; Reinarman and Levine, 2004). Indeed, the deterioration of U.S. urban inner cities where drugs like crack flourished was set against the decline of urban manufacturing industries, weakening welfare support services, and widening income disparities (Agar, 2003) which created a *"vertiginous growth of the informal economy, and especially the drug trade"* (Wacquant, 2004: 103).

Consequently, crack seemed to disproportionately affect the conditions of those who were already suffering intense systematic discrimination, including racial discrimination (Bourgois, 1995; Bourgois and Schonberg, 2007). This was exacerbated

because of the potential for compulsive consumption (Agar, 2003; Davis and Lurigio, 1996; Hatsukami and Fischman, 1996). As Golub and Johnson (1996: 222) note *"for these individuals, crack was a new and convenient method for obtaining a quick, powerful cocaine high at low cost from a substance with which they were already familiar"* (Golub and Johnson, 1996: 229).

As with the U.S. crack epidemics, when crack use became apparent in the UK in the 1990s (EMCDDA, 2007), very soon the social and economic repercussions became evident. Research found that crack markets had evolved in disadvantaged communities, resulting in neighbourhood crime and vandalism, drug dealing, family breakdown, poor educational attainment, and disaffected young people (Child *et al.*, 2002; Lupton *et al.*, 2002; May *et al.*, 2007). Already vulnerable populations such as sex workers (Gossop *et al.*, 1995; Hunter *et al.*, 1995), heroin users (Fountain *et al.*, 2003; Gossop *et al.*, 1994) and marginalised minority ethnic populations (Fernandez, 2002; Sangster *et al.*, 2001) seemed worst affected.

Crack users were also considered highly criminally active (Bennett, 2000; GLADA, 2004; Lupton, *et al.*, 2002). In 2008, at least one in eight arrestees (or 125,000 people) in England and Wales were estimated to be 'problematic' crack and/or heroin users, and between one third and half of new receptions to prison were problematic drug users (crack or/and heroin users) - equivalent to between 45,000 and 65,000 prisoners in England and Wales (UKDPC, 2008). Recent estimates indicate there are approximately 198,000 crack users in England (Hay *et al.*, 2007); 140,000 injecting crack and heroin (Hay *et al.*, 2006). In London, estimates indicate there are 46,000 crack users (Hope *et al.*, 2005). This has high social and economic costs for society because enforcing UK drug policies through various agencies such as the police, Courts, probation, and the prison service is estimated to cost £13.5 billion in England and Wales each year (Hay *et al.*, 2006).

Treatment policy responses to the problem of crack in the UK

Increasing numbers of crack users prompted central government to find ways to treat 'problematic drug users'. The establishment of the National Treatment Agency

(NTA) for substance use as a special health authority in April 2001 accompanied the disbursement of new funding to support the expansion of drug treatment, especially through diversion through the criminal justice system.[1] There has since been a massive expansion in the numbers in treatment; from around 88,000 in 1998 to 195,000 in 2006/7 (NTA, 2007).

However, despite rhetorical commitments to the rebalance UK drug policy spending towards treatment (Hellawell and Trace, 1998), the bulk of public expenditure has instead been devoted to criminal justice measures (Reuter and Steven, 2008). Indeed, since 1998, voluntary referral clients have been sidelined in favour of criminal justice clients (Stimson, 2000). Some suggest there was a shift in the NTA's accountability from the practical matters of recovery such as housing, social care and benefit support to an 'overemphasis on the treatment of addiction' (Audit Commission, 2004; Fox *et al.*, 2005). Others indicate that this has been at the expense of other key areas of drug policy, such as the prevention of drug-related deaths, viral infections, and/or reducing the social exclusion of drug users (Reuter and Steven, 2008). Increasingly, punitive measures for attendance into treatment were also introduced (Easton and Matthews, 2006; Fox *et al.*, 2005; Matthews *et al.*, 2008). This meant that drug users, and in particular, crack users, seemed to have fewer options for treatment, and experienced stringent conditions and regulations and longer waiting times (Fox *et al.*, 2005).

Service engagement

Despite ambitious efforts to get drug users into services, most UK drug support services do not successfully engage crack users nor meet their needs (Al-Rahman *et al.*, 2007; Arnull *et al.*, 2007; Becker and Duffy, 2002; Ford, 2004; GLADA, 2004; McElrath and Jordan, 2005; Lindsell, 2005; NTA, 2002; Parker *et al.*, 1998; Sangster *et al.*, 2001). Furthermore, there is little conclusive evidence pointing to the superiority of any one treatment modality for crack users (Donmall *et al.*, 1995; Sievewright *et al.*, 2000). While there have been renewed calls to address this, the overall focus of drug treatment in the UK remains focused on heroin users (Fox *et al.*, 2005; Parker *et al.*, 2001; Sangster *et al.*,

[1] For example, between 2004/05 and 2005/06, the number of people entering drug treatment rose by approximately 19%, both in London and England (GLADA, 2007).

2001). There are also high attrition rates of crack users from drug programmes (Turnbull *et al.*, 2000; Turnbull and Webster, 2007; Weaver *et al.*, 2007), and many relapse during or after intervention; unhappy with the level of specialist help (Fox *et al.*, 2005; Parker *et al.*, 2001). Those that do engage are often in 'crisis': often with complex social, financial and emotional difficulties (Harocopos *et al.*, 2003; Morris, 1998), and have low levels of self esteem and confidence (Al-Rahman *et al.*, 2007; Fox *et al.*, 2005). Additionally, they may have as many as four or five drug-dependence disorders (Stitzer and Chutape, 1999). Indeed, it has been said that crack users are the hardest-to-reach, drug-using group (Bourgois, 1995; Cornish and O'Brien, 1996; Cregler, 1989; Fryer *et al.*, 2005).

Crack users: The hardest-to-reach drug-using group?

International studies show crack users to be the most socially disadvantaged drug-using group even when compared to other groups of street drug users - the 'marginalised among the marginalised' (Agar, 2003; Bourgois, 1995). In comparison to other drug users, they suffer from the highest rates of homelessness, extreme poverty or lack of basic subsistence, high degrees of discrimination from society and the highest barriers to social or health care (Bourgois, 2003; Fischer *et al.*, 2005; Young *et al.*, 2005) and engage in their drug use for many years without interruptions or even phases of abstinence (Falck *et al.*, 2007; Gossop *et al.*, 2002; Hser, 2002). Some say this increases the likelihood of physical and mental health risks (NIDA, 2005; Rhodes *et al.*, 2007; Small *et al.*, 2006), risk behaviours (Darke *et al.*, 2001; Klee and Morris, 1995; Latkin *et al.*, 1996; Rhodes *et al.*, 2005), and exposes them to specific risk environments like crack houses and shooting galleries (Dovey *et al.*, 2001; Fitzgerald *et al.*, 2004; Rhodes et al., 2007; Small *et al.*, 2006; Thorpe *et al.*, 2000).

Rationale for the study

The prevalence of crack use has increased in the UK and seems to present numerous problems for policymakers, frontline workers, as well as those involved in these lifestyles. The current UK literature seems to lack insight into how crack careers and significant health problems develop, and where crack users end up as a consequence. Indeed there is little understanding about how they manage decisions under these

circumstances. Furthermore, crack service provision is said to be inadequate, and there is little knowledge attached to the social and structural context of crack use which may impact on crack users' decisions to make lifestyle changes. Taken together, this creates a strong impetus for ethnographic research on crack users in the UK.

The aims and structure of the thesis

The thesis examines the social context of crack using careers. The study used ethnographic methods with crack users in one south London borough (hereafter 'Rivertown'[2]) over nine months from September 2004 to May 2005. The observational and interview data was gleaned from a study funded by Rivertown's DAT. The project initially stemmed from gaps in knowledge about crack. A twelve-month ethnographic project was funded. The project aims were to examine the reasons why crack users dropped out of services; to examine their service needs; to examine 'crack houses'; and the link between crack and crime.

The thesis is organised as follows. Chapter 2 provides a narrative review of the international (largely U.S.) epidemiological and behavioural research literature on crack use, crack use patterns and careers, the adverse physical and mental health risks of use, other 'risk behaviours' linked to the social context of crack use. The chapter also synthesises available literature on the barriers to drug support services. Chapter 3 outlines a conceptual framework for understanding the social relations of everyday crack use and crack careers, and the links to health harm and service engagement. This conceptual framework draws upon the theoretical perspectives of the management of identity, political economy, risk and insecurity in late modernity and structuration.[3]

Chapter 4 describes the study design and methods. Chapter 5 provides some descriptive material on Rivertown's drug users, community drug support services in Rivertown. Chapter 6 highlights pathways into crack use, the development of crack

[2] For the purpose of the study, and in accordance with the sensitive nature of participants' narratives, throughout the study, the area will be known as 'Rivertown'. References using Rivertown in the title have also been anonymised.

[3] Other theories are used to augment the findings throughout the thesis but these main perspectives indicate the core theoretical framework.

careers and crack use patterns. Particular attention is devoted to the role of shame and paranoia among the population.

Chapter 7 discusses the social organisation of the crack-using environment – which some call the 'crack scene'. It uses a 'bottom up' approach to describe the crack market, the crack scene, its hierarchies, and mistrustful and violent interactions. Chapter 8 takes a political economy perspective to consider 'top down', how crack users lives are shaped by macro processes. It discusses the role of aggressive social policies, law enforcement agencies and the role of drug support services play in shaping crack careers and crack-using practices.

Given these social and structural pressures, Chapter 9 examines the ways in which crack users' present the 'self' in the crack scene. Chapter 10 considers how crack users attempt to make changes. Taken together, Chapter 11 draws on the literature, theoretical perspectives and research findings to discuss and conclude. Recommendations are provided in the Appendices.

Chapter 2 - Literature review

Introduction

This chapter provides a narrative review of the international (largely U.S.) epidemiological and behavioural research literature on crack use. It identifies the adverse physical and mental health risks of use, key themes relating to pathways into crack use, patterns of crack use and crack-using careers. Risk behaviours and risk environments in the context of crack also warrant examination as well as methods used to engage crack users with drug support services. The chapter outlines the relevance of the topics, noting the limits of the reviewed evidence base, and the case for qualitative social research.

How the literature was obtained

Literature from previous research projects in the form of books, chapters, journals, reports, and leaflets were used to inform this study. Appropriate papers and books were also recommended through supervisors and colleagues. To cast a wider net, various searches were made through online academic research databases. While this method was not systematic, it helped to obtain relevant literature. Key words such as 'crack', 'treatment' and 'pathway' were entered in Boolean searches in Science Direct (n=888 results in 'social sciences' in 'all years' – minus 'books' and 'reference work'); Sage Journals (n=544 results); and EBSCOhost (163 results); Social Policy and Practice (n=7 results). There were no results from IngentaConnect. Boolean searches were also conducted using 'crack' and 'mental health' and revealed results from Sage Journals (n=122 results); EBSCO (n=26 results); and Science Direct (n=5 results in 'social sciences' in 'all years' – minus 'books' and 'reference work'). The searches yielded no results from Social Policy and Practice and IngentaConnect. Additional searches were undertaken through Science Direct for 'crack', 'barriers' and 'service' which revealed 801 results after omitting irrelevant journals. Similar searches with Sage Online, IngentaConnect or Informaworld revealed no results. From these results, relevant literature was selected which informed the review.

Studies were included in the review if they met certain eligibility criteria. The criteria for inclusion covered two main topics: type of study and type of methods. The 'type-of-study' requirement ensured the study focussed on crack users or/and

'problematic' drug users: for example, the health consequences of crack use, implications, treatment options, barriers to treatment. The 'type-of-method' requirement concerned the quality of the research methods used. For example, studies using robust ethnographic methods, focus groups, semi-structured qualitative interviews, and large-scale surveys were included. Studies using clinical methodologies were discounted. Studies that clearly did not address the issue of crack were also removed. All of the remaining studies were included for further investigation.[4]

Pathways into crack use, crack-using patterns and crack careers

The process by which crack users start to use crack and how their use escalates/desists does not appear to be comprehensively covered in the literature. In this section, *pathways* into crack use are defined as 'ways into use' (Brain *et al.*, 1998). When *career* is used, levels of crack use are placed against escalation to acute levels, with repeated cycles of cessation and relapse occurring over an extended period, through a *"longitudinal approach"* (Hser *et al.*, 1997: 543).

Pathways into crack use

Despite some understanding of pathways into crack use, current knowledge suggests, on one hand, that crack users experience a series of 'significant traumatic events' and/or are exposed to 'risk factors', and that, consequently, this catapults them into crack use. On the other hand, some studies locate pathways into crack use with participation in various social networks such as recreational drug scenes; social and peer groups; and among homeless, temporary accommodation and/or sex-worker networks.

Early literature on pathways into crack use stems predominantly from U.S. studies. For example, Boyd and Mieczkowski (1990) indicate that 71 of 100 in-patients of a treatment programme were introduced to crack through a boyfriend or girlfriend. Around a fifth (n=21) were introduced to crack through a family member. While this is important demographic information, the dynamics of these relationships and the way in which they contribute to pathways into crack use are not explored.

[4] See Appendix 1 for a matrix on crack treatment outcome studies.

Similar oversights are made in subsequent studies. Cohen and Stahler (1998) conducted 31 life-history interviews with homeless crack users in Philadelphia, U.S. They chart parallels in crack users' life histories and locate a number of similar life experiences such as early-life disruptions, childhood trauma and interpersonal violence, street gang life and violence, and transitory and unstable employment histories. These experiences, they argue, contributed to crack use. However, crack user narratives quickly descend into discourses of 'bottoming out' (a series of downward life events) and the analysis fails to consider how personal decision-making and social processes might contribute to pathways into crack use.

Other U.S. studies identify an extensive list of risk factors which correlate with the use of crack. They include *family factors* (family history of drug use, parental psychological problems, low social attachment), *individual factors* (poor self-control, risk taking, sensation seeking; life stress; deviant peer affiliations), *environmental factors* (neighbourhood disorganisation and availability of drugs), and *protective factors* (supportive relationships, individual factors such as academic involvement and self-esteem) (Crum *et al.*, 1996; Hawkins *et al.*, 1992). Again, these studies are useful but refer to 'significant life events' without further qualification. In addition, they apply correlatative analyses which undermine the social process of events.

There have, however, been a few exceptions. Boyd (1993), who examined the reasons for crack use among 105 African American women, found that experiences of family substance use, depression, sexual trauma and previous drug-using histories contributed to pathways into crack use. She wrote that: *"Multiple factors contribute to a woman's addiction to alcohol and other drugs; a complex interplay among environmental, psychological and biological conditions appear to influence the initiation and maintenance of her substance use"* (Boyd, 1993: 433).

Available literature in the UK shows that pathways into crack use are not so well understood. Few studies examine personal choice in the context of crack and most appear to apply deterministic analyses to pathways into crack use. The only studies which appear to offer some merit with regard to personal choice in this area are those involving Howard Parker and colleagues. These researchers attempted to examine the process by

which people start using crack. Their initial study found that the 63 'crack takers' in North West England in the mid-1990s lived in poverty and socially exclusion, were typically in their mid to late 20s, in receipt of benefits rather than working and tended to use other drugs alongside crack (Parker and Bottomley, 1996). However, the follow-up study, which composed of fifty of the original 63 crack users and 29 users new to crack all located in the same neighbourhoods, found that crack use was now used in the recreational drug scene, and that young people were trying crack from an earlier age – typically for the new-using group, this was in their early 20s (Brain *et al.*, 1998). The demographics of the original sample remained roughly the same (86% without work) but the proportion in receipt of sickness/invalidity benefit had risen from 5% to 22%. This, they hypothesised, represented important changes in the profile of people trying and continuing to use crack.

The second body of UK literature draws attention to pathways into crack use through the participation in certain drug markets, social networks or/and drug-using environments. These studies seem deterministic in their viewpoint. For example, pathways into crack use are said to stem from the convergence of heroin and crack markets (Edmunds *et al.*, 1996; May *et al.*, 1999); and, consequently, heroin users started to use crack (Arnull *et al.*, 2007; Ford, 2004; Gossop *et al.*, 2001; NTA, 2002). Similarly, a substantial amount of literature has also examined how certain established existing drug-using networks - such as sex workers, homeless, temporary accommodation and drug dealing networks - also offer the potential for pathways into crack use. For example, studies identify sex work as a pathway into crack use (Booth *et al.*, 1996; Cusick *et al.*, 2003; McClanahan *et al.*, 1999; Miller, 1995). However, there seems to be little clarity about how pathways into crack use evolve.

Similarly, research suggests that homelessness contributes to pathways into crack use because of an increased exposure to risk such as other drug users and risk environments (Rhodes *et al.*, 2006; Small *et al.*, 2006). Similarly, pathways into crack use have been linked to residing in temporary accommodation (Briggs *et al.*, 2009): that, some of those who enter these facilities are predominantly vulnerable (with learning difficulties or mental health problems, are disabled, or have drug use histories) and are

exposed to various 'new' drug-using networks, including crack use. There also seems to be some link between crack-dealing pathways and crack-using pathways (Dorn *et al.*, 1992; Edmunds *et al.*, 1998, 1999; Turnbull *et al*, 2000). Similarities have been be found between the social backgrounds of crack users and crack dealers; such as disruptive, unsettled childhoods, experiences in a children's home, living with a foster family or experiencing secure accommodation (May *et al.*, 2005). Nevertheless, there does not seem to be a clear understanding of a 'typical pathway' or, at least some presentation of the social processes surrounding initiation and introduction to crack use. Similar gaps surrounding crack-using patterns and careers.

Crack-using patterns

Crack-using patterns are not well established, and although research in both the UK and U.S. has attempted to disaggregate these aspects of crack use, a recognisable model has not yet been determined. Once again, it is evident that studies addressing this issue appear to fall into two categories. Firstly, those which attempt to allocate 'mean scores' to crack use across their respective samples (i.e. average crack use is 20 crack rocks per week and therefore the annual crack expenditure is £20,000), thereby generalising crack-using patterns. This approach tends to neglect different crack-using groups and changes in crack-using trajectories – because, for most, crack use is largely unpredictable (Chapter 7). Furthermore, the 'crack binge' makes this analysis redundant since it essentially skews the real frequency of crack use. Of greater value to our understanding of the nature of crack-using patterns are those studies which examine specific patterns in more detail. These studies avoid placing crack expenditures into quantifiable boxes thereby evading a downgrade to generalisable scores. Examples of the former type of study are firstly presented.

While useful to current knowledge of crack expenditures, studies which apply mean scores to levels of crack use tend not to give an accurate understanding of crack-using patterns. For example, Cross *et al.* (2001) found that in the 30 days prior to interview, participants (n=657) used crack on average over 13.5 days. Over a quarter of participants were *"very habitual crack users"* and 28% (n=184) of the sample used crack for 25 or more days in the same period (Cross *et al.*, 2001: 194). While the authors offer

interesting data on the exclusion of the sample from legal income (jobs and welfare support), as well as illegal income (drug sales and assisting in drug sales), assigning average scores disguises real crack-using patterns, and, more importantly, what influences those patterns. UK researchers have also undertaken similar mean-scoring exercises. Weaver et al. (2007: 3) show in their careful analysis of 99 crack-using clients in contact with four specialist stimulant drug treatment services, that:

> *On average, clients used crack in the ten days of the 30 days before referral, spending in the region of £60 on those days, totalling £600 a month. However, there was clinically significant variability between the four services in terms of these measures of consumption.*

Such studies present a distorted picture of crack use patterns because they evenly spread crack use over the 'life course' of the crack career, and periods of reduction or abstinence and respective reasons are sidelined (also see Harocopos *et al.,* 2003). Indeed, aside from U.S. researchers, few studies consider recreational crack use. Reinarman et al. (1997) interviewed 50 crack users who supported such usage patterns. They found that crack use took place among social sessions at friends' houses, while making conversation, watching films, listening to music and engaging in sexual relations. They were predominantly employed and tended to have more conventional ties to society than their urban, disadvantaged counterparts. This, for the most part, was often the dividing factor which enabled them to support their crack use (also see Jackson-Jacobs, 2002) Nevertheless while, on one hand, these papers debunk myths that crack is 'instantly addictive' and drives its user to crime (see Reinarman and Levine, 1997, 2004), the analysis is positioned in an interactionist perspective with middle-class populations which is not comparable to the lower socio-economic positions of poor and discriminated, inner-city crack users.

Meanwhile, UK researchers have instead remained preoccupied with 'typologising' crack users – probably to fit them into some neat box when they access treatment. Ford (2004: 4) cites three main types of crack user; *Recreational users* take the drug infrequently and in small amounts at social occasions with friends. If, use increases, *"they move on to binge use"*; *Binge or problematic users* actively seek crack and will

buy increased quantities, plan social activities to involve crack, and establish a recognisable pattern of use, isolating themselves from others and using large quantities at one time. This pattern of use is potentially life threatening and such users often present for help; and *chronic high dose or dependent users* who consume as much as possible and may demonstrate a life-threatening pattern of use. At this stage, relationships and work are affected or are non-existent, and there tend to be psychological and physical signs of use (also see Webster, 2001). The process by which crack users pass from stage to stage seems quite linear and is presented as if 'crack addiction' is the certain end result for those who try crack. In addition, it is suggested that the binge phase is quite a specific period in the 'journey to crack addiction' but does not appear after this period.

A clearer understanding of the 'crack binge' comes from U.S researchers. Inciardi *et al.* (1996: 12) note the binge can be for *"days at a time"* which results in crack users *"neglecting food, sleep, and basic hygiene"*. However, reasons for binges are generally underexplored (Waldorf *et al.*, 1991). Some commentators indicate that the binge is confused with traditional notions of 'addiction' because of the irregularity of its patterns of use (Reinarman *et al.*, 1997). During binge use, the crack user displaces potential risks to personal health and welfare (Denison *et al.*, 1998; Inciardi *et al.*, 1996; Reinarman *et al.*, 1997). Indeed, Ziek *et al.* (1996: 223) point out that the crack binge *"involves the drug user more often in the street economy"* and that *"the desire...to obtain crack may supersede all other needs and obligations"*. However, there is a tendency in the literature to blame the drug for the binge and discard social and emotional influences which may contribute to binge periods. This requires further investigation. McBride and Rivers (1996: 40) suggest that crack users then enter a *"crash phase"* which is:

> *...characterised early by agitation, depression, anorexia and high cocaine craving. These symptoms are followed by fatigue, depression, insomnia, paranoia, and exhaustion. If the crack user does not binge again soon, withdrawal symptoms often appear...which can result in an increased willingness on the part of crack users to act aggressively and in ways that will bring violence upon themselves.*

Some suggest that binge drug use revolves around state institutions and their distribution of welfare cheques. In their analysis of heroin injectors in San Francisco, Bourgois *et al.* (1997: 162) suggest that as a result of the binge, drug users make exchanges and favours which produced risks which were not normally taken. They state that: *"binge sessions should not be seen as pathological rituals of deviant activity, but need to be situated against power dynamics which produce such everyday practices"*.

There remains, however, little conclusive information about crack binges as no UK studies appear to pinpoint when they are likely to occur, what drives them and how they stop. Given that research suggests that this is a particularly vulnerable period for crack users, further examination is required in this area. Furthermore, crack use has been found to contribute to unstable living arrangements, estrangement from family members (Goldstein *et al.*, 1977; McCoy and Nurco, 1991), and criminal activity (Ziek *et al.*, 1996). Increased crack use is associated with the disorganisation of the 'crack lifestyle' (Inciardi *et al.*, 1993). While not all who use the drug for long periods become addicted (Falck *et al.*, 2008), some rapidly develop dependence (Chen and Anthony, 2004). These crack careers can last for significant time periods – more than any other type of 'problematic' drug user such as heroin users (Brecht *et al.*, 2008; Hser, 2002; Falck *et al.*, 2007).

Crack careers

Longitudinal research in the U.S. and UK has found that crack-using careers are difficult to break. In the US, Falck *et al.* (2007) followed 430 urban crack users in a mid-western U.S. city from 1996 to 2005. The follow-up rates ranged from 86.7% (372 of 429) at six months to 74.7% (292 of 391) at the final interview eight years later.[5] The research confirmed that most crack users engage in crack use for many years without interruptions or phases of abstinence. Similarly, Hser (2002) shows that cocaine/crack use increased from the age of 20 until the mid-30s and subsequently declined after the late 30s and found that cocaine/crack careers tend to last longer than other drug careers (such as heroin, marijuana, and methamphetamine users) (also see Brecht *et al.*, 2008).

[5] Twenty nine were unable to be located for any follow-up interviews; deaths (n=30) and withdrawals (n=9).

While such a longitudinal analysis remains absent in the UK, some studies have attempted to capture the crack career. When Brain *et al.* (1998) interviewed the 50 crack users recaptured in their study two years later, only five had given up using illegal drugs ('the quitters'). Eight stopped using crack (in particular) and fifteen took steps to reduce their crack use ('the reformers'). Almost half, however, (n=22) continued to use crack and other drugs heavily ('resolute rockheads'). While the authors accessed hidden crack users, questions remain about why and how crack users desist from crack use and why so many continued to use the drug.

Equally, UK studies which measure crack use and treatment outcomes also reflect on the difficulty in breaking the crack career (Harocopos *et al.*, 2003). Gossop *et al.* (2002) undertook five year longitudinal research with 496 drug users from UK treatment programmes. While improvements in abstinence were seen among heroin and amphetamine users, crack users had less successful treatment outcomes. At intake 67% were abstinent from crack. This rose to 81% in year 1, but decreased to 77% in year 2 and 71% in year 4-5. Those not using crack at intake were found to be using it in year 4-5. They were, however, not able to accurately conclude on the reasons why. This raises important questions regarding why crack is used for numerous years.

As it stands, there remain large gaps in our understanding of what shape crack use throughout the crack career. Research on transitions between crack use stages has mostly focused on correlates, or risk and protective factors, and few studies have empirically investigated how critical turning points affect major shifts in the direction of crack-using trajectories.

Physical and mental health consequences of crack use

Using crack, especially for long periods, carries a large number of health risks which can severely damage the individual's physical and mental health (Dackis and O'Brien, 2001; Fischer and Coghlan, 2007). This seems to be linked to the ways in which crack is used and the lifestyle in which crack users participate. This section examines these areas in more detail.

Physical health consequences

It is suggested that the more crack is used, the greater the risk of poor physical health (Falck *et al.*, 2000; Verthein *et al.*, 2001). International research indicates that crack users underuse medical healthcare services (Larrat and Zierler, 1993) and instead have a tendency to use emergency healthcare services (Ottaway and Erickson, 1997; Siegal *et al.*, 2006). Furthermore, high prevalence rates of HCV (Bird *et al.*, 2003; Brewer *et al.*, 2006; Buchanan *et al.*, 2006; Faruque *et al.*, 1996), HIV (Booth *et al.*, 1999; Grella *et al.*, 1995; Johnson *et al.*, 2002; Latkin *et al.*, 1996; Sterk, 1988; Unger *et al.*, 2006), STIs (Booth *et al.*, 1999; Howard *et al.*, 2002; Inciardi, 1995; McMahon and Tortu, 2003; Ross, 2002) and TB (Cohen *et al.*, 1994; Leonhardt *et al.*, 1994; Perlman *et al.*, 1995; Story *et al.*, 2008; Tortu *et al.*, 2004) are found among crack users.

The physical risks of using crack have implications for both smokers and injectors of the drug. Crack smokers, who mostly use makeshift devices such as tin cans, inhalers, or other metal or glass implements, regularly expose their lips and throat to the constant high temperatures required for smoking crack (Faruque *et al.*, 1996; Ludwig and Hoffner, 1999). Studies show this results in oral cavity and facial burns, and open cuts or sores (Haydon *et al.*, 2005; Porter *et al.*, 1997; Tortu *et al.*, 2004) which may increase the risk of viral transmission of HCV and HIV (Edlin *et al.*, 1994; McCoy *et al.*, 2004).

Crack injectors also experience health risks. The odds of HCV and HIV infection transmission are elevated among crack and speedball injectors compared with heroin-only injectors (Hickman *et al.*, 2004). Crack is not readily dissolved for intravenous use and requires ascorbic acids to increase its solubility and allow for injection (Levine *et al.*, 1996) so crack injectors may develop problems because of the additive properties of the acids but also from the use of larger needles for the injection of solutions of crack (Hunter *et al.*, 1995). Furthermore, crack injectors are vulnerable to increased risks of abscess formation, cellulitis, DVT and other injection-site infections (van Beek *et al.*, 2001; Hickman *et al.*, 2006; Murphy *et al.*, 2001; Spijkerman *et al.*, 1996; Waninger and Thuahnai, 2008). Crack injectors also report high levels of injection site infections (Hickman *et al.*, 2006; Hope *et al.*, 2008; HPA, 2008; Rhodes *et al.*, 2007).

Other physical complications associated with crack use are constricted blood vessels, dilated pupils, asthma, respiratory problems or failure, thermal airway injury, impairment of lung capacity, stroke, seizure, epilepsy, diabetes, brain seizures, gastro-intestinal problems, paralysis and heart attack (Cheung and Erickson, 1997; Ford, 2004; Hser *et al.*, 1997; Inciardi *et al.*, 1996; Laposata and Mayo, 1993; Ludwig and Hoffener, 1999; Mittleman *et al.*, 1999; NIDA, 2004; NIDA, 2005; Payne-James *et al.*, 2008). Furthermore, many crack users are malnourished as a result of the appetite suppression caused by the continuous use of the drug (Chitwood *et al.*, 1996; NIDA, 2005). These physical complications can also be complemented by mental health consequences of crack use.

Mental health consequences

Mental health issues are more commonly reported among crack users than physical problems (Harocopos *et al.*, 2003), although it is generally acknowledged that mental health issues are common among drug-dependent populations (Des Jarlais *et al.*, 1992; Falck *et al.*, 2004; Grella *et al.*, 1995; Sobel, 1991). Situationally, crack use is associated with mental health symptoms such as fatigue, mood swings, depression, paranoia, and depersonalisation - as users 'come down' from the high (Carroll *et al.*, 1994; Ford, 2004; Payne-James *et al.*, 2008; Woods *et al.*, 2003). Users of the drug may also experience feelings of restlessness, irritability, and anxiety, which can lead to more intense paranoid experiences, particularly after bingeing on crack (Ludwig and Hoffener, 1999). During binge use, crack users can experience crack psychosis, which has been compared to schizophrenia (Withers *et al.*, 1995).

There appears to be an absence of knowledge around the role of emotions and mental health. In Elijah Anderson's *Streetwise* (1990), narratives and accounts of shame are commonplace among crack users and how crack is used to counter these feelings. However, there is little exploration of the significance of this in his work. Similarly, in Terry William's (1990) work on crack houses, there are accounts of shame in crack users' responses. Williams (1990) notes that crack use appears to be a response to emotional difficulties in crack users' lives but the analysis goes little further.

Over the crack career, the mental health risks attached to continued crack use seem to become more prominent. One American study found that lifetime crack injectors have twice the risk of a history of mental illness than non-crack injecting drug users (Buchanan *et al.,* 2006). Long-term crack use can lead to personality disorders, psychiatric sectioning, suicidal thoughts and suicide attempts (Boyd and Mieczowski, 1990; Cornish and O'Brien, 1996; Fischer *et al.,* 2006; Inciardi *et al.,* 1996). For example, Falck et al. (2004) found that personality disorders (24%) were the most common symptom in a sample of out-of-treatment crack users, followed by depression (18%) and post-traumatic stress disorder (12%). One London study found that 30% of crack users (n=72) had reported attending a mental health service in the past, 65% (n=151) had reported having suicidal thoughts, and 37% had previously attempted suicide (Webster, 1999).

Indeed, studies confirm that crack users are also likely to suffer co-morbid status – that is having two or more mental-health conditions (Falck *et al.,* 2008). U.S. studies show that most crack users entering drug treatment have co-morbid mental disorders, most commonly mood or anxiety disorders (Carroll *et al.,* 1993; Kleinman *et al.,* 1990). These users have been found to have greater treatment needs and higher frequencies of treatment service use than those without such conditions (Kessler *et al.,* 1994; Kessler *et al.,* 1996). Because of the complexities of their conditions, some may seek treatment from a variety of agencies; including drug services, mental health services, and primary health care (Kessler *et al.,* 1994; Kessler *et al.,* 1996; Regier *et al.,* 1993). UK studies show similar findings. For example, from a random sample of 266 cases, Weaver *et al.* (2002) found high levels of co-morbidity: a third of the sample (36.1%) had depression and/or anxiety without any other disorder, but 31.9% were found to have two or more disorders. Three quarters of patients with psychosis (76.5%) also had a personality disorder and were rated positive for depression and/or severe anxiety (also see Harocopos *et al.,* 2003).

However, because treatment for such conditions is not always available, it is suggested that crack users 'stabilise themselves' through the use of crack (Johnsen and Fitzpatrick, 2007). Other commentators also agree that crack users are among the highest-

risk drug-user populations for which drug use acts as a form of self-medication for undiagnosed and untreated psychiatric problems (Grant *et al.*, 2004; Falck *et al.*, 2004; Khantzian, 1997). Crack users have also been found to avoid taking medication for their mental health condition (Payne-James *et al.*, 2008). In the UK, when crack users try to get treatment for their mental health problems, they are frequently referred between drug services and mental health services – each service often considering that the origin of the problem lies with the responsibility of the other service (Briggs *et al.*, 2008; Fox *et al.*, 2005).

Some indicate that the high levels of mental illness among crack users are connected to social exclusion, high levels of poverty and homelessness (Logan and Leukfeld, 2000; Ottaway and Erickson, 1997; Page-Shafer *et al.*, 2002; Rhodes *et al.*, 2006). Others suggest that, even within the street drug-using scene, crack users are 'the marginalised among the marginalised' (Fischer and Coghlan, 2007) because they experience the highest barriers to social and health care, highest rates of homelessness, extreme poverty and are most likely to come from deprived and disadvantaged socio-ethnic backgrounds (Bourgois, 2003; Fischer *et al.*, 2005; Williams, 1990).

While some studies examine the consequences of continued crack use on physical and mental health, there is little information on how these experiences interact with the social context of crack use. Similarly, while studies which examine mental health and crack use offer prevalence data or a connection with the 'crack lifestyle', there is little attention given to emotions and how these health consequences interact with crack-using patterns and the crack career. With prolonged periods of crack use also come risk behaviours and increasing exposure to risk environments.

Risk behaviours and risk environments

Risk behaviours - the lifestyle activities that place a person at risk of suffering particular conditions (Rhodes, 2002) – also arise from increased crack use and exposure to other/new drug-using networks. Current literature also links crack users' participation in risk behaviours to the wider 'risk environment' (Rhodes *et al.*, 2005) – the space in

which a variety of factors outside the individual perpetuates risk behaviours. Here, a concise review is provided on both issues.

'Risk behaviours'

Numerous studies conclude that crack use is associated with behaviours which elevate risk to health (Buchanan *et al.*, 2006; NIDA, 2004; Rhodes *et al.*, 2007; Small *et al.*, 2006). Crack use risk behaviours exist between crack smokers through the use of unsafe smoking equipment (e.g., syringes, broken glass), the sharing of drug using equipment contaminated with blood (Haydon *et al.*, 2005; Porter *et al.*, 1997) and 'shotgunning' - the practice of inhaling smoke and then exhaling it into another individual's mouth (Perlman *et al.*, 1997; Perlman *et al.*, 1999).

While high HIV rates are associated with crack injectors (Buchanan *et al.*, 2006; Edlin *et al.*, 1994; Sterk *et al.*, 2000), they may not be directly associated with injection drug use (Edlin *et al.*, 1994; Word and Bowser, 1997) and may have regional variances (Djuinalieva *et al.*, 2002; Gomez *et al.*, 1996). Nevertheless, it is suggested that crack smoking may be a gateway to *"drug injection and its associated risk"* (Booth *et al.*, 1999: 220). Injecting crack is predominantly associated with sharing of drug-injecting paraphernalia (Haydon *et al.*, 2005; Koester *et al.*, 1996; Porter *et al.*, 1997; Small *et al.*, 2006). Early UK research by Hunter et al. (1995) found that dissolving crack could block syringes making the injection process more difficult, and in the absence of suitable syringe sizes, paraphernalia was shared among crack users (see Pickering *et al.*, 1993). Crack injectors' risk behaviours are also linked to the frequency of injections which can severely damage particular areas of the body (Buchanan *et al.*, 2006).

Furthermore, it is said that crack use engenders 'hypersexual' behaviour. The transmission of diseases such as HCV and HIV are also linked to sexual intercourse and other sexually-related activities (McCoy and Inciardi, 1995). Studies show crack users to be vulnerable to unprotected sex, multiple sex partners, and casual sex often at a high risk of transmitting HIV or STIs (Booth *et al.*, 1993; Booth *et al.*, 1999; Booth *et al.*, 2000; Edlin *et al.*, 1994; Inciardi *et al.*, 1992; Latkin *et al.*, 1996; Longshore and Anglin, 1995; McCoy *et al.*, 1996; Ratner 1993; Weatherby *et al.*, 1992). Marginalised crack users have

been linked with other high-risk behaviours such as sex for crack/money exhanges (Feist-Price *et al.*, 2003; Logan *et al.*, 2002, 2003).

High prevalence rates of sex-for-crack exchanges appear quite widely in the literature among female sex workers using crack (Day *et al.*, 2004; Fullilove *et al.*, 1992; Inciardi 1989; Williams and Ekundayo, 2001). In a study examining the role of sex-for-drugs exchanges in the economy of crack use, Sterk *et al.* (2000) found that 43% of 150 female crack smokers reported exchanging sex-for-drugs, and that exchangers were younger and more likely to have been homeless than non-exchangers. In another study, Erickson et al. (2000) undertook 30 interviews with crack-using women working in the sex trade. They found that crack intensified involvement in drug use and sex trade, and led to more dangerous sexual activities (also see Bowser, 1989; Edlin *et al.*, 1994; Inciardi *et al.*, 1993; Ratner, 1993).

The sexual transmission of HCV, HIV and other STIs, however, appears to be more prevalent among crack smokers than injectors (Booth *et al.*, 1999; Chiasson *et al.*, 1991; Edlin *et al.*, 1994; Khalsa *et al.*, 1994). In a recent study using cluster analyses, Schonnesson *et al.* (2008) found African-American crack smokers with HIV infection engaged in high-risk drug use and sexual behaviours which increased the risk of HIV transmission, including smoking crack, inconsistent condom use, unprotected sex with HIV sero-discordant partners, sex with multiple partners, and trading sex for money or drugs. It is said that these behaviours are a feature of crack dependence and crack house life (Inciardi, 1994).

While there is some acknowledgement of the social environment and mediation of drug use and risky sexual behaviours (Latkin *et al.*, 1996; Murphy and Rosenbaum, 1992), many of these studies seem only to concentrate on the micro interactions of risk behaviours. There is little information on the context and social interactions which influence risk among crack users - although it is acknowledged that the 'chaotic lifestyle' of the crack user carries daily risks (Logan and Leukefeld, 2000). As with the literature on the mental and physical health consequences of crack use, risk behaviours also appear disconnected from the crack career and from larger macro processes. It is only recently that commentators have started to link such micro risk behaviours with larger macro

forces. The 'risk environments' (Rhodes *et al.,* 2005) in which crack use occurs also shapes crack users' health.

Risk environments

Risk behaviours are found to interplay with larger forces to produce 'risk environments'. Such environments have been shown to exert considerable influence on the spread of various viral epidemics among drug-using populations, as well as devaluing public-health interventions aimed at prevention (Kerr *et al.,* 2007). In the context of crack, risk environments are linked to trade and movement of drug trafficking routes; neighbourhood disadvantage and urban development and gentrification; the prison; social norms and networks and social capital; the political economy of crack use (Chapter 3; Rhodes *et al.,* 2005). However, this section focuses on urban development and law enforcement and policing, and the environments in which crack is used which may influence crack-using risk behaviours.

U.S. research in the 1990s reported on how the risk environment of the crack house increased exposure to risks of STIs, HIV, and sex-for-crack exchanges (Geter, 1994; Inciardi, 1995; Mieczkowski, 1990; NIDA, 1994). The focus of these perspectives, however, tends to be on the act of the transmission of risk rather than in consideration of broader, structural problems which may contribute to these actions. Indeed, in some of these early texts which consider the risk environment, there is very little other than rich sociological descriptions. It is only more recently that greater appreciation for how the risk environment shapes drug use risk behaviours has gained momentum. These risk environments, it is argued, are shaped by oppressive policies of discrimination, degradation and structural violence on vulnerable populations (Agar, 2003; Bourgois, 1995; Singer, 2003; Tonry, 1995).

This can have implications for drug-using environments and drug-using behaviours. Canadian research shows how a lack of housing and private space, coupled with the possibility of police intrusion, produces less safe crack-using practices (Boyd *et al.,* 2008). Similarly, Malchy *et al.* (2008) show how such contextual factors such as availability of resources, high-risk sexual practices, and the lack of safe places to smoke

crack can be seen against the broader social and structural forces at play within the realm of crack use including poverty and the law (Chapter 3).

Punitive policy responses, such as intensified policing to the problem of 'illicit drug users' are not only confined to the U.S. and Canada. For example, in Australia, Aitkin *et al.* (2002) describe the effects of a police crackdown on illicit drug use in a suburb of Melbourne. While they note that the visible aspects of the street drug scene were noticeably reduced, the police intervention displaced drug users, discouraged the use of safe-injecting practices and safe needle disposal, and instead made drug users more vulnerable to violence.

Similar punitive policies on street drug users have also been used in the UK. Research by Johnsen and Fitzpatrick (2007) reviewed the impact of various anti-social behaviour sanctions on street drug users.[6] They state that such sanctions were a high-risk strategy with regard to the well-being of street drug users, especially given that the majority had severe drug use issues, mental health problems and traumatic experiences. Recent research found that street drug users were banned from local areas through such sanctions and, as a result, ended up taking greater risks to get into the banned area to get to social service or drug support provision (Briggs *et al.*, 2008; Matthews *et al.*, 2008). This pattern in the UK has been linked to the increasing importance of a crime reduction and community safety agenda, through neighbourhood renewal (Chapter 3; Crowe, 2000; Parkin, 2008; Raco, 2003).

Therefore, increased law enforcement of drug markets and changes to public space create risk environments and prompt changes in drug-using behaviours which exacerbate risks to a drug user's health. This could affect, for example, the time between purchasing and consuming drugs (Dovey *et al.*, 2001) so drugs are not confiscated (Aitkin *et al.*, 2002; Dixon and Maher, 2002), riskier drug practices in unsafe settings and 'rushed' injections (Bourgois, 1998; Galea and Vlahov, 2002; Moore and Dietze, 2005; Rhodes *et al.*, 2006). Consequently, a lack of privacy, reduced hygiene and amenity, and a fear of interruption, police attention or public exposure can result in hurried injections

[6] Including bans, ASBOs, injunctions, dispersal orders, and controlled drinking zones.

in which safety is sidelined (Fitzgerald *et al.*, 2004; Rhodes *et al.*, 2006, 2007; Small *et al.*, 2006, 2007; Thorpe *et al.*, 2000). Hurried injections carry a number of risks including missing important steps in the preparation of drugs (Broadhead *et al.*, 2002; Maher and Dixon, 1999), increased risks for abscesses and bacterial infections and indirect sharing of injection equipment during the preparation of drugs (Murphy *et al.*, 2001). Rushing may also increase risk for overdose when drugs are injected quickly and not first tested for strength (Broadhead *et al.*, 2002; Maher and Dixon, 2001).

Furthermore, given that crack users are more likely to be homeless than heroin users (Rhodes *et al.*, 2008), this also heightens their exposure to the risk environment. For example, in their study of poly-drug injectors, Klee and Morris (1995) locate significant differences between those who inject in public places and non-street injectors. Their analysis reveals that those who inject in public places were significantly more likely to be homeless and consequently lacked the facilities to inject in private. Public injectors were also more likely to have close contact with other injectors and were more likely to inject in the company of friends. Street injectors were at particular risk of using large quantities of drugs, injecting frequently, passing on used injecting equipment and using others' injecting equipment. The lack of predictable safe and private places to inject, a chaotic and depressing lifestyle, together with increased dependence on peers, can *"result in a greater likelihood to engage in injecting risk behaviour"* (Klee and Morris, 1995: 841).

More recent studies concur with these findings. Drug injectors with recent experience of homelessness or unstable housing are more likely to share injecting paraphernalia (Corneil *et al.*, 2006; Fountain and Howes, 2002; Jeal and Salisbury, 2004; Schecter *et al.*, 1999; Song *et al.*, 2000; Wadd *et al.*, 2006; Wincup *et al.*, 2003; Wright *et al.*, 2005), as well as use crack (Corneil *et al.*, 2006; Galea and Vlahov, 2002; Rhodes *et al.*, 2006). Therefore public injecting settings can act as risk environments, which play a part in elevating risk behaviour linked to vein damage, abscesses, syringe sharing, HCV infection and overdose (Darke *et al.*, 2001; Latkin *et al.*, 1994) and risky sexual behaviours and HIV transmission (Forney *et al.*, 2007).

Even if homeless drug users do access housing, this does not necessarily alleviate their exposure to risk environments. For example, recent research in London and Bristol

examined how the hostel fostered drug-using networks and was considered to be an environment conducive to the formation of risk networks and relationships between injectors as well as not-yet injectors. Temporary accommodation environments, the authors suggest, is one of heightened risk in relation to pervasive harassment, if not bullying and lack of trust, relating to the purchase, accessing or use of drugs (Briggs *et al.*, 2009). Consequently, crack users find themselves taking crack in a variety of pressured and inadequate environments such as alleyways, abandoned buildings, car parks, and doorways. These spaces are also shaped by polices designed to reduce the visibility of street drug users, including crack users (Johnsen and Fitzpatrick, 2007).

While some of the literature on crack-using environments predominantly focuses on the risk implications for the user, more appears to have has been written about the implications for the user in public spaces. Therefore a more holistic analysis is required to account for both the public and the private spaces (such as the crack house), and how these aspects are linked to the crack career. Some focus is now applied to barriers to accessing drug support services and methods to engage crack users with such services.

Access to drug support services

This section draws on the literature on methods of engaging and retaining crack users in drug support services. For the purpose of this review, literature examining barriers to accessing community drug support services is provided as this study is concerned with access to these services.

Barriers to accessing drug support services

Crack users experience a number of different barriers to drug support services. Many of these barriers, however, are similar to those which problematic drug users' experience. For example, U.S. research by Redko *et al.* (2006) identified waiting lists as the primary barrier for drug users accessing drug support services. This, they argued, not only impacted on the retention rate of drug users but also their commitment to other programmes. Indeed, there is evidence to suggest that up to half of drug users drop off waiting lists between initial assessment and treatment entry, and that longer waiting times increase attrition (Donovan *et al.*, 2001; Festinger *et al.*, 1996; Hser *et al.*, 1998).

Similarly, Evans et al. (2008) found that of 124 drug-using offenders, around a third dropped out of services (n=40, 32%), were rearrested and imprisoned or did not want the treatment. The same study found that just under a quarter were 'not ready or did not want treatment' (n=30, 24%).

Research confirms that barriers to accessing UK services are a lack of weekend provision limits drug services to working office hours; the fear of stigmatisation among the drug-using community; over-formal screening procedures at the point of reception; the perceived absence of cultural neutrality in drug agencies; perceived 'pettiness' and strict nature of the system; unavailable treatment for their problems; and denial of a drug problem (Becker and Duffy, 2002; GLADA, 2004; McElrath and Jordan, 2005; Lindsell, 2005; Neale *et al.*, 2006; Sangster *et al.*, 2001).

Similar findings have also been found in studies which have looked at barriers to drug treatment in prisons (Fountain *et al.*, 2007; Fox *et al.*, 2005). This does not seem to be aided by punitive measures given to those late for appointments or who fail to turn up: *"Difficulties such as lapses and poor attendance were often indicative of clients 'hitting a bad patch' and the service users felt that more support at such times would be helpful. By contrast, the actions of some services in response to lapses were quite punitive, such as stopping clients' prescriptions. Service users reported that this made it difficult to be honest with key workers regarding open discussion of lapses or relapse"* (Moring *et al.*, 2003: 5). These experiences are not exclusive to drug services. Some homeless projects are found to employ punitive exclusionary policies towards homeless drug users (Howley and Costello, 2001; Randall and Drugscope, 2002; Thomson *et al.*, 2006).

The role of stigma, in various forms, has also been found to prevent drug users from accessing drug support services. This, as Rhodes *et al.* (2007: 578) suggest in the context of public drug injectors, is the shame and the *"fear of being publicly exposed an injector"*. These pressures, they argue, are experienced from the police and drug dealers, community members, and drug support services and contribute to feelings of self worthlessness, shame and distance (also see Merrill *et al.* 2002). Similarly, Simmonds and Coomber (2009) show that stigmatisation or a process of 'othering' among the

interactions among injecting drug users also act as barriers to engaging with drug support services.

These experiences have implications for motivations for/engagement with drug support services and adoption of harm reduction practices (Cunningham *et al.*, 1993; Link *et al.*, 1997; Simmonds and Coomber, 2009). Neale *et al.* (2006) suggest drug users feel ashamed about drug taking which is an impediment to engaging with drug support services (also see Ahern *et al.*, 2007). Radcliffe and Stevens (2008) show that treatment entry prompts drug users to face up to the 'junkie identity' which creates feelings of personal shame. They argue that the organisation of treatment regimes and the routinised nature of substitute maintenance prescription confirms drug users' discredited identities, rather than creating opportunities for them to lead different lives. For these reasons, some disengage from services; ashamed to see themselves in treatment because it confirms their identity as a 'junkie'.

While the UK literature widely considers barriers to drug support services for injecting drug users and heroin users (Booth *et al.*, 1996; Merrill *et al.*, 2002; Neale *et al.*, 2006; Radcliffe and Stevens, 2008; Rhodes *et al.*, 2007), crack users by comparison appear to feature less widely. More specific barriers to drug support services for crack users show that many lack of knowledge about crack services; there is a lack of information, little specialist knowledge and appropriate treatment for crack use; an over focus on abstinence; and because of the multi-faceted nature of their health problems connected to their crack use (Al-Rahman *et al.*, 2007; Arnull *et al.*, 2007; Neale *et al.*, 2006). Because crack users want 'immediate help' caused by the 'crack lifestyle' (Burgess, 2003), inflexible opening times and poor signposting to crack services can also contribute to engagement problems (Fox *et al.*, 2005).

Furthermore, UK studies indicate that crack users are reluctant to contact community drug support services because they perceive them to be more appropriate for heroin users (Audit Commission, 2003; Bottomley *et al.* 1997; Donmall *et al.* 1995; Harocopos *et al.*, 2003; Sievewright 2000). Indeed, Stevens et al. (2007) show that UK drug services are associated with a 'traditional' heroin-using client group and consequently crack users do not feel comfortable engaging. Furthermore, it is suggested

that a lack of a 'crack substitute', such as methadone for heroin users, also deters crack users (Audit Commission, 2004).

Similar findings are recorded elsewhere. U.S. research suggests that barriers for crack users accessing community drug support services are racial discrimination of users, high turnover of staff which prohibits the formation of effective relationships, fear of losing children for female crack users presenting to services, and gathering documentation for entitlement and eligibility of services. Workers are also found to be discriminatory and judgemental (Ashery *et al.,* 1995). A Caribbean study found crack users have poor experiences with healthcare services because they are treated as 'inferiors' and felt discriminated (Day *et al.,* 2004). The authors also suggested that drug support services had an 'over focus' on abstinence which, they indicate, creates barriers for crack users.

In Canada, Malchy *et al.* (2008) suggest that the 'politics of street life', including the relationships between and among crack dealers, crack users, police officers, and sex workers, act as barriers to accessing care and support for crack users. Furthermore, the authors posit, because they are generally poorly exposed to services, crack users cannot take advantage of gaining advice on safer consumption practices. This makes them a hard-to-reach group (Ziek *et al.,* 1996). Shannon *et al.* (2008) also show in Canada that concentrated areas of violence and police intervention deter crack users from accessing harm reduction facilities.

It is evident thus far that crack users typically have or develop overlapping drug, mental health, and physical health problems. The multi-faceted nature of their problems means that they are likely to have to engage with a range of services across medical, criminal justice, welfare, and other service systems. This is an important reminder that they often have problems which require help from services in each of these domains (Hser *et al.,* 2007). The need to access a myriad of services is, however, complicated by homelessness or unstable housing which jeopardise daily routines (Henkel, 1999).

Barriers to access are also bound within structural conditions which limit the potential for services to have a greater impact. Such factors include insufficient resources

to the tackle the scale of the drug-using population; mismatches between the geographical spread of services; the nature of services offered and local needs; unclear decision-making processes concerning placing drug services and local needs; and limited funding or staffing constraints. The current UK response, it is suggested, either tends to offer a generic range of services to a limited number of clients or targeted services to specific a client group (Fox *et al.*, 2005; Lupton *et al.*, 2002). Too frequently, generic support services are not specialised enough while targeted services are too specific and exclude crack users (Chapter 8).

While some UK research examines the deeper issues connected with barriers to services, this is not reflected in the configuration of crack services. NTA research shows crack users feel a sense of exclusion from mainstream society due to formative experiences of powerlessness. The authors point to deeper socio-psychological problems: *"For many people crack use was not the main problem. Deeper issues related to the erosion of family, isolation and their perception of the nature of opportunities available to them was stated as more important."* (Al-Rahman *et al.*, 2007: 5). In short, UK drug support services fail to meet the needs of crack users. Indeed, an Audit Commission report (2004) revealed that 65% of DATs did not feel able to meet the needs of crack and other stimulant users.

The extent to which crack users experience these problems more than other 'types' of drug users is difficult to ascertain. However, it is clear thus far that crack users present more problems to drug support services than, for example, heroin users. There is also a tendency in the UK literature to link a lack of crack user engagement with services to the 'chaotic' nature of crack use (Arnull *et al.*, 2007; Ford, 2004; Harocopos *et al.*, 2003; Lindsell, 2005). This perspective suggests that the drug is responsible for the 'chaos' and unpredictability in crack users' lives. For this reason, much of the UK literature tends to ignore key contextual factors linked to social exclusion processes which affect engagement and retention in drug support services. Therefore a more nuanced analysis is required which can link these experiences with the social context of crack use. In addition, an insight is required into the social situations which may

influence barriers to drug support services given that the literature on engagement also lacks contextual scrutiny.

Engaging crack users in drug support services

There is some overlap between what is written about problematic drug users – which may include crack users - and specifically crack users. Therefore some brief examination of engaging problematic drug users is presented before exploring specific engagement with crack users. With regard to enhancing the 'engagement experience', drug users value staff accessibility by telephone, and the importance of reception and administrative staff in facilitating quick access to drug workers. Positive staff attitudes, mainly encompassing respectfulness and treating drug users as equals, are also identified as important in facilitating engagement with drug support services (Bobrova *et al.*, 2007; Moring *et al.*, 2003; Thomson *et al.*, 2006).

Nevertheless, efforts to engage drug users often require the service/worker to penetrate hardened social and emotional issues. Horwood and Horwood (2005) suggest that drug user engagement hinges on resolving deeper, entrenched issues given that most drug users have experienced poor housing, or lack of access to housing, educational disadvantage, criminal involvement, unemployment and low income. They suggest that it is a combination of these factors that lead to a self-reinforcing cycle of social exclusion, which prevents the population from engaging effectively with mainstream drug services. However, the process of how they get so isolated and 'hidden' does not appear to be examined.

While these findings also apply to crack users' experiences, much of the literature surrounding the engagement of crack users points to the reliability of counselling and skill of workers (Hasaan and Prinzleve, 2001) because 'crack use is more psychologically addictive' (Ford, 2004; Harocopos *et al.*, 2003; NTA, 2002; Parker and Bottomley, 1996). However, an over reliance on the use of this engagement tool seems flawed given that crack users do not engage with services until they are in 'crisis'; often when financial worries or relationship problems (Harocopos *et al.*, 2003; Morris, 1998) and significant

emotional, social and physical problems (Henkel, 1999), have significantly deteriorated. This makes them a difficult group to retain in services (Weaver *et al.*, 2007).

In the American literature, there is some recognition of crack users' extreme social circumstances which may account for why they are difficult to recruit and retain in services. Twenty two of 100 crack users in Boyd and Mieczkowski's (1990: 484) study said that *"no one"* would help them if they wanted to stop using drugs. The authors concluded that a *"sense of isolation"* may be related to *"crack cocaine users' personal or environmental factors"* such as *"social isolation and low self-esteem"*, a *"lack of support within their family and social networks"*, and the way in which they are *"required to be self sufficient"* (Petersen, 1997; Rimke, 2000).

American researchers, however, show effective means of engaging crack users using rewards when they return a clean urine test. Prizes include food vouchers, cinema tickets, gym membership, clothes vouchers, and vouchers to improve access to housing. The research found fewer programme dropouts (5%) than the control group (42%) and a greater number of continuous days of abstinence throughout (Higgins *et al.*, 1993). Previous studies also show that coupons are effective in increasing engagement into drug support services (Booth *et al.*, 2003; Sorensen *et al.*, 1999; Wechsberg *et al.*, 1993), although some disagree on the degree of success (Wechsberg *et al.*, 1992).

More proactive means of engagement involve outreach combined with harm reduction. Boyd *et al.* (2008) surmise that safer crack kits and outreach is most successful when it was informed by current crack-using practices. In addition, they posit that this approach is most effective when delivered through informal interactions with crack users and using repeated demonstrations of harm reduction equipment by peers and outreach workers. They report some changes to crack-using behaviour but remain cautious about long-term users who refuse to use the advice or could see the benefits. Similar preventive interventions in Canada have not yet been allowed to demonstrate their potential public-health impact and remain largely socio-politically controversial and under-resourced (Fischer *et al.*, 2006; Haydon *et al.*, 2005). In addition, as Pauly (2008) notes, the health inequities of marginalised groups such as homeless drug users, are often located within

structural dimensions such as poverty, homelessness, unemployment and lack of social support – factors which harm reduction alone cannot resolve.

There are also efforts to 'prepare' crack users for treatment. Wechsberg *et al.* (2007) report on the effectiveness of pre-treatment interventions for homeless crack users in North Carolina, U.S. They separated 443 crack users into pre-treatment intervention and control groups. The former emphasised a supportive environment, education in the process of becoming a drug use treatment patient, and help in understanding the concepts of recovery. While the intervention helped motivate some change and reduced crack use among the sample, there were low numbers returning to treatment which hindered the findings. At the three-month follow-up, 7.5% from the intervention and 5.5% from the control group were in attendance and at six-month follow-up, 10.0% and 8.7% were in attendance respectively. The researchers point to wider social and structural factors which influence treatment engagement.

Indeed, U.S. researchers attempt to improve our knowledge about why crack users, in particular, seem most likely to drop out of drug treatment programs. Stahler *et al.* (1993) cite five main reasons: a general reluctance toward 'staying clean' or entering any form of treatment; mismatches with treatment needs or preferences; conflict with or dislike of the treatment culture, milieu or staff; rule violations resulting in suspension from the programme; and external factors including wanting to visit family, returning to prison. Conversely, a number of variables are associated with retention, including maintenance of the proper balance between structure and support, positive staff attitudes, the use of specialised professional staff, and therapeutic style and training (Joe *et al.*, 1991). It may be, as Payte (1991) suggests, more about 'programme elements' than crack user problems which produce high drop-out rates.

Despite some pioneering international engagement methods, there is a general reluctance to consider innovative ways to engage crack users in the UK. Current approaches appear to either rely on crack users' 'decision' to engage with services or rely on referral through the criminal justice system. UK drug services are neither attractive to crack users nor able to meet their needs (Becker and Duffy, 2002; Ford, 2004; NTA, 2002; Parker *et al.*, 1998; Parker *et al.*, 2001). A survey of 116 London agencies found

that services for crack users found a quarter provided crack specialist services and two-thirds had an 'acceptable' competence in responding to crack but treatment services were often stretched by the demands and needs of the client group (GLADA, 2004). There is also difficulty in retaining specific populations of crack users such as women (Becker and Duffy, 2002), street sex workers (Cusick *et al.*, (2003) and hard-to-reach minority ethnic groups (Fountain *et al.*, 2003; Fox *et al.*, 2005; Sangster *et al.*, 2001). In addition, to date, no service has found a satisfactory way of engaging non-English speaking crack users (Weaver *et al.*, 2007).

Indeed, Weaver *et al.* (2007) show how ineffective specialist services are in attracting and retaining crack users. In their evaluation of four crack services, only half of the study group started treatment, with a significant minority of the referred population - around 40% - failing to turn up for assessment. Those referred by other drug services, GPs and criminal justice agencies were least likely to attend assessment. Referrals from arrest referral workers and DTTO clients were seen as potentially disruptive of more motivated clients. Poor engagement of crack users has also been linked to poor worker knowledge (Arnull *et al.*, (2007). Other research indicates that crack users' 'chaotic relapsing behaviour' is a function of 'poor will power' (Linsdell, 2005). However, even if crack users do present to services, it is likely they will be sent away with an appointment for a later date or, if they are 'excitable', asked to return when they have calmed down:

> *It may be that a first presentation is a medical crisis. It may take time to engage with the patient because of their excitability and this may make it more difficult to manage in a primary care setting. But nonetheless, persevere. It is helpful to be able to get someone to sit with the user and help them to wind down. If nobody is available and the patient is stable medically, ask them to return an hour or so later when they have calmed down from their recent crack use.* (Ford, 2004: 4).

This coupled with an over-clinical perspective on crack use can limit some drug workers' understanding of crack users' circumstances. Thus, Weaver *et al.* (2007: 6) state:

Workers felt that because opiate-based drug services are full of current users, they are not appropriate places for crack users struggling to be abstinent. For some clients, talking about crack use is a real threat to abstinence and some services promote rules to discourage talk about drug use except in keywork sessions.

This may, however, have something to do with the conflicting philosophies of service provision; that the wrong treatment philosophy may affect the expectations and consequently the chances of the crack user successfully engaging with drug support services.

Drug support service philosophies

In the UK, crack users are rarely consulted in the design of service configuration or, perhaps more simply, on what crack users need. In the context of problematic drug users, at best this is 'satisfaction surveys' (Moring *et al.*, 2003) but in general, large disparities are found in the involvement of drug users – and in particular crack users - in planning and commissioning of drug services (Patterson *et al.*, 2007). This is likely connected with the methods used to canvass service experiences. For example, Home Office research found that of the 148 drug users interviewed (40% of whom used crack), only 84 (57% of the original sample) were interviewed the following year. Aside from the uptake of drug treatment proving a *"little more widespread or successful than before"* it was *"hard to track respondents"* (Ramsey, 1997: 4). Only seventeen respondents said they had the opportunity of treatment. Of these 17, one was referred but did not attend an assessment for treatment, two were on a waiting list, and six attended 'irregularly'. This left four participants in treatment programmes, which, by comparison, were a small group from which to draw conclusions.

Measuring the 'success' of treatment settings through service user views do not seem to show clear conclusions. Home Office-funded research by Edmunds *et al.* (1999) evaluated the intervention of the Criminal Justice Drug Workers (CJDW) - employed as part of probation supervision. The research showed significant reductions in crack use – from 54% to 23% among the sample of 205 who were interviewed six to nine months after the contact with the CJDW. The sample, however, focused on those who were

'contactable' during the research and less than one third were interviewed at the follow up 18 months later. Inevitably, this did not consider the groups who did not engage with CJDW or those who dropped out, nor examine the reasons for this. Furthermore, the study could not conclusively link the implementation of the CJDW with reductions in crack use although *"the weight of evidence points to this"* (Edmunds *et al.*, 1999: 2). Therefore, the problems drug support services experience with engaging and retaining crack users are also the problems for researchers. A lack of informative research can exacerbate the shortfalls in producing an evidence base for effective crack provision meaning potential mismatches in service provision are not brought to the attention of policymakers.

In addition, despite some warning from international studies, UK policy documents tend to bundle cocaine and crack users together in the same group. In NTA and Home Office documents, 'cocaine' and 'crack' are used interchangeably (see for example Home Office, 2003; NDTMS, 2006) and an over-reliance of evidence is given to American literature on cocaine treatment provision. Yet users of cocaine and crack are members of quite distinct social groups, are likely to have different modes of preparation, different patterns of use, different routes of administration and experience different effects (EMCDDA, 2007; Williamson *et al.*, 1996). This is an important oversight because it means that crack users are often expected to adhere to the expectations of cocaine users whom are from a different social group.

