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# HOW YOUNG BRITONS OBTAIN THEIR DRUGS: DRUGS TRANSACTIONS AT THE POINT OF CONSUMPTION

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by

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***Abstract:** The enormous expansion in recreational drug use (cannabis, amphetamines, LSD, ecstasy) amongst young Britons during the 1990s has had a normative effect whereby gender and social class differences are now negligible and consequently most young drug users are otherwise law abiding and conventional. Based on five contemporary studies of adolescents' drug use, nightclubbers and new young heroin users, this paper explains how while young "hard" drug users utilise "real" dealers, the vast majority of young drug users do not. Instead they rely on friendship and acquaintance chains and networks to "sort" each other out and thereby put physical and social distance between themselves and "real" dealers from criminal worlds. While de jure this means a significant minority of young Britons are drug suppliers, in practice few are apprehended because these transactions take place in their own semiprivate social space where they are largely condoned. Thus far these informal transactions at the point of consumption have kept the recreational- and heavy-end drugs arenas apart. However there are worrying signs that purposeful heroin distribution and marketing is penetrating recreational-drugs settings and recruiting a new generation of "susceptible" heroin users.*

## **THE BRITISH DRUG SCENE ACROSS THE 1990S**

While far from the highest international per capita alcohol consumption rates (Harkin et al., 1995), the U.K. has the most drug involved population of all the European Union States. This status is not

primarily generated by problematic use, although heroin, crack and poly drug dependency are at significant rates, but by the "recreational" drugs consumption of young Britons (ages 12 to 30). It is the use of cannabis, followed by amphetamines, LSD, ecstasy and increasingly cocaine (powder), that generates the U.K.'s top slot across Europe both per capita (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 1999) and specifically among comparative youth populations (European School Survey Project on Alcohol and Other Drugs [ESPAD], 1997).

While household surveys suggest that 51% of males and 38% of females between 18 and 21 years old have ever tried an illicit drug (Ramsay and Spiller, 1997), this is almost certainly an underestimate given that young people in State care, students away from home and homeless youth are missed in such surveys. School- and college-based confidential self-report surveys in some regions, especially in the north of Britain, report that six in 10 young people have tried an illicit drug by the age of 18; and around 25% to 30% are recreational users in late adolescence and early adulthood, primarily of cannabis, followed by the dance drugs (Aldridge and Parker, 1999; Parker et al., 1998a; Barnard et al., 1996). While we should be clear that most youthful recreational use remains occasional and primarily weekend-based, the prevalence of these rates generate estimates that 1.2 to 1.8 million 15 to 19-year-olds alone have some experience of drugs in the U.K. (Parliamentary Office of Science and Technology [POST], 1996). This is an enormous expansion compared with the 1980s that, inevitably, has in turn had a normative effect. Most surveys now find that as many young women as men are involved and that all social groups are affected. Drug takers are found as often in both higher and lower social groups (Leitner et al., 1993), in private education as much as in State provision (The Guardian, 1999), and with university students leading the way (Webb et al., 1996).

Moreover, while drug use is endemic among the delinquent minority of recent generations (Graham and Bowling, 1995) the corollary is not found. The vast majority of today's young recreational users have either no or only light criminal antecedents and virtually no significant differences exist between young people who eschew recreational drug use and those who indulge (Aldridge and Parker, 1999). In short, most adolescent, recreational drug users in the U.K. are otherwise largely conforming, law abiding, young citizens. Delinquency rates seem independent of these particular changes in the drugs landscape.

A similar process has been underway among young adults. The rise of the dance-rave party "culture" and the consequent rejuvenation of the U.K.'s 4,000 nightclubs during the decade has been at the heart of the expansion. With those under 30 years of age dominating the age profile of Britain's 16 million club visitors (Finch, 1999), and leisure forecasters *Mintel* claiming one in two 18 to 24 year olds are regular nightclubbers, this scene captures (and largely contains) the most serious end of the U.K.'s recreational scene. The handful of studies of this dance-club scene suggest that between a half and 90% of clubbers dance to stimulant drugs. They are also very drug experienced: almost all have used cannabis, around 90% have tried ecstasy and over three quarters have used LSD and amphetamines (Release, 1997; Forsyth, 1996).

This environment clearly requires an elaborate drug supply system. One estimate is that a million ecstasy pills were consumed each week in Britain in the mid 1990s (POST, 1996). However, since these "party goers" are dedicated combination drug users, their drug usage typically involves amphetamines and, most recently, GHB<sup>1</sup> and cocaine in addition to ecstasy. Clubbers routinely spend £50 a night on their drugs of choice.

