A Non-traditional Ethnographic Study into Crack Cocaine Cultures in an Area in the North East of England

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Abstract

Heavy-end drug use is a widely studied topic, however much of the research within the field considers the phenomenon from perspectives of individual or social pathology, devoid of any pleasure or meaning-making potential for the user. In order to gain rich understanding of the local heavy-end crack cocaine culture, this thesis utilises a methodology of 'non-traditional ethnography' wherein my 'player' role as a drug treatment practitioner replaces the traditional approach of 'insider' within ethnographic research. This positioning compliments the in-depth interviews which I have conducted with 25 heavy-end crack cocaine users from an area of the North East of England.

Despite the area being believed to be largely unaffected by crack cocaine, an established and evolving local crack cocaine market was found to exist. The market and distribution networks were found to be extremely complex and multi-faceted and as much a social market as an economic market. In contrast to the image of the 'powerless addict', users were found to often be calculated consumers, who had developed sufficient knowledge and skill to negotiate their way around this alternative consumer culture. Indeed, the development of finely honed skills was a key theme throughout the study, resulting in the application of Stephen Lyng's edgework concept. The development of this alternative conceptual vocabulary is found to have significant implications for understanding heavy-end crack cocaine use and crack cocaine treatment approaches.

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1.1 Introduction

How and why I became interested in my research topic of crack cocaine cultures is an engaging question in itself, and one I feel I must explore, within the introduction of my thesis in order to orientate my subsequent discussion. Within a society where illicit drug use is prevalent few could say that they have not interacted or been affected by drug cultures in some way. Whether that interaction is direct involvement resulting from personal use, being affected by the drug use of a friend or family member or the behaviour of a drug user unknown to you, most people have had some involvement (Parker et al, 1998b). Personally, I have had many different interactions with drug using cultures, and the individual actors within them, and each of these interactions and experiences have shaped my understanding and contributed to the thesis I am presenting.

As the daughter of two substance users I was aware of illicit substances from a very young age. Of course I did not understand the legalities of such, nor did I have an appreciation of the social issues that surrounded drugs. My parents held a very liberal view of drugs and participated in their use quite openly. Like minded friends would often visit our home, my father always seemed to have plenty to 'share', although I later discovered the drugs were rarely exchanged free of charge.

I grew up to view drugs as part of the world in which we lived and as my own consciousness developed I became aware of different societal views of drug use, although I remained accepting of its existence within the world around me. My perception changed radically however during my social work training when I was introduced to what I naively believed to be the 'other side of drug use'. My liberal value base and awareness of drug use led to me being well placed to work with drug users within my professional career and I began my work with 'problematic' heavy-end users. My first professional experience of the field was within a residential rehabilitation unit, the most intensive intervention within the tiered-

approach to drug treatment, aimed at the most problematic user (NTA, 2001). I quickly became aware of a line that was drawn between recreational or soft drugs and hard drugs, namely heroin and cocaine (Parker et al, 1998b). It was at this time that I discovered that my father was dependent upon heroin and my concern for his well-being served to compound my newly developed relationship with drug use and the surrounding cultures.

As such, I developed a somewhat schizophrenic perception wherein I considered some drugs to be consistent with recreational use, quite acceptable and compatible with a positive and functioning existence, whilst I perceived other substances to be somehow different. My work within the rehabilitation unit had introduced me to a group I had not previously met; a group who expressed powerlessness to addiction and a need for professional intervention. Influenced by my concern for my father's welfare and his ability to cope with this affliction, I took an emotive step into the woods and could no longer see anything but the trees. I worked conscientiously to develop the necessary skills to provide the care that this 'vulnerable' group required if they were to ever succeed in addressing their dependency.

As my career developed I worked in a range of treatment settings, and whilst I remained committed to supporting drug users, I grew frustrated with the rather limited strategic approach and disease model of addiction in which drug work is embedded (May, 2001). As I listened to numerous narratives spoken by drug users, I observed frequent discrepancies between the user's stated desire to abstain from substance use and their continued drug use, despite therapeutic intervention and treatment. Within the current political climate, treatment services are believed to have failed drug users who do not achieve positive change in relation to their drug use (Millar et al, 2004). Equally, treatment services are criticised for not successfully engaging drug users who do not access treatment (Strang et al, 2004). Baffled with this somewhat patronising view of

individual agency and responsibility, I began to experience disillusionment with the work that I had committed myself to.

I contemplated the ‘war against drugs’ (HMSO, 1994) and wondered ‘who is fighting whom?’ I was reminded of my previous liberal attitude towards substance use which was borne out of a belief of rational choice as motivation for use. My father had long since abstained from heroin use with relative ease and without any professional intervention, simply because he had chosen to. As such, I began to question the very nature of addiction and dependence; however, I remained somewhat confused about my own theoretical stance and beliefs.

It was at this time that warnings of a crack cocaine epidemic in the North East of England began to emerge. Nationally crack cocaine had for some time been recognised as a highly prevalent drug within the heavy-end drug using population, with findings from the British Crime Survey 2003/04 indicating that Britain had in the region of 79,000 crack cocaine users (Home Office, 2006). As in other European countries, the volume of cocaine seized annually was growing (Mwenda, L. & Kaiza, 2006) and the numbers of users steadily rising (Home Office, 2005). Whilst the crack cocaine market accounted for a significant proportion of the overall illicit drug market in Britain, the North East region hitherto had been largely believed to be unaffected (Bachelor, 2004).

Despite gaining public attention, there appeared to be great disagreement as to whether we were indeed experiencing a notable increase in crack cocaine use and supply within the region and specifically in the Local Authority in which I worked. The national anxiety surrounding the issue had long been dismissed as ‘not applying to the North East’. However there had been rumblings locally. Many of my colleagues working within the field had begun to cite anecdotal evidence for the rise in crack cocaine use, whilst others denied the existence of any such group. Similarly there were conflicting reports from users with whom I came into contact, with some warning that we were on the verge of an epidemic, and others

dismissing such claims stating ‘it is as bad as it is going to get’. Drug treatment commissioners and stakeholders were also spilt; some believing that ‘something had to be done’ to address the issue, while others denied the existence of a crack cocaine problem altogether, feeling that there was no evidence of a rise in its use and sale. Local crime rates were presented as ‘proof’ that crack cocaine had not infiltrated the area coupled with the absence of a visible sex market resulting in the North East being seen as not having the necessary infrastructure to support the development of such a market.

I, myself, had not observed any significant changing trend. The team in which I worked was responsible for developing care plans and treatment packages for heavy-end drug and alcohol users. If crack cocaine use had increased so drastically, bearing in mind the well documented devastation this drug causes individuals and communities (Lupton et al, 2002), surely we would have experienced an increase in referrals? However, there was so much ‘white noise’ around this issue that I decided to commence this study aiming to discover whether there was indeed a group of people who used crack cocaine locally and if they did exist, I wanted to learn more about them and their experiences. I decided that I would like to undertake a PhD in order to research this mysterious social group and I applied to the University of Newcastle. I also approached the Joint Commissioning Group (JCG), a body responsible for strategic planning and commissioning of drug services within the area. Both the University and the Commissioners were interested in my research plans.

Whilst discussing the project with knowledgeable individuals such as other drug treatment practitioners and users, there was often a strange sense of anticipation. Initially I believed this anticipation to be a fearful warning of the potential damage and destruction that could be caused by this drug. However, as I proceeded, I became increasingly aware of a feeling of excitement that surrounded the issue. Colleagues within the field appeared to be almost willing ‘the epidemic’ and all the associated drama

to happen. This sense of disproportion was not limited to drug workers as this quote from a drug using focus group member shows:

'Crack is instantly addictive, it is just so moreish, 10 times more addictive than heroin. It will turn your wives and daughters into prostitutes, an honest man into a thief, a shoplifter into an armed robber. Crack is going to hit this town very soon and believe me when it does you wont know what has hit you' (Male focus group member).

Within his book *Cultural Criminology and the Carnival of Crime*, Presdee (2000) discusses the commodification of crime wherein popular culture has developed crime into a commodity that we consume for pleasure. Drug use, and by association drug work, have also become commodified. Newspapers are sold based on headlines of drug-related doom, real-life documentaries narrate users' struggles to abstain (*Mum, Heroin and Me,* Channel 4, 23rd October 2008), and even drug-related death (i.e. *Ben: Diaries of a Heroin Addict,* Sky 1, 9th December 2008), whilst biographical and fictional literary texts and Hollywood films about drugs[1] are produced and consumed as 'entertainment'. To the drugs worker, the discovery of a new drug epidemic is comparable to the introduction of a new gadget or gizmo for the technological enthusiast. As I stood at the beginning of my academic journey I too was aware of my own excitement that my research may uncover a crack cocaine culture and that through it, I would be granted some level of access to it. A form of 'ethnographic edgework' (Lyng, 1998) wherein I, as the researcher, could piggyback on the excitement of the respondent's experiences, a concept I will return to later within the thesis.

[1] The reader is referred to a vast array of biographical texts including James Frey's (2003) *A Million Pieces* and the celebrity confessional books including Anthony Kiedis (2004) *Scar Tissue* and *Courtney Love: The Real Story* by Poppy Brite (1998). Fictional literary texts include *Smack* by Melvin Burgess (1999) and Irvine Welsh's (1994) book *Trainspotting* which Danny Boyles (1996) film was based upon. Other films include Robert De Niro in *Once Upon a Time in America* (1984), *Blow* (2001) starring Jonny Depp as George Jung who was credited with establishing the American cocaine market and *Ray* (2004) which presented the story of musician Ray Charles and his heroin addiction.

Using a methodology I have referred to as ‘non-traditional ethnography’, I utilised my specialist knowledge, privileged professional access and involvement within the local drug culture, combined with a multi-method research design. This approach included in-depth qualitative interviews, focus groups and limited statistical data; providing an opportunity to access and study an under-researched group and achieve deep-level understanding. The study was concerned with gaining an understanding of the local crack cocaine market and culture. The methodology was therefore developed in order to respond to the specific research questions, whilst ensuring the appropriate management of complex ethical issues relating to my dual role as researcher and drug treatment practitioner and offers significant opportunity to research other hard-to-reach groups.

My journey began with an aim to discover whether there was actually a crack cocaine market of any significance within the local area; a question that took very little time before being answered with a resounding ‘yes’. Within the following thesis I will explain that respondents reported large groups of crack cocaine users within the area, reflective of the national trend. In addition the respondents reported use spanning a number of years suggesting not only that there is a significant presence of crack cocaine in the area, but that there has been so for some time. Within a largely demand-driven market populated by resourceful and skilled individuals, prevailing logic that visible sex markets (May et al, 1999; Campbell & O’Neil 2006) and high levels of violent and acquisitive crime (Goldstein, 1985; Walters, 1994; Crits-Christopher, 1999; Hopkins, 2000) will be dispelled as necessary components of a crack cocaine market and the adaptive structures, which are in their place, will be discussed.

Throughout my research I explored the local crack cocaine market, seeking to develop an understanding which would allow me to describe the nature and scale of this entity and its links to wider cultural practices. The dealer-user power relations were examined to consider whose needs and conveniences were being served and determine whether the market was supply or demand driven. As suggested above much of the market

was found to be demand-driven and devoid of the sinister dealer often found in the stuff of urban legends, hanging around the school gates or posing as an ice-cream man (as invariably these characters are believed to be men). Instead I found dealing practices much like those I observed between my father and his friends/customers, wherein the dealer-user interactions within the crack cocaine market contained blurred boundaries characterised by existing personal relations (Brain et al, 1998). Dealers were often the friend, partner or family member of the purchasing user, whose relationship served to facilitate a softening image of the drug and eased the initiation. Consumer practices which were comparable to other, licit consumer cultures (Hall et al, 2008) were found and this framework is employed to develop the alternative understanding of crack cocaine markets presented within this thesis. Consequently, when discussing the crack cocaine market and its consumer culture, I will refer to the users as 'consumers'. During other analysis chapters, this term of reference will change accordingly.

The 'alternative' consumer society I uncovered places value in customer savvy, wherein discerning individuals make choices based upon value for money, both in terms of quality and quantity and are able to adapt their consumer practices accordingly. Within the following text, I will discuss the effort, skill and edgework (Lyng, 1990) contained in being an efficient and informed drug consumer discussing examples including the users' involvement in the conversion of cocaine hydrochloride to crack cocaine or travelling to neighbouring authorities to make a satisfactory purchase. Similarly commodity dealers demonstrated an ability to reduce their vulnerability within the market, although in this instance, policing replaces the risk of bankruptcy, and shrewd commodity dealing provides a business plan inclusive of risk management strategies.

The manipulative practices of commodity dealers were considered against calculative consumer actions. Whilst assertive marketing strategies appeared to influence introduction to crack cocaine in some cases, post-experimentation tended to be characterised by educated consumer

choices and practices. There were also notable instances wherein users demonstrated their own initiative from the onset, seeking out the substance based on the 'advertisements' of peers. The quality of the service and product played a significant role for both parties with commodity dealers seeking to improve the service they offered in order to attract more consumers by selling multiple commodities (heroin and crack). Interestingly, great pride was taken on occasions by the commodity dealer, one in particular who appeared to gain identity from his successful and aspiring business is discussed in great length.

The potential for consumption to support the development of an identity was a theme which I will expand upon with regards to both dealer and user alike. Group membership was negotiated and communicated by consumption practices and individuals would assign themselves labels such as 'crack head' accordingly. Others sought to distance themselves by introducing alternative consumption patterns. Sources of funding also provided an alternative means of identity formation particularly in relation to what users were prepared to do in order to secure the necessary resources to purchase crack cocaine.

This analysis highlighted the vast array of items that could be exchanged for crack cocaine within a culture where everything is a commodity and nothing is sacred. Indeed even emotive quantities and relationships which usually exist outside of an exchange sphere within traditional cultures were at times commodified and exchanged directly or indirectly for crack cocaine. This is not to say that all users were willing to exchange any item for crack. Rather individuals are required to negotiate their own positioning between commodification and decommodification to identify the items they individually viewed as temporarily or permanently outside of the exchange spheres. Where the user was positioned along this spectrum defined their moral identity and often importantly, the moral identity of others for whom the respondent viewed as being of lower moral status than them selves. Thus identity was relative to other members of the culture, yet communicated in such a way as to promote their

acceptance within more traditional cultures when in situations of 'cultural overlap' such as within treatment appointments or during interview.

Crime represented a frequent activity for many of the respondents, although the relationship between crime and crack cocaine use was found to be a complex, mutually reinforcing interaction, in contradiction to the overly simplified, unidirectional view contained within many media reports that using crack *causes* offending behaviour[2]. Indeed, respondents would also utilise a number of legal means of funding their drug use including state benefits, loans from friends and family, selling goods and 'freebies' exchanged for favours, highlighting the resourcefulness of the users.

With unemployment being an overwhelming norm, drug use and associated behaviours such as offending and 'scoring' provided both an alternative career and an essential source of social contact. Vast amounts of time and energy were committed to the range of tasks needing to be undertaken to obtain and use this substance. I will discuss how such activities were often completed within peer groups, membership to which was achieved simply by using crack cocaine and serving a functional role in achieving the shared goal of the group (getting money for crack, scoring crack, using crack, and repeat). The language used by many of the respondents to describe such activity was often passive and devoid of intent, directly dismissing the significant effort and skill required on the part of the user. Within the following pages I will explore the functional nature of their shared language deliberately aimed at framing their behaviour as beyond their control. Indeed this language serves to complement the discourse of addiction, which denies the significance of rational choice within heavy-end drug use. It is a fundamental premise of this thesis that the user does exert control over their use, however presents it as 'out-of-control' to justify continued use of crack cocaine.

[2] Examples include BBC News, (24th June 2002) 'Crack trade violence hits UK's Poorest; The Independent (12th March 2002) 'Scourge of crack cocaine sending estate into despair' and Evening Chronicle (16th January 2008) '17,000 drug addicts'.

Whilst the issue of control is a basic assumption within this study, it is recognised that different divisions within the crack cocaine using culture will experience this differently. Notably female users, who hold less power generally within society (Malloch, 2004), are likely to experience similar power relations within this alternative culture, which will in turn affect their experiences. Female users often described involvement in sex work, experiences of domestic violence and rape. Whilst there were more males recruited into the study, there was evidence that women were a hidden population within the crack cocaine market in the area, with treatment services being less accessible for women who are often fearful of the blame and shame society imposes upon 'deviant' women (Malloch, 2004) who fail to conform to traditional concepts of 'appropriate' femininity (Faith, 1993).

By demonstrating the control that users exercise, we are freed to consider heavy-end crack cocaine use, and the associated lifestyle, as a voluntary risk-taking activity. Stephen Lyng's (1990) edgework perspective is applied to develop a new means of understanding a type of drug use which has traditionally been problematised and explained within limited frameworks, wherein users are believed to be 'mad, bad or sad'. By situating crack cocaine use within this framework, I illustrate the significant skill and knowledge base required to survive such activities and negotiate the numerous edges existent within their day-to-day lives. The achievement of 'negotiating the edge', provides the actor with meaning in an otherwise meaningless existence, as well as, purpose where it otherwise may be absent. Such an analysis does not seek to romanticise what can be a highly destructive and damaging activity, and it is acknowledged here that drugs can and do cause significant detriment to individuals (EMCDDA, 2007), families (Advisory Council on the Misuse of Drugs, 2003) and communities (Lupton et al, 2002). Indeed, should this study have included the experiences of carers, community members and authorities such as the Police, it is certain that the 'meaning-making' activity of drug use would have given way to narratives of despair. However such exploration is documented elsewhere (Godfrey et al, 2002;

Lupton et al, 2002; Barnard, 2003; Singleton et al, 2006) and is outside of the remit within this study. Whilst I will discuss instances wherein users have 'crossed over the edge' and experienced difficulties for which they have been unable to exert control, the purpose of this thesis is to understand what motivates crack cocaine users within their daily living experiences. Such an insight not only presents a rich alternative to the current theoretical understanding of this social group, but also presents a challenge and opportunity to social policy to respond.

The thesis is organised in the following way. Chapter 2 reviews the hegemonic literature within the substance use field. Of particular interest here are theories of so-called addiction and the 'mad, sad, bad' approaches to understanding drug taking and associated activities. I also identify what I consider to be major gaps in the knowledge within the field and call for an alternative understanding of crack cocaine use and associated activities. Chapter 3 therefore seeks to present an alternative conceptual vocabulary for understanding heavy-end crack cocaine use.

Chapter 4 presents the research methodology; a creative non-traditional ethnographic study which makes best use of my own involvement in the culture and the privileged professional access that I have to this social group. Here I discuss how I combined a range of methods in order to develop a highly individualised response to my research problem, which enabled an in-depth exploration of an under-researched group within the illicit drug world.

Chapter 5 discusses the local crack cocaine market and seeks to describe its nature and scale. Whilst this qualitative study does not seek to statistically analyse the prevalence of crack cocaine use in the geographical area under study, it does seek to gain an understanding of the breadth of the culture. Ease of access and availability locally and within neighbouring authorities is also discussed.

Chapter 6 analyses the consumer practices of crack cocaine users. The process of commodification within the users' daily lives and relationships are explored as is the balance of power between user and commodity dealer. This chapter seeks to discuss the extent to which the market is supply or demand driven in order to gain an understanding of whose needs and conveniences are being met, by analysing the practices of both consumer and commodity dealer in terms of price, promotion, product and place.

Chapter 7 explores the daily living experiences of the user groups and the cultural practices they engage in. Insights are gained through considering how the users were first introduced to crack cocaine, their levels of use and their interaction with other substances. The interface between offending behaviour and crack cocaine is also considered as well as the language that the groups use to discuss these activities and themselves in relation to offending and crack cocaine. The significance of gender and specific issues relating to some of the female participants are also discussed, including the experience of domestic violence and involvement in sex work.

Chapter 8 explores crack cocaine use and involvement in associated risk-taking activities from an edgework perspective. Applying Stephen Lyng's concept of voluntary-risk taking, I attempt to offer an alternative explanation for use of crack cocaine and involvement within this culture, to that of the dominant ideology of addiction.

Chapter 9 explores treatment and wider paradigms of change, with specific reference to crack cocaine. Davies' (1997b) discursive model of addiction will be integrated, consolidating the knowledge gained from the previous chapters in order to make recommendations for social policy and drug treatment.

In chapter 10 I will conclude by reflecting upon the thesis findings and theoretical perspective, discussing the original contribution that this highly

eclectic study makes to sociology, social policy and the drug treatment field.

2.1 The Development of the Discourse of Addiction: a historical perspective

'An ideology is reluctant to believe that it was ever born, since to do so is to acknowledge it could die…It would prefer to think of itself as without parentage, sprung parthenogenetically from its own seed. It is equally embarrassed by the presence of sibling ideologies, since these mark out its own finite frontiers and so delimit its sway. To view an ideology from the outside is to recognise its limits.' (Eagleton, 1991: 58)

Within this literature review I will explore a range of historical theoretical frameworks used to provide an understanding of 'addiction', 'dependency' or 'heavy-end' drug use. For the purpose of this chapter, I present a historical perspective wherein I discuss theories in a neat chronological fashion, as if the drug and alcohol field progressed as a united, coherent community. Of course this does not reflect the actual situation. Rather individual disciplines and the associated professionals groups continued to 'beat the drum' of their particular perspective and enjoyed the political influence and authorative power afforded to them within their own academic and professional groups, resulting in fluctuating fortunes and influences. This brief review that follows seeks to present an accessible journey through time from the early medical profession's claim upon the truth of addiction through the various challenges to these truths from other disciplines, up to the present day. After considering the limitations of the existing discourses, I will tentatively present an alternative conceptual vocabulary of 'heavy-end' drug use, which I believe offers an opportunity for achieving a greater understanding of crack cocaine cultures in the North East of England.

The idea that individuals could suffer an 'addiction' or a compulsion in relation to the use of a substance began to emerge in medical writing in the late 18th Century (Porter, 1985; Harding, 1986) and was specifically concerned with the use of alcohol. By the 19th Century, medicine was beginning to intrude upon social life, personal relationships and behaviours (May, 2001), domains that

had previously been considered moral domains and the concerns of the Church. Addiction began to be seen as an organic disease (Trotter, 1804), for which the symptoms consisted of a severe thirst for alcohol or cravings, as a product of inherited traits and as a result of interactions between persons and immoral or degenerate influences. The discourse that developed out of the medical profession argued against the dominant perception of the time that habitual drunkenness was a result entirely of moral failure or lack of self-governance wherein drunkards simply wanted to get drunk (Ferentzy, 2002). However, *'this odious disease'* (Rush, 1823), retained a strong moral dimension.

'But the demoralizing effects of distilled spirits do not stop here. They produce not only falsehood, but fraud, theft, uncleanliness, and murder. Like the demoniac mentioned in the New Testament, their name is 'Legion,' for they convey into the soul a host of vices and crimes.' (Rush, 1823: 11).

One of the important developments to come from the disease concept of addiction was the sense of ability and responsibility to treat addiction (Durrant & Thakker, 2003). The cure to habitual drunkenness was believed to be abstinence and professional association with temperance groups began to emerge. Similar to the teachings of Alcoholics Anonymous, the Temperance Movement reported that abstinence was necessary as even one drink of this 'poison' resulted in uncontrolled bingeing. In order to achieve temperance, Benjamin Rush (1810) had called for the introduction of the 'sober house', and the National Temperance Society published several pamphlets arguing that asylums were needed because of the very nature of the disease of inebriety. In 1867 the first inebriate asylum was opened in New York, *'in which the victims of alcoholic disease can be legally placed, until . . . the disease and morbid appetite are effectually removed.'* (National Temperance Movement, 1873) and by 1900, there were over 50 inebriate asylums in the United States (Levine, 1978).

Habitual drunkenness was considered as a type of insanity wherein drunkards suffered a pathological loss of reason (Trotter, 1804). Similar to the dominant

understanding of mental illness within the 19th Century (May, 2001), inability to reason regarding alcohol was believed to be compounded by failing moral judgement (Ferentzy, 2002). The role of Victorian and Edwardian social policy was largely to enforce morality. In the UK, one such mechanism to achieve this was through the public county lunatic asylums; the Inebriates Act of 1898 allowed the detention of habitual drunkards and those committing serious crimes whilst drunk, for a period of three years. Whilst the objective was moral control, regulation of inebriates was very much perceived in terms of the psychiatric (Zedner, 1991), a positioning which was reinforced by the 1913 Mental Deficiency Act, which saw individuals of 'feeble-mindedness' such as habitual drunkards and drug users being confined in an asylum.

Whilst an organic or psychogenic pathology was believed, anatomical investigations failed to provide any proof of such. In fact science is yet to provide any evidence of addiction-as-disease (Reinarman, 2005) other than the subjective experiences of the sufferer (May, 2001; Reith, 2004). It had been believed that anatomical investigations would eventually find organic anomalies within the central nervous system, which provided explanation for poor moral behaviour (Shorter, 1997). At this time, biological psychiatry was concerned with mapping the body, identifying pathological and non-pathological features. However by the end of the 19th Century, biological psychiatry had largely failed to offer evidence to support its hypothesis, other than in cases of a degenerative condition such as Alzheimer's disease.

High tolerance to alcohol and the experience of physical withdrawals were increasingly considered to be indicative of addiction. However, high tolerance was found to exist in the absence of addiction and inability to refrain from alcohol also occurred in individuals who did not experience withdrawals from alcohol (Ferentzy, 2002). Cravings for alcohol began to be seen as a fundamental measure of addiction wherein the existence of craving alone may be sufficient to attribute to an addiction. Placed in the mind of the sufferer, the craving becomes modernity's equivalent to demons, spirits and mystical constructs (Ferentzy, 2002). As a craving is a subjective state, diagnosing an

addiction is largely reliant upon the descriptions and explanations of the 'addict' (May, 2001, Reith, 2004).

Foucault however rejects the idea that individuals are able to make easy sense of their own experiences and attribute personal meaning from their reflections (Danaher, Schirato & Webb, 2000). He argues that discourse is in fact language in action and the grounds upon which we act, speak and make sense of our world is mediated by the language and discourses we use to understand it and therefore shapes our experience, our ability to distinguish between what is true and what is false. To consider, therefore, the drug user's account of their own experiences as true, on the merit that they have experienced it first hand, comes under question from this standpoint. The heavy-end drug user on the way to purchase their drug of choice is likely to understand their strong desire to consume drugs as an all-powerful addiction that they do not have the strength of character to resist, if that is the discursive formation that they have learnt to be true by the authoritative statements of the 'experts' and therefore mediates their experience as such.

Early 20th Century theories focused upon intrinsic personal deficits such as addictive personalities or psychopathology (Weinberg, 2002). Specific social groups were perceived to be susceptible to variant psychological problems such as habitual drunkenness. Drunkards were considered to be degenerates (Showalter, 1997; Thomson, 1998; May, 2001), whilst women were often seen as hysterical. Ethnic minorities and those of low social status were frequently over-represented within morally aberrant or asocial groups (May, 1997). However, the period that followed the first World War saw an extra-ordinary shell-shock epidemic, wherein the nations heroes became psychiatric casualties and there was a realisation that all were psychologically vulnerable and that this vulnerability could be made manifest by environmental conditions.

The discourse of addiction also has its roots in modernity (Reith, 2004), which is said to have begun late 18th Century, at the same time as the medical profession's growing concern regarding addiction. Within a social world which

valued self-control, moderation, deferred gratification and avoidance of unnecessary risk; personified by the capital-accumulating miser of the Protestant ascetics, the addict; characterised by excess, compulsion and lack of control, posed a significant risk (Reith, 2004).

'Addicts destabilised the hierarchy of the mind and body, and transgressed the boundary that kept production and consumption in balance. They were unable to do anything but consume, since disordered consumption also implies disordered production, and this was the problem – the antithesis of the Protestant work ethic, and a form of madness in an industrial age of reason.' (Reith, G. 2004: 289).

Whilst the dominant medical explanations persisted, alternative explanations of 'nurture' began to emerge. Drug users at this time were an atypical, minority population or a subculture and were explained accordingly. Subcultural theorists began to criticise the inadequate attention that the biological and psychological theories paid to the culturally transmitted meaning of drugs and their effects (Weinberg, 2002). Alfred Lindesmith (1938), an early theorist who utilised the resources of the symbolic interactionist school, argued against a theory of addiction that relied upon timeless chemical, physiological or psychological variables, emphasising the importance of social processes.

For Lindesmith (1938) the significance of symbolic interaction was illustrated by patients who were prescribed morphine for periods of time sufficient to induce physiological withdrawal following treatment within hospital settings. He found, however, that the patients rarely developed an addiction. Instead they experienced the symptoms of opiate withdrawal (nausea, running nose, insomnia and cramps) without consideration of the substance that had induced withdrawal. Lindesmith explained that to become addicted, the user must understand that they are in withdrawal and that re-administration of the substance will alleviate their symptoms. By not framing their experiences within the concept of addiction, the meaning and experience of addiction was lost.

Activities which are deemed to be deviant tend to generate specialised language to describe experiences and share knowledge common to that subculture, and the people and objects within it. Both the language and the meaning is developed and transmitted through participation and interaction with other members of the subculture. As the hospital patients did not hold this knowledge or have access to others who could teach them how to interpret and make sense of their symptoms, they did not develop or experience an addiction. Here the transmission of drug knowledge through stories, folklore and interaction are important aspects of user subcultures (Becker, 1963).

From the mid 1960s onwards, social control mechanisms move in a period of transformation. There was much disillusionment surrounding the practices of institutionalised social control which characterised the Victorian and Edwardian eras and the *'quest for the community'* (Cohen, 1985) began. The 1959 Mental Health Act introduced a sea of change; amongst those changes was the removal of immoral conduct, sexual deviancy, and drug and alcohol dependency from the Act. In additional, the Act abolished the distinction between psychiatric and other hospitals in attempt to encourage community focused care. There was significant intellectual support for a move to community control or 'treatment', with many commentators reporting upon the costly yet ineffective institutional forms of punishment, which were largely considered to be inhumane and unjustifiable. Goffman's (1961) study of asylums had demonstrated the negative affects of isolating deviants. Enforced change within institutions was perceived to be a mistake and they needed to be shut down (Cohen, 1985).

A whole host of destructuring ideologies, with their attendant preferred alternatives began to emerge. Two significant developments specific to the drug and alcohol field were community treatment and self-help. Dole (a metabolic disease specialist) and Nyswander (a psychiatrist) were highly influential in their attempts to shift the concept of addiction back into a medical framework (Courtwright, 1997; Durrant & Thakker, 2003). Their view was that abstinence was not a viable therapeutic goal. Rather, drug addiction is a

biological problem rendering addicts in need of drugs. In 1964 Dole & Nyswander introduced methadone maintenance as the preferred treatment option (Fox, 1999). The introduction of substitute prescribing enabled addicts to receive community-based treatment and is emblemic of community and medical control. The second development relates to the self-help movement, which stems from the anti-professional ideology (Cohen, 1985). Alcoholics Anonymous was founded in Ohio in 1935 and the first UK group was held in 1947. However it was during the self-help movement that the fellowship truly began to grow and develop and by 1983 there were over 1600 groups within the UK (Robinson, 1983). Alcoholics Anonymous, and later Narcotics Anonymous, were based on principles of confessional self-help wherein alcoholics and addicts supported each other through the 12-steps of recovery (as detailed in Alcoholics Anonymous, 1939).

Within this time of social change, Becker's (1953, 1963) pioneering work on marijuana and subcultural drug use emphasised the social processes rather than the concept of disease or psychiatric vulnerability. Developing Lindesmith's thesis, he illustrated that a new user would first need to learn how to use marijuana properly, how to perceive its effects and learn to experience this as pleasurable, all of which must be mediated through interaction with a group of experienced users. The initiation and maintenance of deviant acts are a result of learned acquisition of deviant values and norms within the context of the given subculture (Clinard & Meier, 1992). Learned processes and social controls within drug subcultures provide a necessary framework from which a drug can be used and experienced (Becker, 1953, 1963; Zinberg, 1984). It is through this process that subcultural theorists suggest the new user organises his or her experience (Becker, 1963).

Subcultural theories, whilst representing a welcomed shift towards social theories of drug use, viewed drug use as a deviant activity of minority groups. They were dominant in the 1950s – 1980s; a period in history which has been described as *'Britain's slumbering, almost non-existent encounter with drugs' (Pearson, 2001: 55).* However, 1979 represented a watershed year in the UK drug history. Cheap brown heroin began to be reported in some towns and

cities (Pearson, 1987; Lewis et al, 1985) and areas which had previously little or no known heroin users began to observe significant growth considered to be of epidemic proportions (Home Office, 1990). The socio-demographic profile of the new heroin user of the 1980s outbreaks was predominantly young, unemployed people living in deprived neighbourhoods, with an over-representation of white (Pearson & Patel, 1998) males (Auld et al, 1986; Pearson, 1991). These impoverished housing estates were characterised by multiple social problems including high crime rates, serving to compound the high rates of unemployment and poverty (Pearson, 2001).

The heroin outbreaks were viewed by many as a direct result of the wider social problems experienced in Britain in the 1980s. The country was experiencing a major economic recession at this time, and for some commentators, this represented a causal explanation for the increase in drug use (Peck and Plant, 1986). However, such a unilateral explanation could not explain the apparent absence of heroin using populations in many towns and cities across the UK, which had been equally affected by the economic downturn (Unell, 1987 cited in Seddon, 2006). The obvious necessity of heroin distribution systems were consequently presented as key to the correlation of other social variables such as unemployment (Pearson, 1987). When present however there was an overwhelming consensus that unemployment was strongly associated with heroin use.

The ‘economic necessity model’ seeks to demonstrate the interaction between unemployment, heroin use and crime (Auld et al, 1986; Parker and Newcombe, 1987). For Auld (1986) the impoverished conditions resulted in people becoming involved in aspects of the ‘irregular economy’ and it was through their involvement in the supply, that new users were introduced to heroin; its purchase, exchange, sale and use. Auld introduced the notion of episodic and lifestyle users whose consumption was often irregular; a character quite different to the enslaved addict of the disease model of addiction.

Pearson (1987) shared the view that the user's involvement in offending behaviours and irregular economies was an important aspect of the outbreaks. Drawing on environmental criminology, Pearson argued that housing estates brought together individuals with the greatest housing and social problems, for whom the socio-psychological burden of unemployment made life unbearable. Heroin, and the associated meaning and structure that the drugs-crime lifestyle offered, provided a means by which to alleviate this burden and make life on the dole bearable.

It was during the 1980s heroin epidemic that the drugs-crime relationship, that continues to preoccupy modern day social policy, was forged (Parker et al, 1988; Seddon, 2006). Following the arrival of HIV and AIDS in the mid-1980s, there was evidence that the sharing of injecting equipment had been partially responsible for the transmission of the virus. The drugs-death, or at least drugs-danger relationship, was developed (Parker et al, 1998b) and although the drug user contracting a blood borne virus may be receiving their 'just deserts' (Parker et al, 1998b) society faced the threat of rising crime and spread of the HIV virus into mainstream society. Something had to be done. The introduction of the first national drugs strategy (*Tackling Drugs Together,* HMSO, 1994), which claimed to be the single most effective crime prevention measure, represented the introduction of the 'war on drugs' discourse. With the use of hard drugs being firmly associated with crime and synonymous with illness and even death, drug use and supply became a topic which had the power to elect Governments (Parker et al, 1998b).

Within the 1990s there were further outbreaks of both heroin and crack cocaine (Parker et al, 1998a), reaffirming illicit drug use as a significant social problem within society. Areas affected by the 1980s epidemic were the first to experience the new outbreaks, although they were followed by areas without a history of heroin and by the middle of the 1990s crack was reportedly a significant addition to the repertoires of many problematic users in the UK (Best et al, 2001; Beswick et al, 2001; Bennett & Holloway, 2004). Users were found to be heavily involved in offending behaviour, serving to further

consolidate the relationship between involvement in drugs and involvement in crime.

At the same time there was an unprecedented increase in the numbers of young people using drugs generally (Parker et al, 1998b). It is difficult however to confidently determine the prevalence of drug use within youth culture. Official statistics provide an opportunity to observe trends however, tend to focus upon drug treatment populations and offer limited insight into those specific to young people (Parker et al, 1998b). Social surveys, which are reliant upon self-reporting is one of the best methods of estimating prevalence within youthful populations (Parker et al, 1998b) however the accuracy of such methods are vulnerable to frequent under and over-reporting of use (Shildrick, 2002). Despite the difficulties of calculating accurate prevalence rates of youthful illicit drug use, Parker et al (1998b) were able to estimate that adolescents as young as 12 years old were trying illicit drugs and an estimated 25-50% of life time prevalence by the age of 20 years; a population of drug users which would have been 'unthinkable' (Parker et al, 1998b: 15) a decade earlier.

The changing drug trends reported within the normalisation thesis (Measham et al, 1994; Parker et al, 1998b, Aldridge & Parker, 2001) presented an overwhelming challenge to the existing theoretical approaches applied to understand drug use. These young people were engaging in drug use in less harmful ways than pre-existing users (Shiner, 2003) and did not fit the social profile of the heroin and crack using populations. From a range of social backgrounds, these young drug users were as frequently female as male and consisted of the children of 'professional and managerial' parents, more than young people from deprived families (Parker et al, 1998b). As academic achievers, who tended to use drugs 'recreationally' on a weekend whilst abstaining throughout the week, traditional pathology relating to outcomes of academic failure, anti-social and offending behaviour, mental health problems and family breakdown could not be easily inferred.

Modern society was changing, resulting in young people needing to negotiate a new set of risks that were largely unknown to their parents (Furlong & Cartmel, 1997). Youth has been extended by the changes that occurred with regards to education (Furlong & Cartmel, 1997), the labour market (Beck, 1992), leisure (Roberts & Parsell, 1994) and the overall route into adulthood (Furlong & Cartmel, 1997), resulting in young people remaining dependent upon their parents for longer. In the past, young people would leave school and enter into employment, marry at a young age and move out of their parent's home into the marital home and start a family of their own. The labour market has changed, however, and we have seen a move away from heavy industry and coal mines to an increased demand for educated workers and specialisation in the workplace. Consequently, young people are remaining in education for longer or becoming 'the unemployed' (Parker et al, 1998b). People are marrying later in life or not at all. This combined with financial insecurity results in young people staying with their parents for longer (Graham & Bowling, 1995) and failing to reach traditional milestones in their pursuit of independence and adulthood (Jones, 1991). Modern industrial society is characterised by increased uncertainty and can be seen as a source of stress and vulnerability (Furlong & Cartmel, 1997; Giddens, 1991) and 'insecure transitions' (MacDonald, 1999).

'…as they journey from childhood to adulthood they must navigate through genuinely new terrain which previous generations of youth did not have to negotiate. As a result their attitudes, opinions, strategic approach to coping, to calculating risk, measuring achievement, using leisure and so on, may be functionally and quantifiably different from their elders.' (Parker et. al., 1998b: 21.)

Young people in 'post', 'late' or 'high' modernity are involved in risk-taking as a life skill, wherein young people accept success or failure as a result of 'individualisation' (Beck, 1992) or 'epistemological fallacy' (Furlong & Cartmel, 1997). The normalisation thesis relating to recreational drugs use (Parker et al, 1998b) argues that risk management has become a routine part of modern life, wherein success can only be achieved by taking risks. Not taking risks is

simply ‘too risky’. Put within such context, drug decisions about drug trying are ‘no big deal’ and can be mediated by being ‘drugwise’. Availability of illicit drugs may impact upon prevalence of use (Saunders, 1997 cited in Parker et al, 1998b) and more significantly, drug use offers young people access to leisure and the opportunity for necessary ‘time-out’ from the stresses of the modern world (Parker et al, 1998b).

Shiner and Newburn (1997) were critical of the thesis however, which they claimed exaggerated drug use amongst young people by confusing the distinction between lifetime use and frequency of use. Furthermore, the authors reported that rather than being accepting of their peers’ drug use, some young people often held negative attitudes towards drugs (Shiner and Newburn, 1999 cited in Blackman, 2007), an argument that was supported by Ramsay and Partridge (1999) who discussed the often exceptional nature of drugs in young people’s lives. Shildrick (2002) cautiously considers the parameters of the normalisation thesis however and makes recommendations for *‘a more differentiated understanding of normalisation,’ (p47)* wherein the complexity of the relationship young people have with illicit drugs maybe appreciated.

The normalisation debate represents an important theoretical development in the wider discourse of addiction. It provides a distinction between types of drug use in attempt to counteract the stigmatised understanding of young recreational users (Blackman, 2007) and calls for the application of a different understanding accordingly. However, there remains a clear distinction between recreational drug use and that, which is termed problematic; terms which are overly simplistic and crude within their demarcation (Shildrick, 2002). When defining drug use as recreational or problematic the level or nature of consumption and what this signifies is of central significance. ‘Excessive’ or heavy-end use of drugs is often seen as indicative of addiction and a restriction is imposed relating to specific substances, excluding heroin and cocaine. An important indicator of normalisation is the cultural acceptance of a substance and its use, something that is clearly not afforded to these particular illicit drugs (Parker et al, 1998b). This exclusion therefore

imposes a limitation in its applicability to the heavy-end crack users explored within this thesis.