This is not aided by an increased emphasis on the treatment coercion of 'problematic drug users' through the criminal justice system (Stimson, 2000). Even though research finds that family pressures and crack users own health concerns are triggers for seeking help for treatment rather than being in trouble with the law (Parker and Bottomley, 1996), renewed focus through 'getting drug users clean' through the criminal justice system reduces the volition of seeking help (Moring *et al.*, 2003; Stimson, 2000). This shift has implications for the service and treatment philosophy configuration of both criminal justice agencies and community drug services – and not necessarily for the benefit of crack users. For example, Sondhi et al. (2002) found that problematic drug-using offenders (including crack users) referred by an arrest referral

scheme were significantly more likely to drop-out of treatment once engaged compared to self or GP referred drug users. Their research into the predominantly 'voluntary based programmes' also found that that older crack users with negative experiences of services, young male crack-using street robbers, and female crack using sex workers were the most difficult groups to engage in the programme. Engaging in such programmes means adhering to stringent conditions:

> *Although clients engaged with the programme voluntarily, they were required to sign a contract which detailed the mutual expectations and responsibilities of both worker and client. The scheme required that the client cease all criminal activity, take control of their substance misuse and participate in arrangements for drug testing. In return they would receive practical help and support.* (Fox *et al.*, 2005: 5)

Engagement through the criminal justice system appears to offer indifferent results and although some champion engagement through the prison (Edmunds *et al.*, 1996; Edmunds *et al.*, 1998), rarely do positive aspects emerge from such engagement efforts with crack users. Attempts are further hampered by remand populations, the possibility of moving prison, and short sentences (Burke *et al.*, 2006). In addition, while drug-using prisoners are offered access to services, few take up the offer on release. Burrows *et al.* (2000) found 50% (n=90) of those surveyed including a third who used crack, indicated that they were offered help to obtain treatment on release yet only nineteen had a fixed appointment with a drug agency.

This raises significant questions for the 'tough love' drug treatment philosophy. The DTTO and arrest referral schemes introduced to engage problematic drug users, including crack users, rely on the Prochaska and Di Clemente (1986) 'cycle-of-change' treatment philosophy to resolve drug-using behaviour. Therefore, engaging with UK drug support services relies on the agency of the drug user. U.S. researchers suggest that such conceptual models of contemporary support services are based on embracing the philosophy of self reliance, economic individualism and moralistic judgement regarding the responsibilities of one's actions (Petersen, 1997; Rimke, 2000). Treatment engagement is described as *"early engagement,"* meaning *"the extent to which new*

admissions show up and actively engage in their role as patient" (Simpson, 2004: 106). Consequently, the structure of drug support services is unlikely to be receptive and helpful to crack users (Ashery *et al.*, 1995).

To combat this, major initiatives have been designed to minimise the harm related to crack users. Harm reduction has already proved its effectiveness by greatly contributing to a reduction in drug-related deaths and transmission of infectious diseases (Amato *et al.*, 2005; Wodak and Cooney, 2004) and has improved needle exchange services, provision of condoms and methadone maintenance treatment programs which are now widely available in most western countries (Fischer and Coghlan, 2007). While there were plans to increase the coverage of methadone maintenance by, for example, ensuring continuity of prescription for those who enter and leave prisons (Marteau, 2006), no such equivalent policy movement has been made for crack users in the UK.

However, the challenges for harm reduction have become increasingly complex as a result of increasing numbers of crack users and poly-drug users (heroin and crack users) – because of the diverse physical, social and emotional problems they have as well as the different psychological and physiological effects of the different substances (Gossop, 2001; Kenna *et al.*, 2007). Even the most sensitive outreach worker involved in the delivery of harm reduction cannot avoid, what drug users consider to be, patronising delivery of public health messages. Bourgois *et al.* (1997: 160) show in their analysis of heroin injectors that outreach workers' well-meaning messages may resonate with the middle class but instead only insult street addicts:

> *Ironically, but not surprisingly, street based identity hierarchies in popular discourse of individual worth and public health outreach modalities of behaviour modification. Moralising narratives of individual responsibility reveal themselves in the absolutist public health messages put forward by even the most sensitive, street-based outreach programmes that miscalculate the prevalence of risk taking among addicts.*

It is suggested that crack users need more specific harm reduction provision and more intensive networking among existing facilities. Indeed, Young (2002) notes that although the harm-reduction approach offers advice and knowledge about safe practices,

it cannot improve unhealthy environments. She also suggests the harm-reduction agenda is limited by a lack of action from macro structures such as the NTA, drug services and other agencies. Young (2002) also indicates that if problems are treated 'symptomatically', such as through prescribing, counselling, residential rehabilitation service, self help, detoxification, then there are high relapse rates once support is removed. This approach, she argues, does not remove the substantive burdens which drug users face: when rigid rules often exclude the heaviest drug users at the point of entry.

Another problem may be that there is an over-emphasis on 'medicalising' drug use. For example, in a recent paper Hser *et al.* (2007) contend that illness careers tend to have parallels with drug careers. Illness concepts, they argue, include onset of symptom or need (onset of drug use), onset of disease or disorder (onset of dependent drug use), recurrence (relapse), chronicity (duration of dependent drug use), and recovery or remission (cessation) (also see McLellan *et al.*, 2000). The problem is that this medical perspective has some similarity with the Prochaska and Di Clemente (1986) model of change which limits the consideration of social and structural influences. Because the model considers agentic decision-making to prevail over social and structural pressures; in essence, it suggests that every crack user will follow this mode to recovery, and can do so, equipped with the right psychological commitment. For example, the 'current news' in Nursing Standard (2007: 8) declares:

> *Patients with mental health problems who also use drugs and alcohol are being offered a range of booklets to help them understand the effects of cannabis, alcohol, ecstasy and crack cocaine. Devised by consultant nurse, Mark Holland, they tell a story from real life about a drug user with mental illness. 'These booklets help clients be more aware of the interaction between mental illness and substances'.*

Indeed, there are those who suggest that medical treatments which focus on addiction are only partially successful because of a limited view of the reasons why people use drugs (Young, 2002). In fact, some researchers indicate that this approach may function primarily to shift responsibility for treatment failures from the worker to the drug user (Holt, 1967; Sterne and Pittman, 1965). Yet this appears to be the current

treatment philosophy which the NTA endorses; relying primarily on residential rehabilitation services and structured programmes which focus on counselling, CBT, and complementary therapies.

Conclusion

While there has been some understanding of the social circumstances which crack users experience, this doesn't appear to have translated into effective policy in the UK. Further work is therefore needed to examine how crack users start using crack, the subsequent decisions they make to continue to use, and what happens as a result. This is especially important in understanding why they are the most problematic drug-using group who have the poorest retention rate in drug support services. Furthermore, the literature on barriers to drug support services is predominantly confined to surveys and/or semi-structured interviews. Indeed, commentators have made calls for further research which explores the 'lived experience' and social relations of drug users (Carlson, 2000; Fischer, *et al.*, 2002; Fitzgerald, *et al.*, 2004; Page and Llanusa-Cestero, 2006; Rhodes, *et al.*, 2006), and particularly in the context of crack use (Malchy *et al.*, 2008). The next chapter sets the theoretical framework for such an understanding.

Chapter 3 - Theoretical review

Introduction

The literature review in Chapter 2 identifies the key issues with regard to crack. In this chapter, I offer a theoretical framework which may help explain the 'hows' and 'whys' of crack use, what shapes crack users' decisions, interactions, practices, and ultimately, how this impacts on the crack career. In doing so, it should set context for the data in Chapters 6, 7, 8, 9 and 10. I draw on the theoretical perspectives from the management of identity (micro interactional processes), political economy (macro structural processes), risk and insecurity in late modernity and structuration. I argue that the socio-structural position of crack users is located between micro interactional perspectives (identity management) and macro structural processes (political economy) which, taken together, operate through reciprocal exchanges over time against a backdrop of 'risk society' and insecurity in the late modern period. I also make use of other theoretical perspectives throughout the thesis. I begin by considering how the management of identity can be useful to understand the socio-structural position of crack users before discussing political economy, risk and insecurity and structuration respectively.

Management of identity

Crack users' activities are labelled as heavily stigmatised because such drug use breaks various social norms and codes (Chapter 2). Because of this many try to remain clandestine about their practices. For some time, interactionists have discussed this relationship in the context of the labelling process which powerful dominant groups apply to marginalised groups such as crack users. Thus:

> *Social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labelling them as outsiders. From this point of view, deviance is not a quality of the act the person commits but rather a consequence of the application by others of rules and sanctions to an 'offender'. The deviant is one to whom that label has been successfully applied; deviant behaviour is behaviour that people so label.* (Becker, 1963: 9)

In particular, crack users are vulnerable to what Duster (1970) calls 'a moral outrage against drug use'. Here, society's vulnerable groups become the object of extreme hostility. In the context of drug-taking, this may not necessarily *be* deviant but is deviant for groups who condemn and wish to eliminate it (Taylor *et al.*, 1973). Commentators indicate that this unbalanced relationship stems from mediated contact by those in power (the police, psychiatrists and other 'experts'), wider society and drug users, leaving lay citizens with little direct contact with such groups and therefore dependent on mass media for information about them. The media, along with 'moral crusaders', experts and law enforcement agencies therefore play a lead role in initiating social reactions against drug users (Wilkins, 1964; Young, 1971). In particular, this has implications for drug user identities:

> *Individual experiences such as adverse experiences with family, friends, acquaintances, associates, strangers, employers, and state officials, one piled on top of each other into an oppressive pyramid of rejection then the individual may through a process of self-ordination come to accept the new identity.* (Box, 1981: 208)

This transformation into *"important stigmas"* such as *"prostitutes, thieves, homosexuals, beggars, and drug addicts"* requires the individual to be clandestine about his failing in society while systematically exposing himself to other members of the public (Goffman, 1963: 93). Very often, if this identity is exposed, crack users are seen as societal 'failures'. It is, as deviance sociologists argue, the discovery of their actions which act as a catalyst for further identity shifts (Lemert, 1967). This is why, as Maruna (2001) argues in the context of heroin users, many respond through denial of their position. Increasingly, they make use of a façade which can show the conventional world that everything is under control (Goffman, 1963). This is done to deflect feelings of shame and guilt (Giddens, 1991), and avert personal responsibility (Sykes and Matza, 1957).

Indeed, how crack users start to see themselves, their position and reflect on their practices rest heavily on notions of self identity (Chapter 6) and participation in the crack scene (Chapter 7). Unlike the 'self' which lacked social, legal and moral dimensions (or

lacked a 'personal identity') in the pre-enlightenment period (Foucault, 1977), the modern 'self', it is suggested, is a reflection of social participation which confirms who he/she *is* (Cooley, 1964) throughout the life course (Holstein and Gubrium, 2000). In the company of deviants, stigmatised groups or those associated with crime, drugs or gangs (Matza, 1964) - and in the context of this study, crack users - the 'social self' likely identifies with these values and *becomes* one of 'them' (Matza, 1969).

Surviving in this world - and the practices associated with it - become part of the core identity of the crack user (Maruna, 2001). Indeed, Preble and Casey (1969) show that the meaning of life in these spheres does not necessarily lie in the effects of drugs on a user's body or mind, but the gratification of completing a series of challenging, exciting tasks. They show why self identity is important in understanding how heroin-addicted offenders make sense of their world. Being caught and apprehended may have repercussion for further social participation, self-image and identity of crack users:

> *Further, the standards he has incorporated from wider society equip him to be intimately alive to what others see as his failing, inevitably cause him, if only for moments, to agree that he does indeed fall short of what he really ought to be. Shame becomes a central possibility, arising from the individual's perception of one of his own attributes as being a defiling thing to possess, and one he can readily see himself as not possessing.* (Goffman, 1963: 18)

Contact with such institutions such as courts and prison confirms the identity thereby acting as degradation ceremonies (Garfinkel, 1956; Maruna, 2001). Taken together, this is said to have implications for the identity framework of the individual:

> *Treating a person as though he were generally rather than specially deviant produces a self-fulfilling prophecy. It sets in motion several mechanisms which conspire to shape the person in the image of the world have of him. When the deviant is caught, he is treated in accordance with popular diagnosis of why he is that way, and the treatment itself may likewise produce increasing deviance.* (Becker, 1963: 34)

These deprivations add up to serious, almost total, withdrawal of those social supports necessary to maintain the normal non-deviant, conventional identity. This is

reinforced in drug-treatment settings. For example, Ray (1964: 165) writes on the cycle of abstinence and relapse among heroin addicts:

> *Then too, the composition of staff in treatment centres contributes substantially to the image of the addict as mentally ill, for the personnel are primarily psychiatrists, psychologists, and psychiatric social workers....finally the addict's habit grows and almost all of his thoughts and efforts are directed toward supplying himself with drugs, he becomes careless about his appearance and cleanliness. Consequently, non-addicts think of him as a "bum" and, because he persists in his use of drugs, conclude that he "lacks will power" and is perhaps "degenerate", and is likely to contaminate others.*

Post prison or treatment centre experiences, such as stigmatisation and social rejection, are referred to the final stage of labelling process, where, for example, members of the community are reluctant to receive the individual (Lemert, 1967). These perspectives on identity have been more recently complemented by a broader body of research and theorisation around the role of macro processes in the formation of identities. In the context of crack users, this is important to consider because it also has implications for how they see and treat themselves (Chapter 8).

This work emphasises the shifting nature of personal identities (Hall, 1990) which make it possible to theorise changing constructions of identity in relation to both the experience of oppression and stigmatisation, as well as resistance to it (Castells, 1997). Most poignantly, this is evident through Bourdieu's (1984) concept of 'symbolic violence'. Symbolic violence is generated through discourses and practices of cultural systems and is experienced through macro social processes such as discrimination, stigmatisation and poverty and reproduced in everyday lived experience (Bourdieu, 1984; Bourdieu and Wacquant, 1992; Connolly and Healy, 2004; Farmer *et al.*, 1996; Rhodes *et al.*, 2007). Some link the experience of symbolic violence with the internalisation of social suffering (Kleinman *et al.*, 1997) through psychological or emotional harms, such as fatalism, feelings of shame, worthlessness or powerlessness, and health risk behaviour (Farmer, 1997; Wilkinson, 2006). These are all relevant attributes associated with crack users (Chapter 2; Chapter 4). It is important to:

> *...recognize that stigma arises and stigmatization takes shape in specific contexts of culture and power. Stigma always has a history which influences when it appears and the form it takes. Understanding this history and its likely consequences for affected individuals and communities can help us develop better measures for combating it and reducing its effects. Beyond this though, it is important to better understand how stigma is used by individuals, communities and the state to produce and reproduce social inequality. It is also important to recognize how understanding of stigma and discrimination in these terms encourages a focus on the political economy of stigmatization and its links to social exclusion.* (Parker and Aggleton, 2003: 17)

This may have implications for crack users' identities because such forces may become embedded in every day practices (Chapter 8) and interactions (Chapter 7; Chapter 9). In the context of other drug research, Rhodes *et al.* (2007) show how street drug users feel a sense of shame and degradation in the practice of public drug use which is exacerbated by a need to maintain privacy and avoid public exposure. They locate this within a climate of community safety policies which ultimately serve to eradicate 'problematic' street populations. This, they argue, forces street drug users into more improvised locations, often at the expense of riskier drug use practices. Importantly, however, they suggest that the lived experience of public drug injecting is perceived, by drug injectors, as self-marginalising and that the locations of injecting amplified this marginalisation. They indicate that public locations used for drug injecting serve to amplify both health risk and individual shame. Combined with the already negative social association of public injecting locations, this degrades a drug user's sense of self and has led researchers to conclude that this internalisation of shame is a product of symbolic violence directly associated with public injecting environments (Rhodes *et al.* 2007).

Similarly, Parkin's (2008) research with various professionals and frontline workers in contact with drug users, found that symbolic violence was not only endemic through the policies and practices of a local authority but also in the attitudes and beliefs of some of its employees who dealt directly with drug injectors. This results in negative implications for drug user identities. Concluding, he shows how previous research in this

field had focused on the symbolic violence from a 'bottom-up' perspective (the lived experiences of drug users) but his work shows how the same concept can be applied from a 'top-down' viewpoint (through the working practices of a local authority). This is important to consider in the context of crack users because it provides useful theorisation on how identity is built and shaped through various social and structural processes.

Political economy

The political economy perspective considers how political and economic social which shape inequalities (Doyle, 1979; Navarro and Muntaner, 2004). This perspective shows how particular vulnerable groups are exposed to harm through oppressive social environments, and how, in turn, this is incorporated into the everyday practices of those subjected to multiple subordinations (Friedman *et al.*, 1998). This perspective is useful to help understand what shapes crack users' attitudes, decisions and practices, and, in turn, how they respond to structural constraints (Chapter 8, Chapter 10; Lemert, 1967).

Such an analysis has experienced resurgence since the 1970s, especially since Western cities have become State-led targets as sites for the development of entrepreneurial and competitive practices. This movement has been accompanied by an expansion of governance mechanisms through a variety of public-private partnerships, infrastructure development as well as urban, social and cultural policies (Brenner, 2004; O'Connor, 2004). Zero-tolerance policing has also become a component of this urban restructuring and is closely linked to the requirements of urban competitiveness and image promotion (Chapter 8; Hall and Hubbard, 1998).

While considerable attention has been paid to the development and promotion of such urban centres, it is often at the political, economic and social disregard of certain populations – such as crack users. For example, Wacquant (2002) writes on how political abandonment and limited political rights contributed to 'decivilising processes' in American inner-city ghettos. This, he argues, was manifested in persistent joblessness and acute material deprivation, and triggered a shrinking of social networks at the political expendability of the black poor resulting in the drastic deterioration of public institutions. The creation of the 'hyperghetto' – characterised as an area for which wider society had no use – was exacerbated by poor schools, housing and health care, limited

access to the police, the courts and welfare; the latter operating in ways that further stigmatised and isolated ghetto populations (also see Bourgois, 2003). The social consequences of these practices are often manifested in high crime rates and destructive levels of drug use (Reinarman and Levine, 2004) yet the people in these ghettos are often told to blame themselves for their predicaments (Anderson, 1990; Dunlap and Johnson, 1992).

At the hub of political abandonment are increased punitive attitudes and policies to crime – to contain and repress the 'problem populations' (Aitkin *et al.*, 2002; Chapter 8; Johnsen and Fitzpatrick, 2007). This repression is linked to political and moralistic motives to invoke fear and the potential 'threat' problematic populations pose to middle-class values and dominant political ideologies (Fitzgerald and Threadgold, 2004; Reinarman and Levine, 2004 Wacquant, 2002). While history shows that ideological responses to drug problems and crime result in increased law enforcement (Provine, 2006), very often, however, because of the spatially segregated and social concentrated disposition of urban populations, poor minority ethnic populations generally suffer the most. Indeed, shifts in the political economy during the 1980s significantly affected minority ethnic drug arrests (Parker and Maggard, 2005) leading to disproportionate patterns of these groups in the criminal justice system (Brewer and Heitzig, 2008; Garland, 2001; Michalowski and Carlson, 2000).

In the context of drugs, the political economy perspective is particularly illuminating to macro processes of social exclusion, discrimination and racism - all of which play a part in high levels of drug use and exposure to risk (Bourgois, 1995; Finestone, 1957; Marez, 2004). In the context of HIV, Waterson (1997: 1383) writes that: *"problem populations' and their 'social problems' (homelessness, criminality, drug addiction, AIDS, etc) purportedly endemic to inner cities are obviously not islands unto themselves. Instead they are situated within the larger political economy, their experiences shaped by processes of capitalist development, state control policies, and dominant cultural ideologies."* She adds that prevention and support programmes are likely to fail if they are situated and controlled among surplus populations in relatively controlled settings with lack of opportunities and little upward mobility. This may also be

the case for crack users who also experience a number of significant barriers when seeking to change their lives (Chapter 10).

This occurs because the modern city is at the root of economic restructuring of urban life and public space and is coupled with the increasing political desire to frame a 'acceptable' vision of social life in the city. Some say this is underpinned by ideas of regeneration formulated around an assessment of threats to security, and concerns to domesticate public space, the management of diversity, and reduction of mixing 'risky' of social groups by the new middle classes (Jayne *et al.*, 2006).[7] Indeed, Punch (2005) shows that investment and political attention tends to neglect already disadvantaged communities where problematic drug use is endemic. These areas, he notes, have already developed a number of social problems such as poor education, unemployment, limited job prospects, low income – all exacerbated by the arrival of drug markets in the 1980s.

In a similar vein, the political economy perspective has also been useful in understanding how historically-entrenched political economic and ideological forces shape crack use. Indeed, Bourgois (2003: 32) notes: *"the pharmacological qualities of substances are virtually meaningless outside of their socio-cultural as well as political economic contexts."* At the height of the U.S. crack epidemics of the 1980s and 1990s, Provine (2006) points to a policy focus on arrest rates with disastrous consequences for urban minority groups coupled with disproportionate prison sentences for the possession of crack. The role of 'unconscious racism' played in motivating policy choices combined with the media's moralistic function in demonising the drug, led to negative racial stereotyping. This, in turn, resulted in crack being associated with 'dangerous people' and 'dangerous classes' namely young, unemployed black males. This helped to:

> *...create and sustain a drug scare that resulted in an unprecedented wave of imprisonment, disproportionately of poor people of colour. But there are also pragmatic, utilitarian reasons why we should rethink the harsh laws and policies that emerged from the crack scare. The scare and the racist repression it*

[7] See also Belina and Helms (2002) for an example of the impact of zero tolerance policing on problem populations in Glasgow, Scotland and Essen, Germany.

fomented have further eroded the legitimacy of the criminal justice system. (Reinarman and Levine, 2004: 194).

These were not the only processes at work. Agar (2003) shows in *The Story of Crack*, that the flood of cocaine, together with decline in demand among affluent white users because of adverse publicity in the early 1980s, dented the attraction of cocaine. This, he argues, created a market crisis for cocaine producers and resulted in innovative marketing responses by entrepreneurs. Dominican, Jamaican and Los Angeles gang networks started their innovations in poor urban communities where social and economic suffering was endemic. He argues that crack was a good and rare business opportunity in a time of extreme social and economic decline especially among marginalised communities. He also links this with a growth in the culture of need and greed which fuelled the level of violence among these communities.

This may explain why politicians, media and law enforcement agencies cling to the image of crack - because it serves to reinforce their political and budgetary interest (Adler, 1985). However, as crack use in the U.S declined in the 1990s, arrests and imprisonment rates increased. A shift to investing in enforcement of the crack problem was coupled with reduction of investment in treatment (Sherman, 2004). Nevertheless, crack use seemed to cover up the unsightly urban ills which had resulted from poor social and economic policies (Reinarman and Levine, 2004).

In particular, U.S. crack ethnographies provide a useful indicator of the shortfalls of U.S. policies to alleviate crack problems but also help to understand the structural position of inner-city crack users. Bourgois (1995), in particular, has made a large contribution to our understanding of the social and structural organisation of the crack scene in New York. His work throughout the early 1990s examined crack dealers' relationship with the mainstream society and their interaction with the legal labour market. For Bourgois, the crack dealers' main problem was not lack of skills because they managed a complex system involving marketing, distribution of resources, and human relations but rather their lack of 'cultural capital' (see Bourdieu, 1984), literacy, savvy in handling city agencies, or the ability to switch between the street and white-collar worlds. Consequently, they survived on the underground economy.

Bourgois's (1995) use of the political economy perspective uses an understanding from macro-structural processes and micro-level interactions although the focus is less on drugs, and more on the symbolisms and dynamics of social marginalisation and alienation. This is because these symbolisms, he argues, are shaped by historical, structural global migration of the world economy and capitalistic processes which contributed to the concentration of minority populations in deprived areas. Thus:

> *The objective, structural desperation of a population without a viable economy and facing the barriers of systematic discrimination and marginalisation gets channelled into self-destructive cultural practices.* (Bourgois, 1995: 63)

On a daily level in this scene, victims perpetuate interpersonal violence, usually against their friends and loved ones, as well as against themselves (Dunlap, 1992), in the form of violence and substance use (Bourgois, 2002; Chapter 9; Dunlap, 1995). Those involved in the crack scene interactions internalise societal stereotypes and think of themselves as lazy and irresponsible for quitting jobs to have a 'good time on the street' (Dunlap and Johnson, 1992). This form of structural violence is not only experienced individually, but also collectively as common forms of 'lived-oppression' or 'social suffering' (Bourgois *et al.*, 1997), although others refer to this as 'oppression illness' (Baer *et al.*, 1998). Such a process involves:

> *...the combination of ethnic discrimination with a rigidly segmented labour market, and all the hidden injuries to human dignity that this entails, especially in a place like New York. It involves, in other words, the experience of many forms of oppression at once.* (Bourgois, 1995: 72)

Kleinman *et al.* (1997) suggest social suffering is the result of the devastating injuries that social forces inflict on the human experience. This 'traumatic stress disorder' is produced by the combined effects of being subject over time to intense social oppression such as racial hatred, sexism, class discrimination, homophobia which is subsequently individually internalised into depression, self-hatred, and a sense of powerlessness (Singer, 2001). Again, these are all attributes associated with crack users (Chapter 2). These experiences are further amplified against perceptions of 'social

failure' in cultures of personal achievement (Agar, 2003; Bauman, 2007). Consequently, Singer (2001: 205) posits that both:

> *Social suffering and the hidden injuries of oppression are emotionally damaging and pressure sufferers to seek relief. Drug use, in an action-oriented culture that forcefully emphasizes (through the media and elsewhere) instant gratification, pain intolerance, and chemical intervention, is a commonly selected solution.*

Crack, as Agar (2003) shows, is a preferred drug of abuse which appeals to desperate population sub groups who are victims of extreme forms of structural violence. However, these macro and micro processes are increasingly constructed in unstable circumstances; in a time of risk, uncertainty and insecurity. It is this structural backdrop which has also has significant implications for crack users, their identities (Chapter 6; Chapter 9; Rhodes *et al.*, 2007), practices (Briggs, 2010; Chapter 7; Chapter 8) and attempts they make toward change (Bourgois, 1995; Chapter 10).

Risk society and insecurity in late modernity

The risk and uncertainty of late-modern living is well catalogued: the breakdown of community, mass migration, globalisation, 'flexibility' of labour, the instability of family, rise in virtual realities, mass consumerism, individualisation, choice and spontaneity, loss of religion and decline in the attachment to tradition (Beck, 1992; Giddens, 1991). What was *"a world of high employment, stable family structures, and consensual values underpinned by the safety net of welfare state, has now been replaced by a world of structural unemployment, economic precariousness, a systematic cutting of welfare provisions and the growing instability of family life and interpersonal relations"* (Young, 2007: 59).

These changes are attributed to a lack of control over the risks attached to modern life (Beck, 1992; Giddens, 1990, 1991, 2002) and a vicious circle is established; as more risks are discovered, greater public insecurity is generated (O'Malley, 2008). In urban areas, for example, this is often manifested in and community concerns about populations such as drug users (Sparks *et al.*, 2001), beggars and homeless people (Van Swaaningen, 2005). In these areas, there is an increasing focus on the risks that drug users and other

dangerous populations present to the wider community (Seddon, 2008). Indeed, Duff (2009: 203) notes:

> *Accounts of the growing vulnerability of contemporary cities and of the use of illicit drugs in discrete "risk environments", present a bleak vision of the modern city. This is the city of fear and anxiety, of evolving matrices of surveillance and security, of the identification of threats and the generation of risk management strategies in response to these threats.*

This fear of risk is also exhibited through government policies and reflected in prohibitionist and exclusionary responses that isolate and demonise drug users. Unfortunately such policies seem to exacerbate drug user health risks (Chapter 2) and jeopardise social and medical support (Chapter 8). Such fear is also evident in moral panics in the context of problematic drug use. Reinarman and Levine (1997: 45) note the consequences of crack scares tend to *"routinely blame individual morality and personal behaviour for endemic social and structural problems"*.

Commentators link theses processes to a 'disembedding' of social institutions which distances the individual from time and space (Giddens, 1990, 1991, 2002; Beck, 1992). Instead people are increasingly involved in a lifespan which revolves around open experience rather than ritualised passages (Giddens, 1990), which creates the search for psychic security (Lasch, 1985) and a need to balance ontological security (Giddens, 1991). This reduces *"the confidence that most human beings have in the continuity of their self identity and the constancy in the surrounding social and material environments of action"* (Giddens, 1990: 92). Furthermore:

> *...As the influence of tradition and custom shrink on a world-wide level, the very basis of our self identity – changes. In a more traditional situation, a sense of self is sustained largely through the stability of the social positions of individuals in the community. Where tradition lapses, and lifestyle choice prevails, the self isn't exempt. Self identity has to be created and recreated on a more active basis than before.* (Giddens, 2002: 47)

This helps to defer feelings of personal meaningless and sustain individual ontological security. Thus *"potentially disturbing existential questions are defused by the controlled nature of day-to-day activities within internally referential systems"* (Giddens, 1991: 202). An increased lifespan which revolves around open experience removes an important psychological prop to the individual's capacity to cope with such transitions. The self *"establishes a trajectory which can only become coherent through the reflexive use of the broader social environment. The impetus towards control, geared to reflexivity, thrusts the self into the outer world in ways which have no clear parallel in previous times"* (Giddens, 1991: 148).

The self becomes *"a reflexive project"* (Ibid, 1991: 32). Coupled with increasingly reflexive biographies and identities, the more individuals internally reference self identity, and the more shame comes to play a role in the adult personality because *"shame bears directly on self identity because it is essentially the anxiety about the adequacy of the narrative by means of which the individual sustains a coherent biography"* (Giddens, 1991: 65). This results in a fear of inadequacy or failure which can *"haunt"* people for life (Bauman, 2007: 58). *"Insecurity"*, as Bauman (2007: 105) suggests, *"is here to stay."*As Young (2007: 68) writes, *"identity is always precarious in late modernity – thus precisely at the time when there is greater stress on finding a fulfilling identity, there is less means to generate such a stable narrative."*

In addition, in the late modern era, as Beck and Beck-Gernsheim (2002) add, the individual is increasingly thrust into life with the responsibility for him/herself and is responsible for constructing their own biographies. They refer to this process as 'indivdualisation'. Deciding and shaping human life in recent times is about being the author of 'one's own life' – the central character (also see Beck *et al.*, 1994). Despite incalculable insecurity, the life of one's own is *"condemned to activity...even in failure, it is a life of structuring demands"*. They add:

> *Whereas illness, addiction, unemployment and other deviations from the norm used to count as blows of fate, the emphasis today is on individual blame and responsibility.* [Consequently]*...your own life – your own failure. Social crisis*

phenomena such as structural unemployment can be shifted as a burden of risk onto the shoulders of individuals. (Beck and Beck-Gernsheim, 2002: 22).

For example, some argue that the 'responsibilisation of health' *"represents the extension of techniques of social regulation to an unprecedented extent"* (Petersen 1997: 696). That is, in a society that expects its citizens to take care of their health, those who do not do everything they can for their health become 'irresponsible citizens' (Rimke, 2000). Such citizens might be accused of being in breach of a 'social contract of health' and, individually, they may experience this breach as a form of personal or 'moral failure' (Petersen, 1997).

However, making individual choices in a time of declining influence of tradition and lack of trust in social institutions is difficult because the choices on offer are fraught with uncertainties (Lupton, 1999) yet the responsibility for making the right choices remains – choices that produce a successful life (Giddens, 1991). Some have the ability to respond to the destabilisation of their situations – a practical ability to cope in a world where contradictory information and impossible decisions impinge on daily life (Giddens, 1991) while others struggle (Rimke, 2000). The latter group, Bauman (2004: 38) argues, generally assume prescribed identities by society; *"people who are given no say in deciding their preferences"*; identities which have become difficult for the individual to shift which are *"stereotyping, humiliating, dehumanising, stigmatising identities"*. In *Identity*, Bauman (2004: 39) describes in more depth the profile of such groups:

> *You have been assigned to the underclass because you are a school drop out, or a single mother on welfare, or a current or former drug addict, or homeless, or a beggar, or a member of other categories left out of the authoritatively endorsed list of those who may covet and struggle to attain is a priori denied. The meaning of the underclass identity is an 'absence of identity'; the effacement or denial of individuality, of 'face' – that object of ethical duty and moral care. You are cast outside the social space in which identities are sought, chosen, constructed, evaluated, confirmed and refuted.*

He continues by suggesting that such groups have been repeatedly told *"to rely on their own wits, skills and industry, not to expect salvation from on high: to blame themselves, their own indolence or sloth, if they stumble or break their legs on their individual road to happiness"* (Ibid, 2004: 46). Yet the social expectancy remains that such individuals and groups should 'rise up', 'against all odds'. Beck and Beck-Gernsheim (2002: 144) use the example of the 'sick person'. They contend that in the modern era *"the social role of the sick person includes an expectation of those around that he or she will make every reasonable effort to get well soon"*. In the context of crack users, such 'responsibilisation' means that the crack user should be 'responsible' because he/she is a rational choice actor. They are responsible for their harms and the harm to others (O'Malley, 2008). Therefore I make use of these perspectives because crack users, like anyone else, are also engaged in processes of responsibilisation (O'Malley, 2008; Petersen, 1997), life biography construction (Beck and Beck-Gernsheim, 2002) and reflexive assessments of the self (Giddens, 1991).

Structuration

The lens in which these theories seem to function best for this thesis is through that of structuration (Giddens, 1984) - the changing and interplaying nature of relations between structure and the agent. In this process, the self or the agent is not separate from structure but rather the two form a duality meaning that *"social systems are both medium and outcome of the practices they recursively organise"* (Giddens, 1984: 25). Here, Evans (2002) concept of 'bounded agency' is useful because it captures this structure and agency dichotomy; that is how agency is exercised when bound by structural constraints. Such a perspective provides useful insights into how macro structural processes and micro-social interactions act in reciprocal exchanges over time to shape attitudes and drug-use behaviours. For example, in the context of cannabis use, Fletchter *et al.*, (2008) highlight how young people's identities and actions emerge in the context of schools, which reflect aspects of wider social organisation, and reproduce patterns of social, economic and health inequalities. They posit that:

> *Inner-city secondary schools may structure the development of students' peer groups through students' sense of insecurity and, in turn, this may encourage*

higher rates of cannabis and other drug use as these are facilitators and markers of group membership. (Fletchter *et al.*, 2008: 5)

In the context of this study then, I attempt to show how the crack career and attitudes to the self are shaped through personal decision-making processes, which given various structural constraints, further shape individual circumstances. These micro social interactions continually interplay in reciprocal exchanges with macro structural processes against a backdrop of risk and insecurity in late modern society. The next chapter discusses the methodological aspects of this thesis.

Chapter 4 - Methodology

Introduction

This chapter describes the study design and methods. It includes a rationale for the choice of ethnographic methods over other research methods; my use of ethnography; access and sampling; interviews and observations techniques; coding and analysis; and reliability, validity and generalisability. The chapter concludes with critical reflections on ethical issues.

Ethnography and participant observation

The ethnographic method examines the behaviour and interaction of groups in their natural settings using field observation and open-ended interviewing. The key features of ethnography include its emphasis on people and their behaviours; the meanings people attach to their actions; and the ways in which social processes emerge and change (Hammersley, 1992; Vaughan, 2005). The 'participant observer' field technique is the primary ethnographic research tool and was pioneered by Chicago sociologists of the 1920s (Atkinson and Hammersley, 1994; Bryman, 2001; Taylor, 1993). The participant observer attempts immersion, to the extent permitted, in local life in order to understand and document 'how things work' and attempts to reach understandings through experiencing the same activities, rituals, rules and meanings as the subjects (Estroff, 1981). 'They', Estroff suggests, become the experts and the researcher becomes the student.

Therefore, participant observation refers to a collection of findings by participating in the social world of those being studied (Jupp, 1989). This involves taking on a role in the social group, or on the fringes of it, observing, reflecting upon and interpreting the actions of individuals within the group. This form of research places emphasis on naturalism:

> *Studying groups in their natural surroundings with the minimum of disturbance; direct observations with particular emphasis on social meanings; empathy to understand such meanings; and descriptions and explanations formulated with*

direct reference to the everyday descriptions and explanations employed by the participants themselves. (Jupp, 1989: 57-59)

Unlike methods typically associated with positivist traditions, participant observation *"plays down the exclusive collection of quantitative data, the control of variables and the search for explanations cast in causal terms"* (Ibid, 1989: 57-59). Ethnography has come to be well regarded in drug research (Anderson, 1990; Becker, 1953; Bourgois, 1995; Brain *et al.,* 1998; Hamid, 1990; Preble and Casey, 1969; Rhodes *et al.,* 1999; Rubin and Comitas, 1975; Williams, 1990). For example:

> *It is exciting, unique and instructive to read raw observational accounts of the lifestyles and experiences of drug users and others forced to the margins of society. There are many examples of studies that have provided a rich vein of marvellously detailed data to add to our collective and historical base, in a way that would not be possible without an ongoing commitment to ethnography.* (Power, 2002: 330)

Bourgois (1995: 12-13) argues that traditional social-science research techniques that *"rely on statistics or surveys cannot access with any degree of accuracy the people who sell or take drugs."* He also notes that qualitative researchers lack involvement in the research field and interaction with their participants in their environments (see also Curtis, 2002; Sanjek, 2000).

Thesis aims

This thesis examines the social context of crack using careers in south London. Other objectives are to consider how these careers impact on attitudes to health and perceptions of the self. Nine months of ethnographic fieldwork was undertaken in Rivertown from September 2004 to May 2005. Fifty-four open-ended, qualitative interviews were completed with crack users during this period. A total of 112 days were completed in the field and interviews were undertaken on 50 of those days. Observation occurred on each fieldwork day, and on occasions, continued into the evening and throughout the night (Bourgois, 1995; Bourgois *et al.,* 1997; Carlson *et al.,* 1994). This time was spent with crack users in crack houses, street-dealing locations, on council

estates, derelict sites, car parks, parks, and streets and alleyways. Two days of the working week were spent in the office, note-writing, transcribing, report writing, and undertaking other projects if required. This reduced fieldwork to half the working week, so additional days were used at weekends for observation and interviewing. In January 2005, the writing of the interim report removed me from the field for a week, and from June 2005 onwards, my time was spent writing the final report. After the main fieldwork period, a further 40 days over two years were spent undertaking interviews (n=12) to help clarify themes.

Epistemological position

This ethnography uses a critical realist appreciation of knowledge construction. By using this epistemological position, I acknowledge my presence in the social interactions of the crack scene and how this contributed to the construction of meanings (Atkinson and Hammersley, 1994). Therefore, the narratives of this thesis are co-produced from both the subjective experiences of crack users in the crack scene and my ethnographic experiences with crack users in this particular time, under these particular social and structural circumstances.

Limitations of this ethnography

There are a number of limitations to this ethnography. Firstly, the data used stemmed from a project which was only twelve months in length and the main fieldwork period lasted for nine months. American commentators suggest that such a study would perhaps not qualify to be a 'pure' drug ethnography but rather a rapid study (see, for example, Agar, 2002; Power, 2002; Sterk, 2002). In the UK, however, government-funded drug research rarely considers ethnography – perhaps because it doesn't satisfy 'value-for-money' criteria, despite the potential rewards to be gained from its rich analysis (Jeffery and Troman, 2005). Therefore in the UK context, *"twelve months a luxury"* for an ethnographic study (Wolcott, 1995: 7). So the timescale should not detract from its potential to extend knowledge in an area poorly understood (Chapter 2).

There were limitations accessing some populations of crack users. Recreational crack users with jobs and families for example were not available for inclusion in the

study. This means that the analysis of how one *becomes* a crack user (Chapter 6) relies on some crack users reflecting on this particular period in their crack career. Lack of access to translators at street level meant that interviews were not undertaken with non-English speakers. It was also difficult to encourage some women into the study. While some were quite open about their experiences and dilemmas, others were less forthcoming about talking about their circumstances. This may not necessarily be a reflection of the gender of the interviewer but more a reflection of women's precarious position in the street scene (Bourgois, 1995; Liebow, 1993). Four women declined to be interviewed throughout the duration of the fieldwork. However, unobtrusive observations and informal conversations were undertaken with women to elicit their experiences in the crack scene.

It quickly became apparent that mistrust was high among crack users which meant that some were uncomfortable about talking about certain personal experiences. Equally, it was highly likely that some, if not all, may have been selective with what they told me at times. Although follow-up interviews and subsequent observations helped to disaggregate ambiguities, this impacted on the data collected: how interviews and observations were undertaken/interpreted; what information was given during interviews; and how crack users behaved in different settings when I was present. Given that this may have affected my safety in fieldwork settings, in most instances, an emphasis was placed on ensuring the social status quo was maintained. In field notes and interviews attempts were therefore made to acknowledge my presence and how it may have affected social relations.

Consequently, this may have also had implications for my research knowledge of this particular reality – the crack scene. This study represents my attempts to understand that reality; how it is experienced and perceived by those involved in its interactions. I have made interpretations of this reality through open-ended interviews and observations of which I was a part. Where possible, I tried to reflect my inferences and interpretations back to crack users through follow-up interviews and informal discussions to ensure that it was as authentic as possible.

Over the course of the fieldwork, some crack users disappeared for periods of time for which I could not obtain clear reasons. Some moved areas, binged on crack for

indefinite periods and stayed in crack houses of which I was not aware. Even when crack users had flats or had temporary accommodation, it was rare that individuals were in the same place, day after day. The transient dynamics of the crack scene meant that innovative methods of sustaining contact were needed, and contact had to be made with several different groups to sustain the research endeavour. Even with close contacts, it was not possible to spend all my time with all them. In addition, when time was put aside to write the final report, relations with the sample deteriorated, and while some were seen in the months and years that followed, limited contact was maintained.

Access

Entry and access to the sample was achieved through established contact with several known crack users from previous research studies undertaken in same the area (Bourgois, 1995; Inicardi, 1995) and local drug outreach teams (Bourgois and Schonberg, 2009; Ciccarone 2003). These contacts were influential to the expansion of the sample and provided important advice throughout the research. Street outreach workers also helped to reassure clients about the confidentiality of the research. Some also identified individuals who thought would 'tell a good story' and felt they were well placed to recommend potential interviewees and contacts. On occasions, local drug services in Rivertown were visited with participants, and in the process of these visits, other potential participants were met (Bourgois and Schonberg, 2009; Liebow, 1993). Some women were accessed through a female-specific residential rehabilitation service. This was undertaken to bolster the female sample.

While access was gained quite quickly, managing contact with close contacts and potential interviewees was difficult. Like most London boroughs (Harocopos *et al.*, 2003; Lindsell, 2005; Weaver *et al.*, 2007), crack users in Rivertown are a transient population, and flexibility and persistence was needed to access them. Evenings and weekends were therefore used to build relationships. During the nine-month fieldwork period, close relationships were made with four crack users (Flick, Blood, Cuz, and Groucho). I shared personal experiences as a researcher, as a student, as an outsider looking in, as a listener and as a friend.

Relationship building

Relationship building relied on a non-judgemental and sensitive demeanour in the field; that is through showing respect, appreciating cultural practices (despite their illegal and potentially damaging consequences) and doing favours (Bourgois and Schonberg, 2009). According to Agar (1986: 12), *"such work requires an intensive personal involvement, an abandonment of traditional scientific control, an improvisational style to meet situations not of the researcher's making, and an ability to learn from a long series of mistakes."* Indeed, such an understanding was only gained over time but not without its mistakes. Within the first week of the fieldwork, naïve mistakes were made when presenting myself as a researcher. For example, while with Flick on the streets, a woman approached us and I avoided all 'small talk' and immediately started informing her about the research while flashing my researcher identity card. She thought I was a policeman, swore at me profusely and I never saw her again. While in my proposal, such social introductions were to be subtle and gradual, on this occasions I found it difficult to hide my enthusiasm to talk to recruit to the study. Bourgois (1995) has also had similar experiences when adjusting to interactions in the crack scene in New York, U.S. In many of my early introductions, correct ways of what to 'say or do' were explored. Appearing calm and friendly, interested to talk, and empathetic to life dilemmas were most useful in these instances.

Social parallels and common norm denominators

A principal bonding tool used to build relations made use of establishing social parallels and common norm denominators between myself and participants. This used Goodenough's (1967) notion of attributing one's beliefs to establish and identify 'new beliefs'. Despite social and cultural differences, ways of connecting our lives and experiences were found. In most contexts, neutral examples of heavy substance use patterns were used. For example, the social world supports both the crack house and the pub; each harbours communal substance use, customers, purchases, exchanges, and the potential for violence. Sometimes I reiterated that their crack use was no different to people I knew working in reputable banks and insurance firms who sniffed cocaine in pub toilets. This excerpt highlights how this bonding tool worked:

Cuz: *The good thing about it is he's* [me] *making these people know what it's* [crack] *really about. He told me that he went out with all these bankers – all these rich people – and they kept lining up in the toilet and he asked me why would they line up in the toilet. Taking crack – not crack – powder* [cocaine] *snorting it and he said to me "do you know how much money they were spending?" Hundreds of pounds. They've got it, these cunts. They've got it and they think we're bad because we take the crack. Them cunts don't know anything.*

Twitch: *You get fucking judged by everyone.*

Cuz: *But if he was a copper – look at the questions he's asking – what's a crack house? And those sort of things. No way. I know for a fact he's a very nice guy.*

Twitch: *Yeah he seems a nice guy.*

Cuz: *No he is. You know that Groucho? He's safe mate. He's the only guy I really know who doesn't take drugs.*

Twitch: *Like you said he is doing it properly* [through research]. *He is.*

Curiosity

Appearing ignorant and curious put the emphasis on participants to explain aspects of their crack use and the cultural aesthetics of the crack scene. This allowed me to establish a bank of knowledge associated with its practices. Using ignorance with participants was also advantageous on occasions when faced with unfamiliar street terminology, unclear drug-using practices, and also among new social groups.

Crossing cultural and social boundaries

Spending time with crack users meant liberating some part of my personal appearance to the social context of the research. Indeed, my appearance quickly attracted the 'community eye' because I was with people who did not resemble the nicely-dressed, everyday worker. I rarely shaved, dressed in ripped and stained clothes, which over the course of nine months, accumulated dirt and bad odour. Passersby on the streets and the police often stared at us in disgust. Shopkeepers often considered us potential thieves; pretending to price-up goods, following us or sending security staff to monitor us.

Therefore crossing social and cultural boundaries - experiencing these situations firsthand with crack users - appeared to aid social relations:

> *Yeah because you've opened your eyes. That's why I respect you because you're willing to come out here, that's what I keep saying to everybody, you're willing to come out here and see – not take it* [crack] *– because a lot of people see this life, what we're doing, and they have to take it but you ain't. You've gone another way and you're willing to sit down with us and see what it is happening, how it is and I respect that. I really do because a lot of people to find out about this shit have to start smoking it and I respect you because you can sit there and watch other people smoke and not even have a little line.* [Cuz]
>
> *I mean, coming to me because I mean then most people on the street, who would be writing down this and writing down that, would not come near me. A person is not going to go up to them who uses drugs, you know. I mean 'cos, I'm doing drugs which is a mind alterating thing, you know. You coming to me, you know, I think that's terrific, and if more people approach drug users, I think they would get more results in a way.* [Mr Lee]

Impact on research population

One can never know the full implications of the effect they have on the research population and its environment (Agar, 1986). Nevertheless, from my time in the crack scene the most obvious benefit many seemed to take from the research was the opportunity to talk about their experiences. Some found interviews therapeutic, reflecting how they 'felt better' after having spoken about their lives. While this was evident in some crack user statements, Cuz in particular, felt it was a useful vehicle for him to talk about issues close to his heart. In the early part of the fieldwork, he started to see a psychologist and gave me recordings of their conversations. Cuz wanted 'get clean' and even managed to stop using heroin for a very short period early in the fieldwork. He attributed this to spending less time with crack users and more time with me. However, on occasions, it felt like others were in competition with him for my attention because he appeared to have some prestige by spending time with a 'non-drug user'. A few, perhaps intent on disrupting this relationship, spread rumours that I was a police officer. These

experiences, however, aptly summarise the deceptive nature of interactions of the crack scene.

In addition, on several occasions with Flick, my presence during street drug deals did not aid the dynamics of transactions. With other participants, however, drug deals occurred without problems. Examples of these encounters are presented later in this chapter.

Sampling

The sample was predominantly obtained by 'snowballing' which is described as similar to a *"chain letter"* (Jupp *et al.*, 2000: 88) and is one of the most practical techniques of *"building one's sample: an introduction has been described as one who will vouch for you with others"* (Polsky, 1969: 129). Two different types of sampling framework were used during the fieldwork: opportunistic sampling and 'selective recommendation sampling'[8] (or purposive sampling). Theoretical sampling was used at a later stage to help consolidate emerging themes (discussed later in the chapter). Research locations were not used as sampling strategies, although inevitably new contacts were made in some locations. The rationale for the visit, however, was not to broaden the sample. At the start of fieldwork, existing contacts were used and sampling was entirely opportunistic. This approach was bolstered through spending time with outreach teams to gain some 'overall picture'. This form of non-controlled sampling had implications for some who became involved in the study. This was because it was often unclear as to whether they might play a role as an interviewee. Nevertheless, once contact had been established with close participants, greater consideration was given to recruiting.

With the advice and assistance of close participants, 'selective recommendation sampling' was used to recruit crack users who were able to articulate their experiences. This was because during the opportunistic sampling stage, two interviews appeared to be of little use as the crack users could not articulate themselves well. Informal conversations and observations captured data to represent these individuals. As more time was spent in the crack scene, those with speech impediments, strong accents or a poor

[8] 'Selective recommendation sampling' is a form of purposive sampling which uses the participant as the 'vehicle and engine' for sampling via recommendation or advice.

command of English were also interviewed. Close contacts helped with the interpretation and translation of slang terms, or heavy accents in these interviews.

Contact was made with 85 crack users using these sampling frameworks over the nine months of fieldwork. Almost two thirds of the sample (63%, n=54) consented to one-to-one interviews. Thirty-one crack users who were not formally interviewed provided explanations of their experiences and lifestyles through informal discussions. Observations were also made on their activities. All this information was recorded in detailed observation notes at the end of each day. In these instances, attempts were made to remember key phrases and exchanges during the fieldwork day.

It was difficult to follow crack users in the months and years that followed as many appeared to have left the area (Chapter 2). In addition, it was not possible to invest so much time to trace all of them. Therefore, in the last month of the fieldwork period, and in the 40 days over the following two years (from September 2005 to September 2007), theoretical sampling was used to expand existing thematic findings and patterned responses (Glaser and Strauss, 1967; Strauss and Corbin, 1990). To qualify for these interviews, participants had to have lived or spent a considerable amount of time in Rivertown and have used crack. A further twelve crack users were interviewed from a residential rehabilitation service which housed Rivertown residents over this two-year period.

Difficulties in expanding and maintaining contact with the sample

After a month in the field, relations had been developed with a group of five crack users (Flick, JC, Blood, Bones and Flea). However, with pressure to meet the funder's requirement of 50 interviews, all my time could not be devoted to Flick. Although Flick knew a 'few people', he was mostly reluctant to leave his flat because his regular contacts could turn up with drugs - of which he would get a share. Furthermore, his reputation among other drug users on the streets tended to be negative and people often referred to him as a *"loner"* with *"no street respect"*. With this in mind, occasional contact was made with Flick and his colleagues over the fieldwork period to document events in their flat. Efforts were therefore made to recruit other participants to the study through street

outreach. During the second outreach session I was reunited with Cuz - having met him from a previous study. He was enthusiastic to help, knew people I could interview and appeared to carry some 'street respect'. Making appearances with him on the streets and in crack houses, seemed to give me some credibility:

> I was with Cuz on a street corner. A few women he knew walked down the road towards us. I had talked with them before but didn't know them well. Another came out and started talking to all of us. She then started talking to me when we walked down the road. Because she was so chatty, this made it very easy to communicate and I didn't want to interrupt the momentum of her dialogue. I didn't get a minute to explain what I was doing and by this time, I was content to not hurry any information about myself into the conversation. Even after 30 minutes, I had only managed to convey my name. She seemed content to talk about her personal life and her crack use. The other two then caught up with us and I talked to them while Cuz, as it had become second nature, had pulled the woman aside to tell her about what I was doing. When I turned around again after a small conversation with some others, she continued to pour her heart out. [29.11.04]

The bulk of interviews were undertaken throughout October to December. However, when Cuz started to use more crack, he drifted further from my contact and that of various support institutions, and as a result our relationship deteriorated. This also impacted on the research (Chapter 9). Therefore, from January to May, my time was spent at Groucho's crack house, at various temporary accommodation locations and with Flick and his colleagues.

Demographics of the sample

Figure 1 provides the gender, ethnicity and age of the interviewed sample:

Figure 1 – Gender, ethnicity and age of the interviewed sample

Demographics			
Age	**Male (n=33)**	**Female (n=21)**	**Total (n=54)**
18 – 25	1	3	**4**
26 – 31	4	5	**9**
32 – 40	22	12	**34**
41 – 50	5	1	**6**
50+	1	-	**1**
Ethnicity			
White British	16	8	**24**
White Irish	2	-	**2**
Black British	3	3	**6**
Black Caribbean	5	4	**9**
Black African	2	-	**2**
Portuguese	3	-	**3**
Chinese	1	-	**1**
Greek	2	-	**2**
Filipino	-	1	**1**
'Mixed Race'	-	1	**1**
Italian	1	-	**1**
Unknown	-	2	**2**

A high proportion of the interviewed sample used crack and heroin[9] as Figure 2 highlights:

Figure 2 – Crack-using status of the interviewed sample at time of interview

	Smoking			Injecting		
Gender	Crack only (n=12)	Heroin only	Crack and heroin (n=26)	Crack only (n=4)	Heroin only	Crack and heroin (n= 12)
Male	7	0	15	4	0	10
Female	5	0	11	0	0	2

The network diagrams in the following pages show how crack users were recruited to the study. Arrows which connect participants indicate a known relationship. These inferences are made on my observations and through discussions with crack users. It must therefore be acknowledged that participants may have known each other in different capacities outside my knowledge. A rounded box denotes a location and person and a square box denotes a person.

[9] Those who were interviewed in residential rehabilitation service reflected on their most recent spell of crack use and this was used to determine their crack-using status. It is acknowledged that, from time to time, some crack users did not use crack for a week or even longer.

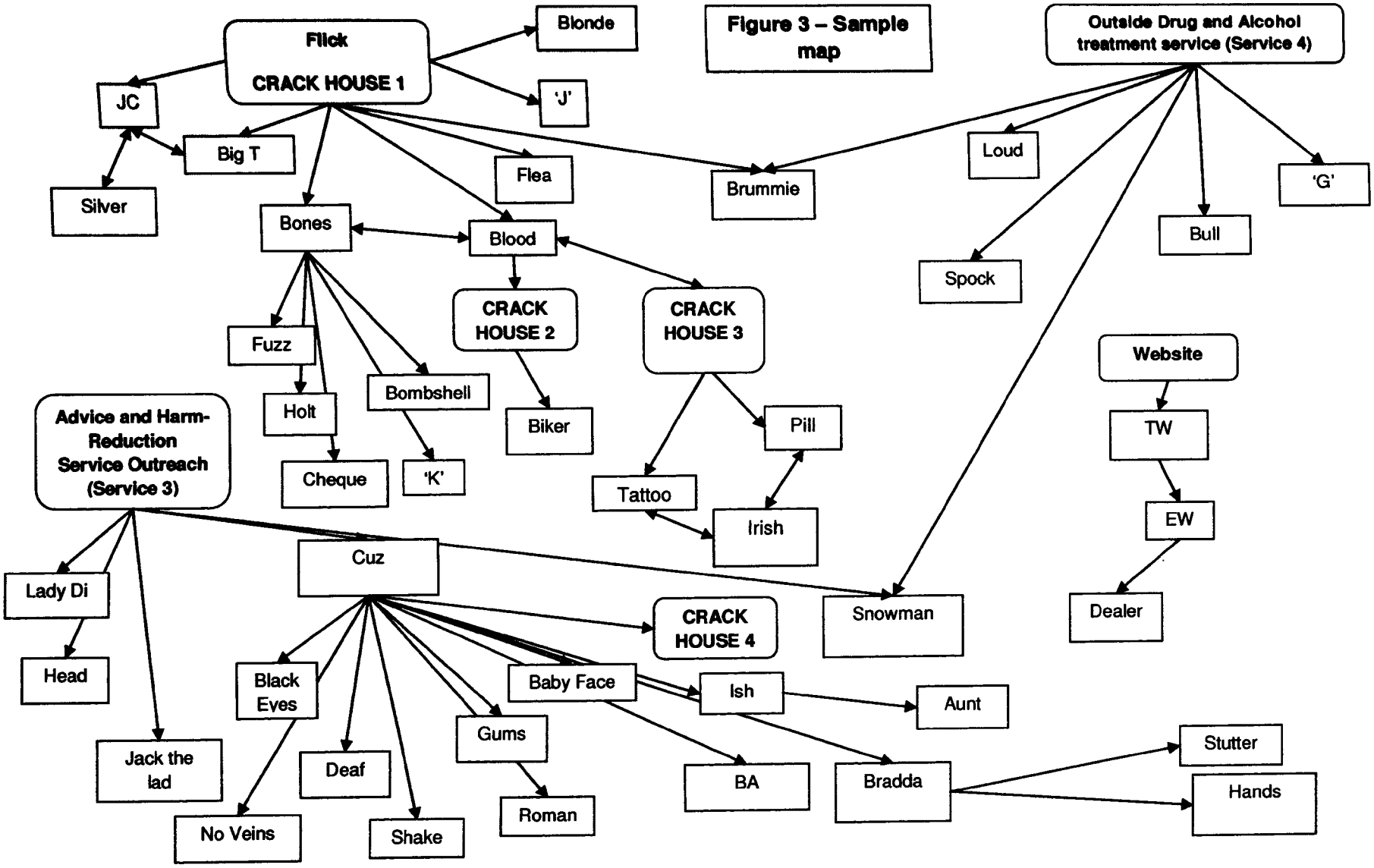
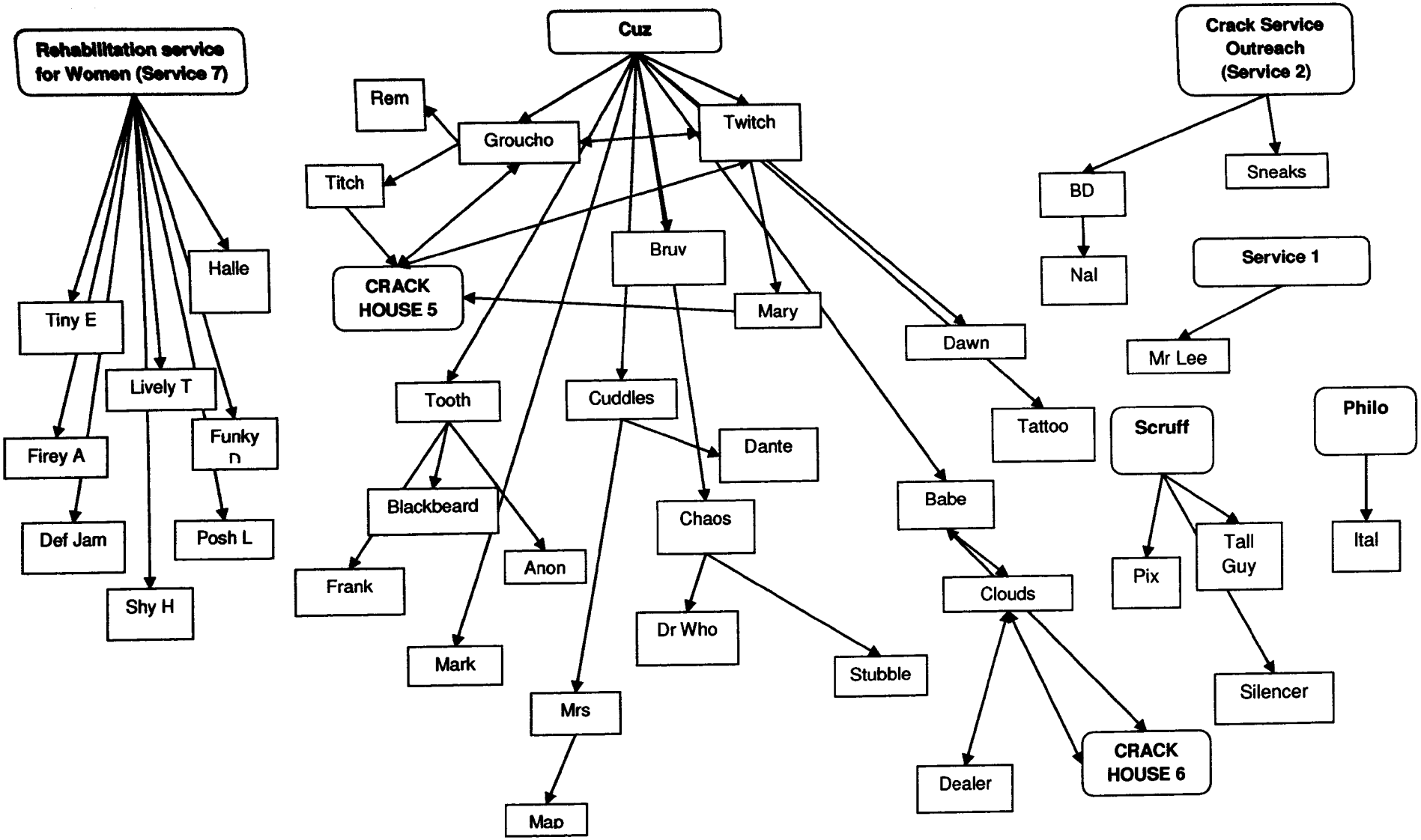


Figure 3 – Sample map
Flick
CRACK HOUSE 1
Blonde
'J'
JC
Big T
Silver
Flea
Bones
Blood
Brummie
Outside Drug and Alcohol treatment service (Service 4)
Loud
'G'
Bull
Spock
Fuzz
Holt
Cheque
'K'
Bombshell
CRACK HOUSE 2
Biker
CRACK HOUSE 3
Pill
Tattoo
Irish
Website
TW
EW
Dealer
Advice and Harm-Reduction Service Outreach (Service 3)
Cuz
Lady Di
Head
Jack the lad
Black Eves
Deaf
No Veins
Shake
Gums
Roman
CRACK HOUSE 4
Baby Face
Ish
Aunt
BA
Bradda
Stutter
Hands
Snowman


Rehabilitation service for Women (Service 7)
Halle
Tiny E
Lively T
Funky D
Firey A
Def Jam
Posh L
Shy H
Cuz
Rem
Groucho
Twitch
Titch
CRACK HOUSE 5
Bruv
Mary
Tooth
Cuddles
Dante
Blackbeard
Chaos
Anon
Frank
Mark
Dr Who
Stubble
Mrs
Map
Crack Service Outreach (Service 2)
BD
Sneaks
Nal
Service 1
Mr Lee
Dawn
Tattoo
Babe
Clouds
Dealer
CRACK HOUSE 6
Scruff
Pix
Tall Guy
Silencer
Philo
Ital

Interviews

Prior to the fieldwork, three pilot interviews were undertaken with recovering crack users to establish themes for interview schedule design. I had known these interviewees through some voluntary work undertaken in a residential rehabilitation service in a nearby borough. This gave me some insight into potential responses and helped mould an appropriate interview approach. Payments of £10 were made to participants following one-to-one interviews and £5 was given to close contacts on recommendation of a potential interviewee. This money was part of the project funding from the Rivertown's DAT. Over the months, close contacts started to turn down payment on recommendation of a crack user instead opting to help without financial reward. All research participants were very helpful and did not expect further payment if clarification through a follow-up interview was needed.

Knowledge through observation was used in interviews and conversations to clarify information but also helped to sustain rapport in interviews. Similarly, interviews also served as a tool to check, translate and test observations of the crack scene (Linde, 1993). Such an approach, however, is not without its limitations. Agar (2004: 5) notes the dangers of knowing about the history of events because as an interviewer: *"you can enforce those events rather than find out about them"*. As my understanding of the crack scene expanded, this knowledge was used to facilitate a debate for discussion: as a means of determining construction rather than defining it. This open and inter-subjective approach is less about researchers' perceptions, but rather how research participants perceive events (Strauss and Corbin, 1998). While it was important to accept this, in some situations, it was useful to lend some perspective to encourage a deeper analysis of social meanings in the interview context. This also ensured the interview was not a one-way dialogue but instead co-produced conversation (Holstein and Gubrium, 1997).