Turning to problematic drugs and drugs careers, there are now clear signs that the U.K. is seeing a major reemergence of heroin use among a minority of young people (Parker et al., 1998). This will eventually generate a steeper increase in the numbers of young people dependent on illicit drugs. Using a particularly broad definition, it is estimated that there are around 400,000 youths ages 16 to 24 England and Wales using drugs (Advisory Council on the Misuse of Drugs [ACMD], 1998); "official" counts report the overall problem use population to be between 100,000 and 150,000 users. Unlike the recreational scene, we must expect to find a direct drugs-crime relationship among these young hard-drug users because of both the cultural and socioeconomic milieu from which they come and the size of their weekly or daily drugs bills.

This overview of the 1990s British drug landscape clearly identifies a major increase in drugs consumption. Since the prices of nearly all street drugs have remained stable or fallen (e.g., ecstasy) during this decade of expansion, we can also be sure, backed by convincing international intelligence, that supplies are strong and have coped easily with (and perhaps stimulated) increased demand.

This paper attempts to explore how a new generation of youth with these unprecedented drugs appetites have, given their unlikely social profile, actually obtained their illegal drugs. If most adolescent and

young adult recreational users are largely conforming, nondelinquent citizens who are in school, in college, in training or employed, how do they comfortably and "safely" procure drugs from an illegal and constantly demonised drugs market? What is occurring close to the point of consumption that accounts for the millions of young people who have breached the Misuse of Drugs Act 1971 by possessing controlled substances? How have hundreds of thousands of otherwise law abiding young citizens become engaged in illegally supplying Class A drugs, such as ecstasy, which carry the potential penalty of five years imprisonment? The discussion additionally considers how and why heroin use is also rising steeply, and assesses the risks this poses for an overlap between the recreational and hard drug scenes.

## METHODS

This paper is based on recent and on-going research undertaken by the author and colleagues at Social Problems Applied Research Centre (SPARC). All five studies used to glean data describe the contemporary situation in England.

- (1) **The North West Longitudinal Study** was a five-year investigation (1991 to 1996) into the role of alcohol and illicit drugs among 700 14 to 18 year olds (inc.) in two regions of urban-suburban northwest. England. The data collection involved five annual, confidential self-report questionnaires and interviews with 86 of the cohort in Year 4, when they were 17 years old, plus several "critical incidents" case studies (e.g., of a panel member being caught by the police in a drug dealer's house). The data used here are derived from the interviews (Parker et al., 1998a).<sup>2</sup>
- (2) **The Integrated Prevention Programme Evaluation** is a four-year investigation in which more than 3,000 young people 13 to 16 and 15 to 18 years of age are being tracked by annual, confidential self-report questionnaires exploring their use of alcohol and drugs in the context of their lifestyles. A small cohort (n=19) of initially 15-year-olds from the panel were interviewed in-depth three times between 1996 and 1998 by the same interviewers. The data from these structured conversations are utilised in this paper (see also Measham et al., 1998).<sup>3</sup>
- (3) **The Dance Drugs, Nightclubs Study** is a two-year study of the health and safety of clubbers and involved 21 nights of

fieldwork in three nightclubs in northwest England. Brief interviews, using a team of eight interviewers, were undertaken with over 2,000 customers and nearly 300 in-depth interviews (including voluntary urine samples, temperature and pulse measurements, and intoxication monitoring over several hours) were conducted as well as extensive observational work and conversations with club security and bar staff. The data used in this paper are extracted from the in-depth interviews that were coded and "quantified" using the Statistical Package for the Social Sciences (SPSS) and the observational work (see Measham et al., 2000).<sup>4</sup>

- (4) **The New Young Heroin Users in England and Wales** study was basically a rapid audit of the spread patterns and profiles of a new cycle of heroin outbreaks affecting numerous small cities and towns. A survey of all Drug Action Teams (inter-professional local networks) and police forces, generating over 200 returns, was supplemented by visits to new heroin "hot-spots" where local professionals and young heroin users were interviewed. This study informs part of the main discussion about dealing patterns (see Parker et al., 1998).<sup>5</sup>
- (5) **Profiles of New Young Heroin Users in England** was undertaken during 1999 and involved interviewing 100 young, "recently initiated" heroin users in a small city, and a large and a small town in England all experiencing heroin outbreaks. Those interviewed spoke in detail about how they obtained their drugs, and some accounts are included here (Egginton and Parker, 1999).<sup>6</sup>

All the interviews were conducted directly by SPARC staff and the methodologies employed are discussed in detail in the sources given. Because very few British studies have been undertaken that focus directly on drugs transactions at the point of consumption (but see Edmunds et al., 1996) one of the few feasible ways of, at least, outlining the situation is to collate accounts and descriptions from studies that indirectly or incidentally explore the final transaction. Each of the five investigations above all purposely collected drug dealing data which are brought together for the first time in this paper.