In 1997 New Labour came to power and introduced its 10-year national drug strategy, *Tackling Drugs to Build a Better Britain* (HMSO, 1998). As advocated by the normalisation debate, the drugs that were believed to cause the greatest harm (heroin and cocaine) were targeted. The strategy had four strands; preventing the afore mentioned young people from becoming the substance misusers of tomorrow, protecting communities from anti-social and criminal behaviour, the provision of treatment to address drug misuse and enable those involved to live healthy and crime-free lives, and reducing availability. However, the drugs-crime discourse had begun to develop strength and a clear priority was given to addressing drug-related crime with the criminal justice system being awarded a greater role in addressing illicit drug use (HMSO, 1998).

As a consequence of the drugs-crime discourse, the Labour Government's mantra *'tough on crime, tough on the causes of crime'* in reality became '*tough on crime, tough on drugs'* (Duke, 2006). Despite this obsessive preoccupation with crime reduction, the forging of the ever present dominant medical discourse with that of crime as the ideological grounding, remained faithful to the disease model of addiction. Substitute prescribing was a central aspect of drug treatment, with great attention being paid to achieving availability of equitable and accessible pharmacological interventions nationwide (National Treatment Agency 2001). A treatment modality, substitute prescribing embraces the disease model of addiction, wherein the main aim is to stabilise patients in order to return them to productive -or at least avoid their former destructive - lives (Fox, 1999). The overwhelming goal of UK drug policy has become crime reduction wherein efforts have been made to get offenders out of crime and into treatment (Duke, 2006). Drug treatment therefore is not so much concerned with supporting people to become drug-free as crime-free. Indeed, early research into methadone maintenance conducted by Dole and Nyswander (1964 cited in Fox, 1999) identified the goal of such treatment being to control criminal impulses and

make recipients socially productive. Here the basic assumption is that users maintained by a legal substitute such as methadone will simply not need to offend, thus the crime problem would be solved. This view however drastically over-simplifies the drugs-crime relationship (Stevens et al, 2005) which has been found to be at times unproven (Duke, 2006) and where present is found to be complex, multi-faceted and mutually reinforcing (Hough et al, 2001).

Within the discourse of addiction we see the powerless addict, who is unable to resist their addiction, propelled into crime, in need of rescue from their helpless situation. It therefore offers an opportunity for the exercise of political power via technologies inherent within the 'growth' and 'human potential' movement of post World War II society (Rose, 1999). In Western cultures addiction is very much the object of disciplines such as medicine, psychology, psychiatry and the social sciences; disciplines which also inform the governmental institutions of self-management and control. Those that are in a position of authority and awarded 'expert' status within a field are assumed to speak the 'truth', whereas others are not. The limitation placed upon who can speak authoritatively is referred to by Foucault (1972) as the 'rarefraction'. In addition to these powerful groups, service users have also gained expert status over recent years as we have seen the service user consultation movement wherein there has been an expectation for local authorities and service providers to consult with their service user groups. Inherent in this movement is an acceptance of the truth spoken by service users - individuals who because of their personal experience of substance misuse are believed to speak with unquestionable authority of the pain and suffering of addiction.

The expert's role is to save the addict who is unable to lift themselves out of their despair. Davies (1997a) argues that 'addicts' reproduce this view, from a position that he suggests is that of learned helplessness. That is not to say that their reality is experientially any less 'true'. In fact it has been argued that the cultural belief that substances such as alcohol and drugs are addictive in it self makes it harder for users to abstain (Davies, 1997a). However, this discursive device enables the user to simultaneously both own their deviant

behaviour and disown it, as it is something that they were unable to control (Davies, 1997a). Paradoxically, the belief in the addict's inability to be free, frees them to use substances.

The user's pathological loss of control results in addiction being perceived as a 'disease of will', wherein self-determination is seen as central to the Western ideas of disease. By definition, a disease is perceived as being involuntary. So whilst death or ill health can be caused by starvation, it can also be altered by choice, either of the individual themselves or by another. Within the disease model of addiction, the addict is perceived to be suffering a loss of control and therefore the situation cannot be reversed by choice (Ferentzy, 2002).

Whilst a person with healthy will can choose to engage in any of the activities which have come to be understood within the discourse of addiction, the addict engages in these activities with compulsion (Sedgwick, 1993). As an increasing number and range of activities come to be understood as forms of addiction, free will then becomes increasingly at risk (Bailey, 2005). Even activities such as work and consumption, emblematic of identity within late modern society have become at risk of being understood as addictions. The addict has been placed in opposition to the activity of free choice. This positioning, wherein the addict is perceived as making bad or compulsive choices serves the function however of highlighting the meaningful and good choices which are made by the non-addicted (Sedgwick, 1993).

Here lies a fundamental debate within the drug and alcohol field; the issue of choice and control. By considering substance use to be a disease, the addict is seen to have no control over their situation and is therefore free from blame. Davies (1997a) however argues that by postulating drug and/or alcohol taking as a disease manifestation the intentions of the activity is confused with the outcomes. Providing an example of a trip to Africa resulting in Malaria infection, Davies argues that the choice to take drugs is no more pathological than the choice to visit Africa. It is suggested here that addiction is merely a myth and individuals choose to take drugs because they want to

and because it makes sense for them to do so given the choices they have available to them (Davies, 1997a). From this perspective, a craving is a 'want' rather than a 'need'; however, society chooses to accept the view that users experience a compulsion to use as it fits the image that we want to have. A body of work, which provides 'evidence', consisting of users' experiential reports, further perpetuates this. Users, for whom, confirming the existence of addiction is functional as it enables them to continue the behaviour, which is socially unacceptable (Davies, 1997a).

'At the present moment, the standard line taken by the majority of people in the media in treatment agencies, in government and elsewhere, hinges around notions of the helpless addict who has no power over his/her behaviour, and the evil pusher lurking on the street corner, trying to ensnare the nations youth. They are joined together in a deadly game by a variety of pharmacologically active substances whose addictive powers are so great that to try them is to become addicted almost at once (Davies, 1997a; x).

The interactional accomplishment necessary to develop an addiction, wherein new users learn how to get 'high' from more experienced users (Becker, 1963) is a concept which was developed further by Reinarmon (2005). Two processes were highlighted as being involved in developing 'addiction-as-disease'. He suggested that there is a 'pedagogical process' wherein 'addicts-to-be' learn from other addicts, treatment providers and other experts within the field such as criminal justice workers; about the disease concept (Phillips, 1990 and Rapping, 1996 cited in Reinarman, 2005). The users then reinterpret their lives from this perspective. Almost simultaneously addicts engage in what Reinarman refers to as the 'performative process' during which addicts tell and retell their newly reinterpreted life stories either as part of their treatment or within the more recent user consultation movement within the drug treatment field.

And what of the pursuit of pleasure or excitement as a reason for an individual's motive for using a mood altering substance (Measham, 2004)? The notion that individuals may freely choose to use substances because they

gain pleasure from the act appears to be somewhat disregarded within this discourse. If we accept Davies' (1997a) account of craving being another word for a desire, then maybe we can accept also that pleasure, and a desire for such, have been recoded to craving (O'Malley & Valverde, 2004). However the word 'craving' unlike 'pleasure' is associated with 'unhealthy', 'compulsion' and 'dependence/addiction'. Activities of disrepute, which are morally questionable or blameworthy, are not coded as pleasurable (ibid). Governmental discourses about drugs and alcohol in particular tend to avoid the topic of pleasure as a motive for substance use (Measham, 2006) and instead talk of a consumption characterised by compulsion, pain and pathology (O'Malley & Valverde, 2004). What is in question here however is not so much whether drug use is overall a 'good' choice for the individual, their family and the society within which they live, but what motivates the drug use and how the user interacts within the crack cocaine culture. Is it because they are addicted due to some inherent disease against which they have no power to act, or is it because they choose to use substances because it makes sense, within their current context, to do so?

Could it be that the discourse of addiction has resulted in a situation much like the Emperor's new clothes, wherein society is the equivalent to the on-looking crowd, drug treatment specialists and professional groups provide a suitable substitute for the Emperor's council and the sum of us all personified within the fraudulent dress-maker. The drug user, represented by the Emperor, believes in the discourse of his Council and the dress-maker, is not aware of his state of undress. My own voice within this thesis is presented as akin to that of the little boy whom appears to be the only one who cannot see the beautifully woven dress. It is acknowledged here that whether the individual chooses to use drugs or is in fact forced to by virtue of their illness does not alter many of the consequences for the family and society. However, when considering the individual user's experience, how we answer that question entirely alters the outcome. It is suggested here that we must consider alternatives to the discourse of addiction and acknowledge its limitations. Or are we all too afraid to shout out 'he's not wearing any clothes'!

3.1 Drug Discourse: an alternative to addiction

Risk and risk-behaviour are keywords within addiction discourses concerned with illicit and heavy-end drug use. The defining characteristics of risk, although rather vague, tend to relate to uncertainty and the likelihood of negative consequences, wherein behaviours or events that consist of high levels of likely negative consequences are of greater risk than those where significant uncertainty exists (Parker & Stanworth, 2005). We are constantly advised of the negative consequences associated with involving oneself within the world of illicit drugs. Health complications brought on by use and associated behaviours (Gossop et al, 1995; Strang et al, 1993) are commonly cited alongside the uncontrollable addiction and associated deviant and criminal behaviour discussed in the previous chapter. Risk therefore personifies a drug-using world where we are told that the only certain thing is the death and destruction that is left in its wake.

Psychological theories of drug use seek to identify and measure individual determinants of risk behaviour. Decisions relating to risk are believed to be based upon an interface of individual cognition, awareness of the presenting risk and attitude towards risk avoidance behaviour (Fishbein et al, 1994; Diclemente & Peterson, 1994). Whilst the plurality of rationalities is acknowledged within situated rational choice theories, wherein the symbolic and negotiated meaning of risk and risk behaviours is perceived as being highly influential, there remains an association between risk avoidance and the 'civilised' body. Within the psychological school of thought those who continue to engage in risk taking despite the likely negative consequences are believed to experience an inherent need within an individual's (weak) personality wherein individuals are predisposed to risk-taking (Meyer et al, 2007); or from a standpoint of rational choice, wherein the motivation for risk taking is the pursuit of the end rewards (Ajzen, 1991 cited in Rhodes, 1997). Within the context of heavy-end drug use this can be understood as an addictive personality (Orford, 2001) or hedonistic behaviour devoid of 'appropriate' concern for the well-being of the self and others.

Douglas (1992) has criticised the portrayal of individuals as *'hedonic calculators calmly seeking to pursue private interests,'* arguing that *'we are said to be risk-aversive, but alas, so inefficient in handling information that we are unintentional risk-takers; basically we are fools.'* (Douglas, 1992: 13). For the cultural theorist perceptions and social interactions are influenced by the social context and network norms. Here risks are coded resulting in an activity that one culture may consider to contain excessive risks, maybe everyday and familiar to another. From this standpoint, crack cocaine use may not appear highly 'risky' to a social network of dependent and injecting drug users, similar to those within this study, for whom Class A drug use is the norm. Whilst commentators such as Douglas improved the discussion surrounding perception of risk, and challenged the traditional thinking of individual rational choice, intentional risk-taking wherein individuals engage in activities they continue to perceive as 'risky' remains largely incomprehensible. Stephen Lyng's (1990) edgework model however offers a sociological framework in order to understand why individuals choose to take risks.

Stephen Lyng's concept of edgework (1990) was originally articulated as a response and resistance to the over-determined nature of modern society (Lyng, 2005), wherein edgeworkers sought to transcend institutional constraints via the pursuit of high-risk activities. Lyng built upon the limited body of sociological literature which attended to the issue of voluntary-risk taking (Goffman, 1967; Bernard, 1968; Klauser, 1968; Delk, 1980) and initially sought to explain such activities in terms of the social psychological perspective, which emerged from a Marx and Mead synthesis. Structural conditions, which are out of the control of social actors, give rise to 'alienation' (Marx, 1950) and 'oversocialization' (Mead, 1934). Within a social world wherein individuals are deskilled and dehumanised, voluntary risk-taking, or edgework, gives the opportunity to develop skills, feel in control of one's life and environment and engage in an intense sensual experience.

Edgework involves the negotiation of the boundary between order and chaos wherein a central feature is that all edgework activities *'involve a clearly*

observable threat to one's physical or mental well-being or one's sense of an ordered existence.' (Lyng, 1990: 857). Within this threat lies an opportunity to control the 'uncontrollable', a task that demands the development of significant skill. The ultimate edgework experience, it is argued, is one which serious injury or death would result from the failure to meet the challenge of the activity.

Lyng seeks to address the failure of previous studies to consider both the micro and macro analysis of voluntary risk taking, demonstrating a relationship between the psychological and social dimensions of risk-taking. The central theoretical problem is the opposition between spontaneity and constraint. Within Lyng's early work he uses a Marx-Mead synthesis in order to attend to the divisions and separations of post-industrial society and the consequences of these divisions for the relationship between spontaneity and constraint. It is suggested that this opposition is one of the most important metatheoretical links between the Marxian and Meadian systems and a fundamental consideration in why people pursue edgework.

For both Marx and Mead, the role of human action in the ontology of the self and society is considered of great importance, although how this is conceptualised is positioned within two very different paradigms of social theory. The most significant difference between the two theorists is the types of action prioritised. Marx emphasised survival behaviour structured by the macro-level economic forces whereas Mead perceived micro level analysis of social interaction to be fundamental.

Central to the Marxian analysis are divisions within the social system and their impact upon individuals. The dehumanising labour market results in the experience of alienation and oversocialisation (Lasch, 1978), wherein *'the social world becomes completely opaque to individual understanding and action'* (Batuik and Sacks, 1981: 210). Workers view their labour as trivial and as instrumental activity (Aronowitz, 1973) rather than an intrinsically rewarding engagement and the self is lost within the alienation, which prevails under capitalism. However many people spend their everyday life searching for the

self, refusing to remain passive to reification and oversocialisation. For some this is concerned with the consumption imperative of the capitalist economy, wherein consumers may purchase their identity. Whilst others engage in creative, spontaneous and impulsive play often of a risky nature (Goffman, 1961) as a means of adapting to the structural conditions of an alienating social world (Huizinga, 1950; Caillois, 1961).

The Meadian analysis of the formation and externalisation of the self is understood via the I-me dialectic. The “me” represents the constrained dimension of the self wherein there exists conscious interaction between the self and the environment mediated by the ‘voice of society’. The individual responds in a prescribed manner, informed by the expectations of others, which the individual has acquired during past interactions. The “I” however only exists in the immediacy of the moment and represents the actual response of the individual. Consequently the “I” only has memory of the self after integration into the “me” (Mead, 1950).

Edgework requires a quick, almost instinctive, response to high-risk situations. Therefore the ‘imaginative rehearsal’ (Goffman, 1963), which characterises the me, is interrupted and the ‘voice of society’ is silenced to the edgeworker. The individual engaged in an edgework activity experiences self-actualisation brought on by opportunities of action with direct personal authorship (Lyng, 1990). The experience itself is considered much more real than ‘ordinary’ constrained life, despite the often ‘un-real’ nature of the activity. An absence of the reflective self can also offer insight into the ineffability of edgework often described by participating individuals, as spontaneous action is only made intelligible when it is normatively assessed and integrated into the me.

‘The experience of the self in edgework, then, is the antithesis of that under conditions of alienation and reification. If life under such circumstances leads to an oversocialised self in which numerous institutional “mes” are present but ego is absent, edgework calls out an anarchic self in which the ego is manifest but the personal, institutional self is completely suppressed. It is the

suppression of the reflective consciousness that ultimately produces the sensations (of edgework).' (Lyng, 1990: 878).

In addition to a magnified sense of self, the edgeworker often describes a suspension in time and space experienced whilst involved in an edgework activity. It is here that edgework offers an alternative mode of understanding the so-called 'self-medicating' properties of drug use common within medical-psychology theories of addiction (West, 2006). The high level of concentration required to utilise the skills needed to negotiate the edge inherent in the activity, demands that the individual's perceptual field is narrowed to such an extent that *'they also lose the ability to gauge the passage of time in the usual fashion. Time may pass either much faster or slower than usual…'* (Lyng, 1990: 861). By suspending time and place, users may experience the blocking-out of past and present experiences that otherwise cause them emotional pain. The thrill of the moment detracts from the distress experienced in other spaces such as the space usually occupied by the family.

Many voluntary risk-taking activities have been understood by applying the edgework framework. Leisure activities and extreme sports such as skydiving (Lyng & Snow, 1986) and white water rafting (Holyfield et al, 2005) as well as involvement in crime (Ferrell, 1993, Lyng, 2004) and recently recreational drug use (Reith, 2005), have all been considered from an edgework perspective. The edgeworker's ability to successfully negotiate the edge is of central significance within each of these examples as it is this ability, which defines the edgework experience.

Within Reith's (2005) analysis of drug use, direct distinction is made between recreational drug use as a form of edgework and heavy-end, problematic drug use. The level or nature of consumption and what this signifies is of central importance here. 'Excessive' or heavy-end use of drugs is pathologised and seen as indicative of addiction. Similarly, substances such as heroin and cocaine are often viewed as synonymous with problematic use, ultimately leading to dependency. It would follow that once an individual's use of drugs

progresses to compulsive consumption (Hirschman 1992), wherein users 'go over the edge', (Reith 2005) they are no longer in control of their use. Addicted or problematic users have crossed the boundary between order and disorder, use and misuse and are therefore no longer involved in edgework. However, as discussed within the previous chapter, such addicted, compulsive use cannot be assumed. Indeed, research conducted by Warburton et al (2005) and followed up by McSweeney & Turnbull (2007) demonstrated that heroin could be used in a controlled manner by some users at different stages of their drug using careers. In addition, the rational-medical discourse, which expresses caution regarding 'risky' and 'excessive' consumption, is not heard by and influential to all equally. The impact of one's social and cultural context upon the ideological forces and their ability to code activities as 'everyday' (Douglas, 1992) is not considered or that individuals may experience this force differently depending upon their phenomenological framework. Thus, heavy-end crack cocaine use may be considered from the perspective of edgework.

Within the processes or rituals inherent in heavy-end drug use there are many opportunities for voluntary risk-taking or edges the user must negotiate. Ferrell (2004) has drawn our attention to the anarchic and essentially edgework experience of offending behaviour. Within heavy-end drug cultures, much has been made of the crime inducing impact of addiction, wherein users in a semi-possessed state offend in order to feed their uncontrollable appetite for drugs. Critics however have demonstrated that the drugs-crime relationship is more complex (Muncie 1999) and there often exists a mutually reinforcing relationship between the two experiences. Within the following thesis I seek to develop the literature by considering the impact of alienation in terms of total exclusion from the labour market. The crack cocaine user-edgeworker's ability to merge work and play (similar to the experiences of the bike messengers in Kidder, 2006) is also considered, within the voluntary risk-taking criminal 'alternative career'. I will investigate this activity, which shares many characteristics with traditional labour, to see if it bridges the gap between work and play and is an edgework activity in its own right.

The application of the edgework model to unemployed individuals is fundamental to the development of the literature in this area as Lyng's model has been criticised by commentators for its failure to adequately consider implications of social factors such as class, as well as gender and race (Miller, 1991). It can be argued that Lyng's examples of risky behaviours are prototypically male (for example sky-diving, base jumping, rock-climbing and motor-bike racing). Miller (1991) argues that the high-risk activities considered by Lyng are those, which are engaged in by white males who are in employment.

The emphasised importance of the alienating effects of ones attachment to the labour market is of central significance to the macro level analysis of the theoretical framework. White and blue-collar (male) workers alike are believed to be deskilled and dehumanised within the institutional routines, for which they hold no control. Yet individuals who are by choice or by force excluded from the labour market, who are arguably the most alienated within the post industrial capitalist society, are not considered within this framework (Miller, 1991). Miller's critique also considers the significance of a female experience of the world of work, which she argues differs in fundamental ways from that of men. Women, who experience alienation within various contexts and are also often engaged in unpaid labour within the home. It is suggested here that women are also likely to experience their exclusion from the labour market differently from their male counterparts, and are likely to be subject to derogatory stereotypes and multiple layers of oppression, thus altering their experience of and the types of voluntary-risk taking activities they engage in.

Whilst Miller criticises Lyng's failure to consider the role of gender, class and race in structuring the individual's experience of their humanity and alienation, she does acknowledge that the framework allows for elaboration to include these aspects. However, it should be acknowledged that the edgework theoretical framework and its applications at the time of this critique were at an early stage of its development (Lyng, 1990) and has since benefited from many adaptations and applications which have enabled the enhancement of the means of understanding a wide range of high-risk activities.

One such adaption is the significance of gender when considering the emotional culture of edgework activities. Lois (2001) studied a volunteer mountain search and rescue group, using the concept of edgework to analyse how male and female volunteers experienced, understood and acted upon their feelings. A dimension, which despite the clear role of emotion in edgework, has been paid little attention. Lois found that there were two distinct 'emotional lines' (Hoshschild, 1983), which ran through four identified stages of edgework. Both the process of the rescue and the emotions evoked marked these stages. This study found that there are clear differences in the ways in which males and females experience, understand and respond to edgework, wherein male edgeworkers experienced excitement and their female counterparts anxiety. This resulted in an acknowledged hierarchy of emotional competence for edgework, recognising masculine excitement as superior over feminine anxiety and fear.

This study is an important addition to the field of edgework, and attends well to its objectives to understand how the two genders respond emotionally to a high-risk activity. However, I return to Miller's original critique wherein it was argued that the concentration upon prototypical male activities is at the expense of a gendered understanding of edgework and suggest that a study of mountain rescuers is a study of a masculine high-risk activity. Miller (1991) presents female sex workers as an example of women involved in high-risk activity worthy of investigation. Whilst she acknowledges that this group is not totally free to choose to engage in sex work, in fact many are exploited, she identified a small cohort of women who choose particularly high-risk encounters with male clients and likened this practice to edgework. However to fully appreciate the range of edgework activities women drug users maybe involved in, it is necessary to perceive them within an appreciation of the varying forms of inequality and oppression that may affect women, but particularly drug using women.

It has been argued that men engage in thrill-seeking, risky behaviour at higher rates than women (Harrell, 1986 cited in Lois 2005; Lyng, 1990; Metz, 1981). Whilst this may be the case the reasons for this under representation of

women as well as the differences in the way females experience edgework are of sociological interest. However, it should not be expected that social groups such as women, ethnic minorities or groups identified by their social class will resemble exactly that of the original edgework described by Lyng as the structures of oppression produce their own brands of alienation, to which members of these social groups will respond utilising their own unique resources (Miller, 1991).

Rajah's (2007) consideration of female, ethnic minority drug users' resistance towards their violent partners as a form of edgework, is one such example of a uniquely adapted application of this model. Rajah demonstrated that by defying a violent partner's wishes, the abused and dominated women left a position of relative, although somewhat unpredictable safety, and entered a position of danger, which if not managed appropriately, could result in their experiencing significant harm. The women within the study discussed the significant context-specific knowledge and expertise required in order to negotiate the boundary between safety and danger, which resulted not so much in thrill as a reward; in the sense of personal authorship and accomplishment in an otherwise subordinated existence. The author illustrates the impact of the complex and often conflicting forms of oppression which shape the women's experiences. Drug using women may be limited in their ability to exert overt resistance to their violent partners, as subverting one kind of oppression may accommodate another. For instance, choosing not to prosecute her partner may also be a form of resistance against what she perceives to be oppressive practices within the criminal justice system towards ethnic minorities.

The original edgework theoretical framework utilised a critical social psychological perspective borne out of a Marx-Mead synthesis. Whilst this offered significant opportunity for understanding the structural constraints inherent in the alienating labour market, Lyng has since sought to enrich the edgework analysis by considering a more Weberian interpretation (Lyng, 2005). For Weber the capitalist economic sector was but one facet of a larger social whole in which formal rationality had become the principal imperative.

The historical process by which reality is increasingly mastered by calculation, scientific knowledge and rational action, referred to by Weber as rationalisation, result in disenchantment wherein the magical and enchanting experiences of traditional societies are lost and replaced by the 'iron cage' of bureaucratic domination (Weber, 1958). It is this meaningless experience of the disenchanted world that edgework seeks to enable the actor to escape and achieve re-enchantment (Lyng, 2005).

To understand the rise in opportunities to engage in risky activities within leisure consumption, Lyng turns to Colin Campbell (1987) among others (Ritzer, 1999), who have modified Weber's work to consider the enchanting character of modern consumerism. Campbell argues that some of the Protestant religious practices contradict that of self-denying Protestant ascetics, giving rise to a 'romantic ethic' which emphasises the personal, emotional and mystical experience of God's grace. Thus a second character is born and creates a type of 'sibling rivalry' (Campbell, 1987) between rationalistic and romantic traditions. It is suggested that such romantic teachings both legitimise and motivate members to confront rationalised institutional routines within the 'cathedrals of consumption' of late capitalism (Ritzer, 1999). Whilst commodified edgework, wherein risk or the illusion of organised risk (Holyfield et al, 2005) can be purchased, cannot compare with the transcendent possibilities of edgework, it is suggested that it may represent the purest form of enchantment found within the consumer market (Lyng, 2005).

The Weberian interpretation of the edgework phenomenon offers much possibility, however we must remain mindful that whilst each of the classical social theorists offer their own view of structural principles governing the modernisation process, they share core modernist presuppositions about the direction of social change and the likely impact upon social actors. The modernist preoccupation with production is perceived as being outmoded by 'postmodern' theorists who emphasise the significance of consumption over production, within social and cultural change in contemporary Western societies. Whilst Campbell (1987) and Ritzer (1999) both attempted to extend

Weber's framework to include consumption and re-enchantment, it should be noted that their fundamental analysis remains modernist in that it views post industrial society as alienating, disenchanting, rationalised, buraucratised systems resulting in individuals seeking means by which to escape the constraints and reclaim their humanity.

Within postmodern culture there is no authentic reality, only variations in simulations and media-dominated culture, which produces Baudrillard's 'hyperreality'. The 'real' has given way to 'simulations of simulations', and exists as something that has been reproduced, wherein *'the mirror phase has given way to the video phase'* (Baudrillard, 1988: 37). A study by Ferrell et al, (2001) of BASE-jumping and the elongation of meaning achieved by the video-recording and replay of jumps provides effective illustration of Baudrillard's postmodern hyperreality. However, such an account fails to differentiate between the edgeworker caught up in the immediacy of the moment, and those who consume the reproduction of the edgework experience without ever touching its intimate meaning (Frank, 1995). The similarities of consumed and simulated simulations of risk can be found in what I have termed 'ethnographic edgework'. Here the researcher piggey-backs on the risk-taking of the research respondent, on the peripheral, distanced and largely protected from the consequence of the risk-taking. Drug treatment practitioners alike experience the 'risk without danger' of the drug users' life, creating a sense of exciting and 'sexy' work to be involved in.

Lyng (2005) contrasts Baudrillard's failure to include Verstehen into his method of inquiry with the highly reflective work of Foucault; most notably in relation to his later studies of the role of limit-experience and it's potential for the broadening our understanding of edgework. Limit-experience as a poststructural extension of the Weberian interpretation discussed earlier, is concerned largely with the exploration of limits or edges. Foucault's view of a 'disciplinary society' saw the development of a 'micro-politics of power' (Foucault, 1979). The reciprocal relationship between knowledge and power and the growth of the expert and their disciplinary technologies is compounded by the complicity of the individuals over their own domination.

Notions of ‘health’ ‘normality’ and ‘well-being’ are formed out of the internalised structural conditions of modernity in an attempt to make individuals responsible for monitoring and controlling their own behaviour and ensure they align their subjectivities with the demands of existing institutional imperatives (Foucault, 1976). Central to Foucault’s theory of resistance is the exploration of limits (Lyng, 2005). By exploring limits such as insanity and sanity, consciousness and unconsciousness one confronts the rigid subjective categories of human existence and the constraints found within disciplinary society. This use of power as a response to the dominating power-knowledge structures, resulting in empowering experiences, has much resemblance to the anarchic nature of edgework.

Where edgework and limit-experience differ however relates to the interaction with the limit or edge. Within edgework the actor moves as close to the edge as possible, however never passes over. It is this very negotiation, which is central to the edgework experience (Reith, 2005). In contrast, limit-experience sees the boundary transgressed. To cross the boundary is desirable as the line separating normative and non-normative practices is a limit set by the power-knowledge structures of the time.

Limit-experience therefore provides an interesting opportunity to consider permeable limits such as the line separating recreational drug use from problematic drug use or so-called addiction; discourse which is aligned with the demands of existing institutional imperatives and the dominant power-knowledge structures. If the crossing of a boundary within edgework results in the actor being unable to cross back over, then they have failed in their attempt to ‘control the uncontrollable’ and are therefore no longer involved in edgework (Reith, 2005). However the discourse of addiction is not a constant over time with absolute limits. We have witnessed the changing legal status and medical advice associated with numerous substances and the more recent normalisation debate impacting upon how we view drug use by different social groups (Parker, et al,1998). Similarly, a user’s journey through ‘addiction’ is not a unidirectional movement; rather the individual crosses and re-crosses the boundary between use and misuse, as they re-create

themselves (Warfield, 1999). The incorporation of Foucault's limit-experience within theoretical framework of edgework serves to enrich our discussion and understanding surrounding heavy-end crack cocaine use within late (Giddens, 1991) or post modernity (Baudrillard, 1998).

Within the previous chapter the historical development of the discourse of addiction was discussed. The hegemonic theories were explored in order to develop an understanding of their potential, and limitations, in conceptualising 'addicted', 'problematic' or 'heavy-end' drug use, depending upon the theoretical subscription. Within much of the literature, drug use has been presented as either an individual or social pathology, devoid of any pleasure or meaning-making potential for the user. The normalisation thesis, whilst presenting a powerful challenge to discourses of pathology stops short of considering an alternative understanding of heavy-end drug use, drug use which the authors consider to be outside of the parameters of such a debate (Parker et al, 1998b). What remains therefore, is an intellectual space available to be filled by an alternative conceptual vocabulary. Within this chapter I have sketched out a theoretical framework which has the potential to throw more than a dim light upon the motivations of crack cocaine users, the pursuit of pleasure, but more importantly, meaning in an otherwise meaningless situation. With this framework constructed, the task ahead now is to consider it applicability to this specific social group of heavy end crack cocaine users in the North East of England.

4.1 Methodology

This chapter will describe and discuss the methodology developed and implemented within this study. Initially I present a reflexive discussion of why I undertake the research and explore the symbolic world surrounding my concerns. I then turn to the research aims and describe the overall strategy used to meet the objectives, endeavouring to position these within an organising epistemological framework. I will then justify the methods chosen to research this phenomenon discussing my reasoning for the multi method approach I have utilised, thereby ensuring transparency and robustness. Reference will also be made throughout the following text to the issues of research conceptualisation, sampling, procedural and ethical difficulties, which I had to overcome in ensuring the research was conducted in a professional and overt manner. Ethical decisions, both relating to British Sociological Association (BSA) guidelines and General Social Care Council (GSCC) Professional Code of Conduct, were a central component of this study, given that the research was connected to such a sensitive area, substance misuse. Considerations were made towards reducing vulnerability in local organisations, service users and last but not least myself.

4.2 Reflexivity

It would be wrong of me to present my methodology without briefly discussing my own ‘symbolic world’, which has effected my interpretation and in turn affects the account of crack cocaine use and its culture presented within my research study. Undoubtedly it has resulted in me shining a light over some behaviours at the expense of differing behaviours and using one theoretical framework but not another. This is not to say that the research is less meaningful than a study that avoids the impact of the researcher, for it is argued here that that is neither possible nor desirable (Hollands, 2003). Rather, it is the analytical realist challenge to substantiate ones findings with a

reflexive account of oneself as researcher and of the research process. It is for this reason that I initially indulge in the following reflexive account.

As the daughter of a drug user, I have grown up to understand that drug use exists and to some extent is normalised within specific social groups. My father enjoyed using drugs and had developed a liberal view of substances and their use within society. That was not to say that he encouraged others to use, rather he respected individual choice to participate in what he believed could be a pleasurable and self-enhancing experience. My mother, on the other hand, was by definition 'an alcohol abuser', consuming many times her recommended unit intake on a daily basis. She would often criticise her, by now, estranged husband for his drug use, the hypocrisy of which often confused me.

Fascinated by the culture I had observed through my relationship with my parents and later my friends and the media, I became interested in the area initially on an academic level then as a professional, working as a social worker within the substance misuse field. In both my academic and professional lives I grew frustrated by the 'mad, bad or sad' approaches to substance use and misuse wherein individuals were perceived to have some incurable disease that leaves them susceptible to 'addiction', by seeking to alleviate the symptoms of a psychological problem or simply because they are a 'wrong-un'. My own personal, intellectual and professional experience told me something different, that there was an alternative reality to those, which are often portrayed.

'Oh, a romanticist!' I hear you say. Far from it, as the daughter of substance misusing parents, I am well aware of the pain it can cause. This knowledge has been supplemented by sociological knowledge and tacit knowledge developed through my studies and community work. Indeed there have been times when I have found myself challenged by my own emotional response at the devastation drug use and misuse can cause. However, from my perspective there is more to drug use than simply desperation and despair. It is this 'what else?' that has driven my research and influences my perception.

It is a driving force that I have been less aware of until I commenced my study and reflected upon my process within it. And whilst my research has been affected by my perception, my perception has developed out of my research.

4.3 Area of Interest

Through my professional involvement with drug cultures and users I have had the opportunity to listen to the discourses of drug users, how they describe their daily living experiences and the actions they make. Indeed it is this storytelling that interests me most in my work and what initially motivated me to commence my study. In 2004 within the Local Authority area in which I am employed, interested parties began to talk of a new emerging drug culture or trend; crack cocaine. Users and drug worker's alike warned of how this drug would "grip" the area and destroy lives. I gradually became aware of different individuals who it was said had "turned to the crack" and "lost their battle against drugs". I became fascinated by the tales and set out to gain a greater understanding through this PhD research.

Initially my aim was concerned with establishing whether such a culture existed and if so what did it look and feel like. To develop such an understanding, the study sought to gauge the extent to which a crack cocaine market is emerging in the area, understanding its locality, activity, nature and the scale of drug taking. Marketing strategies and dealer-user interactions were explored to generate understanding of its role in the development of a crack cocaine market within the area whilst also considering the strategies implemented to regulate and tackle drugs and crime.

Within my professional experiences of the wider drug field it frequently appears that there exists a conflict between what the users say they want to do (stop taking drugs) and what they actually do (continue to take drugs). Since the implementation of New Labour's *Tackling Drugs to Build a Better Britain* (HMSO, 1998), and the formation of the National Treatment Agency (2000), whose primary remit is to improve the quality and equity of drug

services in England and Wales, a user's "inability" to address their substance misuse has largely been considered the failure of drug services. Addiction or "dependency" (the latter term preferred by many for its vagueness and consideration of non-medical factors) is perceived as an affliction preventing the user from achieving in their goal to abstain. However, my personal experiences, values and beliefs are not conducive of this view. Within the planning of my research I pondered the "battle against drugs" and wondered who was fighting whom? In an attempt to overcome my conflict and satisfy my interest, an emphasis of the study was concerned with the generation of knowledge of the daily-living experiences of users within the cultural parameters of the crack cocaine market(s) and subcultures. As the research evolved users' motivation to use crack cocaine became an increasingly central theme.

4.4 Implementation of the Research

As a drug and alcohol practitioner, I have privileged access to the group and culture I researched (Hammersley, 1992). This was further enhanced by my decision to conduct my research in the Local Authority that employs me. I have established links with drug services, developed relationships with practitioners and credibility with the local drug users. This served to promote my ability to consider the feasibility and academic value of conducting research into this area. As a practitioner within the field, I was more than aware of the importance of gathering data in order to develop a greater understanding of what users and practitioners had alluded was a hidden population. Similarly, I was able to feed the interest of those around me regarding this subject matter and encourage their involvement in the research.

Initially I formed a group consisting of Team Managers from all drug services within the area. I called this group the Working Party. Its remit was to consider issues such as access, interview venues, ethics and provide statistical information. The working party members were asked to identify a link person within their organisation for the research study. The role of the

link person was to collate the statistical information, display the posters and place business cards advising of the research in areas within their building accessible to drug users and identify and recruit individuals using crack cocaine as a primary or secondary substance of choice within their service, who express a willingness to attend an interview. Both the Team Manager and the link person were fully briefed on the research and asked to share the information with the remainder of their team.

Quantitative data was requested from the Working Party members and collated to provide an overview of the scale of crack cocaine users accessing services, which serve the needs of local users. Statistical information detailing the numbers of users accessing prescribing services testing positive for cocaine was collected, as was the results of those testing positive on arrest (Arrest Referral Scheme), for opiates or cocaine. The data provided by the Arrest Referral Scheme offered information from the criminal justice system regarding individuals who may not be accessing drug services.

Immediately following the Working Party, a focus group was held. The focus group for the research consisted of the local service user forum, a group whose membership is already established and includes on average 8 current and ex heavy-end drug users, many of whose drug repertoire included crack cocaine. The group is consulted routinely in the local area regarding emerging issues, service development and implementation and they are represented on all strategic and operational meetings regarding drug issues. This group fulfilled a number of key functions throughout the research. In the initial stages, the focus group ensured that the research commenced with an appropriate amount of knowledge to develop a relevant and informed schedule for the semi-structured interviews. Following the completion of approximately half of the interviews, a further focus group was held to discuss the preliminary findings and themes, which were emerging and again on completion of the initial 25 individual interviews. The focus group members were offered an opportunity to attend an individual interview also and were provided with business cards detailing the research to give to other users who may be interested in participating in the research. Three of the group

members chose to attend an individual interview, one of who also attended a second interview, the purpose of which will be explored in further detail elsewhere in this chapter.

Following the first focus group, in-depth semi-structured interviews were held with 25 respondents who had used crack cocaine as a primary or secondary drug within the last 12 months. The interviews were held in a number of locations across the city and the sessions were audio-recorded and transcribed. This method of data gathering allowed for the collection of rich, descriptive data, which provides insightful understanding of the respondent's perspective upon the locality, activity, nature and the scale of drug taking in the area, dealer-user interactions, service provision and the daily-living experiences of the respondents (Mason, 2002). The utilisation of this method also allowed interviewees the opportunity to give their descriptive understandings whilst allowing the interviewer to probe different parameters of crack use and the culture in a manner that is synonymous with the aims of this study.

After coding and analysing these interviews, I gained a sense that the "war" that I had been led to believe users were fighting against drugs was not really a war after all. Yes there were occasional individual struggles, some respondents reported they had suffered difficulties and losses due to their crack cocaine use, but many did not. Indeed some individuals had found it remarkably easy to abstain or significantly reduce their crack use. This finding led to the renewed focus upon what motivates users to engage in crack cocaine use detailed above. Two willing respondents previously interviewed were identified and recruited to participate in a further interview. These interviews were more focused upon the daily-living experiences of the respondent, particularly in relation to their interaction and relationship with the drug, whilst also being less structured in their approach. Again these sessions were audio-recorded and transcribed. One participant was also asked to keep a one-week written diary regarding their daily-living experiences and their emotional response to the events of their day. The respondent who had been involved in the focus group as well as the

interviews declined the option of completing a diary stating that he no longer used crack cocaine (an assertion he maintained throughout the research despite frequent references from other members of the culture that he did indeed continue to use crack). Whilst this threw up issues relating to validation, it also presented a further interesting dimension within my analysis, discourse and "truth".

4.5 Epistemology

Each epistemology brings a host of assumptions about human nature, knowledge and realities encountered in the human world. As Williams and May (1996) argue, the epistemological positions and their attendant theoretical perspectives and methodologies explicitly or implicitly hold a view about social reality, and determine what can be regarded as legitimate knowledge. The assumptions we inevitably bring to our research should be explored and elaborated, as these assumptions should reflect our theoretical perspective and methodology (Crotty, 1998).

'Epistemology is concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate'. (Maynard, 1994 in Crotty, 1998:8).

This research is embedded in the theoretical perspective of interpretivism and informed by constructionism as well as the construction of discourse (Foucault, 1972). As *'different ways of viewing the world shape different ways of researching the world'* (Crotty, 1998:6), a context for the process involved and basis for its logic for its criteria is provided. Dilthey (1833 – 1911) among others perceived culture and the social as essentially different from the world of the physical sciences and therefore requiring different methods of study (Makkreel, 1992). Humans are purposeful creators who live in a world, which has meaning for them. Consequently the social phenomenon must be viewed from within, in the terms in which they are experienced and known by those living among and within them, not observed from a distantly perceived

external reality. The crucial difference between the physical and natural sciences is within the 'theoretical interest' or 'purpose' (Hughes & Sharrock, 1990) of understanding.