Interviews examined participants' histories; why they used crack; patterns of use; their experiences of crack houses; the relationship between crack and crime; and treatment needs. Interview schedules (see Appendix 2) were not used on fieldwork days to avoid formalising the interview and attention was devoted to participants rather than looking for what question was next on the list. All interviews were open-ended which served as a means of determining how social life was categorised (Carlson, 1996). Most interviews lasted between one and two hours and often involved more than one person. Interviews were also undertaken in street corners, cafes, derelict sites, parks, car parks, and churchyards. With

verbal consent, some conversations in crack houses were tape-recorded. It was important to explore participants' experiences in locations which could usefully connect them to what they were saying, yet also feel comfortable enough for the interview.

Fourteen interviews were also undertaken with various professional workers. These included drugs workers, outreach workers and managers, housing staff, anti-social behaviour workers, and council workers. Interviews were undertaken towards the end of the fieldwork period once basic research themes had emerged. In most cases, such interviews were initiated by asking about the service/department responsibilities or involvement with crack users and gaps in service provision before using some of the findings to stimulate a deeper discussion.

Informed consent (see Appendix 3) was sought from all members of the interviewed sample. Participants were also informed of their right to withdraw from the study at any time and were advised that the information they disclosed would contribute to a study on crack users treatment needs and support services. Almost all gave detailed descriptions and accounts of their experiences of the crack scene, however, four participants refused to participate in interviews – finding it too difficult to talk about their experiences. Interview tapes were fully transcribed by a professional transcriber, although I transcribed two interviews because thick accents and faint voices made it difficult for the transcriber to understand. Fieldwork notes and tape transcripts were printed out and kept in a confidential location in office lockers. Copies of notes were kept on a home computer which required password access. For confidentiality and anonymity purposes, locations, participants' names and brief descriptions were anonymised. Although most participants already used 'nicknames' in the crack scene, fictional pseudonyms were used to ensure anonymity.

Interview approaches

From previous experience in drug research, I have found that an interim period of rapport-building greatly enhances the quality of interview data. Such an approach, however, was not always possible given the transient nature of the crack scene. For this reason, some participants were interviewed very soon after introduction. This was done under the recommendation of close contacts because it was felt that it was unlikely that I would see them regularly to establish a meaningful relationship which would result an interview. These people, my contacts said, were 'good speakers' who 'wouldn't bullshit me' and who would offer me a good insight into their experiences.

Most participants recommended in this way agreed to take part in the research. In these moments, Flick, Blood, Cuz and Groucho also encouraged participation in the research: *"come on, we've known each other for years"* or *"help us out here and talk to this guy"* to establish my credibility and ensure their confidentiality for potential interviewees. Their enthusiasm for the study and ability to vouch for me kept me socially connected. The quality of these interviews appeared to be as fruitful as those with established contacts in that the content had similarity with other data where rapport had been gained. Interviews and conversations with close contacts were undertaken at several stages throughout the fieldwork. These conversations elaborated on previous observations and interviews but also helped to develop emerging findings.

At times, there were benefits and drawbacks of using close contacts to recruit and 'sit in' on interviews. Groucho, Blood and Flick often left me to my own devices in a spare room but Cuz preferred to get involved to aid the momentum of interviews. In most cases this was beneficial to the interview; that is, his presence often helped to reassure confidentiality and explore ambiguous areas. This gave interviews a less formal feeling; a 'natural atmosphere' with a verbal rhythm:

Dan: *Do you inject?*

Bombshell: *No. I used to.*

Dan: *Why did you stop?*

Bombshell: *I used to. Because I went away* [to prison].

[Pause]

Cuz: *Was it hard to get a vein?*

Bombshell: *Yeah. I haven't got any veins left anyway.*

Cuz: *So that was one of the reasons why you stopped.*

In these interviews, Cuz generally had some relationship with the other interviewee. While these interviews were not confidential, those that participated in this way gave consent to Cuz's presence in the discussion. It was generally felt that this made the interviewee more comfortable. Conversely, however, on a few occasions, Cuz made it difficult for me to manage the interview and explore the issues which may have needed more understanding.

For example, when interviewing Babe, Cuz's experience and understanding of the feelings gained from injecting crack interrupted her reflection on the crack 'buzz' and the conversation quickly moved into another area:

> **Babe:** *The geezer said to me "can you go and get me one of those pens out of the drawer" and I've gone and opened the drawer and what's in there?*
>
> **Cuz:** *Foil.*
>
> **Babe:** *Foil. Its people like them sort of people that get you hooked on the needle. When I did that needle the first time it was out of this world.*
>
> **Dan:** *Why?*
>
> **Babe:** *The buzz. Nothing in this world could....*
>
> **Cuz:** *Because when you inject it right you're getting one hundred percent of effect. When you boot it you're getting sixty.*
>
> **Dan:** *Because you're smoking white.*
>
> **Cuz:** *Yeah.*
>
> **Babe:** *At the end of the day I don't care what anyone says. You get hypocrites who...it doesn't matter whether you're injecting, whether you're smoking a joint or you're chasing it's all the same. You're still a fucking Junkie. You've got people that think if they take it they're better than anyone else because they bang it up. You ain't no fucking better than anyone else, yeah? Because it still goes into your system the same.*

It is clear from these examples that Cuz was very enthusiastic and, at times, perhaps acted as an 'indigenous interviewer' (Power and Harkinson, 1993). His assistance, in the main, brought new perspectives to conversations.

Interview relations

Many interviews started with small talk to 'break the ice' and, generally, don't appear in tape transcriptions. In some cases, interviews began before the tape started and were interrupted after a minute with the suggestion to turn the tape recorder on. In these situations, consent was sought on the tape recorder so to avoid formalising the consent process. On some

occasions, Flick, Blood, Cuz or Groucho explained more about the research, which helped lay foundations for the interview.

Presenting myself as someone 'not too far from the margin' who also maintained some distance from mainstream life was also helpful to the interview context (Miller and Glassner, 1997). My shabby appearance went some way to easing participants in the interview context as did conveying past research experience in prisons. Tone of voice, timing of comments, choice of words, body language, and other small idioms were also important. Furthermore, an awareness of street terminology, which was obtained over the course of the fieldwork, also helped to engage with responses (see Manwar *et al.*, 1994). These were not overused in discussion so not to appear 'awkwardly native'.

In some interviews the neutral appearance of some interview contexts such as streets, parks and cafes also seemed to help minimise the potential emotional distress of difficult issues. Close participants also helped to reassure interviewees in these moments. The tape recorder was often placed in neutral spaces so not to intimidate participants. The quality of answers depended on the extent to which participants were able to articulate themselves, the sharpness of recollection and mood at the time of the interview (Manwar *et al.*, 1994). Some interviewees went straight into descriptions while others were slow or shy to respond to initial questions. In these situations, statements were introduced for discussion: *"some people have said this about crack houses, others have said that. Some have also said this. What do you think?"* Such statements derived from previous drug research experience, other interviews with crack users and/or observations. This technique proved useful as it often prompted a response from participants. At other times, some participants expressed caution in their responses. Reassurance of confidentiality often proved to be the required catalyst for the interview to continue. If information seemed to contradict itself, typical responses were *"sorry, there are a few things I am not clear on"*. Further clarifications were often presented.

Constructing realities through the interview

It has been suggested that the ultimate goal of qualitative interviewing is to discover the *"subject behind the respondent"* (Holstein and Gubrium, 1997: 121) in which the interviewer draws out, through the interview, a subject who responds to the matters under discussion, and thus engages in that construction. Avis (2003: 1002) argues that *"reality is as much constructed as it is found"* and Terkel (1972) states that in-depth interviewing has been regarded as 'meaning-making work'. That is, the interviewee is an 'active meaning-maker of

meaning' (Holstein and Gubrium, 1997), and that through symbolic interactions of reality, reveal aspects of the social world (Miller and Glassner, 1997). Douglas (1986) notes that this approach to the construction of realities in the interview context requires a 'creative approach' whereby meaning reflects relatively enduring interpretive conditions such as research topics of the interviewer, biographical participation and local ways or orienting those topics (also see Gubrium, 1994). Importantly, the purpose of the interview is to balance the equilibrium of a dialogue while facilitates timely intervention to maintain a 'rhythm'.

Interviews in this study used similar principles. A focus was made on constructing a reality which was attuned to participants' experiences while embracing bias and contradiction as part of those constructions. Every opportunity was taken to 'tease out' ambiguities while honouring participants' reality as accurately as possible, or as closely described in responses. This involved my intervention at strategic moments. For example, in this excerpt, Funky D reflects on her escalating crack use. Care was taken so not to disturb the momentum of her dialogue and use of short summaries of her comments. This helped to construct her experiences:

> **Funky D:** *From eighteen until I was twenty-one. Then I went to prison, remember I got nicked and went to prison from '92-'95. In '95 – the beginning of '95 I want another one but I still thought I had it in control. When I look back never I never because the pattern was I was moving up the ladder. I was moving from ganga to crack. I moved from ganga shit to just smoking a crack pipe. So I moved up the ladder in the space of - we're talking from eighteen to twenty-five - four years because remember I started at eighteen and I went away at twenty-one. Eighteen, nineteen, twenty, twenty-one – that's four years. So it took a good four years to move up the ladder. Had I not gone to prison I would have been on crack sooner but the progression was there anyway and as you said how do you go from occasional to recreational. Then, when I used to smoke spliffs I could have a spliff today, have a spliff when I was going out raving, go out and smoke again in the evening and as I was going along it got more frequent. The pipe got more – every day or three times during the week or four times during the week and it started to go on and go on and so forth.*
>
> **Dan:** *It crept up on you?*
>
> **Funky D:** *It crept up. It really sneaked in.*

Dan: *Didn't you notice?*

Funky D: *No man. I thought I had it under control remember. I'm not noticing what it's doing. I think "Oh alright today I'm not going to smoke and today I never really smoked".*

Dan: *Made up for yesterday.*

Funky D: *You haven't got it under control then, have you. And that's how it creeps up on you. I'm telling you* [holds up imaginary crack pipe] *"you're not going to stop smoking for too long. I want you to smoke me tomorrow. You've had one day's grace" so that's how it started to creep on.*

Dan: *So it was like a reward?*

Funky D: *Yeah mate. To me. If I had a day without I'd feel good but then the next day I'd smoke and think "fucking hell man. I'm back on again". So what's stopping you having a break then? But you don't look on it like that. In the end come to an addict is when you start losing everything and hit rock bottom. That's when the addict comes in. You're addicted. You need it. You want it. You're going to go and buy a stone. You're going to go out your way to get it. If it's your last money. If you need that money to go and buy food you're going to go and buy a rock with it instead. That's all the addict....that's an addict. I feel lonely. When I lost my two boys I started to feel lonely and that's when I really became an addict because I thought "fuck it. I'm living my life around crack" because I couldn't give a shit.*

In this way, many ended up reminiscing about their experiences which also seemed to be valuable for the interview. Moreover, the nature of the research environment was often conducive to the reality construction of the interview (Holstein and Gubrium, 1997).

Observations

Researchers *"should strive neither to overestimate nor to underestimate their effect* [on the research study] *but to take seriously their responsibility to describe and study what those effects are"* (Patton, 1990: 474). In this respect, descriptions of events and reflections on how I interacted in accordance with those events were made. The advantage of using this method was that research approaches could be adjusted overnight and mistakes rectified in the field (Huberman and Miles, 1994). However, this was no simple task. My understanding

of how this process functioned seemed to derive from the development of an 'etic state' (Fetterman, 1989). Indeed, this understanding only seemed to come to fruition in the months after the fieldwork had concluded.

Observation was used to describe action, behaviour, physical research contexts, and the relationships between them. Observation is a feature of human interaction, which, with experience, can become effective in how one not only 'absorbs the images' but also simultaneously maintains the ethnographic role through spur-of-the-moment communication. Interaction and storing data through observation became a skill over the fieldwork period. Much of 'how I observed' stemmed from the process of learning how to mentally document actions, movements, body language, interactional idioms, and conversations with the aim of converting them into 'textual realities'.

Furthermore, observation was not a one-way feature as I was also under observation. Therefore, in group interactions, observation and my interactions had to account for how participants may be observing and reacting to my conduct. This competence became necessary because the research contexts were unpredictable, and observation needed to involve some degree of perceiving 'what might happen'. This involved making constant evaluations of individuals and groups, and visualising possible consequences of 'where it might go'. This was attained after a period of time in the field, thereby allowing me to visualise myself both in and outside the group dynamics (Fetterman, 1989).

Collecting ethnographic data has been compared to acting as a *"human vacuum cleaner: sucking up more or less anything he or she comes across"* (Lofland and Lofland, 1995: 71). According to Emerson *et al.* (1995: 8) writing field note descriptions, then, is not so much a matter of passively copying down *"facts"* about *"what happened."* In *Writing Ethnographic Fieldnotes,* they highlight how such writing involves active processes of interpretation and sense-making: noting and writing down some things as significant, noting but ignoring others as *"not significant,"* and even missing other possibly significant things altogether. As a result, similar, and even the *"same"* events, can be described for different purposes with different sensitivities and concerns. Hitchcock (1979: 206) writes on the *"fragmentary fashion"* in which *"information, data, topics, conversations"* come across in ethnographic fieldwork. In the case of this research, it was important to document as much that was physically and mentally possible, regardless of its significance, so that it represented observed, documented or audio-recorded realities (see Hegelund, 2005).

Detailed daily fieldwork notes were documented within twelve hours of completing fieldwork. Addresses and phone numbers were recorded in the notes for further contact. At the end of each fieldwork day, one-page daily fieldwork sheets were completed with the date, number of hours in the field, and contacts made. A summary of the day's events was written in the final section of the daily fieldwork sheet. My thoughts and summaries of conversations also accompanied field notes. This was often used as a template for more detailed notes.

Confirming and challenging the data

Nagel (1986) acknowledges researchers obtain different data and that this results in different ethnographies. Throughout the fieldwork period, it was not possible to document all events and conversations and, at times, participants' explanation of events occasionally conflicted with what I had seen. This common in fieldwork practice (Denzin, 1991; Miller and Glassner, 1997). The process of disaggregating ambiguities in accounts and observations involved testing narratives at a later stage. While this was not possible in all situations[10] in which ambiguities were presented, attempts were made to pursue ways of clarifying information.

Data recording, coding and analysis

Hitchcock (1979) suggests that the story does not reveal itself 'all in one go'. From my time with crack users, I do not claim to have captured 'everything' about crack use but rather to have made use of what was made available to me over nine months spent in the crack scene. Early field note drafts mostly described locations and listed the order of events. New events were headlined with bold type and then the order of events recorded in bullet points (Figure 3).

[10] This may have, at times, jeopardised relationships, the potential for meeting new interviewees and could have exposed my 'identity' in certain social situations when if may not have been clear to all present 'who I was' and what I was doing.

Figure 4 – Example of field notes

- Very interesting day – if I need to see people, then surely all I have to do is turn up at the social [security office] where everyone shows up
- ...

With outreach outside social

- Met Terry and Firey A outside the social at about 10.45 – they seemed to be quite busy but Terry reckoned Mondays were normally busier;
- ...

Walking with Mr Lee

- Mr Lee and I walked along High Street – he wanted me to record everything he said – he was 44, was born right in the centre of Kingston, Jamaica – he had been shot, stabbed, beaten up, everything. He had been on the white [crack] for about 7 years;
- ...

Surprise – Shake

- As I walked back to my bike, I passed the social and decided to go to the toilet;
- When I came out, I saw Shake – he was well, healthy and had put on weight. He wasn't slurring any speech and was happy to see me;
- ...

Service 3 office

- When I arrived I showed the report to Terry;
- ...

Shake PM

- I saw Shake in the afternoon, near Bank – he looked desperate and was late, as he said he would meet me at 3.30 – it was 4.15pm;

During the project, thoughts and questions on possible emerging themes were noted and coded at the end of field notes in capital letters. For example:

CONFLICT OVER DEFINITION AND UNDERSTANDING OF SHOOTING GALLERIES AND CRACK HOUSES – CRACK HOUSES CAN ALSO BE SHOOTING GALLERIES? [3.9.04]

Data coding and analysis borrowed from grounded theory (Glaser and Strauss, 1967) and Framework Analysis approaches (Ritchie and Spencer, 2003). For example, theoretical sampling, which is used by grounded theorists to illustrate the link between sampling choices and research questions (Ezzy, 2002), was beneficial in this study because this sampling strategy was used in the two years which followed the main fieldwork period. In this respect, data collection and preliminary analysis in this work made use of some grounded theory approaches. Firstly, the project's transcriptions were printed out and read and re-read for commonalities in themes to ensure a constant reflection on the shaping of the social picture. Coding of these themes was initially undertaken through margin notes which offered a holistic picture to all of the data. The themes were then converted into reflective passages. These passages formulated the basis for searching for cultural themes or domains (see Spradley, 1980). This offered a more inductive, grounded process of analysis. While the funded study was not grounded theory informed, this process laid foundations for a grounded analysis.

Secondly, once the project had concluded, a qualitative Framework Analysis became more useful. Ritchie and Spencer (1994) note there are five stages to this process:

1. Familiarisation (Conceptual overview)
2. Identifying a thematic framework (Developing a coding scheme)
3. Indexing (Applying codes to whole data)
4. Charting (Comparing within and between cases)
5. Mapping and interpretation (Diagrams and tables to locate patterns)

Framework analysis is appropriate for this thesis for the following reasons: it is primarily suitable for observation and participant narratives; it allows for changes, additions or amendments to be made throughout the process; it is systematic in that it allows a methodical treatment of the data; it is comprehensive in nature; and access to original textual data demonstrates its transparency, which allows others to formulate judgments (Archer *et al.*, 2005). However, the way which this study made use of Framework Analysis was not without its complications – partly because there was not sufficient time during the project to

undertake a comprehensive analysis. Furthermore, the thesis aims changed in the early part of coding and analysis processes. Here I provide a more detailed account of this process.

While some form of grounded, conceptual overview was gained throughout the project, it did not make use of observational data. Indeed, initial coding mechanisms in preparation for the final project report only made use of the monthly reports to the DAT, which had assisted in ordering the data (Strauss and Corbin, 1990). Moreover, time pressures to produce the project's final report hindered the level of analysis which could be made and much of the observational data was not used in favour of the interview data. In the end, the DAT report was based on a very basic inductive, thematic analysis and, in hindsight, the difficulties experienced writing up the report continued to block early attempts to re-code the data according to the new thesis aims – largely because the observational data had been neglected.

The process that followed largely lacked order – especially during the early stages of re-coding and analysis. On completion of the project, a reflexive methodological account was written. This passage helped to account for my methodological experiences and was an important process as it revealed some possible themes and enhanced the conceptual overview gleaned from the project's final report. Although new themes were noted from this process, the underuse of the observational data meant that these early re-coding procedures remained redundant.

Because there was little clarity of the use of observational data collected during the fieldwork – what it meant, how it augmented interview data, and what story it represented (see Green and Thorogood, 2009) – it was necessary to restart the familiarisation process. A conceptual overview was therefore sought which could influence a broader thematic analysis using both datasets (interview and observation data). Transcriptions and observation notes were printed out, read and re-read for commonalities in themes to ensure an inductive, grounded reflection of the social picture. Re-coding of emerging themes was undertaken through margin notes and transferred to separate files once all the data had been exhausted. Collectively, these themes were then converted into reflective passages which formulated the basis for searching for cultural themes (see Spradley, 1980). Early themes included social capital, the role of power in the crack scene, and descriptions of 'life in the crack scene'. Relationships between these themes were explored for relevant links.

While the thesis had been in principle to examine was the social function of the crack house, in the process of indexing, it became increasingly difficult to ignore other processes which were involved in the formation of crack houses. The role of the crack house needed contextualisation as aspects of crack users' lifestyles, their histories, and experiences appeared to play a central role in their experience of the crack house. With guidance from supervisors, the aims of the thesis shifted toward accounting for the space in which crack users interacted and the barriers to accessing drug support services.[11] However, crack houses had guided early coding mechanisms, so it meant, once again, data needed to be revisited to account for these new areas of analysis.

From this coding process, a clearer picture of the interactions of the crack scene emerged. At this stage, indexing themes, quotes and observation notes felt easier because it felt as if I had developed a 'data matrix' in my head having gone over the data so many times. To clarify new thematic areas such as crack careers, insecurity and shame, additional interviews were undertaken using theoretical sampling. The data from these twelve interviews undertaken two years after the fieldwork leaned towards already recoded themes and constructs, and this process helped solidify emergent themes. For example, questions throughout the last two interviews revolved around the notions of crack careers, shame, and the hierarchy in the crack scene.

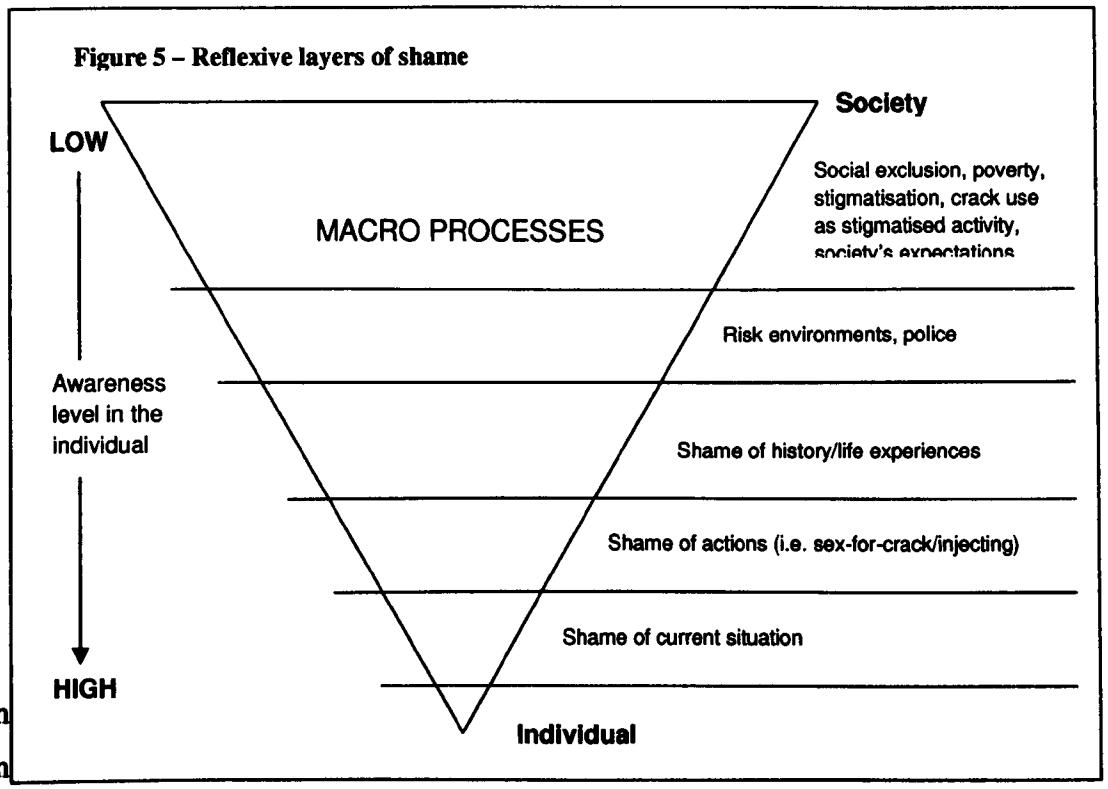
A period of experimentation then proceeded. Three findings chapters were drafted on the basis of these themed areas which had been indexed with data: 1) describing the operations of crack houses; 2) examining the role of social capital and social networks in the crack scene; and 3) examining power relationships in the crack scene. For example, these speculative thoughts were written in October 2007:

> Crack users undermine each other to threaten the ontological security and criminal capital advantage of the 'breadwinner'. This is evident in the 'using relationships' that players have with each other which highlight the very nature of manipulative discourse, despite how the relationship is presented in the crack-using arena. This is because power and hierarchical order are dependent on criminal-capital ability and the maintenance of security.

[11] There were further conceptual shifts after the viva which meant certain sets of data – in particular, those which examined crack careers, were revisited. This was recommended by external examiners.

While fruitful in arranging some form of narrative, it became clear that these analyses did not seem to account for the structural processes which were shaping crack users lives. Once again, while the data appeared to correspond to these chapters, crafting a narrative which could link them proved more difficult. This forced re-consideration of data from interviews with professionals which had not been used in initial coding mechanisms. In addition, key aspects of crack users' social influences which had laid dormant in early coding passages were re-visited with a focus on social relationships. From this, themes around structural and individual attributes preventing or deterring service engagement became clearer. While this had been initially drafted through the DAT report, key themes such as shame, political economy, identity, structural violence and symbolic violence also became more apparent. Where possible, efforts were made to chart, map and interpret the data through various conceptual diagrams. Figure 4 was one early attempt:

Figure 5 – Reflexive layers of shame



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and social relationships in the crack scene; and 3) structural barriers to service provision through the policies made on drug users and also configuration of crack services. A contextual chapter was also drafted from previous drafts to 'introduce' the thesis characters.[12] After the viva in May 2010, the external examiners made valuable suggestions about realigning the chapter titles with a focus on pathways, crack careers, and an increased

[12] This was initially part of the submission of the thesis in May 2010 but is now available in Appendix 6.

emphasis on identity. Guidance was also given to separate social control from the three chapters and confine it to an additional chapter. It was also recommended that a chapter should be devoted to 'ways out'. I have attempted to address these amendments to the thesis in this resubmission.

Writing ethnography

This ethnography is not only a 'narrative of narratives' but a reflection of how those stories were constructed; how they relate to each other and what they represent. Frank (2004) recalls how reading the work of Pitts (2003) gave him a sense of 'being with her'. This is largely part of Goffman's (1967) principle of sociology: experiencing 'where the action is'. In summarising their piece on finding narratives, Miller and Glassner (1997: 111) conclude that *"all we have is stories...what matters is to understand how stories are produced, which sort of stories they are and how we can put them to honest and intelligent use in theorising about social life"*. My primary aim is to present narratives told to me through open-ended discussions and observations with crack users. In line with other commentators, I have tried to remain close to the data to reflect the *"most powerful means of telling the story"* (Janesick, 1994: 214-215).

In this thesis, illustrative examples of participants' narratives are presented in the form of verbatim quotes, conversations and field note observations (both situational and over time). Where possible, the words of crack users are used to convey a story or paradigm. This, I feel, honours their participation, views and experiences and my interpretation of these data. My secondary aim follows in the footsteps of other ethnographers, which is to present the reader, regardless of their background or discipline, an honest account of what I have attempted to do, under the conditions in which it was undertaken. Qualitative researchers hold a responsibility not only to include themselves in the text but also to identify adequately to the reader 'how they did it'; the researcher ought to be clear as to whose voice the text is representing or, better, whose voice is louder or more significant and why (Clandinin and Connelly, 1998; Green and Thorogood, 2009; Lecompte, 2002). A few commentators have applied some critique of their 'personal struggles' while engaging as an ethnographer with drug-using populations (Bourgois, 2002; Curtis, 2002; Maher, 2002). Similarly, this thesis also aims to disaggregate some of the more ambiguous areas of using ethnography with drug users, in particular, crack users.

Reliability

Typically, social-science researchers can expect to address questions regarding the reliability of ethnographic data; that is, the accuracy of reporting, consistency of coding, and thoroughness of analysis. However, it is acknowledged that this depends on the analyst's interests, knowledge, theoretical approach and their epistemological position (Hegelund, 2005). Approaches to obtain reliability in this study were gleaned through already established qualitative analytical processes. The ethnographic nature of the research enabled reliability to be obtained through tape-recorded interviews, observations, detailed field notes, follow-up interviews and informal conversations (Green and Thorogood, 2009). Firstly, the reliability of the work is bolstered by the use of this raw data (verbatim quotes and field notes) to exemplify findings and concepts. Secondly, discussing drafts and 'going over findings' with participants, and multiple interviews enhanced the accuracy of the data.

Thirdly, reliability was established through sharing themes and codes with crack users, colleagues and the funders of the project. After provisional themes had been devised through monthly reports, new questions were devised for use in the field with the help of supervisors and work colleagues. Indeed, the project also benefitted from feedback from the DAT after the submission of monthly reports. Post project, provisional themes were also discussed with supervisors. While the funders were less likely to offer concrete direction on emerging themes – probably because of their policymaking role and lack of direct experience with street populations – supervisors and work colleagues indicated that early thematic concepts seemed to share much in common with current literature on crack users. For example, detailed field note descriptions of crack-use practices, attitudes to crack use and crack-using experiences seemed to resemble those described in other research studies with similar populations (Bourgois, 1995; Singer *et al.*, 2001; Rhodes *et al.*, 2006).

Validity

Validity is linked to the 'truth' of the findings, the quality of analysis and techniques to aid credibility of interpretation (Green and Thorogood, 2009). Validity in this study was gained through several means. Firstly, spending long hours, days, week after week with crack users aided to develop a conceptual overview of the crack scene. This conceptual overview was not only part of an awareness of the dynamics of the domain but also how my participation affected those under analysis. As Fetterman (1989: 46) suggests it is *"working with people day in and day out is what gives ethnographic research its validity and vitality."*

Secondly, by treating crack users as experts of their social setting (Gilbert, 1993), emerging concepts were tested against each other. This involved participants in discussion about findings, noting their opinions and feelings. Transcripts and field notes were revisited and participants were approached for clarification. This form of respondent validation ensured confidentiality was not been broken but also helped to test contradictory narratives and expand on new areas of enquiry. This approach honours the critical realist epistemology which searches for knowledge construction through agreement of both researcher and participant. For example, in this excerpt, emerging themes are discussed which led to more specific discussions on the operations of crack houses:

> **Dan:** [Reading out findings] *The atmosphere in the crack house depends very much on the type of dealer or the tenant.*
>
> **Flick:** *Yeah. Some people who've got a flat or a premises they're sort of like clubs in a way. This is I suppose what you mean about a crack house where there's no dealer, where someone runs a flat...*
>
> **Dan:** *Like a pub?*
>
> **Flick:** *They run a flat and it's like a pub because they don't mind people coming all the time to use as long as they get something out of it and they keep it clean. You know like people go to clubs and it's like "Oh let's go up to X's" because X's got a flat and he runs it and he's always got foil, he's always got needles there, he's always got the vitamin c.*
>
> **Dan:** *So all the paraphernalia's there.*
>
> **Flick:** *The paraphernalia's there and he wants people to come there. They're sort of his customers in a way and he charges at the door so, although he might not...but usually he'll have someone who pops up to sell crack or weed. He'll have a few numbers for people who will deliver to that house. Sort of like a tab or so.*

This promoted a continual validation of the data which also aided in sorting some basic themes of which were, at first, descriptive in nature. Thirdly, obtaining a conceptual overview of the ways in which the crack scene operated, testing narratives against each other, considering the extent to which experiences were common among crack users, examining the significance and difference of negative cases, and finding residence for atypical cases also

helped gain validity. This process, in part, also helped to disaggregate any atypical or deviant cases. One such case was Mr Lee who did not appear to be part of any crack-using group in the area under study. His crack-using activities appeared to revolve around a select few and he didn't appear to know anyone outside his crack-using circle. He also reflected on how he had remained in the area and had little contact with the police. His profile did not fit with the majority of participants.

Lastly, the use of verbatim quotes in the thesis assist in obtaining validity and credibility (Fetterman, 1989) and this was also bolstered with the use of low-inference descriptors, which recorded detailed descriptions of participants and their situations. This process is linked with the documentation of thick descriptions or a *"written representation of a culture"* (Van Maanen, 1988: 1). In addition, the study seeks to place these narratives in their social, cultural, and structural contexts which should therefore provide sufficient perspective for the reader to make judgements on my interpretations. This is also recognised as a tool which strengthens validity (Green and Thorogood, 2009).

Generalisability

Generalisability describes the extent to which research findings can be applied to other settings than those in which they were originally tested (Green and Thorogood, 2009). It is generally attributed to the quantitative non-social sciences, although there has been increasing recognition that social-science qualitative researchers must address questions of generalisability (Hammersley, 1992). However, the capacity to which qualitative research, in particular, ethnographic work, is generalisable is often contested – because such work tends not to draw on large-scale populations (Green and Thorogood, 2009). However, this does not mean that such work is not generalisable.

Indeed, qualitative research tends to be linked with conceptual generalisability; that is, how far concepts and theories can be used in other contexts (such as Goffman's (1963) use of 'stigma' which is widely used across qualitative research). Goetz and LeCompte (1984: 228) argue that qualitative research gains generalisability by providing comparability and translatability, which involves an appropriate degree of description and definition so *"that other researchers can use the results of the study as a basis for comparison."* Mays and Pope (2000) show that a degree of generalisability can be achieved by ensuring that the written product is sufficiently detailed for the reader to be able to judge whether or not the findings apply in similar settings. Generalisability may also be enhanced by choosing a research site

on the basis of typicality and making use of thick descriptions (Schofield 1993) because it shows *"that the researcher was immersed in the setting and* [gives] *the reader enough detail to 'make sense' of the situation"* (Firestone 1987: 16).

In the context of this work, the study is clearly not quantitatively representative across large crack user populations but offers useful conceptual generalisability to understand other populations of crack/problematic drug users. This operates in two ways in that: 1) I make use of existing concepts and theories which have already been used to provide a framework for other sets of drug users in different contexts and, 2) I offer an additional framework with which to understand crack users cultural practices and interactions in the UK context.

Ethical concerns

A number of ethical dilemmas were raised as a consequence of this research. There were ethical dilemmas of researcher and participant safety, overt and covert roles, observing illegal activity, influencing decisions and consent. Such areas remained unclear throughout the early period of the fieldwork and only, with experience in the crack scene and in hindsight of the fieldwork, did some of the more complex aspects of day-to-day fieldwork with crack users appear more clearly. This section discusses these issues in greater detail.

Ethical approval

When I first tried to instigate interest in such a project on crack users in 2003, two university ethics boards rejected any possibility for such a study. To undertake this work, I joined a private drug and alcohol research company, signed an insurance liability waiver and submitted several proposals for research funding to local DATs in the London area. When funding was approved by one London DAT, I undertook the fieldwork as part of this project. Over the fieldwork period, the DAT approved and supported the research because it sought to improve service delivery. Throughout this process, ethical considerations were explorative and open-minded and reflexively revisited throughout and after the fieldwork period. Indeed, Becker (1965: 602) reminds us that *"no matter how carefully one plans in advance the research is designed in the course of its execution"*. As part of the PhD, ethical approval for the study was sought and awarded by the London School Hygiene and Tropical Medicine Ethics Board.

Participant or participant observer

Ethnographic research with substance users tends to present barriers and unanticipated changes to what is initially proposed (Adler, 1985; Agar, 2002; Bourgois, 1995; O'Brien, 2010; Ward, 2010). It can mean changing research direction to accommodate participants and to gather different data to better the research endeavour (Adler, 1985; Anderson, 1990; Bourgois, 1995). The trajectory of data collection changed at various points over the fieldwork – this was, after all, the first ethnographic study of its kind with crack users in this country and there is no guidebook on how to conduct ethnographic research on substance users (Adler, 1985; Anderson, 1990; Bourgois, 1995; Preble and Casey; 1969). At times, there were intensive data-gathering periods, while at others, there was little. In some social situations, there were numerous crack users, while in others, there were very few. There were also awkward and aggressive social exchanges – but this is the world of crack users and, this is how they experience life. If one wants to study it and understand it ethnographically, one should expect to automatically expose themselves to such risks and dilemmas.

Participating in this world required an acceptance of these norms. It needed me to show that, despite being exposed to these interactions, I would not make moralistic judgments about what was taking place (Briggs, 2010). To be part of (and be accepted in) this scene, one needs to do favours, run errands, agree with things which they may wholehearted disagree with, visit places where they would not normally visit and offer an impartial ear (Bourgois and Schonberg, 2009). In some instances, I helped crack users – not because they necessarily needed it – but because I became emotionally attached to them and their circumstances (Bourgois, 1995). Indeed, once bound up emotionally in this world, as someone trying to make sense of it, it became even more difficult to understand and separate myself from it. In the end, I found it more of an obligation to help where I could as well as document what I could. In this respect, this does not necessarily destroy the line between participant and participant observer but instead blurs it.

Fetterman (1989: 46) notes that *"documentation and honest reflection of how close ethnographer was to role, with participants and with data gives added credibility to the research"*. So if I am honest, I now feel I see the world from the bottom of the bottom, upwards and it is a frustrating perspective. I get annoyed at 'normal people' and their petty frustrations. I get angry by the pompous, one-dimensional nature of tabloid reporting and the ease with which it drives public opinion on issues of crime and deviance. I quickly get defensive with my students when they say that the best thing for 'problematic drug users' and

'criminals' is to lock them up and throw away the key. I also seem to now have a permanent grudge against the state and the greedy mechanisms of a capitalistic society. When I write about the subject, I struggle to avoid using emotive words and descriptions – probably because I was so immersed in its interactions that it had a deep emotional impact on me. Indeed, I feel this was evident in a number of drafts of this thesis – even the one which was submitted at the viva in May 2010. In these remaining sections, and in the findings chapters, this relationship becomes evident.

Overt and covert: The blurring of social identities

Conflicting tensions are often attached to the use of overt and covert methods. Indeed, most observational research seems to involve a delicate combination of overt and covert roles (Adler, 1985). During the fieldwork there were different stages of participation. In some groups, I was perceived as a 'crack user', while in others, I was considered 'family member', a 'friend', a 'researcher' or a 'student' (see Curtis, 2002). The dangers of contradicting these identities became clear during the fieldwork as I entered conflicting social situations with little preparation for the consequences.

During the fieldwork, most participants were aware of my research intentions. At times, the overt nature of the study was enhanced by close participants vouching for me as a researcher or friend, and more importantly, unconnected to the police. On occasions, I was presented as a family member on the advice of close participants to reduce any suspicion that I was a police officer. While these introductions were helpful, it meant my 'identity status' often changed outside my control. At times, I was powerless, and while I didn't want to dominate new social situations, I didn't always want my identity to be determined for me. Moreover, when some participants introduced me, they often deliberately changed or muddled 'my story' according to with whom we were with to ensure the most comfortable approach for us. These field notes recorded the difficulty of embracing new social situations with new populations. Here, I enter Flick's crack house:

> There were people smoking crack around the sofa, and others injecting crack and heroin in the kitchen area. Flick was running around in his pants after injecting some crack. He couldn't keep still. He was wondering how to deal with the situation because he had forgot I was coming over [and there were people there who didn't know me]. He was panicking because I think he didn't know how people would react. I was nervous to start with...one guy (Fuzz) sort of raised his eyebrows and moved

towards me slightly, asking *"who is this?"* – I immediately felt uncomfortable. Luckily, Flick seemed to calm the situation down by saying I was researching and I was studying 'this and that' – after that Bones joined in and helped the other four seemed to realise I was no threat. It was tense [for some time] as I needed to reassure the others that I was who I was – after Bones and Flick had finished doing a kind of summary of me, I started to involve myself in the conversation *"remember that Bones"* or *"Flick, did you get that"* so people could see I knew them and they knew me – I made sure I used their names once or twice so people could see I knew them. It helped when they used my name. I tried to relax myself by sitting back yet subtly checking several times under the chair for needles or syringes. I didn't remove my backpack or even suggest that conversation be recorded. Flick kept making excuses that the flat had never been so busy. [15.9.04]

While on one hand, the choice of identity was something I tried to promote, it was also a choice for participants. When it was unclear which identity I might use – most commonly when introduced into conversations or groups - attempts were made at diverting the attention away from my immediate presence. The timing of body language and reactions to discussions had to be precise. This was done to give me time to assess group dynamics to enable me to find an appropriate moment to best present myself – if I was to get that opportunity. However, thus far it is evident that this was not always possible. Consequently, other strategies were used if necessary. In certain, high-risk situations such as drug deals or visiting unfamiliar crack houses, participants introduced me as a *"brother in law"* or *"cousin"*. However, the problem of who I was in one situation meant I had to maintain who I wasn't in another (see Punch, 1986). When with Cuz one afternoon, I was faced with this dilemma - despite having discussed it with him earlier that day:

I came out [of a drug service] with Cuz and was introduced to several others, although my identity as a researcher was not known. I didn't rely on Cuz to reveal it this time, but I could see that we both felt in this situation it was necessary to reveal it. After a few minutes, I realised I knew one of them and they recognised me from a previous introduction as the 'cousin' of Cuz. Then another came along who knew me as a researcher. The problem was overcome when Cuz very skilfully made an excuse to leave before we had a chance to engage in conversation. [29.11.04]

There were occasions when there were no opportunities to present myself, or my status as a researcher, to participants. If I was not introduced, I assumed the role of someone

very interested in the conversation and looked for an opportunity to either enter the discussion or wait patiently, acknowledging the dialogue with facial responses. Their body language, level of intimacy, level of interaction, choice of words, tone of voice, spatial boundaries between each them gave me significant clues about the types of relationships they had with each other. By observing these features, this gave me interactional clues which laid the foundations for my timely introduction.

Influencing decisions

It has become widely accepted within the qualitative paradigm that the researcher is an inextricable part of the research endeavour (Mantzoukas, 2004); that the ethnographer's effect on the scene is unknowable, and the goal of unobtrusive research elusive and unattainable (Agar, 1985; Bosk, 2001). During the first month of fieldwork it was clear my presence affected social situations, which in turn, had some influence on peoples' lives. While I didn't want to directly influence the decisions participants made, over time, this became difficult to maintain as I started to become emotionally attached to them. One example was when Blood and I decided to visit his crack house squat for the first time together:

> I knew Blood regularly used crack there, aside from hanging out at Flick's place and sometimes slept there [in the crack house squat] when he had nowhere else to go. We agreed a time and date to go to the crack house squat but on that day he had a youth offending team (YOT) meeting at the same time we had agreed. He said to himself *"ok, shall we go to this place or shall I go to my appointment?"* as if to ask me. While I was eager to go to the crack house squat I had to withdraw my curiosity for a while longer, since he was practically asking me to make the decision for him. I could not tell an 18-year-old on probation to keep an appointment with me to visit a crack house and jeopardise the progress he had made with the YOT team. I told him to go to his YOT appointment. [5.10.04]

Influencing decisions was therefore context and relationship dependent. On occasions where I was presented with an opportunity to intervene on decisions (which was only when I was with close participants), I presented my opinion and left the decision to be made by individuals. On other occasions, I did favours and ran errands for crack users because I had grown emotionally attached to their lives and circumstances.

Observing illegal behaviours

It is furthermore not uncommon within ethnography to encounter situations which are *"ethically questionable, improper or illegal"* (Anspach and Mizrachi, 2006: 723). In research of this nature, there was a fine line between witnessing social life and watching the potential for crime and victimisation. As part of my ethical commitment, I had indicated that violent incidents and crimes against children would be reported to the police. Fortunately, I was never put in this situation to report such events. Nevertheless, for some understanding of crack users' experiences and the crack scene, it was necessary to, as Inciardi (1995: 251) notes, "[live] *the life to the extent that it is legally and ethically possible"*. Therefore conversations about, or observation of petty crime, like theft, shoplifting or burglary, minor scuffles or fights, were not reported. When reflecting on crimes committed, most crack users said they had not resorted to violence but instead, as they saw it, committed crimes with 'no victims' (shoplifting, theft, burglary, etc).

During the fieldwork, attempts were never made to physically defend participants and, in the few situations which had the potential for violence, diplomacy was used as best as possible. Although at times, the atmosphere in some crack houses became frayed and unpredictable, there were very few potentially violent incidents. Most volatile were street drug deals which diffused reasonably quickly. For example:

> After Flick and Bones smoked crack, we went to do a street deal. A youth cycled past, then came back and circled us saying he had *"fresh food"*. Earlier that day, he had done a deal with Blood just outside another crack house. Blood wasn't satisfied with the size of the rock and kicked up a fuss but the youth threatened Blood with a knife so he backed off. Blood quickly spread the word around that this young man did poor-quality deals for poorly sized rocks. Nevertheless, Flick and I followed the boy to an estate alleyway. Flick started to question the boy about the size of the rock after he had heard that he should take caution with him from Blood. Although Flick was feeling uncomfortable in the area because his mum lived close by, he said he would have a rock of crack anyway. The boy then asked if he was the person that had telephoned him to meet him to score. Flick said he hadn't and the boy started to get aggressive: *"Don't waste ma fuckin' time. Fuck you want"*. Flick didn't help the situation. As a boy no older than 18 challenged the 6ft mass of 39-year old Flick there was a potential for danger. Flick did not take kindly to this threat and increased his verbal insults, to which the boy reacted with close swipes to Flick. I said *"man, it's*

not worth it, come on, let's get the fuck out of here". Flick started to calm and we walked off with Flick shouting abuse. The boy then threatened to get his gun and cycled off. We saw him again, five minutes later with a large plank of wood in his hand. He wanted to batter Flick but by this time, we had met up with several other contacts and our numbers deterred any further problems. [2.10.04]

Although with some risk attached, when investing in such situations, it enhanced my status as a researcher and countered accusations that I was a policeman (Bourgois, 1995; Powdermaker, 1966; Punch, 1986). I had little experience of observing harmful drug use practices and during the first few months during the fieldwork, it was difficult to process the raw nature of drug-administration processes. On observing potential damaging drug use, I offered empathy where necessary and tactfully outlined some the potential dangers (for example, sharing needles, pipes, etc) if the moment prompted it. Care was given to how and when this advice was given to avoid patronising crack users or jeopardising their state of mind and this is recognised in ethnography (Agar, 1986; Jupp *et al.*, 2000) and in drug-use ethnographies (Bourgois, 1995; Maher, 2002; Sterk, 1999).

Participant safety and consent

For tape-recorded interviews, a three-page consent form informing the interviewee confidentiality and anonymity was devised (see Appendices). It also outlined the aims of the research and allowed participants to leave at any point during the interview (see Weppner, 1977). All those who consented to a one-to-one interview, signed an information sheet/consent form. Two copies of the information sheet/consent form were each signed by participants: one copy of which was given to participants. On some occasions, this formalised process had the potential to damage the momentum of social interaction in some research contexts. Therefore, in the absence of this procedure, consent was sought on the tape recorder.

None of the sample were under 16 so parental/guardian consent was not necessary. It was also stressed to participants that their names would be removed from the data transcripts and that only members of the research team would have access to tape-recordings and transcripts. At any stage of the interview, and throughout the fieldwork observation period, the opportunity was given for participants to ask any questions about the research in general. Participants were made aware that the project involved observation and the collation of data based on those observations.

Participants who undertook one-to-one interviews were paid £10 for their participation in the study. Critics of this practice are concerned that cash payments serve as inducements for drug users to buy drugs (Brody and Waldon, 2002), while advocates claim that payment is an ethical practice, as it reflects the ethical principles of respect and dignity, and is common practice in research among hidden populations of drug users (Fry and Hall, 2002; Grady, 2001; Ritter *et al.*, 2003).

During the interview process, some interviewees reflected on disturbing psychological experiences. These sensitive issues were approached with care in the interview, and aside from showing empathy, taking a break for a few minutes, changing the subject or the option of terminating the interview were given to participants. When participants struggled to talk about some issues, similar tactics were employed. On some occasions, interviewees expressed the desire to continue despite feeling upset as they thought that their story would help others in the future. Those who participated in a series of interviews, over time, talked more openly about these events. The few who were visibly upset or distressed during the interview were offered information on local welfare services. Sometimes I went to rearrange drug appointments/phoned up drug services for some I had come to know quite well.

Researcher safety and well-being

In the event of potential dangers during the fieldwork and for researcher safety, a safety protocol was established with the commander of Rivertown's police (see Appendix 4). In the event of work colleagues/friends family failing to receive contact from me 1.5 hours after a pre-arranged time on fieldwork days then the police would respond to my last known address which was left with my brother/father and work colleagues. This did, however, not happen throughout the fieldwork period.

I was present around crack and heroin smoking but neither this activity nor the aftermath of drug consumption affected my health, or mental or physical abilities in the research environment. I was also present to drug-injecting processes and positioned myself closest to the door in all research contexts, making mental evaluations of possible 'exit strategies' should the situation become dangerous and unpredictable. I also wore durable shoes and thick clothing. In terms of the personal impact of the research, counselling was offered through my place of work but was not necessary.

Conclusion

This chapter has discussed the research methods used in this thesis. Of note are the distinctive ethical, practical and methodological difficulties in undertaking this study.

However, despite this, it did not make the research impossible. Where possible, I have tried to account for how I undertook this work while attempting to honour the circumstances under which it was done and my involvement in this particular scene. I hope the data chapters which follow also highlight these efforts. The next chapter offers some contextualisation of crack use in Rivertown, and details epidemiological data and current drug support configuration.

Chapter 5 – Rivertown: The research context

Introduction

This chapter firstly provides an overview of Rivertown's social demographics. Secondly, it presents data on the number of problematic drug users in Rivertown and offers a basic description of drug support services.

Rivertown's demographics

Historically, Rivertown has very high levels of deprivation and is among one of the most deprived boroughs in England and Wales. Fifteen of its 21 wards fall under the 10% most deprived wards nationally. It has a high proportion of public sector housing (55%) and a low proportion of privately owned housing (32%) compared to London averages of approximately 27% and 55% respectively. Much of Rivertown's population is characterised by high levels of state benefits; relatively high levels of unemployment; low levels of educational attainment; low incomes; relatively poor health; a complex social mix (over 100 languages are spoken in Rivertown); and high population turnover (Rivertown DAT, 2003).

There are approximately 240,000 Rivertown residents and increases over the last 20 years reversed a century-old trend of population decline. These trends reflect the general inner-London renaissance - as well as high birth rates and increasing inward migration in the borough. The population of Rivertown is also relatively young and rich ethnic and cultural diversity. Estimates indicate that there are 77,500 people from black and other minority ethnic groups resident in Rivertown. This represents 33% of the total population of the borough, (an increase of 8% from 1991) compared to the national average of around 5% (Rivertown DAT, 2003).

Numbers of drug users

The numbers of 'problematic' drug users and crack users have remained difficult to measure in Rivertown. Data from the Regional Drug Misuse Database shows that from April 1999 to March 2001 there were 744 individuals engaged in 'problematic' drug use: 125 crack users in comparison to 465 heroin users. However, it seems there has since been a dramatic increase in problematic drug users, although there remains some confusion over the numbers of problematic drug users and their primary drug of 'choice'.

Child et al's. (2002) 'cautious estimate' of the number of problem drug users in Rivertown was around 4,000 with a modest drug expenditure of £200 per week. This equated

to a total of around £800,000 per week and equalled a drug economy of £42 million per annum. Conversely, in 2003, local-based research estimated that there were *"1,593 problematic crack or cocaine users in Rivertown"* (Rivertown DAT, 2003: 25) but no distinction was made between how many used crack and how many used cocaine, or indeed, what was meant by 'problematic'. In the same year, Rivertown's Safer Neighbourhoods Partnership undertook a drug use needs assessment and found there to be 1,728 'notifications' from Rivertown drug support services, however, some notifications were double counted (Fox *et al.,* 2005). The average age was found to be 33; the male ratio to women was 3:1; two thirds were white and under a fifth were black; and the most common drugs used were opiates (73%) compared to stimulants (18%). This demographic picture of those presenting to agencies, however, did not match arrest referral data taken from the police, which suggested the average age of arrestees was 22; that 45% were black and 45% were white; and the most common drug which arrestees tested positive was crack (71% of men and 58% of women) (Safer Rivertown Partnership, 2004b). A more recent GP Commissioning document estimated there were 2,300 illicit and problematic drug users in Rivertown (Rivertown Primary Care Trust, 2004). Since, researchers indicate there are 4,836 (3707 men and 1129 women) 'problematic heroin and crack users' in Rivertown (Hay *et al.,* 2006).

The existing framework of drug support services in Rivertown

At the time of the research there were seven main services that crack users could access in Rivertown; only one of which was a crack-specific service or Crack Service (see Figure 5). There were two prescribing services in the borough: Drug and Alcohol Treatment Service 1, located in the centre of Rivertown, supervised the consumption of prescriptions, and Drug and Alcohol Treatment Service 2, in the north of the borough, oversaw prescriptions, but allowed some service users to withdraw weekly supplies of medication. Many crack users felt that such services, however, were generally aimed towards opiate users and tended to have rigid opening times and appointment systems. There was also a distinct lack of provision to the south of the borough.

Figure 5 - Main drug-support services for crack users in Rivertown

Service	Services offered
Referral and community support service	Housing information; employment training; support for those leaving prison; rapid prescription and counselling; escort from prison to services and rehabilitation service; outreach to clients address when concern about engagement.
Crack service	Development of a therapeutic relationship with service users. Services include: motivational Interviewing; cognitive behavioural therapy; counselling; drop-in and outreach facilities; advice and onward referral to temporary accommodation; surgeries in community centres and Social services and job centres.
Advice and harm reduction service	Registered national HIV and hepatitis C charity working with ex and current drugs users, commercial workers, people living with and at risk of hepatitis C and other blood borne viruses. Services include: access to social services and job centres; visits to hostels and temporary accommodation.
Drug and alcohol treatment service 1	Advice and information; needle exchange; clinic for pregnant women; dual diagnosis assessment; hepatitis B vaccinations; acupuncture; substitute prescribing; onsite supervised dispensing; community scripting; community and inpatient detoxification; methadone maintenance.
Drug and alcohol treatment service 2	Concurrent harm-minimisation; health education; brief intervention; relapse prevention and other drug counselling approaches; methadone maintenance.
Assessment, referral and outreach	For substance users and those with mental health issues. Services include: Brief Intervention Team; advice; drop-in; counselling; Wet Centre Team (for alcohol users); outreach team; training team (education and training); DTTO programme; street-based outreach and flats for tenancy support.
Residential rehabilitation service for women:	Residential rehabilitation service for women, specialising in support for pregnant women and women with small children. Services include: counselling; one-to-one therapies; various day activities.

Despite this, the need for urgent 'stimulant user treatment' provision was recognised as early as 1994 (Dale and Perera, 1994). Even in 2003, when Rivertown was branded a High Crack Area (HCA), there were *"no services in Rivertown where problematic crack users can*

receive an integrated package of care which adequately responds to their complex and varied needs" (Rivertown DAT, 2003: 8). High numbers of crack users were processed through the criminal justice system, yet often failed to attend first appointments and dropped out of treatment programmes. For example, in 2003/04 Referral and Community Support Service reported that of the 186 referrals they received, nearly a third (n=58, 31%) failed to attend their first appointment. A significant proportion of their clients (n=166, 89%) were of crack users. From 2002/2003, Rivertown issued 45 DTTOs, as part of the government's aim to coerce drug users into treatment. However, in the same year, only five completed their order. Only 12 of 67 DTTO recipients completed the order the following year (Safer Rivertown Partnership, 2004a).

In addition, statistics from the Rivertown Drug Intervention Programme (DIP) database indicated that from 1st April 2004 to 31st March 2005, Referral and Community Support Service and Service Drug and Alcohol Treatment Service 2 assessed 578 crack users, 291 of whom said crack was their 'drug of choice'. Data from the same source showed that almost a third of crack users (n=185, 32%) assessed in services disengaged from the service (Fox *et al.,* 2005). There were also long waiting lists. In December 2003, problematic drug users such as crack users (and including heroin/poly-drug users) could expect to wait on average eight weeks and three days for in-patient treatment; three weeks for residential rehabilitation services; eleven weeks for specialist prescribing; four weeks for structured day care; and five weeks and two days structured counselling. These timescales often were subject to conditions of engagement through the criminal justice system. The longest waiting times of around 25 weeks were through accessing services by self referral in the community.

The increase in caseloads in drug services appeared to be linked to an increasing number of referrals through the criminal justice system. However, high proportions of crack users continued to drop out of services. This has, for some years, been considered a major problem for which has not been matched with sufficient resources. This sets ample context for the following narrative which introduces the main players in this thesis – some of whom have some experience of these services.

Conclusion

This short chapter shows that, for a significant period of time, it has been difficult to estimate the number of crack users in Rivertown. Furthermore, despite repeated reference to the number of crack users and the increasing problems they pose for treatment services

(Chapter 2), local resources do not seem to have materialised to resolve the situation. The findings chapters commence with an analysis of pathways into crack use and how crack careers evolve.

Chapter 6 – Becoming a crack user

Introduction

The principal aim of this chapter is to account for how and why crack users start to use crack. Indeed, for crack users in this sample, there tends to be no 'moment' when 'the crack life' becomes the chosen pathway. This research points to two main pathways into crack use (Brain *et al.*, 1998): through recreational/social/non-dependent drug-using pathways ('recreational' hereafter) and through already-established heroin/opiate pathways ('established' hereafter). Mediating these pathways into crack use are individual decisions (Booth Davies, 1997; Haines *et al.*, 2009) made under various social-structural (Dunlap, 1992; Dunlap, 1995) and contextual pressures (Dunlap and Johnson, 1992; Parker *et al.*, 1998), which, not only play a part in the decision to use crack but also subsequent decisions to continue to do so (Evans, 2002; Giddens, 1984) over the course of the crack career (Malchy *et al.*, 2008; Moore and Dietze 2005). Both pathways have implications for identity construction (Bauman, 2007). This chapter therefore lends some understanding to the process of *becoming* a crack user (Becker, 1953).

Pathways into crack use

Crack users in this sample don't appear to be homogenous drug-using group and crack-using pathways do not *always* seem to be progressive because different people often move swiftly between different levels of use for different reasons (Brain *et al.*, 1998; Chapter 2; Falck *et al.*, 2007). For example, not everyone in the sample progresses to extreme stages of heavy crack use at the same rate. Equally, there tends to be no moment as such when 'the crack life' becomes the chosen pathway. Many reflect on crack's increased availability which seems to mirror recent shifts towards a consumer society (van Ree, 2002). This is characterised by rising affluence, falling working hours, increased time for leisure pursuits, relationship and family pressures, and the fact that consumption is no longer seen to be exclusive but instead people find and express their identity in specific patterns of consumption (Abercrombie *et al.*, 1994). Indeed, one particular form of identity expression is through the use of drugs (Miles, 2000).

This research appears to shows there are two main pathways into crack use: through recreational pathways and through established pathways. Mediating these pathways into crack use, however, are also socio-structural and/or contextual factors, which, often play a

part in the decision to use crack and subsequent decisions to continue to do so. The following section on crack-using pathways accounts for these two different routes.

The recreational pathway

Many crack users who start using crack recreationally reflect that the decision to use crack helps to resolve various individual and social problems. Before trying crack, many feel they had underlying psychological/emotional problems; had experienced family breakdown and bereavement; felt hopeless, guilty and ashamed; had low self esteem and low levels of confidence; and/or a tendency toward sensation seeking. Some also seem bored of life and are looking for some excitement (Blackman, 1995). For most in this group, it seems to be a complex combination of the above which influences their decision. For recreational users, the decision to use crack over other drugs seems to be that: 1) it is available and many try it in different social contexts (among friends, party and club scene – see Parker *et al.*, 1998; Ward, 2010); 2) the 'high' is appealing and attractive; 3) many are looking for a 'new buzz'; 4) it is not instantly addictive and does not need be consumed daily (unlike heroin); 5) it can be structured around responsibilities such as the working week/family commitments; 6) there is an attraction of the deviant lifestyle which comes with it – crack, status, sex, etc.

Interacting with the rationale to use crack are socio-structural (Dunlap, 1995; Dunlap and Johnson, 1992) and contextual factors (Dunlap, 1992; Parker *et al.*, 1998) which not only assist in the decision to use crack but also lay foundations for continued use. For example, when Madmax's father died when he was young, the experience of poverty was sharpened. From a young age, he reflected that he used to *"suppress his feelings"* with alcohol because of his *"rage"*. Aged 14, he left school and was expected to help support the family – both emotionally and financially. Despite this, he needed to find quick, profitable ways of supporting himself and his family. He and his friend quickly realised that there were significant amounts of money to be made in drug dealing since others in similar positions outside of mainstream education were also resorting to such measures. Initially, drug dealing started with heroin but soon moved into cocaine as it became available in the mid 1980s (Chapter 2):

> *It started when in I was in secondary school, I had friend who could get a lot of heroin – we got to know his son. He said "I can get this, we can make some money lads". So we sat down, and he said "this is cocaine we are talking about" and we were like "what?" We were 16-17 and this was in 1985. We set up with a few*

customers – making £1000 a night selling cocaine, no heroin, no crack. £60 a gram it was then. I saw the money turning over and I thought "I am in this". I wanted the quick money, I wanted an easy life. It was so quick, I liked that. Easy come, easy go.

By the early 1990s, and with the advent of the rave scene, he was operating as a cocaine and ecstasy dealer. He was attracted by the party lifestyle and started to use large amounts of cocaine. He said he ran into trouble with the police after *"getting sloppy"* with too much *"cocaine in his system"* and reconsidered his options after a short prison sentence. When he was released he was keen to get back into drug dealing since he had exhausted legitimate avenues "[a long] *time ago*". It was only a matter of months later that his dealing networks introduced him to the *"new ting* [thing]":

Crack came on the scene, on the rave scene. Another friend had a cousin over from Jamaica, we used to flex [hang out], *this was my first day of taking crack because we were selling powder at the time and popping Es and he said "you have to stop selling the coke man, we have the new ting" and he brought me down to the toilet. So we are in this dark club, this dungeon...He said have you tried this? I said "what the fuck" but his face said it all, he blew the smoke at me – oh my god, the sweet aroma.* [Pause] *He looked at me and he couldn't talk properly. I hit this fucking thing* [smoked it] *and all I could here was bells ringing in my head. I was like oh...my...god, it knocked my E for six, the crack rush then. I was like, "that is what I wanted". He said it is "washed rock", same powder, just wash it up.* [I] *started to learn how to do it myself, then telling everyone that we had a new one on the market. "Try it in a spliff but I know you'll be calling me back". The Jamaicans tagged on to my networks. They* [the customers] *would come out and I was the hustleman, I had the customers already. I was smoking though, I was treating myself even though I was smoking. I was drinking £150 champagne – I thought I want some of that good life. I want some Dom Perignon and clique and shit like that. I want to drink like the big boys. I was living it large.*

Pathways into crack use are also dependent on context and peer associations. For example, with a good upbringing, her mother a probation officer and a psychiatric nurse and father a social worker, Rem said she *"didn't blame anyone"* but couldn't believe she could have been *"so stupid"* to get involved with her boyfriend who *"got her into drugs"*. Feeling lonely aged 27 and unmotivated in her job, she met a man who introduced her to heroin: one year later she said she was *"smoking crack"*. Depressed because of the relationship, she said

she attempted to go through detox with her boyfriend who *"promised"* to go in when she came out. He did not and she said she *"ended up back on crack two days later"*. The flat she had rented for 15 years after her parents moved back to the States, was amounting debt and was lost, along with her birth certificate and passport. Without ID, she reasoned that she couldn't claim jobseekers allowance and couldn't find the *"motivation"* to *"go to the U.S. Embassy"*.

The experience of bereavement and family breakdown are also typical experiences for this cohort of crack users. When Em's mother died, the family struggled to cope with the loss. Her father turned to alcohol and the family structure started to collapse. At the young age of 14, and finding relations difficult with her father, she started to spend long weekends in London with *"some friends"*. As her weekend absences continued, her brother started to experiment with heroin and left the family home. This put further pressure on the family and exacerbated her father's anger and frustration, which increased his propensity for violence on family members. Em increasingly felt there was little to keep her from spending time at home. After further visits to London, Em was introduced to a man who was selling crack. The *"first few times"* she said she used crack, it was unproblematic. However, because of poor family relations, weekend visits extended into week-long stopovers, and with this crack use increased. It was not long before she was bingeing on crack for days. Soon after, she was persuaded that sexual favours would earn her larger amounts of crack. By the age of 16, she said she had become homeless and was living in crack houses: *"I had nowhere else to go and I used to sleep in them* [crack houses], *bath in them, eat in them and take my drugs in them"* she reflected.