## ADOLESCENT RECREATIONAL DRUG USERS

The longitudinal studies, particularly the qualitative components, confirm that most young people's (ages 13 to 17 years) drugs initiations are in social settings where their friends or acquaintances offer free drugs to try. Passing round the spliff (marijuana joint) is the archetypal example of this. For many drug triers and occasional users this remains their *modus operandi*: take drugs only when they're offered to you and are being used in "safe" social settings.

That was pot...I think I was about 13...with my sister and my mates. These lads who had it, we got in with them, they'd been smoking it for a while but it was our first time. [Female, 17, recreational user]

I don't buy some so that I can smoke it (by) myself). It's normally just when it's being passed around people that I end up smoking it. So I'm not going out and buying some because I think 'oh I need some. It's just if somebody's got some then I'll have a bit, but I don't feel the need to have to go out and buy some. [Female, 16, moderate recreational user]

Beyond these experimenters and opportunistic occasional users we found young people who rely on drugs provided from within their social worlds. This can be at school.

I know some guy at school who can get it (cannabis), although he's not a dealer he knows someone who's not a dealer who can get it. [Reliable quality?] The quality's not bad, but getting it's a pain in the arse quite frankly...I never think I'll be able to get it in time and if I do I think it'll be rubbish, until I'm stoned, then I realise it's not actually that bad. [Male, 17, cannabis-only user]

More often it is within "time out" friendship networks where one or more (usually males), become the drug hunters who sort things out by taking "orders" from others. An 18-year-old female single parent, who was able to go out "dancing" only once a week, saw cannabis as a regular relaxant while "stuck in the 'ouse."<sup>w</sup>

Just my close friends and my sister, usual crew. Before we go out...My mate's got her own house and everyone sits in there...The speed we used to get it off my other sister's mate. But my mate's boyfriend he deals the pot so we get the pot off him and he can also get hold of speed so we mostly get it off

him and if he can't get hold of it we try and get it off my sister's mate. [Female, 17, recreational user]

### **Not Real Dealers?**

Not being in direct contact with "real" dealers is a key factor utilised by many young people in the social construction of the responsible, respectable, recreational drug user. When asked where he got his cannabis and amphetamines, one young man was adamant:

Depends, friends normally if I can, if not I'll send a friend to a dealer.

[Ever go to the dealers yourself?] No. I've *never* been to a dealer. [Male, 18, recreational user]

Somehow in this discourse friends, and friends of friends who supply drugs are also recast positively because they're "OK." They sometimes also supply free drugs. In addition, they have to take risks and so deserve the little bonus of either an 1/8 of cannabis, a wrap of amphetamines, or an ecstasy PM, for their endeavours. There is also a very blurred line between who is a dealer and who is a customer. In the northwest study the majority of regular recreational users in the interview sample, when asked if they'd ever "sorted" other people requiring drugs, agreed they'd been on both sides of the transaction.

Yes for friends. [For profit?] No probably just they give me enough for a few spliffs for getting it for them. [How often?] Once in a while. Just when they can't get it themselves say once in every one month or two months or something. [Male, 17, occasional recreational user]

Like being the middle man you mean? Yes. [Which drugs?] Trips, pot, speed, tablets. [For profit?] No, just for my mates. [Cost price?] No, the lad who I got them off he'll have made a profit. [But you didn't?] No. [Who were you selling to?] My mates and my cousin. [Strangers?] No. [How often?] Someone might phone me up and say can you get us something, one week it might be 3 to 4 times a week, then it mightn't be for a month or something. (Male, 18, regular, recreational user)

These networks or chains in the procuring of drugs near the point of consumption overtly protect the majority of young drug takers from direct negotiations with people they regard as real drug dealers. Distance is put between supplier and user and, because the interme-

diaries are friends of friends, the deliverer is considered to be "OK" and part of the straight world and not a "scally" or "radgy."<sup>7</sup>

However, because there are so many real low-level dealers and user-dealers at the local community level who live ordinary lives and can be approached relatively safely, the supply chain is sustained. One female sixth former in a small suburban town met her supplier simply by being in the local pub with her boyfriend.

It's a dealer we know in the pub round the corner...Any day, any time he's in the pub waiting for you. If he's ill like he was ill last week, so his brother was there, you just go in and nod to him and he comes out. [Female, 18, cannabis-only user]

With normalisation we find abstainers and cautious drug experimenters, because they are friends with using peers, might also become involved in these transactions. One young man from the same town went off in a car with friends "who were buying for their friends."