Within this interpretative research study, comprehension of the daily-living experiences of crack cocaine users, purchasing arrangements and interactions will be achieved by understanding them in the users' own terms (Fay, 1996). Crack cocaine users' actions, relations and products are intentional and rule-governed in that they are performed to achieve a particular purpose and conform to cultural rules (Charon, 2000). The meaning of a phenomenon depends upon the role it has within a system of which it is part. In order to understand the phenomenon, the beliefs, intentions and desires of the users must first be understood. The perspective of phenomenology advises us that these meanings are entwined in vocabulary and street terminology, which must be understood in the terms of which it is expressed, whereas ethnomethodology emphasises the importance of understanding the social rules and conventions, which specify what a movement or relationship count as. Social rules must be understood against a backdrop of institutional practices and how they relate to other practices of the society. An example of this may be the relationship between the crack cocaine market(s) and the Criminal Justice System or the family.

The interpretative approach has been greatly criticised by its positivist colleagues as lacking in scientific rigour (Hammersley & Atkinson, 1995). Williams and May (1996) discuss two distinct views within social research regarding the appropriateness of a scientific approach: social sciences must share key logical, epistemological and methodological features with the physical sciences; the differences in subject matter is so important that is not possible to share approaches or achieve similar goals. This research subscribes to the latter view.

Whilst the positivist approach seeks to explain the relationship between and exerts great control over variables, the naturalistic approach demands the researcher adopts an attitude of respect and appreciation towards the social

world (Bulmer, 1969) thus providing a *'philosophical view that remains true to the nature of the phenomenon under study'* (Matza, 1969 cited in Hammersley & Atkinson, 1995:6). Therefore, the research data cannot be removed from its natural environment and studied within an artificial, controlled environment as is often advocated by the positivist approach.

Central to the Verstehen approach are meanings; meaning arises in the process of interaction between people and it is this meaning, which is of greatest interest to the social scientist (Bulmer, 1969). To ignore meaning would be to falsify the behaviour and culture under study (Bulmer, 1969). Empirically described patterns of social activities within positivist social science fail to provide adequate knowledge of the product of acting human beings. As suggested by Hughes & Sharrock, *'at best such accounts would be only partial; at worst, the very methods distort the reality of social life in profound ways.'* (1990:103).

Whilst qualitative methods are dominant within the methodology, subsidiary use of quantitative methods provided a quantified background which contextualises the small-scale intensive study. Thus the mixed method approach provides a solution to the 'duality of structure' (Giddens, 1976). The macro-analysis of quantitative data will be purposeful in situating the research subject (Bourgois, 2002) whilst the creative micro-analysis will provide the main focus of the study, wherein the aim of this study continues to be concerned with a description of intentional phenomena, by means of intentionalistic terms (Fay, 1996).

During the early stages of the research, quantitative data was collected relating to the individuals presenting at local drug and alcohol services, self-reporting primary or secondary crack cocaine use. Statistical information relating to presenting crack cocaine users' gender, age and ethnicity was also collated, providing a context to the culture under investigation. This information provided a social profile of the crack cocaine users accessing treatment. Spatial distribution was also considered by the collection of postcodes, seeking to identify crack 'hot spots'. Services which test users for

drug use were also approached to provide the results of these tests. This included the local prescribing service and the arrest referral project, which test drug users arrested for trigger offences (acquisitive crime considered as indicators of drug use such as Theft, Burglary and Robbery). Whilst these figures provided very useful information, it should be noted that there is a significant weakness in this data; the test results cannot distinguish between crack cocaine and cocaine hydrochloride therefore may result in an over estimation of the numbers of individuals testing positive due to crack cocaine. This must be taken into account when considering the validity of these statistics however it is acknowledged here that the quantitative data purpose within this study is to provide a backdrop against which to observe culture and does not represent the main research question.

This mixed method approach is indicative of the flexibility of the research and the selection of methods that suit the research problem. Denzin (1970) sought to enhance validity through such method triangulation, within this view it is assumed that consistent data will be generated by the different approaches, thus 'proving' the findings. My approach however does not expect nor seek consistency but complementary data. Indeed it is argued here that the differences between the data sets are likely to be as illuminating as the similarities (Brannen, 1992).

Whilst inductive research seeks to construct a general theory from observations, deductive starts with a theory and attempts to apply it to explain particular observations (Gilbert, 2001). Within interpretative/ethnographic enquiry attempts to go beyond detailed accounts of the experience of the culture are largely discouraged (Hammersley & Atkinson, 1995). The micro-analysis and description of the culture under study is the primary goal of the research, thus producing data that cannot be tested in a 'scientific' manner. Universal laws stating regular relationships between variables are neither sought nor considered possible. The social world is more complex than the physical world (Williams & May, 1996), with more variables to consider. To attempt to identify all the potential variables in the lives and experiences of crack cocaine users within this specific geographical area would in itself

appear an impossible task, to further achieve control and ability to manipulate these numerous variables is somewhat improbable. Ethnography offers a richer and more powerful form of enquiry to social science than positivism allows (Hammersley & Atkinson, 1995). Interpretativism, however, also has limits. In order to enhance the interpretative approach within this study, post-modernist influence has enabled an exploration inclusive of the users' discourse formation. Epistemologies which traditionally remain separate will be brought together, in order to provide an original contribution to understanding the local crack cocaine culture, which goes beyond description.

The stimulus-response model of human behaviour is rejected within the interpretivist approach wherein people are believed to interpret stimuli, and modify these interpretations, which in turn shape their behaviour (Bulmer, 1969). It follows that the same physical stimulus can mean different things, to different people, at different times (Mehan, 1974 in Hammersley & Atkinson, 1995). Human behaviour is continually constructed and reconstructed on the basis of people's interpretations of the situations they are in. To understand human behaviour we must use an approach, which allows privileged access to the meanings that guide their behaviour.

The geographical limitation upon the area within which the study has been conducted is therefore imposed purposefully. The interaction within this specific area's crack cocaine culture enables the interpretation and modification of meaning that is unique to that culture. Whilst it is acknowledged that there will be commonalities with other crack cocaine cultures, nationally and internationally, appreciation is paid to variations in cultural patterns across and within societies and their significance for understanding social processes (Hammersley & Atkinson, 1995).

As a drug and alcohol practitioner I have a clear relationship to the field, which I am researching. This is a relationship, which may both hinder or assist in my study. Whilst my established contact with networks of users will promote my ability to access the culture (Jacobs, 1998), effort must be made to elucidate the constitutive meanings at a deep level of interpretation. Familiar

settings must be approached as ‘anthropologically strange’ (Hammersley & Atkinson, 1995:9) to avoid assumptions and make explicit presuppositions often taken for granted by cultural members. Thus turning the culture into an object available for study. By avoidance of ‘going native’ (Hammersley & Atkinson, 1995) and achieving a position of marginality, both in the researcher’s position and perspective, it is *‘possible to construct an account of the culture under investigation that both understands it from within and captures it as external to, and independent of, the researcher…as a natural phenomenon.’* (Hammersley & Atkinson, 1995:10).

Researcher objectivity and value stance is an issue demanding consideration within the social sciences. By suggesting that the researcher will remain objective within the research process appears to be both a naïve and inappropriate position claim. The anti-realism debate challenges naturalistic assumption that the people under study construct the social world to include the researcher themselves constructing the social world through their interpretations of it (Kuhn, 1970). Whilst we cannot state that objectivity is entirely possible, nor should we passively accept subjectivity without question.

The researcher’s effect upon the social phenomena under study is inevitable, as we cannot escape the social world to allow us to study it. Perceptual knowledge is likely to provide a conceptual lens through which the phenomena maybe viewed. However, researchers must engage in systematic inquiry where ‘knowledge’ seems doubtful and take responsibility for their claims of truth and the potential practical and political consequences of their research findings (Hammersley & Atkinson, 1995).

It has been suggested in the above text that an interpretivist, ethnographical study offers the researcher the optimum opportunity and best approach, within the proposed investigation, to reach the often deep and hidden meanings within the crack cocaine culture within the area. By utilising both quantitative and qualitative methods from a constructivist epistemological stance, the researcher is able to engage in ‘scaffolded learning’ (Crotty, 1998:1), which allows the researcher to develop the structures that suits this particular

research and maximise the potential of the chosen approach. On-going philosophical consideration is essential throughout the research process to ensure we are clear about what our claim to 'truth' is and what its effects may be.

4.6 Ethnography, but not as we know it…

'Ethnography is the study of people in naturally occurring settings or "fields" by means of methods which capture their social meanings and ordinary activities, involving the researcher participating directly in the settings, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally.' (Brewer, 2000: 10).

The above quote provides a traditional view of ethnography, wherein the researcher observes a culture by participating in it, allowing the development of 'insider' knowledge of meaning. My ethnographic enquiry however does not involve this traditional task of immersing myself in the daily (or nightly) life of the culture, observing users and their interactions. This initially caused me concern, as I believed I was 'doing it wrong' by not sticking to the 'rules'. However, as my knowledge and experience of research has developed so has my awareness of the blurred boundaries and messy activity of research and I now view this as a significant strength in my research, in that it is flexible to the needs of the study.

As a drug and alcohol practitioner working within the geographical area in which I am studying, I meet and converse with crack cocaine users on a daily basis. I have therefore gathered a significant amount of specialist knowledge of the culture and language, which other researchers may not be privy to. My role within the culture involves talking to users to gain an understanding of their daily living experiences and as a member of the social work profession I am committed to values of respect for the individual including their perspective of their world and situation. I therefore listen to the symbolic world of crack cocaine users within my everyday professional life.

Drug treatment itself is a part of the local crack cocaine culture in that it is related to the regulation of the market and cultures, it is part of the discourse of addiction and it is frequently an aspect of the daily living experience of users. Treatment here is defined as a structured and planned intervention that follows an assessment of need. Indeed 24 out of 25 interview respondents within my study had been or were currently involved in treatment. With this in mind I am actively participating within the culture on a daily basis, albeit with a differing role to that of the crack cocaine users themselves. Consequently, my research cannot be considered to have 'insider' status; nor am I an 'outsider', seeking to observe the culture for the first time from a position of neutrality. Indeed, such a crude polarisation between 'inside' and 'outside' research has come under scrutiny (Hodkinson, 2005; Measham & Moore, 2006; Woodward, 2008).

Commentators have criticised such 'dichotomised rubric' for concentrating upon its methodological differences rather than commonalities (Wheaton, 2002). Furthermore, we must acknowledge the postmodern critique, wherein unstable and highly individualised cultural trajectories render insider research unworkable (Measham & Moore, 2006). In its place, research with varying degrees of immersion, wherein we are all on a spectrum of outsider/insider status is advocated (Hodkinson, 2005; Measham & Moore, 2006). Here being proximal to the research subjects in a non-absolute sense may involve getting within the culture in some capacity (Piacentini, 2005; Woodward, 2008). However, the importance of drug use of a very specific kind (heavy-end use of crack cocaine and/or heroin) is dominant within their cultural identity. Therefore, my involvement in the heavy-end drug culture can never be seen as providing 'insider' status. This role may be better referred to as a 'player', however it is argued here that this provides me with a privileged place from which to observe the culture and develop an inside understanding of a sort. I am therefore faced with the task of balancing my knowledge of drug cultures and the importance of suspending my assumptions and my own perspective in order to see things as 'anthropologically strange' (Hammersley & Atkinson, 1995: 9), thus enabling me to see things and meanings I had not before. My

challenge therefore is to ensure the understanding I have is indeed that of an insider as opposed to that of the player.

In order to achieve anthropological strangeness and transform my professional experiences and subjectivities into data available for study, I kept a reflective journal throughout my fieldwork, concerned with my experiences as a player as well as reflections upon my research. Within this journal I reflected upon my day-to-day involvement in drug treatment, describing events, processes and experiences I have with drug users within my capacity as a drug treatment provider. Within this journal I recorded my own personal feelings including the shock, anxiety, surprise, comfort, excitement and disapproval. This process was important as experiences and observations that elicit an emotive response will colour my interaction with the respondents as well as influencing what I consider to be noteworthy and what I regard as mundane. Within my professional life such emotive responses are often implicit and assist me to make swift judgement. However, within my research it is essential that I explicate my subjectivity within the written from.

Within my journal I developed what Hammersley & Atkinson referred to as analytic memoranda (1995:191), wherein I regularly reviewed, refined and reflected upon my ideas. This process of progressive focusing promoted the identification of emerging concepts and topics for inquiry, guiding the collection of data within the focus groups and interviews, which I conducted. The combination of field notes, analytic notes and memoranda facilitated an internal dialogue forcing me to question much of the knowledge, beliefs and values I have assumed through my professional work as well as my personal experiences. In this sense, my subjectivity provided space for my objectivity, enabling me to develop a rich, deep-level understanding of crack cocaine cultures not previously available to me.

The relationships I have built up during my career with service users, the service user forum and other professionals have also contributed to the effectiveness of my chosen methodology. Whilst I made an ethical decision not to interview individuals currently involved with me within a treatment

capacity, I am a well-known practitioner within the area. If I have not come into contact with particular drug users then it is likely that I have come into contact with their associates at some point. My choice to involve the service user forum in the research was therefore an important one. I have an established relationship with this group, which not only benefited the focus groups but the overall research study. Essentially the service user group acted as my referee providing users to whom I am not known with reassurance regarding my trustworthiness.

The drug using community in this locality is a close-knit community, wherein members are often in communication with one another. "Word of mouth" is an effective means of getting a message out, be it about a new commodity dealer who is selling good quality products or a researcher who can be trusted, or not, as the case maybe. The reliability of this type of advertisement was illustrated to me when I overheard a group of users discussing my research whilst congregating outside of a local treatment provider's premises. My own credibility as a researcher and the immense response I received whilst recruiting interview respondents was very probably positively affected by such communication and my existing reputation within the area.

Whilst my dual role of drug treatment practitioner and researcher is presented here as highly beneficial to my research, it is also a conflicting role. Crack cocaine users have an agenda of accessing treatment when they meet with me within my professional life. Within my academic role it is my agenda of getting inside of the symbolic world that is central. Social actors may present different experiences and meanings in order to gain entry to a treatment modality. This may be one version of truth or indeed a version somewhat distant from truth. The focus group member who also attended two interviews and maintained that he was abstinent despite evidence to the contrary provides an interesting illustration here. This illustrates the importance of suspension of my assumptions whilst also introducing ethical issues unique to this study.

Whilst overt participant observation seeks the consent of gatekeepers who are informed of the occurrence and purpose of the research, the researcher is unable to ensure that all those that he or she came into contact with are aware and agreeable to being observed within the research (Hammersley & Atkinson, 1995, Bryman, 2004). A significant ethical issue in its own right, however this is further complicated by my professional role within this culture. I have made a decision not to involve individuals who I have worked with in my capacity as a drug treatment practitioner, past or present, within my research in order to minimise the ethical implications of my conflicting role. By choosing to combine my experiences as a practitioner with focus groups and individual interviews, I have been able to exert the necessary control over the environment in order to manage this issue satisfactorily.

Interviews, combined with my 'player' role within the crack cocaine culture, and other data collection techniques, which I discuss below, offer an opportunity wherein I can utilise 'a *curious blend of methodological techniques'* (Denzin, 1981), with *'some amount of genuinely social interaction in the field with the subjects of the study, some direct observation of the relevant events, some formal and a great deal of informal interviewing, some systematic counting, some collection of documents and artefacts; and open-endedness in the direction the study takes.*' (McCall and Simmons, 1969:1 cited in Fielding, 2001: 148). Essentially 'thinking' my self into the perspective of the members (Fielding, 2001) or what Weber referred to as 'verstehen'.

4.7 Focus Groups

A focus group was held within the early stages of the research. The group was formed with an existing group of drug users who have established themselves as a service user forum within the area. This group consisted of on average 8 heavy-end drug users (both ex-users and current users), who due to their experience and knowledge of drug use and the local market have put themselves forward for service user consultation regarding local need and service development issues.

The method of focus group fulfilled a number of key roles throughout the study. Initially a focus group was held to inform the development of an interview guide or schedule. Thus the use of a focus group during the early stages of the research ensured that important areas were explored during the collection of qualitative data. This was particularly important given that I had not first engaged in a prolonged period of participant observation outside my role as drug treatment practitioner; the focus group provided me with a 'foot in the door' of the local crack cocaine culture. The actual number of focus group members was 7 during the first focus group. The second focus group also consisted of 7 members, although the membership differed from the first group as a new member had joined the service user forum whilst one of the initial group members was absent. 6 out of the 7 original group members attended the final focus group.

Focus groups are widely used within qualitative research wherein the moderator interviews a small group of people, typically 6-10 group members, using the group process to stimulate discussion of a research topic (Krueger, 1994; Morgan, 1997). With a 'distinct identity of their own' (Morgan, 1997: 8), focus groups promote access to information not available through other methods (Linhorst, 2002). Whilst some commentators have suggested that focus groups cannot be used to research sensitive topics, with the use of illicit drugs arguably being one such topic, as participants often feel inhibited and unable to share due to the presence of others (Morgan, 1997), it has also been argued that the group environment has the potential to provide support. Indeed, each population or group provides unique challenges to the researcher, which must be anticipated and responded to in order to promote discussion and participation by the focus group members.

My familiarity of drug cultures and language used within them enabled me to communicate effectively and support rapport building with the focus group members, whilst pre-empting the challenges I faced. Attendance is often an issue when working with drug users, whose lives are often chaotic or preoccupied with their drug use and the activities associated resulting in lesser priorities being overlooked. Indeed the membership of the focus group

was not entirely static. Indeed, an established member of the forum had disengaged from the group prior to the first focus group and it was suggested by the other members that an increase in his drug use was the cause.

Within a focus group where the research topic is illicit drug use, it is reasonable to anticipate that the clandestine nature or the activity is likely to be an issue restricting discussion. The participants may be concerned that the researcher will judge their behaviour negatively, as it is often judged within society. Female respondents with children particularly are likely to exhibit caution of negative attitudes or reprisals following disclosure (Tyler, 1986). Issues similarly that must be anticipated whilst preparing for and conducting interviews.

Unique to the focus group however is the permission and confidence that participants are able to inspire in one another. Within a group whose function is consultation and the sharing of knowledge yet whose culture warns of the social unacceptability of 'grassing', the group process has the potential for members to gradually test the boundaries of discussion in the presence of their peers. By choosing a less structured approach to the discussion, participants are afforded the comfort of directing the discussion as they wish and at an appropriate pace, whilst also enhancing the richness of the information provided (Morgan, 1997). The shared experience of illicit activity coupled with the dynamics of this group appeared to result in participants feeling more willing to share sensitive information of this kind (Farquhar & Das, 1999). The boundaries themselves provided an important topic for analysis. Indeed there was a definite sense of excitement as the group members shared experiences with me, warned of the dangers of crack use and reported on individuals who had "gone too far", or to use a term that will have greater meaning to the reader when I reach a later analysis chapter of this thesis, users who had "gone over the edge". Interestingly, no one in the group themselves had made such mistakes!

Midway through and on completion of the initial 25 individual, semi-structured interviews and on completion of the first interview stage, further focus groups

were held. The purpose of these focus groups was to consider emerging and central themes within the interviews. The trust and rapport developed with the focus group members by this stage enabled the research to delve deeper into the hidden meanings within the culture. The combining of different research methods within the same study is referred to as triangulation and is often used to validate findings by reducing the likelihood of misinterpretation (Flick, 1998; Stake, 2000). Postmodernists however have suggested the term 'crystallization' as an alternative, emphasising the multitude of angles and the infinity of refractions, wherein there is no one single truth which can be interpreted or misinterpreted (Richardson, 2000). The ability to validate research shall be considered in greater depth later within this chapter however for now it is suggested here that the use of a focus group has enabled the researcher to refine ones perspective in order to acknowledge the researcher's impact upon the research findings and present a view based on analytic realism.

4.8 Interviews

Initially 25 crack cocaine using respondents were recruited for interview. This recruitment was achieved by displaying posters in drug services (both within treatment agencies and the harm reduction service which hosts a needle exchange), as well as distributing business cards via link persons, the service user forum and respondents who attended interviews. I conducted 25 in-depth interviews with knowledgeable individuals engaging in *'face-to-face encounters between the researcher and informants directed toward understanding informants' perspectives on their lives, experiences or situations as expressed in their own words'* (Taylor & Bogdan, 1984 in Minichiello et. al., 1990:93).

Interviews are used within a range of different types of research. A common distinction is between qualitative and quantitative interviews. Within quantitative research, interviews tend to be highly structured, motivated by the positivist goal of finding reality, as it exists "out there" in the social world.

Such an approach advocates for sterile, standardised interviewing and uncontaminated data (Miller & Glassner, 1997). The interviewer is charged with the task of removing themselves from the interview as far as possible to prevent the risk of bias, and extract the data that lies somewhat dormant within the interviewee. Holstein & Gubrium (1995) refer to this as the 'vessel-of-answers approach', which epistemologically views the respondent as passive and not engaged with the production of knowledge. Providing the interview is standardised and the interviewer achieves an unbiased interview, it is suggested that the respondent will simply release the unspoiled facts they retain within them.

The ontological and epistemological position of this qualitative research project assumes that people's active and interactive knowledge, understandings, interactions, interpretations and experiences are meaningful properties of social reality (Mason, 2002). There is a need to understand what people think in order to understand why they behave in the ways that they do (Schutz, 1962). Hence, the task of the qualitative researcher is to discover the "inside" view as opposed to imposing an "outsider" perspective.

Ethnographic research, typically consisting of participant observation, is a popular methodological approach available to the researcher interested in the interpretative study of the lived cultural experience. Such an approach demands that the researcher spends an extended duration of time immersed within the culture under investigation, thus observing the culture from the inside, in order to *'construct an account of the culture under investigation that both understands it from within and captures it as external to, and independent of, the researcher…as a natural phenomenon.'* (Hammersley & Atkinson, 1995:10).

It is acknowledged that interviewing provides "second hand" knowledge somewhat removed from the natural environment. However, it is my belief that this does not negatively affect the research or the quality of the data. Whilst I am providing a somewhat artificial situation in which I seek to explore the symbolic world of crack cocaine users, the presence of an observer itself has the potential to alter that, which is being observed. As discussed above,

this is further compounded by my dual role within the culture. Indeed, within an interview setting the issue of artificiality can be directly addressed. Similarly my dual role can be explored with individual respondents in a way not entirely practical within participant observation. As suggested by Hammersley & Atkinson (1995), the distinctiveness of the interview as a research method should not be exaggerated. It is recognised here that the interview provides an invaluable means of collecting privileged and rich data and is highly suitable in meeting the needs of this study.

Whilst taken for granted knowledge within a culture is less likely to surface during an interview (Bryman, 2004) and the researcher is not afforded the opportunity to learn the language of the culture (Becker & Gear, 1957a), as a drug and alcohol practitioner, I have an existing connection to the crack cocaine culture within the geographical area and therefore *'have lived or experienced the material in some fashion'* (Collins, 1990 in Miller & Glassner, 1997:105). This coupled with the social difference between myself as the researcher and the respondents, will provide an opportunity for the interviewees to articulate their lived experience in a way that is both 'anthropologically strange' (Hammersley & Atkinson, 1995:9) and in language which is familiar to me, thus turning the culture into an object available for study.

It is also argued here that the ethical considerations of this study are such that interviewing, with its limitations, provides the most suitable method to investigate daily-living experiences of crack cocaine users in the geographical area hosting the research. As already stated, consideration must be paid to the conflict between my two roles in relation to issues of confidentiality, informed consent, respondent comfort and minimising the potential for harm (Hammersley and Atkinson, 1995; Bryman, 2004). Interviews offer a less intrusive means of researching people's lives as respondents are able to exert greater control over the boundaries of their privacy and the researcher demands less of their time (Burgess, 1984), without reducing the richness of the data.

Within the research, a semi-structured approach has been utilised to afford the maximum freedom to the interviewee, whilst meeting the needs of the study. An interview schedule, which had been developed following the completion of the initial focus group, was used to inform but not direct the interview. A recursive model of questioning, which follows a more conversational style, was employed to enable the individuals and situations to be treated as unique (Minichiello et. al., 1990), whilst covering general themes of interest, seeking to gain a descriptive understanding of the market and deep insight into the daily-living experiences of the social actors and the overall culture. This approach allowed the direction and discussion points to be modified according to the significant issues highlighted within the previous interviews (Schwartz & Jacobs, 1979), to concentrate upon the meaning, significant events and experiences of the informant currently being interviewed and utilise grounded understanding to direct the research (Jones, 1985). Consequently, epistemological unity is promoted, as I got closer to the inside world and social reality of the respondent.

The interviews therefore enabled me to gather broad information about the crack cocaine market and its culture from the consumers. It allowed me to explore the everyday knowledge, language and meaning the social actors use in the production, reproduction and interpretation of their everyday account. From the individual accounts I was able to identify shared common meanings, typical accounts whilst also acknowledging the atypical.

The understanding I gained from interviewing the initial 25 respondents and analysing the transcripts provided me with rich data regarding the extent to which a crack cocaine market is emerging in the area, its locality, activity, nature and the scale of drug taking. As interesting as this was, I had expected much of this detail from the knowledge I had developed within my daily interaction with users. However, of greatest surprise to me was that many respondents boasted of their high-risk activities, described the excitement and pleasures rather than the pains of using and spoke of their ease at abstaining from or reducing their crack use. This went against many of the theories of addiction I find so unsatisfying and introduced the theme of

voluntary risk-taking. I therefore decided to select two of the respondents I had already interviewed, and recruit them for a further interview within which the motivation to use crack cocaine increasingly became an emphasis. I selected respondents whose accounts I found particularly interesting in relation to this. The first respondent I invited for a further interview was a female primary crack user who had been a long-term dependent heroin user who had abstained from this substance only to introduce and substitute crack cocaine as her drug of choice. She presented the stress of the caring role she had for a number of disabled family members as motivation for her drug use and also described a desire but inability to abstain from crack cocaine. The second interviewee was a male who, as a member of the service user forum, had been involved in all the previous focus groups. He claimed to be drug-free (although other respondents unwittingly contradicted his self-reporting) and despite alleged relief at addressing his drug use, he consistently discussed with pride his skills in both drug use and drug dealing.

I approached these interviews differently, as it was necessary that I penetrated further into the meanings and indeed the hidden meanings of the culture. I contemplated the typical and atypical meanings, experiences and contexts, which had attracted my attention to these two particular interviewees and identified themes and areas of interest. From this I devised a list of words I used to stimulate dialogue, this list included words such as carer, mother/father and daughter/son to offer an opportunity for respondents to explore some of their central relationships and their experiences within them. Words such as excitement, boredom and risk-taker were also introduced to enable respondents to consider how they interact with such factors within their drug use.

I shared the list with each respondent within this further interview individually asking them to identify words that attracted their attention, either because they could relate to the word or because they could not. This creative approach to the interview enabled the respondent to feel the security of a structure without actually directing the interview, which is an unavoidable consequence of questioning. By asking the respondents to explore the

meaning of the word to them and how it relates to their experience of crack cocaine, the respondent was tasked with reflecting upon their own taken for granted knowledge, thus pushing their articulated knowledge beyond their boundaries of awareness. Both of the respondents acknowledged the occurrence of this process and communicated this to me by comments such as *'I've never thought of it like that before.'* This was important to the research as it enabled the interpretation to transgress their rehearsed addiction discourses, which are discussed more fully within chapter 9 of this thesis.

Social constructionists deny that any knowledge of the social world, as it is experienced by the interviewee, can be obtained in the interview as it is an interaction between the interviewer and interviewee wherein both create and construct meaning within and for the interview (Mishler, 1991; Silverman, 1993). Whilst it is acknowledged here that an interview cannot replicate the social world in the way the positivists strive for, interviews *'can provide access to the meanings attributed to their experiences and social worlds,'* (Miller & Glassner, 1997:100).

Interviewing has also been criticised for providing unreliable data wherein respondents may *'exaggerate their successes and deny or downplay their failures,'* (Taylor & Bogdan, 1984 in Minichiello et. al., 1990:128) or withhold important information about them selves and their experiences from the researcher (Douglas, 1976). However, *'the qualitative researcher is not primarily geared to finding the truth per se but rather the truth as the informant sees it to be,'* (Minichiello et. al. 1990:128). A respondent's choice to deliberately mislead the researcher, as it appears is the case with the male respondent illustrated above, provides in itself invaluable research data available for analysis.

4.9 Sampling and Selecting Participants

The sample of respondents were (n-16) male, (n-9) female. In terms of ethnicity, the majority (n-24) described themselves as White British and (n-

1) assigned themselves the category of White/Black Caribbean. The age of the respondents ranged between 19 years and 55 years old. All respondents (n-25) were unemployed and in receipt of benefits. The majority of respondents (n-24) were currently or had previously been in treatment for drug dependency. All of the respondents (n-25) had been involved with the criminal justice system.

Potential respondents were notified about the research by placing posters in the waiting rooms and treatment rooms of local drug services. A local harm minimisation service was included in the range of drug services, which agreed to display my poster. This was important as users often access this service whom are not currently engaged in drug treatment. The poster included a confidential mobile telephone number that was answered only by myself. The decision to place the emphasis upon the user to contact me was an important decision at this stage and was informed by ethical considerations relating to maximising the informed consent of respondents and reducing the potential for inducement. I was concerned that my somewhat passive approach would not generate the response that I needed, after all this was a sensitive research topic. However, the sensitivity only reinforced the need to place ethics at the forefront of every decision I made.

All individuals who responded to the poster campaign within the early stages of the research were offered an interview. On completion of interview, these individuals were given 5 business cards each and asked to forward to other users known to them, who maybe interested in being involved in the research. Whilst it is acknowledged that snowball sampling risks biasing the sample by recruiting from specific social networks (Arber, 2002), this approach to sampling was used due to its potential to access closed or hidden groups of crack cocaine users not currently accessing drug services and is an appropriate means of sampling when no adequate link exists. Again this approach required individuals to contact me to express their willingness to participate.

Within one week of advertising the research it became apparent that I would soon have recruited the entire sample of 25 interviewees. The sample at this time was overwhelmingly white males and I found myself needing to make a difficult decision; should I accept the first 25 users who make contact with me or refuse individuals in search of underrepresented groups, whilst risking achieving my aim of 25 interviews. I made the choice to purposively target women and individuals from ethnic minorities, individuals not involved in treatment and those involved in the sale of crack cocaine. I did however ask individuals if they were agreeable to me taking their telephone number in order to contact them in future should I not succeed in recruiting a sufficient number of interviewees from my new target group.

The two follow-up interviews I conducted consisted of my choosing respondents of the original sample group on the basis of the interests of the study, referred to as theoretical sampling (Glaser & Strauss, 1967). I am aware that I may be criticised for this decision; that I may be accused of biasing my research however I suggest that by choosing these interviewees based upon my own interest does not bias my research any more or any less than a participant observer's decision to observe one activity over another or to write field notes on a particular event at a price of not recording another. The selection of respondents for the second phase of interviewing was based upon the respondents' combination of typical and atypical experiences of the local culture within the first interview phase and as such the sample is purposeful.

I do not suggest that the sample I have used is representative of all crack cocaine cultures. The views, opinions and experiences expressed by the respondents throughout the study, and the researcher's interpretation and reproduction of this knowledge cannot be taken as definitive insight into the patterns, usage and experiences of crack cocaine and the culture surrounding it. It is recognised that every decision made throughout the design, implementation and analysis of the research may have in some way impacted upon the findings, as has my own involvement. However, the researcher is satisfied that the findings presented within this thesis allow us to throw fresh

light upon the crack cocaine culture within a particular Local Authority in Britain and offer insights, which may be of interest to others working in, researching or those who have an interest in the field.

4.10 Respondent Biographies

Kevin is a 31 year old white male primary crack user. He started using drugs at the age of 12 years; LSD, cannabis and began to use ecstasy at the age 18 years. Kevin commenced his use of cocaine hydrochloride aged 20 years and crack cocaine aged 23 years. He was introduced to heroin at the age of 26/27 years old as a means of managing the 'come down' from crack. When his crack use was at its heaviest, Kevin reported using £1500 per week. He sold ecstasy and cocaine powder although he identified shoplifting as his main source of funding. At the time of interview, Kevin had abstained from all illicit substance other than crack cocaine; he used one £50 rock per fortnight and was prescribed methadone as part of a maintenance programme. Kevin is in receipt of Income Support. He has a history of employment however he has been out of work for approximately 5 years and he currently lives with his mother.

Tracey is a 26 year old white female primary heroin user. She began using heroin at the age of 15 years old and started using crack aged 16/17 years. When she was 'bang into it' (crack) Tracey reported using 1 gram of cocaine power per night, which she prepared for use as crack. At the time of interview Tracey was on a methadone maintenance programme and reported to have not used illicit drugs for 2 years, although she had 'dabbled' with heroin and crack two weeks previously. Tracey's main source of funding was shoplifting although she had also committed a number of fraud and deception offences. Tracey lives with her mother and is in receipt of Income Support.

Paul is a 34 year old white male secondary crack user (his primary substance is heroin). He is homeless with a history of living in temporary/hostel accommodation. Paul was a young offender (acquisitive crime) who then

began to use solvents aged 13 years. Aged 15 years, Paul started using cannabis, speed (amphetamine) and LSD. After serving a custodial sentence aged 17 years, Paul began to inject speed which he continued to use for 5 years, during which time he reported serving 30 custodial sentences. Paul began to use temegesic during his final prison sentence. After developing a physical dependency upon temegesic, Paul began to use heroin. At the age of 25 years, Paul started using crack and reported a particularly heavy period of crack use spanning 3-4 years. Paul had previously been a heroin dealer, although he reported getting his crack for 'free' from the people who he sold heroin for. He had previously committed dwelling burglaries also. Paul was on a methadone maintenance programme when interviewed, however reported daily use of heroin and used crack approximately 3 times per week. Paul stated he thought he would use heroin 'for the rest of his life'. Paul is in receipt of Job Seekers Allowance.

Guy is a 23 year old white male on a methadone maintenance prescription. Whilst he reported that his preferred drug is crack cocaine, Guy used heroin more frequently. At the age of 16 years, Guy began to use amphetamines. He used heroin occasionally to 'come down from amphetamine' but did not develop a dependency at this time. Guy started using cocaine powder before returning to heroin, at which point he developed a dependency upon heroin. Guy began to use crack cocaine at the age of 18 years and his use reached £50 worth of rock per day. His main form of funding was shoplifting, although he had committed house burglaries in the past. Guy no longer breaks into houses reporting that it was 'not right'. He has been to prison on a number of occasions. At the time of interview Guy had being out of prison for about 6 months and stated this is his longest period he has experienced without a custodial sentence. Guy is in receipt of Income Support.

Steven is a 47 year old white male who has been using drugs since his teenage years. He has used crack cocaine for 5 years. Steven was physically abused by his father throughout his childhood and feels that his drug use relates to these traumatic experiences. He has a long term dependency upon heroin and is currently in receipt of a methadone

prescription although he continues to use heroin and crack cocaine. He previously shoplifted to fund his drug use however he no longer offends. Instead Steven uses his benefits, loans from family members, as well as 'freebies' given to him from other drug use for allowing them to use drugs in his flat. Steven experiences anxiety and is in receipt of Incapacity Benefit.

Mary is a 35 year old white female. She did not use illicit substances until the age of 25 years when she started using amphetamine and later heroin. Mary was previously a primary heroin user however abstained whilst on a methadone prescription. It was at this time that she began to use crack as her primary substance. Mary has been using crack for 2 years although she has a 10 year history of heavy-end drug use. She is a carer with responsibilities for her disabled parents and siblings, who she lives with. Mary has two teenage children not in her care. Mary is a prolific shoplifter, for which she has served numerous prison sentences.

Spike is a 32 year old white male drug user who has been using drugs since the age of 16 years. His primary substance is heroin followed by crack which he has been using for 12 years. Spike was the only respondent within the study who has never accessed drug treatment stating that he 'doesn't need it'. He has a history of employment although this is sporadic. He is currently in receipt of Job Seekers Allowance. Spike has an 11 year old son and 6 year old daughter who are in their mother's care. His most frequent form of offending is fraud and deception for which he has served one prison sentence.

Jonnie is a 31 year old white male who shares a bedsit with his friend. He has been using illicit drugs since the age of 16 years when he started to attend 'raves'. Jonnie began using heroin on weekends aged 21 years old whilst still involved in the club scene. At the age of 24 years, he started to use crack, after having a history of non-problematic cocaine use. Jonnie reported that his crack use has 'become his downfall' since achieving stability on his methadone programme. He has one child aged 10 years who he does not have contact with. Jonnie is in receipt of Income Support.

Elaine is a 22 year old white female who started using what she referred to as 'soft drugs' aged 13 years (solvents, cannabis), whiz (amphetamine) and cowies (ecstasy) aged 16/17 years old. Elaine started using heroin and crack cocaine aged 19 years, within a short period of one another. She currently lives with her parents and her boyfriend in her parent's cottage. Elaine is on a methadone maintenance prescription and reports that she can 'take or leave the gear (heroin)' but 'can't refuse a pipe (crack)'. She worked in a factory until she was made redundant. She reported that her previous employment 'kept her out of jail' as her offending (shoplifting) was less frequent. Elaine is on a Drug Treatment and Testing Order (DTTO - now referred to as Drug Rehabilitation Requirement) and was excluded from the city centre at the time of interview due to shoplifting charges. Elaine reported that she has not offended since receiving her sentence and funds her crack use through loans from her mother and Incapacity Benefit.

Davey is a 35 year old white male who lives with his parents. He has been using illicit drugs since the age of 13 years. He used heroin from the age of 20 years and crack from 28 years. Davey is currently on a methadone maintenance programme and reports that he is abstinent at present. He is in receipt of Income Support, with no history of employment. He has served a number of prison sentences for shoplifting.

Bianca is a 39 year old female of mixed ethnicity. She lives with her father and receives Income Support. She reported starting to use heroin approximately 4 years previously however quickly changed to crack 'for a different buzz'. Bianca funds her crack use through sex work after finding that shoplifting was not sufficient to fund her use. Bianca's involvement in the outdoor sex market has resulted in her being raped. She is currently prescribed methadone as part of a maintenance programme and continues to use crack cocaine on a daily basis.

Kim is 19 years old and has been using heroin and crack for 1 year since she met her partner. She said that her and her partner would stay in on a weekend and use crack together, however she would use heroin 'behind his

back' to come down. Kim lives with her mother at present and is in receipt of Job Seekers Allowance. She shoplifts to pay for her drug use and reports that she has been arrested due to her offending and is currently on a probation order. Kim has not been to prison.

Nic is a 24 year old white female who lives with her partner 'Beefy' (also a respondent of the study). Nic drank 'heavy' from the age of 15 years and started using heroin aged 18 and crack aged 19 years. She has a history of homelessness and reported that her relationship with Beefy has been violent in the past, although she thinks their drug use has 'brought them closer'. Nic previously shoplifted to fund her drug use however Beefy now offends to support both of their use. She believes he shoplifts in order to buy drugs. Nic is on a methadone maintenance programme however uses heroin every day and crack on a weekend.

Beefy is a 26 year old white male. He is the partner of 'Nic'. He started using drugs aged 17 years and at the age of 20 years began using heroin. Nine months later he started to use crack cocaine also. He lost his previous flat after it was raided and he was found to be allowing people to prepare and use drugs on the premises. Beefy 'grafts' (offends) to fund both his own and Nic's drug use as he feels responsible for her use. Nic thinks that Beefy shoplifts, which is his most frequent offence, however he also breaks into cars, snatches handbags and has committed armed robbery in the past. Beefy has been 'in and out of jail' for the past 4 years, resulting in him feeling insecure about his relationship with Nic. He is prescribed methadone on a maintenance programme however he continues to use drugs daily. Beefy has a limited history of employment reporting that the longest he has had a job was 5 months.

Rats is a 21 year old white male who lives with his parents. He started his drug using career aged 11 years when he began to sniff glue. He started using heroin and crack aged 14 years old. He is prescribed methadone, however continues to use illicit drugs. He reported that he no longer offends to fund his drug use but stated that he previously shoplifted and broke into

cars to steal the radios. Rats receives Income Support and has no history of employment.

Billy is a 31 year old white male drug user. He lives with his partner (who does not use drugs) and their two children. He is also in a relationship with a female drug user. Billy's offending history pre-dates his drug use and he has a significant criminal record for dwelling burglaries, which resulted in his incarceration on numerous occasions. During one of his prison sentences (aged 21) he began to use heroin, however abstained on his release until the age of 23 years when he started using both heroin and crack. He has also used valium problematically. After commencing heavy-end drug use, Billy began to sell heroin and was involved in shoplifting and 'taxing' other dealers (robbing drugs and money). He is on a methadone prescription and at the point of interview reported that he had not used illicit drugs for 1 week after saying he was 'beginning to lose it'.

Peanut is a 37 year old ex-crack user and dealer. He was involved in heavy-end drug use for 12 years (heroin and amphetamine), 8 of which he stated he used crack cocaine. Peanut is prescribed methadone and is abstinent from all illicit drugs. He was in receipt of Incapacity Benefit when first interviewed, however, Peanut was recruited for a second interview at which point he was in full-time employment.