Other factors cited for pathways into recreational crack use include exposure to drug use in families and/or pro-drug attitudes among family members (Chapter 2). Ish reflected that at the age of 10: *"I've been in the* [bed]*room when my brother smokes it* [crack] *when the smoke comes out and I just liked the smell. My mate got it out one day and I said "my brother smokes this" and I just liked it and I got on it every day because I was puffing. Every bit of money my mum and dad were giving me I'd spend on crack so that was good."* Here, Lively T reflects on her progression through a range of drugs which, she felt, resulted with experimentation of crack with some friends:

> *I think it was down to my childhood. My mum and dad used to smoke weed and things like that, and I realise that was what triggered it off. I thought it was okay to smoke,*

and then weed started onto something else, and it always escalates from one thing to another. I didn't care. I liked it. I liked what it [crack] *did to me. I thought I was good. I thought I was in with the crowd. Does that make sense? I thought I was the bee's knees* [really good]. *I used to brag about it.* [Lively T]

Many crack users who start using crack recreationally tend to structure it around weekends. G reflected how there were *"some people that go to work and they survive at the weekend on a certain amount* [of crack]*"*. He said *"they'll either do it from Friday until Saturday, recuperate Sunday and go back to work on Monday, or that might be a scenario once a month."* There doesn't seem to be any linear pattern or timeframe to heavier crack use. BD's recreational crack use was sustained for a considerable amount of time, and it was only when he started to experience relationship problems that things started to change:

I used crack successfully for fifteen years before anyone even realised that I had a problem. In that time I managed a bar and I lived in Spain. I kept my smoking to weekends, and at that time, you would never have known that I was a drug user. It's only in the last five years that it really got out of control. It took me that long to stop. Some people go from start smoking and six months later they're like crashed; some people are quite successful. I've met rabbis, doctors, police officers, nurses [who smoke crack].

Although, no one in the sample was in this 'transition' phase of crack use at the time of fieldwork, a few recall how, at this stage, they perceived crack use to be a 'reward' or 'treat'. MRS *"liked the buzz"* when she first tried it but *"used to leave it"*: *"I could do it that way for a while."* For some, there is an attraction to the crack lifestyle and what comes with it – the crack, the status, and the secrecy. For most in this recreational group felt it was important to keep their crack use hidden from their family and friend networks:

Some people go from bingeing to crashing straight to nothing to living in crack houses. But most people will start off bingeing - maybe once a month. Most people will start off very lightly smoking. They'll meet someone who smokes and they'll have a phone number, and they'll do the odd little smoke here and there. They'll phone someone up and that person will deliver to them but most people who deliver only work certain times of the night; like twelve o'clock at night until two in the morning, something like that. After that it's pretty hard to find someone to deliver. So what will happen is one day they'll smoke over and still have money left over and want to smoke

some more but their man's off (the person they know – maybe one or two – is off) and that's when they come to south London then and, the first time, they'll probably buy something on the front line; might get something quicker but smaller, might get ripped off, yeah? After this has happened a couple of times – sometimes they get some, sometimes they get ripped off – they'll probably meet someone who says "Yeah, but I know somewhere I can take you where you can get something" and that will be their first introduction to crack houses and they'll be taken there, they'll be introduced and whoever the hustler is "I might come in, I've got a geezer who's never been to Ends before, tell him they're 20 pound stones, and they'll be £10 stones obviously, or it will be buy one, get one free, and that's your first introduction. This is a good idea, I can come here and get my dicks up these women. Apparently, there's a ready supply of cocaine. I've not got to be dangerous at home. This is alright. It saves me sitting in my house being all paranoid about my girlfriend coming home or anyone finding any evidence. So you might get into the pattern of smoking it at home but for the last bit you'll got to an End somewhere and have a bit of a laugh. Then you'll get to the stage where "well. I might as well just go straight to the Ends. If I'm at an End I can buy half a sixteenth you know once I get to know them". And that's when from when you start smoking crack you pretty much know that's when you're on the slippery slope. Because when you find one you soon find out where there's others and you'll meet people in there and people there are obviously going to entice you to spend. A lot of them that's their whole ambition is to entice you to spend so they can have a smoke because you're new to the game, aren't you? And the first time you play any game you don't know any of the rules and any foul that can be committed so it's quite easy for you to get taken advantage of is the best way to put it – half –ripped off. The thing is if you rip a man off £10 you rip a man off for £10 that's all you're going to get but if you can – a lot of the time it's all about – "I'm your friend. I'll look after you. This is what I say. Follow me. Just sit there. I'll get this for you". You're smoking your stone, you don't want to be running around. If someone's running back and forth to the dealer's for you and he might come to you and the price was £20, so make it £15 now, so you're still going to give him a smoke, you're still going to make a fiver on him and then, sooner or later, you're start buying yourself and start going to ends yourself and, once you start doing that, then that's when you've got...it's like having twenty-four hour sex on tap. You're start taking advantage. Then you start abusing. Then it'll start abusing you. That's pretty much the circle of it. Obviously people enter

at different levels... but, sooner or later, you're going to end up probably in crash in some way. It's all going to go a bit pear-shaped because, even if you've got some money because then you can just smoke whenever you want - there's no barrier. So the more money you've got the faster your life will come tumbling down because if you have no value to your money. You know if you're on three grand a week and you've got fifty grand in the bank, you're spending a hundred pounds here and a couple of hundred there it doesn't seem nothing but you can only maintain that for so long, because you know you can spend three grand a week and, even if you're earning three grand a week, you must have outgoings for a grand a week. That's how people live...Some people, like I said, will crash very quickly – other people won't. It depends what else is going on. A lot of it will depend on how they have to hide it. If they haven't got to hide it from anyone – if they're not in a relationship. It they're married it'll obviously take longer because they can't keep disappearing for [binges for] *two, three or four days at a time. Some people who are smoking pipe are the exception because if you have the money you won't go out and spend a hundred pounds. If you've got like two grand you're out of two grand easily – or a grand – because you're so tired that you can't get any sleep. That can take a day or two days. These are big chunks out of a seven-day week out of someone's life. I think that makes it quite... I don't know. It's a very deceiving drug. Unlike heroin where you can have physical addictions and physical signs like track marks, foils you know – the physical state of someone where they can lose their appetite – the effects of crack are very, very short lived. You're high for a very short time and the comedown are comparatively sharp - a very rapid comedown but for a comparatively short period. You know you can be awake for three days, have a good night's sleep, wake up the next day and be eighty percent back to what you were before. If someone's using heroin they're stoned for eight or nine hour periods. If I'm smoking crack and I know you're coming around in an hour's time I can stop smoking, have a bath and when you come around to all intents and purposes be normal. You don't have that kind of rapid recovery from other drugs. Therefore it's very, very, easy to hide.*

Many reflect that the use of crack, at this stage, starts to provide some regular, albeit temporary, stability away from pressing life issues. Some say they use 'nicknames' to avoid being discovered and to avert blemishes to the core self identity: *"Another thing is that no one really knows people, so they stay anonymous so no one snitches on them, so people don't*

know where I am from and they only know my by nickname" said Iverson. Crack use seems to remain secret (Goffman, 1963) not only because of the potential stigma attached to it (Becker, 1953; Matza, 1969; Reinarman and Levine, 1997) but also because of the social shame it may bring on the individual if people are aware they are involved in this lifestyle (Lemert, 1951). An exploration of what it means to *become* a crack user follows a short examination into the pathways into crack use for established users.

The established pathway

The established crack-using pathway appears to account for those who are already heavily engaged in using drugs such as heroin. Many of these people said they had already experienced past abuses such as growing up among families with drug or alcohol problems, suffering from learning or mental health issues, experiencing difficulties in mainstream education and work, and/or relationship problems, been imprisoned, involved in or were involved in crime, prostitution, and/or homelessness. As a consequence, many are already living under conditions of structural violence (Agar, 2003; Bourgois, 1995; Dunlap, 1992; Dunlap, 1995) and are socially stigmatised and excluded (Matza, 1969; Box, 1981). This group seem to use crack to augment existing drug use practices. They seem to do this because: 1) the crack 'high' is appealing; 2) crack is perceived to add an additional 'buzz' to their current drug-using repertoire; 3) crack seems to complement already quite fatalistic attitudes towards their life. However, most have learnt that heavy/binge crack use has consequences which is why many stabilise themselves after crack sessions with strong alcohol, cannabis or heroin.

Akin to recreational pathways, those already involved in established drug use also make individual decisions to engage in crack use (Booth Davies, 1997; Haines *et al.*, 2009). However, the nature of this group's precarious socio-structural position also seems to contribute to their crack use. Crack users in this group say that the decision to use crack is made possible through the increased availability of the drug through existing heroin markets and through drug user and homeless peer influences. Indeed, at the time of the fieldwork, crack and heroin were both equally prevalent, and during most observed transactions, one drug was not normally sold without the other as Philo illustrates:

> [Then in the early 1990s] *It was unusual for dealers to be selling both, whereas nowadays* [2005] *it's the norm. People and dealers have adapted to the market, basically. I was a heroin addict and got into crack. I liked speedballs. I prefer powder*

coke and heroin, that's my favourite drug. I got into injecting crack when I couldn't get hold of any powder coke one time, and that got me more than anything had ever been able to get me before. And now I even got so into my crack I even detoxed off heroin on crack, you know, because I was paranoid... Back in the early nineties it was difficult to score crack and heroin from the same dealers, so usually sort of, you know, one person would be selling crack someone else would be selling heroin.

Interviewees felt that drug dealers in London quickly saw the potential lucrative business of crack and this, they felt, resulted in a shift from heroin use to heroin and crack use (Brain *et al.,* 1998; Harocopos *et al.,* 2003). Big T said he was introduced to crack through 'tasters' and 'freebies' from dealers: *"I remember when I started* [using crack]. *I was offered it free. You could buy heroin and get crack for free. Buy one, get one free! That's how cheap crack was"* [Big T]. Most crack and heroin users say they start to use crack after they have developed a tolerance for heroin. Crack, they said, added an 'extra buzz' to their drug-using experience:

Now whoever takes crack and heroin likes taking them together but a couple of years ago, it was just like with the heroin and then the crack or the crack and then the heroin – not together. That's why now. I don't know what it is now. People are going crazy. They're going crazy looking for the buzz. They're looking for the buzz. That's my word on it. The bus that never stops. It's always going. It never stops. [Cuz]

In another example, Shake said he was 20 when he first smoked heroin *"on the foil"*. He first started injecting heroin as his tolerance for the drug increased. After using his arms for ten years, he said he *"switched to bigger needles"*. However, he was introduced to crack through a dealer and started smoking crack pipes to complement the heroin *"buzz"*. As his tolerance grew once again, and through peer influences on the streets, he started to mix crack with heroin for injection:

Shake: *I booted heroin first and it escalated to the point where I started injecting* [heroin]. *Then I smoked cocaine on the foil but after a while I started injecting. So now I do both because it is better.*

Dan: *How long does that last* [the crack]*?*

Shake: *The crack lasts about 5-10 minutes. The heroin has no effect on how long the crack buzz lasts but the heroin kicks in at just the right moment to bring you down so*

you feel ok. A lot of people smoke crack and use heroin to come down to ease themselves.

Dan: *Why do you speedball then? What is so special?*

Shake: *The person gets immune to using it so they use it intravenously. The effects are the same but my immune system has a higher tolerance. Injecting enters the body more quickly. I can only feel a buzz by injecting. Smoking a* [crack] *pipe won't give me any feeling.*

A few, however, are not bothered about what drugs they take; that, in essence, their aim is to be intoxicated regardless. Shake also said: *"There are a lot of people around here, not just people that use both like me but crack only users. I am a multi-user – I use anything: heroin, crack, cannabis, alcohol – anything."* These crack users indicate that, having developed a reliance on crack, many see increases in drug spending. For example, Brummie (aged 28) who grew up in care, was sixteen when he first started using heroin. By the age of 20, he was homeless and had started injecting heroin. Aged 21, he said was injecting crack and heroin. He said he was introduced to crack when he was *"hanging about homeless"* and the people he was with were *"piping* [crack]*"*. Although he said he had *"heard"* of crack he hadn't tried it: *"Er...I was cooking some brown and this geezer says "do you want a bit of white to put in?" I said "yeah ok". See what it was like and it was alright."* This had implications for his drug-use expenditure:

Dan: *So how much money were you making for brownbefore crack came on the scene?*

Brummie: *£50, or 2-3 bags much.*

Dan: *So when you started speedballing, how much did you have to make a day?*

Brummie: *£100 at least. Say Sunday, Monday, Tuesday, I don't get much money but after Wednesday, Thursday and Friday, it gets a bit easier.*

Similarly, Bradda moved from Portugal to the UK to try and stay clean from heroin in 1998. He was, however, quickly thrust back into drug-using contexts while staying with a group of homeless people in a squat. He was subsequently introduced to crack: *"I learnt with people that was already here and I went to fix, for a fix with them, to the same place and I saw them mixing the brown and the white and I asked them what's, what kind of buzz do you*

get? And they told me you get the buzz of the white and after, straight after you come down with the brown. And I said "let me try", I try it and I say "fucking buzz, fucking buzz". That's why it's so fucking difficult to come out [recover from]."

In these two short sections, it is evident that pathways into crack use seem to be mediated by individual decisions (Booth Davies, 1997; Haines *et al.*, 2009) which are embedded in social conditions and shaped by complex socio-structural factors and contextual factors (Dunlap, 1995). In the next section, the process of how crack use and crack user identities further evolve is examined (Giddens, 1984).

Becoming a crack user: The implications for self identity

The process of *becoming* a crack user is not simply a process whereby the 'drug engulfs the drug user' (Booth Davies, 1997; Reinarman and Levine, 1997; 2004) but rather how crack users start to make sense of how they have *become*. Indeed, it is evident thus far, that there is no linear pattern or timeframe from heavier binge crack use to continual crack use. For those who are introduced to crack through sex work, homeless, and other heavy drug use networks, crack use seems to augment their deviant and drug-using identities. For example, Pudge who started using heroin before crack was homeless when he first was introduced to crack through a drug dealer. It was not long before crack had also become part of his drug-using lifestyle:

> *I think the day-to-day use of crack for me was that I would get up, get money and go and buy £20 bag of heroin and £20 rocks, use that and would use that like and immediately after that might be myself* [feel myself] *and get a fag and something to eat and then I would be out stealing money again and that would be it from 11 at night until 10 in the morning – constant all day long. Chasing this and chasing that, chasing the crack.* [Pudge]

A different identity transformation, however, appears to take place through those who progress through recreational pathways. This cohort, who tend to keep their crack use secret from family and friends because of crack's illegal and deviant social image (Becker, 1953; Matza, 1969; Reinarman and Levine, 1997), hide early recreational crack use (Goffman, 1963). Keeping it hidden seems to help them evade personal feelings of guilt and shame of their activities (Maruna, 2001), and, as a consequence, many seem to get into early habits of

self denial - the fact that they use crack and the extent to which they use it. Many appear to associate its use with a different identity:

> **Baz:** [You start off] *By smoking with normal people, you go to pub to drink like you get away from your missus or your surroundings. You know, maybe, it is a party, just a different social scene. In the beginning, it is like that.*
>
> **Dan:** *It is quite settled, recreational.*
>
> **Baz:** *Sometimes you might live with wife or girlfriend so you cover it over and go somewhere where she don't know and you can do that there* [smoke crack in a crack house]. *Maybe you have kids.*

When recreational crack users' increase levels of crack use, this often leads to increased interactions with others in the crack scene (Chapter 7). Exposure to this space seems to put crack users at greater distance from conventional identities and increasingly seem influenced by other deviant actors (Chapter 9; Matza, 1969), their cultural practices (Singer, 2001; Young, 1971) and the environments of the crack scene (Chapter 7; Duff, 2007; Rhodes *et al.*, 2007).

For example, Iverson, who started using crack recreationally when he was employed and had a family, said he spent nights away, increasingly obsessed with the status he had developed in a crack house. This excerpt shows how the deviant identity is confirmed by significant others who he perceives to be 'below him' in the crack scene hierarchy:

> **Iverson:** *The smoking gave me an ego, so I become the king and they become my subjects and I need them around for the drug to work for me because that is what the drug gives me, it brings out your personality, it brings it out more, if you have low self esteem, the drug will reduce it to that, if you are confident, it will multiply it, if you have psychotic problems, then you think things are happening, so these kind of people I would control, "sit down, there is nothing chasing you" and they would listen to me because the drug is coming from me even though I am not the dealer, I am the distributor, the link...Like say we are smoking, in our house, we used to smoke from left to right and you come in and start blazing, you will get beaten for that. You shouldn't' do that, you should ask first. Maybe someone else will to gain favour from me, "don't do that, don't disrespect the man. The man is sharing out, wait your turn". Then they are sucking up to you, trying to put out your pipe and everything even though it is not what you want but you get used to it.*
>
> **Dan:** *So you develop a behaviour to respond to it.*

Iverson: *Yes, you need it to make the drug work for you. You get praised, they say "we have been worried about you" and you think these are your friends and they are using friendly words to them. Some people might give but you never get back, because none of them give you it back so you work on your instincts but they are never right in these situations because you under a false sense of security.*

For reasons of new status and hierarchy, many former recreational users express narratives of enjoyment early in their recreational use; that is, it is both exciting as well as pleasurable, and gives them a sense of personal empowerment. For many, lengthy binge crack sessions at weekends are not problematic because a) it is not perceived as addiction because it is not used every day and b) it is not reflecting the deviancy of their actions (Lemert, 1951). Some also say that because there are no signs of 'addiction', as they see it, it is easy to justify what they do and continue to use crack:

> *It's going to be harder with crack or rock addicts because remember as I said they are in denial already and they don't realise that they've just as bad as the heroin addict. They think they're one up. "No, no, no I'm alright" because, well I'd say as much, as ninety percent of them wake up with no withdrawal symptoms or anything like that and they take that as a thing that they're better and they're not better. They have got a problem just like people who take brown. They have issues that need addressing. It's to get them to realise this and it's not going to be easy.* [G]

While some struggle to locate the precise reasons for increasing crack use, there appears to be another shift in levels of use when crack users start to perceive crack as a 'reward' or 'treat'. Here, the narratives also seem to shift (Matza, 1964), and perhaps as a means to deflect responsibility for their actions and escalating circumstances (Sykes and Matza, 1957), they start to 'blame the drug' (Maruna, 2001) for life's mishaps. This is perhaps unsurprising. The hegemonic rhetoric of government and media on crack use (and other drug use) suggests that it is the drug which is *responsible* for the misery and destruction of the user (Booth Davies, 1997; Reinarman and Levine, 1997; 2004). A similar finding is evident in this study because recreational users reflect on their 'crack addiction' as if it is something which has invaded their bodies. *"It was gradual,"* Shy H said *"I'll tell you, about a year, it could have been. I can't say exactly. It gradually creeped up on me."* The emphasis of escalation appears to be placed on the drug which seems to signify a shift from personal responsibility to passive responsibility (Maruna, 2001). At this stage, many describe how crack binge sessions blur (Matza, 1964) and, as a consequence, start to interfere with their

conventional routines which affect their commitment to, for example, family, work, and housing and payment of bills (in general). Here, Bruv reflects on the process of drifting into this lifestyle:

> *That was when I started to smoke in the early 90s. Then, I didn't know who to get it from. I used to travel all the way to* [south London] *to get it. There was a time when I stopped. I smoked in a spliff first, then freebased then piped. The pipe is the most intense...Before it was just me and a few people. They would come over, there would just be a few of us. We'd be up all night. I lost track of time and missed things in my life, work, appointments – especially with the council. Now I guess it just escalated because from then on...well, last year was the worst. It was the roughest time I have had. I was committed crimes, I did three months in prison and I was homeless. I was expected to phone all these places. I was fucking homeless...When I first used it, I could wait, you know, I could wait until 10 at night or something. I could go without it all day. Never. Now, as soon as I get it, I open it. It is out of control. I normally smoke about £150 a day and nothing else. I started to notice me using it more on my payday, it would be my treat. But I would still fill myself with food.*

Some reflect that increased 'rewards' or 'treats' are connected with coping with feeling unmotivated in work, pressure in relationships, and family problems coupled with the appeal of the crack binge. The reward mindset seems to become more prevalent: many believe they deserve more 'treats' having 'been good' without it for a few days. However, inevitably, some of these treat sessions develop into a cycle of repetitive heavy binges of varying lengths, with short rests in between. With one foot in the conventional world, where some seem to feel redundant and bored (Blackman, 1995), it is liberating and empowering to know that they have one foot in another world where they have a new status and identity. For example, when Iverson progressed from heavy binge weekends into occasional weekly treats, he started to steal from his employers:

> **Iverson:** *Some people used to gather round me because I was different, I was too honest for my own good. It was unusual for someone to say "I will be there at four o' clock and I will have you two things* [crack rocks]*" and I would be there, I would come religiously. But other people didn't deliver* [were unreliable] *so that is how I got people, do you see, I have got you now. You are mine.*
>
> **Dan:** *Only temporarily.*

Iverson: *Well sometimes I would promise two* [crack rocks], *then give three because I want to be the big man and I have ten things* [crack rocks], *and I have given away seven. So then we have a competition to see who can stand the longest so I can say* [smoke the most], *I can handle it more than you, I have more money than you. People come to you, you get their attention.*

Dan: *That is quite a responsibility.*

Iverson: *You have to function on all sorts of levels in the real world. You have to show face in there* [crack scene], *to the outside, to the workplace, put your mask on, take one off, put another on, take another off. But in the end you forget who you are.*

Sadly, during the fieldwork, Iverson dropped out of residential rehabilitation service; he found it difficult to face up to the things he had done in the past (Chapter 10). Continuous binge weekends and weekday treats make many tired and unmotivated to maintain aspects of conventional lifestyles. Many yearn for the excitement of the next crack session: *"Gradually, gradually, gradually my job got worse. I couldn't get up in the morning and I'd make excuses. I actually let the tyres down on the van because they had a puncture. I couldn't go to work and the man had to come around and sort them out, so I could have another hour's shut-eye"* [JC]. An internal psychological battle seems to develop (Matza, 1964) whereby crack users associate the 'new identity' as the drug:

I thought I had it under control, remember. I'm not noticing what it's doing. I think, "Oh, all right, today I'm not going to smoke, and today I never really smoked". You haven't got it under control then, have you? And that's how it creeps up on you. I'm telling you [Talking to an imaginary crack pipe as her eyes light up] *"You're not going to stop smoking for too long. I want you to smoke me tomorrow. You've had one day's grace" so that's how it started to creep on.* [Funky D]

In this way, many recreational users seem to divert responsibility for their actions on the drug (Sykes and Matza, 1957). This appears to mark an important period in *becoming* a crack user because it is during these cycles that crack users lose significant stability in their lives as a result of family disownment/break up, loss of work, eviction, arrest, conviction, imprisonment, presentation to drug services/residential rehabilitation services (Becker, 1963; Ray, 1964; Maruna, 2001). This also seems to mark the discovery of the deviance of their crack use, and these processes and/or a combination of these processes, appear to act as a catalyst to reorganise their self identities as a means of response to the social reaction around them (Lemert, 1951). In most cases, this results in increased crack use. Here, Def Jam recalls

how her crack use increased after her children were taken into care. Note how the crime control agencies also play a role in the confirmation the deviant and stigmatised identity (Chapter 3) through degradation ceremonies (Garfinkel, 1956):

> [After long binge periods of up to four days] *I ended up losing my kids. Well when I say losing them they went into care because I was smoking one particular morning and I wanted more money for drugs. He* [ex-boyfriend] *pulled a knife on me. I was fighting with him to try and get this knife off him but I was scared. He ended up getting caught but I didn't stab him but the point is I went around there and it would not have happened if I hadn't gone there so the police came. The neighbours heard the commotion and came and arrested me and I got done* [convicted] *for wounding and then while I was in the cells they took the kids because I was in there for four days on a four day lie down. Then, in the end, I got back. I couldn't get the kids back well, to be honest with you, it wasn't that I couldn't get the kids back I was too busy smoking drugs and it just got worse and worse.*

What she said she hated most was being portrayed in court as a *"dirty person"* and how the authorities made the case *"look better for them."* In an effort to get her children back, she attempted residential rehabilitation service several times but dropped out on all three occasions within a few weeks, finding it difficult to face up to her past. She left one residential rehabilitation service prematurely when pregnant. She reflected that her experiences with social services had made it difficult for her to *"trust people"*. She resented the way the authorities denied her access to her children despite her attempts to get clean. Without understanding the full implications of her actions she said, she signed a declaration which meant her daughter was put into care abroad. This only made things worse, and when she found out she had cancer, her life deteriorated further. Her mental health suffered and her crack use increased:

> *I just thought I was going to die. I was still smoking drugs and still putting my kids through loads. In the end I just wanted to die to tell you the truth. I used to go to train stations onto train lines and lie down and when the trains came I used to get scared and get up so it wasn't that I really wanted to die it's just that's how I felt. That there's no point because you're going around and around in a circle because I tried to come off it* [crack] *a few times and I had tried residential rehabilitation service.*

As her crack use increased, over time, the police amassed more arrest warrants which truncated her funding abilities from shoplifting towards sex work to fund crack use:

> **Def Jam:** *What happened was I was on the run that's how that came about. The police wanted me. They wanted me for....I done it* [sold sex to fund crack use] *one time before that and then I stopped. Then when I started up full-time properly was when the police were looking for me and I didn't want to get caught. I was on the run for ages so I started doing prostitution.*
>
> **Dan:** *That's why you couldn't go into shops – because it was too dangerous and you might have got caught?*
>
> **Def Jam:** *Yeah. I started doing the prostitution because you didn't have to sign on* [at the social security office] *and the police couldn't find me. They couldn't keep up with me.*

These processes significantly contribute to this identity shift (Matza, 1964) but also prompts the interaction with significant others in and around them which also confirms the identity (Matza, 1969). In the context of this research, this was within the social space of the crack scene (Chapter 7). However, a further reaction to this identity shift (Lemert, 1951) seems to be the necessity to 'maintain face' among the wider community and others participating in the crack scene. This seems to augment the denial many have constructed around their crack use (Goffman, 1959, 1963). This is because most blame their fall from conventional life on the 'drug' so therefore most see these manoeuvres as necessary to avoid feelings of guilt and shame (Giddens, 1991; Maruna, 2001) and as some attempt to retain self respect (Bourgois, 1995). Some, like Cuz, employ ways of 'showing face' to convince themselves that they are in control of their world when really it appears to be self-denial of their position:

> **Cuz:** *In a whole day I was up until God knows what time because I was staying in this like bins because I had nowhere to go. What I first left the residential rehabilitation service I stayed in a crack house and the crack house did my head in because every second the door was knocking, the door was knocking and people were in and out, in and out and I couldn't handle it. So I left there and I stayed in this it was like a basement in a block of flats where people put their rubbish in; like it was two rooms but the block of people didn't use the second room. They just used the first room. They*

just like opened the door and put their garbage there so what I done was I cleared that room and I used to lay where the door was and if anyone came in they'd have to push me so I'd wake up. So I felt safe. I found a quilt. Someone threw a quilt out in the second-hand shops and a pillow. I found it, wrapped it up, put it in a black bin bag and took it with me.

Dan: *But then you had to look decent when you went out* [to shoplift]*?*

Cuz: *I did. I looked a lot smarter than I do now. Even my probation officer used to say that to me. I know it's weird because what I used to do was in the morning I used to go into the hospital every morning, have a strip wash. I used to wear a suit. When I came into this hostel I came in, in a suit and I used to go in and change my shirt every day and change my clothes every day. I used to nick* [steal] *seconds* [second-hand clothes] *because you can get some decent...*

Dan: *Really?*

Cuz: *Not swap it. I used to just nick it. I used to take the shirt, throw the shirt – because like it's dirty now. I used to throw it away and put a nice ironed one on. It's alright. It's ironed. Have you ever been in a second-hand shop?*

Dan: *Yeah, yeah.*

Cuz: *It's alright. You can get some decent clothes from the second-hand shop nowadays – like really decent stuff and I used to just nick a suit or nick whatever I needed. I used to do this every day. That's why I used to look smart. Even my probation officer said to me "Cuz, are you sure you're homeless?" When I walked into my spot worker* [outreach homeless worker] *she didn't believe that I was homeless. She's going to me "Cuz, are you sure you're homeless?" I'm going "yeah I am". The reason why I need to do this is because of what I was up to – that I used to go out stealing because I needed to look smart to get my drugs, do you know what I mean?*

Dan: *Yeah yeah.*

Cuz: *So that's why I had to look smart and when my spot worker found me - because I told her where I was - and she half-partly believed me. She came around about two/three o'clock in the morning and I was up smoking crack and she came up and*

she then realised that I am homeless and then she found me [a hostel] *so I was on the street for three months because they didn't believe that I was homeless because I was smart because everyone's got an image of a person. If you're homeless then you're a tramp. Because I know a lot of people and I didn't want people to know that I'm on the street. I don't know – that's how I am – I was embarrassed.*

Feelings of uselessness and shame are experienced, and seem to be compounded by criminal convictions but also significant personal losses, through family and friend support frameworks; accommodation; erosion of self-esteem, self-worth, self respect and dignity (Box, 1981). However, most seem to continue to attribute this to the drug. When life's poor decisions are reflected upon (Giddens, 1991), this appears only to lead to increased crack use:

When I lost my two boys I started to feel lonely and that's when I really became an addict because I thought: Fuck it. I'm living my life around crack because I couldn't give a shit. Nothing else. And I smoked around the clock. The next day – I was like a robot. [Funky D]

Crack users return to crack use when problems resurface because it is (and has been for them) available and pharmacologically suited to resolving problems (Young, 1971). Yet, for recreational users at this stage, it now seems to be part of the core of their identity (Maruna, 2001). For example, while interviewing Scruff in a park, our discussion moves towards understanding the daily circumstances of crack use:

Scruff: *No. I wouldn't say that. It's just all part of their routine. It's all part of the ...*

Dan: *...ritual?*

Scruff: *Yes ritual. That's a perfect word for it – ritual because that's what it is. It is a ritual. As I said to you the other day you'll find that people very often with a lot of users the quality of the actual drug they're using will become irrelevant to a lot of them. It doesn't matter. They don't give a shit. That's not the point. It's more the ritual.*

Dan: *Really? Ritual rather than the drug?*

Scruff: *Yes. Absolutely yes. As I was saying to this guy, "don't buy it off of him. It's pure shit" which and I wasn't lying, it wasn't crack. I don't know what it fucking was*

but it wasn't crack and he said "I don't give a fuck" because part of the ritual is going to a dealer, meeting the dealer, scoring, using.

Dan: *Do you not see yourself taking part in this ritual?*

Scruff: *No. Why do you?*

Dan: *Do I?*

Scruff: *Do you see me?*

Dan: *No. It's not for me to say though.*

Scruff: *Why?*

Dan: *Because it isn't.*

Scruff: *It's a fake world anyway. So therefore why not? It's as much for you to create as it is for me to. You're part of it.*

Dan: *I'm just trying to make sense of it.*

Scruff: *Yeah but you are part of it. You are part of my thing. Do you understand? Therefore it is...*

Dan: *....it is for me to say?*

Scruff: *Absolutely. You are within that circle now.*

The shift in the structure of the identity also appears to have implications for the individual's ontology (Giddens, 1991) which, also seem to shift from conventional means to discourses of social exchanges in the crack scene (Chapter 7; Preble and Casey, 1969). Scruff continues:

Scruff: *They're* [crack users] *in a fantasy world and this has become their life. This is their fantasy world* [using crack and other drugs].

Dan: *Fantasy world?*

Scruff: *Yeah. This has become their purpose. This is the main thing in their life so they're inventing a need to learn about it.*

Dan: *Experiment? Explore?*

Scruff: *Knowledge about it. The more you know about it – like it's a beneficial thing. You know how to mix the brown. You know how to get the best possible hit off the pipe. So fucking what? It's not something you need to know. It's not what anyone needs to know. If someone thinks they need to sober up might convince themselves that the best way to smoke will be on a glass pipe and the best way to do it is this way and that way and people crush it up into powder and other people say it has to be in a lump. It's just all in their head. Whatever you've created as a necessity to yourself. You're not happy until you've done that. That's what you've created for yourself and that becomes your objective and unless you achieve that objective each day than you're not happy and once they've achieved it your objective or one of your goals then you're happy.*

However, because shame and guilt seem to become a core part of self identity (Giddens, 1991), often these feelings seem to get internalised (Bordieau, 1984; Chapter 9). Consequently, for some, this appears to start to confirm who they now *are*. By now they have amassed criminal convictions, are homeless, and have exhausted significant family and friend networks, and are predominantly surviving in the precarious world of the crack scene (Chapter 7) where they are increasingly vulnerable to crime control strategies and aggressive social policies (Chapter 8). Therefore the risks of their actions are amplified (Rhodes *et al.*, 2007) and, taken together, this seems to increase the chances of health neglect and involvement in risk behaviours (Farmer, 1997; Wilkinson, 2006). This seems to be because of the cultural practices which they start to assimilate as a result of participation in the crack scene (Chapter 7; Young, 1971). However, because crack use, for most, has become such a central feature of their life, its use appears to supersede 'safe' decision-making. For example, 'experiencing the crack buzz' is given precedence over the potential risks and dangers of various crack-using techniques. In this conversation, which summarised some emerging findings from the study, Cuz and I discussed how these dangers might surface:

Dan: *Crack users have to burn the toxics off foil before smoking heroin.*

Cuz: *Yeah.*

Dan: *Or before smoking crack.*

Cuz: *Yeah.*

Dan: *If you burn the toxins in the foil cylinder in which you inhale the smoke you're doing a lot of damage to your neck...*

Cuz: *..and your chest.*

Dan: *Because of the hot smoke, yeah?*

Cuz: *Yeah plus you're holding it in.*

Dan: *So that does more damage?*

Cuz: *Yeah, but when you hold it in it's for the buzz. You're thinking it might give you a little extra more buzz. I don't know. When you see me smoking it I'm like this* [simulates smoking crack-smoking position] *and then I blow it back through the tube and I'll always blow it back through the tube.*

Dan: *Why?*

Cuz: *To collect* [excess crack] *and then I've got something else to smoke. When that's finished on the foil then that tube – I'll open that tube up – and I've got a load of....recycling.*

Dan: *Recycling? Blow back through tube. I've seen people do that – open up the tube and smoke it with another tube.*

Cuz: *Yeah.*

Dan: *And if they're desperate they'll do it again.*

Cuz: *Say like now I've got a couple of lines off the foil and I've smoked that. That foil – I'll make that foil into a tube, then open the other tube up and smoke that.*

Dan: *Yeah I've seen that. I don't know why I didn't record that before.*

Yet, such strategies to prolong use and to 'enjoy the buzz' appear to have potentially harmful consequences. Similar behaviours are noted among crack injectors. Indeed, some suggest that injecting crack by itself or with heroin destroyed their veins quicker than injecting heroin alone. While they attribute this to the crystallisation of crack in the veins thereby blocking them, observations indicate that others seem convinced that they had not injected the crack, and as with crack smokers, are attempting to get as much from the 'crack

buzz' as possible. Therefore a few crack users seem to increase the number of flushes they apply to the injecting area. This, combined with complications of finding veins, using the same area, and repeated attempts made for potentially harmful behaviour. On returning to Scruff in the park:

> He pulled down his trousers revealing the numerous scabs and bruises from injecting. He had one main abscess from months ago that had congealed into a huge scab – it was purple underneath. His legs were all swollen from the DVT and he had no socks on because his feet swell up. He had varicose veins where the blood couldn't get through. He said he knew he was making it worse by injecting in his leg. He started trying to find a vein the knee area [and] crouched to force the veins to come up [to the surface of the skin]. It looked as if he had been there [injected there] earlier today or yesterday as the wound looked fresh. He withdrew it as he had no luck from the knee so he then pulled his trousers down further to the upper section of his left leg – he had to crouch again to force the veins to the surface. He put the needle in several times at a 40 degree (or so) angle then withdrew it – he had no luck. He searched around on the same leg for another spot. He then switched legs. This time he had better luck as within a few seconds of looking in the same sort of area he got a sort of slow influx of dark red blood. He drew it [the syringe] back to check [that he had the vein] then put his thumb on the needle and pressed the needle into his leg. He withdrew and injected several times. He left the needle there for about 10-15 seconds after and withdrew it and did his trousers up. [16.12.04]

Increasing involvement in health neglect and risk behaviours appears to be located within key turning points in crack careers and crack user identities. For example, my field notes recorded this event between Blood and Flick in January 2005. Blood, unskilled in finding veins for injection, needed Flick to inject him with heroin to bring him down from the crack high:

> Blood had no clue how to inject but he had seen Flick prepare the brown in a spoon. The problem was that Blood managed to prepare it but 'skin popped' the needle [in the past] and didn't get the vein. As a result, he got half the feeling he should have and the skin pop left an abscess on his arm. [19.1.05]

On this occasion, Blood and Flick were smoking crack pipes before Blood solicited Flick's help. After a wander around the room picking things up and putting them back in the

same place (as a result of smoking crack), Flick felt he was ready to administer the heroin injection. The needle did not affect Blood in the first instance because blood came into the needle quite quickly after Flick had poked around under the skin for a few seconds. However, Blood was still unsure that the vein had been found and said he had a bad feeling about it – Flick took the needle out and put it back into the same vein again:

Blood: *Go down again, down.*

Flick: *You off?*

Blood: *Yeah*

Flick: *I have to block it off there or it will go to far.*

Blood: *Ow, pull it back. Shit*

Flick: *It's in. I want to press down so it goes in.*

Blood: *Go on then...It's still hurting, Flick, shit, nah man.*

Flick: *It's in.*

Blood: *It's still hurting – I don't trust that thing.*

It is useful to consider this moment against Blood's crack-using career. When I had first met Blood five months previously, he was smoking crack and heroin yet periodic homeless spells since had put him in more vulnerable, unpredictable drug-using circumstances. As a consequence, he seemed to take less care for himself because these unstable experiences laid the foundations for him to experiment with injecting. When Flick had not been able to help in such situations, Blood had either unsuccessfully tried it himself or enlisted the help of other street drug users: not always, however, with the same degree of success. My field notes recorded Blood reflecting on his first injecting experience:

> I asked him what would happen if Flick couldn't inject him and he said he would get someone else to inject him. I knew he had some rough experiences on the streets – I knew that he had had a dirty hit in a squat and been hospitalised. That particular time, I think he shared a spoon with someone. When I asked him about whether he had contracted anything from sharing paraphernalia, he said he had had immunisation from all Hep diseases. [19.1.05]

Greater involvement in risky drug-taking practices also seems associated with disintegrating physical and mental health, heightened feelings of hopelessness and fatalism about the future, and depression. Indeed, truncated pathways out of crack use appear to correlate with the use of more crack and other drugs – which invariably point to increasingly risky practices:

> *I have already been there with the crutch – cast on my leg for ten months, I have been out shoplifting with the cast on my leg so I can't run away because needs/must. Needs/must. But I have done silly shit before...I have shared spoons and needles and got Hep C. I can't afford to get HIV but I am lucky to be alive.* [Shake]

Conclusion

This chapter has discussed pathways into crack use and how crack users *become* a crack user. Mediating pathways into crack use are individual decisions (Booth Davies, 1997; Haines *et al.,* 2009) made against socio-structural and contextual influences (Dunlap and Johnson, 1992; Dunlap, 1995). Therefore the process of *becoming* is one through micro social interactions with various social institutions which generate meaning over time (Giddens, 1984) - in the context of socio-economic strain or despair (Agar, 2003; Dunlap and Johnson, 1992; Dunlap, 1995). Together, these seem to play a part in the decision to use crack and subsequent decisions to continue to do so (Giddens, 1984). The chapter shows that, for many, using crack appears to become a natural/situated/normative response to dealing with socio-structural problems (Dunlap, 1992; Singer, 2001; Young, 1971). Importantly, however, it seems that denial becomes a central feature of crack users (Goffman, 1963; Maruna, 2001), which serves to deflect feelings of shame and guilt (Giddens, 1991) and personal responsibility for actions (Sykes and Matza, 1957). Some start to see themselves as powerless victims, blame the 'drug' for life's mishaps (Maruna, 2001) and develop increasingly fatalistic attitudes (Chapter 9) manifested in damaging cultural practices and risk behaviours (Farmer, 1997; Wilkinson, 2006). Importantly, this seems to amplify individual feelings of shame, and has consequences for how they interact in the crack scene (Chapter 7). The next chapter is devoted to the function of this particular sphere.

Chapter 7 – The social organisation of the crack scene

The drug will disgrace you and put in situations which you would not normally be in, you blot out things you would not normally blot out. You could say something jokingly and it would be received completely differently. Your money can't save you in those situations. You are far from reality, you don't know what is going on. Most people are making decisions for you, because it is a place [crack scene] *of takers, some people are takers, and somebody is being took. If you are new, you will get took.* [Iverson]

The crack scene is kind of weird it's like a whole different culture. If you are not in it, you can't really see it. Say like an area like Rivertown, if you are a user, you become known as a user with all the other users – its like a club and it opens doors. Somebody with introduce you maybe or just by your appearance – you clothes are shabby, you might smell a bit, you look severely underweight, you look like a addict – people, sometimes its enough – you hear stuff word of mouth. You might meet a mate who is using and he'd tell you about a place or he'd bring – once you have been there once and you are with someone who vouches for ya – you can go again on your own. [Alwight]

Introduction

Continued crack use for many appears to result in increased interactions with significant others in the crack scene (Matza, 1969) – a space which offers meaning and identity to crack users (Zinberg, 1984; Fitzgerald, 2009). The crack scene, its players and their interactions are shaped by the political economy (top down) of crime control agencies, social policies and the configuration of welfare services (Agar, 2003; Bourgois, 1995; Chapter 8). It is, however, also influenced its own cultural norms (bottom up) (DeCorte, 2001; Fitzgerald, 2009; this Chapter) and environments (Duff, 2009; Schwandt, 2001). These two elements appear to operate in tandem (Duff, 2007; Giddens, 1984; Rhodes, 2002) to determine, to some extent, how the local crack market operates and how crack users' access supply (Giddens, 1984). Access also seems to depend on hierarchical status in the crack scene and this chapter firstly devotes attention to these areas.

Secondly, the chapter shows how participation in the crack scene also shapes individual identities (Dovey *et al.*, 2001; Rhodes *et al.*, 2007) and collective cultural practices (Singer, 2001; Young, 1971). To some extent, this is done through the social exchanges

around the use of crack and other drugs (Preble and Casey, 1969) but also the use of these drugs within crack scene (Duff, 2007). These 'environments' (public settings, temporary accommodation and crack houses) also seem to influence crack user identities (Duff, 2009; Fitzgerald, 2009), as well as amplify experiences of individual shame, anxiety and insecurity (Rhodes *et al.,* 2007). In the crack scene, most seem to continue to stubbornly deny their position (Goffman, 1963) and look for ways to counter their increasingly precarious positions (Bauman, 2004; Chapter 9).

The dimensions of the crack market in Rivertown

The local crack market in Rivertown operates a mixture of open and closed market selling (Burgess, 2003; GLADA, 2004). Open market selling is characterised by a crack dealer selling to anyone in a variety of social spaces whereby the disposition of a closed market is a crack dealer selling to known buyers only (May *et al.,* 2007). Research and policy documents indicate that as a result of increased law enforcement on cocaine and heroin markets during the 1990s, modes of selling drugs in London shifted to accommodate these pressures (Chapter 2). In the context of crack, the mobile phone changed the nature of the organisation of the cocaine/crack market as more covert operations took place between different locations thereby reducing detection (Burgess, 2003; GLADA, 2004). These are also the market conditions for this study. Furthermore, to avoid detection crack dealers place responsibility of their deals with younger men who act as 'runners' (May *et al.,* 2007). It is similar young men who are often sent out to make the face-to-face exchanges with crack users in this study. Most crack users do not like these interactions because it may reassert their low status in the social strata – even in the crack scene (Chapter 9):

> Flick left his mums at about 4.45pm and we walked up the road and started to bump into familiar faces. Flick started asking around for a couple of nuggets [pounds] to round his £8 up to a £10 for a rock. The first guy he approached managed to give him a pound, the second had nothing. We waited by the phone box. Someone was making a phone call. As we waited, we could hear the conversation and the guy was making arrangements for a street drug deal. He then ran out and another guy with long hair and stained t-shirt ran in, made a very frantic and loud phone call about meeting another runner. As he came out of the phone box, Flick asked him if he had a pound. He was sweating quite badly and hurriedly reached in his pocket, pulled out a handful of change, threw it at Flick and ran off down the road to score. As we stood there,

three runners (aged about 18 or 19) cycled past in expensive clothing. They all had hoods and caps and the mobile phone hands-free kits. Flick said these guys were the main runners for the Afghan dealers. Flick now had his £10 for a rock then the boy who we'd seen on the bike earlier came cycling around us and nodded – he said he had *"fresh food"* [drugs]. He sped off towards a nearest estate and Flick and I followed quickly. We went into an alleyway and Flick went in and stood by the stairs. Before we were able to do the deal, the guy who had left the phone box hurried in and handed the runner £10 and a rock was swapped. *"Happy customer"* said the runner. Flick asked to see the rocks first and reassured the runner that he wouldn't take them but wanted to check them. The runner started to get aggressive. Flick hesitated to make the deal and said he wasn't sure, so the runner got even more frustrated and said *"fucking go elsewhere then"* and told us to leave. Flick refused and the runner got angry. In the process of this, he dropped some of his rocks on the floor and Flick went to step around them but the runner then said *"don't even fucking think about it"* (as he thought Flick was going to rob him). I started to back away saying *"ok, man, let's cool it"*. The runner then accused Flick of trying to *"fuck with him"* and asked him why did he phone him in the first place if he didn't want to deal – Flick then said he didn't call and this made the runner even more angry [because not only was he wasting his time but he became suspicious] and he reached for his back pocket and half pulled out a knife saying *"I'll fucking slit you now"* and half lurched towards Flick. I backed off further but the runner wasn't interested in what I was doing or saying. Flick said *"I am not trying to rob you but I am not afraid of you."* Flick didn't really retaliate but the runner kept threatening him with the knife. [2.10.04]

Most observed drug deals are either crack rocks or heroin 'bags' or both – known as a 'one-on-one'.[13] Typically, a one-on-one cost between £15-20 depending on the quality and size of the crack (most common is £10 for a crack rock weighing 0.2 gram). Normally, each drug cost £10 but some dealers give discounts if purchasing crack and heroin together. Other dealers insist that the quality of their product should not signify discounts and keep the price for a one-on-one at £20. There are even a few dealers who sell a one-on-one for £30. These dealers claim their drugs were of the highest quality and only established, known buyers have access to these transactions. Most dealers, by principle, are strict with their charges and rarely permit underpayments. Some crack users estimate that the quality of crack is as low as 10%

[13] Known as one bag of heroin and one rock of crack. Some dealers offered 'two-on-two's – two crack rocks and two heroin bags and/or 'two-on-one's – two crack rocks and one heroin bag.

and indicate that substitutes include broken glass, rat poison, and talcum powder mixed with amphetamines. While many complain at the poor quality, most seem more concerned with doing the deal and smoking/injecting (Preble and Casey, 1969) because it seems to go some way to balancing their ontological framework (Chapter 6; Giddens, 1991; Lasch, 1985). How crack users access crack supply, however, appears to depend on their hierarchical position in the crack scene. This position seems to be determined by a number of different elements – in particular, the amount of money they can potentially generate and/or the frequency at which they make transactions for crack.

Crack-using clusters: High society and Low life

Different crack users, at different times in their crack career, appear to hold different hierarchical positions in the crack scene. This seems to be attributed to the level of money they generate for their crack use, which, in turn, affects the benefits they receive and priority they are given from crack dealers. In general, there appear to be four clusters of crack users in this study (see Figure 6). Crack users do by no means remain in these clusters because as crack careers evolve, abilities to fund crack use can shift along with frequency and mode of use (Chapter 2; Chapter 6).

Figure 7 – Clusters of crack users

Crack scene ranking		Crack-using cluster	Crack consumption	Mode of crack use	Principal form of funding	Public visibility	Crack dealer priority	Crack-using environments
High society	High	Professional, organised alliances	High	Smoking	Credit card fraud, burglary, shoplifting, sex work, clipping, theft, social security cheques, stable employment	Low	High	Crack houses, private flats, own homes
	High	Individual entrepreneurs	High	Smoking	Credit card fraud, burglary, shoplifting, sex work, clipping, social security cheques, stable employment	Low	High	Crack houses, private flats, own homes
Low life	Medium/low	Ad-hock, disorganised alliances	Context dependent	Smoking/injecting	Social security cheques, shoplifting, theft, sex work	Medium/high	Context dependent but generally medium/low	Crack houses, temporary accommodation, public settings (parks, car parks, alleyways, derelict sites, etc.)
	Low	'Crack heads' or 'ponces'	Context dependent but generally low	Smoking but predominantly injecting	Social security cheques, sex work, sex-for-crack exchanges, begging, 'poncing'	High	Low	Crack houses, temporary accommodation, public settings (parks, car parks, alleyways, derelict sites, etc.)

Professional, organised alliances seem to be pairs/small groups of crack users ('High society') who are able to generate large sums of money. Their crack smoking seems to be generally high and their visibility in the crack scene low due to their stealth and expertise. They are often welcomed in exclusive crack houses or are blessed with personal crack deliveries to their homes – either way, their dealings appear less visible. Because their ability to generate large sums of money, so too is their priority given by crack dealers. For example, BD said:

> *You have what you call "your day smokers" and "your night smokers" and what will tend to happen will they'll form a bond like relationships so you're a prostitute, I'm a credit card. You nick the card but you can't work during the day – there's not a lot of business down the road during the day, so me in the day and we'll smoke together and you do the punters and we'll smoke together. Do you understand what I'm saying here?"* [**Dan:** Yeah.] *It's making that twenty-four hour cycle and that's really how it goes. You tend to find a lot of smokers. So if I'm a shoplifter or a thief I tend to have my favourite girl and my favourite geezer – he might be a burglar. So you might be my mate but I know he's a burglar or you do cars. You do them at night. I do the shops during the daytime and we'll be smoking partners – not exclusively. It's not like we're married but if you're there and I'm there I'll make sure that you've got a smoke and then if I'm there at night, obviously I can't shoplift at night because there's no shops open, you're burgling or a car thief then you make sure I smoke.* [BD]

These clusters also tend to be wary of including others in their established networks/agreements. In another example, Sneaks reflects on how he established a closed-crack smoking group made up of high-earning crack users. He had firstly bartered out his flat to a crack dealer and received a daily allowance of crack and was subsequently permitted to establish an exclusive crack-smoking group in his crack house. The group was distinguished by those who could those who could bring in large amounts of money; those who could 'control' the drug when smoking; and those who sustain a 'good vibe' when smoking crack [good conversations]. The 'inner circle', as he called it, was separated from the *"madness of the living room"* where the crack dealer stayed. Here, he reflects on how crack users were selected to be part of this alliance:

> **Sneaks:** *Oh yeah. He was in the inner circle. That was without doubt. He was in mate.*

Dan: *It sounds it.*

Sneaks: *Four hundred pounds he used to give me over the course of the night but I used to lend up to about a hundred pounds worth. I used to go to sleep and wake up when I saw the smoke. I had so much smoke that I didn't even have to get my quota* [daily allowance from the dealer for the barter of the premises] – *sometimes for a day/two days. That's how much smoke I had but remember that I've got other friends. The inner circle made money. My friend who was a shoplifter, he was also the burglar, the car thief. The next man was a car thief, the next man used to come and sell trainers to the house he got the chequebooks and cards. These are money people.*

Dan: *So to get into the inner circle you had to reach a certain level of...?*

Sneaks: *No. I had to like you. If I didn't like you it didn't matter how much you bought I didn't want you in my room because there's got to be a vibe. There has to be a vibe for you to smoke. There has to be a vibe that you could put down your drink and not worry about it. You could put down your smoke and everyone watched everyone but no-one's going to touch it because that man's in the inner circle. They're all powerful. If you've got your smoke you ain't going to trouble him. The money people in the circle we don't need to nick other peoples stuff because we've got our stuff. These people...*

Dan: *Were they friends?*

Sneaks: *Some of them became good friends but see you couldn't have too many people in the inner circle anyway because it was only one bedroom and you couldn't all get in the bedroom anyway.*

Dan: *How would someone get in the inner circle?*

Sneaks: *Well you'd be taken on whether I liked you. You'd be taken on whether my friend – the girl – could get on with you because she's a girl and you're going to want to make advances to her and she's not interested in that. She's just interested in her smoke. If she wants to go with a bloke she'll go with a bloke. It don't have to be because he's got crack, you know. So we had to have certain rules in the inner circle; that everyone got on with everyone and basically everyone gives a fuck about Sneaks because if you fucked up Sneaks that he lost his flat then you lot wouldn't have this*

cosy little room that you could come in and smoke, sit down comfortably and you haven't got to be frightened that somebody is going to draw a knife. You knew that if certain people got barred it's because they had a tendency to become aggressive and draw knives.

Dan: *On their buzz yeah?*

Sneaks: *On their buzz. Threaten people, they'd argue with everything you say like the day before or the week before. So it was important that you had to have harmony. I had to feel safe. I couldn't smoke with people – when I'm buzzing – they're like schizophrenic; like they could do anything dangerous, like they could hurt my friends because if you hurt my friends you're taking away that harmony.*

Crucial to participation in professional, organised alliances is a common goal to share the crack-taking space. Similarly, individual entrepreneurs ('High society'), who are also high earners, appear to have a similar status in the crack scene. They appear as skilful, adept and diverse in their criminality or, perhaps, are employed and spend large sums of money on crack. As a result, crack dealers prioritise them and their exchanges and, in some cases, give them credit in advance. A former crack dealer turned user, Baz said:

I would maintain the high order by giving people top ups for spending extra amounts. I might say put a little tenner on top, encourage them to come back, get the customers, so when they do have money they are not going to go to this house or that house because Baz gives little top ups. They will get more from me and they have the peace of mind knowing that no one is going to bother them.

Similarly, Em reflects on her actions as a sex worker/clipper:

I'd make my money and then I'd just go and sit in a crack house for the day until the night-time again...I used to get a lot of credit from dealers – a lot – because they knew how much money I used to earn. Nine times out ten I could go out there and smoke my first six, ten pound stones for nothing because I used to get credit from so many different dealers. [Em]

In another example, early in his crack career, Iverson's monetary reliability and punctuality ensured he got credit from the dealer - up to £100 in advance because he said he was a *"sure bet."* This gave him a certain *"status"* he said. With this, he said he obtained sexual services and some form of respect from fellow crack users. He described himself as

the *"king"*, who *"fed the mouths"* of those who *"couldn't graft"* in the crack house. During this period, he reconciled:

> *If you have no money, you have no status. Money rules. You could be king today and slave tomorrow. Like I was the king so if I had money people wanted me, but when I had no money, people would leave me. It is a selfish thing. So it motivates you to get back the status. Like money is drugs and drugs is like money, it's a currency. Money is status. I am king because I have two stones say, it is the middle of the night, and you need it so I am king because I can sell it to you for £30, you need it. Or I could go out and buy a £10 stone and divide it into quarters and you would come in and you can't complain because it is our house. That is what you get...If you are the king, people are watching out for you "don't touch that, it belongs to him" but you have paid for it anyway because by giving them you are buying them and they are depending on that. They will do anything because they know they will get a smoke. It is exactly the same in society because if you have nothing in society, you have nobody...They will do anything for you* [Low life], *you have the money. Girls, suck my dick. And the men as well, suck my dick. That is how it goes.*

At the time of interview and during the fieldwork period, these clusters of crack users were in a minority in the sample although some are able to reflect on these times. The majority of crack users in this study seem to have surpassed this stage of crack use and are poorly equipped to earn large amounts of money for crack. Instead, these clusters ('Low life' as some refer) seem to rely predominantly on petty crime, begging and fortnightly social security cheques. Some, as we have seen, have severe physical and mental health problems as a result of risky drug-using practices and are more likely to be injectors (Chapter 6). They may be easily spotted by shop staff when attempting to shoplift or turned down when offering sexual services. Others are banned from certain areas because they are wanted by the police/crack dealers or have outstanding debts with other crack users in other areas.

Those in recovery from crack use consider these populations to be at the 'lower end' of the crack scene – 'Low life', 'ponces' or 'crack heads'. Perhaps they have this view because they have taken steps to come out of this scene and see themselves as 'better people' (Briggs, 2007; Weppner, 1981). Their public visibility appears high and the priority given by crack dealers is low. In general, these crack users, who seem to have limited criminal gains, often resort to street deals in alleyways, outside hostels, among street markets, in parks and

car parks and street corners. These deals often result in crack users locating nearby makeshift environments to use their drugs. This could be places like crack houses but are also public settings such as alleyways, parks, car parks, derelict sites, phone booths, etc. They may deal in crack houses but are often deterred by dealers because of the attention they may bring to their operations.

These crack users frequently reflect that the environmental conditions where they use crack are often unfavourable and that this does not aid the 'crack buzz' (Zinberg, 1984). Because they appear to be lower down the crack scene hierarchy – and struggle to make decent money for crack – they feel they get the poorest-quality crack. In addition, as other high-earning crack users see it, the fact that these clusters are unable to do a 'days work' and resort to activities such as begging seems to put them at the bottom of the social ladder in the crack scene. In the absence of reliable and regular means to muster funds for drugs, many 'Low life' therefore combine their funds and/or paraphernalia to obtain drugs through the 'moral economy' (Bourgois and Schonberg, 2009). In this scenario, Tall Guy and Bail have an ad-hock agreement to share their social security cheques between them for crack and heroin. Bradda, however, lingers around them; keen to involve himself in the deal by recommending a good dealer and, by doing so, hopes to share some of the drugs. Eventually, he persuades Tall Guy to give him the money and call his dealer:

> Tall Guy went to the post office to cash his benefit but was still suspicious of me as a policeman. Bradda and Bail were in close pursuit. He used my phone to call the dealer. It seemed like all three were now in on the deal as they followed Tall Guy around. Tall Guy asked for a two on two. It seemed common etiquette to use the stereotypical language of the dealers. *"Can I see you, bruv?"* or when he phoned another dealer *"can I see you, blud?"* – something between black or Jamaican talk. I think this is like adhering to the codes of dealer – to gain the respect of talking in their language. Maybe the dealer will arrive sooner? Maybe they will be prioritised when the dealer gets a load of calls at once? The problem was that the use of code appeared to make no difference at all – we still had to wait. I recalled from other street deals, some waiting times [for dealers/runners] exceeded one hour. A few calls were made and we were told to meet back at the hostel. When I returned from a walk to the shop with Bail, Bradda had been feeding Tall Guy's paranoia and they both started accusing me of being a policeman. There then followed a small spate of arguments between Bradda and Tall Guy because the dealer had not arrived. Tall Guy made

another call to his dealer but after several nowhere conversations, the dealer finally admitted that he only had heroin. Tall Guy tried another two dealers but they were not available, so Bradda suggested that he make a call to his dealer. For £35, they would get the two on two but their requests appeared to be low down on the priority list. We waited a further half an hour - Bradda kept calling him up *"where are you, bro?"* Tall Guy was getting annoyed because he was starting to withdraw from crack and heroin, and had already missed his appointment at the drug service to pick up his prescription. Perhaps he would have struggled to make his appointment anyway as he wanted to collect his social security late to avoid certain people. He seemed to think it would be ok if he turned up in the afternoon but would he have been able to if he had £160 in his pocket and was about to use crack and heroin? We sat there – the situation intensified and Bail said to Tall Guy, *"get your money back and we'll go elsewhere"*. [7.4.05]

Because the deal is of minimal value, there seems to be little interest from dealers (and even their runners). As a consequence, their spending power appears minimal and their crack scene rank appears lower. These field notes record lengthy waiting times for dealers:

At midnight on Saturday, I cycled past Scruff on the Bridge. He was begging and had managed to get together £20 – it was cold. Silencer was also waiting with him smoking a dog end. I sat down and gave my midnight snack pastries to him. I asked if he remembered my face as I had seen him outside the tube station with Black Eyez and Jack the Lad. We started talking and at first I think he was a bit cautious but then realised about the research I was doing as he heard about me. Silencer then came over and confessed he had heard I was a copper, but he said he'd wait to see for himself. They invited me to walk with them to score. As we were walking, I started talking about the area and people, types of drug practices. We walked down past the Bridge and the tube station, and walked to the college where I had seen Cuz score openly during the day once. It was getting on for 1am and Scruff and Silencer said they had few options to call dealers at this time of night. They reached in their pockets and unloaded a ton of coins. I cycled off to a cash point to get notes to change for them as the only dealer that would make an exchange with them insisted on notes. The dealer, called 'Frenchie', apparently drove a bus during the day and was a crack dealer by night. Scruff made the call from his mobile and was told 15 mins at the 'usual place'. We then walked back on to the High Street and down past some derelict garages. We reached the bus shelter and started waiting – every time Scruff thought he saw the car

pull in to the road opposite, he got up from his spot in the bus shelter – he often disappeared for a few minutes at a time leaving Silencer and I talking. Silencer was trying to be patient but was withdrawing from crack and heroin. We had been waiting about an hour. It was close to 2am and I decided I was going to go. Scruff then left to wait in the road so I said goodbye to Silencer and cycled over to Scruff when I saw a BMW pull over in the road. I was with Scruff when it turned in and I then cycled off to let them do the deal. Scruff then came back over the road to where Silencer and I were – he invited me to come with him while he had a smoke. We then walked up the road towards the tube station and took a left into some estate car parks which were deserted, even slightly warm which was surprising. We sat down next to a garage – I left my bike and Scruff sat with his back to where people would normally walk past. He then picked up a red bull can, dented it and took the lid off and pierced six holes in the centre of the dent. Silencer was to have the first pipe but was very impatient as he didn't even put much ash on –he took only three puffs of his cigarette and sprinkled what ash he could on the can while Scruff broke up the crack. Silencer immediately put the pipe to his lips, lit and and inhaled. Very soon after he left to inject. Scruff said he was shy and didn't want to do it in front of anyone. Then Scruff had his first crack pipe. He seemed to dip his lighter towards and away from the crack when he burnt it. He smoked a few pipes and then debated with himself whether he was going to inject crack. He said crack needn't be heated up to inject it – he tore off the end of a beer can and put the crack in the centre, added some water and then started to crush up the crack into a cloudy mush. He used the orange end of the syringe to do this. He seemed to already have a filter already on the can (I didn't see where it came from). He then drew up the substance into a syringe, pulled up his left leg scattered with huge abscesses, scars and scabs (he admitted that his legs were a complete mess but had well defined calf muscles). The skin was in really poor condition and it was bruised and broken underneath where he had missed veins when injecting. He first tried to find a vein in his leg, and pressing the needle in, he poked around gently. Suddenly, blood rushed in but he didn't move his hand close to the needle end to push the crack in – he hadn't found the vein but he kept moving the needle in and out, but not taking it all the way out (perhaps some fixation). After about two minutes, he gave up and excused himself as he said he needed to use an upper area of his leg. He got up from the dark corner of the garage and moved towards the dim light, dropped his trousers and kneeled. He held the needle in his right hand and pierced the skin on his

upper left leg. Again, he dug around in the same area, withdrawing the needle slowly and putting it back in to try and find a vein. By now the syringe was dark red with blood. He was kneeling for about four minutes. I kept looking over my shoulder as we were right in the middle of a car park. He then gave up on that and did his trousers up. He came back to the former spot, sat down, pulled up his trousers on his other leg and tried in his calf muscle. I didn't see exactly what he did but he seemed to find the vein quickly. About 20 seconds after injection, he said he jaw felt numb and he said it was *"good shit"*. We talked until about 3am and then I cycled home. [11.12.04]

These two groups may not necessarily remain static either because, from time to time, crack users might get a 'touch' which often results in a heavy crack binge. For example, a month or so later, mysteriously Scruff said he had received £5,000 from his aunt and decided to live the 'high life' for a while. Whether this was the case, I will never know but he did end up indulging in hotels, casinos, sex, and, of course, crack. However, it was not long before the old lifestyle beckoned:

When I met Scruff at the hotel, I didn't recognise him. He had had a haircut, shave, and had bought new clothes – the problem was he still smelt quite bad and was wobbling all over the place in the hotel lobby. He looked slightly healthier but thinner and he had some scabs behind his ear. We went to the fourth floor and as I walked into the £80-a-night room there was a young looking girl on the bed, sitting there smiling. She introduced herself as Pix. She felt awkward and was quiet. Scruff kept talking to me and when she spoke he interrupted. Pix said she was 24, had been using crack and heroin since she was 14, had been selling body since she was 16 and had been raped by a gang of dealers last year and as a result has a child which her mum cared for...her family, she said, had cast her away. As I walked in the room, it smelt of body odour and there were used syringes, ash and crack pipes on the side desk. Scruff was hot and took his jumper off to reveal his thin body. I could see his bones and the blue veins running down the front of his stomach. I then saw a syringe needle on the floor which had broken off – I pointed it out and Pix warned me not to touch it yet picked it up with her bare hands. When Scruff started talking how he had spent £1500 the other day, she started crying. He didn't seem to notice. Scruff decided he wanted to score some crack, and although he owed one dealer £100, he still phoned and asked to meet him outside to score a one on one. I wasn't sure what he was planning because he didn't seem to have any money whatsoever – it had all gone on hotels, casinos and sex. Still he made the call and went to go and meet Gerry. When he left,

> Pix started talking about her drug use. She showed me her arms where she had injected. There were no marks on the main section of the arm but where the arm bent there were some abscesses. She then lifted up her t-shirt to reveal how thin she was and then undid her belt and pulled her trousers down – she had two scabs almost symmetrical to each other on the groin where she had been injecting. They were a yellow colour. Scruff returned and sat down quickly – he immediately started to unpack the small wrapper of crack while Pix faced the television and looked disinterested. He reached for his glass pipe and stuffed a bit of gauze in the top of it. He managed to get 2-3 lumps of a £10 rock on to the gauze and flicked the lighter underneath it to melt it into the gauze. Immediately after, Scruff started to 'act digi' [muscle spasms] and his face started moving around in jerky motions. [Field notes 7.1.05]

Less than two weeks later he was hospitalised for severe vein problems. Soon after, he checked himself out and returned to begging on the street. All the money he had was gone. In most cases, a 'touch' seems only temporarily alleviates low status. Equally, when crack user networks are disrupted (Chapter 8), there are implications for where and with whom crack users deal and use. In this example, Flick and Blood, who often relied on Bones's access to 'high-quality' crack through some Afghan dealers, had to make alternative arrangements with dealers they didn't know in the same housing block when Bones got arrested:

> When we reached the bottom of Flick's block of flats, the runner came down and coughed up two small packages out of his mouth. Blood complained about the size and was told that was all that was available as they were *"reloading"*. The rock looked very small, even by £10 standards. The runner shrugged his shoulders and Blood quickly accepted the deal. They both looked around and the deal was done in the hallway of the tower block – all because Blood couldn't wait and the Afghans couldn't be used. [2.10.04]

Consequently, as Flick saw it, this meant greater risks to his 'safe haven', as Blood was to learn a few days later:

> We arrived at Flick's at about 11am and telephoned the dealer [in the block below]. We went down to reception area of the block and a runner came down dressed in sports trousers and a vest – he beckoned us through near to the lifts. Blood wanted two one-on-one's (one for him and one for Flick). The runner didn't even look at me but apparently said not to meet with another person there (me or anyone). Nothing much was said between them to start with and the rocks looked a lot bigger than the

ones Blood got a few days earlier. As the runner went back in the lift he said to Blood *"only come here when I tell you to"* and Blood replied *"I have a mate here so I come here when I want"* and then laughed slightly. The lift was closing on the runner as this was said and he then came out and said *"What's that, blood? Do you think it's funny? Are you fucking laughing at me?"* He grabbed Blood and pushed him into the other empty lift and put his hand on his trouser pocket to insinuate he had a knife. The runner banged Blood's head against the lift then Blood started nodding, saying he understood. After this, Blood said he wouldn't deal with him again – then two hours later was saying he was going to phone them to score again. [4.10.04]

These crack user hierarchies also seem to have implications for the day-to-day experience of using crack in the crack scene. For the professional, organised groups and entrepreneurs, life seems relatively comfortable as access to quality crack is plentiful and the benefits of high-funding capabilities reap benefits. Nevertheless, as we have seen, this can quite quickly change (Chapter 6). However, for the Low life - the ad-hock, disorganised groups, 'ponces', or 'crack heads' - daily existence seems to be particularly volatile as the next section highlights.