Ecstasy, cannabis. Just the most frequent ones. That's all they go in for, it's the two cheapest to be honest. E you only have a tablet a night and cannabis for a fiver (£5). [Male, 17, abstainer]

Another who'd given up cannabis but kept the same friends continued to sort his friends in a fairly risky way.

I was the one who usually got it for all of them...I still go down for them all. They just give me two quid [each] to go and get it and bring it back. It's about a five minute walk...just around the area...If he hasn't got none, I know someone else. [Male, 16, former cannabis user]

In both of the longitudinal studies it was possible to see how, with experience and increasing drug wisdom, the chain of intermediaries near the point of sale created opportunities to make a profit.

Once I knew a lad that was selling Es and this girl came up to me and said 'do you know anyone who's selling Es?' So I said yes, how many do you want and she said "oh two." So I went and got two and took the money off her £30. I charged her £15 and they were only supposed to be £10. That's about it really. [Female, 18, problem drug user]

Several experienced drug users became involved in more clear cut dealing for profit but invariably as a second job. One young man who



left school at sixteen worked away from home returning each weekend. He, in fact, informally bridged two recreational drug-using networks some hundreds of miles apart. He occasionally profited from distributing cannabis and LSD "trips."

[Who for?] Friends up there and I've got it for friends down here as well. [Ever sold for profit?] Yes...I bought a quarter and paid £30 for it and I made £15 on it...but that was cutting it up and selling it on to different people. [Male, 18, recreational user]

None of these respondents considered themselves real drugs dealers. They saw their role as facilitative, as sorting or helping out friends and acquaintances.

### **Becoming Real Dealers?**

A handful of drug users in the longitudinal studies became involved in more purposeful dealing for profit. They were certainly, to their customers, real dealers. One young man whose family lived and survived on a tough estate grew up in a drug-using and a drug-dealing environment. Upon leaving school he took a night job working behind the bar of a local nightclub. The doorman dealt (mainly amphetamines and ecstasy) and also had an arrangement to let in a few other dealers. Our respondent and his friend, who worked in the club, began to sell ecstasy, amphetamines and cannabis with the agreement of the doorman. They quickly built up a good trade and for over a year had numerous repeat customers. To avoid tensions the doorman then limited dealing to himself and these two.

So we cleaned up with the doorman and said right fine well just stick with this [current arrangement] and well also send people to you...but as part of the deal you back us up if any shit comes off, so like he backed us up and we basically cut everyone out and there was just two sets of dealers me and my friend and the doorman.

The only complaints was if we'd had something [amphetamines] for too long, you know we didn't realise it was off and we'd say OK, fair enough and give them a free bag, keep them happy. We weren't going to be out of pocket, if you kept them happy they kept coming back and if you got the really good stuff instead of going to other normal dealers they'd come back to you and then...their friends would come and if it was like a first timer we'd go "oh, there's half free" and they'd be happy.

However operating in the real world of dealing for profit led them into serious problems both with the police (CID) and a local gang unimpressed by "trespassers."

I think the worse one was about 12 black guys try dragging you out of the car, that's got to be the worst. I was at college and apparently I'm meant to have sold something to this lad, forced him to buy it then I'm meant to have mugged him with a gun and a couple of other things which I didn't know shit-all about...and all these guys surrounded the car I was in...Get out the car otherwise we're gonna shoot you through the window. The police turned up and everything got sorted....[Male, 17]

A combination of dangerous situations and the Criminal Investigation Department (CID) detectives in the club watching the numerous transactions led the pair to stop dealing. They had made several thousand pounds but could see that their activities were going to be stopped by either the police or local organised criminals with stakes in the drugs market.

While at least half of all young Britons will, by consuming illegal drugs, have broken the possession law, only a minority, perhaps around 20% of late adolescents/young adults, will have been in situations where they were technically actually supplying drugs. The vast majority of these transactions will go undetected and, as we have seen will, not be personally or socially defined as supplying or dealing.

However a minority do and will get caught either at school or college, or by the police. Here the two very different perspectives or social constructions of drug use and dealing clash, as adult authority and drugwise youth clash. Two young women who had taken LSD trips at school regarded the punishment of a week's suspension (with no police involvement) and a ceremonial dressing down as excessive.

We have the head master shouting and screaming at us saying that we're no good dirty druggies, whatever. I was glad I was suspended for a week, I saw it as a week's holiday. I had to sit in here, I had to cry to get back into the school, I had to put on all the acting. "Oh I'll never do any drugs again, I'm sorry that I've put you through this, I know it's all wrong." One of the governors was sat there saying, "You're dicing with death." I was sat there thinking to myself, shit, I only had a trip. I was "dicing with death" and I only had a bit of acid. [Female, 15, problem drug user]

Their sense of injustice would have been far greater if, as is usually the case, the police were also called in and cautions issued.