Tav is a 26 year old white male who lives with his fiancé. She does not use drugs. Tav started using heroin on a night out after gaining his mechanical engineer qualifications from college. He initially used on weekends after working through the week. However, he developed a physical dependency and began to use crack also resulting in him losing his job. Tav funded his drug use through dealing heroin and street robbery resulting in him receiving a prison sentence. At the time of interview Tav had been prescribed methadone for two weeks. He was being titrated[3] although reported that it 'was not holding him' and he was continuing to use heroin and crack. His

[3] Titration is a process wherein dependent drug users are prescribed methadone at an increasing dose

fiancé has found out that he is using drugs and she is very concerned. Tav is now in receipt of Incapacity Benefit.

Agnes is a 37 year old white, female chronic crack user. She has used drugs problematically since the age of 21 years following two traumatic experiences in close succession. Agnes relates her difficult experiences to her developing drug dependency. She has made numerous attempts to address her drug use and at the point of interview she had just been discharged from a specialist inpatient facility for drug dependency. She had not used crack for 10 days. Whilst using, Agnes would smoke between £160-£200 worth of crack per day and is a prolific shoplifter. She had recently developed mental health problems and is prescribed anti-depressants. Agnes is on a methadone maintenance programme. She has two grown-up children, who were brought up by her mother. Agnes is a grandmother also.

Steph is a 25 year old white female. She began using illicit drugs aged 13 years old and started using heroin aged 15 years. She used heroin, crack and benzodiazepines heavily for a number of years. Steph abstained from all illicit substances for a period of over 2 years after falling pregnant with her second child. Her ex-partner was awarded custody of her youngest child and Steph reported that she relapsed after her children were taken from her. Her mother has had custody of her son since he was born. She lives with her sister who she reports is 'mad with the drugs'. Steph is in a relationship with a violent man (non-user). She funds her drug use through shoplifting and has been to prison once. Steph had referred herself to the prescribing service for methadone the day before the interview, having previously disengaged from drug treatment for a period.

Rob is a 41 year old white male. He worked on the oil rigs and owned his own home with his partner and two children. However, he lost his job after he started to use heroin aged 31 years old. He is now separated from his partner and does not have contact with his children. Rob has a long history of offending behaviour and has served many prison sentences. He reported that his drug of choice was always heroin and he used crack cocaine as a 'luxury

treat'. However, Rob's crack use became heavy approximately 10 months prior to interview when he had allowed his flat to be used for the sale and use of crack and he would receive crack in return. At the point of interview, Rob had not used illicit substance for 6 months, he was on a methadone maintenance prescription and was living in a supported housing scheme.

Alan is a 23 years old white male. He lives with his parents, however, he reported that he spent most of his time at his girlfriend's house. Alan began using heroin aged 18 years old and crack aged 19/20 years. He has been prescribed methadone for 2 years and reported that his drug use has decreased since. He advised that he committed acquisitive crimes such as burglary, theft from cars and shoplifting to fund his drug use. Alan is currently in receipt of Income Support.

Tomma is a 19 year old white male. He began using heroin aged 15 years and crack aged 16 years, before which, he used a variety of illicit drugs from the age of 11 years old. Tomma has been living with his girlfriend until recently when she fell pregnant. Tomma's girlfriend has now moved back into her mother's home for support after the child is born. Children's Services are involved with the couple and Tomma receives regular drug tests. He has committed offences of street robbery, dwelling burglaries, stole cars and assaults resulting in a number of custodial sentences. Tomma is currently on a methadone maintenance prescription and reported to be drug-free although his physical presentation at interview suggested that he had recently used heroin.

Eric is a 55 year old white male who had been using drugs since 1964. His long using career included a wide range of substances including Dexedrine and other amphetamines, barbiturates, heroin and other opiates, crack, cocaine powder, benzodiazepines and alcohol. He has hepatitis C due to intravenous drug use and his liver has been further damaged by excessive alcohol-use. He has a history of employment as a hairdresser. He also worked for a period as a welder, although at the time of interview he had been unemployed for many years. He previously funded his drug use

predominately through drug dealing. At the time of interview Eric was awaiting an inpatient detox, residential rehabilitation followed by a period of supported accommodation. Eric has been married and divorced twice and has a 26 year old daughter that he has had no contact with for 15 years.

Lizzie is a 25 year old white female. She began using heroin aged 15 years and crack cocaine aged 17 years after commencing a relationship with a crack dealer. When this relationship broke down she no longer had access to the large amounts of crack cocaine that she had been previously and she began to deal crack with her sister. Lizzie and her sister smoked the crack that they were meant to be selling and developed large debts, which resulted in them receiving death threats from the dealers they owed money to. Lizzie's parents began to sell crack for the dealers in order to pay off their daughters' debt. Lizzie's parents and her sister were subsequently convicted of Possession with Intent to Supply Class A Drugs and are currently in prison. Lizzie has not used illicit substances for almost 12 months, since her family were arrested.

Ronnie was 32 when he came to the residential rehabilitation unit, where I previously worked. He was a heavy-end poly drug user from Glasgow who had grown up in Local Authority Care. Ronnie had been deeply involved in criminal networks prior to him coming to the residential rehabilitation unit and had served a total of 8 years in prison. Ronnie was not a respondent of this study however my work as Ronnie's keyworker had a significant impact upon me and the experience informed both my development as a practitioner and my future work.

4.11 Paying Respondents

Crack cocaine users who participated in interviews were paid £10 for their involvement in each stage of the research, although no travelling expenses were reimbursed. The use of financial incentives for participation in research is now widely practised however this tends to induce mixed feelings when the participants of research in receipt of such incentives are drug users or those

involved in offending behaviour (Seddon, 2005). Concerns include the rewarding of individuals involved in criminal activity as well as the potential of supporting the funding of illicit drug use (Ritter et al, 2003) with ethics committees, criminal justice and drug treatment practitioners favouring the use of vouchers or non-cash incentives. However, such anxiety is often based on stereotypes regarding the assumed irresponsibility of drug users and their inability to make decisions regarding the use of such incentives (Ritter et al, 2003). However the use of non-financial incentives fails to address this issue as research by Seddon (2005) showed that vouchers are frequently exchanged for drugs. Indeed my own research found that almost any item maybe exchanged for drugs with one respondent advising that they had previously exchanged an iguana for crack cocaine. However the exchange value of non-cash items is usually half that of the face value, so a voucher with a value of £10 would be exchanged for £5 worth of drugs thus the drug dealer would gain from the 'exchange rate' (Seddon, 2005).

The use of financial incentives with drug users taking part in research has been considered from a human rights perspective (Seddon, 2005) wherein it is argued that drug users should not be treated any differently than non-drug users involved in research. Here it is stated that denying a respondent a reward or granting a lower level incentive on the basis that they are a drug user would be considered unreasonable and therefore discriminatory.

Excessive payments are also considered from a human rights perspective, which may be considered to act more as inducement rather than incentives for involvement in research. In human rights terms, if incentives do indeed act as inducements then informed consent is jeopardised (Grady, 2001). Drug users who may be considered to be a 'vulnerable' group by virtue of a dependency or low-income levels increase the threat to ethical practice in this area (Seddon, 2005).

It is difficult to assess whether incentives act as inducements as there is no clear guidelines on appropriate levels. High acceptance rates within research may suggest inducement or could simply indicate that the research is

interesting or valued by potential respondents. Within my research I displayed posters detailing the research and advising of the financial incentive for participation. As I did not approach individuals directly, I am unaware of the numbers of individuals who observed the poster advertisement yet chose not to respond. However, 6 crack cocaine users contacted me to offer their participation in the research and then failed to attend interviews arranged. This coupled with several respondents expressing surprise at receiving the payment on completion of the interview suggest that the payment did not overtly influence their choice to participate in the research.

4.12 Data Analysis

The analysis of the data is not a separate stage within the research but an integrated and interactive process throughout the research study (Hammersley & Atkinson, 1995). Indeed, the use of a constant comparative method of data collection, analysis and theory construction has been suggested to be the optimum approach (Glaser and Strauss, 1967). However, data collection and data analysis are both time consuming activities, making it difficult to achieve this level of interaction (Hammersley & Atkinson, 1995). This was further complicated by the previously mentioned speed at which my participants were recruited and interviewed. Reflexivity was therefore achieved through the writing of analytic notes and memoranda, which in turn influenced the data collection; guiding and focusing the investigation. On completion of the interviews, the initial task was to read through the interview transcripts, becoming familiar with the content, looking for interesting patterns and concepts which may help make sense of the data. My fieldwork journal inclusive of analytic notes and the transcript from the initial focus group were considered alongside the interviews. On identifying categories, I coded the data systematically. The process of coding is a recurrent one (Hammersley & Atkinson, 1995), resulting in the evolution and emergence of further concepts. On reaching stable concepts, my next challenge was to identify those which were central to the analysis in order to provide meaning. I approached my data with ‘theoretical triangulation’

(Denzin, 1978), considering multiple theoretical perspectives. It is this approach which has resulted in my highly eclectic thesis, which seeks to make sense of the crack cocaine culture within an area in the North East of England.

4.13 Ethical Considerations

Whilst the overall discussion within this chapter has been embedded within ethical considerations, the centrality of ethics to any research project is such that it is imperative issues with an ethical dimension are fully explored and comprehensively discussed. In reality ethical considerations cannot be separated from the individual methods or the overall methodology, however for the purpose of clarity within this discussion, I am presenting the specific ethical issues within this study in this format.

Informed consent is an ethical issue of all research studies. Within ethnographic studies engaging in overt or covert participant observation, whether consent is sought, who provides consent and for what, present significant issues to the ethnographic researcher (Hammersley & Atkinson, 1995). As identified within earlier discussions, my dual role compounded this issue to such an extent that it was deemed unethical to utilise participant observation within this study. However, informed consent remains a challenging consideration.

To what extent do we inform respondents about our research? Researchers rarely tell respondents 'everything', not least because at the onset of a research project researchers do not necessarily know how and in what direction the study will develop, our respondents may not be interested in every detail of our research or to disclose our research question may falsify the findings (Hammersley & Atkinson, 1995). In the case of my own research I provided minimum information regarding the research on the poster advertising my study. However on receiving an expression of interest from potential participants, I endeavoured to provide more detailed information. I

deemed it ethical and appropriate to advise participants of the general aims and objectives of the research. My dual role as a Post Graduate Research Student and drug and alcohol social worker was presented to the respondents prior to attending interview, at a stage when I was unaware of the individual's identity. This was an essential measure in managing the conflict of my roles. During this initial telephone conversation, I advised the respondents of the expected length of the interview and that they would be paid £10 for their participation in interview, however, that they would not be reimbursed for travelling expenses. Potential respondents were advised that the interviews will be confidential and the parameters of that. Respondents were advised of the expected and possible dissemination of findings. Respondents were also advised that they reserved the right to withdraw their consent at any stage of the interview process, prior to production of the final report and dissemination.

On consenting to attend an interview, the above issues were revisited with respondents and clarification of the respondents understanding was sought. Permission was requested to audio-record and transcribe the interviews after advising the respondents of who will have access to the recordings (myself as researcher and a transcriber), how the tapes will be stored, when and how they will be destroyed, where the transcripts will be stored and used. Whilst no participant refused the recording and transcribing of the interview, I was prepared to request permission to take notes during the interview in effort to ensure adequate recollection of our discussion. Ultimately, it was important that potential participants would not be excluded from interview on the basis that they did not grant permission to have our interaction recorded.

Consent was then sought from interviewees and focus group members verbally. Whilst some research, notably medical research, requires written consent, the true identities of the respondents were not requested therefore to ask respondents to sign their name would have been contradictory to other ethical decisions made. Statistical information however was used without the specific consent of individuals involved. My justification for this decision is that under the Data Protection Act 1998, existing data of this kind can be used

without first seeking consent. Indeed the Social Research Association (SRA) ethical guidelines suggest that the use of existing data of this kind is ethical.

A further central ethical principal within social research is that respondents as a result of participation in the research should experience no undue harm. The impact of the research upon the individual, the social groups they belong to and the wider geographical community was therefore an important consideration. With regards to the individual respondent, my first concern was the emotional impact of the interview itself. Prior to the interview I discussed my concern with the respondents. I advised them that whilst it was not my intention to discuss matters, which they may find distressing, I acknowledged the potential for its occurrence. I reinforced their consent to participate in the interview and advised that this consent did not mean that they were obliged to answer all questions posed. Indeed respondents could choose to continue with the interview but refuse to answer specific questions. Their role in directing the interview was also stressed.

Respondents were advised that they would be offered an opportunity to debrief after completing the interview and that this could either be with myself or the local drug counselling service, prior arrangements had been made for such a facility with this service provider. Whilst no respondents wished to utilise this facility, it was an essential provision both in ensuring the emotional safety of the research and in communicating my concern of such to the respondents.

The potential impact upon current and future drug treatment was a concern. For this reason I was very clear from the onset that whilst I was researching crack cocaine cultures, I also have a role within the culture as a drug and alcohol social worker. This enabled me to establish whether I had or was involved with the respondent within this capacity. I made an ethical decision not to interview any individual I was currently or recently had worked with within my professional capacity to reduce the likelihood of their drug treatment being affected by their involvement in the research whilst also maximising their openness and comfort within the interview. I reached an agreement with

my Team Manager that should the service receive a referral for any individual involved in my research in the future, I would contemplate the possible consequences for the individual and their treatment should their case be allocated to me. Should I have any concerns regarding this matter, I would be afforded the opportunity to refuse the allocation on the basis that 'the individual is known to me within a different capacity'. This would not breach confidentiality however as this is a good practice facility that exists and is used on a reasonably regular basis within the team to manage a range of conflicting roles, for example past or present personal relationships with service users, where no justification is sought from the practitioner. Similarly, no information was shared with the other treatment providers involved in the respondents' care. This is considered more fully under the issue of confidentiality.

Issues relating to geography were treated as confidential issues, this refers to the Local Authority area hosting the research, areas identified by respondents as places where a user could purchase or use crack and the areas in which respondents lived. The purpose of this decision was to prevent the stigmatisation of areas and individuals living in the community or misuse of the information gleaned by authorities, for example the arrest of an individual using crack in a public place identified within the research. Throughout my thesis I will refer to the Local Authority area in which the research was conducted by a pseudo name, 'Sidchester'.

Confidentiality and anominity is afforded to all respondents of the research, with clear guidelines regarding the parameters of this. This was initially managed by providing a mobile telephone number on the poster campaign to ensure that I, rather than an administrator within an office base, answered all calls. I did not ask respondents to advise me of their true identity, rather a name I can refer to them as. Whilst audio-recording equipment was operational, no reference was made to the respondents name or identity, fictional or otherwise. This was to protect the respondent's identity from the transcriber of the session and to maximise confidentiality whilst the tapes were stored, prior to destruction. The transcriber was required to uphold

confidentiality by not discussing the interview sessions with anyone other than the researcher, storing the tape in a safe and secure locked cabinet and password protecting the computer within which the interview transcripts were saved prior to forwarding to the researcher and being deleted from file.

The venue was also an important consideration. It was essential that the venue offered a suitable, soundproofed room, which respondents felt comfortable accessing whilst also managing risk issues. All of the members of the working party offered their agencies as venues for the interviews and other community resources were identified, who did not require details of the purpose of the meeting I had arranged. As I frequently arrange appointments within my professional capacity within the drug service providers' buildings, there is no means by which the providers can identify individuals meeting with me for treatment and those attending an interview, therefore maintaining confidentiality. The venue was negotiated between the researcher and the respondent to reach a mutually convenient arrangement.

Prior to the commencement of the interview, participants were advised of the limitation of the confidentiality offered. In the case of this research public safety matters, defined here as behaviours reported by the respondent which place a direct and immediate threat to the safety of members of the public, are outside the parameters of confidentiality. Similarly, behaviours disclosed by the respondent, which are of child protection concern, would not be held in confidence by the researcher. Examples were provided to respondents and clarification sought to ensure that respondents understood the information.

Thus far my ethical considerations have been concerned with the impact upon the research subjects and the communities within which they live. However it is also necessary to consider the service providers, who are also involved in the research within their role as working party members. It was envisaged that respondents may identify and criticise service providers during the course of interviews. As the evaluation of services was not an aim of this research, the identities of the services discussed by respondents will not be disclosed within this thesis. However, Team Managers were provided with the details

pertaining to their own services for their reference and to inform service improvement if they wish to act upon the comments they received. This was a means of respecting, preventing harm caused towards and expressing gratitude for the support local service providers demonstrated towards the research. This was also an ethical decision based upon the obligation I have to the research community at large, to maintain the professional integrity of social research.

I also have an ethical consideration to myself. Throughout my fieldwork I made appropriate use of my supervision to discuss the impact it had upon me whilst also ensuring I upheld good ethical standards for the benefit of the research participants. I considered my personal safety when arranging interviews and focus groups, agreeing mutually acceptable venues, organised within office hours, whilst others are in and around the building. Throughout the fieldwork I did not have cause to concern for my safety. However, if I had of experienced such concern, I was prepared to terminate the interview without hesitation.

The ethical consideration I have chosen to conclude this section upon is that of competence. Research that is not methodologically rigorous and conducted in an incompetent manner cannot be ethical research (Butler, 2002; Peled & Leichtentritt, 2002). Incompetent research is unlikely to produce knowledge and therefore represents a waste of participants' time and efforts (Peled & Leichtentritt, 2002) and has the potential to cause undue harm to participants. As a social worker specialising in drug and alcohol I have well-developed skills needed to interview individuals regarding sensitive issues and I adhere to the General Social Care Code of Professional Ethics. As a Post Graduate Research student I am mindful of my relative inexperience in research and I have endeavoured to fully utilise the skills of my supervisors seeking advise and guidance regarding the design and implementation of my research study. Similarly I have attended workshops and modules available to me, which I have considered to be a benefit to my development as a competent researcher.

When considering what methodology to use for any given research, one must find the best suited to the overall research problem and context, rather than the researcher's preferred approach (Bryman, 2004). Trow (1977) argued that *'the problem under investigation properly dictates the methods of investigation'* (in Bryman, 2004:342). It has been suggested in the above text that the mixed method approach inclusive of qualitative interviews, focus groups and the collection of statistical data offers the researcher the optimum opportunity and best approach, within the proposed investigation, to reach the often deep and hidden meanings within the crack cocaine culture. Whilst the research subject maybe considered sensitive and the ethical considerations are many, I have sought to demonstrate an ethical and coherent methodology, which is able to produce knowledge and provide a claim to truth which is sociologically interesting and offers a contribution to the field, which warrants the efforts of all involved.

5.1 Sidchester's Crack Cocaine Market

There are a plethora of factors that have been considered whilst trying to gauge an understanding of the extent of a crack cocaine market in the Sidchester area. Within this chapter, the nature and extent of the local crack cocaine market will be explored considering its links to neighbouring authorities as well as the overlapping and merging markets. The population of users and commodity dealers in the area provide an insight into the availability and demand within the Sidchester area. In addition the interactions between users and dealers within the context of the market will be explored with particular reference to the consumer decisions and actions of the users. Key to this exploration is the social as well as economic nature of the local crack cocaine market.

5.2 Population of Local Users

In order to develop greater insight into the local market, respondents were questioned about local networks of crack users. The paucity of empirical evidence makes it difficult to triangulate data and predict the actual numbers of resident users located across the City. Quantitative data gathered from drug service providers in Sidchester offers some insight into the numbers of crack cocaine users accessing drug services with primary or secondary crack use between June 2005 and January 2006. This is illustrated in figure 1:

Figure 1: Number of Primary and Secondary Crack Cocaine Users Accessing Drug Services in Sidchester

Treatment Agency	Number of Primary Crack Users	Number of Secondary Crack Users
Local Authority social work team	2	7
Prescribing service	0	0
Criminal justice voluntary sector agency	20	100
Counselling voluntary sector agency	8	3
Harm minimisation service	0	22
Total	30	132

These statistics, of course, cannot be taken as indicative of the actual numbers of crack cocaine users in the Sidchester and are reflective only of the numbers of individuals who are both accessing drug services and choosing to disclose their crack use. It will become apparent later in this chapter that many users are choosing not to disclose their crack use and therefore the statistics compiled by service providers should not be accepted as a true reflection of the nature and scale of the local crack population. Also the nature of the service offered by the agencies may affect how the individual portrays their drug use or how it is interpreted by the assessing agency. For example, the harm minimisation service provides a needle exchange. As all respondents reported that their preferred route of administration was smoking and only two respondent had used crack cocaine intravenously (both of whom reported this to be an experimental route of administration rather than the

usual), the presenting and recording of only secondary crack users accessing this service may be influenced by the context in which they are presenting; the needle exchange may assume that the intravenous use of heroin is the primary substance as this is the presenting issue.

Statistical information has also been gathered relating to positive drug tests of arrestees (see figures 2-4). This data is particularly interesting as the users include individuals who are not accessing drug services and the data is not reliant on self-disclosure. There is a weakness in this data however as drug tests are not able to differentiate between crack cocaine and cocaine hydrochloride. In April 2005 'area A' Police Station became an overflow station where arrestees were transferred during busy periods. Consequently no drug tests were conducted in this custody suite after this date.

Figure 2: Sidchester Area A Police Station Test on Arrest Figures

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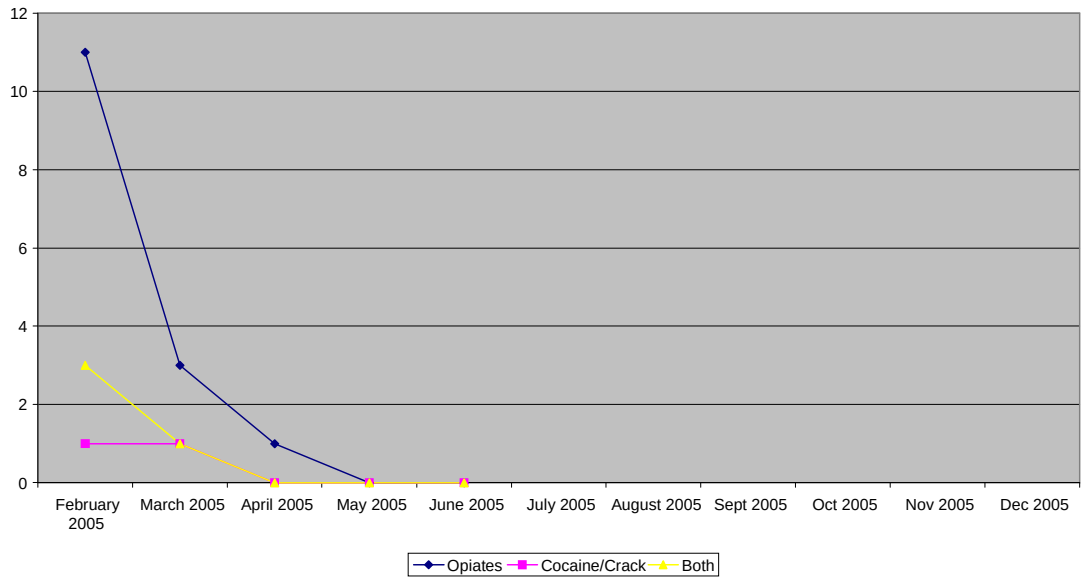


Figure 3: Sidchester Area B Police Station Test on Arrest Figures

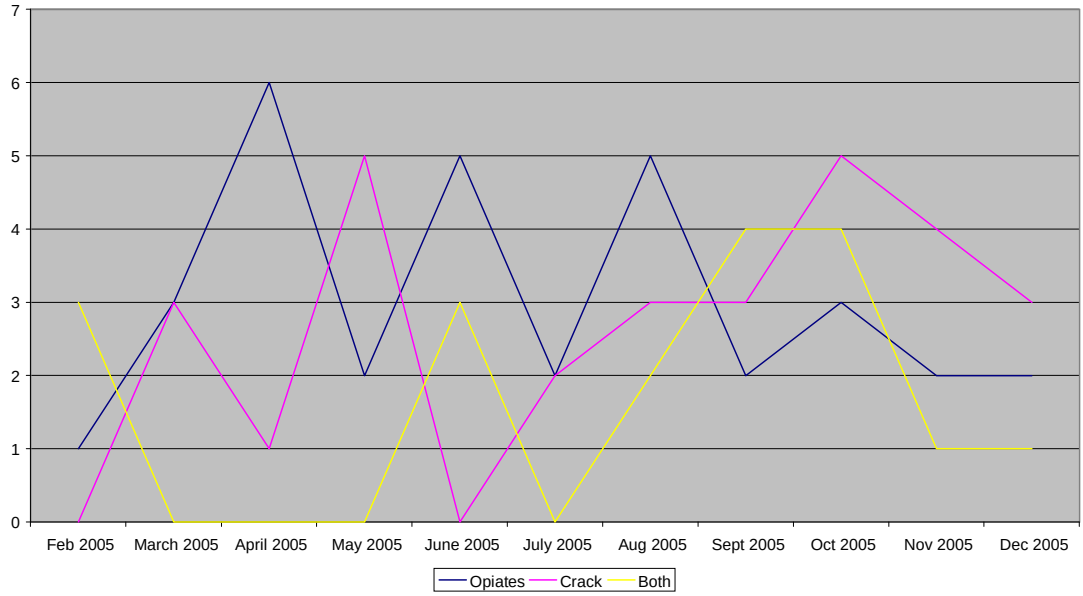
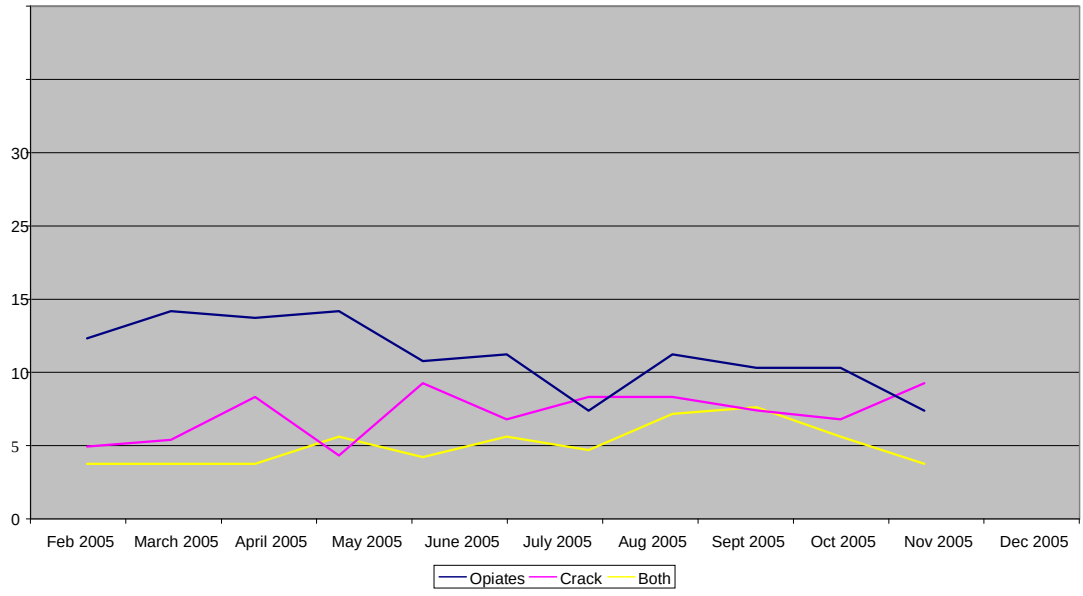


Figure 4: Sidchester Area C Police Station Test on Arrest Figures



The numbers of arrestees testing positive for cocaine, detailed in figures 2, 3 and 4, are not significant when considered in isolation. However, when these statistics are perceived in relation to the positive heroin tests, greater insight is achieved. Within the Sidchester area, the heroin market is considered to be well established and a widely used substance, and is consequently given due attention by the drug services and strategic partnership. The 'test on arrest' results demonstrate that during the 10 month data collection period, cocaine was almost as frequently detected as opiates. Also, many individuals were testing positive for both substances, suggesting that crack cocaine may be part of a users' repertoire. A population of crack cocaine users, which can be described as a hidden population, appears to exist in Sidchester and it can be seen from the below quotations from users that there are currently significant numbers of crack cocaine users residing in Sidchester:

Now there are loads of people on the crack in Sidchester, I would say everybody that's on the smack are on the crack as well, some of my mates have come off the smack and onto the crack, everyone I know who takes drugs, everyone I know, I would say 100…a lot of people, I know a lot of people, there's more people coming off smack and going on crack now (Tracey aged 26).

Everybody, everybody who I know in Sidchester whose on smack is on rock and you know how many smack heads are in Sidchester… About 90% of the heroin users in Sidchester, everyone I know uses rock… I would say that I know of about 80-90 people (Guy aged 23).

About 50 – 80 that I know off, then there's them behind the door who just buy the coke and rock it up themselves (Davey aged 35).

Everybody who uses heroin uses crack, 100's just in Sidchester, when you go to score you always see new faces you can spot then out a mile, we do stand out compared to normal people, when I'm in the town you walk past people you just know, they can ask you to chip in but if you don't know them you just say no, you have to be careful (Kim aged 19).

About 50, might be more. A lot of them are from the DTTO (Drug Testing and Treatment Order) and half of them have been off the smack for so long and still using crack (Steph aged 25).

Many of the respondents make reference to the heroin market within their narratives. Using statistics over a 12 month period provided by National Treatment Drug Monitoring System (National Treatment Agency Drug Treatment Performance Reports), the Sidchester area had between 799-850 Problematic Drug Users[4] (PDUs) in treatment. Estimated prevalence rates provided by the Centre for Drug Misuse Research, University of Glasgow[5] suggests that Sidchester has 1,147 opiate users aged 15-64 years, with an associated confidence interval of 95%. These statistics therefore substantiate claims that potentially 'large numbers' of crack users exist locally. Furthermore, the comments made by the respondents illustrate an important point when considering the nature of the local crack cocaine market: the interaction between various substances and combination dependencies, referred to by Brain et al (1998) as 'rock repertoire'. This will be explored in depth later in this chapter.

5.3 Geographical Distribution of Crack Users

Sidchester is an area with a history of heavy industry including ship-building and coal-mining. Despite attracting inward investment, the area has suffered from the decline of these industries and has some of the most deprived communities in the country. The pattern of multiple deprivations throughout England is complex and shows concentration of deprivation in some areas as well as identifying highly deprived isolated wards. In the Indices of

[4] A Problematic Drug User is defined as a client presenting with opiates and / or crack cocaine as their primary, secondary or tertiary drug recorded at any episode during their latest treatment journey.

[5] A full reference for this report is not provided to preserve confidentiality and anonymity of the geographical area.

Deprivation[6], Sidchester is ranked 18th overall out of 354 Local Authorities where 1 was the most deprived and 354 was the least deprived. Indeed 11 of Sidchester's wards are ranked within the 10% most deprived wards, although there is significant variation between wards and Output Areas (as table 2 demonstrates).

Sidchester has high levels of multi-generational unemployment and is ranked 8th most deprived in terms of employment nationally. There is a much higher proportion of the area's economically inactive who are permanently sick or disabled, than is the case nationally. The workforce is characterised by relatively low skills and education. The size of the BME community is well below the national average and is concentrated in geographical areas. Whilst it is an area that is reported to have high levels of geographical pride, community cohesion is considered to be an issue with high levels of inter-generational and racial conflict. Youth cultures within the area are typically territorial.

Lupton et al (2002) suggested that *'Areas of concentrated poverty are likely to provide fertile ground for development of drug markets,'* because of both high levels of drug use among people in disadvantaged circumstances (Parker & Bottomley, 1996; Ramsay & Partridge, 1999) and because of the probable existence of criminal networks that can readily be turned to the supply and distribution of drugs and illegal economics in which stolen goods can be exchanged (Burr, 1987). Indeed a study undertaken by May et al (2005) found that whilst drug dealing often has a negative impact upon the 'host' community, it does offer benefits. Crack cocaine markets especially offer significant economic opportunity for young people whose formal labour market prospects were weak (Lupton et al, 2002). A point illustrated by one of the respondents when she said:

Crack dealers make a lot of money and they know it, that's why when you phone you get a quick response cos they know if they don't hurry up you can

[6] Date unspecified to preserve confidentiality and anonymity of the geographical area.

phone someone else. There'll always be someone else willing to do their job (Agnes, aged 37 years).

Similarly, the onset of substance use by residents within deprived areas is more likely than is the case in areas of higher socio-economic status (Parker et al, 1998a). Whilst some authors argue that class has become of minimum (Beck, 1992) or no significance (Pakulski & Walters, 1996) to life chances, others maintain the continuing sociological relevance of class (Furlong & Cartmel, 1997; MacDonald et al, 2005). Social class impacts greatly upon the opportunities experienced within youth and throughout the transitions into adulthood (Macdonald et al, 2005); transitions which must be understood in terms of how *'the different aspects of youth transitions inter-relate'* (MacDonald et al, 2001) and their impact upon cultural factors, which serve to entrench the unequal opportunities available to deprived youth. In their study of youth (sub)culture and social exclusion, MacDonald and Shildrick (2007) showed how the frequently observed territorial sense of belonging and commitment to street corner leisure activities served to *'fuel criminal and drug-using careers'* (MacDonald & Shildrick, 2007: 348). The reinforcing potential of social grouping is an issue I have observed frequently within my work and is reflected upon by users during my interactions with them, resulting in many users reporting that they are unable to reduce or abstain from their drug use unless they move out of their environment and sever ties with their drug using-friends.

MacDonald et al (2005) discuss the 'normalcy of social exclusion' for those living within deprived areas. Few recognise the impact that their social position within our stratified society has upon their personal biographies (ibid). It may not therefore be surprising that respondents did not raise social exclusion as an issue relating to their drug or criminal careers. Quantitative data was gathered however, from all drug service providers within the Sidchester area. This information included details of the geographical location (wards) in which primary and secondary crack cocaine users, accessing treatment, reside. The spatial distribution of crack users was then explored in connection with the Indexes of Multiple Deprivation. In attempt to

develop an understanding of social class in the lives of crack users within Sidchester.

Figure 5: Crack Users' Geographical Location & the Index of Multiple Deprivation

Ward	No of crack users	% of cohort	LSOAs[7] mean rank
Ward 1	28	23.3	5205
NFA	17	14.2	-
Not Known	12	10	-
Ward 2	10	8.3	3250
Ward 3	9	7.5	7393
Ward 4	9	7.5	2147
Ward 5	8	6.7	8734
Ward 6	8	6.7	4926
Ward 7	7	5.8	4978
Ward 8	7	5.8	7317
Ward 9	7	5.8	5798
Ward 10	6	5	8434
Ward 11	6	5	2087
Ward 12	4	3.3	7192
Ward 13	3	2.5	15121
Ward 14	3	2.5	3630
Ward 15	3	2.5	5457
Ward 16	3	2.5	7645
Ward 17	2	1.7	-
Ward 18	2	1.7	-
Ward 19	1	0.8	13023
Ward 20	1	0.8	9547
Ward 21	1	0.8	19437
Ward 22	1	0.8	15137
Ward 23	1	0.8	16725
Ward 24	0	0	20174
Ward 25	0	0	8006
Total	162	100	32482

[7] LSOAs refers to the Lower Layer Super Output Area. Super Output Areas (SOAs) are a new geographic hierarchy designed to improve the reporting of small area statistics in England and Wales and benefit nationwide comparison. Their first statistical application was for the Indices of Deprivation 2004. There are three layers of SOAs, created to support a range of potential requirements; the Lower Layer has a minimum population of 1000, mean 1500 and is made up of Output Areas (OA).

Figure 5 details the number of crack users accessing drug services in Sidchester from June 2005 – January 2006, their spatial distribution by ward and the mean (average) indices of deprivation rank of each ward. For statistical purposes the country is divided into small blocks of land called Output Areas. The Lower Layer Super Output Areas (LSOAs) are ranked according to their Index of Multiple Deprivation where 1 is the most deprived and 32482 is the least deprived. As full postal codes could not be provided by all drug services, data was collected by ward. Therefore the mean deprivation rank was calculated.

Whilst the wards with the greatest numbers of crack users accessing drug services are often the wards ranked more deprived, the data does not provide clear and sufficient evidence to conclude that the variable (number of crack users accessing drug services) is affected by the deprivation within that area. One of the difficulties with the data is that there is significant variation in deprivation levels within wards. These outliers impact upon the statistical significance of the mean rank and reduce ability to make associations between variables.

5.4 Markets: Nature and Scale

There are two main difficulties in measuring and describing the nature and scale of localised crack markets in any geographical area. The first relates to the impediment of identifying a valid and comprehensive methodology to engage with clandestine activities and organisations. Concerns surround such things as the size and membership of such networks, the division of labour within them, their business relationships with customers and suppliers and the management of trust and order within illicit markets (Lupton et al, 2002). The second issue relates to the diversity and structure of crack cocaine markets. Indeed this study will suggest that markets and distribution networks are extremely complex and multi-faceted within the Sidchester area and that they are linked to different neighbourhoods, localities, local authorities and regions (ibid, 2002).

The lack of empirical data relating to heavy-end drug use, evolving and mutating drug careers and drug incidences across the region make it difficult to measure and forecast new serious drug problems that might undermine the macro strategic perspective aimed at tackling drug misuse in the UK (Brain et al, 1998). However, despite these issues, one neighbouring authority has been identified as a high crack area and another have appointed a stimulant treatment worker. These developments are testament to the fact that crack use has become an increasing area of concern to policy-makers in this region. Indeed the respondents engaged in this study described various emerging and established markets across Sidchester with links to others within adjacent local authority area as well as outside of the region.

5.5 Localised Crack Markets

When considering the nature and scale of the crack cocaine market in Sidchester, respondents were asked to describe the availability of the commodity in comparison to their past interaction with the drug and the market. Justification of their claims was sought within discussion surrounding the numbers of commodity dealers and crack cocaine users within localised communities and the ease and nature of the interactions between the dealers and users.

As figure 6 suggests, most of respondents stated that they were able to purchase crack cocaine from at least one commodity dealer within Sidchester whereas a small number of respondents were able to identify 9 commodity dealers currently in operation within the area. The minority of respondents who were unable to identify current commodity dealers within the area were simply not interacting within the local crack market. The latter respondents indicated that the need to travel was not brought about by a lack of availability locally as one respondent illustrates:

I don't know many people round this way. I go to the (geographical) area, where my mates live (Rats aged 21).

A further respondent who stated that she was not aware of any commodity dealers did not deny their existence locally. Rather she identified that her lack of knowledge of local commodity dealers was bore out of her attempts to address her crack cocaine use. Whilst this respondent had clearly endeavoured to remove herself from the local market, she acknowledged the ease in which she could gain access once more, if she so wished:

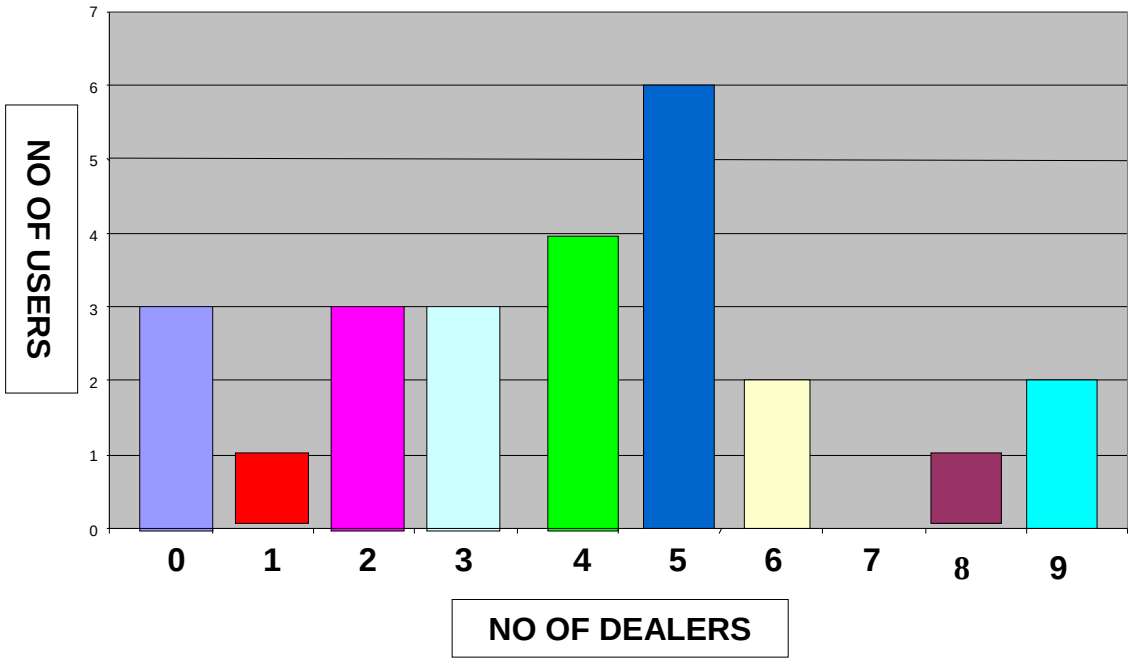
I don't know cos I haven't used for the last 12 months. I threw away all my numbers. If I wanted to score all I would have to do is ring someone I know who uses and they would be able to give me a number or sort me out straight away. I'm trying to stay clear though (Lizzie aged 25).