The day-to-day experience of using crack in the crack scene

For the lower end of the crack-using population – the Low life - the day-to-day goal of using crack (Preble and Casey, 1969) appears to be jeopardised by the pressured interactions of the crack scene. In particular, paranoia, mistrust, violence and victimisation seem to be high among this group (Agar, 2003; Anderson, 1990; Bourgois, 1995; Bourgois and Schonberg, 2009). In many respects, such interactions seem to be part and parcel of the fabric of the crack scene culture and, as a consequence, also seem to become part social and cultural framework of individuals who navigate this space (Bourdieu, 1984; Chapter 9; Friedman *et al.*, 1998). These unpredictable and, often, violent micro-interactions, however, are further shaped by social control mechanisms (Chapter 8) and crack-using environments (Duff, 2007). For now, attention is devoted to the latter with special consideration for the impact on the individual.

Crack scene environments

Thus far, it appears that those at the lower end of the crack scene seem to be more vulnerable to volatile social interactions (Bourgois, 1995; this Chapter; Dunlap, 1995; Matza, 1969). In addition, this group seem to express dissatisfaction with regard to crack-taking

experiences. While social control mechanisms (law enforcement and aggressive social policies) also influence these interactions and cultural practices (Chapter 8), it also seems to be the social dimensions of these environments which also affect these individuals (Duff, 2009; Schwandt, 2001); in particular, how such environments foster feelings of individual insecurity, shame and anxiety (Chapter 9), and how this, in turn, impacts on interactions, practices and individual identities (Bourgois, 1995; Duff, 2009; Parkin and Coomber, 2009; Rhodes *et al.,* 2007). Crack scene environments are public settings, temporary accommodation and crack houses. Attention is firstly given to public settings, before an examination of temporary accommodation and crack houses is presented.

Public settings

While crack users in this sample make an effort to find secure crack-using spaces, quite often, such environments are either unavailable or unknown to them – especially among the Low life. These crack users tend not to hold rank and are often left to locate improvised settings to use crack. Many seek out public settings, and while there is some attempt to minimise risk of public visibility – so to avoid detection and affirmation of deviant activities – some seem to have become de-sensitised to using crack in public settings. This appears to occur in the crack-taking moment and, over time, seems to confirm of the normalcy of their practices; that is, being exposed to the public gaze does not necessarily seem to stimulate individual feelings of shame and anxiety. An example of this is highlighted through one such public crack-using experience with Cuz and Gums:

> The hostel's policy was 'no drugs or alcohol on site'. Although one could take the risk, there was also the danger of being interrupted or pestered for drugs by other hostel residents. Similarly, the 'Safer Rivertown Policies' had also put more police on the streets and there was a genuine paranoia that police intrusion was imminent (Chapter 8). So when Cuz and Gums scored crack and heroin nearby the hostel, there were few options for a crack-smoking venue. On a cold and windy day, they settled behind some shrub-like bushes in a small public garden and tried to smoke crack. I crouched with them behind the semi-naked bushes but thought we must have looked pretty stupid trying to hide because we were in complete view of some people eating their lunch, someone waiting in a car across the road and a few young people smoking cannabis on a bench nearby. While both Gums and Cuz seemed to have locked out the

rest of their social surroundings, I seemed more concerned about our visibility. As we attempted to get comfortable, I switched on the tape recorder:

Gums: [Attempting to place crack in gauze on crack pipe] *Yeah. It's a bit slow – it doesn't fly off if you see what I mean. Put the card next to it. Hold the card next to it and I'll push it on. Go on.*

Cuz: [Crack falls off] *Oh for fuck's sake man!*

Dan: *They aren't taking drugs as well are they?*

Cuz: *Yeah. They're smoking cannabis.*

Gums: *What I mean is you've got my back behind me? You can see behind me?*

Dan: [I move to shield their activities from the wind – not from the members of public] *Yeah, yeah. That's what I mean, yeah.*

Gums: *You don't have to worry if anyone comes, if someone runs over.*

Cuz: [As he is about to smoke his pipe] *Right I'll see you the other side if the wind fucking don't get it before.*

Gums: *That's what I was going to say. Melt it with your hand.*

Cuz: [Wind blows strongly] *Oh you slag, you bastard it's gone. Hold that one as well.*

Gums: *I've got it* [the crack rock]. *Melt it quickly with your hand* [into the gauze to secure it].

Cuz: *Fucking wind! It ain't going to let me do this, is it?*

Dan: *Do you want me to come around there?* [to improve the shelter from the wind]

Gums: *No you're alright where you are.*

Cuz: *What's the lighter like? It only just took – just this fucking minute. I've got it stuck on my hand now. It don't want me to do this for some fucked up reason.*

Dan: *Ok?*

Cuz: *Let me get all that. I got a little bit of it. Oh mate! Look it's stuck on there* [too far down the gauze]

Gums: *Yeah I know.*

Cuz: *What a fucking shame, eh? Wasting lots of money and I can't even get a decent pipe.*

The frustration of losing a 'smoke' seems to override the potential shame of being 'in view' of other members of the public. In another example, I reflect on a drug deal with Tooth who had scored some crack and heroin, and was eager to find a location to smoke. Having recently been released from prison, and without access to Cuddle's flat, he resorts to looking for an estate stairway to smoke. We walked on to an estate which he said was 'notorious' for drugs. My field notes recorded the order of events:

> We tried a few doors but they were locked. As we tried other doors, the council workers loading up the rubbish looked at us but Tooth didn't even look at them and we just tried to maintain a normal conversation. We finally had a bit of luck when someone came out of the estate block and we had access to the building. We went up the stairs to the first floor. He reflected on how warm it was in there because he used to sleep there. Some residents even used to give him food from time to time. He walked up to the top floor to check no one was on the corridor, although I have to say it would be pretty obvious what he would be doing should someone pass. He opened up his foil and placed both the crack and heroin in the middle. He mixed it together and it formed a light brown colour and ran quicker [when heroin only was smoked on the foil]. The foil was very thin, and had burnt holes in some places. His hands and fingers also looked burnt. He said that he had burnt holes in the foil before and it the drug solution had dripped on his leg, burnt through the skin and left scars. We started to hear a woman walk up the stairs, he quickly folded up the foil and put in his pocket and we continued our conversation. While Tooth seemed to show some discomfort at the interruption it seemed like it was a normal occurrence. The woman said nothing and I apologised for blocking the stairs. It took him about 10 minutes to finish it as he kept talking in between. [30.11.04]

For these crack users, using crack in public settings does not appear to raise levels of shame and anxiety in the crack-taking moment. This study shows that, to some degree, some crack users de-sensitise themselves in these moments perhaps in an effort to normalise their

practices (Sykes and Matza, 1957). Some are used to making use of improvised public settings to use crack and, as a consequence, seem to have adapted to the potential for public exposure. As Rose (1993) and Butler (1990) note, social identities are produced and reproduced through the repetition of performative acts in public. In the context of this study, some crack users activities in public settings therefore seem to authenticate crack taking which serves to weaken social identities of the 'crack head' (Nelson, 1999; Chapter 9). Therefore, the more normal they may consider their practices, the more they may convince themselves that there is nothing inherently wrong about what they do.

Temporary accommodation

Thus far, various environments in the crack scene support tense social interactions and have implications for the crack-using experience and individual identities. This was also the case for crack users in different forms of temporary accommodation. Here, crack users are concentrated in a geographical space and are bound to restrictive rules. In addition, many have come to know each other in that same space. At the same time, however, many of those in temporary accommodation have years to wait for move-on accommodation and one quite normal way to pass time, as they see it, is to take crack and other drugs. Consequently, many in these locations not only engage in crack use but are also vulnerable to other drug and risk practices (Briggs *et al.*, 2009; Rhodes *et al.*, 2006; Rhodes *et al.*, 2007). These specific social pressures seem to impact on individuals because the day-to-day social interactions in these environments also assist in identity construction (Matza, 1969) and negatively impact on crack career trajectories (Malchy *et al.*, 2008; Moore and Dietze 2005). Moreover, as with public settings, they also have negative implications for the crack-using experience.

This seemed to be evident when Shake and I went to score crack and heroin from a dealer in a local hostel. Having left the bus, we crossed the road to a hostel where I waited outside while he went inside. The dim street lighting hinted that dusk was approaching. A few minutes later, Shake came back and said we had to wait. 'Clucking' badly from withdrawal from crack and heroin, the sun was setting over his chances of a 'daylight fix'. We went in a second time, and passed a man on the stairs who acknowledged us, then went down to a basement room which was lit only by the fading light from a small window in the corner:

> Shake put his drugs and paraphernalia on a flat door in the centre and went for a piss in the enclosed area. I started looking around at the paraphernalia on the floor. Some syringes had needles, others hadn't. There were tissues with blood stains on, empty

citric packets, a few plastic crack pipes and another couple of extra strong beer cans. Shake maintained that he alone used the room but when I saw the needles he used, I remembered seeing different sizes in the room. Maybe he was convinced it was his spot?

Feeling nervous but trying not to show it, I directed the light to the spot where he had started to rummage through his paraphernalia. He began to 'cook up' the crack. This process did not involve heating the crack but just mixing it with citric and injectable water. He was clumsy in tearing out the filter. At first, he tore one that was too small and found it difficult to draw the crack substance into the syringe. Showing mild frustration he cut out a second filter. I got the impression the process was hurried because he 'wanted it':

> He stood up and quickly undid his trousers and dropped them slightly so the veins were free on the groin...He then put the needle to the area of the vein. I kept looking at the door to see if there was a shadow overlooking the light but there was only the noise of the police cars outside.
>
> I angled my torch so he could see whether he had found the vein. He injected. In his hurry, however, he forgot to prepare a swab to prevent the blood from leaking from the vein and frantically lent forward to rummage in his bag while the needle and syringe hung from his groin. He complained and said that *"it shouldn't be done like this in these circumstances"*, and blamed the crack for his impulsiveness:
>
> His legs started to bend and in the dark I could see him staring at the floor. He started to dribble and his legs started shaking slightly. He started talking as he was shaking and saying the environment was *"all wrong"*. He said he wasn't enjoying the buzz and I wasn't sure whether it was because I was there or because some form of paranoia was kicking in.

It was at this moment that he stooped again and started to prepare the heroin injection. Motivated to *"put it right"*, as he said, he started heating the heroin. Further frustration came when the metal spoon he had received from a drug service heated too quickly and burnt his fingers. I felt that someone was going to walk in but maybe it was because as Shake had said when we entered that *"anyone could come in, and anything could happen"*. It didn't seem to help the situation when I pointed out evidence of other people's needles and crack pipes on the floor. Once he had injected the heroin he put all the equipment away and with relief said: *"they* [the police] *can't do anything now, they're not going to approach me with a needle"*. I

was sure that the constant police sirens outside did not help the process because he started to accuse me of being a copper. In this example, crack-using environments seem to perpetuate insecurity, individual feelings of anxiety and risk practices (Rhodes *et al.*, 2007).

Such environments, however, also have implications for crack careers; in particular, movements between modes of crack use and involvement in risk behaviours (Briggs *et al.*, 2009). In this example, the danger of ad-hock drug-using alliances is evident in the hostel setting:

> Ish was desperate to score crack and heroin but did not have sufficient funds. He was frantically knocking on each hostel resident's door in an effort to persuade them to share their drugs with him. The only person who would, however, was Tooth. Without much discussion, they pooled their resources to claim a one on one. It was only after they had done this that they faced a dilemma; Tooth injected drugs and Ish didn't (anymore). For some reason, Ish realised this after the drugs had been mixed and cooked up together in one spoon. To make matters worse, Ish didn't have any injecting equipment. He wrapped the tourniquet around his arm and tried to inject into his hand with Tooth's used needle. The prospect of this made him anxious; he was sweating vigorously but this was his 'only' option he reasoned. Reluctantly, he injected himself. Ish was already worried that he would return to injecting crack and heroin on a daily basis while staying in the hostel. However, this moment was not in isolation because he had recently tried the 'groin injection'. The experience, however, did not go according to plan:
>
> **Ish:** *I don't know. They think going in the groin you get a better rush – a better buzz – but you don't. It's all just the same.*
>
> **Cuz:** *They just want it in there. They just want a vein and they get so frustrated because there's no veins and they think "Oh yeah. There's the main vein there" you're talking five years and then it's dead. So they've got five years on one side, then another five years on the other.*
>
> **Ish:** *I'll tell you what. My mate went in there once and he hit my artery and that's why I would never go near my groin.*
>
> **Dan:** *You watched it?*

Ish: *He put it in me.*

Dan: *Serious?*

Ish: *He got me. He was going to get me but he hit my artery. That's why I'm so scared of putting needles in my neck because of the artery. I'm too young. I don't want to die. I'm waiting for detox. I'm going from detox to rehabilitation service but I'm waiting to get myself off all this.*

In this example, the environment acts as a facilitator to the behaviours (Duff, 2009) and has the potential to alter crack careers through the involvement in risk behaviours in temporary accommodation (Briggs *et al.*, 2009). In addition, because crack use is so frequently interrupted in these social settings (or crack users suspect there is that potential), there are few narratives of satisfaction. When crack-taking moments are disturbed or things fail to go 'according to plan', the completion of the day's goals appear to be hindered (Preble and Casey, 1969) and this appears to amplify feelings of personal insecurity among crack users (Rhodes *et al.*, 2007). Similarly, while crack users seem to stave off ontological insecurity by completing these processes (Giddens, 1991; Lasch, 1985), it is further complicated by the necessity to establish 'adequate' conditions in which to undertake the process: the crack 'buzz' is not enjoyed if the environment is 'not right'. However, it is evident thus far, very few environments offer this social stability – especially for those who seem to occupy the lower end of the crack scene – the Low life. A similar form of anxiety and paranoia amplification also takes place in crack houses.

The crack house

Interpretations of the 'crack house' often stem from subjective experiences associated with particular moments in the crack using career:

A crack house is whatever people decide is a crack house. That's the whole thing about the drug; there is no "haves" and have nots". It's all about peoples' perceptions and peoples illusions. There are no "haves" and "have nots" and rules. [Scruff]

I mean, there are generally places that would fit my understanding of what the term [crack house] *evokes for me, you know, which is a sort of crack dedicated, crack smoking den or crack, you know, crack smoking den. But, you know, there certainly are places like that, but I think the label refers to more than that. And I think that*

users would refer to a crack house to mean one of the really chaotic places where people are primarily doing crack, but doing other things as well. So the squat locations where everything goes, anyone known can come and go, things like that. [Philo]

Although, there is some ambiguity over the term 'crack house', crack users generally agree it is a place where crack is either used or dealt (or both) (Inciardi, 1995):

It can be a flat or squat or anything yeah. A place where you can go and smoke your drugs, that is a crack house. Or you can go in, buy, score your crack and smoke it. You don't have to smoke it there but it is up to you. There are other places which just deal through the door. Most crack houses have about 15-20 people. I know, I had one myself. It was on the local estate here about 18 months to two years ago. Because I was using drugs, I had a couple of people approach me and ask me if they could use my premises, Jamaicans yeah? They would pay me in drugs and that was how it started. People started coming quick and before I know it people are smoking there 24 hours a day, prostitutes in there doing services, complete madhouse. It was my dad's flat. He doesn't smoke, he is a boozer. He wasn't bothered as long as he got some. A lot of these crack houses they are only open for three or four months. There is so much activity going on, that the police catch on but as soon as one closes down, another opens up. It all got out of hand within a couple of weeks. People were smoking in the kitchen, bedroom, girls in the toilets giving services for money or crack. [Shake]

You find a crack house that you like because crack houses are different. You've got crack houses where you just smoke white. You've got crack houses where they do white and brown. You've got crack houses where they do white and brown and they let people fix. You've got crack houses that are mainly men. Yankee uses the one which is just for women. You've got crack houses where – some of them are nice. Some of them are grotty. Some of them are nice like this when they start out. Some of them are squats. [BD]

This ambiguity of definition seems convenient because most crack users in this sample don't want to associate themselves with the crack house because it symbolises stigma and shame (Parkin and Coomber, 2009) - for the same reasons, crack users refute association with the term 'crack head' (Chapter 9). UK literature suggests that crack houses are where

crack users develop a sense of belonging, and, because of this, they prefer to use crack in crack houses (Burgess, 2003; GLADA, 2004; Webster *et al.*, 2001). In this study, however, very few crack users confess that the crack house plays a significant role in their day-to-day lives. The few that do link it to the upkeep of a social status across the hierarchy of the crack scene (Chapter 9):

> **Dan:** *Do you feel attached to the crack house?*
>
> **Iverson:** *Oh yeah, yeah, yeah, because that is the only place you feel safe. It is the only place you can carry out your madness and it is the place you get used to. You get money, you head straight there because I need to show them, I am still functioning, to show people that you are alive, your courage, so you can think "yeah, I am rich today and today I am telling the truth" because they expect you to be lying.*

Crack houses are generally considered to be paranoid and dangerous environments and many reflect that taking crack in these environments is not enjoyable. Many have either experienced or witnessed harassment, intimidation, violence and victimisation between other crack users and/or crack dealers:

> **Sneaks:** *Yeah and basically said "He* [the dealer] *can't go nowhere. He's locked off. He's working for us. He's fucked. He's staying here. We'll let you go when we want you to go". He's locked up there for he don't know how long for. So what he went and did was started to nick the money and nicking the smoke or saying that he didn't understand sterling from Jamaican dollars and this or that* [when he received deliveries of crack]. *Then he used to have his crack girlfriend. He'd be in the front room but then he would have two or three girlfriends. No girls that come in the house and you let them have crack and they have to pay you back. He'd give them crack and they'd have to get around him to pay him back in sexual favours. He started giving away crack and sending money from western union to Jamaica. So he was taking the piss for about three months. So this is about nine months back that they asked me to run it.*
>
> **Dan:** *Long time for a house.*
>
> **Sneaks:** *Yeah. They were running it for a long time. A couple of brothers and cousins. They were the main men – the bosses above him. One of them he* [the dealer in the house] *ripped off about two grand and he came in. It was madness. I was in bed sleeping. There was only me there. His crack girlfriend was in hospital the day*

before. He went up to the hospital with her because she had an asthma attack so we took her up the hospital and she stayed there overnight. The geezer came in and kicked down the door and said "where's the money? Where's my money from last night's work?" It was about three hundred pounds short. "Oh well that's got nothing to do with me. You take that up with so-and-so." "Where's my money?" the guy said. It's a panic now. It's not enough money and he's brought out some stones, and brought out some other stones and the geezer's realised that he's not just selling East End stones he's selling Arabic stones as well so it kicked off. He got held down in the front room. He got his nose cut right across here with a knife – right across there [shows me]. *You know like Kermit the Frog's nose? Mouth and that's how his nose opens. Now he's in shock now and I got cut "Sneaks, where's the key, where's the key, where's the key?" I don't know where the key is. He's scared now. He wants to get out "I don't know where the key is. I don't know where the key is". He panics. Can't get out so he's jumped out the bedroom window. We're on the first floor. He's run off. I've got a couple of cuts on my head. I've looked in the mirror and said to myself, "that ain't too bad. You'll live". So I've gone to – he's my mate now because we've got friendly now – I've gone to the dealer "let's have a look" and when he's let go his nose has just fallen over and I ran in the bathroom and got flannel, soap, towels. "Hold it over your nose like that". We've got a phone in the house, phoned the ambulance. "What's happened?" "Yeah there's been an assault. A geezer with the house has been cut with a knife, I've been cut with a knife, need an ambulance". So that's the call that I made but now if there's an assault over the phone the police come automatically. Well the ambulance came and the police came and I said "no. I can get out of this now" and we're taken off to hospital and I still can't get out of it. He's got to give some story about how he's fucked about with some crack girlfriend's ...the geezer who users crack has fucked about with his girlfriend and the boyfriend's come and chopped him up yeah? Then the police have come to me "is that what's happened?" and I'm like "yeah that's what's happened". This was after about nine months. He's still in hospital. I'm back at the house by about three o'clock that afternoon and I found some stones on the floor so I thought "this is me mate. I'm taking this for my injuries" so I took about four so I'm in the bedroom smoking indoors getting nervous, people coming to buy stones and the dealers came with the girl who was in the hospital with the asthma attack. They contacted her. She got let out that morning but, when they were knocking, I didn't know who it was so I wasn't*

letting no-one in. What I worked out was that they came back with her and she knocked on the door "Sneaks, Sneaks, it's me" and I've let her in because it's her and two of them have bundled in behind and they're like "Oh Sneaks, Sneaks let's have a look. Someone did that to you. It's mad. Well we can't have any more selling here. It's getting too mad. It's getting too dangerous - fucking crazy.

For this reason, very few crack users in this study consider these environments to hold safe sanctuary away from the pressures of the crack scene. Indeed, many crack houses are small flats; some housing as many as 20 crack users. These small spatial dimensions only seem to amplify interactions and increase risk through disputes, violence and victimisation (Inciardi, 1995; Williams, 1990). Many recognise the potential risks of using crack in these environments because they feel everyone is only concerned with getting as much crack as possible:

I don't like all the mix-up. There's a lot of mix-up in there [crack houses]. *There's a lot of arguments in there. You can just go to a crack house and you can hear the noise as you're coming up to it. There's people arguing "No, that's mine. That's my cigarette." That atmosphere is a total nightmare. You'll find everyone's your best friend in these places, especially if somebody walks in who's got money. They're bang on that person and it's just total madness.* [Halle]

Yeah I have and that's another thing why I don't like sitting in crack houses – people are injecting and you don't know what they've got. I'm clean. I haven't got anything and neither has my husband but I still wouldn't sit in a crack house because you don't know what's in the seats, if needles are lying about and that. [Mary]

The level of enjoyment crack users associate with using crack in crack houses seems to correlate with different points in the crack career (Falck *et al.*, 2007) and their ability to deal with situational pressures. Former recreational crack users acknowledge that when they used the drug at weekends, – when they considered it to be 'unproblematic', and when the deviancy of their actions in various environments did not mirror aspects of a 'spoilt' identity (Chapter 9) – they tended to disassociate themselves from the 'crack heads' in 'crack houses'. Here, Funky D, who was in recovery at the time of the fieldwork, reflects on using crack in 'private flats' which was, of course, different to using crack in a 'crack house'. Note how she only starts to acknowledge that she used 'crack houses' when she had 'no choice' when really her crack use had started to increase dramatically:

Funky D: *I started to smoke with my sister* [in 1995].

Dan: *What? In her flat?*

Funky D: *In her flat yeah – which I knew was safe. Nobody would come knocking at her door any minute. She smoked so I felt kind of safe there.*
Dan: *Comfortable?*

Funky D: *Comfortable and, as I went along, I found I did a lot of smoking with an African guy in South London. Remember these areas are between us but nobody knew about this man. Do you understand? It's not like everyone knew Charlie. He lives at number 30. Everyone goes in there, running their own smoke and runs off again so I felt quite safe there and then I did a lot of my smoking there. I'd go and make my money, score around the corner from there and I'm comfortable. I feel like I'm in a shell. I feel like I was in a shell.*

Charlie's *"comfortable environment"*, however, was not always available. This prompted her to think otherwise: she said *"Where am I going to go? I'm not going to a crack house. I'd think I remember. Ray. Yeah. Down to Ray's."* Ray was a safe bet because she was not disturbed and it was important for Funky D to have a calm smoking atmosphere. However, Ray was not always around, and towards the end of the 1990s, Funky D had to negotiate different spaces in the crack scene. She didn't want family or friends to know about her activities and didn't want to smoke in 'crack houses' but said she had, on occasions *"no choice"*. It was in these situations in which she missed the safety and security of Charlie or Ray's residence. As she lost her entrepreneurial capabilities in funding crack through careless mistakes when shoplifting after long binges, she said she found herself among different *"smoking partners"* in different premises. She said they started to take advantage of her even though she said she *"played by the rules"*:

Playing tricks on you because it's the way. That's why it's so important to get your lick because if you don't and if you get put off your track you'll fucking lose it. It's happened to me because this guy that I used to smoke with he started playing with my mind big-time. Really, really big-time. He played with my mind big-time. I was going out and grafting all the money because that's what I did anyway. When I was smoking reefs I'd go out, make my money and come back and I was very kind when I was smoking. I'd throw you a couple of rocks and if I needed something I'd call and go

and get us some more and I didn't ask "put five down, put ten down, put twenty down". I'm not like that. If I've got it "here are you can have yours" and., not only that, I respected that I'm in your house as well because, at the end of the day, I'm in your house smoking. I can't be blazing in front of you and not offer you something. Do you get me? But he played on this. He really played on this and, when the drugs finished, he would treat me like shit. He'd watch and see that it's coming to the last one and I'd give him a bit – it might be my last pipe or my last stone – and he'd start "Oh have you finished? Have you finished Funky D?" I'm like "hang on a minute. Let me just get my ..." and that's why it's so important and, what he was doing was, if I didn't get that last bit properly he knew that he'd disturbed me and he knew that I'd have to go out and get more because I didn't just enjoy my last one and that was my last one and this is how that man would play with my mind so you know what that kept making me do? Run out around the clock.

Convinced she would not return, however, Funky D continued smoking there *"on and off for about two years"*. While she said she continued to have a *"few little brushes in crack houses"* increasingly she sought *"private smokes."* Still, crack smoking in these flats was not associated with 'crack houses':

It's just me and maybe just the person and we're having our smoke, we're smoking our pipe and we're having a chat, - we've got the telly on. That's what I call private...but that's the things that go on in crack houses and I think those are the things why its so violent in crack houses because you get people "fucking up your buzz" they call it. They "fuck up your buzz" and a person will just fuck up your buzz because they want to be spiteful. They might be sitting there and they ain't got a rock and they ask you "give us a pipe. Give us a pipe Mark" and Mark goes "I ain't got none. I've just come in off the road and I just bought a twenty so I can't do it. I can't give you a pipe". You know what I'd do? I'd wait for you to set up that bottle and you'd have a lick. "Can I finish that?" and it's all psychological but, had I given you some of my crack me and you would have been the best of mates. You might have respected my lick. Do you get me?

Reasoning that smoking at Charlie's or Ray's was *"private"* because it was only a few people, Funky D said it was this which contributed to people *"going in and out"* of crack houses because they had not *"got it* [the buzz] *right"*. For this group (High society), their

perception of what they do in crack houses is different to those who use crack 'problematically' (Low life). Their limited spending powers, perceived low social status in the crack scene, extreme focus on using crack, and vulnerability for manipulation and victimisation all seem to have more severe implications in the crack house; particularly for women as G indicates:

> **G:** *Yeah. That's where I'm coming from. I've always called it "washed rocks". I take a hit and can't move for about three quarters of an hour and that was done to the quality of what we used to be able to get back in those days and you used to be able to wash it ourselves. Back in those days you couldn't go out on the road like you could today and go and buy something that's already washed and it's called crack and I think the reason that it's called crack and why there's a difference between crack and washed rocks is that crack it's the way it's prepared. If you've got something and you don't know how it's prepared nine times out of ten it's not going to be good and that's one of the main differences in quality of crack in those days to like what's going on today. Like today's crack houses are filled with prostitutes. Prostitutes run the crack houses. They're what – when I say run the crack houses – they're what give the dealers their profit. Ninety percent of the men that hang out in crack houses are dopefiends, ponces who like this thing, can't maintain their habit, are tired of going to prison and effectively are scared to put themselves on offer to earn a pound note so what they do is terrorise the girls so, if you think of that scenario, how could one possibly enjoy a drug in that...*
>
> [Pause]
>
> **Dan:** *...environment.*
>
> **G:** *...in that environment and that is the danger of what's going on now in crack houses or why you'll see some people shooting up on steps or in phone boxes. A typical scenario: a girl will go out, she'll do a punter and she thinks that Tom or Harry might be at the crack house she'll try and avoid it but that'll be difficult if she knows the dealer's there. Oh she'll go there and try and get something and try and hide it in her bra or wherever and it's that sort of mad scenario there that's terrible or girls bringing back punters, yeah? This is where you need to be careful now. You're doing the research on this sort of thing, yeah, and you end up back in the crack house and you're not supervised by someone who's familiar in that area it'll be*

dangerous for you; things like; given that I've just said to you that ninety percent of the people are men. Let's talk about the men. Ninety percent of the men that go to crack houses nowadays are just people that are addicted to crack mentally, you know it's a mental addiction, and they can't afford it so they'll do anything so I'm saying you'll liable to be stripped or even this – they can sell that – they want anything. These are the main differences to back in the day to what's going on today. That's what I told you. What I said to you amounts to that. I didn't use those exact words but you think about what I've said, yeah? Crack houses have got ninety percent of the men. The men in there who can't afford to buy anything apart from when they get their giro or some little madness might happen on the road. It's the women that go out and do punters that keep crack houses running and give the dealers their money. It's the women. It's like these men that are there are just there to terrorise the girls. That's why it's classed as the lowest of the low.

This does not necessarily affect the way in which all individuals and groups interact in crack houses. Some recognise that exposure to different types of 'crack house', as Funky D explained, seems to affect how *they* behave in other venues as well across the crack scene. Similarly:

I think it depends on who is around. Who you hang around with that smokes. If you go around people that act differently, you will behave like them and that is a fact. I used to be around people that would smoke in spliffs. Me I'm terrible, I can't handle it. I think people are after me "you're going to nick my pipe". I get paranoid. I never used to be like that but that's what happens when you mix with people that do that. That's what having people around does – you pick up their habits. [Bruv]

Some seem to develop situational coping mechanisms (like those who use crack in public settings) which lock out the potential volatility of interactions in the crack house. They say they do this to experience the 'crack buzz':

Shy H: *Yeah. I mean I never liked it even when I was in the crack houses I was like "what am I doing here?" and I knew what was going down* [happening]. *I knew everyone was trying to take advantage and stuff but I'd go because I wanted the drug.*

Dan: *When you used in the crack houses were you having a bad buzz in the house?*

Shy H: *It depends. When I'm on it I can just cut out. That's why it took me (why it went on for such a long time) and I could just cut out wherever I was. I was fine and never got carried away. It was only when I ....*

Dan: *....came down?*

Shy H: *Yeah came down and when it ran out that's when it really hit home.*

This 'zoning out' capability may have long-term implications for the individual because it may foster individual distance from the crack scene and mainstream society (Chapter 11). Moreover, the realisation that crack supply has diminished creates deep depression and personal anxiety which is exacerbated by the social pressures from others in the crack house. Some panic and get volatile. Some look at ways to trick others out of crack/money. Others, as discussed, respond by mobilising a way of 'zoning out' the pressured interactions which enables them to experience/enjoy the 'crack buzz'. It was evident earlier in the chapter, tailoring this ability to lock out the world may help them in similar contexts when using crack in public or other environments. So for the Low life, while crack houses are risky places to go, they seem to be places where many end up going. In crack houses populated by the Low life, crack users report strewn syringes, needles and crack pipes, and blood stains which seem to act as symbolisms of stigma which reflect directly on to the core identity of the crack user (Chapter 9; Duff, 2009). Being in these environments, with these 'people', among these symbols of stigma, seems to affect the crack-using experience and heighten feelings of risk and anxiety:

Ish: *It's a squat. They use it as a crack house. They've got into there and they've opened it up as a crack house for themselves so really its no-ones. Anyone who's there shares it.*

Dan: *Anyone's and everyone's. So I could just walk in there?*

Ish: *Yeah. We could go now.*

Dan: *Ok, but basically there are no rules.*

Ish: *No rules. In this crack house you can smoke and you can inject in front of each other.*

Dan: *OK what about the state of the property? I'm just thinking this place must be a fucking tip* [a mess].

Ish: *It is, it is. You've got needles and bottles everywhere – needles everywhere. They don't clear up. As I said I went in there once, yeah. When I first went in there I didn't like it because there were needles all over the place and a lot of them didn't have lids on them. They could have stabbed into me and I don't know if any of those people have got AIDs. I haven't exactly asked them. As soon as I went in there I had two pipes and I walked out. The lady went "where are you going?" and I said "well, I can't sit in here".*

Dan: *Right. So it's not the type of environment that you can relax in?*

Ish: *Even the way that I was injecting at the time....*

Dan: *Were you?*

Ish: *Yeah, but I was using my own. I wasn't using no-one elses but, as I said, I was smoking crack and I was banging up but I couldn't get a vein and I was smoking. If I could get a vein I could bang it up. At the end of the day if I put it in the works – the syringe and I can't get a vein it's wasted. It's gone down the drain and I've lost my drugs and it stresses me out and I go mad.*

In many narratives and observations of crack taking, diminishment of crack seems to be a stressful experience, but in crack houses, this pressure seems to be greater. No one, it seems, wants to be the one without crack in the crack house – especially in front of others (Williams, 1990). Otherwise, they might look redundant – they might look like that person who cannot work for themselves, who has to 'beg' and 'ponce' from others for more crack or a loan for crack. In short, it may confirm they are one of the Low life:

Iverson: *Smoking induces psychotic behaviour, so like when I smoke, my eyes go straight to the floor looking for the white bits and they are staring at the floor, I think it is to do with the drug but the crack heads, the ones lower down in the hierarchy, are the ones that get played upon. Tricked and so on. Try and distract you to get your crack – there will be violence if someone reaches into my space. There is a code of ethics and people know you should not do that, it is unheard of, if you do that in someone's crack house, you would get done for it, you would get beaten because there*

needs to be order. Like say we are smoking, in our house, we used to smoke from left to right and you come in and start blazing, you will get beaten for that. You shouldn't' do that, you should ask first. Maybe someone else will to gain favour from me, "don't do that, don't disrespect the man. The man is sharing out, wait your turn". Then they [Low life] *are sucking up to you, trying to put out your pipe and everything even though it is not what you want but you get used to it.*

Dan: *So you develop a behaviour to respond to it.*

Iverson: *Yes, you need it to make the drug work for you. You get praised, they say "we have been worried about you" and you think these are your friends and they are using friendly words to them. Some people might give but you never get back, because none of them give you it back so you work on your instincts but they are never right in these situations because you under false sense of security.*

The atmospheres in places such as public settings, temporary accommodation and crack houses seem to affect the individuals and their identities in these spaces (Duff, 2009). Some become paranoid and anxious; and this is manifested in the way in which they experience the 'buzz' and adopt behaviours to which they have been exposed:

Cradle: *Yeah because what I noticed as well was that I never used to get paranoid until one day this guy came around and it was like his paranoia rubbed off on me because he used to keep going "ssh!" and, after he left, that rubbed off on me and I started doing all that madness.*
Dan: *Really?*

Cradle: *If I was smoking crack I couldn't have no noise – nothing. That's why I stopped going smoking with people – no noise. No noise at all.*

However, these examples indicate that the environmental circumstances are rarely suitable so therefore individual anxieties and insecurities appear only to be amplified in such locations (Rhodes *et al.*, 2007). Instead this appears to drive many crack users to increasingly solitary conditions, paranoid that others are either 'out to get them'; are out to steal what little piece of the world they have; or disturb the very moment of the day in which they have risked everything. As Shy H succinctly summarises from her experiences in the crack house, it drives many to feel increasingly mistrustful and isolated:

It's a very antisocial drug [crack] *as well. Very anti-social. There's nothing good about it. It's, like I said, half the people* [in the crack house] *are all "ssh. Don't want to talk". Then the other half are talking. Talking to themselves, talking at people and it's like you can't have a friendship because all you're doing is watching how much they're taking and are they getting more than you? Anyone will backstab anyone just to get some more. So it's like that drug just takes all morals. Friendship, everything just goes out the window. You can start and you're fine with someone then, once you start smoking, towards the end it's like "you've had more than me" "No. You've had more than me" and that's what it's like and all you're doing is plotting a scam to get some of the other one. It's not a sociable drug.*

Conclusion

This chapter has described how the local crack market operates in Rivertown. It highlights how certain benefits seem to be available for high-earning crack users (High society), which, in turn, affect their access to crack supply. The interactions among this group are generally different to those which take place among the lower-end of the crack scene (Low life) – who seem to experience higher chances of violence, victimisation, and manipulation. However, as crack careers deteriorate (Chapter 6; Malchy *et al.*, 2008; Moore and Dietze 2005), so too, it seems, do hierarchical positions. Equally, at the same time, the importance of maintaining the crack-using experience seems to intensify because it means much more for the individual to maintain it (Giddens, 1990; 1991; Lasch, 1985). Here, many crack users further deny their position (Chapter 9) and attempt to make the most of their crack 'buzz' for which they have 'worked' all day (Preble and Casey, 1969). Any disturbance or threat of intrusion appears only to heighten feelings of insecurity (Rhodes *et al.*, 2007).

Some, like Cuz and Gums, may develop normative, emotional barriers when using crack which may deflect feelings of shame and difference (Maruna, 2001), while others don't seem able to develop such a framework and are far more vulnerable (Shake), and their crack-using experiences – as they construct them - seem more affected by socio-structural (Bourdieu, 1984) and environmental conditions (Duff, 2007). Therefore crack user identity construction also takes place in the cultural milieu of the crack scene (DeCorte, 2001; Dovey *et al.*, 2001; Fitzgerald, 2009; Rhodes *et al.*, 2007) and its environments (Duff, 2009; Fitzgerald, 2009; Schwandt, 2001; Zinberg, 1984) through reciprocal, interactional processes (Duff, 2007; Giddens, 1984; Rhodes, 2002). Indeed, these environments have a strong influence on crack user identities (Duff, 2009; Fitzgerald, 2009), because they appear to

amplify individual levels of shame, anxiety and insecurity (Rhodes *et al.*, 2007). For the Low life, these social experiences in these environments seem to become embedded in the every day practices of crack users (Friedman *et al.*, 1998; Bourdieu, 1984) and this is important because it has implications for how crack-using experiences are lived in relation to environment (Giddens, 1984). However, the crack scene and its interactions are further shaped by social control mechanisms (Chapter 8).

Chapter 8 – Crack use and social control

Introduction

Forms of social control arise because of the various problems crack users are perceived to present to the local community and to themselves (Chapter 2). Social policies and law enforcement drives are implemented in an attempt to improve the 'quality of life' for the wider community (Duff, 2009; O'Malley, 2008) while drug treatment approaches are designed to divert crack users away from their drug use and criminal activities (Chapter 2). However, the execution of the former seems to have negative consequences for crack users and the organisation of the crack scene (Chapter 7; Johnsen and Fitzpatrick, 2007). It is such policies which appear to thrust crack users into improvised crack-using environments (Chapter 7; Rhodes *et al.*, 2007), which has some bearing on crack users' well being and day-to-day drug-using practices (Bourdieu, 1984; Becker, 1963; Rhodes, 2002). The design of the latter, to some extent, also contributes to processes of social exclusion among crack users (Bourgois, 2003). Attention is firstly devoted to how this takes place through aggressive social policies, law enforcement drives and through the agencies designed to 'help' – drug support services.

Aggressive social policies

Crack users' social interactions in the crack scene seem to be exacerbated by hard-line social policies on drug users. In this study, two main policies appear to contribute to the significant displacement of crack users: the central government-driven Anti-Social Behaviour Act (2003) and local authority-driven Crack House Closure Protocols (2003). They derive from strategic justifications to target and resolve HCAs. Rivertown was thought to be one such area of concern and was identified by the government as a HCA in 2002. With the advent of the Anti-Social Behaviour Act (2003), many visible deviant and criminal activities such as begging, loitering, drug using or dealing, are targeted, and the police and authorities increasingly sought ASBOs on populations such as crack users (Matthews *et al.*, 2007). Some crack users indicate that this increases the pressure on them to offend in other ways. Funky D indicated how street drug users generally did little harm, in particular, those who 'begged' – although it was seen as 'immoral' and 'anti-social' by the authorities (Safer Rivertown Partnership, 2004a) and others in the crack scene (Chapter 7):

I look at it that begging, you're not doing any harm. If you don't want to give him nothing then you walk away. They don't say to you "fuck off, you tight cunt". They say "Be lucky." So there's no harm, a man sitting there who doesn't want to go out stealing. So really they should leave him alone. Why are they arresting him?

Moreover, the way in which the authorities go about seeking punitive sanctions for such groups also appear to use underhand threats of withdrawing funding from drug support services unless they cooperate with 'evidence gathering' on problem populations. Here, the manager of Assessment, Referral and Outreach Service reflects on the awkward position in which the agency was placed unless they supplied evidence against the 'dangerous street drinkers' (who also happened to be crack users):

Manager: *He* [councillor] *convened these multi-agency meetings which were quite effective and we had the Police, Drug and Alcohol Treatment Service 4, us, and a few other agencies if they turned up or wardens occasionally to try and address individuals who were being seen regularly but then the monitoring that went on in those meetings gradually became a kind of tick-list of loads of people getting ASBOs. So the monitoring, we weren't contributing figures to the meetings but were contributing kind of information about people's support needs.*

Dan: *Were you told that you were contributing information towards an ASBO?*

Manager: *Well, we were asked to and we said we wouldn't because what they wanted was evidence of people being seen on the street at a certain time with a can of beer and we weren't prepared to give that but they did ask us to.*

Dan: *Of course.*

Manager: *Well, no 'Of Course' at all. They thought 'Well we're funding you ... come on'* [laughs] *'Give us the information'*

Dan: *Geez!*

Manager: *They wanted us to serve the ABC's as well.*

Dan: *For them?*

Manager: *Yeah, so they wanted us to serve them to the drinkers and we again said that's not our role. We are the carrot in this equation and not the stick! You've got the*

Police and the Wardens so what do you need us to be nasty for? We are meant to be the nice guys! So we had quite a few run-ins with them over this and we really did have to face them down at times cos they were implying that they would get our funding if we didn't cooperate and we had to actually just bite the bullet and say 'Get on with it!'...sometimes there are places that you don't actually want to go and from our point of view we were really keen to work with that group but we didn't want to work with them under absolutely ANY circumstances - it just didn't seem useful. So the data that was used to get the ASBOS after that initial tussle was just gathered by the Wardens, the PCSO's and the Police. It was logged on their system so if they were seen with a can of beer and every month the Policeman who co-ordinated it would log up all the incidences so if you hit five I think in a monthly period you would initially be up for an ABC and then they'd serve the ABC on you and if you continued to hit that five mark they then worked towards an ASBO.

Many of these 'street drinkers' such as Dawn, Babe, Shake and Clouds are also crack users. The chances are extremely high that they would log five cautions (Matthews *et al.*, 2007) because aside from a few using Drug and Alcohol Treatment Service 2 nearby to collect prescriptions, they rely on strong alcohol to reduce the effects of crack. They are also local to the area, and having spent much of their time there (even if they were dispersed for unpredictable periods), saw it as their space. Although reluctantly, the agencies to which these populations receive support are also, to some degree, involved in their exclusion. By early 2005, Assessment, Referral and Outreach Service had withdrawn all provision for street drinkers (which allowed them to drink safely on the premises) because they had been awarded a continuous funding stream from statutory agencies to deliver provision for DTTO clients. Maybe this was so that the authorities could have greater control over the drug service. In any case, this meant their support for those who routinely came in on a voluntary basis disappeared. Instead, the former client group started to congregate outside the service on the streets. However, their new visibility appeared to be exactly what the authorities were looking for. While outside one day with the 'street drinkers', some community wardens became concerned we were causing problems for the community by sitting on the steps and quietly drinking alcohol:

> The Red Coats [Community Wardens who inform the police if there are problems on the streets] came along – because it was a 'wet day' [the day when one could drink in Assessment, Referral and Outreach Service]. The Coats were trying to encourage

people to move on from drinking on the steps outside which had been the norm for a long time but recently they had always been asked to 'move on'. Not that they we were causing a problem and although people were glancing at us as they walked past, our presence seemed largely harmless (I thought). When three people refused to leave under instruction from the Coats, they started to radio someone. Next minute, the director of Assessment, Referral and Outreach Service comes out and tells us all to *"move on and to stop drinking outside"* – wow, even the service director was telling us to 'move on'. [30.11.04]

Some weeks later, Dawn and Clouds were served ASBOs and started to appear more frequently in the north of Rivertown, outside the hostel where I met Cuz. The authorities in the local ward, nevertheless, hailed the scheme a success even though both women had disengaged from their local drug service (Aitkin *et al.,* 2002).

Law enforcement drives

Such populations are not only targeted for being 'problematic' on the streets but are also targeted in various drug-using locations. In this study, this policy approach is part of the Anti-Social Behaviour Act (2003) which led to local crack house protocols. Rivertown's crack house protocol (2003) was designed to be a joint agreement between the police, the local authority, various housing departments, RSLs and voluntary agencies. The rationale was to enhance existing legal procedures, give more power to the police, and speed up the process of closing crack houses. Under the protocol, when drug raids took place, the police were to exchange information with the council to help housing departments take legal action to close down crack houses and provide support to 'vulnerable tenants' who had 'lost control' of their properties – either to other drug users or drug dealers. While the implementation of the protocol saw an increase in the number of crack houses closures in Rivertown, it was difficult to conclude that the overall number of crack houses in Rivertown had decreased (Webster *et al.,* 2001). No evaluation of its impact was undertaken. Moreover, many crack users said that other crack houses became available as others were closed down (Burgess, 2003).

Nevertheless, central government research was quick to celebrate its success. In 2003/04 *"over 100 crack houses have been raided...over 50 arrests...and over 55 referrals* [to treatment]" (Bovaird, 2004: 4). However, it was difficult to attribute whether all the properties were 'crack houses' or, indeed, how well those who were referred did in treatment, even if they were referred and managed to turn up. The issue received further examination the

following year after another batch of crack house closures, although there was still ambiguity in what the police considered to be a 'crack house'. Local police data showed that, from April 2004 to June 2005, there were 105 referrals to the Rivertown Crack house Protocol, however, after initial investigation, 53 weren't considered to be 'crack houses'. Local research found significant gaps in the protocol and its strategy. Bailie (2003) found there was a lack of a police/local authority communication strategy on drugs; lack of police/community consultation on the drugs issue; insufficient involvement of partner agencies in police operations; a lack of planning to follow through and prevent displacement from police operations.

Crack users feel that more intensive help should be systematically offered to those tenants affected by the closure of such properties. One housing officer said that after crack house evictions, drug users are not referred to drug support services: *"People do get evicted from a crack house or put in prison and are not helped. It is probably when they need most help."* Moreover, when crack houses are closed, another seems to open in the nearby area - even in the same street: *"This one that got raided the other day, they've started up two blocks away again. They were over at nineteen first – that got raided – then they went over to twenty-nine – that got raided – now they're at thirty-nine"* [Lady Di]. It isn't long before 'word on the street' indicates where other potential places to use crack become available: *"My flat was opened up and within two days the word was around. People then know it as a crack house and people start coming round"* [Bruv]. It is in these conditions that the social networks of the crack scene tend to thrive:

> *Like my sister. She lived in the house but she was clean. She had a kid. She kept everything under control to a certain extent. At the beginning this is how it all starts. Sent her to school, everything's fine, people come around, smoke, then more people find out you're smoking and more people come around, knocking early hours of the morning, and things just escalate and you never used to want to smoke at two o'clock in the morning, but someone's knocked at the door with a smoke so you let them in. That person tells another person that they've come around so another person comes around the next day. So she would become a prostitute with that kid in the house and everything.* [Goucho]

> *It's about immediate needs, getting those needs met one way or another, and that sort of situation spirals that other people involved also jump at an opportunity and the*

whole thing sort of gets out of hand. No one's really controlling the situation, or necessarily setting it up as clearly as I've described it. It evolves. The same around a lot of squats, I mean... the place I talked about, at the moment the two guys who are using that place are trying to stop anybody else going in there and not taking anyone else there, but I suspect after a relatively short period of time will compromise that principle and in no time at all it will become a really chaotic [drug] *using den and, at the moment, the reason he said to me he didn't want to take anyone new back there it's because you get too many people coming and going, it will get closed, the neighbours will call the police, you know, etc.* [Philo]

The combination of both sets of legislation appear to have direct implications for off-street drug-using environments as well as on-street, public drug-using settings (Duff, 2009; O'Malley, 2008) and this appears to impede crack-using practices, making them more pressured and risky (Duff, 2007; Duff, 2009; Rhodes, 2002; Rhodes *et al.*, 2007). Scruff identified this shift:

Scruff: *Any places that I know of that are outdoors where people go to use or, over the last few years, where people have gone to use there's been a real clamp-down. A real surge in closing all these places off, cancelling that, shutting them up and locking them up, whether they've been sheds or corners of parks or whatever. The council have been locking them up or ripping up parks or whatever, making them no longer accessible and there's less and less places for people to go and use which isn't going to stop them using. It's just forcing them more into the open and that is what's happening and you notice more and more paraphernalia and stuff being more open – more visible.*

Dan: *And I suppose today is a classic example* [after Scruff injected in a park and was seen by park workers and a young family].

Scruff: *There you go then. There's less private places for them to go so they're having to take bigger risks if you like.*

These pressures, coupled with the mistrustful alliances into which crack users are often drawn in these unpredictable environments (Chapter 7), appear to have significant consequences for the ways in which crack users interact. Because those spaces are increasingly monitored and prohibited, an 'amplification' process appears to take place which

affects crack user well being (Singer, 2003) and the crack-using experience (Becker, 1963). It seems that the paranoia surrounding the illegality of their actions (Chapter 6; Reinarman and Levine, 1997); the pressured social interactions (Chapter 7); the fear and anxiety of being unable to 'experience' the buzz (Chapter 7; Giddens, 1991; Preble and Casey, 1969) interplays with a broader paranoia about the potential for intrusion from the police or disturbance from other crack users:

> *One time when I had my flat I'd done a bit of shoplifting and I went home. I sold the stuff, went home and sold all the stuff, got some crack and I got paranoid thinking the police were coming so I was out the window, looking out the window ssh ssh ssh and I had this bird with me and I was like "shut up! Just shut up" and she was just sitting there.* [Gums]

> *It's just like everyone's sitting there* [in the crack house] *and smoking crack and you don't know if anything's going to kick off with trouble or if it's going to get raided by the old bill* [police] *or anything can happen.* [Bombshell]

Indeed, a self reflexive awareness (Giddens, 1991) of their own illegal actions against the potential for intrusion also seems to affect crack users' behaviour and, to some extent, affects the environments (Rhodes *et al.*, 2007) in which crack is used (Chapter 7):

> **Funky D:** *Yeah. You said it. It's the effects of it. You get paranoid and, when I first started taking my pipe in '95, I got paranoid then. Not to the stage that I was like "there's people at the window". I'd peep out of the window, don't get me wrong, but I was alright but as it went along – as my drug use got more – and I think as it started to get out of control and the types of drugs that I was smoking I think I got more paranoid because I'm telling you I had some drugs that were fucking shit. In 2004, when I stopped doing it, they were shit. I don't know it they were rat poison or what and they just made me feel..."oh my God I can't even smoke it". I'd run out, literally run out, leave it there, run out, go back to get something different because I couldn't smoke that because I felt so fucked up – and then I'd never forget I remember this guy who had just got some drugs and he said it had just come from Jamaica and it sent me really, really paranoid. Now I don't get really paranoid. I'll get the "odd look out the window" but I'm alright but my paranoid like we were talking the other day I'm paranoid because I know what I'm doing is wrong and I'm a criminal and I'm sitting here smoking an illegal drug and I know it's wrong. I'll be looking out the window.*

I'm not one of those people who say "Oh look there's a white thing in the tree". I'm not that kind of paranoid. "There's a mad people out there. There's all those white things in the tree". I'm not that kind of paranoid. I'm paranoid about outside and getting found out that and I'm a criminal. I might have a case. I'm that kind of paranoid. There's different types of paranoia.

Dan: *I think that's all tied in with the whole climate of paranoia around this drug; not just taking it but fucking dealing it, to be around it, everything, people that know about it. It's a climate of paranoia.*

Thus macro structural pressures seem to have implications for attitudes to the self and the individual framework of the crack user (Singer, 2003) and this seems to be manifested through unpredictable behaviours, day-to-day discourses and risky cultural practices (Bourdieu, 1984). In many respects, an accumulation of these experiences may foster personal barriers between the individual and conventional society (Dovey *et al.*, 2000) which may augment already embedded perceptions that mainstream society cares little for their existence; that the agencies designed to 'help' don't seem to be able offer sufficient resolution; and that the complex individual problems they have amassed seem impossible to resolve (Chapter 2). This may, therefore, complement feelings of distance and shame (Bourgois, 2003), and consequently some seem to become more fatalistic and lose faith in a way out (Chapter 10). Unfortunately, some agencies designed to 'help' crack users are also, to some degree, involved in their exclusion, and it is also the way in which these services are configured which also appears to contribute to the political economy of crack users (Agar, 2003; Bourgois, 1995).

Drug support services

Thus far, the precarious position of crack users is not only influenced by aggressive social policies and law enforcement drives but also the configuration of some welfare services. The way in which some of these services are structured seems to ontribute to the social exclusion and continued transiency of some crack users (Bourgois, 2003; Bourgois and Schonberg, 2009; Leibow, 1993). Rivertown deals with a substantial number of problematic drug users (Chapter 5) and there are limited places for residential rehabilitation services (Chapter 10). Therefore, strategic decisions need to be made on who is most capable of making changes – who can be most responsible for themselves (Petersen, 1997; Rimke, 2000). However, for crack users this philosophy seems to do more detriment than good.

The locus of drug treatment is driven through the criminal justice system (Chapter 2). On arrest, drug tests are mandatory and arrest referral workers offer drug users treatment options in custody suites. For many crack users like Cuz, however, this serves to anger them because it does not reflect their genuine motivation to pursue lifestyle changes. Many feel resentful that their advances for change are dismissed and that service engagement can only take place on the terms of the State (Giddens, 1984). This disparity is reflected in waiting times for access to drug support services. For example, on average criminal justice clients receive assessments and prescriptions (if necessary) within three days from Drug and Alcohol Treatment Services 1 and 2. However, those accessing Drug and Alcohol Service 2 from the community (i.e. walking in off the street wanting to access drug support services) wait up to three weeks for a full assessment. This is less likely to be a problem for heroin users because they are more reliable in attending appointments (Fox *et al.*, 2005; Weaver *et al.*, 2007).

Prison-based drug programmes rely on CARAT workers referring on to community drug services. However, although some say they 'get clean' through these channels, on returning to the community, many are not directed to the right agency. While efforts are made by some agencies to prepare crack users for release, there is little they can do about those who receive short sentences – predominantly crack users (Reuter and Stevens, 2008). In addition, on release, many fail to turn up for their appointment with community drug services (Weaver *et al.*, 2007). These problems have been endemic in Rivertown in the five years preceding this research (Fox *et al.*, 2005). Moreover, the sheer volume of drug users in the area seems to have signalled significant changes to the configuration of drug support across Rivertown. This seems to be linked to the need to improve performance figures for those engaging with drug support services and entering treatment. Local policymakers adapted the process so that more *commitment* was required on part of the drug user. Instead of clear-cut 'yes'/'no' decisions over funding for day programmes or residential rehabilitation services, drug users instead need to 'prove' they can engage and show their motivation to get clean:

> *Before DATs, you'd go in, see a guy on remand, do the assessment, bring the assessment back, discuss the findings, a decision would be made for that person, and it would be a yes-or-no answer: you can go to rehabilitation service or you can't. But now it's not like that. It might be 'yes', it might be 'No, you can't go to rehabilitation service, but when you get released you can make contact with Referral and Community Service, engage with their service, show us you've got some motivation, and then they will bring you back to our attention and we'll look at getting you into a*

more structured treatment environment. It works very well. [Manager – Substance Misuse Team]

For someone using only heroin, this process seems to be easier than for those using crack (or have crack use as part of their drug-using repertoire). Heroin users are less risky for policymakers because they do not have such a poor reputation for dropping out of services (Chapter 2). This also seems to save some time and money for Rivertown's local authority and ensures that funds are not lost if their client drops out of treatment. With *commitment*, however, all seems possible. However, *committed* crack users in this sample are a minority (Chapter 10). While for some, the priority to attend a drug service is low given poor referral links and lack of stable housing, others are simply not aware of crack services. Despite the introduction of the statutory-funded Crack Service in Rivertown in 2002, many in the sample have little or no knowledge of it (Chapter 2). These field notes recorded a visit to Crack Service with Cuz and Babe. The staff, at the time, probably presumed I was also a drug user because I was with Cuz and Babe and they had not accessed the service before. Having heard about Crack Service through Cuz a few days earlier, Babe realised it was local to where she lived:

> [I] came back to Crack Service at about 3pm, walked in and gave my name as 'D'. I had my hood up and walked in with Cuz and Babe. There was some sort of training going on and in front of us were a crowd of people [workers] clutching mugs of coffee – they were taking a break from 'training' (think it was for auricular acupuncture). I said little and stood there. One of the crowd immediately said as we walked past, *"you can have someone stick fresh needles in your ear in there, if you want"* – this was directed at Babe and her response was negative. She hadn't even heard of the Crack Service and she only lived around the corner. We sat down while the crowd of about 7-8 people stared at us. After five minutes of standing there, one 'new girl' walked up to me and said *"you're new here"* but after a brief chat then went back into the room where the training was going on. Cuz started to make us tea and toast – he himself had not been in there for two months. The crowd of people then dispersed and there was one guy at the reception. We sat there and the [reception] guy made no attempt to make conversation with us. An ex-user came in who was now working as a builder – he talked more to us but sort of kept his distance a bit. He had just finished work and came in for a cup of tea – he came in with a nice new bike but said nothing to the [reception] guy...I looked on the wall and there were two notices

saying the office would be closed on the 8th,10th and again on the 12th of December for 'staff training'. I then saw that the opening times of the service was from 1.30pm to 4.30pm. Cuz and Babe decided to go outside to have a cigarette, it was approaching 4.30pm and the training was still going on. The ex-user came outside for a small chat. Then promptly on 4.30pm, the [reception] man walked outside and said *"hey, guys, its 4.30pm and we're closing"*. In a sort of defensive tone, Cuz said *"where else can I go?"* The guy said Service 6 [but they were closed for the day as well] and another place for alcoholics...Cuz then asked him if he had a list [of other services] but he said *"no"*. [30.11.04]

While this not only highlights Babe's initial negative experience with Crack Service, it also illustrates some of the attitudes of staff to those who manage to access the services during the three hour drop-in period in the afternoon. While a few reflect on good experiences with Crack Service, these seem to be related to when the service offered a more flexible operation and counselling at any time during the day. Shy H, for example, reflected how she was one of the first clients of the service in 2002. She was positive about the support and efficiency of the service: *"what's good about them was that you could actually go back and say "I've used* [crack/drugs] *and they would still deal with you and that's, as I said, what's so good about Crack Service. Their whole philosophy is that you can tell them that you've used and they're fine with it. They're not like "oh get off our programme or stop using"*. In particular, it was the *"hour available for counselling"* which helped her.

However, she then revealed: *"They've changed all the staff because I went in there recently and it's very different. To me maybe it's not as good as it was. I think they've gone downhill a bit."* The Crack Service outreach worker indicated that the drop-in times were reduced because of 'funding restrictions'. At the end of 2002, crack users could access the service seven hours a day, five days a week, yet by 2004 it had been reduced to three hours a day. In the same period, the immediate availability of counsellors five days a week was reduced to twice weekly by appointment only. Essentially, the flexibility of the service disappeared. A few crack users said there had also been 'staff changes' which, they felt, did not help with the continuity of care.

Crack Service's principle provisions are counselling by appointment, detox teas, massage, acupuncture, advice and harm reduction but crack users perceive this to be inadequate and outdated (Chapter 2). Even Crack Service workers admitted that the provision

is inadequate for crack users. Those that were aware of Crack Service appear to have learnt quite quickly that, as a site to resolve crack use, it has little to offer them. However, arguing the case for additional provision was difficult partly because the harm reduction agenda generated little support from the local authority:

> *We have to keep on their back* [local authority], *we have to keep demanding these things. We are trying to have this open at the weekend. But it's a slow process and we need to keep pushing these things. Syringes have been a nightmare; they didn't want to give us syringes. And then the syringes weren't enough, people needed spoons. And then there were other issues and then the virus* [HCV] *was spreading everywhere, so then we had to educate them. And they wanted us to collect evidence of this, but these things take time. I mean, if you think four years ago, crack services did not exist at all because they didn't know what to do with crack users, and the people who gave out methadone felt it wasn't needed, and all these populations of drug users were getting no services at all. And their lives were getting messier and messier, much worse than opiate users.* [Crack service outreach worker]

As a former crack user, he clearly had some insight into the needs of crack users. Here, he reflects on trying to establish harm reduction provision for crack users which, he had hoped, would increase awareness of Crack Service. Despite his efforts, he was discouraged because it was not 'legal' and would generate 'bad press':

> *...When I started to do outreach I immediately felt the need that I needed something to give them, as I noticed that crack users didn't particularly want to talk to me. I had nothing to offer them. Very little to offer them, so I felt the need to make some health packs. Some condoms, some paraphernalia, and if not the pipe itself at least the mesh. So they don't need to use the ash from the cigarette, that's meant to be bad. Some health bits and pieces. So I phoned* [the Drug Co-ordinator] *and I phoned all the people involved in the needle exchange and it wasn't legal. They said, if you want to do this, it's your responsibility for this to go down the service and you could have terrible press. So I left it.*

Without support from senior providers, promotion of Crack Service and its provision remained limited. Indeed, his time promoting the service was often hindered because of 'endless meetings'. This upset him, as he was not able to do his job; the limited provision, perhaps linked to its statutory-funded position. Conversely, the voluntary-funded harm reduction Advice and Harm Reduction Service employed ex-drug users to operate a harm

reduction outreach service at the social security office, at various temporary accommodation centres and in drug-using hotspots. With some degree of success, crack users commented positively on their efforts but generally agreed that their intervention was not enough. This good work was rarely recognised by the local authority and seldom translated into further investment.