A lass in our school...was caught selling a deal, like a fiver deal [of cannabis] to one of her pals. But what had happened was her boyfriend deals and she had found a deal in her bag and one of the lasses had said "Well let me buy it off you." And that's all it was. She wasn't coming in to the school and going "Oh, do you want to buy a fiver deal?" and all this. And somebody found out or somebody grassed her up and there were just complete hell. The headmaster, the police, the parents, everything was totally bang on to her. It was totally bad. [Female, 16, recreational user]

### **Functions of Recreational Drug Users' Networks**

In adolescence most recreational drug taking is a social event. The effects of the drug usually interact with the social setting to enhance the enjoyment of the episode. Such networks of experimenters and users also tend to provide a relatively safe environment for trying drugs and also, through conversation and the swapping of drugs stories, to upgrade the drug wisdom of each young person. This helps them apply a cost-benefit assessment as to what drugs to take/avoid and what strategies should be utilised to stay safe. These networks also allow conventional young people to acquire illegal drugs with little risk of apprehension, except for the chance discoveries of illegal drugs transactions at home, school or in everyday public space. Not having to meet real dealers or take risks in alien environments is another key function of these drugwise friendship networks.

However, there are also weaknesses in these apparently drugwise networks. They are being exploited by those wishing to entice young, recreational drug users to take up more addictive and expensive substances — cocaine and heroin.

### **THE DANCE CLUB — DANCE DRUG SCENE**

Moving beyond adolescents into the mainly young adult nightclub — dance club scene we find a particularly outgoing sector of serious recreational drug users. In the SPARC study drugs bills for the main sample (n=330) were routinely between £20-£100 for a psychoactive night out. These recreational users are very drug-experienced clubbers whom one would expect to use drug dealers.

During the 1990s public sentiment about ecstasy deaths, all night raves and dangerous nightclubs have focussed on nightclub dealers, particularly bouncers and security/door staff, who are believed to be the main suppliers to clubbers. Undoubtedly they have real involvement (Morris, 1998) but the reality is that most recreational drug users, including clubbers, are wary of buying drugs from strangers and getting too close to heavy duty characters. In the SPARC study around 20% of clubbers interviewed were freely provided with their drugs by friends, partners and relatives. Moreover, of the 70% or so who paid for their drugs, only a minority — around 10% — obtained their drugs from unknown dealers and security/bar staff.

Some 60% of those in the main sample regularly procured their drugs via friends and friends of friends and, where dealers were used, they were nearly always known, regular sources. With 92% disclosing they have received drugs from friends and 77% agreeing they've sold drugs to friends, the basic relationships and strategies described for the adolescent recreational scene are repeated.

The public and political discourses about the post-modern nightclub have also influenced policing priorities. Clubs and clubbers suddenly become targets for drugs raids, queue searches and elaborate inspections, as the local media or city hall politics demand action. This forces clubbers to take safety precautions. They consume their drugs before queuing or hide them in (usually female) body orifices in addition to obtaining them ahead of time from "safe" sources. Even so, members of this group, because they have been out and about since mid-adolescence, are netted by routine policing of the pub, club, car and street. One in five were cautioned or were convicted under the Misuse of Drugs Act (mainly for cannabis possession).

In conclusion, young adult recreational drug users play the key role in drugs distribution near the point of consumption. The desire to maintain safety in a potentially hazardous environment and to minimize the likelihood of receiving "dodgy" drugs from "dodgy" characters continues to shape drugs transactions. The informal friends of friends chain continues to dominate. This type of committed dance-drug user clearly comes closer to real dealers and being downtown at the weekend patently increases the risk of being caught up in both the drugs economy of criminal dealers on the one hand, and reactive "symbolic" policing on the other. Thus, the trick, for them, is to obtain quality drugs and enjoy the night out without contact with either side of the war on drugs.

## **MARKETING HEROIN TO YOUTH POPULATIONS**

### **A Second Heroin Epidemic**

During the 1980s the U.K. experienced its first real heroin epidemic with outbreaks affecting several cities and satellite towns. Estimates suggest that by the late 1980s around 150,000 problem heroin users were identifiable. These outbreaks, as in the U.S., affected unemployed, unqualified young men and women from the inner areas and the poor estates of these cities (e.g., Liverpool, Manchester, Glasgow and Edinburgh). Through macro diffusion (Parker et al., 1998; Hunt and Chamber, 1975) the poorer parts of nearby towns saw their own outbreaks. Heroin was, from this time on, associated with social exclusion.