The respondents quoted above illustrate that their inability to identify local commodity dealers stems from their links to other areas or their own stage in their drug-using career. It is possible to therefore conclude that the inability to identify commodity dealers has a greater relationship to their lifestyle choices and social networks than the local market itself. The remaining respondent, who interestingly is the only respondent recruited for this study from Sidchester West, describes his perception of the absence of a local market:

I can score coke of loads of people, not the rock though, it's just the coke around my way, every one just washes up themselves (Alan aged 23).

The above quote highlights an important factor when considering the nature and scale of a local crack cocaine market; that is the links to and significance of the cocaine hydrochloride (cocaine powder) market within the area, to that of crack cocaine.

Figure 6: Number of Crack Cocaine Dealers Operating in Sidchester



5.6 Links to Neighbouring Authorities

Respondents claimed that they had or were aware of links to external crack cocaine markets not geographically based in the Local Authority. Whilst the majority of respondents regularly purchased crack cocaine from the Sidchester area, a significant number of respondents stated that they had travelled to one particular neighbouring area, which for reasons of anominity will be referred to as 'Cattleton' to purchase crack at some point in their crack using careers. Whereas a minority stated that they were able to purchase crack in two nearby areas and one respondent identified a further area in close proximity that they had travelled to in the past and continued to travel to in order to purchase crack.

Respondents indicated that the need to travel to neighbouring authorities was brought about by a range of factors. These included a lack of availability (historically), issues relating to purity and value for money as well as convenient purchasing due to respondents being in other areas to purchase

larger quantities of other commodities (usually heroin), which they intended for sale. With the exception of one, all respondents stated that the need to travel outside of Sidchester to purchase crack had reduced significantly during the 12 months prior to them being interviewed (July-September 2005):

Mostly we used to go to Cattleton, because down there you'd get more for your money (Kevin aged 31).

When we *had a few quid we'd go to Cattleton, because up here you'd ask for a £50 rock it's supposed to be 0.6 of a gram but it's nowhere near it it's more like* 0.4 or *0.3 but if you go down Cattleton you'll get what you actually pay for* (Paul aged 34).

I used to go to Cattleton to get the gear down there, better gear, you get more; I would go down for a couple of days then come back up (Guy aged 23).

I would go to Cattleton to score, down there it's just rife you can get anything from £15 stone to a £50 stone to an 8th. It's the quality you go further and further up (North) and it gets poorer, its been a year since I've been to Cattleton for it but the quality is completely different (Elaine aged 22).

5.7 Availability of Crack Cocaine within the City of Sidchester

The majority of users claimed that crack is currently more available in the Sidchester area than it has been previously. Some respondents suggested a slight or gradual increase linked to new commodity dealers entering the market or increasing demand dictating a need for more crack cocaine to be brought into the area. Whilst others described a boom in crack cocaine availability, suggesting that it had or was becoming the dominant market:

I would say when I was aged 23, 24 it was very rarely heard of in Sidchester at the time, one or two dealers that done it. I think there are only 4 or 5 in

Sidchester at the moment, but it is definitely getting more available (Kevin aged 31).

I seen a lad the other day and he came over and said here you are here's my number I've just started selling the rock. I would say there are people who sell it now, didn't used to sell it then, there's definitely more dealers (Tracey aged 26).

It's really easy to get a hold of crack and the smack dealers are all on crack now, its getting a grip of Sidchester, they are reducing there bags of gear to make more money for their crack addiction (Mary aged 35).

It's getting a lot worse up here than when I first got into it (Elaine aged 22).

It's definitely getting more and more available…crack's taking over smack cos they are getting bored with the buzz off smack. It'll end up taking peoples lives. You know its good stuff when you have a pipe and you go straight to the toilet, if that doesn't happen then I don't go mad for it (Bianca aged 39).

It's getting more available, you can always get it and there's always somebody or you can buy coke and wash it up (Nic aged 24).

I think smack and crack is the biggest issue in Sidchester, but there are loads of people who crack is their main priority at the minute. Its more available than it was a few years ago, there's more people doing it, selling it, and there's people selling £20, people selling coke for them to wash up themselves (Steph aged 25).

Whilst the minority of respondents stated that they did not consider crack cocaine to have increased in availability, it is necessary to consider their narrative further and explore the context of their claims:

In my experience people have been talking about crack hitting this town for a long time but it has and it's been in as long as the heroin. I think it's the bad as it's going to get (Peanut aged 37).

Peanut acknowledged the existence of a market however suggested that it had experienced its growth sometime ago and this has remained static for some time. He had been previously involved in dealing crack therefore he has had access to the local crack cocaine market not available to most users. Consequently, it is reasonable to assume that users, who tend to exist on the peripheral of the market, are not fully aware of the multi-faceted parameters of commodity dealing.

The perspective that the crack cocaine market has remained static was shared by another respondent:

It's stayed standing for a while (levels of crack use), I think people on heroin are getting better cos you see them walking about putting on weight. I only know one kid who has a full blown habit on crack he used to work at Nissan and blow all his wages on it, now he runs about in his car and gets paid in gear for it (Rob aged 41).

However, this respondent returned within 2 weeks and requested that his response to the question be changed stating that, *'Since I spoke to you, a new guy has set up and he's selling £10 rocks. It's going to go ballistic you just watch'* (Rob aged 41).

A further respondent called 'Rats' who did not claim that crack had become more available stated he was unable to comment as he interacted with crack cocaine markets within neighbouring local authorities, therefore did not have the necessary knowledge. The remaining respondent who disagreed with crack cocaine's increasing availability stated:

Recently the area where I live (Sidchester West) it's very rare to find someone who's selling it in rock form, so it's easier to buy powder and wash it up

yourself… Well with me being on the methadone I'm not seeing the people I used to see, but from my point I don't think there's not much crack cocaine about like (Alan 23 years old).

Alan was the only respondent recruited for interview from the Sidchester West area.

5.8 Localised Cocaine Hydrochloride Markets: Significance to Local Crack Cocaine Markets

The impact and relevance of the local cocaine hydrochloride market to the local crack market depends upon two additional variables; the existence of commodity dealers and the ability of users to prepare cocaine hydrochloride for use as crack cocaine. All respondents made reference to their ability to purchase cocaine hydrochloride, with many suggesting that there is an established market with significant numbers of people dealing in this commodity:

There are about 4 crack dealers I could ring, and then as many coke dealers as you like. I tend to score coke on my estate (Spike aged 32).

The cokes always been wide open, there's a coke dealer on every estate, where there is only 4 crack dealers. I can think of about 10 people I could score coke off, off the top of me head, without even trying…I'd just phone them in the town and they would come to me (Davey aged 35).

I could think of about 30 cocaine dealers easy (Beefy aged 26).

When these findings are triangulated with data relating to ability to prepare crack cocaine and respondent choice of purchase, a further dimension of the local market(s) relating to crack cocaine is illuminated. All respondents stated they had bought cocaine hydrochloride to be prepared as crack cocaine. Most respondents claimed that they are able to prepare crack cocaine

themselves and the remaining few advised that they had access to someone who could. Interestingly, through my employment working with drug users, I have recently come into contact with a male crack user from Leicester, currently living in the local area. He advised me that *'No one round Leicester knows how to rock up coke, we've never had to learn cos you could always get rock.'* Whilst the need to be able to prepare cocaine hydrochloride for use as crack cocaine suggests less availability than elsewhere in the country, it also introduces an interesting issue of individual skill-base, which will be considered further elsewhere in the thesis. Indeed in Sidchester, almost as many respondents stated that their preference was to buy cocaine hydrochloride and prepare it to be used as crack cocaine as those who expressed a preference to purchase crack.

There were a number of reasons provided by those respondents who stated a preference for crack cocaine over cocaine hydrochloride for their choice. The issue of risk came up on numerous occasions. Respondents discussed uncertainty over the purity of the cocaine hydrochloride stating that, *'the only way to test if you have good coke is to rock it up'. (Rats aged 21).* Other respondents feared purchasing cocaine for preparation as crack however as the preparation procedure may cause the powder to dissolve, believing this to be *'too much of a risk'*. *(Kevin aged 31).* Other respondents cited practical issues such as not having the time or place to prepare the crack:

I prefer rock. Now and again I do buy coke if there's no rock about and I wash it up but lately it hasn't been washing up and you're not getting anything off it, it's a risk (Mary aged 35).

It depends, normally I'd rather get it in rocks, save the carry on, there are the odd times we rock it up, but we prefer to buy rocks (Nic aged 24).

I don't buy the powder, nowhere to rock it up. I live with my girlfriend and she wouldn't put up with that, there's only my mam's or my lass' house (Tav aged 26).

Respondents who preferred to purchase cocaine hydrochloride, which they prepared for use as crack cocaine identified value for money as an influential factor in their choice. In this instance, value includes both reduced price and quality of the crack, however is dependent upon access to both knowledge and skill:

I normally buy cocaine now and wash it up…it's easy and cheaper, not easier to make obviously but easy to score and it's cheaper if you know what you're doing…I use to buy rocks but I got showed how to do it (wash it up) and obviously the more I had a go, I started to get better and better at it and I got more off that than I would off a £20 rock, you pay £20 for ½ gram anyway (Guy aged 23).

I'd rather wash it up me self, because you get more, if you buy a gram of coke you get double the size of the rock that you would buy already rocked up, £40- £45 for a gram of coke, or just get a ½ a gram. You have to know what you're doing like (Spike aged 32).

If you buy coke and wash it up its absolutely fantastic but if your buying rock its completely different, the only people who's buying the rock are people who cant get there hands on decent coke, cant wash it up, cant get the ammonia cant get the bi carb, haven't got anywhere to do it, your better off buying coke and washing it up than a £50 rock (Mary aged 35).

A relatively small number of respondents did not identify a preference between buying crack and preparing crack themselves. Some of the respondents described a shift in purchasing patterns resulting from their dealer changing commodities. Whereas others described shrewd consumer patterns, which found respondents adapting their substance (cocaine or crack) on a daily basis to best suit the quality and strengths of the market:

There is one other dealer who sells coke, he's really easy to get hold of, he used to use, he's quite honest with you and he'll tell you ' its no good for you'

(crack users) *cos he'll try and rock it up first so he's quite good in that way and sometimes its better than anyone else's* (Agnes aged 37).

I used rock at the beginning but in the end it was mainly powder and wash it up… Don't know why, it wasn't my choice just how it ended up. Suppose it was just what my dealer ended up doing (Alan aged 23).

If I can get decent coke I'll wash it up, if not I get rock (Elaine aged 22).

5.9 Open and Closed Markets

Networks of suppliers undoubtedly differ in size and complexity. It is not usual to find individual suppliers operating single-handedly in low threshold distribution. Crack markets and the commodity dealers who supply them are extremely adroit at adapting to environmental factors as well as the needs and convenience of users. The displacement of crack markets by CCTV has resulted in new forms of markets and a range of services for different sorts of users dominated by home delivery services, supported by mobile phones (Natarajan et al, 1995; Brain et al, 1998; May et al, 2000b). So-called 'open' or 'street' markets, wherein users can purchase drugs from commodity dealers, without a prior relationship, are vulnerable to policing and surveillance and leave both parties feeling unsafe (May et al, 2000b). As the study progressed, it became apparent that commodity dealers and users alike shared this sense of vulnerability within the market:

It is very underground at the moment, its hidden a lot, that's why the police had very little impact on the crack business. They've arrested a few people but they are nobodies in it all. The key players are known to the police but its all done in such a way that they cant get near them, they're too careful (Peanut aged 37).

It's not easy like at all to get introduced to a dealer. I've never tried to introduce anybody and I wouldn't want to… in the past people have been

introducing people who they didn't really know just for the sake of it and they have been the police (Guy aged 23).

Such markets have given way to more covert private arrangements, dominated by 'home deliveries' (Brain et al, 1998):

These days it's all through mobile phones (Kim aged 19).

You just pick up the phone and they would come to you cos they've got transport (Steph aged 25).

The majority of markets in Sidchester can best be described as closed, wherein new purchasers have to be introduced to commodity suppliers in person, be with another known user when an initial purchase is made or be involved in the interaction on a number of occasions before empowered to purchase independently. However, a minority of respondents made reference to individual dealers who were operating an open market in Sidchester and known places where users could go to get phone numbers of commodity dealers who could be contacted without introduction:

Your guaranteed if you go to 'area x' you'll see half of them, the smack and rock population sitting round there and if you say have you got a phone number for such and such they'll give you it straight away. They don't even know you but they say she's cush, he's cush, I don't know half of them after I came off the gear and I got loads of phone numbers and I didn't know anybody then, its mad they'll serve anybody, the police would have a field day, they are just mental, they serve anybody, they do serve anybody though (Tomma aged 19).

There's this new dealer who is selling £10 rocks, he doesn't know me, like I said before it doesn't work like that usually you cant just ring up, but I rang him and said that I got his number off so and so, he said I know who you are just come up, he met me first time straight away, I suppose anyone could say that cos he didn't know my voice or nothing… I just said where do you want

me, he said the place and I'll meet you, I said I'll be on my own and he said he'll be on his own and I'll meet you there. I was there 5 minutes and he came round the corner (Tav aged 26).

Well 9 times out of 10 they'll ask who you know, then they'll say I know this one, I know that one, and they'll be alright then I'll come and meet you. If you went and just dropped names you could get some cos they are all radged, they would be straight there cos the dealers they'll serve anybody so they can get more money in so they can go get more rock in for themselves (Steph aged 25).

It would appear from discussions with the respondents that crack cocaine is a commonly used substance within heavy-end drug using populations in the Sidchester area. Users reported high prevalence rates which often overlap with opiate using populations. In addition to the subjective assessments made by respondents, the test on arrest figures collated over the fieldwork period allude to increasing prevalence, frequently exceeding that of opiates alone and reinforcing the reports of the users. The availability of crack cocaine has also been reported to be increasing with many users being able to identify multiple dealers operating within the closed market in Sidchester as well as on-going interactions with more developed crack cocaine markets within neighbouring areas. The local cocaine hydrochloride market, which was generally considered to be a well established and highly accessible market for both users and dealers, has been highlighted as having significant relevance to the crack cocaine market, with users purchasing cocaine powder in order to produce crack cocaine. All data gathered indicates that an established and evolving crack cocaine market exists within Sidchester. In addition to identifying a growing economic market, this chapter has also hinted that the market has social dimensions, and that there is a developing crack cocaine consumer culture. I turn to this latter aspect in the next chapter.

6.1 Crack Cocaine and Consumer Culture

The extent to which any consumer market is supply or demand driven can be in part understood by the marketing and advertising practices. Marketing strategies that seek to incorporate the consumer into the production process in order that they are better satisfied suggest a demand-led perspective, although the central focus of the pursuit of profit remains the same. Within the forthcoming chapter, the crack cocaine market within Sidchester will be explored in-depth, considering the consumer power and choice inherent within this 'alternative' consumer culture (Hall et al, 2008). Consumer practices, decisions and skill are contrasted against dealer strategies, price and product, in attempt to present an understanding of whose needs and conveniences are being served within this consumer market.

Baudrillard (1988) explores consumer needs in terms of the relationship between the individual and the object and argues that needs are not located within the person, highlighting the 'needs' of contemporary society as very different from previous times. He argues that needs are located instead within the practices of marketing and advertisement. It is not that the market seeks to meet the needs and desires of the consumer, it is the market that shapes the consumer's behaviour. The fundamental difference therefore is the purpose of the marketing and advertising; does it seek to listen to the needs and demands of the consumer and sell the commodity that the consumer wants or does it seek to be more effective at supplying and selling the commodity available irrespective of the consumer wants and desires.

If we consider the heroin outbreaks of the 1980s, there were a number of causal explanations relevant to determining whether the increase in prevalence was as a result of supply or demand. The influx of cheap brown heroin within major cities in the UK was a significant factor affecting the outbreaks (Pearson, 1987). However, did the new user, burdened by unemployment and deprivation (ibid), desire the substance which 'made life bearable', or were the suppliers skilled at encouraging use? Inherent within

the socio-economic literature was the assumption of rational choice, demonstrated by the minority of the so-called 'at risk' population choosing to consume heroin (Parker et al, 1988; Egginton & Parker, 2000) and is therefore suggestive of a demand driven market.

6.2 Marketing & 'the four P's

When considering whose needs and conveniences are being met within the crack cocaine market within Sidchester, it is useful to consider the 'marketing mix' or the 'four P's' (Edwards, 2000); Product, Price, Promotion and Place. In relation to drug markets the product refers to the substance sold, the value for money in terms of the quality and quantity of the product and the service that is purchased. For example does the commodity-dealer deliver crack cocaine and is this in a time-efficient manner. If the consumer travels to the dealer's personal residence, is the consumer able to consume the commodity on the premises (e.g. the provision of "crack-houses"). Is the product available at any time of the day or night, or do business hours apply? "Place" refers both to the geographical location that the commodity- dealers sells from and to as well as the location that the consumer must travel to. "Price" consists of the use-value as well as exchange-value (Marx, 1974) and Promotion suggests a means of encouraging the purchase and/or consumption of the substance.

6.3 Product

What drug an individual chooses to purchase may depend upon a wide range of factors from personal preference, physical need (in the case of existing physical dependency upon a substance) availability, affordability or external influence. Similarly, commodity-dealers may make a decision as to which substance they choose to supply based upon access to a substance, demand and issues associated with their own dependency or use.

Whilst all respondents had a history of experimental and recreational drug use, the ways in which the respondents were first introduced to crack cocaine varied. Many respondents described an almost accidental initiation upon the substance, passively consuming crack cocaine at the encouragement of their friends who did not appear to have any financial motives for this induction. Introduction to crack cocaine through friends frequently results in a softening of the drugs image (Brain et al, 1998) and is suggestive of a diffusion process (Ferrence, 2001) wherein new users are recruited by existing users, and not dealers (Coomber, 2006):

I didn't go looking for it at first. Just people were doing it at first then passing me the pipe (Mary aged 35).

About 1998, 7 years ago, I got it off a friend. Me and him, in his car went down the beach and he was making this pipe and I asked him what it was and he said rock, he asked me if I wanted a go and I said yes. I didn't know what it was at the time… (Davey aged 35).

Whilst others took a more assertive role within their initial purchasing practices seeking out the product following the "advertisements" of other users:

I was 19, heroin and crack, same year I got introduced to heroin the new years eve of the same year I had me first pipe… I'd wanted to know about it, cos me boyfriend's sister she got into it all and was in jail, she'd come back to me and say such n such is on this. And I wanted to know what it was like and then me boyfriend went out and came back and said you've been going on about it that much do you want a go? (Elaine aged 22).

The influence of other users was evident throughout the entirety of the study and is something I have consistently been aware of throughout my professional practice. Younger or less experienced users look to older or more knowledgeable users for access to the market, information and the

teaching of skills necessary to negotiate and manage their consumption. This can be likened to what Bourdieu (1984) called 'cultural intermediaries':

I was about 15 when I first used crack… I was young and stupid and knocked about with the older ones and they introduced me. They said its just like coke but you smoke it instead of making your nose numb it numbs your throat and that. I like the taste of it better than heroin. It just escalated from there (Rats aged 21).

A significant number of respondents implied more manipulative, supply-driven marketing influencing their consumer patterns and initiation upon crack cocaine. Many respondents described 'promotional' free samples being available to encourage initiation, whilst others stated that their purchases had been dictated by what their dealer chose to sell:

I was about 24 I used coke a good few times before that, we tried to get some and couldn't but someone had some rock so we just got that instead, that's how it started (Jonnie aged 31).

It was me dealer who changed it not me. (Alan aged 23).

I was getting offered it and offered it, I was saying no I don't want it, I wasn't interested in it, this man who was dealing he had loads and loads of it in his kip and I ended up trying it and once you try it you cant say no to it again. It was just the first time it was free (Agnes aged 37).

I was 17 years old, this lad and lass were coming round the streets handing it out saying have a go of this you might like it, they knew we were taking smack, they were just giving us it, they lured us in. One of them was me cousin, I didn't know her boyfriend cos he was from [a neighbouring area], he ended up giving a few people it and all of us ended up getting hooked on it. My cousin and her boyfriend eventually made us buy it about 4-6 months later but sometimes in that 4-6 months we did have to buy it, they said 'your going to have to put £20/£30 towards it (Steph aged 25).

Whilst this contradicted much of the evidence that suggested a demand-driven market, interestingly, after initiation many respondents described quite assertive consumer practices. Respondents described travelling to neighbouring authorities in order to make 'wise' consumer purchases and achieve improved value for money:

I'd rather wash it up me self, because you get more, if you buy a gram of coke you get double the size of the rock that you would if you buy already rocked up (Spike aged 32).

The balance of power within commodity dealer-user interactions also offers an interesting insight into whose needs and conveniences are being met within the local market and are therefore most appropriately considered within the context of the market. Respondents referred to significantly varying duration of time passing between ordering crack and completing the transaction. Some respondents described interactions wherein the commodity dealer(s) had power over the user and would provide poor services or quality of purchase:

Its terrible, you want to moan at them but you cant cos you want the stone, you wait ages and when it gets there it's a waste of money, its really poor and small, I don't know what point (size) *its meant to be but we got one the other day and it was 2 points under what it was supposed to be, the lad who does the running has a really bad crack problem and never stops obviously so that's probably why, he says if you don't like it go elsewhere but there's nowhere else to go* (Mary aged 35).

You would have to wait cos I think they have powder power or rock power (Tomma aged 19).

I sold crack from probably 3 in the afternoon right up till when I switched the phone off at 1.30am but people would still try to get in by coming and knocking on the door and get it, anyone who knocked on the door got chased or ignored, once my phone was off that was it, it's a bit unfair when you think

about it because it's a 24 hour drug, people say heroin is but you can get by without selling it all hours, but when people want crack they want it there and then…when I was selling heroin I used to leave my phone on 9 till 9, cos with heroin the best time to do your business is when people get out of bed on a morning, towards the end of the day when people are coming in from where ever if they have been grafting (Peanut aged 37).

Whilst other respondents described a 'buyers market', wherein the users were credited a consumer role:

It takes 10 minutes to score, really quick, same for the smack and coke… The more you buy the quicker you get it…the lad who I get it off, he's always there within 10 minutes, he's a good kid. His gear is really good as well (Beefy aged 26).

Many assigned themselves titles such as 'crack-head' and 'smack-head' and defined their membership to specific sub groups according to their consumer practices. Bourdieu (1984) discussed the role of consumption in forming and maintaining personal or group status and identity. He considers consumption as a means through which individuals can achieve distinction whilst also socially conforming, similar to the work of Simmel (1904, 1950, 1990).

You have your classes of drug users, people who smoke cannabis and take amphetamine. Then people who take cocaine a little bit higher up the scale they don't see it as a class A drug, they only use it on a weekend they distance them selves from it saying they are not like people who take heroin or rock even though it is a class A drug. Ecstasy's the same, people who take ecstasy probably look down on people who take crack cocaine because it has got that much of a stigma, it has got crime attached to it. People who snort cocaine probably look down on people who smoke rock, whereas there's people who smoke rock aren't bothered about anyone else (Peanut aged 37).

Whilst the majority of respondents embraced their group membership according to their consumption practices, a minority made effort to distance

themselves from drug using cultures through other consumption practices. It appeared that these individuals either viewed the consumer group negatively or were aware of the derogatory perceptions of others and sought to define themselves as somehow different by practices they viewed as being affiliated with other consumer groups:

I feel fit as a fiddle me, I've never thought about me health, I'm as fit as a fiddle me, it doesn't bother me, I know you get smack heads who are – how would you put it - scruffy fuckers cos they are aren't they? They loose all interest in themselves, I haven't (signalling to his clothes). I'm alright just doing what I'm doing, still get out and meet with people, still get dates (Spike aged 32).

Where I used to live, when I first got into the gear, you used to get a couple of the young ones shouting smack head down the street, there's not many people know I'm back on the gear since I sorted myself out when my dad died, I try to keep myself clean have a shave and got myself new clothes and that. I don't think anyone knows about the crack apart from the lads I used to do it with…I've never been called a crack head (Tav aged 26).

Similar to the consumers of the crack market, commodity-dealers discussed a range of different factors when explaining their dealing practices. Whilst some commodity-dealers discussed how they almost stumbled into the dealing of a particular commodity:

There was one person he approached iz (me) to sell crack, he said will you sell blah de blah for iz all you have to do is answer the phone and drop it off for iz, and I said 'aye I'll do it for you (Paul aged 34).

Others described their thought process behind their action:

I was going out grafting other people were doing it (dealing heroin) and I though I might as well do it, to pay for my habit (Billy aged 31).

There was also a range of factors affecting what product the commodity-dealers sold. For some this related to sufficient access to the product, whereas others made a decision based on their own consuming practices:

I sold heroin to pay for crack. I've never sold crack I don't know, I don't think you can get your hands on it. I'd know where to go to get an ounce of brown, I wouldn't know where to go to get an ounce of crack, it's who you know, when I first started I didn't know how to wash it up but now I can (Billy aged 31).

For a while I funded my drug use through selling heroin, a couple of lads started selling it, it was just a way of keeping my habit going for about 8 month. It was alright cos it meant that the bags were always there so I was never rattling and I could buy crack with the money I made. I managed to get away with it, I got arrested a couple of times and strip searched with an internal sort of thing, they never caught me with anything, I just give it up cos it wasn't worth the hassle to me (Tav aged 26).

A minority of commodity dealers demonstrated an intention and even at times a genuine desire to provide a high quality product to the users. One respondent in particular stood out as being particularly skilled at bringing together the demands of the consumer and his own need to make a profit. This respondent's discourse also provides interesting data which will be analysed from an edgework perspective at a later stage of this thesis:

I would buy it as rock and buy coke and wash it up. When the quality was there for rock I would just buy it cos it was more or less the same price maybes a little bit cheaper than buying cocaine, but if the quality was rubbish say in the microwave, I would buy cocaine and wash it up myself. My name goes with quality it would never be rubbish, if it was rubbish it I would stop selling it (Peanut aged 37).

This particular respondent was keen to point out his 'moral' dealing practices. He described consumer-dealer interactions which were built upon mutually

beneficial arrangements; demand-driven although his own profit-making needs were fully acknowledged. Indeed, he described identifying that a market existed prior to commencing his sales and offering 'consumer guidance' as part of his service:

The market was already there a couple of times I've started selling it for this other person and the market was already there…I stopped that and started doing it for myself it took about three days to get the word around, as soon as one person has it the word spreads maybe 5 people phone then 10 then 15, it spreads like wild fire…I never tried to push it, I wouldn't, it was there, if they wanted it they'd come for it, I've been with someone who has tried it for the first time which I think is a little bit different and I actually tried to put them off it but they said well you smoke it, so rather them go somewhere else to try it… (Peanut aged 37).

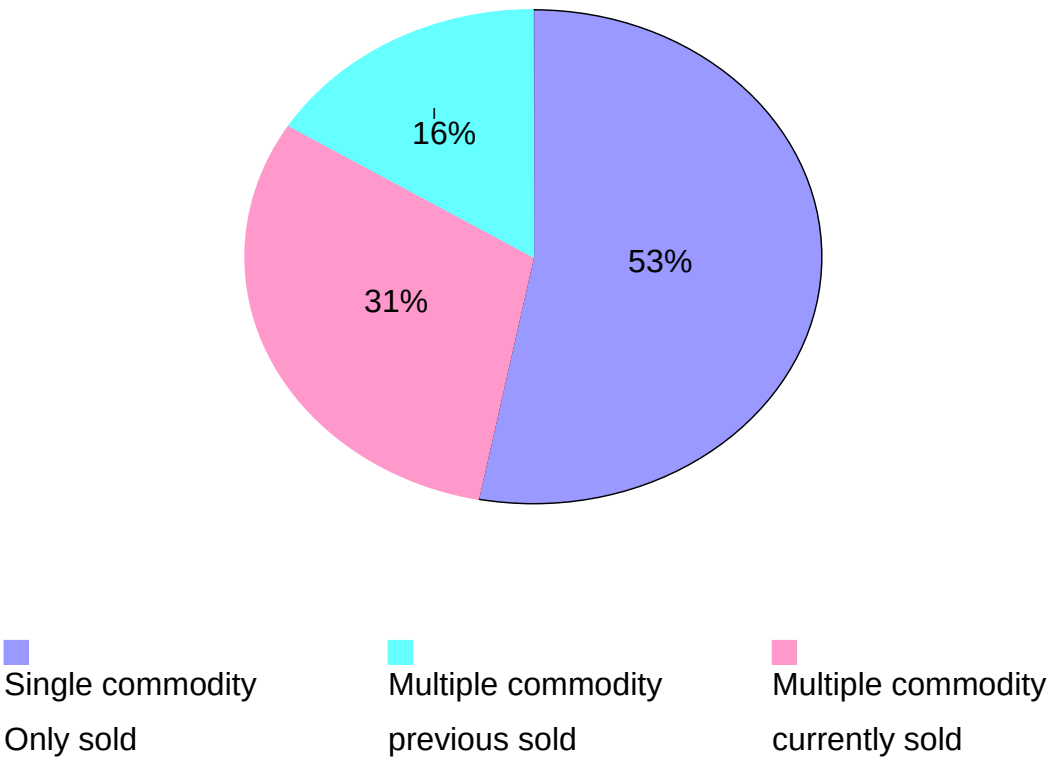
6.4 Promotion & the Merging Markets

Increasingly complex marketing practices within mainstream consumer society have resulted in psychographic rather than demographic marketing techniques (Edwards, 2000). Mintel reports market individuals' consumption patterns according to a mixture of vague factors such as attitudes, leisure activities and domestic practices rather than traditional demographics such as age, gender, class and occupation. Drug cultures provide clear and opportune lifestyle categories wherein individual's existing consumption patterns, for example the use of opiates, provide an easily identifiable and accessible group likely to be responsive to targeting the promotion of crack cocaine. Thus, providing a useful framework to understand the promotional free samples discussed above.

In addition to single commodity dealers discussed in previous sections, there are a number of multiple commodity dealers reportedly operating in the Sidchester area. The information contained in the following pie chart represents the respondents' replies to questions regarding the merging of the

heroin and crack market and user's past or present ability to purchase both commodities from the same supplier.

Figure 7: Crack and Heroin available in Sidchester from the same commodity dealer



Within their narratives, a number of respondents described localised crack markets, linked to heroin markets with low level thresholds of distribution. The existence of multiple commodity dealers can be considered to relate to the product for sale, the place or promotion equally depending upon the nature of the relationship between the dealer, consumer and the commodity its self. For instance, there have been anecdotal claims which indicated that dealers

exploit heroin users, offering promotions to propel them into crack use in order to generate business. As one respondent stated:

I hope they don't bring the 2 for 1 drugs out here like they do in Cattleton, it's just too much to resist (Rob aged 41).

Whilst the above quote describes the potential for promotion leading to an overly supply-led market, only one of the respondents had purchased multiple commodities at a discounted rate in the local area. This purchase had occurred a number of years prior to the study:

My first ever pipe was about 4 or 5 year ago or shorter (approx aged 49 years), I remember it cos there's nowt better than your first rock, it was up 'area x' I seen this kid and he'd starting selling the smack and the rock and he said for £25 he'd give me a £10 bags of heroin and a rock and that's how it all started (Eric aged 55).

Others suggest that the sale of heroin and crack together has resulted from the needs of market users from a product and a place perspective (i.e. you could purchase two commodities from the same place/commodity dealer to promote ease of purchase, consumer choice and removing the necessity to travel):

For £20 you can get a couple of pipes and a £10 bag (Rats aged 21).

They sell like a white and a brown together for £30, a £20 rock and a £10 bag. It just saves the carry on of going to two different people (Spike aged 32).

6.5 Price and Means of Payment

Throughout the study respondents frequently made reference to £50 and £20 rocks wherein £50 rocks provided the user with an average of 6-8 pipes and a £20 providing an average of 2-3 pipes. However as the study progressed one

respondent stated they had purchased a rock for £25 and £30 and during the final stages of the fieldwork, 3 respondents stated that a new commodity dealer had began to sell £10 rocks in Sidchester. Such a trend indicates a maturing, more accessible market, much like other consumer markets wherein the more available a commodity becomes, the cheaper it can be purchased or the wider the price range of the commodity.

The majority of respondents suggested that they spent on average £50 per day on crack cocaine with a minority of respondents suggesting totals of up to £700 per day at the height of their use. Should the former user continue to consume over the course of one year this would bring his/her total spend on crack cocaine to £18,250 per annum and the latter £255,500. Whilst most respondents described an inconsistent, changing pattern of use associated with crack cocaine, therefore it is not possible to accurately calculate the annual cost of their use, it does serve to illustrate the high economic cost associated with this activity for the respondents, and that which they may be willing to pay. One respondent claimed to have used *'every day for 2 years' (Agnes aged 37)* and reported a minimum daily spend of £160, which equates to £58,400 per year. It should also be acknowledged that all respondents used other substances in addition to crack cocaine; therefore further complicating and potentially increasing their total drug spend:

I know people who have spent thousands, me and my boyfriend have spent over £50,000 off shoplifting it could be more than that though (Kim aged 19).

For Marx (1974) objects have two different value dimensions, use-value which within the context of crack cocaine could be the value of the drug to achieve a particular feeling (being high) and exchange-value which is the value attributed to a commodity in exchange for another commodity. Respondents discussed a high and stable use-value attributed to crack cocaine and cocaine in general. However, described a loss of awareness of its value whilst under the influence of the commodity:

With coke n crack it's never changed price since like 10 years ago. You could get 10 £10 bags out of a gram of heroin but now you can only get 5, but with cocaine it's never changed price (Paul aged 34).

Its radged, it's mad to pay all that money to go up for a second (Mary aged 35).

Say I was sitting here, I had £200 in my pocket, I'd buy a rock, after rock after rock and it wouldn't bother me because I'd be just, something would be telling me to 'get another one, get another one' but once I'd put my hand in my pocket and there'd be nowt there I'd be thinking what have I done, why have ah done this and then I'd go out and I'd be thinking of ways to go and get my money back (Kevin aged 31).

Whilst all respondents discussed exchanging money for drugs, a wide range of items had varying degrees of exchange-value. Typically respondents described items with high use-value in traditional consumer cultures having low use-value in the crack cocaine consumer culture:

I've exchanged daft little things like tellies and videos from burglaries and stuff. Only get £30-£40 for a telly, probably get 2 £20 rocks for a wide screen telly which is probably worth about £600, but you take it cos the rock is there (Tav aged 26).

If you exchange a toy for crack you get a third of the value, so you get a £20 rock for a £60 toy, but you can go to some places and the toys are £150-£200 its really expensive some of the stuff. If you sold it instead you'd get half shop value but you cut the middle man out you just phone him and he comes straight to you and your done, its less hassle (Agnes aged 37).

I've seen people come with mountain bikes that are worth £100's and swap it for one little rock, but what use is a mountain bike? It depends if its worth something, if he didn't smoke the rock he'd be worth a lot of money. Maybe if

its mp3 players and stuff like that what people want he would swap (Rob aged 41).

Whilst many items would lose value when being exchanged for crack cocaine interestingly drugs appeared to hold their value. Indeed, next to money, drugs appear to have the greatest exchange value within this culture:

I've swapped 20 blues (diazepam with a street value of £1 each) for £20 rock and 50 blues for £50 rock (Agnes aged 37).

He (dealer) gets a lot of subies (Subutex) and other drugs, he swaps them for the crack, it's a straight swap, cost for cost where drugs are concerned, saves him scoring for them I suppose (Rob aged 41).

Services linked to drug use also appear to hold a high exchange-value within this culture. For instance 'favours' which facilitate the use, sale or production of drugs are regularly exchanged for crack cocaine:

I would get crack for free cos I was selling heroin for these guys, they sold the crack as well (Paul aged 34).

My house in 'area x' people used to come in, 'can a rock this up and smoke this?' I used to get free pipes. I've been living there for the last 3 months and been homeless for 2 days, 5 different days in the week, 5 different people would come round rock up and say there's a pipe. It was just a den where people would come to use crack, heroin, whizz whatever (Paul aged 34).

I used to say you cant deal from here, the kid would just come back to the house to have one and we would know that if they were having one we would have one, if you use in someone's house you have to give them a dropsy (Rob aged 41).

Tomma: *I'd just go to the heroin dealer and she'd rock it up for me.*

RM: W*ould she expect anything in return?*

Tomma: *Just a daft pipe or something, but she always shares her rock with me so I would share mine with her* (Tomma aged 19).

He was a dealer himself but he wasn't the biggest it was for someone else that he was doing that for (travelling to another city to purchase 1 kilo of crack) and I just said I'd go with him a bit company for him and make something for myself. I done alright out of it and seen alright for a bit, sorted out my gear, and got me a little bit more respect get in with a few more people and trusted and things are easy to get (Guy aged 23).

In addition to the exchange-value of drug-related 'favours', the above quote also demonstrates the commodification of social status or 'cultural capital' (Bourdieu, 1984), within this alternative consumer market. For Bourdieu, it is not enough to simply consume; individuals must consume in a particular manner, attained through expenditure of time and money in unproductive matters. Consumer society is a society where 'the successful, and reflexive, actor must be accomplished at moving between lifestyle sectors – at keeping a diverse narrative of self going.' (Collison, 1996: 433). Whilst consuming crack cocaine and participating in associated activities, does not appear to be a leisure activity, which fits such a description, it should be acknowledged that for the users involved in the crack cocaine culture, this was normal and often celebrated. Recreational drug use is widely accepted as being a *'normal aspect of commodified society'* (Mugford & O'Malley, 1991: 29). For those who find themselves unable to move between lifestyle sectors due to their exclusion from them (for example due to unemployment), leisure and "graft" (offending behaviour) is extended through the week, *'in chaos yet functions as important sources of credibility and respect'* (Collison, 1996: 433):

I get massive rocks for a fifty. I've done jail with him (dealer) and we all knocked about together and I looked after him and I knew him before jail and we just sort each other out, do favours, you scratch me back I'll scratch yours sort of thing (Tav aged 26).

An extreme view of capitalism views everything as a commodity, which can be exchanged or sold. In different societies some objects are removed from exchange spheres entirely or temporally (Kopytoff, 1986), for instance a chef will exchange their culinary skills for money whilst at work, however cook free-of-charge for their family within the private sphere. Within the crack cocaine market nothing appeared sacred:

There's not a lot I wouldn't do…(Beefy aged 26).

This family that have it boxed off (commodity dealers who it is claimed monopolise the market), it's not what they will do to you that counts, it's who they can pay. They can have you taken away for good if you know what I mean (Rob aged 41).

They (sex workers) *look at it like, if you're going to give it away to your boyfriends, you may as well get something out of it* (Steph aged 25)

This is not to say that all members of the culture are prepared to exchange any item for money or crack. Rather there is no one single object, which is removed from the exchange sphere. Individuals are required to struggle between commodification and decommodification. Where they place themselves between these two opposites dictates what is acceptable and what is not, a position, which was frequently communicated in moralised language:

I have never encouraged anyone to buy drugs off me, I wouldn't, it was there, if they wanted it they'd come for it, I've been with someone who has tried it for the first time which I think is a little bit different and I actually tried to put them off it but they said well you smoke it, so rather them go somewhere else to try it…I used to say I was in the wrong kind of business because I'm too soft, I used to get disturbed that someone can spend that amount of money on it in one night, it was one of the reasons I packed in because there was someone I knew, I seen how it destroyed them and thought I wasn't being part of it, so I

packed in and went back to the brown (selling heroin). It was too heart breaking too watch (Peanut aged 37).

The golden rule is I never snatch handbags. (This respondent had previously disclosed committing a series of armed robberies) (Beefy aged 26).

I've shoplifted, frauds, pension books, cheque books, dealing it (crack & coke) that's about it really, but I've never been in one pinched car, never burgled a house before (Kevin aged 31).

I could never steal off my family, they've been through hell, they haven't got nowt. They have brought me up the right way, I've always been looked after, I couldn't steal off them to support my drugs, I get off my arse to graft (offend) you're still breaking the law but I'd rather do that than steal off my family. I'll take the charge on my toes, I've done the crime so I'll do the time but its all drug related (Kim aged 19).

Stealing from others with whom you have a relationship was often presented as a moral boundary people would not cross. For those who had, the transgression was often reflected upon with regret and shame. Whilst the items stolen typically belonged to a subsistence sphere (Corrigan, 1997) for example money, gold and household items, they were removed from the family/friendship sphere. This resulted in the commodification of relationships wherein trust and honesty was exchanged for money:

Terrible, sly, it (crack) made me selfish, I've cried to my mam and dad and said if I don't get this £50 someone's coming round to do the windows but really I just wanted the money to go and score. I hate myself for that, I never used to be like that (Mary aged 35).

Respondents were equally outraged when other members of the culture exchanged their trust for money. Ironically, this example includes the respondent having previously returned a gift given by a family member in

order to purchase drugs, an act I dare say, had I been afforded the opportunity to speak to the family member in question, would have caused him to feel aggrieved also:

I got bumped off what I thought was a good mate. My dad bought me a new tracky and I took it back to the shops cos I had the receipt and got the money back. My mate took my money to buy rock and he left me standing on the corner, fucked off. I grew up with him. He's a rock head. He tried to say he got locked up but he went off with the dealer in the taxi (Guy aged 23).