From 2002 to 2004, workers from Advice and Harm Reduction Service had campaigned for an outreach bus to help distribute paraphernalia and condoms. However, during the nine-month fieldwork period, the local authority remained undecided on whether to fund the harm-reduction bus which would have allowed workers to penetrate the neglected drug-using areas of Rivertown. Indeed, quite the opposite seemed to happen. Despite funding increases from central government to solve Rivertown's crack problem (because it was considered an HCA), areas of provision were reduced - predominantly counselling and outreach. During the fieldwork period, the stability of Advice and Harm Reduction Service looked increasingly uncertain in light of reduced funding. They had also lost key staff whom were driving a harm reduction agenda. At a similar time, Rivertown lost the use of a key proactive worker – the Drugs Liaison Officer - relayed important information to the DAT about drug-using trends.

The uncertainty of the provision and the loss of key services did not appear to help to access crack users. Without proactive strategic intervention, accessing the population became limited. The allocation of £4.8m for drug treatment in Rivertown in 2004/05 was supposed to fund the crack/stimulant services in providing both open and available provision. Yet it was difficult to see how this translated to frontline support for crack users. As I write in 2010, Crack Service still retains the same drop-in times (from 1.30pm to 4.30pm), and appointment systems but is now only open four days a week.

Even if crack users are aware of Crack Service, the configuration of the service did not appear to be congruent to crack users' lifestyles. Many needed to negotiate appointment systems and rigid opening times. In Rivertown, access to most other drug support services are also restricted to normal 9-5 office hours and none of the drug services are open in the evening or at weekends. For these reasons, service times generally mismatch crack users' unpredictable lifestyles. Unfortunately, from the observations I made of Crack Service, honoured appointments appeared to be quite rare. On another occasion:

From 10am to about 12pm, no one come into the service for any type of appointment. Why didn't they just didn't have a drop in all day, instead of limiting their time to

appointments in the morning? The staff weren't doing anything apart from smoking cigarettes and using the internet. [15.3.05]

Nevertheless, most drug support services in Rivertown, including the two prescribing services (Drug and Alcohol Treatment Service 1 and 2), operated 'appointment-only' systems. The 'stimulant service', which operated from these two services, was designed to offer one-to-one counselling to cocaine and crack users. However, it composed of one stimulant worker working between two services. She was available for one afternoon a week from 1pm to 4pm. Such counselling services would have been beneficial if crack users were able to keep appointments. Instead, the offer of this provision tends to set crack users up for failure:

Dan: [Going through research findings] *Barriers to engaging in services: even crack users with the best intentions of quitting have little time to approach services.*

Cuz: *Yeah because all they're thinking about is to get their other fix – their next fix. They haven't got time to go to a service and sit down there and chat to them, like* [name] *he's not on any methadone. He's made so many appointments but he's never been....*

Dan: *...to follow them up?*

Cuz: *Follow them up because the first thing he's gonna do when he wakes up in the morning is to go and beg – to make that little bit of change to get his first fix of the day and their appointments are always in the mornings so he can never make it.*

Crack users generally operate outside these conventional time frameworks so appointments don't appear as landmarks in their daily routine. In an interview with the stimulant worker who operated the appointment-only system between Drug and Alcohol Service 1 and Drug and Alcohol Service 2, the bureaucracy of the engagement process becomes evident:

Dan: *But if I am a crack user I can only come* [to services] *at certain times.*

Stimulant worker: *At Drug and Alcohol Treatment Service 2 we can see anybody at any time of the week. You would firstly have to come to a brief assessment to get registered, Monday afternoon there and the team here is a third of size at Drug and Alcohol Treatment Service 2.*

Dan: *So I would firstly have to register on one of those days and then I would have a brief assessment on physical and mental health problems, drug history, and what they want, etc.*

Stimulant worker: *They are then given a green form to take away saying they will be seen by this worker at this time. Here is an appointment card, our phone number, any questions give us a ring.*

Dan: *So I could see you on a few afternoons or I can see* [Crack Service] *in the afternoon between 1.30 – 4.30pm.*

Stimulant worker: *Yeah.*

Dan: *What happens outside that time?*

Stimulant worker: *We have a duty system so if someone presents problems of the sort we are talking about then they can speak to a duty worker and then are asked to come back to a brief assessment. We don't brief assess at any other times. We are not open on Tuesday afternoons. We have training. On a Friday we don't offer that. If they have mental health issues the Dual Diagnosis team can do a brief assessment and they can book an appointment with them. If* [Crack Service] *call us and say they have done an assessment which would save us the time we'd offer them an initial appointment straight away. We don't put obstacles in people's way but we have to do a risk assessment and the duty worker cannot do this. The longest someone will have to wait for an assessment is two days, so they are not waiting any significant period of time.*

Dan: *How do people respond to being told they have to come back?*

Stimulant worker: *I have never had any problems with stimulant clinic clients.*

Dan: *You don't meet them anyway – they are assessed before they get to you.*

Stimulant worker: *I am on duty on occasions so sometimes I might come into contact. While some people say what they need right now, we have to explain the limitations of what we are able to provide and I think generally people that want help straight away, tend to be wanting a prescription. That is probably a huge generalisation. I think it is about the skills of the workforce, telling them we acknowledge their problems, letting them know how quickly they can be seen on a*

Friday afternoon and the demands on the service. We have a rota for the brief assessments team so I will check out to see who is working and let the client know who to ask for so they feel like they are involved in the process.

Once we had finished our tape-recorded interview, she revealed that the counselling services were in contact with *"ten open cases, five in Drug and Alcohol Treatment Service 1 and five in Drug and Alcohol Treatment Service 2."* The cases mainly composed of cocaine snorters and amphetamine users. None in Drug and Alcohol Treatment Service 2 were crack users and only a two in Drug and Alcohol Treatment Service 1 were crack users. The worker thought the appointment system worked well for her clients but she had often had 'no shows' – and this was the group that could keep appointments. When I asked about what she thought about opening in evenings and weekends, she could not see the benefits. Instead she seemed proud that the service stayed open until 7pm on a Tuesday to cater for the working population.

The concept of appointment systems seems therefore only to complement already fragile levels of self esteem among crack users. BD, for example, said crack users *"looked for excuses"* to use crack and that something like a 'missed appointment' would only serve to complement a notion of trying, but failing. This seems to contribute to greater levels of shame and feelings of uselessness among crack users. Appointments systems therefore only appear to sort the *committed* from the *non-committed.* Additionally, as with referral links from prison, some referral processes between different agencies are also unclear which have implications for engagement. Several drug agency workers link this to the need to retain as many clients as they can, because if numbers drop, funding for the service could be jeopardised:

Because of the organisation...there is a rivalry. If they give you these people to work with, then next year when we come up for funding renewal, we are passing on our clients, then we don't get the funding and the agency goes down. So somehow, we all have to show something...which I think we can do because everyone is important in their own sort of way. [Manager, Referral and Community Support Service]

While some staff are aware of the limitations of their services, as a solution some tend to refer crack users to other services in different boroughs around London (Briggs *et al.*, 2008). This seems to have implications for crack users' involvement in any kind of support provision and appears to also contribute to their transiency. This conversation with the

manager of Drug and Alcohol Treatment Service 1 highlights their role in this process. On one hand, the manager recognises that the crack users' lifestyles are unpredictable and accepts the limitations of crack provision in Rivertown. Conversely, however, with little other alternative than Crack Service, she implies that 'there was always that service across the other side of London':

Manager: *With stimulant users it's different. It is usually when they come to you, it is very much, not that opiate users or alcohol users don't come to us in crisis, because they do, but with stimulant users it is "I need something and I need something now". And then you asking them to wait a week is just not good enough. You've lost them. It depends what we've got available to offer them and I don't think that this service is particularly geared at the moment to working with stimulant users. There are other places in Rivertown where we would direct people to go.*

Dan: *Yes, I agree with you. They do live fast lifestyles. The window of opportunity is much smaller than it would be for another drug user. Where might you direct someone who was a stimulant user?*

Manager: *If we are full up on Wednesdays and they can't wait until Wednesday,* [we would] *probably* [refer them] *to Crack Service.*

Dan: *And that is a crack-specific service.*

Manager: *Yes.*

Dan: *Ok. But they are only open three hours a day.*

Manager: *I know.*

[Awkward pause]

Dan: *No, it's ok, I'm just trying to work things out in my head.*

Manager: *Well, there are places like* [service], *which is 24 hours* [where they can go].

Dan: *That's in North London, isn't it* [and Rivertown is in south London]*?*

Manager: *It's residential. It's in* [name] *and it's London wide.*

Dan: *Oh, really?*

Manager: *Yeah.*

Furthermore, this whole referral process may be complicated by the number of other service appointments which crack users may have elsewhere, which also appear to contribute to their transience. Many travel in and out of the borough in an effort to attend different appointments. A few are even housed outside the borough but have to travel in for various appointments. Moreover, most crack users know that drug support services had waiting lists and could not be accessed immediately or during periodic moments of motivation. This seemed to deter them from engaging or continuing to engage. If they manage to engage, they are asked to quantify a drug which they say they use sporadically and some find it difficult to locate its role in their current lifestyle. They also need to undertake a series of assessments. This assessment process seems to take precedence over the support and help that was initially offered and also appear to be part of the rigid appointment system which crack users need to negotiate to determine the level/type of support they need. This process examines 'how risky' they are and whether they are the 'type of drug user' appropriate for the service:

Dan: *I mean do you assess them* [crack users] *there and then or do you when they come back three weeks later?*

Manager: *No, no, come back for a fuller assessment. A medical assessment would usually a few days after that as well. We are looking at changing that at the moment because it is like telling a story over and over again. Yeah, depending on what somebody wanted they would come in for an assessment. Quite often, I mean, the brief assessment is pretty brief. We just need to gather enough information to work out how you are and how much risk is involved and whether you are suitable for this service or not, or whether we can help you or not. So it's not about opening people up, it's about keeping them contained. So the next assessment is a longer and fuller, you know, we should be assessing people constantly as we see them, but that would be the kind of assessment that if you needed methadone or something or if you needed relapse prevention.*

One worker from Assessment, Referral and Outreach Service felt strongly that crack users were not provided with needs-led care packages, and instead were made to fit with what services could offer:

Sometimes you have to make the service fit the person, not the other way round, and this sometimes goes against the requirements of the funders – sometimes a drug user has to be turned away because they live in the wrong borough, or had the wrong type of drug problem. Basically, some services are too specific in what they can help with, and this is usually specified by the funder. For a service to provide several services, they may have to be funded by several different funders, which creates a monitoring and reporting nightmare.

Some complain that they are categorised as one particular 'type of drug user' and are told to see another service. Indeed, it is widely perceived that service configuration in Rivertown is more appropriate for opiate drug users rather than crack users or poly-drug users (Chapter 2). Equally, some crack users said they had to adhere to certain conditions to gain support, and therefore fabricated aspects of their crack use and life circumstances. This has implications for denial of their crack use (Chapter, 9; Chapter 10; Sykes and Matza, 1957). On seeking support and help from the right agency, within rigid time frameworks and appointment systems, some have to comply with a number of conditions before they are able to fully access services. However, some conditions of engagement also appear to be mysteriously linked to housing in Rivertown:

Dan: *Which services do you see?*

Ish: *Just Drug and Alcohol Treatment Service 2.*

Dan: *But what do they do for you though?*

Ish: *They give me methadone.*

Cuz: *Yeah but that's through the hostel though because you're in the hostel – the Drug and Alcohol Treatment Service 2.*

Ish: *What – the methadone?*

Cuz: *No – the Drug and Alcohol Treatment Service 2. You have to see them because you're in the hostel. That's the conditions. Once you're in the hostel you have to go on medication.*

Dan: *Even if you don't want methadone?*

Cuz: *No. As Bottle said – he don't want methadone does he but they're telling him if he wants to stay here he has to go and get a script.*

Dan: *Fucking hell! So what if someone hasn't even tried methadone before?*

Cuz: *No but they're giving him. Everyone in there takes it, except them three drinkers and they've taken it in the past.*

Dan: *So basically if you own up and say "I use heroin. I stay here". "Right get yourself some methadone". What if I don't want it?*

Cuz: *You're out.*

Ish: *You're out – back on the streets.*

Dan: *So do many people lie?*

Cuz: *They'll know anyway if you're on it or not.*

Dan: *That's wrong.*

Cuz: *That lady – do you remember that Molly – who I said hello to? She's the drug worker.*

Ish: *If she finds out she'll throw them out.*

Even if crack users do not need/use methadone, they may have to just to get housing and drug support. Such conditions and exclusions only seem to add to their frustration, and instead undermine hopefulness about change; especially given that some may have to lie to get a stabilising drug which is unlikely to benefit them. Other conditions include staying drug free for a set number of days before attending preliminary programmes. When continually faced with such barriers and conditions, some rationalise that their efforts are pointless (Fletcher *et al.*, 2009), and return to crack use (Evans, 2002). While reflecting on his experiences with another service in another borough, Cuz was told that he needed to prove that he could remain drug free for seven days. He felt this was unrealistic and dropped out from the service:

I went there and she said to me that I've got to come for a week – for seven days – and every day I come I've got to take nothing so they expected me to get up in the morning, go there clucking [withdrawing from crack and heroin].

Once crack users develop negative perceptions of services, word usually spreads quickly across the crack scene resulting in credibility problems for local drug support services and the treatment system in general. These negative views also seem to be augmented by haphazard face-to-face experiences with drug support service staff (Bourgois, 2003; Leibow, 1993). There appears to be immense social and cultural differences between professional workers and crack users and their day-to-day personal treatment seems inconsistent; while some workers tend to be empathetic, others are careless in how they interact with them. This disparity may damage overall relationships between services and crack users, and contribute to their distance (Ibid, 2003; 1993). For example, while waiting for Bail in the hostel one morning:

> I arrived a bit early to the hostel – the guy on reception had to go upstairs to get Bail because I was early. I was left talking to the staff. One particular woman, who I had known for sometime in the hostel, started talking to me about what I was doing. She already knew because I had told her a number of times but for some reason couldn't be bothered to remember – she said that it took someone with a 'special personality' to be able to do what she does for the hostel. To be honest, I had heard a lot of bad rumours about her...most crack users from the hostel found her hostile and unapproachable. This was confirmed some minutes later when a chap started banging at the door with a can of extra strong alcohol in his hand. Her tone changed. *"You can't bring that in here – get out. You know the rules, no drinking. Get out"* she shouted. Her tone changed again as she resumed our conversation *"sorry about that"* (like it was some inconvenience to me). [7.4.05]

These differences seem to suggest that crack users feel frustrated by workers who show a lack of empathy and understanding of their circumstances, and that they are instead stigmatised for their activities through their treatment by professionals (Chapter 2). At times, this general attitude seems to be aggravated by the medical treatment rhetoric, which tends to suggest that 'the drug user has the problem', that the 'drug user is responsible for their actions', and that their 'drug use is a lifestyle choice' (Petersen, 1997; Rimke, 2000; Young, 2002). This philosophy seems to be reflected in the discourses of some drug workers. In this excerpt from an interview with the manager of Drug and Alcohol Treatment Service 1, the topic had moved on to using drugs like crack and heroin on top of methadone prescriptions:

Dan: *So what about the issue of using drugs on top of a methadone script?*

Manager: *We work with them. We usually ask them if they have enough methadone if they are using on top. But we don't discharge anybody for using on top of their scripts. Ever.*

Dan: *I didn't think that. I was just curious. Because we are coming into some of the myths now. People have told me that using* [drugs] *on top* [of their methadone] *increases their...that they will need more methadone.*

Manager: [very quietly] *Yes. So we put the methadone up.*

Dan: *Does that just continue and continue?*

Manager: *No, because it will get to a point where they would stop using* [crack and heroin] *on top. Or maybe they just don't want to be in treatment. People that we see are generally adults. They can choose whether they want to use or not. And we don't have any judgements on that. I mean, if you want to go out and use heroin and you are fine with that, then you are making an adult lifestyle decision. I can respect they are making that decision. But if you are not ready to come in and try to sort that out, it doesn't matter how much methadone we give you or alternative therapies, you are not gonna stop using. But we will work with people that.*

In some cases, some staff appear to moralise crack users' life choices. Crack users do not generally welcome this kind of rhetoric. Many have already made significant life reflections (Giddens, 1991) and know what they are doing is not something they wanted to do (Chapter 6). In addition, much of the drug worker rhetoric does not seem to easily penetrate the protective film of attribution which crack users have developed over the years (Booth Davies, 1997; Sykes and Matza, 1957). Many already appear to struggle to recognise they are responsible for their actions having been in denial for some years (Goffman, 1963). Consequently, and despite any well meaning, many feel angry and humiliated at this treatment (Bourgois, 2003):

With me I like to – when it comes to my drug habit – I like to speak to somebody who knows what they're talking about not by a book because I think they're humiliating me. What the fuck do they know if they haven't been through it? They've got to go through it. They've got to see what this shit does to you, for you to sit there the other side of the table and to try to preach to me [is wrong]. *That's the way that I look at it.* [Cuz]

Additionally, some feel that service professionals in drug support services in Rivertown have trouble understanding the nature of crack use. Silver explained: *"The workers there* [in Crack Service] *didn't seem to really know too much about it* [crack use]. *More of their information was based on heroin and alcohol abuse; a little bit about cocaine – "just say no" do you know what I mean? Not quite good enough. You need to get to the root of the problem."* This is perhaps unsurprising given the absence of effective national and local strategies to deal with crack use (Chapter 2; Chapter 5). This lack of understanding appears to deter crack users from discussing their experiences, especially given most struggle to trust people (Chapter 6; Chapter 7) and may use selective stories about themselves (Chapter 7; Chapter 9) when engaging with services.

Conclusion

This chapter shows that crack scene dynamics also seem to be influenced through the political economy of crime control agencies and aggressive social policies designed to eradicate problematic/visible street drug users (Aitkin *et al.*, 2002; Hall and Hubbard, 1998; Jayne *et al.*, 2006; Seddon, 2008; Sparks *et al.*, 2001; Waterson, 1997; Van Swaaningen, 2005). Efforts to deal with these structural forces can result in an amplification of personal insecurity and anxiety through attempts at risk reduction (Duff, 2007; Duff, 2009; Rhodes, 2002; Rhodes *et al.*, 2007). However, for some, these attempts result in destructive cultural practices, which seem to be internalised (Bourdieu, 1984), resulting in paranoia, manipulation, risk and sex behaviours, violence and victimisation (Chapter 2; Chapter 7; Fitzgerald, 2009). Sadly, it seems that the agencies designed to help crack users are also, to some extent, involved in the political economy of their socio-structural position (Aitkin *et al.*, 2002; Bourgois, 2003). With a life increasingly truncated to the crack scene, crack users attempt to find ways to deploy themselves in an effort to retain some respect (Chapter 9).

Chapter 9 – The management of self and others

Introduction

With increasing interaction in the crack scene (Chapter 6; Chapter 7) and exposure to political economic processes which appear to exacerbate personal circumstances (Chapter 8), crack users narratives indicate a need to sustain an image of themselves which does not reflect the true nature of their position (Goffman, 1963). Many seem to seek to present an image which counters their perceived socio-structural position in wider society (Bauman, 2004; Goffman, 1959) and across the crack scene (Bourgois and Schonberg, 2009). They do not want to appear as a 'crack head'. Such a person, as they see it, is a symbol of stigma (Simmonds and Coomber, 2009), and affirmation of this attribute may have direct individual and social consequences for their identity and position in the crack scene (Chapter 6; Maruna, 2001; Matza, 1969). Instead, most suggest there is someone else who is 'worse off than they are' (Neale *et al.*, 2006).

This seems to help crack users deflect self responsibility (Sykes and Matza, 1957), and instead attribute (Booth Davies, 1997) stigma with other cultural practices (such as injecting), particular actions (violence, sex and risk behaviours), certain peer associations (sharing paraphernalia, 'unclean' or 'diseased' crack-using associates) and/or particular crack-using environments (in particular crack houses). Crack users consider these features of the crack scene to harbour stigma which may therefore potentially reinforce individual and social feelings of shame (Maruna, 2001; Parker and Aggleton, 2003). Conceding to these practices, with these drugs, in these environments may reveal aspects of a 'spoilt' identity (Simmonds and Coomber, 2009) and this could have implications for individual self esteem and self worth (Maruna, 2001). This chapter takes a closer look at these areas and how the self is managed in relation to others who occupy the crack scene.

The management of the self in the crack scene

Most crack users make special attempts to counter their socio-structural position (Goffman, 1959) by attempting to be responsible citizens, living normal lives (Bauman, 2007) – or as normal as possible under the circumstances (Bourgois and Schonberg, 2009). The success they have in doing appears to be countered by the fact that many seem to develop 'spoilt' identities (Simmonds and Coomber, 2009) and fragmented life biographies (Bauman, 2004; Maruna, 2001) over their crack careers (Chapter 6; Falck *et al.*, 2008).

Consequently, many seem to find it difficult to locate a sense of themselves (Maruna, 2001). They rely, it seems, on a social image of themselves to confirm who they are (Chapter 6; Cooley, 1964).

It is the management of this image which seems to determine social hierarchical order in the crack scene (Chapter 7). This same image seems to be used, where possible, to counter the 'crack head' image. Those who seem to be successful at deflecting this image tend to occupy the upper echelons of the crack scene – High society. However, those lower down the social chain - the Low life – appear to be more vulnerable to such labels, and, as a consequence, their well being, sense of self, and identities seem more significantly affected (Chapter 7). Nevertheless, for both groups it seems to become integral to deploy the self in a way which can counter both the image which society holds (Bourgois, 2002) and that of which other crack users may hold (Simmonds and Coomber, 2009). The result seems to produce major tensions on self identity:

> *Stories of life, white lies, not even that, pink lies, totally disfigured, totally disfigured from reality. Amazing stories, like I am arguing with my own life. Sometimes like when I do it, when I tell somebody, I actually believe it happened, like a job or a house, and I would believe it, I am taking more credit* [to fund crack use] *and until it hits you. Like I might say, "my social security is coming tomorrow" and you spent it yesterday. So you wait for two weeks, go missing for two weeks, go to another area, you get money and show your face again.* [Iverson]

The pressure to 'show many faces' (Chapter 6; Goffman, 1963) under pressured conditions becomes too difficult and many in this sample lose the ability to sustain these 'faces'. Consequently, hierarchical status may be jeopardised when: a) someone is associated with certain stigmatised activities and receive further labels (Becker, 1953; Young, 1971); b) there is the potential for victimisation (Bourgois, 1995). In these instances, the 'self' may socially exposed as increasingly 'spoilt' (Simmonds and Coomber, 2009). There may be temporary surges back up the hierarchical ladder (Chapter 6; Chapter 7) but, in the main, most crack users in this sample tend to experience this process. The result is they often develop increasingly fatalistic life outlooks as aspects of their mental, physical and practical conditions deteriorate (Farmer, 1997; Parker and Aggleton, 2003; Wilkinson, 2006). These social degenerative processes tend to occur through social interactional processes of

'othering' in the crack scene (Young, 2007) and appear to have direct implications for attitudes to the self.

'Othering' of the other

While many crack users attempt to live as responsible citizens (Bauman, 2007) and maintain social and intimate relations with each other (Bourgois and Schonberg, 2009; Giddens, 1991), the volatile and mistrustful nature of social interactions in the crack scene make this difficult (Chapter 6; Chapter 7). Indeed, the way in which crack users attempt to navigate these day-to-day social relations under these pressured structural conditions (Dunlap, 1995) seems to relate to the retention of an individual need for some status within the hierarchy of the crack scene (Goffman, 1963). However, because crack users seem to rely on a social image as a measure of 'who they are' (Cooley, 1964), the pursuit for such a status tends to have implications for their individual and social identities (Goffman, 1963). It appears to become integral that the image is maintained to avert attention from their perceived low social status (Bauman, 2007). Thus, a conflict seems to arise in their individual quest to counter their position (Bauman, 2004) and their pursuit for intimacy and trusting social relations (Bourgois and Schonberg, 2009; Giddens, 1991). This tension seemed particularly evident throughout the time I spent with Cuz during the fieldwork.

The vulnerability of Black Eyez

Although he seemed to have a poor reputation among other hostel residents, the stories of Black Eyez were almost like folklore. After experiencing a torrid background of sexual and physical abuse, homelessness, drug and alcohol use, and schizophrenia, Black Eyez had no other alternative but to await local authority housing while in temporary accommodation. He was, however, always socialising with fellow hostel dwellers; hassling them for money, drugs, and paraphernalia. He was also constantly victimised, bullied and harassed. Many other hostel dwellers seemed to laugh behind his back, relishing in the stories about him. He was known among the other hostel dwellers as 'the crazy one'.

Cuz, who also stayed in the same hostel, was the main projector of these stories. According to Cuz, Black Eyez *"favourite activity"* was smoking crack and masturbating and this, Cuz said, made him a 'freak' in the eyes of most. Cuz's other revelation was that he often searched other people's bins for used needles when he was withdrawing from drugs. This seemed to trigger resentment and stigmatisation among others in the hostel. They also

didn't like the fact that 'mental health issues' and 'disabilities' entitled him to around £200 a fortnight in social security benefits. Most were envious of this income, and this seemed to make him more vulnerable to further bullying and manipulation. When he was first beaten up outside the social security office for his social security cheque, Cuz told me he had an *"opportunity"* and offered to 'protect' him. Yet, the type of 'protection' he offered Black Eyez involved selling him bogus crack and looking after his money:

> I met Cuz at 11am and we walked to the café to talk – he had apparently got fucked off [annoyed] with Black Eyez and decided to rip him off [take advantage of him]. Black Eyez gave him £200 to buy crack and Cuz made out that he got busted in a police raid as he was about to buy it – the police confiscated the money and he was left penniless. What he said he did was spend £150 on crack and £50 on clothes and toiletries. Black Eyes was fuming but believed the story – in fact, the whole hostel believed the story. [27.10.04]

Any Black Eyez-related proceeds seemed to be directly to Cuz's *"smoking crack fund"*. In an interview in November, Cuz described Black Eyez as a *"mug who sold his buttie for crack"*. Yet the manipulation and abuse of Black Eyez didn't seem to desist as his reputation for vulnerability spread. Others also took advantage of him, yet still he lent them money. Indeed, many had significant debts to Black Eyez. Three weeks later, Black Eyez violently retaliated when someone wouldn't repay their debt to him. A week later, however, he had left the hostel – the receptionist informed me he had *"disengaged"*. Perhaps, with this, went his forms of social support such as social security, disability allowance, mental health medication and methadone prescription, and also engagement with drug support services. He was not the only one – the hostel population where I spent much of my time over the nine months had a high turnover of residents. Nevertheless, this may indicate how *othering* results in increased stigmatisation and vulnerability. Such treatment, however, was not exclusive to Cuz's fellow hostel dwellers as I was to learn some weeks later.

The mistreatment of Babe

While waiting outside the DTTO office for his keyworker, Cuz met Babe – someone to whom he was immediately attracted. This seemed clear in their body language, the manner of their quick departure together and my exclusion from 'tagging along' with them after leaving the cafe:

Cuz and I were left with Babe – a 36-year-old crack user who had just recovered from heroin addiction a few months ago. She was on a methadone and DF118 script. Her eyes were slightly sunken into her face and her cheeks were slim and hugged her jawbone tightly. Still she made a big effort [to maintain her appearance]. She wore make up and new clothes but her teeth looked as if they were about fall out. We talked in the café as people left after lunch. Cuz was making enquiries about her and apparently, according to others in the crack scene, she had AIDS. Tony came in while she was outside and told Cuz to double up on condoms for precaution. Cuz even made me call my workplace to find out about whether AIDS could be contracted through oral sex, as that is what he wanted from her. He left with £100 in his pocket at 3.30pm. [25.11.04]

When I called Cuz three days later he was contradicting himself, saying that it was *"just a fling"* – probably because showing affection defied the masculine image he was trying to project. Indeed, as we walked around that day, he seemed to show some affection for her but quickly played them down. He asked me if I thought she was *"pretty"*. The next day:

> I walked up to meet them – they looked very happy together. They said they were trying to help each other out [getting off drugs] by being there for each other. I got the impression Babe was more keen on Cuz than he was on her. But judging by what he said yesterday, Cuz seems to care for her even if he was trying to deny it to himself. [29.11.04]

Yet he had openly discussed his sexual motives with me before he went off with her the week previously. In a conversation between them the same evening, he said:

> **Cuz:** *The first conversation that me and Babe had – and we didn't even know each other – was about sex.*
>
> **Babe:** *And we spoke about everything that was to do about sex.*
>
> **Cuz:** *To find two people like that is rare.*
>
> **Babe:** *And I felt that I'd known him for years and I could open up for him.*
>
> **Cuz:** *We stayed together. When I first met her I said to her "come on. Let's go and have a pipe" when we were in the café.*

Babe: *And what did I say to you?*

Cuz: *And she said to me "what do you want?" She thought I wanted her to give me a blow job.*

Babe: *Yeah. That's because what men normally want. We had a pipe and he put a big fucking thing on there and I was waiting for him to turn around and say "give us a shine" because that's what most people do.*

Cuz: *No. I wanted to get to know her.*

He said they had unprotected sex and *"stayed over at her place."* The next day they went to the local magistrate court; walking and laughing together, reminiscent of a couple walking out of a cinema. They were passing time as Babe was above the alcohol limit and could not collect her medication. After waiting and lingering outside Drug and Alcohol Treatment Service 1, however, she collected it and we then were met by the young and colourful Clouds who boasted about how she was blissfully *"smoking away"* her boyfriends 'crack stash'. Soon after, we were heading to her boyfriend's hostel room to steal his crack stash for a quick smoke:

> We got to the hostel – guests were allowed. I took my bike up to the third floor...We went into her boyfriend's room. It was clean and tidy. She came back with a chunk of crack the size of my palm, street value of around £1000. It had been cut into two large pieces and was clumsily wrapped in cling film. Clouds put the TV on and asked us to sit down on the bed while she cut it up – she then turned to us and said, *"let's have a quick lick now"*. The problem was, well perhaps it was only me that thought it was a problem, that her crack dealer boyfriend was due back at the hostel at any minute – the escape plan was that I was to be her cousin 'Lorenzo' if he came in. I went along with it and as she started to cut up the crack, Babe and Cuz huddled round. [29.11.04]

We left soon after and went to Babe's flat where they smoked the rest of the crack. Such random events exemplified life in the crack scene as social networks could completely change the trajectory of the day (Chapter 7). In the excitement of his new relationship and binge crack sessions, Cuz's absences from the hostel were noted by staff. The debts started to amass and they served him an eviction notice. Cuz was angry when he showed the letter to me: *'you have 14 days to clear your belongings and leave'* it read. He owed £133 yet others hostel dwellers owed over £1000. He said his anger resulted in further crack binges for some

days. He also said he would *"burn down the hostel"*. We sat down with the hostel manager a week later and Cuz managed to reach some agreement to pay it back. He was given a further 28-day period to *"display good behaviour"* otherwise he would be evicted.

Nevertheless, as his relationship blossomed with Babe, he spent less time at the hostel. Consequently, our contact drifted. When I did see him, he confessed that he was still angry with the hostel and was using crack *"day in, day out"* with Babe. This seemed to conflict with earlier intentions to 'get off drugs together'. When he did appear at the hostel, he appeared to unload this anger on to others around him. In his frustration of being hassled for drugs one day in the hostel, he had battered someone. Relations soured further when his 'old friend' Tooth failed to pay back £20 worth of crack. With no favours to call on in the hostel and poor staff relations, there was little to motivate Cuz to return to the hostel.

One week later, my contact from Cuz drifted once again. Despite repeated phone calls, hostel visits, and asking around, I couldn't locate him. He was evicted from the hostel on 19.1.05. Several of his 'associates' said they did not know where he was but suggested he was 'head over heels in love'. Surely he wouldn't want other people saying this about him because it contradicted his street-wise image. This unstable period - characterised by heavy crack binges and one-man shoplifting operations in Hamleys - all seemed to have cascaded from the hostel letter threatening him with eviction and was augmented by crack-smoking sessions with Babe. By now, however, he said he was also wanted by the police yet was still prepared to risk collecting money from the social security office. It was not until a week later that we were reunited and his relationship with Babe seemed to have become closer:

> Somewhere along the road Shake had bumped into Cuz and Babe and had told them I was up the road. I cycled further down. When I first saw him he looked as if he had lost a lot of weight – his torso was very thin...Babe wanted to get some money from her account as her disability [allowance] had gone in to her bank account. Again, I was curious about this as they looked highly suspicious while withdrawing the £200. She had the pin code on her hand and kept looking around while Cuz typed it in – for some reason, he was doing it instead of her? Why didn't she do it since she was probably used to it? Cuz was fiddling with the £200 and pocketed some of it when she wasn't looking. [25.1.05]

Cuz said he was happy to share her disability allowance which was spent on crack. It was not until a month later that we were reunited again yet he didn't appear to be overly

excited to see me. Perhaps because I was starting to see a more intimate side to him which he didn't want to show? He explained how he had moved into Babe's flat and a lion's share in her benefit allowance for his crack use. He said he had managed to persuade her to put him on the tenancy agreement so that if they split up the council would immediately re-house him. He laughed and called her a *"stupid fucking mug"*. This was more like the Cuz I had known – the same one who exploited Black Eyez.

Othering in action

Later that month, I started to notice how Cuz spoke to some people about their drug use practices - as if he were looking down on them. In these notes, taken from a visit to an improvised crack smoking location in a car park, Cuz seems to talk down to another crack user as he starts to smoke heroin:

> We walked to the top and turned left where the cinema was – there was a huge multi-storey car park above the cinema. I chained my bike up and we walked behind to the concrete stairs. There was an immediate smell of piss and shit. We walked up the very steep stairs to level 1. Tooth went to the lifts. One had an 'out of order' sign on yet Tooth pulled back the doors and inside was his sleeping bag and some second-hand clothes. It was his *"secret"* place as he said. Before he started a relationship with Mary, Tooth was sleeping here. Tooth closed the door and we went up another floor, there were even fewer cars. We then walked across the car park to the other end, toward the stairs. As we approached, we started to see empty syringe packets. We got to the far side of the car park and Cuz said this is where he used to sleep. I walked closer to the walls and could see sprays of blood from syringes emptying. The floors were also bloodstained, but it wasn't as noticeable. The place stank of piss. Near the railing was a little ledge where some had thrown away their syringes, pipes and foil. It felt like a very dirty place. We walked down a level and there was, what looked like to be, an old man who turned out to be a young man of 27. The man was shorter than me, had a full beard, bags under his eyes and blood stains on his cheeks. His hands and nails were black. He had a full head of hair but looked in his 40s. Cuz said he had been on the streets for six years. The man had just finished speedballing and was packing his equipment away. He was quite shy but responded to me when Cuz said he met me in prison. He was hungry so I agreed to buy him a cheap burger from

McDonalds. Tooth seemed wary of him and told me to be careful with anything I might have visible as the man would steal it.

We then went to McDonalds. I bought the burger for the man and said I would meet Tooth in an hour while he went off to score. By the time we returned to the car park, Tooth was with Mary. He had already returned and had an impatient look. Cuz walked up to him and gave him the foil. Mary looked out of the window to check no one was coming and Cuz went for a piss. I crouched down to talk to Tooth. He took very little care in preparing the foil, I didn't even see him heat the bottom to burn away the toxins. He made a very short foil pipe and started to chase the brown down the foil. He chased it around in a circle, rather than up and down. Cuz came over and stood over him. He seemed to be proud not to be doing the same thing [smoking heroin – even though he used heroin]. To make himself feel that he didn't want it, he started to speak out loud about how it was a shit drug and that he didn't want anything to do with it. [28.11.04]

In addition, Cuz had a tendency to try and show me that he could maintain conventional social relations (Bourgois and Schonberg, 2009) but had disdain for other behaviours linked with crack scene stigmas such as sex for crack exchanges (even though he often boasted about his sexual conquests with Babe). This may have been linked to my role as researcher/friend which had implications for what he told me. In this excerpt, Cuz seems to be directly involved in these interactional processes of *othering*. These field notes record a short social exchange with a damaged young woman who had recently been released from prison:

As we arrived in town, Cuz pulled up a young woman who he recognised – she had just been released from Holloway prison that day. She must have been around early 20s, had slicked-back hair into a pony tail, a few yellow teeth and fairly new clothes – she looked unwell. She was drinking a can of extra strong lager when Cuz asked her what she was doing. *"Rock"* she said and smiled to show the few yellow teeth she had. She asked Cuz if he *"wanted a shine* [blow job] *for two quid"*. *"Dirty bitch"* he sneered. She then asked me if I wanted *"some pussy?"* I politely declined and after that she seemed to lose interest in the conversation. Her attention switched to the arrival of police officers across the street and she then kissed us both on the cheek and left. [29.12.04]

He later called her a *"desperate crack head"*. Crack users, like this young woman, seem to find it difficult to counter their social position in the crack scene (Bauman, 2007) which is why many seem to want to attempt to avoid the label of 'crack head' – because it may have direct implications for social standing in the crack scene, individual identities and attitudes to the self (Maruna, 2001).

The stigma of the 'crack head' and their social acts

> *A crack head? Well you* [points at me] *would call everyone who uses crack a 'crack head', but society will say that but then in the crack world, you will see the crack heads, they are more visible. The crack heads act mad on the road or differently - they are not controlled. Apart from the glazed eyes, a crack head is someone unkept, drooling at the mouth, no shoes. They are mad, acting insane but they stand out like sore thumbs. A crack head will also beg off you so you say "here you go, get out of my face" but next time they will forget they asked you already and one day it will resort to violence because they keep doing it and get it off someone else. It* [crack] *makes you greedy, see I wouldn't do that because of my pride and I would want to show that I have got more than you have got so a crack head would rather beg than help himself. I don't want to be seen as a crack head so I will make sure I try and walk straight and calm but often the eyes give it away so I end up being conscious about it which it makes it worse.* [Iverson]

Here, an awareness of the potential to be seen as a crack head seems to lead to further individual signs that the symbolisms of the 'crack head' are apparent. No crack user wants to be perceived as a 'crack head'; someone who has abandoned all social morals or the 'lowest of the low living among the low' and someone who has forgone all important aspects of their life in favour of crack. For these reasons, such a label carries significant amounts of stigma – not only from wider society (Box, 1981; Bourgois, 2002) but also within the crack scene (Simmonds and Coomber, 2009):

> *Well, a crack head will be someone who's living, breathing, smoking crack rather than putting food in their belly. Literally let it all go to pieces, in dirty clothes. From when they wake up until they go to sleep – all they do is make money to smoke crack, smoke crack and make money to smoke crack. Perhaps in a really small tiny, tiny, vicious, vicious circle. They've never got any cigarettes. Never got nothing. They just*

want to hit their money. They won't do no shopping, won't do no laundry, won't pay no fags. They won't do nothing. That's really what you call a crack head. [BD]

So with some people, their sense of morality - their sense of right and wrong, their dignity, their self-respect – all that goes out the window. These are people [crack heads] *who don't care if they're homeless and living on the streets.* [Sneaks]

Importantly, descriptions of a 'crack head' are made in the context of the 'other'; someone who the individual hasn't *been*, *is* not, or will not *be*. Crack users seem to label others 'crack head' because they seem to think there is always someone else 'worse off than they are' (Maruna, 2001). Essentially, this seems to strengthen a self denial of their own position (Goffman, 1959; Sykes and Matza, 1957) and may protect the self from the stigmatising consequences of the label (Maruna, 2001). To avoid this label, many crack users attempt to sustain a positive image of themselves in the crack scene (Goffman, 1963) - one which dwells in the perception of the other (Cooley, 1964). This seems to be particularly successful for the entrepreneurs and the organised crack-using groups (High society) – or those who had held such status, such as Iverson:

Once you have an identity, a presence, you have to maintain it if you want your status, so all the beggars and ponces will come up to you and say "ah man, you always give me a smoke" and you say "alright, now go on" and he is your friend again. But if you don't maintain it they can change, but they don't remember until you give it to them. They are genuinely gone.

Those who can successfully maintain these identities do not seem to be considered 'crack heads' because they still function in the mainstream sphere in some capacity or are able to covertly manage their crack use so it does not interfere with life responsibilities and personal well being. The way in which these groups and individuals seem to respond to their deviancy (Lemert, 1967) is to show others in the crack scene how much crack *they* can use or how much of a successful crack user *they* are. Very often, an investment in this identity results in increased crack use (Chapter 6):

Until you get deeper, you realise you are in the wrong place. This could be a crack house, a crack house is nothing, it is just a room, a space in time you can hang out, pay your rent in crack. No one is concerned about you, so you can forget about that. People go there 9-5 like a release, like people go to a pub. If you can work and sustain it that way, you are ok but in due course, all that is going to disappear

because it will overwhelm you, you get bigger, you take more, the more you have, the more you spend, £1000 will go in a second. [Baz]

The implications of the 'crack head' label seem greater for those lower down the chain in the crack scene – the Low life. As indicated earlier in the chapter, the label seems to be attributed to social isolation, stigmatisation and victimisation. This seems to be because the nature of a 'crack head's' social acts and social reputation attract increased stigmatisation from those occupying the same space which exacerbates already fragile positions:

It's a term that's thrown about very lightly. Technically I suppose anyone that smokes crack is a crack head. That's the bottom line. Anyone that smokes on a regular basis but what it's normally tended to be thought of as a crack head when they've slipped down the ladder is when they've lost all respect for themselves and all they think about is the drug. That's the only thing they can think about from when they wake up in the morning until they pass out. They won't go to sleep. They'll stay out and stay out and stay out. In the rain – in all sorts of weather. You see them hanging around, they might be begging money "Excuse me. Got 50p?" or "Have you got a cigarette?" or "Have you got a lighter?" They never have nothing. Any money that they get... they can be hungry but if they've got seven pounds they'll take a pound to get some chicken and chips or eight pounds so you can make a stone and a stone won't stop you if you're hungry...What you've got to understand is that people get so desperate that they will do anything for crack, literally. They will steal. They will do sexual favours – sexually humiliate themselves and even sometimes a dealer who's bored and doesn't like someone will say "okay you know what if you eat that rotten piece of bread in there I'll give you a loan for three pounds/four pounds off" because he's bored...You've got to remember that a crack head will stand there and promise you their mother, their sister, whatever. They're going to get that money. They promise you. They'll come with a story. They're just waiting for the bank to open and it's all lies. They will hustle. They'll manipulate. They will trade on your weakness. I've known ones that have gone to the hospital and stolen TVs. [BD]

It seems that it is only in recovery in residential rehabilitation services - when crack users assess the self (Giddens, 1991) – that some concede to this label. No current crack user in the study admitted to being a 'crack head'. Here, Funky D reflects on how she denied she was a 'crack head' while involved in the crack scene but, having sought drug support and

residential rehabilitation services, recognised that she was probably was a 'crack head' – having spent years denying it:

Dan: *What's a crack head?*

Funky D: *In the end I thought to myself "Funky D, you're getting a crack head" and I could really see why people say people are a crack head because before I used to say that I was a 'smoker'. I think a crack head – their priorities don't come first. Crack comes first or whatever choice of drug comes first.*

Dan: *So they smoke crack.*

Funky D: *You just live your life for crack. Remember you lose your kids. Not even your kids are important. Not even your mum's important. You've got to be a crack head. Your head is around crack. My head was around crack because all these things bought me to this stage* [in residential rehabilitation service] *because I'd lost my kids, my mum was fed up with me, I had to go and steal to go and support my habit. Everything I did revolved around crack. My friends had had enough of me because I got some bad shit. In the end I said to myself "I'm not a crack head. I'm not that bad". I fucking was. So there is progression.*

Particular cultural practices - associated with Low life – poly-drug users (predominantly crack and heroin) and injecting drug users or 'junkies' (Simmonds and Coomber, 2009) are also stigmatised in the crack scene. Similarly, these practices are seen to symbolise a loss of all morals and lack of social control. In these excerpts, Philo and Baz reflect on looking down on the 'junkies' who inject heroin:

Yeah and there's a hierarchy, I mean, the whole drug using world is very judgemental, you know, especially [interrupts himself] *and I think one of the reasons for that is that anybody doing illicit substances particularly people that don't inject and look down on injectors because they've had to label this thing a danger in order they don't go there, so they say to anyone else that has stepped over that line. A lot of people are struggling with addictive substances, they try to convince themselves that they are in this place and they can get out and they're better than this person who is further down the hill, you know what I mean? And there's a lot of these sort of internal battles that affect the way in which they view others, or we view others or whatever, do you know what I mean? There were times when I always looked down*

on... not really down, but it was a place I didn't wanna go, you know, anybody sort of like giving up all pretence of normal life, because, you know I wanted to stay away from that makes life more difficult for you, it's all associated with low life, isn't it? Any out of control drug use, you know. Drug users have the same values as everyone else, really. [Philo]

I look down on the ones that take brown because I discriminate against them because it is like a hierarchy class. If you smoke weed, you are cool, crack, so so [in the middle], *you take the brown stuff, that is the killer, its over, you don't value life, that is the way I see it. You don't socialise with these people, they have different mentalities, these people are the thieves, they will have your shoes and that.* [Baz]

However, those who used both crack and heroin, and/or inject both drugs feel otherwise about this stigmatisation. Some said those applying the label on *them* are hypocrites and that their position is *just as fragile* as theirs. Ironically, having publically shown disdain for heroin use earlier in the chapter, here Cuz defends those who use crack as well as heroin:

Dan: *Some people I speak to say "Oh I don't like to use heroin" but they do.*

Cuz: *Yeah you get a lot of it. They're liars, aren't they? That's bullshitters who aren't honest with themselves They're just full of shit.*

Dan: *But it all comes back to this thing about people looking down on heroin.*

Cuz: *Yeah of course but they do take it.*

Dan: *Yeah. It's a complete contradiction.*

Cuz: *And if they saw me they'd say "oh you fucking crack head" but you hypocrite. You're in exactly the same thing as I am.*

So in essence, because of the potential stigma of the label, some crack users seem to deny aspects of their crack use, while others deny their heroin use - because conceding to the label may have direct implications for attitudes to the self and identity (Maruna, 2001). Equally, when crack users recall some of the things they have done to get the drug, most feel guilty and ashamed. Some say they targeted vulnerable victims, while others had provided various derogatory sexual favours for crack (Chapter 2; Inciardi, 1995). Some like Pix

continued using crack after being raped and physically abused while others like Firey A and Funky D neglected, and in some cases, abused their children (Bourgois, 1995; Williams, 1990). These experiences appear to compound individual feelings of uselessness and shame (Bourdieu, 1984). Instead, many said, crack is used to numb these feelings but this seems to increase fatalistic attitudes. Funky D described her actions after losing her children and investing further resource in a crack-using lifestyle:

> *When I think about it now, I targeted the man. I know he's got money and I want that money. That was all that was in my head. I could have gone and shoplifted and left the man alone, when I think about it now; but because I'd seen that money, I wanted that money, because I knew that that money was certain. Do you understand? I knew that money was there. He's got it and I want it, and I sat and waited for him. He came from the bank, he went into Iceland* [food supermarket] *and I sat there and -watched - for him to come out of that shop and followed him into the lift. I did* ['it' or robbed him], *and it's only afterwards now that I started worrying. That's when I started worrying.*

With this in mind, and despite being in recovery, the shame and guilt still seemed to weigh heavily on her mind because these experiences are reflexively visited. Others remain adamant that they are not prepared to let their reliance on crack lead to such acts: *"It depends on the person. Some would not step over certain moral boundaries: I couldn't go up to* [rob] *a vulnerable person whether they're old or young or whatever"* [Gums]. It is widely agreed, however, that some are beyond social repair and this, they say, is evident in how they are treated and how they interact in the crack scene:

> *It is a community on its own* [the 'crack heads'] *because they see they belong there, because they are not being judged, or if they are judged, they don't respond to it and they don't know how to respond. If you told me I was dirty and that I was wasted, it wouldn't matter, I am not there. I am detached but I have the company and that is all the matters, I don't care about family, friends, or anything.* [Iverson]

Very often, this label, once applied, seems difficult to counter as it often carries significant weight throughout the social networks of the crack scene (Chapter 7). Contrary to popular perception (Reinarman and Levine, 1997), in the crack scene there is little kudos associated with acts of violent crime, risk and sex behaviours; if anything, these acts are generally frowned upon (Glaser, 1978). Crack user narratives indicate that involvement in

such acts appear as symbols of degradation and stigma which may increase individual levels of shame among crack users. There seem to be certain places people don't want to go, but when they do, it may reinforce the individual and social stigma of their actions, their social and self perception and, as a consequence, their sense of themselves (identity). This also seems to be the case in the context of the environments crack users occupy - in particular, crack houses.

The crack house: Signs of status or symbols of stigma?

> *There are the high flyers, some people coming in* [to the crack house] *once a month, others come in on a Friday or Saturday, just like some people coming in with a shirt and tie and others have no jobs, stinking.* [Iverson]

In general, it is difficult to typologise crack houses by particular behaviours and/or particular sets of crack users (whether they are recreational or heavy crack users) because the cultural pressures of the crack scene (Chapter 7) and crime control dynamics (Chapter 8) seem to determine crack house operations (Briggs, 2010). Indeed, this study indicates that the crack house experience seems to relate to different structural, social and spatial narrative constructions:

> *So the* [crack] *house ran like that for about six months. I had my friends – some could stay – there was about four/five of them, this was a one-bedroom flat you know with about five of us in it. So we had beds, we had settee, TV/video – four and five of us. Maybe it was three – the girl and the three geezers. They were the main ones to stay. So that ran like that for about six months plus you've got the people coming to the door buying and selling and going. Some people bought and came in – those they'd let – that was for about six months... We used to have a laugh and a joke. We used to have deep conversations. We used to have the music on. Sometimes we'd smoke and we've got the telly on. It really was civilised.* [Sneaks]

In the context of Sneaks narrative, when times were good – the environment, the company, the crack - so too was the experience in the crack house. These environments don't seem to hold social stigma but prestige and social status. This is not necessarily because they are socially or spatially superior but because the activities taking place in these environments are not perceived to be depraved or stigmatised by those involved. Moreover, the 'crack heads', as they see it, are not infecting their space. However, as crack careers evolve (Brain *et al.*, 1998) and as some of these locations are closed down (Chapter 8) and crack users make

choices to use other environments (Chapter 6), access to some of these establishments becomes more difficult. Some crack users like Funky D are forced to improvise, try new places, build new relationships and take more risks in new environments. They may start to interact with others in different locations where more stigmatised social acts take place. Personal admissions of involvement in these stigmatised environments may confirm 'crack head' status and, for most, this seems difficult to accept.

While very few crack users feel attached to a crack house, in the main, many distance themselves from the use of crack houses (even though they use them). Some even deny that operations from their flat could be classified as a crack house (Briggs, 2010). On one hand, they tend to do this to avoid community attention and to deter other potential social pollutants from encroaching on what 'they have'. On the other hand, they seem to do this to avoid a broader label being made on their operations – both from the community and crack scene players. For example, Flick always used to deny his flat was a 'crack house' yet his crack-using associates felt otherwise. They had reason for such assumptions because Flick invited all sorts of strangers to smoke any kind of drug in his flat at any hour of the day or night. When not in his flat, Flick lingered around outside drug services trying to persuade others to part with drugs or to use drugs in his flat in exchange for drugs. Because of this, he was generally perceived as a 'ponce': someone who did not work hard for his drug money.

Because of his inability to earn money, Flick bartered out his flat to allow people to use crack in his flat, away from public and police attention, in exchange a 'rock or two'. However, if there was heroin or prescribed drugs on offer, it often tempted him to offer out his space. The flat regulars were Blood, Big T, JC, and Bones. Big T and JC appeared only on social security payment days if they could also be persuaded by Flick. Blood and Bones, however, often spent long overnight spells at Flick's, making their money for crack and treating him to a *"few pipes"*. The flat, however, was not exclusive in its operations because although Flick said he *"only a few knew"*, it was where I met Fuzz, Holt and Cheque, Brummie and Flea; all smoking and injecting crack and heroin on Flick's premises.

At times, Flick's flat did not display any outside social or drug-taking characteristics of a 'crack house'. Some days, there were no visitors and when dealers were unavailable and Blood and Bones went visiting other crack-using locations. While Flick regarded direct transactions with crack dealers in their flats as 'crack house operations', this view was not shared by Blood, Big T or JC. As we walked to a street deal, Blood declared that *"crack houses are places where people take crack – that's all. You don't have to have a dealer*

there". Perhaps Flick was just cautious about what might happen if too many people found out about his operations because it had backfired in the past? Or perhaps he was more conscious of what it would mean for his image if he was seen to be operating a crack house?

Other crack users are certainly concerned about image when it comes to the permissiveness of certain behaviours in crack houses. Injecting behaviours, for some, symbolise individual and social stigma in crack houses:

> *I am thinking about the injecting. I am trying to think why people who use crack see their selves a cut higher than the normal junkie but if they are sitting in a room with someone who is sticking a needle in them – it kind of brings everyone down to their level and they can't have that. There is a lot of denial, like where crack is, where can we smoke a bit, "we smoke a rock but we're not like them guys hanging around outside the tube station selling travelcards who is injecting in their groin". Really there is no difference, they are both addicted to class A substances and they are destroying their lives. It is important for them to see their selves above these people that's why you can't do it in the crack house because you bring everyone down to that level.* [Alwight]

In a similar example, Groucho also denied that the every day, all-night crack smoking sessions funded by organised credit-card fraud operations in his Victorian flat was a 'crack house.' Therefore, for individual purposes, denial of crack house operations seems to be associated with reducing community attention and pressure from other crack scene members (Briggs, 2010) but appears to be associated with denial of the deviant label (Sykes and Matza, 1957), because these venues are associated with stigma and shame (Parkin and Coomber, 2009). Conceding to the 'crack house' label may have some bearing on their individual identity and therefore it is of interest to deter such labels being made. This is because crack users said crack houses are populated with the 'low-life', 'ponces', 'crack heads', and 'diseased prostitutes' who do *anything* for crack (Chapter 7). Someone who spent time in these places had forgone all morals and was beyond social repair:

> **BD:** *I'm a twenty-year crack user. I'm now in recovery. I'm attending a day programme. I've done everything from started out selling cocaine to, at my lowest point when I was actually living in a crack house.*
>
> **Dan:** *Lowest point?*

BD: *Yeah. Well you don't get a lot lower than living in a crack house, trust me.*

And:

> *I think they are real sordid, dangerous places. I feel very security conscious. People get down to their lowest instincts in the crack house. Stuff around violence, sex, anger, degradation especially, well both male and female. How addiction gets hold of these people that are in that environment. Seeing men that aren't gay perform blow jobs on men. I have seen women do the same thing on men for a £10 rock. I found it really degrading – I found the whole mentality of those places to be the lowest of the low.* [Easy E]

While Groucho did not consider his flat to be a crack house, he is quick to point out the kind of people who normally attend such venues. They are certainly not people like him:

> *A crack house? It's just where most low-life go up there. I try not to go to crack houses. I go to crack houses at night but I try not to stick with them. Most ones that I've been in are proper low, low places where as soon as you walk in they're like flies around shit because I think I keep myself nice and they've got this thing that all women do anything for it and basically I've been calling them bastards when they've got their thingies out. I've said "fuck that" and there are girls that are doing that up there and it's disgusting. It's gross. Horrible place!* [Groucho]

This is also seems to be linked to how crack users rationalise their operations and behaviour in an effort to protect themselves from receiving the deviant label (Maruna, 2001; Sykes and Matza, 1957). Participation in the crack house life or the derogatory acts associated with it such as sex for crack exchanges, various physical and mental abuses, and violence seem to have implications for the inner core of the individual's identity (Chapter 8; Duff, 2009; Fitzgerald, 2009). Those in recovery reflect on feeling ashamed of their actions in these environments – not only what they did as individuals but what they did to others:

> *I've been invited to all sorts of* [crack] *houses. Frank, who has recently passed away, had this very seedy, musty place. There had to be an exchange for a smoke* [on the premises], *there was a condition* [to get in]. *I used to bring women down there. One time, Frank asked me if he could ask my girl to suck his cock. I said "you're having a laugh, bruv, this is mine." And he was like "go on, get her high so I can do things to her". Then I ran out of fags, so I had to go to the shop, and then I got back to the*

house, he had given her a big pipe, and she was on him and I thought "fuck you bitch, I didn't care". Through my stupidity, it hurts. I got her involved in crack. [Madmax]

Some seem to internalise these feelings of guilt and shame (Bourdieu, 1984), and it is these compounded feelings (Box, 1981) which seem to make it difficult for crack users to make changes to their lives (Chapter 10).

Conclusion

This chapter shows that crack users seek to counter their socio-structural position (Goffman, 1959) by attempting to be responsible citizens who live normal lives (Bauman, 2007). However, despite some quest for intimacy (Giddens, 1991), in general, the social interactions which form the foundations of identity construction seem volatile and self perpetual. This is because crack users appear to be as much the victims as they are the perpetrators in the crack scene (Dunlap, 1992; Dunlap, 1995; Bourgois, 1995; Bourgois and Schonberg, 2009). Therefore, a conflict appears to arise between their individual quest to counter their position (Bauman, 2004), their individual needs (Preble and Casey, 1969) and their pursuit for intimacy and trusting social relations (Bourgois and Schonberg, 2009; Giddens, 1991). Indeed, many like Cuz struggle to manage this relationship.

Crack users seem to rely on a social image of themselves in the crack scene to confirm who they are (Cooley, 1964) and it is this maintenance of self image which seems to supersede all (Goffman, 1963). It is used, where possible, to counter the 'crack head' image (Simmonds and Coomber, 2009); to deny particular practices; and associations or use of particular places (Sykes and Matza, 1957). To do this, crack users seem to engage in social discourses of 'othering' (Young, 2007). Those most vulnerable seem to become increasingly fatalistic, pessimistic and seem to manifest these feelings in their risky practices (Bourdieu, 1984; Farmer *et al.*, 1997; Wilkinson, 2006). For most, the rational response to their structural circumstances (Evans, 2002; Giddens, 1984) is manifested in ongoing denial and increasing fatalism, and this seems to shape the person they have *become* (Becker, 1953; Chapter 6). Therefore personal decision-making and actions in these contexts are also a product of them (Bourdieu, 1984; Giddens, 1984). Despite this, many crack users speak of their intentions and attempts to 'get clean' (Maruna, 2001). After all, the majority of people with which I spent this time, did not want this lifestyle and took little long-term enjoyment from it.

Chapter 10 – Ways out

I was depressed because I wasn't with my children, because guilt and shame is a big part for me...The reasons why crack users avoid participation in services or drop out? I think that's self-worth -- an individual not having any self-worth. Feelings of loneliness. I can't do this. I can't motivate myself. [Firey A]

To enter the system is to enter a world of uncertainty, where one may be treated with equisite passion one day and contempt the next; a world of hurry-up-and-wait, of double-binds and contradictions, where arbitrary and differential treatment, and myriad rules and regulations, triumph over the very purpose of the system itself (Liebow, 1993: 147).

Introduction

This chapter gives greater insight into the attempts crack users make to seek 'ways out' of their predicaments. Firstly, the chapter looks at how appointments and meaningful engagement with drug support services are jeopardised by the day-to-day pressures of the crack scene (Bourgois and Schonberg, 2009; Chapter 7; Chapter 9; Malchy *et al.*, 2008) and crime control dynamics (Aitkin *et al.*, 2002; Chapter 8). The second part considers more indirect influences which rest predominantly with the individual. Crack users do make active decisions to seek a way out but, all too often, their agency seems to get eroded after self motivated efforts toward change are consistently blocked (Evans, 2002; Giddens, 1984). What follows are self rationalisations that their life is 'crack' (Maruna, 2001) and continuing to take crack (and other drugs) seems the best thing to do in light of the unpromising long-term prospects (Booth Davies, 1997; Young, 1971). For some, it may be these experiences which perpetuate fatalistic attitudes (Chapter 9; Mieczkowski, 1990) and redirect them into more entrenched risk practices (Lemert, 1967).

Those who manage to display enough *commitment* toward change, have to confront the 'crack head' identity (Simmonds and Coomber, 2009; Radcliffe and Stevens, 2008). This seems to be extremely difficult for many to accept because they are still in denial of their position (Goffman, 1963). For years, they have rationalised their past behaviours are 'down to the drugs' (Sykes and Matza, 1957) and they find it difficult for the 'self' to accept his/her actions (Maruna, 2001) – particularly when there is such stigma attached to what they have

done (Chapter 9). The last part of the chapter is devoted to success stories: those who have, thus far, been able to 'get clean' despite various pressures.

The rocky road of drug support service engagement: Shake's appointments

The socio-structural pressures which shape the crack scene seem to deter access and hinder engagement with drug support services. This seemed apparent through one day I spent with Shake. Shake, who was homeless for the best part of the early fieldwork period, was often seen next to a bank opposite the park. It had become somewhere people knew they could, within a day or so, connect with him. Recent initiatives to disperse street drinkers had him bundled into this category and he was frequently moved on to other areas in Rivertown (Chapter 8). His daily life was characterised by a lifestyle around crack and other drugs. When he told me one morning he had an appointment at Drug and Alcohol Treatment Service 2 (at the other end of Rivertown), I was surprised. This was because his local service (Drug and Alcohol Treatment Service 1) had expelled him after he had some disagreements with other clients. As a result, he had been referred to another service. On this cold, winter morning in January 2005, he was due at his appointment at 11am which we later learnt when we got to the service was actually 10am. It was just before 10am when we met:

> Shake was clucking badly when I saw him first – his eyes were watering, he nose running and his hands shaking slightly. He held his stomach in pain. He had mustered up £10 and I let him use my phone to call the dealer. He tried one number and it failed so he called another and was told to walk up the road. In a change to his normal dealing routine, we walked round the corner from towards a pub.

It seemed odd to see him scoring crack and heroin in such a well-to-do area. After about 10 minutes, I walked up the road – the dealer hadn't arrived. As Shake was waiting, he was joined by Gary, who had recently been released from prison a week ago. Gary was 'clean' and had been given a DTTO on condition that he report there five days a week, although, he said he was only expected two days a week for a *"swab and a chat"*. They talked briefly about 'the best deals' in crack. As I returned, Shake introduced me and then the dealer pulled up in a white maintenance van. Perhaps this was sheer convenience for the dealer? The van beeped, Shake leapt in, and was driven 50m down the road before getting out:

We left Gary and walked back up to town. I was looking at my watch and thinking 'he would never make his appointment' – it was about 10.15am and he hadn't even taken the drugs. As we walked into McDonalds, he stopped and introduced me to another; Kenny, who used crack *"here and there"*, so he said, and drank heavily. Shake disappeared for 20 minutes or so while I was talking to Kenny.

It was just after 10.30am when Shake reappeared from the toilets in a real mess. He could hardly talk or stand up, and almost fell mid-walk. We walked slowly to the bus stop and I agreed to cycle to Drug and Alcohol Service 1 to inform them he would be late. I arrived only ten minutes later at around 10.40am and I ran inside to re-arrange the appointment. It was about 10.50am when Shake arrived and he was 50 minutes late for his appointment. For some reason, he said he got off the bus early to walk. He was in muddle, clearly still affected by the crack and heroin:

> He got out his appointment time card (which fell out of his diary loaded with drug dealer phone numbers); his eyes were half open and drool periodically seeped from his mouth. He was told, quite politely actually, that he could have an appointment tomorrow for 1.40pm with the doctor. He was sitting in the waiting room with me trying to speak clearly but he was still struggling from the crack and heroin but I wasn't sure why we were waiting other than to wait for his recovery. Maybe he would have to make a similar journey tomorrow? [18.1.05]

My intervention may have saved him from clocking up a 'missed appointment' (three would mean expulsion from the service) and also may have influenced his treatment by the staff (some in the drug service were considered to be friendly). However, he didn't make the next appointment and I didn't see Shake for the next three months. He was arrested and sent back to prison. In prison, he said he managed to 'get clean' but on release faced similar problems of unstable housing and social pressures of the crack scene:

> As I walked back to my bike, I passed the social security office and saw Shake - he looked well, healthy and had put on weight. He had only managed to use drugs once since release from prison which I thought was impressive given the pressures....Later that day, however, I saw him in his 'old area', outside the bank opposite the park. He looked desperate and was late for something. He asked me to look after some money. We argued and I eventually refused, persuading him to give it to his girlfriend. Some guy called Abdul started to linger in the background and I got the impression he was

hanging around because he knew Shake had money. He managed to get rid of Abdul but as we were about to get on the bus, two younger crack users whom Shake had met in prison, came up to him. They pestered him for drugs. Shake sent them along their way, turned to me and said *"they are like demons, they're all around me."* [21.4.05]

Shake's experience seems to show how a disorganised, unpredictable daily lifestyle around crack and heroin coupled with crack scene social influences (Chapter 7) have implications for engagement with drug support services. Furthermore, the pressures of the crack scene do not diminish, despite efforts to get 'clean' in prison; the pressure evident in Shake's last words. Displacement to different areas of Rivertown also feature in the narrative as well as expulsion from his local service (Chapter 8). For these reasons, it is difficult for crack users to maintain engagement with drug support services – not only because of the social pressures – but also because of the conditions which such services impose (Chapter 8).