After a quieter epidemic period (1990-95), signs of a second epidemic have begun to appear. With heroin seizures climbing steeply and international intelligence confirming expanding heroin production globally, heroin has become more widely available than ever before and in the U.K. is now being sold at £10 per deal (about 30% pure, 0.1 to 0.08 gms.).<sup>8</sup> Availability has this time spread far beyond the cities and is now found in towns right across Scotland, England and parts of Wales (but not Northern Ireland). A rapid assessment/national audit (Parker et al., 1998) commissioned by the U.K. government confirmed the picture. Heroin outbreaks are unfolding in literally hundreds of towns and at least three small cities have reported major outbreaks with thousands of new young users. It has become clear that these outbreaks are supply led. The kilos of heroin are warehoused in the old heroin cities. They are then, through criminal associations, moved in smaller consignments to new markets. Local town level dealers cut ounces into grams or bags and in turn trade with other local dealers and user-dealers. The heroin is primarily moved along the motorway networks by car.

### **Penetrating the Recreational Scene**

The numerous positive functions of drugwise peer networks for young recreational drug users have been described. However, these same networks of drugs distribution near the point of consumption also have weaknesses. They exchange illegal drugs that are obtained from subcultural worlds and international organised crime. They can be manipulated unless young drug experimenters and users can protect themselves.

This second heroin epidemic is supply led. Through new availability and shrewd marketing, heroin is being offered through the local dealerships selling recreational drugs. Heroin is penetrating local youth networks. One measure of this is that heroin "offers" or opportunities are now being reported in the more sensitive regional school surveys. Around 20% of 13 to 16-year-olds in affected areas are currently reporting access to heroin — a tripling of rates found in the early 1990s (Aldridge and Parker, 1999).

In the profiling study, while the traditional picture of social exclusion continues to match the majority of the new young heroin users, we must now extend the susceptibility spectrum to include young people who have taken up heroin primarily because of its clever marketing via the local recreational drugs scene. There is an increase in new users who come from conventional homes and report few damaging childhood experiences. While those who move beyond trying episodes to become problem users appear to have lower self esteem and do less well at school, they share many characteristics with the recreational users: being early risk takers, smokers, frequent drinkers and experimenting widely with drugs (Egginton and Parker, 1999).

Almost all *in* the profiling study first tried heroin in a social setting that was normally taken up with drinking or cannabis use — the very same scenarios that are found in the recreational scene. One 20-year-old who used to hang out with a group of friends who started heroin use by accepting a "blowback" into his mouth from one of the group. He then had "a line or two":

I puked up badly, a minute or two later had a pain in my stomach, then afterwards felt really nice, really warm inside.

The setting was a friend's big bedroom with a personal computer, playstation "everything, a right big house" — not a dealer's den.

These journeys to dependent use routinely took one to three years and initially many months often elapsed between early experiments and the period when they began to search out and buy heroin. However, once daily use sets in, these new young heroin users become estranged from straight friends and no longer keep the buffers between themselves and the real dealers. Instead they have their own dealers who:

You phone them up and they'll come and, meet you where they say. [Female, 18, heroin users]

They start to see the geography of their town as determined by heroin dealerships:

...within 500 yards (of here) there's about 15 dealers I know of.  
[Male, 18, heroin user-dealer]

The quality and value of the heroin is keenly talked about:

it changes everyday, all the time, one minute it's three bags for £25.... [Male, 20, heroin user]

...It were shit it were really bashed up. [Male, 19, heroin user]

To support growing habits many have become user-dealers, often working for their older dealer with whom they often become friends and heroin partners. One interviewee who had built up a considerable debt because his dealer continued to give him credit or "lay-ons," was selling £1,500 to £2,000 worth of bags a week to pay off his debt.

While in this brief overview the range of these heroin pathways and journeys cannot be described, the key point is that the mechanisms that were described earlier and that support and sustain the recreational drugs supply have, in some areas, been utilised to make heroin available to a new generation of young people with no heroin "respect" or knowledge. While the uptake<sup>9</sup> even for trying is far smaller than the opportunities or offers now occurring in these settings, this penetration is unprecedented outside the big cities.

At the age of 15 one middle-class young woman talked enthusiastically about her drug use, particularly her enjoyment of cannabis and LSD. She was already in the club scene through older boyfriends and claiming to be drugwise and sensible:

Because I was with my boyfriend and he was upstairs (in a nightclub)...One of the lasses comes up to me and she said "Do you want some smack?" It makes you feel beautiful, it makes you feel mint, it makes you feel proper high up'. But I didn't want to try it because it's sure bad for you. I've always thought steer well clear of E and stay well clear of heroin and stay well clear of crack. They're just too bad for you. I know the risks with cannabis and LSD...but they are accepted.