Interestingly, a relationship that had previously been exchanged for money to purchase crack, could sometimes be refunded through the commodification of drug treatment:

Pinched off me mam. That's how I fell out with my family. I'm on this programme now, DIP (Drug Intervention Programme), so I'm back talking to them again now (Jonnie aged 31).

It would appear from the interviews with respondents that the market in the Sidchester area is largely demand-driven. Whilst it is clear that availability is required to enable the market to develop, users often demonstrate proactive and consumer-wise behaviour 'shopping around' to get the best deal and alternating the substance purchased between cocaine powder and crack cocaine to ensure they 'get their monies worth'. Commodity dealers were often low-level retail dealers and user-dealers and whilst some reported doing 'good business', most sold drugs in order to maintain their own use, rather than for great financial gain:

Much like the drug market uncovered by May et al (2005), many dealers accepted other items in exchange for crack, including stolen items and other drugs. Whilst drugs retain almost their full value, stolen items typically reduce in value. This is largely explained by the reduction in labour required on the behalf of the user wishing to exchange the goods and their heightened convenience. Whilst users could rarely afford their drug use without engaging

in criminal activity, they maintained a level of control over what they were prepared to ‘exchange’ for crack. Rather than being powerless over their offending behaviour users negotiated their positioning on a spectrum of commodification and committed the acts that they felt able to justify.

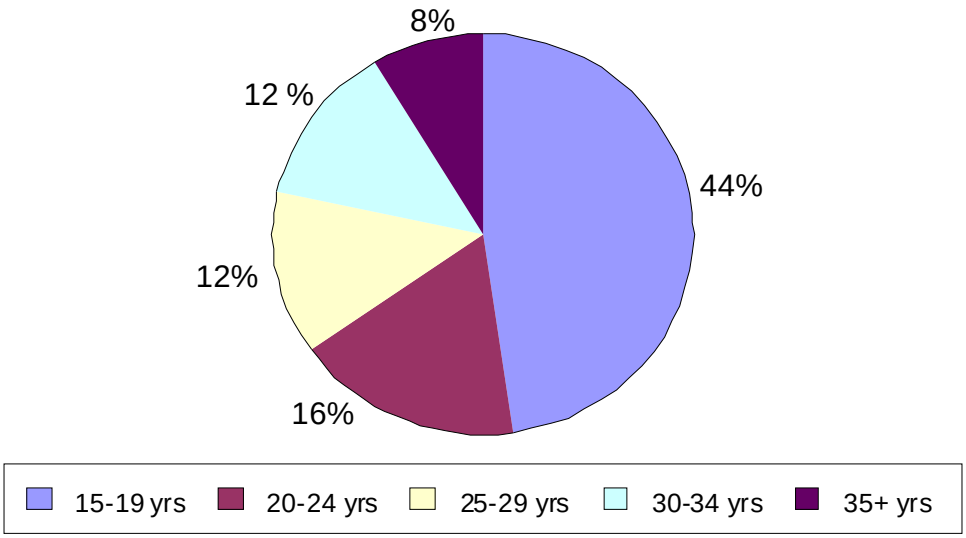
7.1 Crack Cocaine and User Groups

Within this chapter I will discuss the cultural interactions with crack cocaine and associated daily living experiences. The previous chapter established that users are not recruited by manipulative dealers who dictate consumer needs. Within this chapter therefore I will explore the actual means by which an individual is introduced to crack cocaine and the significance substance use plays within their daily life. Involvement in crime and alternative means of funding crack cocaine use will also be discussed, activities which take up large amounts of time and are comparative to tradition forms of labour. The significance of gender and the experiences, specifically of women, will also be considered.

7.2 Substance Misuse Profile

The age at which the respondents first used crack ranges from 15- over 35. This data is of particular interest when compared to national statistics which found that 1.2% of pupils and 1.4% of 16-24 year olds had experimented with crack cocaine (UK Focal Point on Drugs, 2007), whereas the majority of users interviewed during this study were initiated to crack below the age of 19 years and over half were by definition 'young people' at first use (below the age of 25).

Figure 8: Age Of Respondents at First Use



The relationship between the users and the supply source impacts greatly upon how the substance is viewed. Supply which derives from a close friend/significant other can be indicative of and conducive to the softening of the image of the drug (Brain et al, 1998). In discussing their initiation into crack cocaine use a large number of respondents stated that they did not pay for their first rock and most respondents stated an individual who they referred to as their friend had offered them crack. Significantly, others identified that they had been introduced to crack through a partner or family member. For example four female respondents disclosed that their male partners had introduced them to crack whilst no male respondent stated that their female partner had initiated their use. A further two respondents stated that it was a family member who introduced them and a significant minority stated that they had been introduced to crack by their existing dealer. In the vast majority of cases, the respondent stated that they had not sought out the drug.

All respondents reported a mutating and evolving drug using career wherein they had a history of experimental and recreational drug use, which predated their crack use. It should be noted however that this thesis does not seek to

make an argument for the gateway hypothesis, which has been demonstrated to be unfounded (Tarter et al, 2006). Nevertheless, most respondents reported using drugs such as cannabis, LSD, ecstasy, amphetamine and cocaine hydrochloride before using heroin and crack cocaine. The cohort had a predominately problematic opiate using history, although a minority of respondents commenced crack use prior to using opiates. These respondents identified their crack use as directly causing their heroin/opiate use, which they used to manage the 'wired' feeling they would experience after using crack cocaine:

I'd never smoked crack with anyone that had used heroin and I got in with these people and they told me 'when you've got no money for crack, just buy yourself a £10 bag and that will bring you down'. I was always dead against it, dead against heroin but I ended up doing it and it did bring the fried-ness down… just get on with the daily things, get out and get more money and do it over and over again. It helped me function but then I ended up a heroin addict as well as a crack-head (Kevin aged 31).

I got the crack first, I was about 25 years and someone says get the heroin to bring you down off it, the heroin was cheaper so you stick with that and I got a habit (Spike aged 32).

Most of the cohort described current of past drug use, which furnished a strong indication that they were/had been poly drug users. All respondents recounted variations in their drug using careers, wherein their substance of choice had fluctuated between a number of different substances. The following pie charts detail the current primary and secondary substances of the respondents.

Figure 9: Primary Substances

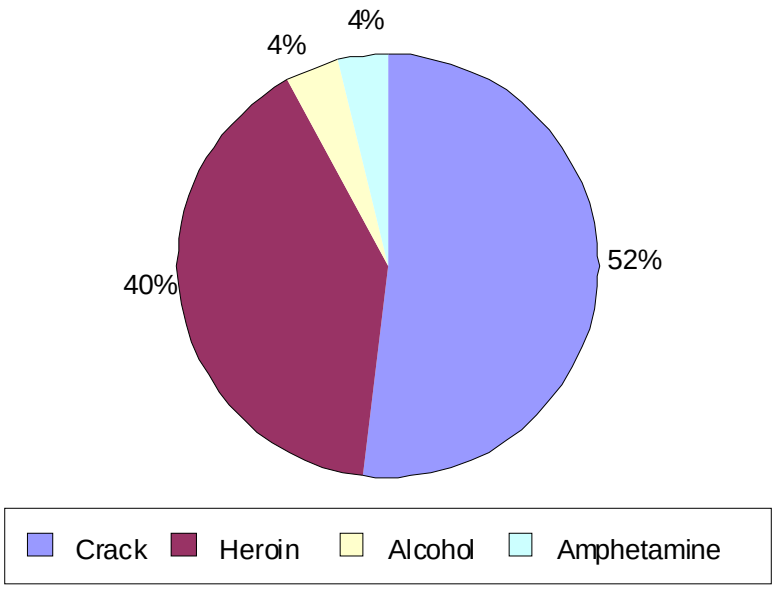
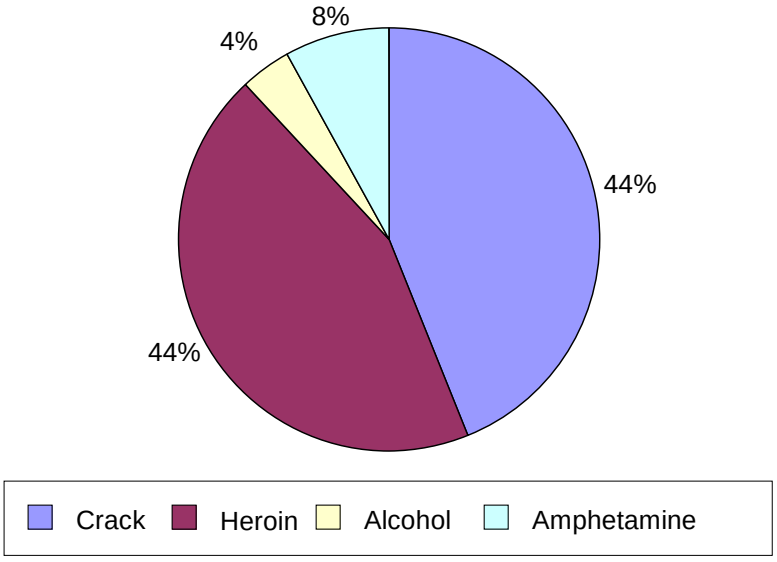


Figure 10: Secondary Substances



The definition of 'primary drug' was communicated to the respondents as 'your drug of choice' and was deliberately vague. This allowed respondents the opportunity to negotiate their response with themselves and the interviewer, therefore the researcher was privy to the respondent's thought processes leading to how they decide which drug they will purchase in any given situation. Respondents demonstrated the difficulties that they faced when forced to choose between satisfying their physical or psychological dependencies. This was particularly evident when the respondent used both heroin and crack. Whilst respondents often identified that they experienced greater enjoyment from using crack, they often placed heroin as their drug of choice. Respondents cited the withdrawals they experienced if they did not use heroin, leading them to prioritise it over crack:

I buy the smack first you're not going to be bad off the rock, I can take it or leave it, I'd rather take it though, but the smack I've got to have the smack… If I didn't rattle (experience withdrawals) off the smack I'd definitely buy the rock first (Spike aged 32).

The above quote introduces an interesting occurrence for many of the respondents, that being the transition from opiate-based drugs to crack cocaine. The vast majority of the cohort is currently prescribed a substitute prescription for heroin. For some, the receipt of an appropriate level of medication had marked the transition of their crack use moving from secondary substance to primary, as their physical need for opiates had been satisfied by the prescription:

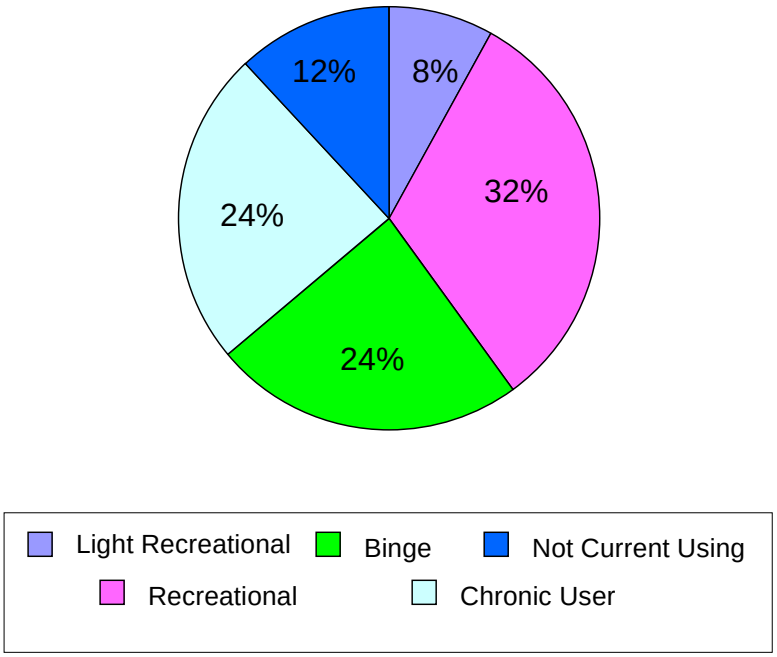
Crack became more frequent and it has been over the last 2-3 year, crack is my down fall now. It was heroin at first, then I got onto that methadone programme, so I could just have the methadone and I just forgot about the heroin then I started to buy just rock (Jonnie aged 31).

All respondents reported using depressant drugs in combination with crack. For many, the drug they chose to use to counteract the effect (predominately psychological effects) of crack was heroin. Consequently, many respondents

recounted a transition back to primary use of heroin after a temporary period of crack being used as their drug of choice. This relationship between heroin and crack has significant implications for treatment providers and will be explored further at a later stage in this thesis.

Information relating to the amount of crack rocks respondents claimed to be using daily was triangulated with information relating to the frequency of consumption and COCAs (Conference on Crack and Cocaine) profile of users. COCAs definition of crack users is subjective but can be used as a guide to identify associated issues and for comparative purposes. Crack cocaine users, like heroin users, usually fit into one profile but often tend to also move between them the more chaotic or stabilised the individual becomes (Ball et al, 1983; Ball and Ross, 1991; Collins et al, 1985). Using the current profile guidelines it is evident that the majority of those interviewed could be described as recreational, however similar numbers of respondents were using in such a way that they could be categorised as binge or chronic users.

Figure 11: Profile of Users



The sensual experience of using drugs is often not considered within discourses (Measham, 2004; O'Malley & Valverde, 2004). Within my professional work users frequent insist that they do not enjoy using the substances they consume, rather they have no choice but to take the drug in order to feel 'normal'. Physical addiction goes some way to explain such a statement as individuals will experience withdrawals when abstaining for even short periods of time. I would then become confused when following periods of 12 months of residential rehabilitation and achieved abstinence users would resume use, long after the physical dependence had subsided. At which point psychological dependence is introduced and presented as a near mystic force that renders the afflicted without any choice or control over their actions. But what is psychological dependence other than a desire for something that brings the user pleasure?

When discussing with the respondents involved in this study the sensual experience of using crack cocaine, a drug which is widely recognised not to create physical dependency, nobody suggested their use related to attempts to feel 'normal'. Indeed it was their endeavours to feel something other than normal that struck me. The monotony of daily life and the absence of meaning in all other experiences were powerful factors communicated within their dialogues. Users often struggled to articulate their experiences, professing enjoyment and pleasure:

I liked the wired feeling all the time, I like it too much, I like the lift I can't explain the feeling, the first time I had it I just kept going up and up and up…literally the top of me head come off (Davey aged 35).

I know for a fact if you tried rock you'd like it, any normal person I think they would like it…Crack that's instant, its so intense its unreal (Rob, aged 41).

7.3 Crack, Crime and Offending Behaviour

Discussions relating to drug use of any type and offending are extremely complex. It is an over-simplification to see drug use as being mono-causally linked to crime rates as offending behaviour frequently pre-dates drug use and users often utilise numerous funding sources and strategies. 'Lifestyle' users are deeply entrenched in overlapping drugs-crime careers (Walters, 1994). Whereas those who have reduced and pulled away from poly use are less likely to be involved in deviant funding activities (Brain et al, 1998). Whilst all respondents had been involved in offending behaviour at some time, many described wholly or partially funding their crack use by non-criminal means. Respondents identified gifts and loans from family members, "free" crack from commodity dealers and crack in return for allowing users to prepare and smoke crack in their property as means of maintaining their use/supply:

I haven't offended for a while, I say about a year and a bit. I rely on my giro and other people coming to my house. I wait for them, thinking oh its Tuesday, this one or that one likes to come round today cos you get to know the days when people get the rocks and you know they've got nowhere to do it so they come to yours. So you make sure you're in (Steven aged 47).

I can't say I was actually a pimp but lasses who were living in X (local hostel) *I used to watch their back, they approached me cos I'm a big lad and there a couple of lasses, they'd get hit about cos they were going with Kosovans, Asians, they use to get badly treat off them and they'd ask me to come and watch out for them cos they needed the money for crack or smack and I had to do it, maybes I used to get a £10 off them each and a bit crack, I used to watch out for them really. I'd sit in the sitting room and if there's a shout or something I had to be there* (Paul aged 34).

It's horrible, you're up and about the house, who can I borrow off, I don't know whether to go shoplifting, I've sold everything I had for crack. I've got a daft little ghetto blaster and a game boy. I had play stations, DVDs, TV, decent stacks, you know sounds, I had a techniks stack, it cost me nearly £1000; I paid for them weekly, then sold them for £300 (Steven aged 47).

I wouldn't go to the town and graft I'd rather lend £25 off me ma and go half's with somebody, then risk grafting cos I've got one of them shop things (Anti Social Behaviour Order preventing the individual from entering specific geographical area) *so if am caught in a shop I can be caught with trespassing and burglary for ½ a rock, its not worth it, while I've been on the DTTO I've never offended, they all know who I am now, until you get caught you can get away with it, soon as you get caught your on the scanner as soon as you walk in the town, it does me head in! (Elaine aged 22)*

I've took it with a lad before who has wanted to take me to bed, I've never allowed it and that was a dealer, a don't know why he comes, maybe to crack on [talk] with iz, but he's gives me the crack for nothing because he is a dealer and he can do that. (Bianca aged 39)

My boyfriend supports my habit more cos he leaves me in bed and goes out, so I wasn't getting in any trouble (Nic aged 24).

I don't graft anymore, I used to but not now...If I don't have any money, my mate might have his giro that day so he'll buy it then the next time it will be someone else's and we just do it like that (Rats aged 21).

I'm in debt now, the dealer's are paid now the other people are starting to get paid now, but that was just from one night. I owed £80 to the dealer and £80 to someone else and I had £80 of my own so that was £240. That was just one night. Before I have spent more than that (Agnes aged 37).

Crack came along when I was living through Sidchester West with our lass she went onto rehab and I let these 2 lads stay at mine and they were knocking 8ths up they used to sell their gear then go to Sidchester and come back with a rock and that, that's the first time I tried it, I wasn't paying for it and getting dropsy off them for letting them stay at my house (Rob aged 41).

If I hadn't any money at the time he (friend/dealer) would sort me out, with him having the gear you know (Alan aged 23).

She (heroin dealer) *was a crack-head and she had to buy it for her use, she wasn't selling the rock but when I went for my smack she'd gave it to me for nowt cos I minded her bairn (child) for her when she went to get it, I didn't mind watching the bairn he was a little fucking shit like. He was about 6 years old* (Tomma aged 19).

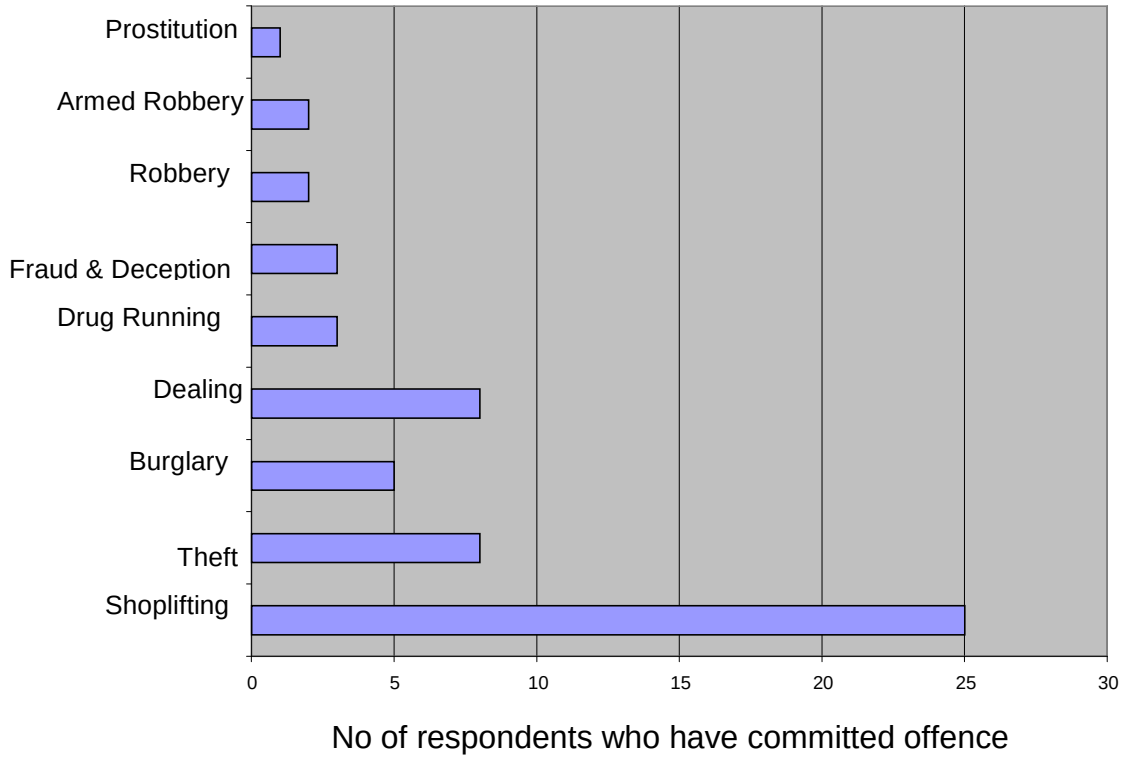
Cos he (boyfriend) *was selling it he always had it there and I didn't have to go out thieving and that* (Lizzie aged 25).

What should be noted when considering the above narratives however is that many of these non-criminal means of funding rely heavily on the offending of others. As described by one respondent:

We were out grafting all day then going back to this house where people had sat on their arse all day and were expecting pipes. That used to piss me off. You give them it just cos you feel shan (guilty) saying no, it wouldn't be just one, sometimes they would have a good day and say here's a pipe but it wouldn't be every day sometimes you'd hardly have enough for your self and they'd still expect some (Elaine aged 22).

Respondents had been involved in a range of offending behaviours. Whilst all respondents had used money derived from shoplifting to purchase crack at some point, many described offending behaviour that evolved in correlation with their developing drug dependency or as a consequence of interaction with others within the localised crack market. The below bar chart (graph 9) details the range of offences committed by the respondents:

Figure 12: Offending Behaviour



Interestingly, women reported being involved in different forms of crime than men. Similar to research by Neale (2004), women tended to be involved in less varied offending behaviour than their male counterparts. A minority stated that they were no longer involved in offending behaviour; one of whom funded their drug use through loans from family members and the other, Nic, relied upon her partner to be the 'breadwinner', offending and purchasing drugs for her. The majority of women who did offend were involved in shoplifting and would then sell the stolen items within their local communities. Only two women were involved in other forms of offending; sex work and crack dealing. In this sense, the women within the heavy-end drug using culture were not merely adopting masculine identities as suggested by Alder (1975), but constructing their own feminine drug-crime identities within 'auxiliary gangs' (Messerschmidt, 1997: 70) that exists as an 'annex' (Campbell, 1991) to that of the men.

Criminal activity often becomes more prolific amongst users who display little care for the consequences of their actions. Many respondents reported that their crack use had a negative impact upon their offending behaviour in that they became more prolific or the gravity of their offending increased. The respondents often related this to the 'moreish' nature of the short-lived drug and its greater expense in comparison to other substances:

You'll pinch left right and centre to get crack, your offending gets much worse when you're on it (Paul aged 34).

Once you've had a rock, you get the feeling you want more and more its horrible, knowing you haven't got the money, so you go out and do daft things walk into shops with knives and pick every packet of bacon or steak or whatever and take the lot jump on a peddle bike and ride away, jars of coffee, cleaning stuff daft things like that (Jonnie aged 31).

Shoplifting wasn't fetching me enough money…so I started prostituting because I thought it was easier money, prostituting was funding my rock habit (Bianca aged 39).

My offending got much worse with the crack, I was out the house for double the hours, everything just seemed twice as hard, all different things, if I had a bad day the next day I had to do something really bad, when your desperate you do owt… there's not a lot I wouldn't do, put a gun to someone's head and take them to the cash machine, do out (Beefy aged 26).

When I got into the crack I needed more money, it was the same sort of thing like robbing, but more often about 4 or 5 times a day, handbag snatches. I would never do them now but I have done them (Tav aged 26).

I had to do more, I had to go and come back, go and come back, drop all the stuff off, then go and sell it and buy it, I used to get about £300 a day (Agnes aged 37).

Respondents reported that usage can also promote a feeling of invincibility that reduces natural fears regarding the dangers of arrest or the perpetrator's own safety:

When your on the gear and your rattling you still think of the 'what if?' When your on the crack you don't think of anything you just think I'll take that. Walk in back yards looking if kitchen windows are open, looking through windows for handbags, I've seen me climbing in kitchen windows tip toeing on benches looking for handbags while the peoples sitting in the other room you wouldn't catch me doing that now, I've done it and gotten away with it, something just takes over, before you know it your in and out and thinking how did I get away with that (Tav aged 26).

A number of writers have discussed a possible chemical/behavioural linkage between the use of crack and criminal activity (Carroll, 1998; Crits-Christoph, 1999). Adrenaline is released whilst a person is committing a crime because of the danger associated with the behaviour. The crime also holds the promise, in most cases, of the acquisition of money or goods. Therefore the adrenaline gets interpreted as a craving. Because the brain chemistry is altered and this affects the rational thinking processes

opportunistic/unplanned crime is common amongst crack cocaine users. Whilst some commentators suggest that the immediate effects of crack cocaine on the brain are responsible for a significant amount of reported and unreported violent crime and aggressive sexual behaviour (Working Party of the Royal College of Psychiatrists and the Royal College of Physicians, 2000), other research studies point to the fact that most often violent crime is committed because of the money associated with the promised drug acquisition rather than the influence of the drug causing violence itself (Goldstein, 1985; Walters, 1994; Crits-Christopher, 1999; Hopkins, 2000). The respondents' comments below offer further suggestion to these ranging stances:

Sometimes I'd have a rock in the morning and I'd go out shoplifting. If I got loads of stuff and thought yes and going overboard and getting too excited and I'd go for some more, thinking I've never been caught yet I've made that money easy so I'll do it in just like that and so I'll make some more easy (Rats aged 21).

I don't think I would do half the stuff I had done, I have done some pretty nasty stuff and I wouldn't do that for heroin just for crack, smack just relaxes you, crack winds you right up and you just go on one (Beefy aged 26).

You'd been grafting all day and you'd scored for £100 - £200 and then got caught, that would really do your head in cos I'd know I had £200 in my possession and I could be out there getting my fix (Kevin aged 31).

The notion that crack cocaine use could actually lessen criminal activity is far less widely documented. However one respondent reported that the psychological affect crack use has upon him (i.e. feeling paranoid), actually has lessened his ability to offend. Whilst the statistical significance of this is very low, it is its exceptional nature that is of greatest interest:

I'm paranoid off the crack; I cannot do anything on the crack…The shoplifting is out of the window like, there's no shoplifting for me (Steven aged 47).

7.4 Culture of Crack Cocaine Use and Language

Whilst the above quote is clearly an exceptional experience, overall, it was evident that offending behaviour was a normalised, everyday activity within the culture. Illicit drug use, "dodgy deals" and clandestine acts were discussed at length within all of the privileged access interviews with the crack cocaine using respondents. The language used to describe such activities provided illuminating and paradoxical insight into their perceptions. There was a definite sense of excitement around what was essentially a purposeful, active and even forceful character of the culture and experiences. This can be illustrated by the male respondent who stated:

I was like a one man crime wave in Sidchester (Kevin aged 31).

In direct contrast, however, respondents would at times employ passive language to describe their drug use and discuss it in a somewhat uninterested and unaffected manner. Unlike the personified power of the above quote, these respondents suggested an absence of responsibility or intention, as if it was something that happened outside of their control.

Taking E's then started messing about with wobblies (benzodiazepines) and started taking coke on a weekend, then started messing about with heroin (Jonnie aged 31).

One thing lead to another, started sniffing glue then dope then heroin then crack…It just escalated from there (Rats aged 21).

What is particularly of interest here is that the passive voice of the user who 'just seemed to get caught up in it' does not reflect the significant effort that these individuals put into their activities. It would seem rather that this is how they would wish it to be portrayed and serves as a complimentary framework to the discourse of addiction discussed within the literature review. Indeed, my own experience with this culture and more in-depth consideration of the dialogue suggests that the respondents would often have to expend much

time and effort in order to hone the necessary skills and knowledge to manage their daily living experiences.

The notion that the user finds in their drug of choice that what they have 'always been looking for' is a romantic idea that rarely rings true. Users often describe a period of learning how to use a substance and express a time when they 'wondered what all the fuss was about' failing to feel the immense sensual experience as celebrated by other, more practiced users. In addition, users frequently describe 'alternative careers', wherein the time and effort one would need to dedicate often exceeded that which would be required to fulfil the contractual agreement of a full-time job. The reader is reminder here of the often extreme financial costs incurred by regular use discussed in the previous section. The generation of such income, be it through illegal activity, through the persuasion of others to provide funds or the exchange of a 'favour' requires vast amounts of time and energy. The 'alternative careers' that users are often 'employed' within is frequently acknowledged by users, as is illustrated by this quote:

See you you'd get up on a morning sort yourself out and say 'or I've got to go to work', whereas I get up and say 'or fucking hell I've got to go on the graft, I've got to have a least that much today' (Spike aged 32).

The respondents' use of language not only provides the listener with insight into how they view their world, or for that matter how they would have you believe their world is, but it also serves as a means of demonstrating one's belonging to the culture. Members share a language consisting of slang, 'street terminology' and adapted words and phrases. Descriptive words and phrases such as 'skitzing' and 'wired' are well established and were used by almost all of the respondents throughout their interviews and are very familiar to me, as a player within the culture. Derogatory terms such as 'crack head' were often used by respondents in order to differentiate themselves from other members of the culture whom the respondent did not approve of for a variety of reasons, or used to describe the powerless position they wished to communicate themselves as being within. Users who were or had previously

achieved a period of abstinence from non-prescribed substances would describe themselves as “getting clean”, thus by implication stating that their previous use of illicit drugs made them ‘dirty’. Indeed the word ‘dirty’ would often be used in conjunction with the term ‘crack head’. The passage of time during periods of crack use were often described by users in terms of wasted or lost time, rather than time that has passed, as was the money used to purchase crack. Here we see the direct inversion of the analysis from the previous section wherein the use-value of crack cocaine along with other substances was very high and drugs became a form of currency with a strong exchange value.

Sometimes when you’ve got money you start thinking ‘we’ll go get another rock, get this get that, you blow your money, you can blow your money in ½ hour on rock, I have to tell myself I have to space it out over a couple of days or I have to get up shoplifting to fund the next day if I blow it all (Kim aged 19).

I’d been clean for 2 years I got talking to this lad and he said have a dodge out for old times sake…before I knew what had happened I’ve lost a couple of months and I’m bang into the crack again (Tav aged 26).

In reality, Tav would have made a great effort in order to navigate his way through a period of two months and get “bang” into crack cocaine once more. The reader is reminded here of some of the difficulties faced by crack users wishing to purchase the commodity discussed in the previous section. This would include re-establishing himself as a crack user to gain access to the culture, possibly having to wait long periods of time for the commodity-dealer to deliver his purchase, and the need to prepare cocaine hydrochloride for use as crack cocaine depending upon the commodity purchased. Then there is the issue of funding. Tav reported to have used £300 per day for 3-5 days per week, in addition to heroin. Indeed he said he never uses one substance without using the other as, *‘the two, they go hand in hand with each other’* (Tav aged 26). At that level of consumption it is very difficult to imagine how he could have funded his use over a two month period without offending. When asked how he usually funded his crack cocaine use, this respondent

replied, *'shoplifting, anything if it wasn't chained down I would take anything, I'd do garden sheds, garages, car radios, breaking into shops, someone would say I've got this job to do, what do you reckon and I would say yes'.* Whilst this quote suggests a 'dare-devil' approach to his offending, it also implies effort and significant activity, which is not conducive of the accidental and somewhat passive return to crack cocaine use described by this respondent within his dialogue.

The language used by this respondent and others may be better understood when the significance of time within capitalist society is considered. The tyranny of the clock within the workplace resulted in time no longer 'passing' but being 'spent' (Thompson, 1967; Matthews, 1999). Time itself became compartmentalised and non-work time became 'free time' or 'spare time'. None of the respondents were in employment at the time of the interview, therefore, failing to 'spend' time on activities which are deemed to be productive. Without compartmentalisation, time can only be wasted within capitalist society. Of the small number of respondents who had any previous experience of employment, the majority stated that their drug use had been directly related to the termination of their employment. Many of the respondents who had previously been employed reported that the loss of work time due to their drug use and associated issues had been the main cause of their unemployment, describing patterns of behaviour which failed to respect the compartmentalised time. In such cases time ceases to be sequential and forward moving (Reith, 1999). With this in mind, drug-using time is perceived as preventing access to, or causing exit from the labour market, therefore wasted time (Matthews, 1999).

7.5 Gender

A lot of women like crack I don't know why… Compared to other drugs women tend to like it a lot, it's more noticeable, they use it as a drug of preference but they won't go near heroin but you mention crack they are all over you like a rash until they've had it then they're off (Eric aged 55).

The above quote suggests that women are more likely to use crack and to develop more problematic use than men. This was suggested by only one person throughout the study and therefore should not be accepted unquestioned. 36% of the cohort was female and this percentage was achieved by targeting female respondents to ensure that this group did not go under-represented. However, the majority of respondents were recruited from treatment providers and it is acknowledged that women often do not access treatment services (Neale, 2004). It is suggested that drug services often fail to meet women's needs (Abbott, 1994; Langan & Pelissier, 2001) and that women encounter greater barriers to accessing treatment including negative stereotyping, social stigma, practical implications of child-caring responsibilities as well as fear that their children will be placed in care (Becker & Duffy, 2002; Malloch, 2004; Marsh et al, 2000). As illustrated by the below quote:

She (female recruited for interview) wont come to her interview this afternoon, she's worried you'll tell Social Services about her and she'll lose her kids (Billy aged 31).

The focus group discussed the gender ratio of the local market and suggested that men numerically dominated the local market. It should be acknowledged however that the focus group consisted of seven males and only one female. Whilst this can be argued to be a reflection of the number of the local market, it could also be suggested that the under-representation of females within this group results in a largely male perspective.

In order to gauge the ratio of male to female users, quantitative data were gathered from drug services in Sidchester relating to the gender of primary and secondary crack users accessing services between June 2005 and January 2006:

Figure 13: Gender Ratio of Crack Users Accessing Local Drug Services

Agency	Females	Males
Prescribing service	0	0
Social work team	1	8
Counselling service	3	8
Criminal justice team	14	106
Harm minimisation team	10	12
Total	28	134
Percentage of sample	17%	83%

The above data suggests that there are significantly less female crack users accessing drug services. The harm minimisation team however is exceptional in that 45.5% of the self-reporting crack users accessing their service are female. This is interesting as the service provided by Lifeline is a needle exchange whereas all other agencies provide treatment services. Therefore, there is a suggestion within the data that the under representation of female crack users within treatment services have less to do with the numbers of female crack cocaine users and more to do with accessibility of treatment services for women.

It has been argued that women drug users do not conform to traditional concepts of femininity or 'appropriate' behaviour (Faith, 1993), which the author suggests results in women receiving harsher judgement within society. Drug using women who come in contact with the criminal justice system are viewed simultaneously as 'offenders' and 'victims' (of their circumstances, men, past trauma) leading to a contradictory juxtaposition of blame and shame (Malloch, 2004).

It was gleaned from the interviews with female respondents that women are a particularly vulnerable group within the local crack market. Many of the women discussed situations wherein their crack use had compounded or

exacerbated their vulnerability. Female respondents discussed involvement in sex work, physical, psychological and sexual abuse and rape. Furthermore, two of the female respondents openly discussed their past and present experiences of domestic violence/abuse within their relationships. Both women directly attributed their experience to their own or their partner's crack use, either relating to the influence of the drug and associated mental health concerns or because of enhanced power held by the male due to funding the female partner's crack use.

He (ex partner) *used to whack me all over if I never went back with a £100 that was all because of the rock, when we were just on the smack he used to be alright, when on the rock he used to be really violent sometimes he'd put knives to my throat* (Steph aged 25).

We had a really bad relationship, he used to get paranoid off it all the time and hit me and accuse me of looking out the window even though the curtains were closed, really paranoid…He used to beat me all the time. He had always been aggressive but never ever lifted his hands, until he started using the crack, he used to go off it, a different man completely, after he had that pipe he used to flip, thinking the police were watching him and skitzing out, I used to think that 'I need to be away from here', cos I could see it in his eyes when he was changing but I never used to get away from him… he used to feed my habit on both heroin and crack and I used to think that I needed him cos I never used to shoplift then. He knew that he had a hold over me (Lizzie aged 25).

Steph has experienced domestic violence in a past relationship. She is currently involved in a relationship with a male (non-user) and was secretly using crack. Steph does not fully acknowledge that she is experiencing domestic abuse in her current relationship and justifies her partner's violence and controlling behaviour. Her partner telephoned Steph six times during the course of the hour interview. She stated that he 'wanted to know where she was'.

Who I'm seeing now, he punches me all over anyway so I'm not bothered I might as well not tell him where I've been. It's ever since I started to like him he punches uz and gives uz daft digs but I bruise easily, like accidently he punched me in the face and they had to take that tooth out, the other tooth they took out cos of my ex, he use to beat me up all the time but my lad now, it was an accident. I blame myself really, if I didn't lie to him he wouldn't have to give me daft little digs cos I'm constantly lying to him and he knows that (Steph aged 25).

Messerschmidt (1997) in his work surrounding 'bad girls' and gangs, considered feminine identities within traditionally masculine criminal sub-cultures. Reflecting upon the work of Campbell (1993), Messerschmidt commented that the gender inequalities and relations within society are often reproduced within criminal groups. Consequently, it is not surprising to find that women are oppressed and vulnerable to abuse within drug using cultures.

7.6 Crack Cocaine Culture and Sex Work

Existing research into the lifestyles of sex workers indicates a high representation of chaotic and problematic poly drug use amongst some sectors of this group (Brain et al, 1998). Problematic drug use (most notably

heroin, crack and methadone) were strongly associated with outdoor[8] and independent drift sectors[9] with one study reporting that 84% of this sex work sector reported dependent drug use. This was compared to 13% of those working in the indoor[10] associated or independent entrepreneurial sector[11] reporting problematic use.

The relationship between drug use and sex work is complex. Research highlights how factors within the lifestyle serve to mutually reinforce the inter-relationship between sex work, drug use and the drug use of partner/pimp (Home Office 2004; May et al, 2000). Alder (1975) suggested that sex work and drug use are simultaneously occurring elements in a 'deviant' environment wherein their joint status as illegal activities is their only true link. Alternative explanations of adult sex work suggest that pre-sex work drug use is as frequent as pre-drug use sex work. A major issue linking sex work and specifically crack cocaine use is the potential scope for the development of crack markets alongside sex work, wherein crack dealers service the emotional and psychological impact, which this work has on members of this particular sub group (Gossop et al, 1995; Batchelor, 2004). Other commentators suggest that the drug's stimulant properties enable sex workers to work long hours (Barnard, 1993; De Graff et al, 1994 & Miller 1995). Whereas drug users beginning sex work careers at a mature age typically are doing so to cover the costs of established drug dependency:

I was talking to a friend who was on the game and she introduced me to different clients…They (clients) *will phone me. I give my number to my friend and she gives it out to the punters, then they phone me. I pretend I'm busy at the moment – I've got a client just to show them that I have a few clients not just them. I say I'll meet them in a hour when I've finished with this client. We'll meet or they beep the horn, go round the back lane and pick me up and we'll go outside to do it. Sometimes I used to go to their houses, its outside*

[8] Outdoor sector refers to street sex work or within cruising grounds.
[9] Independent drift sector refers to sex work conducted by phone or from within 'crack houses'.
[10] Indoor sex market refers to massage parlours, saunas and in-house escort agencies.
[11] Independent entrepreneurial sector is typically internet-based.

most of the time. I can't take them in my house cos my dad doesn't know what's going on, when I go out on a night I say I'm going to see me mate, if he knew I was into anything like this he wouldn't want to know me. It's an expensive game and I think prostitution is the only way to do it (Bianca aged 39).

Whilst heavy-end drug using cultures may reflect and reproduce traditional gender relations, involvement in activities such as sex work provides women with an opportunity to 'do gender' (Messerschmidt, 1997). Sex work simultaneously allows women to construct an identity of what Messerschmidt refers to as 'emphasised femininity' (1997: 76) wherein the women seductively present themselves to men, whilst also presenting a challenge to such femininity through enabling anonymous sex outside of a relationship. Indeed the challenge which a woman's involvement in sex work presented to feminine identity was illustrated by a further two female respondents who indicated the existence of a local sex market:

I know loads of women that are prostitutes, about 15 – 20. It's horrible way to live. Some lasses were first grafting to feed their habit and now they are sleeping with illegal immigrants to pay for their habit, its disgusting it just goes to show what drugs lead to, loads of horrible things go on. I know loads of lasses who have been on the gear and turned to prostitution to buy a rock. They do it together and the man is paying for the rock and paying for to have sex with the lass. I only know prostitutes through the drug scene, this has all changed over a matter of years at one time you used to shoplift now its sleeping with people, I think I want to stop it now cos I never want to be like that, one day you say you'll never do it and the next you are, that's why I want to stop it in case it does turn me to prostitution (Kim aged 19).