Maintaining engagement: Silver's 'commitment' and Lady Di's predicament

There is high expectancy that crack users should strive to live like regular citizens (Bauman, 2007). In this respect, despite the difficulties they may have, they are expected to show *commitment* and take responsibility for themselves to seek a way out of their crack use (Petersen, 1997; Rimke, 2000). This seemed to be particularly evident in the narratives of Silver and Lady Di. In 2001, Silver who had served a number of prison sentences for burglary and shoplifting, detoxed from crack and heroin three times and relapsed on all occasions. On the most recent occasion, he relapsed when his brother died. This wasn't, however, the whole story as he recalled how he disengaged from the service because a worker *"lied to him about possible prescriptions"*. This broke the trust in the relationship. He continued to use crack and heroin until he was arrested and imprisoned again. He described prison as a *"slap in the face"*, however, he saw a worker from Referral and Community Support Service a week before his release. On his release to the community, he avoided crack for the first ten days. However:

> *I got out on a Friday, I rang up hostels that were available, saw my GP and then I made an appointment with a worker on Monday and he asked me if I had thought about residential rehabilitation service and I said I hadn't used* [drugs] *and don't intend to...and because I had my family, I said no. I then saw another worker the following week and just started using* [crack], *told him I hadn't – then the following*

week came in and told him I had used and that over each day it had been escalating day by day. The week after that I asked to go to detox.

After a few weeks in the community, Silver said he could see himself *"go down that slippery slope again"*. Then, *"it started"* he said. He started scoring over four day intervals with *"a couple of guys"* he met in prison. His crack and heroin use, initially sporadic after release from prison, then became more frequent. When he approached his worker with this pattern, he was told they needed to see *"a bit more commitment"* from him. Meantime, to maintain some motivation to avoid social contact with other crack users, he spent a considerable amount of time looking through long lists of potential residential rehabilitation services and made six selections. He was told that Rivertown Substance Misuse Team would only fund one of the six. In 2002, he was told:

They [Rivertown Substance Misuse Team] *only funded six people a month to go though residential rehabilitation service. I didn't know whether it was the six most deserving cases or six people most at risk. I wasn't sure how they decided – the funding meetings were every Thursday and my case was a week after I had done this. I had to attend the interview and this woman would argue my case.*

Rivertown's selection process, however, appeared to be related to the fact that some residential rehabilitation services had lower success rates with Rivertown's crack users because they were 'high risk'. Consequently, workers tended to reject placements for crack users. Furthermore, he was told that the reason for this delay was that he was not using 'enough' crack and heroin to warrant funding through detox and residential rehabilitation service. He said this left him *"passing time"* in a hostel which affected his motivation to get clean (Briggs *et al.*, 2009):

There is a big problem of housing. A lot of the hostels that people go into are just full of people using drugs. So if someone comes out of prison or anywhere will all the best intentions and willingness to stay drug free-put that person into a hostel and they are surrounded by people dealing and going out offending. You could be there six months to a year before you are re-housed by the council and the chances are you will start using and re-offending. The rooms are smaller than the cells and there is normally only room for a single bed. Most people know about where they might want to go – but when you get out, you have to apply, 6-8 weeks waiting. That's 6-8 weeks of you being bored and around people that are using [drugs] *and offending.*

He stayed there for two years. In December 2004, however, he got a place at a residential rehabilitation service but after three months, he left after disagreeing with the service philosophy of strict abstinence. By April 2005, the next time I saw him, he was smoking crack and heroin in a crack house. Perhaps he had not hit 'rock bottom'? Indeed, many are told by drug workers that they need to hit 'rock bottom' to be able to make changes to their lives. This may not be the correct message to deliver to crack users because not only might it give them a rationale to continue to use crack but it may also serve to reduce agentic decision-making. They may tell themselves that they have not yet hit 'rock bottom' or say 'I tried, but they said I couldn't' or 'they told me I couldn't qualify yet'. So, when Silver did show enough *commitment* to engage, he was asked for more. For many, this is even more difficult as most amass more significant health and social problems (Chapter 2) which require more effort to resolve (Chapter 7). It certainly requires them to attend different appointments at different times in different services, which by now, for most, is challenging.

Lady Di exemplifies a similar story. At the time of interview, Lady Di was 33, and said she had been out of prison for three weeks. She said she was homeless because a care plan had not been devised for her release. When faced with the prospect of street sleeping, she reluctantly sought refuge living with her abusive ex boyfriend, The Duke. She said he forced her to earn money for his drug habit and stole credit cards in order to raise the *"£200 a day"* he needed. The interview took place on the street as The Duke was looking for her in the social security office opposite:

> **Lady Di:** *Yeah well what it is I came out of prison and I didn't have nowhere to stay so he's letting me stay with him but I've got to keep his habit. I came out of jail clean* [from drugs] *but because I've gone to stay with him and I ain't got nowhere to go I've sort of got myself back on the gear again. I've got myself popping crack and that gear habit again within three weeks...*
>
> **Dan:** *Were you living with him before?*
>
> **Lady Di:** *Yeah.*
>
> **Cuz:** *Were you having a relationship with him before? Were you?*
>
> **Lady Di:** *Yeah.*
>
> **Cuz:** *You were together? You were an item?*

Lady Di: *Well yeah. Well before I went away* [in prison] *for the last six months – we weren't....well I've been with him for three years and for two and a half years I was with him but for the last six months before I went away there was no sexual relationship because when you're on drugs and I'd end up hating him because I could see that he was using me.*

Cuz: *No, you saw what he was really like.*

Lady Di: *Yeah I saw him for what he was and I'd end up hating him. I'd say to him "I'm using you, like your gear and your money and that but I'm only here because I've got nowhere else to go" but he hasn't got any shame. He don't care as long as he's getting his money and his gear. He ponces* [begs and steals] *off of everybody. If it weren't me it'd be someone else.*

While she desperately wanted to leave, she said she had *"not had the time"* to go to the homeless persons unit because *"as soon as you get up you're ill* [from the withdrawal of crack and heroin]. Even if she did go, she reflected she would have had to provide some ID or a birth certificate to register as homeless. She didn't have either document. Without the necessary paperwork, she said this added to her worries: *"You need to go and get some money to get some gear, then you have a pipe and everything else – any plans you make to get anything done just goes out the window and you think "I'll do it tomorrow" and tomorrow's the same. Every day's exactly the same."* She felt helpless and powerless:

Lady Di: *I've got no choice really because if I don't support his habit then I'm no use to him and I've got nowhere to live at the moment.*
Cuz: *I've told her what she's got to do.*

Lady Di: *I'm going to go down the homeless persons place. I'm going to go down there. It's just though when you get a roof over your head that's what it is – a drugs relationship – I get him gear and the house is quite clean and tidy and I can go there and I can....*

Dan: *...wash and keep clean.*

Lady Di: *Wash and keep myself clean and get new clothes, cook something to eat and live like a normal person so to speak but I have to sort this habit out as well. And he's*

always ill. He has a bit of gear and he's still ill or he still wants another pipe. He's just been on the gear for twenty-three years.

Dan: *How old is he?*

Lady Di: *He's nearly forty so he's never going to get off the gear.*

Dan: *I guess when I say bully I mean does he beat you?*

Lady Di: *Yeah he does slap me about yeah, yeah.*

Dan: *So essentially you're supporting two habits?*

Lady Di: *Yeah and it's hard.*

Dan: *Is that part of the condition of you staying there?"*

Lady Di: *Yeah oh definitely yeah because I wouldn't have nowhere else to live.*

Indeed, The Duke was to be seen most days down at the social security office, 'poncing' and intimidating others for money or drugs. She had, however, tried to engage with Crack Service but the shutters were down:

Lady Di: *I've been to Crack Service and places like that.*

Dan: *And why are you not in Crack Service?*

Lady Di: *Because I'm getting methadone off my doctor but I mean I'm on a prescription with my doctor of methadone and a bit of brown* [heroin] *but I haven't tried to sort out the crack* [use]. *I've tried to go places but – there's one place, it used to be a crack service but every time I've gone there it's been shut.*

In an absence of care plan and housing, Lady Di felt she had little other choice but to rely on the social networks of the crack scene. It was these very networks, which she felt, drained her motivation to make changes:

Lady Di: *...you can't walk down the road without people* [dealers] *going "here's my number, here's my number". Do you know what I mean? If you look like you're on drugs. I don't think they always give The Duke the number. They don't give me the number because I don't look too bad at the moment."*

Cuz: [Walking back from social security office after being summoned over by The Duke] *He wants you to go over there.*

Dan: *He said what?*

Cuz: *To try and move it up a bit. He's from Scotland. He's Scottish so he's actually...she loves him.*

Lady Di: [Sarcastically] *Yeah I love him so much I can't wait to leave him. Like I've told him to his face "I'm using you". Not meaning to be rude but it's no sexual relationship because drugs are the one and only thing in his life.*

Cuz: *Well that's his wife isn't it?*

Lady Di: *Yeah. It does more things than I would because I don't do anything anyway because I'm just using him as someway to live. I think the fucking price that I'm paying I could live with the rich. I could be living somewhere nice.*

Cuz: *Listen now that you're off it now man. Look at him staring.*

[The Duke stands on the opposite side of the road, staring directly at Lady Di. His eyes and body do not seem to move for a few minutes]

Lady Di: *Oh god.*

Cuz: *No. He's looking at me for some reason. He's probably thinking I know that cunt's reputation. He's going to take her away from me. She's got a tenner.*

Lady Di: *When I came out of jail and it only takes three weeks to clean up and I'd really had enough when I came out and I said to him "I don't want any gear" but where he's got no-one to earn his money he's worn me down. I'm thinking "enough, enough, enough. Say no" but when you're around someone and you're living with someone.*

Dan: *He just kept on and on at you, yeah?*

Lady Di: *Yeah. In the end I just started taking it. So I've been taking it for a couple of weeks but my habit ain't that bad.*

Lady Di's repeated failed attempts also outline another interesting area: there are almost no references to personal responsibility or agency. Indeed, throughout the narratives, she says things like she had 'no choice'. Instead blame is placed on the pressures around her (Chapter 7) or the mechanisms designed to help her (Chapter 8). This seems to be for two reasons. Firstly, because by blaming other pressures she neutralises personal responsibility for failure (Sykes and Matza, 1957). Secondly, it seems that in the instances where she had used her agency toward 'getting clean', there had been continual barriers. What therefore seems to happen is that when continual agentic-led attempts fail to materialise in perceived progress (Evans, 2002; Giddens, 1984), agency is eroded and instead, blame is attributed to situational and social pressures, the agencies designed to help, and, once again, back on the drug (Maruna, 2001). It can, for some, start to feel like the whole world is against them. For some, like Silver and Lady Di, this results in increased fatalistic feelings, personal inadequacy and shame, and continued crack use. Here, Cuz, who had tried to get some form of treatment in the past – albeit inappropriate for his poly-drug use - had called in to a local drug service. He reasoned that he may as well try and get something which, he rationalised, was better than 'nothing':

> *When I first said to myself that I'd had enough going out there and stealing, I wanted some medication, like methadone. I knocked on the door and buzzed the buzzer in* [Drug and Alcohol Treatment Service 1] *and said to them 'Is it possible for me to get onto methadone?' She said to me that I had to wait seven weeks! In the fifteenth week, they've sent me a letter saying that they want to see me but by then, I was doing burglaries so I was making a few pennies. They should help them when the person knocks on the door. He's asking for help. Take him, sit him down and listen to him. He's knocking on the door so that means - he's ready for something.* [Cuz]

For Cuz, the waiting lists deterred him and the opportunity was lost and he drifted back into drugs and crime. Even when he did receive the letter, this made little difference to his predicament as he had already been arrested. When, after being convicted, he was offered services again in prison but angrily rejected them because it did not reflect agentic ambitions to 'get clean':

> *It is too late, because I'm arrested now. I'm in the police station. I'm going to prison, so why all of sudden – why are you coming into the cell to ask me about my drug problem? That's what I told them. "You cunt. When I came knocking on your door*

when I was on the outside. You're telling me that you're going to send me letters in blah blah time and it took fucking fifteen weeks to fucking send me a letter, and now I've been arrested and I'm going to jail, you want to help me! Come on! It's all wrong. It's wrong. The way it's all planned is all wrong.

Experiencing continual systemic barriers appears to diminish levels of agency (Giddens, 1984) which, in turn, may convince the individual that ways out are futile. Any self promise of 'trying again tomorrow' also seem to be dangerous territory which is why crack users, too often, seem to tell themselves 'fuck it' and continue in their lifestyles:

BD: *It almost discourages people because, you know what? People when they want to go into recovery, it's a short period of time that you've got when they think my life is shit. I need to do something about it. I need to get myself sorted out and then you're told that you need to get seen by a Substance Misuse Team. Well fuck that! "Okay you've got an appointment. Come back in a week". A week is fucking eternity in a drug addict's life and on that day I've got fucking twenty quid and the last place I'm going to go is there and, if it's any other day apart from a giro day I'll probably be roped anyway and I can't afford to get there.*

Dan: *So it's a window of opportunity?*

BD: *It's a window of opportunity and it's small and it's quite easy. Your addiction is very clever. If they tell you that it's going to take two weeks before they see you that's your perfect excuse – 'Oh I tried. I couldn't get in.' Bosh, fair enough! Fuck it! What am I meant to do? That's what happens.*

In this respect, crack users are very much using their agency to act. However, when their agency is denied, it also seems to reinforce the notion that 'crack is responsible for these problems' (Booth Davies, 1997). For most, continual periods of crack use follow, which are coupled with revolving self-assessments that 'nothing can help'. For some, increased fatalistic attitudes toward the self and 'ways out' seem to develop. Here, G, who at the time of the fieldwork was attempting to show *commitment* to one such drug support service, questioned the possible outcome of his current efforts based on his past experience some years back with Drug and Alcohol Treatment Service 1:

Dan: *What's been your experiences with other services?*

G: *Yeah. If my memory serves me correct – I think it's Drug and Alcohol Treatment Service 1.*

Dan: *Oh the prescribing place.*

G: *Admittedly this was two or three years ago and I wasn't impressed with them.*

Dan: *No. Why?*

G: *And I even had a go at them. I walked into that place. I found out the day that they had their walk-ins, their drop ins and self-referrals and I went there one day crying out for help in the sense that I had a crack and heroin habit and I wanted to get off the gear. I even had money in my pocket. And I've gone it there and I left that place there with them telling me that I'd have to wait about six to eight weeks before I could get assessed.*

Dan: *Assessed? Shit.*

G: *I said "thank you very much" and I walked off. I said "It's alright. I'll go and buy some gear" and I've never been back but I have heard that it changed. I would expect it to change because the whole circuit's got worse so it stands to reason that they'd get some more staff or get some more help.*

In the subsequent period, G continued to binge heavily on crack and use heroin. However, if like Silver earlier in the chapter, crack users could summon the *commitment* and agency to seek continued support, the next barrier they encounter is facing up to themselves, their acts and their past. This process often starts with a series of assessments and perhaps counselling sessions where crack users are persuaded to 'take responsibility' for their drug use. This seems to be particularly difficult – if not more difficult for crack users than heroin users – because of the high level of denial they appear to have developed about their crack use and the heavily stigmatised nature of their past actions. In addition, many seem unsure about the role crack use plays in their current drug use.

Denial: Facing up to shame, stigma and the spoilt identity

Thus far, many crack users attribute their current circumstances to crack (Chapter 2; Chapter 6) and, over time, they seem to persuade themselves that alternative identity is responsible for crack and the consequences of its use (Ward, 2010). This identity seems to

help to defer individual feelings of guilt and shame (Maruna, 2001). Indeed, if the hegemonic message of governmental institutions, the media, social and welfare support agencies is that the drug 'does the destruction to the user', then it is highly likely that the people who use the drug will also ascribe a similar belief (Booth Davies, 1997). This also seems to aid the process of reducing the *responsibility* and agency of the drug user (Maruna, 2001). So when crack users engage with drug support services or residential rehabilitation services, they are persuaded that 'the alternative identity' that harboured their past, their criminality, and deviant acts was in fact *themselves*. So convincing the self that he/she is responsible becomes immensely difficult.

In the context of crack users, it seems that their level of denial is greater than other groups of drug users (Chapter 6) because, as they see it, the 'alternative identity' – or the drug – is responsible for their involvement in a higher proportion of criminal and stigmatised acts which contravene personal, social and cultural norms. Chapter 2 showed that, compared to other groups of drug users such as heroin users, crack users engage in the highest level of risk and sex behaviours. In addition, for some crack users in this sample, crack does not appear as problematic for them. Some cannot locate any recognisable pattern of use, can see no visible 'side effects', as they see it, and are convinced that there are others worse off than them – such as heroin users (Chapter 9) or 'junkies' (Simmonds and Coomber, 2009):

> *It's going to be harder with crack or rock addicts because remember as I said they are already in denial and they don't realise that they're just as bad as the heroin addict. They think they're one up. "No, no, no I'm alright" because, well I'd say as much, as ninety percent of them wake up with no withdrawal symptoms or anything like that and they take that as a thing that they're better and they're not better. They have got a problem just like people who take brown. They have issues that need addressing. It's to get them to realise this and it's not going to be easy.* [G]

Coming to terms with years of damaged feelings, victimisation and abuses, and personal acts of stigma seems to be too much for most. Even when in recovery, reflecting on 'the crack life' becomes difficult. In this conversation with Def Jam, a Jamaican woman in residential rehabilitation service, starts to reflect on crack-using practices. However, when the narrative drifts toward crack and crime, memories of using crack start to resurface. When they do, Def Jam attributes greater suffering to 'the crack' because she felt *it* led *her* down a

more precarious drug-taking and risk-oriented pathway; and with it, she felt, went self dignity and self respect:

Dan: *Did you do white and brown together?*

Def Jam: *Yes.*

Dan: *On the foil?*

Def Jam: *Foil, yeah for a long time.*

Dan: *So pipe – then foil. Did you go up on the crack and down on the heroin?*

Def Jam: *You can do both on the pipe as well?*

Dan: *Can you?*

Def Jam: *Snowball they call it.*

Dan: *I didn't know you could do it on the pipe.*

Def Jam: *Yeah.*

Dan: *What with a Martel bottle or with the plastic?*

Def Jam: *A pipe with the gauze.*

Dan: *Yeah but doesn't the brown fall through it?*

Def Jam: *No. You just sprinkle a bit on the thing – on top. You put your coke on first then you just sprinkle a bit on.*

Dan: *Don't you melt the coke in?*

Def Jam: *Yeah you can sprinkle the heroin on top. You can do them both. I've had them both together.*

Dan: *How does that compare?*

Def Jam: *It blows your head off. I don't want to talk about them things any more.*

Dan: *That's ok. We don't have to talk about it anymore. That's fine. No, no. If you don't want to answer any questions don't worry.*

Def Jam: *I don't really want to talk about drugs – smoking them.*

Dan: *That's fine. You do what you feel. I don't want to upset you...*

Def Jam: *It just brought back...*

Dan: *.....memories.*

Def Jam: *Yeah.*

Dan: *Ok. What about the relationship between crime. Is there a difference between the crime you would commit if you had a crack habit and crime you would commit if you had a brown habit?*

Def Jam: *Brown – that is a physical withdrawal. Ten pounds of brown can keep you satisfied for the day. Crack – that was when I went mad. I have got a* [criminal] *record. My record's upstairs. I have got a record like a book. They were trying to deport me and everything. I've been here* [in the UK] *since 1977 but, because of the crimes I've committed – I've committed too many crimes, it's a new thing they've bought out* [legislation], *and they tried to deport me. It didn't work out in the end. They said that I could stay but if I made any more crimes I'd be coming up in front of them again. I don't intend to anyway. With the crack, the man said to me when he looked at my record – the man from the Home Office – he said "This record" he said "it's like a long list. Tell me about the person behind this" and I thought "You know something? If only you'd asked the first time you'd locked me up and all those times I've been in prison. Why is it only now?" I did tell them but I was thinking "why is it only now that they're asking these questions?" They should have been asking that at the beginning. Why is this person doing this?*

Dan: *To stop it going that far?*

Def Jam: *Yeah. From day one they should have been asking these questions not when I've been to prison from 1986 and I've probably been on the street* [homeless] *maybe four years out of those years. Lucky I was always in prison for Christmas. Right now I hate Christmas with all these decorations because I feel like I'm always in prison. It's not been a good time for me if I'm struggling. I'm putting in the effort but I'm struggling with it you know? Crack is worse than heroin. I don't care what anyone says. It is because with crack you want more and more and more and the thing is as*

well you don't even realise what you're doing to people until after you've done it because the crime that I was in for was an old guy you know? And I'm really ashamed to tell you.

Dan: *If you don't feel comfortable.....*

Def Jam: *No I'm just saying I feel ashamed to talk about it. Not just to you. I feel ashamed for myself in general but I have done it and I will say it. I'm not afraid to say it because I did do it. He was pushing his wife in a wheelchair and I'd gone into the precinct to get some money because I was smoking crack and I'd seen him outside the bank counting his money and that was it. I just focused on that one man. I remember it you know and I sat and I waited for that man. He went into Iceland and I sat there waiting and I followed him into the lift and I robbed him in the lift. The man was on a heart machine and he could have died but he didn't thank God and that's through crack cocaine.*

Dan: *When you first started on crack were you just* [shop]*lifting?*

Def Jam: *Shoplifting and prostitution but it escalated.*

Dan: *What to more violent.....?*

Def Jam: *Burglary, prostitution, street robberies.*

Dan: *As it progressed you started being a bit more violent?*

Def Jam: *Yeah.*

Dan: *Are you sure you don't mind talking about this?*

Def Jam: *Yeah.*

Dan: *You don't mind?*

Def Jam: *No.*

Dan: *I mean what did it start with? Was it* [shop]*lifting first then sex work?*

Def Jam: *Yeah. Shoplifting first but when I started shoplifting....I came from Jamaica so I wasn't born here...my mum...*

Dan: *She sent for you over here?*

Def Jam: *Yeah – from Jamaica. She was here but I didn't know her because she left me when I was six months old and then I started going to school here. I'd see the girls at school* [shop]*lifting stuff and I started following them and it was just exciting so I done it. Then I started college and to look nice and to wear the clothes that were in and my mum weren't buying me the clothes that I wanted so I started shoplifting again but I used to get dressed at my friend's house, then change my clothes; dress up in the things that I wanted to dress in. Then I stopped. Then I started taking the drugs and I started again.*

Dan: *With the sex work did that come about when you had.....were you known* [by the authorities]?

Def Jam: *What happened was I was on the run* [from the police] *that's how that came about. The police wanted me. They wanted me for....I done it one time* [sex work] *before that and then I stopped. Then when I started up full-time properly was when the police were looking for me and I didn't want to get caught. I was on the run for ages so I started doing prostitution.*

Ultimately, 'the crack', she felt, exposed her to further risk behaviours and forced her out *"on the street – looking for the next one* [crack pipe]*...non-stop"* through unsafe sex practices. Over time, she said she lost weight, and took less care of her appearance and physical health. Even though she was in recovery once again, she said she didn't know *"how to feel"* and had immense difficulty facing up to the past. Furthermore, in residential rehabilitation services, individuals must not only come to terms with the 'spoilt' nature of the self (Simmonds and Coomber, 2009; Radcliffe and Stevens, 2008) but also areas of their past which they have had to try to block out. This was also the case for Firey A:

For my colour yeah and also I was a fat child as well so I was black and fat and I really got it in the neck; not only from like peers at school but my siblings at home as well because I was the only one born in Britain. The rest of them were born in Jamaica so I was pretty slated. There are times when I've been pretty insecure about myself and I've had to reinvent myself and wear masks in order to get through life and I suppose that's where I am now today because the mask didn't say up that well so I turned to drugs at the age of thirty-three.

Already damaged by racial abuse, the stigmatisation of having three children from three separate partners did not make the *"beautiful and young"* Firey A felt *"sorry"* for herself. Without the support of her family, she said she felt more *"frustrated"*. Nevertheless, through these experiences she had lost trust in family, men and as providers in love and relationships, and was tired of her burdensome children who she related to an *"albatross around her neck"*. Feeling that she may have lost her youth, at 33, she started a relationship with a *"not so nice guy"* who was a *"closet crack smoker"*. She was curious about his *"rave"* lifestyle: *"I wanted some of that...just soaking it all up really what I'd missed"*. Given her limited financial circumstances, crack dealing through her boyfriend appealed as an alternative income opportunity. She said he boyfriend *"dented the profit margin"* by smoking her *"stash"*. He frequently boasted about the effects of crack with sex, and she became more curious and tried it because she didn't want to *"be responsible"*. Within six months, her profit margins had disappeared. She said she became heavily reliant on customers who brought her stolen goods in exchange for crack. In this buoyant period, she reflected that:

> *Well we'd exchange clothes. They were shoplifters and that's how I basically lost everything because I would go and use with them. I did like the feeling. I enjoyed the feeling. I enjoyed the high. I enjoyed the buzz which, after that period, I never felt again. After that initial six months I was just chasing that buzz. I think that's what most users do but, by that time, I'd gotten involved with these people, was actually shoplifting myself, committing fraud. Those first six months it was like okay I had no responsibilities. I'd reinvented myself once again. I was like cropped blonde and really loud in appearance and the money was coming in. It was three hundred quid a day basically.*

After several years in London, and under increasing pressure to care for maturing children, she reflected how she moved to another city in an attempt *"get clean"* and stayed with her parents. With both parents struggling for income, and increased economic pressure on her family, she said she tried prostitution to make money *"for the family"* but kept it from them because of the stigma. Within three months, she *"was on the crack"*. The *"shame"* of working in the city pushed her to a nearby town but she started to steal from her family. She then fled with her children to another town to *"work the parlours"*. After two years, she tried a *"fresh start"* in another city: her daughters, she said, were *"damaged"* and *"had not forgotten"* the whole experience. The housing waiting list was lengthy but she befriended

another "[crack] *user*" and moved the family in and, again, within three months, was "*smoking again*". Increasingly desperate, she turned to more crime:

> *I started taking things out of the house and started robbing them and, before I knew it, I was at a real low and attempted street robbery, aggressive street robbery and theft of persons and the police caught up with me and I got a twelve month sentence and I served six months. First I was in Holloway, then Style, then finally Eastwood Park. I did the rehabilitation service in Style prison and I was supposed to come to the rehabilitation service on 7th February last year* [2003] *but they transferred me to another prison and all my network, everything that I'd ever set up all fell to bits and I was put back out on the streets.*

This experience appeared only to compound her feelings and amplify feelings of guilt and shame:

> *I felt like I was dying. I felt like I wanted to die – shame, guilt. I rang my children but I just couldn't stop* [using crack]. *I couldn't stop myself. I stole from my mother. Apart from stealing from shops and stuff I'd never ever stolen from another person before. I stole my mother's chequebook and within a month I emptied her account of like three thousand pounds. So I was running scared now. Everybody's looking for me. I went on a rampage. I just felt like a slab of concrete you know.*

Having lost her children – two to the care of her mother and one to social services - she found some refuge in a hostel, where she "*started using* [drugs], *scamming people and really getting dark and bullying people*". She said the hostel experience motivated her to "*badger and hassle*" people for a place in a residential rehabilitation service, which was where I met her for several interviews. Despite engaging well with drug support services and showing strong will to 'get clean', she found it difficult to come to terms with her feelings. Halfway through the fieldwork period and her stay in the residential rehabilitation service, she disengaged. The only worker who had been able to get 'past her façade' said she could not recover from feelings of shame and guilt. These challenges do not necessarily desist once crack users have been through residential rehabilitation services.

Success stories? BD and Easy E

> *They* [the government] *haven't solved the problem and they are not willing and this is what the crux of the matter is – addiction depends on funding and the government*

don't really want to fund treatment for addiction – they say it as if they are doing something about it but they're not. Really is what they want to do is find out the solution – the solution is get people into treatment and offer them a different way of life and give them continued support to sustain that life – and it isn't about sticking ex-users on council estates. It isn't about saying we can fund you for six months, that's all we can fund you for. You are kind of giving an addict a one-shot-in-a-financial-year which a lot of councils do – they say they can only fund you once in a year, then the geezer will come out of treatment and relapse and he has to wait another x,y,z months before he can see if he can get funding. [Easy E]

This research and the respective literature show that very few crack users go through residential rehabilitation service and remain drug free (Chapter 2). Many in this study said they had been through residential rehabilitation services and either failed to complete or relapsed soon after completion. Many complain that the time they spent in residential rehabilitation services was too short – suggesting that to recover and come to terms with years (and in some cases decades) of drug abuse, physical and mental ailments and practical problems would require the State to devote much more than six months to help them in their recovery. Moreover these institutions have been constructed, as crack users see it, as the answer to their drug use problems (as well as a general resolution to all life's problems). Consequently, many have high expectations that going 'into detox' or 'getting rehab' will set them on the right track to recovery. For a few, this seems to work but for most crack users in this sample it seems to be a false economy. Indeed, those that do complete residential rehabilitation services for the first time seem to have a naïve sense of their potential vulnerability:

I had a bad scenario once. I came into some money legally. I put some away and I had a couple of grand around me and I was at one of those stages when I thought "I'm alright" [after going through detox and rehabilitation service]. *I'd been clean for a while and I was walking down the road and I just got a trigger. I saw someone – a friend of mine – and I knew he had just scored – it was how he was moving. I knew he'd just scored. I said "oi oi oi". I had two hundred pounds on me and I thought "Let me just go and have one* [pipe]. *That ain't nothing". I did two grand in fourteen days.* [G]

Another reason why crack users appear to be the most difficult group to engage and retain in drug support and residential rehabilitation services is that their reputation for failure outweighs the risk to fund them for treatment. If they are given the chance, there is also the possibility that they will 'be irresponsible' and start using crack again which is why professionals must determine who can show *commitment.* This is why, with all good intention, it comes back to a question of *commitment* on the part of the crack user, and with all the will in the world, if the crack user cannot be responsible and 'change their ways' then *"time is wasted."* One housing worker said:

> [With scepticism] *The team will try to accommodate them* [crack users] *but all but the time is wasted when people receive accommodation and then decide not to live there or don't pay the bills...especially when there is other more committed people waiting to get into housing.* [NACRO worker]

Once crack users learn that either drug support or residential rehabilitation services, housing and other welfare support systems cannot offer the magic-bullet to resolve their crack use (and other problems), many reason crack use as a normative, rational option. Indeed, Booth Davies (1997: 35) notes that *"all things considered, therefore, pressing the lever"* - which in this context would be taking crack again – *"seems the best thing to do despite the unpromising long-term prospects implied by the environment"*. In fact, there seems to be little guarantee for those who do complete residential rehabilitation services that they will survive without crack and other drugs. Here, BD reflects on the seven-month engagement process having been homeless, using crack, and out of contact with drug support services. Engaging and accessing services, as he suggests, requires navigating overcrowded temporary accommodation, waiting lists and appointment systems (Chapter 8):

> **BD:** [You need a place] *so that when you go in there and say I have an addiction you can see a substance misuse team, you can be assessed, you can be told there and then whether funding is available and there and then when a place will be ready for you. It took me seven months to get into this day programme because I was homeless at the time and they won't take you when you're homeless and living on the street because they say you need a stable base so that means you then have to get a hostel, get into your hostel, be stable in your hostel, continue to go to see* [Crack Service] *to show them that you're committed and do all these things now while you're waiting for a place and then you go for your interview and then you might have to wait three or*

four weeks after your interview before you're offered a place. So seven months is a long time. You've got to be pretty committed and people that are committed don't have seven months and, in those seven months, you risk the chance of being nicked [sent to prison] *and in which case you're almost back to square one again.*

Dan: *Yeah. So you're saying there needs to be a place where there's a lot of different other services there where people have a...*

BD: *One-stop shop, yeah.*

Dan: *Is that the only thing you can foresee that would help people with this kind of addiction? Like you say they'll find excuses to use you know?*

BD: *Yeah, but like I said also the State puts some real barriers in your way.*

Dan: *Like what?*

BD: *Like I said. The fact that you need to have somewhere to live, the fact that there are so few hostel places available most people that are that far down* [have so many problems]. *You see you have to get to the bottom before you can get back up but, if you're at the bottom it's very hard to get back up because finding accommodation now in London – which is one of the requisites that you need now before you can go into a day programme - is difficult.*

Crack users are quick to complain about the social and structural barriers but few are able to identify the individual barriers which may prevent them from making progress. This is because, in most cases, their personal motivations have been eroded. Even if crack users manage to generate funding for residential rehabilitation services, they encounter significant power dynamics with others in the same stage of recovery (Briggs, 2007; Weppner, 1981). They may also disagree with the service philosophy, encounter old adversaries or, because they are still coming to terms with facing up to the past, seek to portray themselves as 'better off' than their recovering counterparts. This said, if crack users are able to stay drug free in hostels waiting for stable housing, still face day-to-day pressures of the crack scene (Chapter 7) and continual reminders of their former lifestyle:

There's just not that many areas that I can imagine myself going and living in, and knowing that one day I'm not going to walk out my door and see someone that I know, and "Oh, I didn't know that you lived here;" and it goes around the bush telegraph,

"Oh, [name] *got a flat down there." It's not going to be long before somebody's in the area scoring, and like "I've just bought a bag from around the corner. Is it all right if I have a dig in here?" I just don't want it. So the idea is that I just want to get away from all of it.* [Silver]

In many respects, the few who manage to stay clean from crack are housed back in the very areas they used to occupy as 'crack users' (Chapter 8). This presents them with daily tests of their *commitment* to stay drug free. After going through residential rehabilitation services three times, Alwight was allocated accommodation on the same estate where he started using crack – except this time, he was housed next to a crack house. Although a pressure, he saw it as almost therapeutic:

Dan: *How do you feel, having been through residential rehabilitation service and living in these areas – do you feel temptation?*

Alwight: *You see what goes on there – it is not attractive to me. I don't really feel tempted no – no I don't. It is kind of difficult. Sometimes when I am lying in bed and I know there is crack house next door and somebody knocks on the door and they go in and I might sit there and think – that person there is probably smoking a crack pipe and I might start getting physical feelings of euphoria or that but by in large I think that life is shit and I am glad I am not living that life anymore. If I chose to go into one of them places I probably will be back on it and I don't want that to happen. I have lived that life – it reminds me of how it was before me.* [ALwight]

Conclusion

This chapter shows how cultural pressures (Chapter 7) and structural barriers (Chapter 8) influence intentions to seek a way out (Shake). The same forces present day-to-day barriers to attending appointments and meetings but also sustaining such engagement (Silver and Lady Di). Few are able to show meaningful commitment for sustained periods – quickly learning of the limitations and contradictions of service configuration (Chapter 8) and reason that crack use to be a rational option (Young, 1971). They remain, in most instances, at the mercy of the crack scene (Chapter 7). This is important because crack users do show genuine individual intentions to resolve crack use (and other problems) but their motivations, it seems, become pervasive when continual social (Chapter 7) and structural (Chapter 8) barriers are experienced (Giddens, 1984). They reconcile that 'they tried' but the mechanisms

for support were not forthcoming. For some, this seems to increase the tendency for fatalistic thinking, low self esteem and low self respect (Chapter 9). They may reflect on their position in the crack scene, their failed attempts, feelings of shame (Giddens, 1991) which may coincide with increasingly risky or dangerous drug use (Bourdieu, 1984; Farmer *et al.*, 1997).

If, however, crack users muster up the required *commitment*, they are encouraged to acknowledge that it was 'self' – not the crack - which was responsible for their criminal and stigmatised decisions and actions (Maruna, 2001). Suddenly, the self is asked to shoulder all of life's losses (Dunlap, 1995); the shame of the past, and the stigma associated with the individual's criminal acts (Chapter 8; Chapter 9; Maruna, 2001). In drug support services and residential rehabilitation services, crack users are persuaded to concede to the 'spoilt' identity (Simmonds and Coomber, 2009; Radcliffe and Stevens, 2008) yet many rationalise that their lives deteriorated significantly as a consequence of crack and this, they reconcile, perpetuated their involvement criminal and deviant acts. Because these acts hold significant amounts of stigma and break personal, emotional, individual, social and cultural codes (Chapter 2), it becomes more difficult for many to come to terms with them. Although few battle through the power dynamics of residential rehabilitation services (Briggs, 2007; Weppner, 1981), they are then often thrust back into drug-using hostels while they wait for accommodation (Waterson, 1997) which will most likely be in areas where crack and other drugs are present (Chapter 5; Chapter 8; this Chapter). The final chapter of this thesis seeks to merge the literature, the theoretical framework with the findings.

Chapter 11 - Discussion and conclusion

Introduction

This thesis has attempted to examine the processes which shape crack-using careers. Ethnographic methods were used over nine months over 2004/05 with crack users in South London. While there has been other ethnographic research with crack users in the UK (Parker *et al.*, 1998), this is the first study of its kind which has attempted to describe how crack careers evolve and the socio-structural context of crack-using practices; the micro social interactions among crack users in crack houses and across crack scene; and how they interplay with macro structural processes. The study therefore provides new insights into the nature of crack use in the UK. This penultimate chapter of the thesis is devoted to providing a discussion of the findings in the context of existing literature and the theoretical framework. Recommendations for policy and practice are provided in the Appendices.

Contributions to current literature

This UK study complements other work undertaken by American (Agar, 2003; Bourgois, 1995; Williams, 1990) and Canadian researchers (Malchy *et al.*, 2008) in the context of crack. It sought to understand why crack users in the UK are perceived to be the most problematic drug-using group and why they continually fail in treatment settings (Weaver *et al.*, 2007). UK crack studies have tended to explore crack use as a consequence of deterministic processes with the actors involved perceived as victims of the drug (Chapter 2; Reinarman and Levine, 1997). However, this study sought to connect 'background factors' and 'network explanations' with individual decisions made in the context of crack (Booth Davies, 1997; Chapter 6), participation in the crack scene (Chapter 7; Malchy *et al.*, 2008) under particular structural circumstances (Bourgois, 1995; Chapter 8). Furthermore, the research also builds on identity work (Simmonds and Coomber, 2009; Maruna, 2001) in the context of crack. In addition, the work also considers the role of these areas play in attempts to make lifestyle changes. This is important given that many UK studies seem to either be concerned with 'crack users failing to engage with services' or offer an over-emphasis of the drug 'consuming' the user. No UK study has provided observations on the socio-structural forces which shape various patterns of crack use, the crack career, crack houses and the nature of interactions within this scene.

Theoretical contribution

A number of theoretical perspectives have been used in this thesis to help understand the socio-structural position of crack users, and the macro and micro forces which shape their daily lives (Chapter 2; Chapter 3; Malchy *et al.,* 2008). An interactionist perspective helps to understand why crack users remain clandestine about their operations; precisely because they are considered to be deviant and illegal. Indeed, sociology of deviance theories prove useful in locating how identity shifts occur (Matza, 1964) in the context of the reciprocal interactions (Giddens, 1984) crack users make in relation to social institutions such as law enforcement agencies and drug support services (Becker, 1953; Chapter 3; Ray, 1964). Of equal importance is the concept of the socially constructed self (Cooley, 1964) because, as identity tensions arise throughout crack careers, the mechanisms of the crack scene influence attitudes and practices (Singer, 2001; Young, 1971). In particular, the marginalising nature of the environments in which crack users use also appear to influence their identities (Chapter 3; Duff, 2009) and attitudes to their sense of self (Rhodes, 2005).

Theories of political economy help to understand what shapes crack users' decisions and attitudes (Chapter 3). It also helps to explain why particular urban areas are vulnerable to high levels of crack use (Agar, 2003; Chapter 2; Singer, 2001; Wacquant, 2002; Young, 1971) and, in turn, the way in which policymakers, governments, and media (Reinarman and Levine, 1997; 2004) enforce ideologies that crack users are a potential threat to communities and their way of life (Chapter 3; Seddon, 2008). This contributes to a hegemonic rhetoric that positions 'crack use' as the primary problem among these groups (Reinarman and Levine, 1997, 2004), rather than as deep-rooted symbolisms of marginalisation and structural violence (Bourgois, 1995; Bourgois and Schonberg, 2009).

This study makes use of these perspectives because they appear to offer insight into how these powerful macro forces are experienced (Farmer *et al.,* 1997; Singer, 2001), and manifested in day-to-day, cultural practices (Bourgois *et al.,* 1997). The way in which crack users internalise cultural systems and macro processes seems to reflect a form of symbolic violence (Bourdieu, 1984). In this respect, key themes from this research mirror those from other studies on social oppression, structural violence and marginalisation, which illustrate how stigma, shame, and fatalism become characteristics of crack users' day-to-day lives (Chapter 2; Chapter 3; Chapter 8; Chapter 10).

The study locates these micro interactionist and macro political economic processes against a 'risk society' perspective (Beck, 1992; Giddens, 1991; Lupton, 1999). Firstly, as

with the political economy framework, this perspective shows why there is considerable community fear and anxiety related to populations such as crack users (Seddon, 2008). Secondly, it emphasises the importance crack users show, like any late modern individual, to seek a coherent biography (Bauman, 2007) under precarious circumstances (Chapter 9; Young, 2007). However, the nature of the social, structural and environmental conditions under which crack users survive seem to jeopardise the continuity of a life biography and ontological security (Giddens, 1990) and an inadequate life biography may highlight personal feelings of guilt and shame (Giddens, 1991). This seems particularly the case for crack users in this study (Chapter 9). In additions, the concept of reflexivity (Giddens, 1991) is useful because it explains why crack users struggle to make changes when seeking ways out of from the 'crack life' because internalised feelings (Bourdieu, 1984) are reflexively revisited (Chapter 10) and most struggle to come to terms with their past (Maruna, 2001). The work also shows that crack users do seek to be responsible (Petersen, 1997; Rimke, 2000) but many find it difficult when their individual intentions are continually denied. This is why responsibilisation theories associated with Beck and Beck-Gernsheim (2002) are also important to consider.

Methodological innovations

This study builds on other ethnographic studies undertaken in the context of crack users (Anderson, 1990; Bourgois, 1995; Parker *et al.,* 1998; Sterk, 2002; Williams, 1990). In the UK, there have been continual calls for the lived experience of problematic drug users to be considered (Chapter 2). It is acknowledged that this is a short study in contrast to U.S. ethnographies (Bourgois, 1995; Sterk, 2002), but in the UK context, this seemed to be a significant time period especially in light of national and local funding restrictions, and ethical barriers associated with this kind of fieldwork (Chapter 4). No comparison is made against heroin users (Maruna, 2001) because this group has already attracted significant attention. The study does not claim to account for all crack-using groups but those which I was able to contact in this time period, in this area who permitted me access to their lives.

A critical realist perspective limits subjectivity, however, I acknowledge my presence in the interactions. Honest reflection and presentation of the data hopefully provides validity and credibility to the research (Fetterman, 1989). The nature of my presence and the difficulties I experienced at times seem to aptly reflect social relations in the crack scene, especially the problems I experienced with Cuz. To ensure I represented this reality as best as possible, I showed Flick, Blood, Cuz and Groucho my reports, discussed emerging findings

and undertook follow-up interviews. They were always put first in my study, and regardless of my research agenda, their safety, confidentiality and our relations were always most important to me.

Local knowledge in Rivertown

Historically, epidemiological studies have struggled to capture the number of crack users in Rivertown; in particular, those out of contact with drug support services. The study shows why crack users are particularly difficult to retain in local crack services (Fox *et al.*, 2005). It indicates that despite local concerns that it was a *problem specific to crack users* (Chapter 2), to some degree, the policies, systems, and protocols which the local authority and other agencies had strategically devised also impinge on crack users (Chapter 8) and their attempts to make changes (Chapter 10). Similarly, service configuration has, for some years, failed to adapt to crack users' needs. In addition, the research shows that local attempts to coerce crack users into treatment do not seem beneficial – despite an increased policy shift towards this ideology toward the end of the fieldwork (Chapter 8).

Indeed, scaling back investment from the agencies which seem to provide the most beneficial support does not bode well for the future of drug support configuration in Rivertown. Sadly, when the final report for the project was delivered, Rivertown authorities continued to retract support and treatment for problematic drug users (including crack users). To date, it is difficult to identify how this research has actually translated into effective local policy; especially when, the primary service which is charged with helping crack users - Crack Service - continues to reduce its opening times and flexibility. This is also occurring at a time when increasing numbers of crack users are instead funnelled through statutory services which have more stringent conditions attached to engagement (Moring *et al.*, 2003).

Crack use and crack careers

The bulk of previous research appears to have separated different attributes of crack use from its social context (Chapter 2). For example, the literature on the physical and mental health consequences of crack use are presented as disconnected from social processes. Furthermore, much of the understanding on these areas has come from the U.S. and UK literature on crack-use pathways tends to dump risk factors together with little explanation on how they interact. This study, however, shows how broader emotional (Chapter 6; Chapter 9) social and cultural (Chapter 7) and structural (Chapter 8) features encompass crack use and

how they are interconnected. Therefore, it sought to provide a greater understanding of how stand-alone attributes presented in other studies interact with the crack career.

Previous UK research shows little understanding on pathways into crack use (Chapter 2). This study highlights two main pathways which seem to evolve through a mediation of social, cultural and structural forces in reciprocal exchanges (Giddens, 1984). Mediating pathways into crack use are individual decisions (Booth Davies, 1997; Haines *et al.*, 2009) against social-structural (Dunlap and Johnson, 1992) and contextual influences (Dunlap, 1992; Dunlap, 1995), which together, seem to play a part in the decision to use crack and subsequent decisions to continue to do so (Evans, 2002). This work shows that for established users, crack augments existing drug use practices and adds an extra 'buzz'. For this group, it seems to augment increasingly fatalistic attitudes to the self. For recreational users, socio-structural influences include family bereavement, family breakdown, social exclusion, poverty, discrimination and contextual influences such as peer associations and intimate relationships. Narratives of early, recreational crack use indicate some temporary stability/excitement away from mundane life and pressing work, family and personal issues (Blackman, 1995). Indeed, the data shows that using crack becomes a natural/situated/normative response to dealing with socio-structural problems (Young, 1971).

Yet for recreational users, crack use remains secret (Goffman, 1963); not only because of the potential stigma attached to it (Becker, 1953; Matza, 1969; Reinarman and Levine, 1997) but because of the social shame it could cause the user if their actions are discovered (Lemert, 1951) through various degradation ceremonies (Garfinkel, 1956). When the deviancy of their actions is discovered, this appears to act as catalyst for further identity shifts (Lemert, 1951). What follows, it seems, is a shift in interaction with various structures and social groups, which also act to shape the trajectory of the crack career and the identity of the crack user (Giddens, 1984). However, as areas of their lives start to change, the decisions they make to continue to use crack often only seem to perpetuate their circumstances. This is a key stage in the process of *becoming* because crack users tend to respond further through denial of their position (Maruna, 2001) and increasingly, make use of a façade which can show the conventional world that everything is under control (Goffman, 1963). This seems to be done to deflect feelings of shame and guilt (Giddens, 1991) thereby averting responsibility for their actions (Sykes and Matza, 1957).

Crack users increasingly interact with others in the crack scene (Chapter 7) which also serves to confirm their identity (Matza, 1969). Many start to see themselves as powerless victims and blame the 'drug' for life's mishaps. Indeed, continual emphasis is placed on crack as the instigator of their misery which appears to have a dual function because a) it permits the self to continue to use crack and b) reduces personal responsibility for decisions and actions. This has been examined in the context of heroin (Maruna, 2001) but this study shows how these processes take place in the context of crack. Therefore the study shows that, given their circumstances and social position (Bauman, 2007), crack users are not necessarily passive subjects but more active decision makers (Miles, 2000) playing an active role in their own identity constructions (Bauman, 2007), which generate meaning over time (Giddens, 1984) - in the context of socio-economic strain or despair (Agar, 2003; Dunlap, 1995).

This study also brings a greater understanding to crack-using patterns in the UK, and, in particular, to crack binges. The crack binge appears less a feature of the 'drug' driving the individual to use more crack (see Home Office, 2002; Lindsell, 2005) or located within a linear stage toward crack addiction (Ford, 2004), but instead appears at various points in the crack career and is shaped more by social relations, structural conditions (Bourgois, 1995), their pressures and the emotions of the user (Briggs, 2010; Chapter 9). A good example of this is the crack binge which ensued as a result of Cuz meeting Clouds in Chapter 9. Equally, the binge can quickly alter the trajectory of the crack career and have detrimental consequences for engagement with welfare and drug support services (Briggs, 2010).

Furthermore, the study seems to show that importance of how shame and denial (Goffman, 1963) build throughout the crack career (Falck *et al.*, 2008) and how they are reflexively visited (Giddens, 1991) when crack users have 'lost everything' or exhausted all support structures (Cohen and Stahler, 1998). Importantly, this only seems to amplify individual feelings of shame, and has consequences for how they interact in the crack scene (Chapter 7). This augments American and Canadian research which does not seem to show how crack users arrive at this position.

The cultural sphere of the crack scene

This work provides an intimate account of the interactions of the UK crack scene. To date, such an understanding of these relations in the context of crack remains limited to the U.S. (Anderson, 1990; Bourgois, 1995; Sterk, 2002; Williams, 1990) and Canada (Malchy *et al.*, 2008). Indeed, despite the numerous studies on crack markets in the UK (Chapter 2;

Edmunds *et al.*, 1996; Edmunds *et al.*, 1998; May *et al.*, 2007), no study seems to highlight how priorities are given to particular groups/individual crack users (High Society in Chapter 7). The interactions among this group seem to be generally different to those which take place among the lower-end of the crack scene (Low life). Conversely, these groups and individuals seem to be more vulnerable to violence, victimisation, and manipulation. Therefore the study builds on current knowledge by suggesting that access to crack supply is dependent on perceived hierarchal position – which is, in part, why many seek to sustain an image of themselves (Chapter 6; Chapter 9).

The study shows that it seems more difficult for crack users occupying the lower end of the crack scene to escape their position. This appears to be linked to the crack career: the difficulty in maintaining a wage for crack seems linked to increasing physical and mental problems, feelings of isolation, lack of trust and paranoia (Chapter 6; Chapter 9). Those at the higher end of the crack scene (or who reflect on time in this sphere) tend to reflect on more positive crack-using narratives in safe and secure environments (Sneaks and BD), while those at the lower end appear paranoid and anxious about their crack use and the environments in which it takes place (Shake). This is because these environments, as crack users experience them, seem more insecure (Fitzgerald, 2009). It is here where the culture of the crack scene seems to mediate the crack 'buzz' (Singer, 2001; Young 1971).

However, as crack careers deteriorate (Chapter 6; Malchy *et al.*, 2008; Moore and Dietze 2005), so too, it seems, do hierarchical positions. At the same time, however, the importance of maintaining the crack-using experience is amplified because it means much more for the individual to maintain it (Giddens, 1990; 1991; Lasch, 1985) – that is, crack use has become, for most, a central feature of day-to-day life (Preble and Casey, 1969). In the crack scene, many crack users further deny their position (Chapter 9) and attempt to make the most of their crack 'buzz' for which they have 'worked' all day (Preble and Casey, 1969). Any disturbance or threat of intrusion appears to heighten feelings of insecurity and hopelessness (Rhodes *et al.*, 2007). Indeed, the study shows that one coping mechanism some develop which may deflect feelings of shame and difference is to develop a normative, emotional barrier when using crack. Contrary to other research (Chapter 2), some become desensitised to using crack in public which also allows some like Cuz and Gums to avert individual feelings of shame if they are in public view or if someone intrudes on their activities. Others, like Shake, however, do not seem to develop such a framework and are far more vulnerable, and their crack-using experiences – as they construct them - seem more

directly affected by socio-structural (Bourdieu, 1984) and environmental conditions (Duff, 2007).

The study also indicates that crack user identity construction also takes place in the cultural milieu of the crack scene (DeCorte, 2001; Dovey *et al.,* 2001; Fitzgerald, 2009; Rhodes *et al.,* 2007) and its environments (Duff, 2009; Fitzgerald, 2009; Schwandt, 2001; Zinberg, 1984). This occurs in public settings, temporary accommodation and crack houses (Bourgois, 1995; Maruna, 2001; Preble and Casey, 1969; Parkin and Coomber, 2009). A good example of this is how Funky D experiences identity changes, over time, as she starts to interact with different crack-using partners and environments (Chapter 9).

Contrary to other UK research on crack houses (Chapter 2), this study considers UK crack houses less as static structures attributed to specific acts (Burgess, 2003; Webster *et al.,* 2001) but rather as fluid structures (Inciardi, 1995) which are shaped by the dynamics of the crack scene (Chapter 7), social control mechanisms (Chapter 8) and individual subjective experiences of using crack in these environments at different points in the crack career (Chapter 9). For some early in the crack career, the crack house seems to be a comfortable place but, for many, this view changes as most start to use more crack (Chapter 6) and spend more time in the crack scene (Chapter 7). In turn, they seem to start to associate the crack house with stigmatised activities (Chapter 9) to neutralise their fragile position (Sykes and Matza, 1957).

Indeed, social experiences for the Low life in these environments seem to become embedded in every day crack user practice (Friedman *et al.,* 1998; Bourdieu, 1984) and this is important because it has implications for how crack-using experiences are lived in relation to environment (Chapter 2; Giddens, 1984). Indeed, this study seems to show how the crack house environment impacts on attitudes and behaviours. In such environments, individual anxieties and insecurities seem to become exacerbated by the crack-taking experience which, in turn, appear further amplified by the pressured situational, social and structural conditions (Zinberg, 1984). This pressure may jeopardise individual ontologies (Giddens, 1991).

For example, the study shows the psychotic state or 'crack psychosis' - being on 'wired', 'prang' or on edge and experiencing a heightened state of awareness a consequence of taking crack – may not only necessarily be a result of an 'overuse of crack' as current UK literature suggests (Chapter 2). This study shows that this particular state of being high on crack seems to interplay with the fear and insecurity of interruption of the crack 'buzz',

perceived threats from other drug users, the potential for police intervention, and the impending diminishment of crack supply (Giddens, 1984). Some like Shy H are wanted by the authorities, and by operating in unstable circumstances, taking illegal drugs under in unpredictable environments seems to amplify personal insecurity and feelings of mistrust (Chapter 9).

When taking crack, some like Halle and Tooth seem to be able to 'lock/zone' out; others are violent (Iverson) while some talk incessantly (Flick); and some remain silent (at times Cuz, Groucho). However, continual exposure to these environments seems to impact on individual behaviours and attitudes (Chapter 9) and many learn quickly that they are unfavourable places, and instead seek increasingly solitary conditions to take crack. This is, in the main, because they fear and mistrust others. This has implications for how they see themselves in society and in the crack scene – often bereft of both worlds which may make them harder to reach or hidden (Ziek *et al.*, 1996).

The political economy of crack users

This study shows that the pharmacological effect of crack use need consideration against individual experiences, micro interactional contexts and crack-using environments, and political economic processes (Agar, 2003; Bourgois, 1995). Together, these features seem to shape the 'crack-using experience' and contribute to individual feelings of shame, anxiety and paranoia (Agar, 2003; Rhodes *et al.*, 2007). Indeed, this study builds on existing research which makes use of political economic perspectives in the context of crack (Bourgois, 1995; Bourgois and Schonberg, 2007; Chapter 3; Marez, 2004). It shows that crack scene dynamics are affected through the political economy of crime control agencies and aggressive social policies designed to eradicate problematic/visible street drug users (Aitkin *et al.*, 2002; Dunlap and Johnson, 1992; Hall and Hubbard, 1998; Jayne *et al.*, 2006; Seddon, 2008; Sparks *et al.*, 2001; Waterson, 1997; Van Swaaningen, 2005). A good example is when crack users are asked to 'move on' when outside one drug service in Chapter 8. This is because these populations are perceived to be a risk to communities (Beck, 1992; Duff, 2009; O'Malley, 2008; Seddon, 2008). Indeed, unlike previous UK work with problematic drug users (Chapter 2), this study shows how such macro processes may play a part in the transience of crack users (Aitkin *et al.*, 2002; Johnsen and Fitzpatrick, 2007) as well as the aetiology of crack-using spaces, in particular, crack houses (Chapter, 8; Duff, 2009). Consider the experiences of Shake and Flick in Chapter 8 and 9.

Efforts to deal with these structural forces seem to result in an amplification of personal insecurity and anxiety through attempts at risk reduction (Duff, 2007; Duff, 2009; Lupton, 1999; Rhodes, 2002; Rhodes *et al.*, 2007). Indeed, these macro forces seem very much evident in narratives and observations of the crack-using experience (Chapter 8). Such cultural practices appear to be internalised and reproduced (Bourdieu, 1984) resulting in paranoia, manipulation, risk and sex behaviours, violence and victimisation (Chapter 2; Chapter 7; Fitzgerald, 2009).

Sadly, it also seems that the agencies designed to help crack users which are, to some extent, also involved in the political economy of their socio-structural position (Bourgois, 2003). This is evident through some drug support services reluctant collusion with law enforcement agencies and local authorities (Chapter 8). In addition, this study supports other work which suggests that crack users have poor experiences of drug support and treatment services (Chapter 2). However, this study brings to light further processes which impact on crack users. Firstly, service configuration does not appear to honour the complexities of this client group – probably because many are asked to engage when they have hit 'rock bottom' – when their problems are likely at their most complex (Henkel, 1999). In addition, some may lie to services about their crack use just to qualify for a treatment which may not necessarily benefit them (methadone) – nevertheless, a few rationalise this to be the only route out for them in light of specific crack treatments (Donmall *et al.*, 1994).

Secondly, during the fieldwork, there was a reduction in direct access to crack services despite increased investment in the 'crack problem'. Thirdly, to manage the increasing number of clients coming through the treatment system (Edmunds *et al.*, 1998; Stimson, 2000), priority was given to low-risk drug users meaning crack users rarely qualified for housing/funding for drug treatment. In this study, crack users are considered 'high risk' because of their poor retention rate (Arnull *et al.*, 2007; Weaver *et al.*, 2007) and this appears to result in further discrimination through workers who seem reluctant to fund them for treatment (Parkin, 2008). In some respects, crack users like Ish are persuaded to deny their crack use to get forms of support. When most experience these barriers (Giddens, 1984) which seem to continually block progress, they appear to develop increasingly fatalistic feelings (Chapter 2). The study shows that the support seems to be out of sync with crack users' lifestyles, which is perhaps why many crack users find it difficult to navigate the panoply of requirements to seek change (Chapter 2). Therefore it is, perhaps unsurprising that under these conditions that most reason that continuing to use crack is a viable decision (Agar, 2003; Singer, 2001; Young, 1971).

Deployment of the self in the crack scene

This study shows that crack users seek to counter their socio-structural position (Goffman, 1959) by attempting to be responsible citizens who live normal lives (Bauman, 2007). They seek to develop friendships, have relationships, and be intimate (Giddens, 1991), however, social interactions in crack scene are volatile and self perpetual (Dunlap, 1992). This seems to be because crack users are as much victims as they are the perpetrators in this arena (Bourgois, 1995; Bourgois and Schonberg, 2009; Dunlap, 1995). Therefore, a conflict arises between their individual quest to counter their position (Bauman, 2004), their individual needs (Preble and Casey, 1969) and their pursuit for intimacy and trusting social relations (Bourgois and Schonberg, 2009; Dunlap, 1992; Giddens, 1991). Indeed, many like Cuz struggle to manage this relationship (Chapter 9). In this respect, they seem no different from 'regular citizens' and also strive for coherent life biographies (Bauman, 2004), which is why it is important that their 'social selves' (Cooley, 1964) reflect good images of themselves (Goffman, 1963). This is because a 'good' image seems to carry some form of self respect, self worth and hierarchical order – although it may also support denial of position.

This work also indicates that crack users enforce a social expectancy to be responsible for themselves (Petersen, 1997; Rimke, 2000). Hard grafters are respected and carry status (High society), while redundant beggars are stigmatised (Low life). While crack scene hierarchies and norms appear to impose this, conversely, stigmatising and labelling processes of 'othering' (Young, 2007) seem to be particularly destructive for the self identity (Giddens, 1991). The study shows that 'othering' is used, where possible, to counter the 'crack head' image, to deny particular practices, associations or use of particular places (Sykes and Matza, 1969). This seems to ensure that the term 'crack head', various cultural practices, or associations with certain people and places are bound with various forms of social stigma. This may explain the ambiguities between who and what is considered to be stigmatised behaviour/practices/associations/places - because essentially everyone is saying 'every type of behaviour is stigmatised' (Simmonds and Coomber, 2009).

Those at the lower end – the 'Low life' – seem to receive more labels and are heavily stigmatised; other crack users like BD and Iverson consider them redundant (even those very same crack users applying the label may display similar behaviours/practices). Narrative constructions of 'crack head' seem to be in the context to 'other' person who is perceived to be 'worse off' than they are – which facilitates denial of position (Goffman, 1963). However, once the label is applied (Black Eyez in Chapter 9), it appears to attract further attention and

stigmatisation (Becker, 1953; Young, 1971), the potential for victimisation (Bourgois, 1995) and may be an individual reflection that the 'self' has become increasingly 'spoilt' (Simmonds and Coomber, 2009). When the realities of the 'spoilt identity' start to become more evident through mental and physical fragility (Chapter 6), increasingly crack scene interactions (Chapter 7) and socio-structural forces (Chapter 8) seem to take a more direct role in symbolic practices of crack users (Bourdieu, 1984). Some appear paranoid and anxious, seek isolated conditions to use crack, and, consequently, may become increasingly fatalistic (Chapter 9). Some seem to manifest these feelings (Bourdieu, 1984) through further damaging drug-use practices/risk behaviours (Farmer *et al.*, 1997; Wilkinson, 2006) - some perhaps still in denial of their position (Goffman, 1963). This study shows how these practices seem to become part of the core identity which are self assessed and reflexively visited (Giddens, 1991).

The work also highlights a greater understanding of how UK crack houses are experienced and perceived. Participation in crack houses seems to be associated with low status social acts - even those involved in crack scene frown on them (Chapter 9). These acts, while part of the cultural norm of crack scene, seem to contravene even deep-rooted individual conceptions of individual behaviour which is why many seem to deny association with them and/or involvement in those acts (even though they may have undertaken them). Consider Baz's guilty reflections in Chapter 9. In essence, this seems to be part of the wall of denial which crack users construct to rationalise and neutralise their behaviours (Booth Davies, 1997; Sykes and Matza, 1957). The crack house, in particular, is associated with stigma because it might mirror their participation in the crack scene and affect their social standing. Perhaps some, like Flick and Groucho, reason that it is best to deny association with the crack house because of the social stigma attached to it.

Ways in, ways down, but ways out?

The thesis shows that crack users do try to seek changes (Booth Davies, 1997; Haines *et al.*, 2007) yet social and cultural pressures (Chapter 7) and structural barriers (Chapter 8) influence intentions to seek a way out (Shake). For people like Silver and Lady Di, these forces present day-to-day barriers to attend appointments but also preclude difficulties in sustaining engagement (Malchy *et al.*, 2008). Despite these barriers, crack users are asked to show *commitment* and perhaps rightly so. Local service provision is limited (Chapter 2), and, in the face of diminishing funding across Rivertown (Chapter 5), filtering out the *commited*

may be the only way to ensure progress for some. However, if they can't, they are not considered 'ready for change' – a psychological treatment philosophy of that of Prochaska and DiClemente, (1986) which seems to sideline entrenched social and emotional problems of the crack user (Young, 2002). This medical model appears to generically respond to any drug user in the same way and this study shows that, for many crack users, this seems to have less relevance, thereby unwittingly contributing to the political economy of their social suffering (see Bourgois, 2003; Friedman *et al.*, 1998; Kleinman *et al.*, 1997; Singer, 2001).