A year later, and after many nights of ecstasy, this young woman was also becoming a regular heroin user. Her fascination with the club scene and her associations with older men provided too many opportunities to try heroin. At age 16 she felt she could take it or leave it:

Once you've done heroin you don't see it as such a big thing. People who haven't done it they see it as a big...wow heroin! But after you've done it it's like well, it's just a smoke.

At age 17 she had built up numerous heroin contacts and while she remained located in a middle-class world of home, Saturday job, and sixth form education, her other subcultural world was always calling from the housing estate at the wrong end of town.

The people at the flats, I wouldn't say that they were my friends to be honest. They're associates who I take drugs with. There's one guy down there, who I do really get on with. We always take...well most of the time we take drugs when we're with each other. I mean we are best friends, anyone who ever looks at me funny, he's like in their face. We get on really well, but at the end of the day if I didn't take drugs, then I wouldn't go down there as much and I wouldn't...I mean there's that closeness when you take heroin with someone but only while the heroin lasts. Just heroin partners.

Within this world she has met and become associated with well organised local level dealers.

I bought some brown (heroin) on Thursday and the guy I bought it off, after me moaning "No, I want more brown than that, I want more than that and by the way I'm doing it at your house." He got out these tablets, he was showing me these methadone tablets and I just said "give me one." So he just gave me a couple of these methadone tablets.

[So when did you have them, before or after the heroin?] No I didn't have them that day. I had them on Sunday.

[What were they like?] It just killed off my rattle. I took it about eleven, and I was alright until about nine, and then I was down at the flats having a couple of bags.

Her inclusion in drug dealers' worlds went further:

Actually there was one guy, I used to hang around with him when we were younger. I started to hang round with him again, and he was dealing small time. Then he started dealing big time for the main guy, and I didn't get on with him after that. But the main guy, he was supposed to come to Alton Towers with me on Sunday, but he didn't because he didn't wake up, the lazy bastard. But it's like I get on with the main guy better



than the guys who deal for him. He doesn't do it himself, the main guy, he doesn't smoke it. If you saw him you'd just think "ordinary guy" but he is actually pretty big in the druggy and gangster world. (Female, now 18, problem drug user)

In short, while probably most of these new heroin users still come from the social exclusion zones they are being joined by a small group who, without heroin availability and marketing, would have probably maintained largely unproblematic, recreational drug careers. Yet because heroin has arrived in their town or village and become attached to the recreational distribution processes, we now have clusters of young heroin takers who do not fully fit the classic socially excluded profile. For those who move beyond experimenting into dependency, the way they procure their drugs slowly changes as the neutralising buffers between users and real dealers crumble. These new users, like their predecessors, now have their own dealers, determined strategies to obtain their brown, an argot and business discourse and contact with criminal worlds. They often, in turn, become fully fledged user-dealers or resort to acquisitive crime and misusing State benefits to fund growing drugs bills.

## CONCLUSIONS

During the 1990s there has been an unprecedented expansion of recreational drug experimentation and use among British youth. We now have a normative population balanced by gender, social class and urban-rural location. Leaving aside the complex decision making processes that drug takers utilise (but see Parker et al., 1998a) this whole environment could not have developed without the strong availability of a wide range of street drugs and mechanisms for these drugs to become accessible and acceptable to what is, by and large, a conventional, conforming population of young citizens. If over half of adolescent and young-adult Britons have breached the Misuse of Drugs Act, and a significant minority have done so in a way that, if detected, could lead to what are very serious changes of supplying Class A drugs, then some substantive social processes have been underway within youth culture(s).

These processes have been described as a range or spectrum of attitudes and behaviour vis-à-vis procuring drugs (see Figure 1). For the vast majority of recreational experimenters and users, uncomfortable with obtaining drugs from real dealers, informal but complex social arrangements have developed where drugs are obtained for free, from shared purchases and, most of all from relatives, friends

and friends of friends. It is only when we explore the serious end of recreational drug use (the dance drug/ stimulant scene) and profile the new, young heroin and problem users that we find customer and dealer routinely meeting and, indeed, users becoming real dealers.

### **Figure 1: Users' Rules of Engagement with the Drugs Market**

Have nothing to do with drugs. Keep away from people who do, if at all possible.

Remain an "abstainer" but accommodate drug taking and "sorting" and sharing among friends and acquaintances.

Take certain drugs, mostly cannabis, but only when they are being used, offered and shared in a safe social setting. Never ask for or attempt to obtain controlled drugs yourself.

Never make a transaction (money for drugs) yourself. Always rely on a partner, friend or "friend of a friend" of a drugs dealer. Ideally "club" your financial contribution with others.