I've been offered money or drugs for sex loads of times. In the 7 ½ years I was on the smack and rock together I slept with someone once but didn't take the money off them, I thought, no. But he had been asking me to go with him for ages and in the end I ended up going with him, but I felt cheap after I slept with him and I said "no I don't want any money off you." But I could go and do

it today if I wanted but I don't want to, definitely not. There's a lad who lives a couple of doors down from where I used to live, he use to always say he would give me crack if I slept with him. I mean my sister has slept with him a couple of times for drugs, for tablets and crack and that, straight away, it's easy though…I think it's a bit ridiculous you could catch anything, they have been with everybody, I wouldn't do that (Steph aged 25).

The outdoor/independent market described by Bianca and the other respondent's carries with it greater risk than the indoor associated market (Cusick et al, 2003). The high prevalence of problematic drug use within this sector of the sex market has found women taking greater risks, such as engaging in sexual activity in unfamiliar environments where they exert minimum control (Cusick et al, 2003), engaging in high-risk sex (unprotected) to raise money more quickly (Mathews et al, 1993) or sexual activity occurring whilst the women were under the influence of crack (Fullilove et al, 1990). In such situations, sex workers are more vulnerable to violence, abuse, rape or health risks including pregnancy or sexually transmitted diseases:

I had a lot of bad incomings with these clients they used to take advantage of me. There was a few times I had to run out of the client's house because I was afraid of them, a few of the times I do believe I have been raped but I didn't get believed. I just left it because I thought it was my own fault, he wanted me to do something that I didn't want to do, he wanted to put it up my anus but I didn't do things like that and because of that he dragged me trousers off me and my top, but I got away from him, a just ran home and cried my eyes out and this was for crack – I couldn't stop thinking about this client, so I seen a friend that introduced me she said get the police but I said no because I thought I'd get wrong for prostituting (Bianca aged 39).

I know a 14yr old that has got 3 bairns to 1 paki, she's 16 now but had her 1st bairn when she was 14 to a paki, she had the other 2 took off her and 1 died… it's horrible just to think what goes on, when you can't get your money for the drugs what people turn to for it. They say its better than shoplifting but

you can't get a sexually transmitted disease off shoplifting can you or raped or murdered (Kim aged 19).

I don't want to do prostitution anymore, but what else can I do? (Bianca aged 39).

Social interaction and social contact are exceptionally common place within the daily lives of the crack cocaine users interviewed from the Sidchester area. Users described a largely repetitive and often monotonous day, broken up by drug use. The commonly described daily routine of 'grafting', scoring and using shares many similarities with a more traditionally structured day of work and leisure, albeit within a very different culture. Within their 'graft' users dedicate significant time, energy and skill in order to complete the tasks of the day. Whilst males are over-represented within the drug treatment population, there appears to be a hidden population of female crack users in Sidchester. These women were interacting with crack cocaine and other behaviours such as offending in a different way to their male counter-parts; typically their offending enables them to construct a feminine identity that both confirms and challenges 'femininity'.

8.1 Edgework

Throughout my interactions with drug users, either within my professional career or within my academic endeavours, I have been aware of a sense of excitement and meaningfulness associated with drug use which I was unable to explain. This sense was not restricted to recreational drug use, but apparent throughout the spectrum of use and so-called misuse of which I have come into contact. During the first stage of interviews within my research, this sense of excitement and meaningfulness emerged once again. Consequently I decided to conducted a second phase of interviewing consisting of two of the original cohort specifically to explore voluntary risk-taking. The following chapter discusses the rich data gathered within both the first and second stage interviews, as well as experiences from my professional practice.

Stephen Lyng's concept of edgework (1990) was originally articulated as a response and resistance to the over-determined nature of modern society. Lyng sought to explain the voluntary aspect of risk-taking in terms of the social psychological perspective, which emerged from the Marx and Mead synthesis, wherein edgeworkers attempt to transcend institutional constraints. Structural conditions, which are out of the control of social actors, give rise to 'alienation' (Marx, 1950) and 'oversocialization' (Mead, 1934). Within a social world wherein individuals are both deskilled and disenchanted (Weber, 1958), voluntary risk taking, or edgework, gives the opportunity to develop skills, feel in control of one's life and environment and engage in an intense sensual experience or carnivalesque pleasure (Presedee, 2000).

Many voluntary risk-taking activities have been understood by applying the edgework framework. Leisure activities and extreme sports such as skydiving (Lyng & Snow, 1986) and white water rafting (Holyfield et al, 2005) as well as involvement in crime (Ferrell, 1993, Lyng, 2004) and recently recreational drug use (Reith, 2005), have all been considered from an edgework perspective. The edgeworker's ability to successfully negotiate the edge is of

central significance within each of these examples as it is this ability, which defines the edgework experience.

Reith (2005) is clear that the edgework framework can only be applied to recreational drug use. Contemporary consumer society emphasises the role of consumption in the construction of our identity into the 'narrative of the self' (Giddens, 1991). However to consume is to expose oneself to risk both in a global and environmental sense (Beck, 1992) and also on an individual sense, wherein one is judged according to their consumption (Bauman, 1992, Giddens, 1991). The notion that there can be 'right' and 'wrong' consumer choices was formed out of the internalised structural conditions of modernity in an attempt to make individuals responsible for monitoring and controlling their own behaviour (Foucault, 1976). Individuals are expected to consume in a manner, which maintains and even maximises their well-being, enhancing their identity.

Here lies the contradiction of consumer society; the freedom, autonomy and choice to consume is valued providing they are in line with cultural norms of 'normal' consumption and social institutions (Reith, 2004). Consumption is both a site of freedom and constraint as there is a pressure for individuals to consume in a socially acceptable way. It is within this conflict between normal, acceptable consumption and abnormal pathological consumption that the offer of edgework exists (Reith, 2005). Heavy end drug use or perceived addiction is considered to be out-of-control consumption; consumption, which is not successfully governed or managed by the individual. The addict's life is no longer enriched by their consumption, rather the consumer is consumed and destroyed by their consumption (Reith, 2004).

Heavy-end crack cocaine users operate within a closed culture. Non-users both exclude, and are excluded by, the members of the culture. Within this culture, social norms and conventions are formed which meet the needs of this specific group. Consumption that wider society may construct as abnormal, pathological or compulsive is considered normal by "people like us" (crack users). Members of the crack cocaine culture agree a different social

contract, an agreement that preserves their own production and consumption ethic. Codes of conduct are adhered to in order to manage the risks that outsiders pose. As already discussed within this thesis there are firm rules relating to the introduction of new users, for fear that they are an outsider/police officer and will therefore disrupt production-consumption practices. Not following these rules is considered irresponsible, and may result in your temporary or permanent exclusion from the community and the imposition of a 'deviant' identity such as a 'grass'.

Within the interviews there was a distinct sense of normalisation of heavy-end drug use and associated behaviours, behaviours which those outside of the cultural parameters may use as 'proof' of their addiction and abnormal, compulsive consumption. However, to those who are subjected to this diagnosis it is simply their day-to-day life. Users spoke with remarkable ease and routine when describing daily-living experiences. Chaos here does not signify the absence of order, as for heavy-end crack cocaine users, being able to survive the chaos is the equivalent of negotiating an edge, not the sign of crossing over it. Respondents spoke of feeling 'in control' of what may seem to outsiders as the uncontrollable, which is the exact skill and affect demanded within the edgework experience:

It (dealing and using drugs) felt a perfectly normal thing to do, in a way I miss it, it is a good buzz. In Bleamside (previous City of residence) the people I used to deal with and deal to are all roughly the same age, similar kind of background, similar kind of education and they were friends they weren't just people who you scored with. You would go round their house and have dinner and barbeques and all that kind of stuff. They weren't like old lady muggers, smack heads, to me I was just a person who was addicted to drugs (Eric, aged 55).

When I was on that side of the fence (dealing crack) I never sold to anyone I didn't know that's why I was so comfortable when I first started doing it. I knew what I was doing, kept control like. I wouldn't entertain anyone that I knew nothing about (Peanut, aged 37).

Respondents orientated themselves within the chaos in relation to often moralised standards of acceptable and unacceptable conduct, much like the process in which users placed themselves between commodification and decommodification discussed elsewhere in this thesis. Respondents would identify what they perceived as 'out of control' and negotiate their personally defined edge. Interestingly, Peanut, who had since abstained from crack cocaine, therefore was able to reflect upon his previous use, considered that he had always had control over his use and offending behaviour and was able to communicate his perception of his control:

It is exciting when you have that much to lose, when the risks are higher. The drug is fun (laugh) but I always felt in control cos if I lost control my supply would stop and I would go and do that much crime. I've sold drugs and I've shoplifted but I've never done burglary, I've never done robbery, I've never done anything like that, fraud and deception, nothing. To me doing stuff like that would feel out of control. I've always took pride in myself that no matter what state I've been in through drugs, I've always been in control, always. I see other people, people who tax other people (take the profits/gains derived from illegal means from the person who committed the offence, against their will) and bash them over the head. I see them as crossing the line and being out of control, its out of order. That's taking it out of somebody you know, fair enough they have broken the law themselves but that's even more dishonest, you know thieving off a thief. There's nothing more dishonest than that. And when that thief is bashing the living daylights out of somebody just for a fucking £20 rock it's out of order, it's not nice. And people do get seriously hurt. I mean I've been stabbed, I've had guns pointed at uz and it's not nice, cos you've got something that they want, "well fuck you you're not getting it". You know, I would be doing something to get my gear, working for it in a way. I look down on people who don't do something for themselves and just rob other people for theirs. "I'll tax him cos he's a dealer, I'll take his". That's how I got my ear bit off. But this lad, it took 2 ½ minutes of their best and they couldn't do nowt, I was still standing and laughing you know what I mean, so they just caught up with me another time and bit my ear off. You need to

know what you can get away with, know your limits, what you can't do. You know if I got a debt of £20, £30, £40, £50 that's nothing cos they're making that much off the drugs I sold for them because I very rarely had any debts with dealers (Peanut, aged 37).

I have discussed the issue of control with a colleague from the drug treatment field, who is also an ex-user/offender. He described an escalating gravity of offending which coincided with the duration of his involvement within the heavy-end drug scene. His offending often related to violence predominately 'taxing' dealers and users. He was clear however that this change in offending behaviour did not relate to how 'desperate' he had become to fund his drug dependency, rather it was a change in the boundaries themselves, which deemed what was acceptable behaviour. As he became further entrenched within the culture he felt able to transgress the previously established limit of acceptable, controlled behaviour, resulting in an empowering experience, which challenged his previously restricted behaviour (Foucault, 1979). It would seem from his narrative that the resulting experience was that of an anarchic, carnaivalesque pleasure (Presdee, 2000).

Mary echoed the transgressive nature of boundaries described by my colleague in her own dialogue. During her first phase interview Mary had been clear in her intention and desire to abstain from crack cocaine however within her second phase interview, she explored her own emotional response to her drug taking and developed a fascinating concept of a dual life; her drug-using life and her non-drug using life. She used this description to understand the almost constant conflict she experienced in relation to her crack cocaine use:

I feel I have much more control of my life when I'm living as a drug user...I feel out of control in my home life that is cos it's not the real me is it, so I'm not in control there am I. It could also say I'm out of control with drugs but I don't know cos I'm kinda out of control-in control with drugs at the same time and that's exciting. I can control it, even though it is out of control by other people's standards, I can control it (Mary aged 35 years).

Mary's above dialogue is suggestive of an interesting insight which I gained during the first phase of interviews. Many respondents would discuss their powerlessness to address their crack use and sought to justify their offending behaviour in these terms. They would however contradict this position throughout their narratives often describing high levels of control. Indeed, when individuals had reduced or stopped using crack altogether, which most of them had done at some stage, they did so seemingly with ease and almost always without professional intervention.

I reflected upon Mary's two interviews; her first interview can be understood as the 'me' within the Meadian analysis of the me-I dialectic (Mead, 1950). The 'me' represents the constrained dimension of the self wherein there exists conscious interaction between the self and the environment mediated by the 'voice of society' (Mead, 1950) or the demands of the power-structures of the time (Foucault, 1976). Indeed, when Mary transgressed this limit and allowed the unrehearsed action of the 'I', she felt freed to be her authentic self. When integrating the I into the me, she began to identify a new boundary, which seemingly did not adhere to dominant limits of acceptable and controlled behaviour:

Mary: *It's good when you're in it (drug using world), but all the bad stuff comes from outside. It's like you've got to be a drug user and a non-drug user all at the same time, for two different aspects of your life, it's weird. When I'm a drug user it's fine. It's when I'm being a non-user that it isn't, that's when it seems wrong. You've given me things to think about. The regrets are caught up in the non-using world. You know what, I don't know if I do regret getting on drugs after all, I've always said that I did but I think that was just cos that's what people expected me to say. Its just the letting people down that I don't like. That's the part of my life that I can't manage, the family bit. It's really hard. Looking after my family has been my life since I was a child but its getting harder cos they're needing cared for more. So when I'm using drugs I know I shouldn't be cos I should be doing this or doing that, catch 22 all of the time. Because of the stress and how being their carer makes me feel, I want*

to use crack, but when I do I'm guilty for it. It's mad, horrible. It's having to keep jumping between the two things.

RM: *Which one do you feel most in control of?*

Mary: *Drugs…When I'm in my family life I'm always getting told what to do and when I do it, its never good enough, they always criticise. It's when I'm in my drug life that I have control and I feel good about myself. And you know what, it's my drugs life that has the most meaning for me* (Mary aged 35 years).

Here Mary is describing her interaction with her family and the immediate social world around her, which are representative of the power-knowledge structures within 'disciplinary society' (Foucault, 1979). Mary's family and society at large are communicating to Mary how she should behave. Her conflict arises out of the limit-experience (Foucault, 1979) wherein she regularly experiences the transgression of this boundary (using crack cocaine), only to once again attempt to align her behaviour within the demands of the institutional imperatives:

I just wish I'd never ever been introduced to drugs me like. It's brought me nowt but misery really cos I lost my house, went to jail saying that jail never really bothered me, but that side of it is just traumatic, the bond with me kids went. Apart from that, if you can say "apart from that", I really like it. If it wasn't for those things, it would be fantastic. I just always feel guilty. Every time I take drugs I feel guilty cos I telt the kids I would never do it again. I mean they're 16 and 17 years old now but obviously they're picking it up "why aye mam, we're not daft, we can see", like when I'm off me head, I try and hide it but you can't hide it from them. But that's what does me head in most, cos I can't keep my promise to me kids, that's why I wish I'd never got on drugs (Mary aged 35).

If we accept that many of the respondents of this study consider their crack cocaine use to be within their control, we can then proceed to explore the

activity from an edgework perspective. From this perspective, users are believed to choose to participate in crack cocaine use as a consequence of alienation or disenchantment, often brought about by their relationship to the labour market. The management of risk enables the edgeworker to make meaning within an otherwise meaningless existence. All of the respondents were currently unemployed and the significant minority of respondents who had previously been employed, the majority described minimum engagement with the labour market and a sense of disillusionment with the meaninglessness of the activity. At its most basic, crack cocaine was experienced as a pleasurable and sensual experience:

Truthfully, I would always say I think it is a lovely buzz, it's a lovely, lovely buzz, I love the taste of it me (Tracey aged 26).

I know for a fact if you tried rock you'd like it, any normal person I think they would like it (Rob aged 41).

I just loved the buzz, that's all it is, I still do there's no point in telling lies (Agnes respondent aged 37).

In addition to the high associated with the use of crack cocaine, there are many edges the user must negotiate within the daily living experiences. Ferrell (2004) has drawn our attention to the anarchic and the essentially edgework experience of offending behaviour. Within the crack cocaine culture, crime is not a necessary evil wherein powerless users are forced to offend in order to feed their uncontrollable appetite for drugs; the drugs-crime relationship is more complex (Muncie, 1999). Rather crack cocaine users enter into similar edgework experiences when offending. The user's involvement in criminal activity is an edgework experience in its own right in fact respondents spoke about choosing to offend even when they had already purchased sufficient crack cocaine to indeed satisfy their appetite. In addition, the user's offending behaviour induces anticipation and commences the intense adrenaline rush, which will continue throughout the edgework

experience until it reaches its peak on inhaling the smoke that is released from the rock of crack when it is burnt.

Individuals are required to develop highly tuned skills and hold specialist knowledge to succeed within the culture and indeed to manage the edge. Users initially require the knowledge of the existence of crack cocaine and where/from whom it can be purchased. The crack cocaine market does not offer equal access to all members of society. New users must be known to commodity dealers for periods of time, often being required to be present with known users during numerous transactions and on occasions even need to prove themselves by using crack in the presence of the commodity dealer or by a well respected and established member of the culture.

On gaining access, individuals who wish to regularly participate in this particular form of edgework must then negotiate a means of producing the capital required to purchase crack. All respondents in the sample group were unemployed and had engaged in a range of offending behaviours, predominately acquisitive crime. Once again, members of the culture are challenged to develop specialist skills to offend, for which advice and guidance is not easily and equally accessible to all. Should you fail to develop the necessary skills, you will face arrest and possible conviction and sentencing:

It's a nightmare they (police) just come from nowhere and dive on you, you get put in the back of the van, they give you a hard time if they don't find anything. You've just got to be one step ahead of them without sounding cocky or big headed it's the way it had to be and it's the way I've kept out of prison because of it, touch wood I've never been to prison yet. I only got a criminal record when I turned 31 and that was just possession (Peanut aged 37).

The discussion surrounding the respondents' skill at being able to manage the risks associated with crack cocaine was often boastful and reiterated the innate personality traits users often professed were necessary to survive

within the culture. This air of arrogance also provided a level of contradiction to the often self-disclosed shame and regret users stated as a consequence of their drug use. Users were often keen to discuss the vast array of skills that they had developed, which had an unquestionable benefit to them in their daily living experiences. Peanut, far more than Mary, was eager to discuss his talents; in terms of his skilful use of crack cocaine:

Peanut: *You can do it (smoke crack) wrong, you can blow it out too fast, if it's too harsh you can cough and lose it you have to be able to take the smoke. "Lungs of the apache" that's what they use to call me cos I'd never cough or waste a thing me, I was too much of a pig me, I always was with any drug I did.*

RM: *It feels like pride when you talk.*

Peanut: *Not so much pride (pause) I suppose it was pride actually, no one could smoke as much crack as me, no one could take as much heroin, even to this day I've never overdosed, I've done grams and grams on one spoon and just scratched me head. My tolerance was just that high and I was looking for the buzz and I knew I could handle it. I remember once I injected cocaine I was totally ill with it, very embarrassing as well, totally (laugh). I ended up sitting on the toilet and I just had a massive erection it was unbelievable, I did not know what to do with myself* (Peanut aged 37 years).

And also his drug-related knowledge:

I don't even think a pharmacist could tell you as much about drugs as I can. In fact when it comes to street drugs I think I could tell them a few things. I could look at various tablets and tell them not only what's in them but I could tell them what they do. That was important when I used as well cos I never got caught with shit gear, never ever. When I first started using amphetamine I got caught out a few times but that was just until I learnt, then I could just look at it, "that's suppose to be pure whiz?" But I could tell they'd added this and that and I could taste it and tell proper amphetamine. I can take one look

at coke and tell them how pure it is just by the texture. I can have a look at various smack, you know the colour of smack, people say you get people mixing smack with brick dust or talc, of flour but it's a fallacy, it doesn't work, there's two things you can cut smack with and that's baby laxatives (Peanut proceeded to describe affects of baby laxatives) (Peanut aged 37).

During the user-commodity dealer interaction, users require knowledge of what they are buying to avoid being sold poor quality or quantity. There is a certain pride that is associated with the user's ability to avoid being sold below par quality drugs. In addition to 'losing face' users would also risk their ultimate goal of getting high. This risk is also evident for many users who bought cocaine hydrochloride (powder), which they prepared for use as crack cocaine. This process involves mixing cocaine with ammonia or bicarbonate soda and adding heat and again requires skill, as any mistake would result in the crack cocaine being unusable:

It's scary (making crack) cos you could waste it all after everything you've had to do to get it. I learnt by watching other people do it. The first time I did it myself I felt toppa. A lot of the time people waste it. If you give someone £50 worth of gear and they tell you they know what they're doing and they knack it you just want to kill them. I always do it myself now but I did use to get other people to do it. I'm glad I know how to do it now, especially when no one's around and you have to do it yourself, wash it up. I'm glad I can do it. I don't have to rely on other people. You go to one drug user and say "can you wash this up for me?" And they say "aye but I'll have to go and get some ammonia off someone" and you end up with a line of people, I'm not being greedy but you end up with a line of people who you have to share with. Now that you say it I am being greedy (laugh) but you've worked for it you know, it does your head in. But if you can do it yourself, you can keep it to yourself (Mary aged 35).

Individuals, who possess the range of skills necessary to negotiate the many edges leading to and including the administration of the drug, describe the moment of use as a transgression of boundaries, within which they

experience hyper-reality. Often unable to articulate the experience, users state that there is “nothing like it”, that they “realised what *it* was all about”, Rob (aged 41) even dared me to engage in the experience stating, “*there’s nothing else for it, if you want to know what its like you will just have to try it yourself”.* Distortions in time and space were common themes, where individuals described “losing time” or becoming extremely focused and feeling as though they had slowed time. Individual’s worlds frequently became smaller as they intensely focused on internal sensations or activity within the room they were in; the world outside the room often feeling distant and somehow unwelcoming:

I mess on with things for a while and don’t even notice the time. For example say it was 10 o’clock and I started messing about with something, I’d still be at it at 12 O’clock. Like I was trying to fix a lamp, it didn’t have a lamp shade on, so I got a lamp shade and I was trying to fix it on, it’s a simple job and I was still trying 6 hours later (Steven aged 47).

Users describe a sense of increased and even super-strength. This sense of exhilaration and overt confidence is referred to as self-actualisation (Lyng, 1990), wherein users are left with *“a purified and magnified sense of self” (Lyng, 1990: 860).* These sensations/experiences combined with the intense physical and emotional pleasure brought on by the use of crack cocaine resulted in users choosing to use the substance repeatedly:

When you breathe it in, then you hold it and when you breathe it out, it’s like total exhilaration, the rush you get, and you’re like Popeye, it’s like you feel like popeye does when he eats his spinach (laugh) (Peanut aged 37).

It makes me feel confident I’d say, I’m confident to do anything when I’m on crack (Agnes aged 37).

Users also believe that they have developed a skill/tolerance, which enables them to manage the high and negotiate the associated boundaries. Respondents advised that their “life was not for everyone”, and suggested

that they were “made of extra strong stuff” that enables them to get through it. Despite the high-risk lifestyle, the crack cocaine user must navigate through chaos; offending, negating police capture, negotiating the exchange value of the goods they have acquired through often illegal means, using specialist knowledge to purchase then prepare the crack/cocaine powder for use, all of this in preparation for the ultimate edge, the edge between being “straight” and being high:

I’ve known people for years and years and they had no idea that I had a heroin habit and I was using crack every other day. They knew I smoked dope and took speed but when they found out they were absolutely horrified. Like I say if you can afford it you can fool the people nearly all of the time. That’s why none of these TV campaigns never work they say this is what heroin does to you – no it isn’t its what lack of heroin does to you. All the time you’ve got it, any drug - unless you’re a total paranoid and then you shouldn’t start smoking crack or using speed or cocaine in the first place - but other than that if you’re a person that can handle drugs and if you can afford £150 a day no one would know (Eric aged 55).

I’ve got a really high tolerance towards stuff (Kevin aged 31).

I don’t know it never really affected me in a bad way, is it cos I’m mentally strong or because I didn’t let it get control of iz. I think its cos I’m mentally stronger than other people. I think other people are susceptible cos there is an underlying medical or mental issue there that is exasperated by crack cocaine. In the same way as they say cannabis affects your underlying paranoid schizophrenia. I think crack cocaine would do the same quicker and more violent. Whereas me, I’m as daft as a ships cat, I use to be but I’m alright nooow! (pretending to howl like a dog) (laugh). But that’s just the way it was at the time. I’ve seen friends of mine, well acquaintances, running into sun bed shops and jumping under a sun bed and saying the police where trying to shoot them and screaming at the top of their voices. And there was another lad who died cos his heart burst cos he took too much crack cocaine. But I’ve always had a very strong heart cos I took a lot of crack cocaine and I

was told at the hospital that I had a very strong heart and I was like 'it wants to be cos I've spent enough money on it'. Joking aside, because I've always been physically fit and mentally fit, I've got a cast iron constitution, I didn't succumb to mental destruction that a lot of other people did… it's not for everyone, crack cocaine. I wouldn't exactly say it's not for the weak willed cos how do you gauge somebody's constitution, you know to see if they have the right constitution to take drugs (Peanut aged 37).

The idea that "they could handle the drug" whilst others could not, served only to further enhance the exclusivity and excitement of the edgework activity. Respondents would often tell tales of people who had "skitzed out", lost their wealth, their dignity and even their life; users who have crossed over the edge and were unable to return. Whilst re-telling these stories, which contrasted with their own stories of successful negotiation of the various boundaries within their daily lives, the respondents reinforced the risks associated with crack cocaine use, whilst also highlighting their own ability and skill at managing these risks:

Richard Prior blew his self up off making crack. You need to really know what you're doing (Davey aged 35).

If it doesn't pagger you physically it will pagger you mentally either one or the other, knack your lungs or get pneumonia or does something to your mind. I've seen people do the weirdest things. There is a certain person who after he has a pipe blocks every hole up in his head cos he thinks that the police are going to throw a stun grenade through the window that's no word of a lie. Other people will tell you other things. It's spooky when you're sitting and looking and you start thinking "are the police really going to come through the door?" But you think it's not what's happening its him that making you feel paranoid so you come out the way (Peanut aged 37).

I've knew one man who started off just selling it and went downhill like that, he died, he had everything, he had a good job, a couple of kips (houses) and he

blew £120,000 in 6 month he ended up dying from a heart attack off the coke (Steph aged 25).

8.2 Crossing the Edge

The application of the edgework concept to the data collected is not meant to deny or trivialise the harm that crack cocaine can and does cause to the users and those around them. Rather, a deeper understanding of what motivates individuals and groups to use the substance is the endeavour of the study. It is also acknowledged that families and carers have not been interviewed to the detriment of the data regarding the impact of crack use. However, for the purpose of this study, it is the users' understanding of their daily living experiences that are being sought.

Whilst it is suggested within this thesis that respondents choose to use crack cocaine to fulfil a desire to engage in voluntary-risk taking activities, it should be acknowledged that some of the respondents did experience real and significant problems associated with their behaviour. Whilst it was true to say that using crack broke the monotony of their day and gave them an activity to involve themselves in, they lacked the control and application of skill necessary to navigate and negotiate the edge between two extremes. These respondents had indeed crossed over the edge and as a result had or were currently suffering the consequences.

Steven has been using drugs since his teenage years. At 47 years old, Steven's physical presentation was older than his years. He pathologises his own drug use, attributing it to the abuse he experienced throughout his childhood and described mental health problems which were compounded, if not caused, by his drug. Steven has a long-term dependency upon heroin and is currently in receipt of a methadone prescription although he continues to use heroin and crack cocaine and expressed minimum aspiration to address his substance use.

Steven did not demonstrate any control over his drug use or daily living experiences. Indeed he often did not even control when he used crack, instead relying upon other users calling at his address and giving him crack cocaine in return for using his address to prepare and use crack:

See this week I've got about £3 left out of me dole cos of ticking on and borrowing for the rock and a couple of bags of smack…I'd let them (other drug users) have a dig (inject) in my place and they'd give me some gear. If they come with rock, I'm even finding myself and I'm up and down, up and down, at the window, at the door and someone shouting of me and I recognise the voice and I think "rock". I wait for them, thinking oh it's such-and-such day, this one likes to come round today cos you get to know the days when people get the rocks and you know they've got nowhere to do it so they come to yours. So you make sure you're in (Steven aged 47).

Steven advised me that he no longer offended to fund his drug use however this change in his behaviour did not mark an improvement in his situation. As the above quote demonstrates, Steven had become more passive in his drug use, relying upon others to support his usage. However this transition was brought about due to the deterioration in his mental health rather than a decreasing importance of crack cocaine within his daily life:

I couldn't shoplift, no way. I just see all of the men in big coats on walky-talkies, I can't, I know it's in me head but I couldn't, I come out of the shops worse than I went in. I used to be alright when I first went in but as soon as I went to get something I thought people were watching at me, so I would put it back. Once I've gotten that feeling that somebody's watching iz, I put it down, gone to the next aisle and thought people are watching me there as well, people are on their phones and I'm like oh no not the walky-talkies and that's it like (Steven aged 47).

Overall Steven presented as an individual who had been "burnt out" by his drug use and associated lifestyle. Whilst other respondents described temporary symptoms such as anxiety resulting from their use of crack

cocaine, Steven described the onset and exasperation of mental health problems that were unlikely to alleviate. Consequently he had crossed over a boundary which he was unable to cross back over. He had failed to "control the uncontrollable" and was therefore not involved in edgework:

It's made me anxiety worse. I don't feel safe as I use to, before I could go to bed and feel great. But when I'm on the rock it's not often I go to bed. I lie on top of my bed I take my shoes off but I leave my clothes on just in case something happens and I'm up and I just have to put my shoes on. It's made me more scared that way. I get more agitated, its weird, it's changed me a hell of a lot see I already struggle with being manic depressive like anxiety. It's like panic attacks but with the rock it's like a 100 times worse. With me suffering with the panic attacks and anxiety and all this, if I've got no rock it seems worse (Steven aged 47).

Agnes is a 37 year old chronic crack user. She relates her drug use to psychological difficulties following bereavement and sexual assault aged 21 year old. Agnes has made numerous attempts to abstain from illicit drug use however has been unable to sustain her attempts to desist. She had recently developed mental health problems and similar to Steven this was illustrative of the crossing over the edge.

I was bang into it for ages before I went into detox it was every day of the week. When I came out of detox I was seeing things, it was mad, hallucinations. You think people have been saying things its terrible, really bad. Last week my sister had come to visit me in detox and I was talking to someone who wasn't even there. I said something, and my sister said "what you talking about?" I was just talking a load of rubbish about somebody as if they were in the room at the detox unit, but they had never even been there…Like in this room, I don't know it's mad, things just look mad…I'm in a

bad depression right now…The doctor has prescribed me Amitriptyline[12] (Agnes aged 37).

Lizzie is 25 years old. She began to use crack cocaine after commencing a relationship with a crack dealer. When this relationship broke down she no longer had access to the large amounts of crack cocaine that she had been previously and she began to deal crack with her sister.

Lizzie and her sister were unable to simultaneously negotiate the edges associated with the use and sale of crack cocaine. Subsequently their use became unmanageable and they smoked an ounce of crack cocaine which they were expected to sell. Unable to replace the crack cocaine or provide the profits lost, Lizzie found herself and those around her in significant danger of physical harm. She was unable to regain control over the activity of supply she had become involved in. Lizzie, her sister and even her parents believed they had no choice but to sell crack cocaine for the dealers in order to repay their debt:

I think they (parents) were scared really cos my sister has kids, I haven't, I think they were scared for the bairns safety and I think that they knew they had to help us like any other Mam and dad would of but not in that way. We were just getting threatened, the windows were going out and everything so they knew they had to take a drastic step which was that. They (dealers) told us they were going to kill us, they were going to take the kids away and everything, just horrible things. We just had no choice (Lizzie aged 25 years).

They had lost all control within this activity and were unable set limits upon their own behaviour in order to ensure they managed the boundary between

[12] Amitriptyline is a tricyclic antidepressant most effective for treating moderate to severe depression and panic disorders. The medication also has sedative properties (BNF, 2003).

freedom and incarceration. Lizzie's family sold crack cocaine to an undercover police officer and were subsequently found to be guilty for Possession with Intent to Supply of a Class A Drug and received custodial sentences.

The discussion within this chapter considers heavy-end crack cocaine use from a perspective of voluntary risk-taking. The users engaged with many high-risk activities throughout their daily routines in relation to their use and have honed skills, not possessed by all, in order to navigate and negotiate the "edge". The edge, whether it be between getting away with a crime or being caught, making a "good score" or getting "ripped off", getting high or "skitzing out", offers an opportunity to control the uncontrollable and create meaning in an otherwise meaningless world. For some, they fall short of negotiating the edge, crossing over rather than transgressing the boundary. For these individuals, their use is uncontrollable. But for the crack user-edgeworker, controlling their use and negotiating the edge is what it is all about.

9.1 Drug Treatment and Paradigms of Change

Hegemonic discourses of drug dependency emphasises the role of treatment to enable the otherwise powerless addict to achieve change in relation to their drug use. The rise of community-based treatments (Cohen, 1985) has resulted in a plethora of treatment options, preoccupied with reducing crime and controlling behaviour. Drug treatment and interactions with treatment services have come to be part of the daily living experiences of many drug users. Indeed within this study all of the respondents, with the exception of one, had previously or were currently involved in drug treatment. With some respondents spending significant amounts of their time in appointments with drug workers, travelling to and from services or going to collect medication which is dispensed on a daily basis; treatment is clearly a significant part of their daily living experiences and therefore an area demanding consideration.

For over a decade crack cocaine has been a growing area of public concern in the UK. Subsequently, the availability and use of crack cocaine is a subject of increasing priority for a number of national and local government departments, drug services as well as the wider public. Despite this treatment services have been criticised for their failure to assess and meet the needs of crack users (Audit Commission, 2002). This chapter aims to explore the users' perspectives of drug treatment, as well as paradigms of change, with specific reference to crack cocaine, in order to reach a conclusion which integrates the knowledge derived elsewhere within this thesis, making recommendations for social policy and approaches to treating crack cocaine users.

Donmall et al (1995) undertook a study into the effectiveness of treatments offered to cocaine and crack cocaine users in the UK, finding that both user and treatment providers considered the treatment efficacy to be at best moderate and identified many areas as needing improvement. Despite over a decade passing many of the experiences of users and drug treatment providers remain remarkably similar, with crack

cocaine treatment being considered to be “patchy” (NTA, 2002) and unable to meet the needs of crack users (Audit Commission, 2002). Indeed the experiences of the respondents within my research are reflective of a limited and unresponsive treatment system.

9.2 Seeking Help for Crack Cocaine Use: the need for specialist crack services?

Sidchester does not offer a specialist crack cocaine service presently. Rather, drug services are generic, resulting in the services being opiate-focused (NTA, August 2002). Whilst almost all of the respondents were involved in drug treatment, none had accessed a treatment service specifically to address their crack use. One respondent however stated that during her treatment journey, her primary substance had changed from heroin to crack cocaine and she was consequently receiving a service which she considered was partially for her crack use. This was a similar finding to that of the NECTOS study (Weaver et al, 2007) which found that crack users had not sought help for their crack use when involved in opiate-focused treatment services. Despite significant evidence discussing the quality of the user-worker relationship and positive responses to client concerns by drug practitioners (Audit Commission, 2002; NTA, 2002; Wanigaratne, 2005; NTA June 2005; Weaver et al, 2007) less than half of the sample had told their treatment worker that they used crack, with only two respondents stating that their worker had ever asked them about their crack use, even after the respondent had disclosed that they used it. Of the respondents who stated that they had spoken to a treatment worker about their crack use, only a small minority stated that the worker had offered any advice, information, support or referral to a partner agency. This resulted in a sense that both users and treatment providers did not view existing drug treatment as being appropriate or available for the needs of crack cocaine users:

My worker has never really asked me about my crack use, they are just like what you been on it for and I’m like just because I’ve been in that crowd.

They've never offered me someone to talk to about it, they've never really bothered to say that to me (Tracey aged 26).

At the moment all the services in Sidchester are opiate based and there isn't a lot they can actually do for someone who is using crack (Peanut aged 37).

I don't know if there is any support for crack, are they? I don't know it's mostly the gear that people talk about to workers, do you know what I mean. I've never actually heard any workers talk of anything much about cocaine (Elaine aged 22).

9.3 The Dominance of the Medical Model

When discussing treatment with the respondents I asked questions such as "what can the services do to help" and "do you talk to your worker about crack". I deliberately avoided the word "treatment" as it is an ill-defined term and causes great confusion (Davies, 1997b). There has been great emphasis placed upon prescribing interventions for opiates within the drug field, which is largely considered to be the corner stone of treatment. Indeed substitute prescribing is perceived to be so fundamental that the term treatment is often used inter-changeably with such medical interventions. This can be seen in the below quotes wherein users refer consistently to prescribing modalities rather than other interventions such as counselling. However, as there is no evidence-based (NTA, August 2002) or licensed substitute prescription for crack cocaine, we are left with a void within treatment resulting in users holding a largely apathetic view of service provision:

I've never thought "Sidchester prescribing service" have ever had anytime for crack-heads, they never have really, their solution for smack-heads is bang them on the methadone. What's their solution for crack? Fuck all, apart from you can talk about it but the more you talk about it the more you want it. There's nothing to stop you from thinking about it, what is there to stop you? There's nothing, not a thing. I mean they can go on to people about alcohol

and smack and give them daft, I don't know what they give the alcoholics daft sleeping tablets or whatever and the smack-heads methadone, but what they giving the crack-heads? They are giving them nowt. (Steph aged 25).

I don't know cos when I was on the crack I was in a refuge and "Sidchester counselling service" used to come out to see iz but she didn't have a clue. I don't know whether there is help for it (crack cocaine). All the money that they've got out there, there could be help. But there's nothing that they can give you for coke, you know like methadone. They can't do anything to help you. They can't give you anything for being on coke, there's not is there? (Tracey aged 26).

There isn't any services to help with crack. I'm involved with 4 different services and none of them could help with the crack. There's no medication for it, they are just experimenting to try and find a balancing line to try and help them with crack. Whereas with the smack you have methadone or subutex (Davey aged 35).

Interestingly, this emphasis upon pharmacological interventions was not found within the National Cocaine Treatment Study (Donwall et. al., 1995) wherein users reported that such interventions were limited in their effectiveness and any reliance upon prescribed drugs was perceived as both undesirable and unnecessary. It should be noted however that the cohort for this study were individuals currently within abstinence-based residential rehabilitation units or users within community settings often awaiting admission to residential units, thus represent a very different population of crack users. This treatment group are less likely to emphasise the role of prescribing interventions as residential rehabilitation facilities provide intensive programmes of psychosocial interventions including one-to-one therapy, groupwork and social interventions such as education and employment training and support to develop independent living skills.

9.4 The Discursive Model of Addiction

The disinterest users within the current study exhibited in relation to treatment for crack cocaine came as a bit of a surprise to me. I contemplated the role of treatment considering both my perspective as "player" and researcher. When I am within my role as a drug worker my relationship to the users is mediated by treatment. How we interact and what we say is heavily influenced by this functional aspect of our relationship. This discourse serves to simultaneously define and explain addiction and dependence (Davies, 1997a), concepts which we have come to believe are consistently present in individuals who repeatedly use drugs such as heroin and crack and participate in behaviours such as offending.

Davies (1997b) suggested a five-stage discursive model of the addiction process. Stage 1 is characterised by hedonistic, non-addicted, recreational "drugspeak". Stage 2 is an unstable discourse wherein the user is beginning to experience problems associated with their use and needs to explain it to others in terms of both addicted and non-addicted use. The function of this stage is to explain the problematic components of their use to disapproving parties whilst also maintaining the presence of pleasure to their peers. Stage 3 is the "addicted" discourse wherein users report a loss of violation and no longer make reference to pleasure. For users within stage 3 of the discursive model, reports that drug use is inevitable given their physiology or other constitutional factors, such as addiction as disease or addictive personalities predisposing the user to abuse, are common. Davies suggests that stage 3 is a prerequisite for contact with treatment agencies and goes some way to explaining the contradiction in the discourses I have heard in my professional experiences when compared to my research dialogues with users. It is suggested that once users enter stage 3, they can never return to the non-addicted discourse evident within stage 1 and 2.

Stage 4 resembles stage 2 in that it is contradictory and context dependent. Here users experience the breaking down of the addiction concept, wherein

the stereotypical enslaving potential of addiction is maintained, however users report that drugs can also be pleasurable. It is during stage 4 that lapse and relapse often occurs, or indeed is "made" to occur, as relapse is frequently an event planned by the user, rather than a passive accident (Christo, 1995). Davies reports that the outcome of a lapse or relapse is either to return to stage 3 and resume the addicted discourse, or progress onto stage 5.

Stage 5 maybe either positive, what Davies refers to as "up and out", or negative, "down and out". Those engaged in an 'up and out' discourse speak of their addiction in terms of past tense. Whilst they acknowledge that they had a significant problem, they no longer consider themselves "in recovery", and maybe either abstinent or using in a non-problematic way. The 'down and out' discursive stage however relates to individuals who have "failed" or been "failed by" the treatment system. Typically they are living within high levels of chaos, often street homeless. Unlike stage 3, they are "stuck", having "burnt their bridges" and are unable to progress through the discursive stage until they can persuade treatment providers to give them further opportunity to access the treatment system.