The study also shows that when they do engage some deny crack use, others struggle to quantify how much they use or the role it plays in their drug-using repertoire (Chapter 2; Chapter 8). Furthermore, they may feel they need to lie about crack use to get various other welfare support (Chapter 8). However, as the literature suggests (Chapter 2), few are able to show meaningful commitment for sustained periods (Harocopos *et al.*, 2003). Some quickly learn of the limitations of service configuration (Chapter 8) and have continual engagement problems, which dents personal agency (Giddens, 1984) and remain, in most instances, at the mercy of crack scene interactions (Chapter 7).

This is important because crack users do show genuine individual intentions to resolve crack use (and other problems) (Bauman, 2007) but their motivations, it seems, gradually erode when continual social and cultural pressures (Chapter 7) and structural (Chapter 8) barriers are experienced (Giddens, 1984). This may be exacerbated by reducing the volition of service attendance (Stimson, 2000), which, in turn, may diminish agentic decisions to make changes. They reconcile that 'they tried' but the mechanisms for support were not forthcoming. When the already fragile individual realises that he/she is totally reliant on themselves to change, this seems to increase the tendency for fatalistic thinking, low self esteem and low self respect (Bourdeieu, 1984). Consequently, some may make further reflections on their position in the crack scene (Chapter 3; Giddens, 1991) and internalise feelings of shame and guilt. Some like Tattoo may engage in increasingly risky and dangerous drug use practices (Rhodes *et al.*, 2007). In addition, failed attempts to 'get clean' may be reflexively visited (Giddens, 1991) which may also contribute to this isolation and social distance (Farmer *et al.*, 1997).

Moreover, it seems evident that crack users are rarely considered/prioritised for residential rehabilitation services because they are considered to be 'high risk'. For a few, this appears to perpetuate their situation, perhaps leading some to the conclusion that there is little

chance for a 'way out' (Singer, 2001). Those that do qualify and go through residential rehabilitation services system have high expectations but when it fails, they may lose confidence in the system's capability to resolve their issues but also their own ability to find a solution. When some discover how difficult it is to re-enter mainstream society on the terms of the State, they fail (Silver) (Chapter 10). Repeated attempts may continue to dent agency and, once again, lead some to feel increasingly helpless about their chances (Chapter 2). However, because they are expected to be responsible for their own 'steps toward change' (Beck and Beck-Gernsheim, 2002), they feel increasingly inadequate when they fail and these feelings to not seem to easily disappear (Bauman, 2007).

If, however, they manage to muster up the required *commitment*, in drug support services and residential rehabilitation services they are encouraged to acknowledge that 'crack' was not responsible for their criminal and stigmatised decisions and actions (Maruna, 2001). Such facts seem contradictory because, for so long, they have attributed their problems 'down to the crack' but suddenly the self is asked to shoulder life's losses (Dunlap, 1995); the shame of the past (Neale *et al.*, 2006), and the shame associated with the individual's stigmatised and criminal acts (Chapter 8; Chapter 9; Maruna, 2001). The study shows that crack users are persuaded to concede to the 'spoilt identity' (Neale *et al.*, 2006; Radcliffe and Stevens, 2008; Simmonds and Coomber, 2009). Many, however, consider crack use to be the cause of increased misery in their lives and *crack*, they reconcile, perpetuated their involvement criminal and deviant acts. Because these acts seem to hold significant amounts of stigma across society and in the crack scene, and break personal, emotional, individual, social and cultural codes (Chapter 2), it becomes more difficult for many to come to terms with them.

The study shows that there are also further tests of character ahead. Many must battle through the power dynamics of residential rehabilitation services (Briggs, 2007; Weppner, 1981) and are then often thrust back into drug-using hostels while they wait for accommodation (Briggs *et al.*, 2009) which may be in areas where crack and other drugs are present (Chapter 5; Chapter 8; Chapter 9). A few, like BD and Alwight do complete treatment yet still face crack scene pressures (Chapter 10).

Conclusion

For these reasons, this study offers some reasons for why crack careers are difficult to break. Continual barriers to making changes seem to dent personal agency, and feelings of

distance and fatalism start to develop. Indeed, some are persuaded to engage when they are 'ready', often when they hit 'rock bottom', before any intervention begins. By the time many crack users approach services with sufficient levels of *commitment*, practical problems, as well as physical and mental health problems, have deteriorated significantly, and this often requires them to attend numerous appointments at different places. Most struggle to manage these expectations. Most find the process of engaging and finding residential rehabilitation places exhaustive and draining, and many don't progress far while waiting. While structural forces appear to become absorbed as personal character deficits, behaviour becomes, it seems, increasingly entrenched, and for most, crack use, shame and fatalism become mutually reinforcing. Moreover, as individuals, for many years, they are used to interacting in discourses of denial, attribute the most significant problems with 'crack' and many have become too ashamed of their past, their actions and therefore, find it extremely difficult to 'take responsibility' for their actions and facing up to the 'spoilt identity'. It is these experiences which likely explain why crack users are considered to be the hardest to reach and most difficult drug-using group to retain and treat in drug support services.

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Appendices

Appendix 1 – Review of crack treatment outcome studies

Author, date and place	Study length and sample size	Methods used and population	Principle findings	Limitations
Booth *et al.* (1998) USA	3 years (n=777)	Quantitative surveys with HIC infected drug injectors and crack smokers	- Use of services lowered risk behaviours - General decreases in risk behaviour over the three year period - No significant increase/decrease in numbers using drug treatment and mental health services	- Self report design subject to bias - 30 days to assess risk behaviour may skew overall picture
Schumacher *et al.* (2000) USA	12 months (n=141)	Quantitative structured interviews with Male and female homeless crack users	- Rent free, abstinent housing provided for two months for one group – for this group, this significantly improved their attendance	- Limited analysis on impact on crack use - No exploration of reasons for dropping out of treatment
Gossop *et al.* (2002) (NTORS) UK	5 years (n=496)	Quantitative structured interviews with drug users (including injectors)	- Crack use at intake was 34%, 20% at year 1, 21% at year 2 and 30% at year 4-5 - Some using crack on intake reduced use, while others not using crack, were using at year 4-5 - Crack users tend to use crack at an older age	- Little understanding of how crack users increase/decrease levels of crack use - Little known about 'treatment factors' and how they influence drug use outcomes - Lack of consideration of crack users out of contact with services
Zhang *et al.* (2002) USA	2 years (n=4005)	Quantitative structured interviews with drug users in treatment	- Improvements in drug use in general but drug substitution commonplace (using other substances instead)	- Relies on self report, measurement constraints and loss of follow up - Lack of account for other factors in the process of retention
Siegal *et al.* (2002) USA	18 months (n=229)	Quantitative structured interviews with crack users	- 71 were completely abstinent throughout the 18 months - 41, having reused at least once in the 18 months were not using at interview after 18 months - Length of time in aftercare and in Twelve step show positive outcomes for crack users	- Sample predominantly 'older' crack users - Unable to observe factors contributing to effectiveness of treatment aftercare - Large number declined to be interviewed on follow up - Based on self report
Harocopos		Semi-structured	- 91 had on average twice previously	- Crack users recruited from a treatment centre and out-of-treatment population excluded from

et al. (2003) UK	18 months (n=78)	interviews with crack users	been in treatment - 55 used crack within a month of leaving residential rehab (20 on the same day) - Two thirds left the service with the intention to use crack - Only 5 managed to abstain from crack after 18 months - Poor outcomes for those going through rehabs and self help	analysis - Analysis of 'average' crack used in a week skews understanding of crack use levels especially binge use
Sterk *et al.* (2003) USA	2.5 years (n=333)	Ethnographic techniques and self-report surveys with out of treatment drug injecting and/or crack-using women	- Reductions in crack use experienced by some groups = crack smokers - Reductions also seen in use of risk environments such as shooting galleries and crack houses - Crack smoking drug injectors were less likely to benefit from the intervention	- Small sample size is not generalisable - Convenience sampling meant that the study may not represent all groups of drug injectors - Self report techniques used which may be influenced by bias
Friedmann et al. (2004) USA	3.5 years (n=3235)	Quantitative surveys and follow-up interviews with in treatment drug users	- Drug use careers generally long before intake (average 10 years) - High proportion report need for services - Vocational and housing services produced most positive results - Drug use reductions but supplemented by drug substitution	- Study encompasses drug users including those using heroin, cocaine, cannabis, or alcohol - Out of treatment crack users not accounted for - Few numbers of crack users make use of 'needs-led' intervention because high attrition rates
Parry *et al.* (2006) South Africa	9 years (n=56 Treatment centres)	Quantitative surveys with male and female crack users	- Significant rises in use of cocaine and crack at all three sites - Steady increases in presentation to services across all three sites - While fluctuating, around two thirds of annual presentations were new presentations	- No distinction between cocaine and crack users - No data on effectiveness of treatment and/or whether the same people are coming back into services
NDTMS (2006) UK	Snapshot survey (n=160,453)	Quantitative surveys with drug users (including injectors)	- 7,061 crack users in structured treatment in 2004/05 - Mean age of crack users in treatment 31 - 95, 376 discharges but 67,219 did not complete programmes	- Data in North East excluded from analysis - Double counting in some demographic criteria which means data not used - No analysis of particular drug-using groups – i.e. crack users
Weaver et al. (2007)	9 months (n=447)	Quantitative evaluation and qualitative interviews with service	- While all clients offered an assessment, 40% did not attend (n=179) and around one fifth of crack users who did have an assessment did	- Data gathered from 'service users' and keyworker interviews not undertaken with clients – missing data from health status - High levels of attrition and low recruitment

UK		staff crack users	not turn up - A further two fifths dropped out within 30 days - Mean age of crack users 32	made difficult to draw conclusions
Wechsberg *et al.* (2007) USA	6 months (n=396)	Quantitative structured interviews with male and female out of treatment crack users	- Two groups = control and one intervention - Both groups reported substantial decreases in the mean number of days of crack use from 15 days to 8 in the previous 30 days - Very few engaged in treatment at both 3 and 6 month follow up	- No clear differences between control group and intervention group, and little discussion made of other factors affecting this pattern - Engaging in treatment 'making a phone call to a service' or 'attending a meeting' = limited in what the study can claim after this period

Appendix 2 - Interview schedule

These questions serve as a baseline for further questions and areas for exploration in interviews.

Personal information

- Tell me a little about yourself: Age, gender, ethnic origin, main types of drugs.
- What is crack and how do you use it? Do you use other drugs with it?
- How long have you taken crack? What does it mean to use crack?

Initiation and escalation

- How did you start? Who did you start with? Are you still in contact?
- Who or what led you into crack? Where?
- Has your use increased and decreased? For what reasons? Have you ever been able to stop using crack? What happened?
- What influenced you to stop using and how do you do this? What are the difficulties once you have stopped using crack?

Experiences with services

- What services in the borough have you visited? For what reasons? What was their approach? Did they offer what you required? How were staff helpful/not helpful? What was your experience with them?
- If you had experience with services, for what reasons did you no longer visit?
- What did the service need to help you?
- Were there other factors that affected your attendance with the service? What does the area lack in terms of service provision? Where are you when you are not with services?

Crack and crime

- Have you committed crime because of crack? While on crack? In what situations?
- What type of crimes? Has crime changed as a result of crack use?
- Where do you go to commit crime? Why?
- Have you collaborated on crime? Other illegal business?

Personal experience of crack house/s

- In your experience, what is a crack house? What does it mean? Are there different types – please describe them. How many have you visited? How many do you think are there in the borough?
- Where are crack houses most likely to be located?
- Do you know anyone that still visits? What happens in crack houses? What is access like? Can anyone go in as long as they buy drugs?

Appendix 3 - Informed consent

Information sheet and consent form

This research project is to help Rivertown Drug Action Team (DAT) improve treatment services for crack users. The data will also part of Dan Briggs PhD on crack and crack houses. It aims to:

- Clarify reasons for crack users avoid participation in services or drop out
- Examine crack users needs
- Describe patterns of crack use – initiation, progression, and the pathways from occasional or "recreational" use to addiction
- Examine crack and crime
- Examine what goes on in crack houses

To do this we need to talk to you about your experiences with crack and crack houses. It is important to be honest with your answers so the research can be correct and effective in improving treatment for you or for others in the future.

- Anything you do say will be considered highly confidential - it will not be shown to anybody. It will also be entirely anonymous - your name will be substituted with a false name.

- You can stop the interview at any time and you have the right to refuse to answer a question if you are not comfortable with it.

- The information you give us will only be used to improve services and not to punish anyone.

- Please do not tell us about a violent crime against a person if you have not been caught for it.

- We are not trained to offer you counselling, if you would like any help we have to a relevant service to assist you.

Consent form for participation in DAT funded (and for PhD data) research into the treatment needs of crack users and their experience of crack houses

---

DATE:

LOCATION:

[All statements are to be read out loud by the researcher. Additional explanations will be given if needed. The researcher may ask the interviewee questions to make sure that he or she understands the nature and purpose of the research, the confidentiality of the information, and the right of the interviewee to withdraw at any time. After each statement the interviewee is to indicate understanding and compliance with his or her initials. A full signature and printed name is required at the end to indicate full and informed consent to participate. The interviewee's name will not be recorded on the computer by the researcher.]

I understand that this research project is to examine crack houses and help improve services for crack users.

Initial .....

I understand that I am **not** being given any advice, counselling or treatment during this interview.

Initial.....

I understand that everything I say will be anonymous (I do not have to give my name) and confidential.

Initial.....

I understand that I can stop the interview at any point for any reason if I do not want to continue. I can also decline to answer any question I am not comfortable with.

Initial.....

Having fully understood the above conditions, I give my full consent to participate in this study.

Full signature .....

Print name .....

I ..... confirm I have received £10 expenses for taking part in this research.

Appendix 4 - Cover letter to police

Galahad SMS Ltd
Substance Misuse Solutions

RE: Crack house research

For the attention of Superintendent **Clive Sutton**,

Galahad SMS has been contracted by Borough Drug Action Team (DAT) to examine the treatment needs of Crack users and why they might avoid participation in services or drop out. The data will also contribute to one researcher's PhD at Imperial College. The research will involve fieldwork with Crack users in Crack houses. This study will explore many areas of concern and provide information to assist policy and service planning.

This project will need to ensure the anonymity of Crack users and confidentiality about the information they disclose, without risk of exposure. We would hope that the police can appreciate the long-term significance of such a project and that our researchers will be free to undertake fieldwork without pressure or interference from officers.

This is a DAT-funded project which has been received with huge support from local community services. For any questions about the project, please telephone.

Galahad SMS Principle Researcher	Daniel Briggs	01883 712 401
Galahad SMS Director	Anne Fox	01883 712 401
PhD supervisor for Daniel Briggs	Linda Cusick	0207 525 0815

Yours,

Daniel Briggs

Galahad SMS Ltd
Substance Misuse Solutions

Brook House, Brook Hill, Oxted, Surrey, RH8 9LR

Tel: 01883 712 401

RESEARCH POLICY EDUCATION EVALUATION

Appendix 5 - Safety protocol

A safety protocol and risk assessment was established with the police, and an insurance liability waiver was also signed prior to the research on behalf of myself, Galahad SMS Ltd and Borough DAT. The subsequent risk assessment and safety protocol which was designed as a result of award of the contract included the following:

- That the researcher register daily contact with the office with location and approximate time in the field
- That the researcher wear durable clothing and retain constant awareness of the contexts in which he would be entering
- That the researcher would only enter new locations once satisfied with the level of trust which had been established in the respective group
- That entry into new environments was discussed with participants before accessing them, and where possible, participants from those locations were firstly met in public
- That when in a closed environment, the researcher make efforts to establish themselves near the door and to make mental assessments of the potential dangers in the flat/house
- That, where possible, interviews be undertaken in public places such as parks, cafes, street corners (although this will not always possible)
- That the researcher avoid interrupting the momentum of drug taking, unless participants are comfortable with continuing interaction/are used to engaging with the researcher while taking drugs

Appendix 6 – Crack users and crack houses in Rivertown

Figure 8 – Flick's crack house

Flick's crack house and early introductions

After several days hanging around in the streets with Bones, JC and Big T, I was finally invited to Flick's crack house (left Figure 6). Field notes recorded my first experience of its physical appearance:

We came up in the lift. The lift stank of urine. I stood crammed in the lift with Flick, Big T and JC. We walked out across the landing and Flick fumbled for his key. He apologised in advance for the mess. I guess he felt embarrassed that someone who didn't take drugs was coming in. I felt privileged, as he said he wouldn't normally do this unless someone had crack for him. The toilet was on the right hand side as we went in. There was a fish tank in the hallway, because, for some reason, Flick said he thought he might one day have fish. The floor was tiled but hadn't been swept for months. JC and Big T went straight into the living room which was on the right as we walked in. Flick politely showed me his

bedroom, which was on the left from the hallway. It was made up of a single bed in the corner with white but yellow-stained duvet, broken mirror and cupboard. The living area was a rubbish dump. For some reason there was sawdust everywhere, and some porno magazines lying around. There was no distinctive smell. The crack-smoking area was around a decrepit sofa which Flick had been given by a church charity. There were small crack wrappers and some crack pipes on the little table near the decrepit sofa, and a television propped up in the corner. The kitchen area, which had no flooring, was bloodstained in areas. [3.9.04]

Flick always denied his flat was a 'crack house' yet his crack-using associates felt otherwise. They had reason for such assumptions, as Flick invited all sorts of strangers to smoke drugs in his flat at all hours. When not in his flat, Flick lingered around outside Drug and Alcohol Treatment Service 1 asking around for loans for crack or money. Reflecting on their 15-year crack-using relationship, Bones described how awkward Flick was when they were 'grafting' for money for crack:

> *That's just him* [Flick], *he knows that he can't do anything* [cannot make money for crack] *and I do all the work. I walk with him so he can give me a bit of smother, block the view so people can't see what I'm doing, pretending to talk to him, but I am just going in the shop pretending to see who is about. But Flick isn't going to do anything. I am going to put this stuff in my bag and walk out. Nothing is going to happen to him, even if he did walk out and they grabbed him, he can just go "fuck off, I don't know that boy". Even though there is no danger to him whatsoever, he will still act robotically.* [Bones]

Because of his inability to earn money, Flick bartered out his flat to allow people to use crack in the flat, away from public and police attention, in exchange a 'rock or two'. The regulars were Blood, who had met Flick in a hostel; Big T, a large man in his 50s who did time in prison for murder, married a probation officer who died in 1995 leaving him with his two sons; JC, who, in his late 30s, suffered from a rare lung condition but continued to inject crack and all sorts of prescribed drugs; and Bones, an adept shoplifter from Ireland. Big T and JC appeared only on occasions but Blood and Bones spent long overnight spells at Flick's, making their money for crack and treating him to a few pipes.

What amazed me most was when Flick broke into unpredictable, never-ending narratives about his life experiences after smoking crack. It was difficult for the 39-year-old to hide several large scars on his face received from violent exchanges with drug dealers, but he compensated for it, he argued, by dressing smartly. This was important to him because it countered his drug-user image. Flick had grown up local to the area, but suffered the loss of his father from a young age. He said a stammer and severe dyslexia compounded his chances at school, and soon after leaving with no qualifications, he struggled to find work knowing that his mother and his brother would always lend him money *"here and there"*. His early experiences with drugs in his 20s included marijuana and LSD, but he moved on to experiment with benzodiazepines before heroin. He had been using heroin for ten years before trying crack in his council flat in the north of Rivertown. As his frustration at lack of achievement and lengthy unemployment increased, so did his crack use, and the flat started to attract more people. His abilities for funding drug use were limited and crack dealers quickly heard about a potential flat to exploit. The police raided the flat his 2002 and he was evicted, and moved to hostel accommodation. Perhaps because of his vulnerable 'mental health condition' and 'suicidal thoughts', he was re-housed again in council accommodation early in 2004.

Throughout September and October 2004, Flick's flat seemed to be the busiest flat on the floor, and he was always worried that the neighbours would be curious about his out-of-hours social life. It wasn't only Flick's who tried to deter community attention. There were also two crack dealers on the lower floors. They rarely left the flat and instead sent out young drug runners on the local streets. I came face to face with the runners on their new BMX bikes on many occasions. They offered me crack in the estate grounds and seemed to be amused by this; perhaps because they assumed I was 'on the white' (crack) and 'brown' (heroin) having been on hallway drug deals with Blood. Flick and Bones, however, had no association with the dealers or runners in the same block. Indeed, they frequently threatened Blood when he tried to deal directly at their doorstep in an attempt to save a precious 50p to call a dealer. The risk may have made sense. The motivation for many crack dealers to meet people like Blood for small purchases of £10 crack or even £15 'one-on-one'[14], was generally minimal. Indeed, this seemed to be why many dealers were frequently unreliable, inconsistent and late for drug deals because it simply wasn't good business for them.

Early street days

With the experience of spending time in Flick's flat, I took to the streets. Early street experiences were clumsy: a drug dealer pulled a knife on Flick and I when on a drug deal following a visit to his mothers to borrow money; and in a hallway drug deal a few days later, Blood was thrust up against the wall when he laughed at one of the drug runners. This gave some perspective into how they were treated in the crack scene. On one occasion, Flick and I walked into a shop for some milk and cigarettes:

> People are looking twice at us – Flick with his scar down his face and striped shirt and black jeans – me with my messy hair, unwashed and smelly jeans and scruffy jumper. As we walked in to the shop, two men from the front desk start circulating themselves around the shop like we were about to nick [steal] something – Flick started talking really loudly and asked the shopkeepers about where things were at every opportunity so as not to cause suspicion but I reckon it did the opposite [and aroused suspicion]. [5.10.04]

These experiences seemed to compound Flick's emotions because he was frequently seen as weak. The only person who seemed to suffer as a result of these feelings was Blood. Flick grew increasingly angry with Blood because he brought attention to the flat and because that attention jeopardised what he considered to be his 'non-drug using reputation' with the neighbours. For this reason, he lost his patience with Blood on occasions and often banned him from the flat for short periods. It was during these times that Blood sheltered in what he called the 'crack house squat'.

Blood was eighteen years of age at the time of research. Of African origin, he had moved to the UK when he was 14 for a better life, away from the civil war in his home country. He had no experience of alcohol or drugs in Africa. He first lived with his Aunt in 2000 and joined the Territorial Army (TA). After two years in the TA, aged 16, he left his Aunts after a dispute. He then moved in with his sister but with no qualifications or work experience, he struggled to find money to pay rent. He left and managed to get himself into hostel accommodation while awaiting a flat. There he met Flick who introduced him to heroin and crack. When Flick received accommodation, Blood got impatient and left the hostel and consequently lost his place in the housing waiting list. Between stints at Flick's flat and while making small amounts of money for heroin and crack, he slept rough in squats and on the streets. He found salvation in what he called the 'crack house squat' which was

[14] A term meaning one crack rock and heroin bag.

sandwiched between two arches of a bridge. Blood frequently referred to it his *"home"*. My field notes recorded the physical realities of entering this setting:

Figure 9 - Blood's crack house squat after a raid

We [Blood and I] had to climb a wall near an old train bridge under some barbed wire and then almost jump down into what used to be a garage (I think). It was slippery because it had been raining. I nearly fell by slipping on the bricks and wood. In the yard, there were old tires. There were flies buzzing around, and there was a strong smell of piss and shit. As we walked into the downstairs room, over the broken bricks and wood, there was a mattress in the corner and loads of fag butts on the floor. We went upstairs or tried to as there were stairs missing and you had to almost jump up, but there was a rope to hold on to. Blood warned me to watch where I stood, as there were needles and syringes everywhere. It was so dark; I could hardly see where I was going. We pulled ourselves to the top of the stairs, where there was a hole in the roof. A bird flew out. I looked to my left and there was what looked like a bedroom, couple of mattresses and sofas – half upturned, half torn. The piss and shit smell became stronger. We walked through a narrow corridor to the right and came into what looked like the main room. There was piss, shit, syringes, semen stains all over the mattresses and sofas. Under each step I took, I could hear the crunch of syringes. I was glad I was wearing my heavy-duty boots. I was invited to sit down by Biker, a squat regular who was well practiced in the art of bike theft. I looked at the sofa, and carefully perched on the arm. The place lacked everything - light, water, electricity, warmth, and it was right under the railway so I reckon no one slept. Blood had spent the last two nights there since Flick kicked him out. Now he had lice. [12.10.04]

In the months after my visit, the location was raided under the police Rivertown's Crack House Protocol and the eight residents were emptied out on to the streets without the offer of treatment. In the photo on the previous page (Figure 7), taken some months later, some thoughts were poignantly written on a wall by a former resident: *"Please respect my home and u* [you] *will all be welcome"*. Increasingly, I spent more time on the streets and, late in October, after spending some time with outreach workers, I was reunited with Cuz - having met two years previously in prison when conducting another study.

Venturing out with Cuz

Cuz looked a young 37 and had a complicated past. Originally from Cyprus, his family were involved in the operation of large-scale consignments of heroin from Turkey and Cyprus. Having abandoned school at an early age, he had little idea of work other than the 'family business'. Until the age of 25, he worked for his family in these operations but started to experiment with heroin and was ostracised by the family. He became homeless in south London and started using crack. The years that followed largely comprised of prison sentences for robbery, burglary and shoplifting and several drug-free spells in prison. He had also had some attempts at 'getting clean' and had attended several residential rehabilitation services: he was accused of theft and disqualified in one and relapsed several times in others. This had severely dented his trust and faith in these establishments and had made him angry. When he had subsequently tried to engage with community drug services in Rivertown, he was excluded after missing three appointments. He was made homeless again in February 2004, and started injecting heroin and crack before gaining hostel accommodation in July 2004. We had much to talk about:

> I didn't recognise him at first as he was skinny and his eyes had sunk into his head. His skin looked glazed and plastic – he had lost loads of weight but he recognised me. He told me how he had been homeless, had lived in a crack house for months, was thrown out of rehabilitation service and, because he was in rehabilitation service, how he had to give his flat back to the council. [14.10.04]

On learning of the research I was undertaking, he started making promises about accessing potential interviewees and ensuring my safe entry into crack houses. Without Cuz, I would not have broadened the sample. He quickly introduced me to hostel life, where I met BA: an airline engineer who started using heroin and then crack after his son was murdered in Scotland and Deaf, a tall thin Irishman, whom required translation services from Cuz during the interview because no one could really understand what he said. They had all met through the hostel and relied on each other for money, drugs and paraphernalia.

My involvement with Cuz grew quickly and some days later, outside the social security office he introduced me to Jack the Lad: he was only 26 and had used heroin and crack for ten years. Presentations like this continued, however, Cuz took it upon himself to introduce me to interview candidates regardless of social situation and interview context. On one occasion, I found myself crouching on the steps of the social security office with Lady Di:

> Lady Di [40] [was a] very chatty woman who had smoked crack for 17 years. She wasn't seeing [drug support] services but said there was times when she had wanted to approach them but they had been closed. She wanted to give up crack but had no idea how to start. She carried her own pipe around with her and showed me – it was in her top pocket. [21.10.04]

Cuz's enthusiasm for the research continued. He recommended I speak to a young girl staying in his hostel, but her boyfriend, who was *"slapping her around"*, wouldn't let her leave for the interview. Cuz, however, had other connections and soon after, I interviewed Gums, a tall figure with a ponytail who had recently finished a short stint in Brixton Prison for burglary. Gums had good connections with dealers in neighbouring boroughs, so it was no surprise to learn that was where we were going for a 'score and smoke': the epic journey on foot climaxing when he, and a few others, ended up smoking in a churchyard.

My street adventures with Cuz reduced my contact Flick, so towards the end of October, I paid him a visit. Flick was out but Blood welcomed me in, clutching his stomach

withdrawing from heroin and crack. In debt to the dealers in the lower blocks, he begged to use my mobile phone to ask for more drug credit. He had already ventured out to see if anyone would lend him money and asked for a 'bail out' from another dealer. The dealer just hung up on him. This introduced some fieldwork dilemmas as I was eager to document events with Flick and Blood but also shadow Cuz and take advantage of his street connections. Nevertheless, as I was to learn, it was a difficult balance to sustain.

I was disappointed when Cuz didn't meet with me the following day, but having met Gums, I was invited to score crack with him: never had I seen an exchange of hands so quick under the surveillance of CCTV and visible street policing. I was even more impressed with his crack pipe improvisation with a cheap-drink can and a kit-kat wrapper. We retired to the side of an old community hall while he had a smoke. Later that day, I rendezvoused with Sneaks. Local outreach workers continued to be pivotal in their recommendations to the study and I visited his supported housing to hear what he had to say about the crack scene:

> *So in the end there are opportunities for relationships to be formed but it's about yesterday I had the most money and today I have no money. Yesterday I looked after you now I demand you look after me and it's when it's not reciprocated then it's like people feel hard done by.* [Sneaks]

I felt confused for in the days that followed, because after promising to meet me several times, I could not locate Cuz. I suspected he had been arrested but he appeared some days later in the hostel boasting about how he had manipulated money and drugs from Black Eyes: a vulnerable young schizophrenic man who was constantly bullied in the hostel. That afternoon I spent in the company of Flick, Blood and Bones. They seemed entertained by the recent volume of women who had been sleeping in Flick's flat. In addition, in the short space of time between our last contact, his flat was raided by police under the Rivertown's crack house protocol. Indeed, several 'crack houses' were raided in the same tower block in November but without arrests.

The only person who seemed to have been arrested was Blood. He had been granted bail and was awaiting trial on suspicion of supplying class A drugs - even though he said the police only found one 'bag of heroin' on him. It was difficult to assess whether this was the case but he was no big-time dealer. Blood felt his arrest was to put some gloss on a failed police operation. In the process of the raid, neither Blood nor Flick said they were offered any help or treatment. Blood was to stand trial in the New Year.

It was Halloween when Cuz introduced me to Groucho - a 44-year-old crack user with dreadlocks and a high-pitched voice. Groucho had managed to keep his flat and avoid another visit to prison despite breaking the conditions of his DTTO on several occasions. His tactics involved swapping his positive urine tests (to test for drugs) with another at the DTTO offices while limiting those who knew about his crack operations to a minimum. Somehow Groucho had got to the top of the housing list in just over a year after sharing a hostel room with Twitch (who also lived with him: she was 37). They had certainly reaped the benefits as I was to find out in November.

After what was my introduction to Groucho, I met Cuz back at the hostel. Black Eyez and Jack the Lad were back and forth, in and out of people's rooms, attempting to muster money together for crack while Cuz, Gums and I sat around discussing how many dealers there were in the local area. I was becoming a regular around the hostel and had got to know other residents: there was Bottle, who had the reputation of leaking blood from his groin when he walked – made possible through the frequency he injected heroin and crack in the same site, and Bradda, a Portuguese man who denied using any drugs but was often seen in

the park smoking crack and talking to himself. By now, I had started to experience the consequences of my entry into this particular social sphere. The next day, Cuz told me that Gums had spread rumours in the hostel about my undercover intentions as a policeman. The motives of this confused me and the paranoid atmosphere of the crack scene was starting to involve and affect me. Cuz suggested this might be because Gums was envious of his role as 'the contact':

> Gums was with Bradda, a Portuguese fellow that Cuz had tried to get me an interview with – he was friendly and told me that he was off the gear [drugs]. Cuz said they both used [crack] the other day. But he still persisted to go along with the story, even in front of Cuz. Gums was very quiet and it turned out that Bradda owed Gums £20 even though I suspected he might be annoyed or angry with me (because of what Cuz had told me about Gums wanting to be 'the contact') [9.11.04].

This doubt, however, did not deter me from continuing to use Cuz's connections and later that day, I was listening to Bombshell describe her recent ordeal after her release from prison with no accommodation or drug treatment support. Indeed, her situation typified many in the sample. I left with Cuz and he scored crack in some college grounds, where we met another hostel resident, Brummie. His furious groin itching concerned me so I asked what was wrong. He pulled his trousers down to display three large, sore-looking holes either side of his groin where he had been persistently injecting crack and heroin. After Brummie's public groin display, I returned to a café to interview Canon and Roman. Roman, 35, was sexually abused when eleven, and not only did his father deny it but blamed him for 'telling tales'. Spending much of his younger years in care, he became homeless, started taking drugs and was introduced to heroin and, shortly after, crack.

In addition to the urban myths which were being spread about me, I was also encountering new social situations. Awkwardly, on the morning of the 11th November, I was outside the social security office with Cuz when The Duke, Bombshell's abusive boyfriend, came over to talk to us:

> What was meant to be a ten-minute process turned out to take about an hour [getting Cuz's social security payment]. I was waiting around outside and The Duke who was Bottle's brother and was beating Bombshell (who I interviewed last week) came up to us, ignored me but talked to Cuz. It was only until I started to loosely ask The Duke questions that he started to talk to me but wouldn't look at me. When I wasn't looking at him, I could feel him look at me. I was glad Cuz was there as I knew he had asked about me. [11.11.04]

While Cuz was influential in introducing me into locations and people, at times, his bluntness with social interaction both frustrated and amazed me. Indeed, when visiting Groucho's crack house for the first time, he didn't hesitate to treat it as a data-gathering opportunity. Groucho was 41 at the time of research. He lived in Jamaica until the age of 24 but came over to the UK after witnessing the violent death of his mother. Without other work options, he started dealing drugs when he first arrived but quickly got depressed and started using cocaine and cannabis. He started a family and had a son but family relations broke down when the pressure grew to 'go legit'. He separated from his wife and son at the age of 30, and became more depressed and his crack use increased. He served a series of prison sentences for various offences including armed robbery and burglary before starting to use heroin with crack in his late 30s. He struggled to hold accommodation because of consecutive prison sentences, persistent crack use and amounting unpaid council tax and utility bills.

Nevertheless, after a year in hostel accommodation, he was allocated a flat in 2003 in a respectable area of Rivertown. After a few chance meetings, Cuz and I were invited to his crack house:

> It was an old Victorian house. We arrived just after 1pm. The TV was on and Twitch answered the door. She was welcoming. She was wearing a white bathrobe and checked cautiously down the street. She looked so thin, I thought her legs were going to snap. Cuz and I walked in through the hallway. There was no carpet but it didn't have that decrepit feel like some other places had. The air was not stale but fresh. We walked past the front room on the right. The curtains were drawn and it was filled with boxes of merchandise. There were brand new clothes all stacked up in the room but I didn't ask about them. The place was well kitted out with furniture and the bathroom was stocked up with expensive toiletries, shampoos, aftershaves, perfumes and at least ten toothbrushes. The toilet was clean (to my surprise). Groucho was in the bedroom in a vest and trousers. I sat down and Cuz immediately asked if I could put the tape recorder on. I was annoyed that he asked but Groucho and Twitch allowed me. [11.11.04]

Groucho had something very valuable in the crack scene - safe accommodation. Moreover, unlike Flick, there were only a select few who knew about it. There was Groucho's girlfriend, Twitch, Babe and Tiny. Babe and Tiny came most days from a nearby street. The operation of Groucho's 'credit-card scams' had broadened to include them because Babe's boyfriend, who also used crack and supported her crack use, had been imprisoned. Groucho's crack house appeared to offer decent sanctuary from the chaos of the crack scene. There appeared to be a 'shared understanding' among the unit: that 'whatever came in' went around to whoever was present. This philosophy was spearheaded by Groucho whose calm demeanour appeared to filter down to his workforce and this appeared to diffuse the potential for explosive disagreements over crack. Essentially, the whole operation relied on Groucho stealing credit cards between the team the cards were 'run dead' for a few weeks.

The effectiveness of the management was evident in the desire to keep a 'good thing', going; knowing that they were working undercover in a Victorian house, on a reasonably 'well-to-do' street where the police had little interest. No one else apart from Cuz and a few *"reliable others"* knew about the flat or their operations. Since one of Groucho's main concerns was the location of the 'grafting area', much of the credit card fraud took them out of London. Groucho spent his time managing credit-card fraud operations, smoking crack and heroin and watching the same films over and over again (because he either didn't remember them or fell asleep half way through them). Cuz was vocal in warning Groucho about his credit-card operations because he had something very valuable in the crack scene - safe accommodation:

> Before Cuz had even started to smoke his crack he was telling Groucho not to fuck this place up [jeopardise the tenancy] and how he should be grafting [making money for crack] in the *"far away places"* first so as not to arouse suspicion or bring heat [attention from the police]. Groucho knew this and had made some adjustments to his lifestyle. He had, for example, made sure when he did use the cards, he also bought food as well as cigarettes and alcohol to reduce suspicion [of them being stolen]. [11.11.04]

Mary also spent time at Groucho's smoking crack and heroin: she came from a nearby area most days and was on a probation tag. The operation of Groucho's 'credit-card scams' had broadened to include her, as her boyfriend, who also used crack, had been imprisoned. She didn't seem to show much emotion when revealing that her seventeen-year-old sister was

now smoking crack. Groucho's house appeared to offer decent sanctuary from the bedlam of the crack scene. The degree of impartiality when sharing out crack, however, was often questionable:

> Then 20 minutes later Mary walked in – she had come from [place] and arrived to go grafting [to work] with the credit cards Groucho had got. She was wearing a white jumper and looked very thin. Her teeth were yellow and she tried not to smile too much. She told me she wasn't into the white [crack] that much and she had a brown [heroin] habit more over the white...They came back about 30 mins later – Twitch used Mary's car to drive to [a dealer] – Mary couldn't drive as she was on a banning order. Mary went immediately into the bedroom to smoke the brown and Twitch had to beg for her share of the brown back as Mary was suffering from heroin withdrawal. Groucho just sat there and waited for everyone to share it out – Twitch wasn't allowed to share out the white as she, as Groucho said, would share it *"unfairly"*. In the end she did – she definitely had more pipes than Groucho – two over his one and when she was piping, she kept the lighter on for longer and hovered it over the ash on the pipe to collect every last crumb. Mary stayed very quiet while she smoked crack on the foil – she also, as Cuz and Twitch did, dented the foil tube to collect the residue and then smoked the foil tube. The conversation drifted towards politics; Bin Laden, Bush and terrorism then the film Bad Boys caught their attention. [12.11.04]

In the same week, I met Silver who I had known for several years from previous research studies. My time, however, continued with Cuz, some days later, I was introduced to Bruv and Cuddles in a café who were both crack smokers. At the hostel the next morning, Cuz was publicly boasting about his newfound wealth after shoplifting a bag of DVDs from a Museum:

> Cuz had a big smile on his face. He then flashed 20 DVDs out of his window which he had taken from the Museum – the last time he stole from there, he was walking to the door; his coat was full of merchandise. The lady saw the big gap in the DVD section where Cuz had just taken them and went out the back and filled the shelves up [17.11.04]

Cuddles was also playing her part and introduced me to MRS; a young woman who had been tempted by her boyfriends private crack use. Later that week Cuddles started some sort of relationship with Tooth. She had taken it upon herself to house him and look after him because the police wanted him. Meanwhile, my relationship with Cuz continued to strengthen. Reflecting on meeting me again, he said he preferred to spend time with me as it kept him out of the hostel where people pestered him for drugs. The next day we met with another of Cuz's 'friends', Shake. Having been released in November 2004 after getting drug free in prison, Shake had been plunged back into the *"madness"* of the crack scene. We sat down for an interview after he had 'booted up' [smoked heroin and crack] in a side alley. In the following weeks, I met his girlfriend who Cuz said he had *"rumped"* [had sexual relations]. I got the impression Cuz wanted to appear as if he were a success with the ladies. However, if this was the case, I was surprised how Cuz and Shake sustained any relationship considering Shake had caught Cuz *"in bed"* with his girlfriend and threatened him with a knife.

Had we not met Shake outside the bank and chatted in the café, we would not have met Babe and Dawn who recognised Shake talking to us in the window of the café. Dawn stumbled in claiming it was her *"first can of the day"* but she had already smoked several *"rocks* [of crack]*"* that morning. She was wearing a new t-shirt, jeans and new trainers. She admitted she was quite 'fat' for a drug user but explained that liver cirrhosis affected her

body weight. Babe was 36-years old and had just got *"clean of the brown* [heroin]" a few months ago. She still smoked crack, was on a methadone and DF118 prescription (dihydrocodeine). Her eyes were slightly sunken in her face and her cheeks hugged the thin bone structure of her jawbone. Nevertheless, she made a big effort for public appearances because she wanted to feel 'normal' – or as normal as possible. She also fashioned both exotic make up and new clothes.

The relationship between Cuddles and Tooth, however, perplexed me and I spent a day or two with them. Tooth said he wanted to 'look after her' and make sure she took her medication for her severe depression each morning. She was mentally vulnerable and was collecting £240 every two weeks which they spent together on crack. She was also giving him shelter. They escorted me to a car park where I met 27-year-old Mr Lee, who had been homeless for the last six years; every night of which he had slept in the car park. His face was completely hidden in the long hair, long beard and dirty face. He didn't say a word, just nodded and shook his head to my questions. Some hours later, Tooth scored and smoked heroin in the car park stairs.

Towards the end of November, Cuz and Babe seemed to become closer, yet my street adventures with Cuz continued into early December. We all tried to access a local drug service – part of which was closed for a three-day staff conference. He commented how it was lucky he had not needed to go in because it was closed. It was here where we met Frank who was also trying to get help from the drug service. Some months previously, Frank said he was stabbed in the head by his ex-girlfriend and was rushed to hospital. Large metal staples were inserted in his head to aid the healing process, in fact, even though they had been taken out, he still looked as if he had holes in his head. He was there with his grandmother waiting for the drug service to open in the afternoon. He reasoned that the presence of his grandmother was his only protective factor which would deter his ex-girlfriend's two brothers who were out to *"do him over"*.

It had been some weeks since I last saw Scruff, but when cycling around at midnight on a Saturday, I saw him begging for money. I stopped to talk to him and I was introduced to Silencer - his *"using associate"*, as he described him. Scruff had just enough for a score but had only change and asked me to get some bank notes. He called the dealer and we waited by the bus shelter – every time Scruff thought he saw a car pull in to the road opposite, he got up from his spot to see if it was the delivery. After two hours of waiting for the dealer, I started to make my way home, when a BMW pulled up and Scruff got in to make the exchange. We sat and talked while they smoked crack near some garages.

Groucho and Flick revisited

By mid December, gaps started to appear in my contact with Cuz, and he became increasingly elusive. Feeling that I had neglected Flick over the last month, I called in but a stranger answered the intercom did not believe I knew Flick: my access was denied. On the 12th December, I visited Groucho. Although the fundamental operation of Groucho's unit had continued to operate over the next month, it did not prevent some 'slip ups'. This all seemed to stem from the release of Babe's boyfriend from prison in December. Once he had resumed his car-smuggling business, Babe and Tiny reduced their appearances at the flat. This meant that Groucho had to take the wheel of the car on 'grafting days'. Groucho however, had a significant number of previous convictions, most of which were driving offences. Conscious that he did not want to spend long periods driving in case they were caught, they started to use the credit cards more locally. However, this disrupted the routine of the longer journey and the close proximity of crack dealers made it a little too tempting to just *"have a quick blaze"* then go to another shop. It was during this period, that Groucho's crack use seemed to

escalate once again. In addition, while he was adept at skilfully evading awkward moments in PC World using stolen credit cards to buy expensive laptops, it seems he had difficulty in being a father to his young son:

> His [Groucho] 14-year-old son [Boy] was staying over. Groucho spent the first few minutes telling me about how Boy's mum was wrong about bringing him up preventing him to do things for himself. I listened as Groucho seemed quite keen to ask me about whether I agreed with him – Boy lived in another borough and according to Groucho [he] was an angel and never took drugs. When I spoke to Twitch after she had managed to drag herself up from the bed, she told me she was due in court tomorrow for breaching her DTTO and not going to the [help] groups. I said that she should make an effort but she didn't seem too bothered – she was supposed to be collecting her things from the hostel today as she had been thrown out. I wasn't sure what the arrangement was. When I had arrived there was no electricity, the floors looked in a worse condition and there was a quarter of as much food...I sat down in the bedroom and Twitch got some heroin out as she was clucking – Groucho paced up and down and told me about his son. After 30 mins Twitch told me that Groucho got nicked [was arrested] when they used some strong heroin and fell asleep. The police came along and [hand]cuffed Groucho and found him in possession of crack worth about £40. He was also due in court – I was not sure what would happen to both of them but it didn't look like they wouldn't be at their place for much longer. Boy then came in and stood before us, I introduced myself, he looked quite shy but never looked his dad in the eye and kept looking at the ceiling. [12.12.04]

After telling his former wife that he wanted more of a role in his son's life, he was now trying to be a 'model father' but was instead exposing his son to the realities of his drug-using lifestyle. These events had brought uncertainty over the future of Groucho's flat. The early-morning trips into the suburbs to 'run up' hundreds on credit cards were replaced by extended mornings indoors, in a quandary over their escalating situations.

Cuz, meanwhile had teamed up to use crack with Scruff on a few occasions. Cuz explained that he had been *"stressed out"* and his elusive behaviour was linked to a threatening letter from the hostel which read *"you have 14 days to clear your belongings and leave"*. The letter was really a contract by which he needed to agree to pay his mounting rent arrears but the wording was punitive and misleading. I met the manager of the hostel in an effort to explain how the wording of the letter made Cuz panic, and increased his drug use and, more prominently, crack binges. The next day, despite helping arrange some other way to pay back the hostel, Cuz told me he had a doctor's appointment and didn't answer my calls. A fellow hostel dweller, Canon, said he was with Babe. I cycled down to locate him in 'the usual places' but couldn't find him. Instead I met Shake who was about to score.

Approaching Christmas, Cuz disappeared off my fieldwork map and I spent more time with Scruff and Groucho. When I finally met Cuz towards the end of the year, he was had lost weight and looked ragged. Over the last two weeks, he had been on crack binges with Babe, got into fights in the hostel, and consequently been evicted. On our return to the hostel, we met Bottle who had clearly had some better luck. He had been in hospital, and although looked yellow, was looking considerably healthier than when I interviewed him some months earlier – he had had two operations on his groin. With some effort, I persuaded Cuz to meet the next day to re-establish our contact. Once again, and possibly feeling ashamed that he didn't call me the last time, he disappeared from contact again.

The New Year saw Scruff experience some mysterious fortune. Amazingly, albeit suspiciously, Scruff's 'Aunt' had given him £5000 in cash and he had put himself up in a

local hotel. He had cut his hair, shaved, bought new clothes but still smelt badly. I was invited into his hotel room and there was a young woman sitting on the bed. Pix, just 19, said she had used crack and heroin since she was 14, and had been selling sex since she was 16. It wasn't long before she recounted other aspects of her past. The previous year she said she had been raped by a gang of dealers and as a result had a child who was under the care of her mum. Homeless and vulnerable, she had met Scruff at the Bridge where he had 'promised' to look after her. I saw fear in her eyes as there was clearly another story to the relationship:

> When Scruff had gone out of the room Pix started crying and told me that she was under-appreciated. She said he never treated her to any crack and felt she was treated like absolute shit. She went on to say he orders her around, insults her, and persuades her to make money from prostitution. Deeply saddened by this, because she was on the game [selling her body for crack/money] anyway, she said he was trying to get her to earn more money from it. [7.1.05]

Scruff's high life did not last for long. Later that month, he was to be rushed to hospital with vein problems from injecting crack, and he was on the streets again soon after. When, in January, I visited Flick's, the whole scenery of his life had changed. Over the next week, we reacquainted ourselves again and caught up with events at Flick's flat. He had had a haircut and had somehow accumulated new furniture. The flat, however, still suffered odd odours because of the blocked drains. Blood looked more ragged. His tracksuit trousers had cigarette burns, his hair was dirty (but he hid it with a cap), and he looked very different from the young man I first met five months ago. He was facing a court case for possession of class A drugs from the police raid in November.

I was even more surprised to see Cuz in the same week. He was walking along the main road with Babe. Eager to hear recent events, we took to a nearby café. Having lost his hostel accommodation, and for fear of arrest by the police, he said he had moved in with Babe. He was thinner, had not shaved but was parading new smart clothes which he wore to avoid the attention of shopkeepers and store detectives when shoplifting. Conversely, events for Flick appeared to be shifting once again. In February, he started a relationship with a woman and, in need of more intimate time with her, had kicked Blood out. On the other hand, however, he had been excluded from Drug and Alcohol Treatment Service 2 and had his Methadone prescription had been withdrawn from the chemist. He was also facing a court appearance for non-payment of rent arrears of over £1000. With £25 being deducted from his benefits every two weeks, he had less than £50 every fortnight. Nevertheless, these quite significant events did not seem to be pushing any 'self-destruct' buttons as similar ones seemed to have done in the past. Could his new relationship be offering something to stabilise him? Appropriately, I finally met Flick's new lady on Valentine's Day - Blonde had moved in to Flick's flat. I only stayed an hour or so:

> She must have been mid-to-late thirties, blond hair, sort of plump. She was having some form of relationship with Flick. As I stood talking to him in the bathroom, she rummaged her hands up his jumper after he had finished shaving. [14.2.05]

She had clearly had some impact and Flick's life appeared to be stabilising. Over the coming weeks, she persuaded him to attend his court appearance, where he discovered the £1000 he owed was actually only £109. Because of conflict between the two neighbouring boroughs over the payment of the rent, there had been a serious error in the tax calculation. This removed a great weight from his shoulders because mounting bills and a court case had contributed to increased crack use in the closing months of 2004. Some days later, I saw

Blood over by the hostel. My excitement to see him was premature and led me into interrupting the dynamics of a drug deal:

> As I cycled up to meet Bradda by the Park, there were two other Portuguese guys nearby. Stutter was also with some guy called Hands. Not sure who Hands was but I was surprised to see Blood caught up in the group. I directed my attention to Blood and went straight up to him but I was invading a drug deal. Blood and Bradda were crossing the road over to the entrance to the park while Hands and Stutter waited on the other side of the road. I cycled up to Blood and Bradda and the dealer said *"who the fuck's this?"* – Bradda told him I was a mate and told me to wait over the other side of the road. I was oblivious to this until I had crossed the road. I guess I was so happy to see Blood alive and well...well alive anyway. [18.2.05]

Bradda and the Portuguese crew went off to smoke, while I spent the day catching up on events with Blood. We walked to the hospital where he showed me the new paraphernalia-laden squat where he had been sleeping and taking drugs. We then left for Flick's to collect Blood's benefit papers, where he received a frosty reception from Flick. Flick thought Blood was now developing a 'reputation' in the area because he had 'stung'[15] several other drug users. Blood had missed his first court appearance, and although I attended his second, he didn't show up. There was a warrant out for his arrest and his case had been forwarded to Crown Court on the 23.3.05. Two days later, our paths crossed. He had been 'hanging around' among estates but the 'crack house squat' had been raided. He took me to his new sleeping residence; a small space between two derelict buildings, all hidden by a large sheet of metal.

The following week was spent with Groucho during and between all-night crack sessions. The flat's merchandise seemed to have been replenished and Groucho was fashioning a new Nike jumper. Cuz, however, seemed to have damaged his relationship with Groucho. Groucho and Twitch claimed that Babe (Cuz's girlfriend) had not been fair in distributing the proceeds over a planned handbag theft. They also said Cuz had invented a story to account for our lack of contact which had been fed to other street drug users. This story involved my persistence in 'demanding to listen to his psychologists tapes' which, of course, was not true. I felt stupid, cautious and paranoid. The next day, I saw Cuz for the last time on the main road. Despite my efforts to hide my disappointment, the conversation didn't last long – he seemed standoffish. My time was later spent with Blood and two of his using associates while they smoked crack and heroin in the hospital squat.

In the days that followed, Groucho introduced me to Titch: a young man who was staying in Groucho's living room. Titch, who was also connected to Mary's boyfriend's business, had joined Groucho's unit having found that the earning mechanisms had disbanded from their car-smuggling operation. More alarmingly, Groucho had somehow persuaded his ex-partner, that he was able to look after his son from 'time to time' at weekends in an effort to be a *"responsible father"*, as he said. The flat remained full of food, clothes, and toiletries from suburban shops:

> He [Groucho] had been up all night with a friend blazing crack in their flat. The flat itself looked in reasonable condition. There was still tons of food in the kitchen and the bathroom was filled with toiletries. Groucho was dressed in a Nike jumper, with jogging bottoms and slippers – he looked more lively than usual even though he had

[15] A term meaning to trick other drug users out of money/drugs.

very little sleep. Twitch was sat on the bed, her feet twitching away as always with tight jeans on and a long-sleeved top... [23.2.05]

Throughout most of March, however, my focus turned to interviewing professionals and drug service representatives and less time was spent in the crack scene. In the few weeks absent from the scene, the hostel population, which I had come to know, however, appeared to have shifted significantly and half of the people I asked around for 'no longer lived there'. When I asked for reasons, the staff said *"we can't give you that information"*. I was fortunate to meet Bail, who I had met me once or twice in the early fieldwork period. Bail was Scottish and had started using heroin aged 29 and crack for the last five years – he was now 40. I had trouble convincing some of the new hostel colleagues about my identity and it felt like I was starting the research again. Tall Guy was particularly sceptical despite Bail's reassurance and several other drug users in the area. While discussing drug transactions, my knowledge of local dealers made Tall Guy suspicious that I was a police officer. The discussion became redundant when Bradda repaid Tall Guy money owed from some weeks earlier and he seemed to be put at ease.

The following week, my relationship deteriorated with Bradda because I refused to lend him money. Bail managed to get funding for a detox and left the hostel, and with few solid relations at the hostel, my time switched again to Groucho's crack house. However, once again, Groucho's carelessness behind the wheel and hasty scoring abilities had put him in trouble once again. In March, he was stopped in the car by police and was arrested again for driving while banned. This offence was added a court case which had been set at for the 12th April. Shortly after, he was then caught in possession of crack and heroin while in the car and this charge was added to the court date. In the days preceding the case, Groucho was nervously anticipating a custodial sentence. He said they were *"silly offences"* which he could not believe he got *"nicked for"*. I too was confused because they didn't seem to reflect the skill he applied to his credit-card operations. Regardless of Groucho's patchy appearance at the DTTO and failed attempts to get a prescription to reduce his drug use down, the whole operation, the flat and his relationship with Twitch appeared to be again in complete jeopardy:

> I arrived at Groucho's in afternoon – he had been acting quite strange with me on the phone. When I arrived the whole place had been carpeted – a lot of the shit (*mostly stuff bought from credit cards) had been moved and stored. He said that he and Twitch had been arguing and she said she was leaving him (but hadn't yet) – he felt she was dragging him down and this was the reason that he wasn't able to keep a straight head on anything [grafting]. I wasn't so sure. I felt something was up and when I arrived, he told me he had been arrested again for driving whilst banned – his story was that he was taking Twitch to the hospital because she was sick and had to drive but to be honest it didn't look too good. His court case was on the 12th April and he had been told that he was looking at a prison sentence [because of previous arrests, missed DTTO appointments, etc]. The police or judge told him if he could show himself in a positive light on the 12th, that is if he could have done something to show the court that he had good intentions, then he may not get a prison sentence. He was arrested two weeks ago and his case was in a little over a week. He had done nothing [to show himself in a positive light]. I suggested getting a prescription but he had already booked appointments at the chemist but not turned up four times to collect it and consequently had lost the prescription. [4.4.05]

In the days preceding the case, he was nervously anticipating a custodial sentence for driving while banned. He said they were *"silly offences"* which he could not believe he got *"nicked for"*. They didn't seem to reflect the skill he applied to his credit-card operations. However, at court, and after interviewing Prince Shakka during a recess about his crack use and disturbingly violent past, Groucho was back in the dock. In a miraculous turn of events:

> The solicitor's argument seemed honest: Groucho had done this before but the seriousness of his offences had reduced over the years and it would need time for him to adjust to a 'crime-free life' – he also played on the fact that prison would not be a suitable answer although it seemed like the inevitable punishment. The judges then said they would retire and we all had to stand up. Groucho looked at Twitch and I, and pointed a thumb down as if to say he was going to prison. Ten minutes later, at just after 1pm (we had been in there for about 20 minutes) the judges came back and commended the Probation officer for his report. To my astonishment, they said that this really was his last chance and sentenced him to 100 hours community service, an 18-month driving ban and a compulsory driving course *"Think Drive"* (or something). The probation officer came out and couldn't believe it – the solicitor said *"what ever you do, don't get in a car"* [12.4.05]

However, one hour later in Groucho's flat:

> Groucho seemed happier and almost had a schoolboy bounce to him. We had done it, I felt a sense of elation too…He said he was going to score crack and to meet us back at his flat…We arrived at Groucho's and I made a drink while Twitch went straight to have a boot [of heroin] – she was clucking [from the withdrawal]. Soon after Titch came over – his hair was longer and he hadn't shaved. He started saying how he was fed up with grafting every day for drugs and said he might give up soon – he had a very bad cough which he said was down to the crack. He had some Iranian Rias which he had taken from someone's bag which were worth around £100. I turned the tape on when they both started talking about drug treatment. Titch mentioned Subutex and said it interested him. Groucho then came in with a large rock [of crack] and laid it out on the bed and shared it. Minutes later, there was a call on Groucho's phone – it was Twitch's brother trying to sell him a car for £100 – She relayed this all back to Groucho – he nodded but looked pained. I thought to myself what would happen now and asked who would drive and Titch said she would – I wasn't so sure. [12.4.05]

Figure 10 - Mr Lee's den

The next day, he bought the car. In the final days in the research field, Groucho introduced me to Rem: who smoked crack, made a £100 through sex work and lived/cared for an elderly man. In late April, I maintained a presence outside the benefits office with some outreach workers. Jack the Lad was still injecting crack: he looked rough and as he limped around. A few months prior, he had a hostel place, a phone, reasonably clean clothes – now he was homeless and was waiting for a little fellow called Blackbeard, whom I had met in the car park, who owed him money. Blackbeard turned up but didn't recognise me and they went off to score together. Shake was also there, after not seeing him for a few months, he had put on weight in prison. I left with Mr Lee, a 44-year old Jamaican who had been using crack for the last seven years. He invited me to be with his civilised crack-smoking colleagues in the building in the picture (Figure 8). By early May, my time was devoted to ordering data and writing the final report.

Appendix 7 - Recommendations for policy

If there is to be any serious progress toward helping such populations, then a number of recommendations need to be considered for structural change and service configuration.

Drug support service configuration

The current response to problematic drug use, it is suggested, either tends to offer a generic range of services to a limited number of clients or targeted services to specific a client group (Fox *et al.*, 2005; Lupton *et al.*, 2002). Part of the problem is that there has been a shift from the practical matters of recovery such as housing, social care and benefit support to an 'overemphasis on the treatment of addiction' (Audit Commission, 2004; Fox *et al.*, 2005). This has meant a significant reduction in the time the State will fund drug users in treatment (Briggs, 2007). Therefore, crack users will firstly need to be consulted on how best to configure crack services (see Boyd *et al.*, 2008).

Although many services do not have sufficient funding or staff to cope with the demand and offer immediate treatment or care to every applicant, some thought could be invested into creative ways to manage applications and minimise the despondency which results from being put on a 'waiting list'. Ideally, crack users should be able to engage with the service of their choice regardless of where they are staying. It is clear, however, that for this inclusive approach to be realised, funding streams may need to be re-structured. One option would be for services to offer emergency treatment to all those who present themselves, then to pass crack users over to other services in a manner designed to minimise the risk of disengagement (e.g., outreach worker taking crack user to new service, joint assessment and risk-assessment protocols; joint prescribing protocols; speedy and effective communication systems between substance misuse services; information-sharing protocols).

Crack users express a sense of fatalism and hopelessness about entrenched crack use. Without practical assistance, getting to housing departments, organising the paperwork and ID necessary to find a job and apply for benefits or services, managing their money and their tenancies, were all seen as daunting tasks (Chapter 5, Chapter 6). Therefore advocacy and mentoring could be provided through outreach teams to ensure that crack users are monitored and supported in temporary accommodation/flats/houses - similar to that used in the US and Canada (see Fischer *et al.*, 2006; Haydon *et al.*, 2005). They could offer advocacy and practical support for crack users (e.g. with making appointments, paying bills). Heavy crack users generally need to be monitored and supported more often in their tenancies than other individuals. Outreach workers and Rivertown Housing floating-support workers could 'double up' on monitoring the client.

It is clear that future crack service provision will need to approach crack users, rather than expect crack users to approach them (for good practice see Malchy *et al.*, 2008). Within this, staff attitudes need to be improved toward crack users (Chapter 2). Such support needs to offer inducements to engage so crack users return to the service. Moreover, service workers must expect the dip in/drop out pattern of engagement, and structure services around it with contingency plans – for example, providing high-intensity services when crack users are in contact, and lower-intensity contact and empathetic follow-up (including harm-minimisation advice, brief interventions and practical assistance) when users drop out of contact. Involving stabilised crack users in devising strategies and systems in the locality would help the services to shape needs-led and client-centred responses.

These centres could also work closely with drug-support services to refer and support clients into mainstream services. The centres should be open in the evening and weekends, to cater for crack users seeking help outside office hours (see Stöver, 2002). While some services in Rivertown offer condoms and injecting equipment (Chapter 5), this is limited and there could be more efforts to offer more innovative and creative harm-reduction tools. 'Crack packs' with lip balm, a comb, toothbrush and toothpaste, vitamins condoms, etc., would be ideal, (and if a form of safe crack pipe could also be devised) could be used as engagement incentives. Successful engagement programmes in the US and Canada have offered something of value to crack users (Booth et al., 2003; Higgins et al., 1993; Malchy et al., 2008; Sorensen et al., 1999; Wechsberg et al., 1993). Services could usefully provide harm-minimisation and awareness advice about the 'pranged' or 'wired' state. This could include: how long the experience was likely to last; cognitive techniques for getting through it; and strategies to avoid this state.

Structural change

Historically, multi-disciplinary treatment for drug users in the UK has been provided sequentially. In order to solve their problems related to mental health, physical health, finances, employment, education, childcare and housing and drug reliance, crack users must themselves negotiate the bureaucracy and criteria of each service provider independently (Chapter 2). The result is often frustrating as the qualifications for inclusion in one service depend on satisfying the criteria for another (see Fox *et al.*, 2005). Many drug users, but crack users in particular, are often not able to organise their lives to keep appointments, make phone calls and complete the paperwork necessary to navigate these tasks in the right order to qualify for housing, medical care, counselling, etc (see Chapter 6; Chapter 7; Chapter 8; Henkel, 1999). Crack users need competent case managers who can advocate directly for users and help them to get the most out of the various services, and/or instant access 'one-stop-shop' centres that would house representatives from all services and government departments.

Similarly, the onus on drug support service engagement needs to be balanced equally between the criminal justice system and community drug settings (Stimson, 2000). Because many cannot access drug support services when they may be 'in crisis' their genuine motivation for change is not reflected when they are put on lengthy waiting lists and offered treatment in custody. This, as we have seen, angers them and contributes to their distance (Chapter 8). Furthermore, crack users need to be distinguished from cocaine users in policy documents because they are from different social groups (see EMCDDA, 2007; Williamson *et al.*, 1996). By awkwardly bundling the two together in government and treatment policy documents (Chapter 2), provision design is skewed. An appreciation of the different groups, their attitudes and practices should bring about appropriate drug treatment design.

The 'free will' medical model of Procheska and Di clemente (1986) endorsed by the NTA may need some reconsideration in the context of crack users. The model treats crack users as culpable adults responsible for their own actions (Bauman, 2004; Chapter 2; Chapter 3). Commentators suggest that such a model shifts responsibility for treatment failures on to the drug user (see Holt, 1967; Sterne and Pittman, 1965). Such a medical treatment philosophy focus on addiction is only partially successful because of a limited view of the reasons why people use drugs (Young, 2002).

This study shows that this treatment ideology does not seem to work well with crack users. This is not to say they not *be responsible* because this study shows they do attempt to make agentic decisions towards change. The problems arise when continual attempts, fail; and this erodes hopes for change (Chapter 8; Chapter 10). Many become engage in more risky drug and sex behaviours and feel fatalistic about change. Their problems, in most cases, become increasingly complex and entrenched which means more is *commitment* is needed for them to engage. When they cannot summon the 'free will' to get to appointments, maintaining housing, they feel greater personal shame and hopelessness.

Drug service philosophy therefore need to offer greater appreciation of structural inequities of problems with engagement such as poverty, homelessness, unemployment and lack of social support (see Pauly, 2008), the social pressures of the crack scene which also inhibit engagement (Chapter 7) and the individual barriers which develop of the crack career (Chapter 6; Chapter 9; Chapter 10). In order to sustain change, crack users need alternatives to crack use which will require governmental institutions to better provide opportunities for recovering crack users and help instil motivation to pursue them. Some consideration also needs to be given to the spatial design of prevention and support programmes if they remain situated and controlled among surplus populations in relatively controlled settings with lack of opportunities and little upward mobility – such as temporary housing (Waterson, 1997).