Only buy drugs from a friend or acquaintance, never a stranger. Only buy certain drugs and never heroin or crack cocaine.

Only buy drugs from a drug dealer you know. Do this because you're drugwise and streetwise and are acting as an intermediary providing a service for friends and acquaintances. As reward your own drugs bill is usually covered.

Only buy drugs from a real dealer in exceptional circumstances and only ones you know.

Be realistic buying drugs for your regular personal use and/or friends by negotiating with one or more established dealers in order to get best value or credit (lay-ons).

Buy drugs to divide up and sell to cover your own significant drugs bill or to make a profit.

Buy drugs, despite the risks, if necessary from any dealer or from whomever you can because you need them.

The number of police cautions, for instance, for cannabis possession have risen from 4,000 in 1986 to 40,000 in 1996 (England and

Wales), and continue a sharp ascent; the number of young people convicted of drugs possession and supply offences has risen sharply. These increases in apprehension merely illustrate the scale of recreational drug use since, as we have shown, the ways drugs' transactions are undertaken make enforcement and detection, except for by chance via routine policing, highly unlikely. These processes have facilitated the growing normalisation of recreational drug use, since so many young people become *de jure* surrogate, low level drug dealers. On the other hand, these processes put distance between "conventional" young users and the more subterranean, subcultural and criminal worlds of those operating the local drugs markets for profit. They have tended to keep the recreational and hard drug arenas separate.

The unwelcome challenge to this bifurcation is coming from a supply-led heroin epidemic based on the well organised supply and distribution to new markets of brown heroin. At the ground level this has meant heroin has been introduced and initially marketed through the recreational drugs-distribution system. While the vast majority of young Britons, whether abstainers or recreational "soft" drug users, will eschew heroin this sinister development has combined with a lack of respect for heroin, produced a new heroin population among some susceptible adolescents. Heroin naivety is in part a consequence of a quiet, endemic period where today's adolescents have few recollections of the heroin addiction during the 1980s, particularly if they live in towns and small cities with no heroin history. This attitude is also related to primary prevention programmes, underpinned with the war on drugs discourse, that view all street drugs together as bad and dangerous. While demonising ecstasy, this has caused both confusion and contempt not among abstainers but among young and very young recreational drug users, the very group now containing the minority susceptible to heroin experimentation. The growth of cocaine availability and use will further complicate and confuse drug using youth. Unfortunately, by refusing to provide impartial public health/harm reduction messages to recreational users, a parallel opportunity to reinforce or extend their condemnation of heroin and cocaine has thus far been lost.

The millions of young Britons who occasionally use certain drugs would probably side with decriminalising cannabis possession. However, few would support any broader legalisation. They would instead wish to see far greater distinctions of "dangerousness" made between drugs like cannabis and amphetamines as compared to heroin and crack cocaine. From their perspective, law enforcement would con-

centrate on the suppliers and dealers of these dangerous drugs and also all dealers who sell impure drugs, classically the "dodgy E." On the other hand, those who "sort out" friends with softer drugs would be treated fairly leniently. Redefining what is an offence and revising seriousness thresholds is one way of reducing crime.

There are no solutions to the drugs problem, just different ways of managing the consequences of widespread use. In the U.K., fighting the war on drugs at the point of consumption implies battle with one's own offspring. While there are clear signs that the current government is moving away from such a position by focussing on heroin and cocaine and revising expenditure priorities by moving towards treatment options, these changes are primarily about crime reduction. Apprehended problem or dependent drug users are treated as they pass through the criminal justice system. Politicians have no intention of reviewing the current drugs legislation or providing a public health/harm reduction service for young drug users. Moreover, the new strategy continues to support and fund abstentionist primary prevention drugs education programmes, which appear to be not only ineffective but also, sometimes unintentionally, to undermine young people's informal drugs wisdom. Most recreational drug users try to keep away from criminal worlds and real drug dealers, while routinely breaking drugs laws. The dilemma is real enough — either there's something wrong with today's youth or there's something wrong with the State's approach to controlling what psychoactive substances they consume.



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## NOTES

1. GHB is the common name for gamma-hydroxy-butyric acid.
2. See Parker et al. (1998a) for a full discussion of the methodology. Funded by the Alcohol Education and Research Council and the Economic and Social Research Council.
3. Funded by the Home Office Drugs Prevention Initiative.
4. Funded by the Economic and Social Research Council.
5. Funded by the Home Office Police Research Group.
6. Funded by the Department of Health/Standing Conference on Drug Abuse.
7. "Scally" and "radgy" are both local terms for a street-wise criminal.

8. Gms. refers to grammes metric.

9. Uptake is the proportion of people who are offered or can obtain a drug who actually use the opportunity to consume it.