As a treatment practitioner, it is functional for my clients to tell me that they do not have control over their drug use as this excuses continued drug use, which fundamentally clashes with their expressed wish to reduce or abstain from illicit drugs. This is stage 3 of Davies' discursive model of addiction which promotes access to the treatment system. Usually such access also provides the users with access to a substance that is of benefit to them; methadone. However, as there is no substitute prescription for crack cocaine, this benefit of disclosing their use is not present and may go some way to explain why users do not engage in this drugspeak with drug practitioners in relation to crack cocaine use as frequently as they do regarding heroin. As acknowledged by one respondent:

No, I haven't spoke to no one about me crack use. Just keep it to me sel. I only speak about me heroin to get the methadone so that I don't need to graft (offend) as much for me habit (Beefy aged 26).

Whilst within my researcher role and discussing treatment with users however, I was privy to different discourses. The respondents within my research would frequently discuss their past or future intentions to reduce or abstain from crack cocaine in terms of choice and control; a discourse which is in direct opposition to addiction discourse. Here users reported high levels of autonomy in relation to their own potential to change their patterns of use, concepts which are incongruent with the notion of the "powerless addict":

I think if I wanted to stop I'd stop me self, I wouldn't ask anybody else to help me. What can anyone do? You can't help me stop, you have to help yourself. I'd do it me self, same if I wanted to come off the smack I'd lock me self in me bedroom and rattle. I wouldn't buy tablets to try and ease it, I would do it hardcore. I've done it before (Spike aged 32).

I think it's got to be yourself. After I'd smoked it for 7/8 weeks, I knew I had a problem with it cos I could not stop but most of the time I wasn't bothered about it. I was enjoying doing it. It was a good buzz whereas the heroin, I was taking more and more and all I was doing was taking it to feel alright to put myself right, to feel like a normal person on a normal day. Cracks totally different, your not putting yourself right (alleviating withdrawals) you are getting an actual buzz off it (Kevin aged 31).

If it got to a point where I was thinking I wasn't handling it I would just walk away from it (Peanut aged 37).

You can't get addicted to crack, its all in your head. It's not as hard to stop as what people say (Tomma aged 19).

9.5 Readiness to Change

Many of the respondents who discussed their use in terms of choice and control emphasised the significance of timing in their decision and ability to make changes in relation to their drug use. The notion that they would stop

when they were “ready” was evident within their discourse and suggestive of an on-going hedonistic pursuit and edgework activity within their use. Indeed, within many of the addiction and treatment discourses the significance of timing is acknowledged. The importance of a “turning point” within an individual’s drug using career has been well documented (Biernacki, 1986; McIntosh & McKeganey, 2001, Prins, 2008). Whilst some commentators report that this change relates simply to time and the individual’s progressing maturity (Winick, 1962) others report that some sort of trigger or event initiates change (Christo, 1998; McIntosh & McKeganey, 2001; Maddux & Desmond, 1981). Within my own professional experience I have heard on many occasions treatment providers stating in reference to a drug user who does not achieve the expressed goals of the treatment episode that they were “simply not ready”. As can be seen from the below quotes:

They offered me a detox pack and I knocked it back. I’d rather just stop behind the door for 4 days, pull me self together, just do it me self. The time will come when I want to get off it… I haven’t a clue when that time will come, I’ll know when it comes, but now I’m alright the way I am (Spike aged 32).

I left rehab to use crack. That as well as my key worker in there, I couldn’t stand him, I wanted to kill him. It was the type of place where you weren’t even allowed to share bacci or anything like that. If they saw you giving someone a cigarette you’d get a right bollocking so I’m going to go against them, I’ll rebel. So I used to stand in front of him and say “do you want a fag, here have a fag” to piss him off. While I was in there my mind was on drug use all the time, they were meant to be helping me with drug treatment but you weren’t allowed to talk about drugs so I just kept my self to my self but constantly thinking on ways of getting out and going scoring. I guess I just wasn’t ready (Kevin aged 31).

You have to be ready to come off it, not by people telling you (Tomma aged 19).

McIntosh and McKeganey's (2001) study into recovery from drug dependences, offers insight which could be applied to the discursive model in order to develop our understanding of movement through the stages of drugspeak. Building upon Goffman's (1963) notion of "spoiled identity", McIntosh and McKeganey (2001) suggest that users experience a spoiled identity when they realise that they experience conflict between their addict identity and an identity that they consider to be acceptable. They argue that a crisis or "rock bottom" situation is not a necessary condition for change, although they acknowledge that some individuals may experience such difficulties. Indeed the majority of users initiate change based upon rational decisions, inclusive of lessening ability of the drug to confer pleasure as well as other benefit-cost calculus.

By applying the discursive model of addiction and the concept of the acceptable/unacceptable addict identity, we may view this drugspeak in a different light. Rather than needing to "hit rock bottom" before the user is ready to admit they are powerless to addiction, and therefore begin to recover, the user is simply not ready to progress to the next discursive stage, having not experienced an "epistemological shift" (Shaffer & Jones, 1989 in McIntosh & McKeganey, 2001). Their drugspeak remains that of the addicted discourse, which in turn maintains their drug use.

9.6 Making Sense of Change within the Discursive Model

When an individual is "ready" to move to the next stage within their discourse and begin to develop a new identity, they need to understand and integrate this shift within their drugspeak. Motivations to reduce or abstain are often presented as of crucial importance to the success of the attempt. For some respondents the fear and likelihood of negative consequences were discussed as the motivating factor for their change in use. However these individuals had usually experienced some difficulties before the point when they decided to make a change, difficulties which comparatively may appear

to the onlooker to be of greater significance than the specific concern, which the individual highlighted to evoke change.

Billy, aged 31 years old and is married with two children. He is a long term heavy-end heroin and crack user. At the height of his use he was spending £600 per day on drugs. In order to fund his use, he had previously sold heroin and had committed numerous dwelling burglaries resulting in him serving many custodial sentences, depriving him of his liberty and taking him away from his family. Billy told me that he has also overdosed on drugs a number of times.

Billy: *I had a fight and I got took on the sly and I was in a canny bad way like. About 4 weeks ago, my jaw was out here, black and blue as well. That's when I came off the smack and the crack. I've only had 4 x ½ bags in the last month.*

RM*: Did you get in a fight because of the drugs?*

Billy: *No, not cos of the drugs, but I put it down to the drugs cos it wouldn't of happened if I was normal. I would of be aware and I would of knew. I was too skinny, and all your senses, I was out of it on valium at the time. So I'm going to get back to normal and I'm going to… you know (implying retaliation)* (Billy aged 31).

Kevin is 31 years old and had been a primary crack user with a long history of heavy-end heroin use. As a direct consequence of his involvement in crack cocaine and associated behaviour he had been stabbed by a crack dealer. This assault resulted in Kevin being in intensive care for 3 weeks where he was placed on a life support machine.

I've never done a jail sentence yet…the court warned me that if I was up in front of them again I'd definitely do a jail sentence so that was it in my mind cos if I was to go to jail I wouldn't have my freedom and I wouldn't be able to get a hold of rocks. So I though it would be better to try and sort myself out, cut down to a reasonable amount, then just have it when I could afford it (Kevin aged 31).

Within these narratives, it appears that the user needs to provide explanation for their new found ability to reduce their drug use without professional intervention, as surely if they have the ability to abstain, they could have done so long ago. This "trigger for change" discourse allows the user to acknowledge their autonomy whilst also providing an explanation for their previous continued use. They simply did not have a reason to stop before.

Within my work I have found that when individuals make an attempt to address their drug use, their discourse changes. They begin to position their drug use and associated lifestyle in opposition to the lifestyle they wish to have. Whilst their attempt to change may not be successful, their discourse is active in that they have the potential to change, as opposed to the passive discourse of a powerless addict. For such users, the addiction discourse is no longer conducive to their actions and this is represented in a shift in their discursive stage. This was also evident within the respondents' discourse:

I've stopped using so much now cos either me or someone else would end up dead. Either I'd be shot or I would of shot somebody. I knew something like that would happen, my moods were changing all the time. It had got to the

point that when I had the crack I would do owt and I had the gun for my offending. When I'd go out offending and had the rock I would have been on a right high and do owt. It wasn't like that before, it had changed so I knew I had to change (Beefy aged 26).

For others, their change in discursive stage represented a change in priorities or identity. Peanut's and Eric's narratives below are embedded in notions of independence and controlled usage. Whilst this may appear to be slightly in contradiction to the discursive model of addiction, both of these respondents discussed their drug use in terms of pride at their ability to mange this throughout their interview and were the real "edgey" edgeworkers within the group. Within the context of an interview with a researcher, as opposed to a treatment worker, addicted drugspeak, even positioned within the past tense, would not have served a purpose for these individuals:

I've got a clear head, I grew out of it, I got bored of it and matured a bit. I got sick of the same old life, the same old shit. I got sick of looking over my shoulder, of not being able to sleep at night thinking my door was going in, "have I got everything put away?" That took the fun out of it eventually (Peanut aged 37).

I've found over the years the only way you can give up drugs is for your self. Over the years I've tried to stop for other people, I've tried to be something that someone else wanted me to be and it's not until I thought "fuck it, I'm fed up of this I want to stop (Eric aged 55).

Whilst many users discussed their ability, and at times preference, to make changes in relation to their crack use independently of treatment services, others maintained a role for drug treatment. For some of these respondents they advised that they had found it hard to make changes in relation to their crack use and therefore continued to endorse the addiction stereotype. Interestingly, however all of these were discussing their efforts to change in hindsight and had actually achieved the changes they wished to make. Another who reported having "no problem" stated in a speculative style, and

apparently unaware of the humorous content of his comment, "*I'd advise if you are going to talk to people about crack tell them not to take it cos its like Pringles, once you pop you just can't stop"* (Rats aged 21).

9.7 Treatment for the Edgeworker: the potential of the social model

For many within the respondent group, and those users who I have come into contact with in my professional work, reducing or abstaining from drugs results in a loss of meaning and structure in their day and it is this loss that they struggle with in addition to the loss of the sensation from the drug itself. For some, this lack of meaning that exists in their daily life may be one of the reasons why drug use "makes sense" (Davies, 1997a) for them. The words the users choose to describe their struggles to change are often reminiscent of the edgework experience described in the previous chapter, rather than characteristic of addiction. As one user who was in treatment advised me:

I had a skill out there. You might not have thought it was a good skill, but it was my skill and it made me somebody. But now you have taken it away from me and I don't know what to do now (Ronnie aged 32*)*.

Users often liken their drug use to a "full-time job" that occupied their mind and body for most of their waking lives. Interestingly, the word "graft", which is a slang term for work, is used by drug users as slang for offending. This alternative career does not create the same sense of alienation users may experience in "real jobs" and allows them to experience greater control and autonomy, as can be seen in Spike's narrative whilst discussing his involvement in acquisitive crime:

It's a queer old way to live but it's the way I've chose, it's [grafting/offending] what I've got to do. I've worked in between this time, the jobs maybe last a couple of year and I just get bored with it. Still take the drugs while I'm working. I worked in "bar X" in town, in the kitchen for about 2 year. I just got sick of it and packed it in. I was away for about 6 month and thought I wish I

was back at work. I got another job at "bar Y", in the kitchen for 18 months then just got sick of it again and never worked since. Can't be bothered. I can't see any point in getting a job now cos I'm alright the way I am now…Cos I'm not getting up at 8 o'clock and getting told what to do. It's me own hours, I can go where I want and do what I want whereas there I was stuck in a kitchen for 9 hours a day. In the end I was just getting drunk in the pub, drinking when am supposed to be working. Now I work for me sel (Spike aged 32).

When users reduce or abstain from drugs and seek an identity not conducive of clandestine behaviour, the frequency or motivation to offend may also reduce. This coupled with the absence of the activity of purchasing, preparing and using crack results in a void in the user's daily routine. Users frequently articulate this as "boredom", however having not developed the skills and confidence to navigate and manage the "real world" inclusive of a "real job", they are often left feeling deskilled, alienated and unable to cope within mainstream spheres:

All I know is drugs. I don't know anything else. When I get paid I haven't got a clue about how to spread me money out and make it last. It just goes within a day or a hour. I don't know if anyone can help with that but I need me life back on track, get into work. I've never ever worked. I keep thinking I'll never get a job, no one will ever take me on…I don't think they (drug services) help in that way, you know with your housing and jobs, getting your life back, the way they should. It's just the methadone and that's not going to help you with crack is it (Tracey aged 26).

In addition to filling the void, gaining employment was often considered by the respondents to be a way of developing meaning within their daily lives, as well as an alternative identity (McIntosh & McKeganey, 2001) other than that created by using crack cocaine. Relationships were also a significant area with the potential to create or lose meaning. Many would find that in order to reduce or abstain from crack, they would need to cease relations with other users (MacDonald and Shildrick, 2007). However, in the absence of

relationships with non-users, respondents reported that meaning was often lost. Respondents described an "us and them" divide, reflective of the normalisation thesis (Parker et al, 1998b), wherein clear distinction was made between heroin and crack users and the rest of drug users. Indeed the respondents felt that drug users of other substances had more in common with non-users than crack users:

If you mention crack to them (people in the club scene) they automatically think smack head, that you're taking crack and smack together. My lad's brother smokes the dope, he had some coke and he said "do you want a line" and I said it was better when it's rocked up. He said "if you weren't going with my brother I would say your on the smack," and I was like "what you on about" and he was "no, only smack heads use crack". He looked at me like he was disgusted (Steph aged 25).

Users often feel that they are somehow intrinsically different from non-users and recreational users resulting in the respondents finding it difficult to develop meaningful relationships outside of drug using cycles. MacDonald and Shildrick (2007) in their study of street corner society found that long term participation in crime and dependent drug use encouraged the development of strong relationships with like-minded peers and created distance from non-offending/using peers. Fearful of judgement or inability to relate to others is often compounded by the lack of opportunity to meet new people. Consequently, a positive relationship with a drug worker can act as a supportive relationship, a social interaction "stepping-stone" between the drug using world and the non-drug using world. Here users can talk and share themselves thus feel supported whilst also practice relating to non-users. The respondent's perception of the quality of this relationship however is crucial:

I told my last worker (about using crack) but she didn't help at all. My worker, how can I put this, with you I can sit and talk but with her, she was like "so why have you used crack?" To me she looked down on me and I couldn't stand being in a room with her for more than 10 minutes. But you can get some workers, like the one I used to have, she was class, she's sound. You

can talk to her about owt. I mean I was talking to her yesterday when I went into "Sidchester prescribing service" to refer me sel and I asked her "when I get a worker are you going to take me on?" Cos I'm not sitting there having someone looking at me like I'm worse than them. To me my last worker didn't want to be there cos she didn't want to help you (Steph aged 25).

Talking to my drug worker helps. I like her. I've been with her for a while so I can let me self go with her (Davey aged 35).

The potential for treatment provision to provide a social group and social relationships that replace those that are drug associated was also reflected upon when considering the benefit of groupwork. Other members who are also in the process of change in relation to their crack use were perceived to offer a unique type of relationship wherein respondents could be understood by others with similar experiences, a finding that was also highlighted within Donwall et al, (1995) report. As discussed by one respondent within this research:

There should be a lot more groupwork for people who use crack run by people who use crack like the DTTO (Drug Testing Treatment Order, now referred to as Drug Rehabilitation Requirement)…In my eyes we're all the same except a little further ahead. We've all been there, so we can talk about our experiences and support each other rather than with people who are on the smack and only had a couple of pipes cos they don't know what we're talking about. On ASRO (Probation facilitated group; Addressing Substance Related offending) there was a lad who never had it and I found it hard to get into it cos he'll not know what I'm talking about. I just couldn't relate to him (Elaine aged 22).

Peer support offers the combined benefit of positive social relations as well as being an intervention with therapeutic potential. Here the distinction between peer support and other social relations with drug using peers is the shared enterprise of change, therefore, peer support does not represent the same risk of relapse. Peer support also has a mentoring role, wherein those at later

stages of change provide support, advice and guidance to users at earlier stages of change. Such an intervention however need not be restricted to a group environment as users expressed a general benefit gained by learning from the experiences of others "who had been there, done that" and indeed "wore the t-shirt".

Whilst groupwork was available within the area, this was restricted to those run by the Probation Service; Drug Rehabilitation Requirement (DRR) and ASRO. Consequently, respondents complained that these groups were not accessible for users outside of the criminal justice system:

My mate uses crack, not smack, just the crack. He doesn't offend so he can't do a DTTO. It would be good if there was a programme that you could do where you didn't have to have committed a crime to get on. You have to commit a crime to talk to probation. "Sidchester prescribing service" is ok but really you have to commit a crime to talk to anybody. I think it's got to be something that you're going to get at the end, like with methadone you go to talk to someone and open up to them and you know at the end your going to get methadone. But with crack you go and talk about it and that's it. There's not a sleeping tablet they could give cos once you wake up you still need a rock, there's not much you could give them. I done ASRO a couple of month ago and I really enjoyed it like. Some kind of group work might help (Lizzie aged 25).

9.8 Edgework and Knowledge: the potential to managing risk and reduce harm

As discussed in the previous chapter, the crack user-edgeworker takes great pride in the accumulation of knowledge. Indeed it is this very knowledge and the utilisation of such that serves to differentiate edgework as a voluntary risk-taking activity from a dangerous gamble. With this in mind, it is of no great surprise that a number of the respondents highlighted the importance and benefit of information provision in relation to crack cocaine – even if some of

the users believed that they did not themselves need it due to their somewhat boastful belief in their knowledge:

Billy: *Information is always useful. I have enough information like, definitely. I know everything there is to know about every drug.*

RM: *Do you know about the risks associated such as the risk of contracting blood borne viruses from sharing pipes?*

Billy: *Fucking hell I didn't know that you could catch stuff from sharing pipes!*

RM: *Do you know about the harmful fumes released when burning crack on aluminium foil?*

Billy: *I didn't know that either. There's a couple of things I didn't know about the hepatitis and the foil and that. The services really should be telling people more of this stuff* (Billy aged 31).

For some however, the reverse was expressed:

It wouldn't have helped me if I was given information, it wouldn't make one bit of difference, I would of took no notice, all your bothered about at the time is getting high (Tomma aged 19).

I just don't listen to anyone, wouldn't be bothered, I wouldn't take no notice (Beefy aged 26).

Some of the respondents within this study had received good harm reduction advice from their drug worker already, which they valued. Donwall et. al., (1995) also reported that users value workers with cocaine and crack specific knowledge and called for more professional training in this area. Indeed where this had been present it appeared to improve the quality of the relationship between the user and the worker:

My worker told me about the risks, she told me that you always have to use a different pipe cos it only takes a cut on the mouth, everything you use has got to be your own and if anyone else wants to use it they can't, they have to use their own. I always use my own pipe now. I never use to though until she told me that, I had no idea. It only takes a little cut, only a little bit of blood and that's it and you do tend to burn your lips and get blisters when you smoke a lot. I always remember that, that was a while ago I was told that and I've always remembered (Agnes aged 37).

My worker sat me down and told me the risks, she told me that it plays with your mind and she showed me a chart that shows what happens, you know when you go up and then crash back down and how that can make you skitz (Paul aged 34).

Whilst this information was welcomed and implemented by many of the respondents, it also seemed to benefit the relationship between the users and the worker. The users who spoke about the beneficial advice and information they received from their drug worker also tended to talk about their worker with a higher level of respect. They appreciated that they had this knowledge and seemed to feel comforted by the sense that their worker "knew what they were talking about".

9.9 Recommendations for Social Policy

It was evident within the discussion with crack users that existing opiate-focused drug treatment in Sidchester is not meeting their needs or supporting positive changes. Indeed it would appear that users are achieving change often in spite of treatment and not as a result of. Users and providers present somewhat apathetic views towards their ability to elicit change for crack cocaine users and the absence of pharmacological interventions within the dominant medical model of drug treatment has a crippling affect to the system. In order for drug treatment to offer anything of meaning to crack users, a shift away from a medical model appears essential. A specialist

crack service, not reliant upon opiate-focused interventions offers the opportunity to enable the development of a model of treatment that is responsive to crack users.

The alternative conceptual vocabulary of edgework as a framework for understanding crack cocaine use offers significant opportunity to develop an alternative model of treatment. Reinforced by a recognition and appreciation of the discursive model of addiction (Davies, 1997b), users can be supported to move through the discursive model in order to reach the stage wherein they are "ready for change". Cognitive behavioural therapies, which have been demonstrated to be effective with heavy-end crack cocaine users (Weaver et al, 2007), may offer a potential to elicit change talk within users as they progress through the discursive model. Similarly brief interventions, which have been found to significantly reduce alcohol use in hazardous and harmful drinkers (Kaner et al, 2009) may prove effective with crack cocaine users (Weaver et al, 2007), enabling users to consider the costs and benefits of use, and promoting readiness to change.

It is essential that we re-conceptualise "addiction", moving away from the disease model (Best et al, 2006; Miller et al, 1996), in order to encourage users to believe in their own ability to change (Best et al, 2006). A social model of treatment has much to offer the crack user-edgeworker. Absence of meaningful activity within the user's daily routine could be addressed through the provision of non drug-related "meaning-making" activities, which promote the development of mainstream skills and an alternative acceptable identity. For the user ready to make reductions in use, such skills, which are valued within traditional spheres such as employment, enable users to hone socially acceptable skills. Interventions such as groupwork, which enable the development of social skills and relations, provide meaningful activity in the short term, whilst also skilling the user for longer-term social involvement. Social rehabilitation of this kind has been suggested to *"re-awaken the addict's perspective on the future"* (McIntosh & McKeganey, 2001: 56), as a desire for a new identity is necessary for forward progression through the discursive model of addiction.

The application of an edgework conceptual framework offers an opportunity to promote harm reduction with users who remain within stage 3 of the discursive model of addiction. Measham (2006) highlighted the importance of understanding the motivations of alcohol users who exceed recommending drinking levels, in order to enhance the potential impact of the "new policy mix" of harm reduction. By understanding the importance of negotiating and managing risk for the edgeworker, harm minimisation approaches may become meaningful for users, resulting in harm reduction advice being a premium commodity. Users may therefore be supported to reduce the harms associated with their crack use, whilst providing an incentive to begin a dialogue with their drug worker; an incentive which in the absence of prescribing interventions does not currently exist.

Within the respondents' narratives, which have been reflected upon in this chapter, lies an opportunity to inform service provision and make it more meaningful to the individuals who access it. Service user involvement in drug treatment and service development is one of the most significant movements of recent times however, it has tended to serve and reinforce the dominant discourse of addiction, rather than truly benefit the users it seeks to represent. The current chapter has sought to make recommendations for social policy and drug treatment, which moves away from hegemonic discourses of addiction and their attendant treatments, towards a social model which is argued here responds to crack user-edgewoker's needs. The following concluding chapter will seek to highlight the original contributions this study has made to sociology in general as well as the sociology of drug use.

10.1 Conclusion

Within the concluding chapter of the thesis, I will be reflecting upon the thesis findings and theoretical perspective, discussing their significance as an original contribution to the field. I will be considering the methodological design within this study, with its complex ethical issues and framing this as an opportunity to approach future interpretive studies in order to achieve deep level understanding when researching hard-to-reach groups. The application of the edgework perspective to heavy-end drug users, specifically in relation to the use of crack cocaine, represents an original contribution to sociology and provides a counter discourse for understanding marginalised groups within society which are often constructed as problematic. The development of a counter discourse which challenges the hegemonic discourse of dependency and the inherent misperceptions of drug cultures has significant implications for the field of substance use including drug treatment. These implications are considered within the context of drug treatment in an effort to inform social policy in the area. Consequently this study provides both an academic and social contribution, with specific relevance to heavy-end drug users.

As with any research study, it is vital that the most appropriate methodology is used to answer the specific research question (Blaikie, 2000) rather than merely the researcher's preferred approach (Bryman, 2004). The question I posed related to the deep-level, interpretive meaning of the daily-living experiences and motivations of heavy-end crack cocaine users. In order to achieve an understanding of such, demanded a level of immersion within the culture (Hammersley & Atkinson, 1995; Williams & May, 1996). As a drug treatment practitioner working within the area which I was studying it was both impractical and unethical to employ traditional ethnographic methods inclusive of participant observation. Whilst my practitioner role presented restrictions upon my research, it also presented significant opportunity. I have specialist knowledge of the language used within the culture as well as privileged access to the group under investigation complimented by a level of familiarity

and credibility with the users (Jacobs, 1998). My dual role of practitioner and researcher therefore represents a strength within my methodology. As my research has shown, drug treatment itself is part of the daily living experiences of heavy-end crack users. As a drug worker, therefore, I was actively participating with the culture on a daily basis. Consequently my practitioner role became part of my methodology; a role that I have referred to as a "player". Unlike "insider" ethnography, the researcher-as-player has a distinct role that is different from that of the individuals being studied, however has a genuine involvement which is fundamental to the development of the "non-traditional ethnographic approach".

From the position of player as opposed to participant observer, I have been able to use my embedded knowledge based on the symbolic interactions I have been privy to between users, users and myself as a practitioner, and reports of their interactions within the market. As an experienced practitioner, I have sound knowledge and understanding of the language used within the culture as well as much of the structural conditions commonly affecting this social group. I have then sought to interrogate and enhance this understanding by conducting focus groups and rich, in-depth interviews with knowledgeable drug users. The methodology of non-traditional ethnography represents an original contribution to social research and offers an opportunity for a unique approach to researching groups which are often marginalised and difficult for researchers to access by virtue of the sensitivity of the issue or the clandestine nature of the activity.

The discussion within this thesis surrounds a group of heavy-end drug users whose past or present drug using repertoire included crack cocaine as a primary or secondary drug of choice. My research-related interactions with this interesting group of individuals served to feed my existing frustration at the hegemonic discourses of drugs use. My study has illustrated that such discourses fail to acknowledge and explain the cultural experiences, motivations and behaviours, which I have been privy to throughout my interactions with this culture and within my fieldwork. As my thesis has unfolded I hope it has told a different story, providing a counter discourse of

drug use, with specific relation to crack cocaine. The counter discourse detailed within the previous pages provided a framework to understand the consumer practices, daily living experiences and motivations of crack cocaine users within an area of the North East of England, and represents an original contribution to sociology.

The significance of voluntary-risk taking and the subsequent skill users developed in order to manage the various high-risk activities are key themes within this thesis and have been shown to be the motivating force behind respondents' choice to repeatedly use crack cocaine. Involving themselves in voluntary-risk taking activities, or edgework (Lyng, 1990), such as those described within this thesis, enables users to develop a sense of meaning in an otherwise meaningless life. In this sense the thesis provides a counter discourse, which is not dominated by addiction, despair and weakness, but explores the individual skills, knowledge and meaning-making inherent within the activity.

In this thesis I have applied Stephen Lyng's edgework concept (1990) to provide an understanding of crack cocaine cultures in an area of the North East of England. As discussed in detail within previous chapters, edgework involves the negotiation of boundaries. A boundary here is the edge between two opposites, for instance being high or straight, life and death. My research demonstrates the significant level of highly tuned skills and specialist knowledge that users have developed in order to succeed within the culture and manage the edge. It is this ability to negotiate the edge that enables the user to gain meaning from their drug use and associated behaviour.

The application of edgework to this group represents an original contribution to the substance use field as such a model has not previously been applied to heavy-end drug use. Indeed it has been argued that heavy-end use is "out-of-control" use, therefore users have crossed over the edge and are no longer involved in edgework (Reith, 2005). However, my research has argued against this traditional view suggesting that heavy-end users do exert control over their use.

Whilst some respondents spoke openly about their ability to manage their use, others maintained the “drugspeak” (Davies, 1997b). These individuals made claims about their “drug-related behaviours” wherein actions such as repeated drug use, offending behaviour and the distress they caused loved ones was a direct result of their dependency upon crack cocaine and other substances. These individuals however contradicted their position throughout the interview, giving examples of their ability to control their behaviour and drug use. By integrating Davies (1997a, 1997b) discursive model of addiction, I was able to demonstrate that users took crack because it made sense for them to do so, given their social situation. Engaging in such drugspeak and adhering to addiction discourses by adopting the identity of a powerless addict ironically freed the user to use crack cocaine and avoid, in part, judgement from the non-using population. This assimilation of cultural and discursive perspectives represents a further contribution of sociological significance.

The crack cocaine market provided the context within which the edgeworker engaged with voluntary-risk taking activities and provided a backdrop against which the user’s activities and choices should be viewed. The extent to which the market was supply or demand-driven was therefore an important consideration within the analysis. The exploration highlighted interesting practices both from a user and dealer’s perspective, providing sociological insights into the alternative consumer culture that existed.

Whilst some individuals described a position of relative powerlessness within the crack cocaine market, wherein they were reliant upon an unreliable commodity dealer, with little interest in meeting the needs and conveniences of his customers, others described an empowered consumer position. Here individuals were found to be making cautious and informed consumer choices, seeking to identify the best deal relating to price, quality and quantity of substance. For example one dealer spoke at length relating to the quality of the crack and service he previously offered his customers, apparently taking pride in this and the skills he had developed in order to facilitate his commodity dealing. A user’s initiation upon crack cocaine appeared to adhere

to a diffusion process wherein new users were primarily recruited by existing users (Ference, 2001) rather than recruited by a dealer (Coomber, 2006). New users proceeded to negotiate their own purchasing arrangements however some consumers were simply more skilled at this than others, resulting in the variation in consumer power. This skill-base was for many users an important aspect of their drug use, which emerged as a central theme within the thesis.

The links between drug use, including crack cocaine, and crime have been well documented (Welte et al, 2001; McSweeney & Turnbull, 2007). However, the complexity and direction of that relationship remains a somewhat contested subject (Hough et al, 2001). Whilst drug dependency often relates to increased offending behaviour (Brain et al, 1998), other studies have found that existing criminal activity increases the likelihood of drug use (Auld, 1986; Parker & Newcombe, 1987, Walters, 1996).

Within drug treatment there is a basic assumption that dependency causes crime, therefore addressing dependency for instance via substitute prescribing will reduce offending behaviour (HMSO, 2008). Such perspectives are informed by dominant discourses of drug use and treatment, with offending and other associated degradation being perceived as evidence of addiction. Whilst involvement in offending behaviour was a common characteristic of this research cohort, the relationship between drug use and offending was not unidirectional nor was it synonymous with the powerlessness of addiction. Indeed, what my research shows is that users tend to engage in complex self-negotiation regarding what behaviours are acceptable to them given their situation, and what are not. Often moralistic in their content, users justify their actions in comparison with that of others, participating in a wide range of behaviours in order to fund their drug use. Many of these means of funding are illegal, however others are not. Indeed there are rare occasions when drug use actually decreases offending behaviour. Clearly a relationship between drug use and crime does exist, although my research has shown that this relationship is not mono-causally

linked, characterised by the enslaved addict desperately attempting to feed their overwhelming hunger for drugs.

The language used by some respondents to describe their offending behaviour, which was boastful at times and commonly containing excitement, was not indicative of an individual who was reluctantly involved in criminal activity. The criminally active user often describes his or her offending in terms commonly associated with employment, thus creating a sense of an "alternative career". This thesis has demonstrated the purposeful effort and skill that users develop in order to succeed within the crack cocaine culture. A skill, that induces excitement and a pride at the accomplishment, and one that is frequently celebrated by the members of the culture. Offending is one example of honed skill exhibited within this culture.

An edgework perspective of heavy-end crack cocaine use was further developed within the thesis by applying the limit-experience (Foucault, 1979). Within this context, once the user has reached the edge and successfully negotiated it, they may transcend the boundary, placing the edge further beyond reach, thus providing a new edge to negotiate. Here we are introduced to the fluidity and permeability of the edge in relation to heavy-end crack cocaine. As we have discovered throughout the discussion, an individual's use seldom remains static. Users frequently increase and reduce their use between abstinence, use and misuse therefore transgressing boundaries, only to return within the boundary at a later date. Similarly individuals were found to experience different boundaries within different areas of their lives.

Rather than find that heavy-end crack cocaine use is an activity outside of the understanding of the edgework perspective, my research has illustrated how such a model is able to provide invaluable insights into what motivates an individual to use crack cocaine. Indeed, not only is such an activity appropriately understood as edgework, it is an activity which consists of many edges and requiring significant knowledge and skill from accessing the culture, generating sufficient funding, purchasing good quality products,

production of crack from cocaine hydrochloride and ultimately getting high. Along the way users must negotiate numerous boundaries associated with this activity; social inclusion and exclusion (in relation to both drug using and non-drug using cultures), chaos and order, in-control and out-of-control, freedom and incarceration (or lesser community-based disposal which will restrict their liberty), integration and isolation, sanity and insanity, happiness and sadness, treatment adherence and resistance, high and straight, use and misuse and the ultimate boundary between life and death. With all this in mind, heavy-end crack cocaine users are arguably very "edgy" individuals.

Whilst I have been academically inspired by my research and the theoretical perspective I have developed, along the way I have grown increasingly disillusioned with the professional field with which I shared membership. As a drug treatment provider, I had experienced the influence of the medical discourse upon drug treatment and the user discourse. Fundamental to the thesis however is the deconstruction and subsequent rejection of the hegemonic discourses of drug use, which pathologises drug use and the user in particular ways. Such theoretical perspectives view the user as powerless wherein the user is unable to help them selves or exercise any control over their substance use (Ferentzy, 2002). In addition, the drug users I interviewed often reported that they did not discuss their crack use with their drug worker. Those who did, however, rarely experienced any marked benefit from doing so. The users who did achieve change in relation to their drug use often did so independent of the treatment services they were involved in. As I no longer believed the theoretical underpinnings and subsequent treatment modalities, I began to feel disengaged from my work. The loss of belief in my professional practice and my subsequent fading passion resulted in my decision to leave the clinical setting and enter into research full-time.

On reflection I felt that I had lost the "meaning" in my professional life; I went to work and completed my tasks to the best of my ability however I did not feel connected to the product of my labour. In some sense I was alienated (Marx) from my work and longed to induce further meaning into my employment. The excitement and purpose I have experienced whilst undertaking my PhD

teased me, mocking my meaningless involvement in treatment. I had developed new skills within my research which I could put to good use, after all a PhD was not well recognised within professional social worker practice.

As a researcher I was using the skills I had begun to hone within my PhD to both find meaning in an area I was fascinated by (drug and alcohol use) whilst also finding meaning in my own professional life. As a qualitative researcher, researching high-risk activity within a culture few researchers have access to, I was achieving something many others could not either because they do not have my privileged access or the research skills necessary. The interviews were exciting and even risky; what if I could not get them to talk to me? What if they disclosed something too risky that I had to share with the authorities? Most of these users were involved in offending, many of which violent crimes, what if they committed an offence against me? I was also aware of the risk the user was taking by sharing their world with me. Indeed the respondent I have referred to as "Rats" asked mid way through the interview, "*you're not a copper are you?"*

The experience of researching individuals involved in high-risk activities had resulted in me experiencing a type of "ethnographical edgework" wherein I was able to access a risky culture temporarily and experience risk as if it were a commodity that could be purchased (for the price of the going rate for an interview which in this case was £10). In addition to the virtual risk experience, I also gained the actual experience of risk management inherent within edgework. I was utilising my honed skills, taking a career risk by leaving my social work practice to enter a new profession and interacting with people who may present a risk to me. If I made a wrong move or bad decision I may not get sufficient data, or maybe my respondent would turn on me if I trampled too much on their world. In addition I have taken some significant risks throughout the writing up of this thesis also, presenting an argument that contradicts the hegemonic discourses. What if this places my doctorate research at risk?

Moving into research allowed me to regain my sense of meaning and connection with my work and whilst I experienced this decision to be largely positive, I questioned my authenticity and the value of my previous employment. I had theoretically turned my back on it and began to question 10 years of practice within which I had previously expended much time and energy. Whilst my belief in my research remained firm, I contemplated the purposefulness of my previous work. After all, in 10 years I had met many individuals who had embarked upon change and had felt supported and benefitted by the treatment system I was part of. Was I really prepared to disown it, walking away without finding a resolution? I began to question whether my research findings could benefit the treatment system for the users who accessed it. From my own point of view, I could not return to my practice without first developing congruence and coherence between my role as researcher and that of drug treatment practitioner.

My critique of the hegemonic discourses or drug use and their attendant treatment approaches had created a void. In the absence of an addiction or dependency, what was the purpose of drug treatment? Harm reduction techniques are however a central component of any treatment regime. The edgeworker values knowledge and ability to apply that knowledge in order to negotiate the boundary essentially between harmful and harmless consequences. Therefore the provision of factual information relating to the minimisation of harm offers a valuable opportunity to work productively with heavy-end crack users as edgeworkers. Within such a model the provision of useful information could replace the substitute prescription (which is not available to the crack cocaine user) as the users motivation for accessing treatment and discussing their use with a practitioner.

The discursive model of addiction discussed within this thesis appears to offer a significant opportunity to the treatment system also (Davies, 1997b). Davies' 5 stage model describes the discursive process users move through to make sense of their drug use. Stage one represents recreational, hedonistic use, moving onto stage 2 wherein problems associated with use begin to emerge. Users within stage 3 of the model describe a loss of control,

which is necessary drugspeak for accessing treatment. The addiction concept then begins to breakdown as the user moves to stage 4 and nostalgically discusses the “good times” within their drug using career and it is during this stage that the user is vulnerable to lapse and relapse, thus returning to stage 3 of the model. Discursive stage 5 within Davies’ model finds the user discussing their addiction within the past tense, wherein the user is either abstinent or using in a non-problematic way and no longer views them self as “in recovery”. By applying a discursive model of treatment the user maybe supported to progress through Davies’ 5 stage drugspeak model, which Davies himself suggested had therapeutic potential. He argued that drug workers should view their client’s discourse as indicants of motivation to make positive changes in relation to their substance use rather than reports of the “truth” of their dependency. Intervening in order to shift the user from one discursive stage to the next may engineer change. Davies suggested that talking therapies such as motivational interviewing and cognitive behavioural therapy could be used within the context of this model. There is therefore a need for greater research into the effectiveness of discursive models of treatment with heavy-end crack cocaine users.

It should be acknowledged however that talking therapies of this nature are currently used within the established treatment system, albeit in a rather inconsistent manner (Audit Commission, 2002). Also if users are choosing not to disclose their crack cocaine use to practitioners in the first place, it would appear that the existence of such interventions would have limited affect. It is therefore necessary for change within the drug treatment field on a greater level. Drug treatment practitioners must proactively seek to engage users in a discussion about all their drug use and listen fully to what users say about it, including the function of their use and the ways in which they describe it. As shown within this thesis the use both creates and solves problems for the user. The worker must be open to hearing both the creative and destructive aspects of the users’ crack cocaine use in order to create a discrepancy within the user, eliciting change talk and promoting change. After all, the alternative appears to be colluding with the addicted state, reinforcing

the addicted identity and essentially disempowering drug users from achieving change.

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12.1 Appendix 1: Poster

Sidchester Crack Cocaine Study

Have you used crack cocaine in the past 12 months?

Would you be willing to participate in a research study and discuss your experiences in an interview?

Please call Ruth on 075935314

Your information will be treated confidentially and you will receive £10 for your participation

13.1 Appendix 2: Interview Schedule

Demographics

1) What is your age?
2) What is your ethnic origin
3) What is your employment status?
   (Prompt type of employment/benefits received)
4) What is your housing status?
5) What are the first 4 digits of your postcode?

Drug use

6) How old were you when you first used drugs?
   (Prompt for different drugs/initiation)
7) Tell me about your current drug use?
   (Prompt how he/she was first introduced crack, levels of use, poly drug use, drug of choice)

Market

8) How accessible is the crack market?
   (Prompt for how a user is introduced to dealers, open & closed markets, dealer-user interactions)
9) How available is crack in Sidchester?
   (Prompt for numbers of dealers, geographic location of dealer, distance travelled to score)
10) How many people would you say that you know that use crack?
11) Do you think it's changing the crack in Sunderland/getting more or less frequent now?
12) How much do you pay for a rock?
13) Can you buy heroin and crack from the same person?

Daily-living Experiences

14) Tell me about your average day?

15) What are the good things and the not so good things about your drug use?

16) Do you offend to pay for your drug use?
(Prompt for types of offences, frequency of offending, changes in offending behaviour)

Treatment

17) Are you involved in drug services in Sidchester?
(Prompt whether they talk to their worker about their crack use)

18) Have you tried to reduce/stop using crack?
(Prompt for how did you find your attempts to change)

19) What would help you reduce/stop using crack?

20) Do you think the drug services helped/could help you at all?

Other

21) Is there anything I haven't asked you that you would like to add?

14.1 Appendix 3: Second Interview Tool

Woman	Young	Inexperienced
Substance user	In-control	Energetic
Happy	Regretful	Aggressive
Rebel	Abnormal	Comfortable
Compassionate	Family	Normal
Daughter	Exciting	Uncaring
Free	Tired	Gentle
Interesting	Accepting	Dishonest
Sociable	Out of control	Past
Mother	Strong	Relationships
Unhappy	Old	Able
Offender	Experienced	Honest
Carer	Enthusiastic	Restricted
Angry	Boring	Friendships
Lonely	Future	Fun
Skilful	Weak	Risky

Any other word?